

2015 Aetna Pharmacy Value Plus Plan

Abilify

Products Affected

- ABILIFY ORAL SOLUTION

QL Criteria	10 ML Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Abilify

Products Affected

- ABILIFY ORAL TABLET

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

Abilify Discmelt

Products Affected

- ABILIFY DISCMELT

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

Abstral

Products Affected

- ABSTRAL

PA Criteria	Criteria Details
Covered Uses	For pain due to malignant diagnosis only
Exclusion Criteria	Use in non-malignant pain
Required Medical Information	A. Documentation of already receiving and who are tolerant to opioid therapy, and documentation on intolerance of two (2) other immediate-release opioids including morphine, hydrocodone, oxycodone, or hydromorphone.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	FOR SUBSYS: Documentation of intolerance to Actiq. FOR ABSTRAL, FENTORA, LAZANDA, and ONSOLIS: Documentation of intolerance to Actiq AND Subsys.
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Acamprosate Calcium

Products Affected

- *acamprosate calcium*

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

Accu-Chek Aviva

Products Affected

- ACCU-CHEK AVIVA IN VITRO STRIP

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	Documentation of a physical limitation that makes utilization of a Lifescan product unsafe, inaccurate or otherwise not feasible. Such limitations may include, but are not limited to, manual dexterity or visual impairment issues not accommodated by the features and capabilities of the Lifescan product line, or the member has hematocrit levels which are chronically less than 30% or greater than 55%.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years, 1 meter per year
Other Criteria	
QL Criteria	300 strips Per 30 Days
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Accu-Chek Comfort Curve

Products Affected

- ACCU-CHEK COMFORT CURVE IN VITRO STRIP

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	Documentation of a physical limitation that makes utilization of a Lifescan product unsafe, inaccurate or otherwise not feasible. Such limitations may include, but are not limited to, manual dexterity or visual impairment issues not accommodated by the features and capabilities of the Lifescan product line, or the member has hematocrit levels which are chronically less than 30% or greater than 55%.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years, 1 meter per year
Other Criteria	
QL Criteria	300 strips Per 30 Days
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Accu-Chek SmartView

Products Affected

- ACCU-CHEK SMARTVIEW

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	Documentation of a physical limitation that makes utilization of a Lifescan product unsafe, inaccurate or otherwise not feasible. Such limitations may include, but are not limited to, manual dexterity or visual impairment issues not accommodated by the features and capabilities of the Lifescan product line, or the member has hematocrit levels which are chronically less than 30% or greater than 55%.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years, 1 meter per year
Other Criteria	
QL Criteria	300 strips Per 30 Days
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aceon

Products Affected

- ACEON ORAL TABLET 8 MG

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

Aceon

Products Affected

- ACEON ORAL TABLET 4 MG

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

Aciphex

Products Affected

- ACIPHEX

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	FOR HIGH DOSE ACIPHEX (UP TO 40mg/day): Documentation of trial/failure of one of the following high dose agents: 80 mg/day of Prilosec OTC/Prilosec or Protonix, 60 mg/day of Prevacid 24H OTC OR 80 mg/day of Nexium.
ST Criteria	A. Documentation of trial and failure of Nexium AND ONE of the following: Prilosec OTC/ Prilosec*, Prevacid 24H OTC, Zegerid OTC, or Protonix*
QL Criteria	1 tab Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Acitretin

Products Affected

- *acitretin oral capsule 10 mg, 25 mg*

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

Actemra

Products Affected

- ACTEMRA SUBCUTANEOUS*

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

Actiq

Products Affected

- ACTIQ

PA Criteria	Criteria Details
Covered Uses	For pain due to malignant diagnosis only
Exclusion Criteria	Use in non-malignant pain
Required Medical Information	A. Documentation of already receiving and who are tolerant to opioid therapy, and documentation on intolerance of two (2) other immediate-release opioids including morphine, hydrocodone, oxycodone, or hydromorphone.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	FOR SUBSYS: Documentation of intolerance to Actiq. FOR ABSTRAL, FENTORA, LAZANDA, and ONSOLIS: Documentation of intolerance to Actiq AND Subsys.
QL Criteria	4 lozenges Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Activella

Products Affected

- ACTIVELLA

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

Actonel

Products Affected

- ACTONEL ORAL TABLET 150 MG

ST Criteria	Documented trial and failure of 1 month of generic alendronate weekly (70mg weekly dose)
QL Criteria	1 tablet Per 28 months
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Actonel

Products Affected

- ACTONEL ORAL TABLET 35 MG

ST Criteria	Documented trial and failure of 1 month of generic alendronate weekly (70mg weekly dose)
QL Criteria	4 tablets Per 28 months
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Actonel

Products Affected

- ACTONEL ORAL TABLET 5 MG, 30 MG

ST Criteria	Documented trial and failure of 1 month of generic alendronate weekly (70mg weekly dose)
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Actoplus Met

Products Affected

- ACTOPLUS MET

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

Actoplus met XR

Products Affected

- ACTOPLUS MET XR ORAL TABLET
EXTENDED RELEASE 24 HR* 15-1000 MG

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

Actoplus met XR

Products Affected

- ACTOPLUS MET XR ORAL TABLET
EXTENDED RELEASE 24 HR* 30-1000 MG

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

Actos

Products Affected

- ACTOS

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

Acuvail

Products Affected

- ACUVAIL

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

Adalat CC

Products Affected

- ADALAT CC ORAL TABLET EXTENDED
RELEASE 24 HR* 60 MG

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

Adalat CC

Products Affected

- ADALAT CC ORAL TABLET EXTENDED
RELEASE 24 HR* 90 MG, 30 MG

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

Adcirca

Products Affected

- ADCIRCA

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

Adderall

Products Affected

- ADDERALL ORAL TABLET 15 MG, 30 MG, 7.5 MG, 10 MG, 12.5 MG, 5 MG

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD), Narcolepsy
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
QL Criteria	2 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Adderall

Products Affected

- ADDERALL ORAL TABLET 20 MG

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD), Narcolepsy
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
QL Criteria	3 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Adderall XR

Products Affected

- ADDERALL XR

PA Criteria	Criteria Details
Covered Uses	Attention deficit disorder, Attention deficit hyperactivity disorder
Exclusion Criteria	
Required Medical Information	Documentation of diagnosis of adult ADD or ADHD OR documentation of a diagnosis of childhood ADHD onset with history of previous treatment, and documentation of symptoms significantly impacting, impairing, or compromising the patient's ability to function normally (i.e., attend/maintain academic enrollment or employment), and documentation of intolerance to appropriately dosed and administered regular/immediate acting stimulants.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through 14 days each of THREE of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, OR VYVANSE
QL Criteria	1 cap Per 1 Day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Adefovir Dipivoxil

Products Affected

- *adefovir dipivoxil*

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

Adempas

Products Affected

- ADEMPAS

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

Adrenaclick

Products Affected

- ADRENACLICK

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

Advair Diskus

Products Affected

- ADVAIR DISKUS

PA Criteria	Criteria Details
Covered Uses	Asthma (12 and above) Chronic Obstructive Pulmonary Disorder (COPD) Note: Members 4-11 years requesting Advair Diskus 100/50 for Asthma - No PA/ST applies
Exclusion Criteria	
Required Medical Information	For Asthma A. Documentation of trial and failure or intolerance to Symbicort AND Dulera For COPD A. Documentation of trial and failure or intolerance to Symbicort AND SPIRIVA
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	For Asthma: Documented step through one month of SYMBICORT AND DULERA. For COPD: Documented step through one month of SYMBICORT AND SPIRIVA.
QL Criteria	1 diskus Per 1 month
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Advair HFA

Products Affected

- ADVAIR HFA

PA Criteria	Criteria Details
Covered Uses	Asthma (12 and above)
Exclusion Criteria	
Required Medical Information	
Age Restrictions	greater than 12 years old
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of SYMBICORT AND DULERA
QL Criteria	1 inhaler Per 1 month
Notes/References	
Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Advicor

Products Affected

- ADVICOR ORAL TABLET EXTENDED
RELEASE 24 HR* 1000-40 MG, 500-20 MG,
750-20 MG

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

Advicor

Products Affected

- ADVICOR ORAL TABLET EXTENDED
RELEASE 24 HR* 1000-20 MG

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

AeroChamber MV

Products Affected

- AEROCHAMBER MV

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

Aerospan

Products Affected

- AEROSPAN

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy. Medical Exception for Flovent Diskus and Flovent HFA: Covered for topical steroid treatment of eosinophilic esophagitis for which other treatments have been unsatisfactory
ST Criteria	Documented step through one month of ASMANEX AND QVAR
QL Criteria	1 inhaler Per 1 month
Notes/References	
Revision Date	Prior Authorization: November 24, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Afeditab CR

Products Affected

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

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

Afeditab CR

Products Affected

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

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

Afinitor

Products Affected

- AFINITOR

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

Afinitor Disperz

Products Affected

- AFINITOR DISPERZ

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

Afrezza

Products Affected

- AFREZZA

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes, Type 2 Diabetes
Exclusion Criteria	
Required Medical Information	Documentation of ALL of the following: (1) In patients with type 1 diabetes, concomitant use of long-acting insulin (e.g., Levamir or Lantus), (2) In all Patients, no history of chronic lung disease such as asthma or Chronic Obstructive Pulmonary Disease (COPD), and (3) Detailed medical history documenting physical examination and spirometry (FEV1) to identify potential lung disease in all patients.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	documented trial of one month of one preferred alternative rapid-acting insulin (Humulin OR Humalog)
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Akynzeo

Products Affected

- AKYNZEO

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

Aldara

Products Affected

- ALDARA

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

Alendronate Sodium

Products Affected

- *alendronate sodium oral tablet 10 mg*

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

Alendronate Sodium

Products Affected

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

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

Alendronate Sodium

Products Affected

- *alendronate sodium oral solution*

QL Criteria	300 ml Per 28 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Alendronate Sodium

Products Affected

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

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

Alfuzosin HCl ER

Products Affected

- *alfuzosin hcl er*

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

Alinia

Products Affected

- ALINIA ORAL SUSPENSION
RECONSTITUTED

QL Criteria	3 bottles Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Alinia

Products Affected

- ALINIA ORAL TABLET

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

Allegra Allergy

Products Affected

- ALLEGRA ALLERGY ORAL TABLET 60 MG

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

Allegra Allergy

Products Affected

- ALLEGRA ALLERGY ORAL TABLET 180 MG

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

Almotriptan Malate

Products Affected

- *almotriptan malate*

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

Alora

Products Affected

- ALORA

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

ALPRAZolam

Products Affected

- *alprazolam oral*

PA Criteria	Criteria Details
Covered Uses	All FDA Approved Indications
Exclusion Criteria	Not covered for members less than 18 years old per FDA approval.
Required Medical Information	
Age Restrictions	Minimum age of 18 years required for coverage.
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ALPRAZolam ER

Products Affected

- *alprazolam er*

PA Criteria	Criteria Details
Covered Uses	All FDA Approved Indications
Exclusion Criteria	Not covered for members less than 18 years old per FDA approval.
Required Medical Information	
Age Restrictions	Minimum age of 18 years required for coverage.
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	
QL Criteria	2 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ALPRAZolam Intensol

Products Affected

- ALPRAZOLAM INTENSOL

PA Criteria	Criteria Details
Covered Uses	All FDA Approved Indications
Exclusion Criteria	Not covered for members less than 18 years old per FDA approval.
Required Medical Information	
Age Restrictions	Minimum age of 18 years required for coverage.
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ALPRAZolam XR

Products Affected

- *alprazolam xr*

PA Criteria	Criteria Details
Covered Uses	All FDA Approved Indications
Exclusion Criteria	Not covered for members less than 18 years old per FDA approval.
Required Medical Information	
Age Restrictions	Minimum age of 18 years required for coverage.
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	
QL Criteria	2 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Altavera

Products Affected

- ALTAVERA

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

Altoprev

Products Affected

- ALTOPREV

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

Alvesco

Products Affected

- ALVESCO

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy. Medical Exception for Flovent Diskus and Flovent HFA: Covered for topical steroid treatment of eosinophilic esophagitis for which other treatments have been unsatisfactory
ST Criteria	Documented step through one month of ASMANEX AND QVAR
QL Criteria	1 inhaler Per 1 month
Notes/References	
Revision Date	Prior Authorization: November 24, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Alyacen 1/35

Products Affected

- *alyacen 1/35*

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

Alyacen 7/7/7

Products Affected

- *alyacen 7/7/7*

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

Ambien

Products Affected

- AMBIEN

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	17 years and older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	
ST Criteria	Documentation of a trial and failure with Ambien IR or Sonata
QL Criteria	2 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ambien CR

Products Affected

- AMBIEN CR

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	17 years and older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	
ST Criteria	Documentation of a trial and failure with Ambien IR or Sonata
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Amerge

Products Affected

- AMERGE

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

Amethia

Products Affected

- AMETHIA

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

Amethia Lo

Products Affected

- AMETHIA LO

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

Amethyst

Products Affected

- AMETHYST

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

Amitiza

Products Affected

- AMITIZA

ST Criteria	Documented step through LACTULOSE* OR MIRALAX*
QL Criteria	2 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Amlodipine Besy-Benazepril HCl

Products Affected

- *amlodipine besy-benazepril hcl*

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

Amlodipine Besylate-Valsartan

Products Affected

- *amlodipine besylate-valsartan*

ST Criteria	Documented step through TWO of the following (brand or generic): ATACAND, AVAPRO, COZAAR, MICARDIS
QL Criteria	1 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Amlodipine-Valsartan-HCTZ

Products Affected

- *amlodipine-valsartan-hctz*

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

Amnesteem

Products Affected

- AMNESTEEM

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

Amphetamine-Dextroamphet ER

Products Affected

- *amphetamine-dextroamphet er*

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

Amphetamine-Dextroamphetamine

Products Affected

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

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

Amphetamine-Dextroamphetamine

Products Affected

- *amphetamine-dextroamphetamine oral tablet*
20 mg

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

Ampyra

Products Affected

- AMPYRA

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

Amturnide

Products Affected

- AMTURNIDE

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Documentation of trial and failure with use of THREE (3) antihypertensive drugs from at least TWO (2) different therapeutics subclasses.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	<p>Examples of antihypertensive drugs listed by therapeutic subclasses</p> <p>Diuretics HydroDiuril, Microzide (hydrochlorothiazide), Hygroton (chlorthalidone), Diuril (chlorthiazide), Lasix (furosemide), Midamor (amiloride), Dyazide, Maxzide (triamterene-hydrochlorothiazide)</p> <p>Beta Blockers Tenormin (atenolol), Toprol XL (metoprolol succinate), Lopressor (metoprolol tartrate), Zebeta (bisoprolol), Coreg (carvedilol), Inderal LA (propranolol)</p> <p>Calcium Channel Blockers Adalat CC, Procardia XL (nifedipine), Calan, Isoptin, Verelan (verapamil), Cardizem, Cartia (diltiazem), Norvasc (amlodipine), Sular (nisoldipine), Plendil (felodipine)</p> <p>Angiotensin Converting Enzyme Inhibitors (ACEI) & ACEI combinations Prinivil, Zestril (lisinopril), Lotensin/Lotensin HCT/Lotrel (benazepril), Vasotec (enalapril), Accupril (quinapril), Mavik (trandolapril), Univas (moexipril)</p> <p>Angiotensin Receptor Blocker (ARB) & ARB combinations Cozaar/Hyzaar (losartan), Benicar/Benicar HCT (olmesartan), Micardis/Micardis HCT (telmisartan), Diovan/Diovan HCT (valsartan), Avapro/Avalide (irbesartan), Atacand/Atacand HCT (candesartan), Teveten /Teveten HCT (eprosartan), Edarbi/Edarbyclor (azilsartan)</p>
QL Criteria	1 tab Per 1 day
Notes/References	

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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Amturnide

Products Affected

- AMTURNIDE

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

Androderm

Products Affected

- ANDRODERM TRANSDERMAL PATCH 24
HR 2 MG/24HR, 4 MG/24HR

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Documented step through one month each of ANDROGEL AND TESTIM
QL Criteria	1 patch Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

Androderm

Products Affected

- ANDRODERM TRANSDERMAL PATCH 24 HR 5 MG/24HR, 2.5 MG/24HR

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Documented step through one month each of ANDROGEL AND TESTIM
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

AndroGel

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1.25 grams Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

AndroGel

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	2.5 grams Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

AndroGel

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	5 grams Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

AndroGel

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	10 grams Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

AndroGel Pump

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	10 grams Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

AndroGel Pump

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	5 grams Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Angeliq

Products Affected

- ANGELIQ

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

Anoro Ellipta

Products Affected

- ANORO ELLIPTA

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

Antara

Products Affected

- ANTARA ORAL CAPSULE 90 MG, 30 MG

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

Anzemet

Products Affected

- ANZEMET ORAL

QL Criteria	10 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

APAP-Caff-Dihydrocodeine

Products Affected

- *apap-caff-dihydrocodeine oral capsule*

QL Criteria	10 capsules Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Apri

Products Affected

- APRI

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

Apriso

Products Affected

- APRISO

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

Aptensio XR

Products Affected

- APTENSIO XR

PA Criteria	Criteria Details
Covered Uses	Attention deficit disorder, Attention deficit hyperactivity disorder
Exclusion Criteria	
Required Medical Information	Documentation of diagnosis of adult ADD or ADHD OR documentation of a diagnosis of childhood ADHD onset with history of previous treatment, and documentation of symptoms significantly impacting, impairing, or compromising the patient's ability to function normally (i.e., attend/maintain academic enrollment or employment), and documentation of intolerance to appropriately dosed and administered regular/immediate acting stimulants.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through 14 days each of THREE of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, OR VYVANSE
QL Criteria	1 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aptiom

Products Affected

- APTIOM ORAL TABLET 400 MG

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

Aptiom

Products Affected

- APTIOM ORAL TABLET 200 MG

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

Aptiom

Products Affected

- APTIOM ORAL TABLET 600 MG

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

Aptiom

Products Affected

- APTIOM ORAL TABLET 800 MG

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

Aptivus

Products Affected

- APTIVUS ORAL CAPSULE

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

Aranelle

Products Affected

- ARANELLE

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

Arava

Products Affected

- ARAVA

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

Arcapta Neohaler

Products Affected

- ARCAPTA NEOHALER

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD)
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Trail of one month each of FORADIL AND SEREVENT
QL Criteria	1 cap Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aricept

Products Affected

- ARICEPT ORAL TABLET 5 MG, 10 MG

PA Criteria	Criteria Details
Covered Uses	Alzheimer's Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, severe Alzheimer's Disease
Age Restrictions	less than 40 years old
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: September 21, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aricept

Products Affected

- ARICEPT ORAL TABLET 23 MG

PA Criteria	Criteria Details
Covered Uses	Alzheimer's Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, severe Alzheimer's Disease
Age Restrictions	less than 40 years old
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1 tab Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 21, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aricept ODT

Products Affected

- ARICEPT ODT

PA Criteria	Criteria Details
Covered Uses	Alzheimer's Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, severe Alzheimer's Disease
Age Restrictions	less than 40 years old
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: September 21, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ARIPiprazole

Products Affected

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

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

ARIPiprazole

Products Affected

- *aripiprazole oral solution*

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

Arixtra

Products Affected

- ARIXTRA

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

Arnuity Ellipta

Products Affected

- ARNUITY ELLIPTA

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documentation of a trial and failure of Asmanex and QVAR
QL Criteria	1 blister Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Asacol HD

Products Affected

- ASACOL HD

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

Astagraf XL

Products Affected

- ASTAGRAF XL ORAL CAPSULE
EXTENDED RELEASE 24 HOUR 1 MG

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

Astagraf XL

Products Affected

- ASTAGRAF XL ORAL CAPSULE
EXTENDED RELEASE 24 HOUR 0.5 MG

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

Atacand

Products Affected

- ATACAND

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

Atacand HCT

Products Affected

- ATACAND HCT

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

Atelvia

Products Affected

- ATELVIA

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

Atorvastatin Calcium

Products Affected

- *atorvastatin calcium oral*

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

Atovaquone-Proguanil HCl

Products Affected

- *atovaquone-proguanil hcl*

PA Criteria	Criteria Details
Covered Uses	Treatment of malaria
Exclusion Criteria	
Required Medical Information	Diagnosis of malaria
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 days (24 tablets)
Other Criteria	
QL Criteria	12 tabs Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Atralin

Products Affected

- ATRALIN

QL Criteria	50 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Atrovent

Products Affected

- ATROVENT

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

Atrovent HFA

Products Affected

- ATROVENT HFA

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

Aubagio

Products Affected

- AUBAGIO

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

Augmentin XR

Products Affected

- AUGMENTIN XR

QL Criteria	40 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Auvi-Q

Products Affected

- AUVI-Q INJECTION 0.3 MG/0.3ML

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

Auvi-Q

Products Affected

- AUVI-Q INJECTION 0.15 MG/0.15ML

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

Avalide

Products Affected

- AVALIDE

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

Avandamet

Products Affected

- AVANDAMET ORAL TABLET 2-500 MG, 2-1000 MG, 4-500 MG

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

Avandaryl

Products Affected

- AVANDARYL ORAL TABLET 4-4 MG, 8-4 MG, 4-1 MG, 4-2 MG

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

Avandia

Products Affected

- AVANDIA

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

Avapro

Products Affected

- AVAPRO

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

Avelox

Products Affected

- AVELOX ORAL

QL Criteria	14 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aviane

Products Affected

- AVIANE

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

AVINza

Products Affected

- AVINZA

PA Criteria	Criteria Details
Covered Uses	Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
Exclusion Criteria	
Required Medical Information	Documentation of progression through the World Health Organization analgesic ladder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of MORPHINE SR TAB 12HR (MS CONTIN) AND OXYMORPHONE ER (OPANA ER)
QL Criteria	2 caps Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Avita

Products Affected

- AVITA

QL Criteria	50 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Avodart

Products Affected

- AVODART

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

Avonex

Products Affected

- AVONEX

QL Criteria	1 kit Per 30 Dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Axert

Products Affected

- AXERT

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

Axiron

Products Affected

- AXIRON

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Documented step through one month each of ANDROGEL AND TESTIM
QL Criteria	6 mL Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

Azilect

Products Affected

- AZILECT

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

Azor

Products Affected

- AZOR

ST Criteria	Documented step through amlodipine in combination with TWO of the following: ATACAND*, AVAPRO*, COZAAR*, MICARDIS*
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Azulfidine

Products Affected

- AZULFIDINE

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

Azulfidine EN-tabs

Products Affected

- AZULFIDINE EN-TABS

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

Azurette

Products Affected

- AZURETTE

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

Balsalazide Disodium

Products Affected

- *balsalazide disodium*

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

Balziva

Products Affected

- BALZIVA

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

Banzel

Products Affected

- BANZEL ORAL TABLET

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

Baraclude

Products Affected

- BARACLUDGE ORAL TABLET

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

Beconase AQ

Products Affected

- BECONASE AQ

ST Criteria	adequate trial of 2 weeks each of 1 of the following: trial of Flonase OR Nasalide OR Nasacort 24HR OTC AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Belsomra

Products Affected

- BELSOMRA

ST Criteria	Trial of 1 month of one preferred generic alternative (zolpidem, zolpidem er, zaleplon)
QL Criteria	1 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Belviq

Products Affected

- BELVIQ

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

Benicar

Products Affected

- BENICAR

ST Criteria	Documented step through TWO of the following (brand or generic): ATACAND, AVAPRO, COZAAR, MICARDIS
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Benicar HCT

Products Affected

- BENICAR HCT

ST Criteria	Documented step through TWO of the following: ATACAND HCT*, AVALIDE*, HYZAAR*, MICARDIS HCT*
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

BenzaClin

Products Affected

- BENZACLIN

QL Criteria	50 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Bepreve

Products Affected

- BEPREVE

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

Betaseron

Products Affected

- BETASERON

QL Criteria	15 vials Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Beyaz

Products Affected

- BEYAZ

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

Biaxin

Products Affected

- BIAXIN ORAL SUSPENSION
RECONSTITUTED

QL Criteria	150 ml Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Biaxin

Products Affected

- BIAXIN ORAL TABLET

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

Biaxin XL

Products Affected

- BIAXIN XL

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

Biaxin XL Pac

Products Affected

- BIAXIN XL PAC

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

Bicalutamide

Products Affected

- *bicalutamide*

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

Bimatoprost

Products Affected

- *bimatoprost ophthalmic*

PA Criteria	Criteria Details
Covered Uses	open-angle glaucoma ocular hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	Documented step through one week of LATANOPROST AND one week of TRAVATAN Z
QL Criteria	3 ml Per 1 month
Notes/References	
Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Boniva

Products Affected

- BONIVA ORAL

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

Bosulif

Products Affected

- BOSULIF ORAL TABLET 100 MG

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

Bosulif

Products Affected

- BOSULIF ORAL TABLET 500 MG

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

Breo Ellipta

Products Affected

- BREO ELLIPTA

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD) Asthma
Exclusion Criteria	
Required Medical Information	Documented diagnosis of COPD or Asthma
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	COPD: Documented trial of one month of Symbicort AND SPIRIVA Asthma: Documented trial of one month of Symbicort AND Dulera
QL Criteria	2 blisters Per 1 days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Breo Ellipta

Products Affected

- BREO ELLIPTA

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD) Asthma
Exclusion Criteria	
Required Medical Information	Documented diagnosis of COPD or Asthma
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	COPD: Documented trial of one month of Symbicort AND SPIRIVA Asthma: Documented trial of one month of Symbicort AND Dulera
QL Criteria	2 blisters Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Brevicon (28)

Products Affected

- BREVICON (28)

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

Briellyn

Products Affected

- *briellyn*

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

Brilinta

Products Affected

- BRILINTA

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

Brilinta

Products Affected

- BRILINTA

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

Brintellix

Products Affected

- BRINTELLIX

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	Diagnosis of major depressive disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	<p>Examples of antidepressant trials from unique therapeutic subclasses Therapeutic Subclass:Examples:</p> <p>Selective Serotonin Reuptake Inhibitors (SSRI) fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft), escitalopram (Lexapro)</p> <p>Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) venlafaxine (Effexor), Effexor XR, Pristiq, Cymbalta</p> <p>Norepinephrine-Dopamine Reuptake Inhibitors (NDRI) bupropion (Wellbutrin), bupropion sustained release (Wellbutrin SR), bupropion extended release (Wellbutrin XL)</p> <p>Tricyclic Antidepressants (TCA) amitriptyline (Elavil), amoxapine (Ascendin), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil), trimipramine (Surmontil)</p> <p>Tetracyclic Antidepressants mirtazapine (Remeron)</p> <p>Monoamine Oxidase Inhibitors (MAOI) phenelzine (Nardil), tranylcypromine (Parnate), isocarboxazid (Marplan), Emsam</p> <p>Therapy is required Step</p>
ST Criteria	Documented step through THREE different antidepressants from at least TWO different therapeutic subclasses, i.e., SSRIs (FLUOXETINE, CITALOPRAM), SNRIs (DULOXETINE, VENLAFAXINE), TCAs (AMITRIPTYLINE, NORTRIPTYLINE), Heterocyclic Antidepressants (MIRTAZAPINE, TRAZODONE) (NSO)

2015 Aetna Pharmacy Value Plus Plan
 (Updated 12/01/2015)

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Brovana

Products Affected

- BROVANA

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD)
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Trail of one month each of FORADIL AND SEREVENT
QL Criteria	60 vials Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Budeprion XL

Products Affected

- BUDEPRION XL

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

Budesonide

Products Affected

- *budesonide inhalation*

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	For ages 5-8 documented inability to use metered dose inhalers
Age Restrictions	Less than 8 years of age
Prescriber Restrictions	
Coverage Duration	Up to the age of 8
Other Criteria	No prior authorization required for children 1-4 years of age. Medical Exception for Pulmicort Respules: Covered for topical steroid treatment of eosinophilic esophagitis for which other treatments have been unsatisfactory
Notes/References	
Revision Date	Prior Authorization: November 24, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Bunavail

Products Affected

- BUNAVAIL BUCCAL FILM 2.1-0.3 MG

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

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

Bunavail

Products Affected

- BUNAVAIL BUCCAL FILM 6.3-1 MG

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

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

Bunavail

Products Affected

- BUNAVAIL BUCCAL FILM 4.2-0.7 MG

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

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

Buprenorphine HCl

Products Affected

- *buprenorphine hcl sublingual tablet sublingual 8 mg*

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

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

Buprenorphine HCl

Products Affected

- *buprenorphine hcl sublingual tablet sublingual*
2 mg

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

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

Buprenorphine HCl-Naloxone HCl

Products Affected

- *buprenorphine hcl-naloxone hcl*

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

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

Buproban

Products Affected

- BUPROBAN

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

BuPROPion HCl

Products Affected

- *bupropion hcl oral*

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

BuPROPion HCl ER (Smoking Det)

Products Affected

- *bupropion hcl er (smoking det)*

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

BuPROPion HCl ER (SR)

Products Affected

- *bupropion hcl er (sr)*

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

BuPROPion HCl ER (XL)

Products Affected

- *bupropion hcl er (xl)*

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

Butorphanol Tartrate

Products Affected

- *butorphanol tartrate nasal*

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

Butrans

Products Affected

- BUTRANS

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

Bydureon

Products Affected

- BYDUREON

QL Criteria	4 vials Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Bydureon

Products Affected

- BYDUREON

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

Byetta 10 MCG Pen

Products Affected

- BYETTA 10 MCG PEN

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

Byetta 5 MCG Pen

Products Affected

- BYETTA 5 MCG PEN

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

Bystolic

Products Affected

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

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

Bystolic

Products Affected

- BYSTOLIC ORAL TABLET 20 MG

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

Calcitonin (Salmon)

Products Affected

- *calcitonin (salmon)*

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

Campral

Products Affected

- CAMPRAL

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

Camrese

Products Affected

- CAMRESE

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

Camrese Lo

Products Affected

- CAMRESE LO

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

Canasa

Products Affected

- CANASA

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

Candesartan Cilexetil

Products Affected

- *candesartan cilexetil*

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

Candesartan Cilexetil-HCTZ

Products Affected

- *candesartan cilexetil-hctz*

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

Caprelsa

Products Affected

- CAPRELSA ORAL TABLET 300 MG

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

Caprelsa

Products Affected

- CAPRELSA ORAL TABLET 100 MG

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

Cardizem CD

Products Affected

- CARDIZEM CD ORAL CAPSULE
EXTENDED RELEASE 24 HOUR 360 MG,
120 MG, 300 MG, 180 MG

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

Cardizem CD

Products Affected

- CARDIZEM CD ORAL CAPSULE
EXTENDED RELEASE 24 HOUR 240 MG

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

Cardizem LA

Products Affected

- CARDIZEM LA ORAL TABLET
EXTENDED RELEASE 24 HR* 120 MG, 180
MG, 420 MG, 300 MG, 360 MG

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

Cardizem LA

Products Affected

- CARDIZEM LA ORAL TABLET
EXTENDED RELEASE 24 HR* 240 MG

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

Cardura XL

Products Affected

- CARDURA XL

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

Cartia XT

Products Affected

- CARTIA XT ORAL CAPSULE EXTENDED
RELEASE 24 HOUR 240 MG

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

Cartia XT

Products Affected

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

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

Casodex

Products Affected

- CASODEX

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

Catapres-TTS-1

Products Affected

- CATAPRES-TTS-1

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

Catapres-TTS-2

Products Affected

- CATAPRES-TTS-2

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

Catapres-TTS-3

Products Affected

- CATAPRES-TTS-3

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

Caverject

Products Affected

- CAVERJECT

QL Criteria	6 units Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Caverject Impulse

Products Affected

- CAVERJECT IMPULSE

QL Criteria	6 syringes Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cayston

Products Affected

- CAYSTON

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

Caziant

Products Affected

- CAZIAN T

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

Cefaclor ER

Products Affected

- *cefaclor er*

QL Criteria	14 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cefixime

Products Affected

- *cefixime*

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

CeleBREX

Products Affected

- CELEBREX

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

Celecoxib

Products Affected

- *celecoxib oral*

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

CeleXA

Products Affected

- CELEXA

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

Cenestin

Products Affected

- CENESTIN ORAL TABLET 0.625 MG, 0.9 MG, 0.45 MG

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

Cerdelga

Products Affected

- CERDELGA

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

Cesamet

Products Affected

- CESAMET

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

Chantix

Products Affected

- CHANTIX

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

Chantix Continuing Month Pak

Products Affected

- CHANTIX CONTINUING MONTH PAK

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

Chantix Starting Month Pak

Products Affected

- CHANTIX STARTING MONTH PAK

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

Chateal

Products Affected

- CHATEAL

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ChlordiazePOXIDE HCl

Products Affected

- *chlordiazepoxide hcl*

PA Criteria	Criteria Details
Covered Uses	All FDA Approved Indications
Exclusion Criteria	Not covered for members less than 9 years old per FDA approval.
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cialis

Products Affected

- CIALIS

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

Cialis

Products Affected

- CIALIS

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

Cimzia

Products Affected

- CIMZIA

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

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

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

Cipro XR

Products Affected

- CIPRO XR ORAL TABLET EXTENDED
RELEASE 24 HR* 500 MG

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

Cipro XR

Products Affected

- CIPRO XR ORAL TABLET EXTENDED
RELEASE 24 HR* 1000 MG

QL Criteria	14 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Citalopram Hydrobromide

Products Affected

- *citalopram hydrobromide oral tablet*

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

Citalopram Hydrobromide

Products Affected

- *citalopram hydrobromide oral tablet*

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

Claravis

Products Affected

- CLARAVIS

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

Clarinet

Products Affected

- CLARINEX ORAL TABLET

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

Clarinet-D 12 Hour

Products Affected

- CLARINEX-D 12 HOUR

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

Clarithromycin

Products Affected

- *clarithromycin oral suspension reconstituted*
250 mg/5ml

QL Criteria	150 ML Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Clarithromycin ER

Products Affected

- *clarithromycin er*

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

Climara

Products Affected

- CLIMARA

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

Climara Pro

Products Affected

- CLIMARA PRO

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

Clindamycin Phos-Benzoyl Perox

Products Affected

- *clindamycin phos-benzoyl perox external 1-5 %*

QL Criteria	50 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

CloNIDine HCl

Products Affected

- *clonidine hcl transdermal patch weekly 0.3 mg/24hr, 0.1 mg/24hr*

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

CloNIDine HCl ER

Products Affected

- *clonidine hcl er*

PA Criteria	Criteria Details
Covered Uses	Diagnosis of ADHD
Exclusion Criteria	
Required Medical Information	
Age Restrictions	18 and older subject to PA requirement
Prescriber Restrictions	
Coverage Duration	1 Year
Other Criteria	
QL Criteria	4 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Clopidogrel Bisulfate

Products Affected

- *clopidogrel bisulfate*

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

Clopidogrel Bisulfate

Products Affected

- *clopidogrel bisulfate*

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

CloZAPine

Products Affected

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

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

CloZAPine

Products Affected

- *clozapine oral tablet 200 mg*

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

CloZAPine

Products Affected

- *clozapine oral tablet dispersible 200 mg*

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

CloZAPine

Products Affected

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

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

CloZAPine

Products Affected

- *clozapine oral tablet dispersible 12.5 mg*

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

CloZAPine

Products Affected

- *clozapine oral tablet dispersible 150 mg*

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

Clozaril

Products Affected

- CLOZARIL ORAL TABLET 25 MG

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

Clozaril

Products Affected

- CLOZARIL ORAL TABLET 100 MG

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

Coartem

Products Affected

- COARTEM

QL Criteria	24 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Colazal

Products Affected

- COLAZAL

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

Colchicine

Products Affected

- *colchicine oral tablet*

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

Colcrlys

Products Affected

- COLCRYS

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	<p>For coverage of additional quantities- a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those members who meet the following criteria:</p> <ol style="list-style-type: none"> 1) Member has a diagnosis of familial mediterranean fever, OR 2) Member is using drug for gout prevention, has had at least TWO acute gout attacks in one year, presence of tophi, or radiographic joint damage AND urate lowering therapy (i.e. allopurinol or Uloric) has been initiated or prescriber planning to initiate.
QL Criteria	2 tabs Per 1 Day
Notes/References	
Revision Date	<p>Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015</p>

Colyte with Flavor Packs

Products Affected

- COLYTE WITH FLAVOR PACKS

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

CombiPatch

Products Affected

- COMBIPATCH

QL Criteria	8 patch Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Combivent Respimat

Products Affected

- COMBIVENT RESPIMAT

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

Cometriq (100 mg Daily Dose)

Products Affected

- COMETRIQ (100 MG DAILY DOSE)

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

Cometriq (140 mg Daily Dose)

Products Affected

- COMETRIQ (140 MG DAILY DOSE)

QL Criteria	4 capsules Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cometriq (60 mg Daily Dose)

Products Affected

- COMETRIQ (60 MG DAILY DOSE)

QL Criteria	3 capsules Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Complera

Products Affected

- COMPLERA

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

Concerta

Products Affected

- CONCERTA ORAL TABLET
EXTENDEDRELEASE* 18 MG, 27 MG, 54
MG

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

Concerta

Products Affected

- CONCERTA ORAL TABLET
EXTENDEDRELEASE* 36 MG

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

Contrace

Products Affected

- CONTRAVE

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

Cordran

Products Affected

- CORDRAN EXTERNAL TAPE

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

Coreg CR

Products Affected

- COREG CR

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

Corlanor

Products Affected

- CORLANOR

PA Criteria	Criteria Details
Covered Uses	FDA labeled use for heart failure (see required medical information section)
Exclusion Criteria	
Required Medical Information	Documentation of stable, symptomatic chronic heart failure with left ventricular ejection fraction \geq 35%, who are in sinus rhythm with resting heart rate \leq 70 beats per minute AND are on maximally tolerated doses of beta-blockers (bisoprolol/bisoprolol-HCTZ, carvedilol, carvedilol CR, metoprolol succinate/metoprolol succinate-HCTZ, nebivolol) OR have a documented contraindication to beta-blocker use.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Have a documented trial of one month of one of the following: ACE Inhibitor or ACE Inhibitor/HCTZ combination or Angiotensin-Receptor Blocker or Angiotensin-Receptor Blocker/HCTZ combination
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Crestor

Products Affected

- CRESTOR

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

Cryselle-28

Products Affected

- CRYSELLE-28

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

Cyclafem 1/35

Products Affected

- CYCLAFEM 1/35

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

Cyclessa

Products Affected

- CYCLESSA

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

Cycloset

Products Affected

- CYCLOSET

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

Cymbalta

Products Affected

- CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder (MDD) Diabetic peripheral neuropathic pain (DPN) Generalized anxiety disorder (GAD) Fibromyalgia Chronic musculoskeletal pain due to osteoarthritis Chronic musculoskeletal pain due to chronic low back pain
Exclusion Criteria	
Required Medical Information	For major depressive disorder A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For DPN A. Documentation of failure to gabapentin For GAD A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For fibromyalgia A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.) AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. tricyclic antidepressant (e.g. amitriptyline), 2. muscle relaxant (e.g. cyclobenzaprine), 3. SSRI, 4. SNRI, 5. gabapentin, 6. tramadol For osteoarthritis A. Documentation of a trial of acetaminophen AND B. Documentation of a trial of TWO NSAIDs (may include COX-2 inhibitor) For chronic low back pain A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.), AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. acetaminophen, 2. NSAID (may include COX-2 inhibitor), 3. muscle relaxant, 4. tricyclic antidepressant, 5. tramadol, 6. gabapentin
Age Restrictions	
Prescriber Restrictions	

2015 Aetna Pharmacy Value Plus Plan
 (Updated 12/01/2015)

PA Criteria	Criteria Details
Coverage Duration	3 years
Other Criteria	<p>For coverage of additional quantities: Member requires a dose including half tablets OR Member's dose is being titrated by physician (3-month limit) OR Member has had intolerance to drug administered as a single daily dose OR Member's dose cannot be achieved with proposed qty limits for a given strength (ex. Mm needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose) OR Member has a diagnosis of Diabetic Peripheral Neuropathy (DPN), Major Depressive Disorder (MDD), or General Anxiety Disorder (GAD) -For Cymbalta or duloxetine (60mg strength: 60 capsules in 30 days are allowed)</p> <p>*Note: Examples of antidepressant trials from unique therapeutic subclasses Therapeutic Subclass:Examples: Selective Serotonin Reuptake Inhibitors (SSRI) fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft), escitalopram (Lexapro) Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) venlafaxine (Effexor), Effexor XR, Pristiq, Cymbalta Norepinephrine-Dopamine Reuptake Inhibitors (NDRI) bupropion (Wellbutrin), bupropion sustained release (Wellbutrin SR), bupropion extended release (Wellbutrin XL) Tricyclic Antidepressants (TCA) amitriptyline (Elavil), amoxapine (Ascendin), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil), trimipramine (Surmontil) Tetracyclic Antidepressants mirtazapine (Remeron) Monoamine Oxidase Inhibitors (MAOI) phenelzine (Nardil), tranylcypromine (Parnate), isocarboxazid (Marplan), Emsam</p>
QL Criteria	2 caps Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cymbalta

Products Affected

- CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder (MDD) Diabetic peripheral neuropathic pain (DPN) Generalized anxiety disorder (GAD) Fibromyalgia Chronic musculoskeletal pain due to osteoarthritis Chronic musculoskeletal pain due to chronic low back pain
Exclusion Criteria	
Required Medical Information	For major depressive disorder A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For DPN A. Documentation of failure to gabapentin For GAD A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For fibromyalgia A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.) AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. tricyclic antidepressant (e.g. amitriptyline), 2. muscle relaxant (e.g. cyclobenzaprine), 3. SSRI, 4. SNRI, 5. gabapentin, 6. tramadol For osteoarthritis A. Documentation of a trial of acetaminophen AND B. Documentation of a trial of TWO NSAIDs (may include COX-2 inhibitor) For chronic low back pain A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.), AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. acetaminophen, 2. NSAID (may include COX-2 inhibitor), 3. muscle relaxant, 4. tricyclic antidepressant, 5. tramadol, 6. gabapentin
Age Restrictions	
Prescriber Restrictions	

2015 Aetna Pharmacy Value Plus Plan
 (Updated 12/01/2015)

PA Criteria	Criteria Details
Coverage Duration	3 years
Other Criteria	<p>For coverage of additional quantities: Member requires a dose including half tablets OR Member's dose is being titrated by physician (3-month limit) OR Member has had intolerance to drug administered as a single daily dose OR Member's dose cannot be achieved with proposed qty limits for a given strength (ex. Mm needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose) OR Member has a diagnosis of Diabetic Peripheral Neuropathy (DPN), Major Depressive Disorder (MDD), or General Anxiety Disorder (GAD) -For Cymbalta or duloxetine (60mg strength: 60 capsules in 30 days are allowed)</p> <p>*Note: Examples of antidepressant trials from unique therapeutic subclasses Therapeutic Subclass:Examples: Selective Serotonin Reuptake Inhibitors (SSRI) fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft), escitalopram (Lexapro) Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) venlafaxine (Effexor), Effexor XR, Pristiq, Cymbalta Norepinephrine-Dopamine Reuptake Inhibitors (NDRI) bupropion (Wellbutrin), bupropion sustained release (Wellbutrin SR), bupropion extended release (Wellbutrin XL) Tricyclic Antidepressants (TCA) amitriptyline (Elavil), amoxapine (Ascendin), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil), trimipramine (Surmontil) Tetracyclic Antidepressants mirtazapine (Remeron) Monoamine Oxidase Inhibitors (MAOI) phenelzine (Nardil), tranylcypromine (Parnate), isocarboxazid (Marplan), Emsam</p>
QL Criteria	2 caps Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cymbalta

Products Affected

- CYMBALTA ORAL CAPSULE DELAYED
RELEASE PARTICLES 60 MG

PA Criteria	Criteria Details
Covered Uses	<p>Major depressive disorder (MDD) Diabetic peripheral neuropathic pain (DPN) Generalized anxiety disorder (GAD) Fibromyalgia Chronic musculoskeletal pain due to osteoarthritis Chronic musculoskeletal pain due to chronic low back pain</p>
Exclusion Criteria	
Required Medical Information	<p>For major depressive disorder A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For DPN A. Documentation of failure to gabapentin For GAD A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For fibromyalgia A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.) AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. tricyclic antidepressant (e.g. amitriptyline), 2. muscle relaxant (e.g. cyclobenzaprine), 3. SSRI, 4. SNRI, 5. gabapentin, 6. tramadol For osteoarthritis A. Documentation of a trial of acetaminophen AND B. Documentation of a trial of TWO NSAIDs (may include COX-2 inhibitor) For chronic low back pain A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.), AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. acetaminophen, 2. NSAID (may include COX-2 inhibitor), 3. muscle relaxant, 4. tricyclic antidepressant, 5. tramadol, 6. gabapentin</p>
Age Restrictions	
Prescriber Restrictions	

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

PA Criteria	Criteria Details
Coverage Duration	3 years
Other Criteria	<p>For coverage of additional quantities: Member requires a dose including half tablets OR Member's dose is being titrated by physician (3-month limit) OR Member has had intolerance to drug administered as a single daily dose OR Member's dose cannot be achieved with proposed qty limits for a given strength (ex. Mm needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose) OR Member has a diagnosis of Diabetic Peripheral Neuropathy (DPN), Major Depressive Disorder (MDD), or General Anxiety Disorder (GAD) -For Cymbalta or duloxetine (60mg strength: 60 capsules in 30 days are allowed)</p> <p>*Note: Examples of antidepressant trials from unique therapeutic subclasses Therapeutic Subclass:Examples: Selective Serotonin Reuptake Inhibitors (SSRI) fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft), escitalopram (Lexapro) Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) venlafaxine (Effexor), Effexor XR, Pristiq, Cymbalta Norepinephrine-Dopamine Reuptake Inhibitors (NDRI) bupropion (Wellbutrin), bupropion sustained release (Wellbutrin SR), bupropion extended release (Wellbutrin XL) Tricyclic Antidepressants (TCA) amitriptyline (Elavil), amoxapine (Ascendin), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil), trimipramine (Surmontil) Tetracyclic Antidepressants mirtazapine (Remeron) Monoamine Oxidase Inhibitors (MAOI) phenelzine (Nardil), tranylcypromine (Parnate), isocarboxazid (Marplan), Emsam</p>
QL Criteria	1 caps Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cystaran

Products Affected

- CYSTARAN

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

D.H.E. 45

Products Affected

- D.H.E. 45

QL Criteria	6 ampules Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Daklinza

Products Affected

- DAKLINZA

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

Daliresp

Products Affected

- DALIRESP

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

Dasetta 1/35

Products Affected

- DASETTA 1/35

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

Dasetta 7/7/7

Products Affected

- DASETTA 7/7/7

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

Daysee

Products Affected

- DAYSEE

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

Daytrana

Products Affected

- DAYTRANA

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

Delzicol

Products Affected

- DELZICOL

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

Depo-Provera

Products Affected

- DEPO-PROVERA INTRAMUSCULAR*
SUSPENSION 150 MG/ML

QL Criteria	1 dose Per 90 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Depo-SubQ Provera 104

Products Affected

- DEPO-SUBQ PROVERA 104

QL Criteria	1 dose Per 90 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Desogen

Products Affected

- DESOGEN

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

Desogestrel-Ethinyl Estradiol

Products Affected

- *desogestrel-ethinyl estradiol oral tablet*
0.15-30 mg-mcg

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

Desoxyn

Products Affected

- DESOXYN

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

Desvenlafaxine ER

Products Affected

- *desvenlafaxine er*

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

Desvenlafaxine Fumarate ER

Products Affected

- *desvenlafaxine fumarate er*

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

Detrol LA

Products Affected

- DETROL LA

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

Dexedrine

Products Affected

- DEXEDRINE ORAL CAPSULE EXTENDED
RELEASE 24 HOUR

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

Dexilant

Products Affected

- DEXILANT

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	FOR HIGH DOSE ACIPHEX (UP TO 40mg/day): Documentation of trial/failure of one of the following high dose agents: 80 mg/day of Prilosec OTC/Prilosec or Protonix, 60 mg/day of Prevacid 24H OTC OR 80 mg/day of Nexium.
ST Criteria	A. Documentation of trial and failure of Nexium AND ONE of the following: Prilosec OTC/ Prilosec*, Prevacid 24H OTC, Zegerid OTC, or Protonix*
QL Criteria	1 cap Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Dexmethylphenidate HCl

Products Affected

- *dexmethylphenidate hcl*

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

Dexmethylphenidate HCl ER

Products Affected

- *dexmethylphenidate hcl er*

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

Dexmethylphenidate HCl ER

Products Affected

- *dexmethylphenidate hcl er*

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

Dextroamphetamine Sulfate

Products Affected

- *dextroamphetamine sulfate oral tablet*

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD), Narcolepsy
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
QL Criteria	4 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Dextroamphetamine Sulfate

Products Affected

- *dextroamphetamine sulfate oral solution*

QL Criteria	40 ML Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Dextroamphetamine Sulfate ER

Products Affected

- dextroamphetamine sulfate er*

PA Criteria	Criteria Details
Covered Uses	Attention deficit disorder, Attention deficit hyperactivity disorder
Exclusion Criteria	
Required Medical Information	Documentation of diagnosis of adult ADD or ADHD OR documentation of a diagnosis of childhood ADHD onset with history of previous treatment, and documentation of symptoms significantly impacting, impairing, or compromising the patient's ability to function normally (i.e., attend/maintain academic enrollment or employment), and documentation of intolerance to appropriately dosed and administered regular/immediate acting stimulants.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through 14 days each of THREE of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, OR VYVANSE
QL Criteria	3 caps Per 1 Day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

Diastat AcuDial

Products Affected

- DIASTAT ACUDIAL

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

Diastat Pediatric

Products Affected

- DIASTAT PEDIATRIC

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

Diazepam

Products Affected

- *diazepam*

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

Diclegis

Products Affected

- DICLEGIS

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

Diclofenac Sodium

Products Affected

- *diclofenac sodium transdermal solution*

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

Dificid

Products Affected

- DIFICID

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

Dihydroergotamine Mesylate

Products Affected

- *dihydroergotamine mesylate injection*

QL Criteria	6 ampules Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Dihydroergotamine Mesylate

Products Affected

- *dihydroergotamine mesylate nasal*

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

Diltiazem HCl CD

Products Affected

- *diltiazem hcl cd*

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

Diltiazem HCl ER

Products Affected

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

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

Diltiazem HCl ER Beads

Products Affected

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

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

Diltiazem HCl ER Beads

Products Affected

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

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

Diltiazem HCl ER Coated Beads

Products Affected

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

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

Diltiazem HCl ER Coated Beads

Products Affected

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

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

Diltiazem HCl ER Coated Beads

Products Affected

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

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

Diltiazem HCl ER Coated Beads

Products Affected

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

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

Diovan

Products Affected

- DIOVAN

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

Diovan HCT

Products Affected

- DIOVAN HCT

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

Dipentum

Products Affected

- DIPENTUM

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

Ditropan XL

Products Affected

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

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

Ditropan XL

Products Affected

- DITROPAN XL ORAL TABLET
EXTENDED RELEASE 24 HR* 5 MG

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

Donepezil HCl

Products Affected

- *donepezil hcl oral tablet 10 mg, 5 mg*
- *donepezil hcl oral tablet dispersible*

PA Criteria	Criteria Details
Covered Uses	Alzheimer's Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, severe Alzheimer's Disease
Age Restrictions	less than 40 years old
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: September 21, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Donepezil HCl

Products Affected

- *donepezil hcl oral tablet 23 mg*

PA Criteria	Criteria Details
Covered Uses	Alzheimer's Disease
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild, moderate, severe Alzheimer's Disease
Age Restrictions	less than 40 years old
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1 tab Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 21, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Doxycycline

Products Affected

- *doxycycline*

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

Dronabinol

Products Affected

- *dronabinol*

PA Criteria	Criteria Details
Covered Uses	Anorexia associated with weight loss in patients with AIDS, Chemotherapy-induced nausea and vomiting
Exclusion Criteria	
Required Medical Information	Documented diagnosis of Anorexia associated with weight loss in patients with AIDS, or Chemotherapy-induced nausea and vomiting
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	
QL Criteria	2 caps Per 1 day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Drospirenone-Ethinyl Estradiol

Products Affected

- *drospirenone-ethinyl estradiol oral tablet*
3-0.03 mg

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

Duavee

Products Affected

- DUAVEE

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

Duetact

Products Affected

- DUETACT

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

Duexis

Products Affected

- DUEXIS

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

Dulera

Products Affected

- DULERA

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

DULoxetine HCl

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder (MDD) Diabetic peripheral neuropathic pain (DPN) Generalized anxiety disorder (GAD) Fibromyalgia Chronic musculoskeletal pain due to osteoarthritis Chronic musculoskeletal pain due to chronic low back pain
Exclusion Criteria	
Required Medical Information	For major depressive disorder A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For DPN A. Documentation of failure to gabapentin For GAD A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For fibromyalgia A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.) AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. tricyclic antidepressant (e.g. amitriptyline), 2. muscle relaxant (e.g. cyclobenzaprine), 3. SSRI, 4. SNRI, 5. gabapentin, 6. tramadol For osteoarthritis A. Documentation of a trial of acetaminophen AND B. Documentation of a trial of TWO NSAIDs (may include COX-2 inhibitor) For chronic low back pain A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.), AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. acetaminophen, 2. NSAID (may include COX-2 inhibitor), 3. muscle relaxant, 4. tricyclic antidepressant, 5. tramadol, 6. gabapentin
Age Restrictions	
Prescriber Restrictions	

2015 Aetna Pharmacy Value Plus Plan
 (Updated 12/01/2015)

PA Criteria	Criteria Details
Coverage Duration	3 years
Other Criteria	<p>For coverage of additional quantities: Member requires a dose including half tablets OR Member's dose is being titrated by physician (3-month limit) OR Member has had intolerance to drug administered as a single daily dose OR Member's dose cannot be achieved with proposed qty limits for a given strength (ex. Mm needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose) OR Member has a diagnosis of Diabetic Peripheral Neuropathy (DPN), Major Depressive Disorder (MDD), or General Anxiety Disorder (GAD) -For Cymbalta or duloxetine (60mg strength: 60 capsules in 30 days are allowed)</p> <p>*Note: Examples of antidepressant trials from unique therapeutic subclasses Therapeutic Subclass:Examples: Selective Serotonin Reuptake Inhibitors (SSRI) fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft), escitalopram (Lexapro) Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) venlafaxine (Effexor), Effexor XR, Pristiq, Cymbalta Norepinephrine-Dopamine Reuptake Inhibitors (NDRI) bupropion (Wellbutrin), bupropion sustained release (Wellbutrin SR), bupropion extended release (Wellbutrin XL) Tricyclic Antidepressants (TCA) amitriptyline (Elavil), amoxapine (Ascendin), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil), trimipramine (Surmontil) Tetracyclic Antidepressants mirtazapine (Remeron) Monoamine Oxidase Inhibitors (MAOI) phenelzine (Nardil), tranylcypromine (Parnate), isocarboxazid (Marplan), Emsam</p>
QL Criteria	2 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

DULoxetine HCl

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	<p>Major depressive disorder (MDD) Diabetic peripheral neuropathic pain (DPN) Generalized anxiety disorder (GAD) Fibromyalgia Chronic musculoskeletal pain due to osteoarthritis Chronic musculoskeletal pain due to chronic low back pain</p>
Exclusion Criteria	
Required Medical Information	<p>For major depressive disorder A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For DPN A. Documentation of failure to gabapentin For GAD A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For fibromyalgia A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.) AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. tricyclic antidepressant (e.g. amitriptyline), 2. muscle relaxant (e.g. cyclobenzaprine), 3. SSRI, 4. SNRI, 5. gabapentin, 6. tramadol For osteoarthritis A. Documentation of a trial of acetaminophen AND B. Documentation of a trial of TWO NSAIDs (may include COX-2 inhibitor) For chronic low back pain A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.), AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. acetaminophen, 2. NSAID (may include COX-2 inhibitor), 3. muscle relaxant, 4. tricyclic antidepressant, 5. tramadol, 6. gabapentin</p>
Age Restrictions	
Prescriber Restrictions	

2015 Aetna Pharmacy Value Plus Plan
 (Updated 12/01/2015)

PA Criteria	Criteria Details
Coverage Duration	3 years
Other Criteria	<p>For coverage of additional quantities: Member requires a dose including half tablets OR Member's dose is being titrated by physician (3-month limit) OR Member has had intolerance to drug administered as a single daily dose OR Member's dose cannot be achieved with proposed qty limits for a given strength (ex. Mm needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose) OR Member has a diagnosis of Diabetic Peripheral Neuropathy (DPN), Major Depressive Disorder (MDD), or General Anxiety Disorder (GAD) -For Cymbalta or duloxetine (60mg strength: 60 capsules in 30 days are allowed)</p> <p>*Note: Examples of antidepressant trials from unique therapeutic subclasses Therapeutic Subclass:Examples: Selective Serotonin Reuptake Inhibitors (SSRI) fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft), escitalopram (Lexapro) Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) venlafaxine (Effexor), Effexor XR, Pristiq, Cymbalta Norepinephrine-Dopamine Reuptake Inhibitors (NDRI) bupropion (Wellbutrin), bupropion sustained release (Wellbutrin SR), bupropion extended release (Wellbutrin XL) Tricyclic Antidepressants (TCA) amitriptyline (Elavil), amoxapine (Ascendin), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil), trimipramine (Surmontil) Tetracyclic Antidepressants mirtazapine (Remeron) Monoamine Oxidase Inhibitors (MAOI) phenelzine (Nardil), tranylcypromine (Parnate), isocarboxazid (Marplan), Emsam</p>
QL Criteria	1 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

DULoxetine HCl

Products Affected

- duloxetine hcl oral capsule delayed release particles 60 mg*

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder (MDD) Diabetic peripheral neuropathic pain (DPN) Generalized anxiety disorder (GAD) Fibromyalgia Chronic musculoskeletal pain due to osteoarthritis Chronic musculoskeletal pain due to chronic low back pain
Exclusion Criteria	
Required Medical Information	For major depressive disorder A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For DPN A. Documentation of failure to gabapentin For GAD A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For fibromyalgia A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.) AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. tricyclic antidepressant (e.g. amitriptyline), 2. muscle relaxant (e.g. cyclobenzaprine), 3. SSRI, 4. SNRI, 5. gabapentin, 6. tramadol For osteoarthritis A. Documentation of a trial of acetaminophen AND B. Documentation of a trial of TWO NSAIDs (may include COX-2 inhibitor) For chronic low back pain A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.), AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. acetaminophen, 2. NSAID (may include COX-2 inhibitor), 3. muscle relaxant, 4. tricyclic antidepressant, 5. tramadol, 6. gabapentin
Age Restrictions	
Prescriber Restrictions	

2015 Aetna Pharmacy Value Plus Plan
 (Updated 12/01/2015)

PA Criteria	Criteria Details
Coverage Duration	3 years
Other Criteria	<p>For coverage of additional quantities: Member requires a dose including half tablets OR Member's dose is being titrated by physician (3-month limit) OR Member has had intolerance to drug administered as a single daily dose OR Member's dose cannot be achieved with proposed qty limits for a given strength (ex. Mm needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose) OR Member has a diagnosis of Diabetic Peripheral Neuropathy (DPN), Major Depressive Disorder (MDD), or General Anxiety Disorder (GAD) -For Cymbalta or duloxetine (60mg strength: 60 capsules in 30 days are allowed)</p> <p>*Note: Examples of antidepressant trials from unique therapeutic subclasses Therapeutic Subclass:Examples: Selective Serotonin Reuptake Inhibitors (SSRI) fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft), escitalopram (Lexapro) Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) venlafaxine (Effexor), Effexor XR, Pristiq, Cymbalta Norepinephrine-Dopamine Reuptake Inhibitors (NDRI) bupropion (Wellbutrin), bupropion sustained release (Wellbutrin SR), bupropion extended release (Wellbutrin XL) Tricyclic Antidepressants (TCA) amitriptyline (Elavil), amoxapine (Ascendin), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil), trimipramine (Surmontil) Tetracyclic Antidepressants mirtazapine (Remeron) Monoamine Oxidase Inhibitors (MAOI) phenelzine (Nardil), tranylcypromine (Parnate), isocarboxazid (Marplan), Emsam</p>
QL Criteria	1 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

DULoxetine HCl

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder (MDD) Diabetic peripheral neuropathic pain (DPN) Generalized anxiety disorder (GAD) Fibromyalgia Chronic musculoskeletal pain due to osteoarthritis Chronic musculoskeletal pain due to chronic low back pain
Exclusion Criteria	
Required Medical Information	For major depressive disorder A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For DPN A. Documentation of failure to gabapentin For GAD A. Documentation of failure or unresponsiveness to THREE different antidepressants from at least two different therapeutic subclasses For fibromyalgia A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.) AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. tricyclic antidepressant (e.g. amitriptyline), 2. muscle relaxant (e.g. cyclobenzaprine), 3. SSRI, 4. SNRI, 5. gabapentin, 6. tramadol For osteoarthritis A. Documentation of a trial of acetaminophen AND B. Documentation of a trial of TWO NSAIDs (may include COX-2 inhibitor) For chronic low back pain A. Documentation of a trial of non-pharmacologic therapies (cognitive behavioral therapies, exercise, etc.), AND B. Documentation of a trial of THREE of the following drugs/drug classes (each agent must be from a different class) 1. acetaminophen, 2. NSAID (may include COX-2 inhibitor), 3. muscle relaxant, 4. tricyclic antidepressant, 5. tramadol, 6. gabapentin
Age Restrictions	
Prescriber Restrictions	

2015 Aetna Pharmacy Value Plus Plan
 (Updated 12/01/2015)

PA Criteria	Criteria Details
Coverage Duration	3 years
Other Criteria	<p>For coverage of additional quantities: Member requires a dose including half tablets OR Member's dose is being titrated by physician (3-month limit) OR Member has had intolerance to drug administered as a single daily dose OR Member's dose cannot be achieved with proposed qty limits for a given strength (ex. Mm needs 375mg per day and would require 5 capsules of venlafaxine sr cap or Effexor XR 75mg to achieve dose) OR Member has a diagnosis of Diabetic Peripheral Neuropathy (DPN), Major Depressive Disorder (MDD), or General Anxiety Disorder (GAD) -For Cymbalta or duloxetine (60mg strength: 60 capsules in 30 days are allowed)</p> <p>*Note: Examples of antidepressant trials from unique therapeutic subclasses Therapeutic Subclass:Examples: Selective Serotonin Reuptake Inhibitors (SSRI) fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft), escitalopram (Lexapro) Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) venlafaxine (Effexor), Effexor XR, Pristiq, Cymbalta Norepinephrine-Dopamine Reuptake Inhibitors (NDRI) bupropion (Wellbutrin), bupropion sustained release (Wellbutrin SR), bupropion extended release (Wellbutrin XL) Tricyclic Antidepressants (TCA) amitriptyline (Elavil), amoxapine (Ascendin), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil), trimipramine (Surmontil) Tetracyclic Antidepressants mirtazapine (Remeron) Monoamine Oxidase Inhibitors (MAOI) phenelzine (Nardil), tranylcypromine (Parnate), isocarboxazid (Marplan), Emsam</p>
QL Criteria	2 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Duragesic-100

Products Affected

- DURAGESIC-100

PA Criteria	Criteria Details
Covered Uses	A. Documented diagnosis of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	20 patches Per 30 days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Duragesic-12

Products Affected

- DURAGESIC-12

PA Criteria	Criteria Details
Covered Uses	A. Documented diagnosis of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	20 patches Per 30 days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Duragesic-25

Products Affected

- DURAGESIC-25

PA Criteria	Criteria Details
Covered Uses	A. Documented diagnosis of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	20 patches Per 30 days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Duragesic-50

Products Affected

- DURAGESIC-50

PA Criteria	Criteria Details
Covered Uses	A. Documented diagnosis of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	20 patches Per 30 days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Duragesic-75

Products Affected

- DURAGESIC-75

PA Criteria	Criteria Details
Covered Uses	A. Documented diagnosis of moderate to severe pain when a continuous, around-the-clock opioid analgesic is needed for an extended period of time.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	20 patches Per 30 days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Dutasteride

Products Affected

- *dutasteride*

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

Edarbi

Products Affected

- EDARBI

ST Criteria	Documented step through TWO of the following (brand or generic): ATACAND, AVAPRO, COZAAR, MICARDIS
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Edarbyclor

Products Affected

- EDARBYCLOR

ST Criteria	Documented step through TWO of the following: ATACAND HCT*, AVALIDE*, HYZAAR*, MICARDIS HCT*
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Edex

Products Affected

- EDEX

QL Criteria	6 syringes Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Edurant

Products Affected

- EDURANT

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

Effexor XR

Products Affected

- EFFEXOR XR

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

Effient

Products Affected

- EFFIENT

PA Criteria	Criteria Details
Covered Uses	acute coronary syndrome (ACS), which includes angina or myocardial infarction [MI].
Exclusion Criteria	History of Stroke or TIA
Required Medical Information	Member has a documented diagnosis of acute coronary syndrome (ACS), which includes angina or myocardial infarction [MI]) managed by percutaneous coronary intervention (PCI) AND Member has no prior history of stroke or transient ischemic attack (TIA)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1 tab Per 1 day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elestrin

Products Affected

- ELESTRIN

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

Elidel

Products Affected

- ELIDEL

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	Children less than 2 years of age, Children and adults with weakened immune systems, Documentation of hypersensitivity to pimecrolimus, tacrolimus or any component in the product, or Netherton's syndrome
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Authorization beyond 1 year requires documentation that the benefit exceeds the potential risk associated with topical calcineurin inhibitors as defined in the black box warning
ST Criteria	FOR ADULTSA. Documentation of a trial and failure of at least one formulary medium to high potency topical corticosteroid ORB. Documentation of a trial and failure of at least one formulary low potency topical corticosteroid for lesions in vulnerable areas such as face, groin, or axillaeFOR CHILDREN (greater than or equal to 2 years of age)A. Documentation of a trial and failure of at least of formulary low potency topical corticosteroid ORB. Documentation of a contraindication to topical corticosteroids
QL Criteria	60 grams Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elinest

Products Affected

- ELINEST

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

Eliquis

Products Affected

- ELIQUIS

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

Ella

Products Affected

- ELLA

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

Embeda

Products Affected

- EMBEDA

PA Criteria	Criteria Details
Covered Uses	Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
Exclusion Criteria	
Required Medical Information	Documentation of progression through the World Health Organization analgesic ladder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of MORPHINE SR TAB 12HR (MS CONTIN) AND OXYMORPHONE ER (OPANA ER)
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Emend

Products Affected

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

QL Criteria	3 caps Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Emend

Products Affected

- EMEND ORAL CAPSULE 80 & 125 MG

QL Criteria	3 tri-packs Per 30 fills
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Emoquette

Products Affected

- EMOQUETTE

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

Emsam

Products Affected

- EMSAM

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

Emtriva

Products Affected

- EMTRIVA

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

Emtriva

Products Affected

- EMTRIVA

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

Enablex

Products Affected

- ENABLEX

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

Enbrel

Products Affected

- ENBREL SUBCUTANEOUS* 50 MG/ML

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

Products Affected

- ENBREL SUBCUTANEOUS* 25 MG/0.5ML

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* KIT

QL Criteria	8 syringes Per 28 dayss
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

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

Enjuvia

Products Affected

- ENJUVIA

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

Enoxaparin Sodium

Products Affected

- *enoxaparin sodium*

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

Enpresse-28

Products Affected

- ENPRESSE-28

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

Enskyce

Products Affected

- ENSKYCE

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Entecavir

Products Affected

- *entecavir*

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

Entresto

Products Affected

- ENTRESTO

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

Epaned

Products Affected

- EPANED

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

Epiduo

Products Affected

- EPIDUO

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

Epiduo Forte

Products Affected

- EPIDUO FORTE

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

EPINEPHrine

Products Affected

- *epinephrine injection 0.15 mg/0.15ml*

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

EPINEPHrine

Products Affected

- *epinephrine injection 0.3 mg/0.3ml*

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

EpiPen 2-Pak

Products Affected

- EPIPEN 2-PAK

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

EpiPen Jr 2-Pak

Products Affected

- EPIPEN JR 2-PAK

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

Eprosartan Mesylate

Products Affected

- *eprosartan mesylate*

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

Erivedge

Products Affected

- ERIVEDGE

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

Errin

Products Affected

- ERRIN

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

Esbriet

Products Affected

- ESBRIET

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

Escitalopram Oxalate

Products Affected

- *escitalopram oxalate oral tablet*

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

Esomeprazole Magnesium

Products Affected

- *esomeprazole magnesium*

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

Estarylla

Products Affected

- ESTARYLLA

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Estradiol

Products Affected

- *estradiol transdermal patch weekly*

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

Estradiol-Norethindrone Acet

Products Affected

- *estradiol-norethindrone acet*

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

Estradiol-Norethindrone Acet

Products Affected

- *estradiol-norethindrone acet*

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

Estrogel

Products Affected

- ESTROGEL

QL Criteria	50 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Estrostep Fe

Products Affected

- ESTROSTEP FE

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

Eszopiclone

Products Affected

- *eszopiclone*

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

Evamist

Products Affected

- EVAMIST

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

Evekeo

Products Affected

- EVEKEO

PA Criteria	Criteria Details
Covered Uses	ADHD, Narcolepsy
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through 14 days each of THREE of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, OR VYVANSE
QL Criteria	120 tabs Per 30 Days
Notes/References	
Revision Date	Prior Authorization: November 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Evoxac

Products Affected

- EVOXAC

QL Criteria	3 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Exalgo

Products Affected

- EXALGO

PA Criteria	Criteria Details
Covered Uses	Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
Exclusion Criteria	
Required Medical Information	Documentation of progression through the World Health Organization analgesic ladder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of MORPHINE SR TAB 12HR (MS CONTIN) AND OXYMORPHONE ER (OPANA ER)
QL Criteria	1 tab Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Exelon

Products Affected

- EXELON TRANSDERMAL

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

Exelon

Products Affected

- EXELON ORAL CAPSULE

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

Exforge

Products Affected

- EXFORGE ORAL TABLET 10-160 MG,
5-160 MG

ST Criteria	Documented step through TWO of the following (brand or generic): ATACAND, AVAPRO, COZAAR, MICARDIS
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Exforge

Products Affected

- EXFORGE ORAL TABLET 10-320 MG,
5-320 MG

ST Criteria	Documented step through TWO of the following (brand or generic): ATACAND, AVAPRO, COZAAR, MICARDIS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Exforge HCT

Products Affected

- EXFORGE HCT

ST Criteria	2 of the following (brand or generic if available): Atacand HCT*, Avalide*, Hyzaar*, Micardis HCT*
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Extavia

Products Affected

- EXTAVIA

QL Criteria	15 vials Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Factive

Products Affected

- FACTIVE

QL Criteria	7 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Falmina

Products Affected

- FALMINA

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

Famciclovir

Products Affected

- *famciclovir oral*

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

Famvir

Products Affected

- FAMVIR

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

Fanapt

Products Affected

- FANAPT

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

Fanapt Titration Pack

Products Affected

- FANAPT TITRATION PACK

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

Farxiga

Products Affected

- FARXIGA

ST Criteria	Documented step through one month of INVOKANA (single entity or combo)
QL Criteria	1 tablet Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Farydak

Products Affected

- FARYDAK

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

FazaClo

Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE
150 MG

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

FazaClo

Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE
100 MG

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

FazaClo

Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE
200 MG

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

FazaClo

Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE
25 MG

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

FazaClo

Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE
12.5 MG

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

Felodipine ER

Products Affected

- *felodipine er*

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

Femcon Fe

Products Affected

- FEMCON FE

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

Femhrt Low Dose

Products Affected

- FEMHRT LOW DOSE

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

Femring

Products Affected

- FEMRING

QL Criteria	1 ring Per 90 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Fenofibrate

Products Affected

- *fenofibrate oral tablet*

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

Fenofibrate

Products Affected

- *fenofibrate oral tablet*

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

Fenofibrate Micronized

Products Affected

- *fenofibrate micronized*

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

Fenofibric Acid

Products Affected

- *fenofibric acid oral capsule delayed release*

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

Fenoglide

Products Affected

- FENOGLIDE

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

FentaNYL

Products Affected

- *fentanyl*

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

FentaNYL Citrate

Products Affected

- *fentanyl citrate buccal*

QL Criteria	4 lozenge Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Fentora

Products Affected

- FENTORA

PA Criteria	Criteria Details
Covered Uses	For pain due to malignant diagnosis only
Exclusion Criteria	Use in non-malignant pain
Required Medical Information	A. Documentation of already receiving and who are tolerant to opioid therapy, and documentation on intolerance of two (2) other immediate-release opioids including morphine, hydrocodone, oxycodone, or hydromorphone.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	FOR SUBSYS: Documentation of intolerance to Actiq. FOR ABSTRAL, FENTORA, LAZANDA, and ONSOLIS: Documentation of intolerance to Actiq AND Subsys.
QL Criteria	4 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Fetzima

Products Affected

- FETZIMA

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	Diagnosis of major depressive disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	<p>Examples of antidepressant trials from unique therapeutic subclasses Therapeutic Subclass:Examples:</p> <p>Selective Serotonin Reuptake Inhibitors (SSRI) fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft), escitalopram (Lexapro)</p> <p>Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) venlafaxine (Effexor), Effexor XR, Pristiq, Cymbalta</p> <p>Norepinephrine-Dopamine Reuptake Inhibitors (NDRI) bupropion (Wellbutrin), bupropion sustained release (Wellbutrin SR), bupropion extended release (Wellbutrin XL)</p> <p>Tricyclic Antidepressants (TCA) amitriptyline (Elavil), amoxapine (Ascendin), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil), trimipramine (Surmontil)</p> <p>Tetracyclic Antidepressants mirtazapine (Remeron)</p> <p>Monoamine Oxidase Inhibitors (MAOI) phenelzine (Nardil), tranylcypromine (Parnate), isocarboxazid (Marplan), Emsam</p> <p>Therapy is required Step</p>
QL Criteria	1 cap Per 1 Day
Notes/References	

2015 Aetna Pharmacy Value Plus Plan
 (Updated 12/01/2015)

Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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Fetzima Titration

Products Affected

- FETZIMA TITRATION

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	Diagnosis of major depressive disorder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	<p>Examples of antidepressant trials from unique therapeutic subclasses Therapeutic Subclass:Examples:</p> <p>Selective Serotonin Reuptake Inhibitors (SSRI) fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft), escitalopram (Lexapro)</p> <p>Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) venlafaxine (Effexor), Effexor XR, Pristiq, Cymbalta</p> <p>Norepinephrine-Dopamine Reuptake Inhibitors (NDRI) bupropion (Wellbutrin), bupropion sustained release (Wellbutrin SR), bupropion extended release (Wellbutrin XL)</p> <p>Tricyclic Antidepressants (TCA) amitriptyline (Elavil), amoxapine (Ascendin), desipramine (Norpramin), doxepin (Sinequan), imipramine (Tofranil), nortriptyline (Pamelor), protriptyline (Vivactil), trimipramine (Surmontil)</p> <p>Tetracyclic Antidepressants mirtazapine (Remeron)</p> <p>Monoamine Oxidase Inhibitors (MAOI) phenelzine (Nardil), tranylcypromine (Parnate), isocarboxazid (Marplan), Emsam</p> <p>Therapy is required Step</p>
QL Criteria	1 cap Per 1 Day
Notes/References	

2015 Aetna Pharmacy Value Plus Plan
 (Updated 12/01/2015)

Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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Fibricor

Products Affected

- FIBRICOR

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

Firazyr

Products Affected

- FIRAZYR

QL Criteria	3 syringes Per 30 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Flovent Diskus

Products Affected

- FLOVENT DISKUS

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy. Medical Exception for Flovent Diskus and Flovent HFA: Covered for topical steroid treatment of eosinophilic esophagitis for which other treatments have been unsatisfactory
ST Criteria	Documented step through one month of ASMANEX AND QVAR
QL Criteria	1 inhaler Per 1 month
Notes/References	
Revision Date	Prior Authorization: November 24, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Flovent HFA

Products Affected

- FLOVENT HFA

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy. Medical Exception for Flovent Diskus and Flovent HFA: Covered for topical steroid treatment of eosinophilic esophagitis for which other treatments have been unsatisfactory
ST Criteria	Documented step through one month of ASMANEX AND QVAR
QL Criteria	1 inhaler Per 1 month
Notes/References	
Revision Date	Prior Authorization: November 24, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

FLUoxetine HCl

Products Affected

- *fluoxetine hcl oral capsule 40 mg*

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

FLUoxetine HCl

Products Affected

- *fluoxetine hcl oral capsule delayed release*

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

FLUoxetine HCl

Products Affected

- *fluoxetine hcl oral tablet 10 mg*

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

FLUoxetine HCl

Products Affected

- *fluoxetine hcl oral capsule 20 mg*

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

FLUoxetine HCl

Products Affected

- *fluoxetine hcl oral tablet 20 mg*

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

FLUoxetine HCl

Products Affected

- *fluoxetine hcl oral capsule 10 mg*

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

FLUoxetine HCl

Products Affected

- *fluoxetine hcl oral tablet 60 mg*

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

Fluvastatin Sodium

Products Affected

- *fluvastatin sodium*

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

Fluvastatin Sodium ER

Products Affected

- *fluvastatin sodium er*

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

FluvoxaMINE Maleate

Products Affected

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

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

Fluvoxamine Maleate

Products Affected

- *fluvoxamine maleate oral tablet 100 mg*

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

FluvoxaMINE Maleate ER

Products Affected

- *fluvoxamine maleate er*

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

Focalin

Products Affected

- FOCALIN

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

Focalin XR

Products Affected

- FOCALIN XR

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

Fondaparinux Sodium

Products Affected

- *fondaparinux sodium*

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

Foradil Aerolizer

Products Affected

- FORADIL AEROLIZER

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

Fortesta

Products Affected

- FORTESTA

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Documented step through one month each of ANDROGEL AND TESTIM
QL Criteria	4 grams Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Fortical

Products Affected

- FORTICAL

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

Fosamax

Products Affected

- FOSAMAX

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

Fosamax Plus D

Products Affected

- FOSAMAX PLUS D

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

Fragmin

Products Affected

- FRAGMIN

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

FreeStyle InsuLinx Test

Products Affected

- FREESTYLE INSULINX TEST

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	Documentation of a physical limitation that makes utilization of a Lifescan product unsafe, inaccurate or otherwise not feasible. Such limitations may include, but are not limited to, manual dexterity or visual impairment issues not accommodated by the features and capabilities of the Lifescan product line, or the member has hematocrit levels which are chronically less than 30% or greater than 55%.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years, 1 meter per year
Other Criteria	
QL Criteria	300 strips Per 30 days
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

FreeStyle Lite Test

Products Affected

- FREESTYLE LITE TEST

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	Documentation of a physical limitation that makes utilization of a Lifescan product unsafe, inaccurate or otherwise not feasible. Such limitations may include, but are not limited to, manual dexterity or visual impairment issues not accommodated by the features and capabilities of the Lifescan product line, or the member has hematocrit levels which are chronically less than 30% or greater than 55%.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years, 1 meter per year
Other Criteria	
QL Criteria	300 strips Per 30 days
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

FreeStyle Test

Products Affected

- FREESTYLE TEST

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	Documentation of a physical limitation that makes utilization of a Lifescan product unsafe, inaccurate or otherwise not feasible. Such limitations may include, but are not limited to, manual dexterity or visual impairment issues not accommodated by the features and capabilities of the Lifescan product line, or the member has hematocrit levels which are chronically less than 30% or greater than 55%.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years, 1 meter per year
Other Criteria	
QL Criteria	300 strips Per 30 days
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Frova

Products Affected

- FROVA

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

Fulyzaq

Products Affected

- FULYZAQ

PA Criteria	Criteria Details
Covered Uses	Diarrhea
Exclusion Criteria	
Required Medical Information	Fulyzaq is covered for members who meet the following criteria: (1) Diagnosis of noninfectious diarrhea associated with HIV/AIDS infection that has lasted at least for one month, and (2) Patient is at least 18 years of age, and (3) Currently taking antiviral therapy with adherence of at least 80%, and (4) Documentation of unsatisfactory effects with, intolerability to, or inability to take at least one anti-motility agent (loperamide, diphenoxylate/atropine, bismuth subsalicylate), and (5) Negative GI culture or stool test for ALL of the following: bacteria, bacteria toxin, parasites, or viruses, and (6) No history of other GI diseases associated with diarrhea (i.e. ulcerative colitis, Crohns disease, celiac sprue (gluten-enteropathy), chronic pancreatitis, or malabsorption).
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	
QL Criteria	2 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Fycompa

Products Affected

- FYCOMPA

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

Gabapentin

Products Affected

- *gabapentin oral capsule*

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

Gabapentin

Products Affected

- *gabapentin oral tablet*

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

Gabapentin

Products Affected

- *gabapentin oral solution*

QL Criteria	40 ml Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Gabril

Products Affected

- GABITRIL ORAL TABLET 2 MG

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

Gabril

Products Affected

- GABITRIL ORAL TABLET 16 MG

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

Gabitril

Products Affected

- GABITRIL ORAL TABLET 12 MG, 4 MG

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

Galantamine Hydrobromide ER

Products Affected

- *galantamine hydrobromide er*

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

Gattex

Products Affected

- GATTEX

QL Criteria	1 box Per 30 fillss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Gelnique

Products Affected

- GELNIQUE

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

Generess FE

Products Affected

- GENERESS FE

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

Geodon

Products Affected

- GEODON ORAL

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

Gianvi

Products Affected

- GIANVI

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

Giazo

Products Affected

- GIAZO

PA Criteria	Criteria Details
Covered Uses	Ulcerative colitis
Exclusion Criteria	
Required Medical Information	Documented diagnosis of mild to moderate ulcerative colitis in males. Note: Per Product Labeling, Giazo effectiveness was not demonstrated in female patients.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of APRISO, ASACOL, ASACOL HD, DELZICOL, LIALDA, OR PENTASA (NSO)
QL Criteria	6 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Gildagia

Products Affected

- GILDAGIA

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Gildess FE 1.5/30

Products Affected

- GILDESS FE 1.5/30

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

Gildess FE 1/20

Products Affected

- GILDESS FE 1/20

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

Gilenya

Products Affected

- GILENYA

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

Gilotrif

Products Affected

- GILOTRIF

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

GlucaGen HypoKit

Products Affected

- GLUCAGEN HYPOKIT

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

Glucagon Emergency

Products Affected

- GLUCAGON EMERGENCY

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

Glyxambi

Products Affected

- GLYXAMBI

ST Criteria	Invokana/Invokamet AND Januvia or Onglyza family
QL Criteria	1 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Gralise

Products Affected

- GRALISE ORAL TABLET 300 MG

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

Gralise

Products Affected

- GRALISE ORAL TABLET 600 MG

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

Gralise Starter

Products Affected

- GRALISE STARTER

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

Gynazole-1

Products Affected

- GYNAZOLE-1

QL Criteria	6 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Harvoni

Products Affected

- HARVONI

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

Hepsera

Products Affected

- HEPSERA

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

Hetlioz

Products Affected

- HETLIOZ

PA Criteria	Criteria Details
Covered Uses	Non-24 sleep wake-disorder
Exclusion Criteria	Documentation of concomitant sleep disorders (sleep apnea, insomnia)
Required Medical Information	Documentation of non-24 sleep wake-disorder, and documentation of total-blindness with no light perception, and documentation of at least 3 months of difficulty initiating sleep, difficulty awakening in the morning, or excessive daytime sleepiness.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Horizant

Products Affected

- HORIZANT ORAL TABLET
EXTENDEDRELEASE* 300 MG

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

Horizant

Products Affected

- HORIZANT ORAL TABLET
EXTENDEDRELEASE* 600 MG

QL Criteria	1 tablet Per 2 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* 10 MG/0.2ML

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

Humira

Products Affected

- HUMIRA SUBCUTANEOUS* 20
MG/0.4ML, 40 MG/0.8ML

QL Criteria	2 injections Per 1 month
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

QL Criteria	2 injections Per 1 month
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

QL Criteria	2 injections Per 1 month
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

QL Criteria	1 kit Per 365 months
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Humira Pen-Psoriasis Starter

Products Affected

- HUMIRA PEN-PSORIASIS STARTER

QL Criteria	2 injections Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

HYDRomorphone HCl ER

Products Affected

- *hydromorphone hcl er*

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

HYDRomorphone HCl ER

Products Affected

- *hydromorphone hcl er*

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

Hysingla ER

Products Affected

- HYSINGLA ER

PA Criteria	Criteria Details
Covered Uses	Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
Exclusion Criteria	
Required Medical Information	Documentation of progression through the World Health Organization analgesic ladder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of MORPHINE SR TAB 12HR (MS CONTIN) AND OXYMORPHONE ER (OPANA ER)
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ibandronate Sodium

Products Affected

- *ibandronate sodium oral*

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

Ibrance

Products Affected

- IBRANCE

QL Criteria	21 capsules Per 28 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Iclusig

Products Affected

- ICLUSIG ORAL TABLET 15 MG

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

Iclusig

Products Affected

- ICLUSIG ORAL TABLET 45 MG

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

Ilaris

Products Affected

- ILARIS

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

Imiquimod

Products Affected

- *imiquimod external*

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

Imitrex

Products Affected

- IMITREX NASAL

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

Imitrex

Products Affected

- IMITREX ORAL

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

Imitrex

Products Affected

- IMITREX SUBCUTANEOUS*

QL Criteria	5 vials Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Imitrex STATdose Refill

Products Affected

- IMITREX STATDOSE REFILL

QL Criteria	4 doses Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Incivek

Products Affected

- INCIVEK

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

Incruse Ellipta

Products Affected

- INCRUSE ELLIPTA

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

Inlyta

Products Affected

- INLYTA

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

InnoPran XL

Products Affected

- INNOPRAN XL ORAL CAPSULE
EXTENDED RELEASE 24 HOUR 120 MG

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

InnoPran XL

Products Affected

- INNOPRAN XL ORAL CAPSULE
EXTENDED RELEASE 24 HOUR 80 MG

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

Inspira

Products Affected

- INSPRA ORAL TABLET 25 MG

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

Inspira

Products Affected

- INSPRA ORAL TABLET 50 MG

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

Intelligence

Products Affected

- INTELENCE ORAL TABLET 200 MG

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

Intelligence

Products Affected

- INTELENCE ORAL TABLET 25 MG, 100 MG

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

Intermezzo

Products Affected

- INTERMEZZO

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

Introvale

Products Affected

- INTROVALE

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

Intuniv

Products Affected

- INTUNIV

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD) Note: diagnosis criteria only applies to members greater than 18 years old. Step therapy requirement applies to all member regardless of age.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	18 or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	Documented step through CLONIDINE, CLONIDINE SR, GUANFACINE, AMPHETAMINE/DEXTROAMPHETAMINE, AMPHETAMINE/DEXTROAMPHETAMINE SR, DEXMETHYLPHENIDATE, DEXMETHYLPHENIDATE SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE, METHYLPHENIDATE ER, METHYLPHENIDATE SR, STRATTERA, or VYVANSE
QL Criteria	1 tab Per 1 day
Notes/References	
Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

Invega

Products Affected

- INVEGA ORAL TABLET EXTENDED
RELEASE 24 HR* 1.5 MG, 6 MG, 3 MG

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

Invega

Products Affected

- INVEGA ORAL TABLET EXTENDED
RELEASE 24 HR* 9 MG

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

Invokamet

Products Affected

- INVOKAMET

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

Invokana

Products Affected

- INVOKANA

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

Ipratropium Bromide

Products Affected

- *ipratropium bromide nasal*

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

Irbesartan

Products Affected

- *irbesartan*

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

Irbesartan-Hydrochlorothiazide

Products Affected

- *irbesartan-hydrochlorothiazide*

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

Irenka

Products Affected

- IRENKA

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

Iressa

Products Affected

- IRESSA

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

Isentress

Products Affected

- ISENTRESS ORAL TABLET

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

Itraconazole

Products Affected

- *itraconazole oral*

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

Jakafi

Products Affected

- JAKAFI

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

Jalyn

Products Affected

- JALYN

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

Janumet

Products Affected

- JANUMET

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

Janumet XR

Products Affected

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

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

Janumet XR

Products Affected

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

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

Januvia

Products Affected

- JANUVIA

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

Jardiance

Products Affected

- JARDIANCE

ST Criteria	Documented step through one month of INVOKANA (single entity or combo)
QL Criteria	1 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Jencycla

Products Affected

- JENCYCLA

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

Jentaduetto

Products Affected

- JENTADUETO

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

Jolessa

Products Affected

- JOLESSA

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

Jolivette

Products Affected

- JOLIVETTE

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

Junel 1.5/30

Products Affected

- JUNEL 1.5/30

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

Junel 1/20

Products Affected

- JUNEL 1/20

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

Junel FE 1.5/30

Products Affected

- JUNEL FE 1.5/30

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

Junel FE 1/20

Products Affected

- JUNEL FE 1/20

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

Juxtapid

Products Affected

- JUXTAPID ORAL CAPSULE 10 MG, 5 MG

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

Juxtapid

Products Affected

- JUXTAPID ORAL CAPSULE 60 MG, 30 MG, 40 MG

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

Juxtapid

Products Affected

- JUXTAPID ORAL CAPSULE 20 MG

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

Kadian

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
Exclusion Criteria	
Required Medical Information	Documentation of progression through the World Health Organization analgesic ladder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of MORPHINE SR TAB 12HR (MS CONTIN) AND OXYMORPHONE ER (OPANA ER)
QL Criteria	2 caps Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Kadian

Products Affected

- KADIAN ORAL CAPSULE EXTENDED
RELEASE 24 HOUR 40 MG

PA Criteria	Criteria Details
Covered Uses	Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
Exclusion Criteria	
Required Medical Information	Documentation of progression through the World Health Organization analgesic ladder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of MORPHINE SR TAB 12HR (MS CONTIN) AND OXYMORPHONE ER (OPANA ER)
QL Criteria	2 caps Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Kalydeco

Products Affected

- KALYDECO

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

Kalydeco

Products Affected

- KALYDECO

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

Kapvay

Products Affected

- KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR*

PA Criteria	Criteria Details
Covered Uses	Diagnosis of attention deficit hyperactivity disorder (ADHD)
Exclusion Criteria	
Required Medical Information	
Age Restrictions	18 and older subject to PA requirement
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through CLONIDINE, CLONIDINE SR, GUANFACINE, AMPHETAMINE/DEXTROAMPHETAMINE, AMPHETAMINE/DEXTROAMPHETAMINE SR, DEXMETHYLPHENIDATE, DEXMETHYLPHENIDATE SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE, METHYLPHENIDATE ER, METHYLPHENIDATE SR, STRATTERA, OR VYVANSE
QL Criteria	4 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Kariva

Products Affected

- KARIVA

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

Kazano

Products Affected

- KAZANO

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

Kelnor 1/35

Products Affected

- KELNOR 1/35

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

Keppra XR

Products Affected

- KEPPRA XR ORAL TABLET EXTENDED
RELEASE 24 HR* 500 MG

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

Keppra XR

Products Affected

- KEPPRA XR ORAL TABLET EXTENDED
RELEASE 24 HR* 750 MG

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

Ketek

Products Affected

- KETEK

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

Ketoconazole

Products Affected

- *ketoconazole oral*

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

Ketorolac Tromethamine

Products Affected

- *ketorolac tromethamine oral*

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

Keveyis

Products Affected

- KEVEYIS

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

Khedeza

Products Affected

- KHEDEZLA

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

Kombiglyze XR

Products Affected

- KOMBIGLYZE XR ORAL TABLET
EXTENDED RELEASE 24 HR* 5-1000 MG,
5-500 MG

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

Kombiglyze XR

Products Affected

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

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

Korlym

Products Affected

- KORLYM

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

Kurvelo

Products Affected

- KURVELO

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

LaMICtal ODT

Products Affected

- LAMICTAL ODT ORAL TABLET
DISPERSIBLE 100 MG

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

LaMICtal ODT

Products Affected

- LAMICTAL ODT ORAL TABLET
DISPERSIBLE 25 MG

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

LaMICtal ODT

Products Affected

- LAMICTAL ODT ORAL TABLET
DISPERSIBLE 50 MG

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

LaMICtal ODT

Products Affected

- LAMICTAL ODT ORAL TABLET
DISPERSIBLE 200 MG

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

LaMICtal XR

Products Affected

- LAMICTAL XR ORAL TABLET
EXTENDED RELEASE 24 HR* 250 MG

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

LaMICtal XR

Products Affected

- LAMICTAL XR ORAL TABLET
EXTENDED RELEASE 24 HR* 50 MG, 100
MG, 25 MG

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

LaMICtal XR

Products Affected

- LAMICTAL XR ORAL TABLET
EXTENDED RELEASE 24 HR* 200 MG

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

LaMICtal XR

Products Affected

- LAMICTAL XR ORAL TABLET
EXTENDED RELEASE 24 HR* 300 MG

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

LamISIL

Products Affected

- LAMISIL ORAL PACKET 187.5 MG

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

LamISIL

Products Affected

- LAMISIL ORAL PACKET 125 MG

QL Criteria	2 packs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

LamoTRigine

Products Affected

- *lamotrigine oral tablet dispersible 50 mg*

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

LamoTRIGine

Products Affected

- *lamotrigine oral tablet dispersible 25 mg*

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

LamoTRigine

Products Affected

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

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

LamoTRIGine ER

Products Affected

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

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

LamoTRIGine ER

Products Affected

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

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

LamoTRIGine ER

Products Affected

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

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

Lansoprazole

Products Affected

- *lansoprazole oral capsule delayed release*

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	FOR HIGH DOSE ACIPHEX (UP TO 40mg/day): Documentation of trial/failure of one of the following high dose agents: 80 mg/day of Prilosec OTC/Prilosec or Protonix, 60 mg/day of Prevacid 24H OTC OR 80 mg/day of Nexium.
ST Criteria	A. Documentation of trial and failure of Nexium AND ONE of the following: Prilosec OTC/ Prilosec*, Prevacid 24H OTC, Zegerid OTC, or Protonix*
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lastacraft

Products Affected

- LASTACAFT

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

Latanoprost

Products Affected

- *latanoprost ophthalmic*

QL Criteria	3 ML Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Latuda

Products Affected

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

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

Latuda

Products Affected

- LATUDA ORAL TABLET 20 MG

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

Latuda

Products Affected

- LATUDA ORAL TABLET 80 MG

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

Lazanda

Products Affected

- LAZANDA

PA Criteria	Criteria Details
Covered Uses	For pain due to malignant diagnosis only
Exclusion Criteria	Use in non-malignant pain
Required Medical Information	A. Documentation of already receiving and who are tolerant to opioid therapy, and documentation on intolerance of two (2) other immediate-release opioids including morphine, hydrocodone, oxycodone, or hydromorphone.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	FOR SUBSYS: Documentation of intolerance to Actiq. FOR ABSTRAL, FENTORA, LAZANDA, and ONSOLIS: Documentation of intolerance to Actiq AND Subsys.
QL Criteria	15 bottles Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Leena

Products Affected

- LEENA

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

Leflunomide

Products Affected

- *leflunomide oral*

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

Lenvima 10 MG Daily Dose

Products Affected

- LENVIMA 10 MG DAILY DOSE

QL Criteria	30 day supply Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lenvima 14 MG Daily Dose

Products Affected

- LENVIMA 14 MG DAILY DOSE

QL Criteria	30 day supply Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lenvima 20 MG Daily Dose

Products Affected

- LENVIMA 20 MG DAILY DOSE

QL Criteria	30 day supply Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lenvima 24 MG Daily Dose

Products Affected

- LENVIMA 24 MG DAILY DOSE

QL Criteria	30 day supply Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lescol

Products Affected

- LESCOL

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

Lescol XL

Products Affected

- LESCOLO XL

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

Lessina

Products Affected

- LESSINA

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

Levaquin

Products Affected

- LEVAQUIN ORAL TABLET

QL Criteria	14 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Levaquin

Products Affected

- LEVAQUIN ORAL SOLUTION

QL Criteria	280 ml Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

LevETIRAcetam ER

Products Affected

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

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

LevETIRAcetam ER

Products Affected

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

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

Levitra

Products Affected

- LEVITRA

ST Criteria	Documented step through CIALIS
QL Criteria	6 tabs Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Levocetirizine Dihydrochloride

Products Affected

- *levocetirizine dihydrochloride oral tablet*

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

Levofloxacin

Products Affected

- *levofloxacin oral tablet*

QL Criteria	14 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Levofloxacin

Products Affected

- *levofloxacin oral solution*

QL Criteria	280 ML Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Levonest

Products Affected

- LEVONEST

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Levonorgest-Eth Estrad 91-Day

Products Affected

- *levonorgest-eth estrad 91-day oral tablet*
0.15-0.03 mg, 0.1-0.02 & 0.01 mg

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

Levonorgestrel

Products Affected

- *levonorgestrel*

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

Levonorgestrel

Products Affected

- *levonorgestrel*

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

Levonorgestrel-Ethinyl Estrad

Products Affected

- *levonorgestrel-ethinyl estrad*

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

Levonorgestrel-Ethinyl Estrad

Products Affected

- *levonorgestrel-ethinyl estrad*

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Levora 0.15/30 (28)

Products Affected

- LEVORA 0.15/30 (28)

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

Lexapro

Products Affected

- LEXAPRO ORAL TABLET

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

Lialda

Products Affected

- LIALDA

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

LidoRx

Products Affected

- *lidorx*

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

Lindane

Products Affected

- *lindane external*

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

Linezolid

Products Affected

- *linezolid oral*

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

Linzess

Products Affected

- LINZESS

ST Criteria	Documented step through LACTULOSE AND AMITIZA
QL Criteria	1 cap Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lipitor

Products Affected

- LIPITOR

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

Lipofen

Products Affected

- LIPOFEN

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

Liptruzet

Products Affected

- LIPTRUZET

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

Livalo

Products Affected

- LIVALO

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

Lo Loestrin Fe

Products Affected

- LO LOESTRIN FE

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

Lo/Ovral (28)

Products Affected

- LO/OVRAL (28)

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

Loestrin 1.5/30 (21)

Products Affected

- LOESTRIN 1.5/30 (21)

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

Loestrin 1/20 (21)

Products Affected

- LOESTRIN 1/20 (21)

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

Loestrin Fe 1.5/30

Products Affected

- LOESTRIN FE 1.5/30

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

Loestrin Fe 1/20

Products Affected

- LOESTRIN FE 1/20

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

Lofibra

Products Affected

- LOFIBRA

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

Lofibra

Products Affected

- LOFIBRA

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

Lomedia 24 FE

Products Affected

- LOMEDIA 24 FE

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

Lonsurf

Products Affected

- LONSURF ORAL TABLET 15-6.14 MG

QL Criteria	100 tablets Per 28 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lonsurf

Products Affected

- LONSURF ORAL TABLET 20-8.19 MG

QL Criteria	80 tablets Per 28 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Loryna

Products Affected

- LORYNA

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

LoSeasonique

Products Affected

- LOSEASONIQUE

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

Lotrel

Products Affected

- LOTREL

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

Lovastatin

Products Affected

- *lovastatin*

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

Lovaza

Products Affected

- LOVAZA

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

Lovenox

Products Affected

- LOVENOX

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

Low-Ogestrel

Products Affected

- LOW-OGESTREL

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

Lumigan

Products Affected

- LUMIGAN OPHTHALMIC SOLUTION 0.01 %

PA Criteria	Criteria Details
Covered Uses	open-angle glaucoma ocular hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	Documented step through one week of LATANOPROST AND one week of TRAVATAN Z
QL Criteria	3 ML Per 30 Days
Notes/References	
Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lunesta

Products Affected

- LUNESTA

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Documentation of a trial and failure with Ambien IR or Sonata
Age Restrictions	17 years and older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of a GENERIC HYPNOTIC, i.e., ZOLPIDEM, TEMAZEPAM, TRIAZOLAM
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lutera

Products Affected

- LUTERA

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

Luvox CR

Products Affected

- LUVOX CR

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

Lynparza

Products Affected

- LYNPARZA

QL Criteria	480 capsules Per 30 prescriptions
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lyrica

Products Affected

- LYRICA

ST Criteria	Documented step through one month each of THREE of the following drugs/drug classes: ONE tricyclic antidepressant (i.e., AMITRIPTYLINE), ONE muscle relaxant (i.e., CYCLOBENZAPRINE), SSRI (i.e., CITALOPRAM, ONE SNRI (i.e., VENLAFAXINE), GABAPENTIN, or TRAMADOL
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lysteda

Products Affected

- LYSTEDA

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

Lyza

Products Affected

- LYZA

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

Malarone

Products Affected

- MALARONE

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

Marinol

Products Affected

- MARINOL

PA Criteria	Criteria Details
Covered Uses	Anorexia associated with weight loss in patients with AIDS, Chemotherapy-induced nausea and vomiting
Exclusion Criteria	
Required Medical Information	Documented diagnosis of Anorexia associated with weight loss in patients with AIDS, or Chemotherapy-induced nausea and vomiting
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	
QL Criteria	2 caps Per 1 day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Marlissa

Products Affected

- *marlissa*

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Matzim LA

Products Affected

- MATZIM LA ORAL TABLET EXTENDED
RELEASE 24 HR* 180 MG, 360 MG, 300
MG, 420 MG

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

Matzim LA

Products Affected

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

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

Maxalt

Products Affected

- MAXALT

QL Criteria	12 tabs Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Maxalt-MLT

Products Affected

- MAXALT-MLT

QL Criteria	12 tabs Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

MedroxyPROGESTERone Acetate

Products Affected

- *medroxyprogesterone acetate intramuscular**

QL Criteria	1 dose Per 90 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Mekinist

Products Affected

- MEKINIST ORAL TABLET 0.5 MG

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

Mekinist

Products Affected

- MEKINIST ORAL TABLET 2 MG

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

Menostar

Products Affected

- MENOSTAR

QL Criteria	4 patches Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Mepron

Products Affected

- MEPRON

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

Metadate CD

Products Affected

- METADATE CD

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

Metadate ER

Products Affected

- METADATE ER

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

Metaxalone

Products Affected

- *metaxalone*

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

Methamphetamine HCl

Products Affected

- *methamphetamine hcl*

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

Methylin

Products Affected

- METHYLIN ORAL SOLUTION 10 MG/5ML

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

Methylin

Products Affected

- METHYLIN ORAL TABLET CHEWABLE

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

Methylin

Products Affected

- METHYLIN ORAL SOLUTION 5 MG/5ML

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

Methylphenidate HCl

Products Affected

- *methylphenidate hcl oral solution 10 mg/5ml*

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

Methylphenidate HCl

Products Affected

- *methylphenidate hcl oral tablet*

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

Methylphenidate HCl

Products Affected

- *methylphenidate hcl oral tablet chewable*

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

Methylphenidate HCl

Products Affected

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

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

Methylphenidate HCl ER

Products Affected

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

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

Methylphenidate HCl ER

Products Affected

- *methylphenidate hcl er oral tablet
extendedrelease* 20 mg*

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

Methylphenidate HCl ER

Products Affected

- *methylphenidate hcl er oral tablet
extendedrelease* 36 mg*

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

Methylphenidate HCl ER (CD)

Products Affected

- *methylphenidate hcl er (cd)*

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

Methylphenidate HCl ER (LA)

Products Affected

- *methylphenidate hcl er (la)*

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

Metoprolol Succinate ER

Products Affected

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

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

Metoprolol Succinate ER

Products Affected

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

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

Metoprolol Succinate ER

Products Affected

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

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

Mevacor

Products Affected

- MEVACOR

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

Miacalcin

Products Affected

- MIACALCIN NASAL

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

Micardis

Products Affected

- MICARDIS

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

Micardis HCT

Products Affected

- MICARDIS HCT

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

Microgestin 1.5/30

Products Affected

- MICROGESTIN 1.5/30

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

Microgestin 1/20

Products Affected

- MICROGESTIN 1/20

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

Microgestin FE 1.5/30

Products Affected

- MICROGESTIN FE 1.5/30

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

Microgestin FE 1/20

Products Affected

- MICROGESTIN FE 1/20

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

Migranal

Products Affected

- MIGRANAL

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

Mimvey

Products Affected

- MIMVEY

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

Minastrin 24 Fe

Products Affected

- MINASTRIN 24 FE

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

Minivelle

Products Affected

- MINIVELLE

QL Criteria	8 patches Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Mirapex ER

Products Affected

- MIRAPEX ER

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

Mircette

Products Affected

- MIRCETTE

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

Mirena

Products Affected

- MIRENA

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

Mirtazapine

Products Affected

- *mirtazapine oral tablet dispersible*

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

Mitigare

Products Affected

- MITIGARE

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

Modafinil

Products Affected

- *modafinil*

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

Modicon (28)

Products Affected

- MODICON (28)

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

Mono-Linyah

Products Affected

- MONO-LINYAH

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

MonoNessa

Products Affected

- MONONESSA

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

Montelukast Sodium

Products Affected

- *montelukast sodium oral*

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

Montelukast Sodium

Products Affected

- *montelukast sodium oral*

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

Movantik

Products Affected

- MOVANTIK

PA Criteria	Criteria Details
Covered Uses	Diagnosis of Opioid induced constipation in patients with non-cancer pain
Exclusion Criteria	
Required Medical Information	Patient must have been receiving treatment with opioid narcotics for at least 4 weeks.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Moxifloxacin HCl

Products Affected

- *moxifloxacin hcl oral*

QL Criteria	14 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Multaq

Products Affected

- MULTAQ

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

Muse

Products Affected

- MUSE

QL Criteria	6 units Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Myalept

Products Affected

- MYALEPT

QL Criteria	15 vials Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Myorisan

Products Affected

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

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

Myrbetriq

Products Affected

- MYRBETRIQ

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

Naratriptan HCl

Products Affected

- *naratriptan hcl*

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

Nasacort Allergy 24HR

Products Affected

- NASACORT ALLERGY 24HR

ST Criteria	adequate trial of 2 weeks each of 1 of the following: trial of Flonase OR Nasalide OR Nasacort 24HR OTC AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nasonex

Products Affected

- NASONEX

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

Natazia

Products Affected

- NATAZIA

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

Natesto

Products Affected

- NATESTO

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Documented step through one month each of ANDROGEL AND TESTIM
QL Criteria	3 pumps Per 30 Days
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Natpara

Products Affected

- NATPARA

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

Necon 0.5/35 (28)

Products Affected

- NECON 0.5/35 (28)

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

Necon 1/35 (28)

Products Affected

- NECON 1/35 (28)

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

Necon 1/50 (28)

Products Affected

- NECON 1/50 (28)

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

Necon 10/11 (28)

Products Affected

- NECON 10/11 (28)

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

Nesina

Products Affected

- NESINA

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

Neupro

Products Affected

- NEUPRO

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

Neurontin

Products Affected

- NEURONTIN ORAL CAPSULE

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

Neurontin

Products Affected

- NEURONTIN ORAL TABLET

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

Nevirapine ER

Products Affected

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

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

NexAVAR

Products Affected

- NEXAVAR

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

NexIUM

Products Affected

- NEXIUM ORAL PACKET 10 MG, 20 MG

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

NexIUM

Products Affected

- NEXIUM ORAL PACKET 40 MG

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

NexIUM

Products Affected

- NEXIUM ORAL CAPSULE DELAYED RELEASE

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

Nexplanon

Products Affected

- NEXPLANON

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

Next Choice One Dose

Products Affected

- NEXT CHOICE ONE DOSE

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

Nicotine

Products Affected

- *nicotine*

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

Nicotine Polacrilex

Products Affected

- *nicotine polacrilex mouth/throat lozenge*

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

Nicotine Polacrilex

Products Affected

- *nicotine polacrilex mouth/throat gum*

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

Nicotrol

Products Affected

- NICOTROL

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

Nicotrol NS

Products Affected

- NICOTROL NS

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

Nifedical XL

Products Affected

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

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

Nifedical XL

Products Affected

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

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

NIFEdipine ER

Products Affected

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

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

NIFEdipine ER

Products Affected

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

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

NIFEdipine ER Osmotic Release

Products Affected

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

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

NIFEdipine ER Osmotic Release

Products Affected

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

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

Niravam

Products Affected

- NIRAVAM

PA Criteria	Criteria Details
Covered Uses	All FDA Approved Indications
Exclusion Criteria	Not covered for members less than 18 years old per FDA approval.
Required Medical Information	
Age Restrictions	Minimum age of 18 years required for coverage.
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nisoldipine ER

Products Affected

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

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

Nisoldipine ER

Products Affected

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

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

Nora-BE

Products Affected

- NORA-BE

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nordette (28)

Products Affected

- NORDETTE (28)

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

Norethindrone

Products Affected

- *norethindrone oral*

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

Norethindrone-Eth Estradiol

Products Affected

- *norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg*

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

Norethin-Eth Estradiol-Fe

Products Affected

- *norethin-eth estradiol-fe*

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

Norgestimate-Eth Estradiol

Products Affected

- *norgestimate-eth estradiol*

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Norgestim-Eth Estrad Triphasic

Products Affected

- *norgestim-eth estrad triphasic*

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Norinyl 1+35 (28)

Products Affected

- NORINYL 1+35 (28)

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

Norinyl 1+50 (28)

Products Affected

- NORINYL 1+50 (28)

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

Noroxin

Products Affected

- NOROXIN

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

Nor-QD

Products Affected

- NOR-QD

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

Northera

Products Affected

- NORTHERA ORAL CAPSULE 100 MG, 200 MG

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

Northera

Products Affected

- NORTHERA ORAL CAPSULE 300 MG

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

Nortrel 0.5/35 (28)

Products Affected

- NORTREL 0.5/35 (28)

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

Nortrel 1/35 (21)

Products Affected

- NORTREL 1/35 (21)

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

Nortrel 1/35 (28)

Products Affected

- NORTREL 1/35 (28)

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

Nortrel 7/7/7

Products Affected

- NORTREL 7/7/7

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

Nova Max Glucose Test

Products Affected

- NOVA MAX GLUCOSE TEST

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	Documentation of a physical limitation that makes utilization of a Lifescan product unsafe, inaccurate or otherwise not feasible. Such limitations may include, but are not limited to, manual dexterity or visual impairment issues not accommodated by the features and capabilities of the Lifescan product line, or the member has hematocrit levels which are chronically less than 30% or greater than 55%.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years, 1 meter per year
Other Criteria	
QL Criteria	300 strips Per 30 days
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Noxafil

Products Affected

- NOXAFIL ORAL SUSPENSION

QL Criteria	105 ml Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Noxafil

Products Affected

- NOXAFIL ORAL TABLET DELAYED
RELEASE

QL Criteria	93 tabs Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nucynta

Products Affected

- NUCYNTA

ST Criteria	Documented step through TWO of the following: MORPHINE, OXYCODONE, HYDROMORPHONE
QL Criteria	6 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nucynta ER

Products Affected

- NUCYNTA ER

PA Criteria	Criteria Details
Covered Uses	(1)Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment, (2)Diabetic peripheral neuropathy
Exclusion Criteria	
Required Medical Information	FOR CHRONIC PAIN: Documentation of progression through the World Health Organization analgesic ladder and documentation of a failure to controlled-release morphine sulfate tablets (MS Contin) and oxymorphone extended release (Opana ER). FOR DIABETIC PERIPHERAL NEUROPATHY: Documentation of failure to TWO of the following drugs/drug classes (each agent must be from a different class): gabapentin, tricyclin antidepressant, tramadol, Lyrica, SNRI, and documentenation of failure to controlled release morpine sulfate tabelts (MS Contin)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of MORPHINE SR TAB 12HR (MS CONTIN) AND OXYMORPHONE ER (OPANA ER)
QL Criteria	2 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nuedexta

Products Affected

- NUEDEXTA

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

NuvaRing

Products Affected

- NUVARING

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

Nuvigil

Products Affected

- NUVIGIL ORAL TABLET 150 MG, 250 MG, 200 MG

PA Criteria	Criteria Details
Covered Uses	Excessive daytime sleepiness associated with narcolepsy, Excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea syndrome (OSAHS), Shift Work Sleep Disorder
Exclusion Criteria	
Required Medical Information	FOR NARCOLEPSY: Documentation of diagnostic testing and clinical notations supporting diagnosis of Narcolepsy, such as MSLT, clinical progress notes, etc. (Failure to adequately support the diagnosis of narcolepsy may result in denial of coverage). FOR OSAHS: The prescribing physician is a sleep specialist, ear, nose and throat, neurologist or pulmonologist or has obtained a consult from a sleep specialist, and a Standard Diagnostic Nocturnal Polysomnography (NPSG) has confirmed the diagnosis of OSAHS, and the patient has received nasal continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) for at least 1 month, and CPAP or BIPAP therapy must be continued on a routine basis in combination with armodafinil therapy, and the daytime fatigue is significantly impacting, impairing, or compromising the patients ability to function normally, and the prescribing physician has established a patient care plan to treat the cause of OSAHS in conjunction with treating the daily fatigue, and patient must be compliant with recommendations for OSAHS treatment.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	
QL Criteria	1 tab Per 1 day
Notes/References	
Revision Date	Prior Authorization: November 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

Nuvigil

Products Affected

- NUVIGIL ORAL TABLET 50 MG

PA Criteria	Criteria Details
Covered Uses	Excessive daytime sleepiness associated with narcolepsy, Excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea syndrome (OSAHS), Shift Work Sleep Disorder
Exclusion Criteria	
Required Medical Information	FOR NARCOLEPSY: Documentation of diagnostic testing and clinical notations supporting diagnosis of Narcolepsy, such as MSLT, clinical progress notes, etc. (Failure to adequately support the diagnosis of narcolepsy may result in denial of coverage). FOR OSAHS: The prescribing physician is a sleep specialist, ear, nose and throat, neurologist or pulmonologist or has obtained a consult from a sleep specialist, and a Standard Diagnostic Nocturnal Polysomnography (NPSG) has confirmed the diagnosis of OSAHS, and the patient has received nasal continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) for at least 1 month, and CPAP or BIPAP therapy must be continued on a routine basis in combination with armodafinil therapy, and the daytime fatigue is significantly impacting, impairing, or compromising the patients ability to function normally, and the prescribing physician has established a patient care plan to treat the cause of OSAHS in conjunction with treating the daily fatigue, and patient must be compliant with recommendations for OSAHS treatment.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	
QL Criteria	2 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: November 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ocella

Products Affected

- OCELLA

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

Odomzo

Products Affected

- ODOMZO

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

Ofev

Products Affected

- OFEV

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

Ofloxacin

Products Affected

- *ofloxacin oral tablet 400 mg*

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

Ogestrel

Products Affected

- OGESTREL

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

OLANZapine

Products Affected

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

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

OLANZapine

Products Affected

- *olanzapine oral tablet 2.5 mg*

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

Oleptro

Products Affected

- OLEPTRO ORAL TABLET EXTENDED
RELEASE 24 HR* 300 MG

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

Oleptro

Products Affected

- OLEPTRO ORAL TABLET EXTENDED
RELEASE 24 HR* 150 MG

QL Criteria	45 tabs Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Olysio

Products Affected

- OLYSIO

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

Omega-3-acid Ethyl Esters

Products Affected

- *omega-3-acid ethyl esters*

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

Omnaris

Products Affected

- OMNARIS

ST Criteria	adequate trial of 2 weeks each of 1 of the following: trial of Flonase OR Nasalide OR Nasacort 24HR OTC AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ondansetron

Products Affected

- *ondansetron*

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

Ondansetron HCl

Products Affected

- *ondansetron hcl oral tablet 24 mg*

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

Ondansetron HCl

Products Affected

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

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

Ondansetron HCl

Products Affected

- *ondansetron hcl oral solution*

QL Criteria	50 ml Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

OneTouch Ultra Blue

Products Affected

- ONETOUCH ULTRA BLUE

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

OneTouch Verio

Products Affected

- ONETOUCH VERIO IN VITRO STRIP

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

OneTouch Verio IQ System

Products Affected

- ONETOUCH VERIO IQ SYSTEM

QL Criteria	1 EA Per 365 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Onexton

Products Affected

- ONEXTON

ST Criteria	one month of the preferred generic alternative, benzoyl peroxide/ clindamycin phosphate gel or benzoyl peroxide/ erythromycin gel
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Onfi

Products Affected

- ONFI ORAL TABLET 10 MG, 20 MG

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

Onglyza

Products Affected

- ONGLYZA

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

Opana

Products Affected

- OPANA ORAL

ST Criteria	Documented step through TWO of the following: MORPHINE, OXYCODONE, HYDROMORPHONE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Opana ER

Products Affected

- OPANA ER ORAL

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

Oravig

Products Affected

- ORAVIG

QL Criteria	14 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Orkambi

Products Affected

- ORKAMBI

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

Orsythia

Products Affected

- ORSYTHIA

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

Ortho Evra

Products Affected

- ORTHO EVRA

QL Criteria	3 patches Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ortho Micronor

Products Affected

- ORTHO MICRONOR

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

Ortho Tri-Cyclen (28)

Products Affected

- ORTHO TRI-CYCLEN (28)

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

Ortho Tri-Cyclen Lo

Products Affected

- ORTHO TRI-CYCLEN LO

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

Ortho-Cept (28)

Products Affected

- ORTHO-CEPT (28)

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

Ortho-Cyclen (28)

Products Affected

- ORTHO-CYCLEN (28)

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

Ortho-Novum 1/35 (28)

Products Affected

- ORTHO-NOVUM 1/35 (28)

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

Ortho-Novum 7/7/7 (28)

Products Affected

- ORTHO-NOVUM 7/7/7 (28)

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

Oseni

Products Affected

- OSENI

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

Osphena

Products Affected

- OSPHENA

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

Otezla

Products Affected

- OTEZLA ORAL TABLET

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

Otezla

Products Affected

- OTEZLA ORAL

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

Ovcon-35 (28)

Products Affected

- OVCON-35 (28)

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

Ovide

Products Affected

- OVIDE

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

Oxazepam

Products Affected

- *oxazepam*

PA Criteria	Criteria Details
Covered Uses	All FDA Approved Indications
Exclusion Criteria	Not covered for members less than 9 years old per FDA approval.
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Oxtellar XR

Products Affected

- OXTELLAR XR ORAL TABLET
EXTENDED RELEASE 24 HR* 600 MG

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

Oxtellar XR

Products Affected

- OXTELLAR XR ORAL TABLET
EXTENDED RELEASE 24 HR* 150 MG, 300
MG

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

Oxybutynin Chloride

Products Affected

- *oxybutynin chloride oral tablet*

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

OxyCODONE HCl ER

Products Affected

- *oxycodone hcl er*

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

OxyCONTIN

Products Affected

- OXYCONTIN

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

Oxymorphone HCl ER

Products Affected

- *oxymorphone hcl er*

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

Oxytrol For Women

Products Affected

- OXYTROL FOR WOMEN

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

Paliperidone ER

Products Affected

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

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

Paliperidone ER

Products Affected

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

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

Paragard Intrauterine Copper

Products Affected

- PARAGARD INTRAUTERINE COPPER

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

PARoxetine HCl

Products Affected

- *paroxetine hcl oral tablet 30 mg, 40 mg*

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

PARoxetine HCl

Products Affected

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

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

PARoxetine HCl ER

Products Affected

- *paroxetine hcl er*

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

Paxil

Products Affected

- PAXIL ORAL TABLET 20 MG, 10 MG

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

Paxil

Products Affected

- PAXIL ORAL TABLET 30 MG, 40 MG

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

Paxil

Products Affected

- PAXIL ORAL SUSPENSION

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

Paxil CR

Products Affected

- PAXIL CR

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

PEG 3350/Electrolytes

Products Affected

- *peg 3350/electrolytes*

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

PEG-3350/Electrolytes

Products Affected

- *peg-3350/electrolytes*

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

Pennsaid

Products Affected

- PENNSAID TRANSDERMAL SOLUTION
1.5 %

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	For coverage of additional quantities: a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those meet the following criteria: Member is being treated for both knees.
ST Criteria	Documented Trial of 1 month of Voltaren Gel
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Pennsaid

Products Affected

- PENNSAID TRANSDERMAL SOLUTION 2 %

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	For coverage of additional quantities: a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those meet the following criteria: Member is being treated for both knees.
ST Criteria	Documented Trial of 1 month of Voltaren Gel
QL Criteria	112 ml Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Pentasa

Products Affected

- PENTASA ORAL CAPSULE EXTENDED RELEASE* 500 MG

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

Pentasa

Products Affected

- PENTASA ORAL CAPSULE EXTENDED RELEASE* 250 MG

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

Perforomist

Products Affected

- PERFOROMIST

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD)
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Trail of one month each of FORADIL AND SEREVENT
QL Criteria	60 vials Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Perindopril Erbumine

Products Affected

- *perindopril erbumine oral tablet 8 mg*

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

Perindopril Erbumine

Products Affected

- *perindopril erbumine oral tablet 2 mg*

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

Perindopril Erbumine

Products Affected

- *perindopril erbumine oral tablet 4 mg*

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

Philith

Products Affected

- PHILITH

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Picato

Products Affected

- PICATO

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

Pioglitazone HCl

Products Affected

- *pioglitazone hcl*

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

Pioglitazone HCl-Glimepiride

Products Affected

- *pioglitazone hcl-glimepiride*

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

Pioglitazone HCl-Metformin HCl

Products Affected

- *pioglitazone hcl-metformin hcl*

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

Pirmella 1/35

Products Affected

- PIRMELLA 1/35

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

Plan B One-Step

Products Affected

- PLAN B ONE-STEP

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

Plavix

Products Affected

- PLAVIX

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

Plavix

Products Affected

- PLAVIX

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

Plegridy

Products Affected

- PLEGRIDY

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

Plegridy Starter Pack

Products Affected

- PLEGRIDY STARTER PACK

QL Criteria	1 kit Per 365 months
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Pomalyst

Products Affected

- POMALYST

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

Portia-28

Products Affected

- PORTIA-28

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

Potiga

Products Affected

- POTIGA ORAL TABLET 300 MG, 400 MG

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

Potiga

Products Affected

- POTIGA ORAL TABLET 50 MG

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

Potiga

Products Affected

- POTIGA ORAL TABLET 200 MG

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

Pradaxa

Products Affected

- PRADAXA

ST Criteria	Documented step through ELIQUIS and XARELTO
QL Criteria	2 caps Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Praluent

Products Affected

- PRALUENT

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

Pramipexole Dihydrochloride ER

Products Affected

- *pramipexole dihydrochloride er*

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

PrandiMet

Products Affected

- PRANDIMET

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

Pravachol

Products Affected

- PRAVACHOL

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

Pravastatin Sodium

Products Affected

- *pravastatin sodium*

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

Precision Xtra Blood Glucose

Products Affected

- PRECISION XTRA BLOOD GLUCOSE

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	Documentation of a physical limitation that makes utilization of a Lifescan product unsafe, inaccurate or otherwise not feasible. Such limitations may include, but are not limited to, manual dexterity or visual impairment issues not accommodated by the features and capabilities of the Lifescan product line, or the member has hematocrit levels which are chronically less than 30% or greater than 55%.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years, 1 meter per year
Other Criteria	
QL Criteria	300 strips Per 30 days
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Prefest

Products Affected

- PREFEST

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

Prenate Mini

Products Affected

- PRENATE MINI

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

Prevacid

Products Affected

- PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	FOR HIGH DOSE ACIPHEX (UP TO 40mg/day): Documentation of trial/failure of one of the following high dose agents: 80 mg/day of Prilosec OTC/Prilosec or Protonix, 60 mg/day of Prevacid 24H OTC OR 80 mg/day of Nexium.
ST Criteria	A. Documentation of trial and failure of Nexium AND ONE of the following: Prilosec OTC/ Prilosec*, Prevacid 24H OTC, Zegerid OTC, or Protonix*
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Prevacid

Products Affected

- PREVACID ORAL CAPSULE DELAYED
RELEASE 15 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	FOR HIGH DOSE ACIPHEX (UP TO 40mg/day): Documentation of trial/failure of one of the following high dose agents: 80 mg/day of Prilosec OTC/Prilosec or Protonix, 60 mg/day of Prevacid 24H OTC OR 80 mg/day of Nexium.
ST Criteria	A. Documentation of trial and failure of Nexium AND ONE of the following: Prilosec OTC/ Prilosec*, Prevacid 24H OTC, Zegerid OTC, or Protonix*
QL Criteria	1 tab Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Prevacid 24HR

Products Affected

- PREVACID 24HR

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	FOR HIGH DOSE ACIPHEX (UP TO 40mg/day): Documentation of trial/failure of one of the following high dose agents: 80 mg/day of Prilosec OTC/Prilosec or Protonix, 60 mg/day of Prevacid 24H OTC OR 80 mg/day of Nexium.
ST Criteria	A. Documentation of trial and failure of Nexium AND ONE of the following: Prilosec OTC/ Prilosec*, Prevacid 24H OTC, Zegerid OTC, or Protonix*
QL Criteria	1 caps Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Prevacid SoluTab

Products Affected

- PREVACID SOLUTAB

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	FOR HIGH DOSE ACIPHEX (UP TO 40mg/day): Documentation of trial/failure of one of the following high dose agents: 80 mg/day of Prilosec OTC/Prilosec or Protonix, 60 mg/day of Prevacid 24H OTC OR 80 mg/day of Nexium.
ST Criteria	A. Documentation of trial and failure of Nexium AND ONE of the following: Prilosec OTC/ Prilosec*, Prevacid 24H OTC, Zegerid OTC, or Protonix*
QL Criteria	1 tab Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Prevalite

Products Affected

- PREVALITE

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	FOR HIGH DOSE ACIPHEX (UP TO 40mg/day): Documentation of trial/failure of one of the following high dose agents: 80 mg/day of Prilosec OTC/Prilosec or Protonix, 60 mg/day of Prevacid 24H OTC OR 80 mg/day of Nexium.
ST Criteria	A. Documentation of trial and failure of Nexium AND ONE of the following: Prilosec OTC/ Prilosec*, Prevacid 24H OTC, Zegerid OTC, or Protonix*
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Previfem

Products Affected

- PREVIFEM

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

Prezista

Products Affected

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

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

Prezista

Products Affected

- PREZISTA ORAL SUSPENSION

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

Prezista

Products Affected

- PREZISTA ORAL TABLET 800 MG

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

PriLOSEC

Products Affected

- PRILOSEC

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	FOR HIGH DOSE ACIPHEX (UP TO 40mg/day): Documentation of trial/failure of one of the following high dose agents: 80 mg/day of Prilosec OTC/Prilosec or Protonix, 60 mg/day of Prevacid 24H OTC OR 80 mg/day of Nexium.
ST Criteria	A. Documentation of trial and failure of Nexium AND ONE of the following: Prilosec OTC/ Prilosec*, Prevacid 24H OTC, Zegerid OTC, or Protonix*
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Pristiq

Products Affected

- PRISTIQ

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

Pristiq

Products Affected

- PRISTIQ

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

ProAir HFA

Products Affected

- PROAIR HFA

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

ProAir RespiClick

Products Affected

- PROAIR RESPICLICK

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

Procardia XL

Products Affected

- PROCARDIA XL ORAL TABLET
EXTENDED RELEASE 24 HR* 90 MG, 30
MG

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

Procardia XL

Products Affected

- PROCARDIA XL ORAL TABLET
EXTENDED RELEASE 24 HR* 60 MG

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

ProCentra

Products Affected

- PROCENTRA

QL Criteria	40 ML Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Procysbi

Products Affected

- PROCYSBI ORAL CAPSULE DELAYED
RELEASE 75 MG

QL Criteria	750 caps Per 30 monthss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Procysbi

Products Affected

- PROCYSBI ORAL CAPSULE DELAYED
RELEASE 25 MG

QL Criteria	240 caps Per 30 monthss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Prodigy AutoCode Blood Glucose

Products Affected

- PRODIGY AUTOCODE BLOOD GLUCOSE

QL Criteria	1 unit Per 365 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Prodigy Pocket Blood Glucose

Products Affected

- PRODIGY POCKET BLOOD GLUCOSE

QL Criteria	1 EA Per 365 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Prodigy Voice Blood Glucose

Products Affected

- PRODIGY VOICE BLOOD GLUCOSE

QL Criteria	1 unit Per 365 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Prolensa

Products Affected

- PROLENSA

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

Promacta

Products Affected

- PROMACTA

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

Prometrium

Products Affected

- PROMETRIUM

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

Propafenone HCl ER

Products Affected

- *propafenone hcl er*

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

Protopic

Products Affected

- PROTOPIC

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

Proventil HFA

Products Affected

- PROVENTIL HFA

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

Provigil

Products Affected

- PROVIGIL

PA Criteria	Criteria Details
Covered Uses	Excessive daytime sleepiness associated with narcolepsy, Excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea syndrome (OSAHS), Shift Work Sleep Disorder
Exclusion Criteria	
Required Medical Information	FOR NARCOLEPSY: Documentation of diagnostic testing and clinical notations supporting diagnosis of Narcolepsy, such as MSLT, clinical progress notes, etc. (Failure to adequately support the diagnosis of narcolepsy may result in denial of coverage). FOR OSAHS: The prescribing physician is a sleep specialist, ear, nose and throat, neurologist or pulmonologist or has obtained a consult from a sleep specialist, and a Standard Diagnostic Nocturnal Polysomnography (NPSG) has confirmed the diagnosis of OSAHS, and the patient has received nasal continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BIPAP) for at least 1 month, and CPAP or BIPAP therapy must be continued on a routine basis in combination with armodafinil therapy, and the daytime fatigue is significantly impacting, impairing, or compromising the patients ability to function normally, and the prescribing physician has established a patient care plan to treat the cause of OSAHS in conjunction with treating the daily fatigue, and patient must be compliant with recommendations for OSAHS treatment.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	
QL Criteria	2 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: November 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

PROzac

Products Affected

- PROZAC ORAL CAPSULE 10 MG

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

PROzac

Products Affected

- PROZAC ORAL CAPSULE 20 MG

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

PROzac

Products Affected

- PROZAC ORAL CAPSULE 40 MG

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

PROzac Weekly

Products Affected

- PROZAC WEEKLY

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

Pulmicort

Products Affected

- PULMICORT

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	For ages 5-8 documented inability to use metered dose inhalers
Age Restrictions	Less than 8 years of age
Prescriber Restrictions	
Coverage Duration	Up to the age of 8
Other Criteria	No prior authorization required for children 1-4 years of age. Medical Exception for Pulmicort Respules: Covered for topical steroid treatment of eosinophilic esophagitis for which other treatments have been unsatisfactory
Notes/References	
Revision Date	Prior Authorization: November 24, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Pulmicort Flexhaler

Products Affected

- PULMICORT FLEXHALER

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy. Medical Exception for Flovent Diskus and Flovent HFA: Covered for topical steroid treatment of eosinophilic esophagitis for which other treatments have been unsatisfactory
ST Criteria	Documented step through one month of ASMANEX AND QVAR
QL Criteria	1 inhaler Per 1 month
Notes/References	
Revision Date	Prior Authorization: November 24, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Pulmozyme

Products Affected

- PULMOZYME

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

Purixan

Products Affected

- PURIXAN

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

Qnasl

Products Affected

- QNASL

ST Criteria	adequate trial of 2 weeks each of 1 of the following: trial of Flonase OR Nasalide OR Nasacort 24HR OTC AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Qnasl Childrens

Products Affected

- QNASL CHILDRENS

ST Criteria	adequate trial of 2 weeks each of 1 of the following: trial of Flonase OR Nasalide OR Nasacort 24HR OTC AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Qalalaquin

Products Affected

- QALALAQUIN

PA Criteria	Criteria Details
Covered Uses	Malaria, Symptomatic babesiosis, Asymptomatic babesiosis
Exclusion Criteria	
Required Medical Information	FOR SYMPTOMATIC BABESIOSIS: Serum contains antibody to babesia, blood contains identifiable babesial parasite on smear or babesial DNA by PCR, and documentation that Qalalaquin will be used in combination with clindamycin (IV preferred for severe babesiosis). FOR ASYMPTOMATIC BABESIOSIS: Positive babesial smears and/or PCR, parasitemia persists for longer than 3 months, and documentation that Qalalaquin will be used in combination with clindamycin (IV preferred for severe babesiosis).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Malaria: 7 days (42 capsules). Babesiosis: 10 days (60 capsules).
Other Criteria	
QL Criteria	42 caps Per 1 fill
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Quartette

Products Affected

- QUARTETTE

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

Quasense

Products Affected

- QUASENSE

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

Qudexy XR

Products Affected

- QUDEXY XR

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

QUetiapine Fumarate

Products Affected

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

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

QUetiapine Fumarate

Products Affected

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

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

QUetiapine Fumarate

Products Affected

- *quetiapine fumarate oral tablet 200 mg*

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

QUetiapine Fumarate

Products Affected

- *quetiapine fumarate oral tablet 25 mg*

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

Quillivant XR

Products Affected

- QUILLIVANT XR

PA Criteria	Criteria Details
Covered Uses	Attention deficit disorder, Attention deficit hyperactivity disorder
Exclusion Criteria	
Required Medical Information	Documentation of diagnosis of adult ADD or ADHD OR documentation of a diagnosis of childhood ADHD onset with history of previous treatment, and documentation of symptoms significantly impacting, impairing, or compromising the patient's ability to function normally (i.e., attend/maintain academic enrollment or employment), and documentation of intolerance to appropriately dosed and administered regular/immediate acting stimulants.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through 14 days each of THREE of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, OR VYVANSE
QL Criteria	1 bottle Per 1 fill
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

RA TRUEtest Test

Products Affected

- RA TRUETEST TEST

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	Documentation of a physical limitation that makes utilization of a Lifescan product unsafe, inaccurate or otherwise not feasible. Such limitations may include, but are not limited to, manual dexterity or visual impairment issues not accommodated by the features and capabilities of the Lifescan product line, or the member has hematocrit levels which are chronically less than 30% or greater than 55%.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years, 1 meter per year
Other Criteria	
QL Criteria	300 strips Per 30 days
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

RABEprazole Sodium

Products Affected

- *rabeprazole sodium*

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	FOR HIGH DOSE ACIPHEX (UP TO 40mg/day): Documentation of trial/failure of one of the following high dose agents: 80 mg/day of Prilosec OTC/Prilosec or Protonix, 60 mg/day of Prevacid 24H OTC OR 80 mg/day of Nexium.
ST Criteria	A. Documentation of trial and failure of Nexium AND ONE of the following: Prilosec OTC/ Prilosec*, Prevacid 24H OTC, Zegerid OTC, or Protonix*
QL Criteria	1 tab Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ranexa

Products Affected

- RANEXA

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

Rapaflo

Products Affected

- RAPAFLU

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

Ravicti

Products Affected

- RAVICTI

QL Criteria	20 bottles Per 30 Dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Rayos

Products Affected

- RAYOS

ST Criteria	Documented step through PREDNISONE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Razadyne ER

Products Affected

- RAZADYNE ER

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

Rebetol

Products Affected

- REBETOL ORAL SOLUTION

QL Criteria	500 ml Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Reclipsen

Products Affected

- RECLIPSEN

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

Rectiv

Products Affected

- RECTIV

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

Relenza Diskhaler

Products Affected

- RELENZA DISKHALER

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

Relpax

Products Affected

- RELPAX

ST Criteria	Documented step through THREE of the following: NARATRIPTAN, RIZATRIPTAN, SUMATRIPTAN, ZOLMITRIPTAN
QL Criteria	6 tabs Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Remeron SolTab

Products Affected

- REMERON SOLTAB

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

Repatha

Products Affected

- REPATHA

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

Repatha SureClick

Products Affected

- REPATHA SURECLICK

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

Requip XL

Products Affected

- REQUIP XL ORAL TABLET EXTENDED
RELEASE 24 HR* 6 MG, 8 MG, 2 MG, 4 MG

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

Requip XL

Products Affected

- REQUIP XL ORAL TABLET EXTENDED
RELEASE 24 HR* 12 MG

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

Rescula

Products Affected

- RESCULA

PA Criteria	Criteria Details
Covered Uses	open-angle glaucoma ocular hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	Documented step through one week of LATANOPROST AND one week of TRAVATAN Z
QL Criteria	5 ML Per 30 days
Notes/References	
Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Restasis

Products Affected

- RESTASIS

QL Criteria	2 vials Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Restoril

Products Affected

- RESTORIL ORAL CAPSULE 7.5 MG, 22.5 MG

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

Retin-A

Products Affected

- RETIN-A

QL Criteria	50 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Retin-A Micro

Products Affected

- RETIN-A MICRO

QL Criteria	50 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Retin-A Micro Pump

Products Affected

- RETIN-A MICRO PUMP

QL Criteria	50 GM Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Revatio

Products Affected

- REVATIO ORAL TABLET

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

Revatio

Products Affected

- REVATIO ORAL SUSPENSION
RECONSTITUTED

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

Revlimid

Products Affected

- REVLIMID

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

Rexulti

Products Affected

- REXULTI

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

Reyataz

Products Affected

- REYATAZ ORAL CAPSULE 150 MG, 300 MG

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

Reyataz

Products Affected

- REYATAZ ORAL CAPSULE 200 MG

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

Rhinocort Aqua

Products Affected

- RHINOCORT AQUA

ST Criteria	adequate trial of 2 weeks each of 1 of the following: trial of Flonase OR Nasalide OR Nasacort 24HR OTC AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Rilutek

Products Affected

- RILUTEK

PA Criteria	Criteria Details
Covered Uses	amyotrophic lateral sclerosis (ALS)
Exclusion Criteria	
Required Medical Information	Documented diagnosis of amyotrophic lateral sclerosis (ALS)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 12, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Riluzole

Products Affected

- *riluzole*

PA Criteria	Criteria Details
Covered Uses	amyotrophic lateral sclerosis (ALS)
Exclusion Criteria	
Required Medical Information	Documented diagnosis of amyotrophic lateral sclerosis (ALS)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 12, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Risedronate Sodium

Products Affected

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

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

Risedronate Sodium

Products Affected

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

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

Risedronate Sodium

Products Affected

- *risedronate sodium oral tablet 150 mg*

ST Criteria	Documented trial and failure of 1 month of generic alendronate weekly (70mg weekly dose)
QL Criteria	1 tablet Per 28 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

RisperDAL

Products Affected

- RISPERDAL ORAL TABLET 1 MG, 0.25 MG, 0.5 MG, 2 MG

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

RisperDAL

Products Affected

- RISPERDAL ORAL TABLET 3 MG

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

RisperDAL

Products Affected

- RISPERDAL ORAL TABLET 4 MG

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

RisperDAL M-TAB

Products Affected

- RISPERDAL M-TAB ORAL TABLET
DISPERSIBLE 2 MG, 1 MG, 0.5 MG, 3 MG

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

RisperDAL M-TAB

Products Affected

- RISPERDAL M-TAB ORAL TABLET
DISPERSIBLE 4 MG

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

RisperiDONE

Products Affected

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

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

RisperiDONE

Products Affected

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

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

RisperiDONE

Products Affected

- *risperidone oral tablet dispersible 0.25 mg*

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

RisperiDONE

Products Affected

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

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

RisperiDONE M-TAB

Products Affected

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

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

RisperiDONE M-TAB

Products Affected

- RISPERIDONE M-TAB ORAL TABLET
DISPERSIBLE 3 MG

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

RisperiDONE M-TAB

Products Affected

- RISPERIDONE M-TAB ORAL TABLET
DISPERSIBLE 4 MG

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

Ritalin

Products Affected

- RITALIN

PA Criteria	Criteria Details
Covered Uses	Attention deficit disorder, Attention deficit hyperactivity disorder
Exclusion Criteria	
Required Medical Information	Documentation of diagnosis of adult ADD or ADHD OR documentation of a diagnosis of childhood ADHD onset with history of previous treatment, and documentation of symptoms significantly impacting, impairing, or compromising the patient's ability to function normally (i.e., attend/maintain academic enrollment or employment), and documentation of intolerance to appropriately dosed and administered regular/immediate acting stimulants.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through 14 days each of THREE of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, OR VYVANSE
QL Criteria	3 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ritalin LA

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Attention deficit disorder, Attention deficit hyperactivity disorder
Exclusion Criteria	
Required Medical Information	Documentation of diagnosis of adult ADD or ADHD OR documentation of a diagnosis of childhood ADHD onset with history of previous treatment, and documentation of symptoms significantly impacting, impairing, or compromising the patient's ability to function normally (i.e., attend/maintain academic enrollment or employment), and documentation of intolerance to appropriately dosed and administered regular/immediate acting stimulants.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through 14 days each of THREE of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, OR VYVANSE
QL Criteria	1 cap Per 1 day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ritalin LA

Products Affected

- RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG

PA Criteria	Criteria Details
Covered Uses	Attention deficit disorder, Attention deficit hyperactivity disorder
Exclusion Criteria	
Required Medical Information	Documentation of diagnosis of adult ADD or ADHD OR documentation of a diagnosis of childhood ADHD onset with history of previous treatment, and documentation of symptoms significantly impacting, impairing, or compromising the patient's ability to function normally (i.e., attend/maintain academic enrollment or employment), and documentation of intolerance to appropriately dosed and administered regular/immediate acting stimulants.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through 14 days each of THREE of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, OR VYVANSE
QL Criteria	1 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ritalin LA

Products Affected

- RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG

PA Criteria	Criteria Details
Covered Uses	Attention deficit disorder, Attention deficit hyperactivity disorder
Exclusion Criteria	
Required Medical Information	Documentation of diagnosis of adult ADD or ADHD OR documentation of a diagnosis of childhood ADHD onset with history of previous treatment, and documentation of symptoms significantly impacting, impairing, or compromising the patient's ability to function normally (i.e., attend/maintain academic enrollment or employment), and documentation of intolerance to appropriately dosed and administered regular/immediate acting stimulants.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through 14 days each of THREE of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, OR VYVANSE
QL Criteria	2 caps Per 1 day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

Ritalin SR

Products Affected

- RITALIN SR

PA Criteria	Criteria Details
Covered Uses	Attention deficit disorder, Attention deficit hyperactivity disorder
Exclusion Criteria	
Required Medical Information	Documentation of diagnosis of adult ADD or ADHD OR documentation of a diagnosis of childhood ADHD onset with history of previous treatment, and documentation of symptoms significantly impacting, impairing, or compromising the patient's ability to function normally (i.e., attend/maintain academic enrollment or employment), and documentation of intolerance to appropriately dosed and administered regular/immediate acting stimulants.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through 14 days each of THREE of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, OR VYVANSE
QL Criteria	3 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Rivastigmine

Products Affected

- *rivastigmine*

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

Rizatriptan Benzoate

Products Affected

- *rizatriptan benzoate*

QL Criteria	12 tabs Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ROPINIRole HCl ER

Products Affected

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

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

ROPINIRole HCl ER

Products Affected

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

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

Rozerem

Products Affected

- ROZEREM

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications for members 18 and older
Exclusion Criteria	
Required Medical Information	A. Documentation of a trial and failure with Ambien IR (zolpidem tartrate) or Sonata (zalelpon) AND B. Documentation of a trial and failure with Ambien CR (zolpidem tartrate extended-release) or Lunesta
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	
ST Criteria	A. Documentation of a trial and failure with Ambien IR (zolpidem tartrate) or Sonata (zalelpon) ANDB. Documentation of a trial and failure with Ambien CR (zolpidem tartrate extended-release) or Lunesta
QL Criteria	1 tab Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 12, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Rythmol SR

Products Affected

- RYTHMOL SR

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

Sabril

Products Affected

- SABRIL

QL Criteria	6 packs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Safyral

Products Affected

- SAFYRAL

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

Samsca

Products Affected

- SAMSCA ORAL TABLET 30 MG

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

Samsca

Products Affected

- SAMSCA ORAL TABLET 15 MG

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

Sanctura XR

Products Affected

- SANCTURA XR

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

Sancuso

Products Affected

- SANCUSO

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

SandoSTATIN

Products Affected

- SANDOSTATIN

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Saphris

Products Affected

- SAPHRIS

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

Savaysa

Products Affected

- SAVAYSA

ST Criteria	Documented Trial of Eliquis AND Xarelto
QL Criteria	1 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Savella

Products Affected

- SAVELLA

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

Savella Titration Pack

Products Affected

- SAVELLA TITRATION PACK

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

Saxenda

Products Affected

- SAXENDA

PA Criteria	Criteria Details
Covered Uses	Weightloss
Exclusion Criteria	Members without weightloss benefit. Members not in a state where coverage is mandated.
Required Medical Information	Member must have a body mass index greater than 30 kilograms per meter squared or a body mass index greater than 27 kilograms per meter squared with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion), Dyslipidemia (LDL cholesterol greater than 160 mg/dL, HDL cholesterol less than 35 mg/dL, or Triglycerides greater than 400 mg/dL), Coronary Heart Disease, Type 2 Diabetes Mellitus, or Obstructive Sleep Apnea (OSA)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial Coverage 16 weeks
Other Criteria	For reauthorization after initial 16 week coverage: Member has experienced a documented weight loss of at least 4%.
ST Criteria	A documented trial of TWO of the following preferred oral alternatives: Belviq (lorcaserin), Qsymia (phentermine/topiramate), phentermine, phendimetrazine, diethylpropion, benzphetamine)
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Seasonale

Products Affected

- SEASONALE

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

Seasonique

Products Affected

- SEASONIQUE

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

Selzentry

Products Affected

- SELZENTRY

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

Sensipar

Products Affected

- SENSIPAR

ST Criteria	Documented step through ROCALTROL* (covered without trials for hyperparathyroidism & parathyroid carcinoma)
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Serevent Diskus

Products Affected

- SEREVENT DISKUS

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

SEROquel

Products Affected

- SEROQUEL ORAL TABLET 400 MG

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

SEROquel

Products Affected

- SEROQUEL ORAL TABLET 200 MG

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

SEROquel

Products Affected

- SEROQUEL ORAL TABLET 25 MG, 100 MG, 300 MG, 50 MG

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

SEROquel XR

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder Bipolar disorder or schizophrenia
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month each of : 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

SEROquel XR

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder Bipolar disorder or schizophrenia
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month each of : 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
QL Criteria	2 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

SEROquel XR

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder Bipolar disorder or schizophrenia
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month each of : 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
QL Criteria	6 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sertraline HCl

Products Affected

- *sertraline hcl oral tablet 100 mg*

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

Sertraline HCl

Products Affected

- *sertraline hcl oral tablet 50 mg*

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

Sertraline HCl

Products Affected

- *sertraline hcl oral concentrate*

QL Criteria	10 ML Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sertraline HCl

Products Affected

- *sertraline hcl oral tablet 25 mg*

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

Signifor

Products Affected

- SIGNIFOR

QL Criteria	2 amps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Signifor LAR

Products Affected

- SIGNIFOR LAR

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

Sildenafil Citrate

Products Affected

- *sildenafil citrate oral*

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

Simbrinza

Products Affected

- SIMBRINZA

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

Simcor

Products Affected

- SIMCOR

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

Simponi

Products Affected

- SIMPONI

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

Simponi Aria

Products Affected

- SIMPONI ARIA

QL Criteria	1 pen Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Simvastatin

Products Affected

- *simvastatin oral*

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Singular

Products Affected

- SINGULAIR

QL Criteria	1 pack Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Singular

Products Affected

- SINGULAIR

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sirturo

Products Affected

- SIRTURO

PA Criteria	Criteria Details
Covered Uses	Multi-drug resistant tuberculosis
Exclusion Criteria	
Required Medical Information	
Age Restrictions	18 years or greater
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	
QL Criteria	188 tabs Per 365 dayss
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sivextro

Products Affected

- SIVEXTRO ORAL

QL Criteria	6 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Skelaxin

Products Affected

- SKELAXIN

QL Criteria	56 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Skelid

Products Affected

- SKELID

QL Criteria	2 per Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Skyla

Products Affected

- SKYLA

QL Criteria	1 unit Per 1 year
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sonata

Products Affected

- SONATA

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Soolantra

Products Affected

- SOOLANTRA

ST Criteria	A documented trial of one month each of any of the preferred topical generic alternatives, metronidazole OR sulfacetamide sodium with sulfu
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Soriatane

Products Affected

- SORIATANE

QL Criteria	2 caps Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sovaldi

Products Affected

- SOVALDI

QL Criteria	1 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Spiriva HandiHaler

Products Affected

- SPIRIVA HANDIHALER

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Spiriva Respimat

Products Affected

- SPIRIVA RESPIMAT

QL Criteria	1 inhaler Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sporanox

Products Affected

- SPORANOX ORAL CAPSULE

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sporanox Pulsepak

Products Affected

- SPORANOX PULSEPAK

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sprintec 28

Products Affected

- SPRINTEC 28

QL Criteria	1.5 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sprix

Products Affected

- SPRIX

QL Criteria	5 bottles Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sprycel

Products Affected

- SPRYCEL ORAL TABLET 70 MG, 20 MG, 50 MG, 80 MG

QL Criteria	2 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sprycel

Products Affected

- SPRYCEL ORAL TABLET 140 MG, 100 MG

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sronyx

Products Affected

- SRONYX

QL Criteria	1.5 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Staxyn

Products Affected

- STAXYN

ST Criteria	Documented step through CIALIS
QL Criteria	6 tabs Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Stendra

Products Affected

- STENDRA

ST Criteria	Documented step through CIALIS
QL Criteria	6 tabs Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Stiolto Respimat

Products Affected

- STIOLTO RESPIMAT

QL Criteria	1 inhaler Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Stivarga

Products Affected

- STIVARGA

QL Criteria	4 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Strattera

Products Affected

- STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG, 60 MG

QL Criteria	2 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Strattera

Products Affected

- STRATTERA ORAL CAPSULE 100 MG, 80 MG

QL Criteria	1 cap Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Striant

Products Affected

- STRIANT

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Documented step through one month each of ANDROGEL AND TESTIM
QL Criteria	2 buccals Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Stribild

Products Affected

- STRIBILD

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Striverdi Respimat

Products Affected

- STRIVERDI RESPIMAT

QL Criteria	1 inhaler Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Suboxone

Products Affected

- SUBOXONE SUBLINGUAL FILM

PA Criteria	Criteria Details
Covered Uses	Opioid dependence
Exclusion Criteria	<p>Medical literature does not support the concurrent use of opioids/Tramadol as part of opioid drug dependence treatment. Abstinence of opioids/Tramadol is required both during and following therapy with Suboxone/Subutex/Zubsolv/Bunavail/buprenorphine, and will only be covered when determined to be medically necessary (defined as short-term use during and following opioid dependence treatment for the treatment of acute pain related to surgery, dental procedure, or an emergency situation or for long-term use following opioid dependence treatment for the treatment of chronic pain. For long term use, the member must be treated by a single provider of their choice, opioids will only be covered when prescribed by this single provider, and this single provider is aware of past buprenorphine use for opioid dependence treatment in which an opioid dependence diagnosis). Physicians can contact (855) 746-0013 with any information related to the medical necessity for opioid/Tramadol therapy.</p>
Required Medical Information	<p>Prescriber provides verbal verification of patient's current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling. If the member is currently enrolled, the approval will be 6 months. If the member is NOT enrolled (answer=no) and prescriber provides verbal verification of patient's agreed commitment to become enrolled in an acceptable drug addiction treatment program counseling, the approval will be for 2 months (Note: 1 time approval ONLY). If after 2 months member does not enroll in a program, then all future requests will be denied until member enrolls in a program.</p>
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months = current enrollement

PA Criteria	Criteria Details
Other Criteria	<p>For coverage of additional quantities, the following conditions must be met: FOR BUPRENORPHONE SL: Member is pregnant or breastfeeding (Up to 120 tablets in 30 days) or member has a documented contraindication, intolerance, or allergy to buprenorphine-naloxone sublingual tablet or Suboxone (will allow up to 90 tablets per month for max length of approval of 6 months). FOR SUBOXONE OR BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET 2mg/0.5mg: Member's dose is being titrated by physician for 7 day induction therapy (max dose 12 mg/daily for total of 42 tablets/films in 7 days). FOR ZUBSOLBV 1.4mg/0.36mg: Member's dose is being titrated by physician for 7 day induction therapy (max dose 8.4 mg/daily for total of 42 tablets/films in 7 days). Note: Aetna considers the following as acceptable programs: Outpatient drug addiction treatment programs and/or counseling, 12- step programs focused on "drug" addiction such as Narcotics Anonymous (N.A.), Other accepted programs can be found at http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx. Aetna considers the following as non-acceptable programs: On-line programs such as Here to Help, 12-step programs that are not focused on "drug" addiction (ex: Alcoholics Anonymous).</p>
QL Criteria	2 film Per 1 day
Notes/References	
Revision Date	<p>Prior Authorization: November 30, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015</p>

Subsys

Products Affected

- SUBSYS

PA Criteria	Criteria Details
Covered Uses	For pain due to malignant diagnosis only
Exclusion Criteria	Use in non-malignant pain
Required Medical Information	A. Documentation of already receiving and who are tolerant to opioid therapy, and documentation on intolerance of two (2) other immediate-release opioids including morphine, hydrocodone, oxycodone, or hydromorphone.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	FOR SUBSYS: Documentation of intolerance to Actiq. FOR ABSTRAL, FENTORA, LAZANDA, and ONSOLIS: Documentation of intolerance to Actiq AND Subsys.
QL Criteria	8 sprays Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sular

Products Affected

- SULAR ORAL TABLET EXTENDED
RELEASE 24 HR* 34 MG, 17 MG, 8.5 MG

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

SulfaSALazine

Products Affected

- *sulfasalazine oral*

QL Criteria	8 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sulfazine

Products Affected

- SULFAZINE

QL Criteria	8 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

SUMAtriptan

Products Affected

- *sumatriptan nasal*

QL Criteria	6 sprays Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

SUMAtriptan Succinate

Products Affected

- *sumatriptan succinate oral*

QL Criteria	9 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

SUMAtriptan Succinate

Products Affected

- *sumatriptan succinate subcutaneous**

QL Criteria	2 boxes Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

SUMAtriptan Succinate Refill

Products Affected

- *sumatriptan succinate refill*

QL Criteria	2 boxes Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Suprax

Products Affected

- SUPRAX ORAL TABLET CHEWABLE

QL Criteria	20 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Suprax

Products Affected

- SUPRAX ORAL SUSPENSION
RECONSTITUTED 100 MG/5ML, 200
MG/5ML

QL Criteria	1 bottle Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sutent

Products Affected

- SUTENT

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Syeda

Products Affected

- SYEDA

QL Criteria	1.5 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Symbicort

Products Affected

- SYMBICORT

QL Criteria	1 inhaler Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Symbyax

Products Affected

- SYMBYAX

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

SymLinPen 120

Products Affected

- SYMLINPEN 120

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes, Type 2 Diabetes
Exclusion Criteria	Recurrent unexplained hypoglycemia that requires medical assistance, Persistent clinically significant nausea or associated abdominal pain, Noncompliance with self-monitoring of blood glucose concentrations, Noncompliance with insulin dose adjustments, Non compliance with scheduled health care professional contacts or recommended clinic visits
Required Medical Information	<p>TYPE 1 DIABETES: Patient is using both basal insulin and short-acting insulin, and requires three or more insulin injections daily, or using an insulin pump.</p> <p>TYPE 2 DIABETS: Patient is receiving maximum tolerated doses of metformin, unless the patient is not a candidate for metformin therapy, and us using both basal insulin and short-acting insulin, and requires three or more insulin injections daily, or using an insulin pump, and has failed to achieve adequate glycemic control despite individualized insulin management, defined as an A1C level greater than 7% and less than 9% and marked day-to-day variability in glucose levels (based on review of self-monitoring blood glucose levels), and home blood glucose monitoring is carried out three or more times per day, and patient is currently receiving individualized medical nutrition therapy by a registered dietician (requiring total daily carbohydrate intake monitoring), and is currently receiving ongoing care under the guidance of a healthcare professional skilled in the use of insulin and supported by the services of diabetes educators.</p>
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	4 pens Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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(Updated 12/01/2015)

SymLinPen 60

Products Affected

- SYMLINPEN 60

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes, Type 2 Diabetes
Exclusion Criteria	Recurrent unexplained hypoglycemia that requires medical assistance, Persistent clinically significant nausea or associated abdominal pain, Noncompliance with self-monitoring of blood glucose concentrations, Noncompliance with insulin dose adjustments, Non compliance with scheduled health care professional contacts or recommended clinic visits
Required Medical Information	<p>TYPE 1 DIABETES: Patient is using both basal insulin and short-acting insulin, and requires three or more insulin injections daily, or using an insulin pump.</p> <p>TYPE 2 DIABETS: Patient is receiving maximum tolerated doses of metformin, unless the patient is not a candidate for metformin therapy, and us using both basal insulin and short-acting insulin, and requires three or more insulin injections daily, or using an insulin pump, and has failed to achieve adequate glycemic control despite individualized insulin management, defined as an A1C level greater than 7% and less than 9% and marked day-to-day variability in glucose levels (based on review of self-monitoring blood glucose levels), and home blood glucose monitoring is carried out three or more times per day, and patient is currently receiving individualized medical nutrition therapy by a registered dietician (requiring total daily carbohydrate intake monitoring), and is currently receiving ongoing care under the guidance of a healthcare professional skilled in the use of insulin and supported by the services of diabetes educators.</p>
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	4 pens Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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Synjardy

Products Affected

- SYNJARDY

ST Criteria	Trial of 1 month of Invokana (single entity or combination)
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

Tacrolimus

Products Affected

- *tacrolimus external*

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	Children less than 2 years of age, children and adults with weakened immune systems, documentation of hypersensitivity to pimecrolimus, tacrolimus or any component in the product, and Nethertons syndrome
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Authorization beyond 1 year requires documentation that the benefit exceeds the potential risk associated with topical calcineurin inhibitors as defined in the black box warning
ST Criteria	FOR ADULTSA. Documentation of a trial and failure of at least one formulary medium to high potency topical corticosteroid ORB. Documentation of a trial and failure of at least one formulary low potency topical corticosteroid for lesions in vulnerable areas such as face, groin, or axillaeFOR CHILDREN (greater than or equal to 2 years of age)A. Documentation of a trial and failure of at least of formulary low potency topical corticosteroid ORB. Documentation of a contraindication to topical corticosteroids
QL Criteria	60 grams Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tafinlar

Products Affected

- TAFINLAR

QL Criteria	4 caps Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Take Action

Products Affected

- TAKE ACTION

QL Criteria	1 tab Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tamiflu

Products Affected

- TAMIFLU ORAL SUSPENSION
RECONSTITUTED 6 MG/ML

QL Criteria	3 bottles Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tamiflu

Products Affected

- TAMIFLU ORAL CAPSULE

QL Criteria	20 caps Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tanzeum

Products Affected

- TANZEUM

PA Criteria	Criteria Details
Covered Uses	Type 2 Diabetes Mellitus
Exclusion Criteria	Victoza, Tanzeum, Trulicity are not covered for members with: 1) Diagnosis of metabolic syndrome or any other pre-diabetic diagnosis 2) Diagnosis of Type 1 Diabetes 3) Treatment of diabetic ketoacidosis 4) Pediatric patients 5) Patients with severe gastrointestinal diseases, including gastroparesis. 6) Patients with multiple endocrine neoplasia syndrome type 2 (MEN2) 7) History of family history of medullary thyroid carcinoma (MTC) 8) Patients with a history of pancreatitis 9) Concurrent use with alpha-glucosidase inhibitors (Precose, Glyset) or DPP-4 inhibitors/Combo DPP4 Inhibitors (Januvia, Onglyza, Tradjenta, Janumet, Janumet XR, Jentaduento, Kombiglyze, Kazano, Juvisync)
Required Medical Information	A. A1C level is greater than 6.5%, and B. Have failed to obtain adequate glycemic control on 1) Maximum tolerated dose of metformin, unless the patient is not a candidate for metformin therapy: AND 2) A documented trial of one month of the preferred alternative, Bydureon
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of BYDUREON
QL Criteria	4 pens Per 1 month
Notes/References	
Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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Tarceva

Products Affected

- TARCEVA

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tasigna

Products Affected

- TASIGNA

QL Criteria	4 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Taztia XT

Products Affected

- TAZTIA XT ORAL CAPSULE EXTENDED
RELEASE 24 HOUR 180 MG, 300 MG, 360
MG, 120 MG

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Taztia XT

Products Affected

- TAZTIA XT ORAL CAPSULE EXTENDED
RELEASE 24 HOUR 240 MG

QL Criteria	2 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tecfidera

Products Affected

- TECFIDERA

QL Criteria	2 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Technivie

Products Affected

- TECHNIVIE

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

Tekamlo

Products Affected

- TEKAMLO

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Documentation of trial and failure with use of THREE (3) antihypertensive drugs from at least TWO (2) different therapeutics subclasses.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	<p>Examples of antihypertensive drugs listed by therapeutic subclasses</p> <p>Diuretics HydroDiuril, Microzide (hydrochlorothiazide), Hygroton (chlorthalidone), Diuril (chlorthiazide), Lasix (furosemide), Midamor (amiloride), Dyazide, Maxzide (triamterene-hydrochlorothiazide)</p> <p>Beta Blockers Tenormin (atenolol), Toprol XL (metoprolol succinate), Lopressor (metoprolol tartrate), Zebeta (bisoprolol), Coreg (carvedilol), Inderal LA (propranolol)</p> <p>Calcium Channel Blockers Adalat CC, Procardia XL (nifedipine), Calan, Isoptin, Verelan (verapamil), Cardizem, Cartia (diltiazem), Norvasc (amlodipine), Sular (nisoldipine), Plendil (felodipine)</p> <p>Angiotensin Converting Enzyme Inhibitors (ACEI) & ACEI combinations Prinivil, Zestril (lisinopril), Lotensin/Lotensin HCT/Lotrel (benazepril), Vasotec (enalapril), Accupril (quinapril), Mavik (trandolapril), Univas (moexipril)</p> <p>Angiotensin Receptor Blocker (ARB) & ARB combinations Cozaar/Hyzaar (losartan), Benicar/Benicar HCT (olmesartan), Micardis/Micardis HCT (telmisartan), Diovan/Diovan HCT (valsartan), Avapro/Avalide (irbesartan), Atacand/Atacand HCT (candesartan), Teveten /Teveten HCT (eprosartan), Edarbi/Edarbyclor (azilsartan)</p>
QL Criteria	1 tab Per 1 day
Notes/References	

Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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Tekturna

Products Affected

- TEKTURNA

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Documentation of trial and failure with use of THREE (3) antihypertensive drugs from at least TWO (2) different therapeutics subclasses.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	<p>Examples of antihypertensive drugs listed by therapeutic subclasses</p> <p>Diuretics HydroDiuril, Microzide (hydrochlorothiazide), Hygroton (chlorthalidone), Diuril (chlorthiazide), Lasix (furosemide), Midamor (amiloride), Dyazide, Maxzide (triamterene-hydrochlorothiazide)</p> <p>Beta Blockers Tenormin (atenolol), Toprol XL (metoprolol succinate), Lopressor (metoprolol tartrate), Zebeta (bisoprolol), Coreg (carvedilol), Inderal LA (propranolol)</p> <p>Calcium Channel Blockers Adalat CC, Procardia XL (nifedipine), Calan, Isoptin, Verelan (verapamil), Cardizem, Cartia (diltiazem), Norvasc (amlodipine), Sular (nisoldipine), Plendil (felodipine)</p> <p>Angiotensin Converting Enzyme Inhibitors (ACEI) & ACEI combinations Prinivil, Zestril (lisinopril), Lotensin/Lotensin HCT/Lotrel (benazepril), Vasotec (enalapril), Accupril (quinapril), Mavik (trandolapril), Univas (moexipril)</p> <p>Angiotensin Receptor Blocker (ARB) & ARB combinations Cozaar/Hyzaar (losartan), Benicar/Benicar HCT (olmesartan), Micardis/Micardis HCT (telmisartan), Diovan/Diovan HCT (valsartan), Avapro/Avalide (irbesartan), Atacand/Atacand HCT (candesartan), Teveten /Teveten HCT (eprosartan), Edarbi/Edarbyclor (azilsartan)</p>
QL Criteria	1 tab Per 1 day
Notes/References	

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Tekturna HCT

Products Affected

- TEKTURNA HCT

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Documentation of trial and failure with use of THREE (3) antihypertensive drugs from at least TWO (2) different therapeutics subclasses.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	<p>Examples of antihypertensive drugs listed by therapeutic subclasses</p> <p>Diuretics HydroDiuril, Microzide (hydrochlorothiazide), Hygroton (chlorthalidone), Diuril (chlorthiazide), Lasix (furosemide), Midamor (amiloride), Dyazide, Maxzide (triamterene-hydrochlorothiazide)</p> <p>Beta Blockers Tenormin (atenolol), Toprol XL (metoprolol succinate), Lopressor (metoprolol tartrate), Zebeta (bisoprolol), Coreg (carvedilol), Inderal LA (propranolol)</p> <p>Calcium Channel Blockers Adalat CC, Procardia XL (nifedipine), Calan, Isoptin, Verelan (verapamil), Cardizem, Cartia (diltiazem), Norvasc (amlodipine), Sular (nisoldipine), Plendil (felodipine)</p> <p>Angiotensin Converting Enzyme Inhibitors (ACEI) & ACEI combinations Prinivil, Zestril (lisinopril), Lotensin/Lotensin HCT/Lotrel (benazepril), Vasotec (enalapril), Accupril (quinapril), Mavik (trandolapril), Univas (moexipril)</p> <p>Angiotensin Receptor Blocker (ARB) & ARB combinations Cozaar/Hyzaar (losartan), Benicar/Benicar HCT (olmesartan), Micardis/Micardis HCT (telmisartan), Diovan/Diovan HCT (valsartan), Avapro/Avalide (irbesartan), Atacand/Atacand HCT (candesartan), Teveten /Teveten HCT (eprosartan), Edarbi/Edarbyclor (azilsartan)</p>
QL Criteria	1 tab Per 1 day
Notes/References	

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Telmisartan

Products Affected

- *telmisartan*

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Telmisartan-Amlodipine

Products Affected

- *telmisartan-amlodipine*

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Telmisartan-HCTZ

Products Affected

- *telmisartan-hctz*

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Temazepam

Products Affected

- *temazepam oral capsule 22.5 mg, 7.5 mg*

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Testim

Products Affected

- TESTIM

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	10 grams Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Testosterone

Products Affected

- *testosterone transdermal 12.5 mg/act (1%)*

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	10 grams Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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Testosterone

Products Affected

- *testosterone transdermal 10 mg/act (2%)*

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	4 grams Per 1 month
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Testosterone

Products Affected

- *testosterone transdermal 25 mg/2.5gm (1%)*

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	2.5 grams Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

Testosterone

Products Affected

- *testosterone transdermal 50 mg/5gm (1%)*

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
QL Criteria	10 grams Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Testosterone Cypionate

Products Affected

- *testosterone cypionate intramuscular* solution*
250 mg/ml

QL Criteria	4 ml Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tetrabenazine

Products Affected

- *tetrabenazine oral tablet 12.5 mg*

QL Criteria	8 tablets Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tetrabenazine

Products Affected

- *tetrabenazine oral tablet 25 mg*

QL Criteria	4 tablets Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Teveten

Products Affected

- TEVETEN ORAL TABLET 600 MG

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Teveten HCT

Products Affected

- TEVETEN HCT

ST Criteria	Documented step through TWO of the following: ATACAND HCT*, AVALIDE*, HYZAAR*, MICARDIS HCT*
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Theo-24

Products Affected

- THEO-24 ORAL CAPSULE EXTENDED
RELEASE 24 HOUR 200 MG, 100 MG

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

TiaGABine HCl

Products Affected

- *tiagabine hcl oral tablet 4 mg*

QL Criteria	4 tablets Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

TiaGABine HCl

Products Affected

- *tia gabine hcl oral tablet 2 mg*

QL Criteria	1 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tiazac

Products Affected

- TIAZAC ORAL CAPSULE EXTENDED
RELEASE 24 HOUR 300 MG, 180 MG, 120
MG, 420 MG, 360 MG

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tiazac

Products Affected

- TIAZAC ORAL CAPSULE EXTENDED
RELEASE 24 HOUR 240 MG

QL Criteria	2 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tilia Fe

Products Affected

- TILIA FE

QL Criteria	1.5 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tindamax

Products Affected

- TINDAMAX ORAL TABLET 250 MG

QL Criteria	24 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tindamax

Products Affected

- TINDAMAX ORAL TABLET 500 MG

QL Criteria	12 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tivicay

Products Affected

- TIVICAY

QL Criteria	2 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tivorbex

Products Affected

- TIVORBEX

QL Criteria	3 tablets Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tobi

Products Affected

- TOBI

QL Criteria	56 vials Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tobi Podhaler

Products Affected

- TOBI PODHALER

QL Criteria	1 box Per 28 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tobramycin

Products Affected

- *tobramycin inhalation*

QL Criteria	56 vials Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tolterodine Tartrate ER

Products Affected

- *tolterodine tartrate er*

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Topamax Sprinkle

Products Affected

- TOPAMAX SPRINKLE

QL Criteria	4 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Topiramate

Products Affected

- *topiramate oral capsule sprinkle*

QL Criteria	4 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Toprol XL

Products Affected

- TOPROL XL ORAL TABLET EXTENDED
RELEASE 24 HR* 25 MG

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Toprol XL

Products Affected

- TOPROL XL ORAL TABLET EXTENDED
RELEASE 24 HR* 50 MG, 100 MG

QL Criteria	1.5 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Toprol XL

Products Affected

- TOPROL XL ORAL TABLET EXTENDED
RELEASE 24 HR* 200 MG

QL Criteria	2 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Toujeo SoloStar

Products Affected

- TOUJEO SOLOSTAR

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented one month trial of LEVEMIR
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Toviaz

Products Affected

- TOVIAZ

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tradjenta

Products Affected

- TRADJENTA

QL Criteria	1 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

TraMADol HCl ER

Products Affected

- *tramadol hcl er oral capsule extended release*
24 hour 200 mg, 300 mg, 100 mg

QL Criteria	1 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tramadol-Acetaminophen

Products Affected

- *tramadol-acetaminophen*

QL Criteria	8 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Travatan Z

Products Affected

- TRAVATAN Z

ST Criteria	Documented step through one week of LATANOPROST AND one week of TRAVATAN Z
QL Criteria	3 ml Per 30 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Travoprost

Products Affected

- *travoprost*

ST Criteria	Documented step through one week of LATANOPROST AND one week of TRAVATAN Z
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tretinoin

Products Affected

- *tretinoin external 0.025 %*
- *tretinoin external cream*

QL Criteria	50 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tretinoin Microsphere

Products Affected

- *tretinoin microsphere*

QL Criteria	50 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tretinoin Microsphere Pump

Products Affected

- *tretinoin microsphere pump*

QL Criteria	50 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tretin-X

Products Affected

- TRETIN-X EXTERNAL CREAM 0.0375 %

QL Criteria	50 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Treximet

Products Affected

- TREXIMET

QL Criteria	9 tablets Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Trezix

Products Affected

- TREZIX

QL Criteria	10 capsules Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tribenzor

Products Affected

- TRIBENZOR

ST Criteria	Documented step through AMLODIPINE in combination with TWO of the following: ATACAND HCT*, AVALIDE*, HYZAAR*, MICARDIS HCT*
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tricor

Products Affected

- TRICOR

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tri-Estarylla

Products Affected

- TRI-ESTARYLLA

QL Criteria	1.5 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Triglide

Products Affected

- TRIGLIDE ORAL TABLET 160 MG

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tri-Legest Fe

Products Affected

- TRI-LEGEST FE

QL Criteria	1.5 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tri-Linyah

Products Affected

- TRI-LINYAH

QL Criteria	1.5 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Trilipix

Products Affected

- TRILIPIX

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

TriNessa (28)

Products Affected

- TRINESSA (28)

QL Criteria	1.5 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tri-Norinyl (28)

Products Affected

- TRI-NORINYL (28)

QL Criteria	1.5 tablets Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tri-Previfem

Products Affected

- TRI-PREVIFEM

QL Criteria	1.5 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tri-Sprintec

Products Affected

- TRI-SPRINTEC

QL Criteria	1.5 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Trivora (28)

Products Affected

- TRIVORA (28)

QL Criteria	1.5 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Trokendi XR

Products Affected

- TROKENDI XR ORAL CAPSULE
EXTENDED RELEASE 24 HOUR 50 MG,
100 MG, 25 MG

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Trokendi XR

Products Affected

- TROKENDI XR ORAL CAPSULE
EXTENDED RELEASE 24 HOUR 200 MG

QL Criteria	2 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Trospium Chloride

Products Affected

- *trospium chloride*

QL Criteria	2 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Trospium Chloride ER

Products Affected

- *trospium chloride er*

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

TRUEtest Test

Products Affected

- TRUETEST TEST

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	Documentation of a physical limitation that makes utilization of a Lifescan product unsafe, inaccurate or otherwise not feasible. Such limitations may include, but are not limited to, manual dexterity or visual impairment issues not accommodated by the features and capabilities of the Lifescan product line, or the member has hematocrit levels which are chronically less than 30% or greater than 55%.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years, 1 meter per year
Other Criteria	
QL Criteria	300 strips Per 30 days
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

TrueTrack Test

Products Affected

- TRUETRACK TEST

PA Criteria	Criteria Details
Covered Uses	Type 1 Diabetes Mellitus, Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	Documentation of a physical limitation that makes utilization of a Lifescan product unsafe, inaccurate or otherwise not feasible. Such limitations may include, but are not limited to, manual dexterity or visual impairment issues not accommodated by the features and capabilities of the Lifescan product line, or the member has hematocrit levels which are chronically less than 30% or greater than 55%.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years, 1 meter per year
Other Criteria	
QL Criteria	300 strips Per 30 days
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Trulicity

Products Affected

- TRULICITY

QL Criteria	4 injections Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tudorza Pressair

Products Affected

- TUDORZA PRESSAIR

PA Criteria	Criteria Details
Covered Uses	Chronic Obstructive Pulmonary Disorder (COPD)
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of SPIRIVA
QL Criteria	1 inhaler Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 09, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

TussiCaps

Products Affected

- TUSSICAPS

QL Criteria	20 caps Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tussionex Pennkinetic ER

Products Affected

- TUSSIONEX PENNKINETIC ER

QL Criteria	120 ml Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Twynsta

Products Affected

- TWYNSTA

ST Criteria	Documented step through AMLODIPINE in combination with TWO of the following (brand or generic if available): ATACAND, AVAPRO, COZAAR, MICARDIS
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tybost

Products Affected

- TYBOST

QL Criteria	1 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tyvaso

Products Affected

- TYVASO

QL Criteria	1 amp Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tyvaso Refill

Products Affected

- TYVASO REFILL

QL Criteria	1 amp Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tyvaso Starter

Products Affected

- TYVASO STARTER

QL Criteria	1 amp Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tyzeka

Products Affected

- TYZEKA

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Uceris

Products Affected

- UCERIS ORAL

ST Criteria	Documented step through TWO of the following: SULFASALAZINE, COLAZAL, APRISO, ASACOL, ASACOL HD, DELZICOL
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Uceris

Products Affected

- UCERIS

ST Criteria	A documented trial of Asacol HD, Delzicol, Lialda or Pentasa
QL Criteria	4 canisters Per 42 months
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ulesfia

Products Affected

- ULESFIA

QL Criteria	3 bottles Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Uloric

Products Affected

- ULORIC

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ultracet

Products Affected

- ULTRACET

QL Criteria	8 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Uroxatral

Products Affected

- UROXATRAL

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ValACYclovir HCl

Products Affected

- *valacyclovir hcl oral tablet 500 mg*

QL Criteria	42 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ValACYclovir HCl

Products Affected

- *valacyclovir hcl oral tablet 1 gm*

QL Criteria	21 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Valchlor

Products Affected

- VALCHLOR

QL Criteria	1 tube Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Valcyte

Products Affected

- VALCYTE ORAL TABLET

QL Criteria	102 tablets Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ValGANciclovir HCl

Products Affected

- *valganciclovir hcl*

QL Criteria	102 tablets Per 30 30s
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Valsartan-Hydrochlorothiazide

Products Affected

- *valsartan-hydrochlorothiazide*

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Valtrex

Products Affected

- VALTREX ORAL TABLET 1 GM

QL Criteria	21 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Valtrex

Products Affected

- VALTREX ORAL TABLET 500 MG

QL Criteria	42 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vancocin HCl

Products Affected

- VANCOCIN HCL ORAL CAPSULE 250 MG

QL Criteria	40 caps Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vancocin HCl

Products Affected

- VANCOCIN HCL ORAL CAPSULE 125 MG

QL Criteria	56 caps Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vascepa

Products Affected

- VASCEPA

QL Criteria	4 caps Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vecamyl

Products Affected

- VECAMYL

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Documentation of trial and failure with four antihypertensive drugs from at least three different therapeutic subclasses, and documentation of moderately severe to severe hypertension (blood pressure greater than or equal to 160/100 mmHg) or documentation of malignant hypertension without complications (blood pressure greater or equal to 180/120 mmHg) with retinal hemorrhages, exudates, or papilledema
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Examples of antihypertensive drugs listed by therapeutic subclasses:DIURETICS: HydroDiuril, Microzide (hydrochlorothiazide), Hygroton (chlorthalidone), Diuril (chlorthiazide), Lasix (furosemide), Midamor (amiloride), Dyazide, Maxzide (triamterene-hydrochlorothiazide). BETA BLOCKERS: Tenormin (atenolol), Toprol XL (metoprolol succinate), Lopressor (metoprolol tartrate), Zebeta (bisoprolol), Coreg (carvedilol), Inderal LA (propranolol). CALCIUM CHANNEL BLOCKERS: Adalat CC, Procardia XL (nifedipine), Calan, Isoptin, Verelan (verapamil), Cardizem, Cartia (diltiazem), Norvasc (amlodipine), Sular (nisoldipine), Plendil (felodipine). ANGIOTENSIN CONVERTING ENZYME INHIBITORS (ACEI) & ACEI COMBINATIONS: Prinivil, Zestril (lisinopril), Lotensin/Lotensin HCT/Lotrel (benazepril), Vasotec (enalapril), Accupril (quinapril), Mavik (trandolapril),Univasc (moexipril). ANGIOTENSION RECEPTOR BLOCKER (ARB) & ARB COMBINATIONS: Cozaar/Hyzaar (losartan), Benicar/Benicar HCT (olmesartan), Micardis/Micardis HCT (telmisartan) , Diovan/Diovan HCT (valsartan), Avapro/Avalide (irbesartan), Atacand/Atacand HCT (candesartan), Teveten /Teveten HCT (eprosartan), Edarbi/Edarbyclor (azilsartan)
QL Criteria	2 tabs Per 1 day
Notes/References	

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
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Velivet

Products Affected

- VELIVET

QL Criteria	1.5 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Venlafaxine HCl

Products Affected

- *venlafaxine hcl oral tablet 75 mg*

QL Criteria	5 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Venlafaxine HCl

Products Affected

- *venlafaxine hcl oral tablet 50 mg*

QL Criteria	6 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Venlafaxine HCl

Products Affected

- *venlafaxine hcl oral tablet 100 mg, 25 mg*

QL Criteria	3 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Venlafaxine HCl

Products Affected

- *venlafaxine hcl oral tablet 37.5 mg*

QL Criteria	4 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Venlafaxine HCl ER

Products Affected

- *venlafaxine hcl er oral capsule extended release 24 hour 75 mg, 37.5 mg*

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Venlafaxine HCl ER

Products Affected

- *venlafaxine hcl er oral tablet extended release*
24 hr* 37.5 mg, 75 mg, 225 mg

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Venlafaxine HCl ER

Products Affected

- *venlafaxine hcl er oral capsule extended release 24 hour 150 mg*

QL Criteria	2 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Venlafaxine HCl ER

Products Affected

- *venlafaxine hcl er oral tablet extended release*
24 hr 150 mg*

QL Criteria	2 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ventolin HFA

Products Affected

- VENTOLIN HFA

QL Criteria	2 inhalers Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Veramyst

Products Affected

- VERAMYST

ST Criteria	adequate trial of 2 weeks each of 1 of the following: trial of Flonase OR Nasalide OR Nasacort 24HR OTC AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Verapamil HCl ER

Products Affected

- *verapamil hcl er oral capsule extended release*
24 hour 300 mg, 100 mg

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Verapamil HCl ER

Products Affected

- *verapamil hcl er oral capsule extended release*
24 hour 200 mg

QL Criteria	2 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Verelan PM

Products Affected

- VERELAN PM ORAL CAPSULE
EXTENDED RELEASE 24 HOUR 100 MG,
300 MG

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Verelan PM

Products Affected

- VERELAN PM ORAL CAPSULE
EXTENDED RELEASE 24 HOUR 200 MG

QL Criteria	2 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

VESIcare

Products Affected

- VESICARE

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vestura

Products Affected

- VESTURA

QL Criteria	1.5 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Viagra

Products Affected

- VIAGRA

ST Criteria	Documented step through CIALIS
QL Criteria	6 tabs Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Victoza

Products Affected

- VICTOZA

QL Criteria	9 ML Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Victrelis

Products Affected

- VICTRELIS

QL Criteria	12 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Viibryd

Products Affected

- VIIBRYD ORAL TABLET

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Viibryd

Products Affected

- VIIBRYD ORAL KIT

QL Criteria	1 pack Per 365 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vimpat

Products Affected

- VIMPAT ORAL TABLET

QL Criteria	2 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vimpat

Products Affected

- VIMPAT ORAL SOLUTION

QL Criteria	40 ml Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Viramune XR

Products Affected

- VIRAMUNE XR ORAL TABLET
EXTENDED RELEASE 24 HR* 100 MG

QL Criteria	3 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Viramune XR

Products Affected

- VIRAMUNE XR ORAL TABLET
EXTENDED RELEASE 24 HR* 400 MG

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Viread

Products Affected

- VIREAD ORAL TABLET

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vituz

Products Affected

- VITUZ

QL Criteria	120 ml Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vivelle-Dot

Products Affected

- VIVELLE-DOT

QL Criteria	8 patches Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vogelxo

Products Affected

- VOGELXO

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Documented step through one month each of ANDROGEL AND TESTIM
QL Criteria	10 grams Per 1 day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vogelxo Pump

Products Affected

- VOGELXO PUMP

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism, gender dysphoria, gender reassignment
Exclusion Criteria	patient with carcinoma of the breast or suspected carcinoma of the prostate, patient will be using therapy for muscle building purposes
Required Medical Information	Documented diagnosis of primary hypogonadism or hypogonadotropic hypogonadism as defined by either one of the following: (1) Member has undergone bilateral orchiectomy (no total fasting serum testosterone levels required), or (2) Having two consecutive low total fasting serum testosterone levels (below the testing laboratory's reference range or below 300ng/dl if reference ranges are not available), or for persons with low normal total testosterone levels (above 300 ng/dL but below 400 ng/dL), two consecutive low free or bioavailable fasting serum testosterone levels (below the testing laboratory's reference range or less than 225 picomoles per liter (pmol/L) (6 ng/dL) if reference ranges are not available)(Note: Two morning samples drawn between 7:00 a.m. and 10:00 a.m. obtained on two different days is required for NEW starts only), or (3) Member has a documented diagnosis of gender dysphoria or documentation of undergoing gender reassignment surgery.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	
ST Criteria	Documented step through one month each of ANDROGEL AND TESTIM
QL Criteria	10 grams Per 1 fill
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

Voltaren

Products Affected

- VOLTAREN TRANSDERMAL

QL Criteria	200 grams Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Votrient

Products Affected

- VOTRIENT

QL Criteria	4 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vytorin

Products Affected

- VYTORIN

QL Criteria	1 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vytorin

Products Affected

- VYTORIN

ST Criteria	Documented step through ONE GENERIC STATIN, ATORVASTATIN, FLUVASTATIN, LOVASTATIN, PRAVASTATIN, SIMVASTATIN (NSO) AND CRESTOR
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vyvanse

Products Affected

- VYVANSE

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vyvanse

Products Affected

- VYVANSE

QL Criteria	1 capsule Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Wellbutrin

Products Affected

- WELLBUTRIN

QL Criteria	6 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Wellbutrin SR

Products Affected

- WELLBUTRIN SR

QL Criteria	2 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Wellbutrin XL

Products Affected

- WELLBUTRIN XL

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Wera

Products Affected

- WERA

QL Criteria	1.5 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

WinRho SDF

Products Affected

- WINRHO SDF

QL Criteria	1 ML Per 365 dayss
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Wymzya Fe

Products Affected

- WYMZYA FE

QL Criteria	1.5 tablets Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xalatan

Products Affected

- XALATAN

ST Criteria	Documented step through one week of LATANOPROST AND one week of TRAVATAN Z
QL Criteria	3 ML Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xalkori

Products Affected

- XALKORI

QL Criteria	2 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xanax

Products Affected

- XANAX

PA Criteria	Criteria Details
Covered Uses	All FDA Approved Indications
Exclusion Criteria	Not covered for members less than 18 years old per FDA approval.
Required Medical Information	
Age Restrictions	Minimum age of 18 years required for coverage.
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xanax XR

Products Affected

- XANAX XR

PA Criteria	Criteria Details
Covered Uses	All FDA Approved Indications
Exclusion Criteria	Not covered for members less than 18 years old per FDA approval.
Required Medical Information	
Age Restrictions	Minimum age of 18 years required for coverage.
Prescriber Restrictions	
Coverage Duration	Pending
Other Criteria	
QL Criteria	2 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xarelto

Products Affected

- XARELTO ORAL TABLET 15 MG

QL Criteria	42 tabs Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xarelto

Products Affected

- XARELTO ORAL TABLET 10 MG

QL Criteria	35 tabs Per 365 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xarelto

Products Affected

- XARELTO ORAL TABLET 20 MG

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xarelto Starter Pack

Products Affected

- XARELTO STARTER PACK

QL Criteria	2 packs Per 365 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xartemis XR

Products Affected

- XARTEMIS XR

QL Criteria	4 tablets Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xeljanz

Products Affected

- XELJANZ

QL Criteria	2 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xenazine

Products Affected

- XENAZINE ORAL TABLET 12.5 MG

QL Criteria	8 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xenazine

Products Affected

- XENAZINE ORAL TABLET 25 MG

QL Criteria	4 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xifaxan

Products Affected

- XIFAXAN ORAL TABLET 200 MG

QL Criteria	9 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xifaxan

Products Affected

- XIFAXAN ORAL TABLET 550 MG

QL Criteria	3 tablets Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xigduo XR

Products Affected

- XIGDUO XR

ST Criteria	Documented step through one month of INVOKANA (single entity or combo)
QL Criteria	1 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xopenex HFA

Products Affected

- XOPENEX HFA

QL Criteria	2 inhalers Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xtandi

Products Affected

- XTANDI

QL Criteria	4 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xulane

Products Affected

- XULANE

QL Criteria	3 patches Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xyrem

Products Affected

- XYREM

PA Criteria	Criteria Details
Covered Uses	Excessive daytime sleepiness associated with narcolepsy, Cataplexy associated with narcolepsy
Exclusion Criteria	
Required Medical Information	FOR THE TREATMENT OF EXCESSIVE DAYTIME SLEEPINESS IN ASSOCIATION WITH NARCOLEPSY: Documentation of diagnostic testing and clinical notations supporting diagnosis of narcolepsy, such as MSLT, clinical progress notes, and documentation of failure of an adequate trial of at least two of the immediate release stimulants (Dexedrine, Ritalin, Adderall), and documentation of failure of an adequate trial of Nuvigil. FOR THE TREATMENT OF CATAPLEXY IN ASSOCIATION WITH NARCOLEPSY: Documentation of diagnostic testing and clinical notations supporting diagnosis of narcolepsy, such as MSLT, clinical progress notes, and documentation of failure of an adequate trial of at least two of the immediate release stimulants (Dexedrine, Ritalin, Adderall), and documentation of failure of an adequate trial of an antidepressant.
Age Restrictions	
Prescriber Restrictions	Sleep specialist, pulmonologist, neurologist, or psychiatrist
Coverage Duration	3 months, extended approval based on therapeutic response
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xyzal

Products Affected

- XYZAL

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xyzal

Products Affected

- XYZAL

QL Criteria	1 ML Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Yasmin 28

Products Affected

- YASMIN 28

QL Criteria	1.5 tablets Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

YAZ

Products Affected

- YAZ

QL Criteria	1.5 tablets Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zarah

Products Affected

- ZARAH

QL Criteria	1.5 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zavesca

Products Affected

- ZAVESCA

QL Criteria	3 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zecuity

Products Affected

- ZECUITY

QL Criteria	4 patches Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zegerid

Products Affected

- ZEGERID

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	FOR HIGH DOSE ACIPHEX (UP TO 40mg/day): Documentation of trial/failure of one of the following high dose agents: 80 mg/day of Prilosec OTC/Prilosec or Protonix, 60 mg/day of Prevacid 24H OTC OR 80 mg/day of Nexium.
ST Criteria	A. Documentation of trial and failure of Nexium AND ONE of the following: Prilosec OTC/ Prilosec*, Prevacid 24H OTC, Zegerid OTC, or Protonix*
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zegerid OTC

Products Affected

- ZEGERID OTC

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zelapar

Products Affected

- ZELAPAR

QL Criteria	2 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zelboraf

Products Affected

- ZELBORAF

QL Criteria	8 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zemplar

Products Affected

- ZEMPLAR ORAL

QL Criteria	1 cap Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zenatane

Products Affected

- ZENATANE

QL Criteria	2 capsules Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zenchant

Products Affected

- ZENCHENT

QL Criteria	1.5 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zenchant FE

Products Affected

- ZENCHENT FE

QL Criteria	1.5 tablets Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zenzedi

Products Affected

- ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 7.5 MG, 20 MG, 30 MG

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD), Narcolepsy
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zenzedi

Products Affected

- ZENZEDI ORAL TABLET 10 MG, 5 MG

PA Criteria	Criteria Details
Covered Uses	Attention deficit hyperactivity disorder (ADHD), Narcolepsy
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
QL Criteria	4 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: October 05, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zetia

Products Affected

- ZETIA

QL Criteria	1 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zetonna

Products Affected

- ZETONNA

ST Criteria	adequate trial of 2 weeks each of 1 of the following: trial of Flonase OR Nasalide OR Nasacort 24HR OTC AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zioptan

Products Affected

- ZIOPTAN

PA Criteria	Criteria Details
Covered Uses	open-angle glaucoma ocular hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	Documented step through one week of LATANOPROST AND one week of TRAVATAN Z
QL Criteria	1 unit Per 1 day
Notes/References	
Revision Date	Prior Authorization: August 11, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ziprasidone HCl

Products Affected

- *ziprasidone hcl*

QL Criteria	2 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zirgan

Products Affected

- ZIRGAN

QL Criteria	1 tube Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zocor

Products Affected

- ZOCOR

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zofran

Products Affected

- ZOFRAN ORAL TABLET

QL Criteria	60 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zofran

Products Affected

- ZOFRAN ORAL SOLUTION

QL Criteria	50 ml Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zofran ODT

Products Affected

- ZOFRAN ODT

QL Criteria	60 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zohydro ER

Products Affected

- ZOHYDRO ER

PA Criteria	Criteria Details
Covered Uses	Chronic pain due to malignant condition or severe pain requiring daily, around the clock, long term opioid treatment
Exclusion Criteria	
Required Medical Information	Documentation of progression through the World Health Organization analgesic ladder
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Step Therapy
ST Criteria	Documented step through one month of MORPHINE SR TAB 12HR (MS CONTIN) AND OXYMORPHONE ER (OPANA ER)
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: September 29, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zolinza

Products Affected

- ZOLINZA

QL Criteria	4 caps Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ZOLMitriptan

Products Affected

- *zolmitriptan oral tablet dispersible 2.5 mg*
- *zolmitriptan oral tablet 2.5 mg*

QL Criteria	6 tabs Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ZOLMitriptan

Products Affected

- *zolmitriptan oral tablet dispersible 5 mg*

QL Criteria	3 tablets Per 30 months
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ZOLMitriptan

Products Affected

- *zolmitriptan oral tablet 5 mg*

QL Criteria	6 tablets Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zoloft

Products Affected

- ZOLOFT ORAL CONCENTRATE

QL Criteria	10 ML Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zoloft

Products Affected

- ZOLOFT ORAL TABLET 50 MG

QL Criteria	1.5 tag Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zoloft

Products Affected

- ZOLOFT ORAL TABLET 25 MG

QL Criteria	1 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zoloft

Products Affected

- ZOLOFT ORAL TABLET 100 MG

QL Criteria	2 tabs Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zolpidem Tartrate

Products Affected

- *zolpidem tartrate*

QL Criteria	2 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zolpidem Tartrate ER

Products Affected

- *zolpidem tartrate er*

ST Criteria	Documentation of a trial and failure with Ambien IR or Sonata
QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zomig

Products Affected

- ZOMIG

QL Criteria	6 sprays Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zomig

Products Affected

- ZOMIG

QL Criteria	6 tabs Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zomig ZMT

Products Affected

- ZOMIG ZMT

QL Criteria	6 tabs Per 30 days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zontivity

Products Affected

- ZONTIVITY

QL Criteria	1 tab Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zorvolex

Products Affected

- ZORVOLEX

QL Criteria	3 caps Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zovia 1/35E (28)

Products Affected

- ZOVIA 1/35E (28)

QL Criteria	1.5 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zovia 1/50E (28)

Products Affected

- ZOVIA 1/50E (28)

QL Criteria	1.5 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zubsolv

Products Affected

- ZUBSOLV SUBLINGUAL TABLET
SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG

PA Criteria	Criteria Details
Covered Uses	Opioid dependence
Exclusion Criteria	Medical literature does not support the concurrent use of opioids/Tramadol as part of opioid drug dependence treatment. Abstinence of opioids/Tramadol is required both during and following therapy with Suboxone/Subutex/Zubsolv/Bunavail/buprenorphine, and will only be covered when determined to be medically necessary (defined as short-term use during and following opioid dependence treatment for the treatment of acute pain related to surgery, dental procedure, or an emergency situation or for long-term use following opioid dependence treatment for the treatment of chronic pain. For long term use, the member must be treated by a single provider of their choice, opioids will only be covered when prescribed by this single provider, and this single provider is aware of past buprenorphine use for opioid dependence treatment in which an opioid dependence diagnosis). Physicians can contact (855) 746-0013 with any information related to the medical necessity for opioid/Tramadol therapy.
Required Medical Information	Prescriber provides verbal verification of patient's current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling. If the member is currently enrolled, the approval will be 6 months. If the member is NOT enrolled (answer=no) and prescriber provides verbal verification of patient's agreed commitment to become enrolled in an acceptable drug addiction treatment program counseling, the approval will be for 2 months (Note: 1 time approval ONLY). If after 2 months member does not enroll in a program, then all future requests will be denied until member enrolls in a program.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months = current enrollment

PA Criteria	Criteria Details
Other Criteria	<p>For coverage of additional quantities, the following conditions must be met: FOR BUPRENORPHONE SL: Member is pregnant or breastfeeding (Up to 120 tablets in 30 days) or member has a documented contraindication, intolerance, or allergy to buprenorphine-naloxone sublingual tablet or Suboxone (will allow up to 90 tablets per month for max length of approval of 6 months). FOR SUBOXONE OR BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET 2mg/0.5mg: Member's dose is being titrated by physician for 7 day induction therapy (max dose 12 mg/daily for total of 42 tablets/films in 7 days). FOR ZUBSOLBV 1.4mg/0.36mg: Member's dose is being titrated by physician for 7 day induction therapy (max dose 8.4 mg/daily for total of 42 tablets/films in 7 days). Note: Aetna considers the following as acceptable programs: Outpatient drug addiction treatment programs and/or counseling, 12- step programs focused on "drug" addiction such as Narcotics Anonymous (N.A.), Other accepted programs can be found at http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx. Aetna considers the following as non-acceptable programs: On-line programs such as Here to Help, 12-step programs that are not focused on "drug" addiction (ex: Alcoholics Anonymous).</p>
ST Criteria	Documented step through one month of BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET or SUBOXONE FILM
QL Criteria	3 tabs Per 1 day
Notes/References	
Revision Date	Prior Authorization: November 30, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zubsolv

Products Affected

- ZUBSOLV SUBLINGUAL TABLET
SUBLINGUAL 8.6-2.1 MG

PA Criteria	Criteria Details
Covered Uses	Opioid dependence
Exclusion Criteria	Medical literature does not support the concurrent use of opioids/Tramadol as part of opioid drug dependence treatment. Abstinence of opioids/Tramadol is required both during and following therapy with Suboxone/Subutex/Zubsolv/Bunavail/buprenorphine, and will only be covered when determined to be medically necessary (defined as short-term use during and following opioid dependence treatment for the treatment of acute pain related to surgery, dental procedure, or an emergency situation or for long-term use following opioid dependence treatment for the treatment of chronic pain. For long term use, the member must be treated by a single provider of their choice, opioids will only be covered when prescribed by this single provider, and this single provider is aware of past buprenorphine use for opioid dependence treatment in which an opioid dependence diagnosis). Physicians can contact (855) 746-0013 with any information related to the medical necessity for opioid/Tramadol therapy.
Required Medical Information	Prescriber provides verbal verification of patient's current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling. If the member is currently enrolled, the approval will be 6 months. If the member is NOT enrolled (answer=no) and prescriber provides verbal verification of patient's agreed commitment to become enrolled in an acceptable drug addiction treatment program counseling, the approval will be for 2 months (Note: 1 time approval ONLY). If after 2 months member does not enroll in a program, then all future requests will be denied until member enrolls in a program.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months = current enrollment

PA Criteria	Criteria Details
Other Criteria	<p>For coverage of additional quantities, the following conditions must be met: FOR BUPRENORPHONE SL: Member is pregnant or breastfeeding (Up to 120 tablets in 30 days) or member has a documented contraindication, intolerance, or allergy to buprenorphine-naloxone sublingual tablet or Suboxone (will allow up to 90 tablets per month for max length of approval of 6 months). FOR SUBOXONE OR BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET 2mg/0.5mg: Member's dose is being titrated by physician for 7 day induction therapy (max dose 12 mg/daily for total of 42 tablets/films in 7 days). FOR ZUBSOLBV 1.4mg/0.36mg: Member's dose is being titrated by physician for 7 day induction therapy (max dose 8.4 mg/daily for total of 42 tablets/films in 7 days). Note: Aetna considers the following as acceptable programs: Outpatient drug addiction treatment programs and/or counseling, 12- step programs focused on "drug" addiction such as Narcotics Anonymous (N.A.), Other accepted programs can be found at http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx. Aetna considers the following as non-acceptable programs: On-line programs such as Here to Help, 12-step programs that are not focused on "drug" addiction (ex: Alcoholics Anonymous).</p>
ST Criteria	Documented step through one month of BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET or SUBOXONE FILM
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: November 30, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zubsolv

Products Affected

- ZUBSOLV SUBLINGUAL TABLET
SUBLINGUAL 11.4-2.9 MG

PA Criteria	Criteria Details
Covered Uses	Opioid dependence
Exclusion Criteria	Medical literature does not support the concurrent use of opioids/Tramadol as part of opioid drug dependence treatment. Abstinence of opioids/Tramadol is required both during and following therapy with Suboxone/Subutex/Zubsolv/Bunavail/buprenorphine, and will only be covered when determined to be medically necessary (defined as short-term use during and following opioid dependence treatment for the treatment of acute pain related to surgery, dental procedure, or an emergency situation or for long-term use following opioid dependence treatment for the treatment of chronic pain. For long term use, the member must be treated by a single provider of their choice, opioids will only be covered when prescribed by this single provider, and this single provider is aware of past buprenorphine use for opioid dependence treatment in which an opioid dependence diagnosis). Physicians can contact (855) 746-0013 with any information related to the medical necessity for opioid/Tramadol therapy.
Required Medical Information	Prescriber provides verbal verification of patient's current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling. If the member is currently enrolled, the approval will be 6 months. If the member is NOT enrolled (answer=no) and prescriber provides verbal verification of patient's agreed commitment to become enrolled in an acceptable drug addiction treatment program counseling, the approval will be for 2 months (Note: 1 time approval ONLY). If after 2 months member does not enroll in a program, then all future requests will be denied until member enrolls in a program.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months = current enrollment

PA Criteria	Criteria Details
Other Criteria	<p>For coverage of additional quantities, the following conditions must be met: FOR BUPRENORPHONE SL: Member is pregnant or breastfeeding (Up to 120 tablets in 30 days) or member has a documented contraindication, intolerance, or allergy to buprenorphine-naloxone sublingual tablet or Suboxone (will allow up to 90 tablets per month for max length of approval of 6 months). FOR SUBOXONE OR BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET 2mg/0.5mg: Member's dose is being titrated by physician for 7 day induction therapy (max dose 12 mg/daily for total of 42 tablets/films in 7 days). FOR ZUBSOLBV 1.4mg/0.36mg: Member's dose is being titrated by physician for 7 day induction therapy (max dose 8.4 mg/daily for total of 42 tablets/films in 7 days). Note: Aetna considers the following as acceptable programs: Outpatient drug addiction treatment programs and/or counseling, 12- step programs focused on "drug" addiction such as Narcotics Anonymous (N.A.), Other accepted programs can be found at http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx. Aetna considers the following as non-acceptable programs: On-line programs such as Here to Help, 12-step programs that are not focused on "drug" addiction (ex: Alcoholics Anonymous).</p>
ST Criteria	Documented step through one month of BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET or SUBOXONE FILM
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: November 30, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zubsolv

Products Affected

- ZUBSOLV SUBLINGUAL TABLET
SUBLINGUAL 2.9-0.71 MG

PA Criteria	Criteria Details
Covered Uses	Opioid dependence
Exclusion Criteria	Medical literature does not support the concurrent use of opioids/Tramadol as part of opioid drug dependence treatment. Abstinence of opioids/Tramadol is required both during and following therapy with Suboxone/Subutex/Zubsolv/Bunavail/buprenorphine, and will only be covered when determined to be medically necessary (defined as short-term use during and following opioid dependence treatment for the treatment of acute pain related to surgery, dental procedure, or an emergency situation or for long-term use following opioid dependence treatment for the treatment of chronic pain. For long term use, the member must be treated by a single provider of their choice, opioids will only be covered when prescribed by this single provider, and this single provider is aware of past buprenorphine use for opioid dependence treatment in which an opioid dependence diagnosis). Physicians can contact (855) 746-0013 with any information related to the medical necessity for opioid/Tramadol therapy.
Required Medical Information	Prescriber provides verbal verification of patient's current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling. If the member is currently enrolled, the approval will be 6 months. If the member is NOT enrolled (answer=no) and prescriber provides verbal verification of patient's agreed commitment to become enrolled in an acceptable drug addiction treatment program counseling, the approval will be for 2 months (Note: 1 time approval ONLY). If after 2 months member does not enroll in a program, then all future requests will be denied until member enrolls in a program.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months = current enrollment

2015 Aetna Pharmacy Value Plus Plan
(Updated 12/01/2015)

PA Criteria	Criteria Details
Other Criteria	<p>For coverage of additional quantities, the following conditions must be met: FOR BUPRENORPHONE SL: Member is pregnant or breastfeeding (Up to 120 tablets in 30 days) or member has a documented contraindication, intolerance, or allergy to buprenorphine-naloxone sublingual tablet or Suboxone (will allow up to 90 tablets per month for max length of approval of 6 months). FOR SUBOXONE OR BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET 2mg/0.5mg: Member's dose is being titrated by physician for 7 day induction therapy (max dose 12 mg/daily for total of 42 tablets/films in 7 days). FOR ZUBSOLBV 1.4mg/0.36mg: Member's dose is being titrated by physician for 7 day induction therapy (max dose 8.4 mg/daily for total of 42 tablets/films in 7 days). Note: Aetna considers the following as acceptable programs: Outpatient drug addiction treatment programs and/or counseling, 12- step programs focused on "drug" addiction such as Narcotics Anonymous (N.A.), Other accepted programs can be found at http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx. Aetna considers the following as non-acceptable programs: On-line programs such as Here to Help, 12-step programs that are not focused on "drug" addiction (ex: Alcoholics Anonymous).</p>
ST Criteria	Documented step through one month of BUPRENORPHINE-NALOXONE SUBLINGUAL TABLET or SUBOXONE FILM
QL Criteria	3 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: November 30, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zykadia

Products Affected

- ZYKADIA

QL Criteria	5 caps Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zymaxid

Products Affected

- ZYMAXID

QL Criteria	1 bottle Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ZyPREXA

Products Affected

- ZYPREXA ORAL

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ZyPREXA Zydys

Products Affected

- ZYPREXA ZYDIS

QL Criteria	1 tab Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zytiga

Products Affected

- ZYTIGA

QL Criteria	4 tabs Per 1 day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zyvox

Products Affected

- ZYVOX ORAL SUSPENSION
RECONSTITUTED

QL Criteria	150 ml Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zyvox

Products Affected

- ZYVOX ORAL TABLET

QL Criteria	28 tabs Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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<i>colchicine oral tablet</i>	274	<i>dextroamphetamine sulfate er</i>	324
COLCRYS	275	<i>dextroamphetamine sulfate oral solution</i>	323
COLYTE WITH FLAVOR PACKS	276	<i>dextroamphetamine sulfate oral tablet</i>	322
COMBIPATCH	277	DIASTAT ACUDIAL	325
COMBIVENT RESPIMAT	278	DIASTAT PEDIATRIC	326
COMETRIQ (100 MG DAILY DOSE)	279	<i>diazepam</i>	327
COMETRIQ (140 MG DAILY DOSE)	280	DICLEGIS	328
COMETRIQ (60 MG DAILY DOSE)	281	<i>diclofenac sodium transdermal solution</i>	329
COMPLERA	282	DIFICID	330
CONCERTA ORAL TABLET EXTENDEDRELEASE* 18 MG, 27 MG, 54 MG	283	<i>dihydroergotamine mesylate injection</i>	331
CONCERTA ORAL TABLET EXTENDEDRELEASE* 36 MG	284	<i>dihydroergotamine mesylate nasal</i>	332
CONTRACE	285	<i>diltiazem hcl cd</i>	333
CORDRAN EXTERNAL TAPE	286	<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 120 mg, 300 mg, 360 mg</i>	335
COREG CR	287	<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	336
CORLANOR	288	<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	337
CRESTOR	289	<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg, 300 mg, 120 mg, 180 mg</i>	340
CRYSSELLE-28	290	<i>diltiazem hcl er coated beads oral tablet extended release 24 hr* 240 mg</i>	338
CYCLAFEM 1/35	291	<i>diltiazem hcl er coated beads oral tablet extended release 24 hr* 420 mg, 180 mg, 300 mg, 360 mg</i>	339
CYCLESSA	292	<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	334
CYCLOSET	293	DIOVAN	341
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG	296	DIOVAN HCT	342
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	294	DIPENTUM	343
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG	298	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HR* 10 MG, 15 MG	344
CYSTARAN	300		
D.H.E. 45	301		
DAKLINZA	302		
DALIRESP	303		
DASETTA 1/35	304		
DASETTA 7/7/7	305		
DAYSEE	306		
DAYTRANA	307		

DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HR* 5 MG	345	ENBREL SURECLICK	391
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	346	ENJUVIA	392
<i>donepezil hcl oral tablet 23 mg</i>	347	<i>enoxaparin sodium</i>	393
<i>donepezil hcl oral tablet dispersible</i>	346	ENPRESSE-28	394
<i>doxycycline</i>	348	ENSKYCE	395
<i>dronabinol</i>	349	<i>entecavir</i>	396
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03</i> <i>mg</i>	350	ENTRESTO	397
DUAVEE	351	EPANED	398
DUETACT	352	EPIDUO	399
DUEXIS	353	EPIDUO FORTE	400
DULERA	354	<i>epinephrine injection 0.15 mg/0.15ml</i>	401
<i>duloxetine hcl oral capsule delayed release</i> <i>particles 20 mg</i>	355	<i>epinephrine injection 0.3 mg/0.3ml</i>	402
<i>duloxetine hcl oral capsule delayed release</i> <i>particles 30 mg</i>	361	EPIPEN 2-PAK	403
<i>duloxetine hcl oral capsule delayed release</i> <i>particles 40 mg</i>	357	EPIPEN JR 2-PAK	404
<i>duloxetine hcl oral capsule delayed release</i> <i>particles 60 mg</i>	359	<i>eprosartan mesylate</i>	405
DURAGESIC-100	363	ERIVEDGE	406
DURAGESIC-12	364	ERRIN	407
DURAGESIC-25	365	ESBRIET	408
DURAGESIC-50	366	<i>escitalopram oxalate oral tablet</i>	409
DURAGESIC-75	367	<i>esomeprazole magnesium</i>	410
<i>dutasteride</i>	368	ESTARYLLA	411
EDARBI	369	<i>estradiol transdermal patch weekly</i>	412
EDARBYCLOR	370	<i>estradiol-norethindrone acet</i>	413
EDEX	371	<i>estradiol-norethindrone acet</i>	414
EDURANT	372	ESTROGEL	415
EFFEXOR XR	373	ESTROSTEP FE	416
EFFIENT	374	<i>eszopiclone</i>	417
ELESTRIN	375	EVAMIST	418
ELIDEL	376	EVEKEO	419
ELINEST	377	EVOXAC	420
ELIQUIS	378	EXALGO	421
ELLA	379	EXELON ORAL CAPSULE	423
EMBEDA	380	EXELON TRANSDERMAL	422
EMEND ORAL CAPSULE 125 MG, 80 MG, 40 MG	381	EXFORGE HCT	426
EMEND ORAL CAPSULE 80 & 125 MG	382	EXFORGE ORAL TABLET 10-160 MG, 5-160 MG	424
EMOQUETTE	383	EXFORGE ORAL TABLET 10-320 MG, 5-320 MG	425
EMSAM	384	EXTAVIA	427
EMTRIVA	385	FACTIVE	428
EMTRIVA	386	FALMINA	429
ENABLEX	387	<i>famciclovir oral</i>	430
ENBREL SUBCUTANEOUS* 25 MG/0.5ML	389	FAMVIR	431
ENBREL SUBCUTANEOUS* 50 MG/ML	388	FANAPT	432
ENBREL SUBCUTANEOUS* KIT	390	FANAPT TITRATION PACK	433
		FARXIGA	434
		FARYDAK	435
		FAZACLO ORAL TABLET DISPERSIBLE 100 MG	437
		FAZACLO ORAL TABLET DISPERSIBLE 12.5 MG	440

FAZACLO ORAL TABLET DISPERSIBLE 150 MG	436	FYCOMPA	487
FAZACLO ORAL TABLET DISPERSIBLE 200 MG	438	<i>gabapentin oral capsule</i>	488
FAZACLO ORAL TABLET DISPERSIBLE 25 MG	439	<i>gabapentin oral solution</i>	490
<i>felodipine er</i>	441	<i>gabapentin oral tablet</i>	489
FEMCON FE	442	GABITRIL ORAL TABLET 12 MG, 4 MG	493
FEMHRT LOW DOSE	443	GABITRIL ORAL TABLET 16 MG	492
FEMRING	444	GABITRIL ORAL TABLET 2 MG	491
<i>fenofibrate micronized</i>	447	<i>galantamine hydrobromide er</i>	494
<i>fenofibrate oral tablet</i>	445	GATTEX	495
<i>fenofibrate oral tablet</i>	446	GELNIQUE	496
<i>fenofibric acid oral capsule delayed release</i>	448	GENERESS FE	497
FENOGLIDE	449	GEODON ORAL	498
<i>fentanyl</i>	450	GIANVI	499
<i>fentanyl citrate buccal</i>	451	GIAZO	500
FENTORA	452	GILDAGIA	501
FETZIMA	453	GILDESS FE 1.5/30	502
FETZIMA TITRATION	455	GILDESS FE 1/20	503
FIBRICOR	457	GILENYA	504
FIRAZYR	458	GILOTRIF	505
FLOVENT DISKUS	459	GLUCAGEN HYPOKIT	506
FLOVENT HFA	460	GLUCAGON EMERGENCY	507
<i>fluoxetine hcl oral capsule 10 mg</i>	466	GLYXAMBI	508
<i>fluoxetine hcl oral capsule 20 mg</i>	464	GRALISE ORAL TABLET 300 MG	509
<i>fluoxetine hcl oral capsule 40 mg</i>	461	GRALISE ORAL TABLET 600 MG	510
<i>fluoxetine hcl oral capsule delayed release</i>	462	GRALISE STARTER	511
<i>fluoxetine hcl oral tablet 10 mg</i>	463	GYNAZOLE-1	512
<i>fluoxetine hcl oral tablet 20 mg</i>	465	HARVONI	513
<i>fluoxetine hcl oral tablet 60 mg</i>	467	HEPSERA	514
<i>fluvastatin sodium</i>	468	HETLIOZ	515
<i>fluvastatin sodium er</i>	469	HORIZANT ORAL TABLET EXTENDEDRELEASE* 300 MG	516
<i>fluvoxamine maleate er</i>	472	HORIZANT ORAL TABLET EXTENDEDRELEASE* 600 MG	517
<i>fluvoxamine maleate oral tablet 100 mg</i>	471	HUMIRA PEDIATRIC CROHNS START	520
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	470	HUMIRA PEN	521
FOCALIN	473	HUMIRA PEN-CROHNS STARTER	522
FOCALIN XR	474	HUMIRA PEN-PSORIASIS STARTER	523
<i>fondaparinux sodium</i>	475	HUMIRA SUBCUTANEOUS* 10 MG/0.2ML	518
FORADIL AEROLIZER	476	HUMIRA SUBCUTANEOUS* 20 MG/0.4ML, 40 MG/0.8ML	519
FORTESTA	477	<i>hydromorphone hcl er</i>	524
FORTICAL	478	<i>hydromorphone hcl er</i>	525
FOSAMAX	479	HYSINGLA ER	526
FOSAMAX PLUS D	480	<i>ibandronate sodium oral</i>	527
FRAGMIN	481	IBRANCE	528
FREESTYLE INSULINX TEST	482	ICLUSIG ORAL TABLET 15 MG	529
FREESTYLE LITE TEST	483	ICLUSIG ORAL TABLET 45 MG	530
FREESTYLE TEST	484	ILARIS	531
FROVA	485	<i>imiquimod external</i>	532
FULYZAQ	486	IMITREX NASAL	533

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IMITREX ORAL	534	JUXTAPID ORAL CAPSULE 60 MG, 30 MG, 40	
IMITREX STATDOSE REFILL	536	MG	576
IMITREX SUBCUTANEOUS*	535	KADIAN ORAL CAPSULE EXTENDED	
INCIVEK	537	RELEASE 24 HOUR 20 MG, 200 MG, 80 MG, 30	
INCRUSE ELLIPTA	538	MG, 50 MG, 10 MG, 100 MG, 60 MG	578
INLYTA	539	KADIAN ORAL CAPSULE EXTENDED	
INNOPRAN XL ORAL CAPSULE EXTENDED		RELEASE 24 HOUR 40 MG	579
RELEASE 24 HOUR 120 MG	540	KALYDECO	580
INNOPRAN XL ORAL CAPSULE EXTENDED		KALYDECO	581
RELEASE 24 HOUR 80 MG	541	KAPVAY ORAL TABLET EXTENDED	
INSPIRA ORAL TABLET 25 MG	542	RELEASE 12 HR*	582
INSPIRA ORAL TABLET 50 MG	543	KARIVA	583
INTELENCE ORAL TABLET 200 MG	544	KAZANO	584
INTELENCE ORAL TABLET 25 MG, 100 MG		KELNOR 1/35	585
.....	545	KEPPRA XR ORAL TABLET EXTENDED	
INTERMEZZO	546	RELEASE 24 HR* 500 MG	586
INTROVALE	547	KEPPRA XR ORAL TABLET EXTENDED	
INTUNIV	548	RELEASE 24 HR* 750 MG	587
INVEGA ORAL TABLET EXTENDED		KETEK	588
RELEASE 24 HR* 1.5 MG, 6 MG, 3 MG	549	<i>ketoconazole oral</i>	589
INVEGA ORAL TABLET EXTENDED		<i>ketorolac tromethamine oral</i>	590
RELEASE 24 HR* 9 MG	550	KEVEYIS	591
INVOKAMET	551	KHEDEZLA	592
INVOKANA	552	KOMBIGLYZE XR ORAL TABLET	
<i>ipratropium bromide nasal</i>	553	EXTENDED RELEASE 24 HR* 2.5-1000 MG	
<i>irbesartan</i>	554	.....	594
<i>irbesartan-hydrochlorothiazide</i>	555	KOMBIGLYZE XR ORAL TABLET	
IRENKA	556	EXTENDED RELEASE 24 HR* 5-1000 MG,	
IRESSA	557	5-500 MG	593
ISENTRESS ORAL TABLET	558	KORLYM	595
<i>itraconazole oral</i>	559	KURVELO	596
JAKAFI	560	LAMICTAL ODT ORAL TABLET	
JALYN	561	DISPERSIBLE 100 MG	597
JANUMET	562	LAMICTAL ODT ORAL TABLET	
JANUMET XR ORAL TABLET EXTENDED		DISPERSIBLE 200 MG	600
RELEASE 24 HR* 100-1000 MG, 50-500 MG		LAMICTAL ODT ORAL TABLET	
.....	563	DISPERSIBLE 25 MG	598
JANUMET XR ORAL TABLET EXTENDED		LAMICTAL ODT ORAL TABLET	
RELEASE 24 HR* 50-1000 MG	564	DISPERSIBLE 50 MG	599
JANUVIA	565	LAMICTAL XR ORAL TABLET EXTENDED	
JARDIANCE	566	RELEASE 24 HR* 200 MG	603
JENCYCLA	567	LAMICTAL XR ORAL TABLET EXTENDED	
JENTADUETO	568	RELEASE 24 HR* 250 MG	601
JOLESSA	569	LAMICTAL XR ORAL TABLET EXTENDED	
JOLIVETTE	570	RELEASE 24 HR* 300 MG	604
JUNEL 1.5/30	571	LAMICTAL XR ORAL TABLET EXTENDED	
JUNEL 1/20	572	RELEASE 24 HR* 50 MG, 100 MG, 25 MG	602
JUNEL FE 1.5/30	573	LAMISIL ORAL PACKET 125 MG	606
JUNEL FE 1/20	574	LAMISIL ORAL PACKET 187.5 MG	605
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	575	<i>lamotrigine er oral tablet extended release 24 hr*</i>	
JUXTAPID ORAL CAPSULE 20 MG	577	<i>100 mg, 25 mg, 50 mg</i>	611

<i>lamotrigine er oral tablet extended release 24 hr*</i>	LIPTRUZET	652
200 mg	LIVALO	653
<i>lamotrigine er oral tablet extended release 24 hr*</i>	LO LOESTRIN FE	654
300 mg, 250 mg	LO/OVRAL (28)	655
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	LOESTRIN 1.5/30 (21)	656
.....	LOESTRIN 1/20 (21)	657
<i>lamotrigine oral tablet dispersible 25 mg</i>	LOESTRIN FE 1.5/30	658
<i>lamotrigine oral tablet dispersible 50 mg</i>	LOESTRIN FE 1/20	659
<i>lansoprazole oral capsule delayed release</i>	LOFIBRA	660
LASTACAFT	LOFIBRA	661
<i>latanoprost ophthalmic</i>	LOMEDIA 24 FE	662
LATUDA ORAL TABLET 120 MG, 60 MG, 40	LONSURF ORAL TABLET 15-6.14 MG	663
MG	LONSURF ORAL TABLET 20-8.19 MG	664
LATUDA ORAL TABLET 20 MG	LORYNA	665
LATUDA ORAL TABLET 80 MG	LOSEASONIQUE	666
LAZANDA	LOTREL	667
LEENA	<i>lovastatin</i>	668
<i>leflunomide oral</i>	LOVAZA	669
LENVIMA 10 MG DAILY DOSE	LOVENOX	670
LENVIMA 14 MG DAILY DOSE	LOW-OGESTREL	671
LENVIMA 20 MG DAILY DOSE	LUMIGAN OPHTHALMIC SOLUTION 0.01 %	
LENVIMA 24 MG DAILY DOSE .....	.....	672
LESCOL	LUNESTA	673
LESCOL XL	LUTERA	674
LESSINA	LUVOX CR	675
LEVAQUIN ORAL SOLUTION	LYNPARZA	676
LEVAQUIN ORAL TABLET	LYRICA	677
<i>levetiracetam er oral tablet extended release 24</i>	LYSTEDA	678
<i>hr* 500 mg</i>	LYZA	679
<i>levetiracetam er oral tablet extended release 24</i>	MALARONE	680
<i>hr* 750 mg</i>	MARINOL	681
LEVITRA	<i>marlissa</i>	682
<i>levocetirizine dihydrochloride oral tablet</i>	MATZIM LA ORAL TABLET EXTENDED	
<i>levofloxacin oral solution</i>	RELEASE 24 HR* 180 MG, 360 MG, 300 MG,	
<i>levofloxacin oral tablet</i>	420 MG	683
LEVONEST	MATZIM LA ORAL TABLET EXTENDED	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03</i>	RELEASE 24 HR* 240 MG	684
<i>mg, 0.1-0.02 & 0.01 mg</i>	MAXALT	685
<i>levonorgestrel</i>	MAXALT-MLT	686
<i>levonorgestrel</i>	<i>medroxyprogesterone acetate intramuscular*</i>	687
<i>levonorgestrel-ethinyl estrad</i>	MEKINIST ORAL TABLET 0.5 MG	688
<i>levonorgestrel-ethinyl estrad</i>	MEKINIST ORAL TABLET 2 MG	689
LEVORA 0.15/30 (28)	MENOSTAR	690
LEXAPRO ORAL TABLET	MEPRON	691
LIALDA	METADATE CD	692
<i>lidorx</i>	METADATE ER	693
<i>lindane external</i>	<i>metaxalone</i>	694
<i>linezolid oral</i>	<i>methamphetamine hcl</i>	695
LINZESS	METHYLIN ORAL SOLUTION 10 MG/5ML	
LIPITOR	696
LIPOFEN	METHYLIN ORAL SOLUTION 5 MG/5ML	698

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METHYLIN ORAL TABLET CHEWABLE	697	NASACORT ALLERGY 24HR	742
<i>methylphenidate hcl er (cd)</i>	706	NASONEX	743
<i>methylphenidate hcl er (la)</i>	707	NATAZIA	744
<i>methylphenidate hcl er oral tablet</i>		NATESTO	745
<i>extendedrelease* 20 mg</i>	704	NATPARA	746
<i>methylphenidate hcl er oral tablet</i>		NECON 0.5/35 (28)	747
<i>extendedrelease* 27 mg, 54 mg, 18 mg</i>	703	NECON 1/35 (28)	748
<i>methylphenidate hcl er oral tablet</i>		NECON 1/50 (28)	749
<i>extendedrelease* 36 mg</i>	705	NECON 10/11 (28)	750
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	699	NESINA	751
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	702	NEUPRO	752
<i>methylphenidate hcl oral tablet</i>	700	NEURONTIN ORAL CAPSULE	753
<i>methylphenidate hcl oral tablet chewable</i>	701	NEURONTIN ORAL TABLET	754
<i>metoprolol succinate er oral tablet extended</i>		<i>nevirapine er oral tablet extended release 24 hr*</i>	
<i>release 24 hr* 200 mg</i>	709	400 mg	755
<i>metoprolol succinate er oral tablet extended</i>		NEXAVAR	756
<i>release 24 hr* 25 mg</i>	708	NEXIUM ORAL CAPSULE DELAYED	
<i>metoprolol succinate er oral tablet extended</i>		RELEASE	759
<i>release 24 hr* 50 mg, 100 mg</i>	710	NEXIUM ORAL PACKET 10 MG, 20 MG	757
MEVACOR	711	NEXIUM ORAL PACKET 40 MG	758
MIACALCIN NASAL	712	NEXPLANON	760
MICARDIS	713	NEXT CHOICE ONE DOSE	761
MICARDIS HCT	714	<i>nicotine</i>	762
MICROGESTIN 1.5/30	715	<i>nicotine polacrilex mouth/throat gum</i>	764
MICROGESTIN 1/20	716	<i>nicotine polacrilex mouth/throat lozenge</i>	763
MICROGESTIN FE 1.5/30	717	NICOTROL	765
MICROGESTIN FE 1/20	718	NICOTROL NS	766
MIGRANAL	719	NIFEDICAL XL ORAL TABLET EXTENDED	
MIMVEY	720	RELEASE 24 HR* 30 MG	767
MINASTRIN 24 FE	721	NIFEDICAL XL ORAL TABLET EXTENDED	
MINIVELLE	722	RELEASE 24 HR* 60 MG	768
MIRAPEX ER	723	<i>nifedipine er oral tablet extended release 24 hr* 60</i>	769
MIRCETTE	724	<i>mg</i>	770
MIRENA	725	<i>nifedipine er oral tablet extended release 24 hr* 90</i>	771
<i>mirtazapine oral tablet dispersible</i>	726	<i>mg, 30 mg</i>	772
MITIGARE	727	<i>nifedipine er osmotic release oral tablet extended</i>	773
<i>modafinil</i>	728	<i>release 24 hr* 60 mg</i>	774
MODICON (28)	729	<i>nifedipine er osmotic release oral tablet extended</i>	775
MONO-LINYAH	730	<i>release 24 hr* 90 mg, 30 mg</i>	776
MONONESSA	731	NIRAVAM	777
<i>montelukast sodium oral</i>	732	<i>nisoldipine er oral tablet extended release 24 hr*</i>	778
<i>montelukast sodium oral</i>	733	30 mg	779
MOVANTIK	734	<i>nisoldipine er oral tablet extended release 24 hr*</i>	780
<i>moxifloxacin hcl oral</i>	735	40 mg, 8.5 mg, 17 mg, 34 mg, 20 mg	781
MULTAQ	736	NORA-BE	
MUSE	737	NORDETTE (28)	
MYALEPT	738	<i>norethindrone oral</i>	
MYORISAN ORAL CAPSULE 20 MG, 10 MG,		<i>norethindrone-eth estradiol oral tablet 0.5-2.5</i>	
40 MG	739	<i>mg-mcg</i>	
MYRBETRIQ	740	<i>norethin-eth estradiol-fe</i>	
<i>naratriptan hcl</i>	741	<i>norgestimate-eth estradiol</i>	

<i>norgestim-eth estrad triphasic</i>	782	OPANA ORAL	824
NORINYL 1+35 (28)	783	ORAVIG	826
NORINYL 1+50 (28)	784	ORKAMBI	827
NOROXIN	785	ORSYTHIA	828
NOR-QD	786	ORTHO EVRA	829
NORTHERA ORAL CAPSULE 100 MG, 200 MG	787	ORTHO MICRONOR	830
.....	787	ORTHO TRI-CYCLEN (28)	831
NORTHERA ORAL CAPSULE 300 MG	788	ORTHO TRI-CYCLEN LO	832
NORTREL 0.5/35 (28)	789	ORTHO-CEPT (28)	833
NORTREL 1/35 (21)	790	ORTHO-CYCLEN (28)	834
NORTREL 1/35 (28)	791	ORTHO-NOVUM 1/35 (28)	835
NORTREL 7/7/7	792	ORTHO-NOVUM 7/7/7 (28)	836
NOVA MAX GLUCOSE TEST	793	OSENI	837
NOXAFIL ORAL SUSPENSION	794	OSPHENA	838
NOXAFIL ORAL TABLET DELAYED	795	OTEZLA ORAL	840
RELEASE	795	OTEZLA ORAL TABLET	839
NUCYNTA	796	OVCON-35 (28)	841
NUCYNTA ER	797	OVIDE	842
NUEDEXTA	798	<i>oxazepam</i>	843
NUVARING	799	OXTELLAR XR ORAL TABLET EXTENDED	845
NUVIGIL ORAL TABLET 150 MG, 250 MG, 200	800	RELEASE 24 HR* 150 MG, 300 MG	845
MG	800	OXTELLAR XR ORAL TABLET EXTENDED	844
NUVIGIL ORAL TABLET 50 MG	801	RELEASE 24 HR* 600 MG	844
OCELLA	802	<i>oxybutynin chloride oral tablet</i>	846
ODOMZO	803	<i>oxycodone hcl er</i>	847
OFEV	804	OXYCONTIN	848
<i>ofloxacin oral tablet 400 mg</i>	805	<i>oxymorphone hcl er</i>	849
OGESTREL	806	OXYTROL FOR WOMEN	850
<i>olanzapine oral tablet 2.5 mg</i>	808	<i>paliperidone er oral tablet extended release 24 hr*</i>	851
<i>olanzapine oral tablet 20 mg, 7.5 mg, 10 mg, 5 mg,</i>	807	<i>1.5 mg, 6 mg, 3 mg</i>	851
<i>15 mg</i>	807	<i>paliperidone er oral tablet extended release 24 hr*</i>	852
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5</i>	807	<i>9 mg</i>	852
<i>mg</i>	807	PARAGARD INTRAUTERINE COPPER	853
OLEPTRO ORAL TABLET EXTENDED	810	<i>paroxetine hcl er</i>	856
RELEASE 24 HR* 150 MG	810	<i>paroxetine hcl oral tablet 20 mg, 10 mg</i>	855
OLEPTRO ORAL TABLET EXTENDED	809	<i>paroxetine hcl oral tablet 30 mg, 40 mg</i>	854
RELEASE 24 HR* 300 MG	809	PAXIL CR	860
OLYSIO	811	PAXIL ORAL SUSPENSION	859
<i>omega-3-acid ethyl esters</i>	812	PAXIL ORAL TABLET 20 MG, 10 MG	857
OMNARIS	813	PAXIL ORAL TABLET 30 MG, 40 MG	858
<i>ondansetron</i>	814	<i>peg 3350/electrolytes</i>	861
<i>ondansetron hcl oral solution</i>	817	<i>peg-3350/electrolytes</i>	862
<i>ondansetron hcl oral tablet 24 mg</i>	815	PENNSAID TRANSDERMAL SOLUTION 1.5 %	863
<i>ondansetron hcl oral tablet 8 mg, 4 mg</i>	816	.....	863
ONETOUCH ULTRA BLUE	818	PENNSAID TRANSDERMAL SOLUTION 2 %	864
ONETOUCH VERIO IN VITRO STRIP	819	.....	864
ONETOUCH VERIO IQ SYSTEM	820	PENTASA ORAL CAPSULE EXTENDED	866
ONEXTON	821	RELEASE* 250 MG	866
ONFI ORAL TABLET 10 MG, 20 MG	822	PENTASA ORAL CAPSULE EXTENDED	865
ONGLYZA	823	RELEASE* 500 MG	865
OPANA ER ORAL	825	PERFOROMIST	867

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<i>perindopril erbumine oral tablet 2 mg</i>	869	PROCYSBI ORAL CAPSULE DELAYED	
<i>perindopril erbumine oral tablet 4 mg</i>	870	RELEASE 25 MG.....	914
<i>perindopril erbumine oral tablet 8 mg</i>	868	PROCYSBI ORAL CAPSULE DELAYED	
PHILITH.....	871	RELEASE 75 MG.....	913
PICATO.....	872	PRODIGY AUTOCODE BLOOD GLUCOSE	
<i>pioglitazone hcl</i>	873	.....	915
<i>pioglitazone hcl-glimepiride</i>	874	PRODIGY POCKET BLOOD GLUCOSE.....	916
<i>pioglitazone hcl-metformin hcl</i>	875	PRODIGY VOICE BLOOD GLUCOSE.....	917
PIRMELLA 1/35.....	876	PROLENSA.....	918
PLAN B ONE-STEP.....	877	PROMACTA.....	919
PLAVIX.....	878	PROMETRIUM.....	920
PLAVIX.....	879	<i>propafenone hcl er</i>	921
PLEGRIDY.....	880	PROTOPIC.....	922
PLEGRIDY STARTER PACK.....	881	PROVENTIL HFA.....	923
POMALYST.....	882	PROVIGIL.....	924
PORTIA-28.....	883	PROZAC ORAL CAPSULE 10 MG.....	925
POTIGA ORAL TABLET 200 MG.....	886	PROZAC ORAL CAPSULE 20 MG.....	926
POTIGA ORAL TABLET 300 MG, 400 MG.....	884	PROZAC ORAL CAPSULE 40 MG.....	927
POTIGA ORAL TABLET 50 MG.....	885	PROZAC WEEKLY.....	928
PRADAXA.....	887	PULMICORT.....	929
PRALUENT.....	888	PULMICORT FLEXHALER.....	930
<i>pramipexole dihydrochloride er</i>	889	PULMOZYME.....	931
PRANDIMET.....	890	PURIXAN.....	932
PRAVACHOL.....	891	QNASL.....	933
<i>pravastatin sodium</i>	892	QNASL CHILDRENS.....	934
PRECISION XTRA BLOOD GLUCOSE.....	893	QUALAQUIN.....	935
PREFEST.....	894	QUARTETTE.....	936
PRENATE MINI.....	895	QUASENSE.....	937
PREVACID 24HR.....	898	QUDEXY XR.....	938
PREVACID ORAL CAPSULE DELAYED		<i>quetiapine fumarate oral tablet 200 mg</i>	941
RELEASE 15 MG.....	897	<i>quetiapine fumarate oral tablet 25 mg</i>	942
PREVACID ORAL CAPSULE DELAYED		<i>quetiapine fumarate oral tablet 400 mg, 300 mg</i>	
RELEASE 30 MG.....	896	.....	939
PREVACID SOLUTAB.....	899	<i>quetiapine fumarate oral tablet 50 mg, 100 mg</i>	
PREVALITE.....	900	.....	940
PREVIFEM.....	901	QUILLIVANT XR.....	943
PREZISTA ORAL SUSPENSION.....	903	RA TRUETEST TEST.....	944
PREZISTA ORAL TABLET 75 MG, 600 MG, 150		<i>rabeprazole sodium</i>	945
MG.....	902	RANEXA.....	946
PREZISTA ORAL TABLET 800 MG.....	904	RAPAFLO.....	947
PRILOSEC.....	905	RAVICTI.....	948
PRISTIQ.....	906	RAYOS.....	949
PRISTIQ.....	907	RAZADYNE ER.....	950
PROAIR HFA.....	908	REBETOL ORAL SOLUTION.....	951
PROAIR RESPICLICK.....	909	RECLIPSEN.....	952
PROCARDIA XL ORAL TABLET EXTENDED		RECTIV.....	953
RELEASE 24 HR* 60 MG.....	911	RELENZA DISKHALER.....	954
PROCARDIA XL ORAL TABLET EXTENDED		RELPAK.....	955
RELEASE 24 HR* 90 MG, 30 MG.....	910	REMERON SOLTAB.....	956
PROCENTRA.....	912	REPATHA.....	957
		REPATHA SURECLICK.....	958

REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 12 MG	960	RITALIN	991
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR* 6 MG, 8 MG, 2 MG, 4 MG	959	RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 10 MG, 40 MG	992
RESCULA	961	RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG	994
RESTASIS	962	RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG	993
RESTORIL ORAL CAPSULE 7.5 MG, 22.5 MG	963	RITALIN SR	995
RETIN-A	964	<i>rivastigmine</i>	996
RETIN-A MICRO	965	<i>rizatriptan benzoate</i>	997
RETIN-A MICRO PUMP	966	<i>ropinirole hcl er oral tablet extended release 24 hr* 12 mg</i>	999
REVATIO ORAL SUSPENSION RECONSTITUTED	968	<i>ropinirole hcl er oral tablet extended release 24 hr* 2 mg, 4 mg, 6 mg, 8 mg</i>	998
REVATIO ORAL TABLET	967	ROZEREM	1000
REVLIMID	969	RYTHMOL SR	1001
REXULTI	970	SABRIL	1002
REYATAZ ORAL CAPSULE 150 MG, 300 MG	971	SAFYRAL	1003
REYATAZ ORAL CAPSULE 200 MG	972	SAMSCA ORAL TABLET 15 MG	1005
RHINOCORT AQUA	973	SAMSCA ORAL TABLET 30 MG	1004
RILUTEK	974	SANCTURA XR	1006
<i>riluzole</i>	975	SANCUSO	1007
<i>risedronate sodium oral tablet 150 mg</i>	978	SANDOSTATIN	1008
<i>risedronate sodium oral tablet 35 mg</i>	976	SAPHRIS	1009
<i>risedronate sodium oral tablet 5 mg, 30 mg</i>	977	SAVAYSA	1010
<i>risedronate sodium oral tablet delayed release</i>	976	SAVELLA	1011
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 2 MG, 1 MG, 0.5 MG, 3 MG	982	SAVELLA TITRATION PACK	1012
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 4 MG	983	SAXENDA	1013
RISPERDAL ORAL TABLET 1 MG, 0.25 MG, 0.5 MG, 2 MG	979	SEASONALE	1014
RISPERDAL ORAL TABLET 3 MG	980	SEASONIQUE	1015
RISPERDAL ORAL TABLET 4 MG	981	SELZENTRY	1016
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 2 MG, 1 MG	988	SENSIPAR	1017
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 3 MG	989	SEREVENT DISKUS	1018
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 4 MG	990	SEROQUEL ORAL TABLET 200 MG	1020
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	984	SEROQUEL ORAL TABLET 25 MG, 100 MG, 300 MG, 50 MG	1021
<i>risperidone oral tablet 3 mg</i>	985	SEROQUEL ORAL TABLET 400 MG	1019
<i>risperidone oral tablet 4 mg</i>	987	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR* 150 MG, 200 MG	1022
<i>risperidone oral tablet dispersible 0.25 mg</i>	986	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR* 300 MG, 400 MG	1023
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	984	SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR* 50 MG	1024
<i>risperidone oral tablet dispersible 3 mg</i>	985	<i>sertraline hcl oral concentrate</i>	1027
<i>risperidone oral tablet dispersible 4 mg</i>	987	<i>sertraline hcl oral tablet 100 mg</i>	1025
		<i>sertraline hcl oral tablet 25 mg</i>	1028
		<i>sertraline hcl oral tablet 50 mg</i>	1026
		SIGNIFOR	1029
		SIGNIFOR LAR	1030
		<i>sildenafil citrate oral</i>	1031

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SIMBRINZA	1032	SUPRAX ORAL TABLET CHEWABLE	1076
SIMCOR	1033	SUTENT	1078
SIMPONI	1034	SYEDA	1079
SIMPONI ARIA	1035	SYMBICORT	1080
<i>simvastatin oral</i>	1036	SYMBYAX	1081
SINGULAIR	1037	SYMLINPEN 120	1082
SINGULAIR	1038	SYMLINPEN 60	1083
SIRTURO	1039	SYNJARDY	1084
SIVEXTRO ORAL	1040	<i>tacrolimus external</i>	1085
SKELAXIN	1041	TAFINLAR	1086
SKELID	1042	TAKE ACTION	1087
SKYLA	1043	TAMIFLU ORAL CAPSULE	1089
SONATA	1044	TAMIFLU ORAL SUSPENSION	
SOOLANTRA	1045	RECONSTITUTED 6 MG/ML	1088
SORIATANE	1046	TANZEUM	1090
SOVALDI	1047	TARCEVA	1091
SPIRIVA HANDIHALER	1048	TASIGNA	1092
SPIRIVA RESPIMAT	1049	TAZTIA XT ORAL CAPSULE EXTENDED	
SPORANOX ORAL CAPSULE	1050	RELEASE 24 HOUR 180 MG, 300 MG, 360 MG,	
SPORANOX PULSEPAK	1051	120 MG	1093
SPRINTEC 28	1052	TAZTIA XT ORAL CAPSULE EXTENDED	
SPRIX	1053	RELEASE 24 HOUR 240 MG	1094
SPRYCEL ORAL TABLET 140 MG, 100 MG		TECFIDERA	1095
.....	1055	TECHNIVIE	1096
SPRYCEL ORAL TABLET 70 MG, 20 MG, 50		TEKAMLO	1097
MG, 80 MG	1054	TEKTURNA	1099
SRONYX	1056	TEKTURNA HCT	1101
STAXYN	1057	<i>telmisartan</i>	1103
STENDRA	1058	<i>telmisartan-amlodipine</i>	1104
STIOLTO RESPIMAT	1059	<i>telmisartan-hctz</i>	1105
STIVARGA	1060	<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	1106
STRATTERA ORAL CAPSULE 10 MG, 18 MG,		TESTIM	1107
25 MG, 40 MG, 60 MG	1061	<i>testosterone cypionate intramuscular* solution</i>	250
STRATTERA ORAL CAPSULE 100 MG, 80 MG		<i>mg/ml</i>	1112
.....	1062	<i>testosterone transdermal 10 mg/act (2%)</i>	1109
STRIANT	1063	<i>testosterone transdermal 12.5 mg/act (1%)</i>	1108
STRIBILD	1064	<i>testosterone transdermal 25 mg/2.5gm (1%)</i>	1110
STRIVERDI RESPIMAT	1065	<i>testosterone transdermal 50 mg/5gm (1%)</i>	1111
SUBOXONE SUBLINGUAL FILM	1066	<i>tetrabenazine oral tablet 12.5 mg</i>	1113
SUBSYS	1068	<i>tetrabenazine oral tablet 25 mg</i>	1114
SULAR ORAL TABLET EXTENDED RELEASE		TEVETEN HCT	1116
24 HR* 34 MG, 17 MG, 8.5 MG	1069	TEVETEN ORAL TABLET 600 MG	1115
<i>sulfasalazine oral</i>	1070	THEO-24 ORAL CAPSULE EXTENDED	
SULFAZINE	1071	RELEASE 24 HOUR 200 MG, 100 MG	1117
<i>sumatriptan nasal</i>	1072	<i>tiagabine hcl oral tablet 2 mg</i>	1119
<i>sumatriptan succinate oral</i>	1073	<i>tiagabine hcl oral tablet 4 mg</i>	1118
<i>sumatriptan succinate refill</i>	1075	TIAZAC ORAL CAPSULE EXTENDED	
<i>sumatriptan succinate subcutaneous*</i>	1074	RELEASE 24 HOUR 240 MG	1121
SUPRAX ORAL SUSPENSION		TIAZAC ORAL CAPSULE EXTENDED	
RECONSTITUTED 100 MG/5ML, 200 MG/5ML		RELEASE 24 HOUR 300 MG, 180 MG, 120 MG,	
.....	1077	420 MG, 360 MG	1120

TILIA FE	1122	<i>trospium chloride er</i>	1164
TINDAMAX ORAL TABLET 250 MG	1123	TRUETEST TEST	1165
TINDAMAX ORAL TABLET 500 MG	1124	TRUETRACK TEST	1166
TIVICAY	1125	TRULICITY	1167
TIVORBEX	1126	TUDORZA PRESSAIR	1168
TOBI	1127	TUSSICAPS	1169
TOBI PODHALER	1128	TUSSIONEX PENNKINETIC ER	1170
<i>tobramycin inhalation</i>	1129	TWYNSTA	1171
<i>tolterodine tartrate er</i>	1130	TYBOST	1172
TOPAMAX SPRINKLE	1131	TYVASO	1173
<i>topiramate oral capsule sprinkle</i>	1132	TYVASO REFILL	1174
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR* 200 MG	1135	TYVASO STARTER	1175
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR* 25 MG	1133	TYZEKA	1176
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR* 50 MG, 100 MG	1134	UCERIS	1178
TOUJEO SOLOSTAR	1136	UCERIS ORAL	1177
TOVIAZ	1137	ULESFIA	1179
TRADJENTA	1138	ULORIC	1180
<i>tramadol hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 100 mg</i>	1139	ULTRACET	1181
<i>tramadol-acetaminophen</i>	1140	UROXATRAL	1182
TRAVATAN Z	1141	<i>valacyclovir hcl oral tablet 1 gm</i>	1184
<i>travoprost</i>	1142	<i>valacyclovir hcl oral tablet 500 mg</i>	1183
<i>tretinoin external 0.025 %</i>	1143	VALCHLOR	1185
<i>tretinoin external cream</i>	1143	VALCYTE ORAL TABLET	1186
<i>tretinoin microsphere</i>	1144	<i>valganciclovir hcl</i>	1187
<i>tretinoin microsphere pump</i>	1145	<i>valsartan-hydrochlorothiazide</i>	1188
TRETIN-X EXTERNAL CREAM 0.0375 %	1146	VALTREX ORAL TABLET 1 GM	1189
		VALTREX ORAL TABLET 500 MG	1190
TREXIMET	1147	VANCOGIN HCL ORAL CAPSULE 125 MG	1192
TREZIX	1148	VANCOGIN HCL ORAL CAPSULE 250 MG	1191
TRIBENZOR	1149	VASCEPA	1193
TRICOR	1150	VECAMYL	1194
TRI-ESTARYLLA	1151	VELIVET	1196
TRIGLIDE ORAL TABLET 160 MG	1152	<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1203
TRI-LEGEST FE	1153	<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg, 37.5 mg</i>	1201
TRI-LINYAH	1154	<i>venlafaxine hcl er oral tablet extended release 24 hr* 150 mg</i>	1204
TRILIPIX	1155	<i>venlafaxine hcl er oral tablet extended release 24 hr* 37.5 mg, 75 mg, 225 mg</i>	1202
TRINESSA (28)	1156	<i>venlafaxine hcl oral tablet 100 mg, 25 mg</i>	1199
TRI-NORINYL (28)	1157	<i>venlafaxine hcl oral tablet 37.5 mg</i>	1200
TRI-PREVIFEM	1158	<i>venlafaxine hcl oral tablet 50 mg</i>	1198
TRI-SPRINTEC	1159	<i>venlafaxine hcl oral tablet 75 mg</i>	1197
TRIVORA (28)	1160	VENTOLIN HFA	1205
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	1162	VERAMYST	1206
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 50 MG, 100 MG, 25 MG	1161	<i>verapamil hcl er oral capsule extended release 24 hour 200 mg</i>	1208
<i>trospium chloride</i>	1163		

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<i>verapamil hcl er oral capsule extended release 24 hour 300 mg, 100 mg</i>	1207	XOPENEX HFA	1254
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 300 MG	1209	XTANDI	1255
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	1210	XULANE	1256
VESICARE	1211	XYREM	1257
VESTURA	1212	XYZAL	1258
VIAGRA	1213	XYZAL	1259
VICTOZA	1214	YASMIN 28	1260
VICTRELIS	1215	YAZ	1261
VIIIBRYD ORAL KIT	1217	ZARAH	1262
VIIIBRYD ORAL TABLET	1216	ZAVESCA	1263
VIMPAT ORAL SOLUTION	1219	ZECUITY	1264
VIMPAT ORAL TABLET	1218	ZEGERID	1265
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* 100 MG	1220	ZEGERID OTC	1266
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR* 400 MG	1221	ZELAPAR	1267
VIREAD ORAL TABLET	1222	ZELBORAF	1268
VITUZ	1223	ZEMPLAR ORAL	1269
VIVELLE-DOT	1224	ZENATANE	1270
VOGELXO	1225	ZENCHENT	1271
VOGELXO PUMP	1226	ZENCHENT FE	1272
VOLTAREN TRANSDERMAL	1227	ZENZEDI ORAL TABLET 10 MG, 5 MG	1274
VOTRIENT	1228	ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 7.5 MG, 20 MG, 30 MG	1273
VYTORIN	1229	ZETIA	1275
VYTORIN	1230	ZETONNA	1276
VYVANSE	1231	ZIOPTAN	1277
VYVANSE	1232	<i>ziprasidone hcl</i>	1278
WELLBUTRIN	1233	ZIRGAN	1279
WELLBUTRIN SR	1234	ZOCOR	1280
WELLBUTRIN XL	1235	ZOFRAN ODT	1283
WERA	1236	ZOFRAN ORAL SOLUTION	1282
WINRHO SDF	1237	ZOFRAN ORAL TABLET	1281
WYMZYA FE	1238	ZOHYDRO ER	1284
XALATAN	1239	ZOLINZA	1285
XALKORI	1240	<i>zolmitriptan oral tablet 2.5 mg</i>	1286
XANAX	1241	<i>zolmitriptan oral tablet 5 mg</i>	1288
XANAX XR	1242	<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1286
XARELTO ORAL TABLET 10 MG	1244	<i>zolmitriptan oral tablet dispersible 5 mg</i>	1287
XARELTO ORAL TABLET 15 MG	1243	ZOLOFT ORAL CONCENTRATE	1289
XARELTO ORAL TABLET 20 MG	1245	ZOLOFT ORAL TABLET 100 MG	1292
XARELTO STARTER PACK	1246	ZOLOFT ORAL TABLET 25 MG	1291
XARTEMIS XR	1247	ZOLOFT ORAL TABLET 50 MG	1290
XELJANZ	1248	<i>zolpidem tartrate</i>	1293
XENAZINE ORAL TABLET 12.5 MG	1249	<i>zolpidem tartrate er</i>	1294
XENAZINE ORAL TABLET 25 MG	1250	ZOMIG	1295
XIFAXAN ORAL TABLET 200 MG	1251	ZOMIG	1296
XIFAXAN ORAL TABLET 550 MG	1252	ZOMIG ZMT	1297
XIGDUO XR	1253	ZONTIVITY	1298
		ZORVOLEX	1299
		ZOVIA 1/35E (28)	1300
		ZOVIA 1/50E (28)	1301

ZUBSOLV SUBLINGUAL TABLET	
SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG	1302
ZUBSOLV SUBLINGUAL TABLET	
SUBLINGUAL 11.4-2.9 MG	1306
ZUBSOLV SUBLINGUAL TABLET	
SUBLINGUAL 2.9-0.71 MG	1308
ZUBSOLV SUBLINGUAL TABLET	
SUBLINGUAL 8.6-2.1 MG	1304
ZYKADIA	1310
ZYMAXID	1311
ZYPREXA ORAL	1312
ZYPREXA ZYDIS	1313
ZYTIGA	1314
ZYVOX ORAL SUSPENSION	
RECONSTITUTED	1315
ZYVOX ORAL TABLET	1316