

2017 Aetna Pharmacy Drug Guide - Premier Plus  
**Abstral**

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**Products Affected**

- ABSTRAL

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer pain, General anesthesia
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of cancer and concomitant use of long acting opioid therapy or member's resident state or contract state is California and the member 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>For coverage of additional quantities, member must meet the following requirements: A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist, or member is enrolled in a hospice program or meets hospice criteria, or member's resident state or contract state is California and the member is terminally ill, or the patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine, Healthcare Provider verbal confirmation that an agreement has been signed by the patient meets the criteria requirement.*Exceptions to requiring the signed opioid agreement for additional quantities are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program and documentation of one of the following: 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))</p>
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: April 25, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Acetaminophen-Codeine

## Products Affected

- *acetaminophen-codeine oral solution*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Acetaminophen-Codeine

## Products Affected

- *acetaminophen-codeine oral tablet*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## Acetaminophen-Codeine #2

### Products Affected

- *acetaminophen-codeine #2*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



## Acetaminophen-Codeine #3

### Products Affected

- *acetaminophen-codeine #3*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## Acetaminophen-Codeine #4

### Products Affected

- *acetaminophen-codeine #4*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 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	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/actimmune.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

# Actiq

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## Products Affected

- ACTIQ

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer pain, General anesthesia
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of cancer and concomitant use of long acting opioid therapy or member's resident state or contract state is California and the member 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>For coverage of additional quantities, member must meet the following requirements: A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist, or member is enrolled in a hospice program or meets hospice criteria, or member's resident state or contract state is California and the member is terminally ill, or the patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine, Healthcare Provider verbal confirmation that an agreement has been signed by the patient meets the criteria requirement.*Exceptions to requiring the signed opioid agreement for additional quantities are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program and documentation of one of the following: 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))</p>
<b>QL Criteria</b>	120 lozenges Per 30 Days
<b>Notes/References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: April 25, 2016 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	
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

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## Products Affected

- ADDERALL

<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

# Adderall XR

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## Products Affected

- ADDERALL XR

<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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	
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

# Advate

## Products Affected

- ADVATE

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

# Adynovate

## Products Affected

- *adynovate*

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

# Adzenys XR-ODT

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## Products Affected

- ADZENYS XR-ODT

<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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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



# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# Afstyla

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## Products Affected

- AFSTYLA

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/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnnonmedicare/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

# 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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

## 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

# 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

# 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

# Alunbrig

## Products Affected

- ALUNBRIG

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/Alunbrig.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Alunbrig.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: June 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# 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 is enrolled in the FDA iPLEDGE program and, because of significant adverse reactions associated with its use, should be reserved for patients with multiple severe nodular acne who are unresponsive to conventional therapy, including topical acne products and systemic antibiotics
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	
<b>Notes/References</b>	Annual Review: 02/2017
<b>Revision Date</b>	Prior Authorization: August 22, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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: 09/2017
<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

# 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

# APAP-Caff-Dihydrocodeine

## Products Affected

- *apap-caff-dihydrocodeine oral capsule*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 capsules Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# APAP-Caff-Dihydrocodeine

## Products Affected

- *apap-caff-dihydrocodeine oral tablet 325-30-16 mg*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Aptensio XR

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## Products Affected

- APTENSIO XR

<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	Annual Review: 05/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Aralast NP

## Products Affected

- ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 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/Alpha-1%20Antitrypsin%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

## Aranesp (Albumin Free)

### Products Affected

- ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML

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

# Arcalyst

## 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

# Arymo ER

## Products Affected

- ARYMO ER

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	90 tablets Per 30 Days
<b>Notes/ References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ascomp-Codeine

## Products Affected

- ASCOMP-CODEINE

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	<p>(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.</p>
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 capsules Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Atomoxetine HCl

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## Products Affected

- *atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 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

# Atomoxetine HCl

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## Products Affected

- *atomoxetine hcl oral capsule 100 mg, 80 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

# 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	
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

# Austedo

## Products Affected

- AUSTEDO

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/Austedo.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Austedo.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: May 09, 2017 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Avonex Pen

## Products Affected

- AVONEX PEN INTRAMUSCULAR  
AUTO-INJECTOR 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/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

# Avonex Prefilled

## Products Affected

- AVONEX PREFILLED  
INTRAMUSCULAR PREFILLED  
SYRINGE 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/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

# 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



# Belbuca

## Products Affected

- BELBUCA

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	2 films Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Benlysta

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Berinert

## Products Affected

- BERINERT

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_angioedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angioedema.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

# Betaseron

## Products Affected

- BETASERON SUBCUTANEOUS 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/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	15 vials Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Bivigam

## 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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# Botox

## Products Affected

- BOTOX

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



# Bravelle

## Products Affected

- BRAVELLE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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

# Bunavail

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## Products Affected

- BUNAVAIL BUCCAL FILM 2.1-0.3 MG

<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

# Bunavail

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## Products Affected

- BUNAVAIL BUCCAL FILM 4.2-0.7 MG

<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>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

# 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

## Products Affected

- *buprenorphine*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	4 patches Per 28 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 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



# Buprenorphine HCl-Naloxone HCl

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## Products Affected

- *buprenorphine hcl-naloxone hcl*

<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

# Butalbital-APAP-Caff-Cod

## Products Affected

- *butalbital-apap-caff-cod*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 capsules Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Butalbital-ASA-Caff-Codeine

## Products Affected

- *butalbital-asa-caff-codeine*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 capsules Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Butorphanol Tartrate

## Products Affected

- *butorphanol tartrate nasal*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	2 bottles Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Butrans

## Products Affected

- BUTRANS

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	4 patches Per 28 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Capecitabine

## Products Affected

- *capecitabine*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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

# 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 maximum Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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

# Carimune NF

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## Products Affected

- CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM

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

# 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 caps Per 1 Day
Notes/References	
Revision Date	Prior Authorization: January 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cerezyme

## Products Affected

- CEREZYME INTRAVENOUS SOLUTION  
RECONSTITUTED 400 UNIT

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



# 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/infer-tility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infer-tility.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

# Cholbam

## 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

# 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/inferility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/inferility.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

# Cimzia

## Products Affected

- CIMZIA SUBCUTANEOUS KIT 2 X 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/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	
QL Criteria	1 kit Per 1 month
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cimzia Prefilled

## Products Affected

- CIMZIA PREFILLED

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	
QL Criteria	1 kit Per 1 month
Notes/References	
Revision Date	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	
QL Criteria	1 kit Per 1 year
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Cinqair

## 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
Covered Uses	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>
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



# CloNIDine HCl ER

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## Products Affected

- *clonidine hcl er*

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<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
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

# Codeine Sulfate

## Products Affected

- *codeine sulfate oral tablet*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 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 maximum Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## Cometriq (140 mg Daily Dose)

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### 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 maximum Per 1 fill
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 maximum Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Concerta

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## Products Affected

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

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Concerta

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## Products Affected

- CONCERTA ORAL TABLET EXTENDED  
RELEASE 36 MG

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<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

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

# 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

# Cosentyx

## Products Affected

- COSENTYX

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/Cosentyx.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Cosentyx.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

# Cosentyx Sensoready Pen

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## Products Affected

- COSENTYX SENSOREADY PEN  
SUBCUTANEOUS SOLUTION AUTO-  
INJECTOR 150 MG/ML

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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# Cotempla XR-ODT

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## Products Affected

- COTEMPLA XR-ODT

<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

# Cuprimine

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 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

# 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

# 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/opthalmic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/opthalmic_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

# Daklinza

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Daytrana

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## Products Affected

- DAYTRANA

<b>QL Criteria</b>	1 patch Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Demerol

## Products Affected

- DEMEROL ORAL

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Depen Titratabs

## Products Affected

- DEPEN TITRATABS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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



# Desoxyn

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## Products Affected

- DESOXYN

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dexedrine

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## Products Affected

- DEXEDRINE ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR

<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

# 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 oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg*
- *dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 40 mg, 5 mg*

<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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: 10/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dextroamphetamine Sulfate

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## Products Affected

- *dextroamphetamine sulfate oral tablet*

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

# Dextroamphetamine Sulfate ER

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## Products Affected

- *dextroamphetamine sulfate er*

<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

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Diclofenac Sodium

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## Products Affected

- *diclofenac sodium transdermal gel 1 %*

<b>QL Criteria</b>	200 grams Per 30 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 3 %*

<b>QL Criteria</b>	100 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

# Dilaudid

## Products Affected

- DILAUDID ORAL LIQUID

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dilaudid

## Products Affected

- DILAUDID ORAL TABLET

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Dolophine

## Products Affected

- DOLOPHINE ORAL TABLET 5 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

2017 Aetna Pharmacy Drug Guide - Premier Plus  
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<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Doxepin HCl

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## Products Affected

- *doxepin hcl external*

<b>QL Criteria</b>	45 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

# Dupixent

## Products Affected

- DUPIXENT

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/Dupixent.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Dupixent.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: May 09, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Duragesic-100

## Products Affected

- DURAGESIC-100

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Duragesic-12

## Products Affected

- DURAGESIC-12

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Duragesic-25

## Products Affected

- DURAGESIC-25

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Duragesic-50

## Products Affected

- DURAGESIC-50

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Duragesic-75

## Products Affected

- DURAGESIC-75

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Durolane

## Products Affected

- DUROLANE

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

# Dyanavel XR

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## Products Affected

- DYANAVEL XR

<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

# 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

# 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



# 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

# 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

# Ella

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## Products Affected

- ELLA

<b>QL Criteria</b>	2 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

# 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

# Embeda

## Products Affected

- EMBEDA

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Emflaza

## Products Affected

- EMFLAZA

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/Emflaza.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Emflaza.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: April 11, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Enbrel

## Products Affected

- ENBREL SUBCUTANEOUS SOLUTION  
PREFILLED SYRINGE 25 MG/0.5ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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	
QL Criteria	8 syringes Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Enbrel

## Products Affected

- ENBREL SUBCUTANEOUS SOLUTION  
PREFILLED SYRINGE 50 MG/ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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	
QL Criteria	4 syringes Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Enbrel Mini

## Products Affected

- ENBREL MINI

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	
QL Criteria	8 syringes Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Enbrel SureClick

## Products Affected

- ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR

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

# Endocet

## Products Affected

- ENDOCET ORAL TABLET 10-325 MG, 5-325 MG
- ENDOCET ORAL TABLET 2.5-325 MG, 7.5-325 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

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<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Entecavir

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## Products Affected

- *entecavir*

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

# Entyvio

## Products Affected

- ENTYVIO

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/Entyvio.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Entyvio.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

# Epclusa

## Products Affected

- EPCLUSA

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/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.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



# Epogen

## Products Affected

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

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/Erythroipoiesis_Stimulating_Agents.html">http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/Erythroipoiesis_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
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

# 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

# Esbriet

## Products Affected

- ESBRIET ORAL CAPSULE

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

# Esbriet

## Products Affected

- ESBRIET ORAL TABLET

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/Idiopathic_Pulmonary_Fibrosis.html">http://www.aetna.com/products/rxnnonmedicare/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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Euflexxa

## Products Affected

- EUFLEXXA INTRA-ARTICULAR 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/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

# Evekeo

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## Products Affected

- EVEKEO

<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	Annual Review: 02/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Exalgo

## Products Affected

- EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 32 MG, 8 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information

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<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Exalgo

## Products Affected

- EXALGO ORAL TABLET ER 24 HOUR  
ABUSE-DETERRENT 16 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

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<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	4 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 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/Anitdotes.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Anitdotes.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

# Extavia

## Products Affected

- EXTAVIA SUBCUTANEOUS 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/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	15 vials Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fabrazyme

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## 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

# 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



# Faslodex

## Products Affected

- FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML

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

# Feiba

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## 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

# FentaNYL

## Products Affected

- *fentanyl*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	20 patches Per 30 Days
<b>Notes/ References</b>	Annual Review: 09/2016
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# FentaNYL Citrate

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## Products Affected

- *fentanyl citrate buccal*

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain, General anesthesia
Exclusion Criteria	
Required Medical Information	A documented diagnosis of cancer and concomitant use of long acting opioid therapy or member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year

PA Criteria	Criteria Details
<b>Other Criteria</b>	<p>For coverage of additional quantities, member must meet the following requirements: A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist, or member is enrolled in a hospice program or meets hospice criteria, or member's resident state or contract state is California and the member is terminally ill, or the patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine, Healthcare Provider verbal confirmation that an agreement has been signed by the patient meets the criteria requirement.*Exceptions to requiring the signed opioid agreement for additional quantities are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program and documentation of one of the following: 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))</p>
<b>QL Criteria</b>	120 lozenges Per 30 Days
<b>Notes/References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: April 25, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Fentora

## Products Affected

- FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# 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/Anitdotes.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Anitdotes.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

# Fioricet/Codeine

## Products Affected

- FIORICET/CODEINE ORAL CAPSULE  
50-300-40-30 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

2017 Aetna Pharmacy Drug Guide - Premier Plus  
Last Update 12/2017

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	120 capsules Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## Fiorinal/Codeine #3

### Products Affected

- FIORINAL/CODEINE #3

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information
Other Criteria	

2017 Aetna Pharmacy Drug Guide - Premier Plus  
Last Update 12/2017

<b>QL Criteria</b>	120 capsules Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 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/here_ditary_angioedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/here_ditary_angioedema.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

# 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 DIF

## Products Affected

- FLEBOGAMMA DIF

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



# Flolan

## 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

# Focalin

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## Products Affected

- FOCALIN

<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

# Focalin XR

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## Products Affected

- FOCALIN XR

<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Follistim AQ

## Products Affected

- FOLLISTIM AQ INJECTION SOLUTION 75 UNT/0.5ML
- FOLLISTIM AQ 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/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

# Forteo

## Products Affected

- FORTEO SUBCUTANEOUS SOLUTION  
600 MCG/2.4ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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

# Fuzeon

## Products Affected

- FUZEON 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/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

# Gammagard

## 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

# Gammaked

## 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



# Gammaplex

## Products Affected

- GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML

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

# Gamunex-C

## Products Affected

- GAMUNEX-C

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

# Ganirelix Acetate

## Products Affected

- *ganirelix acetate*

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/inferility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/inferility.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

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Gel-One

## Products Affected

- GEL-ONE INTRA-ARTICULAR  
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/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

## Gelsyn-3

### Products Affected

- GELSYN-3

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

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Genotropin MiniQuick

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 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

## 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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# 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-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

# 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

# Gleevec

## Products Affected

- GLEEVEC

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



# 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/inferility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/inferility.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

### 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/inferility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/inferility.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

### 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/infer-tility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infer-tility.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

# Granix

## Products Affected

- GRANIX

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/G-CSF.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/G-CSF.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

# 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: 09/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Haegarda

## Products Affected

- HAEGARDA

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/here_ditary_angioedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/here_ditary_angioedema.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

# 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

# Helixate FS

## Products Affected

- HELIXATE FS

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



# Hemofil M

## Products Affected

- HEMOFIL M INTRAVENOUS SOLUTION  
RECONSTITUTED 1000 UNIT, 1700  
UNIT, 250 UNIT, 500 UNIT

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

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Hizentra

## Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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

# HP Acthar

## 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

# Humate-P

## Products Affected

- HUMATE-P INTRAVENOUS SOLUTION  
RECONSTITUTED 1000-2400 UNIT, 250-  
600 UNIT, 500-1200 UNIT

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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Humira

## Products Affected

- HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML

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	
QL Criteria	2 injections Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Humira

## Products Affected

- HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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	
QL Criteria	6 injections Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Humira Pediatric Crohns Start

## Products Affected

- HUMIRA PEDIATRIC CROHNS START  
SUBCUTANEOUS PREFILLED SYRINGE  
KIT 40 MG/0.8ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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	
QL Criteria	6 injections Per 28 Days
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 PEN-INJECTOR 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/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	
QL Criteria	6 injections Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Humira Pen-Crohns Starter

## Products Affected

- HUMIRA PEN-CROHNS STARTER  
SUBCUTANEOUS PEN-INJECTOR 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/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	
QL Criteria	6 injections Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Humira Pen-Psoriasis Starter

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## Products Affected

- HUMIRA PEN-PSORIASIS STARTER  
SUBCUTANEOUS PEN-INJECTOR 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/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	
QL Criteria	6 injections Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Hyalgan

## Products Affected

- HYALGAN

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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# Hycet

## Products Affected

- HYCET

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Hydrocodone-Acetaminophen

## Products Affected

- *hydrocodone-acetaminophen oral solution*  
2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information

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<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Hydrocodone-Acetaminophen

## Products Affected

- *hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information

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<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Hydrocodone-Ibuprofen

## Products Affected

- *hydrocodone-ibuprofen oral tablet 10-200 mg*
- *hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg*

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# HYDRomorphone HCl

## Products Affected

- *hydromorphone hcl oral liquid*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# HYDRomorphone HCl

## Products Affected

- *hydromorphone hcl oral tablet*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Hymovis

## Products Affected

- HYMOVIS

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

# 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/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

# Hysingla ER

## Products Affected

- HYSINGLA ER

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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

# Ibudone

## Products Affected

- IBUDONE

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	<p>(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.</p>
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Iclusig

## Products Affected

- ICLUSIG

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

# Idelvion

## Products Affected

- IDELVION

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/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnnonmedicare/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

# IDHIFA

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## Products Affected

- IDHIFA

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/I/dhifa.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/I/dhifa.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 08, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ilaris

## 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

## Ilaris (150mg Delivered)

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### Products Affected

- ILARIS (150MG DELIVERED)

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

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## Products Affected

- *imatinib mesylate*

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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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



# 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

# 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	
Notes/References	
Revision Date	Prior Authorization: December 13, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ingrezza

## Products Affected

- INGREZZA

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/Ingrezza.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CNS/Ingrezza.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: June 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# 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

# Intuniv

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## Products Affected

- INTUNIV

<b>QL Criteria</b>	1 tablet Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Iressa

## Products Affected

- IRESSA

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/ANEOPPL/Iressa.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ixinity

## Products Affected

- IXINITY

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/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnnonmedicare/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/Anitdotes.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Anitdotes.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 Sprinkle

## Products Affected

- JADENU SPRINKLE

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/Anitdotes.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Anitdotes.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

# 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

## 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

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/Antilipidemic_Agents_HOFH.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Antilipidemic_Agents_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	
QL Criteria	28 capsules 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 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/Antilipidemic_Agents_HOFH.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Antilipidemic_Agents_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	
QL Criteria	84 capsules 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

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/Antilipidemic_Agents_HOFH.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Antilipidemic_Agents_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	
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 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/Antilipidemic_Agents_HOFH.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Antilipidemic_Agents_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	
QL Criteria	14 capsules Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kadian

## Products Affected

- KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG
- KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information

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Last Update 12/2017

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kalbitor

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## Products Affected

- KALBITOR

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_angioedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angioedema.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

# Kalydeco

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## Products Affected

- KALYDECO ORAL PACKET

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

# Kalydeco

## Products Affected

- KALYDECO 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/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



# Kanuma

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## 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

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## Products Affected

- KAPVAY ORAL TABLET EXTENDED  
RELEASE 12 HOUR

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<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

# 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

# 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/rxnnonmedicare/data/2017/MISC/carb onic_anhydrase_inhibitor.html">http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/carb onic_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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kevzara

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## Products Affected

- KEVZARA

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/Kevzara.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Kevzara.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: June 23, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kineret

## Products Affected

- KINERET SUBCUTANEOUS 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/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	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## Kisqali 200 Dose

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### Products Affected

- KISQALI 200 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/Kisqali.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Kisqali.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: April 05, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Kisqali 400 Dose

## Products Affected

- KISQALI 400 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/Kisqali.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Kisqali.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: April 05, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kisqali 600 Dose

## Products Affected

- KISQALI 600 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/Kisqali.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Kisqali.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: April 05, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kisqali Femara 200 Dose

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## Products Affected

- KISQALI FEMARA 200 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/Kisqali.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Kisqali.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: April 05, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kisqali Femara 400 Dose

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## Products Affected

- KISQALI FEMARA 400 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/Kisqali.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Kisqali.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: April 05, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Kisqali Femara 600 Dose

## Products Affected

- KISQALI FEMARA 600 DOSE

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/Kisqali.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Kisqali.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: April 05, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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

# Kogenate FS

## 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
<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

# 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/anti-diabetic-agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/anti-diabetic-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

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## 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

# Krystexxa

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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

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## 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

# Kynamro

## Products Affected

- KYNAMRO SUBCUTANEOUS 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/CV/Antilipidemic_Agents_HOFH.html">http://www.aetna.com/products/rxnonmedicare/data/2017/CV/Antilipidemic_Agents_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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lazanda

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## Products Affected

- LAZANDA

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer pain, General anesthesia
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of cancer and concomitant use of long acting opioid therapy or member's resident state or contract state is California and the member 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>For coverage of additional quantities, member must meet the following requirements: A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist, or member is enrolled in a hospice program or meets hospice criteria, or member's resident state or contract state is California and the member is terminally ill, or the patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine, Healthcare Provider verbal confirmation that an agreement has been signed by the patient meets the criteria requirement.*Exceptions to requiring the signed opioid agreement for additional quantities are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program and documentation of one of the following: 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))</p>
<b>QL Criteria</b>	4 bottles Per 30 Days
<b>Notes/References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: April 25, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lazanda

## Products Affected

- LAZANDA

PA Criteria	Criteria Details
<b>Covered Uses</b>	Breakthrough cancer pain, General anesthesia
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	Documentation that member is terminally ill or has 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 is intolerant of two (2) immediate-release opioids including morphine, hydrocodone, oxycodone, or hydromorphone.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	1 year
<b>Other Criteria</b>	Step therapy may apply
<b>QL Criteria</b>	4 bottles Per 30 Days
<b>Notes/References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: December 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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

# Lenvima 10 MG Daily Dose

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## 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 day supply Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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 day supply Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lenvima 18 MG Daily Dose

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## 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

## Lenvima 20 MG Daily Dose

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### 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 day supply Per 1 fill
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 day supply Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



## Lenvima 8 MG Daily Dose

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### Products Affected

- LENVIMA 8 MG DAILY DOSE

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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 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

# 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/rxnnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnnonmedicare/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

# Leuprolide Acetate

## Products Affected

- *leuprolide acetate injection*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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

# Levonest

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## 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

# 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

## 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



# Levorphanol Tartrate

## Products Affected

- *levorphanol tartrate oral*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lidocaine

## Products Affected

- *lidocaine external ointment*

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

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

# Lidocaine-Prilocaine

## Products Affected

- *lidocaine-prilocaine external cream*

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

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	*Topical lidocaine/prilocaine cream is used for temporary anesthesia. Prescription renewals for longer than 3 months require clinical documentation of medical necessity. Due to Safety Concerns higher quantities and prolonged use are not recommended. Renewal Duration: 3 months *Up to an additional 30 grams per 30 days. Higher additional quantities are not approvable.
<b>QL Criteria</b>	30 grams Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: October 03, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lonsurf

## Products Affected

- LONSURF

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

# Lorcet

## Products Affected

- LORCET

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lorcet HD

## Products Affected

- LORCET HD

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lorcet Plus

## Products Affected

- LORCET PLUS ORAL TABLET 7.5-325 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

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<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lortab

## Products Affected

- LORTAB ORAL ELIXIR 10-300 MG/15ML

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information
Other Criteria	

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Last Update 12/2017

<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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 INTRAVITREAL 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/EYE/opthalmic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/opthalmic_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

# 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

# Lupaneta Pack

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## 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

# Lupron Depot (1-Month)

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## Products Affected

- LUPRON DEPOT (1-MONTH)

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 (3-Month)

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### Products Affected

- LUPRON DEPOT (3-MONTH)

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 (4-Month)

## Products Affected

- LUPRON DEPOT (4-MONTH)

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 (6-Month)

### Products Affected

- LUPRON DEPOT (6-MONTH)

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 (1-Month)

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### Products Affected

- LUPRON DEPOT-PED (1-MONTH)

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 (3-Month)

## Products Affected

- LUPRON DEPOT-PED (3-MONTH)

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

# Lutera

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## Products Affected

- LUTERA

<b>QL Criteria</b>	1.5 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

# Lynparza

## Products Affected

- LYNPARZA ORAL CAPSULE

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 day supply Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Lynparza

## Products Affected

- LYNPARZA 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/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

# 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/opthalmic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/opthalmic_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

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 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

# Mavyret

## Products Affected

- MAVYRET

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



# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

## 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/infer-tility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infer-tility.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

# Meperidine HCl

## Products Affected

- *meperidine hcl oral tablet*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Metadate ER

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## Products Affected

- METADATE ER ORAL TABLET  
EXTENDED RELEASE 20 MG

<b>QL Criteria</b>	3 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methadone HCl

## Products Affected

- *methadone hcl oral concentrate*
- *methadone hcl oral solution 10 mg/5ml*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	<p>(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months. (4) FOR A DOCUMENTED DIAGNOSIS OF OPIOID ADDICTION (heroin or other morphine-like drugs): medication must be dispensed by a treatment program certified by SAMHSA (Substance Abuse and Mental Health Services Administration) and the patient will be monitored during therapy for signs and symptoms of abuse/misuse as well as compliance and the potential diversion to others. (Initiation/detoxification treatment = 1 month approval, continuation of therapy/maintenance treatment = 6 month approval).</p>

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	See required medical information
<b>Other Criteria</b>	
<b>QL Criteria</b>	30 ML Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: November 27, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methadone HCl

## Products Affected

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

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	<p>(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months. (4) FOR A DOCUMENTED DIAGNOSIS OF OPIOID ADDICTION (heroin or other morphine-like drugs): medication must be dispensed by a treatment program certified by SAMHSA (Substance Abuse and Mental Health Services Administration) and the patient will be monitored during therapy for signs and symptoms of abuse/misuse as well as compliance and the potential diversion to others. (Initiation/detoxification treatment = 1 month approval, continuation of therapy/maintenance treatment = 6 month approval).</p>



<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	See required medical information
<b>Other Criteria</b>	
<b>QL Criteria</b>	60 ML Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: November 27, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methadone HCl

## Products Affected

- *methadone hcl oral tablet*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	<p>(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months. (4) FOR A DOCUMENTED DIAGNOSIS OF OPIOID ADDICTION (heroin or other morphine-like drugs): medication must be dispensed by a treatment program certified by SAMHSA (Substance Abuse and Mental Health Services Administration) and the patient will be monitored during therapy for signs and symptoms of abuse/misuse as well as compliance and the potential diversion to others. (Initiation/detoxification treatment = 1 month approval, continuation of therapy/maintenance treatment = 6 month approval).</p>

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	See required medical information
<b>Other Criteria</b>	
<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: November 27, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methadone HCl

## Products Affected

- *methadone hcl oral tablet soluble*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	<p>(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months. (4) FOR A DOCUMENTED DIAGNOSIS OF OPIOID ADDICTION (heroin or other morphine-like drugs): medication must be dispensed by a treatment program certified by SAMHSA (Substance Abuse and Mental Health Services Administration) and the patient will be monitored during therapy for signs and symptoms of abuse/misuse as well as compliance and the potential diversion to others. (Initiation/detoxification treatment = 1 month approval, continuation of therapy/maintenance treatment = 6 month approval).</p>

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	See required medical information
<b>Other Criteria</b>	
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: November 27, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methadone HCl Intensol

## Products Affected

- METHADONE HCL INTENSOL

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	<p>(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months. (4) FOR A DOCUMENTED DIAGNOSIS OF OPIOID ADDICTION (heroin or other morphine-like drugs): medication must be dispensed by a treatment program certified by SAMHSA (Substance Abuse and Mental Health Services Administration) and the patient will be monitored during therapy for signs and symptoms of abuse/misuse as well as compliance and the potential diversion to others. (Initiation/detoxification treatment = 1 month approval, continuation of therapy/maintenance treatment = 6 month approval).</p>

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	See required medical information
<b>Other Criteria</b>	
<b>QL Criteria</b>	30 ML Per 1 Day
<b>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: November 27, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methadose

## Products Affected

- METHADOSE ORAL CONCENTRATE 10 MG/ML

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

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<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methadose Sugar-Free

## Products Affected

- METHADOSE SUGAR-FREE

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methamphetamine HCl

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## Products Affected

- *methamphetamine hcl*

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methylin

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## Products Affected

- METHYLIN ORAL SOLUTION 10  
MG/5ML

<b>QL Criteria</b>	30 ML Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methylin

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## Products Affected

- METHYLIN ORAL SOLUTION 5  
MG/5ML

<b>QL Criteria</b>	60 ML Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2017
<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 solution 10 mg/5ml*

<b>QL Criteria</b>	30 ML Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2017
<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 solution 5 mg/5ml*

<b>QL Criteria</b>	60 ML Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2017
<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*

<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: November 06, 2017

# Methylphenidate HCl

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## Products Affected

- *methylphenidate hcl oral tablet chewable*

<b>QL Criteria</b>	6 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2017
<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 10 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

# Methylphenidate HCl ER

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## Products Affected

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

<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<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 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<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 36 mg*

<b>QL Criteria</b>	4 tablets Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<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 18 mg, 27 mg, 54 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

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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



# Methylphenidate HCl ER (CD)

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## Products Affected

- *methylphenidate hcl er (cd)*

<b>QL Criteria</b>	1 capsule Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Methylphenidate HCl ER (LA)

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## Products Affected

- *methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg*
- *methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg*

<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

# Methylphenidate HCl ER (LA)

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## Products Affected

- *methylphenidate hcl er (la) oral capsule  
extended release 24 hour 30 mg*

<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

# Methylphenidate HCl ER (LA)

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## Products Affected

- *methylphenidate hcl er (la) oral capsule  
extended release 24 hour 60 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

# Microgestin 1.5/30

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## Products Affected

- MICROGESTIN 1.5/30

<b>QL Criteria</b>	1.5 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

# Microgestin 1/20

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## Products Affected

- MICROGESTIN 1/20

<b>QL Criteria</b>	1.5 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

# Microgestin FE 1.5/30

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## Products Affected

- MICROGESTIN FE 1.5/30

<b>QL Criteria</b>	1.5 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

# Microgestin FE 1/20

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## Products Affected

- MICROGESTIN FE 1/20

<b>QL Criteria</b>	1.5 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



# Mircera

## Products Affected

- MIRCERA 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

# Monoclalte-P

## Products Affected

- MONOCLATE-P INTRAVENOUS KIT  
1000 UNIT, 1500 UNIT

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

# Mononine

## Products Affected

- MONONINE INTRAVENOUS SOLUTION  
RECONSTITUTED 1000 UNIT

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

# Monovisc

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## 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

# MorphaBond ER

## Products Affected

- MORPHABOND ER

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	2 tablets Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Morphine Sulfate

## Products Affected

- *morphine sulfate oral tablet*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Morphine Sulfate ER

## Products Affected

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

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Morphine Sulfate ER

## Products Affected

- *morphine sulfate er oral tablet extended release*

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	4 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Morphine Sulfate ER Beads

## Products Affected

- *morphine sulfate er beads*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# MS Contin

## Products Affected

- MS CONTIN ORAL TABLET EXTENDED RELEASE

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	4 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Mydayis

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## Products Affected

- MYDAYIS

<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

# 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

# Natpara

## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## 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 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

# Nerlynx

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## Products Affected

- NERLYNX

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/Nerlynx.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Nerlynx.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 02, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Neulasta

## Products Affected

- NEULASTA SUBCUTANEOUS 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



# Neupogen

## Products Affected

- NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML
- 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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# Nityr

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## Products Affected

- NITYR

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

# Norco

## Products Affected

- NORCO

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information
Other Criteria	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Norditropin FlexPro

## Products Affected

- NORDITROPIN FLEXPRO  
SUBCUTANEOUS SOLUTION 10  
MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML

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

# 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	
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 200 MG, 300 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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	
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

## 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 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

## Nortrel 1/35 (28)

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### Products Affected

- NORTREL 1/35 (28)

<b>QL Criteria</b>	1.5 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

# Novarel

## Products Affected

- *novarel intramuscular solution reconstituted*  
*10000 unit*

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/infer-tility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/infer-tility.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

# Novoeight

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## Products Affected

- NOVOEIGHT

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

# 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

# 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/rxnonmedicare/data/2017/MISC/Neu mega.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Neu mega.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/Interleukin%20Antagonist.html">http://www.aetna.com/products/rxnonmedicare/data/2017/RESP/Interleukin Antagonist.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

# Nucynta

## Products Affected

- NUCYNTA

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nucynta ER

## Products Affected

- NUCYNTA ER

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

2017 Aetna Pharmacy Drug Guide - Premier Plus  
Last Update 12/2017

<b>QL Criteria</b>	60 tablets Per 30 Days
<b>Notes/ References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: September 06, 2017 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	
Notes/References	
Revision Date	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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Nutropin AQ NuSpin 20

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Nutropin AQ NuSpin 5

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 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

# 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/rxnnonmedicare/data/2017/GI/Primary_Biliary_Cholangitis.html">http://www.aetna.com/products/rxnnonmedicare/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>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Octagam

## 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

# Octreotide Acetate

## Products Affected

- *octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/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/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

# 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	
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

# 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	
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



# Omnitrope

## Products Affected

- OMNITROPE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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

# Opana

## Products Affected

- OPANA ORAL

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	<p>(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.</p>
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Opana ER

## Products Affected

- OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information

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<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	4 capsules Per 1 Day
<b>Notes/ References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Opsumit

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## 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



# Orencia

## Products Affected

- ORENCIA SUBCUTANEOUS SOLUTION  
PREFILLED SYRINGE 125 MG/ML

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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	
QL Criteria	4 syringes Per 1 fill
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# 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	
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	
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Orfadin

## Products Affected

- ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG
- ORFADIN ORAL SUSPENSION

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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Orsythia

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## Products Affected

- ORSYTHIA

<b>QL Criteria</b>	1.5 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

# OrthoVisc

## Products Affected

- ORTHOVISC INTRA-ARTICULAR 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/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

# Otezla

## Products Affected

- OTEZLA ORAL TABLET PACK
- OTEZLA ORAL TABLET THERAPY

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

# 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/inferility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/inferility.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

## Products Affected

- OXAYDO

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# OxyCODONE HCl

## Products Affected

- *oxycodone hcl oral capsule*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

2017 Aetna Pharmacy Drug Guide - Premier Plus  
Last Update 12/2017

<b>QL Criteria</b>	120 capsules Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# OxyCODONE HCl

## Products Affected

- *oxycodone hcl oral concentrate 100 mg/5ml*
- *oxycodone hcl oral solution*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# OxyCODONE HCl

## Products Affected

- *oxycodone hcl oral tablet*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# OxyCODONE HCl ER

## Products Affected

- *oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Oxycodone-Acetaminophen

## Products Affected

- *oxycodone-acetaminophen oral solution*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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Last Update 12/2017

<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Oxycodone-Acetaminophen

## Products Affected

- *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Oxycodone-Aspirin

## Products Affected

- *oxycodone-aspirin oral tablet 4.8355-325 mg*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Oxycodone-Ibuprofen

## Products Affected

- *oxycodone-ibuprofen*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# OxyCONTIN

## Products Affected

- OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Oxymorphone HCl

## Products Affected

- *oxymorphone hcl*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# OxyMORphone HCl ER

## Products Affected

- *oxymorphone hcl er*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	4 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Pegasys

## Products Affected

- PEGASYS SUBCUTANEOUS SOLUTION

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

# Pegasys ProClick

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## 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

## 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

# Pentazocine-Naloxone HCl

## Products Affected

- *pentazocine-naloxone hcl*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Percocet

## Products Affected

- PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

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<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Phenoxybenzamine HCl

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## Products Affected

- *phenoxybenzamine hcl oral*

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



# 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

# 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	
QL Criteria	1 ML Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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	
QL Criteria	1 ML Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# Portia-28

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## Products Affected

- PORTIA-28

<b>QL Criteria</b>	1.5 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

# Praluent

## Products Affected

- PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR

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/PCS K9.html">http://www.aetna.com/products/rxnnonmedicare/data/2017/MISC/PCS K9.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

# 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/inferility.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/inferility.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

# Primlev

## Products Affected

- PRIMLEV

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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

# ProCentra

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## Products Affected

- PROCENTRA

<b>QL Criteria</b>	40 ML Per 1 Day
<b>Notes/ References</b>	Annual Review: 10/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Procrit

## Products Affected

- PROCRIT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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

# 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	
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	
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

# Profilnine SD

## 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

# Prolastin-C

## Products Affected

- PROLASTIN-C INTRAVENOUS  
SOLUTION RECONSTITUTED 1000 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/Alpha-1%20Antitrypsin%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



# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Promacta

## 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

# Prudoxin

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## Products Affected

- PRUDOXIN

<b>QL Criteria</b>	45 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

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# QuilliChew ER

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## Products Affected

- QUILICHEW ER ORAL TABLET  
CHEWABLE EXTENDED RELEASE 20  
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

# QuilliChew ER

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## Products Affected

- QUILICHEW ER ORAL TABLET  
CHEWABLE EXTENDED RELEASE 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

# Quillivant XR

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## Products Affected

- QUILLIVANT XR

<b>QL Criteria</b>	12 ML Per 1 Day
<b>Notes/ References</b>	Annual Review: 09/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# 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

# Rebif

## Products Affected

- REBIF SUBCUTANEOUS 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/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

## Products Affected

- REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR

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 Rebidoose Titration Pack

## Products Affected

- REBIF REBIDOSE TITRATION PACK  
SUBCUTANEOUS SOLUTION AUTO-  
INJECTOR

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

# Rebif Titration Pack

## Products Affected

- REBIF TITRATION PACK  
SUBCUTANEOUS 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/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

# Reclipsen

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## Products Affected

- RECLIPSEN

<b>QL Criteria</b>	1.5 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

# Recombinate

## Products Affected

- RECOMBINATE

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

# Remicade

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## 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	
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	
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Renflexis

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## Products Affected

- RENFLEXIS

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/Renflexis.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Renflexis.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 08, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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/PCS_K9.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCS_K9.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

# 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/PCS K9.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCS K9.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

# 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/PCS_K9.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/PCS_K9.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

# 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/rxnnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnnonmedicare/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

# Revatio

## Products Affected

- REVATIO ORAL SUSPENSION  
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/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 bottles Per 30 Days
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	
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



# 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

# 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/Rias tap.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/Rias tap.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

# Ritalin

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## Products Affected

- RITALIN

<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

# Ritalin LA

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## Products Affected

- RITALIN LA ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 10 MG,  
40 MG
- RITALIN LA ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 20 MG

<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

# Ritalin LA

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## Products Affected

- RITALIN LA ORAL CAPSULE  
EXTENDED RELEASE 24 HOUR 30 MG

<b>QL Criteria</b>	2 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

# Rixubis

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## Products Affected

- RIXUBIS

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/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnnonmedicare/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

# 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

# Roxicodone

## Products Affected

- ROXICODONE ORAL TABLET

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

2017 Aetna Pharmacy Drug Guide - Premier Plus  
Last Update 12/2017



<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Rubraca

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## 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	
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_angioedema.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/hereditary_angioedema.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

# Rydapt

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## Products Affected

- RYDAPT

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/Rydapt.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Rydapt.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: June 06, 2017 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

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Saizen Click.Easy

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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/rxnonmedicare/data/2017/CV/samsca.html">http://www.aetna.com/products/rxnonmedicare/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



# SandoSTATIN

## Products Affected

- SANDOSTATIN

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

# SandoSTATIN LAR Depot

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## Products Affected

- SANDOSTATIN LAR DEPOT

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

# Serostim

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## Products Affected

- SEROSTIM SUBCUTANEOUS  
SOLUTION RECONSTITUTED 4 MG, 5  
MG, 6 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/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

# Signifor

## 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	
QL Criteria	10 ampules Per 30 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sildenafil Citrate

## Products Affected

- *sildenafil citrate oral*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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

# Siliq

## Products Affected

- SILIQ

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/Siliq.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Siliq.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: July 10, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Simponi

## Products Affected

- SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR
- SIMPONI SUBCUTANEOUS 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/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	
QL Criteria	1 syringe Per 30 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Simponi Aria

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## 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	
Notes/References	
Revision Date	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

# Sodium Phenylbutyrate

## Products Affected

- *sodium phenylbutyrate oral powder 3 gm/tsp* • *sodium phenylbutyrate 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

# Solaraze

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## Products Affected

- SOLARAZE

<b>QL Criteria</b>	100 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

# Somatuline Depot

## 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/San_dostatin.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/San_dostatin.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

# 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 tab Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 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	
QL Criteria	30 days Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Sronyx

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## Products Affected

- SRONYX

<b>QL Criteria</b>	1.5 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





# 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/misendocrine.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ENDO/misendocrine.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

# Stiolto Respimat

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## Products Affected

- STIOLTO 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

# 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	21 days maximum Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Strattera

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## Products Affected

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

<b>QL Criteria</b>	2 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

# Strattera

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## Products Affected

- STRATTERA ORAL CAPSULE 100 MG,  
80 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

# Strensiq

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## 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

# Suboxone

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## Products Affected

- SUBOXONE SUBLINGUAL FILM 12-3  
MG

<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



# Suboxone

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## Products Affected

- SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG

<b>QL Criteria</b>	90 films 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

<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Covered Uses</b>	Breakthrough cancer pain, General anesthesia
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	A documented diagnosis of cancer and concomitant use of long acting opioid therapy or member's resident state or contract state is California and the member 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>For coverage of additional quantities, member must meet the following requirements: A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist, or member is enrolled in a hospice program or meets hospice criteria, or member's resident state or contract state is California and the member is terminally ill, or the patient has signed opioid agreement in support of clinical guidelines by the American Pain Society and the American Academy of Pain Medicine, Healthcare Provider verbal confirmation that an agreement has been signed by the patient meets the criteria requirement.*Exceptions to requiring the signed opioid agreement for additional quantities are only for those patients that have a diagnosis of cancer or that are enrolled in a hospice program and documentation of one of the following: 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))</p>
<b>QL Criteria</b>	120 sprays Per 30 Days
<b>Notes/References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: April 25, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Supartz

## Products Affected

- SUPARTZ INTRA-ARTICULAR 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/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

# 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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# Sylatron

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## Products Affected

- SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# Synagis

## 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



# Synalgos-DC

## Products Affected

- SYNALGOS-DC

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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Last Update 12/2017

<b>QL Criteria</b>	120 capsules Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 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

# Synvisc

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## Products Affected

- SYNVISC INTRA-ARTICULAR 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/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>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Synvisc One

## Products Affected

- SYNVISC ONE INTRA-ARTICULAR 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/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

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tacrolimus

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## Products Affected

- *tacrolimus external*

<b>QL Criteria</b>	60 GM Per 1 fill
<b>Notes/ References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tafinlar

## Products Affected

- TAFINLAR

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



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

# Taltz

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## 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	
Notes/References	
Revision Date	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 maximum Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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	
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

# Tecfidera

## Products Affected

- 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	
QL Criteria	1 starter pack Per 30 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 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
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	14 capsules Per 7 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tecfidera

## Products Affected

- TECFIDERA ORAL CAPSULE DELAYED  
RELEASE 240 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/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 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# 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 maximum Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Temozolomide

## Products Affected

- *temozolomide*

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

# Tetrabenazine

## Products Affected

- *tetrabenazine*

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/xenazine.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/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	
Notes/References	
Revision Date	Prior Authorization: May 31, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tilia Fe

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## Products Affected

- TILIA FE

<b>QL Criteria</b>	1.5 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

# 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

# TraMADol HCl

## Products Affected

- *tramadol hcl oral*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# TraMADol HCl ER

## Products Affected

- *tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg*
- *tramadol hcl er oral tablet extended release 24 hour*

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

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<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

## TraMADol HCl ER (Biphasic)

### Products Affected

- *tramadol hcl er (biphasic)*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tramadol-Acetaminophen

## Products Affected

- *tramadol-acetaminophen*

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Trelstar Mixject

## 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



# Tremfya

## Products Affected

- TREMFYA

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/Tremfya.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MUSC/Tremfya.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 02, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tretten

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## 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

# Trezix

## Products Affected

- TREZIX ORAL CAPSULE 320.5-30-16 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 capsules Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tri-Legest Fe

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## Products Affected

- TRI-LEGEST FE

<b>QL Criteria</b>	1.5 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

# Triptodur

## Products Affected

- TRIPTODUR

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

## Trivora (28)

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### Products Affected

- TRIVORA (28)

<b>QL Criteria</b>	1.5 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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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



# Tylenol with Codeine #3

## Products Affected

- TYLENOL WITH CODEINE #3

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tylenol with Codeine #4

## Products Affected

- TYLENOL WITH CODEINE #4

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Tymlos

## Products Affected

- TYMLOS

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

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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/rxnnonmedicare/data/2017/CV/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnnonmedicare/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

# Tyvaso Refill

## Products Affected

- TYVASO REFILL

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



# Tyvaso Starter

## Products Affected

- TYVASO STARTER

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

# Ultracet

## Products Affected

- ULTRACET

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Ultram

## Products Affected

- ULTRAM

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Uptravi

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## Products Affected

- UPTRAVI

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/pulmonaryhypertensionagents.html">http://www.aetna.com/products/rxnnonmedicare/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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antiviraltopical.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



# ValGANciclovir HCl

## 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.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ID/antiviraltopical.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

# 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

# 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	
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

# 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 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

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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	
Notes/References	
Revision Date	Prior Authorization: December 13, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Venclexta

## Products Affected

- VENCLEXTA

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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015



# Venclexta Starting Pack

## Products Affected

- VENCLEXTA STARTING 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/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	1 pack Per 28 Days
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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	
Notes/References	
Revision Date	Prior Authorization: December 22, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Verdrocet

## Products Affected

- VERDROCET

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Verzenio

## Products Affected

- VERZENIO

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/Verzenio.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/Verzenio.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 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Vicodin

## Products Affected

- VICODIN ORAL TABLET 5-300 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Vicodin ES

## Products Affected

- VICODIN ES ORAL TABLET 7.5-300 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	<p>(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.</p>
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Vicodin HP

## Products Affected

- VICODIN HP ORAL TABLET 10-300 MG

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Vigabatrin

## Products Affected

- *vigabatrin*

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

# 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

# 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/opthalmic_agents.html">http://www.aetna.com/products/rxnonmedicare/data/2017/EYE/opthalmic_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



# Voltaren

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## Products Affected

- VOLTAREN TRANSDERMAL

<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

# Vonvendi

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## 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

# Vosevi

## Products Affected

- VOSEVI

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/hepatitis_c.html">http://www.aetna.com/products/rxnonmedicare/data/2017/GI/hepatitis_c.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

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# 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

# 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

# Vyvanse

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## Products Affected

- 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

# 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



# Wilate

## Products Affected

- WILATE INTRAVENOUS KIT

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/bloodproducts_coagulants.html">http://www.aetna.com/products/rxnnonmedicare/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

# 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

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

# Xeloda

## Products Affected

- XELODA

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

# 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/xenazine.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/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: May 31, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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/xenazine.html">http://www.aetna.com/products/rxnonmedicare/data/2017/MISC/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	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: May 31, 2017 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



# Xermelo

## Products Affected

- XERMELO

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

# 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

# Xodol

## Products Affected

- XODOL

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	120 tablets Per 30 Days
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Xolair

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

# Xtampza ER

## Products Affected

- XTAMPZA ER

PA Criteria	Criteria Details
<b>Covered Uses</b>	All FDA approved indications
<b>Exclusion Criteria</b>	
<b>Required Medical Information</b>	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
<b>Age Restrictions</b>	
<b>Prescriber Restrictions</b>	
<b>Coverage Duration</b>	Length of Therapy; see required medical information
<b>Other Criteria</b>	

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<b>QL Criteria</b>	2 capsules Per 1 Day
<b>Notes/ References</b>	
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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



# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Xyntha

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## Products Affected

- XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT

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

## 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

# Xyrem

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zarxio

## 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

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## 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

# Zejula

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## Products Affected

- ZEJULA

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/Zejula.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPL/Zejula.html</a>
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: May 09, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zelboraf

## Products Affected

- ZELBORAF

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: <a href="http://www.aetna.com/products/rxnonmedicare/data/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-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

# Zenchant

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## Products Affected

- ZENCHENT

<b>QL Criteria</b>	1.5 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

# Zenzedi

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## Products Affected

- ZENZEDI

<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

# 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zinbryta

## Products Affected

- ZINBRYTA

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

# Zohydro ER

## Products Affected

- ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	(1) A MEMBER WILL RECEIVE LIFETIME APPROVAL OF THE REQUESTED MEDICATION WHEN: Member is in hospice care, if terminally ill or has end-of-life care (other than hospice), or has an active oncology diagnosis (pain medication being used for pain for cancer patients) or palliative care. (2) FOR A DOCUMENTED DIAGNOSIS OF MODERATE TO SEVERE ACUTE PAIN (INCLUDING POST-SURGICAL PAIN), TRAUMATIC INJURY, OR FOR A CHILD ON AN OPIOID WEAN AT TIME OF HOSPITAL DISCHARGE: additional medication after initial coverage will be approved for up to 1 month. (3) FOR A DOCUMENTED DIAGNOSIS OF CHRONIC PAIN: which includes conditions of chronic pain not mentioned above, the prescriber must certify there is an active treatment plan that includes but is not limited to a specific treatment objective, the use of other pharmacological and non-pharmacological agents for pain relief as appropriate, that there has been an informed consent document signed and an addiction risk assessment performed, and that a written/signed agreement between prescriber and patient addressing issues of prescription management, diversion, and the use of other substances exists. When these criteria are met, the medication will be approved for an initial 3 months. Continuation requests may be approved for up to an additional 6 months.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Length of Therapy; see required medical information

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<b>PA Criteria</b>	<b>Criteria Details</b>
<b>Other Criteria</b>	
<b>Notes/ References</b>	Annual Review: 06/2017
<b>Revision Date</b>	Prior Authorization: September 06, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# 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



# 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 maximum Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 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

# Zonalon

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## Products Affected

- ZONALON

<b>QL Criteria</b>	45 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

# Zorbtive

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## 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

## 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

## 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, 5.7-1.4 MG

<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

# Zubsolv

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## Products Affected

- ZUBSOLV SUBLINGUAL TABLET  
SUBLINGUAL 11.4-2.9 MG

<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 2.9-0.71 MG

<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

# Zubsolv

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## Products Affected

- ZUBSOLV SUBLINGUAL TABLET  
SUBLINGUAL 8.6-2.1 MG

<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

# Zydelig

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zykadia

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## 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	
Notes/References	
Revision Date	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

# Zytiga

## Products Affected

- ZYTIGA ORAL TABLET 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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

# Zytiga

## Products Affected

- ZYTIGA ORAL TABLET 500 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/ANEOPPL/Antineoplastics.html">http://www.aetna.com/products/rxnonmedicare/data/2017/ANEOPPL/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>Notes/References</b>	
<b>Revision Date</b>	Prior Authorization: September 21, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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