

2017 Aetna Pharmacy Drug Guide - Fully Insured

# Abilify

**Products Affected**

- ABILIFY ORAL TABLET

PA Criteria	Criteria Details
<b>Covered Uses</b>	Schizophrenia, Bipolar Disorder, Major Depressive Disorder (MDD), Autistic Disorder, Tourette's Disorder
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A Documented diagnosis of Schizophrenia, Bipolar Disorder, Major Depressive Disorder (MDD), Autistic Disorder, or Tourette's Disorder
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	FOR A DIAGNOSIS OF BIPOLAR DISORDER OR SCHIZOPHRENIA: A documented step through one generic medication (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) and Latuda. FOR ALL OTHER DIAGNOSIS: A documented step through one month of one generic medication (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone).
<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

# Abilify

## Products Affected

- ABILIFY ORAL SOLUTION

PA Criteria	Criteria Details
Covered Uses	Schizophrenia, Bipolar Disorder, Major Depressive Disorder (MDD), Autistic Disorder, Tourette's Disorder
Exclusion Criteria	
Required Medical Information	A Documented diagnosis of Schizophrenia, Bipolar Disorder, Major Depressive Disorder (MDD), Autistic Disorder, or Tourette's Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	FOR A DIAGNOSIS OF BIPOLAR DISORDER OR SCHIZOPHRENIA: A documented step through one generic medication (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) and Latuda. FOR ALL OTHER DIAGNOSIS: A documented step through one month of one generic medication (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone).
QL Criteria	30 ML Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Abilify Discmelt

## Products Affected

- ABILIFY DISCMELT

PA Criteria	Criteria Details
<b>Covered Uses</b>	Schizophrenia, Bipolar Disorder, Major Depressive Disorder (MDD), Autistic Disorder, Tourette's Disorder
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A Documented diagnosis of Schizophrenia, Bipolar Disorder, Major Depressive Disorder (MDD), Autistic Disorder, or Tourette's Disorder
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	FOR A DIAGNOSIS OF BIPOLAR DISORDER OR SCHIZOPHRENIA: A documented step through one generic medication (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) and Latuda. FOR ALL OTHER DIAGNOSIS: A documented step through one month of one generic medication (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone).
<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

# Absorica

## Products Affected

- ABSORICA

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 (greater than 2 capsules per day) member must meet the following criteria: 1. Patient requires more than 2 capsules per day to reach the appropriate dose for weight, AND 2. This is the member's 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 3. Member has received a cumulative dose of LESS THAN 120 mg/kg during a course of therapy lasting 20 weeks or less.
ST Criteria	Trial of 1 generic oral antibiotic prescribed for the treatment of acne (i.e., minocycline or doxycycline)
QL Criteria	2 capsules Per 1 Day
Notes/References	Annual Review: 02/2016
Revision Date	Prior Authorization: March 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Abstral

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## Products Affected

- ABSTRAL

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer painGeneral anesthesia
<b>Exclusion Criteria</b>	Use in non malignant (non-cancer) pain
<b>Required Medical Information</b>	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.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>ST Criteria</b>	<p>A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydromorphone)</p>
<b>QL Criteria</b>	<p>15 tab Per 30 Days</p>
<b>Notes/References</b>	
<b>Revision Date</b>	<p>Prior Authorization: March 10, 2016  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Acamprosate Calcium

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## Products Affected

- *acamprosate calcium*

<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

# Acanya

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## Products Affected

- ACANYA

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Accu-Chek Active

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## Products Affected

- ACCU-CHEK ACTIVE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Accu-Chek Advantage Test

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## Products Affected

- ACCU-CHEK ADVANTAGE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Accu-Chek Aviva

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## Products Affected

- ACCU-CHEK AVIVA IN VITRO STRIP

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Accu-Chek Aviva Plus

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## Products Affected

- ACCU-CHEK AVIVA PLUS IN VITRO

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Accu-Chek Comfort Curve

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## Products Affected

- ACCU-CHEK COMFORT CURVE IN VITRO STRIP

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Accu-Chek Compact

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## Products Affected

- ACCU-CHEK COMPACT

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Accu-Chek Compact Plus

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## Products Affected

- ACCU-CHEK COMPACT PLUS

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Accu-Chek Compact Test Drum

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## Products Affected

- ACCU-CHEK COMPACT TEST DRUM

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Accu-Chek SmartView

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## Products Affected

- ACCU-CHEK SMARTVIEW

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Accutrend Glucose

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## Products Affected

- ACCUTREND GLUCOSE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Aciphex

## Products Affected

- ACIPHEX

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: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required).
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# AcipHex Sprinkle

## Products Affected

- ACIPHEX SPRINKLE

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	A documented diagnosis of one of the following: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required). In addition for approval the following criteria must also be met: Documentation of an inability to swallow tablets/capsules.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
QL Criteria	1 caps Per 1 Day
Notes/References	Annual Review: 02/2016
Revision Date	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Acitretin

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## Products Affected

- *acitretin*

<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

# Actemra

## Products Affected

- ACTEMRA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Actemra.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Actemra.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Actemra.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Actemra.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Acthar HP

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## Products Affected

- ACTHAR HP

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnnonmedicare/data/2017/ENDO/acthar.html">http://www.aetna.com/products/rxnnonmedicare/data/2017/ENDO/acthar.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Acticlate

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## Products Affected

- ACTICLATE

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Actimmune

## Products Affected

- ACTIMMUNE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/actimmune.htm">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/actimmune.htm</a> 1
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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Actiq

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## Products Affected

- ACTIQ BUCCAL LOZENGE ON A  
HANDLE 1600 MCG, 800 MCG, 600 MCG,  
400 MCG, 1200 MCG

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer painGeneral anesthesia
<b>Exclusion Criteria</b>	Use in non malignant (non-cancer) pain
<b>Required Medical Information</b>	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.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>ST Criteria</b>	A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydromorphone)
<b>QL Criteria</b>	15 lollipops Per 30 days
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Actiq

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## Products Affected

- ACTIQ BUCCAL LOZENGE ON A HANDLE 200 MCG

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer painGeneral anesthesia
Exclusion Criteria	Use in non malignant (non-cancer) pain
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	1 year

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>ST Criteria</b>	<p>A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydromorphone)</p>
<b>Notes/References</b>	
<b>Revision Date</b>	<p>Prior Authorization: March 10, 2016  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

# Activella

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## Products Affected

- ACTIVELLA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Actonel

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## Products Affected

- ACTONEL ORAL TABLET 150 MG

<b>ST Criteria</b>	A documented step through alendronate 70mg
<b>QL Criteria</b>	1 tab Per 30 Days
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Actonel

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## Products Affected

- ACTONEL ORAL TABLET 5 MG, 30 MG

<b>ST Criteria</b>	A documented step through alendronate 70mg
<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Actonel

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## Products Affected

- ACTONEL ORAL TABLET 35 MG

<b>ST Criteria</b>	A documented step through alendronate 70mg
<b>QL Criteria</b>	1 tab Per 7 Days
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Actoplus Met

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## Products Affected

- ACTOPLUS MET

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Actoplus met XR

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## Products Affected

- ACTOPLUS MET XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 30-1000  
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

# Actoplus met XR

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## Products Affected

- ACTOPLUS MET XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 15-1000  
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Actos

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## Products Affected

- ACTOS

<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

# Acura Blood Glucose Test

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## Products Affected

- ACURA BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Aczone

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## Products Affected

- ACZONE

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Adalat CC

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## Products Affected

- ADALAT CC ORAL TABLET EXTENDED  
RELEASE 24 HOUR 60 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Adalat CC

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## Products Affected

- ADALAT CC ORAL TABLET EXTENDED  
RELEASE 24 HOUR 90 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

# Adapalene

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## Products Affected

- *adapalene external gel 0.1 %*

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Adcirca

## Products Affected

- ADCIRCA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html</a>
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Adderall

## Products Affected

- ADDERALL

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Adderall XR

## Products Affected

- ADDERALL XR

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Adempas

## Products Affected

- ADEMPAS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html</a>
QL Criteria	3 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Adlyxin

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## Products Affected

- ADLYXIN

<b>ST Criteria</b>	A documented step through one month each of Victoza and Trulicity
<b>QL Criteria</b>	2 pens 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

# Adlyxin Starter Pack

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## Products Affected

- ADLYXIN STARTER PACK

<b>ST Criteria</b>	A documented step through one month each of Victoza and Trulicity
<b>QL Criteria</b>	1 kit Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Adoxa

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## Products Affected

- ADOXA ORAL TABLET

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Adoxa

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## Products Affected

- ADOXA ORAL CAPSULE

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<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

# Adoxa Pak 1/100

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## Products Affected

- ADOXA PAK 1/100

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Adoxa Pak 1/150

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## Products Affected

- ADOXA PAK 1/150

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Adoxa Pak 2/100

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## Products Affected

- ADOXA PAK 2/100

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Adrenaclick

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## Products Affected

- ADRENAClick INJECTION SOLUTION  
AUTO-INJECTOR

<b>ST Criteria</b>	A documented step through generic epinephrine (Adrenaclick), generic epinephrine (Epipen), and Epipen
<b>QL Criteria</b>	2 doses Per 1 fill
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: February 07, 2017 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Advair Diskus

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## Products Affected

- ADVAIR DISKUS

<b>QL Criteria</b>	2 disks 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

# Advair HFA

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## Products Affected

- ADVAIR HFA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Advance Intuition Test

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## Products Affected

- ADVANCE INTUITION TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Advance Micro-Draw Test

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## Products Affected

- ADVANCE MICRO-DRAW TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Advate

## Products Affected

- ADVATE

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/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Advicor

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## Products Affected

- ADVICOR

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Advocate Redi-Code

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## Products Affected

- ADVOCATE REDI-CODE IN VITRO

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Advocate Redi-Code+ Test

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## Products Affected

- ADVOCATE REDI-CODE+ TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Advocate Test

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## Products Affected

- ADVOCATE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Adynovate

## Products Affected

- *adynovate*

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/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Adzenys XR-ODT

## Products Affected

- ADZENYS XR-ODT

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of attention deficit hyperactivity disorder (ADHD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexamethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
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

# Aerospan

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## Products Affected

- AEROSPAN

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	Documented diagnosis of Asthma
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month of Asmanex and QVAR
QL Criteria	1 inhaler Per 1 month
Notes/References	
Revision Date	Prior Authorization: November 30, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Afeditab CR

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## Products Affected

- *afeditab cr oral tablet extended release 24 hour*  
60 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

# Afeditab CR

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## Products Affected

- *afeditab cr oral tablet extended release 24 hour  
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Afinitor

## Products Affected

- AFINITOR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Afinitor Disperz

## Products Affected

- AFINITOR DISPERZ

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Afrezza

## Products Affected

- AFREZZA INHALATION POWDER 8 (60)& 12 (30) UNIT, 4 (30) & 8 (60) UNIT, 4 (60) & 8 (30) UNIT, 4 UNIT

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes, Type 2 Diabetes
Exclusion Criteria	
Required Medical Information	Documentation of ALL of the following: (1) In patients with type 1 diabetes, concomitant use of long-acting insulin, (2) In all Patients, no history of chronic lung disease such as asthma or Chronic Obstructive Pulmonary Disease (COPD), and (3) Detailed medical history documenting physical examination and spirometry (FEV1) to identify potential lung disease in all patients.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/References	Annual Review: 02/2016
Revision Date	Prior Authorization: February 24, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Afrezza

## Products Affected

- AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 4 (90) & 8 (90) UNIT

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes, Type 2 Diabetes
Exclusion Criteria	
Required Medical Information	Documentation of ALL of the following: (1) In patients with type 1 diabetes, concomitant use of long-acting insulin, (2) In all Patients, no history of chronic lung disease such as asthma or Chronic Obstructive Pulmonary Disease (COPD), and (3) Detailed medical history documenting physical examination and spirometry (FEV1) to identify potential lung disease in all patients.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: February 24, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Afstyla

## Products Affected

- AFSTYLA

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/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# AgaMatrix AMP Test

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## Products Affected

- AGAMATRIX AMP TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# AgaMatrix Jazz Test

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## Products Affected

- AGAMATRIX JAZZ TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# AgaMatrix KeyNote Test

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## Products Affected

- AGAMATRIX KEYNOTE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# AgaMatrix Presto Test

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## Products Affected

- AGAMATRIX PRESTO TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Akynzeo

## Products Affected

- AKYNZEO

PA Criteria	Criteria Details
Covered Uses	Prophylaxis of chemotherapy-induced nausea and vomiting
Exclusion Criteria	
Required Medical Information	A documented diagnosis of nausea and vomiting associated with cancer chemotherapy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of Akynzeo will be considered medically necessary for those members who have a documented chemotherapy regimen that requires more than two cycles of antiemetic per 30 days
ST Criteria	A documented step through one month of a generic 5-HT3 receptor antagonist, such as granisetron or ondansetron, and a one month trial and failure of Emend
QL Criteria	2 capsules Per 1 month
Notes/References	Annual Review: 03/2016
Revision Date	Prior Authorization: November 29, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Aldara

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## Products Affected

- ALDARA

<b>QL Criteria</b>	48 packets Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Aldurazyme

## Products Affected

- ALDURAZYME

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Alecensa

## Products Affected

- ALECENSA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 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*
- *alendronate sodium oral tablet 10 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Alendronate Sodium

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## Products Affected

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

<b>QL Criteria</b>	1 tab Per 7 Days
<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 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

# Alogliptin Benzoate

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## Products Affected

- *alogliptin benzoate*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Alogliptin-Metformin HCl

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## Products Affected

- *alogliptin-metformin hcl*

<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

# Alogliptin-Pioglitazone

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## Products Affected

- *alogliptin-pioglitazone*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Alora

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## Products Affected

- ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR

<b>QL Criteria</b>	8 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

# Alora

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## Products Affected

- ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.075 MG/24HR, 0.1 MG/24HR, 0.05 MG/24HR

<b>QL Criteria</b>	8 patch 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Alosetron HCl

## Products Affected

- *alose tron 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>	6 months
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through 1 month each diphenoxylate/atropine and loperamide
<b>Notes/References</b>	Annual Review: 10/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Alphanate/VWF Complex/Human

## Products Affected

- ALPHANATE/VWF COMPLEX/HUMAN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# AlphaNine SD

## Products Affected

- ALPHANINE SD

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 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 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# ALPRAZolam XR

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## Products Affected

- *alprazolam xr*

<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

# Alprolix

## Products Affected

- ALPROLIX

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Alsuma

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## Products Affected

- ALSUMA SUBCUTANEOUS

<b>ST Criteria</b>	A documented step through one month of three of the following: naratriptan, rizatriptan, sumatriptan, or zolmitriptan
<b>QL Criteria</b>	4 kits 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

# Altavera

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## Products Affected

- ALTAVERA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Altprev

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## Products Affected

- ALTOPREV ORAL TABLET EXTENDED  
RELEASE 24 HOUR 20 MG, 60 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

# Altoprev

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## Products Affected

- ALTOPREV ORAL TABLET EXTENDED  
RELEASE 24 HOUR 40 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Alvesco

## Products Affected

- ALVESCO

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	Documented diagnosis of Asthma
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month of Asmanex and QVAR
QL Criteria	1 inhaler Per 1 month
Notes/References	
Revision Date	Prior Authorization: November 30, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Alyacen 1/35

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## Products Affected

- *alyacen 1/35*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Alyacen 7/7/7

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## Products Affected

- *alyacen 7/7/7*

<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

# Ambien

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## Products Affected

- AMBIEN ORAL TABLET 10 MG

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ambien

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## Products Affected

- AMBIEN ORAL TABLET 5 MG

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<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

# Ambien CR

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## Products Affected

- AMBIEN CR

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Amcinonide

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## Products Affected

- *amcinonide external cream*
- *amcinonide external lotion*

<b>ST Criteria</b>	A documented step through betamethasone dipropionate (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Amerge

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## Products Affected

- AMERGE

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Amethia

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## Products Affected

- AMETHIA

<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

# Amethia Lo

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## Products Affected

- AMETHIA LO

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Amitiza

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## Products Affected

- AMITIZA

<b>ST Criteria</b>	Trial of 1 month of LACTULOSE
<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

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Amlodipine-Olmesartan

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## Products Affected

- *amlodipine-olmesartan*

<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

# Amlodipine-Valsartan-HCTZ

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## Products Affected

- *amlodipine-valsartan-hctz*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Amnesteem

## Products Affected

- AMNESTEEM

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 (greater than 2 capsules per day) member must meet the following criteria: 1. Patient requires more than 2 capsules per day to reach the appropriate dose for weight, AND 2. This is the member's 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 3. Member has received a cumulative dose of LESS THAN 120 mg/kg during a course of therapy lasting 20 weeks or less.
<b>ST Criteria</b>	Trial of 1 generic oral antibiotic prescribed for the treatment of acne (i.e., minocycline or doxycycline)
<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Amphetamine-Dextroamphet ER

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## Products Affected

- *amphetamine-dextroamphet er*

<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	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*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Ampyra

## Products Affected

- AMPYRA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Amrix

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## Products Affected

- AMRIX

<b>ST Criteria</b>	A documented step through cyclobenzaprine
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Amturnide

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## Products Affected

- AMTURNIDE

<b>ST Criteria</b>	Try 2 preferred ACE/ARB
<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

# Androderm

## Products Affected

- ANDRODERM TRANSDERMAL PATCH 24 HOUR

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>ST Criteria</b>	A documented step through one month of Androgel 1.62%
<b>QL Criteria</b>	1 patch Per 1 Day
<b>Notes/References</b>	Annual Review: 02/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# AndroGel

## Products Affected

- ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>ST Criteria</b>	A documented step through one month of Androgel 1.62%
<b>QL Criteria</b>	30 pack Per 30 Days
<b>Notes/References</b>	Annual Review: 02/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# AndroGel

## Products Affected

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

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>	60 packs Per 30 days
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# AndroGel

## Products Affected

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

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>	30 packs Per 30 days
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# AndroGel

## Products Affected

- ANDROGEL TRANSDERMAL GEL 50 MG/5GM (1%)

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>ST Criteria</b>	A documented step through one month of Androgel 1.62%
<b>QL Criteria</b>	60 packs Per 30 days
<b>Notes/References</b>	Annual Review: 02/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# AndroGel Pump

## Products Affected

- ANDROGEL PUMP TRANSDERMAL GEL  
12.5 MG/ACT (1%)

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>ST Criteria</b>	A documented step through one month of Androgel 1.62%
<b>QL Criteria</b>	4 pumps Per 30 days
<b>Notes/References</b>	Annual Review: 02/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# AndroGel Pump

## Products Affected

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

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>	2 pumps Per 30 days
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Angeliq

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## Products Affected

- ANGELIQ

<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

# Anoro Ellipta

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## Products Affected

- ANORO ELLIPTA

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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Antara

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## Products Affected

- ANTARA ORAL CAPSULE 43 MG, 130 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

# Antibiotic Ear

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## Products Affected

- *antibiotic ear*

<b>QL Criteria</b>	2 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Anzemet

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## Products Affected

- ANZEMET ORAL

<b>QL Criteria</b>	5 tab 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

# Anzemet

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## Products Affected

- ANZEMET INTRAVENOUS

<b>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/2017/GI/antiemetics.html">http://www.aetna.com/products/rxnonmedicare/2017/GI/antiemetics.html</a>
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# ApexiCon

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## Products Affected

- APEXICON

<b>ST Criteria</b>	A documented step through betamethasone dipropionate (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Apidra

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## Products Affected

- APIDRA

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Apidra SoloStar

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## Products Affected

- APIDRA SOLOSTAR SUBCUTANEOUS

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Aplenzin

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## Products Affected

- APLENZIN

<b>ST Criteria</b>	Trial of 1 month of 1 generic alternative on members formulary (i.e. bupropion sr/ xl, bupropion/ sr/ xl, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine/ sr, mirtazapine, selfemra, sertraline, venlafaxine sr capsule, or venlafaxine)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Aprepitant

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## Products Affected

- *aprepitant oral capsule 40 mg, 80 mg, 125 mg*

<b>QL Criteria</b>	5 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

# Aprepitant

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## Products Affected

- *aprepitant oral capsule 80 & 125 mg*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Apri

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## Products Affected

- APRI

<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

# Apriso

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## Products Affected

- APRISO

<b>ST Criteria</b>	A documented step through one month of mesalamine DR (generic Asacol HD), Delzicol, Lialda, or Pentasa
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Aptensio XR

## Products Affected

- APTENSIO XR

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Aptiom

## Products Affected

- APTIOM

PA Criteria	Criteria Details
<b>Covered Uses</b>	partial-onset seizures
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of partial-onset seizures AND documented concurrent therapy with one of the following: carbamazepine, divalproex dr/er/sprinkle, gabapentin, lamotrigine, levetiracetam/ER, oxcarbazepine, phenytoin, topiramate, valproic acid, or zonisamide
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: Patient's dose is being titrated by the physician OR the patient requires higher doses of the requested drug after failure of recommended standard doses.
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Aralast NP

## Products Affected

- ARALAST NP

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/2017/ENDO/Alpha-1 Antitrypsin Inhibitor Therapy.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Alpha-1 Antitrypsin Inhibitor Therapy.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Aranelle

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## Products Affected

- ARANELLE

<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

# Aranesp (Albumin Free)

## Products Affected

- ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 100 MCG/ML, 300 MCG/ML, 60 MCG/ML, 10 MCG/0.4ML, 200 MCG/ML, 150 MCG/0.75ML
- ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Erythropoiesis_Stimulating_Agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Arava

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## Products Affected

- ARAVA

<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

# Arcalyst

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## Products Affected

- ARCALYST

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Arcalyst.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Arcalyst.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: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Arcapta Neohaler

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## Products Affected

- ARCAPTA NEOHALER

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD)
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Chronic obstructive pulmonary disease (COPD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month of Serevent
QL Criteria	1 capsule Per 1 Day
Notes/References	Annual Review: 07/2016
Revision Date	Prior Authorization: November 29, 2016 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# ARIPiprazole

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## Products Affected

- *aripiprazole oral tablet*
- *aripiprazole oral tablet dispersible*

<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

# Arixtra

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## Products Affected

- ARIXTRA

<b>QL Criteria</b>	1 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Armodafinil

## Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Narcolepsy, Obstructive sleep apnea/hypopnea syndrome (OSAHS)Shiftwork Sleep Disorder
Exclusion Criteria	
Required Medical Information	(1) a Documented diagnosis of shift work sleep disorder, OR (2) Narcolepsy, confirmed by sleep lab evaluation OR Obstructive sleep apnea/hypopnea syndrome (OSAHS) confirmed by polysomnography (a study on sleep cycles and behavior) AND one of the following: Member is currently using an oral/dental applianceMember has undergone an uvulopalatopharyngoplasty (UPPP), Member is greater than or equal to 65 yrs of age, Member has already had an adequate therapeutic trial of twelve weeks of continuous positive airway pressure (CPAP)/ bilevel positive airway pressure (BiPAP) treatment and meets ALL of the following:Member is compliant with and currently using CPAP/BiPAP treatment, Member is experiencing excessive sleepiness despite CPAP/BiPAP use
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Armodafinil

## Products Affected

- *armodafinil oral tablet 50 mg*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Narcolepsy, Obstructive sleep apnea/hypopnea syndrome (OSAHS)Shiftwork Sleep Disorder
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) a Documented diagnosis of shift work sleep disorder, OR (2) Narcolepsy, confirmed by sleep lab evaluation OR Obstructive sleep apnea/hypopnea syndrome (OSAHS) confirmed by polysomnography (a study on sleep cycles and behavior) AND one of the following: Member is currently using an oral/dental applianceMember has undergone an uvulopalatopharyngoplasty (UPPP), Member is greater than or equal to 65 yrs of age, Member has already had an adequate therapeutic trial of twelve weeks of continuous positive airway pressure (CPAP)/ bilevel positive airway pressure (BiPAP) treatment and meets ALL of the following:Member is compliant with and currently using CPAP/BiPAP treatment, Member is experiencing excessive sleepiness despite CPAP/BiPAP use
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Arnuity Ellipta

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## Products Affected

- ARNUITY ELLIPTA

<b>QL Criteria</b>	1 blister Per 1 Day
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Asacol HD

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## Products Affected

- ASACOL HD

<b>ST Criteria</b>	A documented step through one month of Delzicol, Lialda, or Pentasa
<b>QL Criteria</b>	6 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ascensia Autodisc Test

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## Products Affected

- ASCENSIA AUTODISC TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Assure 3 Test

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## Products Affected

- ASSURE 3 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Assure 4 Test

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## Products Affected

- ASSURE 4 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Assure II

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## Products Affected

- ASSURE II

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Assure II Check

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## Products Affected

- ASSURE II CHECK

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Assure Platinum

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## Products Affected

- ASSURE PLATINUM

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Assure Prism multi Test

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## Products Affected

- ASSURE PRISM MULTI TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Assure Pro Test

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## Products Affected

- ASSURE PRO TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# At Last Test

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## Products Affected

- AT LAST TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Atacand

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## Products Affected

- ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG

<b>ST Criteria</b>	A documented step through one month each of any two preferred generic alternatives from the following agents: candesartan, eprosartan, irbesartan, losartan, valsartan, olmesartan, or telmisartan
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Atacand

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## Products Affected

- ATACAND ORAL TABLET 32 MG

<b>ST Criteria</b>	A documented step through one month each of any two preferred generic alternatives from the following agents: candesartan, eprosartan, irbesartan, losartan, valsartan, olmesartan, or telmisartan
<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

# Atacand HCT

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## Products Affected

- ATACAND HCT ORAL TABLET 16-12.5 MG

<b>ST Criteria</b>	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/hctz
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Atacand HCT

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## Products Affected

- ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG

<b>ST Criteria</b>	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/hctz
<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

# Atelvia

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## Products Affected

- ATELVIA

<b>ST Criteria</b>	A documented step through alendronate 70mg
<b>QL Criteria</b>	1 tab Per 7 Days
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ativan

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## Products Affected

- ATIVAN ORAL

<b>ST Criteria</b>	A documented step through lorazepam and two other benzodiazepines
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Atralin

## Products Affected

- ATRALIN

PA Criteria	Criteria Details
Covered Uses	Acne vulgaris
Exclusion Criteria	
Required Medical Information	A documented diagnosis of any one of the following:Acne vulgaris (includes comedonal, cystic, nodular & papular acne)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 tretinoinHypertrophic scars or keloids AND Intralesional injection of corticosteroids is ineffective or not toleratedKeratosis follicularis (Darier's disease, Darier-White disease)Facial flat wartsMultiple flat warts (includes common warts and plantar warts)
Age Restrictions	greater than 35
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month each of generic Atralin and Retin-A
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Aubagio

## Products Affected

- AUBAGIO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Aubra

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## Products Affected

- AUBRA

<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

# Auvi-Q

## Products Affected

- AUVI-Q INJECTION SOLUTION AUTO-INJECTOR

PA Criteria	Criteria Details
Covered Uses	Emergency treatment of allergic reactions
Exclusion Criteria	
Required Medical Information	A documented diagnosis of an allergic reaction in patients who are at risk for or have a history of anaphylactic reaction and the individual or their caregiver requires an auto injector with audio or visual cues for administration
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through generic epinephrine (Adrenaclick), generic epinephrine (Epipen), and Epipen
QL Criteria	4 pens Per 1 month
Notes/References	
Revision Date	Prior Authorization: February 07, 2017 Step Therapy: February 07, 2017 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Avalide

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## Products Affected

- AVALIDE ORAL TABLET 300-12.5 MG

<b>ST Criteria</b>	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/hctz
<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

# Avalide

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## Products Affected

- AVALIDE ORAL TABLET 150-12.5 MG

<b>ST Criteria</b>	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Avandamet

## Products Affected

- AVANDAMET

PA Criteria	Criteria Details
Covered Uses	Diabetes Mellitus Type 1 or 2
Exclusion Criteria	
Required Medical Information	An adult patient with a documented diagnosis of type 2 diabetes mellitus and all of the following: unable to achieve adequate glycemic control (HbA1C lab value greater than 6.5%) despite the use of other medications, and, in consultation with their healthcare provider, has decided not to take Actos (pioglitazone) for medical reasons.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Avandaryl

## Products Affected

- AVANDARYL

PA Criteria	Criteria Details
Covered Uses	Diabetes Mellitus Type 1 or 2
Exclusion Criteria	
Required Medical Information	An adult patient with a documented diagnosis of type 2 diabetes mellitus and all of the following: unable to achieve adequate glycemic control (HbA1C lab value greater than 6.5%) despite the use of other medications, and, in consultation with their healthcare provider, has decided not to take Actos (pioglitazone) for medical reasons.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Avandia

## Products Affected

- AVANDIA

PA Criteria	Criteria Details
Covered Uses	Diabetes Mellitus Type 1 or 2
Exclusion Criteria	
Required Medical Information	An adult patient with a documented diagnosis of type 2 diabetes mellitus and all of the following: unable to achieve adequate glycemic control (HbA1C lab value greater than 6.5%) despite the use of other medications, and, in consultation with their healthcare provider, has decided not to take Actos (pioglitazone) for medical reasons.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Avapro

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## Products Affected

- AVAPRO

<b>ST Criteria</b>	A documented step through one month each of any two preferred generic alternatives from the following agents: candesartan, eprosartan, irbesartan, losartan, valsartan, olmesartan, or telmisartan
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Aviane

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## Products Affected

- AVIANE

<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

# Avidoxy

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## Products Affected

- *avidoxy*

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# AVINza

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## Products Affected

- AVINZA

<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

# Avita

## Products Affected

- AVITA

PA Criteria	Criteria Details
Covered Uses	Acne vulgaris
Exclusion Criteria	
Required Medical Information	A documented diagnosis of any one of the following: Acne vulgaris (includes comedonal, cystic, nodular & papular acne) 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 Hypertrophic scars or keloids AND Intralesional injection of corticosteroids is ineffective or not tolerated Keratosis follicularis (Darier's disease, Darier-White disease) Facial flat warts Multiple flat warts (includes common warts and plantar warts)
Age Restrictions	greater than 35
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Avodart

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## Products Affected

- AVODART

<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

# Avonex

## Products Affected

- AVONEX

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Avonex Pen

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## Products Affected

- AVONEX PEN INTRAMUSCULAR

<b>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Avonex Prefilled

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## Products Affected

- AVONEX PREFILLED INTRAMUSCULAR

<b>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Axert

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## Products Affected

- AXERT

<b>ST Criteria</b>	A documented step through one month of three of the following: naratriptan, rizatriptan, sumatriptan, or zolmitriptan
<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

# Axiron

## Products Affected

- AXIRON

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>ST Criteria</b>	A documented step through one month of Androgel 1.62%
<b>QL Criteria</b>	6 ML Per 1 Day
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017



# Azilect

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## Products Affected

- AZILECT

<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

# Azor

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## Products Affected

- AZOR

<b>ST Criteria</b>	Trial of one month each of any two from the following: candesartan in combination with amlodipine eprosartan in combination with amlodipine irbesartan in combination with amlodipine losartan in combination with amlodipine valsartan in combination with amlodipine telmisartan in combination with amlodipine telmisartan/ amlodipine OR Exforge
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Azulfidine

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## Products Affected

- AZULFIDINE

<b>ST Criteria</b>	A documented step through one month of mesalamine DR (generic Asacol HD), Delzicol, Lialda, or Pentasa
<b>QL Criteria</b>	8 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

# Azulfidine EN-tabs

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## Products Affected

- AZULFIDINE EN-TABS

<b>ST Criteria</b>	A documented step through one month of mesalamine DR (generic Asacol HD), Delzicol, Lialda, or Pentasa
<b>QL Criteria</b>	8 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Azurette

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## Products Affected

- AZURETTE

<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

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Balziva

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## Products Affected

- BALZIVA

<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

# Banzel

## Products Affected

- BANZEL ORAL TABLET

PA Criteria	Criteria Details
Covered Uses	Lennox-Gastaut syndrome
Exclusion Criteria	
Required Medical Information	A documented diagnosis of seizures associated with Lennox-Gastaut syndrome or refractory (therapy resistant) epilepsy AND Concomitant use of an anticonvulsant drug
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: 1) Patient's dose is being titrated by the physician OR the patient requires higher doses of the requested drug after failure of recommended standard doses.
QL Criteria	8 tablets Per 1 Day
Notes/References	Annual Review: 06/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Banzel

## Products Affected

- BANZEL ORAL SUSPENSION

PA Criteria	Criteria Details
Covered Uses	Lennox-Gastaut syndrome
Exclusion Criteria	
Required Medical Information	A documented diagnosis of seizures associated with Lennox-Gastaut syndrome or refractory (therapy resistant) epilepsy AND Concomitant use of an anticonvulsant drug
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: 1) Patient's dose is being titrated by the physician OR the patient requires higher doses of the requested drug after failure of recommended standard doses.
Notes/References	Annual Review: 06/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Basaglar KwikPen

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## Products Affected

- BASAGLAR KWIKPEN

<b>ST Criteria</b>	A documented step through one month each of Levemir and Tresiba
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Bayer Breeze 2 Test

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## Products Affected

- BAYER BREEZE 2 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Bayer Contour Next Test

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## Products Affected

- BAYER CONTOUR NEXT TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Bayer Contour Test

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## Products Affected

- BAYER CONTOUR TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# BD Test

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## Products Affected

- BD TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Bebulin

## Products Affected

- BEBULIN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Bebulin VH

## Products Affected

- BEBULIN VH

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Beconase AQ

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## Products Affected

- BECONASE AQ

<b>ST Criteria</b>	A documented step through 2 weeks of flunisolide or mometasone
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Belbuca

## Products Affected

- BELBUCA

PA Criteria	Criteria Details
<b>Covered Uses</b>	Pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate
<b>Exclusion Criteria</b>	Acute or severe bronchial asthma, known or suspected gastrointestinal obstruction, including paralytic ileus
<b>Required Medical Information</b>	(1)Patient is 18 years of age or older and has a documented diagnosis of chronic pain severe enough to require daily, around-the-clock, long-term opioid treatment, (2)Alternative treatment options are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain (i.e. non-opioid analgesics or immediate-release opioids), (3)Is not being used in combination with other long-acting opioid therapy, and (4)Is NOT being used for the treatment of opioid dependence
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	2 films Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Belsomra

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## Products Affected

- BELSOMRA

<b>ST Criteria</b>	A documented step through zolpidem, zolpidem er, or zaleplon
<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

# Belviq

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## Products Affected

- BELVIQ

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# BeneFIX

## Products Affected

- BENEFIX INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Benicar

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## Products Affected

- BENICAR

<b>ST Criteria</b>	A documented step through one month each of any two preferred generic alternatives from the following agents: candesartan, eprosartan, irbesartan, losartan, valsartan, olmesartan, or telmisartan
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Benicar HCT

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## Products Affected

- BENICAR HCT

<b>ST Criteria</b>	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/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

# Benicar HCT

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## Products Affected

- BENICAR HCT

<b>ST Criteria</b>	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/hctz
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Benlysta

## Products Affected

- BENLYSTA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/benlysta.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/benlysta.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/benlysta.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/benlysta.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# BenzaClin

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## Products Affected

- BENZACLIN

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# BenzaClin with Pump

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## Products Affected

- BENZACLIN WITH PUMP

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# BenzEfoamUltra

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## Products Affected

- BENZEFOAMULTRA

<b>ST Criteria</b>	Trial of one month of benzoyl peroxide foam
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Berinert

## Products Affected

- BERINERT

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/2017/MISC/hereditary_angi_oedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angi_oedema.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angi_oedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angi_oedema.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Betamethasone Valerate

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## Products Affected

- *betamethasone valerate external lotion*
- *betamethasone valerate external cream*
- *betamethasone valerate external ointment*

<b>ST Criteria</b>	A documented step through triamcinolone (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Betaseron

## Products Affected

- BETASERON SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Bevespi Aerosphere

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## Products Affected

- BEVESPI AEROSPHERE

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD)
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Chronic obstructive pulmonary disease (COPD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month each of Anoro Ellipta and Stiolto
QL Criteria	1 inhaler Per 30 Days
Notes/References	
Revision Date	Prior Authorization: November 29, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# BG Star Test

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## Products Affected

- BG STAR TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Bimatoprost

## Products Affected

- *bimatoprost ophthalmic*

PA Criteria	Criteria Details
Covered Uses	open-angle glaucoma, 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	
ST Criteria	A documented step through one week of latanoprost and one week of Travatan Z
Notes/References	
Revision Date	Prior Authorization: December 07, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Binosto

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## Products Affected

- BINOSTO

<b>ST Criteria</b>	A documented step through alendronate 70mg
<b>QL Criteria</b>	1 tab Per 7 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Bioscanner Glucose Test

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## Products Affected

- BIOSCANNER GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Bivigam

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## Products Affected

- BIVIGAM

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# BL Test Strip Pack

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## Products Affected

- *bl test strip pack*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Blood Glucose Test

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## Products Affected

- *blood glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Boniva

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## Products Affected

- BONIVA ORAL TABLET 150 MG

<b>QL Criteria</b>	1 tab 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Bosulif

## Products Affected

- BOSULIF

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html</a>
QL Criteria	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Botox

## Products Affected

- BOTOX

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/2017/MISC/botulinum_toxin.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/botulinum_toxin.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/botulinum_toxin.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/botulinum_toxin.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Bravelle

## Products Affected

- BRAVELLE

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/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Briellyn

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## Products Affected

- *briellyn*

<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

# Brilinta

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## Products Affected

- BRILINTA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Brilinta

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## Products Affected

- BRILINTA

<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

# Brisdelle

## Products Affected

- BRISDELLE

PA Criteria	Criteria Details
Covered Uses	moderate to severe vasomotor symptoms associated with menopause
Exclusion Criteria	
Required Medical Information	A 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	Annual Review: 10/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Briviact

## Products Affected

- BRIVIACT ORAL SOLUTION

PA Criteria	Criteria Details
Covered Uses	partial-onset seizures
Exclusion Criteria	
Required Medical Information	A documented diagnosis of partial-onset seizures AND documented concurrent therapy with one of the following: carbamazepine, divalproex dr/er/sprinkle, gabapentin, lamotrigine, levetiracetam/ER, oxcarbazepine, phenytoin, topiramate, valproic acid, or zonisamide
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: Patient's dose is being titrated by the physician OR the patient requires higher doses of the requested drug after failure of recommended standard doses.
QL Criteria	20 ML Per 1 Day
Notes/References	
Revision Date	Prior Authorization: March 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Briviact

## Products Affected

- BRIVIACT ORAL TABLET

PA Criteria	Criteria Details
Covered Uses	partial-onset seizures
Exclusion Criteria	
Required Medical Information	A documented diagnosis of partial-onset seizures AND documented concurrent therapy with one of the following: carbamazepine, divalproex dr/er/sprinkle, gabapentin, lamotrigine, levetiracetam/ER, oxcarbazepine, phenytoin, topiramate, valproic acid, or zonisamide
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: Patient's dose is being titrated by the physician OR the patient requires 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: March 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Brovana

## Products Affected

- BROVANA

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD)
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Chronic obstructive pulmonary disease (COPD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month of Serevent
QL Criteria	60 vials (120ml) Per 1 fill
Notes/References	Annual Review: 07/2016
Revision Date	Prior Authorization: November 29, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Budeprion SR

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## Products Affected

- BUDEPRION SR

<b>QL Criteria</b>	6 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Budeprion XL

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## Products Affected

- BUDEPRION 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

# Budesonide

## Products Affected

- *budesonide inhalation*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Asthma
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	For ages 5-8 documented inability to use metered dose inhalers
<b>Age Restrictions</b>	Less than 8 years of age
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	No prior authorization required for children 1-4 years of age. Medical Exception allowed for topical steroid treatment of eosinophilic esophagitis for which other treatments have been unsatisfactory and for Nasal Polyps when all criteria met: A diagnosis of chronic sinusitis with nasal polyposis, endoscopic sinus surgery has been performed, and standard nasal steroid sprays have been used as part of post-operative management and have failed.
<b>QL Criteria</b>	4 ml Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: January 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Budesonide

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## Products Affected

- *budesonide oral*

<b>QL Criteria</b>	3 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

# Bunavail

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## Products Affected

- BUNAVAIL BUCCAL FILM 2.1-0.3 MG

<b>ST Criteria</b>	A documented step through one month each of the preferred alternatives, buprenorphine-naloxone sublingual tablet and Suboxone SL film
<b>QL Criteria</b>	6 films Per 1 Day
<b>Notes/ References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Bunavail

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## Products Affected

- BUNAVAIL BUCCAL FILM 4.2-0.7 MG

<b>ST Criteria</b>	A documented step through one month each of the preferred alternatives, buprenorphine-naloxone sublingual tablet and Suboxone SL film
<b>QL Criteria</b>	3 films Per 1 Day
<b>Notes/ References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Bunavail

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## Products Affected

- BUNAVAIL BUCCAL FILM 6.3-1 MG

<b>ST Criteria</b>	A documented step through one month each of the preferred alternatives, buprenorphine-naloxone sublingual tablet and Suboxone SL film
<b>QL Criteria</b>	2 films Per 1 Day
<b>Notes/ References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Buphenyl

## Products Affected

- BUPHENYL ORAL POWDER 3 GM/TSP
- BUPHENYL 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/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Buprenorphine HCl

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## Products Affected

- *buprenorphine hcl sublingual*

<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Buprenorphine HCl-Naloxone HCl

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## Products Affected

- *buprenorphine hcl-naloxone hcl*

<b>QL Criteria</b>	90 tab Per 30 Days
<b>Notes/ References</b>	Annual Review: 04/2016
<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 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# 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 bottle 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Butrans

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## Products Affected

- BUTRANS

<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

# Bydureon

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## Products Affected

- BYDUREON SUBCUTANEOUS PEN-INJECTOR

<b>ST Criteria</b>	A documented step through one month each of Victoza and Trulicity
<b>QL Criteria</b>	4 pens Per 28 Days
<b>Notes/ References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Bydureon

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## Products Affected

- BYDUREON SUBCUTANEOUS  
SUSPENSION RECONSTITUTED

<b>ST Criteria</b>	A documented step through one month each of Victoza and Trulicity
<b>QL Criteria</b>	4 vials 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

# Byetta 10 MCG Pen

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## Products Affected

- BYETTA 10 MCG PEN SUBCUTANEOUS

<b>ST Criteria</b>	A documented step through one month each of Victoza and Trulicity
<b>QL Criteria</b>	1 pen Per 30 Days
<b>Notes/ References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Byetta 5 MCG Pen

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## Products Affected

- BYETTA 5 MCG PEN SUBCUTANEOUS

<b>ST Criteria</b>	A documented step through one month each of Victoza and Trulicity
<b>QL Criteria</b>	1 pen Per 30 Days
<b>Notes/ References</b>	Annual Review: 02/2016
<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, 2.5 MG, 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Bystolic

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## Products Affected

- BYSTOLIC ORAL TABLET 20 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

# Byvalson

## Products Affected

- BYVALSON

PA Criteria	Criteria Details
Covered Uses	hypertension
Exclusion Criteria	
Required Medical Information	a documented diagnosis of Hypertension
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through 2 generic beta-blockers and 2 generic angiotensin receptor blockers (ARBs)
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Cabometyx

## Products Affected

- CABOMETYX

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Caduet

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## Products Affected

- CADUET

<b>ST Criteria</b>	A documented step through amlodipine and atorvastatin
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Calcipotriene

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## Products Affected

- *calcipotriene external ointment*
- *calcipotriene external cream*

<b>ST Criteria</b>	try a med/high potency topical steroid
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Calcipotriene-Betameth Diprop

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## Products Affected

- *calcipotriene-betameth diprop*

<b>ST Criteria</b>	try a med/high potency topical steroid
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Calcitonin (Salmon)

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## Products Affected

- *calcitonin (salmon)*

<b>QL Criteria</b>	1 bottle Per 1 month
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cambia

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## Products Affected

- CAMBIA

<b>ST Criteria</b>	A documented step through one month of three of the following: naratriptan, rizatriptan, sumatriptan, or zolmitriptan
<b>QL Criteria</b>	9 pack 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Camila

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## Products Affected

- CAMILA

<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

# Camrese

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## Products Affected

- CAMRESE

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Camrese Lo

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## Products Affected

- CAMRESE LO

<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

# Canasa

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## Products Affected

- CANASA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Candesartan Cilexetil

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## Products Affected

- *candesartan cilexetil oral tablet 32 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

# Candesartan Cilexetil

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## Products Affected

- *candesartan cilexetil oral tablet 4 mg, 8 mg, 16 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Candesartan Cilexetil-HCTZ

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## Products Affected

- *candesartan cilexetil-hctz oral tablet 16-12.5 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

# Capecitabine

## Products Affected

- *capecitabine*

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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.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>QL Criteria</b>	30 days supply Per 1 prescription
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Caprelsa

## Products Affected

- CAPRELSA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Carac

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## Products Affected

- CARAC

<b>ST Criteria</b>	A documented step through generic Carac (fluorouracil) and either Efudex or Aldara
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Carbaglu

## Products Affected

- CARBAGLU

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cardizem CD

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## Products Affected

- CARDIZEM CD

<b>ST Criteria</b>	A documented step through one month each of diltiazem ER and two other calcium channel blockers
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Cardizem LA

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## Products Affected

- CARDIZEM LA ORAL TABLET  
EXTENDED RELEASE 24 HOUR 240 MG

<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

# Cardura XL

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## Products Affected

- CARDURA XL

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# CareOne Blood Glucose Test

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## Products Affected

- CAREONE BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# CareSens N Glucose Test

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## Products Affected

- CARESENS N GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Carimune NF

## Products Affected

- CARIMUNE NF

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Caziant

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## Products Affected

- CAZIAN T

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# CeleBREX

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## Products Affected

- CELEBREX

<b>ST Criteria</b>	Trial of one month each of two generic non steroidal anti-inflammatory drugs
<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

# CeleBREX

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## Products Affected

- CELEBREX

<b>ST Criteria</b>	Trial of one month each of two generic non steroidal anti-inflammatory drugs
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Celecoxib

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## Products Affected

- *celecoxib oral*

<b>ST Criteria</b>	Trial of one month each of two generic non steroidal anti-inflammatory drugs
<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

# CeleXA

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## Products Affected

- CELEXA 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Cenestin

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## Products Affected

- CENESTIN

<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

# 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/2017/ENDO/gaucher_disease.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gaucher_disease.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: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Cerezyme

## Products Affected

- CEREZYME

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gaucher_disease.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gaucher_disease.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: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cesamet

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## Products Affected

- CESAMET

<b>QL Criteria</b>	20 caps 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Cesia

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## Products Affected

- CESIA

<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

# Cetrotide

## Products Affected

- CETROTIDE SUBCUTANEOUS KIT 0.25 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# 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

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

# Chateal

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## Products Affected

- CHATEAL

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Choice DM Fora G20 Test Strips

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## Products Affected

- CHOICE DM FORA G20 TEST STRIPS

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Cholbam

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## Products Affected

- CHOLBAM

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Cholbam.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Cholbam.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cialis

## Products Affected

- CIALIS ORAL TABLET 2.5 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Male members with a diagnosis of BPH
<b>Exclusion Criteria</b>	Erectile dysfunction coverage is not covered unless Contract state of NY (see other criteria below) or members with ED rider benefit
<b>Required Medical Information</b>	Male member has diagnosis of BPH (Benign Prostatic Hyperplasia) AND ALL of the following: Member is not currently on nitrite/nitrate therapy **Member is not currently on another phosphodiesterase-5 inhibitor Member has a documented contraindication or intolerance or allergy or failure of a one month trial of one of the preferred drugs alfuzosin, finasteride, tamsulosin, Avodart, Jalyn or Rapaflo
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year (daily dosing covered only for BPH diagnosis)
<b>Other Criteria</b>	For Fully Insured members of contract state New York: A documented primary diagnosis of erectile dysfunction in adult males over 18 years of age AND a documented secondary diagnosis of one of the following: Diabetes Hypertension Spinal cord injury Multiple sclerosis Stroke Radical surgery of genital tract, urinary tract, or rectum Hypogonadism AND Member is not receiving any of the following organic nitrate product: Isosorbide mononitrate (Ismo), isosorbide dinitrate (Sorbitrate, Isordil, Dilatrate-SR), Nitroglycerin (NTG, Nitrostat, Nitro-Dur, Transderm-Nitro, Minitran, Nitro-par, Nitrol, Nitro-Bid, others) AND Member is not currently on another phosphodiesterase-5 inhibitor indicated for erectile dysfunction AND a documented contraindication or intolerance or allergy or failure of an adequate trial of one month of the preferred alternative Cialis (For Levitra, Staxyn, Stendra, and Viagra)
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Cialis

## Products Affected

- CIALIS ORAL TABLET 5 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Male members with a diagnosis of BPH
<b>Exclusion Criteria</b>	Erectile dysfunction coverage is not covered unless Contract state of NY (see other criteria below) or members with ED rider benefit
<b>Required Medical Information</b>	Male member has diagnosis of BPH (Benign Prostatic Hyperplasia) AND ALL of the following: Member is not currently on nitrite/nitrate therapy **Member is not currently on another phosphodiesterase-5 inhibitor Member has a documented contraindication or intolerance or allergy or failure of a one month trial of one of the preferred drugs alfuzosin, finasteride, tamsulosin, Avodart, Jalyn or Rapaflo
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year (daily dosing covered only for BPH diagnosis)
<b>Other Criteria</b>	For Fully Insured members of contract state New York: A documented primary diagnosis of erectile dysfunction in adult males over 18 years of age AND a documented secondary diagnosis of one of the following: Diabetes Hypertension Spinal cord injury Multiple sclerosis Stroke Radical surgery of genital tract, urinary tract, or rectum Hypogonadism AND Member is not receiving any of the following organic nitrate product: Isosorbide mononitrate (Ismo), isosorbide dinitrate (Sorbitrate, Isordil, Dilatrate-SR), Nitroglycerin (NTG, Nitrostat, Nitro-Dur, Transderm-Nitro, Minitran, Nitro-par, Nitrol, Nitro-Bid, others) AND Member is not currently on another phosphodiesterase-5 inhibitor indicated for erectile dysfunction AND A documented contraindication or intolerance or allergy or failure of an adequate trial of one month of the preferred alternative Cialis (For Levitra, Staxyn, Stendra, and Viagra)
<b>Notes/References</b>	Annual Review: 07/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Ciclodan

## Products Affected

- CICLODAN EXTERNAL CREAM

PA Criteria	Criteria Details
Covered Uses	Onychomycosis due to dermatophyte
Exclusion Criteria	
Required Medical Information	A documented diagnosis of onychomycosis confirmed by either a positive KOH stain (potassium hydroxide), positive PAS stain (para-aminosalicylic acid), a positive DTM (dermatophyte test medium) or positive fungal culture (positive test should be recent (within the last 3 - 6 months) and associated with the current infection) AND A documented contraindication or intolerance or allergy or failure of an adequate trial of one systemic (oral) alternative either terbinafine (6 weeks for fingernail infections: 12 weeks for toenail infections): fluconazole (6 months): griseofulvin (6 months): itraconazole (60 days (PulsePak) for fingernail infections: 90 days for toenail)ORPresence of hepatic dysfunction or increased risk for liver disease (for example, has a history of alcohol abuse or a history of hepatitis) OR Member is female and is pregnant and/or breastfeeding AND Member is NOT receiving a systemic (oral) antifungal agent - terbinafine, fluconazole, griseofulvin, itraconazole for onychomycosis at the same time
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Ciloxan

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## Products Affected

- CILOXAN OPHTHALMIC SOLUTION

<b>QL Criteria</b>	1 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

# Cimzia

## Products Affected

- CIMZIA SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cimzia.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cimzia.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cimzia.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cimzia.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Cimzia Prefilled

## Products Affected

- CIMZIA PREFILLED

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/2017/MUSC/Cimzia.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cimzia.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cimzia.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cimzia.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cimzia Starter Kit

## Products Affected

- CIMZIA STARTER KIT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cimzia.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cimzia.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cimzia.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cimzia.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Cinqair

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## Products Affected

- CINQAIR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/RESP/Cinqair.html">http://www.aetna.com/products/rxnonmedicare/data/2017/RESP/Cinqair.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cinryze

## Products Affected

- CINRYZE

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/2017/MISC/hereditary_angioedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angioedema.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angioedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angioedema.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Ciprodex

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## Products Affected

- CIPRODEX

<b>QL Criteria</b>	45 pen 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

# Ciprofloxacin HCl

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## Products Affected

- *ciprofloxacin hcl ophthalmic*

<b>QL Criteria</b>	1 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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
<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 (greater than 2 capsules per day) member must meet the following criteria: 1. Patient requires more than 2 capsules per day to reach the appropriate dose for weight, AND 2. This is the member's 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 3. Member has received a cumulative dose of LESS THAN 120 mg/kg during a course of therapy lasting 20 weeks or less.
<b>ST Criteria</b>	Trial of 1 generic oral antibiotic prescribed for the treatment of acne (i.e., minocycline or doxycycline)
<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Clarinet

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## Products Affected

- CLARINEX 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

# Clarinet Reditabs

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## Products Affected

- CLARINEX REDITABS

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Clarinet-D 12 Hour

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## Products Affected

- CLARINEX-D 12 HOUR

<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

# Clarinet-D 24 Hour

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## Products Affected

- CLARINEX-D 24 HOUR

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Cleocin-T

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## Products Affected

- CLEOCIN-T EXTERNAL LOTION
- CLEOCIN-T EXTERNAL SOLUTION
- CLEOCIN-T EXTERNAL GEL

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Clever Chek Auto-Code Test

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## Products Affected

- CLEVER CHEK AUTO-CODE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Clever Chek Auto-Code Voice

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## Products Affected

- CLEVER CHEK AUTO-CODE VOICE IN VITRO

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Clever Chek Test

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## Products Affected

- CLEVER CHEK TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Clever Choice Auto-Code Test

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## Products Affected

- CLEVER CHOICE AUTO-CODE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Clever Choice Micro Test

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## Products Affected

- CLEVER CHOICE MICRO TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Climara

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## Products Affected

- CLIMARA

<b>QL Criteria</b>	1 patch Per 7 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Climara Pro

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## Products Affected

- CLIMARA PRO

<b>QL Criteria</b>	1 patch Per 7 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Clindagel

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## Products Affected

- CLINDAGEL

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ClindaMax

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## Products Affected

- CLINDAMAX EXTERNAL

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Clindamycin Phos-Benzoyl Perox

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## Products Affected

- *clindamycin phos-benzoyl perox*

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Clindamycin Phosphate

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## Products Affected

- *clindamycin phosphate external lotion*
- *clindamycin phosphate external gel*
- *clindamycin phosphate external solution*

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Clobetasol Propionate

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## Products Affected

- *clobetasol propionate external cream*
- *clobetasol propionate external lotion*
- *clobetasol propionate external ointment*
- *clobetasol propionate external solution*
- *clobetasol propionate external gel*

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Clobetasol Propionate E

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## Products Affected

- *clobetasol propionate e*

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Clobex

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## Products Affected

- CLOBEX

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Clobex

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## Products Affected

- CLOBEX

<b>ST Criteria</b>	Try generic clobetasol propionate first
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Clobex Spray

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## Products Affected

- CLOBEX SPRAY

<b>ST Criteria</b>	Try generic clobetasol propionate first
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cloderm

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## Products Affected

- CLODERM

<b>ST Criteria</b>	Try generic clobetasol propionate first
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Cloderm Pump

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## Products Affected

- CLODERM PUMP

<b>ST Criteria</b>	Try generic clobetasol propionate first
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# CloNIDine HCl ER

## Products Affected

- *clonidine hcl er*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	a documented diagnosis of Attention deficit hyperactivity disorder (ADHD)
<b>Age Restrictions</b>	PA-diagnosis required for members greater than 18 years of age and older
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Clopidogrel Bisulfate

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## Products Affected

- *clopidogrel bisulfate oral tablet 75 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

# CloZAPine

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## Products Affected

- *clozapine oral tablet 25 mg, 50 mg*

<b>QL Criteria</b>	3 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# CloZAPine

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## Products Affected

- *clozapine oral tablet dispersible 200 mg*
- *clozapine oral tablet 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

# CloZAPine

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## Products Affected

- *clozapine oral tablet 100 mg*

<b>QL Criteria</b>	9 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

# Clozaril

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## Products Affected

- CLOZARIL ORAL TABLET 100 MG

<b>ST Criteria</b>	A documented step through one generic medication such as aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine and Latuda
<b>QL Criteria</b>	9 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Clozaril

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## Products Affected

- CLOZARIL ORAL TABLET 25 MG

<b>ST Criteria</b>	A documented step through one generic medication such as aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine and Latuda
<b>QL Criteria</b>	3 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

# Coagadex

## Products Affected

- COAGADEX

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/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Colazal

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## Products Affected

- COLAZAL

<b>ST Criteria</b>	A documented step through one month of mesalamine DR (generic Asacol HD), Delzicol, Lialda, or Pentasa
<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

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Colcrlys

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## Products Affected

- COLCRYS

<b>ST Criteria</b>	A documented step through Mitigare and generic colchicine
<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

# CombiPatch

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## Products Affected

- COMBIPATCH

<b>QL Criteria</b>	8 patch 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Combivent Respimat

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## Products Affected

- COMBIVENT RESPIMAT

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disease (COPD)
Exclusion Criteria	
Required Medical Information	A Documented diagnosis of Chronic Obstructive Pulmonary Disease (COPD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: March 10, 2016 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

## 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Concerta

## Products Affected

- CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG, 18 MG, 27 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Concerta

## Products Affected

- CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Contrace

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## Products Affected

- CONTRAVE

<b>QL Criteria</b>	4 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

# Control AST

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## Products Affected

- CONTROL AST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Control Test

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## Products Affected

- CONTROL TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# ConZip

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## Products Affected

- CONZIP

<b>ST Criteria</b>	A documented step through tramadol or tramadol ER
<b>QL Criteria</b>	1 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Cool Blood Glucose Test Strips

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## Products Affected

- COOL BLOOD GLUCOSE TEST STRIPS

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Copaxone

## Products Affected

- COPAXONE SUBCUTANEOUS SOLUTION  
PREFILLED SYRINGE 40 MG/ML

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/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Copaxone

## Products Affected

- COPAXONE SUBCUTANEOUS SOLUTION  
PREFILLED SYRINGE 20 MG/ML

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/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Coreg CR

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## Products Affected

- COREG CR

<b>ST Criteria</b>	A documented step through carvedilol
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Corifact

## Products Affected

- CORIFACT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Corlanor

## Products Affected

- CORLANOR

PA Criteria	Criteria Details
<b>Covered Uses</b>	FDA labeled use for heart failure (see required medical information section)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	Documentation of stable, symptomatic chronic heart failure with left ventricular ejection fraction equal to or less than 35%, who are in sinus rhythm with resting heart rate equal to or greater than 70 beats per minute AND are on maximally tolerated doses of beta-blockers (bisoprolol/bisoprolol-HCTZ, carvedilol, carvedilol CR, metoprolol succinate/metoprolol succinate-HCTZ, nebivolol) OR have a documented contraindication to beta-blocker use.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	Have a documented trial of one month of one of the following: ACE Inhibitor or ACE Inhibitor/HCTZ combination or Angiotensin-Receptor Blocker or Angiotensin-Receptor Blocker/HCTZ combination
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Cormax

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## Products Affected

- CORMAX EXTERNAL OINTMENT
- CORMAX EXTERNAL SOLUTION

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cormax Scalp Application

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## Products Affected

- CORMAX SCALP APPLICATION

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Cortisporin

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## Products Affected

- CORTISPORIN OTIC SOLUTION

<b>QL Criteria</b>	2 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

# Cortisporin-TC

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## Products Affected

- CORTISPORIN-TC

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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Cosentyx

## Products Affected

- COSENTYX

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/2017/MUSC/Cosentyx.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cosentyx.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cosentyx.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cosentyx.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cosentyx Sensoready Pen

## Products Affected

- COSENTYX SENSOREADY PEN  
SUBCUTANEOUS

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/2017/MUSC/Cosentyx.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cosentyx.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cosentyx.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cosentyx.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Cotellic

## Products Affected

- COTELLIC

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	63 tablets Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cozaar

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## Products Affected

- COZAAR ORAL TABLET 100 MG

<b>ST Criteria</b>	A documented step through one month each of any two preferred generic alternatives from the following agents: candesartan, eprosartan, irbesartan, losartan, valsartan, olmesartan, or telmisartan
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Cozaar

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## Products Affected

- COZAAR ORAL TABLET 50 MG, 25 MG

<b>ST Criteria</b>	A documented step through one month each of any two preferred generic alternatives from the following agents: candesartan, eprosartan, irbesartan, losartan, valsartan, olmesartan, or telmisartan
<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

# Crestor

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## Products Affected

- CRESTOR

<b>ST Criteria</b>	A documented step through two generic statin medications (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Cryselle-28

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## Products Affected

- CRYSELLE-28

<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

# 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/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Cutivate

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## Products Affected

- CUTIVATE

<b>ST Criteria</b>	A documented step through triamcinolone (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cuvitru

## Products Affected

- CUVITRU

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/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# CVS Advanced Glucose Test

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## Products Affected

- CVS ADVANCED GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# CVS Blood Glucose Test

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## Products Affected

- *cvs blood glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Cyclafem 1/35

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## Products Affected

- CYCLAFEM 1/35

<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

# Cyclafem 7/7/7

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## Products Affected

- CYCLAFEM 7/7/7

<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



# Cycloset

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## Products Affected

- CYCLOSET

<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

# Cymbalta

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## Products Affected

- CYMBALTA ORAL CAPSULE DELAYED  
RELEASE PARTICLES 30 MG, 20 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Cymbalta

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## Products Affected

- CYMBALTA ORAL CAPSULE DELAYED  
RELEASE PARTICLES 60 MG

<b>QL Criteria</b>	1 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

# Cystadane

## Products Affected

- CYSTADANE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Cystaran

## Products Affected

- CYSTARAN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_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	
QL Criteria	2 ml (40 drops) Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Daklinza

## Products Affected

- DAKLINZA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html</a>
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Daliresp

## Products Affected

- DALIRESP

PA Criteria	Criteria Details
Covered Uses	COPD
Exclusion Criteria	
Required Medical Information	A documented diagnosis of severe (Stage III) or very severe (Stage IV) chronic obstructive pulmonary disease (COPD) associated with chronic bronchitis and a history of exacerbations
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Trial of 1 month each of 2 preferred alternatives: Dulera/Symb/Spir/Incruse/Anoro/Stiolto
QL Criteria	1 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Dasetta 1/35

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## Products Affected

- DASETTA 1/35

<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

# Dasetta 7/7/7

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## Products Affected

- DASETTA 7/7/7

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Daysee

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## Products Affected

- DAYSEE

<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

# Daytrana

## Products Affected

- DAYTRANA

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	1 patch Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Depo-Provera

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## Products Affected

- DEPO-PROVERA INTRAMUSCULAR  
SUSPENSION 150 MG/ML

<b>QL Criteria</b>	5 vial Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Depo-SubQ Provera 104

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## Products Affected

- DEPO-SUBQ PROVERA 104  
SUBCUTANEOUS

<b>QL Criteria</b>	8 syringe Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Descovy

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## 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/2017/ID/antiviral_hiv.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Desloratadine

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## Products Affected

- *desloratadine*

<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

# Desogestrel-Ethinyl Estradiol

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## Products Affected

- *desogestrel-ethinyl estradiol*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Desonate

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## Products Affected

- DESONATE

<b>ST Criteria</b>	Trial of two weeks of one generic desonide alternative any dosage form
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Desonide

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## Products Affected

- *desonide external*

<b>ST Criteria</b>	A documented step through alclometasone cream/ointment
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# DesOwen

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## Products Affected

- DESOWEN

<b>ST Criteria</b>	A documented step through alclometasone cream/ointment
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Desoximetasone

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## Products Affected

- *desoximetasone external*

<b>ST Criteria</b>	A documented step through betamethasone dipropionate (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Desoximetasone

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## Products Affected

- *desoximetasone external*

<b>ST Criteria</b>	A documented step through triamcinolone (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Desoxyn

## Products Affected

- DESOXYN

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexamethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	4 tab Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Desvenlafaxine ER

## Products Affected

- *desvenlafaxine er*

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major Depressive Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For quantities over the allowed amount for the prescribed medication, a member must meet one of the following: (1) Member requires a dose including half tablets, (2) member's dose is being titrated by physician (3-month limit), (3) member has had intolerance to drug administered as a single daily dose, or (4) member's dose cannot be achieved with proposed quantity limits for a given strength (ex. needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose.)
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (fluoxetine, citalopram), SNRIs (duloxetine, venlafaxine), TCAs (amitriptyline, nortriptyline), heterocyclic antidepressants (mirtazapine, trazodone)
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Detrol

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## Products Affected

- DETROL

<b>ST Criteria</b>	Trial of 1 month each of 1 preferred generic (oxybutynin IR, Trospium IR/ER, tolterodine IR/ER) PLUS 1 preferred brand (myrbetriq OR Vesicare)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Detrol LA

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## Products Affected

- DETROL LA

<b>ST Criteria</b>	Trial of 1 month each of 1 preferred generic (oxybutynin IR, Trospium IR/ER, tolterodine IR/ER) PLUS 1 preferred brand (myrbetriq OR Vesicare)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Dexedrine

## Products Affected

- DEXEDRINE ORAL TABLET

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Dexedrine

## Products Affected

- DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	3 caps Per 1 Day
<b>Notes/References</b>	

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Dexilant

## Products Affected

- DEXILANT

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: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required).
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# 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>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Dextroamphetamine Sulfate

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## Products Affected

- *dextroamphetamine sulfate oral solution*

<b>QL Criteria</b>	40 ml Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dextroamphetamine Sulfate

## Products Affected

- dextroamphetamine sulfate oral tablet*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>QL Criteria</b>	4 tab Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Dextroamphetamine Sulfate ER

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## Products Affected

- *dextroamphetamine sulfate er*

<b>QL Criteria</b>	3 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

# DiabetiDerm

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## Products Affected

- DIABETIDERM

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# DiabetiDerm Antifungal

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## Products Affected

- DIABETIDERM ANTIFUNGAL

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# DiabetiDerm Cleansing

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## Products Affected

- DIABETIDERM CLEANSING

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# DiabetiDerm Foot Rejuvenating

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## Products Affected

- DIABETIDERM FOOT REJUVENATING

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# DiabetiDerm Hand & Body

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## Products Affected

- DIABETIDERM HAND & BODY

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# DiabetiDerm Heel & Toe

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## Products Affected

- DIABETIDERM HEEL & TOE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# DiabetiDerm Massage Stimulator

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## Products Affected

- DIABETIDERM MASSAGE STIMULATOR

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# DiabetiDerm Sunscreen SPF15

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## Products Affected

- DIABETIDERM SUNSCREEN SPF15

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# DiabetiShield

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## Products Affected

- DIABETISHIELD

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# DiabetiSource

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## Products Affected

- DIABETISOURCE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diabetisource AC

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## Products Affected

- DIABETISOURCE AC

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# DiabetiTrim

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## Products Affected

- DIABETITRIM

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diastat AcuDial

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## Products Affected

- DIASTAT ACUDIAL

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Diastat Pediatric

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## Products Affected

- DIASTAT PEDIATRIC

<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

# DiaTrue Plus Test

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## Products Affected

- *diatruue plus test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Dibenzyline

## Products Affected

- DIBENZYLINE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/antihypertensive_misc.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/antihypertensive_misc.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/antihypertensive_misc.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diclegis

## Products Affected

- DICLEGIS

PA Criteria	Criteria Details
Covered Uses	Nausea and vomiting
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), or metoclopramide, or promethazine, or ondansetron
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	4 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: April 15, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Diclofenac Sodium

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## Products Affected

- *diclofenac sodium ophthalmic*

<b>QL Criteria</b>	6 bottle 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

# Diclofenac Sodium

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## Products Affected

- *diclofenac sodium transdermal gel 1 %*

<b>QL Criteria</b>	5 tubes 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Diclofenac Sodium

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## Products Affected

- *diclofenac sodium transdermal gel 3 %*

<b>QL Criteria</b>	200 grams 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

# Differin

## Products Affected

- DIFFERIN EXTERNAL LOTION
- DIFFERIN EXTERNAL GEL 0.3 %
- DIFFERIN EXTERNAL CREAM

PA Criteria	Criteria Details
Covered Uses	Acne Vulgaris
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Acne Vulgaris
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Differin

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## Products Affected

- DIFFERIN EXTERNAL GEL 0.1 %

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dificid

## Products Affected

- DIFICID

PA Criteria	Criteria Details
Covered Uses	Clostridium difficile infection
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Clostridium difficile associated diarrhea in adults greater than 18 years of age AND A documented: Contraindication to preferred agents metronidazole or oral vancomycin hydrochloride indicated for the member's condition OR Intolerance to metronidazole or oral vancomycin hydrochloride indicated for member's condition OR Allergy to metronidazole or oral vancomycin hydrochloride indicated for the member's condition OR Failure of an adequate trial of 10 days of metronidazole or 7 days of oral vancomycin hydrochloride OR Discharge from hospital or medical facility due to a documented diagnosis from above AND documented initial treatment with Dificid while in the hospital/medical facility.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 month
Other Criteria	
QL Criteria	20 tab Per 30 Days
Notes/References	Annual Review: 09/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Diflorasone Diacetate

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## Products Affected

- *diflorasone diacetate external*

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diflorasone Diacetate

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## Products Affected

- *diflorasone diacetate external*

<b>ST Criteria</b>	A documented step through betamethasone dipropionate (cream/ointment/lotion)
<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 ER Coated Beads

---

## Products Affected

- diltiazem hcl er coated beads oral tablet  
extended release 24 hour 180 mg, 360 mg, 420  
mg, 300 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Diovan

---

## Products Affected

- DIOVAN ORAL TABLET 320 MG

<b>ST Criteria</b>	A documented step through one month each of any two preferred generic alternatives from the following agents: candesartan, eprosartan, irbesartan, losartan, valsartan, olmesartan, or telmisartan
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Diovan

---

## Products Affected

- DIOVAN ORAL TABLET 40 MG, 80 MG, 160 MG

<b>ST Criteria</b>	A documented step through one month each of any two preferred generic alternatives from the following agents: candesartan, eprosartan, irbesartan, losartan, valsartan, olmesartan, or telmisartan
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Diovan HCT

---

## Products Affected

- DIOVAN HCT

<b>ST Criteria</b>	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/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

# Diovan HCT

---

## Products Affected

- DIOVAN HCT

<b>ST Criteria</b>	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/hctz
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Dipentum

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## Products Affected

- DIPENTUM

<b>ST Criteria</b>	A documented step through one month of mesalamine DR (generic Asacol HD), Delzicol, Lialda, or Pentasa
<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

# Ditropan XL

---

## Products Affected

- DITROPAN XL ORAL TABLET  
EXTENDED RELEASE 24 HOUR 15 MG, 10  
MG

<b>ST Criteria</b>	Trial of 1 month each of 1 preferred generic (oxybutynin IR, Trospium IR/ER, tolterodine IR/ER) PLUS 1 preferred brand (myrbetriq OR Vesicare)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Ditropan XL

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## Products Affected

- DITROPAN XL ORAL TABLET  
EXTENDED RELEASE 24 HOUR 5 MG

<b>ST Criteria</b>	Trial of 1 month each of 1 preferred generic (oxybutynin IR, Trospium IR/ER, tolterodine IR/ER) PLUS 1 preferred brand (myrbetriq OR Vesicare)
<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

# Dolophine

---

## Products Affected

- DOLOPHINE ORAL TABLET 5 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Doryx

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## Products Affected

- DORYX ORAL TABLET DELAYED  
RELEASE 200 MG, 50 MG, 150 MG

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Doryx MPC

---

## Products Affected

- DORYX MPC

<b>ST Criteria</b>	A documented step through 1 of the following: minocycline caps 50mg, 75mg, or 100mg, doxycycline monohydrate caps 50mg or 100mg, doxycycline hyclate caps 50mg or 100mg, or doxycycline hyclate tabs 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Dovonex

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## Products Affected

- DOVONEX EXTERNAL CREAM

<b>ST Criteria</b>	try a med/high potency topical steroid
<b>Notes/ References</b>	
<b>Revision Date</b>	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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Doxycycline Hyclate

## Products Affected

- *doxycycline hyclate intravenous*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Documented to be 8 years of age or older (Note: see required medical information section if less than 8 years of age)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(If less than 8 years of age) A documented rare infectious diagnosis that requires use of tetracyclines in young children (examples include juvenile periodontitis or Mediterranean spotted fever)
<b>Age Restrictions</b>	Covered for members 8 years and older. If less than 8 years old please see coverage criteria requirements.
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	(Note: Tetracyclines should not be used in children younger than 8 years of age unless other appropriate drugs are ineffective or are contraindicated. American Academy of Pediatrics (AAP), US Centers for Disease Control and Prevention (CDC), and Infectious Diseases Society of America (IDSA) state that use of tetracyclines in children younger than 8 years of age can be considered in certain circumstances when the benefits outweigh the risks)
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Doxycycline Hyclate

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## Products Affected

- *doxycycline hyclate oral tablet delayed release*

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Doxycycline Monohydrate

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## Products Affected

- *doxycycline monohydrate oral tablet*
- *doxycycline monohydrate oral capsule 150 mg*

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Doxycycline Monohydrate

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## Products Affected

- *doxycycline monohydrate oral capsule 75 mg*

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Dronabinol

## Products Affected

- *dronabinol*

PA Criteria	Criteria Details
Covered Uses	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	1 year
Other Criteria	
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Drospirenone-Ethinyl Estradiol

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## Products Affected

- *drospirenone-ethinyl estradiol oral tablet 3-0.03 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Duac

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## Products Affected

- DUAC

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Duetact

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## Products Affected

- DUETACT

<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

# Duexis

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## Products Affected

- DUEXIS

<b>ST Criteria</b>	Trial of two weeks of one generic nonsteroidal anti-inflammatory agent
<b>QL Criteria</b>	3 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



# Dulera

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## Products Affected

- DULERA

<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

# DULoxetine HCl

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## Products Affected

- *duloxetine hcl oral capsule delayed release particles 20 mg, 30 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# DULoxetine HCl

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## Products Affected

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

<b>QL Criteria</b>	1 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

# DULoxetine HCl

---

## Products Affected

- *duloxetine hcl oral capsule delayed release particles 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Duo-Care Test

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## Products Affected

- DUO-CARE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Duopa

## Products Affected

- DUOPA ENTERAL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/antiparkinsons.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/antiparkinsons.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/antiparkinsons.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/antiparkinsons.html</a>
QL Criteria	1 cartridge Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Duragesic-100

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## Products Affected

- DURAGESIC-100

<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Duragesic-12

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## Products Affected

- DURAGESIC-12

<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Duragesic-25

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## Products Affected

- DURAGESIC-25

<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Duragesic-50

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## Products Affected

- DURAGESIC-50

<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Duragesic-75

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## Products Affected

- DURAGESIC-75

<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Dyanavel XR

## Products Affected

- DYANAVEL XR

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of attention deficit hyperactivity disorder (ADHD)
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexamethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	240 ml 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

# Dymista

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## Products Affected

- DYMISTA

<b>ST Criteria</b>	A documented step through 1 month of azelastine and Flonase OTC
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Dynacin

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## Products Affected

- DYNACIN

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dysport

## Products Affected

- DYSPOORT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/botulinum_toxin.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/botulinum_toxin.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Dysport (Glabellar Lines)

## Products Affected

- DYSPO (GLABELLAR LINES)

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/botulinum_toxin.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/botulinum_toxin.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Easy Plus Blood Glucose Test

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## Products Affected

- *easy plus blood glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Easy Plus II Glucose Test

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## Products Affected

- *easy plus ii glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Easy Step Test

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## Products Affected

- EASY STEP TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Easy Talk Blood Glucose Test

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## Products Affected

- *easy talk blood glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Easy Touch HealthPro Test

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## Products Affected

- EASY TOUCH HEALTHPRO TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Easy Touch Test

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## Products Affected

- EASY TOUCH TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Easy Trak Blood Glucose Test

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## Products Affected

- *easy trak blood glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# EasyGluco

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## Products Affected

- EASYGLUCO IN VITRO

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>QL Criteria</b>	300 EA 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

# EasyGluco Plus

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## Products Affected

- EASYGLUCO PLUS IN VITRO

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# EasyMax 15 Test

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## Products Affected

- EASYMAX 15 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# EASYMax Test

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## Products Affected

- EASYMAX TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# EasyPlus Blood Glucose Test

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## Products Affected

- *easyplus blood glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# EasyPRO Blood Glucose Test

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## Products Affected

- EASYPRO BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# EasyPRO Plus

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## Products Affected

- EASYPRO PLUS IN VITRO

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Eclipse Test

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## Products Affected

- ECLIPSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Ecoza

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## Products Affected

- ECOZA

<b>ST Criteria</b>	A documented step through terbinafine or griseofulvin
<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>ST Criteria</b>	A documented step through one month each of any two preferred generic alternatives from the following agents: candesartan, eprosartan, irbesartan, losartan, valsartan, olmesartan, or telmisartan
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Edarbyclor

## Products Affected

- EDARBYCLOR

PA Criteria	Criteria Details
Covered Uses	hypertension
Exclusion Criteria	
Required Medical Information	a documented diagnosis of Hypertension
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/hctz
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Edluar

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## Products Affected

- EDLUAR

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Effexor XR

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## Products Affected

- EFFEXOR XR ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 150 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

# Effexor XR

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## Products Affected

- EFFEXOR XR ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 37.5 MG,  
75 MG

<b>QL Criteria</b>	1 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Effient

## Products Affected

- EFFIENT

PA Criteria	Criteria Details
<b>Covered Uses</b>	Acute coronary syndrome (ACS), which includes angina or myocardial infarction (MI) managed by percutaneous coronary intervention (PCI)
<b>Exclusion Criteria</b>	History of Stroke or TIA
<b>Required Medical Information</b>	Member has a documented diagnosis of acute coronary syndrome (ACS), which includes angina or myocardial infarction (MI) managed by percutaneous coronary intervention (PCI) AND Member has no prior history of stroke or transient ischemic attack (TIA)
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Elaprase

## Products Affected

- ELAPRASE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Elelyso

## Products Affected

- ELELYSO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gaucher_disease.html">?http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gaucher_disease.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: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Element Compact Test

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## Products Affected

- *element compact test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Element Plus Test

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## Products Affected

- ELEMENT PLUS TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Element Test

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## Products Affected

- ELEMENT TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Elestrin

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## Products Affected

- ELESTRIN

<b>QL Criteria</b>	52 grams 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

# Elidel

## Products Affected

- ELIDEL

PA Criteria	Criteria Details
<b>Covered Uses</b>	atopic dermatitis
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of mild to moderate atopic dermatitis (eczema) in patients less than 2 years of age for short-term use (up to 3 months)(Note: requirement of a trial of topical corticosteroid is not required), or a documented diagnosis of atopic dermatitis (eczema) in an adult or child 2 years of age or older with one of the following: A documented contraindication, intolerance or allergy to one preferred alternative topical corticosteroid indicated for the patient's condition, or a documented failure of an adequate trial of 2 weeks (14 days) of one preferred alternative topical corticosteroid indicated for the patient's condition, or treatment is in an area at high risk for skin atrophy such as face, eyelids, or genital areas
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	For face, eyelids, genital areas:3 months, All other areas:6 months, Patients under 2 yrs: 3 months
<b>Other Criteria</b>	
<b>ST Criteria</b>	try a med/high potency topical steroid
<b>Notes/References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Eligard

## Products Affected

- ELIGARD

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Elinest

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## Products Affected

- ELINEST

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Elocon

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## Products Affected

- ELOCON EXTERNAL CREAM
- ELOCON EXTERNAL OINTMENT

<b>ST Criteria</b>	A documented step through triamcinolone (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Eloctate

## Products Affected

- ELOCTATE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Embeda

## Products Affected

- EMBEDA

PA Criteria	Criteria Details
<b>Covered Uses</b>	moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	Documented diagnosis of Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	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 patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (Note: ALL additional quantities above what is allowed in the chart above require that a patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference) 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program) AND documentation of one of the following: A documented diagnosis of moderate to severe chronic pain AND formal pain evaluation has been documented AND other pain management regimens have been inadequate.
<b>ST Criteria</b>	A documented step through one month each of two preferred alternatives which include Butrans, Hysingla ER, and Oxycontin
<b>QL Criteria</b>	2 capsules Per 1 Day

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Embrace Blood Glucose Test

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## Products Affected

- EMBRACE BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Embrace Evo Blood Glucose Test

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## Products Affected

- EMBRACE EVO BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Embrace Pro Glucose Test

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## Products Affected

- EMBRACE PRO GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Emend

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## Products Affected

- EMEND ORAL CAPSULE 80 MG, 125 MG
- EMEND ORAL CAPSULE 40 MG

<b>QL Criteria</b>	5 capsules 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Emend

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## Products Affected

- EMEND ORAL CAPSULE 80 & 125 MG

<b>QL Criteria</b>	9 capsules 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

# EMLA

## Products Affected

- EMLA

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>	240 grams Per 30 Days
<b>Notes/References</b>	

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: October 03, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Emoquette

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## Products Affected

- EMOQUETTE

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Emsam

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## Products Affected

- EMSAM

<b>QL Criteria</b>	1 patch Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Enablex

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## Products Affected

- ENABLEX

<b>ST Criteria</b>	Trial of 1 month each of 1 preferred generic (oxybutynin IR, Trospium IR/ER, tolterodine IR/ER) PLUS 1 preferred brand (myrbetriq OR Vesicare)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Enbrel

## Products Affected

- ENBREL SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Enbrel.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Enbrel.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Enbrel.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Enbrel.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Enbrel SureClick

## Products Affected

- ENBREL SURECLICK SUBCUTANEOUS

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/2017/MUSC/Enbrel.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Enbrel.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Enbrel.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Enbrel.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Enjuvia

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## Products Affected

- ENJUVIA

<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

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Enpresse-28

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## Products Affected

- ENPRESSE-28

<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

# Enskyce

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## Products Affected

- ENSKYCE

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Entocort EC

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## Products Affected

- ENTOCORT EC ORAL CAPSULE  
DELAYED RELEASE PARTICLES

<b>ST Criteria</b>	Trial of one month of generic budesonide SR
<b>QL Criteria</b>	3 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

# Entresto

## Products Affected

- ENTRESTO

PA Criteria	Criteria Details
Covered Uses	chronic heart failure (NYHA Class II-IV) and reduced ejection fraction
Exclusion Criteria	
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	Annual Review: 08/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Entyvio

## Products Affected

- ENTYVIO

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/2017/MUSC/Entyvio.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Entyvio.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Entyvio.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Entyvio.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Envision Autocode Test

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## Products Affected

- ENVISION AUTOCODE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# 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/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 tablet Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# EPINEPHrine

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## Products Affected

- *epinephrine injection solution auto-injector*

<b>QL Criteria</b>	2 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# EpiPen 2-Pak

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## Products Affected

- EPIPEN 2-PAK INJECTION SOLUTION  
AUTO-INJECTOR

<b>QL Criteria</b>	2 doses 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

# EpiPen Jr 2-Pak

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## Products Affected

- EPIPEN JR 2-PAK INJECTION SOLUTION  
AUTO-INJECTOR

<b>QL Criteria</b>	2 doses 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Epogen

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## Products Affected

- EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 20000 UNIT/ML, 10000 UNIT/ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Erythropoiesis_Stimulating_Agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Epoprostenol Sodium

## Products Affected

- *epoprostenol sodium*

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/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.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: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Eprosartan Mesylate

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## Products Affected

- *eprosartan mesylate*

<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

# EQL TRUEtest Test

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## Products Affected

- EQL TRUETEST TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# EQL TrueTrack Test

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## Products Affected

- EQL TRUETRACK TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Errin

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## Products Affected

- ERRIN

<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

# Esbriet

## Products Affected

- ESBRIET

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Idiopathic_Pulmonary_Fibrosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Idiopathic_Pulmonary_Fibrosis.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	9 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# 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

# Escitalopram Oxalate

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## Products Affected

- *escitalopram oxalate oral solution*

<b>QL Criteria</b>	20 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Esomeprazole Magnesium

## Products Affected

- *esomeprazole magnesium*

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: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required).
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Esomeprazole Strontium

## Products Affected

- *esomeprazole strontium*

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	A documented diagnosis of one of the following: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
QL Criteria	1 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Estarylla

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## Products Affected

- ESTARYLLA

<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

# Estradiol

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## 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

# Estrasorb

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## Products Affected

- ESTRASORB

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

# Estrogel

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## Products Affected

- ESTROGEL

<b>QL Criteria</b>	1 pump 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Eszopiclone

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## Products Affected

- *eszopiclone*

<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

# Eucrisa

## Products Affected

- EUCRISA

PA Criteria	Criteria Details
<b>Covered Uses</b>	Mild to moderate atopic dermatitis
<b>Exclusion Criteria</b>	Not covered for members under 2 years old
<b>Required Medical Information</b>	A documented diagnosis of mild to moderate atopic dermatitis
<b>Age Restrictions</b>	Not covered for members under 2 years old
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through 2 weeks (14 days) of one preferred alternative topical corticosteroid indicated for the patient's condition
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: January 30, 2017 Step Therapy: February 07, 2017 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# 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/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Evamist

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## Products Affected

- EVAMIST

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Evekeo

## Products Affected

- EVEKEO

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	Annual Review: 02/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# EvenCare + Blood Glucose Test

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## Products Affected

- EVENCARE + BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# EvenCare Blood Glucose Test

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## Products Affected

- EVENCARE BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# EvenCare G2 Test

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## Products Affected

- EVENCARE G2 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# EvenCare G3 Test

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## Products Affected

- EVENCARE G3 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# EvenCare Mini Glucose Test

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## Products Affected

- EVENCARE MINI GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Evolution Autocode

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## Products Affected

- EVOLUTION AUTOCODE IN VITRO

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Exalgo

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## Products Affected

- EXALGO ORAL TABLET ER 24 HOUR  
ABUSE-DETERRENT 12 MG, 8 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

# Exalgo

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## Products Affected

- EXALGO ORAL TABLET ER 24 HOUR  
ABUSE-DETERRENT 16 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Exalgo

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## Products Affected

- EXALGO ORAL TABLET ER 24 HOUR  
ABUSE-DETERRENT 32 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

# Exforge

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## Products Affected

- EXFORGE

<b>ST Criteria</b>	Exforge/Twynsta: Try amlodipine with 2 of the following (brand or generic):Atacand/Avapro/Cozaar/Micardis Exforge HCT: Try amlodipine with 2 of the following (brand or generic): Atacand hctz/Hyzaar/Micardis HCT
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Exforge HCT

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## Products Affected

- EXFORGE HCT

<b>ST Criteria</b>	Exforge/Twynsta: Try amlodipine with 2 of the following (brand or generic):Atacand/Avapro/Cozaar/Micardis Exforge HCT: Try amlodipine with 2 of the following (brand or generic): Atacand hctz/Hyzaar/Micardis HCT
<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

# Exjade

## Products Affected

- EXJADE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Anitdots.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Anitdots.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Extavia

## Products Affected

- EXTAVIA SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Eylea

## Products Affected

- EYLEA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Ez Smart Blood Glucose Test

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## Products Affected

- EZ SMART BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Ez Smart Plus Glucose Test

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## Products Affected

- EZ SMART PLUS GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ezetimibe

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## Products Affected

- *ezetimibe*

<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

# Fabior

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## Products Affected

- FABIOR

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fabrazyme

## Products Affected

- FABRAZYME

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Falmina

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## Products Affected

- FALMINA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Famciclovir

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## Products Affected

- *famciclovir oral tablet 250 mg, 125 mg*

<b>QL Criteria</b>	60 tab 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

# Famciclovir

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## Products Affected

- *famciclovir oral tablet 500 mg*

<b>QL Criteria</b>	21 tab 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Famvir

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## Products Affected

- FAMVIR ORAL TABLET 250 MG, 125 MG

<b>QL Criteria</b>	60 tab 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

# Famvir

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## Products Affected

- FAMVIR ORAL TABLET 500 MG

<b>QL Criteria</b>	21 tab 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fanapt

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## Products Affected

- FANAPT

<b>ST Criteria</b>	A documented step through one generic medication such as aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine and Latuda
<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

# Fanapt Titration Pack

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## Products Affected

- FANAPT TITRATION PACK

<b>ST Criteria</b>	A documented step through one generic medication such as aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine and Latuda
<b>QL Criteria</b>	8 tab 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Farxiga

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## Products Affected

- FARXIGA

<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

# Farydak

## Products Affected

- FARYDAK

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	12 capsules Per 30 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Faslodex

## Products Affected

- FASLODEX INTRAMUSCULAR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# FazaClo

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## Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE  
100 MG

<b>ST Criteria</b>	A documented step through aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, clozapine, or Latuda
<b>QL Criteria</b>	9 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# FazaClo

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## Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE  
12.5 MG

<b>ST Criteria</b>	A documented step through aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, clozapine, or Latuda
<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

# FazaClo

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## Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE  
25 MG

<b>ST Criteria</b>	A documented step through aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, clozapine, or Latuda
<b>QL Criteria</b>	3 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FazaClo

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## Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE  
150 MG

<b>ST Criteria</b>	A documented step through aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, clozapine, or Latuda
<b>QL Criteria</b>	6 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

# FazaClo

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## Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE  
200 MG

<b>ST Criteria</b>	A documented step through aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, clozapine, or Latuda
<b>QL Criteria</b>	4 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Feiba

## Products Affected

- FEIBA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Feiba NF

## Products Affected

- FEIBA NF

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Feiba VH Immuno

## Products Affected

- FEIBA VH IMMUNO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 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 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# FemCap

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## Products Affected

- FEMCAP

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

# Femhrt 1/5

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## Products Affected

- FEMHRT 1/5

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Femhrt Low Dose

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## Products Affected

- FEMHRT LOW DOSE

<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

# Femring

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## Products Affected

- FEMRING

<b>QL Criteria</b>	1 ring Per 90 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fenofibrate

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## Products Affected

- *fenofibrate oral tablet 48 mg*
- *fenofibrate oral tablet 54 mg*
- *fenofibrate oral capsule*

<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 tablet 145 mg*
- *fenofibrate oral tablet 160 mg, 120 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fenofibrate Micronized

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## Products Affected

- *fenofibrate micronized*

<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

# Fenofibric Acid

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## Products Affected

- *fenofibric acid*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Fenofibric Acid

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## Products Affected

- *fenofibric acid*

<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

# Fenoglide

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## Products Affected

- FENOGLIDE

<b>ST Criteria</b>	A documented step through one month each of three preferred fenofibrates (Trilipix, Fibracor, Lipofen, Tricor, Lofibra, Triglide/Lofibra, Antara)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fenoglide

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## Products Affected

- FENOGLIDE

<b>ST Criteria</b>	A documented step through one month each of three preferred fenofibrates (Trilipix, Fibracor, Lipofen, Tricor, Lofibra, Triglide/Lofibra, Antara)
<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

# FentaNYL

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## Products Affected

- *fentanyl*

<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FentaNYL

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## Products Affected

- *fentanyl*

<b>QL Criteria</b>	20 patch Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# FentaNYL Citrate

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## Products Affected

- *fentanyl citrate injection*

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer painGeneral anesthesia
<b>Exclusion Criteria</b>	Use in non malignant (non-cancer) pain
<b>Required Medical Information</b>	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.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>Notes/References</b>	
<b>Revision Date</b>	<p>Prior Authorization: March 10, 2016  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FentaNYL Citrate

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## Products Affected

- *fentanyl citrate buccal*

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	Use in non malignant (non-cancer) pain
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	1 year

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>ST Criteria</b>	A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydromorphone)
<b>QL Criteria</b>	15 lollipops Per 30 days
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Fentora

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## Products Affected

- FENTORA BUCCAL TABLET 200 MCG, 400 MCG, 600 MCG, 100 MCG, 800 MCG

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer painGeneral anesthesia
<b>Exclusion Criteria</b>	Use in non malignant (non-cancer) pain
<b>Required Medical Information</b>	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.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>ST Criteria</b>	<p>A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydromorphone)</p>
<b>QL Criteria</b>	<p>15 tab Per 30 Days</p>
<b>Notes/References</b>	
<b>Revision Date</b>	<p>Prior Authorization: March 10, 2016  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fentora

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## Products Affected

- FENTORA BUCCAL TABLET 300 MCG

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer painGeneral anesthesia
<b>Exclusion Criteria</b>	Use in non malignant (non-cancer) pain
<b>Required Medical Information</b>	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.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>Notes/References</b>	
<b>Revision Date</b>	<p>Prior Authorization: March 10, 2016  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ferriprox

## Products Affected

- FERRIPROX

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Anitdots.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Anitdots.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fetzima

## Products Affected

- FETZIMA

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major Depressive Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For quantities over the allowed amount for the prescribed medication, a member must meet one of the following: (1) Member requires a dose including half tablets, (2) member's dose is being titrated by physician (3-month limit), (3) member has had intolerance to drug administered as a single daily dose, or (4) member's dose cannot be achieved with proposed quantity limits for a given strength (ex. needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose.)
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (fluoxetine, citalopram), SNRIs (duloxetine, venlafaxine), TCAs (amitriptyline, nortriptyline), heterocyclic antidepressants (mirtazapine, trazodone)
QL Criteria	1 capsule Per 1 Day
Notes/References	Annual Review: 05/2016
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Fetzima Titration

## Products Affected

- FETZIMA TITRATION

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major Depressive Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For quantities over the allowed amount for the prescribed medication, a member must meet one of the following: (1) Member requires a dose including half tablets, (2) member's dose is being titrated by physician (3-month limit), (3) member has had intolerance to drug administered as a single daily dose, or (4) member's dose cannot be achieved with proposed quantity limits for a given strength (ex. needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose.)
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (fluoxetine, citalopram), SNRIs (duloxetine, venlafaxine), TCAs (amitriptyline, nortriptyline), heterocyclic antidepressants (mirtazapine, trazodone)
QL Criteria	1 titration pack Per 28 Days
Notes/References	Annual Review: 05/2016
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Fibricor

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## Products Affected

- FIBRICOR

<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

# Fifty50 Glucose Test 2.0

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## Products Affected

- FIFTY50 GLUCOSE TEST 2.0

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Finasteride

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## Products Affected

- *finasteride oral*

PA Criteria	Criteria Details
Covered Uses	Benign prostatic hyperplasia
Exclusion Criteria	
Required Medical Information	Member is greater than 50 yrs old or has diagnosis of BPH (Benign Prostatic Hyperplasia).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Firazyr

## Products Affected

- FIRAZYR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angi_oedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angi_oedema.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angi_oedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angi_oedema.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Firmagon

## Products Affected

- FIRMAGON

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Flebogamma

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## Products Affected

- FLEBOGAMMA INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/ivig.html">http://www.aetna.com/products/rxnnonmedicare/data/2017/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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Flebogamma DIF

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## Products Affected

- FLEBOGAMMA DIF

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/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Flector

---

## Products Affected

- FLECTOR

<b>ST Criteria</b>	A documented step through oral diclofenac
<b>QL Criteria</b>	2 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Flolan

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## Products Affected

- FLOLAN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Flovent Diskus

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## Products Affected

- FLOVENT DISKUS

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Flovent HFA

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## Products Affected

- FLOVENT 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

# Fluocinolone Acetonide

---

## Products Affected

- *fluocinolone acetonide external cream*

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fluocinolone Acetonide

---

## Products Affected

- *fluocinolone acetonide external ointment*
- *fluocinolone acetonide external cream*

<b>ST Criteria</b>	A documented step through triamcinolone (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fluocinonide

---

## Products Affected

- *fluocinonide external cream*
- *fluocinonide external gel*
- *fluocinonide external ointment*

<b>ST Criteria</b>	A documented step through betamethasone dipropionate (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fluocinonide

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## Products Affected

- *fluocinonide external cream*

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<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 10 mg*

<b>QL Criteria</b>	1 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# FLUoxetine HCl

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## Products Affected

- *fluoxetine hcl oral tablet 20 mg*

<b>QL Criteria</b>	4 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

---

## Products Affected

- *fluoxetine hcl oral solution*

<b>QL Criteria</b>	10 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FLUoxetine HCl

---

## 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 delayed release*

<b>QL Criteria</b>	1 caps Per 7 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FLUoxetine HCl

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## Products Affected

- *fluoxetine hcl oral tablet 60 mg, 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

---

## 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Flurbiprofen Sodium

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## Products Affected

- *flurbiprofen sodium*

<b>QL Criteria</b>	6 bottle 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

# Fluticasone Propionate

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## Products Affected

- *fluticasone propionate external cream*

<b>ST Criteria</b>	A documented step through triamcinolone (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# 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

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fluvoxamine Maleate

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## Products Affected

- *fluvoxamine maleate oral tablet 100 mg*

<b>QL Criteria</b>	3 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 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fluvoxamine Maleate ER

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## Products Affected

- *fluvoxamine maleate 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

# Focalin

## Products Affected

- FOCALIN

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Focalin XR

## Products Affected

- FOCALIN XR

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexamethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Follistim AQ

## Products Affected

- FOLLISTIM AQ

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/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infertility.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Fondaparinux Sodium

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## Products Affected

- *fondaparinux sodium*

<b>QL Criteria</b>	1 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

# FORA D10 Blood Glucose Test

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## Products Affected

- FORA D10 BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FORA D15C Blood Glucose Test

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## Products Affected

- FORA D15C BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# FORA D15g Blood Glucose Test

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## Products Affected

- FORA D15G BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FORA D15z Blood Glucose Test

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## Products Affected

- FORA D15Z BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# FORA D20 Blood Glucose Test

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## Products Affected

- FORA D20 BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Fora D40/G31 Blood Glucose

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## Products Affected

- FORA D40/G31 BLOOD GLUCOSE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# FORA G20 Blood Glucose Test

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## Products Affected

- FORA G20 BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FORA G30a Blood Glucose Test

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## Products Affected

- FORA G30A BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# FORA G71a Blood Glucose Test

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## Products Affected

- FORA G71A BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FORA G90 Blood Glucose Test

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## Products Affected

- FORA G90 BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Fora GD20 Test

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## Products Affected

- FORA GD20 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FORA GD50 Blood Glucose Test

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## Products Affected

- FORA GD50 BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# FORA Test N' Go Glucose Test

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## Products Affected

- FORA TEST N' GO GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Fora TN'G/TN'G Voice

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## Products Affected

- FORA TN'G/TN'G VOICE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# FORA V10 Blood Glucose Test

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## Products Affected

- FORA V10 BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FORA V12 Blood Glucose Test

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## Products Affected

- FORA V12 BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# FORA V20 Blood Glucose Test

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## Products Affected

- FORA V20 BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# FORA V22 Blood Glucose Test

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## Products Affected

- FORA V22 BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# FORA V30a Blood Glucose Test

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## Products Affected

- FORA V30A BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# ForaCare GD40 Test

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## Products Affected

- FORACARE GD40 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# ForaCare premium V10 Test

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## Products Affected

- FORACARE PREMIUM V10 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# ForaCare Test N Go Test

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## Products Affected

- FORACARE TEST N GO TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Foradil Aerolizer

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## Products Affected

- FORADIL AEROLIZER

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Forfivo XL

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## Products Affected

- FORFIVO XL

<b>ST Criteria</b>	A documented step through bupropion XL 300mg and bupropion XL 150mg
<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

# Fortamet

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## Products Affected

- FORTAMET ORAL TABLET EXTENDED  
RELEASE 24 HOUR 500 MG

<b>ST Criteria</b>	A documented step through Glucophage and Glucophage XR
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fortamet

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## Products Affected

- FORTAMET ORAL TABLET EXTENDED  
RELEASE 24 HOUR 1000 MG

<b>ST Criteria</b>	A documented step through Glucophage and Glucophage XR
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Forteo

## Products Affected

- FORTEO SUBCUTANEOUS

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/2017/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Fortesta

## Products Affected

- FORTESTA

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>ST Criteria</b>	A documented step through one month of Androgel 1.62%
<b>QL Criteria</b>	4 GM Per 1 Day
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017

# FortisCare Test

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## Products Affected

- FORTISCARE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Fosamax

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## Products Affected

- FOSAMAX ORAL TABLET 70 MG

<b>QL Criteria</b>	1 tab Per 7 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fosamax Plus D

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## Products Affected

- FOSAMAX PLUS D

<b>ST Criteria</b>	Trial of one month each of alendronate and either Actonel, Actonel with calcium, or Atelvia
<b>QL Criteria</b>	1 tab Per 7 Days
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Fragmin

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## Products Affected

- FRAGMIN SUBCUTANEOUS

<b>QL Criteria</b>	1 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

# FreeStyle Control Solution

## Products Affected

- FREESTYLE CONTROL SOLUTION

PA Criteria	Criteria Details
<b>Covered Uses</b>	all FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# FreeStyle Flash System

## Products Affected

- FREESTYLE FLASH SYSTEM

PA Criteria	Criteria Details
<b>Covered Uses</b>	all FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# FreeStyle Freedom

## Products Affected

- FREESTYLE FREEDOM

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# FreeStyle Freedom Lite

## Products Affected

- FREESTYLE FREEDOM LITE

PA Criteria	Criteria Details
<b>Covered Uses</b>	all FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# FreeStyle InsuLinx Test

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## Products Affected

- FREESTYLE INSULINX 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# FreeStyle Lite Test

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## Products Affected

- FREESTYLE LITE 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

# FreeStyle Navigator Sensor

## Products Affected

- FREESTYLE NAVIGATOR SENSOR

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# FreeStyle Precision Ins Syr

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## Products Affected

- FREESTYLE PRECISION INS SYR

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# FreeStyle Sidekick II

## Products Affected

- FREESTYLE SIDEKICK II

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# FreeStyle System

## Products Affected

- FREESTYLE SYSTEM

PA Criteria	Criteria Details
<b>Covered Uses</b>	all FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# FreeStyle Test

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## Products Affected

- FREESTYLE 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Frova

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## Products Affected

- FROVA

<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

# Frovatriptan Succinate

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## Products Affected

- *frovatriptan succinate*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Fuzeon

## Products Affected

- FUZEON

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antiviral_hiv.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/ References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fycompa

## Products Affected

- FYCOMPA ORAL SUSPENSION

PA Criteria	Criteria Details
Covered Uses	partial-onset seizures
Exclusion Criteria	
Required Medical Information	A documented diagnosis of partial-onset seizures OR generalized tonic-clonic seizures, AND documented use as adjunct therapy with one (1) or more other FDA approved Anti-Epileptic Drug (AED).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: Patient's dose is being titrated by the physician OR the patient requires higher doses of the requested drug after failure of recommended standard doses.
Notes/References	Annual Review: 03/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Fycompa

## Products Affected

- FYCOMPA ORAL TABLET

PA Criteria	Criteria Details
Covered Uses	partial-onset seizures
Exclusion Criteria	
Required Medical Information	A documented diagnosis of partial-onset seizures OR generalized tonic-clonic seizures, AND documented use as adjunct therapy with one (1) or more other FDA approved Anti-Epileptic Drug (AED).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: Patient's dose is being titrated by the physician OR the patient requires higher doses of the requested drug after failure of recommended standard doses.
QL Criteria	1 tab Per 1 Day
Notes/References	Annual Review: 03/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Gabapentin

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## Products Affected

- *gabapentin oral solution 250 mg/5ml*

<b>QL Criteria</b>	40 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

# Gabapentin

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## Products Affected

- *gabapentin oral tablet*

<b>QL Criteria</b>	6 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Gabitril

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## Products Affected

- GABITRIL ORAL TABLET 12 MG, 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

# Gabitril

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## Products Affected

- GABITRIL 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Gabitril

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## Products Affected

- GABITRIL ORAL TABLET 16 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

# Gammagard

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## Products Affected

- GAMMAGARD

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Gammagard S/D

## Products Affected

- GAMMAGARD S/D INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Gammagard S/D Less IgA

## Products Affected

- GAMMAGARD S/D LESS IGA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Gammaked

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## Products Affected

- GAMMAKED

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Gammalex

## Products Affected

- GAMMAPLEX

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/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Gamunex-C

## Products Affected

- GAMUNEX-C

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/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ganirelix Acetate

## Products Affected

- *ganirelix acetate*

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/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Garamycin

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## Products Affected

- GARAMYCIN OPHTHALMIC SOLUTION

<b>QL Criteria</b>	9 bottle 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

# Gattex

## Products Affected

- GATTEX

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gattex.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gattex.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 box Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# GE100 Blood Glucose Test

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## Products Affected

- *ge100 blood glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Gelnique

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## Products Affected

- GELNIQUE

<b>ST Criteria</b>	Trial of 1 month each of 1 preferred generic (oxybutynin IR, Trospium IR/ER, tolterodine IR/ER) PLUS 1 preferred brand (myrbetriq OR Vesicare)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Gel-One

## Products Affected

- GEL-ONE 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/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Gelsyn-3

## Products Affected

- GELSYN-3

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/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Genotropin

## Products Affected

- GENOTROPIN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Genotropin MiniQuick

## Products Affected

- GENOTROPIN MINIQUICK

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# GenStrip 50

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## Products Affected

- GENSTRIP 50

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Gentamicin Sulfate

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## Products Affected

- *gentamicin sulfate ophthalmic solution*

<b>QL Criteria</b>	9 bottle 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Genvoya

## Products Affected

- GENVOYA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antiviral_hiv.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Geodon

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## Products Affected

- GEODON ORAL

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# GHT Test

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## Products Affected

- *ght test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Gianvi

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## Products Affected

- GIANVI

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Giazo

## Products Affected

- GIAZO

PA Criteria	Criteria Details
Covered Uses	ulcerative colitis
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild to moderate ulcerative colitis in males.Note: per product labeling, Giazo effectiveness was not demonstrated in female patients.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month of mesalamine DR (generic Asacol HD), Delzicol, Lialda, or Pentasa
QL Criteria	6 tab Per 1 Day
Notes/References	Annual Review: 02/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Gildagia

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## Products Affected

- GILDAGIA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Gildess 1.5/30

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## Products Affected

- GILDESS 1.5/30

<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

# Gildess 1/20

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## Products Affected

- GILDESS 1/20

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Gildess FE 1.5/30

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## Products Affected

- GILDESS FE 1.5/30

<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

# Gildess FE 1/20

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## Products Affected

- GILDESS FE 1/20

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Glassia

## Products Affected

- GLASSIA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Alpha-1Antitrypsin%20Inhibitor%20Therapy.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Alpha-1 Antitrypsin Inhibitor Therapy.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Gleevec

## Products Affected

- GLEEVEC ORAL TABLET 400 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html</a>
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Gleevec

## Products Affected

- GLEEVEC ORAL TABLET 100 MG

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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html</a>
<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Gluco Perfect 3 Test

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## Products Affected

- GLUCO PERFECT 3 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Glucocard 01 Sensor Plus

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## Products Affected

- GLUCOCARD 01 SENSOR PLUS

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Glucocard 01 Test

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## Products Affected

- GLUCOCARD 01 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Glucocard Expression Test

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## Products Affected

- GLUCOCARD EXPRESSION TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Glucocard Shine Test

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## Products Affected

- GLUCOCARD SHINE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Glucocard Vital Test

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## Products Affected

- GLUCOCARD VITAL TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Glucocard X-Sensor

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## Products Affected

- GLUCOCARD X-SENSOR

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# GlucoCom Test

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## Products Affected

- GLUCOCOM TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Glucolab Test

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## Products Affected

- GLUCOLAB TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# GlucoNavii Blood Glucose Test

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## Products Affected

- GLUCONAVII BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Glumetza

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## Products Affected

- GLUMETZA ORAL TABLET EXTENDED  
RELEASE 24 HOUR 500 MG

<b>ST Criteria</b>	A documented step through Glucophage and Glucophage XR
<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

# Glumetza

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## Products Affected

- GLUMETZA ORAL TABLET EXTENDED  
RELEASE 24 HOUR 1000 MG

<b>ST Criteria</b>	A documented step through Glucophage and Glucophage XR
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Glyxambi

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## Products Affected

- GLYXAMBI

<b>ST Criteria</b>	A documented step through one month each of Invokana/Invokamet and either Januvia/Janumet and either Tradjenta/Jentadueto
<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

# Gmate Blood Glucose Test

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## Products Affected

- GMATE BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# 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/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Gonal-f RFF

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## 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/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Gonal-f RFF Rediject

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## 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/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Gralise

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## Products Affected

- GRALISE ORAL TABLET 300 MG

<b>ST Criteria</b>	A documented step through gabapentin
<b>QL Criteria</b>	5 tab Per 1 Day
<b>Notes/ References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Gralise

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## Products Affected

- GRALISE ORAL TABLET 600 MG

<b>ST Criteria</b>	A documented step through gabapentin
<b>QL Criteria</b>	3 tab Per 1 Day
<b>Notes/ References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Gralise Starter

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## Products Affected

- GRALISE STARTER

<b>ST Criteria</b>	A documented step through gabapentin
<b>QL Criteria</b>	1 pack Per 365 Days
<b>Notes/ References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Granix

## Products Affected

- GRANIX

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# GuanFACINE HCl ER

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## Products Affected

- *guanfacine hcl er*

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Halobetasol Propionate

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## Products Affected

- *halobetasol propionate*

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Heather

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## Products Affected

- HEATHER

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Helidac

## Products Affected

- HELIDAC

PA Criteria	Criteria Details
Covered Uses	Helicobacter pylori infection Peptic ulcer disease
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Helicobacter pylori infection and peptic ulcer disease (gastric or duodenal ulcer disease)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Trial of two weeks of the preferred generic alternatives, metronidazole, tetracycline, and over-the-counter bismuth subsalicylate, all taken concomitantly with an H2-blocker or PPI (i.e., ranitidine, omeprazole, lansoprazole)
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Helixate FS

## Products Affected

- HELIXATE FS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Hemangeol

## Products Affected

- HEMANGEOL

PA Criteria	Criteria Details
Covered Uses	Infantile hemangioma
Exclusion Criteria	
Required Medical Information	(1) Documented diagnosis of proliferating infantile hemangioma requiring systemic therapy, (2) Documentation that the member was not born prematurely with a corrected age of less than 5 weeks, (3) Documentation that the member does not weight less than 2kg, have sustained heart rate of less than 80 beats per minutes, have greater than first degree heart block, or have decompensated heart failure, and (4) Member does not have sustained blood pressure less than 50/30mmHg
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/References	Annual Review: 06/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Hemofil M

## Products Affected

- HEMOFIL M INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Hetlioz

## Products Affected

- HETLIOZ

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/sedative-hypnotics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/sedative-hypnotics.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 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Hizentra

## Products Affected

- HIZENTRA SUBCUTANEOUS

PA Criteria	Criteria Details
<b>Covered Uses</b>	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/ivig.html">http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/ivig.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Horizant

## Products Affected

- HORIZANT ORAL TABLET EXTENDED RELEASE

PA Criteria	Criteria Details
Covered Uses	Post-herpetic neuralgia and Restless leg syndrome
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Restless Leg Syndrome (RLS) or Post Herpetic Neuralgia (shingles)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	FOR POST-HERPETIC NEURALGIA: Documentation of a step through one month of gabapentin. FOR RESTLESS LEG SYNDROME: Documentation of a step through one month of pramipexole, or ropinirole.
QL Criteria	2 tablets Per 1 Day
Notes/References	Annual Review: 02/2016
Revision Date	Prior Authorization: February 10, 2017 Step Therapy: February 10, 2017 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# HP Acthar

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## Products Affected

- HP ACTHAR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/acthar.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/acthar.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Humate-P

## Products Affected

- HUMATE-P INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Humatrope

## Products Affected

- HUMATROPE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# HumatroPen for 12mg

## Products Affected

- HUMATROPEN FOR 12MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# HumatroPen for 24mg

## Products Affected

- HUMATROPEN FOR 24MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# HumatroPen for 6mg

## Products Affected

- HUMATROPEN FOR 6MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Humira

## Products Affected

- HUMIRA SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Humira Pediatric Crohns Start

## Products Affected

- HUMIRA PEDIATRIC CROHNS START  
SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Humira Pen

## Products Affected

- HUMIRA PEN SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Humira Pen-Crohns Starter

## Products Affected

- HUMIRA PEN-CROHNS STARTER  
SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Humira Pen-Psoriasis Starter

## Products Affected

- HUMIRA PEN-PSORIASIS STARTER  
SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Humira.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Hyalgan

## Products Affected

- HYALGAN

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/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# HYDRORmorphone HCl ER

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## Products Affected

- *hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 8 mg, 12 mg, 32 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

# HYDRORmorphone HCl ER

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## Products Affected

- *hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 16 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Hymovis

## Products Affected

- HYMOVIS

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/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Hyqvia

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## Products Affected

- HYQVIA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/ivig.html">http://www.aetna.com/products/rxnnonmedicare/data/2017/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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

# Hyzaar

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## Products Affected

- HYZAAR

<b>ST Criteria</b>	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/hctz
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ibandronate Sodium

## Products Affected

- *ibandronate sodium oral*

PA Criteria	Criteria Details
<b>Covered Uses</b>	A documented diagnosis of one of the following: Treatment of bone metastases or bone pain presumed due to bone metastases from breast cancer Treatment of hypercalcemia of malignancy Treatment of osteoporosis in post-menopausal women who are unable to tolerate either 2 oral bisphosphonates (e.g., alendronate (Fosamax), risedronate (Actonel)) or 1 oral bisphosphonate plus 1 selective estrogen receptor modulator (SERM) (e.g., raloxifene (Evista)), or for whom oral bisphosphonate therapy is contraindicated (e.g., due to inability to swallow, or inability to remain in an upright position after oral bisphosphonate administration for the required length of time)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	1 tab 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Iclusig

## Products Affected

- ICLUSIG

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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html</a>
<b>QL Criteria</b>	30 days supply Per 1 prescription
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Idelvion

## Products Affected

- IDELVION

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/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Ilaris

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## Products Affected

- ILARIS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Ilaris.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Ilaris.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: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Imatinib Mesylate

## Products Affected

- *imatinib mesylate oral tablet 400 mg*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Imatinib Mesylate

## Products Affected

- *imatinib mesylate 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Imiquimod

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## Products Affected

- *imiquimod external*

<b>QL Criteria</b>	48 packets Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Imitrex

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## Products Affected

- IMITREX SUBCUTANEOUS

<b>QL Criteria</b>	10 vials 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Imitrex

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## Products Affected

- IMITREX 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

# Imitrex

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## Products Affected

- IMITREX 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Imitrex STATdose System

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## Products Affected

- IMITREX STATDOSE SYSTEM  
SUBCUTANEOUS

<b>QL Criteria</b>	10 cartridges 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

# Impavido

## Products Affected

- IMPAVIDO

PA Criteria	Criteria Details
Covered Uses	Leishmaniasis
Exclusion Criteria	Known or suspected pregnancy
Required Medical Information	A documented diagnosis of any of the following leishmaniasis infections: Visceral leishmaniasis due to <i>Leishmania donovani</i> , Cutaneous leishmaniasis due to <i>Leishmania braziliensis</i> , <i>Leishmania guyanensis</i> , and <i>Leishmania panamensis</i> , or Mucosal leishmaniasis due to <i>Leishmania braziliensis</i>
Age Restrictions	12 years of age or older
Prescriber Restrictions	
Coverage Duration	28 days
Other Criteria	
QL Criteria	84 capsules Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 16, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Implanon

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## Products Affected

- IMPLANON

<b>QL Criteria</b>	1 pack Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# In Touch Blood Glucose Test

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## Products Affected

- IN TOUCH BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Incivek

## Products Affected

- INCIVEK

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	6 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Increlex

## Products Affected

- INCRELEX

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Increlex.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Increlex.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# 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

# Inderal XL

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## Products Affected

- INDERAL XL ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 80 MG

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Inderal XL

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## Products Affected

- INDERAL XL ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 120 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

# Indomethacin

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## Products Affected

- *indomethacin oral*

<b>QL Criteria</b>	3 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Infinity Blood Glucose Test

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## Products Affected

- INFINITY BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Inflectra

## Products Affected

- INFLECTRA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Inflectra.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Inflectra.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Inflectra.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Inflectra.html</a>
Notes/References	
Revision Date	Prior Authorization: December 13, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# InnoPran XL

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## Products Affected

- INNOPRAN XL ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 120 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# InnoPran XL

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## Products Affected

- INNOPRAN XL ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 80 MG

<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

# Intermezzo

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## Products Affected

- INTERMEZZO

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Intron A

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## 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/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Introvale

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## Products Affected

- INTROVALE

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Intuniv

## Products Affected

- INTUNIV

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	a documented diagnosis of Attention deficit hyperactivity disorder (ADHD)
<b>Age Restrictions</b>	PA-diagnosis required for members greater than 18 years of age and older
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	Trial of 14 days each of 3 of: clonidine/ sr, guanfacine, amphetam/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, or Vyvanse
<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Invega

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## Products Affected

- INVEGA ORAL TABLET EXTENDED  
RELEASE 24 HOUR 6 MG, 1.5 MG, 3 MG

<b>ST Criteria</b>	A documented step through one generic medication such as aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine and Latuda
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Invega

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## Products Affected

- INVEGA ORAL TABLET EXTENDED  
RELEASE 24 HOUR 9 MG

<b>ST Criteria</b>	A documented step through one generic medication such as aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine and Latuda
<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

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Invokamet XR

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## Products Affected

- INVOKAMET XR

<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 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

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## Products Affected

- *irbesartan*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Irbesartan-Hydrochlorothiazide

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## Products Affected

- *irbesartan-hydrochlorothiazide oral tablet 150-12.5 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

# Irenka

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## Products Affected

- IRENKA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Iressa

## Products Affected

- IRESSA

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Iressa.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Iressa.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>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

# Itraconazole

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## Products Affected

- *itraconazole oral*

<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Ixinity

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## Products Affected

- IXINITY

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Jadenu

## Products Affected

- JADENU

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Anitdots.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Anitdots.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Jakafi

## Products Affected

- JAKAFI

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Janumet

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## Products Affected

- JANUMET

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Janumet XR

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## Products Affected

- JANUMET XR ORAL TABLET EXTENDED  
RELEASE 24 HOUR 50-1000 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

# Janumet XR

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## Products Affected

- JANUMET XR ORAL TABLET EXTENDED  
RELEASE 24 HOUR 50-500 MG, 100-1000  
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Januvia

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## Products Affected

- JANUVIA

<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

# Jardiance

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## Products Affected

- JARDIANCE

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Jencycla

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## Products Affected

- JENCYCLA

<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

# Jentaduetto

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## Products Affected

- JENTADUETO

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 05/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Jentaduetto XR

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## Products Affected

- JENTADUETO XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 2.5-1000  
MG

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 05/2016
<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 HOUR 5-1000  
MG

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	Annual Review: 05/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Jetrea

## Products Affected

- JETREA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Jolessa

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## Products Affected

- JOLESSA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Jolivette

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## Products Affected

- JOLIVETTE

<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

# Jublia

## Products Affected

- JUBLIA

PA Criteria	Criteria Details
Covered Uses	Onychomycosis
Exclusion Criteria	
Required Medical Information	A documented diagnosis of onychomycosis confirmed by either a positive KOH stain (potassium hydroxide), positive PAS stain (para-aminosalicylic acid), a positive DTM (dermatophyte test medium) or positive fungal culture (NOTE: This positive test should be within the last 3 - 6 months and associated with the current infection)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Failure of an adequate trial of one systemic oral alternative is terbinafine (6 weeks for fingernail infections, 12 weeks for toenail infections), griseofulvin (6 months), itraconazole (60 days (PulsePak) for fingernail infections, 90 days for toenail), OR If member has hepatic dysfunction or increased risk for liver disease (for example, has a history of alcohol abuse or a history of hepatitis), or is female and is pregnant and/or breastfeeding. (No trial needed)
ST Criteria	A documented step through one systemic (oral) alternative such as terbinafine, itraconazole, or griseofulvin
Notes/References	Annual Review: 07/2016
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Junel 1.5/30

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## Products Affected

- JUNEL 1.5/30

<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

# Junel 1/20

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## Products Affected

- JUNEL 1/20

<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

# Junel FE 1.5/30

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## Products Affected

- JUNEL FE 1.5/30

<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

# Junel FE 1/20

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## Products Affected

- JUNEL FE 1/20

<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

# Juxtapid

## Products Affected

- JUXTAPID ORAL CAPSULE 10 MG, 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/2017/CV/AntilipidemicAgents_HOFH.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/AntilipidemicAgents_HOFH.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/AntilipidemicAgents_HOFH.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/AntilipidemicAgents_HOFH.html</a>
QL Criteria	1 capsule Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Juxtapid

## Products Affected

- JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG, 20 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/AntilipidemicAgents_HOFH.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/AntilipidemicAgents_HOFH.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/AntilipidemicAgents_HOFH.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/AntilipidemicAgents_HOFH.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Kadian

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## Products Affected

- KADIAN

<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

# Kalbitor

## Products Affected

- KALBITOR

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/2017/MISC/hereditary_angioedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angioedema.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angioedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angioedema.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Kalydeco

## Products Affected

- KALYDECO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/cystic_fibrosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/cystic_fibrosis.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 packets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kalydeco

## Products Affected

- KALYDECO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/cystic_fibrosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/cystic_fibrosis.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Kanuma

## Products Affected

- KANUMA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kapvay

## Products Affected

- KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	a documented diagnosis of Attention deficit hyperactivity disorder (ADHD)
<b>Age Restrictions</b>	PA-diagnosis required for members greater than 18 years of age and older
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexamethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Karbinal ER

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## Products Affected

- KARBINAL ER ORAL LIQUID EXTENDED RELEASE

<b>ST Criteria</b>	Trial of one week each of a non-sedating OTC antihistamine (i.e., Claritin, Zyrtec) AND generic carbinoxamine
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kariva

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## Products Affected

- KARIVA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Kazano

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## Products Affected

- KAZANO

<b>ST Criteria</b>	A documented step through 1 month each of Januvia, Janumet, or Janumet XR; Tradjenta or Jentadueto; and generic alogliptin, alogliptin/pioglitazone, alogliptin/metformin
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 05/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kcentra

## Products Affected

- KCENTRA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Kelnor 1/35

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## Products Affected

- KELNOR 1/35

<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

# Keppra XR

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## Products Affected

- KEPPRA XR ORAL TABLET EXTENDED  
RELEASE 24 HOUR 750 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Keppra XR

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## Products Affected

- KEPPRA XR ORAL TABLET EXTENDED  
RELEASE 24 HOUR 500 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

# Kerydin

## Products Affected

- KERYDIN

PA Criteria	Criteria Details
Covered Uses	Onychomycosis
Exclusion Criteria	
Required Medical Information	A documented diagnosis of onychomycosis confirmed by either a positive KOH stain (potassium hydroxide), positive PAS stain (para-aminosalicylic acid), a positive DTM (dermatophyte test medium) or positive fungal culture (NOTE: This positive test should be within the last 3 - 6 months and associated with the current infection)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Failure of an adequate trial of one systemic oral alternative is terbinafine (6 weeks for fingernail infections, 12 weeks for toenail infections), griseofulvin (6 months), itraconazole (60 days (PulsePak) for fingernail infections, 90 days for toenail), OR If member has hepatic dysfunction or increased risk for liver disease (for example, has a history of alcohol abuse or a history of hepatitis), or is female and is pregnant and/or breastfeeding. (No trial needed)
ST Criteria	A documented step through one systemic (oral) alternative such as terbinafine, itraconazole, or griseofulvin
Notes/References	Annual Review: 07/2016
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Ketoconazole

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## Products Affected

- *ketoconazole oral*

<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

# Ketorolac Tromethamine

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## Products Affected

- *ketorolac tromethamine oral*

<b>QL Criteria</b>	20 tab 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ketorolac Tromethamine

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## Products Affected

- *ketorolac tromethamine ophthalmic*

<b>QL Criteria</b>	1 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

# Keveyis

## Products Affected

- KEVEYIS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/carbonic_anhydrase_inhibitor.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/carbonic_anhydrase_inhibitor.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Khedezla

## Products Affected

- KHEDEZLA

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major Depressive Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For quantities over the allowed amount for the prescribed medication, a member must meet one of the following: (1) Member requires a dose including half tablets, (2) member's dose is being titrated by physician (3-month limit), (3) member has had intolerance to drug administered as a single daily dose, or (4) member's dose cannot be achieved with proposed quantity limits for a given strength (ex. needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose.)
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (fluoxetine, citalopram), SNRIs (duloxetine, venlafaxine), TCAs (amitriptyline, nortriptyline), heterocyclic antidepressants (mirtazapine, trazodone)
QL Criteria	1 tablet Per 1 Day
Notes/References	Annual Review: 05/2016
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Kineret

## Products Affected

- KINERET SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Kineret.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Kineret.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Kineret.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Kineret.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Koate

## Products Affected

- KOATE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Koate-DVI

## Products Affected

- KOATE-DVI

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Kogenate FS

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## Products Affected

- KOGENATE FS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kogenate FS Bio-Set

## Products Affected

- KOGENATE FS BIO-SET

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Kombiglyze XR

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## Products Affected

- KOMBIGLYZE XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 5-500 MG,  
5-1000 MG

<b>ST Criteria</b>	A documented step through 1 month each of Januvia, Janumet, or Janumet XR; Tradjenta or Jentadueto; and generic alogliptin, alogliptin/pioglitazone, alogliptin/metformin
<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

# Kombiglyze XR

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## Products Affected

- KOMBIGLYZE XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 2.5-1000  
MG

<b>ST Criteria</b>	A documented step through 1 month each of Januvia, Janumet, or Janumet XR; Tradjenta or Jentadueto; and generic alogliptin, alogliptin/pioglitazone, alogliptin/metformin
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Korlym

## Products Affected

- KORLYM

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/antidiabetic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/antidiabetic_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	
QL Criteria	4 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kovaltry

## Products Affected

- KOVALTRY

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Kroger Blood Glucose Test

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## Products Affected

- *kroger blood glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Kroger Premium Glucose Test

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## Products Affected

- *kroger premium glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Kroger Test

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## Products Affected

- *kroger test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Krystexxa

## Products Affected

- KRYSTEXXA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gout.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gout.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gout.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gout.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Kurvelo

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## Products Affected

- KURVELO

<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

# Kuvan

## Products Affected

- KUVAN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Kynamro

## Products Affected

- KYNAMRO SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/AntilipidemicAgents_HOFH.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/AntilipidemicAgents_HOFH.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/AntilipidemicAgents_HOFH.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/AntilipidemicAgents_HOFH.html</a>
QL Criteria	4 injections Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# LaMICtal ODT

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## Products Affected

- LAMICTAL ODT ORAL KIT

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine or lamotrigine ER
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# LaMICtal ODT

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## Products Affected

- LAMICTAL ODT ORAL TABLET  
DISPERSIBLE 50 MG

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine or lamotrigine ER
<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# LaMICtal ODT

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## Products Affected

- LAMICTAL ODT ORAL TABLET  
DISPERSIBLE 100 MG, 200 MG

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine or lamotrigine ER
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# LaMICtal ODT

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## Products Affected

- LAMICTAL ODT ORAL TABLET  
DISPERSIBLE 25 MG

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine or lamotrigine ER
<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# LaMICtal XR

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## Products Affected

- LAMICTAL XR ORAL KIT

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# LaMICtal XR

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## Products Affected

- LAMICTAL XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 300 MG,  
250 MG

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# LaMICtal XR

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## Products Affected

- LAMICTAL XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 25 MG, 50  
MG, 100 MG

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine
<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# LaMICtal XR

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## Products Affected

- LAMICTAL XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 200 MG

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine
<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# LamISIL

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## Products Affected

- LAMISIL ORAL PACKET 125 MG

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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# LamISIL

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## Products Affected

- LAMISIL ORAL PACKET 187.5 MG

<b>QL Criteria</b>	1 packet Per 1 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

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## Products Affected

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

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine or lamotrigine ER
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# LamoTRigine

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## Products Affected

- *lamotrigine oral tablet dispersible 50 mg*

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine or lamotrigine ER
<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# LamoTRigine

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## Products Affected

- *lamotrigine oral tablet dispersible 25 mg*

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine or lamotrigine ER
<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# LamoTRigine ER

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## Products Affected

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

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# LamoTRigine ER

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## Products Affected

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

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine
<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# LamoTRigine ER

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## Products Affected

- *lamotrigine er oral tablet extended release 24 hour 200 mg*

<b>ST Criteria</b>	Documented trial and failure of 1 month of lamotrigine
<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lantus

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## Products Affected

- LANTUS

<b>ST Criteria</b>	A documented step through one month each of Levemir and Tresiba
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lantus SoloStar

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## Products Affected

- LANTUS SOLOSTAR SUBCUTANEOUS

<b>ST Criteria</b>	A documented step through one month each of Levemir and Tresiba
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Larin 1/20

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## Products Affected

- LARIN 1/20

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Larin Fe 1.5/30

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## Products Affected

- LARIN FE 1.5/30

<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

# Larin Fe 1/20

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## Products Affected

- LARIN FE 1/20

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Latuda

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## Products Affected

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

<b>ST Criteria</b>	A documented step through one generic medication such as aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, and clozapine
<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>ST Criteria</b>	A documented step through one generic medication such as aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, and clozapine
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Lazanda

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## Products Affected

- LAZANDA

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer painGeneral anesthesia
<b>Exclusion Criteria</b>	Use in non malignant (non-cancer) pain
<b>Required Medical Information</b>	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.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>ST Criteria</b>	<p>A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydromorphone)</p>
<b>QL Criteria</b>	<p>4 bottle Per 30 Days</p>
<b>Notes/References</b>	
<b>Revision Date</b>	<p>Prior Authorization: March 10, 2016  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lazanda

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## Products Affected

- LAZANDA

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer painGeneral anesthesia
<b>Exclusion Criteria</b>	Use in non malignant (non-cancer) pain
<b>Required Medical Information</b>	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.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>ST Criteria</b>	<p>A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydromorphone)</p>
<b>QL Criteria</b>	<p>4 bottles Per 30 Days</p>
<b>Notes/References</b>	
<b>Revision Date</b>	<p>Prior Authorization: March 10, 2016  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Leena

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## Products Affected

- LEENA

<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

# Leflunomide

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## Products Affected

- *leflunomide 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lemtrada

## Products Affected

- LEMTRADA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
QL Criteria	6 vials Per 365 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lenvima 10 MG Daily Dose

## Products Affected

- LENVIMA 10 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Lenvima 14 MG Daily Dose

## Products Affected

- LENVIMA 14 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lenvima 18 MG Daily Dose

## Products Affected

- LENVIMA 18 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Lenvima 20 MG Daily Dose

## Products Affected

- LENVIMA 20 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lenvima 24 MG Daily Dose

## Products Affected

- LENVIMA 24 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Lenvima 8 MG Daily Dose

## Products Affected

- LENVIMA 8 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lescol

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## Products Affected

- LESCOL

<b>ST Criteria</b>	A documented step through two generic statin medications (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lescol XL

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## Products Affected

- LESCOLOL XL

<b>ST Criteria</b>	A documented step through two generic statin medications (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)
<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

# Lessina

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## Products Affected

- LESSINA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# 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/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Leukine

## Products Affected

- LEUKINE INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Leuprolide Acetate

## Products Affected

- *leuprolide acetate injection*

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/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Levalbuterol Tartrate HFA

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## Products Affected

- *levalbuterol tartrate hfa*

<b>ST Criteria</b>	Trial of 1 week each of Ventolin HFA AND Proair
<b>QL Criteria</b>	2 inhalers 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# LevETIRAcetam ER

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## Products Affected

- *levetiracetam er oral tablet extended release 24 hour 750 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

# LevETIRAcetam ER

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## Products Affected

- *levetiracetam er oral tablet extended release 24 hour 500 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Levocetirizine Dihydrochloride

---

## Products Affected

- *levocetirizine dihydrochloride 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

# Levonest

---

## Products Affected

- LEVONEST

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Levonorgest-Eth Estrad 91-Day

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## Products Affected

- *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg, 0.1-0.02 & 0.01 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

# Levonorgestrel

---

## Products Affected

- *levonorgestrel oral tablet 0.75 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Levonorgestrel-Ethinyl Estrad

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## Products Affected

- *levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg*

<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

# Levonorgestrel-Ethinyl Estrad

---

## Products Affected

- *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

## Levora 0.15/30 (28)

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### Products Affected

- LEVORA 0.15/30 (28)

<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

# Lexapro

---

## Products Affected

- LEXAPRO ORAL SOLUTION

<b>ST Criteria</b>	Trial of 1 month of 1 generic alternative on members formulary (i.e. bupropion sr/ xl, bupropion/ sr/ xl, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine/ sr, mirtazapine, selfemra, sertraline, venlafaxine sr capsule, or venlafaxine)
<b>QL Criteria</b>	20 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lexapro

---

## Products Affected

- LEXAPRO 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

# Lialda

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## Products Affected

- LIALDA

<b>QL Criteria</b>	4 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Liberty Next Generation Test

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## Products Affected

- LIBERTY NEXT GENERATION TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Liberty Test

---

## Products Affected

- *liberty test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lidocaine

---

## Products Affected

- *lidocaine external patch 5 %*

<b>QL Criteria</b>	3 patches Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<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*

<b>QL Criteria</b>	50 grams 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lidocaine PAK

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## Products Affected

- *lidocaine pak*

<b>QL Criteria</b>	50 grams 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

# Lidocaine-Prilocaine

---

## Products Affected

- *lidocaine-prilocaine external cream*

<b>QL Criteria</b>	30 grams 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lidoderm

## Products Affected

- LIDODERM

PA Criteria	Criteria Details
Covered Uses	Pain associated with post-herpetic neuralgia
Exclusion Criteria	
Required Medical Information	a documented diagnosis of Pain associated with post-herpetic neuralgia
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	3 patches Per 1 Day
Notes/References	Annual Review: 09/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lidopril

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## Products Affected

- *lidopril external cream*

<b>QL Criteria</b>	240 grams 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



# Linzess

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## Products Affected

- LINZESS

<b>ST Criteria</b>	Trial of 1 month each of lactulose or Miralax AND Amitiza
<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

# Lipitor

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## Products Affected

- LIPITOR

<b>ST Criteria</b>	A documented step through two generic statin medications (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lipofen

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## Products Affected

- LIPOFEN

<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

# Liptruzet

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## Products Affected

- LIPTRUZET

<b>ST Criteria</b>	A documented step through one generic statin medication (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) and ezetimibe.
<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: February 22, 2017 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Liptruzet

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## Products Affected

- LIPTRUZET

<b>ST Criteria</b>	A documented step through one generic statin medication (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) and 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

# Livalo

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## Products Affected

- LIVALO

<b>ST Criteria</b>	A documented step through two generic statin medications (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Locoid

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## Products Affected

- LOCOID

<b>ST Criteria</b>	Trial of two weeks of one generic: - betamethasone benzoate, betamethasone dipropionate, betamethasone valerate, desonide lotion, desonide, desoximetasone, fluocinolone acetonide, fluticasone flucinonide, hydrocortisone butyrate, hydrocortisone valerate, prednicarbate, OR triamcinolone acetonide
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Locoid Lipocream

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## Products Affected

- LOCOID LIPOCREAM

<b>ST Criteria</b>	Trial of two weeks of one generic: - betamethasone benzoate, betamethasone dipropionate, betamethasone valerate, desonide lotion, desonide, desoximetasone, fluocinolone acetonide, fluticasone flucinonide, hydrocortisone butyrate, hydrocortisone valerate, prednicarbate, OR triamcinolone acetonide
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Lofibra

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## Products Affected

- LOFIBRA

<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

# Lofibra

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## Products Affected

- LOFIBRA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# LoKara

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## Products Affected

- LOKARA

<b>ST Criteria</b>	A documented step through alclometasone cream/ointment
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lonsurf

## Products Affected

- LONSURF ORAL TABLET 15-6.14 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	100 tablets Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Lonsurf

## Products Affected

- LONSURF ORAL TABLET 20-8.19 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	80 tablets Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Loryna

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## Products Affected

- LORYNA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lorzone

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## Products Affected

- LORZONE

<b>ST Criteria</b>	A documented step through chlorzoxazone (250mg or 500mg)
<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 50 mg*
- *losartan potassium oral tablet 25 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Lotronex

## Products Affected

- LOTRONEX

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>	6 months
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through 1 month each diphenoxylate/atropine and loperamide
<b>Notes/References</b>	Annual Review: 10/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Lovastatin

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## Products Affected

- *lovastatin*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lovaza

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## Products Affected

- LOVAZA

<b>QL Criteria</b>	4 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

# Lovenox

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## Products Affected

- LOVENOX

<b>ST Criteria</b>	Try generic enoxaparin first
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Low-Ogestrel

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## Products Affected

- LOW-OGESTREL

<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

# Lucentis

## Products Affected

- LUCENTIS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lumigan

## Products Affected

- LUMIGAN OPHTHALMIC SOLUTION 0.01 %

PA Criteria	Criteria Details
<b>Covered Uses</b>	open-angle glaucoma, ocular hypertension
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of glaucoma or ocular hypertension
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through one week of latanoprost and one week of Travatan Z
<b>Notes/References</b>	Annual Review: 03/2016
<b>Revision Date</b>	Prior Authorization: December 07, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Lumizyme

## Products Affected

- LUMIZYME

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Lunesta

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## Products Affected

- LUNESTA

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<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

# Lupaneta Pack

## Products Affected

- LUPANETA PACK

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Lupron Depot

## Products Affected

- LUPRON DEPOT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lupron Depot-Ped

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## Products Affected

- LUPRON DEPOT-PED

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Lutera

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## Products Affected

- LUTERA

<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

# Luvox CR

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## Products Affected

- LUVOX CR

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Luxiq

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## Products Affected

- LUXIQ

<b>ST Criteria</b>	trial of two weeks of generic betamethasone alternative
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lynparza

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## 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Lysteda

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## Products Affected

- LYSTEDA

<b>QL Criteria</b>	30 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

# Lyza

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## Products Affected

- LYZA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Macugen

## Products Affected

- MACUGEN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Makena

## Products Affected

- MAKENA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/hydroxyprogesterone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/hydroxyprogesterone.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	5 vials Per 365 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Marinol

## Products Affected

- MARINOL

PA Criteria	Criteria Details
Covered Uses	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	1 year
Other Criteria	
QL Criteria	2 capsules Per 1 Day
Notes/References	Annual Review: 04/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Marlissa

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## Products Affected

- *marlissa*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Matzim LA

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## Products Affected

- *matzim la oral tablet extended release 24 hour  
180 mg, 360 mg, 300 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

# Matzim LA

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## Products Affected

- *matzim la oral tablet extended release 24 hour  
420 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Matzim LA

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## Products Affected

- *matzim la oral tablet extended release 24 hour  
240 mg*

<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

# Maxalt

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## Products Affected

- MAXALT

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Maxalt-MLT

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## Products Affected

- MAXALT-MLT

<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

# Maxima Blood Glucose Test

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## Products Affected

- MAXIMA BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Maxitrol

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## Products Affected

- MAXITROL OPHTHALMIC SUSPENSION

<b>QL Criteria</b>	15 pen 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

# MedroxyPROGESTERone Acetate

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## Products Affected

- *medroxyprogesterone acetate intramuscular suspension*

<b>QL Criteria</b>	1 vial Per 90 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Meijer Blood Glucose Test

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## Products Affected

- *meijer blood glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Meijer Premium Glucose Test

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## Products Affected

- *meijer premium glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Meijer TRUEtest Test

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## Products Affected

- MEIJER TRUETEST TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Meijer TRUEtrack Test

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## Products Affected

- MEIJER TRUETRACK TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Mekinist

## Products Affected

- MEKINIST

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days maximum Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Menopur

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## Products Affected

- MENOPUR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Menostar

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## Products Affected

- MENOSTAR

<b>QL Criteria</b>	1 patch Per 7 Days
<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: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Metadate CD

## Products Affected

- METADATE CD

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	1 caps Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Metadate ER

## Products Affected

- METADATE ER ORAL TABLET  
EXTENDED RELEASE

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	3 tab Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# MetFORMIN HCl ER (MOD)

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## Products Affected

- *metformin hcl er (mod) oral tablet extended release 24 hour 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

# MetFORMIN HCl ER (MOD)

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## Products Affected

- *metformin hcl er (mod) oral tablet extended release 24 hour 500 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# MetFORMIN HCl ER (OSM)

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## Products Affected

- *metformin hcl er (osm) oral tablet extended release 24 hour 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

# MetFORMIN HCl ER (OSM)

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## Products Affected

- *metformin hcl er (osm) oral tablet extended release 24 hour 500 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Methadone HCl

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## Products Affected

- *methadone hcl oral tablet*
- *methadone hcl oral tablet soluble*

<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

# Methadone HCl

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## Products Affected

- *methadone hcl oral concentrate*

<b>QL Criteria</b>	6 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Methadone HCl

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## Products Affected

- *methadone 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

# Methadone HCl

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## Products Affected

- *methadone 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Methadose

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## Products Affected

- METHADOSE ORAL TABLET SOLUBLE

<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

# Methadose

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## Products Affected

- METHADOSE ORAL TABLET 10 MG

<b>QL Criteria</b>	180 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Methamphetamine HCl

## Products Affected

- *methamphetamine hcl*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/References</b>	Annual Review: 10/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Methylin

## Products Affected

- METHYLIN ORAL SOLUTION 10 MG/5ML

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	30 ml Per 1 Day
<b>Notes/References</b>	Annual Review: 10/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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# Methylin

## Products Affected

- METHYLIN ORAL SOLUTION 5 MG/5ML

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	60 ml Per 1 Day
<b>Notes/References</b>	Annual Review: 10/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Methylin

## Products Affected

- METHYLIN ORAL TABLET CHEWABLE

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	6 tab Per 1 Day
<b>Notes/References</b>	Annual Review: 10/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Methylphenidate HCl

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## Products Affected

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

<b>QL Criteria</b>	60 ml Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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>	Annual Review: 10/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methylphenidate HCl

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## Products Affected

- *methylphenidate hcl oral tablet*
- *methylphenidate hcl oral tablet chewable*

<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Methylphenidate HCl ER

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## Products Affected

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

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<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 tab Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Methylphenidate HCl ER

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## Products Affected

- *methylphenidate hcl er oral tablet extended release 36 mg*

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<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 24 hour 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Methylphenidate HCl ER

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## Products Affected

- *methylphenidate hcl er oral tablet extended release 24 hour 54 mg, 18 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

# Methylphenidate HCl ER (CD)

---

## Products Affected

- *methylphenidate hcl er (cd)*

<b>QL Criteria</b>	1 caps Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Methylphenidate HCl ER (LA)

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## Products Affected

- *methylphenidate hcl er (la) oral capsule  
extended release 24 hour 20 mg, 40 mg*

<b>QL Criteria</b>	1 caps Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<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) oral capsule  
extended release 24 hour 30 mg*

<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Metoprolol Succinate ER

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## Products Affected

- *metoprolol succinate er oral tablet extended release 24 hour 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

# Metoprolol Succinate ER

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## Products Affected

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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Metoprolol Succinate ER

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## Products Affected

- *metoprolol succinate er oral tablet extended release 24 hour 200 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

# Mevacor

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## Products Affected

- MEVACOR ORAL TABLET 20 MG, 40 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Miacalcin

## Products Affected

- MIACALCIN INJECTION

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Miacalcin

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## Products Affected

- MIACALCIN NASAL

<b>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html</a>
<b>QL Criteria</b>	1 bottle Per 1 month
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Micardis

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## Products Affected

- MICARDIS

<b>ST Criteria</b>	A documented step through one month each of any two preferred generic alternatives from the following agents: candesartan, eprosartan, irbesartan, losartan, valsartan, olmesartan, or telmisartan
<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

# Micardis HCT

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## Products Affected

- MICARDIS HCT

<b>ST Criteria</b>	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/hctz
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# MiCort-HC

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## Products Affected

- MICORT-HC

<b>ST Criteria</b>	A documented step through alclometasone cream/oint or Hydrocort
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Microdot Test

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## Products Affected

- MICRODOT TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Microgestin 1.5/30

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## Products Affected

- MICROGESTIN 1.5/30

<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

# Microgestin 1/20

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## Products Affected

- MICROGESTIN 1/20

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Microgestin FE 1.5/30

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## Products Affected

- MICROGESTIN FE 1.5/30

<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

# Microgestin FE 1/20

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## Products Affected

- MICROGESTIN FE 1/20

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Migranal

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## Products Affected

- MIGRANAL

<b>ST Criteria</b>	A documented step through one month each of generic Migranal and two of the following: naratriptan, rizatriptan, sumatriptan, zolmitriptan
<b>QL Criteria</b>	1 pack 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

# Mimvey

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## Products Affected

- MIMVEY

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Minivelle

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## Products Affected

- MINIVELLE

<b>QL Criteria</b>	8 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

# Minocycline HCl

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## Products Affected

- *minocycline hcl oral tablet*

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Minocycline HCl ER

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## Products Affected

- *minocycline hcl er*

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Mirapex ER

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## Products Affected

- MIRAPEX 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Mircera

## Products Affected

- MIRCERA INJECTION SOLUTION  
PREFILLED SYRINGE

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/2017/MISC/Erythropoiesis_Stimulating_Agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Erythropoiesis_Stimulating_Agents.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Mirena (52 MG)

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## Products Affected

- MIRENA (52 MG)

<b>QL Criteria</b>	1 IUD Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Mirtazapine

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## Products Affected

- *mirtazapine oral tablet 15 mg, 45 mg, 30 mg*
- *mirtazapine oral tablet dispersible*

<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

# Mitigare

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## Products Affected

- MITIGARE

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Modafinil

## Products Affected

- *modafinil*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Narcolepsy, Obstructive sleep apnea/hypopnea syndrome (OSAHS)Shiftwork Sleep Disorder
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) a Documented diagnosis of shift work sleep disorder, OR (2) Narcolepsy, confirmed by sleep lab evaluation OR Obstructive sleep apnea/hypopnea syndrome (OSAHS) confirmed by polysomnography (a study on sleep cycles and behavior) AND one of the following: Member is currently using an oral/dental applianceMember has undergone an uvulopalatopharyngoplasty (UPPP), Member is greater than or equal to 65 yrs of age, Member has already had an adequate therapeutic trial of twelve weeks of continuous positive airway pressure (CPAP)/ bilevel positive airway pressure (BiPAP) treatment and meets ALL of the following:Member is compliant with and currently using CPAP/BiPAP treatment, Member is experiencing excessive sleepiness despite CPAP/BiPAP use
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	2 tab Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Mometasone Furoate

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## Products Affected

- *mometasone furoate external cream*
- *mometasone furoate external ointment*

<b>ST Criteria</b>	A documented step through triamcinolone (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Mondoxyne NL

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## Products Affected

- MONDOXYNE NL ORAL CAPSULE 75 MG

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>QL Criteria</b>	3 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

# Monoclote-P

## Products Affected

- MONOCLATE-P

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Monodox

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## Products Affected

- MONODOX ORAL CAPSULE 75 MG

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>QL Criteria</b>	3 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

# Mono-Linyah

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## Products Affected

- MONO-LINYAH

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# MonoNessa

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## Products Affected

- MONONESSA

<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

# Mononine

## Products Affected

- MONONINE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Monovisc

## Products Affected

- MONOVISC

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# 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 tablet extended release*

<b>QL Criteria</b>	120 tab 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Morphine Sulfate ER

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## Products Affected

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

<b>QL Criteria</b>	60 caps 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

# Morphine Sulfate ER Beads

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## Products Affected

- *morphine sulfate er beads*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Movantik

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## Products Affected

- MOVANTIK

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	Annual Review: 03/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# MS Contin

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## Products Affected

- MS CONTIN ORAL TABLET EXTENDED RELEASE

<b>QL Criteria</b>	120 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Multaq

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## Products Affected

- MULTAQ

<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

# Myalept

## Products Affected

- MYALEPT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/myalept.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
QL Criteria	15 vials Per 30 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# MyGlucoHealth Test

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## Products Affected

- MYGLUCOHEALTH TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Myorisan

## Products Affected

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

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 (greater than 2 capsules per day) member must meet the following criteria: 1. Patient requires more than 2 capsules per day to reach the appropriate dose for weight, AND 2. This is the member's 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 3. Member has received a cumulative dose of LESS THAN 120 mg/kg during a course of therapy lasting 20 weeks or less.
<b>ST Criteria</b>	Trial of 1 generic oral antibiotic prescribed for the treatment of acne (i.e., minocycline or doxycycline)
<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Myozyme

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## Products Affected

- MYOZYME

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Myrbetriq

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## Products Affected

- MYRBETRIQ

<b>ST Criteria</b>	Trial of 1 month of 1 preferred generic: oxybutynin IR, Trospium IR/ER, tolterodine IR/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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Mytesi

## Products Affected

- MYTESI

PA Criteria	Criteria Details
Covered Uses	Diarrhea
Exclusion Criteria	
Required Medical Information	Covered for adult members who meet the following criteria: (1) Diagnosis of noninfectious diarrhea associated with HIV/AIDS infection that has lasted at least for one month, and (2) Currently taking antiviral therapy with adherence of at least 80%, and (3) Documentation of unsatisfactory effects with, intolerability to, or inability to take at least one anti-motility agent (loperamide, diphenoxylate/atropine, bismuth subsalicylate) or one or more watery bowel movements per day without regular ADM use.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Myzilra

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## Products Affected

- MYZILRA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Naglazyme

## Products Affected

- NAGLAZYME

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Nasonex

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## Products Affected

- NASONEX

<b>ST Criteria</b>	A documented step through 2 weeks of flunisolide or mometasone
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Natacyn

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## Products Affected

- NATACYN

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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Natesto

## Products Affected

- NATESTO

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>ST Criteria</b>	A documented step through one month of Androgel 1.62%
<b>QL Criteria</b>	3 pumps Per 30 Days
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017

# Natpara

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## Products Affected

- NATPARA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
QL Criteria	2 cartridges Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Necon 0.5/35 (28)

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## Products Affected

- NECON 0.5/35 (28)

<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

## Necon 1/35 (28)

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### Products Affected

- NECON 1/35 (28)

<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

# Necon 10/11 (28)

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## Products Affected

- NECON 10/11 (28)

<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

# Necon 7/7/7

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## Products Affected

- NECON 7/7/7

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Nefazodone HCl

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## Products Affected

- *nefazodone hcl*

<b>ST Criteria</b>	Trial of 1 month of 1 generic alternative on members formulary (i.e. bupropion sr/ xl, bupropion/ sr/ xl, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine/ sr, mirtazapine, selfemra, sertraline, venlafaxine sr capsule, or venlafaxine)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Neomycin-Polymyxin-Dexameth

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## Products Affected

- *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1*

<b>QL Criteria</b>	15 pen 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Neomycin-Polymyxin-Gramicidin

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## Products Affected

- *neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025*

<b>QL Criteria</b>	1 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

# Neomycin-Polymyxin-HC

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## Products Affected

- *neomycin-polymyxin-hc otic solution 3.5-10000-1*

<b>QL Criteria</b>	2 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Neomycin-Polymyxin-HC

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## Products Affected

- *neomycin-polymyxin-hc otic suspension*

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

# Neosporin

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## Products Affected

- NEOSPORIN

<b>QL Criteria</b>	1 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nesina

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## Products Affected

- NESINA

<b>ST Criteria</b>	A documented step through 1 month each of Januvia, Janumet, or Janumet XR; Tradjenta or Jentaduetto; and generic alogliptin, alogliptin/pioglitazone, alogliptin/metformin
<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	Annual Review: 05/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Neuac

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## Products Affected

- NEUAC EXTERNAL GEL

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Neulasta

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## 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/2017/MISC/G-CSF.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Neulasta Delivery Kit

## Products Affected

- NEULASTA DELIVERY KIT  
SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Neumega

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## Products Affected

- NEUMEGA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/Neumega.html">http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/Neumega.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

# Neupogen

## Products Affected

- NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML, 300 MCG/ML
- NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Neupro

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## Products Affected

- NEUPRO

<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

# Neurontin

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## Products Affected

- NEURONTIN 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Neurontin

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## Products Affected

- NEURONTIN ORAL TABLET

<b>QL Criteria</b>	6 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

# Neutek 2Tek Test

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## Products Affected

- NEUTEK 2TEK TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# NexAVAR

## Products Affected

- NEXAVAR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NexGen Test

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## Products Affected

- NEXGEN TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nexiclon XR

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## Products Affected

- NEXICLON XR

<b>ST Criteria</b>	Trial of one month of generic clonidine
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NexIUM

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## Products Affected

- NEXIUM ORAL CAPSULE DELAYED  
RELEASE 20 MG

<b>QL Criteria</b>	1 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# NexIUM

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## Products Affected

- NEXIUM ORAL PACKET

<b>ST Criteria</b>	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
<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

# NexIUM

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## Products Affected

- NEXIUM ORAL CAPSULE DELAYED  
RELEASE 40 MG

<b>ST Criteria</b>	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nexplanon

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## Products Affected

- NEXPLANON

<b>QL Criteria</b>	1 pack Per 365 Days
<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

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## Products Affected

- NEXT CHOICE

<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



# Next Choice One Dose

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## Products Affected

- NEXT CHOICE ONE DOSE

<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

# Nicoderm CQ

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## Products Affected

- NICODERM CQ

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nicorette

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## Products Affected

- NICORETTE 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

# Nicorette

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## Products Affected

- NICORETTE 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nicorette Mini

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## Products Affected

- NICORETTE MINI

<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

# Nicorette Starter Kit

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## Products Affected

- NICORETTE STARTER KIT

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# 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

# Nifediac CC

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## Products Affected

- *nifediac cc oral tablet extended release 24 hour  
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nifediac CC

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## Products Affected

- *nifediac cc oral tablet extended release 24 hour  
60 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

# Nifedical XL

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## Products Affected

- *nifedical xl oral tablet extended release 24 hour 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nifedical XL

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## Products Affected

- *nifedical xl oral tablet extended release 24 hour 60 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

# NIFEdipine ER

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## Products Affected

- *nifedipine er oral tablet extended release 24 hour 60 mg, 30 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# NIFEdipine ER

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## Products Affected

- *nifedipine er oral tablet extended release 24 hour 90 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

# NIFEdipine ER Osmotic Release

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## Products Affected

- *nifedipine er osmotic release oral tablet*  
*extended release 24 hour 90 mg, 60 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# NIFEdipine ER Osmotic Release

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## Products Affected

- *nifedipine er osmotic release oral tablet*  
*extended release 24 hour 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

# Ninlaro

## Products Affected

- NINLARO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nisoldipine ER

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## Products Affected

- *nisoldipine er oral tablet extended release 24 hour 30 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

# Nisoldipine ER

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## Products Affected

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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nora-BE

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## Products Affected

- NORA-BE

<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

# Norditropin FlexPro

## Products Affected

- NORDITROPIN FLEXPPO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Norditropin NordiFlex Pen

## Products Affected

- NORDITROPIN NORDIFLEX PEN  
SUBCUTANEOUS

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/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Norethindrone

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## Products Affected

- *norethindrone oral*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Norethindrone-Eth Estradiol

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## Products Affected

- *norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg*

<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

# Norgestimate-Eth Estradiol

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## Products Affected

- *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Norgestim-Eth Estrad Triphasic

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## Products Affected

- *norgestim-eth estrad triphasic oral tablet*  
*0.18/0.215/0.25 mg-35 mcg*

<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

# Norgestrel-Ethinyl Estradiol

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## Products Affected

- *norgestrel-ethinyl estradiol*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Northera

## Products Affected

- NORTHERA ORAL CAPSULE 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/2017/CV/Northera.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Northera.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Northera.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Northera.html</a>
QL Criteria	3 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Northera

## Products Affected

- NORTHERA ORAL CAPSULE 300 MG, 200 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Northera.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Northera.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Northera.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Northera.html</a>
QL Criteria	6 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nortrel 0.5/35 (28)

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## Products Affected

- NORTREL 0.5/35 (28)

<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

# Nortrel 1/35 (21)

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## Products Affected

- NORTREL 1/35 (21)

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Nortrel 1/35 (28)

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## Products Affected

- NORTREL 1/35 (28)

<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

# Nortrel 7/7/7

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## Products Affected

- NORTREL 7/7/7

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nova Max Glucose Test

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## Products Affected

- NOVA MAX GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Novarel

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## Products Affected

- *novarel*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/infertility.html">http://www.aetna.com/products/rxnnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Novoeight

## Products Affected

- NOVOEIGHT

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/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NovoLIN 70/30

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## Products Affected

- NOVOLIN 70/30

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# NovoLIN 70/30 ReliOn

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## Products Affected

- NOVOLIN 70/30 RELION

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NovoLIN N

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## Products Affected

- NOVOLIN N

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# NovoLIN N ReliOn

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## Products Affected

- NOVOLIN N RELION

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NovoLIN R

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## Products Affected

- NOVOLIN R

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# NovoLIN R ReliOn

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## Products Affected

- NOVOLIN R RELION

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NovoLOG

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## Products Affected

- NOVOLOG

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# NovoLOG FlexPen

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## Products Affected

- NOVOLOG FLEXPEN SUBCUTANEOUS

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NovoLOG Mix 70/30

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## Products Affected

- NOVOLOG MIX 70/30

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# NovoLOG Mix 70/30 FlexPen

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## Products Affected

- NOVOLOG MIX 70/30 FLEXPEN  
SUBCUTANEOUS

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NovoLOG PenFill

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## Products Affected

- NOVOLOG PENFILL SUBCUTANEOUS

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# NovoSeven RT

## Products Affected

- NOVOSEVEN RT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Noxafil

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## Products Affected

- NOXAFIL ORAL TABLET DELAYED RELEASE

<b>QL Criteria</b>	93 tablets Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nplate

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## Products Affected

- NPLATE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/Neumega.html">http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/Neumega.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

# Nucala

## Products Affected

- NUCALA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/RESP/InterleukinAntagonist.html">http://www.aetna.com/products/rxnonmedicare/data/2017/RESP/InterleukinAntagonist.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 injection Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nucynta

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## Products Affected

- NUCYNTA

<b>ST Criteria</b>	Trial of 2 days of immediate release oxycodone, hydromorphone, or morphine
<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nucynta ER

## Products Affected

- NUCYNTA ER

PA Criteria	Criteria Details
<b>Covered Uses</b>	(1)Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment, (2)Diabetic peripheral neuropathy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of (1)Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment OR (2)Diabetic peripheral neuropathy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	Pain: trial of 1 month each of 2 pref: Hysingla ER, Butrans, Oxycontin; DPN: Trial of 2 month each of 2 alternatives: Lyrica/duloxetine/Cymbalta
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Nuedexta

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## Products Affected

- NUEDEXTA

<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

# Nuplazid

## Products Affected

- NUPLAZID

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/Nuplazid.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/Nuplazid.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Nutropin AQ

## Products Affected

- NUTROPIN AQ

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/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nutropin AQ NuSpin 10

## Products Affected

- NUTROPIN AQ NUSPIN 10

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Nutropin AQ NuSpin 20

## Products Affected

- NUTROPIN AQ NUSPIN 20

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nutropin AQ NuSpin 5

## Products Affected

- NUTROPIN AQ NUSPIN 5

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Nutropin AQ Pen

## Products Affected

- NUTROPIN AQ PEN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# NuvaRing

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## Products Affected

- NUVARING

<b>QL Criteria</b>	1 EA 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nuvigil

## Products Affected

- NUVIGIL ORAL TABLET 50 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Narcolepsy, Obstructive sleep apnea/hypopnea syndrome (OSAHS)Shiftwork Sleep Disorder
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) a Documented diagnosis of shift work sleep disorder, OR (2) Narcolepsy, confirmed by sleep lab evaluation OR Obstructive sleep apnea/hypopnea syndrome (OSAHS) confirmed by polysomnography (a study on sleep cycles and behavior) AND one of the following: Member is currently using an oral/dental applianceMember has undergone an uvulopalatopharyngoplasty (UPPP), Member is greater than or equal to 65 yrs of age, Member has already had an adequate therapeutic trial of twelve weeks of continuous positive airway pressure (CPAP)/ bilevel positive airway pressure (BiPAP) treatment and meets ALL of the following:Member is compliant with and currently using CPAP/BiPAP treatment, Member is experiencing excessive sleepiness despite CPAP/BiPAP use
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	2 tab Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nuvigil

## Products Affected

- NUVIGIL ORAL TABLET 200 MG

PA Criteria	Criteria Details
Covered Uses	Narcolepsy, Obstructive sleep apnea/hypopnea syndrome (OSAHS)Shiftwork Sleep Disorder
Exclusion Criteria	
Required Medical Information	(1) a Documented diagnosis of shift work sleep disorder, OR (2) Narcolepsy, confirmed by sleep lab evaluation OR Obstructive sleep apnea/hypopnea syndrome (OSAHS) confirmed by polysomnography (a study on sleep cycles and behavior) AND one of the following: Member is currently using an oral/dental applianceMember has undergone an uvulopalatopharyngoplasty (UPPP), Member is greater than or equal to 65 yrs of age, Member has already had an adequate therapeutic trial of twelve weeks of continuous positive airway pressure (CPAP)/ bilevel positive airway pressure (BiPAP) treatment and meets ALL of the following:Member is compliant with and currently using CPAP/BiPAP treatment, Member is experiencing excessive sleepiness despite CPAP/BiPAP use
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Nuvigil

## Products Affected

- NUVIGIL ORAL TABLET 150 MG, 250 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Narcolepsy, Obstructive sleep apnea/hypopnea syndrome (OSAHS)Shiftwork Sleep Disorder
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) a Documented diagnosis of shift work sleep disorder, OR (2) Narcolepsy, confirmed by sleep lab evaluation OR Obstructive sleep apnea/hypopnea syndrome (OSAHS) confirmed by polysomnography (a study on sleep cycles and behavior) AND one of the following: Member is currently using an oral/dental applianceMember has undergone an uvulopalatopharyngoplasty (UPPP), Member is greater than or equal to 65 yrs of age, Member has already had an adequate therapeutic trial of twelve weeks of continuous positive airway pressure (CPAP)/ bilevel positive airway pressure (BiPAP) treatment and meets ALL of the following:Member is compliant with and currently using CPAP/BiPAP treatment, Member is experiencing excessive sleepiness despite CPAP/BiPAP use
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nuwiq

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## Products Affected

- NUWIQ

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Nymalize

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## Products Affected

- NYMALIZE

<b>QL Criteria</b>	2520 ML Per 21 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ocaliva

## Products Affected

- OCALIVA ORAL TABLET 5 MG

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/2017/GI/Primary_Biliary_Cholangitis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/GI/Primary_Biliary_Cholangitis.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/Primary_Biliary_Cholangitis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/GI/Primary_Biliary_Cholangitis.html</a>
<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Ocella

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## Products Affected

- OCELLA

<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

# Octagam

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## Products Affected

- OCTAGAM

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Octreotide Acetate

## Products Affected

- *octreotide acetate*

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/2017/ENDO/Sandostatin.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Sandostatin.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ocufen

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## Products Affected

- OCUFEN

<b>QL Criteria</b>	6 bottle 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



# Ocuflox

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## Products Affected

- OCUFLOX

<b>QL Criteria</b>	1 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

# Odefsey

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## Products Affected

- ODEFSEY

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Odomzo

## Products Affected

- ODOMZO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Odomzo.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Odomzo.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 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ofev

## Products Affected

- OFEV

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Idiopathic_Pulmonary_Fibrosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Idiopathic_Pulmonary_Fibrosis.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ofloxacin

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## Products Affected

- *ofloxacin ophthalmic*

<b>QL Criteria</b>	1 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

# Ofloxacin

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## Products Affected

- *ofloxacin otic*

<b>QL Criteria</b>	2 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# OLANZapine

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## Products Affected

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

<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

# OLANZapine

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## Products Affected

- *olanzapine oral tablet 2.5 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# OLANZapine-FLUoxetine HCl

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## Products Affected

- *olanzapine-fluoxetine hcl*

<b>QL Criteria</b>	1 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

# Oleptro

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## Products Affected

- OLEPTRO

<b>ST Criteria</b>	Trial of trazodone
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Olmesartan Medoxomil

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## Products Affected

- *olmesartan medoxomil*

<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

# Olmesartan Medoxomil-HCTZ

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## Products Affected

- *olmesartan medoxomil-hctz*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Olmesartan-Amlodipine-HCTZ

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## Products Affected

- *olmesartan-amlodipine-hctz*

<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

# Olux

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## Products Affected

- OLUX

<b>ST Criteria</b>	Trial of two weeks of generic clobetasol alternative
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Olux-E

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## Products Affected

- OLUX-E

<b>ST Criteria</b>	Trial of two weeks of generic clobetasol alternative
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Olysio

## Products Affected

- OLYSIO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html</a>
QL Criteria	1 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Omega-3-acid Ethyl Esters

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## Products Affected

- *omega-3-acid ethyl esters*

<b>QL Criteria</b>	4 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

# 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: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required). In addition for approval the following criteria must also be met: Documentation of an inability to swallow tablets/capsules.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
<b>QL Criteria</b>	1 packet Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Omeprazole-Sodium Bicarbonate

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## Products Affected

- *omeprazole-sodium bicarbonate oral capsule*  
40-1100 mg

<b>QL Criteria</b>	1 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

# Omnaris

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## Products Affected

- OMNARIS

<b>ST Criteria</b>	A documented step through 2 weeks of flunisolide or mometasone
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Omniflex Diaphragm

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## Products Affected

- OMNIFLEX DIAPHRAGM

<b>QL Criteria</b>	1 diaphragm Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Omnitrope

## Products Affected

- OMNITROPE SUBCUTANEOUS SOLUTION

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/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Omnitrope

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## Products Affected

- OMNITROPE SUBCUTANEOUS 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/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Omontys

## Products Affected

- OMONTYS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Erythropoiesis_Stimulating_Agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# On Call Express Blood Glucose

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## Products Affected

- ON CALL EXPRESS BLOOD GLUCOSE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# On Call Plus Blood Glucose

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## Products Affected

- ON CALL PLUS BLOOD GLUCOSE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# On Call Vivid Blood Glucose

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## Products Affected

- ON CALL VIVID BLOOD GLUCOSE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# OneTouch Ultra Blue

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## Products Affected

- ONETOUCH ULTRA BLUE

<b>QL Criteria</b>	300 EA 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 EA 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 IQ

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## Products Affected

- ONETOUCH VERIO IQ

<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

# Onexton

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## Products Affected

- ONEXTON

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Onfi

## Products Affected

- ONFI ORAL TABLET 10 MG, 20 MG

PA Criteria	Criteria Details
Covered Uses	Lennox-Gastaut syndrome
Exclusion Criteria	
Required Medical Information	A documented diagnosis of seizures associated with Lennox-Gastaut syndrome or refractory (therapy resistant) epilepsy AND Concomitant use of an anticonvulsant drug
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: 1) Patient's dose is being titrated by the physician OR the patient requires higher doses of the requested drug after failure of recommended standard doses.
QL Criteria	2 tablets Per 1 Day
Notes/References	Annual Review: 06/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Onfi

## Products Affected

- ONFI ORAL SUSPENSION

PA Criteria	Criteria Details
<b>Covered Uses</b>	Lennox-Gastaut syndrome
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of seizures associated with Lennox-Gastaut syndrome or refractory (therapy resistant) epilepsy AND Concomitant use of an anticonvulsant drug
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: 1) Patient's dose is being titrated by the physician OR the patient requires higher doses of the requested drug after failure of recommended standard doses.
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Onglyza

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## Products Affected

- ONGLYZA

<b>ST Criteria</b>	A documented step through 1 month each of Januvia, Janumet, or Janumet XR; Tradjenta or Jentadueto; and generic alogliptin, alogliptin/pioglitazone, alogliptin/metformin
<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

# Onmel

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## Products Affected

- ONMEL

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Onsolis

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## Products Affected

- ONSOLIS

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer painGeneral anesthesia
<b>Exclusion Criteria</b>	Use in non malignant (non-cancer) pain
<b>Required Medical Information</b>	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.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>ST Criteria</b>	<p>A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydromorphone)</p>
<b>Notes/References</b>	
<b>Revision Date</b>	<p>Prior Authorization: March 10, 2016  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Onzetra Xsail

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## Products Affected

- ONZETRA XSAIL

<b>ST Criteria</b>	A documented step through sumatriptan nasal spray
<b>QL Criteria</b>	1 kit 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

# Opana ER

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## Products Affected

- OPANA ER ORAL TABLET ER 12 HOUR  
ABUSE-DETERRENT

<b>ST Criteria</b>	A documented step through one month each of two preferred alternatives which include Butrans, Hysingla ER, and Oxycontin
<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# 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/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Oracea

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## Products Affected

- ORACEA

<b>ST Criteria</b>	A documented step through metronidazole gel
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Oravig

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## Products Affected

- ORAVIG

<b>QL Criteria</b>	14 tab Per 30 Days
<b>Notes/ References</b>	Annual Review: 10/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Orencia

## Products Affected

- ORENCIA INTRAVENOUS
- ORENCIA SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Orencia.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Orencia.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Orencia.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Orencia.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Orencia ClickJect

## Products Affected

- ORENCIA CLICKJECT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Orencia.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Orencia.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Orencia.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Orencia.html</a>
QL Criteria	4 syringes Per 1 month
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Orenitram

## Products Affected

- ORENITRAM

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html</a>
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Orfadin

## Products Affected

- ORFADIN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Orkambi

## Products Affected

- ORKAMBI

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/cystic_fibrosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/cystic_fibrosis.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Orsythia

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## Products Affected

- ORSYTHIA

<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

# Ortho Diaphragm Coil

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## Products Affected

- ORTHO DIAPHRAGM COIL

<b>QL Criteria</b>	1 kit Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ortho Diaphragm Flat

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## Products Affected

- ORTHO DIAPHRAGM FLAT

<b>QL Criteria</b>	1 kit Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# OrthoVisc

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## 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/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Oseltamivir Phosphate

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## Products Affected

- *oseltamivir phosphate*

<b>QL Criteria</b>	20 capsules Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Oseni

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## Products Affected

- OSENI

<b>ST Criteria</b>	A documented step through 1 month each of Januvia, Janumet, or Janumet XR; Tradjenta or Jentadueto; and generic alogliptin, alogliptin/pioglitazone, alogliptin/metformin
<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	Annual Review: 05/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

# Otezla

## Products Affected

- OTEZLA ORAL TABLET THERAPY PACK

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Otezla.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Otezla.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 pack Per 1 year
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Otezla

## Products Affected

- OTEZLA 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/2017/MUSC/Otezla.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Otezla.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

# Otrexup

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## Products Affected

- OTREXUP

<b>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Otrexup_Rasuvo.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Otrexup_Rasuvo.html</a>
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ovidrel

## Products Affected

- OVIDREL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Oxaydo

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## Products Affected

- OXAYDO ORAL TABLET ABUSE-DETERRENT 5 MG

<b>ST Criteria</b>	A documented step through one month each of two preferred alternatives which include Butrans, Hysingla ER, and Oxycontin
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Oxtellar XR

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## Products Affected

- OXTELLAR XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 600 MG

<b>ST Criteria</b>	trial of one month of the preferred generic alternative, oxcarbazepine
<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

# Oxtellar XR

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## Products Affected

- OXTELLAR XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 300 MG,  
150 MG

<b>ST Criteria</b>	trial of one month of the preferred generic alternative, oxcarbazepine
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Oxybutynin Chloride ER

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## Products Affected

- *oxybutynin chloride er oral tablet extended release 24 hour 15 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

# Oxybutynin Chloride ER

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## Products Affected

- *oxybutynin chloride er oral tablet extended release 24 hour 10 mg*

<b>ST Criteria</b>	Trial of 1 month each of 1 preferred generic (oxybutynin IR, Trospium IR/ER, tolterodine IR/ER) PLUS 1 preferred brand (myrbetriq OR Vesicare)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Oxybutynin Chloride ER

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## Products Affected

- *oxybutynin chloride er oral tablet extended release 24 hour 5 mg*

<b>ST Criteria</b>	Trial of 1 month each of 1 preferred generic (oxybutynin IR, Trospium IR/ER, tolterodine IR/ER) PLUS 1 preferred brand (myrbetriq OR Vesicare)
<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

# OxyCODONE HCl ER

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## Products Affected

- *oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 40 mg, 80 mg, 20 mg*

<b>ST Criteria</b>	A documented step through one month each of two preferred alternatives which include Butrans, Hysingla ER, and Oxycontin
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Oxycodone-Ibuprofen

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## Products Affected

- *oxycodone-ibuprofen*

<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

# OxyCONTIN

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## Products Affected

- OXYCONTIN ORAL TABLET ER 12 HOUR  
ABUSE-DETERRENT

<b>QL Criteria</b>	4 tablets Per 1 day
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# OxyMORphone HCl ER

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## Products Affected

- *oxymorphone hcl er*

<b>QL Criteria</b>	120 tab 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

# Oxytrol

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## Products Affected

- OXYTROL

<b>ST Criteria</b>	Trial of 1 month each of 1 preferred generic (oxybutynin IR, Trospium IR/ER, tolterodine IR/ER) PLUS 1 preferred brand (myrbetriq OR Vesicare)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Oxytrol For Women

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## Products Affected

- OXYTROL FOR WOMEN

<b>ST Criteria</b>	Trial of 1 month each of 1 preferred generic (oxybutynin IR, Trospium IR/ER, tolterodine IR/ER) PLUS 1 preferred brand (myrbetriq OR Vesicare)
<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

# Ozurdex

## Products Affected

- OZURDEX

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Paliperidone ER

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## Products Affected

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

# Paliperidone ER

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## Products Affected

- *paliperidone er oral tablet extended release 24 hour 9 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Pancreaze

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## Products Affected

- PANCREAZE

<b>ST Criteria</b>	A documented step through Creon and Zenpep
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Paragard Intrauterine Copper

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## Products Affected

- PARAGARD INTRAUTERINE COPPER

<b>QL Criteria</b>	1 IUD Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# PARoxetine HCl

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## Products Affected

- *paroxetine hcl oral tablet 20 mg, 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

# PARoxetine HCl

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## Products Affected

- *paroxetine hcl oral tablet 30 mg, 40 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# PARoxetine HCl ER

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## Products Affected

- *paroxetine hcl er*

<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

# Paxil

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## Products Affected

- PAXIL ORAL SUSPENSION

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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Paxil

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## Products Affected

- PAXIL ORAL TABLET 20 MG, 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

# Paxil

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## Products Affected

- PAXIL ORAL TABLET 40 MG, 30 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Paxil CR

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## Products Affected

- PAXIL CR

<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

# Pegasy

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## Products Affected

- PEGASYS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Pegasy ProClick

## Products Affected

- PEGASYS PROCLICK

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# PegIntron

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## Products Affected

- PEGINTRON

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Peg-Intron

## Products Affected

- PEG-INTRON

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Peg-Intron Redipen

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## Products Affected

- PEG-INTRON REDIPEN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Peg-Intron Redipen Pak 4

## Products Affected

- PEG-INTRON REDIPEN PAK 4

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Penlac

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## Products Affected

- PENLAC

<b>ST Criteria</b>	A documented step through one systemic (oral) alternative such as terbinafine, itraconazole, or griseofulvin
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Pennsaid

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## Products Affected

- PENNSAID TRANSDERMAL SOLUTION 2  
%

<b>ST Criteria</b>	Trial of 1 month of voltaren gel
<b>QL Criteria</b>	4 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

# Pennsaid

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## Products Affected

- PENNSAID TRANSDERMAL SOLUTION  
1.5 %

<b>ST Criteria</b>	Trial of 1 month of voltaren gel
<b>QL Criteria</b>	15 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Pentasa

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## Products Affected

- PENTASA ORAL CAPSULE EXTENDED  
RELEASE 250 MG

<b>QL Criteria</b>	16 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

# Pentasa

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## Products Affected

- PENTASA ORAL CAPSULE EXTENDED  
RELEASE 500 MG

<b>QL Criteria</b>	8 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Perforomist

## Products Affected

- PERFOROMIST

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD)
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Chronic obstructive pulmonary disease (COPD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month of Serevent
QL Criteria	60 vials (120ml) Per 1 fill
Notes/References	Annual Review: 07/2016
Revision Date	Prior Authorization: November 29, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Pertzye

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## Products Affected

- PERTZYE

<b>ST Criteria</b>	A documented step through Creon and Zenpep
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Pexeva

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## Products Affected

- PEXEVA ORAL TABLET 30 MG, 40 MG

<b>ST Criteria</b>	Trial of 1 month of 1 generic alternative on members formulary (i.e. bupropion sr/ xl, bupropion/ sr/ xl, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine/ sr, mirtazapine, selfemra, sertraline, venlafaxine sr capsule, or venlafaxine)
<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

# Pexeva

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## Products Affected

- PEXEVA ORAL TABLET 10 MG, 20 MG

<b>ST Criteria</b>	Trial of 1 month of 1 generic alternative on members formulary (i.e. bupropion sr/ xl, bupropion/ sr/ xl, citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine/ sr, mirtazapine, selfemra, sertraline, venlafaxine sr capsule, or venlafaxine)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Pharmacist Choice Autocode

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## Products Affected

- PHARMACIST CHOICE AUTOCODE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Phenoxybenzamine HCl

## Products Affected

- *phenoxybenzamine hcl oral*

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/2017/CV/antihypertensive_misc.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/antihypertensive_misc.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Philith

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## Products Affected

- PHILITH

<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

# Picato

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## Products Affected

- PICATO

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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Pimtrea

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## Products Affected

- PIMTREA

<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

# Pioglitazone HCl

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## Products Affected

- *pioglitazone hcl*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Pioglitazone HCl-Glimepiride

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## Products Affected

- *pioglitazone hcl-glimepiride*

<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

# Pioglitazone HCl-Metformin HCl

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## Products Affected

- *pioglitazone hcl-metformin hcl*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Pirmella 1/35

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## Products Affected

- PIRMELLA 1/35

<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

# Pirmella 7/7/7

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## Products Affected

- PIRMELLA 7/7/7

<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

# Plavix

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## Products Affected

- PLAVIX ORAL TABLET 75 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

# Plegridy

## Products Affected

- PLEGRIDY

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
QL Criteria	2 syringes Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Plegridy Starter Pack

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## Products Affected

- PLEGRIDY STARTER PACK

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
QL Criteria	1 kit Per 365 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# PocketChem EZ Test

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## Products Affected

- POCKETCHEM EZ TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Polymyxin B-Trimethoprim

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## Products Affected

- *polymyxin b-trimethoprim*

<b>QL Criteria</b>	1 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

# Polytrim

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## Products Affected

- POLYTRIM

<b>QL Criteria</b>	1 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Portia-28

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## Products Affected

- PORTIA-28

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Potiga

## Products Affected

- POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	partial-onset seizures
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of partial-onset seizures AND documented concurrent therapy with one of the following: carbamazepine, divalproex dr/er/sprinkle, gabapentin, lamotrigine, levetiracetam/ER, oxcarbazepine, phenytoin, topiramate, valproic acid, or zonisamide
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: 1) Patient's dose is being titrated by the physician OR the patient requires higher doses of the requested drug after failure of recommended standard doses.
<b>QL Criteria</b>	3 tab Per 1 Day
<b>Notes/References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Potiga

## Products Affected

- POTIGA ORAL TABLET 50 MG

PA Criteria	Criteria Details
Covered Uses	partial-onset seizures
Exclusion Criteria	
Required Medical Information	A documented diagnosis of partial-onset seizures AND documented concurrent therapy with one of the following: carbamazepine, divalproex dr/er/sprinkle, gabapentin, lamotrigine, levetiracetam/ER, oxcarbazepine, phenytoin, topiramate, valproic acid, or zonisamide
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: 1) Patient's dose is being titrated by the physician OR the patient requires higher doses of the requested drug after failure of recommended standard doses.
Notes/References	Annual Review: 06/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Pradaxa

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## Products Affected

- PRADAXA

<b>ST Criteria</b>	A documented step through Eliquis and Xarelto
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Praluent

## Products Affected

- PRALUENT

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/2017/MISC/PCSK9.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html</a>
<b>QL Criteria</b>	2 syringes Per 28 Days
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# 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

# Pravachol

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## Products Affected

- PRAVACHOL ORAL TABLET 40 MG, 80 MG, 20 MG

<b>ST Criteria</b>	A documented step through two generic statin medications (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

# Precision 200 Cath Tray

## Products Affected

- PRECISION 200 CATH TRAY

PA Criteria	Criteria Details
<b>Covered Uses</b>	all FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Precision 400 Cath Tray

## Products Affected

- PRECISION 400 CATH TRAY

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Precision 400 Urine Meter

## Products Affected

- PRECISION 400 URINE METER

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Precision Airless Pump

## Products Affected

- *precision airless pump*

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Precision Catheter Urine Sys

## Products Affected

- PRECISION CATHETER URINE SYS

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Precision Drainage Bag

## Products Affected

- PRECISION DRAINAGE BAG

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Precision Foley Cath Tray

## Products Affected

- PRECISION FOLEY CATH TRAY

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Precision Glucose Control

## Products Affected

- PRECISION GLUCOSE CONTROL

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Precision Glucose Control Soln

## Products Affected

- PRECISION GLUCOSE CONTROL SOLN

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Precision Glucose Ketone Contr

## Products Affected

- PRECISION GLUCOSE KETONE CONTR

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Precision Glucose/Ketone Contr

## Products Affected

- PRECISION GLUCOSE/KETONE CONTR

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Precision Link

## Products Affected

- PRECISION LINK

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Precision Midstream Kit

## Products Affected

- PRECISION MIDSTREAM KIT

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Precision Midstream Kit/Funnel

## Products Affected

- PRECISION MIDSTREAM KIT/FUNNEL

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Precision PCx

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## Products Affected

- PRECISION PCX

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Precision PCX Plus Test

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## Products Affected

- PRECISION PCX PLUS 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

# Precision Point of Care Test

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## Products Affected

- PRECISION POINT OF CARE 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Precision QID Monitor

## Products Affected

- PRECISION QID MONITOR

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	Annual Review: 04/2016
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Precision QID Test

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## Products Affected

- PRECISION QID 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Precision Scale

## Products Affected

- *precision scale*

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Precision Sof-Tact Monitor

## Products Affected

- PRECISION SOF-TACT MONITOR

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	Annual Review: 04/2016
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Precision Sof-Tact Test

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## Products Affected

- PRECISION SOF-TACT 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

# Precision Specimen Container

## Products Affected

- PRECISION SPECIMEN CONTAINER

PA Criteria	Criteria Details
<b>Covered Uses</b>	all FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Precision Sputum Collector

## Products Affected

- PRECISION SPUTUM COLLECTOR

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Precision Stool Collector

## Products Affected

- PRECISION STOOL COLLECTOR

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Precision SureDose Plus Syr

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## Products Affected

- PRECISION SUREDOSE PLUS SYR

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Precision Sure-Dose Syringe

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## Products Affected

- PRECISION SURE-DOSE SYRINGE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Precision Tissue Grinder

## Products Affected

- PRECISION TISSUE GRINDER

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Precision Urine Specimen Sys

## Products Affected

- PRECISION URINE SPECIMEN SYS

PA Criteria	Criteria Details
<b>Covered Uses</b>	all FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Precision Xtra

## Products Affected

- PRECISION XTRA KIT

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Precision Xtra Blood Glucose

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## Products Affected

- PRECISION XTRA BLOOD GLUCOSE

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Precision Xtra Ketone

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## Products Affected

- PRECISION XTRA KETONE

<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

# Precision Xtra Monitor

## Products Affected

- PRECISION XTRA MONITOR

PA Criteria	Criteria Details
Covered Uses	all FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
Notes/References	Annual Review: 04/2016
Revision Date	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Prefest

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## Products Affected

- PREFEST

<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

# 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/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Premium Blood Glucose Test

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## Products Affected

- *premium blood glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Prentif Cavity-Rim Cerv Cap

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## Products Affected

- PRENTIF CAVITY-RIM CERV CAP

<b>QL Criteria</b>	1 device Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Prentif Cavity-Rim Cerv Cap

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## Products Affected

- PRENTIF CAVITY-RIM CERV CAP

<b>QL Criteria</b>	1 EA Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Prentif Fitting Set

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## Products Affected

- PRENTIF FITTING SET

<b>QL Criteria</b>	1 device Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Prestige Smart System Test

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## Products Affected

- *prestige smart system test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Prestige Test

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## Products Affected

- PRESTIGE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Prevacid

## Products Affected

- PREVACID

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	A documented diagnosis of one of the following: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
Notes/References	
Revision Date	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Prevacid 24HR

## Products Affected

- PREVACID 24HR

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: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required).
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Prevacid SoluTab

## Products Affected

- PREVACID SOLUTAB

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	A documented diagnosis of one of the following: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required). In addition for approval the following criteria must also be met: Documentation of an inability to swallow tablets/capsules.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
Notes/References	Annual Review: 02/2016
Revision Date	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Previfem

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## Products Affected

- PREVIFEM

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Prevpac

## Products Affected

- PREVPAC

PA Criteria	Criteria Details
<b>Covered Uses</b>	Helicobacter pylori infection Peptic ulcer disease
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Helicobacter pylori infection and peptic ulcer disease (gastric or duodenal ulcer disease) ANDA documented contraindication or intolerance or allergy or failure of an adequate trial of two weeks of the preferred generic alternatives, lansoprazole, amoxicillin, and clarithromycin, all taken concomitantly
<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: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# PriLOSEC

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## Products Affected

- PRILOSEC ORAL CAPSULE DELAYED  
RELEASE 10 MG, 40 MG

<b>ST Criteria</b>	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# PriLOSEC

## Products Affected

- PRILOSEC ORAL PACKET

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	A documented diagnosis of one of the following: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required). In addition for approval the following criteria must also be met: Documentation of an inability to swallow tablets/capsules.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
QL Criteria	2 pack Per 1 Day
Notes/References	
Revision Date	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Pristiq

## Products Affected

- PRISTIQ

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major Depressive Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For quantities over the allowed amount for the prescribed medication, a member must meet one of the following: (1) Member requires a dose including half tablets, (2) member's dose is being titrated by physician (3-month limit), (3) member has had intolerance to drug administered as a single daily dose, or (4) member's dose cannot be achieved with proposed quantity limits for a given strength (ex. needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose.)
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (fluoxetine, citalopram), SNRIs (duloxetine, venlafaxine), TCAs (amitriptyline, nortriptyline), heterocyclic antidepressants (mirtazapine, trazodone)
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Pristiq

## Products Affected

- PRISTIQ

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major Depressive Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For quantities over the allowed amount for the prescribed medication, a member must meet one of the following: (1) Member requires a dose including half tablets, (2) member's dose is being titrated by physician (3-month limit), (3) member has had intolerance to drug administered as a single daily dose, or (4) member's dose cannot be achieved with proposed quantity limits for a given strength (ex. needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose.)
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (fluoxetine, citalopram), SNRIs (duloxetine, venlafaxine), TCAs (amitriptyline, nortriptyline), heterocyclic antidepressants (mirtazapine, trazodone)
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Privigen

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## Products Affected

- PRIVIGEN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/ivig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# ProAir RespiClick

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## Products Affected

- PROAIR RESPICLICK

<b>QL Criteria</b>	2 EA 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

# Procardia XL

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## Products Affected

- PROCARDIA XL ORAL TABLET  
EXTENDED RELEASE 24 HOUR 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Procardia XL

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## Products Affected

- PROCARDIA XL ORAL TABLET  
EXTENDED RELEASE 24 HOUR 60 MG, 90  
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

# ProCentra

## Products Affected

- PROCENTRA

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexamethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	40 ml Per 1 Day
<b>Notes/References</b>	Annual Review: 10/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Procrit

## Products Affected

- PROCIT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Erythropoiesis_Stimulating_Agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Procysbi

## Products Affected

- PROCYSBI ORAL CAPSULE DELAYED  
RELEASE 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/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html</a>
QL Criteria	4 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Procysbi

## Products Affected

- PROCYSBI ORAL CAPSULE DELAYED  
RELEASE 75 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html</a>
QL Criteria	25 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Prodigy AutoCode Blood Glucose

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## Products Affected

- PRODIGY AUTOCODE BLOOD GLUCOSE  
IN VITRO

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Prodigy Blood Glucose Test

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## Products Affected

- PRODIGY BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Prodigy No Coding Blood Gluc

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## Products Affected

- PRODIGY NO CODING BLOOD GLUC

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Profilnine SD

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## Products Affected

- PROFILNINE SD

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Prolastin

## Products Affected

- PROLASTIN

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/2017/ENDO/Alpha-1Antitrypsin%20Inhibitor%20Therapy.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Alpha-1 Antitrypsin Inhibitor Therapy.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Prolastin-C

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## Products Affected

- PROLASTIN-C INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Alpha-1 Antitrypsin Inhibitor Therapy.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Alpha-1 Antitrypsin Inhibitor Therapy.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Prolia

## Products Affected

- PROLIA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Promacta

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## Products Affected

- PROMACTA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Promacta.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Promacta.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Propafenone HCl ER

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## Products Affected

- *propafenone 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

# Proscar

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## Products Affected

- PROSCAR

PA Criteria	Criteria Details
Covered Uses	Benign prostatic hyperplasia
Exclusion Criteria	
Required Medical Information	Member is greater than 50 yrs old or has diagnosis of BPH (Benign Prostatic Hyperplasia).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Protonix

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## Products Affected

- PROTONIX

<b>ST Criteria</b>	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Protopic

## Products Affected

- PROTOPIC

PA Criteria	Criteria Details
Covered Uses	Atopic dermatitis, Vitiligo
Exclusion Criteria	
Required Medical Information	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 with either a documented contraindication, intolerance or allergy to one preferred alternative topical corticosteroid indicated for the patient's condition, or a documented failure of an adequate trial of 2 weeks (14 days) of one preferred alternative topical corticosteroid indicated for the patient's condition, or the treatment is in an area at high risk for skin atrophy such as face, eyelids, or genital areas. FOR PROTOPIC 0.03%: A documented diagnosis of mild to moderate atopic dermatitis (eczema) in patients less than 2 years of age for short-term use (up to 3 months)(Note: requirement of a trial of topical corticosteroid is not required) or a documented diagnosis of atopic dermatitis (eczema) or vitiligo in an adult or child 2 years of age or older and either a documented contraindication, intolerance or allergy to one preferred alternative topical corticosteroid indicated for the patient's condition, or a documented failure of an adequate trial of 2 weeks (14 days) of one preferred alternative topical corticosteroid indicated for the patient's condition, or the treatment is in an area at high risk for skin atrophy such as face, eyelids, or genital areas.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through 2 weeks (14 days) of one preferred alternative topical corticosteroid (triamcinolone acetonide, fluocinonide cream, augmented betamethasone gel, betamethasone dipropionate, hydrocortisone valerate, or fluticasone propionate ointment)
Notes/References	

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: April 26, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Proventil HFA

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## Products Affected

- PROVENTIL HFA

PA Criteria	Criteria Details
Covered Uses	Treatment and prevention of bronchospasms
Exclusion Criteria	
Required Medical Information	a documented diagnosis of bronchospasm in patients with reversible obstructive airway disease (i.e. Asthma)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Trial of 1 week each of Ventolin HFA AND Proair
QL Criteria	2 inhalers Per 1 fill
Notes/References	Annual Review: 03/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Provigil

## Products Affected

- PROVIGIL

PA Criteria	Criteria Details
<b>Covered Uses</b>	Narcolepsy, Obstructive sleep apnea/hypopnea syndrome (OSAHS)Shiftwork Sleep Disorder
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) a Documented diagnosis of shift work sleep disorder, OR (2) Narcolepsy, confirmed by sleep lab evaluation OR Obstructive sleep apnea/hypopnea syndrome (OSAHS) confirmed by polysomnography (a study on sleep cycles and behavior) AND one of the following: Member is currently using an oral/dental applianceMember has undergone an uvulopalatopharyngoplasty (UPPP), Member is greater than or equal to 65 yrs of age, Member has already had an adequate therapeutic trial of twelve weeks of continuous positive airway pressure (CPAP)/ bilevel positive airway pressure (BiPAP) treatment and meets ALL of the following:Member is compliant with and currently using CPAP/BiPAP treatment, Member is experiencing excessive sleepiness despite CPAP/BiPAP use
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>QL Criteria</b>	2 tab Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# PROzac

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## Products Affected

- PROZAC 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# PROzac

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## Products Affected

- PROZAC ORAL CAPSULE 10 MG

<b>QL Criteria</b>	1 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

# PROzac

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## Products Affected

- PROZAC 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# PROzac

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## Products Affected

- PROZAC ORAL SOLUTION

<b>ST Criteria</b>	Try generic Fluoxetine HCl Solution 20 MG/5ML
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# PROzac Weekly

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## Products Affected

- PROZAC WEEKLY

<b>QL Criteria</b>	1 caps Per 7 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Psorcon

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## Products Affected

- *psorcon*

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# PTS Panels Glucose Test

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## Products Affected

- PTS PANELS GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Pulmicort

## Products Affected

- PULMICORT

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	For ages 5-8 documented inability to use metered dose inhalers
Age Restrictions	Less than 8 years of age
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	No prior authorization required for children 1-4 years of age. Medical Exception allowed for topical steroid treatment of eosinophilic esophagitis for which other treatments have been unsatisfactory and for Nasal Polyps when all criteria met: A diagnosis of chronic sinusitis with nasal polyposis, endoscopic sinus surgery has been performed, and standard nasal steroid sprays have been used as part of post-operative management and have failed.
QL Criteria	4 ml Per 1 Day
Notes/References	Annual Review: 07/2016
Revision Date	Prior Authorization: January 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Pulmicort Flexhaler

## Products Affected

- PULMICORT FLEXHALER

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	Documented diagnosis of Asthma
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month of Asmanex and QVAR
QL Criteria	1 inhaler Per 1 month
Notes/References	
Revision Date	Prior Authorization: November 30, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Pulmozyme

## Products Affected

- PULMOZYME

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/cystic_fibrosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/cystic_fibrosis.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Purixan

## Products Affected

- PURIXAN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html</a>
QL Criteria	100 ML Per 30 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Qbrelis

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## Products Affected

- QBRELIS

PA Criteria	Criteria Details
Covered Uses	Hypertension, Heart Failure, Myocardial Infarction
Exclusion Criteria	
Required Medical Information	A documented diagnosis of hypertension (Approved only for ages 6 and older), Heart failure, or Myocardial Infarction AND must have a documented inability to swallow tablets/capsules
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: September 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Qnasl

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## Products Affected

- QNASL

<b>ST Criteria</b>	A documented step through 2 weeks of flunisolide or mometasone
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Qnasl Childrens

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## Products Affected

- QNASL CHILDRENS

<b>ST Criteria</b>	A documented step through 2 weeks of flunisolide or mometasone
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Qsymia

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## Products Affected

- QSYMIA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Quasense

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## Products Affected

- QUASENSE

<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

# Qudexy XR

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## Products Affected

- QUDEXY XR

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# QUetiapine Fumarate

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## Products Affected

- *quetiapine fumarate oral tablet 300 mg, 400 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

# QUetiapine Fumarate

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## Products Affected

- *quetiapine fumarate oral tablet 200 mg*

<b>QL Criteria</b>	4 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# QUetiapine Fumarate

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## Products Affected

- *quetiapine fumarate oral tablet 25 mg*

<b>QL Criteria</b>	6 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

# QUetiapine Fumarate

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## Products Affected

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

<b>QL Criteria</b>	3 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# QUetiapine Fumarate ER

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## Products Affected

- *quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 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

# QUetiapine Fumarate ER

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## Products Affected

- *quetiapine fumarate er oral tablet extended release 24 hour 200 mg, 150 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# QUetiapine Fumarate ER

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## Products Affected

- *quetiapine fumarate er oral tablet extended release 24 hour 50 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

# QuickTek Test

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## Products Affected

- QUICKTEK TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# QuilliChew ER

## Products Affected

- QUILLICHEW ER ORAL TABLET  
CHEWABLE EXTENDED RELEASE 30 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of attention deficit hyperactivity disorder (ADHD)
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexamethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<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

# QuilliChew ER

## Products Affected

- QUILLICHEW ER ORAL TABLET  
CHEWABLE EXTENDED RELEASE 20 MG,  
40 MG

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of attention deficit hyperactivity disorder (ADHD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexamethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Quillivant XR

## Products Affected

- QUILLIVANT XR

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	12 ML Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Quintet AC Blood Glucose Test

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## Products Affected

- QUINTET AC BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Quintet Blood Glucose Test

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## Products Affected

- QUINTET BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# RA TRUEtest Test

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## Products Affected

- RA TRUETEST TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# RABEprazole Sodium

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## Products Affected

- *rabeprazole 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ranexa

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## Products Affected

- RANEXA ORAL TABLET EXTENDED  
RELEASE 12 HOUR 500 MG

<b>QL Criteria</b>	3 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

# Ranexa

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## Products Affected

- RANEXA ORAL TABLET EXTENDED  
RELEASE 12 HOUR 1000 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Rasagiline Mesylate

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## Products Affected

- *rasagiline mesylate 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

# Rasuvo

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## Products Affected

- RASUVO

<b>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Otrexup_Rasuvo.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Otrexup_Rasuvo.html</a>
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ravicti

## Products Affected

- RAVICTI

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Rayaldee

## Products Affected

- RAYALDEE

PA Criteria	Criteria Details
<b>Covered Uses</b>	Treatment of secondary hyperparathyroidism in adult patients with stage 3 or 4 chronic kidney disease (CKD)
<b>Exclusion Criteria</b>	Patients with stage 5 CKD or in patients with end stage renal disease (ESRD) on dialysis
<b>Required Medical Information</b>	A documented diagnosis of secondary hyperparathyroidism and Stage 3 or 4 chronic kidney disease (CKD) and serum total 25-hydroxyvitamin D level is less than 30 ng/mL
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through calcitriol
<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: December 13, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Rayos

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## Products Affected

- RAYOS

<b>ST Criteria</b>	Trial of prednisone
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Rebif Rebidose Titration Pack

## Products Affected

- REBIF REBIDOSE TITRATION PACK  
SUBCUTANEOUS

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/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Rebif Titration Pack

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## Products Affected

- REBIF TITRATION PACK  
SUBCUTANEOUS

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/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Reclast

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## Products Affected

- RECLAST

<b>QL Criteria</b>	1 bottle Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Reclipsen

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## Products Affected

- RECLIPSEN

<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

# Recombinate

## Products Affected

- RECOMBINATE

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/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# RefuAH Plus Blood Glucose Test

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## Products Affected

- REFUAH PLUS BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Relenza Diskhaler

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## Products Affected

- RELENZA DISKHALER

<b>QL Criteria</b>	2 EA Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# ReliOn 70/30

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## Products Affected

- RELION 70/30

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ReliOn N

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## Products Affected

- RELION N

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# ReliOn R

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## Products Affected

- RELION R

<b>ST Criteria</b>	A documented step through one month of one preferred alternative insulin, Humulin or Humalog
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Relistor

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## Products Affected

- RELISTOR ORAL

PA Criteria	Criteria Details
Covered Uses	Opioid-induced constipation (OIC) in adults with chronic non-cancer pain
Exclusion Criteria	
Required Medical Information	A documented diagnosis of opioid induced constipation due to non-cancer pain and documented concomitant use of opioid therapy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Relistor

## Products Affected

- RELISTOR SUBCUTANEOUS SOLUTION  
12 MG/0.6ML

PA Criteria	Criteria Details
<b>Covered Uses</b>	Opioid-induced constipation (OIC) in adults with chronic non-cancer pain, OIC in adults with advanced illness
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of opioid induced constipation due to non-cancer pain, OR a documented diagnosis of an advanced illness (i.e., incurable cancer, end-stage COPD/emphysema, cardiovascular disease/heart failure, Alzheimer's disease/dementia, HIV/AIDS), receiving palliative care, and response to laxative therapy has not been sufficient and documented concomitant use of opioid therapy.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of Relistor will be considered medically necessary for those members who meet ANY of the following criteria: Member requires dosing of one vial/syringe every other day (maximum quantity of 15 vials or 2 kits per 30 days).
<b>QL Criteria</b>	0.6 ML Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Relistor

## Products Affected

- RELISTOR SUBCUTANEOUS KIT

PA Criteria	Criteria Details
<b>Covered Uses</b>	Opioid-induced constipation (OIC) in adults with chronic non-cancer pain, OIC in adults with advanced illness
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of opioid induced constipation due to non-cancer pain, OR a documented diagnosis of an advanced illness (i.e., incurable cancer, end-stage COPD/emphysema, cardiovascular disease/heart failure, Alzheimer's disease/dementia, HIV/AIDS), receiving palliative care, and response to laxative therapy has not been sufficient and documented concomitant use of opioid therapy.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of Relistor will be considered medically necessary for those members who meet ANY of the following criteria: Member requires dosing of one vial/syringe every other day (maximum quantity of 15 vials or 2 kits per 30 days).
<b>QL Criteria</b>	1 kit Per 30 Days
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Relistor

## Products Affected

- RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML

PA Criteria	Criteria Details
Covered Uses	Opioid-induced constipation (OIC) in adults with chronic non-cancer pain, OIC in adults with advanced illness
Exclusion Criteria	
Required Medical Information	A documented diagnosis of opioid induced constipation due to non-cancer pain, OR a documented diagnosis of an advanced illness (i.e., incurable cancer, end-stage COPD/emphysema, cardiovascular disease/heart failure, Alzheimer's disease/dementia, HIV/AIDS), receiving palliative care, and response to laxative therapy has not been sufficient and documented concomitant use of opioid therapy.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of Relistor will be considered medically necessary for those members who meet ANY of the following criteria: Member requires dosing of one vial/syringe every other day (maximum quantity of 15 vials or 2 kits per 30 days).
QL Criteria	0.4 ML Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Relpax

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## Products Affected

- RELPAX

<b>ST Criteria</b>	A documented step through one month of three of the following: naratriptan, rizatriptan, sumatriptan, or zolmitriptan
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Remeron

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## Products Affected

- REMERON

<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

# Remeron SolTab

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## Products Affected

- REMERON SOLTAB

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Remicade

## Products Affected

- REMICADE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Remicade.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Remicade.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Remicade.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Remicade.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Remodulin

## Products Affected

- REMODULIN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html</a>
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Repatha

## Products Affected

- REPATHA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html</a>
QL Criteria	2 syringes Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Repatha Pushtronex System

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## Products Affected

- REPATHA PUSHTRONEX SYSTEM

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html</a>
QL Criteria	1 syringe Per 1 month
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Repatha SureClick

## Products Affected

- REPATHA SURECLICK

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCSK9.html</a>
QL Criteria	2 syringes Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Repronex

## Products Affected

- REPRONEX

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infertility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infertility.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Requip XL

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## Products Affected

- REQUIP XL ORAL TABLET EXTENDED  
RELEASE 24 HOUR 12 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

# Requip XL

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## Products Affected

- REQUIP XL ORAL TABLET EXTENDED  
RELEASE 24 HOUR 4 MG, 2 MG, 8 MG, 6  
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Rescula

## Products Affected

- RESCULA

PA Criteria	Criteria Details
Covered Uses	open-angle glaucoma, 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	
ST Criteria	A documented step through one week of latanoprost and one week of Travatan Z
Notes/References	Annual Review: 03/2016
Revision Date	Prior Authorization: December 07, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Restoril

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## Products Affected

- RESTORIL ORAL CAPSULE 22.5 MG, 7.5 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Retin-A

## Products Affected

- RETIN-A

PA Criteria	Criteria Details
<b>Covered Uses</b>	Acne vulgaris
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of any one of the following: Acne vulgaris (includes comedonal, cystic, nodular & papular acne) 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 Hypertrophic scars or keloids AND Intralesional injection of corticosteroids is ineffective or not tolerated Keratosis follicularis (Darier's disease, Darier-White disease) Facial flat warts Multiple flat warts (includes common warts and plantar warts)
<b>Age Restrictions</b>	greater than 35
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Retin-A Micro

## Products Affected

- RETIN-A MICRO

PA Criteria	Criteria Details
Covered Uses	Acne vulgaris
Exclusion Criteria	
Required Medical Information	A documented diagnosis of any one of the following:Acne vulgaris (includes comedonal, cystic, nodular & papular acne)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 tretinoinHypertrophic scars or keloids AND Intralesional injection of corticosteroids is ineffective or not toleratedKeratosis follicularis (Darier's disease, Darier-White disease)Facial flat wartsMultiple flat warts (includes common warts and plantar warts)
Age Restrictions	greater than 35
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through Epiduo
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Retin-A Micro Pump

## Products Affected

- RETIN-A MICRO PUMP

PA Criteria	Criteria Details
Covered Uses	Acne vulgaris
Exclusion Criteria	
Required Medical Information	A documented diagnosis of any one of the following:Acne vulgaris (includes comedonal, cystic, nodular & papular acne)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 tretinoinHypertrophic scars or keloids AND Intralesional injection of corticosteroids is ineffective or not toleratedKeratosis follicularis (Darier's disease, Darier-White disease)Facial flat wartsMultiple flat warts (includes common warts and plantar warts)
Age Restrictions	greater than 35
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through Epiduo
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Revatio

## Products Affected

- REVATIO ORAL SUSPENSION RECONSTITUTED

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/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html</a>
<b>QL Criteria</b>	224 ML Per 1 fill
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Revatio

## Products Affected

- REVATIO INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html</a>
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Revatio

## Products Affected

- REVATIO 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/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html</a>
QL Criteria	3 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Reveal Blood Glucose Test

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## Products Affected

- REVEAL BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Revlimid

## Products Affected

- REVLIMID

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Rexall Blood Glucose Test

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## Products Affected

- REXALL BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Rexulti

## Products Affected

- REXULTI

PA Criteria	Criteria Details
Covered Uses	Major Depressive Disorder (MDD), Schizophrenia
Exclusion Criteria	
Required Medical Information	Documented diagnosis of Major Depressive Disorder (MDD) or Schizophrenia
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	FOR MAJOR DEPRESSIVE DISORDER: Trial of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine). FOR SCHIZOPHRENIA: Trial of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine) and Latuda.
QL Criteria	1 tablet Per 1 Day
Notes/References	Annual Review: 08/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# RiaSTAP

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## Products Affected

- RIASTAP

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Riastap.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Riastap.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: November 17, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Riax

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## Products Affected

- RIAX

<b>ST Criteria</b>	Trial of one month of benzoyl peroxide foam
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Rightest GS100 Blood Glucose

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## Products Affected

- RIGHTEST GS100 BLOOD GLUCOSE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Rightest GS300 Blood Glucose

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## Products Affected

- RIGHTEST GS300 BLOOD GLUCOSE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Rightest GS550 Blood Glucose

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## Products Affected

- RIGHTEST GS550 BLOOD GLUCOSE

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Rilutek

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## Products Affected

- RILUTEK

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	amyotrophic lateral sclerosis (ALS)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	Documented diagnosis of amyotrophic lateral sclerosis (ALS)
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>Notes/References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Riluzole

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## Products Affected

- *riluzole*

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	amyotrophic lateral sclerosis (ALS)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	Documented diagnosis of amyotrophic lateral sclerosis (ALS)
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>Notes/References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Risedronate Sodium

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## Products Affected

- *risedronate sodium oral tablet 30 mg, 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

# Risedronate Sodium

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## Products Affected

- *risedronate sodium oral tablet 150 mg*

<b>ST Criteria</b>	A documented step through alendronate 70mg
<b>QL Criteria</b>	1 tablet Per 1 month
<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# RisperDAL

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## Products Affected

- RISPERDAL ORAL SOLUTION

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# RisperDAL

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## Products Affected

- RISPERDAL ORAL TABLET 0.5 MG, 3 MG, 0.25 MG, 2 MG, 1 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# RisperDAL

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## Products Affected

- RISPERDAL ORAL TABLET 4 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<b>QL Criteria</b>	4 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

# RisperDAL M-TAB

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## Products Affected

- RISPERDAL M-TAB ORAL TABLET  
DISPERSIBLE 2 MG, 0.5 MG, 1 MG, 3 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# RisperDAL M-TAB

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## Products Affected

- RISPERDAL M-TAB ORAL TABLET  
DISPERSIBLE 4 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<b>QL Criteria</b>	4 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

# RisperiDONE

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## Products Affected

- *risperidone oral tablet 2 mg, 3 mg, 0.25 mg, 1 mg, 0.5 mg*
- *risperidone oral tablet dispersible 3 mg, 2 mg, 0.25 mg, 0.5 mg, 1 mg*

<b>ST Criteria</b>	Trial of 1 month each of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda.
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# RisperiDONE

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## Products Affected

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

<b>ST Criteria</b>	Trial of 1 month each of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda.
<b>QL Criteria</b>	4 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

# RisperiDONE

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## Products Affected

- *risperidone oral solution*

<b>ST Criteria</b>	Trial of 1 month each of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda.
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# RisperiDONE M-TAB

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## Products Affected

- RISPERIDONE M-TAB ORAL TABLET  
DISPERSIBLE 0.5 MG, 1 MG, 3 MG, 2 MG

<b>ST Criteria</b>	Trial of 1 month each of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda.
<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

# RisperiDONE M-TAB

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## Products Affected

- RISPERIDONE M-TAB ORAL TABLET  
DISPERSIBLE 4 MG

<b>ST Criteria</b>	Trial of 1 month each of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda.
<b>QL Criteria</b>	4 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Ritalin

## Products Affected

- RITALIN

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ritalin LA

## Products Affected

- RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	2 caps Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ritalin LA

## Products Affected

- RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 10 MG, 40 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	1 caps Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ritalin LA

## Products Affected

- RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Ritalin SR

## Products Affected

- RITALIN SR

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexamethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/References</b>	Annual Review: 09/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Rixubis

## Products Affected

- RIXUBIS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# ROPINIRole HCl ER

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## Products Affected

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

# ROPINIRole HCl ER

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## Products Affected

- *ropinirole hcl er oral tablet extended release*  
*24 hour 12 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

# Rozerem

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## Products Affected

- ROZEREM

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Rubraca

## Products Affected

- RUBRACA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Rubraca.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Rubraca.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: January 09, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ruconest

## Products Affected

- RUCONEST

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angi_oedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angi_oedema.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Rythmol SR

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## Products Affected

- RYTHMOL SR

<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

# Sabril

## Products Affected

- SABRIL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/anticonvulsants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/anticonvulsants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Saizen

## Products Affected

- SAIZEN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Saizen Click.Easy

## Products Affected

- SAIZEN CLICK.EASY

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Samsca

## Products Affected

- SAMSCA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnnonmedicare/data/2017/CV/samsca.html">http://www.aetna.com/products/rxnnonmedicare/data/2017/CV/samsca.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sancuso

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## Products Affected

- SANCUSO

<b>QL Criteria</b>	1 patch Per 21 Days
<b>Notes/ References</b>	Annual Review: 10/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# SandoSTATIN

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## Products Affected

- SANDOSTATIN

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Sandostatin.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Sandostatin.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# SandoSTATIN LAR Depot

## Products Affected

- SANDOSTATIN LAR DEPOT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Sandostatin.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Saphris

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## Products Affected

- SAPHRIS

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<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

# Saphris

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## Products Affected

- SAPHRIS

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Savaysa

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## Products Affected

- SAVAYSA

<b>ST Criteria</b>	A documented step through Eliquis and Xarelto
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Savella

## Products Affected

- SAVELLA

PA Criteria	Criteria Details
Covered Uses	Fibromyalgia
Exclusion Criteria	A documented diagnosis of fibromyalgia
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through duloxetine and Lyrica
QL Criteria	2 tab Per 1 Day
Notes/References	Annual Review: 03/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Savella Titration Pack

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## Products Affected

- SAVELLA TITRATION PACK

PA Criteria	Criteria Details
Covered Uses	Fibromyalgia
Exclusion Criteria	A documented diagnosis of fibromyalgia
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	2 tablets Per 1 Day
Notes/References	Annual Review: 03/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Seebri Neohaler

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## Products Affected

- SEEBRI NEOHALER

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD)
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Chronic obstructive pulmonary disease (COPD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Trial of 1 month each of Spiriva and Incruse Ellipta
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: November 29, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# SelRx

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## Products Affected

- SELRX

<b>ST Criteria</b>	A documented step through selenium sulfide
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Semprex-D

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## Products Affected

- SEMPREX-D

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sensipar

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## 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/2017/ENDO/myalept.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# SEROquel

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## Products Affected

- SEROQUEL ORAL TABLET 100 MG, 50 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<b>QL Criteria</b>	3 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

# SEROquel

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## Products Affected

- SEROQUEL ORAL TABLET 200 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<b>QL Criteria</b>	4 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# SEROquel

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## Products Affected

- SEROQUEL ORAL TABLET 300 MG, 400 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<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

# SEROquel

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## Products Affected

- SEROQUEL ORAL TABLET 25 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<b>QL Criteria</b>	6 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# SEROquel XR

## Products Affected

- SEROQUEL XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 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	
ST Criteria	FOR MAJOR DEPRESSIVE DISORDER: Trial of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine). FOR A DIAGNOSIS OF BIPOLAR DISORDER OR SCHIZOPHRENIA: Trial of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine) and Latuda.
QL Criteria	6 tablets Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: December 20, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# SEROquel XR

## Products Affected

- SEROQUEL XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 300 MG,  
400 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	
ST Criteria	FOR MAJOR DEPRESSIVE DISORDER: Trial of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine). FOR A DIAGNOSIS OF BIPOLAR DISORDER OR SCHIZOPHRENIA: Trial of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine) and Latuda.
QL Criteria	2 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: December 20, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# SEROquel XR

## Products Affected

- SEROQUEL XR ORAL TABLET  
EXTENDED RELEASE 24 HOUR 150 MG,  
200 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	
ST Criteria	FOR MAJOR DEPRESSIVE DISORDER: Trial of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine). FOR A DIAGNOSIS OF BIPOLAR DISORDER OR SCHIZOPHRENIA: Trial of one atypical generic antipsychotic (i.e. aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, paliperidone er, or clozapine) and Latuda.
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: December 20, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Serostim

## Products Affected

- SEROSTIM

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sertraline HCl

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## Products Affected

- *sertraline hcl oral concentrate*

<b>QL Criteria</b>	10 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

# Sertraline HCl

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## Products Affected

- *sertraline hcl oral tablet 50 mg*

<b>QL Criteria</b>	45 tab 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Signifor

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## Products Affected

- SIGNIFOR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Signifor.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Signifor.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Signifor LAR

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## Products Affected

- SIGNIFOR LAR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Signifor.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Signifor.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 injection Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Simcor

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## Products Affected

- SIMCOR ORAL TABLET EXTENDED  
RELEASE 24 HOUR 750-20 MG, 1000-20  
MG, 500-20 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

# Simcor

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## Products Affected

- SIMCOR ORAL TABLET EXTENDED  
RELEASE 24 HOUR 500-40 MG, 1000-40  
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Simponi

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## Products Affected

- SIMPONI SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Simponi.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Simponi.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Simponi.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Simponi.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Simponi Aria

## Products Affected

- SIMPONI ARIA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Simponi_Aria.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Simponi_Aria.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Simponi_Aria.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Simponi_Aria.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# 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

# Singular

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## Products Affected

- SINGULAIR

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Singular

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## Products Affected

- SINGULAIR

<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

# Sirturo

## Products Affected

- SIRTURO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antimycobacterial_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antimycobacterial_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	
QL Criteria	68 tablets Per 30 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sitavig

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## Products Affected

- SITAVIG

<b>ST Criteria</b>	A documented step through oral acyclovir tablets
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sivextro

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## Products Affected

- SIVEXTRO ORAL

<b>QL Criteria</b>	6 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Skelid

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## Products Affected

- SKELID

<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

# Skyla

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## Products Affected

- SKYLA

<b>QL Criteria</b>	1 Device Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Smart Diabetes Xpres Test

## Products Affected

- SMART DIABETES XPRES TEST

PA Criteria	Criteria Details
<b>Covered Uses</b>	all FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) prescriber documented that the patient reasonably would not be able to use one month of a Lifescan One Touch product (e.g., Onetouch, Ultra Blue, Verio, Fasttake, Surestep test strips) appropriately or effectively instead of the requested monitor and formulary excluded strips, or (2) the patient is legally blind (best corrected visual acuity less than 20/200), or (3) the patient requires alternate site testing (monitor taking sample from a non-finger tip location--for example, arm), or (4) the patient has a physical or mental disability requiring a special monitor, or (5) the patient had an adequate trial of one month of a One Touch product
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<b>QL Criteria</b>	300 strips Per 30 Days
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 11, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Smart Sense Premium Test

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## Products Affected

- SMART SENSE PREMIUM TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Smart Sense Value Test

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## Products Affected

- SMART SENSE VALUE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Smartest Blood Glucose Test

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## Products Affected

- SMARTEST BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sodium Phenylbutyrate

## Products Affected

- *sodium phenylbutyrate oral powder 3 gm/tsp*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Solaraze

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## Products Affected

- SOLARAZE

<b>QL Criteria</b>	200 grams 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Solia

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## Products Affected

- SOLIA

<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

# Soliqua

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## Products Affected

- SOLIQUA

<b>ST Criteria</b>	A documented step through one month each of Levemir and Tresiba combined with Victoza and Trulicity
<b>QL Criteria</b>	5 pens 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Soliris

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## Products Affected

- SOLIRIS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/soliris.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/soliris.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Solodyn

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## Products Affected

- SOLODYN ORAL TABLET EXTENDED  
RELEASE 24 HOUR

<b>ST Criteria</b>	A documented step through one of the following: minocycline cap 50mg, 75mg, 100mg; doxycycline monohydrate cap 50mg, 100mg; doxycycline hyclate cap 50mg, 100mg; or doxycycline hyclate tab 100mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Solus V2 Test

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## Products Affected

- SOLUS V2 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Soma

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## Products Affected

- SOMA ORAL TABLET 250 MG

<b>ST Criteria</b>	A documented step through carisoprodol 350mg
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Somatuline Depot

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## Products Affected

- SOMATULINE DEPOT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Sandostatin.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Somavert

## Products Affected

- SOMAVERT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sonata

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## Products Affected

- SONATA ORAL CAPSULE 5 MG

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<b>QL Criteria</b>	4 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

# Sonata

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## Products Affected

- SONATA ORAL CAPSULE 10 MG

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Soolantra

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## Products Affected

- SOOLANTRA

<b>ST Criteria</b>	Trial of one month each of any of topical generic alternatives, metronidazole OR sulfacetamide sodium with sulfur
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Soriatane

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## Products Affected

- SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sorilux

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## Products Affected

- SORILUX

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<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/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Spiriva HandiHaler

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## Products Affected

- SPIRIVA HANDIHALER

<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

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sporanox

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## Products Affected

- SPORANOX ORAL CAPSULE

<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sporanox Pulsepak

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## Products Affected

- SPORANOX PULSEPAK

<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Sprintec 28

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## Products Affected

- SPRINTEC 28

<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

# Spritam

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## Products Affected

- SPRITAM

<b>ST Criteria</b>	Documented trial and failure of Immediate release levitiracetam tablets
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sprix

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## Products Affected

- SPRIX

<b>QL Criteria</b>	5 days maximum 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

# Sprycel

## Products Affected

- SPRYCEL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html</a>
QL Criteria	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Sronyx

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## Products Affected

- SRONYX

<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

# Stelara

## Products Affected

- STELARA INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Stelara.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Stelara.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Stelara.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Stelara.html</a>
QL Criteria	4 vials Per 30 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Stelara

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## Products Affected

- STELARA SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Stelara.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Stelara.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Stelara.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Stelara.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Stimate

## Products Affected

- STIMATE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/miscendocrine.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/miscendocrine.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Stiolto Respimat

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## Products Affected

- STIOLTO RESPIMAT

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

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Strattera

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## Products Affected

- STRATTERA ORAL CAPSULE 40 MG, 60 MG, 25 MG, 10 MG, 18 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 80 MG, 100 MG

<b>QL Criteria</b>	1 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Strensiq

## Products Affected

- STRENSIQ

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Striant

## Products Affected

- STRIANT

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism2. Gender Dysphoria3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate2. patient 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. ORMember 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>ST Criteria</b>	A documented step through one month of Androgel 1.62%
<b>QL Criteria</b>	2 buccals Per 1 Day
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017

# Stribild

## Products Affected

- STRIBILD

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antiviral_hiv.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/ References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Striverdi Respimat

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## Products Affected

- STRIVERDI RESPIMAT

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD)
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Chronic obstructive pulmonary disease (COPD)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month of Serevent
QL Criteria	1 inhaler Per 30 Days
Notes/References	Annual Review: 07/2016
Revision Date	Prior Authorization: November 29, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Suboxone

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## Products Affected

- SUBOXONE SUBLINGUAL FILM 12-3 MG

<b>QL Criteria</b>	2 pack Per 1 Day
<b>Notes/ References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Suboxone

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## Products Affected

- SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG, 2-0.5 MG

<b>QL Criteria</b>	90 pack Per 30 Days
<b>Notes/ References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Suboxone

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## Products Affected

- SUBOXONE SUBLINGUAL TABLET  
SUBLINGUAL

<b>QL Criteria</b>	90 tablets Per 30 Days
<b>Notes/ References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Subsys

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## Products Affected

- SUBSYS SUBLINGUAL LIQUID 400 MCG, 200 MCG, 800 MCG, 600 MCG

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	Use in non malignant (non-cancer) pain
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	1 year

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>ST Criteria</b>	<p>A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydromorphone)</p>
<b>QL Criteria</b>	<p>15 pack Per 30 Days</p>
<b>Notes/References</b>	
<b>Revision Date</b>	<p>Prior Authorization: March 10, 2016  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

# Subsys

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## Products Affected

- SUBSYS SUBLINGUAL LIQUID 1600 (800 X 2) MCG, 1200 (600 X 2) MCG

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer painGeneral anesthesia
Exclusion Criteria	Use in non malignant (non-cancer) pain
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	1 year

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>ST Criteria</b>	<p>A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydromorphone)</p>
<b>QL Criteria</b>	<p>8 pack Per 30 Days</p>
<b>Notes/References</b>	
<b>Revision Date</b>	<p>Prior Authorization: March 10, 2016  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Subsys

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## Products Affected

- SUBSYS SUBLINGUAL LIQUID 100 MCG

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer painGeneral anesthesia
<b>Exclusion Criteria</b>	Use in non malignant (non-cancer) pain
<b>Required Medical Information</b>	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.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>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 Patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine. (Note: ALL additional quantities above what is allowed in the chart above require that a Patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference)AND Documentation of one of the following: 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program)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 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))NOTE: Diffuse to pharmacist for further review. Pharmacist approval for titration is based on member information and education of provider. Requests for additional quantities beyond pharmacist approval will be directed to the appeals process</p>
<b>ST Criteria</b>	<p>A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydromorphone)</p>
<b>QL Criteria</b>	<p>15 ml Per 30 Days</p>
<b>Notes/References</b>	
<b>Revision Date</b>	<p>Prior Authorization: March 10, 2016  Step Therapy: August 25, 2015  Quantity Limits: August 25, 2015</p>

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sular

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## Products Affected

- SULAR ORAL TABLET EXTENDED  
RELEASE 24 HOUR

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sulfacetamide Sodium

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## Products Affected

- *sulfacetamide sodium ophthalmic solution*

<b>QL Criteria</b>	3 bottle 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

# SulfaSALazine

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## Products Affected

- *sulfasalazine oral*

<b>QL Criteria</b>	8 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sulfazine

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**Products Affected**

- SULFAZINE

<b>QL Criteria</b>	8 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

# Sulfazine EC

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## Products Affected

- SULFAZINE EC

<b>QL Criteria</b>	8 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

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## Products Affected

- *sumatriptan succinate subcutaneous solution 6 mg/0.5ml*

<b>QL Criteria</b>	10 vials 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# SUMatriptan Succinate

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## Products Affected

- *sumatriptan succinate subcutaneous solution auto-injector*

<b>QL Criteria</b>	10 cartridges 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

# Sumavel DosePro

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## Products Affected

- SUMAVEL DOSEPRO SUBCUTANEOUS

<b>ST Criteria</b>	A documented step through one month of three of the following: naratriptan, rizatriptan, sumatriptan, or zolmitriptan
<b>QL Criteria</b>	6 syringes 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Supartz

## Products Affected

- SUPARTZ INTRA-ARTICULAR

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/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Supprelin LA

## Products Affected

- SUPPRELIN LA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Supreme Test

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## Products Affected

- SUPREME TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Sure Edge Test

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## Products Affected

- SURE EDGE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# SureChek Blood Glucose Test

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## Products Affected

- SURECHEK BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Sure-Test EasyPlus Mini Test

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## Products Affected

- SURE-TEST EASYPLUS MINI TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Syeda

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## Products Affected

- SYEDA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Sylatron

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## Products Affected

- SYLATRON SUBCUTANEOUS KIT 600 MCG, 4 X 300 MCG, 4 X 200 MCG, 200 MCG, 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Symbyax

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## Products Affected

- SYMBYAX

<b>QL Criteria</b>	1 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

# Symbyax

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## Products Affected

- SYMBYAX

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Symlyn

## Products Affected

- SYMLIN

PA Criteria	Criteria Details
<b>Covered Uses</b>	Type 1 Diabetes, Type 2 Diabetes
<b>Exclusion Criteria</b>	Poor compliance with current insulin regimen, poor compliance with prescribed self-blood glucose monitoring, 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>	Documented diagnosis of type 1 or type 2 diabetes mellitus and patient is concurrently using rapid or short acting insulin and no exclusions apply
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	For Extended Renewals: Patient has demonstrated an expected reduction in HbA1C since starting therapy, no exclusions apply, and are concurrently taking rapid or short acting insulin.
<b>Notes/References</b>	Annual Review: 05/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# SymlynPen 120

## Products Affected

- SYMLINPEN 120

PA Criteria	Criteria Details
<b>Covered Uses</b>	Type 1 Diabetes, Type 2 Diabetes
<b>Exclusion Criteria</b>	Poor compliance with current insulin regimen, poor compliance with prescribed self-blood glucose monitoring, 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>	Documented diagnosis of type 1 or type 2 diabetes mellitus and patient is concurrently using rapid or short acting insulin and no exclusions apply
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	For Extended Renewals: Patient has demonstrated an expected reduction in HbA1C since starting therapy, no exclusions apply, and are concurrently taking rapid or short acting insulin.
<b>Notes/References</b>	Annual Review: 05/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# SymlynPen 60

## Products Affected

- SYMLINPEN 60

PA Criteria	Criteria Details
<b>Covered Uses</b>	Type 1 Diabetes, Type 2 Diabetes
<b>Exclusion Criteria</b>	Poor compliance with current insulin regimen, poor compliance with prescribed self-blood glucose monitoring, 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>	Documented diagnosis of type 1 or type 2 diabetes mellitus and patient is concurrently using rapid or short acting insulin and no exclusions apply
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	For Extended Renewals: Patient has demonstrated an expected reduction in HbA1C since starting therapy, no exclusions apply, and are concurrently taking rapid or short acting insulin.
<b>Notes/References</b>	Annual Review: 05/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Synagis

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## Products Affected

- SYNAGIS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Synagis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Synagis.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Synalar

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## Products Affected

- SYNALAR EXTERNAL CREAM
- SYNALAR EXTERNAL OINTMENT

<b>ST Criteria</b>	A documented step through triamcinolone (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Synarel

## Products Affected

- SYNAREL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Synjardy

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## Products Affected

- SYNJARDY

<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

# Synvisc

## Products Affected

- SYNVISC 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/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Synvisc One

## Products Affected

- SYNVISIC ONE 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/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/viscosupplements.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Syprine

## Products Affected

- SYPRINE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Taclonex

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## Products Affected

- TACLONEX EXTERNAL OINTMENT

<b>ST Criteria</b>	try a med/high potency topical steroid
<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 0.1%: A documented diagnosis of atopic dermatitis (eczema) or vitiligo in an adult or an adolescent 16 years of age or older with either a documented contraindication, intolerance or allergy to one preferred alternative topical corticosteroid indicated for the patient's condition, or a documented failure of an adequate trial of 2 weeks (14 days) of one preferred alternative topical corticosteroid indicated for the patient's condition, or the treatment is in an area at high risk for skin atrophy such as face, eyelids, or genital areas. FOR PROTOPIC 0.03%: A documented diagnosis of mild to moderate atopic dermatitis (eczema) in patients less than 2 years of age for short-term use (up to 3 months)(Note: requirement of a trial of topical corticosteroid is not required) or a documented diagnosis of atopic dermatitis (eczema) or vitiligo in an adult or child 2 years of age or older and either a documented contraindication, intolerance or allergy to one preferred alternative topical corticosteroid indicated for the patient's condition, or a documented failure of an adequate trial of 2 weeks (14 days) of one preferred alternative topical corticosteroid indicated for the patient's condition, or the treatment is in an area at high risk for skin atrophy such as face, eyelids, or genital areas.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through 2 weeks (14 days) of one preferred alternative topical corticosteroid (triamcinolone acetonide, fluocinonide cream, augmented betamethasone gel, betamethasone dipropionate, hydrocortisone valerate, or fluticasone propionate ointment)
<b>Notes/References</b>	

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: April 26, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tagrisso

## Products Affected

- TAGRISSO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Tagrisso.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Tagrisso.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

# Taltz

## Products Affected

- TALTZ

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Taltz.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Taltz.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Taltz.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Taltz.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tamiflu

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## Products Affected

- TAMIFLU ORAL CAPSULE

<b>QL Criteria</b>	20 capsules Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tamiflu

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## Products Affected

- TAMIFLU ORAL SUSPENSION  
RECONSTITUTED 6 MG/ML

<b>QL Criteria</b>	480 pen Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Tanzeum

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## Products Affected

- TANZEUM

<b>ST Criteria</b>	A documented step through one month each of Victoza and Trulicity
<b>QL Criteria</b>	4 pens Per 28 Days
<b>Notes/ References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tasigna

## Products Affected

- TASIGNA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html</a>
QL Criteria	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Taytulla

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## Products Affected

- TAYTULLA

<b>QL Criteria</b>	1.5 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tazorac

## Products Affected

- TAZORAC

PA Criteria	Criteria Details
Covered Uses	acne vulgarisplaque psoriasis
Exclusion Criteria	
Required Medical Information	A documented diagnosis of acne vulgaris, ORA documented diagnosis of plaque psoriasis
Age Restrictions	greater than 35 years old
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through Epiduo
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tecfidera

## Products Affected

- TECFIDERA ORAL CAPSULE DELAYED  
RELEASE 120 MG

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/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
<b>QL Criteria</b>	14 capsules Per 30 Days
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tecfidera

## Products Affected

- TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG
- TECFIDERA ORAL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Technivie

## Products Affected

- TECHNIVIE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html</a>
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Tekamlo

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## Products Affected

- TEKAMLO

<b>ST Criteria</b>	Try 2 preferred ACE/ARB
<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

# Tekturna

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## Products Affected

- TEKTURNA

<b>ST Criteria</b>	Try 2 preferred ACE/ARB
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tekturna HCT

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## Products Affected

- TEKTURNA HCT

<b>ST Criteria</b>	Try 2 preferred ACE/ARB
<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

# Telcare Blood Glucose Test

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## Products Affected

- TELCARE BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Telmisartan

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## Products Affected

- *telmisartan*

<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

# Telmisartan-Amlodipine

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## Products Affected

- *telmisartan-amlodipine*

<b>ST Criteria</b>	Exforge/Twynsta: Try amlodipine with 2 of the following (brand or generic):Atacand/Avapro/Cozaar/Micardis Exforge HCT: Try amlodipine with 2 of the following (brand or generic): Atacand hctz/Hyzaar/Micardis HCT
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Telmisartan-HCTZ

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## Products Affected

- *telmisartan-hctz oral tablet 40-12.5 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

# Temazepam

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## Products Affected

- *temazepam oral capsule 22.5 mg, 7.5 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Temodar

## Products Affected

- TEMODAR ORAL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Temodar

## Products Affected

- TEMODAR INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Temovate

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## Products Affected

- TEMOVATE

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Temovate E

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## Products Affected

- TEMOVATE E

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Temozolomide

## Products Affected

- *temozolomide*

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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.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>QL Criteria</b>	30 days supply Per 1 prescription
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Testim

## Products Affected

- TESTIM

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism2. Gender Dysphoria3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate2. patient 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 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>ST Criteria</b>	A documented step through one month of Androgel 1.62%
<b>QL Criteria</b>	10 grams Per 1 Day
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017

# Testosterone

## Products Affected

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

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>	2.5 grams Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Testosterone

## Products Affected

- testosterone transdermal gel 50 mg/5gm (1%),  
12.5 mg/act (1%)

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Testosterone

## Products Affected

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

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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 pumps Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tetrabenazine

## Products Affected

- tetrabenazine oral tablet 25 mg*

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/huntingtons_xenazine.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/huntingtons_xenazine.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>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/MISC/huntingtons_xenazine.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Teveten

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## Products Affected

- TEVETEN 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Teveten

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## Products Affected

- TEVETEN ORAL TABLET 600 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

# Teveten HCT

## Products Affected

- TEVETEN HCT

PA Criteria	Criteria Details
Covered Uses	hypertension
Exclusion Criteria	
Required Medical Information	a documented diagnosis of Hypertension
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through one month each of any two preferred alternatives from the following: candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, olmesartan/hctz, or valsartan/hctz
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Tev-Tropin

## Products Affected

- TEV-TROPIN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# TGT Blood Glucose Test

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## Products Affected

- *tgt blood glucose test*

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Thalomid

## Products Affected

- THALOMID

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Thiola

## Products Affected

- THIOLA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tilia Fe

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## Products Affected

- TILIA FE

<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

# Tivorbex

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## Products Affected

- TIVORBEX

<b>QL Criteria</b>	3 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tobi Podhaler

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## Products Affected

- TOBI PODHALER

<b>QL Criteria</b>	8 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

# Tobramycin

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## Products Affected

- *tobramycin ophthalmic*

<b>QL Criteria</b>	3 bottle 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Tobramycin-Dexamethasone

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## Products Affected

- *tobramycin-dexamethasone*

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

# Tobrex

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## Products Affected

- TOBREX OPHTHALMIC SOLUTION

<b>QL Criteria</b>	3 bottle 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Today Sponge

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## Products Affected

- TODAY SPONGE

<b>QL Criteria</b>	10 devices 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

# 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Topamax Sprinkle

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## Products Affected

- TOPAMAX SPRINKLE

<b>QL Criteria</b>	4 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

# Topicort

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## Products Affected

- TOPICORT EXTERNAL CREAM
- TOPICORT EXTERNAL OINTMENT
- TOPICORT EXTERNAL GEL

<b>ST Criteria</b>	A documented step through betamethasone dipropionate (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Topicort

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## Products Affected

- TOPICORT EXTERNAL OINTMENT
- TOPICORT EXTERNAL CREAM

<b>ST Criteria</b>	A documented step through triamcinolone (cream/ointment/lotion)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Topicort Spray

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## Products Affected

- TOPICORT SPRAY

<b>ST Criteria</b>	A documented step through betamethasone dipropionate (cream/ointment/lotion)
<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 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

# Toprol XL

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## Products Affected

- TOPROL XL ORAL TABLET EXTENDED  
RELEASE 24 HOUR 200 MG

<b>ST Criteria</b>	A documented step through metoprolol succinate
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Toprol XL

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## Products Affected

- TOPROL XL ORAL TABLET EXTENDED  
RELEASE 24 HOUR 25 MG

<b>ST Criteria</b>	A documented step through metoprolol succinate
<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

# Toprol XL

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## Products Affected

- TOPROL XL ORAL TABLET EXTENDED  
RELEASE 24 HOUR 100 MG, 50 MG

<b>ST Criteria</b>	A documented step through metoprolol succinate
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Toujeo SoloStar

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## Products Affected

- TOUJEO SOLOSTAR

<b>ST Criteria</b>	A documented step through one month each of Levemir and Tresiba
<b>Notes/ References</b>	Annual Review: 03/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Toviaz

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## Products Affected

- TOVIAZ

<b>ST Criteria</b>	Trial of 1 month each of 1 preferred generic (oxybutynin IR, Trospium IR/ER, tolterodine IR/ER) PLUS 1 preferred brand (myrbetriq OR Vesicare)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tracleer

## Products Affected

- TRACLEER

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tradjenta

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## Products Affected

- TRADJENTA

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	Annual Review: 05/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# TraMADol HCl ER

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## Products Affected

- *tramadol hcl er oral capsule extended release*  
24 hour 300 mg, 100 mg, 200 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

# TraMADol HCl ER

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## Products Affected

- *tramadol hcl er oral tablet extended release 24 hour*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# TraMADol HCl ER (Biphasic)

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## Products Affected

- *tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg*

<b>QL Criteria</b>	60 tab 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

# TraMADol HCl ER (Biphasic)

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## Products Affected

- *tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tramadol-Acetaminophen

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## Products Affected

- *tramadol-acetaminophen*

<b>QL Criteria</b>	8 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

# Tranexamic Acid

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## Products Affected

- *tranexamic acid oral*

<b>QL Criteria</b>	30 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Travoprost

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## Products Affected

- *travoprost*

<b>ST Criteria</b>	A documented step through one week of latanoprost and one week of Travatan Z
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Trelstar

## Products Affected

- TRELSTAR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Trelstar Mixject

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## Products Affected

- TRELSTAR MIXJECT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tretinoin

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## Products Affected

- *tretinoin oral*

<b>QL Criteria</b>	30 days supply 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tretinoin

## Products Affected

- *tretinoin external*

PA Criteria	Criteria Details
Covered Uses	Acne vulgaris
Exclusion Criteria	
Required Medical Information	A documented diagnosis of any one of the following: Acne vulgaris (includes comedonal, cystic, nodular & papular acne) 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 Hypertrophic scars or keloids AND Intralesional injection of corticosteroids is ineffective or not tolerated Keratosis follicularis (Darier's disease, Darier-White disease) Facial flat warts Multiple flat warts (includes common warts and plantar warts)
Age Restrictions	greater than 35
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tretinoin Microsphere

## Products Affected

- *tretinoin microsphere*

PA Criteria	Criteria Details
<b>Covered Uses</b>	Acne vulgaris
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of any one of the following: Acne vulgaris (includes comedonal, cystic, nodular & papular acne) 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 Hypertrophic scars or keloids AND Intralesional injection of corticosteroids is ineffective or not tolerated Keratosis follicularis (Darier's disease, Darier-White disease) Facial flat warts Multiple flat warts (includes common warts and plantar warts)
<b>Age Restrictions</b>	greater than 35
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Tretinoin Microsphere Pump

## Products Affected

- *tretinoin microsphere pump*

PA Criteria	Criteria Details
Covered Uses	Acne vulgaris
Exclusion Criteria	
Required Medical Information	A documented diagnosis of any one of the following: Acne vulgaris (includes comedonal, cystic, nodular & papular acne) 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 Hypertrophic scars or keloids AND Intralesional injection of corticosteroids is ineffective or not tolerated Keratosis follicularis (Darier's disease, Darier-White disease) Facial flat warts Multiple flat warts (includes common warts and plantar warts)
Age Restrictions	greater than 35
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tretin-X

## Products Affected

- TRETIN-X EXTERNAL CREAM
- TRETIN-X EXTERNAL KIT 0.05 % CREAM, 0.025 % CREAM, 0.1 % CREAM

PA Criteria	Criteria Details
Covered Uses	Acne vulgaris
Exclusion Criteria	
Required Medical Information	A documented diagnosis of any one of the following:Acne vulgaris (includes comedonal, cystic, nodular & papular acne)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 tretinoinHypertrophic scars or keloids AND Intralesional injection of corticosteroids is ineffective or not toleratedKeratosis follicularis (Darier's disease, Darier-White disease)Facial flat wartsMultiple flat warts (includes common warts and plantar warts)
Age Restrictions	greater than 35
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Tretten

## Products Affected

- TRETEN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Treximet

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## Products Affected

- TREXIMET

<b>ST Criteria</b>	A documented step through one month of three of the following: naratriptan, rizatriptan, sumatriptan, or zolmitriptan
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Tribenzor

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## Products Affected

- TRIBENZOR

<b>ST Criteria</b>	Trial of one month each of any two alternatives from the following: candesartan/hctz in combination with amlodipine, eprosartan/hctz in combination with amlodipine, irbesartan/hctz in combination with amlodipine, losartan/hctz in combination with amlodipine, telmisartan/hctz in combination with amlodipine, valsartan/hctz in combination with amlodipine, telmisartan/ amlodipine in combination with hctz OR Exforge HCT
<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

# Tricor

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## Products Affected

- TRICOR

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tricor

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## Products Affected

- TRICOR

<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

# Tridesilon

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## Products Affected

- TRIDESILON

<b>ST Criteria</b>	A documented step through alclometasone cream/ointment
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tri-Estarylla

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## Products Affected

- TRI-ESTARYLLA

<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

# Trifluridine

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## Products Affected

- *trifluridine ophthalmic*

<b>QL Criteria</b>	3 bottle 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Triglide

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## Products Affected

- TRIGLIDE

<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

# Triglide

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## Products Affected

- TRIGLIDE

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Tri-Legest Fe

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## Products Affected

- TRI-LEGEST FE

<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

# Tri-Linyah

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## Products Affected

- TRI-LINYAH

<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

# Trilipix

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## Products Affected

- TRILIPIX

<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

# TriNessa (28)

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## Products Affected

- TRINESSA (28)

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Trintellix

## Products Affected

- TRINTELLIX

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major Depressive Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For quantities over the allowed amount for the prescribed medication, a member must meet one of the following: (1) Member requires a dose including half tablets, (2) member's dose is being titrated by physician (3-month limit), (3) member has had intolerance to drug administered as a single daily dose, or (4) member's dose cannot be achieved with proposed quantity limits for a given strength (ex. needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose.)
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (fluoxetine, citalopram), SNRIs (duloxetine, venlafaxine), TCAs (amitriptyline, nortriptyline), heterocyclic antidepressants (mirtazapine, trazodone)
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tri-Previfem

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## Products Affected

- TRI-PREVIFEM

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tri-Sprintec

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## Products Affected

- TRI-SPRINTEC

<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

# Trivora (28)

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## Products Affected

- TRIVORA (28)

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Trokendi XR

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## Products Affected

- TROKENDI XR ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 100 MG,  
50 MG, 25 MG

<b>ST Criteria</b>	A documented trial of one month of the preferred generic alternative, topiramate
<b>QL Criteria</b>	1 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

# Trokendi XR

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## Products Affected

- TROKENDI XR ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 200 MG

<b>ST Criteria</b>	A documented trial of one month of the preferred generic alternative, topiramate
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Trospium Chloride

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## Products Affected

- *trospium chloride*

<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

# Trospium Chloride ER

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## Products Affected

- *trospium chloride er*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# True Metrix Blood Glucose Test

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## Products Affected

- TRUE METRIX BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# TRUEtest Test

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## Products Affected

- TRUETEST TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# TrueTrack Test

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## Products Affected

- TRUETRACK TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Trulicity

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## Products Affected

- TRULICITY

<b>QL Criteria</b>	4 injections 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Truvada

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## Products Affected

- TRUVADA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antiviral_hiv.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/ References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tudorza Pressair

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## Products Affected

- TUDORZA PRESSAIR INHALATION  
AEROSOL POWDER BREATH  
ACTIVATED

<b>ST Criteria</b>	Trial of 1 month each of Spiriva and Incruse Ellipta
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Twynsta

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## Products Affected

- TWYNSTA

<b>ST Criteria</b>	Exforge/Twynsta: Try amlodipine with 2 of the following (brand or generic):Atacand/Avapro/Cozaar/Micardis Exforge HCT: Try amlodipine with 2 of the following (brand or generic): Atacand hctz/Hyzaar/Micardis HCT
<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

# Tybost

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## Products Affected

- TYBOST

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tysabri

## Products Affected

- TYSABRI

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Tyvaso

## Products Affected

- TYVASO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html</a>
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tyvaso Refill

## Products Affected

- TYVASO REFILL

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/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Tyvaso Starter

## Products Affected

- TYVASO STARTER

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/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html</a>
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Uceris

## Products Affected

- UCERIS RECTAL

PA Criteria	Criteria Details
Covered Uses	ulcerative colitis
Exclusion Criteria	
Required Medical Information	A documented diagnosis of ACTIVE mild to moderate distal ulcerative colitis extending up to 40 cm from the anal verge, requiring induction of remission.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	4 canisters Per 1 month
Notes/References	Annual Review: 10/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Uceris

## Products Affected

- UCERIS ORAL

PA Criteria	Criteria Details
Covered Uses	ulcerative colitis
Exclusion Criteria	
Required Medical Information	a documented diagnosis of active, mild to moderate ulcerative colitis and a documented contraindication or intolerance or allergy or failure of an adequate trial of one month each of two preferred 5-ASA therapies (i.e., balsalazide, Canasa, Delzicol) AND one preferred generic corticosteroid therapy (i.e., budesonide sr, prednisone, prednisolone).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	2 months
Other Criteria	
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Uloric

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## Products Affected

- ULORIC

<b>ST Criteria</b>	Trial of one month of generic allopurinol
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ultima Test

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## Products Affected

- ULTIMA TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Ultracet

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## Products Affected

- ULTRACET

<b>QL Criteria</b>	8 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ultram ER

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## Products Affected

- ULTRAM ER

<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

# UltraTRAK PRO Test

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## Products Affected

- ULTRATRAK PRO TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# UltraTRAK Ultimate Test

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## Products Affected

- ULTRATRAK ULTIMATE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Ultravate

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## Products Affected

- ULTRAVATE EXTERNAL OINTMENT
- ULTRAVATE EXTERNAL CREAM

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ultresa

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## Products Affected

- ULTRESA

<b>ST Criteria</b>	A documented step through Creon and Zenpep
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Unistrip1 Generic

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## Products Affected

- UNISTRIP1 GENERIC

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Uptravi

## Products Affected

- UPTRAVI ORAL TABLET 1200 MCG, 400 MCG, 800 MCG, 1000 MCG, 1600 MCG, 600 MCG, 1400 MCG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Uptravi

## Products Affected

- UPTRAVI ORAL TABLET THERAPY PACK • UPTRAVI ORAL TABLET 200 MCG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Uroxatral

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## Products Affected

- UROXATRAL

<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

# Utibron Neohaler

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## Products Affected

- UTIBRON NEOHALER

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Chronic Obstructive Pulmonary Disease (COPD)
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A Documented diagnosis of Chronic Obstructive Pulmonary Disease (COPD)
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through one month each of Anoro Ellipta and Stiolto
<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Valchlor

## Products Affected

- VALCHLOR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Valcyte

## Products Affected

- VALCYTE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antiviraltopical.htm">http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antiviraltopical.htm</a> 1
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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# ValGANciclovir HCl

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## Products Affected

- *valganciclovir hcl*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antiviraltopical.htm">http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antiviraltopical.htm</a> 1
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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Valsartan

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## Products Affected

- *valsartan oral tablet 40 mg, 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

# 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

# Valsartan-Hydrochlorothiazide

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## Products Affected

- *valsartan-hydrochlorothiazide*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vanos

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## Products Affected

- VANOS

<b>ST Criteria</b>	A documented step through augmented betamethasone (cream/ointment/lotion/gel)
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Vantas

## Products Affected

- VANTAS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Varubi

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## Products Affected

- VARUBI

<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

# Vascepa

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## Products Affected

- VASCEPA ORAL CAPSULE 1 GM

<b>QL Criteria</b>	4 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vasotec

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## Products Affected

- VASOTEC

<b>ST Criteria</b>	A documented step through enalapril and two other Angiotensin Converting Enzyme (ACE) Inhibitors
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Vecamyl

## Products Affected

- VECAMYL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/antihypertensive_misc.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/antihypertensive_misc.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/antihypertensive_misc.html</a>
QL Criteria	10 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Veletri

## Products Affected

- VELETRI

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Velivet

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## Products Affected

- VELIVET

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Veltassa

## Products Affected

- VELTASSA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Veltassa.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Veltassa.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 packet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Veltin

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## Products Affected

- VELTIN

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Vemlidy

## Products Affected

- VEMLIDY

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/Vemlidy.html">http://www.aetna.com/products/rxnonmedicare/data/2017/GI/Vemlidy.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/Vemlidy.html">http://www.aetna.com/products/rxnonmedicare/data/2017/GI/Vemlidy.html</a>
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: December 13, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Venclexta

## Products Affected

- VENCLEXTA 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/2017/ANEOPL/Venclexta.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Venclexta.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	40 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Venclexta

## Products Affected

- VENCLEXTA ORAL TABLET 50 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Venclexta.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Venclexta.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Venclexta

## Products Affected

- VENCLEXTA 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/2017/ANEOPL/Venclexta.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Venclexta.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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Venclexta Starting Pack

## Products Affected

- VENCLEXTA STARTING PACK

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/2017/ANEOPL/Venclexta.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Venclexta.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>QL Criteria</b>	1 pack Per 28 Days
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Venlafaxine HCl

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## Products Affected

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

<b>QL Criteria</b>	3 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Venlafaxine HCl

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## Products Affected

- *venlafaxine hcl oral tablet 37.5 mg*

<b>QL Criteria</b>	4 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

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## Products Affected

- *venlafaxine hcl oral tablet 50 mg*

<b>QL Criteria</b>	6 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Venlafaxine HCl

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## Products Affected

- *venlafaxine hcl oral tablet 75 mg*

<b>QL Criteria</b>	5 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 37.5 mg, 75 mg*

<b>QL Criteria</b>	1 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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 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 ER

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## Products Affected

- *venlafaxine hcl er oral tablet extended release  
24 hour*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ventavis

## Products Affected

- VENTAVIS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html</a>
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ventolin HFA

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## Products Affected

- VENTOLIN HFA

<b>QL Criteria</b>	2 inhalers 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Veramyst

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## Products Affected

- VERAMYST

<b>ST Criteria</b>	A documented step through 2 weeks of flunisolide or mometasone
<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, 200 mg

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Verapamil HCl ER

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## Products Affected

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

# Verdeso

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## Products Affected

- VERDESO

<b>ST Criteria</b>	Trial of two weeks of one generic desonide alternative any dosage form
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Verelan PM

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## Products Affected

- VERELAN PM ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 100 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

# Verelan PM

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## Products Affected

- VERELAN PM ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 300 MG,  
200 MG

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Versacloz

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## Products Affected

- VERSACLOZ

<b>ST Criteria</b>	Trial of 1 month of clozapine
<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>ST Criteria</b>	Trial of 1 month of 1 preferred generic: oxybutynin IR, Trospium IR/ER, tolterodine IR/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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vestura

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## Products Affected

- VESTURA

<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

# Viberzi

## Products Affected

- VIBERZI

PA Criteria	Criteria Details
Covered Uses	Diarrhea-predominant irritable bowel syndrome (IBS)
Exclusion Criteria	No known or suspected history of any of the following: diagnosis of pancreatitis, diagnosis of alcoholism, member drinks more than 3 alcoholic beverages/day, severe (Child-Pugh C) hepatic impairment, or anatomic or biochemical abnormalities of the gastrointestinal tract (e.g., biliary duct obstruction, sphincter of Oddi dysfunction, or severe constipation)
Required Medical Information	A documented diagnosis of diarrhea-predominant irritable bowel syndrome (IBS)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	2 tablets Per 1 Day
Notes/References	Annual Review: 10/2016
Revision Date	Prior Authorization: December 07, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Victory AGM-4000 Test

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## Products Affected

- VICTORY AGM-4000 TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

# Victoza

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## Products Affected

- VICTOZA SUBCUTANEOUS

<b>QL Criteria</b>	3 pens 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Victrelis

## Products Affected

- VICTRELIS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	12 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Viekira Pak

## Products Affected

- VIEKIRA PAK

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html</a>
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Viekira XR

## Products Affected

- VIEKIRA XR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html</a>
QL Criteria	3 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Viibryd

## Products Affected

- VIIBRYD ORAL TABLET

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major Depressive Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For quantities over the allowed amount for the prescribed medication, a member must meet one of the following: (1) Member requires a dose including half tablets, (2) member's dose is being titrated by physician (3-month limit), (3) member has had intolerance to drug administered as a single daily dose, or (4) member's dose cannot be achieved with proposed quantity limits for a given strength (ex. needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose.)
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (fluoxetine, citalopram), SNRIs (duloxetine, venlafaxine), TCAs (amitriptyline, nortriptyline), heterocyclic antidepressants (mirtazapine, trazodone)
QL Criteria	1 tab Per 1 Day
Notes/References	Annual Review: 05/2016
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Viibryd

## Products Affected

- VIIBRYD ORAL KIT

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major Depressive Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For quantities over the allowed amount for the prescribed medication, a member must meet one of the following: (1) Member requires a dose including half tablets, (2) member's dose is being titrated by physician (3-month limit), (3) member has had intolerance to drug administered as a single daily dose, or (4) member's dose cannot be achieved with proposed quantity limits for a given strength (ex. needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose.)
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (fluoxetine, citalopram), SNRIs (duloxetine, venlafaxine), TCAs (amitriptyline, nortriptyline), heterocyclic antidepressants (mirtazapine, trazodone)
Notes/References	Annual Review: 05/2016
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Viibryd

## Products Affected

- VIIBRYD ORAL TABLET

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major Depressive Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For quantities over the allowed amount for the prescribed medication, a member must meet one of the following: (1) Member requires a dose including half tablets, (2) member's dose is being titrated by physician (3-month limit), (3) member has had intolerance to drug administered as a single daily dose, or (4) member's dose cannot be achieved with proposed quantity limits for a given strength (ex. needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose.)
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (fluoxetine, citalopram), SNRIs (duloxetine, venlafaxine), TCAs (amitriptyline, nortriptyline), heterocyclic antidepressants (mirtazapine, trazodone)
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Viibryd Starter Pack

## Products Affected

- VIIBRYD STARTER PACK

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	A documented diagnosis of Major Depressive Disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For quantities over the allowed amount for the prescribed medication, a member must meet one of the following: (1) Member requires a dose including half tablets, (2) member's dose is being titrated by physician (3-month limit), (3) member has had intolerance to drug administered as a single daily dose, or (4) member's dose cannot be achieved with proposed quantity limits for a given strength (ex. needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose.)
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (fluoxetine, citalopram), SNRIs (duloxetine, venlafaxine), TCAs (amitriptyline, nortriptyline), heterocyclic antidepressants (mirtazapine, trazodone)
Notes/References	Annual Review: 05/2016
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vimizim

## Products Affected

- VIMIZIM

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/lysosomal_storage.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vimovo

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## Products Affected

- VIMOVO

<b>ST Criteria</b>	A documented step through two weeks of naproxen and a generic proton pump inhibitor such as esomeprazole mag, lansoprazole, omeprazole, pantoprazole, or rabeprazole (RX or OTC)
<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

# Vimpat

## Products Affected

- VIMPAT INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	partial-onset seizures
Exclusion Criteria	
Required Medical Information	A documented diagnosis of partial-onset seizures
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. A prior authorization will be granted for coverage of additional quantities for those members who meet the following criterion: 1) Patient's dose is 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 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Vimpat

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## Products Affected

- VIMPAT ORAL TABLET 100 MG, 150 MG, 200 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

# Vimpat

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## Products Affected

- VIMPAT ORAL SOLUTION

<b>QL Criteria</b>	40 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vimpat

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## Products Affected

- VIMPAT ORAL TABLET 50 MG

<b>QL Criteria</b>	6 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

# Viokace

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## Products Affected

- VIOKACE

<b>ST Criteria</b>	A documented step through Creon and Zenpep
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Viorele

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## Products Affected

- *viorele*

<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

# Viroptic

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## Products Affected

- VIROPTIC

<b>QL Criteria</b>	3 bottle 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

# Visudyne

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## Products Affected

- VISUDYNE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/ophthalmic_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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vivelle-Dot

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## Products Affected

- VIVELLE-DOT TRANSDERMAL PATCH  
TWICE WEEKLY 0.05 MG/24HR, 0.075  
MG/24HR, 0.0375 MG/24HR, 0.1 MG/24HR

<b>QL Criteria</b>	8 patch 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

# Vivelle-Dot

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## Products Affected

- VIVELLE-DOT TRANSDERMAL PATCH  
TWICE WEEKLY 0.025 MG/24HR

<b>QL Criteria</b>	8 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vivlodex

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## Products Affected

- VIVLODEX

<b>ST Criteria</b>	Trial of one month each of two generic non steroidal anti-inflammatory drugs
<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

# Vocal Point Blood Glucose Test

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## Products Affected

- VOCAL POINT BLOOD GLUCOSE TEST

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Vogelxo

## Products Affected

- VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>ST Criteria</b>	A documented step through one month of Androgel 1.62%
<b>QL Criteria</b>	10 grams Per 1 fill
<b>Notes/References</b>	Annual Review: 02/2016

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vogelxo Pump

## Products Affected

- VOGELXO PUMP

PA Criteria	Criteria Details
<b>Covered Uses</b>	1. Primary hypogonadism or hypogonadotropic hypogonadism 2. Gender Dysphoria 3. gender reassignment
<b>Exclusion Criteria</b>	1. patient with carcinoma of the breast or suspected carcinoma of the prostate 2. patient 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 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>ST Criteria</b>	A documented step through one month of Androgel 1.62%
<b>QL Criteria</b>	10 grams Per 1 fill
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017

# Voltaren

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## Products Affected

- VOLTAREN TRANSDERMAL

<b>QL Criteria</b>	5 tubes 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vonvendi

## Products Affected

- VONVENDI

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Votrient

## Products Affected

- VOTRIENT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vpriv

## Products Affected

- VPRIV

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gaucher_disease.html">?http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gaucher_disease.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: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Vraylar

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## Products Affected

- VRAYLAR ORAL CAPSULE THERAPY PACK

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Vraylar

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## Products Affected

- VRAYLAR ORAL CAPSULE 1.5 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<b>QL Criteria</b>	4 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

# Vraylar

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## Products Affected

- VRAYLAR ORAL CAPSULE 6 MG, 4.5 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vraylar

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## Products Affected

- VRAYLAR ORAL CAPSULE 3 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<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

# Vyfemla

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## Products Affected

- VYFEMLA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Vytorin

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## Products Affected

- VYTORIN

<b>ST Criteria</b>	A documented step through one generic statin medication (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) and ezetimibe.
<b>QL Criteria</b>	1 tab Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: February 22, 2017 Quantity Limits: August 25, 2015

# Vytorin

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## Products Affected

- VYTORIN

<b>ST Criteria</b>	A documented step through one generic statin medication (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) and 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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

# WaveSense Presto

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## Products Affected

- WAVESENSE PRESTO

<b>ST Criteria</b>	A documented step through our preferred formulary Lifescan and Abbott products such as One Touch and Freestyle
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Wellbutrin

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## Products Affected

- WELLBUTRIN

<b>QL Criteria</b>	6 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

# Wellbutrin SR

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## Products Affected

- WELLBUTRIN SR

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Wellbutrin XL

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## Products Affected

- WELLBUTRIN XL

<b>ST Criteria</b>	A documented step through one month each of bupropion XL and two selective serotonin reuptake inhibitors (SSRIs)
<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

# Wera

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## Products Affected

- WERA

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Wide-Seal Diaphragm 60

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## Products Affected

- WIDE-SEAL DIAPHRAGM 60

<b>QL Criteria</b>	1 diaphragm Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Wide-Seal Diaphragm 65

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## Products Affected

- WIDE-SEAL DIAPHRAGM 65

<b>QL Criteria</b>	1 diaphragm Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Wide-Seal Diaphragm 70

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## Products Affected

- WIDE-SEAL DIAPHRAGM 70

<b>QL Criteria</b>	1 diaphragm Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Wide-Seal Diaphragm 75

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## Products Affected

- WIDE-SEAL DIAPHRAGM 75

<b>QL Criteria</b>	1 diaphragm Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Wide-Seal Diaphragm 80

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## Products Affected

- WIDE-SEAL DIAPHRAGM 80

<b>QL Criteria</b>	1 diaphragm Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Wide-Seal Diaphragm 85

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## Products Affected

- WIDE-SEAL DIAPHRAGM 85

<b>QL Criteria</b>	1 diaphragm Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Wide-Seal Diaphragm 90

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## Products Affected

- WIDE-SEAL DIAPHRAGM 90

<b>QL Criteria</b>	1 diaphragm Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Wide-Seal Diaphragm 95

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## Products Affected

- WIDE-SEAL DIAPHRAGM 95

<b>QL Criteria</b>	1 diaphragm Per 365 days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Wilate

## Products Affected

- WILATE INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Wymzya Fe

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## Products Affected

- WYMZYA FE

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Xalatan

## Products Affected

- XALATAN

PA Criteria	Criteria Details
Covered Uses	open-angle glaucoma, 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	
ST Criteria	A documented step through one week of latanoprost and one week of Travatan Z
Notes/References	
Revision Date	Prior Authorization: December 07, 2016 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Xanax XR

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## Products Affected

- XANAX XR

<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

# Xartemis XR

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## Products Affected

- XARTEMIS XR

<b>ST Criteria</b>	Trial of two days each of two generic short-acting opioid alternatives ( i.e. morphine, hydrocodone, oxycodone, hydromorphone)
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Xeljanz

## Products Affected

- XELJANZ

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Xeljanz_XeljanzXR.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Xeljanz_XeljanzXR.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Xeljanz_XeljanzXR.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Xeljanz_XeljanzXR.html</a>
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

# Xeljanz XR

## Products Affected

- XELJANZ XR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Xeljanz_XeljanzXR.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Xeljanz_XeljanzXR.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Xeljanz_XeljanzXR.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Xeljanz_XeljanzXR.html</a>
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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Xeloda

## Products Affected

- XELODA

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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html</a>
<b>QL Criteria</b>	30 days supply Per 1 prescription
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Xenazine

## Products Affected

- XENAZINE 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/2017/MISC/huntingtons_xenazine.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Xenazine

## Products Affected

- XENAZINE 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/2017/MISC/huntingtons_xenazine.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Xeomin

## Products Affected

- XEOMIN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/botulinum_toxin.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/botulinum_toxin.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Xgeva

## Products Affected

- XGEVA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/bone_disease_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Xifaxan

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## Products Affected

- XIFAXAN ORAL TABLET 200 MG

<b>QL Criteria</b>	9 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Xifaxan

## Products Affected

- XIFAXAN ORAL TABLET 550 MG

PA Criteria	Criteria Details
Covered Uses	Hepatic Encephalopathy, Irritable Bowel Syndrome (IBS) with Diarrhea.
Exclusion Criteria	
Required Medical Information	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.
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	HEPATIC ENCEPHALOPATHY: 1 year. IBS: 14 days.
Other Criteria	
QL Criteria	3 tablets Per 1 Day
Notes/References	Annual Review: 04/2016
Revision Date	Prior Authorization: November 29, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Xigduo XR

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## Products Affected

- XIGDUO XR ORAL TABLET EXTENDED  
RELEASE 24 HOUR 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Xigduo XR

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## Products Affected

- XIGDUO XR ORAL TABLET EXTENDED  
RELEASE 24 HOUR 5-500 MG, 10-1000 MG,  
10-500 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

# Xolair

## Products Affected

- XOLAIR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/RESP/Xolair.html">http://www.aetna.com/products/rxnonmedicare/data/2017/RESP/Xolair.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/RESP/Xolair.html">http://www.aetna.com/products/rxnonmedicare/data/2017/RESP/Xolair.html</a>
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Xopenex HFA

## Products Affected

- XOPENEX HFA

PA Criteria	Criteria Details
Covered Uses	Treatment and prevention of bronchospasms
Exclusion Criteria	
Required Medical Information	a documented diagnosis of bronchospasm in patients with reversible obstructive airway disease (i.e. Asthma)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Trial of 1 week each of Ventolin HFA AND Proair
QL Criteria	2 inhalers Per 1 fill
Notes/References	Annual Review: 03/2016
Revision Date	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Xtampza ER

## Products Affected

- XTAMPZA ER

PA Criteria	Criteria Details
<b>Covered Uses</b>	moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	Documented diagnosis of Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	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 patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (Note: ALL additional quantities above what is allowed in the chart above require that a patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference) 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program) AND documentation of one of the following: A documented diagnosis of moderate to severe chronic pain AND formal pain evaluation has been documented AND other pain management regimens have been inadequate.
<b>ST Criteria</b>	A documented step through one month each of two preferred alternatives which include Butrans, Hysingla ER, and Oxycontin
<b>QL Criteria</b>	2 capsules Per 1 Day

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017



<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
ST Criteria	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html</a>
QL Criteria	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Xulane

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## Products Affected

- XULANE

<b>QL Criteria</b>	3 patches 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

# Xuriden

## Products Affected

- XURIDEN

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/metabolic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	
QL Criteria	4 packets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Xyntha

## Products Affected

- XYNTHA INTRAVENOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Xyntha Solofuse

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## Products Affected

- XYNTHA SOLOFUSE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/bloodproducts_coagulants.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Xyrem

## Products Affected

- XYREM

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/cataplexy-xyrem.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/cataplexy-xyrem.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	18 ml Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Xyzal

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## Products Affected

- XYZAL 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Yosprala

## Products Affected

- YOSPRALA

PA Criteria	Criteria Details
<b>Covered Uses</b>	Documented history of cardiovascular or cerebrovascular events
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented history of cardiovascular or cerebrovascular events in a patient greater than 55 years of age or a patient who has a documented history of gastric ulcers
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through 40 mg dosage of omeprazole in combination with aspirin
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Zaleplon

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## Products Affected

- *zaleplon oral capsule 5 mg*

<b>QL Criteria</b>	4 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zaleplon

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## Products Affected

- *zaleplon oral capsule 10 mg*

<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

# Zarah

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## Products Affected

- ZARAH

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zarxio

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## Products Affected

- ZARXIO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zavesca

## Products Affected

- ZAVESCA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gaucher_disease.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/gaucher_disease.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: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zecuity

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## Products Affected

- ZECUITY

<b>QL Criteria</b>	4 patches 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

# Zegerid

## Products Affected

- ZEGERID ORAL CAPSULE 20-1100 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: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required).
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>ST Criteria</b>	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Zegerid

## Products Affected

- ZEGERID ORAL PACKET

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	A documented diagnosis of one of the following: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required). In addition for approval the following criteria must also be met: Documentation of an inability to swallow tablets/capsules.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
QL Criteria	1 pack Per 1 Day
Notes/References	
Revision Date	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Zegerid

## Products Affected

- ZEGERID ORAL CAPSULE 40-1100 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	A documented diagnosis of one of the following: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
QL Criteria	1 caps Per 1 Day
Notes/References	
Revision Date	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zegerid OTC

## Products Affected

- ZEGERID OTC

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	A documented diagnosis of one of the following: Gastroesophageal reflux disease, Complications related to GERD (e.g. esophageal strictures, Barrett's Esophagus), Peptic ulcer disease, Treatment and prevention of gastroduodenal ulcers associated with NSAIDs, Zollinger-Ellison Syndrome, or Helicobacter pylori eradication (Additional documentation of two concurrent antibiotics (i.e. amoxicillin or clarithromycin or metronidazole or tetracycline) that will be used in the treatment regimen combined with the requested PPI as part of the therapy are required).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through 2 generic RX or OTC proton pump inhibitors (i.e. esomeprazole mag, lansoprazole, omeprazole, pantoprazole, rabeprazole)
Notes/References	
Revision Date	Prior Authorization: November 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zelapar

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## Products Affected

- ZELAPAR

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zemaira

## Products Affected

- ZEMAIRA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Alpha-1Antitrypsin%20Inhibitor%20Therapy.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/Alpha-1 Antitrypsin Inhibitor Therapy.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 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zembrace SymTouch

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## Products Affected

- ZEMBRACE SYMTOUCH

<b>ST Criteria</b>	Documented trial and failure of generic Imitrex injection
<b>QL Criteria</b>	8 syringes 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

# Zenatane

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## Products Affected

- ZENATANE ORAL CAPSULE 30 MG

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Zenatane

## Products Affected

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

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 (greater than 2 capsules per day) member must meet the following criteria: 1. Patient requires more than 2 capsules per day to reach the appropriate dose for weight, AND 2. This is the member's 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 3. Member has received a cumulative dose of LESS THAN 120 mg/kg during a course of therapy lasting 20 weeks or less.
<b>ST Criteria</b>	Trial of 1 generic oral antibiotic prescribed for the treatment of acne (i.e., minocycline or doxycycline)
<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/References</b>	Annual Review: 02/2016
<b>Revision Date</b>	Prior Authorization: March 09, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Zenchant

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## Products Affected

- ZENCHENT

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zenchant FE

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## Products Affected

- ZENCHENT FE

<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

# Zenzedi

## Products Affected

- ZENZEDI ORAL TABLET 20 MG, 7.5 MG, 2.5 MG, 15 MG, 30 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>ST Criteria</b>	Trial of 14 days each of 3 of: amphet/dextroamphetamine/ sr, dexmethylphenidate/ sr, dextroamphetamine, methamphetamine, methylphenidate/ er/ sr, Strattera, OR Vyvanse
<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zenzedi

## Products Affected

- ZENZEDI ORAL TABLET 10 MG, 5 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	Attention deficit hyperactivity disorder (ADHD) Narcolepsy
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of Attention deficit hyperactivity disorder (ADHD) OR Narcolepsy
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	The client has chosen to cover post quantity limits for the requested Attention Deficit Hyperactivity Disorder (ADHD) agents with prior authorization when the patient meets the following criteria: The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit) For Adderall XR (amphetamine/dextroamphetamine SR) Patient requires twice daily dosing for titration of Adderall XR (amphetamine/dextroamphetamine SR) 5 mg, 10 mg or 15 mg capsules, OR Patient requires Adderall XR (amphetamine/dextroamphetamine SR) 20 mg capsule twice daily for a 40 mg total daily dose OR The requested dose is within the maximum daily dose set by the FDA AND The patient's dose is being titrated by physician (3-month limit), OR The patient's total daily dosage cannot be achieved using a higher strength of the requested drug (12-month limit)
<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Zeosa

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## Products Affected

- ZEOSA

<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

# Zepatier

## Products Affected

- ZEPATIER

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017



# Zetia

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## Products Affected

- ZETIA

<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

# Zetonna

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## Products Affected

- ZETONNA

<b>ST Criteria</b>	A documented step through 2 weeks of flunisolide or mometasone
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Ziana

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## Products Affected

- ZIANA

<b>ST Criteria</b>	A documented step through Epiduo
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zinbryta

## Products Affected

- ZINBRYTA

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/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.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>ST Criteria</b>	<a href="http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/multiple_sclerosis.html</a>
<b>QL Criteria</b>	1 injection Per 30 Days
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# Zioptan

## Products Affected

- ZIOPTAN

PA Criteria	Criteria Details
Covered Uses	open-angle glaucoma, 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	
ST Criteria	A documented step through one week of latanoprost and one week of Travatan Z
Notes/References	Annual Review: 03/2016
Revision Date	Prior Authorization: December 07, 2016 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zocor

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## Products Affected

- ZOCOR

<b>ST Criteria</b>	A documented step through two generic statin medications (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)
<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

# Zohydro ER

## Products Affected

- ZOHYDRO ER

PA Criteria	Criteria Details
<b>Covered Uses</b>	moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	Documented diagnosis of Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	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 patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (Note: ALL additional quantities above what is allowed in the chart above require that a patient have a signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine (note: bullets below have examples of these agreements as reference) 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 above what are in the chart above are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program) AND documentation of one of the following: A documented diagnosis of moderate to severe chronic pain AND formal pain evaluation has been documented AND other pain management regimens have been inadequate.
<b>ST Criteria</b>	A documented step through one month each of two preferred alternatives which include Butrans, Hysingla ER, and Oxycontin
<b>QL Criteria</b>	2 capsules Per 1 Day

2017 Aetna Pharmacy Drug Guide - Fully Insured

Last Update 03/2017

Next Update 04/2017



<b>Notes/ References</b>	Annual Review: 06/2016
<b>Revision Date</b>	Prior Authorization: March 10, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zoladex

## Products Affected

- ZOLADEX

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Gonadotropins.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: February 20, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zoledronic Acid

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## Products Affected

- *zoledronic acid intravenous solution*

<b>QL Criteria</b>	1 100 ml bottle Per 7 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zoledronic Acid

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## Products Affected

- *zoledronic acid intravenous concentrate*

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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zolinza

## Products Affected

- ZOLINZA

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ZOLMitriptan

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## Products Affected

- *zolmitriptan oral*

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zoloft

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## Products Affected

- ZOLOFT ORAL TABLET 100 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

# Zoloft

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## Products Affected

- ZOLOFT ORAL CONCENTRATE

<b>QL Criteria</b>	10 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Zoloft

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## Products Affected

- ZOLOFT ORAL TABLET 50 MG

<b>QL Criteria</b>	45 tab 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

# Zoloft

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## Products Affected

- ZOLOFT 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zolpidem Tartrate

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## Products Affected

- *zolpidem tartrate sublingual*

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<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 tablet 10 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zolpidem Tartrate

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## Products Affected

- *zolpidem tartrate oral tablet 5 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

# Zolpidem Tartrate ER

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## Products Affected

- *zolpidem tartrate er*

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zolpimist

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## Products Affected

- ZOLPIMIST

<b>ST Criteria</b>	A documented step through zolpidem, zaleplon, or eszopiclone
<b>QL Criteria</b>	1 bottle 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

# Zomacton

## Products Affected

- ZOMACTON

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Zometa

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## Products Affected

- ZOMETA

<b>QL Criteria</b>	1 bottle Per 7 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zomig

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## Products Affected

- ZOMIG

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zomig

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## Products Affected

- ZOMIG

<b>QL Criteria</b>	6 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

# Zomig

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## Products Affected

- ZOMIG

<b>QL Criteria</b>	6 ml 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zomig ZMT

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## Products Affected

- ZOMIG ZMT

<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

# Zorbtive

## Products Affected

- ZORBTIVE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/growthhormone.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zorvolex

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## Products Affected

- ZORVOLEX

<b>ST Criteria</b>	Trial of 1 month of 1 generic NSAID
<b>QL Criteria</b>	3 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

## Zovia 1/35E (28)

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### Products Affected

- ZOVIA 1/35E (28)

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



## Zovia 1/50E (28)

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### Products Affected

- ZOVIA 1/50E (28)

<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

# Zubsolv

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## Products Affected

- ZUBSOLV SUBLINGUAL TABLET  
SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG,  
5.7-1.4 MG

<b>ST Criteria</b>	A documented step through one month each of the preferred alternatives, buprenorphine-naloxone sublingual tablet and Suboxone SL film
<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zubsolv

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## Products Affected

- ZUBSOLV SUBLINGUAL TABLET  
SUBLINGUAL 11.4-2.9 MG

<b>ST Criteria</b>	A documented step through one month each of the preferred alternatives, buprenorphine-naloxone sublingual tablet and Suboxone SL film
<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zubsolv

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## Products Affected

- ZUBSOLV SUBLINGUAL TABLET  
SUBLINGUAL 8.6-2.1 MG

<b>ST Criteria</b>	A documented step through one month each of the preferred alternatives, buprenorphine-naloxone sublingual tablet and Suboxone SL film
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 04/2016
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zubsolv

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## Products Affected

- ZUBSOLV SUBLINGUAL TABLET  
SUBLINGUAL 0.7-0.18 MG

<b>ST Criteria</b>	A documented step through one month each of the preferred alternatives, buprenorphine-naloxone sublingual tablet and Suboxone SL film
<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

# Zuplenz

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## Products Affected

- ZUPLENZ

<b>ST Criteria</b>	A documented step through ondansetron oral tab
<b>QL Criteria</b>	12 pack 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zurampic

## Products Affected

- ZURAMPIC

PA Criteria	Criteria Details
Covered Uses	Treatment of hyperuricemia associated with gout
Exclusion Criteria	
Required Medical Information	A documented diagnosis of gout, and will be used in combination with a xanthine oxidase inhibitor (allopurinol OR febuxostat)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	A documented step through allopurinol or febuxostat
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

# Zyban

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## Products Affected

- ZYBAN

<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# Zyclara

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## Products Affected

- ZYCLARA

<b>ST Criteria</b>	A documented step through generic Aldara
<b>QL Criteria</b>	56 EA Per 365 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zyclara Pump

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## Products Affected

- ZYCLARA PUMP EXTERNAL CREAM 3.75 %

<b>ST Criteria</b>	A documented step through generic Aldara
<b>QL Criteria</b>	56 packets 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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# Zyclara Pump

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## Products Affected

- ZYCLARA PUMP EXTERNAL CREAM 2.5  
%

<b>ST Criteria</b>	A documented step through generic Aldara
<b>QL Criteria</b>	2 bottle Per 365 Days
<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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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	30 days supply Per 1 prescription
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ZyPREXA

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## Products Affected

- ZYPREXA ORAL TABLET 20 MG, 15 MG, 7.5 MG, 10 MG, 5 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# ZyPREXA

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## Products Affected

- ZYPREXA INTRAMUSCULAR

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ZyPREXA

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## Products Affected

- ZYPREXA ORAL TABLET 2.5 MG

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



# ZyPREXA Relprevv

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## Products Affected

- ZYPREXA RELPREVV

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# ZyPREXA Zydis

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## Products Affected

- ZYPREXA ZYDIS

<b>ST Criteria</b>	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
<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

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

# 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/2017/ANEOPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/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 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## Index

ABILIFY DISCMELT.....	3	ADALAT CC ORAL TABLET EXTENDED	
ABILIFY ORAL SOLUTION.....	2	RELEASE 24 HOUR 90 MG, 30 MG.....	41
ABILIFY ORAL TABLET.....	1	<i>adapalene external gel 0.1 %</i> .....	42
ABSORICA.....	4	ADCIRCA.....	43
ABSTRAL.....	5	ADDERALL.....	44
<i>acamprosate calcium</i> .....	7	ADDERALL XR.....	46
ACANYA.....	8	ADEMPAS.....	48
ACCU-CHEK ACTIVE.....	9	ADLYXIN.....	49
ACCU-CHEK ADVANTAGE TEST.....	10	ADLYXIN STARTER PACK.....	50
ACCU-CHEK AVIVA IN VITRO STRIP.....	11	ADOXA ORAL CAPSULE.....	52
ACCU-CHEK AVIVA PLUS IN VITRO.....	12	ADOXA ORAL TABLET.....	51
ACCU-CHEK COMFORT CURVE IN VITRO		ADOXA PAK 1/100.....	53
STRIP.....	13	ADOXA PAK 1/150.....	54
ACCU-CHEK COMPACT.....	14	ADOXA PAK 2/100.....	55
ACCU-CHEK COMPACT PLUS.....	15	ADRENALICK INJECTION SOLUTION	
ACCU-CHEK COMPACT TEST DRUM.....	16	AUTO-INJECTOR.....	56
ACCU-CHEK SMARTVIEW.....	17	ADVAIR DISKUS.....	57
ACCUTREND GLUCOSE.....	18	ADVAIR HFA.....	58
ACIPHEX.....	19	ADVANCE INTUITION TEST.....	59
ACIPHEX SPRINKLE.....	20	ADVANCE MICRO-DRAW TEST.....	60
<i>acitretin</i> .....	21	ADVATE.....	61
ACTEMRA.....	22	ADVICOR.....	62
ACTHAR HP.....	23	ADVOCATE REDI-CODE IN VITRO.....	63
ACTICLATE.....	24	ADVOCATE REDI-CODE+ TEST.....	64
ACTIMMUNE.....	25	ADVOCATE TEST.....	65
ACTIQ BUCCAL LOZENGE ON A HANDLE		<i>adynovate</i> .....	66
1600 MCG, 800 MCG, 600 MCG, 400 MCG,		ADZENYS XR-ODT.....	67
1200 MCG.....	26	AEROSPAN.....	68
ACTIQ BUCCAL LOZENGE ON A HANDLE		<i>afeditab cr oral tablet extended release 24 hour</i>	
200 MCG.....	28	30 mg.....	70
ACTIVELLA.....	30	<i>afeditab cr oral tablet extended release 24 hour</i>	
ACTONEL ORAL TABLET 150 MG.....	31	60 mg.....	69
ACTONEL ORAL TABLET 35 MG.....	33	AFINITOR.....	71
ACTONEL ORAL TABLET 5 MG, 30 MG.....	32	AFINITOR DISPERZ.....	72
ACTOPLUS MET.....	34	AFREZZA INHALATION POWDER 4 & 8 &	
ACTOPLUS MET XR ORAL TABLET		12 UNIT, 4 (90) & 8 (90) UNIT.....	74
EXTENDED RELEASE 24 HOUR 15-1000		AFREZZA INHALATION POWDER 8 (60)&	
MG.....	36	12 (30) UNIT, 4 (30) & 8 (60) UNIT, 4 (60) & 8	
ACTOPLUS MET XR ORAL TABLET		(30) UNIT, 4 UNIT.....	73
EXTENDED RELEASE 24 HOUR 30-1000		AFSTYLA.....	75
MG.....	35	AGAMATRIX AMP TEST.....	76
ACTOS.....	37	AGAMATRIX JAZZ TEST.....	77
ACURA BLOOD GLUCOSE TEST.....	38	AGAMATRIX KEYNOTE TEST.....	78
ACZONE.....	39	AGAMATRIX PRESTO TEST.....	79
ADALAT CC ORAL TABLET EXTENDED		AKYNZEO.....	80
RELEASE 24 HOUR 60 MG.....	40	ALDARA.....	81

2017 Aetna Pharmacy Drug Guide - Fully Insured  
 Last Update 03/2017  
 Next Update 04/2017

ALDURAZYME.....	82	AMTURNIDE.....	123
ALECENSA.....	83	ANDRODERM TRANSDERMAL PATCH 24	
<i>alendronate sodium oral tablet 10 mg</i> .....	84	HOUR.....	124
<i>alendronate sodium oral tablet 40 mg, 5 mg</i> .....	84	ANDROGEL PUMP TRANSDERMAL GEL	
<i>alendronate sodium oral tablet 70 mg, 35 mg</i> .....	85	12.5 MG/ACT (1%).....	132
<i>alfuzosin hcl er</i> .....	86	ANDROGEL PUMP TRANSDERMAL GEL	
<i>almotriptan malate</i> .....	87	20.25 MG/ACT (1.62%).....	134
<i>alogliptin benzoate</i> .....	88	ANDROGEL TRANSDERMAL GEL 20.25	
<i>alogliptin-metformin hcl</i> .....	89	MG/1.25GM (1.62%).....	129
<i>alogliptin-pioglitazone</i> .....	90	ANDROGEL TRANSDERMAL GEL 25	
ALORA TRANSDERMAL PATCH TWICE		MG/2.5GM (1%).....	126
WEEKLY 0.025 MG/24HR.....	91	ANDROGEL TRANSDERMAL GEL 40.5	
ALORA TRANSDERMAL PATCH TWICE		MG/2.5GM (1.62%).....	128
WEEKLY 0.075 MG/24HR, 0.1 MG/24HR,		ANDROGEL TRANSDERMAL GEL 50	
0.05 MG/24HR.....	92	MG/5GM (1%).....	130
<i>alosetron hcl</i> .....	93	ANGELIQ.....	135
ALPHANATE/VWF COMPLEX/HUMAN.....	94	ANORO ELLIPTA.....	136
ALPHANINE SD.....	95	ANTARA ORAL CAPSULE 43 MG, 130 MG.....	137
<i>alprazolam er</i> .....	96	<i>antibiotic ear</i> .....	138
<i>alprazolam xr</i> .....	97	ANZEMET INTRAVENOUS.....	140
ALPROLIX.....	98	ANZEMET ORAL.....	139
ALSUMA SUBCUTANEOUS.....	99	APEXICON.....	141
ALTAVERA.....	100	APIDRA.....	142
ALTOPREV ORAL TABLET EXTENDED		APIDRA SOLOSTAR SUBCUTANEOUS.....	143
RELEASE 24 HOUR 20 MG, 60 MG.....	101	APLENZIN.....	144
ALTOPREV ORAL TABLET EXTENDED		<i>aprepitant oral capsule 40 mg, 80 mg, 125 mg..</i>	145
RELEASE 24 HOUR 40 MG.....	102	<i>aprepitant oral capsule 80 &amp; 125 mg</i> .....	146
ALVESCO.....	103	APRI.....	147
<i>alyacen 1/35</i> .....	104	APRISO.....	148
<i>alyacen 7/7/7</i> .....	105	APTENSIO XR.....	149
AMBIEN CR.....	108	APTIOM.....	151
AMBIEN ORAL TABLET 10 MG.....	106	ARALAST NP.....	152
AMBIEN ORAL TABLET 5 MG.....	107	ARANELLE.....	153
<i>amcinonide external cream</i> .....	109	ARANESP (ALBUMIN FREE) INJECTION	
<i>amcinonide external lotion</i> .....	109	SOLUTION 25 MCG/ML, 40 MCG/ML, 100	
AMERGE.....	110	MCG/ML, 300 MCG/ML, 60 MCG/ML, 10	
AMETHIA.....	111	MCG/0.4ML, 200 MCG/ML, 150 MCG/0.75ML	
AMETHIA LO.....	112	.....	154
AMITIZA.....	113	ARANESP (ALBUMIN FREE) INJECTION	
<i>amlodipine besylate-valsartan</i> .....	114	SOLUTION PREFILLED SYRINGE.....	154
<i>amlodipine-olmesartan</i> .....	115	ARAVA.....	155
<i>amlodipine-valsartan-hctz</i> .....	116	ARCALYST.....	156
AMNESTEEM.....	117	ARCAPTA NEOHALER.....	157
<i>amphetamine salt combo</i> .....	118	<i>aripiprazole oral solution</i> .....	158
<i>amphetamine-dextroamphet er</i> .....	119	<i>aripiprazole oral tablet</i> .....	159
<i>amphetamine-dextroamphetamine</i> .....	120	<i>aripiprazole oral tablet dispersible</i> .....	159
AMPYRA.....	121	ARIXTRA.....	160
AMRIX.....	122		

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

<i>armodafinil oral tablet 150 mg, 250 mg, 200 mg</i>	AZULFIDINE EN-TABS .....	204
.....	AZURETTE .....	205
<i>armodafinil oral tablet 50 mg</i> .....	<i>balsalazide disodium</i> .....	206
ARNUITY ELLIPTA .....	BALZIVA .....	207
ASACOL HD .....	BANZEL ORAL SUSPENSION .....	209
ASCENSIA AUTODISC TEST .....	BANZEL ORAL TABLET .....	208
ASSURE 3 TEST .....	BASAGLAR KWIKPEN .....	210
ASSURE 4 TEST .....	BAYER BREEZE 2 TEST .....	211
ASSURE II .....	BAYER CONTOUR NEXT TEST .....	212
ASSURE II CHECK .....	BAYER CONTOUR TEST .....	213
ASSURE PLATINUM .....	BD TEST .....	214
ASSURE PRISM MULTI TEST .....	BEBULIN .....	215
ASSURE PRO TEST .....	BEBULIN VH .....	216
AT LAST TEST .....	BECONASE AQ .....	217
ATACAND HCT ORAL TABLET 16-12.5 MG	BELBUCA .....	218
.....	BELSOMRA .....	219
ATACAND HCT ORAL TABLET 32-12.5 MG,	BELVIQ .....	220
32-25 MG .....	BENEFIX INTRAVENOUS .....	221
ATACAND ORAL TABLET 16 MG, 4 MG, 8	BENICAR .....	222
MG .....	BENICAR HCT .....	223
ATACAND ORAL TABLET 32 MG .....	BENICAR HCT .....	224
ATELVIA .....	BENLYSTA .....	225
ATIVAN ORAL .....	BENZACLIN .....	226
<i>atorvastatin calcium oral</i> .....	BENZACLIN WITH PUMP .....	227
ATRALIN .....	BENZEFOAMULTRA .....	228
AUBAGIO .....	BERINERT .....	229
AUBRA .....	<i>betamethasone valerate external cream</i> .....	230
AUVI-Q INJECTION SOLUTION AUTO-	<i>betamethasone valerate external lotion</i> .....	230
INJECTOR .....	<i>betamethasone valerate external ointment</i> .....	230
AVALIDE ORAL TABLET 150-12.5 MG .....	BETASERON SUBCUTANEOUS .....	231
AVALIDE ORAL TABLET 300-12.5 MG .....	BEVESPI AEROSPHERE .....	232
AVANDAMET .....	BG STAR TEST .....	233
AVANDARYL .....	<i>bimatoprost ophthalmic</i> .....	234
AVANDIA .....	BINOSTO .....	235
AVAPRO .....	BIOSCANNER GLUCOSE TEST .....	236
AVIANE .....	BIVIGAM .....	237
<i>avidoxy</i> .....	<i>bl test strip pack</i> .....	238
AVINZA .....	<i>blood glucose test</i> .....	239
AVITA .....	BONIVA ORAL TABLET 150 MG .....	240
AVODART .....	BOSULIF .....	241
AVONEX .....	BOTOX .....	242
AVONEX PEN INTRAMUSCULAR .....	BRAVELLE .....	243
AVONEX PREFILLED INTRAMUSCULAR ..	BREO ELLIPTA .....	244
AXERT .....	<i>briellyn</i> .....	245
AXIRON .....	BRILINTA .....	246
AZILECT .....	BRILINTA .....	247
AZOR .....	BRISDELLE .....	248
AZULFIDINE .....	BRIVIACT ORAL SOLUTION .....	249

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

BRIVIACT ORAL TABLET .....	250	CARBAGLU .....	291
BROVANA .....	251	CARDIZEM CD .....	292
BUDEPRION SR .....	252	CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG .....	293
BUDEPRION XL .....	253	CARDURA XL .....	294
<i>budesonide inhalation</i> .....	254	CAREONE BLOOD GLUCOSE TEST .....	295
<i>budesonide oral</i> .....	255	CARESENS N GLUCOSE TEST .....	296
BUNAVAIL BUCCAL FILM 2.1-0.3 MG .....	256	CARIMUNE NF .....	297
BUNAVAIL BUCCAL FILM 4.2-0.7 MG .....	257	CAZANT .....	298
BUNAVAIL BUCCAL FILM 6.3-1 MG .....	258	CELEBREX .....	299
BUPHENYL ORAL POWDER 3 GM/TSP .....	259	CELEBREX .....	300
BUPHENYL ORAL TABLET .....	259	<i>celecoxib oral</i> .....	301
<i>buprenorphine hcl sublingual</i> .....	260	CELEXA ORAL TABLET .....	302
<i>buprenorphine hcl-naloxone hcl</i> .....	261	CENESTIN .....	303
<i>bupropion hcl er (smoking det)</i> .....	263	CERDELGA .....	304
<i>bupropion hcl er (sr)</i> .....	264	CEREZYME .....	305
<i>bupropion hcl er (xl)</i> .....	265	CESAMET .....	306
<i>bupropion hcl oral</i> .....	262	CESIA .....	307
<i>butorphanol tartrate nasal</i> .....	266	CETROTIDE SUBCUTANEOUS KIT 0.25 MG .....	308
BUTRANS .....	267	CHANTIX .....	309
BYDUREON SUBCUTANEOUS PEN- INJECTOR .....	268	CHANTIX CONTINUING MONTH PAK .....	310
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED .....	269	CHANTIX STARTING MONTH PAK .....	311
BYETTA 10 MCG PEN SUBCUTANEOUS ...	270	CHATEAL .....	312
BYETTA 5 MCG PEN SUBCUTANEOUS .....	271	CHOICE DM FORA G20 TEST STRIPS .....	313
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG .....	272	CHOLBAM .....	314
BYSTOLIC ORAL TABLET 20 MG .....	273	<i>chorionic gonadotropin intramuscular</i> .....	315
BYVALSON .....	274	CIALIS ORAL TABLET 2.5 MG .....	316
CABOMETYX .....	275	CIALIS ORAL TABLET 5 MG .....	317
CADUET .....	276	CICLODAN EXTERNAL CREAM .....	318
<i>calcipotriene external cream</i> .....	277	CILOXAN OPHTHALMIC SOLUTION .....	319
<i>calcipotriene external ointment</i> .....	277	CIMZIA PREFILLED .....	321
<i>calcipotriene-betameth diprop</i> .....	278	CIMZIA STARTER KIT .....	322
<i>calcitonin (salmon)</i> .....	279	CIMZIA SUBCUTANEOUS .....	320
CAMBIA .....	280	CINQAIR .....	323
CAMILA .....	281	CINRYZE .....	324
CAMRESE .....	282	CIPRODEX .....	325
CAMRESE LO .....	283	<i>ciprofloxacin hcl ophthalmic</i> .....	326
CANASA .....	284	<i>citalopram hydrobromide oral tablet</i> .....	327
<i>candesartan cilexetil oral tablet 32 mg</i> .....	285	CLARAVIS .....	328
<i>candesartan cilexetil oral tablet 4 mg, 8 mg, 16 mg</i> .....	286	CLARINEX ORAL TABLET .....	329
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i> .....	287	CLARINEX REDITABS .....	330
<i>capecitabine</i> .....	288	CLARINEX-D 12 HOUR .....	331
CAPRELSA .....	289	CLARINEX-D 24 HOUR .....	332
CARAC .....	290	CLEOCIN-T EXTERNAL GEL .....	333
		CLEOCIN-T EXTERNAL LOTION .....	333
		CLEOCIN-T EXTERNAL SOLUTION .....	333
		CLEVER CHEK AUTO-CODE TEST .....	334

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

CLEVER CHEK AUTO-CODE VOICE IN VITRO.....	335	CONTROL TEST.....	375
CLEVER CHEK TEST.....	336	CONZIP.....	376
CLEVER CHOICE AUTO-CODE TEST.....	337	COOL BLOOD GLUCOSE TEST STRIPS.....	377
CLEVER CHOICE MICRO TEST.....	338	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML.....	379
CLIMARA.....	339	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML.....	378
CLIMARA PRO.....	340	COREG CR.....	380
CLINDAGEL.....	341	CORIFACT.....	381
CLINDAMAX EXTERNAL.....	342	CORLANOR.....	382
<i>clindamycin phos-benzoyl perox</i> .....	343	CORMAX EXTERNAL OINTMENT.....	383
<i>clindamycin phosphate external gel</i> .....	344	CORMAX EXTERNAL SOLUTION.....	383
<i>clindamycin phosphate external lotion</i> .....	344	CORMAX SCALP APPLICATION.....	384
<i>clindamycin phosphate external solution</i> .....	344	CORTISPORIN OTIC SOLUTION.....	385
<i>clobetasol propionate e</i> .....	346	CORTISPORIN-TC.....	386
<i>clobetasol propionate external cream</i> .....	345	COSENTYX.....	387
<i>clobetasol propionate external gel</i> .....	345	COSENTYX SENSOREADY PEN SUBCUTANEOUS.....	388
<i>clobetasol propionate external lotion</i> .....	345	COTELIC.....	389
<i>clobetasol propionate external ointment</i> .....	345	COZAAR ORAL TABLET 100 MG.....	390
<i>clobetasol propionate external solution</i> .....	345	COZAAR ORAL TABLET 50 MG, 25 MG.....	391
CLOBEX.....	347	CRESTOR.....	392
CLOBEX.....	348	CRYSSELLE-28.....	393
CLOBEX SPRAY.....	349	CUPRIMINE ORAL CAPSULE 250 MG.....	394
CLODERM.....	350	CUTIVATE.....	395
CLODERM PUMP.....	351	CUVITRU.....	396
<i>clonidine hcl er</i> .....	352	CVS ADVANCED GLUCOSE TEST.....	397
<i>clopidogrel bisulfate oral tablet 75 mg</i> .....	353	<i>cvs blood glucose test</i> .....	398
<i>clozapine oral tablet 100 mg</i> .....	356	CYCLAFEM 1/35.....	399
<i>clozapine oral tablet 200 mg</i> .....	355	CYCLAFEM 7/7/7.....	400
<i>clozapine oral tablet 25 mg, 50 mg</i> .....	354	CYCLOSET.....	401
<i>clozapine oral tablet dispersible 150 mg</i> .....	357	CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG, 20 MG.....	402
<i>clozapine oral tablet dispersible 200 mg</i> .....	355	CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG.....	403
CLOZARIL ORAL TABLET 100 MG.....	358	CYSTADANE.....	404
CLOZARIL ORAL TABLET 25 MG.....	359	CYSTARAN.....	405
COAGADEX.....	360	DAKLINZA.....	406
COLAZAL.....	361	DALIRESP.....	407
<i>colchicine oral tablet</i> .....	362	<i>darifenacin hydrobromide er</i> .....	408
COLCRYS.....	363	DASETTA 1/35.....	409
COMBIPATCH.....	364	DASETTA 7/7/7.....	410
COMBIVENT RESPIMAT.....	365	DAYSEE.....	411
COMETRIQ (100 MG DAILY DOSE).....	366	DAYTRANA.....	412
COMETRIQ (140 MG DAILY DOSE).....	367	DELZICOL.....	414
COMETRIQ (60 MG DAILY DOSE).....	368	DEPEN TITRATABS.....	415
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG.....	371	DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML.....	416
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG, 18 MG, 27 MG.....	369		
CONTRACE.....	373		
CONTROL AST.....	374		

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



DEPO-SUBQ PROVERA 104	<i>diflorasone diacetate external</i> .....	463
SUBCUTANEOUS.....	<i>diflorasone diacetate external</i> .....	464
DESCOVY.....	<i>dihydroergotamine mesylate nasal</i> .....	465
<i>desloratadine</i> .....	<i>diltiazem hcl er coated beads oral tablet</i>	
<i>desogestrel-ethinyl estradiol</i> .....	<i>extended release 24 hour 180 mg, 360 mg, 420</i>	
DESONATE.....	<i>mg, 300 mg</i> .....	466
<i>desonide external</i> .....	DIOVAN HCT.....	469
DESOWEN.....	DIOVAN HCT.....	470
<i>desoximetasone external</i> .....	DIOVAN ORAL TABLET 320 MG.....	467
<i>desoximetasone external</i> .....	DIOVAN ORAL TABLET 40 MG, 80 MG, 160	
DESOXYN.....	MG.....	468
<i>desvenlafaxine er</i> .....	DIPENTUM.....	471
DETROL.....	DITROPAN XL ORAL TABLET EXTENDED	
DETROL LA.....	RELEASE 24 HOUR 15 MG, 10 MG.....	472
DEXEDRINE ORAL CAPSULE EXTENDED	DITROPAN XL ORAL TABLET EXTENDED	
RELEASE 24 HOUR.....	RELEASE 24 HOUR 5 MG.....	473
DEXEDRINE ORAL TABLET.....	DOLOPHINE ORAL TABLET 5 MG.....	474
DEXILANT.....	DORYX MPC.....	476
<i>dexmethylphenidate hcl</i> .....	DORYX ORAL TABLET DELAYED	
<i>dexmethylphenidate hcl er</i> .....	RELEASE 200 MG, 50 MG, 150 MG.....	475
<i>dextroamphetamine sulfate er</i> .....	DOVONEX EXTERNAL CREAM.....	477
<i>dextroamphetamine sulfate oral solution</i> .....	<i>doxycycline</i> .....	478
<i>dextroamphetamine sulfate oral tablet</i> .....	<i>doxycycline hyclate intravenous</i> .....	479
DIABETIDERM.....	<i>doxycycline hyclate oral tablet delayed release</i> .....	480
DIABETIDERM ANTIFUNGAL.....	<i>doxycycline monohydrate oral capsule 150 mg</i> .....	481
DIABETIDERM CLEANSING.....	<i>doxycycline monohydrate oral capsule 75 mg</i> .....	482
DIABETIDERM FOOT REJUVENATING.....	<i>doxycycline monohydrate oral tablet</i> .....	481
DIABETIDERM HAND & BODY.....	<i>dronabinol</i> .....	483
DIABETIDERM HEEL & TOE.....	<i>drospirenone-ethinyl estradiol oral tablet 3-0.03</i>	
DIABETIDERM MASSAGE STIMULATOR.....	<i>mg</i> .....	484
DIABETIDERM SUNSCREEN SPF15.....	DUAC.....	485
DIABETISHIELD.....	DUAVEE.....	486
DIABETISOURCE.....	DUETACT.....	487
DIABETISOURCE AC.....	DUEXIS.....	488
DIABETITRIM.....	DULERA.....	489
DIASTAT ACUDIAL.....	<i>duloxetine hcl oral capsule delayed release</i>	
DIASTAT PEDIATRIC.....	<i>particles 20 mg, 30 mg</i> .....	490
<i>diatrue plus test</i> .....	<i>duloxetine hcl oral capsule delayed release</i>	
DIBENZYLINE.....	<i>particles 40 mg</i> .....	492
DICLEGIS.....	<i>duloxetine hcl oral capsule delayed release</i>	
<i>diclofenac sodium ophthalmic</i> .....	<i>particles 60 mg</i> .....	491
<i>diclofenac sodium transdermal gel 1 %</i> .....	DUO-CARE TEST.....	493
<i>diclofenac sodium transdermal gel 3 %</i> .....	DUOPA ENTERAL.....	494
DIFFERIN EXTERNAL CREAM.....	DURAGESIC-100.....	495
DIFFERIN EXTERNAL GEL 0.1 %.....	DURAGESIC-12.....	496
DIFFERIN EXTERNAL GEL 0.3 %.....	DURAGESIC-25.....	497
DIFFERIN EXTERNAL LOTION.....	DURAGESIC-50.....	498
DIFICID.....	DURAGESIC-75.....	499

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

<i>dutasteride</i> .....	500	EMEND ORAL CAPSULE 80 MG, 125 MG...	544
DYANAVEL XR.....	501	EMLA.....	546
DYMISTA.....	502	EMOQUETTE.....	548
DYNACIN.....	503	EMSAM.....	549
DYSPORT.....	504	ENABLEX.....	550
DYSPORT (GLABELLAR LINES).....	505	ENBREL SUBCUTANEOUS.....	551
<i>easy plus blood glucose test</i> .....	506	ENBREL SURECLICK SUBCUTANEOUS....	552
<i>easy plus ii glucose test</i> .....	507	ENJUVIA.....	553
EASY STEP TEST.....	508	<i>enoxaparin sodium</i> .....	554
<i>easy talk blood glucose test</i> .....	509	ENPRESSE-28.....	555
EASY TOUCH HEALTHPRO TEST.....	510	ENSKYCE.....	556
EASY TOUCH TEST.....	511	ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES.....	557
<i>easy trak blood glucose test</i> .....	512	ENTRESTO.....	558
EASYGLUCO IN VITRO.....	513	ENTYVIO.....	559
EASYGLUCO PLUS IN VITRO.....	514	ENVISION AUTOCODE TEST.....	560
EASYMAX 15 TEST.....	515	EPCLUSA.....	561
EASYMAX TEST.....	516	<i>epinephrine injection solution auto-injector</i> .....	562
<i>easyplus blood glucose test</i> .....	517	EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR.....	563
EASYPRO BLOOD GLUCOSE TEST.....	518	EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR.....	564
EASYPRO PLUS IN VITRO.....	519	EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 20000 UNIT/ML, 10000 UNIT/ML.....	565
ECLIPSE TEST.....	520	<i>epoprostenol sodium</i> .....	566
ECOZA.....	521	<i>eprosartan mesylate</i> .....	567
EDARBI.....	522	EQL TRUETEST TEST.....	568
EDARBYCLOR.....	523	EQL TRUETRACK TEST.....	569
EDLUAR.....	524	ERIVEDGE.....	570
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG.....	525	ERRIN.....	571
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 75 MG.....	526	ESBRIET.....	572
EFFIENT.....	527	<i>escitalopram oxalate oral solution</i> .....	574
ELAPRASE.....	528	<i>escitalopram oxalate oral tablet</i> .....	573
ELELYSO.....	529	<i>esomeprazole magnesium</i> .....	575
<i>element compact test</i> .....	530	<i>esomeprazole strontium</i> .....	576
ELEMENT PLUS TEST.....	531	ESTARYLLA.....	577
ELEMENT TEST.....	532	<i>estradiol transdermal patch weekly</i> .....	578
ELESTRIN.....	533	ESTRASORB.....	579
ELIDEL.....	534	ESTROGEL.....	580
ELIGARD.....	535	<i>eszopiclone</i> .....	581
ELINEST.....	536	EUCRISA.....	582
ELOCON EXTERNAL CREAM.....	537	EUFLEXXA INTRA-ARTICULAR.....	583
ELOCON EXTERNAL OINTMENT.....	537	EVAMIST.....	584
ELOCTATE.....	538	EVEKEO.....	585
EMBEDA.....	539	EVENCARE + BLOOD GLUCOSE TEST.....	587
EMBRACE BLOOD GLUCOSE TEST.....	541	EVENCARE BLOOD GLUCOSE TEST.....	588
EMBRACE EVO BLOOD GLUCOSE TEST...	542	EVENCARE G2 TEST.....	589
EMBRACE PRO GLUCOSE TEST.....	543		
EMEND ORAL CAPSULE 40 MG.....	544		
EMEND ORAL CAPSULE 80 & 125 MG.....	545		

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

EVENCARE G3 TEST .....	590	<i>fenofibrate oral capsule</i> .....	629
EVENCARE MINI GLUCOSE TEST .....	591	<i>fenofibrate oral tablet 145 mg</i> .....	630
EVOLUTION AUTOCODE IN VITRO .....	592	<i>fenofibrate oral tablet 160 mg, 120 mg</i> .....	630
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 8 MG .....	593	<i>fenofibrate oral tablet 48 mg</i> .....	629
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 16 MG .....	594	<i>fenofibrate oral tablet 54 mg</i> .....	629
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 32 MG .....	595	<i>fenofibric acid</i> .....	632
EXFORGE .....	596	<i>fenofibric acid</i> .....	633
EXFORGE HCT .....	597	FENOGLIDE .....	634
EXJADE .....	598	FENOGLIDE .....	635
EXTAVIA SUBCUTANEOUS .....	599	<i>fentanyl</i> .....	636
EYLEA .....	600	<i>fentanyl</i> .....	637
EZ SMART BLOOD GLUCOSE TEST .....	601	<i>fentanyl citrate buccal</i> .....	640
EZ SMART PLUS GLUCOSE TEST .....	602	<i>fentanyl citrate injection</i> .....	638
<i>ezetimibe</i> .....	603	FENTORA BUCCAL TABLET 200 MCG, 400 MCG, 600 MCG, 100 MCG, 800 MCG .....	642
FABIOR .....	604	FENTORA BUCCAL TABLET 300 MCG .....	644
FABRAZYME .....	605	FERRIPROX .....	646
FALMINA .....	606	FETZIMA .....	647
<i>famciclovir oral tablet 250 mg, 125 mg</i> .....	607	FETZIMA TITRATION .....	648
<i>famciclovir oral tablet 500 mg</i> .....	608	FIBRICOR .....	649
FAMVIR ORAL TABLET 250 MG, 125 MG ..	609	FIFTY50 GLUCOSE TEST 2.0 .....	650
FAMVIR ORAL TABLET 500 MG .....	610	<i>finasteride oral</i> .....	651
FANAPT .....	611	FIRAZYR .....	652
FANAPT TITRATION PACK .....	612	FIRMAGON .....	653
FARXIGA .....	613	FLEBOGAMMA DIF .....	655
FARYDAK .....	614	FLEBOGAMMA INTRAVENOUS .....	654
FASLODEX INTRAMUSCULAR .....	615	FLECTOR .....	656
FAZACLO ORAL TABLET DISPERSIBLE 100 MG .....	616	FLOLAN .....	657
FAZACLO ORAL TABLET DISPERSIBLE 12.5 MG .....	617	FLOVENT DISKUS .....	658
FAZACLO ORAL TABLET DISPERSIBLE 150 MG .....	619	FLOVENT HFA .....	659
FAZACLO ORAL TABLET DISPERSIBLE 200 MG .....	620	<i>fluocinolone acetonide external cream</i> .....	660
FAZACLO ORAL TABLET DISPERSIBLE 25 MG .....	618	<i>fluocinolone acetonide external cream</i> .....	661
FEIBA .....	621	<i>fluocinolone acetonide external ointment</i> .....	661
FEIBA NF .....	622	<i>fluocinonide external cream</i> .....	662
FEIBA VH IMMUNO .....	623	<i>fluocinonide external cream</i> .....	663
<i>felodipine er</i> .....	624	<i>fluocinonide external gel</i> .....	662
FEMCAP .....	625	<i>fluocinonide external ointment</i> .....	662
FEMHRT 1/5 .....	626	<i>fluoxetine hcl oral capsule 10 mg</i> .....	664
FEMHRT LOW DOSE .....	627	<i>fluoxetine hcl oral capsule 20 mg</i> .....	670
FEMRING .....	628	<i>fluoxetine hcl oral capsule 40 mg</i> .....	667
<i>fenofibrate micronized</i> .....	631	<i>fluoxetine hcl oral capsule delayed release</i> .....	668
		<i>fluoxetine hcl oral solution</i> .....	666
		<i>fluoxetine hcl oral tablet 20 mg</i> .....	665
		<i>fluoxetine hcl oral tablet 60 mg, 10 mg</i> .....	669
		<i>flurbiprofen sodium</i> .....	671
		<i>fluticasone propionate external cream</i> .....	672
		<i>fluvastatin sodium</i> .....	673
		<i>fluvastatin sodium er</i> .....	674

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

<i>fluvoxamine maleate er</i> .....	677	FREESTYLE PRECISION INS SYR.....	723
<i>fluvoxamine maleate oral tablet 100 mg</i> .....	675	FREESTYLE SIDEKICK II.....	724
<i>fluvoxamine maleate oral tablet 50 mg, 25 mg</i> ..	676	FREESTYLE SYSTEM.....	725
FOCALIN.....	678	FREESTYLE TEST.....	726
FOCALIN XR.....	680	FROVA.....	727
FOLLISTIM AQ.....	682	<i>frovatriptan succinate</i> .....	728
<i>fondaparinux sodium</i> .....	683	FUZEON.....	729
FORA D10 BLOOD GLUCOSE TEST.....	684	FYCOMPA ORAL SUSPENSION.....	730
FORA D15C BLOOD GLUCOSE TEST.....	685	FYCOMPA ORAL TABLET.....	731
FORA D15G BLOOD GLUCOSE TEST.....	686	<i>gabapentin oral capsule</i> .....	732
FORA D15Z BLOOD GLUCOSE TEST.....	687	<i>gabapentin oral solution 250 mg/5ml</i> .....	733
FORA D20 BLOOD GLUCOSE TEST.....	688	<i>gabapentin oral tablet</i> .....	734
FORA D40/G31 BLOOD GLUCOSE.....	689	GABITRIL ORAL TABLET 12 MG, 4 MG.....	735
FORA G20 BLOOD GLUCOSE TEST.....	690	GABITRIL ORAL TABLET 16 MG.....	737
FORA G30A BLOOD GLUCOSE TEST.....	691	GABITRIL ORAL TABLET 2 MG.....	736
FORA G71A BLOOD GLUCOSE TEST.....	692	GAMMAGARD.....	738
FORA G90 BLOOD GLUCOSE TEST.....	693	GAMMAGARD S/D INTRAVENOUS.....	739
FORA GD20 TEST.....	694	GAMMAGARD S/D LESS IGA.....	740
FORA GD50 BLOOD GLUCOSE TEST.....	695	GAMMAKED.....	741
FORA TEST N' GO GLUCOSE TEST.....	696	GAMMAPLEX.....	742
FORA TN'G/TN'G VOICE.....	697	GAMUNEX-C.....	743
FORA V10 BLOOD GLUCOSE TEST.....	698	<i>ganirelix acetate</i> .....	744
FORA V12 BLOOD GLUCOSE TEST.....	699	GARAMYCIN OPHTHALMIC SOLUTION...	745
FORA V20 BLOOD GLUCOSE TEST.....	700	GATTEX.....	746
FORA V22 BLOOD GLUCOSE TEST.....	701	<i>ge100 blood glucose test</i> .....	747
FORA V30A BLOOD GLUCOSE TEST.....	702	GELNIQUE.....	748
FORACARE GD40 TEST.....	703	GEL-ONE INTRA-ARTICULAR.....	749
FORACARE PREMIUM V10 TEST.....	704	GELSYN-3.....	750
FORACARE TEST N GO TEST.....	705	GENOTROPIN.....	751
FORADIL AEROLIZER.....	706	GENOTROPIN MINIQUICK.....	752
FORFIVO XL.....	707	GENSTRIP 50.....	753
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG.....	709	<i>gentamicin sulfate ophthalmic solution</i> .....	754
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG.....	708	GENVOYA.....	755
FORTEO SUBCUTANEOUS.....	710	GEODON ORAL.....	756
FORTESTA.....	711	<i>ght test</i> .....	757
FORTISCARE TEST.....	712	GIANVI.....	758
FOSAMAX ORAL TABLET 70 MG.....	713	GIAZO.....	759
FOSAMAX PLUS D.....	714	GILDAGIA.....	760
FRAGMIN SUBCUTANEOUS.....	715	GILDESS 1.5/30.....	761
FREESTYLE CONTROL SOLUTION.....	716	GILDESS 1/20.....	762
FREESTYLE FLASH SYSTEM.....	717	GILDESS FE 1.5/30.....	763
FREESTYLE FREEDOM.....	718	GILDESS FE 1/20.....	764
FREESTYLE FREEDOM LITE.....	719	GILENYA.....	765
FREESTYLE INSULINX TEST.....	720	GILOTRIF.....	766
FREESTYLE LITE TEST.....	721	GLASSIA.....	767
FREESTYLE NAVIGATOR SENSOR.....	722	GLATOPA.....	768
		GLEEVEC ORAL TABLET 100 MG.....	770
		GLEEVEC ORAL TABLET 400 MG.....	769

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

GLUCO PERFECT 3 TEST.....	771	HUMIRA PEN-PSORIASIS STARTER	
GLUCOCARD 01 SENSOR PLUS.....	772	SUBCUTANEOUS.....	814
GLUCOCARD 01 TEST.....	773	HUMIRA SUBCUTANEOUS.....	810
GLUCOCARD EXPRESSION TEST.....	774	HYALGAN.....	815
GLUCOCARD SHINE TEST.....	775	HYCAMTIN ORAL.....	816
GLUCOCARD VITAL TEST.....	776	<i>hydromorphone hcl er oral tablet er 24 hour</i>	
GLUCOCARD X-SENSOR.....	777	<i>abuse-deterrent 16 mg.....</i>	818
GLUCOCOM TEST.....	778	<i>hydromorphone hcl er oral tablet er 24 hour</i>	
GLUCOLAB TEST.....	779	<i>abuse-deterrent 8 mg, 12 mg, 32 mg.....</i>	817
GLUCONAVII BLOOD GLUCOSE TEST.....	780	HYMOVIS.....	819
GLUMETZA ORAL TABLET EXTENDED		HYQVIA.....	820
RELEASE 24 HOUR 1000 MG.....	782	HYSINGLA ER.....	821
GLUMETZA ORAL TABLET EXTENDED		HYZAAR.....	822
RELEASE 24 HOUR 500 MG.....	781	<i>ibandronate sodium oral.....</i>	823
GLYXAMBI.....	783	IBRANCE.....	824
GMATE BLOOD GLUCOSE TEST.....	784	ICLUSIG.....	825
GONAL-F.....	785	IDELVION.....	826
GONAL-F RFF.....	786	ILARIS.....	827
GONAL-F RFF PEN.....	787	<i>imatinib mesylate oral tablet 100 mg.....</i>	829
GONAL-F RFF REDIJECT.....	788	<i>imatinib mesylate oral tablet 400 mg.....</i>	828
GRALISE ORAL TABLET 300 MG.....	789	IMBRUVICA.....	830
GRALISE ORAL TABLET 600 MG.....	790	<i>imiquimod external.....</i>	831
GRALISE STARTER.....	791	IMITREX NASAL.....	833
GRANIX.....	792	IMITREX ORAL.....	834
<i>guanfacine hcl er.....</i>	793	IMITREX STATDOSE SYSTEM	
<i>halobetasol propionate.....</i>	794	SUBCUTANEOUS.....	835
HARVONI.....	795	IMITREX SUBCUTANEOUS.....	832
HEATHER.....	796	IMPAVIDO.....	836
HELIDAC.....	797	IMPLANON.....	837
HELIXATE FS.....	798	IN TOUCH BLOOD GLUCOSE TEST.....	838
HEMANGEOL.....	799	INCIVEK.....	839
HEMOFIL M INTRAVENOUS.....	800	INCRELEX.....	840
HETLIOZ.....	801	INCRUSE ELLIPTA.....	841
HIZENTRA SUBCUTANEOUS.....	802	INDERAL XL ORAL CAPSULE EXTENDED	
HORIZANT ORAL TABLET EXTENDED		RELEASE 24 HOUR 120 MG.....	843
RELEASE.....	803	INDERAL XL ORAL CAPSULE EXTENDED	
HP ACTHAR.....	804	RELEASE 24 HOUR 80 MG.....	842
HUMATE-P INTRAVENOUS.....	805	<i>indomethacin oral.....</i>	844
HUMATROPE.....	806	INFINITY BLOOD GLUCOSE TEST.....	845
HUMATROPEN FOR 12MG.....	807	INFLECTRA.....	846
HUMATROPEN FOR 24MG.....	808	INLYTA.....	847
HUMATROPEN FOR 6MG.....	809	INNOPRAN XL ORAL CAPSULE	
HUMIRA PEDIATRIC CROHNS START		EXTENDED RELEASE 24 HOUR 120 MG....	848
SUBCUTANEOUS.....	811	INNOPRAN XL ORAL CAPSULE	
HUMIRA PEN SUBCUTANEOUS.....	812	EXTENDED RELEASE 24 HOUR 80 MG.....	849
HUMIRA PEN-CROHNS STARTER		INTERMEZZO.....	850
SUBCUTANEOUS.....	813	INTRON A.....	851
		INTROVALE.....	852

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

INTUNIV .....	853	KALYDECO.....	890
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG, 1.5 MG, 3 MG.....	854	KANUMA.....	891
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG.....	855	KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR.....	892
INVOKAMET.....	856	KARBINAL ER ORAL LIQUID EXTENDED RELEASE.....	893
INVOKAMET XR.....	857	KARIVA.....	894
INVOKANA.....	858	KAZANO.....	895
<i>irbesartan</i> .....	859	KCENTRA.....	896
<i>irbesartan</i> .....	860	KELNOR 1/35.....	897
<i>irbesartan-hydrochlorothiazide oral tablet 150- 12.5 mg</i> .....	861	KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG.....	899
IRENKA.....	862	KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG.....	898
IRESSA.....	863	KERYDIN.....	900
<i>itraconazole oral</i> .....	864	<i>ketoconazole oral</i> .....	901
IXINITY.....	865	<i>ketorolac tromethamine ophthalmic</i> .....	903
JADENU.....	866	<i>ketorolac tromethamine oral</i> .....	902
JAKAFI.....	867	KEVEYIS.....	904
JANUMET.....	868	KHEDEZLA.....	905
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG.....	869	KINERET SUBCUTANEOUS.....	906
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG, 100-1000 MG.....	870	KOATE.....	907
JANUVIA.....	871	KOATE-DVI.....	908
JARDIANCE.....	872	KOGENATE FS.....	909
JENCYCLA.....	873	KOGENATE FS BIO-SET.....	910
JENTADUETO.....	874	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG.....	912
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG.....	875	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-500 MG, 5-1000 MG.....	911
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG .....	876	KORLYM.....	913
JETREA.....	877	KOVALTRY.....	914
JOLESSA.....	878	<i>kroger blood glucose test</i> .....	915
JOLIVETTE.....	879	<i>kroger premium glucose test</i> .....	916
JUBLIA.....	880	<i>kroger test</i> .....	917
JUNEL 1.5/30.....	881	KRYSTEXXA.....	918
JUNEL 1/20.....	882	KURVELO.....	919
JUNEL FE 1.5/30.....	883	KUVAN.....	920
JUNEL FE 1/20.....	884	KYNAMRO SUBCUTANEOUS.....	921
JUXTAPID ORAL CAPSULE 10 MG, 5 MG..	885	LAMICTAL ODT ORAL KIT.....	922
JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG, 20 MG.....	886	LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG.....	924
KADIAN.....	887	LAMICTAL ODT ORAL TABLET DISPERSIBLE 25 MG.....	925
KALBITOR.....	888	LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG.....	923
KALYDECO.....	889	LAMICTAL XR ORAL KIT.....	926

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG .....	929	<i>levocetirizine dihydrochloride oral tablet</i> .....	967
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG, 100 MG	928	LEVONEST .....	968
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 250 MG .....	927	<i>levonorgest-eth estrad 91-day oral tablet 0.15- 0.03 mg, 0.1-0.02 &amp; 0.01 mg</i> .....	969
LAMISIL ORAL PACKET 125 MG .....	930	<i>levonorgestrel oral tablet 0.75 mg</i> .....	970
LAMISIL ORAL PACKET 187.5 MG .....	931	<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> .....	972
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i> .....	937	<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i> .....	971
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i> .....	935	LEVORA 0.15/30 (28) .....	973
<i>lamotrigine er oral tablet extended release 24 hour 50 mg, 100 mg, 25 mg</i> .....	936	LEXAPRO ORAL SOLUTION .....	974
<i>lamotrigine oral tablet dispersible 200 mg, 100 mg</i> .....	932	LEXAPRO ORAL TABLET .....	975
<i>lamotrigine oral tablet dispersible 25 mg</i> .....	934	LIALDA .....	976
<i>lamotrigine oral tablet dispersible 50 mg</i> .....	933	LIBERTY NEXT GENERATION TEST .....	977
LANTUS .....	938	<i>liberty test</i> .....	978
LANTUS SOLOSTAR SUBCUTANEOUS .....	939	<i>lidocaine external ointment</i> .....	980
LARIN 1/20 .....	940	<i>lidocaine external patch 5 %</i> .....	979
LARIN FE 1.5/30 .....	941	<i>lidocaine pak</i> .....	981
LARIN FE 1/20 .....	942	<i>lidocaine-prilocaine external cream</i> .....	982
LATUDA ORAL TABLET 60 MG, 20 MG, 120 MG, 40 MG .....	943	LIDODERM .....	983
LATUDA ORAL TABLET 80 MG .....	944	<i>lidopril external cream</i> .....	984
LAZANDA .....	945	LINZESS .....	985
LAZANDA .....	947	LIPITOR .....	986
LEENA .....	949	LIPOFEN .....	987
<i>leflunomide oral</i> .....	950	LIPTRUZET .....	988
LEMTRADA .....	951	LIPTRUZET .....	989
LENVIMA 10 MG DAILY DOSE .....	952	LIVALO .....	990
LENVIMA 14 MG DAILY DOSE .....	953	LOCOID .....	991
LENVIMA 18 MG DAILY DOSE .....	954	LOCOID LIPOCREAM .....	992
LENVIMA 20 MG DAILY DOSE .....	955	LOFIBRA .....	993
LENVIMA 24 MG DAILY DOSE .....	956	LOFIBRA .....	994
LENVIMA 8 MG DAILY DOSE .....	957	LOKARA .....	995
LESCOL .....	958	LONSURF ORAL TABLET 15-6.14 MG .....	996
LESCOL XL .....	959	LONSURF ORAL TABLET 20-8.19 MG .....	997
LESSINA .....	960	LORYNA .....	998
LETAIRIS .....	961	LORZONE .....	999
LEUKINE INTRAVENOUS .....	962	<i>losartan potassium oral tablet 25 mg</i> .....	1000
<i>leuprolide acetate injection</i> .....	963	<i>losartan potassium oral tablet 50 mg</i> .....	1000
<i>levalbuterol tartrate hfa</i> .....	964	LOTRONEX .....	1001
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i> .....	966	<i>lovastatin</i> .....	1002
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i> .....	965	LOVAZA .....	1003
2017 Aetna Pharmacy Drug Guide - Fully Insured		LOVENOX .....	1004
Last Update 03/2017		LOW-OGESTREL .....	1005
Next Update 04/2017		LUCENTIS .....	1006
		LUMIGAN OPHTHALMIC SOLUTION 0.01 % .....	1007
		LUMIZYME .....	1008
		LUNESTA .....	1009

LUPANETA PACK.....	1010	<i>methadone hcl oral tablet soluble</i> .....	1047
LUPRON DEPOT.....	1011	METHADOSE ORAL TABLET 10 MG.....	1052
LUPRON DEPOT-PED.....	1012	METHADOSE ORAL TABLET SOLUBLE..	1051
LUTERA.....	1013	<i>methamphetamine hcl</i> .....	1053
LUVOX CR.....	1014	METHYLIN ORAL SOLUTION 10 MG/5ML	
LUXIQ.....	1015	.....	1054
LYNPARZA.....	1016	METHYLIN ORAL SOLUTION 5 MG/5ML.	1056
LYSTEDA.....	1017	METHYLIN ORAL TABLET CHEWABLE..	1058
LYZA.....	1018	<i>methylphenidate hcl er (cd)</i> .....	1068
MACUGEN.....	1019	<i>methylphenidate hcl er (la) oral capsule</i>	
MAKENA.....	1020	<i>extended release 24 hour 20 mg, 40 mg</i> .....	1069
MARINOL.....	1021	<i>methylphenidate hcl er (la) oral capsule</i>	
<i>marlissa</i> .....	1022	<i>extended release 24 hour 30 mg</i> .....	1070
<i>matzim la oral tablet extended release 24 hour</i>		<i>methylphenidate hcl er oral tablet extended</i>	
<i>180 mg, 360 mg, 300 mg</i> .....	1023	<i>release 20 mg</i> .....	1064
<i>matzim la oral tablet extended release 24 hour</i>		<i>methylphenidate hcl er oral tablet extended</i>	
<i>240 mg</i> .....	1025	<i>release 24 hour 36 mg</i> .....	1066
<i>matzim la oral tablet extended release 24 hour</i>		<i>methylphenidate hcl er oral tablet extended</i>	
<i>420 mg</i> .....	1024	<i>release 24 hour 54 mg, 18 mg, 27 mg</i> .....	1067
MAXALT.....	1026	<i>methylphenidate hcl er oral tablet extended</i>	
MAXALT-MLT.....	1027	<i>release 36 mg</i> .....	1065
MAXIMA BLOOD GLUCOSE TEST.....	1028	<i>methylphenidate hcl er oral tablet extended</i>	
MAXITROL OPHTHALMIC SUSPENSION	1029	<i>release 54 mg, 27 mg, 18 mg</i> .....	1063
<i>medroxyprogesterone acetate intramuscular</i>		<i>methylphenidate hcl oral solution 10 mg/5ml..</i>	1061
<i>suspension</i> .....	1030	<i>methylphenidate hcl oral solution 5 mg/5ml....</i>	1060
<i>meijer blood glucose test</i> .....	1031	<i>methylphenidate hcl oral tablet</i> .....	1062
<i>meijer premium glucose test</i> .....	1032	<i>methylphenidate hcl oral tablet chewable</i> .....	1062
MEIJER TRUETEST TEST.....	1033	<i>metoprolol succinate er oral tablet extended</i>	
MEIJER TRUETRACK TEST.....	1034	<i>release 24 hour 200 mg</i> .....	1073
MEKINIST.....	1035	<i>metoprolol succinate er oral tablet extended</i>	
MENOPUR.....	1036	<i>release 24 hour 25 mg</i> .....	1071
MENOSTAR.....	1037	<i>metoprolol succinate er oral tablet extended</i>	
<i>mesalamine oral</i> .....	1038	<i>release 24 hour 50 mg, 100 mg</i> .....	1072
METADATE CD.....	1039	MEVACOR ORAL TABLET 20 MG, 40 MG	1074
METADATE ER ORAL TABLET EXTENDED		MIACALCIN INJECTION.....	1075
RELEASE.....	1041	MIACALCIN NASAL.....	1076
<i>metformin hcl er (mod) oral tablet extended</i>		MICARDIS.....	1077
<i>release 24 hour 1000 mg</i> .....	1043	MICARDIS HCT.....	1078
<i>metformin hcl er (mod) oral tablet extended</i>		MICORT-HC.....	1079
<i>release 24 hour 500 mg</i> .....	1044	MICRODOT TEST.....	1080
<i>metformin hcl er (osm) oral tablet extended</i>		MICROGESTIN 1.5/30.....	1081
<i>release 24 hour 1000 mg</i> .....	1045	MICROGESTIN 1/20.....	1082
<i>metformin hcl er (osm) oral tablet extended</i>		MICROGESTIN FE 1.5/30.....	1083
<i>release 24 hour 500 mg</i> .....	1046	MICROGESTIN FE 1/20.....	1084
<i>methadone hcl oral concentrate</i> .....	1048	MIGRANAL.....	1085
<i>methadone hcl oral solution 10 mg/5ml</i> .....	1049	MIMVEY.....	1086
<i>methadone hcl oral solution 5 mg/5ml</i> .....	1050	MINIVELLE.....	1087
<i>methadone hcl oral tablet</i> .....	1047	<i>minocycline hcl er</i> .....	1089

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



<i>minocycline hcl oral tablet</i> .....	1088	<i>nefazodone hcl</i> .....	1129
MIRAPEX ER.....	1090	<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> .....	1130
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE.....	1091	<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> .....	1131
MIRENA (52 MG).....	1092	<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i> .....	1132
<i>mirtazapine oral tablet 15 mg, 45 mg, 30 mg</i> ..	1093	<i>neomycin-polymyxin-hc otic suspension</i> .....	1133
<i>mirtazapine oral tablet dispersible</i> .....	1093	NEOSPORIN.....	1134
MITIGARE.....	1094	NESINA.....	1135
<i>modafinil</i> .....	1095	NEUAC EXTERNAL GEL.....	1136
<i>mometasone furoate external cream</i> .....	1096	NEULASTA DELIVERY KIT SUBCUTANEOUS.....	1138
<i>mometasone furoate external ointment</i> .....	1096	NEULASTA SUBCUTANEOUS.....	1137
MONDOXYNE NL ORAL CAPSULE 75 MG .....	1097	NEUMEGA.....	1139
MONOCLATE-P.....	1098	NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML, 300 MCG/ML.....	1140
MONODOX ORAL CAPSULE 75 MG.....	1099	NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE.....	1140
MONO-LINYAH.....	1100	NEUPRO.....	1141
MONONESSA.....	1101	NEURONTIN ORAL CAPSULE.....	1142
MONONINE.....	1102	NEURONTIN ORAL TABLET.....	1143
MONOVISC.....	1103	NEUTEK 2TEK TEST.....	1144
<i>montelukast sodium oral</i> .....	1104	NEXAVAR.....	1145
<i>montelukast sodium oral</i> .....	1105	NEXGEN TEST.....	1146
<i>morphine sulfate er beads</i> .....	1108	NEXICLON XR.....	1147
<i>morphine sulfate er oral capsule extended release 24 hour</i> .....	1107	NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG.....	1148
<i>morphine sulfate er oral tablet extended release</i> .....	1106	NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG.....	1150
MOVANTIK.....	1109	NEXIUM ORAL PACKET.....	1149
MS CONTIN ORAL TABLET EXTENDED RELEASE.....	1110	NEXPLANON.....	1151
MULTAQ.....	1111	NEXT CHOICE.....	1152
MYALEPT.....	1112	NEXT CHOICE ONE DOSE.....	1153
MYGLUCOHEALTH TEST.....	1113	NICODERM CQ.....	1154
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 40 MG.....	1114	NICORETTE MINI.....	1157
MYOZYME.....	1115	NICORETTE MOUTH/THROAT GUM.....	1155
MYRBETRIQ.....	1116	NICORETTE MOUTH/THROAT LOZENGE.....	1156
MYTESI.....	1117	NICORETTE STARTER KIT.....	1158
MYZILRA.....	1118	<i>nicotine</i> .....	1159
NAGLAZYME.....	1119	<i>nicotine polacrilex mouth/throat</i> .....	1160
<i>naratriptan hcl</i> .....	1120	NICOTROL NS.....	1161
NASONEX.....	1121	<i>nifediac cc oral tablet extended release 24 hour 30 mg</i> .....	1162
NATACYN.....	1122	<i>nifediac cc oral tablet extended release 24 hour 60 mg</i> .....	1163
NATESTO.....	1123	<i>nifedical xl oral tablet extended release 24 hour 30 mg</i> .....	1164
NATPARA.....	1124		
NECON 0.5/35 (28).....	1125		
NECON 1/35 (28).....	1126		
NECON 10/11 (28).....	1127		
NECON 7/7/7.....	1128		

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

<i>nifedical xl oral tablet extended release 24 hour</i>	NOVOLOG PENFILL SUBCUTANEOUS....	1200
60 mg.....	NOVOSEVEN RT.....	1201
<i>nifedipine er oral tablet extended release 24</i>	NOXAFIL ORAL TABLET DELAYED	
<i>hour 60 mg, 30 mg.....</i>	RELEASE.....	1202
<i>nifedipine er oral tablet extended release 24</i>	NPLATE.....	1203
<i>hour 90 mg.....</i>	NUCALA.....	1204
<i>nifedipine er osmotic release oral tablet</i>	NUCYNTA.....	1205
<i>extended release 24 hour 30 mg.....</i>	NUCYNTA ER.....	1206
<i>nifedipine er osmotic release oral tablet</i>	NUEDEXTA.....	1207
<i>extended release 24 hour 90 mg, 60 mg.....</i>	NUPLAZID.....	1208
NINLARO.....	NUTROPIN AQ.....	1209
<i>nisoldipine er oral tablet extended release 24</i>	NUTROPIN AQ NUSPIN 10.....	1210
<i>hour 20 mg, 8.5 mg, 17 mg, 34 mg, 40 mg.....</i>	NUTROPIN AQ NUSPIN 20.....	1211
<i>nisoldipine er oral tablet extended release 24</i>	NUTROPIN AQ NUSPIN 5.....	1212
<i>hour 30 mg.....</i>	NUTROPIN AQ PEN.....	1213
NORA-BE.....	NUVARING.....	1214
NORDITROPIN FLEXPRO.....	NUVIGIL ORAL TABLET 150 MG, 250 MG	1217
NORDITROPIN NORDIFLEX PEN	NUVIGIL ORAL TABLET 200 MG.....	1216
SUBCUTANEOUS.....	NUVIGIL ORAL TABLET 50 MG.....	1215
<i>norethindrone oral.....</i>	NUWIQ.....	1218
<i>norethindrone-eth estradiol oral tablet 0.5-2.5</i>	NYMALIZE.....	1219
<i>mg-mcg.....</i>	OICALIVA ORAL TABLET 5 MG.....	1220
<i>norgestimate-eth estradiol oral tablet 0.25-35</i>	OCELLA.....	1221
<i>mg-mcg.....</i>	OCTAGAM.....	1222
<i>norgestim-eth estrad triphasic oral tablet</i>	<i>octreotide acetate.....</i>	1223
<i>0.18/0.215/0.25 mg-35 mcg.....</i>	OCUFEN.....	1224
<i>norgestrel-ethinyl estradiol.....</i>	OCUFLOX.....	1225
NORTHERA ORAL CAPSULE 100 MG.....	ODEFSEY.....	1226
NORTHERA ORAL CAPSULE 300 MG, 200	ODOMZO.....	1227
MG.....	OFEV.....	1228
NORTREL 0.5/35 (28).....	<i>ofloxacin ophthalmic.....</i>	1229
NORTREL 1/35 (21).....	<i>ofloxacin otic.....</i>	1230
NORTREL 1/35 (28).....	<i>olanzapine oral tablet 2.5 mg.....</i>	1232
NORTREL 7/7/7.....	<i>olanzapine oral tablet 20 mg, 7.5 mg, 5 mg, 10</i>	
NOVA MAX GLUCOSE TEST.....	<i>mg, 15 mg.....</i>	1231
<i>novarel.....</i>	<i>olanzapine oral tablet dispersible.....</i>	1231
NOVOEIGHT.....	<i>olanzapine-fluoxetine hcl.....</i>	1233
NOVOLIN 70/30.....	OLEPTRO.....	1234
NOVOLIN 70/30 RELION.....	<i>olmesartan medoxomil.....</i>	1235
NOVOLIN N.....	<i>olmesartan medoxomil-hctz.....</i>	1236
NOVOLIN N RELION.....	<i>olmesartan-amlodipine-hctz.....</i>	1237
NOVOLIN R.....	OLUX.....	1238
NOVOLIN R RELION.....	OLUX-E.....	1239
NOVOLOG.....	OLYSIO.....	1240
NOVOLOG FLEXPEN SUBCUTANEOUS... 1197	<i>omega-3-acid ethyl esters.....</i>	1241
NOVOLOG MIX 70/30..... 1198	<i>omeprazole-sodium bicarbonate oral capsule</i>	
NOVOLOG MIX 70/30 FLEXPEN	<i>40-1100 mg.....</i>	1243
SUBCUTANEOUS..... 1199	<i>omeprazole-sodium bicarbonate oral packet... 1242</i>	

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

OMNARIS.....	1244	OXTELLAR XR ORAL TABLET EXTENDED	
OMNIFLEX DIAPHRAGM.....	1245	RELEASE 24 HOUR 600 MG.....	1285
OMNITROPE SUBCUTANEOUS SOLUTION		<i>oxybutynin chloride er oral tablet extended</i>	
.....	1246	<i>release 24 hour 10 mg.....</i>	1288
OMNITROPE SUBCUTANEOUS SOLUTION		<i>oxybutynin chloride er oral tablet extended</i>	
RECONSTITUTED.....	1247	<i>release 24 hour 15 mg.....</i>	1287
OMONTYS.....	1248	<i>oxybutynin chloride er oral tablet extended</i>	
ON CALL EXPRESS BLOOD GLUCOSE....	1249	<i>release 24 hour 5 mg.....</i>	1289
ON CALL PLUS BLOOD GLUCOSE.....	1250	<i>oxycodone hcl er oral tablet er 12 hour abuse-</i>	
ON CALL VIVID BLOOD GLUCOSE.....	1251	<i>deterrent 10 mg, 40 mg, 80 mg, 20 mg.....</i>	1290
ONETOUCH TEST.....	1252	<i>oxycodone-ibuprofen.....</i>	1291
ONETOUCH ULTRA BLUE.....	1253	OXYCONTIN ORAL TABLET ER 12 HOUR	
ONETOUCH VERIO IN VITRO STRIP.....	1254	ABUSE-DETERRENT.....	1292
ONETOUCH VERIO IQ.....	1255	<i>oxymorphone hcl er.....</i>	1293
ONEXTON.....	1256	OXYTROL.....	1294
ONFI ORAL SUSPENSION.....	1258	OXYTROL FOR WOMEN.....	1295
ONFI ORAL TABLET 10 MG, 20 MG.....	1257	OZURDEX.....	1296
ONGLYZA.....	1259	<i>paliperidone er oral tablet extended release 24</i>	
ONMEL.....	1260	<i>hour 1.5 mg, 6 mg, 3 mg.....</i>	1297
ONSOLIS.....	1261	<i>paliperidone er oral tablet extended release 24</i>	
ONZETRA XSAIL.....	1263	<i>hour 9 mg.....</i>	1298
OPANA ER ORAL TABLET ER 12 HOUR		PANCREAZE.....	1299
ABUSE-DETERRENT.....	1264	PARAGARD INTRAUTERINE COPPER.....	1300
OPSUMIT.....	1265	<i>paroxetine hcl er.....</i>	1303
ORACEA.....	1266	<i>paroxetine hcl oral tablet 20 mg, 10 mg.....</i>	1301
ORAVIG.....	1267	<i>paroxetine hcl oral tablet 30 mg, 40 mg.....</i>	1302
ORENCIA CLICKJECT.....	1269	PAXIL CR.....	1307
ORENCIA INTRAVENOUS.....	1268	PAXIL ORAL SUSPENSION.....	1304
ORENCIA SUBCUTANEOUS.....	1268	PAXIL ORAL TABLET 20 MG, 10 MG.....	1305
ORENITRAM.....	1270	PAXIL ORAL TABLET 40 MG, 30 MG.....	1306
ORFADIN.....	1271	PEGASYS.....	1308
ORKAMBI.....	1272	PEGASYS PROCLICK.....	1309
ORSYTHIA.....	1273	PEGINTRON.....	1310
ORTHO DIAPHRAGM COIL.....	1274	PEG-INTRON.....	1311
ORTHO DIAPHRAGM FLAT.....	1275	PEG-INTRON REDIPEN.....	1312
ORTHOVISC INTRA-ARTICULAR.....	1276	PEG-INTRON REDIPEN PAK 4.....	1313
<i>oseltamivir phosphate.....</i>	1277	PENLAC.....	1314
OSENI.....	1278	PENNSAID TRANSDERMAL SOLUTION 1.5	
OSPHENA.....	1279	%.....	1316
OTEZLA ORAL TABLET.....	1281	PENNSAID TRANSDERMAL SOLUTION 2	
OTEZLA ORAL TABLET THERAPY PACK.....	1280	%.....	1315
OTREXUP.....	1282	PENTASA ORAL CAPSULE EXTENDED	
OVIDREL.....	1283	RELEASE 250 MG.....	1317
OXAYDO ORAL TABLET ABUSE-		PENTASA ORAL CAPSULE EXTENDED	
DETERRENT 5 MG.....	1284	RELEASE 500 MG.....	1318
OXTELLAR XR ORAL TABLET EXTENDED		PERFOROMIST.....	1319
RELEASE 24 HOUR 300 MG, 150 MG.....	1286	PERTZYE.....	1320
		PEXEVA ORAL TABLET 10 MG, 20 MG....	1322

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

PEXEVA ORAL TABLET 30 MG, 40 MG....	1321	PRECISION SOF-TACT MONITOR.....	1368
PHARMACIST CHOICE AUTOCODE.....	1323	PRECISION SOF-TACT TEST.....	1369
<i>phenoxybenzamine hcl oral</i> .....	1324	PRECISION SPECIMEN CONTAINER.....	1370
PHILITH.....	1325	PRECISION SPUTUM COLLECTOR.....	1371
PICATO.....	1326	PRECISION STOOL COLLECTOR.....	1372
PIMTREA.....	1327	PRECISION SUREDOSE PLUS SYR.....	1373
<i>pioglitazone hcl</i> .....	1328	PRECISION SURE-DOSE SYRINGE.....	1374
<i>pioglitazone hcl-glimepiride</i> .....	1329	PRECISION TISSUE GRINDER.....	1375
<i>pioglitazone hcl-metformin hcl</i> .....	1330	PRECISION URINE SPECIMEN SYS.....	1376
PIRMELLA 1/35.....	1331	PRECISION XTRA BLOOD GLUCOSE.....	1378
PIRMELLA 7/7/7.....	1332	PRECISION XTRA KETONE.....	1379
PLAVIX ORAL TABLET 75 MG.....	1333	PRECISION XTRA KIT.....	1377
PLEGRIDY.....	1334	PRECISION XTRA MONITOR.....	1380
PLEGRIDY STARTER PACK.....	1335	PREFEST.....	1381
POCKETCHEM EZ TEST.....	1336	<i>pregnyl</i> .....	1382
<i>polymyxin b-trimethoprim</i> .....	1337	<i>premium blood glucose test</i> .....	1383
POLYTRIM.....	1338	PRENTIF CAVITY-RIM CERV CAP.....	1384
POMALYST.....	1339	PRENTIF CAVITY-RIM CERV CAP.....	1385
PORTIA-28.....	1340	PRENTIF FITTING SET.....	1386
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG.....	1341	<i>prestige smart system test</i> .....	1387
POTIGA ORAL TABLET 50 MG.....	1342	PRESTIGE TEST.....	1388
PRADAXA.....	1343	PREVACID.....	1389
PRALUENT.....	1344	PREVACID 24HR.....	1390
<i>pramipexole dihydrochloride er</i> .....	1345	PREVACID SOLUTAB.....	1391
PRAVACHOL ORAL TABLET 40 MG, 80 MG, 20 MG.....	1346	PREVIFEM.....	1392
<i>pravastatin sodium</i> .....	1347	PREVPAC.....	1393
PRECISION 200 CATH TRAY.....	1348	PRIOSEC ORAL CAPSULE DELAYED RELEASE 10 MG, 40 MG.....	1394
PRECISION 400 CATH TRAY.....	1349	PRIOSEC ORAL PACKET.....	1395
PRECISION 400 URINE METER.....	1350	PRISTIQ.....	1396
<i>precision airless pump</i> .....	1351	PRISTIQ.....	1397
PRECISION CATHETER URINE SYS.....	1352	PRIVIGEN.....	1398
PRECISION DRAINAGE BAG.....	1353	PROAIR RESPICLICK.....	1399
PRECISION FOLEY CATH TRAY.....	1354	PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG....	1400
PRECISION GLUCOSE CONTROL.....	1355	PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG.....	1401
PRECISION GLUCOSE CONTROL SOLN...	1356	PROCENTRA.....	1402
PRECISION GLUCOSE KETONE CONTR..	1357	PROCROT.....	1404
PRECISION GLUCOSE/KETONE CONTR..	1358	PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG.....	1405
PRECISION LINK.....	1359	PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG.....	1406
PRECISION MIDSTREAM KIT.....	1360	PRODIGY AUTOCODE BLOOD GLUCOSE IN VITRO.....	1407
PRECISION MIDSTREAM KIT/FUNNEL....	1361	PRODIGY BLOOD GLUCOSE TEST.....	1408
PRECISION PCX.....	1362	PRODIGY NO CODING BLOOD GLUC.....	1409
PRECISION PCX PLUS TEST.....	1363		
PRECISION POINT OF CARE TEST.....	1364		
PRECISION QID MONITOR.....	1365		
PRECISION QID TEST.....	1366		
<i>precision scale</i> .....	1367		

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

PROFILNINE SD.....	1410	QUINTET BLOOD GLUCOSE TEST.....	1452
PROLASTIN.....	1411	RA TRUETEST TEST.....	1453
PROLASTIN-C INTRAVENOUS.....	1412	<i>rabeprazole sodium</i> .....	1454
PROLIA.....	1413	RANEXA ORAL TABLET EXTENDED	
PROMACTA.....	1414	RELEASE 12 HOUR 1000 MG.....	1456
<i>propafenone hcl er</i> .....	1415	RANEXA ORAL TABLET EXTENDED	
PROSCAR.....	1416	RELEASE 12 HOUR 500 MG.....	1455
PROTONIX.....	1417	<i>rasagiline mesylate oral</i> .....	1457
PROTOPIC.....	1418	RASUVO.....	1458
PROVENTIL HFA.....	1420	RAVICTI.....	1459
PROVIGIL.....	1421	RAYALDEE.....	1460
PROZAC ORAL CAPSULE 10 MG.....	1423	RAYOS.....	1461
PROZAC ORAL CAPSULE 20 MG.....	1422	REBIF REBIDOSE SUBCUTANEOUS.....	1463
PROZAC ORAL CAPSULE 40 MG.....	1424	REBIF REBIDOSE TITRATION PACK	
PROZAC ORAL SOLUTION.....	1425	SUBCUTANEOUS.....	1464
PROZAC WEEKLY.....	1426	REBIF SUBCUTANEOUS.....	1462
<i>psorcon</i> .....	1427	REBIF TITRATION PACK SUBCUTANEOUS	
PTS PANELS GLUCOSE TEST.....	1428	.....	1465
PULMICORT.....	1429	RECLAST.....	1466
PULMICORT FLEXHALER.....	1430	RECLIPSEN.....	1467
PULMOZYME.....	1431	RECOMBINATE.....	1468
PURIXAN.....	1432	REFUAH PLUS BLOOD GLUCOSE TEST..	1469
QBRELIS.....	1433	RELENZA DISKHALER.....	1470
QNASL.....	1434	RELION 70/30.....	1471
QNASL CHILDRENS.....	1435	RELION N.....	1472
QSYMIA.....	1436	RELION R.....	1473
QUASENSE.....	1437	RELISTOR ORAL.....	1474
QUDEXY XR.....	1438	RELISTOR SUBCUTANEOUS KIT.....	1476
<i>quetiapine fumarate er oral tablet extended</i>		RELISTOR SUBCUTANEOUS SOLUTION 12	
<i>release 24 hour 200 mg, 150 mg</i> .....	1444	MG/0.6ML.....	1475
<i>quetiapine fumarate er oral tablet extended</i>		RELISTOR SUBCUTANEOUS SOLUTION 8	
<i>release 24 hour 300 mg, 400 mg</i> .....	1443	MG/0.4ML.....	1477
<i>quetiapine fumarate er oral tablet extended</i>		RELIPAX.....	1478
<i>release 24 hour 50 mg</i> .....	1445	REMERON.....	1479
<i>quetiapine fumarate oral tablet 100 mg, 50 mg</i>	1442	REMERON SOLTAB.....	1480
<i>quetiapine fumarate oral tablet 200 mg</i> .....	1440	REMICADE.....	1481
<i>quetiapine fumarate oral tablet 25 mg</i> .....	1441	REMODULIN.....	1482
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>		REPATHA.....	1483
.....	1439	REPATHA PUSHTRONEX SYSTEM.....	1484
QUICKTEK TEST.....	1446	REPATHA SURECLICK.....	1485
QUILLICHEW ER ORAL TABLET		REPRONEX.....	1486
CHEWABLE EXTENDED RELEASE 20 MG,		REQUIP XL ORAL TABLET EXTENDED	
40 MG.....	1448	RELEASE 24 HOUR 12 MG.....	1487
QUILLICHEW ER ORAL TABLET		REQUIP XL ORAL TABLET EXTENDED	
CHEWABLE EXTENDED RELEASE 30 MG		RELEASE 24 HOUR 4 MG, 2 MG, 8 MG, 6	
.....	1447	MG.....	1488
QUILLIVANT XR.....	1449	RESCULA.....	1489
QUINTET AC BLOOD GLUCOSE TEST.....	1451		

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG.....	1490	RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG.....	1527
RETIN-A.....	1491	RITALIN SR.....	1529
RETIN-A MICRO.....	1492	RIXUBIS.....	1531
RETIN-A MICRO PUMP.....	1493	<i>rizatriptan benzoate</i> .....	1532
REVATIO INTRAVENOUS.....	1495	<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i> .....	1534
REVATIO ORAL SUSPENSION RECONSTITUTED.....	1494	<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 8 mg, 6 mg, 4 mg</i> .....	1533
REVATIO ORAL TABLET.....	1496	<i>rosuvastatin calcium</i> .....	1535
REVEAL BLOOD GLUCOSE TEST.....	1497	ROZEREM.....	1536
REVLIMID.....	1498	RUBRACA.....	1537
REXALL BLOOD GLUCOSE TEST.....	1499	RUCONEST.....	1538
REXULTI.....	1500	RYTHMOL SR.....	1539
RIASTAP.....	1501	SABRIL.....	1540
RIAX.....	1502	SAIZEN.....	1541
RIGHTEST GS100 BLOOD GLUCOSE.....	1503	SAIZEN CLICK.EASY.....	1542
RIGHTEST GS300 BLOOD GLUCOSE.....	1504	SAMSCA.....	1543
RIGHTEST GS550 BLOOD GLUCOSE.....	1505	SANCUSO.....	1544
RILUTEK.....	1506	SANDOSTATIN.....	1545
<i>riluzole</i> .....	1507	SANDOSTATIN LAR DEPOT.....	1546
<i>risedronate sodium oral tablet 150 mg</i> .....	1510	SAPHRIS.....	1547
<i>risedronate sodium oral tablet 30 mg, 5 mg</i> ....	1509	SAPHRIS.....	1548
<i>risedronate sodium oral tablet 35 mg</i> .....	1508	SAVAYSA.....	1549
<i>risedronate sodium oral tablet delayed release</i>	1508	SAVELLA.....	1550
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 2 MG, 0.5 MG, 1 MG, 3 MG.	1514	SAVELLA TITRATION PACK.....	1551
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 4 MG.....	1515	SEEBRI NEOHALER.....	1552
RISPERDAL ORAL SOLUTION.....	1511	SELRX.....	1553
RISPERDAL ORAL TABLET 0.5 MG, 3 MG, 0.25 MG, 2 MG, 1 MG.....	1512	SEMPREX-D.....	1554
RISPERDAL ORAL TABLET 4 MG.....	1513	SENSIPAR.....	1555
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 3 MG, 2 MG.	1519	SEREVENT DISKUS.....	1556
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 4 MG.....	1520	SEROQUEL ORAL TABLET 100 MG, 50 MG.....	1557
<i>risperidone oral solution</i> .....	1518	SEROQUEL ORAL TABLET 200 MG.....	1558
<i>risperidone oral tablet 2 mg, 3 mg, 0.25 mg, 1 mg, 0.5 mg</i> .....	1516	SEROQUEL ORAL TABLET 25 MG.....	1560
<i>risperidone oral tablet 4 mg</i> .....	1517	SEROQUEL ORAL TABLET 300 MG, 400 MG.....	1559
<i>risperidone oral tablet dispersible 3 mg, 2 mg, 0.25 mg, 0.5 mg, 1 mg</i> .....	1516	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG.....	1563
<i>risperidone oral tablet dispersible 4 mg</i> .....	1517	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG.....	1562
RITALIN.....	1521	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG.....	1561
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 10 MG, 40 MG	1525	SEROSTIM.....	1564
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG.....	1523	<i>sertraline hcl oral concentrate</i> .....	1565
		<i>sertraline hcl oral tablet 100 mg</i> .....	1568
		<i>sertraline hcl oral tablet 25 mg</i> .....	1567
		<i>sertraline hcl oral tablet 50 mg</i> .....	1566

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

SIGNIFOR.....	1569	SPRIX.....	1611
SIGNIFOR LAR.....	1570	SPRYCEL.....	1612
<i>sildenafil citrate oral</i> .....	1571	SRONYX.....	1613
SILENOR.....	1572	STELARA INTRAVENOUS.....	1614
SIMCOR ORAL TABLET EXTENDED		STELARA SUBCUTANEOUS.....	1615
RELEASE 24 HOUR 500-40 MG, 1000-40 MG		STIMATE.....	1616
.....	1574	STIOLTO RESPIMAT.....	1617
SIMCOR ORAL TABLET EXTENDED		STIVARGA.....	1618
RELEASE 24 HOUR 750-20 MG, 1000-20 MG,		STRATTERA ORAL CAPSULE 40 MG, 60	
500-20 MG.....	1573	MG, 25 MG, 10 MG, 18 MG.....	1619
SIMPONI ARIA.....	1576	STRATTERA ORAL CAPSULE 80 MG, 100	
SIMPONI SUBCUTANEOUS.....	1575	MG.....	1620
<i>simvastatin oral</i> .....	1577	STRENSIQ.....	1621
SINGULAIR.....	1578	STRIANT.....	1622
SINGULAIR.....	1579	STRIBILD.....	1623
SIRTURO.....	1580	STRIVERDI RESPIMAT.....	1624
SITAVIG.....	1581	SUBOXONE SUBLINGUAL FILM 12-3 MG.....	1625
SIVEXTRO ORAL.....	1582	SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-	
SKELID.....	1583	2 MG, 2-0.5 MG.....	1626
SKYLA.....	1584	SUBOXONE SUBLINGUAL TABLET	
SMART DIABETES XPRES TEST.....	1585	SUBLINGUAL.....	1627
SMART SENSE PREMIUM TEST.....	1586	SUBSYS SUBLINGUAL LIQUID 100 MCG.....	1632
SMART SENSE VALUE TEST.....	1587	SUBSYS SUBLINGUAL LIQUID 1600 (800 X	
SMARTEST BLOOD GLUCOSE TEST.....	1588	2) MCG, 1200 (600 X 2) MCG.....	1630
<i>sodium phenylbutyrate oral powder 3 gm/tsp.</i> .....	1589	SUBSYS SUBLINGUAL LIQUID 400 MCG,	
SOLARAZE.....	1590	200 MCG, 800 MCG, 600 MCG.....	1628
SOLIA.....	1591	SULAR ORAL TABLET EXTENDED	
SOLIQUA.....	1592	RELEASE 24 HOUR.....	1634
SOLIRIS.....	1593	<i>sulfacetamide sodium ophthalmic solution</i> .....	1635
SOLODYN ORAL TABLET EXTENDED		<i>sulfasalazine oral</i> .....	1636
RELEASE 24 HOUR.....	1594	SULFAZINE.....	1637
SOLUS V2 TEST.....	1595	SULFAZINE EC.....	1638
SOMA ORAL TABLET 250 MG.....	1596	<i>sumatriptan succinate oral</i> .....	1639
SOMATULINE DEPOT.....	1597	<i>sumatriptan succinate subcutaneous solution 6</i>	
SOMAVERT.....	1598	<i>mg/0.5ml</i> .....	1640
SONATA ORAL CAPSULE 10 MG.....	1600	<i>sumatriptan succinate subcutaneous solution</i>	
SONATA ORAL CAPSULE 5 MG.....	1599	<i>auto-injector</i> .....	1641
SOOLANTRA.....	1601	SUMAVEL DOSEPRO SUBCUTANEOUS..	1642
SORIATANE ORAL CAPSULE 10 MG, 17.5		SUPARTZ INTRA-ARTICULAR.....	1643
MG, 25 MG.....	1602	SUPPRELIN LA.....	1644
SORILUX.....	1603	SUPREME TEST.....	1645
SOVALDI.....	1604	SURE EDGE TEST.....	1646
SPIRIVA HANDIHALER.....	1605	SURECHEK BLOOD GLUCOSE TEST.....	1647
SPIRIVA RESPIMAT.....	1606	SURE-TEST EASYPLUS MINI TEST.....	1648
SPORANOX ORAL CAPSULE.....	1607	SUTENT.....	1649
SPORANOX PULSEPAK.....	1608	SYEDA.....	1650
SPRINTEC 28.....	1609		
SPRITAM.....	1610		

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

SYLATRON SUBCUTANEOUS KIT 600	<i>temozolomide</i> .....	1693
MCG, 4 X 300 MCG, 4 X 200 MCG, 200 MCG,	TESTIM.....	1694
300 MCG.....	<i>testosterone transdermal gel 10 mg/act (2%)..</i>	1697
SYMBICORT.....	<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	1695
SYMBYAX.....	<i>testosterone transdermal gel 50 mg/5gm (1%),</i>	1696
SYMBYAX.....	<i>12.5 mg/act (1%).....</i>	1699
SYMLIN.....	<i>tetrabenazine oral tablet 12.5 mg</i> .....	1698
SYMLINPEN 120.....	<i>tetrabenazine oral tablet 25 mg</i> .....	1702
SYMLINPEN 60.....	TEVETEN HCT.....	1700
SYNAGIS.....	TEVETEN ORAL TABLET 400 MG.....	1701
SYNALAR EXTERNAL CREAM.....	TEVETEN ORAL TABLET 600 MG.....	1703
SYNALAR EXTERNAL OINTMENT.....	TEV-TROPIN.....	1704
SYNAREL.....	<i>tgt blood glucose test</i> .....	1705
SYNJARDY.....	THALOMID.....	1706
SYNVISC INTRA-ARTICULAR.....	THIOLA.....	1707
SYNVISC ONE INTRA-ARTICULAR.....	<i>tiagabine hcl oral tablet 2 mg</i> .....	1708
SYPRINE.....	<i>tiagabine hcl oral tablet 4 mg</i> .....	1709
TACLONEX EXTERNAL OINTMENT.....	TILIA FE.....	1710
<i>tacrolimus external</i> .....	TIVORBEX.....	1711
TAFINLAR.....	TOBI PODHALER.....	1712
TAGRISSE.....	<i>tobramycin ophthalmic</i> .....	1713
TALTZ.....	<i>tobramycin-dexamethasone</i> .....	1714
TAMIFLU ORAL CAPSULE.....	TOBREX OPHTHALMIC SOLUTION.....	1715
TAMIFLU ORAL SUSPENSION	TODAY SPONGE.....	1716
RECONSTITUTED 6 MG/ML.....	<i>tolterodine tartrate er</i> .....	1717
TANZEUM.....	TOPAMAX SPRINKLE.....	1718
TARCEVA.....	TOPICORT EXTERNAL CREAM.....	1719
TASIGNA.....	TOPICORT EXTERNAL CREAM.....	1718
TAYTULLA.....	TOPICORT EXTERNAL GEL.....	1718
TAZORAC.....	TOPICORT EXTERNAL OINTMENT.....	1718
TECFIDERA ORAL.....	TOPICORT EXTERNAL OINTMENT.....	1719
TECFIDERA ORAL CAPSULE DELAYED	TOPICORT SPRAY.....	1720
RELEASE 120 MG.....	<i>topiramate oral capsule sprinkle</i> .....	1721
TECFIDERA ORAL CAPSULE DELAYED	TOPROL XL ORAL TABLET EXTENDED	
RELEASE 240 MG.....	RELEASE 24 HOUR 100 MG, 50 MG.....	1724
TECHNIVIE.....	TOPROL XL ORAL TABLET EXTENDED	
TEKAMLO.....	RELEASE 24 HOUR 200 MG.....	1722
TEKTURNA.....	TOPROL XL ORAL TABLET EXTENDED	
TEKTURNA HCT.....	RELEASE 24 HOUR 25 MG.....	1723
TELCARE BLOOD GLUCOSE TEST.....	TOUJEO SOLOSTAR.....	1725
<i>telmisartan</i> .....	TOVIAZ.....	1726
<i>telmisartan-amlodipine</i> .....	TRACLEER.....	1727
<i>telmisartan-hctz oral tablet 40-12.5 mg</i> .....	TRADJENTA.....	1728
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i> .....	<i>tramadol hcl er (biphasic) oral tablet extended</i>	
TEMODAR INTRAVENOUS.....	<i>release 24 hour 100 mg, 200 mg</i> .....	1731
TEMODAR ORAL.....	<i>tramadol hcl er (biphasic) oral tablet extended</i>	
TEMOVATE.....	<i>release 24 hour 300 mg</i> .....	1732
TEMOVATE E.....		

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017



<i>tramadol hcl er oral capsule extended release 24 hour 300 mg, 100 mg, 200 mg</i> .....	1729	TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED .....	1770
<i>tramadol hcl er oral tablet extended release 24 hour</i> .....	1730	TWYNSTA.....	1771
<i>tramadol-acetaminophen</i> .....	1733	TYBOST.....	1772
<i>tranexamic acid oral</i> .....	1734	TYKERB.....	1773
<i>travoprost</i> .....	1735	TYSABRI.....	1774
TRELSTAR.....	1736	TYVASO.....	1775
TRELSTAR MIXJECT.....	1737	TYVASO REFILL.....	1776
<i>tretinoin external</i> .....	1739	TYVASO STARTER.....	1777
<i>tretinoin microsphere</i> .....	1740	UCERIS ORAL.....	1779
<i>tretinoin microsphere pump</i> .....	1741	UCERIS RECTAL.....	1778
<i>tretinoin oral</i> .....	1738	ULORIC.....	1780
TRETIN-X EXTERNAL CREAM.....	1742	ULTIMA TEST.....	1781
TRETIN-X EXTERNAL KIT 0.05 % CREAM, 0.025 % CREAM, 0.1 % CREAM.....	1742	ULTRACET.....	1782
TRETTEN.....	1743	ULTRAM ER.....	1783
TREXIMET.....	1744	ULTRATRAK PRO TEST.....	1784
TRIBENZOR.....	1745	ULTRATRAK ULTIMATE TEST.....	1785
TRICOR.....	1746	ULTRAVATE EXTERNAL CREAM.....	1786
TRICOR.....	1747	ULTRAVATE EXTERNAL OINTMENT.....	1786
TRIDESILON.....	1748	ULTRESA.....	1787
TRI-ESTARYLLA.....	1749	UNISTRIP1 GENERIC.....	1788
<i>trifluridine ophthalmic</i> .....	1750	UPTRAVI ORAL TABLET 1200 MCG, 400 MCG, 800 MCG, 1000 MCG, 1600 MCG, 600 MCG, 1400 MCG.....	1789
TRIGLIDE.....	1751	UPTRAVI ORAL TABLET 200 MCG.....	1790
TRIGLIDE.....	1752	UPTRAVI ORAL TABLET THERAPY PACK .....	1790
TRI-LEGEST FE.....	1753	UROXATRAL.....	1791
TRI-LINYAH.....	1754	UTIBRON NEOHALER.....	1792
TRILIPIX.....	1755	VALCHLOR.....	1793
TRINESSA (28).....	1756	VALCYTE.....	1794
TRINTELLIX.....	1757	<i>valganciclovir hcl</i> .....	1795
TRI-PREVIFEM.....	1758	<i>valsartan oral tablet 40 mg, 80 mg</i> .....	1796
TRI-SPRINTEC.....	1759	<i>valsartan-hydrochlorothiazide</i> .....	1797
TRIVORA (28).....	1760	<i>valsartan-hydrochlorothiazide</i> .....	1798
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 50 MG, 25 MG.....	1761	VANOS.....	1799
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG..	1762	VANTAS.....	1800
<i>tropium chloride</i> .....	1763	VARUBI.....	1801
<i>tropium chloride er</i> .....	1764	VASCEPA ORAL CAPSULE 1 GM.....	1802
TRUE METRIX BLOOD GLUCOSE TEST..	1765	VASOTEC.....	1803
TRUETEST TEST.....	1766	VECAMYL.....	1804
TRUETRACK TEST.....	1767	VELETRI.....	1805
TRULICITY.....	1768	VELIVET.....	1806
TRUVADA.....	1769	VELTASSA.....	1807
		VELTIN.....	1808
		VEMLIDY.....	1809
		VENCLEXTA ORAL TABLET 10 MG.....	1810

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

VENCLEXTA ORAL TABLET 100 MG.....	1812	VISTOGARD.....	1851
VENCLEXTA ORAL TABLET 50 MG.....	1811	VISUDYNE.....	1852
VENCLEXTA STARTING PACK.....	1813	VIVELLE-DOT TRANSDERMAL PATCH	
<i>venlafaxine hcl er oral capsule extended release</i>		TWICE WEEKLY 0.025 MG/24HR.....	1854
<i>24 hour 150 mg.....</i>	1819	VIVELLE-DOT TRANSDERMAL PATCH	
<i>venlafaxine hcl er oral capsule extended release</i>		TWICE WEEKLY 0.05 MG/24HR, 0.075	
<i>24 hour 37.5 mg, 75 mg.....</i>	1818	MG/24HR, 0.0375 MG/24HR, 0.1 MG/24HR.	1853
<i>venlafaxine hcl er oral tablet extended release</i>		VIVLODEX.....	1855
<i>24 hour.....</i>	1820	VOCAL POINT BLOOD GLUCOSE TEST ..	1856
<i>venlafaxine hcl oral tablet 100 mg, 25 mg.....</i>	1814	VOGELXO PUMP.....	1859
<i>venlafaxine hcl oral tablet 37.5 mg.....</i>	1815	VOGELXO TRANSDERMAL GEL 50	
<i>venlafaxine hcl oral tablet 50 mg.....</i>	1816	MG/5GM (1%).....	1857
<i>venlafaxine hcl oral tablet 75 mg.....</i>	1817	VOLTAREN TRANSDERMAL.....	1860
VENTAVIS.....	1821	VONVENDI.....	1861
VENTOLIN HFA.....	1822	VOTRIENT.....	1862
VERAMYST.....	1823	VPRIV.....	1863
<i>verapamil hcl er oral capsule extended release</i>		VRAYLAR ORAL CAPSULE 1.5 MG.....	1865
<i>24 hour 100 mg.....</i>	1825	VRAYLAR ORAL CAPSULE 3 MG.....	1867
<i>verapamil hcl er oral capsule extended release</i>		VRAYLAR ORAL CAPSULE 6 MG, 4.5 MG	1866
<i>24 hour 300 mg, 200 mg.....</i>	1824	VRAYLAR ORAL CAPSULE THERAPY	
VERDESO.....	1826	PACK.....	1864
VERELAN PM ORAL CAPSULE EXTENDED		VYFEMLA.....	1868
RELEASE 24 HOUR 100 MG.....	1827	VYTORIN.....	1869
VERELAN PM ORAL CAPSULE EXTENDED		VYTORIN.....	1870
RELEASE 24 HOUR 300 MG, 200 MG.....	1828	VYVANSE.....	1871
VERSACLOZ.....	1829	WAVESENSE PRESTO.....	1872
VESICARE.....	1830	WELLBUTRIN.....	1873
VESTURA.....	1831	WELLBUTRIN SR.....	1874
VIBERZI.....	1832	WELLBUTRIN XL.....	1875
VICTORY AGM-4000 TEST.....	1833	WERA.....	1876
VICTOZA SUBCUTANEOUS.....	1834	WIDE-SEAL DIAPHRAGM 60.....	1877
VICTRELIS.....	1835	WIDE-SEAL DIAPHRAGM 65.....	1878
VIEKIRA PAK.....	1836	WIDE-SEAL DIAPHRAGM 70.....	1879
VIEKIRA XR.....	1837	WIDE-SEAL DIAPHRAGM 75.....	1880
VIIIBRYD ORAL KIT.....	1839	WIDE-SEAL DIAPHRAGM 80.....	1881
VIIIBRYD ORAL TABLET.....	1838	WIDE-SEAL DIAPHRAGM 85.....	1882
VIIIBRYD ORAL TABLET.....	1840	WIDE-SEAL DIAPHRAGM 90.....	1883
VIIIBRYD STARTER PACK.....	1841	WIDE-SEAL DIAPHRAGM 95.....	1884
VIMIZIM.....	1842	WILATE INTRAVENOUS.....	1885
VIMOVO.....	1843	WYMZYA FE.....	1886
VIMPAT INTRAVENOUS.....	1844	XALATAN.....	1887
VIMPAT ORAL SOLUTION.....	1846	XALKORI.....	1888
VIMPAT ORAL TABLET 100 MG, 150 MG,		XANAX XR.....	1889
200 MG.....	1845	XARTEMIS XR.....	1890
VIMPAT ORAL TABLET 50 MG.....	1847	XELJANZ.....	1891
VIOKACE.....	1848	XELJANZ XR.....	1892
<i>viorele.....</i>	1849	XELODA.....	1893
VIROPTIC.....	1850	XENAZINE ORAL TABLET 12.5 MG.....	1894

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

XENAZINE ORAL TABLET 25 MG.....	1895	ZINBRYTA.....	1940
XEOMIN.....	1896	ZIOPTAN.....	1941
XGEVA.....	1897	<i>ziprasidone hcl</i> .....	1942
XIFAXAN ORAL TABLET 200 MG.....	1898	ZOCOR.....	1943
XIFAXAN ORAL TABLET 550 MG.....	1899	ZOHYDRO ER.....	1944
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG.....	1900	ZOLADEX.....	1946
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-500 MG, 10-1000 MG, 10-500 MG.....	1901	<i>zoledronic acid intravenous concentrate</i> .....	1948
XOLAIR.....	1902	<i>zoledronic acid intravenous solution</i> .....	1947
XOPENEX HFA.....	1903	ZOLINZA.....	1949
XTAMPZA ER.....	1904	<i>zolmitriptan oral</i> .....	1950
XTANDI.....	1906	ZOLOFT ORAL CONCENTRATE.....	1952
XULANE.....	1907	ZOLOFT ORAL TABLET 100 MG.....	1951
XURIDEN.....	1908	ZOLOFT ORAL TABLET 25 MG.....	1954
XYNTHA INTRAVENOUS.....	1909	ZOLOFT ORAL TABLET 50 MG.....	1953
XYNTHA SOLOFUSE.....	1910	<i>zolpidem tartrate er</i> .....	1958
XYREM.....	1911	<i>zolpidem tartrate oral tablet 10 mg</i> .....	1956
XYZAL ORAL TABLET.....	1912	<i>zolpidem tartrate oral tablet 5 mg</i> .....	1957
YOSPRALA.....	1913	<i>zolpidem tartrate sublingual</i> .....	1955
<i>zaleplon oral capsule 10 mg</i> .....	1915	ZOLPIMIST.....	1959
<i>zaleplon oral capsule 5 mg</i> .....	1914	ZOMACTON.....	1960
ZARAH.....	1916	ZOMETA.....	1961
ZARXIO.....	1917	ZOMIG.....	1962
ZAVESCA.....	1918	ZOMIG.....	1963
ZECUITY.....	1919	ZOMIG.....	1964
ZEGERID ORAL CAPSULE 20-1100 MG....	1920	ZOMIG ZMT.....	1965
ZEGERID ORAL CAPSULE 40-1100 MG....	1922	ZORBTIVE.....	1966
ZEGERID ORAL PACKET.....	1921	ZORVOLEX.....	1967
ZEGERID OTC.....	1923	ZOVIA 1/35E (28).....	1968
ZELAPAR.....	1924	ZOVIA 1/50E (28).....	1969
ZELBORAF.....	1925	ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG.....	1973
ZEMAIRA.....	1926	ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG, 5.7- 1.4 MG.....	1970
ZEMBRACE SYMTOUCH.....	1927	ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG.....	1971
ZENATANE ORAL CAPSULE 30 MG.....	1928	ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG.....	1972
ZENATANE ORAL CAPSULE 40 MG, 10 MG, 20 MG.....	1929	ZUPLENZ.....	1974
ZENCHENT.....	1930	ZURAMPIC.....	1975
ZENCHENT FE.....	1931	ZYBAN.....	1976
ZENZEDI ORAL TABLET 10 MG, 5 MG....	1934	ZYCLARA.....	1977
ZENZEDI ORAL TABLET 20 MG, 7.5 MG, 2.5 MG, 15 MG, 30 MG.....	1932	ZYCLARA PUMP EXTERNAL CREAM 2.5 % .....	1979
ZEOSA.....	1935	ZYCLARA PUMP EXTERNAL CREAM 3.75 %.....	1978
ZEPATIER.....	1936	ZYDELIG.....	1980
ZETIA.....	1937	ZYKADIA.....	1981
ZETONNA.....	1938		
ZIANA.....	1939		

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017

ZYPREXA INTRAMUSCULAR.....	1983
ZYPREXA ORAL TABLET 2.5 MG.....	1984
ZYPREXA ORAL TABLET 20 MG, 15 MG, 7.5 MG, 10 MG, 5 MG.....	1982
ZYPREXA RELPREVV .....	1985
ZYPREXA ZYDIS .....	1986
ZYTIGA.....	1987

2017 Aetna Pharmacy Drug Guide - Fully Insured  
Last Update 03/2017  
Next Update 04/2017