

Abilify

Products Affected

- ABILIFY ORAL SOLUTION

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder Bipolar disorder Schizophrenia Psychomotor agitation associated with autistic disorder
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	
ST Criteria	Trial of 1 month of Abilify tablet
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

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder Bipolar disorder Schizophrenia Psychomotor agitation associated with autistic disorder
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	
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

Abilify Discmelt

Products Affected

- ABILIFY DISCMELT

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder Bipolar disorder Schizophrenia Psychomotor agitation associated with autistic disorder
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	
ST Criteria	Trial of 1 month of Abilify 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

Abilify Maintena

Products Affected

- ABILIFY MAINTENA

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder Bipolar disorder Schizophrenia Psychomotor agitation associated with autistic disorder
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	
ST Criteria	Trial of 1 month of Abilify tablet
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	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydrom
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

Abstral

Products Affected

- ABSTRAL

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented trial of two days of the covered alternative : FENTANYL LOZENGE
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

Acanya

Products Affected

- ACANYA

ST Criteria	A documented trial of one month of one of the covered alternatives : ADAPALENE, BENZOYL PEROXIDE/ERYTHROMYCIN, BENZOYL PEROXIDE/CLINDAMYCIN, TRETINOIN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Acanya

Products Affected

- ACANYA

ST Criteria	A documented trial of one month of one of the covered alternatives: ADAPALENE, BENZOYL PEROXIDE/ERYTHROMYCIN, BENZOYL PEROXIDE/CLINDAMYCIN,
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Accu-Chek Active

Products Affected

- ACCU-CHEK ACTIVE

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

Accu-Chek Aviva

Products Affected

- ACCU-CHEK AVIVA 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

Accu-Chek Aviva Plus

Products Affected

- ACCU-CHEK AVIVA PLUS IN VITRO

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Accu-Chek Comfort Curve

Products Affected

- ACCU-CHEK COMFORT CURVE 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

Accu-Chek Compact

Products Affected

- ACCU-CHEK COMPACT

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

Accu-Chek Compact Test Drum

Products Affected

- ACCU-CHEK COMPACT TEST DRUM

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

Accu-Chek SmartView

Products Affected

- ACCU-CHEK SMARTVIEW

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Accutrend Glucose

Products Affected

- ACCUTREND GLUCOSE

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Aciphex

Products Affected

- ACIPHEX

PA Criteria	Criteria Details
Covered Uses	<ol style="list-style-type: none"> 1. Gastroesophageal reflux disease 2. Duodenal ulcer disease 3. Gastric hypersecretion 4. Preventative Needs <p>-Member is on chronic oral corticosteroid therapy (greater than or equal to 60 days) (for oral corticosteroids please click here)</p> <p>-Member is post t</p>
Exclusion Criteria	Aetna does NOT consider prescription PPIs to be medically necessary for members with the following indications: Uncomplicated heartburn of greater than 1-month duration, with a frequency of at least 2 heartburn episodes per week when all of the following
Required Medical Information	A. Documented diagnosis listed below (no requirement for nonprescription Prilosec OTC) Indication Ulcers Gastrojejunal ulcer - active: maintenance Healing of NSAID-associated gastric ulcer Maintenance of healed duodenal ulcers Stress ulcer/surgical prophy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those me
ST Criteria	A documented trial of one month of one of the covered alternatives: LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE, RABEPRAZOLE
QL Criteria	1 tabs Per 1 DAY
Notes/References	
Revision Date	<p>Prior Authorization: August 25, 2015</p> <p>Step Therapy: August 25, 2015</p> <p>Quantity Limits: August 25, 2015</p>

Aciphex

Products Affected

- ACIPHEX

PA Criteria	Criteria Details
Covered Uses	1. Gastroesophageal reflux disease 2. Duodenal ulcer disease 3. Gastric hypersecretion 4. Preventative Needs -Member is on chronic oral corticosteroid therapy (greater than or equal to 60 days) (for oral corticosteroids please click here -Member is post t
Exclusion Criteria	Aetna does NOT consider prescription PPIs to be medically necessary for members with the following indications:Uncomplicated heartburn of greater than 1-month duration, with a frequency of at least 2 heartburn episodes per week when all of the following
Required Medical Information	A. Documented diagnosis listed below (no requirement for nonprescription Prilosec OTC)IndicationUlcersGastrojejunal ulcer - active: maintenanceHealing of NSAID-associated gastric ulcerMaintenance of healed duodenal ulcersStress ulcer/surgical prophy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those me
ST Criteria	A documented trial of one month of one of the covered alternatives : LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE
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

2015 Aetna Clinical Policy Bulletin - Essential Small Group
(Updated 11/11/2015)

AcipHex Sprinkle

Products Affected

- ACIPHEX SPRINKLE

PA Criteria	Criteria Details
Covered Uses	1. Gastroesophageal reflux disease 2. Duodenal ulcer disease 3. Gastric hypersecretion 4. Preventative Needs -Member is on chronic oral corticosteroid therapy (greater than or equal to 60 days) (for oral corticosteroids please click here -Member is post t
Exclusion Criteria	Aetna does NOT consider prescription PPIs to be medically necessary for members with the following indications: Uncomplicated heartburn of greater than 1-month duration, with a frequency of at least 2 heartburn episodes per week when all of the following
Required Medical Information	A. Documented diagnosis listed below (no requirement for nonprescription Prilosec OTC) Indication Ulcers Gastrojejunal ulcer - active: maintenance Healing of NSAID-associated gastric ulcer Maintenance of healed duodenal ulcers Stress ulcer/surgical prophylaxis
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those members
ST Criteria	A documented trial of one month of one of the covered alternatives: LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE, RABEPRAZOLE
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	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydrom
QL Criteria	4 loz Per 1 DAY
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	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented trial of two days of the covered alternative : FENTANYL LOZENGE
QL Criteria	4 loz Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Activella

Products Affected

- ACTIVELLA

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

Actonel

Products Affected

- ACTONEL

ST Criteria	Documented trial and failure of generic alendronate weekly (70mg weekly dose)
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

Actoplus Met

Products Affected

- ACTOPLUS MET

ST Criteria	A documented trial of one month of one of the covered alternatives: PIOGLITAZONE, METFORMIN, PIOGLITAZONE/METFORMIN
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

ST Criteria	Documented trial of one month of one of the covered alternatives: PIOGLITAZONE, METFORMIN, PIOGLITAZONE/METFORMIN
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

ST Criteria	Documented trial of one month of one of the covered alternatives: PIOGLITAZONE, METFORMIN, PIOGLITAZONE/METFORMIN
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

ST Criteria	A documented trial of one month of one of the covered alternatives: PIOGLITAZONE, METFORMIN, PIOGLITAZONE/METFORMIN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Acura Blood Glucose Test

Products Affected

- ACURA BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Adderall

Products Affected

- ADDERALL ORAL TABLET 10 MG, 12.5 MG, 30 MG, 7.5 MG, 15 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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
QL Criteria	3 EA Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 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 hyperactivity disorder (ADHD) Narcolepsy
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
QL Criteria	1 capsules 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

PA Criteria	Criteria Details
Covered Uses	allergic reaction in patients who are at risk for, or have a history of, anaphylactic reaction
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	Step Therapy
ST Criteria	Documented trial of AUVI-Q
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, in patients aged 12 years and older OR COPD Advair diskus 100/50 in Patients age 4-11 with Asthma - No PA required.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	1 year
Coverage Duration	TBD - Pending
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of DULERA and SYMBICORT for Asthma; SYMBICORT for COPD
QL Criteria	1 unit 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, in patients aged 12 years and older OR COPD Advair diskus 100/50 in Patients age 4-11 with Asthma - No PA required.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	1 year
Coverage Duration	TBD - Pending
Other Criteria	Step Therapy
ST Criteria	Asthma: Trial of 1 month of Symbicort AND Dulera COPD: Trial of 1 month of Symbicort AND Spiriva
QL Criteria	1 unit Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Advair HFA

Products Affected

- ADVAIR HFA

PA Criteria	Criteria Details
Covered Uses	asthma in patients aged 12 years and older
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	1 year
Coverage Duration	TBD - Pending
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month of Symbicort and Dulera
QL Criteria	1 unit Per 1 fill
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Advair HFA

Products Affected

- ADVAIR HFA

PA Criteria	Criteria Details
Covered Uses	asthma in patients aged 12 years and older
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	1 year
Coverage Duration	TBD - Pending
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of DULERA and SYMBICORT for Asthma; SYMBICORT for COPD
QL Criteria	1 unit Per 1 fill
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Advance Intuition Test

Products Affected

- ADVANCE INTUITION TEST

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

Advance Micro-Draw Test

Products Affected

- ADVANCE MICRO-DRAW TEST

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

Advicor

Products Affected

- ADVICOR

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

Advocate Redi-Code

Products Affected

- ADVOCATE REDI-CODE IN VITRO

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Advocate Redi-Code+ Test

Products Affected

- ADVOCATE REDI-CODE+ TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Advocate Test

Products Affected

- ADVOCATE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Aerospan

Products Affected

- AEROSPAN

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	A documented diagnosis of asthma
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month each of: Asmanex and QVAR
QL Criteria	1 unit Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Afinitor

Products Affected

- AFINITOR

ST Criteria	A documented trial of one month of one of the covered alternatives : SUTENT, VOTRIENT
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

Afinitor Disperz

Products Affected

- AFINITOR DISPERZ

ST Criteria	A documented trial of one month of one of the covered alternatives : SUTENT, VOTRIENT
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

AgaMatrix AMP Test

Products Affected

- AGAMATRIX AMP TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

AgaMatrix Jazz Test

Products Affected

- AGAMATRIX JAZZ TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

AgaMatrix KeyNote Test

Products Affected

- AGAMATRIX KEYNOTE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

AgaMatrix Presto Test

Products Affected

- AGAMATRIX PRESTO TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Albertsons Test

Products Affected

- *albertsons test*

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

Aldara

Products Affected

- ALDARA

QL Criteria	120 day supply Per 365 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 10 mg, 5 mg, 40 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

Alendronate Sodium

Products Affected

- *alendronate sodium oral tablet 35 mg*

QL Criteria	0.15 tab 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*

QL Criteria	0.15 tabs 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	8 patches Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Alosetron HCl

Products Affected

- *alose tron hcl*

PA Criteria	Criteria Details
Covered Uses	Severe** IBS with primary symptom of diarrhea.
Exclusion Criteria	Not covered for the following-Males
Required Medical Information	**Severe IBS with primary symptom of diarrhea is defined as:(1) frequent and severe abdominal pain/discomfort: or (2) frequent urgency or fecal incontinence: or (3) disability or restriction of daily activities due to IBS.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Patient must be female,IBS must be chronic (symptoms lasting at least 6 months),Laboratory or anatomical abnormalities of the GI tract must have been excluded
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*

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

Alsuma

Products Affected

- ALSUMA

ST Criteria	A documented trial of 14 days of one of the covered alternative(s) : NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN /RIZATRIPTAN ODT, ZOLMITRIPTAN / ZOLMITRIPTAN ODT
QL Criteria	8 syringes Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Altoprev

Products Affected

- ALTOPREV ORAL TABLET EXTENDED RELEASE 24
HR* 20 MG, 60 MG

ST Criteria	Documented trial of one month of one GENERIC FLUVASTATIN, LOVASTATIN, PRVASTATIN, SIMVASTATIN or ATORVASTATIN AND CRESTOR
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

Altoprev

Products Affected

- ALTOPREV ORAL TABLET EXTENDED RELEASE 24
HR* 60 MG, 20 MG

ST Criteria	A documented trial of one month of one of the covered alternative : ATORVASATATIN, FLUVASTATIN, LOVASTATIN, SIMVASTATIN, PRAVASTATIN, CRESTOR
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

Altoprev

Products Affected

- ALTOPREV ORAL TABLET EXTENDED RELEASE 24
HR* 40 MG

ST Criteria	Documented trial of one month of one GENERIC FLUVASTATIN, LOVASTATIN, PRVASTATIN, SIMVASTATIN or ATORVASTATIN AND CRESTOR
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

Altprev

Products Affected

- ALTOPREV ORAL TABLET EXTENDED RELEASE 24
HR* 40 MG

ST Criteria	A documented trial of one month of one of the covered alternative : ATORVASATATIN, FLUVASTATIN, LOVASTATIN, SIMVASTATIN, PRAVASTATIN, CRESTOR
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

Alvesco

Products Affected

- ALVESCO

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	A documented diagnosis of asthma
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month each of: Asmanex and QVAR
QL Criteria	1 unit Per 1 fill
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 tablets Per 30 Days
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	A documented trial of one course(1 day) of one of the covered alternatives: LACTULOSE, PEG 3350
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

Amlodipine Besylate-Valsartan

Products Affected

- *amlodipine besylate-valsartan*

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-Atorvastatin

Products Affected

- *amlodipine-atorvastatin*

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

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

PA Criteria	Criteria Details
Covered Uses	severe recalcitrant nodular or cystic acne
Exclusion Criteria	
Required Medical Information	Member already has evidence of scarring AND Member is enrolled in the FDA iPLEDGE program (females of childbearing potential ONLY)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	For coverage of additional quantities (greater than 2 capsules per day) member must meet the following criteria: 1. Patient requires more than 2 capsules per day to reach the appropriate dose for weight, AND 2. This is the members FIRST course of therapy
ST Criteria	Documented trial of 1 generic oral antibiotic prescribed for the treatment of acne (i.e., MINOCYCLINE or DOXYCYCLINE)
QL Criteria	2 capsules Per 1 Day
Notes/References	
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, 5 mg, 7.5 mg, 15 mg, 30 mg, 12.5 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

Amphetamine-Dextroamphetamine

Products Affected

- *amphetamine-dextroamphetamine oral tablet 20 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

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

Amrix

Products Affected

- AMRIX

ST Criteria	A documented trial of one month of one of the covered alternatives : CARISOPRODOL, CHLORZOXAZONE, CYCLOBENZAPRINE, METAXALONE, METHOCARBAMOL, ORPHENADRINE, TIZANIDINE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Amrix

Products Affected

- AMRIX

ST Criteria	Documented trial of one month of one of the covered alternatives: CARISOPRODOL, CHLORZOXAZONE, CYCLOBENZAPRINE, METAXALONE, METHOCARBAMOL, ORPHENADRINE, TIZANIDINE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Amturnide

Products Affected

- AMTURNIDE

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

Androderm

Products Affected

- ANDRODERM

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism
Exclusion Criteria	1. female members 2. patient is male with carcinoma of the breast or suspected carcinoma of the prostate 3. 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
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: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Androderm

Products Affected

- ANDRODERM

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism
Exclusion Criteria	1. female members 2. patient is male with carcinoma of the breast or suspected carcinoma of the prostate 3. 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
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of one month of one of the covered alternatives : ANDROGEL AND TESTIM
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

AndroGel

Products Affected

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

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

AndroGel

Products Affected

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

QL Criteria	1.25 grams Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

AndroGel

Products Affected

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

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

AndroGel

Products Affected

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

QL Criteria	2.5 grams Per 1 month
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

AndroGel Pump

Products Affected

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

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

AndroGel Pump

Products Affected

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

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

Angeliq

Products Affected

- ANGELIQ

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

Anoro Ellipta

Products Affected

- ANORO ELLIPTA

PA Criteria	Criteria Details
Covered Uses	COPD
Exclusion Criteria	
Required Medical Information	Documented diagnosis of COPD
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	
ST Criteria	Trial of 1 month each of Symbicort and Spiriva
QL Criteria	2 aerosol Per 1 Day
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 130 MG, 43 MG

ST Criteria	A documented trial of one month of the covered alternative(s) : FENOFIBRATE
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 43 MG

ST Criteria	Documented trial of one month of the covered alternative: GEMFIBROZIL or FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Anzemet

Products Affected

- ANZEMET

QL Criteria	0.17 tabs Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Apidra

Products Affected

- APIDRA

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	TBD - Pending
Other Criteria	
ST Criteria	Documented trial of one month of one of the covered alternatives: HUMALOG/HUMALOG KWIK/HUMALOG MIX, HUMULIN R U-100/N/MIX
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Apidra

Products Affected

- APIDRA

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	TBD - Pending
Other Criteria	
ST Criteria	A documented trial of one month of the preferred alternative Humalog product.
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Apidra SoloStar

Products Affected

- APIDRA 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	TBD - Pending
Other Criteria	
ST Criteria	Documented trial of one month of one of the covered alternatives: HUMALOG/HUMALOG KWIK/HUMALOG MIX, HUMULIN R U-100/N/MIX
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Apidra SoloStar

Products Affected

- APIDRA 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	TBD - Pending
Other Criteria	
ST Criteria	A documented trial of one month of the preferred alternative Humalog product.
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aplenzin

Products Affected

- APLENZIN

ST Criteria	Documented trial of one month of one of the covered alternatives: BUPROPRION/SR/XL, CITALOPRAM, DULOXETINE, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ODT, PAROXETINE/CR, SERTRALINE, VENLAFAXINE, OR VANLAFAXINE SR CAPSULE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aplenzin

Products Affected

- APLENZIN

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Apokyn

Products Affected

- APOKYN

PA Criteria	Criteria Details
Covered Uses	Parkinson's disease
Exclusion Criteria	Non-covered uses include the following-Use for Erectile dysfunction
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

Apriso

Products Affected

- APRISO

ST Criteria	Documented trial of one of the following: ASACOL, ASACOL HD, DELZICOL, LIALDA, OR PENTASA
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

Arcapta Neohaler

Products Affected

- ARCAPTA NEOHALER

ST Criteria	Trial of 1 month each of Foradil AND Serevent
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

Aricept

Products Affected

- ARICEPT

ST Criteria	A documented trial of one month of the covered alternative : DONEPEZIL HYDROCHLORIDE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aricept

Products Affected

- ARICEPT

ST Criteria	Trial of 1 month of generic donepezil
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aricept ODT

Products Affected

- ARICEPT ODT

ST Criteria	Trial of 1 month of generic donepezil
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aricept ODT

Products Affected

- ARICEPT ODT

ST Criteria	A documented trial of one month of the covered alternative : DONEPEZIL HYDROCHLORIDE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Arimidex

Products Affected

- ARIMIDEX

PA Criteria	Criteria Details
Covered Uses	Breast Cancer
Exclusion Criteria	Males
Required Medical Information	Member is female and has a documented diagnosis of one of the following: Breast cancer Infertility ** (Note: Coverage is limited to plans with infertility coverage: please check benefit plan descriptions)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	For Breast Cancer - One year For Infertility - 3 months
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of the covered alternative : ANASTROZOLE
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ARIPiprazole

Products Affected

- *aripiprazole 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

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

PA Criteria	Criteria Details
Covered Uses	For coverage of additional quantities over 21 day supply: 1. Perioperative management of oral anticoagulation when an invasive procedure is required based on risk 2. Prevention of VTE in patients undergoing cancer surgery and greater than 60 years of age OR who have
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Note: Member may receive a total of up to 21 days of initial therapy without a prior authorization for LMWH and fondaparinux. Step Therapy required
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

Aromasin

Products Affected

- AROMASIN

PA Criteria	Criteria Details
Covered Uses	Breast Cancer
Exclusion Criteria	Males
Required Medical Information	Member is female and has a documented diagnosis of one of the following: Breast cancer Infertility ** (Note: Coverage is limited to plans with infertility coverage: please check benefit plan descriptions)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	For Breast Cancer - One year For Infertility - 3 months
Other Criteria	Step Therapy
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Asacol

Products Affected

- ASACOL

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

Assure 3 Test

Products Affected

- ASSURE 3 TEST

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

Assure 4 Test

Products Affected

- ASSURE 4 TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Assure II

Products Affected

- ASSURE II

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

Assure Platinum

Products Affected

- ASSURE PLATINUM

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Assure Pro Test

Products Affected

- ASSURE PRO TEST

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

At Last Test

Products Affected

- AT LAST TEST

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

Atacand

Products Affected

- ATACAND ORAL TABLET 32 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Atacand

Products Affected

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

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

Atacand

Products Affected

- ATACAND ORAL TABLET 32 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Atacand

Products Affected

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

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Atacand HCT

Products Affected

- ATACAND HCT ORAL TABLET 16-12.5 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

Atacand HCT

Products Affected

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

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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 ORAL TABLET 16-12.5 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Atacand HCT

Products Affected

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

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Atelvia

Products Affected

- ATELVIA

ST Criteria	Documented trial and failure of generic alendronate weekly (70mg weekly dose)
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

Atorvastatin Calcium

Products Affected

- *atorvastatin calcium oral*

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

Atralin

Products Affected

- ATRALIN

PA Criteria	Criteria Details
Covered Uses	acne vulgaris (including comedonal, cystic, nodular and papular acne) keratosis follicularis (e.g., Darier's disease, Darier-White disease) facial flat warts multiple flat warts (e.g., common warts, plantar warts)
Exclusion Criteria	Cosmetic use Topical tretinoin is not covered for treatment of basal cell carcinoma, lichen planus, or dysplastic nevi because its use in these conditions is not supported by the peer-reviewed medical literature
Required Medical Information	Members greater than 35 years of age are subject to precertification requirements
Age Restrictions	PA requirements apply to members greater than 35 years old.
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of the covered alternative : TRETINOIN
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Atralin

Products Affected

- ATRALIN

PA Criteria	Criteria Details
Covered Uses	acne vulgaris (including comedonal, cystic, nodular and papular acne) keratosis follicularis (e.g., Darier's disease, Darier-White disease) facial flat warts multiple flat warts (e.g., common warts, plantar warts)
Exclusion Criteria	Cosmetic use Topical tretinoin is not covered for treatment of basal cell carcinoma, lichen planus, or dysplastic nevi because its use in these conditions is not supported by the peer-reviewed medical literature
Required Medical Information	Members greater than 35 years of age are subject to precertification requirements
Age Restrictions	PA requirements apply to members greater than 35 years old.
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of one month of the covered alternative: TRETINOIN
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Aubagio

Products Affected

- AUBAGIO

ST Criteria	A documented trial of one month of one of the covered alternatives : COPAXONE, REBIF
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

Auvi-Q

Products Affected

- AUVI-Q

ST Criteria	A documented trial of 1 day of EPI-PEN or EPI-PEN JR
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

Avidoxy

Products Affected

- *avidoxy*

PA Criteria	Criteria Details
Covered Uses	For members 8 years of age or older (Note: see required medical information section if less than 8 years of age).
Exclusion Criteria	
Required Medical Information	(If less than 8 years of age)A documented rare infectious diagnosis that requires use of tetracyclines in young children (examples include juvenile periodontitis or Mediterranean spotted fever)
Age Restrictions	8 years and older. If less than 8 years old please see coverage criteria requirements.
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	(Note: Tetracyclines should not be used in children younger than 8 years of age unless other appropriate drugs are ineffective or are contraindicated. American Academy of Pediatrics (AAP), US Centers for Disease Control and Prevention (CDC), and Infectio
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	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	A. Documentation of progression through the World Health Organization analgesic ladder ANDB. Documentation of failure to controlled-release morphine sulfate tablets (MS Contin) and oxymorphone extended release (Opana ER).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	Documented trial of one month of MORPHINE SR TAB 12 HR (MS CONTIN) AND OXYMORPHONE ER (OPANA ER)
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

AVINza

Products Affected

- AVINZA

PA Criteria	Criteria Details
Covered Uses	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	A. Documentation of progression through the World Health Organization analgesic ladder ANDB. Documentation of failure to controlled-release morphine sulfate tablets (MS Contin) and oxymorphone extended release (Opana ER).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of two days of the preferred generic : MORPHINE SR 24HR, MORPHINE SUL
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

Avita

Products Affected

- AVITA

PA Criteria	Criteria Details
Covered Uses	acne vulgaris (including comedonal, cystic, nodular and papular acne) keratosis follicularis (e.g., Darier's disease, Darier-White disease) facial flat warts multiple flat warts (e.g., common warts, plantar warts)
Exclusion Criteria	Cosmetic use Topical tretinoin is not covered for treatment of basal cell carcinoma, lichen planus, or dysplastic nevi because its use in these conditions is not supported by the peer-reviewed medical literature
Required Medical Information	Members greater than 35 years of age are subject to precertification requirements
Age Restrictions	PA requirements apply to members greater than 35 years old.
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of one month of the covered alternative: TRETINOIN
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Avodart

Products Affected

- AVODART

PA Criteria	Criteria Details
Covered Uses	For coverage in female members: 1. Member is NOT pregnant AND 2. Member?s physician provides documentation (controlled clinical trial) from the peer-reviewed medical literature for medical use in females.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 31, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Avonex

Products Affected

- AVONEX

ST Criteria	A documented trial of one month of one of the covered alternatives : COPAXONE, REBIF
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Axert

Products Affected

- AXERT

ST Criteria	A documented trial of 14 days of one of the covered alternative(s) : NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN /RIZATRIPTAN ODT, ZOLMITRIPTAN / ZOLMITRIPTAN ODT
QL Criteria	6 tablets Per 30 DAYS
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
Exclusion Criteria	1. female members 2. patient is male with carcinoma of the breast or suspected carcinoma of the prostate 3. 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
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: 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
Exclusion Criteria	1. female members 2. patient is male with carcinoma of the breast or suspected carcinoma of the prostate 3. 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
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of one month of one of the covered alternatives : ANDROGEL AND TESTIM
QL Criteria	6 ML Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 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

PA Criteria	Criteria Details
Covered Uses	Hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of one month of one of the covered alternatives: EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, CANDESARTAN, CANDESARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ, TELMISARTAN/AMLODIPINE
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

Azor

Products Affected

- AZOR

PA Criteria	Criteria Details
Covered Uses	Hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of one of the covered alternatives: EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, CANDESARTAN, CANDESARTAN/HCTZ, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ
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

Azulfidine

Products Affected

- AZULFIDINE

ST Criteria	Documented trial of 1 month of the following: ASACOL, ASACOL HD, DELZICOL, LIALDA or PENTASA
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

Azulfidine EN-tabs

Products Affected

- AZULFIDINE EN-TABS

ST Criteria	Documented trial of 1 month of the following: ASACOL, ASACOL HD, DELZICOL, LIALDA or PENTASA
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

Balsalazide Disodium

Products Affected

- *balsalazide disodium*

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

Banzel

Products Affected

- BANZEL ORAL SUSPENSION

PA Criteria	Criteria Details
Covered Uses	A documented diagnosis of seizures associated with Lennox-Gastaut syndrome or refractory?(therapy resistant) epilepsy
Exclusion Criteria	
Required Medical Information	Concomitant use of an anticonvulsant drug
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 31, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Banzel

Products Affected

- BANZEL ORAL TABLET

PA Criteria	Criteria Details
Covered Uses	A documented diagnosis of seizures associated with Lennox-Gastaut syndrome or refractory?(therapy resistant) epilepsy
Exclusion Criteria	
Required Medical Information	Concomitant use of an anticonvulsant drug
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
QL Criteria	8 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 31, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Baraclude

Products Affected

- BARACLUDE ORAL SOLUTION

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

Bayer Contour Next Test

Products Affected

- BAYER CONTOUR NEXT TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Bayer Contour Test

Products Affected

- BAYER CONTOUR TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

BD Test

Products Affected

- BD TEST

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

Beconase AQ

Products Affected

- BECONASE AQ

ST Criteria	Trial of 2 weeks each of 2 of the following: fluticasone propionate OR flunisolide nasal spray OR Triamcinolone OR Nasacort 24HR OTC (choose 1) AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Benicar

Products Affected

- BENICAR ORAL TABLET 20 MG, 5 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Benicar

Products Affected

- BENICAR ORAL TABLET 40 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Benicar

Products Affected

- BENICAR ORAL TABLET 5 MG, 20 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

Benicar

Products Affected

- BENICAR ORAL TABLET 40 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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 ORAL TABLET 20-12.5 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

Benicar HCT

Products Affected

- BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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 ORAL TABLET 40-25 MG, 40-12.5 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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 ORAL TABLET 20-12.5 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

BenzaClin

Products Affected

- BENZACLIN

ST Criteria	A documented trial of one month of one of the covered alternatives : ADAPALENE, BENZOYL PEROXIDE/ERYTHROMYCIN, BENZOYL PEROXIDE/CLINDAMYCIN, TRETINOIN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

BenzaClin

Products Affected

- BENZACLIN

ST Criteria	A documented trial of one month of one of the covered alternatives: ADAPALENE, BENZOYL PEROXIDE/ERYTHROMYCIN, BENZOYL PEROXIDE/CLINDAMYCIN,
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

BenzaClin with Pump

Products Affected

- BENZACLIN WITH PUMP

ST Criteria	A documented trial of one month of one of the covered alternatives : ADAPALENE, BENZOYL PEROXIDE/ERYTHROMYCIN, BENZOYL PEROXIDE/CLINDAMYCIN, TRETINOIN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

BenzaClin with Pump

Products Affected

- BENZACLIN WITH PUMP

ST Criteria	A documented trial of one month of one of the covered alternatives: ADAPALENE, BENZOYL PEROXIDE/ERYTHROMYCIN, BENZOYL PEROXIDE/CLINDAMYCIN,
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Benzamycin

Products Affected

- BENZAMYCIN

ST Criteria	A documented trial of one month of one of the covered alternatives : ADAPALENE, BENZOYL PEROXIDE/ERYTHROMYCIN, BENZOYL PEROXIDE/CLINDAMYCIN, TRETINOIN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Benzamycin

Products Affected

- BENZAMYCIN

ST Criteria	A documented trial of one month of one of the covered alternatives: ADAPALENE, BENZOYL PEROXIDE/ERYTHROMYCIN, BENZOYL PEROXIDE/CLINDAMYCIN,
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

BenzamycinPak

Products Affected

- BENZAMYCINPAK

ST Criteria	A documented trial of one month of one of the covered alternatives: ADAPALENE, BENZOYL PEROXIDE/ERYTHROMYCIN, BENZOYL PEROXIDE/CLINDAMYCIN,
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

BenzamycinPak

Products Affected

- BENZAMYCINPAK

ST Criteria	A documented trial of one month of one of the covered alternatives : ADAPALENE, BENZOYL PEROXIDE/ERYTHROMYCIN, BENZOYL PEROXIDE/CLINDAMYCIN, TRETINOIN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

BG Star Test

Products Affected

- BG STAR TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

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 trial of 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

Binosto

Products Affected

- BINOSTO

ST Criteria	A documented trial of one month of one of the covered alternatives : ALENDRONATE SODIUM, ETIDRONATE DISODIUM, IBANDRONATE
QL Criteria	0.15 tabs Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Binosto

Products Affected

- BINOSTO

ST Criteria	Documented trial of one month each of two preferred alternatives- IBANDRONATE AND ACTONEL or ACTONEL WITH CALCIUM or ATELVIA
QL Criteria	0.15 tabs Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Bioscanner Glucose Test

Products Affected

- BIOSCANNER GLUCOSE TEST

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

BL Test Strip Pack

Products Affected

- *bl test strip pack*

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

Blood Glucose Test

Products Affected

- *blood glucose test*

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

Boniva

Products Affected

- BONIVA ORAL

ST Criteria	A documented trial of one month of one of the covered alternatives : ALENDRONATE SODIUM, ETIDRONATE DISODIUM, IBANDRONATE
QL Criteria	1 tablet Per 1 month
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 INHALATION AEROSOL POWDER, BREATH ACTIVATED 100-25 MCG/INH

ST Criteria	Trial of 1 month of symbicort
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

Brilinta

Products Affected

- BRILINTA ORAL TABLET 90 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

Brintellix

Products Affected

- BRINTELLIX

ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (FLUOXETINE, CITALOPRAM), SNRIs (DULOXETINE, VENLAFAXINE), TCAs (AMITRIPTYLINE, NORTRIPTYLINE), heterocyclic antidepressants (MIRTAZAPINE, TRAZODONE)
QL Criteria	1 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Brovana

Products Affected

- BROVANA

ST Criteria	Trial of 1 month each of Foradil AND Serevent
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

Budeprion SR

Products Affected

- BUDEPRION SR

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

Budeprion XL

Products Affected

- BUDEPRION XL

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

Budesonide

Products Affected

- *budesonide inhalation*
- *budesonide nasal*

PA Criteria	Criteria Details
Covered Uses	Asthma
Exclusion Criteria	
Required Medical Information	A. For ages 5-8 documented inability to use metered dose inhalers
Age Restrictions	Less than 8 years of age
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Buprenorphine HCl

Products Affected

- *buprenorphine hcl sublingual tablet sublingual 2 mg*

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

Buprenorphine HCl

Products Affected

- *buprenorphine hcl sublingual tablet sublingual 8 mg*

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

Buprenorphine HCl-Naloxone HCl

Products Affected

- *buprenorphine hcl-naloxone hcl*

PA Criteria	Criteria Details
Covered Uses	Opioid dependence
Exclusion Criteria	
Required Medical Information	Note: 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/ bupreno
Age Restrictions	
Prescriber Restrictions	Prescriber provides verbal verification of patient's current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling
Coverage Duration	6 MONTHS30 days FOR INDUCTION
Other Criteria	*Note: The drug addiction treatment program should provide member ongoing counseling and/or behavioral health support.Enrollment in a drug addiction treatment program/ counseling will be a "yes/ no" question.If the member is enrolled (answer= yes), the
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

BuPROPion HCl

Products Affected

- *bupropion hcl oral*

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

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 tablet 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	5 ml Per 30 DAYs
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 30 DAYs
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 EA Per 30 Days
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 tablet Per 30 Days
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 tablet Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Caduet

Products Affected

- CADUET

ST Criteria	A documented trial of one month of two of the covered alternatives : AMLODIPINE BESYLATE, ATORVASTATIN CALCIUM
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

Caduet

Products Affected

- CADUET

ST Criteria	Documented trial of one month of two of the covered alternatives: AMLODIPINE BESYLATE, ATORVASTATIN CALCIUM
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

Calcitonin (Salmon)

Products Affected

- *calcitonin (salmon)*

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

Calcitrene

Products Affected

- CALCITRENE

ST Criteria	A documented trial of one month of the covered alternative : CALCIPOTRIENE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cambia

Products Affected

- CAMBIA

QL Criteria	9 packet Per 30 DAYS
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 suppository 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 oral tablet 16 mg, 4 mg, 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

Candesartan Cilexetil-HCTZ

Products Affected

- *candesartan cilexetil-hctz oral tablet 16-12.5 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

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

Caprelsa

Products Affected

- CAPRELSA ORAL TABLET 300 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

CareSens N Glucose Test

Products Affected

- CARESENS N GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Caverject

Products Affected

- CAVERJECT

QL Criteria	6 EA Per 30 Days
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 EA Per 30 Days
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 ORAL CAPSULE 400 MG, 50 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Documented trial of 1 month each of 2 preferred generic NSAIDs
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	The client has chosen to cover post quantity limits for Celebrex 100 mg and 200 mg with prior authorization when the patient meets the following criteria 1) Diagnosis of rheumatoid arthritis (RA) or Juvenile Rheumatoid Arthritis (JRA), OR 2) Failure of 20
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

CeleBREX

Products Affected

- CELEBREX ORAL CAPSULE 100 MG

ST Criteria	Documented trial of one month of two of the covered alternatives: AMLODIPINE BESYLATE, ATORVASTATIN CALCIUM
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

CeleBREX

Products Affected

- CELEBREX ORAL CAPSULE 200 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Documented trial of 1 month each of 2 preferred generic NSAIDs
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	The client has chosen to cover post quantity limits for Celebrex 100 mg and 200 mg with prior authorization when the patient meets the following criteria 1) Diagnosis of rheumatoid arthritis (RA) or Juvenile Rheumatoid Arthritis (JRA), OR 2) Failure of 20
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

Celecoxib

Products Affected

- celecoxib oral capsule 100 mg, 400 mg, 50 mg

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Documented trial of 1 month each of 2 preferred generic NSAIDs
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	The client has chosen to cover post quantity limits for Celebrex 100 mg and 200 mg with prior authorization when the patient meets the following criteria 1) Diagnosis of rheumatoid arthritis (RA) or Juvenile Rheumatoid Arthritis (JRA), OR 2) Failure of 20
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 capsule 200 mg

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Documented trial of 1 month each of 2 preferred generic NSAIDs
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	The client has chosen to cover post quantity limits for Celebrex 100 mg and 200 mg with prior authorization when the patient meets the following criteria 1) Diagnosis of rheumatoid arthritis (RA) or Juvenile Rheumatoid Arthritis (JRA), OR 2) Failure of 20
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

CeleXA

Products Affected

- CELEXA

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Cenestin

Products Affected

- CENESTIN

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

Cesamet

Products Affected

- CESAMET

QL Criteria	20 cap Per 30 DAYs
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

Choice DM Fora G20 Test Strips

Products Affected

- CHOICE DM FORA G20 TEST STRIPS

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Cialis

Products Affected

- CIALIS ORAL TABLET 2.5 MG, 5 MG

PA Criteria	Criteria Details
Covered Uses	BPH
Exclusion Criteria	Concurrent nitrite/nitrate therapy Concurrent PDE-5 inhibitor use
Required Medical Information	Documented diagnosis of BPH.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	
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

Cialis

Products Affected

- CIALIS ORAL TABLET 10 MG, 20 MG

PA Criteria	Criteria Details
Covered Uses	BPH
Exclusion Criteria	Concurrent nitrite/nitrate therapy Concurrent PDE-5 inhibitor use
Required Medical Information	Documented diagnosis of BPH.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	
QL Criteria	6 EA Per 30 Days
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 month
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 tablet 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

PA Criteria	Criteria Details
Covered Uses	severe recalcitrant nodular or cystic acne
Exclusion Criteria	
Required Medical Information	Member already has evidence of scarring AND Member is enrolled in the FDA iPLEDGE program (females of childbearing potential ONLY)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	For coverage of additional quantities (greater than 2 capsules per day) member must meet the following criteria: 1. Patient requires more than 2 capsules per day to reach the appropriate dose for weight, AND 2. This is the members FIRST course of therapy
ST Criteria	Documented trial of 1 generic oral antibiotic prescribed for the treatment of acne (i.e., MINOCYCLINE or DOXYCYCLINE)
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Clever Chek Auto-Code Test

Products Affected

- CLEVER CHEK AUTO-CODE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Clever Chek Auto-Code Voice

Products Affected

- CLEVER CHEK AUTO-CODE VOICE IN VITRO

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Clever Chek Test

Products Affected

- CLEVER CHEK TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Clever Choice Auto-Code Test

Products Affected

- CLEVER CHOICE AUTO-CODE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Clever Choice Micro Test

Products Affected

- CLEVER CHOICE MICRO TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Climara

Products Affected

- CLIMARA

QL Criteria	0.15 patch Per 1 DAY
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	0.15 patch Per 1 DAY
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*

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

CloZAPine

Products Affected

- *clozapine oral tablet 50 mg, 25 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

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

CloZAPine

Products Affected

- *clozapine oral tablet 100 mg*

QL Criteria	9 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 12.5 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

CloZAPine

Products Affected

- *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 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

CloZAPine

Products Affected

- *clozapine oral tablet 200 mg*
- *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

Clozaril

Products Affected

- CLOZARIL ORAL TABLET 25 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

Clozaril

Products Affected

- CLOZARIL ORAL TABLET 100 MG

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

Colazal

Products Affected

- COLAZAL

ST Criteria	Documented trial of 1 month of the following: ASACOL, ASACOL HD, DELZICOL, LIALDA or PENTASA
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

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

Colcrys

Products Affected

- COLCRYS

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

CombiPatch

Products Affected

- COMBIPATCH

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

Combivir

Products Affected

- COMBIVIR

ST Criteria	A documented trial of one month of one of the covered alternatives: LAMIVUDINE, ZIDOVUDINE, LAMIVUDINE/ZIDOVUDINE
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

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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

Concerta

Products Affected

- CONCERTA ORAL TABLET EXTENDEDRELEASE* 36 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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Concerta

Products Affected

- CONCERTA ORAL TABLET EXTENDEDRELEASE* 18 MG, 27 MG, 54 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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
QL Criteria	1 tablet Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Concerta

Products Affected

- CONCERTA ORAL TABLET EXTENDEDRELEASE* 36 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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

Control AST

Products Affected

- CONTROL AST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Control Test

Products Affected

- CONTROL TEST

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

ConZip

Products Affected

- CONZIP

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

Cozaar

Products Affected

- COZAAR ORAL TABLET 50 MG, 25 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Cozaar

Products Affected

- COZAAR ORAL TABLET 100 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cozaar

Products Affected

- COZAAR ORAL TABLET 100 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cozaar

Products Affected

- COZAAR ORAL TABLET 25 MG, 50 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

Crestor

Products Affected

- CRESTOR

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

Cutivate

Products Affected

- CUTIVATE

ST Criteria	Documented trial of one week or one course of the covered alternative: CLOBETASOL PROPIONATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cutivate

Products Affected

- CUTIVATE

ST Criteria	A documented trial of one week or one course of the covered alternative : FLUTICASONE PROPIONATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

CVS Blood Glucose Test

Products Affected

- *cvx blood glucose test*

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

Cymbalta

Products Affected

- CYMBALTA ORAL CAPSULE DELAYED RELEASE
PARTICLES 30 MG, 20 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Cymbalta

Products Affected

- CYMBALTA ORAL CAPSULE DELAYED RELEASE
PARTICLES 60 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR 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

Daliresp

Products Affected

- DALIRESP

ST Criteria	A documented trial of one month of one of the covered alternatives: IPRATROPIUM/ SOL ALBUTEROL, IPRATROPIUM, ALBUTEROL
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Daliresp

Products Affected

- DALIRESP

ST Criteria	Documented trial of one month of one of the covered alternatives: IPRATROPIUM/ SOL ALBUTER, IPRATROPIUM, ALBUTEROL
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

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

DDAVP

Products Affected

- DDAVP

ST Criteria	A documented trial of one month of the covered alternative : DESMOPRESSIN ACETATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

DDAVP Rhinal Tube

Products Affected

- DDAVP RHINAL TUBE

ST Criteria	A documented trial of one month of the covered alternative : DESMOPRESSIN ACETATE
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 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Demeclocycline HCl

Products Affected

- *demeclocycline hcl oral*

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

Depakene

Products Affected

- DEPAKENE

ST Criteria	A documented trial of one month of one of the covered alternatives : VALPROATE SODIUM, VALPROIC ACID
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Depakene

Products Affected

- DEPAKENE

ST Criteria	Documented trial of one month of one of the covered alternatives: VALPROATE SODIUM, VALPROIC ACID
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Depakote

Products Affected

- DEPAKOTE

ST Criteria	Documented trial of one month of the covered alternative: DIVALPROEX SODIUM
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Depakote

Products Affected

- DEPAKOTE

ST Criteria	A documented trial of one month of the covered alternative : DIVALPROEX SODIUM
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Depakote ER

Products Affected

- DEPAKOTE ER

ST Criteria	A documented trial of one month of the covered alternative : DIVALPROEX SODIUM
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Depakote ER

Products Affected

- DEPAKOTE ER

ST Criteria	Documented trial of one month of the covered alternative: DIVALPROEX SODIUM
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Depakote Sprinkles

Products Affected

- DEPAKOTE SPRINKLES

ST Criteria	Documented trial of one month of the covered alternative: DIVALPROEX SODIUM
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Depakote Sprinkles

Products Affected

- DEPAKOTE SPRINKLES

ST Criteria	A documented trial of one month of the covered alternative : DIVALPROEX SODIUM
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Desonate

Products Affected

- DESONATE

ST Criteria	Documented trial of one week or one course of the covered alternative: DESONIDE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Desonate

Products Affected

- DESONATE

ST Criteria	A documented trial of one week or one course of the covered alternative : DESONIDE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Desoxyn

Products Affected

- DESOXYN

ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

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

Detrol

Products Affected

- DETROL

ST Criteria	Documented trial of one month of one of the covered alternatives: OXYBUTYNIN, TOLTERODINE, TOLTERODINE ER, TROSPIMUM
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Detrol

Products Affected

- DETROL

ST Criteria	A documented trial of one month of one of the covered alternatives : OXYBUTYNIN, TOLTERODINE, TROSPIUM
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

ST Criteria	Documented trial of one month of one of the covered alternatives: OXYBUTYNIN, TOLTERODINE, TOLTERODINE ER, TROSPIMUM
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

Detrol LA

Products Affected

- DETROL LA

ST Criteria	A documented trial of one month of one of the covered alternatives : OXYBUTYNIN, TOLTERODINE, TROSPIUM
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

Dexedrine

Products Affected

- DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR

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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

Dexedrine

Products Affected

- DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Dexedrine

Products Affected

- DEXEDRINE ORAL TABLET

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

Dexedrine

Products Affected

- DEXEDRINE 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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Dexilant

Products Affected

- DEXILANT

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

Dexmethylphenidate HCl

Products Affected

- *dexmethylphenidate hcl*

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

Dexmethylphenidate HCl ER

Products Affected

- dexmethylphenidate hcl er oral capsule extended release 24 hour 20 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

Dexmethylphenidate HCl ER

Products Affected

- *dexmethylphenidate hcl er oral capsule extended release 24 hour 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
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 oral capsule extended release 24 hour 30 mg, 40 mg, 10 mg, 15 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	1 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Dextroamphetamine Sulfate

Products Affected

- *dextroamphetamine sulfate oral solution*

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

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: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Dextroamphetamine Sulfate ER

Products Affected

- *dextroamphetamine sulfate er*

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

Diabetic.com Test

Products Affected

- *diabetic.com test*

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

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

Differin

Products Affected

- DIFFERIN

ST Criteria	A documented trial of one month of the covered alternative : ADAPALENE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Diovan

Products Affected

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

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Diovan

Products Affected

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

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

Diovan

Products Affected

- DIOVAN ORAL TABLET 320 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Diovan

Products Affected

- DIOVAN ORAL TABLET 320 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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 ORAL TABLET 320-25 MG, 320-12.5 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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 ORAL TABLET 80-12.5 MG, 160-12.5 MG, 160-25 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

Diovan HCT

Products Affected

- DIOVAN HCT ORAL TABLET 320-12.5 MG, 320-25 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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 ORAL TABLET 160-12.5 MG, 80-12.5 MG, 160-25 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Dipentum

Products Affected

- DIPENTUM

ST Criteria	Documented trial of 1 month of the following: ASACOL, ASACOL HD, DELZICOL, LIALDA or PENTASA
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

Discount Drug Mart Test

Products Affected

- *discount drug mart test*

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

Ditropan XL

Products Affected

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

ST Criteria	Documented trial of one month of one of the covered alternatives: OXYBUTYNIN, TOLTERODINE, TOLTERODINE ER, TROSPIUM
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

Ditropan XL

Products Affected

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

ST Criteria	Documented trial of one month of one of the covered alternatives: OXYBUTYNIN, TOLTERODINE, TOLTERODINE ER, TROSPIUM
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

Ditropan XL

Products Affected

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

ST Criteria	A documented trial of one month of one of the covered alternatives : OXYBUTYNIN, TOLTERODINE, TROSPIUM
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

Ditropan XL

Products Affected

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

ST Criteria	A documented trial of one month of one of the covered alternatives : OXYBUTYNIN, TOLTERODINE, TROSPIUM
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

Dronabinol

Products Affected

- *dronabinol*

PA Criteria	Criteria Details
Covered Uses	N/V associated with cancer chemotherapy, Anorexia associated with weight loss in AIDS
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For N/V in cancer chemotherapy, patient must have failed to respond adequately to conventional antiemetic treatments.
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

Drug Emporium Test

Products Affected

- *drug emporium test*

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

Duane Reade Test

Products Affected

- *duane reade test*

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

Duavee

Products Affected

- DUAVEE

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

Duexis

Products Affected

- DUEXIS

ST Criteria	A documented trial of two weeks each of two preferred generic nonsteroidal anti-inflammatory agents : DICLOFENAC, ETODOLAC, FENOPROFEN, IBUPROFEN, INDOMETHACIN, KETOROLAC, MEFANAMIC ACID, MELOXICAM, NAPROXEN, NAPROXEN SODIUM, OXAPROZIN, PIROXICAM, SULIND
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

Dulera

Products Affected

- DULERA

QL Criteria	1 unit 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*
60 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

DULoxetine HCl

Products Affected

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

Duo-Care Test

Products Affected

- DUO-CARE TEST

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

Duragesic-100

Products Affected

- DURAGESIC-100

PA Criteria	Criteria Details
Covered Uses	Management of persistent moderate-to-severe chronic pain
Exclusion Criteria	
Required Medical Information	Must be documented to be an opioid-tolerant patient requiring around-the-clock analgesia for an extended period of time
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of two days of the preferred generic: FENTANYL PATCH
QL Criteria	2 patches Per 3 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	Management of persistent moderate-to-severe chronic pain
Exclusion Criteria	
Required Medical Information	Must be documented to be an opioid-tolerant patient requiring around-the-clock analgesia for an extended period of time
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of two days of the preferred generic: FENTANYL PATCH
QL Criteria	2 patches Per 3 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	Management of persistent moderate-to-severe chronic pain
Exclusion Criteria	
Required Medical Information	Must be documented to be an opioid-tolerant patient requiring around-the-clock analgesia for an extended period of time
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of two days of the preferred generic: FENTANYL PATCH
QL Criteria	2 patches Per 3 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	Management of persistent moderate-to-severe chronic pain
Exclusion Criteria	
Required Medical Information	Must be documented to be an opioid-tolerant patient requiring around-the-clock analgesia for an extended period of time
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of two days of the preferred generic: FENTANYL PATCH
QL Criteria	2 patches Per 3 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	Management of persistent moderate-to-severe chronic pain
Exclusion Criteria	
Required Medical Information	Must be documented to be an opioid-tolerant patient requiring around-the-clock analgesia for an extended period of time
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of two days of the preferred generic: FENTANYL PATCH
QL Criteria	2 patches Per 3 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Dynacin

Products Affected

- DYNACIN

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

Easy Plus II Glucose Test

Products Affected

- *easy plus ii glucose test*

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Easy Step Test

Products Affected

- EASY STEP TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Easy Talk Blood Glucose Test

Products Affected

- *easy talk blood glucose test*

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Easy Touch Test

Products Affected

- EASY TOUCH TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Easy Trak Blood Glucose Test

Products Affected

- *easy trak blood glucose test*

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

EasyGluco

Products Affected

- EASYGLUCO IN VITRO

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

EasyMax 15 Test

Products Affected

- EASYMAX 15 TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

EASYMax Test

Products Affected

- EASYMAX TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

EasyPlus Blood Glucose Test

Products Affected

- *easyplus blood glucose test*

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

EasyPRO Blood Glucose Test

Products Affected

- EASYPRO BLOOD GLUCOSE TEST

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

EasyPRO Plus

Products Affected

- EASYPRO PLUS IN VITRO

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Eclipse Test

Products Affected

- ECLIPSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Edarbi

Products Affected

- EDARBI

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

Edarbi

Products Affected

- EDARBI

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Edarbyclor

Products Affected

- EDARBYCLOR

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Edarbyclor

Products Affected

- EDARBYCLOR

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

Edex

Products Affected

- EDEX

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

Edluar

Products Affected

- EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG

ST Criteria	A documented trial of two days of one of the covered alternatives : ZALEPLON, ZOLPIDEM
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

Edluar

Products Affected

- EDLUAR SUBLINGUAL TABLET SUBLINGUAL 5 MG

ST Criteria	A documented trial of two days of one of the covered alternatives : ZALEPLON, ZOLPIDEM
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

Effexor XR

Products Affected

- EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Effexor XR

Products Affected

- EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
QL Criteria	5 capsules 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 including 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	TBD - Pending
Other Criteria	
QL Criteria	3 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Element Plus Test

Products Affected

- ELEMENT PLUS TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Element Test

Products Affected

- ELEMENT TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

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	mild to moderate atopic dermatitis in patients (eczema) atopic dermatitis (eczema)
Exclusion Criteria	
Required Medical Information	
Age Restrictions	mild to moderate atopic dermatitis in patients (eczema) less than 2 years of age for short-term use (up to 3 months) atopic dermatitis (eczema) in an adult or child 2 years of age or older
Prescriber Restrictions	
Coverage Duration	3mos -when to face, eyelids, genital area-6mos when to other areas of body-3 mos if younger than 2
Other Criteria	Atopic dermatitis (eczema) AND one of the following: A documented contraindication, intolerance or allergy to one preferred alternative topical corticosteroid indicated for the patient's condition, ORA documented failure of an adequate trial of 2 week
QL Criteria	3.34 gm Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 31, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Eliquis

Products Affected

- ELIQUIS

QL Criteria	2 tablet 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 tabs 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	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	A. Documentation of progression through the World Health Organization analgesic ladder ANDB. Documentation of failure to controlled-release morphine sulfate tablets (MS Contin) and oxymorphone extended release (Opana ER).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	Documented trial of one month of MORPHINE SR TAB 12 HR (MS CONTIN) AND OXYMORPHONE ER (OPANA ER)
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

Embrace Blood Glucose Test

Products Affected

- EMBRACE BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Emend

Products Affected

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

QL Criteria	5 tabs Per 30 DAYS
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-pack Per 30 DAYs
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

Enablex

Products Affected

- ENABLEX

ST Criteria	Documented trial of one month of 1 of GENERIC AND MYRBETRIQ AND VESICARE
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

Enjuvia

Products Affected

- ENJUvia

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

Enoxaparin Sodium

Products Affected

- *enoxaparin sodium*

PA Criteria	Criteria Details
Covered Uses	For coverage of additional quantities over 21 day supply: 1. Perioperative management of oral anticoagulation when an invasive procedure is required based on risk 2. Prevention of VTE in patients undergoing cancer surgery and greater than 60 years of age OR who have
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Note: Member may receive a total of up to 21 days of initial therapy without a prior authorization for LMWH and fondaparinux. Step Therapy required
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

Entocort EC

Products Affected

- ENTOCORT EC

ST Criteria	A documented trial of one month of the covered alternative : BUDESONIDE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Entocort EC

Products Affected

- ENTOCORT EC

ST Criteria	Documented trial of one month of the covered alternative: BUDESONIDE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Envision Autocode Test

Products Affected

- ENVISION AUTOCODE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

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

Eraxis

Products Affected

- ERAXIS

PA Criteria	Criteria Details
Covered Uses	Treatment of Candidemia and other forms of Candida infections such as intra-abdominal abscesses and peritonitis Treatment of Esophageal Candidiasis
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 Months
Other Criteria	
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

Escitalopram Oxalate

Products Affected

- *escitalopram oxalate 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

Escitalopram Oxalate

Products Affected

- *escitalopram oxalate oral solution*

QL Criteria	20 ml 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 capsules 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 patch Per 1 week
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Estrasorb

Products Affected

- ESTRASORB

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

EstroGel

Products Affected

- ESTROGEL

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

Eszopiclone

Products Affected

- *eszopiclone*

PA Criteria	Criteria Details
Covered Uses	Insomnia
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
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

Evamist

Products Affected

- EVAMIST

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

Evekeo

Products Affected

- EVEKEO

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

EvenCare + Blood Glucose Test

Products Affected

- EVENCARE + BLOOD GLUCOSE TEST

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

EvenCare Blood Glucose Test

Products Affected

- EVENCARE BLOOD GLUCOSE TEST

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

EvenCare G2 Test

Products Affected

- EVENCARE G2 TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

EvenCare G3 Test

Products Affected

- EVENCARE G3 TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Evolution Autocode

Products Affected

- EVOLUTION AUTOCODE IN VITRO

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Evzio

Products Affected

- EVZIO

PA Criteria	Criteria Details
Covered Uses	Opioid overdose
Exclusion Criteria	
Required Medical Information	Covered for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/ or central nervous system depression
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

ExacTech R-S-G Test

Products Affected

- EXACTECH R-S-G TEST

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

ExacTech Test

Products Affected

- EXACTECH TEST

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

Exforge

Products Affected

- EXFORGE

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

Exforge HCT

Products Affected

- EXFORGE HCT

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

Express Med Test Strip Pack

Products Affected

- *express med test strip pack*

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

Ez Smart Blood Glucose Test

Products Affected

- EZ SMART BLOOD GLUCOSE TEST

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

Ez Smart Plus Glucose Test

Products Affected

- EZ SMART PLUS GLUCOSE TEST

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

Famciclovir

Products Affected

- *famciclovir oral tablet 125 mg, 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

Famciclovir

Products Affected

- *famciclovir oral tablet 500 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

Famvir

Products Affected

- FAMVIR ORAL TABLET 125 MG, 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

Famvir

Products Affected

- FAMVIR ORAL TABLET 500 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

Fanapt

Products Affected

- FANAPT

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

Fanapt Titration Pack

Products Affected

- FANAPT TITRATION PACK

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

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

FastTake Test

Products Affected

- FASTTAKE TEST

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

FazaClo

Products Affected

- FAZACLO 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

FazaClo

Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE 12.5 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

FazaClo

Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE 25 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

FazaClo

Products Affected

- FAZACLO ORAL TABLET DISPERSIBLE 100 MG

QL Criteria	9 tablets 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 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

FC Female Condom

Products Affected

- FC FEMALE CONDOM

QL Criteria	15 units Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Femara

Products Affected

- FEMARA

PA Criteria	Criteria Details
Covered Uses	Breast Cancer
Exclusion Criteria	Males
Required Medical Information	Member is female and has a documented diagnosis of one of the following: Breast cancer Infertility ** (Note: Coverage is limited to plans with infertility coverage: please check benefit plan descriptions)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	For Breast Cancer - One year For Infertility - 3 months
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of the covered alternative : LETROZOLE
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

FemCap

Products Affected

- FEMCAP

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

Femhrt 1/5

Products Affected

- FEMHRT 1/5

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

Femhrt Low Dose

Products Affected

- FEMHRT LOW DOSE

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

Femring

Products Affected

- FEMRING

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

Fenofibrate

Products Affected

- *fenofibrate oral capsule*

ST Criteria	A documented trial of one month of the covered alternative(s) : FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Fenoglide

Products Affected

- FENOGLIDE

ST Criteria	A documented trial of one month of the covered alternative(s) : FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Fenoglide

Products Affected

- FENOGLIDE

ST Criteria	Documented trial of one month of the covered alternative: GEMFIBROZIL or FENOFIBRATE
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*

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
QL Criteria	4 loz Per 1 DAY
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 injection*

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
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	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented trial of two days of the covered alternative : FENTANYL LOZENGE
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

Fentora

Products Affected

- FENTORA

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydrom
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

Fetzima

Products Affected

- FETZIMA

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 YEARS
Other Criteria	
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (FLUOXETINE, CITALOPRAM), SNRIs (DULOXETINE, VENLAFAXINE), TCAs (AMITRIPTYLINE, NORTRIPTYLINE), heterocyclic antidepressants (MIRTAZAPINE, TRAZODONE)
QL Criteria	1 capsule Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Fetzima Titration

Products Affected

- FETZIMA TITRATION

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 YEARS
Other Criteria	
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (FLUOXETINE, CITALOPRAM), SNRIs (DULOXETINE, VENLAFAXINE), TCAs (AMITRIPTYLINE, NORTRIPTYLINE), heterocyclic antidepressants (MIRTAZAPINE, TRAZODONE)
QL Criteria	1 package Per 28 Days
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Fibricor

Products Affected

- FIBRICOR

ST Criteria	A documented trial of one month of the covered alternative(s) : FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Fifty50 Glucose Test 2.0

Products Affected

- FIFTY50 GLUCOSE TEST 2.0

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Flector

Products Affected

- FLECTOR

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

Flomax

Products Affected

- FLOMAX

PA Criteria	Criteria Details
Covered Uses	Member is female AND Member has documented diagnosis of Urethral syndrome (urinary hesitancy, frequency, and dysuria) OR Member has documented diagnosis of intractable micturition difficulties (difficulty passing urine) OR Member has documented diagnosis
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of one month of one of the covered alternatives : ALFUZOSIN, TAMSULOSIN, FINASTERIDE, DOXAZOSIN
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Flomax

Products Affected

- FLOMAX

PA Criteria	Criteria Details
Covered Uses	Member is female AND Member has documented diagnosis of Urethral syndrome (urinary hesitancy, frequency, and dysuria) OR Member has documented diagnosis of intractable micturition difficulties (difficulty passing urine) OR Member has documented diagnosis
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	try 1 month of a preferred generic alternative: alfuz/tamsu/finast/doxaz
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	A documented diagnosis of asthma
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month each of: Asmanex and QVAR
QL Criteria	1 unit Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 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	A documented diagnosis of asthma
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month each of: Asmanex and QVAR
QL Criteria	1 unit Per 1 fill
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*
- *fluoxetine hcl oral capsule 10 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

FLUoxetine HCl

Products Affected

- *fluoxetine hcl 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

FLUoxetine HCl

Products Affected

- *fluoxetine hcl oral tablet 10 mg, 60 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

FLUoxetine HCl

Products Affected

- *fluoxetine hcl oral tablet 20 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

FLUoxetine HCl

Products Affected

- *fluoxetine hcl oral capsule 20 mg*

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

FLUoxetine HCl

Products Affected

- *fluoxetine hcl oral capsule 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

FLUoxetine HCl (PMDD)

Products Affected

- *fluoxetine hcl (pmdd) oral capsule 20 mg*

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

FLUoxetine HCl (PMDD)

Products Affected

- *fluoxetine hcl (pmdd) 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

Fluvastatin Sodium

Products Affected

- *fluvastatin sodium*

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

Fluvoxamine Maleate

Products Affected

- *fluvoxamine maleate oral tablet 100 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

FluvoxaMINE Maleate

Products Affected

- *fluvoxamine maleate oral tablet 25 mg, 50 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

Fluvoxamine Maleate ER

Products Affected

- *fluvoxamine maleate er*

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

Focalin

Products Affected

- FOCALIN

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Focalin

Products Affected

- FOCALIN

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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

Focalin XR

Products Affected

- FOCALIN XR

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
ST Criteria	Documented trial of 14 days each of 3 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: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Focalin XR

Products Affected

- FOCALIN XR

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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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 ML Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

FORA D10 Blood Glucose Test

Products Affected

- FORA D10 BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FORA D15C Blood Glucose Test

Products Affected

- FORA D15C BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FORA D20 Blood Glucose Test

Products Affected

- FORA D20 BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FORA G20 Blood Glucose Test

Products Affected

- FORA G20 BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FORA G30a Blood Glucose Test

Products Affected

- FORA G30A BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FORA G71a Blood Glucose Test

Products Affected

- FORA G71A BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FORA G90 Blood Glucose Test

Products Affected

- FORA G90 BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Fora GD20 Test

Products Affected

- FORA GD20 TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FORA V10 Blood Glucose Test

Products Affected

- FORA V10 BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FORA V12 Blood Glucose Test

Products Affected

- FORA V12 BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FORA V20 Blood Glucose Test

Products Affected

- FORA V20 BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FORA V22 Blood Glucose Test

Products Affected

- FORA V22 BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FORA V30a Blood Glucose Test

Products Affected

- FORA V30A BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

ForaCare GD40 Test

Products Affected

- FORACARE GD40 TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

ForaCare Test N Go Test

Products Affected

- FORACARE TEST N GO TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

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

Forfivo XL

Products Affected

- FORFIVO XL

ST Criteria	A documented trial of one month of one of the covered alternatives : BUPROPION, MAPROTILINE
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
Exclusion Criteria	1. female members 2. patient is male with carcinoma of the breast or suspected carcinoma of the prostate 3. 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
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of one month of one of the covered alternatives : ANDROGEL AND TESTIM
QL Criteria	4 grams 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
Exclusion Criteria	1. female members 2. patient is male with carcinoma of the breast or suspected carcinoma of the prostate 3. 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
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: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Fosamax Plus D

Products Affected

- FOSAMAX PLUS D

ST Criteria	A documented trial of one month of one of the covered alternatives : ALENDRONATE SODIUM, ETIDRONATE DISODIUM, IBANDRONATE
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

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

Fragmin

Products Affected

- FRAGMIN SUBCUTANEOUS* SOLUTION 5000 UNIT/0.2ML, 2500 UNIT/0.2ML, 18000 UNT/0.72ML, 15000 UNIT/0.6ML, 25000 UNIT/ML, 12500 UNIT/0.5ML, 7500 UNIT/0.3ML, 10000 UNIT/ML

PA Criteria	Criteria Details
Covered Uses	For coverage of additional quantities over 21 day supply: 1. Perioperative management of oral anticoagulation when an invasive procedure is required based on risk 2. Prevention of VTE in patients undergoing cancer surgery and greater than 60 years of age OR who have
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Note: Member may receive a total of up to 21 days of initial therapy without a prior authorization for LMWH and fondaparinux. Step Therapy required
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

Fragmin

Products Affected

- FRAGMIN SUBCUTANEOUS* SOLUTION 95000 UNIT/3.8ML

PA Criteria	Criteria Details
Covered Uses	For coverage of additional quantities over 21 day supply: 1. Perioperative management of oral anticoagulation when an invasive procedure is required based on risk 2. Prevention of VTE in patients undergoing cancer surgery and greater than 60 years of age OR who have
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Note: Member may receive a total of up to 21 days of initial therapy without a prior authorization for LMWH and fondaparinux. Step Therapy required
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

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

FreeStyle Lite Test

Products Affected

- FREESTYLE LITE TEST

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

FreeStyle Test

Products Affected

- FREESTYLE TEST

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

Frova

Products Affected

- FROVA

ST Criteria	A documented trial of 14 days of one of the covered alternative(s) : NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN /RIZATRIPTAN ODT, ZOLMITRIPTAN / ZOLMITRIPTAN ODT
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

Gabapentin

Products Affected

- *gabapentin oral tablet*
- *gabapentin oral capsule*

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

Gabapentin

Products Affected

- *gabapentin oral tablet*

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

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 4 MG, 12 MG

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

GE100 Blood Glucose Test

Products Affected

- *ge100 blood glucose test*

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Gelnique

Products Affected

- GELNIQUE

ST Criteria	Documented trial of one month of 1 of GENERIC AND MYRBETRIQ AND VESICARE
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

Genotropin

Products Affected

- GENOTROPIN

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Genotropin

Products Affected

- GENOTROPIN

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Genotropin MiniQuick

Products Affected

- GENOTROPIN MINIQUICK

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Genotropin MiniQuick

Products Affected

- GENOTROPIN MINIQUICK

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Geodon

Products Affected

- GEODON ORAL

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

Geodon

Products Affected

- GEODON ORAL

ST Criteria	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
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

Giant Eagle Pharm Test

Products Affected

- *giant eagle pharm test*

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

Gianvi

Products Affected

- GIANVI

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

Giazo

Products Affected

- GIAZO

ST Criteria	Documented trial of 1 month of the following: ASACOL, ASACOL HD, DELZICOL, LIALDA or PENTASA
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

Gilenya

Products Affected

- GILENYA

ST Criteria	A documented trial of one month of one of the covered alternatives : COPAXONE, REBIF
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

Gleevec

Products Affected

- GLEEVEC 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

Gleevec

Products Affected

- GLEEVEC 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

Glucocard 01 Sensor Plus

Products Affected

- GLUCOCARD 01 SENSOR PLUS

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Glucocard Expression Test

Products Affected

- GLUCOCARD EXPRESSION TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Glucocard Vital Test

Products Affected

- GLUCOCARD VITAL TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Glucocard X-Sensor

Products Affected

- GLUCOCARD X-SENSOR

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

GlucoCom Test

Products Affected

- GLUCOCOM TEST

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

Glucolab Test

Products Affected

- GLUCOLAB TEST

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

GlucoNavii Blood Glucose Test

Products Affected

- GLUCONAVII BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Glyxambi

Products Affected

- GLYXAMBI

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

Granisetron HCl

Products Affected

- *granisetron hcl oral*

QL Criteria	0.34 tabs Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Granisol

Products Affected

- GRANISOL

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

GuanFACINE HCl ER

Products Affected

- *guanfacine hcl er oral tablet extended release 24 hr* 1 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

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

Helidac

Products Affected

- HELIDAC

PA Criteria	Criteria Details
Covered Uses	H. Pylori
Exclusion Criteria	
Required Medical Information	Documented diagnosis of h.pylori infection associated with peptic ulcer disease, and requested drug will be used in combination with an H2 agonist as part of a multidrug regimen for eradication.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of one course (2 WEEKS) of each of the covered alternatives : METRONIDAZOLE, TETRACYCLINE HYDROCHLORIDE
QL Criteria	1 kit Per 365 DAYS
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Helidac

Products Affected

- HELIDAC

PA Criteria	Criteria Details
Covered Uses	H. Pylori
Exclusion Criteria	
Required Medical Information	Documented diagnosis of h.pylori infection associated with peptic ulcer disease, and requested drug will be used in combination with an H2 agonist as part of a multidrug regimen for eradication.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	trial of generic metronid/tetracycline
QL Criteria	1 kit Per 365 DAYs
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 tabs 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

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

Humatrope

Products Affected

- HUMATROPE

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Humatrope

Products Affected

- HUMATROPE

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Hyzaar

Products Affected

- HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Hyzaar

Products Affected

- HYZAAR ORAL TABLET 50-12.5 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Hyzaar

Products Affected

- HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Hyzaar

Products Affected

- HYZAAR ORAL TABLET 50-12.5 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

Ibandronate Sodium

Products Affected

- *ibandronate sodium oral*

QL Criteria	1 tablet 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

Imiquimod

Products Affected

- *imiquimod external*

QL Criteria	120 day supply Per 365 DAYS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Imitrex

Products Affected

- IMITREX NASAL

ST Criteria	A documented trial of 14 days of one of the covered alternative(s) : NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN /RIZATRIPTAN ODT, ZOLMITRIPTAN / ZOLMITRIPTAN ODT
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 tablets 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 SUBCUTANEOUS*

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

Imitrex STATdose System

Products Affected

- IMITREX STATDOSE SYSTEM

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

Implanon

Products Affected

- IMPLANON

QL Criteria	1 device Per 1 year
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

Infinity Blood Glucose Test

Products Affected

- INFINITY BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Inlyta

Products Affected

- INLYTA ORAL TABLET 5 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : SUTENT, 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

Inlyta

Products Affected

- INLYTA ORAL TABLET 1 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : SUTENT, VOTRIENT
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

Intermezzo

Products Affected

- INTERMEZZO

PA Criteria	Criteria Details
Covered Uses	For Intermezzo 1.75 mg - (for males or females)- treatment of insomnia when middle-of-the-night awakening is followed by difficulty returning to sleep For Intermezzo 3.5mg ? (for males only)- treatment of insomnia when middle of the night awakening is f
Exclusion Criteria	
Required Medical Information	For Intermezzo 3.5mg ? (for males only)-Member is maleIt is documented they will NOT taking Intermezzo concomitantly with other CNS depressants (e.g. benzodiazepines, opioids, tricyclic antidepressants, alcohol)
Age Restrictions	For Intermezzo 3.5mg ? (for males only)-Member is less than or equal to 65 years of old
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of two days of one of the covered alternatives: ZALEPLON, ZOLPIDEM
QL Criteria	1 tabs Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 31, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Intermezzo

Products Affected

- INTERMEZZO

PA Criteria	Criteria Details
Covered Uses	For Intermezzo 1.75 mg - (for males or females)- treatment of insomnia when middle-of-the-night awakening is followed by difficulty returning to sleep For Intermezzo 3.5mg ? (for males only)- treatment of insomnia when middle of the night awakening is f
Exclusion Criteria	
Required Medical Information	For Intermezzo 3.5mg ? (for males only)-Member is maleIt is documented they will NOT taking Intermezzo concomitantly with other CNS depressants (e.g. benzodiazepines, opioids, tricyclic antidepressants, alcohol)
Age Restrictions	For Intermezzo 3.5mg ? (for males only)-Member is less than or equal to 65 years of old
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of two days of one of the covered alternatives : ZALEPLON, ZOLPIDEM
QL Criteria	1 tabs Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 31, 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)
Exclusion Criteria	
Required Medical Information	This Prior authorization only applies to members 18 years of age or older to ensure appropriate use. Members under 18 years of age are not subject to the prior authorization requirements, however must meet step therapy requirements.
Age Restrictions	18 and over
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of one of the covered alternatives: AMPHETAMINE/DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE, CLONIDINE, OR GUANFACINE
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

Intuniv

Products Affected

- INTUNIV

PA Criteria	Criteria Details
Covered Uses	Attention Deficit Hyperactivity Disorder (ADHD)
Exclusion Criteria	
Required Medical Information	This Prior authorization only applies to members 18 years of age or older to ensure appropriate use. Members under 18 years of age are not subject to the prior authorization requirements, however must meet step therapy requirements.
Age Restrictions	18 and over
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of 14 days each of 3 of CLONIDINE/ SR, GUANFACINE, AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATERRA, or VYVANSE
QL Criteria	1 tablet Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Invega

Products Affected

- INVEGA ORAL TABLET EXTENDED RELEASE 24 HR* 9 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

Invega

Products Affected

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

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

Invokamet

Products Affected

- INVOKAMET

QL Criteria	2 tablets Per 30 Days
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 tablet Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Iprivask

Products Affected

- IPRIVASK

PA Criteria	Criteria Details
Covered Uses	Prophylaxis of deep vein thrombosis, which may lead to pulmonary embolism, in patients undergoing elective hip replacement surgery.
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

Irbesartan

Products Affected

- *irbesartan oral tablet 150 mg, 75 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

Irbesartan-Hydrochlorothiazide

Products Affected

- *irbesartan-hydrochlorothiazide oral tablet 150-12.5 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

Iressa

Products Affected

- IRESSA

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

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

Janumet

Products Affected

- JANUMET

QL Criteria	2 tablet 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* 50-500 MG, 100-1000 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

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

Jentadueto

Products Affected

- JENTADUETO

PA Criteria	Criteria Details
Covered Uses	Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of 1 month of METFORMIN AND JANUVIA/JANUMET/JANUMET XR or ONGLYZA/KOMBIGLYZE XR
QL Criteria	2 tablet 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

Kadian

Products Affected

- KADIAN

PA Criteria	Criteria Details
Covered Uses	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	A. Documentation of progression through the World Health Organization analgesic ladder ANDB. Documentation of failure to controlled-release morphine sulfate tablets (MS Contin) and oxymorphone extended release (Opana ER).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of two days of the preferred generic : MORPHINE SR 24HR, MORPHINE SUL
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

Kadian

Products Affected

- KADIAN

PA Criteria	Criteria Details
Covered Uses	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	A. Documentation of progression through the World Health Organization analgesic ladder ANDB. Documentation of failure to controlled-release morphine sulfate tablets (MS Contin) and oxymorphone extended release (Opana ER).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	Documented trial of one month of MORPHINE SR TAB 12 HR (MS CONTIN) AND OXYMORPHONE ER (OPANA ER)
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

Kalydeco

Products Affected

- KALYDECO 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

Kalydeco

Products Affected

- KALYDECO ORAL PACKET

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

PA Criteria	Criteria Details
Covered Uses	Attention Deficit Hyperactivity Disorder (ADHD)
Exclusion Criteria	
Required Medical Information	Prior authorization only applies to members 18 years of age or older to ensure appropriate use. Members under 18 years of age are not subject to the prior authorization requirements, but must meet step therapy requirements.
Age Restrictions	18 and over
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of one of the covered alternatives: AMPHETAMINE/DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE, CLONIDINE, OR GUANFACINE
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

Kapvay

Products Affected

- KAPVAY

PA Criteria	Criteria Details
Covered Uses	Attention Deficit Hyperactivity Disorder (ADHD)
Exclusion Criteria	
Required Medical Information	Prior authorization only applies to members 18 years of age or older to ensure appropriate use. Members under 18 years of age are not subject to the prior authorization requirements, but must meet step therapy requirements.
Age Restrictions	18 and over
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of 14 days each of 3 of CLONIDINE/ SR, GUANFACINE, AMPHETAMINE/ DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATERRA, or VYVANSE
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

Kazano

Products Affected

- KAZANO

PA Criteria	Criteria Details
Covered Uses	Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of 1 month of METFORMIN AND JANUVIA/JANUMET/JANUMET XR or ONGLYZA/KOMBIGLYZE XR
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

Keppra

Products Affected

- KEPPRA

ST Criteria	A documented trial of one month of the covered alternative: LEVETIRACETAM / LEVETIRACETAM ER
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

ST Criteria	A documented trial of one month of the covered alternative: LEVETIRACETAM / LEVETIRACETAM ER
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

Keppra XR

Products Affected

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

ST Criteria	A documented trial of one month of the covered alternative: LEVETIRACETAM / LEVETIRACETAM ER
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

Ketorolac Tromethamine

Products Affected

- *ketorolac tromethamine oral*

QL Criteria	20 tabs Per 28 DAYs
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Khedezla

Products Affected

- KHEDEZLA

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 YEARS
Other Criteria	
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (FLUOXETINE, CITALOPRAM), SNRIs (DULOXETINE, VENLAFAXINE), TCAs (AMITRIPTYLINE, NORTRIPTYLINE), heterocyclic antidepressants (MIRTAZAPINE, TRAZODONE)
QL Criteria	1 tablet Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Kombiglyze XR

Products Affected

- KOMBIGLYZE XR

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

Kroger Blood Glucose Test

Products Affected

- *kroger blood glucose test*

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Kroger Premium Glucose Test

Products Affected

- *kroger premium glucose test*

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Kroger Test

Products Affected

- *kroger test*

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

LaMICtal ODT

Products Affected

- LAMICTAL ODT 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

LaMICtal ODT

Products Affected

- LAMICTAL ODT 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

LaMICtal ODT

Products Affected

- LAMICTAL ODT 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

LaMICtal XR

Products Affected

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

ST Criteria	Documented trial of one month of the covered alternative: LAMOTRIGINE
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

LaMICTal XR

Products Affected

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

ST Criteria	Documented trial of one month of the covered alternative: LAMOTRIGINE
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

LaMICTal XR

Products Affected

- LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24
HR* 300 MG, 250 MG

ST Criteria	A documented trial of one month of the covered alternative : LAMOTRIGINE
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

LaMICTal XR

Products Affected

- LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HR* 300 MG, 250 MG

ST Criteria	Documented trial of one month of the covered alternative: LAMOTRIGINE
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

LaMICTal XR

Products Affected

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

ST Criteria	A documented trial of one month of the covered alternative : LAMOTRIGINE
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

LaMICtal XR

Products Affected

- LAMICTAL XR ORAL KIT

ST Criteria	Documented trial of one month of the covered alternative: LAMOTRIGINE
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

ST Criteria	A documented trial of one month of the covered alternative : LAMOTRIGINE
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

LamoTRlgine

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

LamoTRlgine

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

LamoTRlgine

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 ER

Products Affected

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

Products Affected

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

LamoTRigine ER

Products Affected

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

Lansoprazole

Products Affected

- *lansoprazole 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

Lantus

Products Affected

- LANTUS

ST Criteria	A documented trial of one month of the preferred alternative, Levemir.
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lantus SoloStar

Products Affected

- LANTUS SOLOSTAR

ST Criteria	A documented trial of one month of the preferred alternative, Levemir.
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 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 tablets 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 120 MG, 40 MG, 20 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

Latuda

Products Affected

- LATUDA ORAL TABLET 60 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

Lazanda

Products Affected

- LAZANDA

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented trial of two days of the covered alternative : FENTANYL LOZENGE
QL Criteria	1 bottle 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	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented contraindication or intolerance or allergy or failure of an adequate trial of one week of the preferred generic alternative, fentanyl transmucosal lozenge
QL Criteria	1 bottle 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 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 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 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 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

- LESCOLO

ST Criteria	Documented trial of one month of one GENERIC FLUVASTATIN, LOVASTATIN, PRVASTATIN, SIMVASTATIN or ATORVASTATIN AND CRESTOR
QL Criteria	2 capsule 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

ST Criteria	Documented trial of one month of one GENERIC FLUVASTATIN, LOVASTATIN, PRVASTATIN, SIMVASTATIN or ATORVASTATIN AND CRESTOR
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

Lescol XL

Products Affected

- LESCOLO XL

ST Criteria	A documented trial of one month of one of the covered alternative : ATORVASATATIN, FLUVASTATIN, LOVASTATIN, SIMVASTATIN, PRAVASTATIN, CRESTOR
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

LevETIRAcetam ER

Products Affected

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

LevETIRAcetam ER

Products Affected

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

Levitra

Products Affected

- LEVITRA

QL Criteria	6 EA Per 30 Days
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 pack 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

Lexapro

Products Affected

- LEXAPRO ORAL SOLUTION

ST Criteria	A documented trial of one month of one of the covered alternatives: ?BUPROPRION/ SR/ XL, CITALOPRAM, DULOXETINE, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
QL Criteria	20 ml 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 SOLUTION

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
QL Criteria	20 ml 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

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Lexapro

Products Affected

- LEXAPRO ORAL TABLET

ST Criteria	A documented trial of one month of one of the covered alternatives: ?BUPROPRION/ SR/ XL, CITALOPRAM, DULOXETINE, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Lialda

Products Affected

- LIALDA

QL Criteria	4 tablets Per 30 DAYS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Liberty Next Generation Test

Products Affected

- LIBERTY NEXT GENERATION TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lidoderm

Products Affected

- LIDODERM

PA Criteria	Criteria Details
Covered Uses	Pain associated with post-herpetic neuralgia.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of one month of the covered alternative: GABAPENTIN
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lidoderm

Products Affected

- LIDODERM

PA Criteria	Criteria Details
Covered Uses	Pain associated with post-herpetic neuralgia.
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of the covered alternative : GABAPENTIN
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Liletta

Products Affected

- LILETTA

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

Linzezz

Products Affected

- LINZEZZ

ST Criteria	Documented trial of one month of the covered alternative: LACTULOSE
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

LinZess

Products Affected

- LINZESS

ST Criteria	A documented trial of one month of the covered alternative : LACTULOSE
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

Lipitor

Products Affected

- LIPITOR

ST Criteria	A documented trial of one month of one of the covered alternative : ATORVASATATIN, FLUVASTATIN, LOVASTATIN, SIMVASTATIN, PRAVASTATIN, CRESTOR
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

Lipofen

Products Affected

- LIPOFEN

ST Criteria	A documented trial of one month of the covered alternative(s) : FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lipofen

Products Affected

- LIPOFEN

ST Criteria	Documented trial of one month of the covered alternative: GEMFIBROZIL or FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Liptruzet

Products Affected

- LIPTRUZET

ST Criteria	Documented trial of one month of one GENERIC FLUVASTATIN, LOVASTATIN, PRVASTATIN, SIMVASTATIN or ATORVASTATIN AND CRESTOR
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

Livalo

Products Affected

- LIVALO

ST Criteria	Documented trial of one month of one GENERIC FLUVASTATIN, LOVASTATIN, PRVASTATIN, SIMVASTATIN or ATORVASTATIN AND CRESTOR
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

Locoid

Products Affected

- LOCOID

ST Criteria	A documented trial of one month of the covered alternative: HYDROCORTISONE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Locoid

Products Affected

- LOCOID

ST Criteria	Documented trial of one month of the covered alternative: HYDROCORTISONE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Locoid Lipocream

Products Affected

- LOCOID LIPOCREAM

ST Criteria	Documented trial of one month of the covered alternative: HYDROCORTISONE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Locoid Lipocream

Products Affected

- LOCOID LIPOCREAM

ST Criteria	A documented trial of one month of the covered alternative: HYDROCORTISONE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lofibra

Products Affected

- LOFIBRA

ST Criteria	Documented trial of one month of the covered alternative: GEMFIBROZIL or FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lofibra

Products Affected

- LOFIBRA

ST Criteria	A documented trial of one month of the covered alternative(s) : FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lopid

Products Affected

- LOPID

ST Criteria	Documented trial of one month of the covered alternative: GEMFIBROZIL or FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lopid

Products Affected

- LOPID

ST Criteria	A documented trial of one month of the covered alternative: GEMFIBROZIL or FENOFIBRATE
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 tablets Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Losartan Potassium

Products Affected

- *losartan potassium oral tablet 50 mg, 25 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

Losartan Potassium-HCTZ

Products Affected

- *losartan potassium-hctz oral tablet 50-12.5 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

LoSeasonique

Products Affected

- LOSEASONIQUE

ST Criteria	A documented trial of one month of the covered generic alternative : ETHINYL ESTRADIOL; LEVONORGESTREL
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

Lotronex

Products Affected

- LOTRONEX

PA Criteria	Criteria Details
Covered Uses	Severe** IBS with primary symptom of diarrhea.
Exclusion Criteria	Not covered for the following-Males
Required Medical Information	**Severe IBS with primary symptom of diarrhea is defined as:(1) frequent and severe abdominal pain/discomfort: or (2) frequent urgency or fecal incontinence: or (3) disability or restriction of daily activities due to IBS.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	Patient must be female,IBS must be chronic (symptoms lasting at least 6 months),Laboratory or anatomical abnormalities of the GI tract must have been excluded
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

Lovastatin

Products Affected

- *lovastatin*

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

Lovaza

Products Affected

- LOVAZA

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

Lovenox

Products Affected

- LOVENOX

PA Criteria	Criteria Details
Covered Uses	For coverage of additional quantities over 21 day supply: 1. Perioperative management of oral anticoagulation when an invasive procedure is required based on risk 2. Prevention of VTE in patients undergoing cancer surgery and greater than 60 years of age OR who have
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Note: Member may receive a total of up to 21 days of initial therapy without a prior authorization for LMWH and fondaparinux. Step Therapy required
ST Criteria	A documented trial of one month of one of the covered alternatives : ENOXAPARIN, FONDAPARINUX
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

Lumigan

Products Affected

- LUMIGAN

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 trial of one week of LATANOPROST AND one week of TRAVATAN Z
QL Criteria	3 ML Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lunesta

Products Affected

- LUNESTA

PA Criteria	Criteria Details
Covered Uses	Insomnia
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
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

Luvox CR

Products Affected

- LUVOX CR

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Luxiq

Products Affected

- LUXIQ

ST Criteria	A documented trial of one week or one course of the covered alternative : BETAMETHASONE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Lyrica

Products Affected

- LYRICA ORAL CAPSULE 100 MG, 50 MG, 200 MG, 25 MG, 150 MG, 75 MG

PA Criteria	Criteria Details
Covered Uses	Fibromyalgia neuropathic pain associated with either: diabetic neuropathy or postherpetic neuralgia or spinal cord injury partial seizures
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of one month of one of the covered alternatives : CYCLOBENZAPRINE, FLUOXETINE, PAROXETINE, TRAMADOL
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

Lyrica

Products Affected

- LYRICA ORAL CAPSULE 225 MG, 300 MG

PA Criteria	Criteria Details
Covered Uses	Fibromyalgia neuropathic pain associated with either: diabetic neuropathy or postherpetic neuralgia or spinal cord injury partial seizures
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of one month of one of the covered alternatives : CYCLOBENZAPRINE, FLUOXETINE, PAROXETINE, TRAMADOL
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

Lyrica

Products Affected

- LYRICA ORAL SOLUTION

PA Criteria	Criteria Details
Covered Uses	Fibromyalgia neuropathic pain associated with either: diabetic neuropathy or postherpetic neuralgia or spinal cord injury partial seizures
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of one month of one of the covered alternatives : CYCLOBENZAPRINE, FLUOXETINE, PAROXETINE, TRAMADOL
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

Lysteda

Products Affected

- LYSTEDA

ST Criteria	A documented trial of one month of one of the covered alternatives : TRANEX ACID
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	N/V associated with cancer chemotherapy, Anorexia associated with weight loss in AIDS
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	For N/V in cancer chemotherapy, patient must have failed to respond adequately to conventional antiemetic treatments.
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

Maxair Autohaler

Products Affected

- MAXAIR AUTOHALER

ST Criteria	A documented trial of one month of one of the covered alternative: PROVENTIL AER HFA, PROAIR HFA
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Maxair Autohaler

Products Affected

- MAXAIR AUTOHALER

ST Criteria	Documented trial of one month of the covered alternatives: PROVENTIL AER HFA, PROAIR HFA
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	6 sprays 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	6 sprays Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Maxima Blood Glucose Test

Products Affected

- MAXIMA BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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 injection Per 90 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Meijer Blood Glucose Test

Products Affected

- *meijer blood glucose test*

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Meijer Premium Glucose Test

Products Affected

- *meijer premium glucose test*

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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	1 patches Per 1 week
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 ORAL CAPSULE EXTENDED RELEASE*
10 MG, 40 MG, 50 MG, 60 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
ST Criteria	Documented trial of 14 days each of 3 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: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Metadate CD

Products Affected

- METADATE CD ORAL CAPSULE EXTENDED RELEASE*
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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
QL Criteria	3 cap Per 1 DAY
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 ORAL CAPSULE EXTENDED RELEASE*
40 MG, 60 MG, 50 MG, 10 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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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 CD

Products Affected

- METADATE CD ORAL CAPSULE EXTENDED RELEASE*
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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

Metadate CD

Products Affected

- METADATE CD ORAL CAPSULE EXTENDED RELEASE*
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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Metadate CD

Products Affected

- METADATE CD ORAL CAPSULE EXTENDED RELEASE*
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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
QL Criteria	3 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 tablets Per 1 DAY
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*

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: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Methylin

Products Affected

- METHYLIN ORAL SOLUTION 5 MG/5ML

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Methylin

Products Affected

- METHYLIN ORAL TABLET CHEWABLE

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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

Methylin

Products Affected

- METHYLIN ORAL SOLUTION 10 MG/5ML

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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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 SOLUTION 10 MG/5ML

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Methylin

Products Affected

- METHYLIN ORAL SOLUTION 5 MG/5ML

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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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 tablet chewable*

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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*

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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 tablet*

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

Methylphenidate HCl

Products Affected

- methylphenidate hcl oral solution 10 mg/5ml*

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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 ER

Products Affected

- *methylphenidate hcl er oral tablet extendedrelease* 54 mg, 18 mg, 27 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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
QL Criteria	1 tablet Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Methylphenidate HCl ER

Products Affected

- *methylphenidate hcl er oral tablet extendedrelease* 10 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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Methylphenidate HCl ER

Products Affected

- *methylphenidate hcl er oral tablet extendedrelease* 20 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

Methylphenidate HCl ER

Products Affected

- *methylphenidate hcl er oral tablet extendedrelease* 36 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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
QL Criteria	2 tablet 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) oral capsule extended release* 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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Methylphenidate HCl ER (CD)

Products Affected

- *methylphenidate hcl er (cd) oral capsule extended release* 10 mg, 50 mg, 60 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
ST Criteria	Documented trial of 14 days each of 3 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: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Methylphenidate HCl ER (CD)

Products Affected

- *methylphenidate hcl er (cd) oral capsule extended release* 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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
QL Criteria	3 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 (CD)

Products Affected

- *methylphenidate hcl er (cd) oral capsule extended release* 40 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
ST Criteria	Documented trial of 14 days each of 3 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: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Methylphenidate HCl ER (LA)

Products Affected

- *methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 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
ST Criteria	Documented trial of 14 days each of 3 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: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Methylphenidate HCl ER (LA)

Products Affected

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

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Mevacor

Products Affected

- MEVACOR

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

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 ORAL TABLET 40 MG, 20 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

Micardis HCT

Products Affected

- MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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 ORAL TABLET 40-12.5 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Microdot Test

Products Affected

- MICRODOT TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Migranal

Products Affected

- MIGRANAL

ST Criteria	Documented trial of 14 days of one of the covered alternatives: NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN/MLT, DIHYDROERGOTAMINE NASAL SPRAY, ZOLMITRIPTAN/MLT
QL Criteria	0.27 ml 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

ST Criteria	A documented trial of 14 days of one of the covered alternative(s) : NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN /RIZATRIPTAN ODT,DIHYDROERGOTAMINE NASAL SPRAY, ZOLMITRIPTAN / ZOLMITRIPTAN ODT
QL Criteria	0.27 ml Per 1 DAY
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 tablet Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Mimvey Lo

Products Affected

- MIMVEY LO

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

Minivelle

Products Affected

- MINIVELLE TRANSDERMAL PATCH BIWEEKLY 0.025 MG/24HR

QL Criteria	8 patches Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Minivelle

Products Affected

- MINIVELLE TRANSDERMAL PATCH BIWEEKLY
0.0375 MG/24HR, 0.1 MG/24HR, 0.05 MG/24HR,
0.075 MG/24HR

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

Minocin

Products Affected

- MINOCIN ORAL

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

Mirapex

Products Affected

- MIRAPEX

ST Criteria	A documented trial of one month of the covered alternative : PRAMIPEXOLE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Mirapex

Products Affected

- MIRAPEX

ST Criteria	Documented trial of one month of the covered alternative: PRAMIPEXOLE
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

ST Criteria	Documented trial of one month of the covered alternative: PRAMIPEXOLE
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

Mirapex ER

Products Affected

- MIRAPEX ER

ST Criteria	A documented trial of one month of the covered alternative : PRAMIPEXOLE
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

Mirena

Products Affected

- MIRENA

QL Criteria	1 device 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*

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

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*

PA Criteria	Criteria Details
Covered Uses	Excessive daytime sleepiness associated with narcolepsy Excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea syndrome (OSAHS)
Exclusion Criteria	
Required Medical Information	For NarcolepsyA. 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
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	
QL Criteria	2 tablet Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Morphine Sulfate ER

Products Affected

- morphine sulfate er oral capsule extended release
24 hour 80 mg, 100 mg, 60 mg, 20 mg, 30 mg, 50
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

Morphine Sulfate ER

Products Affected

- *morphine sulfate er oral tablet extendedrelease**

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

Morphine Sulfate ER Beads

Products Affected

- *morphine sulfate er beads*

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

Movantik

Products Affected

- MOVANTIK

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

MS Contin

Products Affected

- MS CONTIN

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

Muse

Products Affected

- MUSE

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

MyGlucoHealth Test

Products Affected

- MYGLUCOHEALTH TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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 10 MG, 20 MG, 40 MG

PA Criteria	Criteria Details
Covered Uses	severe recalcitrant nodular or cystic acne
Exclusion Criteria	
Required Medical Information	Member already has evidence of scarring AND Member is enrolled in the FDA iPLEDGE program (females of childbearing potential ONLY)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	For coverage of additional quantities (greater than 2 capsules per day) member must meet the following criteria: 1. Patient requires more than 2 capsules per day to reach the appropriate dose for weight, AND 2. This is the members FIRST course of therapy
ST Criteria	Documented trial of 1 generic oral antibiotic prescribed for the treatment of acne (i.e., MINOCYCLINE or DOXYCYCLINE)
QL Criteria	2 capsules Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Myrbetriq

Products Affected

- MYRBETRIQ

ST Criteria	A documented trial of one month of the covered alternative : OXYBUTYNIN/ER, TROSPIUM/ ER, TOLTERODINE,
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

Myrbetriq

Products Affected

- MYRBETRIQ

ST Criteria	Documented trial of one month of the covered alternative: TROSPIUM/ ER, TOLTERODINE/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

Namzarin

Products Affected

- NAMZARIC

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

Naratriptan HCl

Products Affected

- *naratriptan hcl*

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

Natesto

Products Affected

- NATESTO

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism
Exclusion Criteria	1. female members 2. patient is male with carcinoma of the breast or suspected carcinoma of the prostate 3. 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
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: August 25, 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

Nesina

Products Affected

- NESINA

PA Criteria	Criteria Details
Covered Uses	Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of 1 month of METFORMIN AND JANUVIA/JANUMET/JANUMET XR or ONGLYZA/KOMBIGLYZE XR
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

Neurontin

Products Affected

- NEURONTIN ORAL TABLET
- NEURONTIN ORAL CAPSULE

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

Neurontin

Products Affected

- NEURONTIN ORAL SOLUTION

QL Criteria	72 ml Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Neutek 2Tek Test

Products Affected

- NEUTEK 2TEK TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NexAVAR

Products Affected

- NEXAVAR

ST Criteria	A documented trial of one month of one of the covered alternatives : SUTENT, 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

Nexiclon XR

Products Affected

- NEXICLON XR

ST Criteria	A documented trial of one month of one of the covered alternative: CLONIDINE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nexiclon XR

Products Affected

- NEXICLON XR

ST Criteria	Documented trial of one month of one of the covered alternatives: CLONIDINE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NexIUM

Products Affected

- NEXIUM

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

NexIUM

Products Affected

- NEXIUM

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

Next Choice

Products Affected

- NEXT CHOICE

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

Next Choice One Dose

Products Affected

- NEXT CHOICE ONE DOSE

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

Nicoderm CQ

Products Affected

- NICODERM CQ

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

Nicorette

Products Affected

- NICORETTE 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

Nicorette

Products Affected

- NICORETTE MOUTH/THROAT LOZENGE

QL Criteria	20 lozenge Per 1 Day
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 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

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

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

Norditropin FlexPro

Products Affected

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

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Norditropin FlexPro

Products Affected

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

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Norditropin NordiFlex Pen

Products Affected

- NORDITROPIN NORDIFLEX PEN

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Norditropin NordiFlex Pen

Products Affected

- NORDITROPIN NORDIFLEX PEN

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
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	2 tablets 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	1.5 tablets Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLIN 70/30

Products Affected

- NOVOLIN 70/30

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	TBD - Pending
Other Criteria	
ST Criteria	Documented trial of one month of one of the covered alternatives: HUMALOG/HUMALOG KWIK/HUMALOG MIX, HUMULIN R U-100/N/MIX
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLIN 70/30

Products Affected

- NOVOLIN 70/30

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	TBD - Pending
Other Criteria	
ST Criteria	A documented trial of one month of the preferred alternative Humulin product.
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLIN 70/30 ReliOn

Products Affected

- NOVOLIN 70/30 RELION

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	TBD - Pending
Other Criteria	
ST Criteria	A documented trial of one month of the preferred alternative Humulin product.
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLIN 70/30 ReliOn

Products Affected

- NOVOLIN 70/30 RELION

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	TBD - Pending
Other Criteria	
ST Criteria	Documented trial of one month of one of the covered alternatives: HUMALOG/HUMALOG KWIK/HUMALOG MIX, HUMULIN R U-100/N/MIX
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLIN N

Products Affected

- NOVOLIN N

ST Criteria	A documented trial of one month of the preferred alternative Humulin product.
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLIN N ReliOn

Products Affected

- NOVOLIN N RELION

ST Criteria	A documented trial of one month of the preferred alternative Humulin product.
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLIN R

Products Affected

- NOVOLIN R

ST Criteria	A documented trial of one month of the preferred alternative Humulin product.
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLIN R ReliOn

Products Affected

- NOVOLIN R RELION

ST Criteria	A documented trial of one month of the preferred alternative Humulin product.
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLOG

Products Affected

- NOVOLOG

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	TBD - Pending
Other Criteria	
ST Criteria	Documented trial of one month of one of the covered alternatives: HUMALOG/HUMALOG KWIK/HUMALOG MIX, HUMULIN R U-100/N/MIX
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLOG

Products Affected

- NOVOLOG

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	TBD - Pending
Other Criteria	
ST Criteria	A documented trial of one month of the preferred alternative Humalog product.
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLOG FlexPen

Products Affected

- NOVOLOG FLEXPEN

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	TBD - Pending
Other Criteria	
ST Criteria	A documented trial of one month of the preferred alternative Humalog product.
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLOG FlexPen

Products Affected

- NOVOLOG FLEXPEN

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	TBD - Pending
Other Criteria	
ST Criteria	Documented trial of one month of one of the covered alternatives: HUMALOG/HUMALOG KWIK/HUMALOG MIX, HUMULIN R U-100/N/MIX
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLOG Mix 70/30

Products Affected

- NOVOLOG MIX 70/30

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	TBD - Pending
Other Criteria	
ST Criteria	A documented trial of one month of the preferred alternative Humalog product.
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLOG Mix 70/30

Products Affected

- NOVOLOG MIX 70/30

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	TBD - Pending
Other Criteria	
ST Criteria	Documented trial of one month of one of the covered alternatives: HUMALOG/HUMALOG KWIK/HUMALOG MIX, HUMULIN R U-100/N/MIX
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLOG Mix 70/30 FlexPen

Products Affected

- NOVOLOG MIX 70/30 FLEXPEN

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	TBD - Pending
Other Criteria	
ST Criteria	Documented trial of one month of one of the covered alternatives: HUMALOG/HUMALOG KWIK/HUMALOG MIX, HUMULIN R U-100/N/MIX
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLOG Mix 70/30 FlexPen

Products Affected

- NOVOLOG MIX 70/30 FLEXPEN

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	TBD - Pending
Other Criteria	
ST Criteria	A documented trial of one month of the preferred alternative Humalog product.
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLOG PenFill

Products Affected

- NOVOLOG PENFILL

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	TBD - Pending
Other Criteria	
ST Criteria	Documented trial of one month of one of the covered alternatives: HUMALOG/HUMALOG KWIK/HUMALOG MIX, HUMULIN R U-100/N/MIX
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

NovoLOG PenFill

Products Affected

- NOVOLOG PENFILL

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	TBD - Pending
Other Criteria	
ST Criteria	A documented trial of one month of the preferred alternative Humalog product.
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Noxafil

Products Affected

- NOXAFIL ORAL

PA Criteria	Criteria Details
Covered Uses	Prophylaxis of invasive Aspergillus and Candida infections Treatment of invasive aspergillosis Esophageal/oropharyngeal candidiasis Fusarium infection Mycosis
Exclusion Criteria	
Required Medical Information	Diagnosis of prophylaxis of invasive Aspergillus and Candida infections AND at high risk of developing these infections due to being severely immunocompromised, such as hematopoietic stem cell transplant (HSCT) recipients with Graft versus Host Disease
Age Restrictions	Covered for 13 years of age and older for those with diagnosis of prophylaxis of invasive Aspergillus and Candida infections AND at high risk of developing these infections due to being severely immunocompromised, such as hematopoietic stem cell transpl
Prescriber Restrictions	
Coverage Duration	6 MONTHS
Other Criteria	
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 trial of 2 days of IMMEDIATE RELEASE OSYCODONE, HYDROMORPHONE, OR MORPHINE
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

Nucynta

Products Affected

- NUCYNTA

ST Criteria	A documented trial of two days of one of the covered alternatives : OXYCODONE, MORPHINE SULFATE, OXYMORPHONE
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

Nucynta ER

Products Affected

- NUCYNTA 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 Diabetic peripheral neuropathy
Exclusion Criteria	
Required Medical Information	For chronic painA. Documentation of progression through the World Health Organization analgesic ladder ANDB. Documentation of a failure to controlled-release morphine sulfate tablets (MS Contin?) and oxymorphone extended release (Opana ER?)For DPNA. D
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month each of controlled-release morphine sulfate tablets (MS Contin) and oxymorphone extended release (Opana ER)
QL Criteria	2 tablets Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 31, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nuedexta

Products Affected

- NUEDEXTA

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

Nutropin

Products Affected

- NUTROPIN

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nutropin

Products Affected

- NUTROPIN

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nutropin AQ NuSpin 10

Products Affected

- NUTROPIN AQ NUSPIN 10

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nutropin AQ NuSpin 10

Products Affected

- NUTROPIN AQ NUSPIN 10

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nutropin AQ NuSpin 5

Products Affected

- NUTROPIN AQ NUSPIN 5

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nutropin AQ NuSpin 5

Products Affected

- NUTROPIN AQ NUSPIN 5

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nutropin AQ Pen

Products Affected

- NUTROPIN AQ PEN

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Nutropin AQ Pen

Products Affected

- NUTROPIN AQ PEN

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
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	12 year Per 1 year
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 250 MG, 150 MG

PA Criteria	Criteria Details
Covered Uses	Excessive daytime sleepiness associated with narcolepsy Excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea syndrome (OSAHS)
Exclusion Criteria	
Required Medical Information	For narcolepsyA. 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 O
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	
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

Nuvigil

Products Affected

- NUVIGIL ORAL TABLET 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)
Exclusion Criteria	
Required Medical Information	For narcolepsyA. 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 O
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	
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

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)
Exclusion Criteria	
Required Medical Information	For narcolepsyA. 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 O
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
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

OLANZapine

Products Affected

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

OLANZapine

Products Affected

- *olanzapine oral tablet 2.5 mg*

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

OLANZapine-FLUoxetine HCl

Products Affected

- *olanzapine-fluoxetine 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

Oleptro

Products Affected

- OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HR*
150 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : TRAZODONE, NEFAZODONE
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

Oleptro

Products Affected

- OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HR*
150 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: TRAZODONE, NEFAZODONE
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

Oleptro

Products Affected

- OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HR*
300 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : TRAZODONE, NEFAZODONE
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

Oleptro

Products Affected

- OLEPTRO ORAL TABLET EXTENDED RELEASE 24 HR*
300 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: TRAZODONE, NEFAZODONE
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

Olux

Products Affected

- OLUX

ST Criteria	Documented trial of one week or one course of the covered alternative: CLOBETASOL PROPIONATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Olux

Products Affected

- OLUX

ST Criteria	A documented trial of one week or one course of the covered alternative : CLOBETASOL PROPIONATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Olux-E

Products Affected

- OLUX-E

ST Criteria	Documented trial of one week or one course of the covered alternative: CLOBETASOL PROPIONATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Olux-E

Products Affected

- OLUX-E

ST Criteria	A documented trial of one week or one course of the covered alternative : CLOBETASOL PROPIONATE
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 capsules Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Omeprazole

Products Affected

- *omeprazole 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

Omeprazole-Sodium Bicarbonate

Products Affected

- *omeprazole-sodium bicarbonate*

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

Omnaris

Products Affected

- OMNARIS

ST Criteria	Trial of 2 weeks each of 2 of the following: fluticasone propionate OR flunisolide nasal spray OR Triamcinolone OR Nasacort 24HR OTC (choose 1) AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

On Call Plus Blood Glucose

Products Affected

- ON CALL PLUS BLOOD GLUCOSE

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

On Call Vivid Blood Glucose

Products Affected

- ON CALL VIVID BLOOD GLUCOSE

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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	12 tabs Per 30 DAYs
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*

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

Ondansetron HCl

Products Affected

- *ondansetron hcl oral solution*

QL Criteria	50 ml Per 30 DAYS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

OneTouch Test

Products Affected

- ONETOUCH TEST

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 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

Onfi

Products Affected

- ONFI ORAL TABLET

PA Criteria	Criteria Details
Covered Uses	A documented diagnosis of seizures associated with Lennox-Gastaut syndrome or refractory?(therapy resistant) epilepsy
Exclusion Criteria	
Required Medical Information	Concomitant use of an anticonvulsant drug
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Concomittant use of an anticonvulsant
QL Criteria	2 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 31, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Onglyza

Products Affected

- ONGLYZA

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

Onsolis

Products Affected

- ONSOLIS

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented contraindication or intolerance or allergy or failure of an adequate trial of one week each of the preferred generic alternative, fentanyl transmucosal lozenge AND two other short acting opioids (i.e., morphine, hydrocodone, oxycodone, hydrom
QL Criteria	4 film Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Onsolis

Products Affected

- ONSOLIS

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented trial of two days of the covered alternative : FENTANYL LOZENGE
QL Criteria	4 film 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

ST Criteria	A documented trial of two days of one of the covered alternatives : OXYCODONE, MORPHINE SULFATE, OXYMORPHONE
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 7.5 MG, 15 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

Opana ER

Products Affected

- OPANA ER ORAL TABLET EXTENDED RELEASE 12 HR*

ST Criteria	A documented trial of two days of one of the covered alternatives : FENTANYL PATCH, OXYCODONE, OXYMORPHONE, METHADONE, MORPHINE SULFATE SR, TRAMADOL ER
QL Criteria	4 tablets Per 30 DAYS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Optium Test

Products Affected

- OPTIUM TEST

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

OptiumEZ Test

Products Affected

- OPTIUMEZ TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

OptumRx Blood Glucose Test

Products Affected

- OPTUMRX BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Oracea

Products Affected

- ORACEA

PA Criteria	Criteria Details
Covered Uses	Documented to be 8 years of age or older (Note: see required medical information section if less than 8 years of age), AND: A documented diagnosis of Rosacea
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	(Note: Tetracyclines should not be used in children younger than 8 years of age unless other appropriate drugs are ineffective or are contraindicated. American Academy of Pediatrics (AAP), US Centers for Disease Control and Prevention (CDC), and Infectio
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Oramorph SR

Products Affected

- ORAMORPH SR

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

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

Oseni

Products Affected

- OSENI

PA Criteria	Criteria Details
Covered Uses	Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of 1 month of METFORMIN AND JANUVIA/JANUMET/JANUMET XR or ONGLYZA/KOMBIGLYZE XR
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

Oxtellar XR

Products Affected

- OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR* 300 MG, 150 MG

ST Criteria	Trial of 1 month of oxcarbazepine
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

Oxtellar XR

Products Affected

- OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR* 600 MG

ST Criteria	Trial of 1 month of oxcarbazepine
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	1 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

PA Criteria	Criteria Details
Covered Uses	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	A. Documentation of progression through the World Health Organization analgesic ladder ANDB. Documentation of failure to controlled-release morphine sulfate tablets (MS Contin) and oxymorphone extended release (Opana ER).
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
QL Criteria	4 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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

Products Affected

- OXYTROL

PA Criteria	Criteria Details
Covered Uses	Overactive Bladder
Exclusion Criteria	
Required Medical Information	Diagnosis of overactive bladder in MALE patients.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of one month of one of the covered alternatives : OXYBUTYNIN, TOLTERODINE, TROSPIUM
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

Oxytrol

Products Affected

- OXYTROL

PA Criteria	Criteria Details
Covered Uses	Overactive Bladder
Exclusion Criteria	
Required Medical Information	Diagnosis of overactive bladder in MALE patients.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	Trial of 1 month of oxybut/trospium/tolterodine
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

Pantoprazole Sodium

Products Affected

- *pantoprazole sodium oral*

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

Paragard Intrauterine Copper

Products Affected

- PARAGARD INTRAUTERINE COPPER

QL Criteria	1 device 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 20 mg, 10 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

PARoxetine HCl

Products Affected

- *paroxetine hcl oral tablet 40 mg, 30 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

PARoxetine HCl ER

Products Affected

- *paroxetine 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

Patanol

Products Affected

- PATANOL

ST Criteria	Documented trial of one month of one of the covered alternatives: AZELASTINE, CROMOLYN, EPINASTINE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Patanol

Products Affected

- PATANOL

ST Criteria	A documented trial of one month of one of the covered alternatives : AZELASTINE, CROMOLYN, EPINASTINE
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 40 MG, 30 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Paxil

Products Affected

- PAXIL ORAL TABLET 10 MG, 20 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Paxil

Products Affected

- PAXIL ORAL SUSPENSION

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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 ORAL TABLET EXTENDED RELEASE 24 HR*
12.5 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Paxil CR

Products Affected

- PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR*
37.5 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: ?BUPROPRION/ SR/ XL, CITALOPRAM, DULOXETINE, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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 CR

Products Affected

- PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR*
25 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: ?BUPROPRION/ SR/ XL, CITALOPRAM, DULOXETINE, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Paxil CR

Products Affected

- PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR*
37.5 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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 CR

Products Affected

- PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR*
12.5 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: ?BUPROPRION/ SR/ XL, CITALOPRAM, DULOXETINE, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Paxil CR

Products Affected

- PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR*
25 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Pennsaid

Products Affected

- PENNSAID

ST Criteria	A documented trial of two weeks of one (1) preferred generic NSAID
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

Pennsaid

Products Affected

- PENNSAID

ST Criteria	Documented trial of 1 month of Voltaren Gel
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

Pentasa

Products Affected

- PENTASA ORAL CAPSULE EXTENDED RELEASE* 500 MG

QL Criteria	8 capsules 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 capsules 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

ST Criteria	Trial of 1 month each of Foradil AND Serevent
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

Pertzye

Products Affected

- PERTZYE

ST Criteria	A documented trial of one month of one of the covered alternatives: CREON, ULTRASE, ULTRASE MT, ZENPEP
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Pertzye

Products Affected

- PERTZYE

ST Criteria	Documented trial of one month of one of the covered alternatives: CREON, ULTRASE, ULTRASE MT, ZENPEP
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Pexeva

Products Affected

- PEXEVA ORAL TABLET 10 MG, 20 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Pexeva

Products Affected

- PEXEVA ORAL TABLET 30 MG, 40 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Pharmacist Choice Autocode

Products Affected

- PHARMACIST CHOICE AUTOCODE

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

PhosLo

Products Affected

- PHOSLO

ST Criteria	A documented trial of one month of the covered alternative : CALCIUM ACETATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

PhosLo

Products Affected

- PHOSLO

ST Criteria	Documented trial of one month of the covered alternative: CALCIUM ACETATE
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 tube Per 60 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Plavix

Products Affected

- PLAVIX ORAL TABLET 75 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

PocketChem EZ Test

Products Affected

- POCKETCHEM EZ TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

PA Criteria	Criteria Details
Covered Uses	Partial onset seizures
Exclusion Criteria	Concurrent therapy with one of the following: carbamazepine, divalproex dr/er/sprinkle, gabapentin, lamotrigine, levetiracetam/ER, oxcarbazepine, phenytoin, topiramate, valproic acid, or zonisamide
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
QL Criteria	6 tablets Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Potiga

Products Affected

- POTIGA ORAL TABLET 300 MG, 400 MG, 200 MG

PA Criteria	Criteria Details
Covered Uses	Partial onset seizures
Exclusion Criteria	Concurrent therapy with one of the following: carbamazepine, divalproex dr/er/sprinkle, gabapentin, lamotrigine, levetiracetam/ER, oxcarbazepine, phenytoin, topiramate, valproic acid, or zonisamide
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
QL Criteria	3 tabs Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Pradaxa

Products Affected

- PRADAXA

ST Criteria	Documented trial of ELIQUIS AND XARELTO
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

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

Prandin

Products Affected

- PRANDIN

ST Criteria	A documented trial of one month of the covered alternative: repaglinide
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Prandin

Products Affected

- PRANDIN

ST Criteria	Documented trial of one month of the covered alternative: REPAGLINIDE
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 tablet 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 tablet Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Precision PCx

Products Affected

- PRECISION PCX

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

Precision PCX Plus Test

Products Affected

- PRECISION PCX PLUS TEST

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

Precision Point of Care Test

Products Affected

- PRECISION POINT OF CARE TEST

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

Precision QID Test

Products Affected

- PRECISION QID TEST

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

Precision Sof-Tact Test

Products Affected

- PRECISION SOF-TACT TEST

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

Precision Xtra Blood Glucose

Products Affected

- PRECISION XTRA BLOOD GLUCOSE

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

Prefest

Products Affected

- PREFEST

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

Prentif Cavity-Rim Cerv Cap

Products Affected

- PRENTIF CAVITY-RIM CERV CAP

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

Prevpac

Products Affected

- PREVPAC

ST Criteria	try generic lanso/amox/clarith
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Prevpac

Products Affected

- PREVPAC

ST Criteria	A documented trial of two weeks of : LANSOPRAZOLE, AMOXICILLIN, AND CLARITHROMYCIN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

PriLOSEC

Products Affected

- PRILOSEC ORAL PACKET

ST Criteria	A documented trial of one month of one of the covered alternatives : LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE
QL Criteria	2 packet 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 ORAL CAPSULE DELAYED RELEASE

ST Criteria	A documented trial of one month of one of the covered alternatives : LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE
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

PriLOSEC

Products Affected

- PRILOSEC ORAL PACKET

PA Criteria	Criteria Details
Covered Uses	<ol style="list-style-type: none"> 1. Gastroesophageal reflux disease 2. Duodenal ulcer disease 3. Gastric hypersecretion 4. Preventative Needs <p>-Member is on chronic oral corticosteroid therapy (greater than or equal to 60 days) (for oral corticosteroids please click here)</p> <p>-Member is post t</p>
Exclusion Criteria	Aetna does NOT consider prescription PPIs to be medically necessary for members with the following indications:Uncomplicated heartburn of greater than 1-month duration, with a frequency of at least 2 heartburn episodes per week when all of the following
Required Medical Information	A. Documented diagnosis listed below (no requirement for nonprescription Prilosec OTC)IndicationUlcersGastrojejunal ulcer - active: maintenanceHealing of NSAID-associated gastric ulcerMaintenance of healed duodenal ulcersStress ulcer/surgical prophy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those me
ST Criteria	A documented trial of one month of one of the covered alternatives : LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE
QL Criteria	2 packet 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 ORAL PACKET

PA Criteria	Criteria Details
Covered Uses	<ol style="list-style-type: none"> 1. Gastroesophageal reflux disease 2. Duodenal ulcer disease 3. Gastric hypersecretion 4. Preventative Needs <p>-Member is on chronic oral corticosteroid therapy (greater than or equal to 60 days) (for oral corticosteroids please click here)</p> <p>-Member is post t</p>
Exclusion Criteria	Aetna does NOT consider prescription PPIs to be medically necessary for members with the following indications: Uncomplicated heartburn of greater than 1-month duration, with a frequency of at least 2 heartburn episodes per week when all of the following
Required Medical Information	A. Documented diagnosis listed below (no requirement for nonprescription Prilosec OTC) Indication Ulcers Gastrojejunal ulcer - active: maintenance Healing of NSAID-associated gastric ulcer Maintenance of healed duodenal ulcers Stress ulcer/surgical prophylaxis
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those members
ST Criteria	A documented trial of one month of one of the covered alternatives: LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE, RABEPRAZOLE
QL Criteria	2 packet Per 1 DAY
Notes/References	
Revision Date	<p>Prior Authorization: August 25, 2015</p> <p>Step Therapy: August 25, 2015</p> <p>Quantity Limits: August 25, 2015</p>

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Pristiq

Products Affected

- PRISTIQ

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 YEARS
Other Criteria	
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (FLUOXETINE, CITALOPRAM), SNRIs (DULOXETINE, VENLAFAXINE), TCAs (AMITRIPTYLINE, NORTRIPTYLINE), heterocyclic antidepressants (MIRTAZAPINE, TRAZODONE)
QL Criteria	1 tablet Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Pristiq

Products Affected

- PRISTIQ

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 YEARS
Other Criteria	
ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

ProCentra

Products Affected

- PROCENTRA

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

ProCentra

Products Affected

- PROCENTRA

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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

Prodigy No Coding Blood Gluc

Products Affected

- PRODIGY NO CODING BLOOD GLUC

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Proscar

Products Affected

- PROSCAR

PA Criteria	Criteria Details
Covered Uses	Benign prostatic hyperplasia hirsutism secondary to ovarian or adrenal dysfunction (for example, polycystic ovary syndrome, adrenal or ovarian tumor)
Exclusion Criteria	Not covered in females if pregnant.
Required Medical Information	
Age Restrictions	less than 50 requires PA
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

Protopic

Products Affected

- PROTOPIC

PA Criteria	Criteria Details
Covered Uses	Protopic 0.03% mild to moderate atopic dermatitis in patients (eczema) atopic dermatitis (eczema) Protopic 0.1% atopic dermatitis (eczema)
Exclusion Criteria	
Required Medical Information	
Age Restrictions	Protopic 0.03% -mild to moderate atopic dermatitis in patients (eczema) less than 2 years of age for short-term use (up to 3 months) atopic dermatitis (eczema) in an adult or child 2 years of age or older Protopic 0.1%atopic dermatitis (eczema) in an a
Prescriber Restrictions	
Coverage Duration	3mos -when to face, eyelids, genital area-6mos when to other areas of body-3 mos if younger than 2
Other Criteria	Protopic 1% Atopic dermatitis (eczema) AND one of the following: A documented contraindication, intolerance or allergy to one preferred alternative topical corticosteroid indicated for the patient's condition, ORA documented failure of an adequate tr
QL Criteria	3.34 gm Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 31, 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)
Exclusion Criteria	
Required Medical Information	For NarcolepsyA. 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
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 years
Other Criteria	
QL Criteria	2 tablet 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

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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 10 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

PROzac

Products Affected

- PROZAC ORAL CAPSULE 40 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

PROzac Weekly

Products Affected

- PROZAC WEEKLY

ST Criteria	A documented trial of one month of one of the covered alternatives: ?BUPROPRION/ SR/ XL, CITALOPRAM, DULOXETINE, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
QL Criteria	1 capsule Per 1 week
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

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
QL Criteria	1 capsule Per 1 week
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	A. For ages 5-8 documented inability to use metered dose inhalers
Age Restrictions	Less than 8 years of age
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	
QL Criteria	1 unit Per 1 fill
Notes/ References	
Revision Date	Prior Authorization: August 25, 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	A documented diagnosis of asthma
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month each of: Asmanex and QVAR
QL Criteria	1 unit Per 1 fill
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	Trial of 2 weeks each of 2 of the following: fluticasone propionate OR flunisolide nasal spray OR Triamcinolone OR Nasacort 24HR OTC (choose 1) 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	Trial of 2 weeks each of 2 of the following: fluticasone propionate OR flunisolide nasal spray OR Triamcinolone OR Nasacort 24HR OTC (choose 1) AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 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

QUetiapine Fumarate

Products Affected

- *quetiapine fumarate oral tablet 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

QUetiapine Fumarate

Products Affected

- *quetiapine fumarate oral tablet 300 mg, 400 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

QUetiapine Fumarate

Products Affected

- *quetiapine fumarate oral tablet 100 mg, 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

QUetiapine Fumarate

Products Affected

- *quetiapine fumarate oral tablet 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

Quillivant XR

Products Affected

- QUILLIVANT XR

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
QL Criteria	12 ML 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 hyperactivity disorder (ADHD) Narcolepsy
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
QL Criteria	12 ML Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Quintet AC Blood Glucose Test

Products Affected

- QUINTET AC BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Quintet Blood Glucose Test

Products Affected

- QUINTET BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

RA TRUEtest Test

Products Affected

- RA TRUETEST TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ranexa

Products Affected

- RANEXA ORAL TABLET EXTENDED RELEASE 12 HR*
500 MG

ST Criteria	A documented trial of one month of one of the covered alternatives :Nitrates or amlodipine or Beta Blockers (except sotalol)
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

Ranexa

Products Affected

- RANEXA ORAL TABLET EXTENDED RELEASE 12 HR*
1000 MG

ST Criteria	A documented trial of one month of one of the covered alternatives :Nitrates or amlodipine or Beta Blockers (except sotalol)
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

Rapaflo

Products Affected

- RAPAFLO

PA Criteria	Criteria Details
Covered Uses	For coverage in female members: Member's physician provides documentation (controlled clinical trial) from the peer-reviewed medical literature for medical use in females
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 31, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Rayos

Products Affected

- RAYOS

ST Criteria	Documented trial of one month of the covered alternative: PREDNISONE
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	A documented trial of one month of the covered alternative: PREDNISONE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Reality Latex Condoms

Products Affected

- REALITY LATEX CONDOMS

QL Criteria	15 Condoms Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Reclast

Products Affected

- RECLAST

ST Criteria	A documented trial of one month of the covered alternative : ZOLEDRONIC ACID MONOHYDRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

RefuAH Plus Blood Glucose Test

Products Affected

- REFUAH PLUS BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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	40 disks Per 365 DAYS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ReliOn Confirm/micro Test

Products Affected

- RELION CONFIRM/MICRO TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ReliOn Prime Test

Products Affected

- RELION PRIME TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ReliOn Ultima Test

Products Affected

- RELION ULTIMA TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Relistor

Products Affected

- RELISTOR SUBCUTANEOUS* SOLUTION 12 MG/0.6ML
- RELISTOR SUBCUTANEOUS* KIT

PA Criteria	Criteria Details
Covered Uses	Opioid-induced constipation
Exclusion Criteria	
Required Medical Information	Diagnosis of advanced illness with life expectancy less than 6 months,
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Concomitant use of opioid therapy, Trial/failure of 2 laxatives
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	A documented trial of 14 days of one of the covered alternative(s) : NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN /RIZATRIPTAN ODT, ZOLMITRIPTAN / ZOLMITRIPTAN ODT
QL Criteria	6 tablets Per 30 DAYS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Remeron

Products Affected

- REMERON

ST Criteria	A documented trial of one month of one of the covered alternatives : MIRTAZAPINE, MAPROTILINE
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

Remeron

Products Affected

- REMERON

ST Criteria	Documented trial of one month of one of the covered alternatives: MIRTAZAPINE, MAPROTILINE
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

Remeron SolTab

Products Affected

- REMERON SOLTAB

ST Criteria	Documented trial of one month of one of the covered alternatives: MIRTAZAPINE, MAPROTILINE
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

Remeron SolTab

Products Affected

- REMERON SOLTAB

ST Criteria	A documented trial of one month of one of the covered alternatives : MIRTAZAPINE, MAPROTILINE
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

Renagel

Products Affected

- RENAGEL

ST Criteria	A documented trial of one month of the covered alternative : FOSRENOL
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Renagel

Products Affected

- RENAGEL

ST Criteria	Documented trial of one month of one of the covered alternatives: FOSRENOL
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Renagel

Products Affected

- RENAGEL

ST Criteria	A documented trial of one month of one of the covered alternatives : FOSRENOL
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* 2 MG, 6 MG, 8 MG, 4 MG

ST Criteria	A documented trial of one month of the covered alternative : ROPINIROLE
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

Requip XL

Products Affected

- REQUIP XL ORAL TABLET EXTENDED RELEASE 24
HR* 6 MG, 8 MG, 4 MG, 2 MG

ST Criteria	Documented trial of one month of the covered alternative: ROPINIROLE
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

Requip XL

Products Affected

- REQUIP XL ORAL TABLET EXTENDED RELEASE 24
HR* 12 MG

ST Criteria	Documented trial of one month of the covered alternative: ROPINIROLE
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

Requip XL

Products Affected

- REQUIP XL ORAL TABLET EXTENDED RELEASE 24
HR* 12 MG

ST Criteria	A documented trial of one month of the covered alternative : ROPINIROLE
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

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 trial of one week of LATANOPROST AND one week of TRAVATAN Z
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

Retin-A

Products Affected

- RETIN-A

PA Criteria	Criteria Details
Covered Uses	acne vulgaris (including comedonal, cystic, nodular and papular acne) keratosis follicularis (e.g., Darier's disease, Darier-White disease) facial flat warts multiple flat warts (e.g., common warts, plantar warts)
Exclusion Criteria	Cosmetic use Topical tretinoin is not covered for treatment of basal cell carcinoma, lichen planus, or dysplastic nevi because its use in these conditions is not supported by the peer-reviewed medical literature
Required Medical Information	Members greater than 35 years of age are subject to precertification requirements
Age Restrictions	PA requirements apply to members greater than 35 years old.
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of one month of the covered alternative: TRETINOIN
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

PA Criteria	Criteria Details
Covered Uses	acne vulgaris (including comedonal, cystic, nodular and papular acne) keratosis follicularis (e.g., Darier's disease, Darier-White disease) facial flat warts multiple flat warts (e.g., common warts, plantar warts)
Exclusion Criteria	Cosmetic use Topical tretinoin is not covered for treatment of basal cell carcinoma, lichen planus, or dysplastic nevi because its use in these conditions is not supported by the peer-reviewed medical literature
Required Medical Information	Members greater than 35 years of age are subject to precertification requirements
Age Restrictions	PA requirements apply to members greater than 35 years old.
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of the covered alternative : TRETINOIN
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

PA Criteria	Criteria Details
Covered Uses	acne vulgaris (including comedonal, cystic, nodular and papular acne) keratosis follicularis (e.g., Darier's disease, Darier-White disease) facial flat warts multiple flat warts (e.g., common warts, plantar warts)
Exclusion Criteria	Cosmetic use Topical tretinoin is not covered for treatment of basal cell carcinoma, lichen planus, or dysplastic nevi because its use in these conditions is not supported by the peer-reviewed medical literature
Required Medical Information	Members greater than 35 years of age are subject to precertification requirements
Age Restrictions	PA requirements apply to members greater than 35 years old.
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of one month of the covered alternative: TRETINOIN
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 EXTERNAL 0.04 %, 0.1 %

PA Criteria	Criteria Details
Covered Uses	acne vulgaris (including comedonal, cystic, nodular and papular acne) keratosis follicularis (e.g., Darier's disease, Darier-White disease) facial flat warts multiple flat warts (e.g., common warts, plantar warts)
Exclusion Criteria	Cosmetic use Topical tretinoin is not covered for treatment of basal cell carcinoma, lichen planus, or dysplastic nevi because its use in these conditions is not supported by the peer-reviewed medical literature
Required Medical Information	Members greater than 35 years of age are subject to precertification requirements
Age Restrictions	PA requirements apply to members greater than 35 years old.
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of one month of the covered alternative: TRETINOIN
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Reveal Blood Glucose Test

Products Affected

- REVEAL BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Rhinocort Aqua

Products Affected

- RHINOCORT AQUA

ST Criteria	A documented trial of one month of one of the covered alternatives : AZELASTINE, FLUTICASONE, FLUNISOLIDE, TRIAMCINOLONE, BUDESONIDE
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	Trial of 2 weeks each of 2 of the following: fluticasone propionate OR flunisolide nasal spray OR Triamcinolone OR Nasacort 24HR OTC (choose 1) AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Rightest GS100 Blood Glucose

Products Affected

- RIGHTEST GS100 BLOOD GLUCOSE

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Rightest GS300 Blood Glucose

Products Affected

- RIGHTEST GS300 BLOOD GLUCOSE

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Rightest GS550 Blood Glucose

Products Affected

- RIGHTEST GS550 BLOOD GLUCOSE

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Rilutek

Products Affected

- RILUTEK

ST Criteria	A documented trial of one month of one of the covered alternatives : RILUZOLE
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, 150 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 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

RisperDAL

Products Affected

- RISPERDAL ORAL TABLET 2 MG, 0.5 MG, 0.25 MG, 1 MG, 3 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

RisperDAL

Products Affected

- RISPERDAL ORAL TABLET 4 MG

ST Criteria	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
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

Products Affected

- RISPERDAL ORAL SOLUTION

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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 0.5 MG, 1 MG, 2 MG, 3 MG, 0.25 MG

ST Criteria	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
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

RisperDAL

Products Affected

- RISPERDAL ORAL TABLET 4 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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 1 MG, 2 MG, 3 MG, 0.5 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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 2 MG, 1 MG, 0.5 MG, 3 MG

ST Criteria	Documented trial of RISPERIDONE 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

RisperDAL M-TAB

Products Affected

- RISPERDAL M-TAB ORAL TABLET DISPERSIBLE 4 MG

ST Criteria	Documented trial of RISPERIDONE ORAL TABLET
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 4 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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, 3 mg, 1 mg, 2 mg*
- *risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg, 0.25 mg, 0.5 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

RisperiD ONE

Products Affected

- *risperidone 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 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

Ritalin

Products Affected

- RITALIN

ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

Ritalin LA

Products Affected

- RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 40 MG, 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
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

Ritalin LA

Products Affected

- RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Ritalin LA

Products Affected

- RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 40 MG, 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
ST Criteria	Documented trial of 14 days each of 3 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: August 25, 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 hyperactivity disorder (ADHD) Narcolepsy
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

Ritalin SR

Products Affected

- RITALIN SR

ST Criteria	A documented trial of one month of one of the covered alternatives : AMPHETAMINE/DEXTROAMPHETAMINE, DEXTROAMPHETAMINE, DEXMETHYLPHENIDATE, METHYLPHENIDATE, METHAMPHETAMINE
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

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

Rizatriptan Benzoate

Products Affected

- *rizatriptan benzoate*

QL Criteria	12 tablets 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**
6 mg, 8 mg, 2 mg, 4 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

ROPINIROLE HCl ER

Products Affected

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

QL Criteria	2 tablet 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

ST Criteria	A documented trial of two days of one of the covered alternatives : ZALEPLON, ZOLPIDEM
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

Rozerem

Products Affected

- ROZEREM

ST Criteria	Documented trial of two days of one of the covered alternatives: ZALEPLON, ZOLPIDEM
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

Rybix ODT

Products Affected

- RYBIX ODT

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

Ryzolt

Products Affected

- RYZOLT ORAL TABLET EXTENDED RELEASE 24 HR*
300 MG, 100 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

Ryzolt

Products Affected

- RYZOLT 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

Sabril

Products Affected

- SABRIL

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

Saizen

Products Affected

- SAIZEN

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Saizen

Products Affected

- SAIZEN

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Saizen Click.Easy

Products Affected

- SAIZEN CLICK.EASY

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Saizen Click.Easy

Products Affected

- SAIZEN CLICK.EASY

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sanctura

Products Affected

- SANCTURA

ST Criteria	A documented trial of one month of one of the covered alternatives : OXYBUTYNIN, TOLTERODINE, TROSPIUM
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

Sanctura

Products Affected

- SANCTURA

ST Criteria	Documented trial of one month of 1 of GENERIC AND MYRBETRIQ AND VESICARE
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

Sanctura XR

Products Affected

- SANCTURA XR

ST Criteria	A documented trial of one month of one of the covered alternatives : OXYBUTYNIN, TOLTERODINE, TROSPIUM
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

Sanctura XR

Products Affected

- SANCTURA XR

ST Criteria	Documented trial of one month of 1 of GENERIC AND MYRBETRIQ AND VESICARE
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

Sancuso

Products Affected

- SANCUSO

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

Saphris

Products Affected

- SAPHRIS

ST Criteria	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
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

Sarafem

Products Affected

- SARAFEM

QL Criteria	14 tablets Per 30 DAYS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Savaysa

Products Affected

- SAVAYSA

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

PA Criteria	Criteria Details
Covered Uses	Fibromyalgia
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	Step Therapy
ST Criteria	Documented trial of 1 month each of 3 of the following drugs/ drug classes: 1 tricyclic antidepressant (i.e., AMITRIPTYLINE), 1 muscle relaxant (i.e., CYCLOBENZAPRINE), SSRI (i.e., CITALOPRAM), 1 SNRI (i.e., VENLAFAXINE), GABAPENTIN, or TRAMADOL
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

Savella Titration Pack

Products Affected

- SAVELLA TITRATION PACK

PA Criteria	Criteria Details
Covered Uses	Fibromyalgia
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	Step Therapy
ST Criteria	Documented trial of 1 month each of 3 of the following drugs/ drug classes: 1 tricyclic antidepressant (i.e., AMITRIPTYLINE), 1 muscle relaxant (i.e., CYCLOBENZAPRINE), SSRI (i.e., CITALOPRAM), 1 SNRI (i.e., VENLAFAXINE), GABAPENTIN, or TRAMADOL
QL Criteria	1.84 tabs 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

ST Criteria	A documented trial of one month of the covered generic alternative : LEVONORG-ETH EST TAB
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

Semprex-D

Products Affected

- SEMPREX-D

ST Criteria	A documented trial of two weeks of one of the covered alternatives : DESLORATADINE, LEVOCETIRIZINE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Semprex-D

Products Affected

- SEMPREX-D

ST Criteria	Documented trial of two weeks of one of the covered alternatives: DESLORATADINE, LEVOCETIRIZINE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sentry Test

Products Affected

- *sentry test*

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

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 200 MG

ST Criteria	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
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

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 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

SEROquel

Products Affected

- SEROQUEL ORAL TABLET 300 MG, 400 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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 300 MG, 400 MG

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 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

SEROquel

Products Affected

- SEROQUEL ORAL TABLET 100 MG, 50 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

Products Affected

- SEROQUEL ORAL TABLET 100 MG, 50 MG

ST Criteria	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
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

Products Affected

- SEROQUEL ORAL TABLET 200 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

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	1 year
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
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

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	1 year
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 25, 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	1 year
Other Criteria	Step Therapy
ST Criteria	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
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

Sertraline HCl

Products Affected

- *sertraline hcl oral tablet 25 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

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 100 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

Sertraline HCl

Products Affected

- *sertraline hcl oral tablet 50 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

Shoprite Test

Products Affected

- *shoprite test*

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

Signifor LAR

Products Affected

- SIGNIFOR LAR

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

Silenor

Products Affected

- SILENOR

ST Criteria	Documented trial of two days of one of the covered alternatives: ZALEPLON, ZOLPIDEM
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

Silenor

Products Affected

- SILENOR

ST Criteria	A documented trial of two days of one of the covered alternatives : ZALEPLON, ZOLPIDEM
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

Simcor

Products Affected

- SIMCOR

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

Simvastatin

Products Affected

- *simvastatin oral tablet 40 mg, 10 mg, 20 mg, 5 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

Simvastatin

Products Affected

- *simvastatin oral tablet 80 mg*

QL Criteria	0.5 tablet Per 1 DAY
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 tablets 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 device Per 1 year
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Smart Diabetes Xpres Test

Products Affected

- SMART DIABETES XPRES TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Smartest Blood Glucose Test

Products Affected

- SMARTEST BLOOD GLUCOSE TEST

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

Solodyn

Products Affected

- SOLODYN

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

Solus V2 Test

Products Affected

- SOLUS V2 TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Sonata

Products Affected

- SONATA ORAL CAPSULE 10 MG

ST Criteria	A documented trial of two days of one of the covered alternatives : ZALEPLON, ZOLPIDEM
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

Sonata

Products Affected

- SONATA ORAL CAPSULE 5 MG

ST Criteria	Documented trial of two days of one of the covered alternatives: ZALEPLON, ZOLPIDEM
QL Criteria	3 cap Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sonata

Products Affected

- SONATA ORAL CAPSULE 10 MG

ST Criteria	Documented trial of two days of one of the covered alternatives: ZALEPLON, ZOLPIDEM
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

Sonata

Products Affected

- SONATA ORAL CAPSULE 5 MG

ST Criteria	A documented trial of two days of one of the covered alternatives : ZALEPLON, ZOLPIDEM
QL Criteria	3 cap Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sorilux

Products Affected

- SORILUX

ST Criteria	A documented trial of one month of the covered alternative : CALCIPOTRIENE
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 unit Per 1 fill
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 UD sprays Per 30 DAYS
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 20 MG, 80 MG, 50 MG, 70 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 100 MG, 140 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

Staxyn

Products Affected

- STAXYN

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

Stendra

Products Affected

- STENDRA

QL Criteria	6 EA Per 30 Days
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 capsules 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 60 MG, 25 MG, 40 MG, 10 MG, 18 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

Striant

Products Affected

- STRIANT

PA Criteria	Criteria Details
Covered Uses	Primary hypogonadism or hypogonadotropic hypogonadism
Exclusion Criteria	1. female members 2. patient is male with carcinoma of the breast or suspected carcinoma of the prostate 3. 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
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	A documented trial of one month of one of the covered alternatives : ANDROGEL AND TESTIM
QL Criteria	2 buccals 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
Exclusion Criteria	1. female members 2. patient is male with carcinoma of the breast or suspected carcinoma of the prostate 3. 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
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: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Suboxone

Products Affected

- SUBOXONE

PA Criteria	Criteria Details
Covered Uses	Opioid dependence
Exclusion Criteria	
Required Medical Information	Note: 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/ bupreno
Age Restrictions	
Prescriber Restrictions	Prescriber provides verbal verification of patient's current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling
Coverage Duration	6 MONTHS30 days FOR INDUCTION
Other Criteria	*Note: The drug addiction treatment program should provide member ongoing counseling and/or behavioral health support.Enrollment in a drug addiction treatment program/ counseling will be a "yes/ no" question.If the member is enrolled (answer= yes), the
ST Criteria	try generic bupren/nalox sub
QL Criteria	2 tablet Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Suboxone

Products Affected

- SUBOXONE

PA Criteria	Criteria Details
Covered Uses	Opioid dependence
Exclusion Criteria	
Required Medical Information	Note: 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/ bupreno
Age Restrictions	
Prescriber Restrictions	Prescriber provides verbal verification of patient's current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling
Coverage Duration	6 MONTHS30 days FOR INDUCTION
Other Criteria	*Note: The drug addiction treatment program should provide member ongoing counseling and/or behavioral health support.Enrollment in a drug addiction treatment program/ counseling will be a "yes/ no" question.If the member is enrolled (answer= yes), the
ST Criteria	A documented trial of one month of the covered alternative: BUPRENORPHINE/NALOXONE SL
QL Criteria	2 tablet Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Subsys

Products Affected

- SUBSYS SUBLINGUAL LIQUID† 400 MCG, 800 MCG, 100 MCG, 200 MCG

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented contraindication or intolerance or allergy or failure of an adequate trial of one week of the preferred generic alternative, fentanyl transmucosal lozenge
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

Subsys

Products Affected

- SUBSYS SUBLINGUAL LIQUID† 1200 (600 X 2) MCG

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented trial of two days of the covered alternative : FENTANYL LOZENGE
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

Subsys

Products Affected

- SUBSYS SUBLINGUAL LIQUID† 1600 (800 X 2) MCG, 600 MCG

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented contraindication or intolerance or allergy or failure of an adequate trial of one week of the preferred generic alternative, fentanyl transmucosal lozenge
QL Criteria	8 sprays Per 1 Day
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Subsys

Products Affected

- SUBSYS SUBLINGUAL LIQUID† 200 MCG, 100 MCG, 400 MCG, 800 MCG

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented trial of two days of the covered alternative : FENTANYL LOZENGE
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

Subsys

Products Affected

- SUBSYS SUBLINGUAL LIQUID† 1200 (600 X 2) MCG

PA Criteria	Criteria Details
Covered Uses	Breakthrough cancer pain General anesthesia
Exclusion Criteria	
Required Medical Information	Concomitant use of long acting opioid therapy OR Member's resident state or contract state is California and the member is terminally ill
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	A Documented diagnosis of cancer and prescription is written by an oncologist or pain specialist OR Member is enrolled in a hospice program or meets hospice criteria OR Member's resident state or contract state is California and the member is terminal
ST Criteria	A documented contraindication or intolerance or allergy or failure of an adequate trial of one week of the preferred generic alternative, fentanyl transmucosal lozenge
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

Subutex

Products Affected

- SUBUTEX

QL Criteria	24 tabs Per 30 DAYs
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 tablets 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 tablets Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Sulfazine EC

Products Affected

- SULFAZINE EC

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

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 tablets 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 subcutaneous* 6 mg/0.5ml*
- *sumatriptan succinate subcutaneous* solution 6 mg/0.5ml*

QL Criteria	8 Syringe 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 subcutaneous* 4 mg/0.5ml*
- *sumatriptan succinate subcutaneous* solution 4 mg/0.5ml*

QL Criteria	4 kits Per 30 Days
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 subcutaneous* 4 mg/0.5ml*

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

Sumavel DosePro

Products Affected

- SUMAVEL DOSEPRO

ST Criteria	A documented trial of 14 days of one of the covered alternative(s) : NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN /RIZATRIPTAN ODT, ZOLMITRIPTAN / ZOLMITRIPTAN ODT
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

Sumavel DosePro

Products Affected

- SUMAVEL DOSEPRO

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

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

Supreme Test

Products Affected

- SUPREME TEST

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

Sure Edge Test

Products Affected

- SURE EDGE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

SureChek Blood Glucose Test

Products Affected

- SURECHEK BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

SureStep Pro Test

Products Affected

- SURESTEP PRO TEST

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

SureStep Test

Products Affected

- SURESTEP TEST

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

Sure-Test EasyPlus Mini Test

Products Affected

- SURE-TEST EASYPLUS MINI TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Sutent

Products Affected

- SUTENT ORAL CAPSULE 25 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

Sutent

Products Affected

- SUTENT ORAL CAPSULE 50 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

Sutent

Products Affected

- SUTENT ORAL CAPSULE 12.5 MG

QL Criteria	3 cap 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 unit 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

Tacrolimus

Products Affected

- *tacrolimus external*

QL Criteria	60 GM 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	480 ml Per 365 DAYs
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 cap Per 365 DAYS
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 12 MG/ML

QL Criteria	150 ml Per 365 DAYs
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tamsulosin HCl

Products Affected

- *tamsulosin hcl*

PA Criteria	Criteria Details
Covered Uses	Member is female AND Member has documented diagnosis of Urethral syndrome (urinary hesitancy, frequency, and dysuria) OR Member has documented diagnosis of intractable micturition difficulties (difficulty passing urine) OR Member has documented diagnosis
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
ST Criteria	try 1 month of a preferred generic alternative: alfuz/tamsu/finast/doxaz
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tanzeum

Products Affected

- TANZEUM

ST Criteria	Documented trial of one month of METFORMIN AND BYDUREON
QL Criteria	4 EA Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tarceva

Products Affected

- TARCEVA ORAL TABLET 150 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

Tarceva

Products Affected

- TARCEVA ORAL TABLET 25 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

Tasigna

Products Affected

- TASIGNA

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

Tekamlo

Products Affected

- TEKAMLO

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

Tekturna

Products Affected

- TEKTURNA

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Tekturna HCT

Products Affected

- TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 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

Telcare Blood Glucose Test

Products Affected

- TELCARE BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Telmisartan

Products Affected

- *telmisartan 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

Telmisartan

Products Affected

- *telmisartan oral tablet 40 mg*

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

Telmisartan-Amlodipine

Products Affected

- *telmisartan-amlodipine oral tablet 80-5 mg, 80-10 mg, 40-5 mg, 40-10 mg*

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

Testim

Products Affected

- TESTIM

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

Testosterone

Products Affected

- *testosterone transdermal 12.5 mg/act (1%), 50 mg/5gm (1%)*

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

Testosterone

Products Affected

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

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

Testosterone

Products Affected

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

QL Criteria	2.5 grams Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

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

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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 400 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
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

Teveten

Products Affected

- TEVETEN ORAL TABLET 400 MG

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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

Teveten HCT

Products Affected

- TEVETEN HCT

ST Criteria	Documented trial of one month of one of the covered alternatives: CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ
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	A documented trial of one month of one of the covered alternatives : CANDESARTAN, CANDESARTAN/HCTZ, EPROSARTAN MESYLATE, IRBESARTAN, LOSARTAN POTASSIUM, IRBESARTAN/HCTZ, LOSARTAN POTASSIUM/HCTZ, VALSARTAN/HCTZ, TELMISARTAN, VALSARTAN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tev-Tropin

Products Affected

- TEV-TROPIN

ST Criteria	A documented trial of one month of one of the covered alternatives : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Tev-Tropin

Products Affected

- TEV-TROPIN

ST Criteria	A documented trial of one month of one of the covered alternative : OMNITROPE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

TGT Blood Glucose Test

Products Affected

- *tgt blood glucose test*

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Thalomid

Products Affected

- THALOMID ORAL CAPSULE 50 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

Thalomid

Products Affected

- THALOMID ORAL CAPSULE 200 MG, 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

TiaGABine HCl

Products Affected

- *tiagabine hcl oral tablet 2 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

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

Tobi Podhaler

Products Affected

- TOBI PODHALER

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

Today Sponge

Products Affected

- TODAY SPONGE

QL Criteria	15 units Per 30 Days
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Topamax

Products Affected

- TOPAMAX

ST Criteria	A documented trial of one month of the covered alternative : TOPIRAMATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Topamax

Products Affected

- TOPAMAX

ST Criteria	Documented trial of one month of the covered alternative: TOPIRAMATE
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

ST Criteria	A documented trial of one month of the covered alternative : TOPIRAMATE
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

Topamax Sprinkle

Products Affected

- TOPAMAX SPRINKLE

ST Criteria	Documented trial of one month of the covered alternative: TOPIRAMATE
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

Topiramate

Products Affected

- *topiramate oral capsule sprinkle*

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

Toujeo SoloStar

Products Affected

- TOUJEO SOLOSTAR

PA Criteria	Criteria Details
Covered Uses	Type 1 or Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	Step Therapy
ST Criteria	Documented 1 month trial of LEVEMIR
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Toviaz

Products Affected

- TOVIAZ

ST Criteria	A documented trial of one month of one of the covered alternatives : OXYBUTYNIN, TOLTERODINE, TROSPIUM
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

Toviaz

Products Affected

- TOVIAZ

ST Criteria	Documented trial of 1 month of 1 of TROSPIUM/ ER, TOLTERIDINE/ ER AND MYRBETRIQ AND VESICARE
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

Tradjenta

Products Affected

- TRADJENTA

PA Criteria	Criteria Details
Covered Uses	Type 2 Diabetes Mellitus
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of 1 month of METFORMIN AND JANUVIA/JANUMET/JANUMET XR or ONGLYZA/KOMBIGLYZE XR
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 HCl ER

Products Affected

- *tramadol hcl er oral tablet extended release 24 hr**
300 mg, 100 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

TraMADol HCl ER

Products Affected

- *tramadol hcl 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

TraMADol HCl ER

Products Affected

- *tramadol hcl er oral capsule extended release 24 hour 150 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

TraMADol HCl ER (Biphasic)

Products Affected

- *tramadol hcl er (biphasic) 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

TraMADol HCl ER (Biphasic)

Products Affected

- *tramadol hcl er (biphasic) oral tablet extended release 24 hr* 100 mg, 300 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

Travatan Z

Products Affected

- TRAVATAN Z

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

Travoprost

Products Affected

- *travoprost*

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 trial of 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

Tretin-X

Products Affected

- TRETIN-X EXTERNAL KIT
- TRETIN-X EXTERNAL CREAM 0.0375 %

ST Criteria	A documented trial of one month of the covered alternative : TRETINOIN
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Treximet

Products Affected

- TREXIMET

ST Criteria	A documented trial of 14 days of one of the covered alternative(s) : NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN /RIZATRIPTAN ODT, ZOLMITRIPTAN / ZOLMITRIPTAN ODT
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

Tribenzor

Products Affected

- TRIBENZOR

PA Criteria	Criteria Details
Covered Uses	Treatment of hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of one month of one of the covered alternatives: EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, CANDESARTAN, CANDESARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ, TELMISARTAN/AMLODIPINE
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

Tribenzor

Products Affected

- TRIBENZOR

PA Criteria	Criteria Details
Covered Uses	Treatment of hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of one of the covered alternatives: EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, CANDESARTAN, CANDESARTAN/HCTZ, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ
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

Triglide

Products Affected

- TRIGLIDE

ST Criteria	A documented trial of one month of the covered alternative(s) : FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Triglide

Products Affected

- TRIGLIDE

ST Criteria	Documented trial of one month of the covered alternative: FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Trilipix

Products Affected

- TRILIPIX

ST Criteria	A documented trial of one month of the covered alternative(s) : FENOFIBRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Trilipix

Products Affected

- TRILIPIX

ST Criteria	Documented trial of one month of the covered alternative: FENOFIBRATE
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 tablets 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 capsule Per 1 Day
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

True Care Test Strip Pack

Products Affected

- *true care test strip pack*

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

TRUEtest Test

Products Affected

- TRUETEST TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

TrueTrack Test

Products Affected

- TRUETRACK TEST

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

Truvada

Products Affected

- TRUVADA

PA Criteria	Criteria Details
Covered Uses	Human Immunodeficiency Virus (HIV) Initiating therapy for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 in adults at high risk
Exclusion Criteria	
Required Medical Information	Before starting Truvada for PrEP Confirm a negative HIV antibody test and every 3 months thereafter while on therapy Confirmation that creatinine clearance value greater than ≥ 60 mL/min before initiating Truvada for PrEP AND Serum creatinine and calculate creatinine
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

Tudorza Pressair

Products Affected

- TUDORZA PRESSAIR

PA Criteria	Criteria Details
Covered Uses	COPD
Exclusion Criteria	
Required Medical Information	Documented diagnosis of COPD.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	
QL Criteria	1 unit 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

PA Criteria	Criteria Details
Covered Uses	Treatment of hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of one of the covered alternatives: EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, CANDESARTAN, CANDESARTAN/HCTZ, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ
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

Twynsta

Products Affected

- TWYNSTA

PA Criteria	Criteria Details
Covered Uses	Treatment of hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of one month of one of the covered alternatives: EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, CANDESARTAN, CANDESARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ, TELMISARTAN/AMLODIPINE
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

Twynsta

Products Affected

- TWYNSTA

PA Criteria	Criteria Details
Covered Uses	Treatment of hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	Documented trial of one month of one of the covered alternatives: EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, CANDESARTAN, CANDESARTAN/HCTZ, TELMISARTAN, TELMISARTAN/HCTZ, TELMISARTAN/AMLODIPINE
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

Twynsta

Products Affected

- TWYNSTA

PA Criteria	Criteria Details
Covered Uses	Treatment of hypertension
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of one of the covered alternatives: EPROSARTAN, IRBESARTAN, LOSARTAN, IRBESARTAN/HCTZ, LOSARTAN/HCTZ, VALSARTAN/HCTZ, CANDESARTAN, CANDESARTAN/HCTZ, TELMISARTAN/AMLODIPINE, TELMISARTAN/HCTZ
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

Tykerb

Products Affected

- TYKERB

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

Tysabri

Products Affected

- TYSABRI

ST Criteria	A documented trial of one month of one of the covered alternatives : COPAXONE, REBIF
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 tabs Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Uloric

Products Affected

- ULORIC

ST Criteria	A documented trial of one month of one of the covered alternatives : ALLOPURINOL, PROBENECID, PROBENECID-COLCHICINE
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

Uloric

Products Affected

- ULORIC

ST Criteria	Documented trial of one month of one of the covered alternatives: ALLOPURINOL, PROBENECID, PROBENECID-COLCHICINE
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

Ultima Test

Products Affected

- ULTIMA TEST

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

Ultram ER

Products Affected

- ULTRAM 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

Ultram ER

Products Affected

- ULTRAM ER ORAL TABLET EXTENDED RELEASE 24
HR* 300 MG, 100 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

UltraTRAK PRO Test

Products Affected

- ULTRATRAK PRO TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

UltraTRAK Ultimate Test

Products Affected

- ULTRATRAK ULTIMATE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Ultresa

Products Affected

- ULTRESA

ST Criteria	Documented trial of one month of one of the covered alternatives: CREON, ULTRASE, ULTRASE MT, ZENPEP
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ultresa

Products Affected

- ULTRESA

ST Criteria	A documented trial of one month of one of the covered alternatives: CREON, ULTRASE, ULTRASE MT, ZENPEP
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Valsartan

Products Affected

- *valsartan oral tablet 40 mg, 80 mg, 160 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

Valsartan-Hydrochlorothiazide

Products Affected

- *valsartan-hydrochlorothiazide oral tablet 160-25 mg, 80-12.5 mg, 160-12.5 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

Vanos

Products Affected

- VANOS

ST Criteria	A documented trial of one week or one course of one of the covered alternatives : AMCINONIDE, BETAMETHASONE, DESONIDE, FLUTICASONE, ALCLOMETASONE, FLUOCINONIDE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vanos

Products Affected

- VANOS

ST Criteria	Documented trial of one week or one course of one of the covered alternatives: AMCINONIDE, BETAMETHASONE, DESONIDE, FLUTICASONE, ALCLOMETASONE, FLUOCINONIDE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Veltin

Products Affected

- VELTIN

ST Criteria	A documented trial of one month of the covered alternative : TRETINOIN
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 50 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

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

Products Affected

- *venlafaxine hcl oral tablet 75 mg*

QL Criteria	5 tablets 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 capsule 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* 225 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

Venlafaxine HCl ER

Products Affected

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

Venlafaxine HCl ER

Products Affected

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

Venlafaxine HCl ER

Products Affected

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

Ventolin HFA

Products Affected

- VENTOLIN HFA

ST Criteria	A documented trial of one month of one of the covered alternative : PROVENTIL AER HFA, 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

Veramyst

Products Affected

- VERAMYST

ST Criteria	Trial of 2 weeks each of 2 of the following: fluticasone propionate OR flunisolide nasal spray OR Triamcinolone OR Nasacort 24HR OTC (choose 1) AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Verdeso

Products Affected

- VERDESO

ST Criteria	Documented trial of one week or one course of the covered alternative: DESONIDE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Verdeso

Products Affected

- VERDESO

ST Criteria	A documented trial of one week or one course of the covered alternative : DESONIDE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

VESicare

Products Affected

- VESICARE

ST Criteria	Documented trial of one month of the covered alternative: TROSPIUM/ ER, TOLTERODINE/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

Vfend

Products Affected

- VFEND

PA Criteria	Criteria Details
Covered Uses	Vfend oral: Treatment or prophylaxis of invasive aspergillosis Candidemia Esophageal/oropharyngeal candidiasis in HIV-infected persons Esophageal candidiasis Disseminated candidiasis, of the skin and infections in abdomen, kidney, bladder wall, and woun
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	Infectious Disease Specialist
Coverage Duration	6 MONTHS
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Vfend IV

Products Affected

- VFEND IV

PA Criteria	Criteria Details
Covered Uses	Vfend oral: Treatment or prophylaxis of invasive aspergillosis Candidemia Esophageal/oropharyngeal candidiasis in HIV-infected persons Esophageal candidiasis Disseminated candidiasis, of the skin and infections in abdomen, kidney, bladder wall, and woun
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	Infectious Disease Specialist
Coverage Duration	6 MONTHS
Other Criteria	
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Viagra

Products Affected

- VIAGRA

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

Victory AGM-4000 Test

Products Affected

- VICTORY AGM-4000 TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Victoza

Products Affected

- VICTOZA

ST Criteria	Documented trial of one month of METFORMIN AND BYDUREON
QL Criteria	3 units Per 30 Days
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 cap 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

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 YEARS
Other Criteria	
ST Criteria	Trial of 3 different antidepressants from at least two different therapeutic subclasses, i.e., SSRIs (FLUOXETINE, CITALOPRAM), SNRIs (DULOXETINE, VENLAFAXINE), TCAs (AMITRIPTYLINE, NORTRIPTYLINE), heterocyclic antidepressants (MIRTAZAPINE, TRAZODONE)
QL Criteria	1 tablet Per 1 DAY
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Viibryd

Products Affected

- VIIBRYD

PA Criteria	Criteria Details
Covered Uses	Major depressive disorder
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	3 YEARS
Other Criteria	
ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Vimovo

Products Affected

- VIMOVO

ST Criteria	A documented trial of one month of one of the covered alternatives : LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE
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

Vimovo

Products Affected

- VIMOVO

ST Criteria	Documented trial of one month of one of the covered alternatives: LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE, RABEPRAZOLE
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

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

Viokace

Products Affected

- VIOKACE

ST Criteria	Documented trial of one month of one of the covered alternatives: CREON, ULTRASE, ULTRASE MT, ZENPEP
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Viokace

Products Affected

- VIOKACE

ST Criteria	A documented trial of one month of one of the covered alternatives: CREON, ULTRASE, ULTRASE MT, ZENPEP
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Viramune

Products Affected

- VIRAMUNE

ST Criteria	A documented trial of one month of a covered alternative : NEVIRAPINE, NEVIRAPINE ER
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

ST Criteria	A documented trial of one month of a covered alternative : NEVIRAPINE, NEVIRAPINE ER
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

Vocal Point Blood Glucose Test

Products Affected

- VOCAL POINT BLOOD GLUCOSE TEST

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Vogelxo

Products Affected

- VOGELXO

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

Vogelxo Pump

Products Affected

- VOGELXO PUMP

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

Voltaren

Products Affected

- VOLTAREN TRANSDERMAL

ST Criteria	A documented trial of two weeks of one (1) preferred generic NSAID
QL Criteria	16.7 gm Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Voriconazole

Products Affected

- *voriconazole intravenous**
- *voriconazole oral*

PA Criteria	Criteria Details
Covered Uses	Vfend oral: Treatment or prophylaxis of invasive aspergillosis Candidemia Esophageal/oropharyngeal candidiasis in HIV-infected persons Esophageal candidiasis Disseminated candidiasis, of the skin and infections in abdomen, kidney, bladder wall, and woun
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	Infectious Disease Specialist
Coverage Duration	6 MONTHS
Other Criteria	
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

ST Criteria	Documented trial of one month of one GENERIC FLUVASTATIN, LOVASTATIN, PRVASTATIN, SIMVASTATIN or ATORVASTATIN AND CRESTOR
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

Vyvanse

Products Affected

- VYVANSE

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

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

WaveSense Presto

Products Affected

- WAVESENSE PRESTO

ST Criteria	Documented trial of one month of ONETOUCH TEST STRIPS
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

Wellbutrin

Products Affected

- WELLBUTRIN

ST Criteria	A documented trial of one month of one of the covered alternatives : BUPROPION, MAPROTILINE
QL Criteria	6 tablets Per 1 week
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

ST Criteria	A documented trial of one month of one of the covered alternatives : BUPROPION, MAPROTILINE
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

Wellbutrin XL

Products Affected

- WELLBUTRIN XL

ST Criteria	A documented trial of one month of one of the covered alternatives : BUPROPION, MAPROTILINE
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

Wide-Seal Diaphragm 60

Products Affected

- WIDE-SEAL DIAPHRAGM 60

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

Wide-Seal Diaphragm 65

Products Affected

- WIDE-SEAL DIAPHRAGM 65

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

Wide-Seal Diaphragm 70

Products Affected

- WIDE-SEAL DIAPHRAGM 70

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

Wide-Seal Diaphragm 75

Products Affected

- WIDE-SEAL DIAPHRAGM 75

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

Wide-Seal Diaphragm 80

Products Affected

- WIDE-SEAL DIAPHRAGM 80

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

Wide-Seal Diaphragm 85

Products Affected

- WIDE-SEAL DIAPHRAGM 85

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

Wide-Seal Diaphragm 90

Products Affected

- WIDE-SEAL DIAPHRAGM 90

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

Wide-Seal Diaphragm 95

Products Affected

- WIDE-SEAL DIAPHRAGM 95

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

Winn Dixie Medic Test

Products Affected

- *winn dixie medic test*

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

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

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 trial of 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 cap Per 1 DAY
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

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

Xarelto

Products Affected

- XARELTO ORAL TABLET 10 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Diagnosis of FDA approved indication
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
QL Criteria	35 tablets 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 15 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Diagnosis of FDA approved indication
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	
QL Criteria	42 tablets 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 20 MG

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Diagnosis of FDA approved indication
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

Xarelto Starter Pack

Products Affected

- XARELTO STARTER PACK

PA Criteria	Criteria Details
Covered Uses	All FDA approved indications
Exclusion Criteria	
Required Medical Information	Diagnosis of FDA approved indication
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

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

Xifaxan

Products Affected

- XIFAXAN

PA Criteria	Criteria Details
Covered Uses	1. Hepatic Encephalopathy 2: Irritable Bowel Syndrome (IBS) with Diarrhea.
Exclusion Criteria	1. Pregnancy 2. Severe hepatic impairment (child-Pugh C)
Required Medical Information	1. For HE:a. Documented diagnosis of H.E Member is 18 years and older, AND b. has a therapeutic failure or contraindication to Lactulose2. For IBS w/ Diarrhea: a. Member has a documented diagnosis of Irritable Bowel Syndrome with Diarrhea (IBS-D), a
Age Restrictions	18 years or older
Prescriber Restrictions	
Coverage Duration	HEPATIC ENCEPHALOPATHY: 1 yearIBS: 30 days
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Xifaxan

Products Affected

- XIFAXAN

PA Criteria	Criteria Details
Covered Uses	Travellers Diarrhea
Exclusion Criteria	1. Pregnancy 2. Severe hepatic impairment (child-Pugh C)
Required Medical Information	1. Documented Diagnosis of Travelers Diarrhea caused by noninvasive strains of Escherichia coli
Age Restrictions	12 years and older
Prescriber Restrictions	
Coverage Duration	30 days
Other Criteria	
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 trial of 1 month of metformin AND Invokana/Invokamet
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

Products Affected

- XOPENEX

ST Criteria	A documented trial of one month of one of the covered alternative : PROVENTIL AER HFA, PROAIR HFA
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

PA Criteria	Criteria Details
Covered Uses	Bronchospasm prophylaxis
Exclusion Criteria	
Required Medical Information	Documented diagnosis of asthma requiring prevention/treatment of bronchospasm.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	Step Therapy
ST Criteria	A documented trial of one month of one of the covered alternative : PROVENTIL AER HFA, 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

Xopenex HFA

Products Affected

- XOPENEX HFA

PA Criteria	Criteria Details
Covered Uses	Bronchospasm prophylaxis
Exclusion Criteria	
Required Medical Information	Documented diagnosis of asthma requiring prevention/treatment of bronchospasm.
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	TBD - Pending
Other Criteria	Step Therapy
ST Criteria	Documented trial of one month of one of the covered alternatives: PROVENTIL AER HFA, 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

Xtandi

Products Affected

- XTANDI

ST Criteria	A documented trial of one month of the covered alternative: ZYTIGA
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	Cataplexy Narcolepsy
Exclusion Criteria	
Required Medical Information	Narcolepsy confirmed by sleep lab evaluation OR Member has episodes of cataplexy including hypnagogic hallucinations and/or sleep paralysis OR Member has excessive daytime sleepiness with symptoms that limit the ability to perform normal daily activities
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

Zaleplon

Products Affected

- *zaleplon oral capsule 5 mg*

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

Zaleplon

Products Affected

- *zaleplon oral capsule 10 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

Zegerid

Products Affected

- ZEGERID

PA Criteria	Criteria Details
Covered Uses	1. Gastroesophageal reflux disease 2. Duodenal ulcer disease 3. Gastric hypersecretion 4. Preventative Needs -Member is on chronic oral corticosteroid therapy (greater than or equal to 60 days) (for oral corticosteroids please click here -Member is post t
Exclusion Criteria	Aetna does NOT consider prescription PPIs to be medically necessary for members with the following indications:Uncomplicated heartburn of greater than 1-month duration, with a frequency of at least 2 heartburn episodes per week when all of the following
Required Medical Information	A. Documented diagnosis listed below (no requirement for nonprescription Prilosec OTC)IndicationUlcersGastrojejunal ulcer - active: maintenanceHealing of NSAID-associated gastric ulcerMaintenance of healed duodenal ulcersStress ulcer/surgical prophy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those me
ST Criteria	A documented trial of one month of one of the covered alternatives: LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE, RABEPRAZOLE
QL Criteria	1 packet 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	1. Gastroesophageal reflux disease 2. Duodenal ulcer disease 3. Gastric hypersecretion 4. Preventative Needs -Member is on chronic oral corticosteroid therapy (greater than or equal to 60 days) (for oral corticosteroids please click here -Member is post t
Exclusion Criteria	Aetna does NOT consider prescription PPIs to be medically necessary for members with the following indications:Uncomplicated heartburn of greater than 1-month duration, with a frequency of at least 2 heartburn episodes per week when all of the following
Required Medical Information	A. Documented diagnosis listed below (no requirement for nonprescription Prilosec OTC)IndicationUlcersGastrojejunal ulcer - active: maintenanceHealing of NSAID-associated gastric ulcerMaintenance of healed duodenal ulcersStress ulcer/surgical prophy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those me
ST Criteria	A documented trial of one month of one of the covered alternatives : LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE
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

Zegerid

Products Affected

- ZEGERID

PA Criteria	Criteria Details
Covered Uses	1. Gastroesophageal reflux disease 2. Duodenal ulcer disease 3. Gastric hypersecretion 4. Preventative Needs -Member is on chronic oral corticosteroid therapy (greater than or equal to 60 days) (for oral corticosteroids please click here -Member is post t
Exclusion Criteria	Aetna does NOT consider prescription PPIs to be medically necessary for members with the following indications:Uncomplicated heartburn of greater than 1-month duration, with a frequency of at least 2 heartburn episodes per week when all of the following
Required Medical Information	A. Documented diagnosis listed below (no requirement for nonprescription Prilosec OTC)IndicationUlcersGastrojejunal ulcer - active: maintenanceHealing of NSAID-associated gastric ulcerMaintenance of healed duodenal ulcersStress ulcer/surgical prophy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those me
ST Criteria	A documented trial of one month of one of the covered alternatives : LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE
QL Criteria	1 packet 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	1. Gastroesophageal reflux disease 2. Duodenal ulcer disease 3. Gastric hypersecretion 4. Preventative Needs -Member is on chronic oral corticosteroid therapy (greater than or equal to 60 days) (for oral corticosteroids please click here -Member is post t
Exclusion Criteria	Aetna does NOT consider prescription PPIs to be medically necessary for members with the following indications:Uncomplicated heartburn of greater than 1-month duration, with a frequency of at least 2 heartburn episodes per week when all of the following
Required Medical Information	A. Documented diagnosis listed below (no requirement for nonprescription Prilosec OTC)IndicationUlcersGastrojejunal ulcer - active: maintenanceHealing of NSAID-associated gastric ulcerMaintenance of healed duodenal ulcersStress ulcer/surgical prophy
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 YEAR
Other Criteria	For coverage of additional quantities, a member's treating physician must request prior authorization through the Pharmacy Management Precertification Unit. Additional quantities of proton pump inhibitors may be considered medically necessary for those me
ST Criteria	A documented trial of one month of one of the covered alternatives: LANSOPRAZOLE, OMEPRAZOLE, PANTOPRAZOLE, RABEPRAZOLE
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 tablets 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

Zenatane

Products Affected

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

PA Criteria	Criteria Details
Covered Uses	severe recalcitrant nodular or cystic acne
Exclusion Criteria	
Required Medical Information	Member already has evidence of scarring AND Member is enrolled in the FDA iPLEDGE program (females of childbearing potential ONLY)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	6 months
Other Criteria	For coverage of additional quantities (greater than 2 capsules per day) member must meet the following criteria: 1. Patient requires more than 2 capsules per day to reach the appropriate dose for weight, AND 2. This is the members FIRST course of therapy
ST Criteria	Documented trial of 1 generic oral antibiotic prescribed for the treatment of acne (i.e., MINOCYCLINE or DOXYCYCLINE)
QL Criteria	2 capsules Per 1 Day
Notes/References	
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

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
ST Criteria	Documented trial of 14 days each of 3 of AMPHETAMINE/DEXTROAMPHETAMINE/ SR, DEXMETHYLPHENIDATE/ SR, DEXTROAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE/ ER/ SR, STRATTERA, or VYVANSE
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

Zeosa

Products Affected

- ZEOSA

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

Zerit

Products Affected

- ZERIT

ST Criteria	A documented trial of one month of the covered alternative : STAVUDINE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zetia

Products Affected

- ZETIA

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

Zetonna

Products Affected

- ZETONNA

ST Criteria	A documented trial of one month of one of the covered alternatives : AZELASTINE, FLUTICASONE, FLUNISOLIDE, TRIAMCINOLONE, BUDESONIDE
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	Trial of 2 weeks each of 2 of the following: fluticasone propionate OR flunisolide nasal spray OR Triamcinolone OR Nasacort 24HR OTC (choose 1) AND Nasonex
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ziagen

Products Affected

- ZIAGEN

ST Criteria	A documented trial of one month of the covered alternative : ABACAVIR
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ziagen

Products Affected

- ZIAGEN

ST Criteria	Documented trial of one month of the covered alternative: ABACAVIR
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zioptan

Products Affected

- ZIOPTAN

ST Criteria	A documented trial of one month of one of the covered alternatives : LATANOPROST, TRAVOPROST
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

Ziprasidone HCl

Products Affected

- *ziprasidone hcl*

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

Zocor

Products Affected

- ZOCOR

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

Zofran

Products Affected

- ZOFRAN ORAL TABLET

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

Zofran

Products Affected

- ZOFRAN ORAL SOLUTION

QL Criteria	50 ml Per 30 DAYS
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	12 tabs Per 30 DAYs
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zolinza

Products Affected

- ZOLINZA

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

ZOLMitriptan

Products Affected

- *zolmitriptan oral*

QL Criteria	6 tablets Per 30 Days
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

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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 100 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Zoloft

Products Affected

- ZOLOFT ORAL TABLET 50 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
QL Criteria	45 tabs 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 TABLET 25 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : ?BUPROPRION/ SR/ XL, CITALOPRAM, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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 50 MG

ST Criteria	A documented trial of one month of one of the covered alternatives: ?BUPROPRION/ SR/ XL, CITALOPRAM, DULOXETINE, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
QL Criteria	45 tabs 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 TABLET 100 MG

ST Criteria	A documented trial of one month of one of the covered alternatives: ?BUPROPRION/ SR/ XL, CITALOPRAM, DULOXETINE, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Zoloft

Products Affected

- ZOLOFT ORAL TABLET 25 MG

ST Criteria	A documented trial of one month of one of the covered alternatives: ?BUPROPRION/ SR/ XL, CITALOPRAM, DULOXETINE, ESCITALOPRAM, FLUVOXAMINE, FLUOXETINE, MIRTAZAPINE/ ODT, PAROXETINE/ CR, SERTRALINE, VENLAFAXINE, OR VENLAFAXINE SR CAPSULE
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

Zolpidem Tartrate

Products Affected

- *zolpidem tartrate oral tablet 10 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

Zolpidem Tartrate

Products Affected

- *zolpidem tartrate oral tablet 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

Zolpidem Tartrate ER

Products Affected

- *zolpidem tartrate er*

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

Zolpimist

Products Affected

- ZOLPIMIST

ST Criteria	Documented trial of two days of one of the covered alternatives: ZALEPLON, ZOLPIDEM
QL Criteria	0.26 ml Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zolpimist

Products Affected

- ZOLPIMIST

ST Criteria	A documented trial of two days of one of the covered alternatives : ZALEPLON, ZOLPIDEM
QL Criteria	0.26 ml Per 1 DAY
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zometa

Products Affected

- ZOMETA

ST Criteria	A documented trial of one month of the covered alternative : ZOLEDRONIC ACID MONOHYDRATE
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zomig

Products Affected

- ZOMIG

ST Criteria	A documented trial of 14 days of one of the covered alternative(s) : NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN /RIZATRIPTAN ODT, ZOLMITRIPTAN / ZOLMITRIPTAN ODT
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

ST Criteria	A documented trial of 14 days of one of the covered alternative(s) : NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN /RIZATRIPTAN ODT, ZOLMITRIPTAN / ZOLMITRIPTAN ODT
QL Criteria	6 tablets 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

ST Criteria	A documented trial of 14 days of one of the covered alternative(s) : NARATRIPTAN, SUMATRIPTAN, RIZATRIPTAN /RIZATRIPTAN ODT, ZOLMITRIPTAN / ZOLMITRIPTAN ODT
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

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

Zubsolv

Products Affected

- ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG, 1.4-0.36 MG

PA Criteria	Criteria Details
Covered Uses	Opioid dependence
Exclusion Criteria	
Required Medical Information	Note: 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/ bupreno
Age Restrictions	
Prescriber Restrictions	Prescriber provides verbal verification of patient's current and ongoing enrollment in an outpatient drug addiction treatment program/ counseling
Coverage Duration	6 MONTHS30 days FOR INDUCTION
Other Criteria	*Note: The drug addiction treatment program should provide member ongoing counseling and/or behavioral health support.Enrollment in a drug addiction treatment program/ counseling will be a "yes/ no" question.If the member is enrolled (answer= yes), the
ST Criteria	try generic bupren/nalox sub
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

Zyban

Products Affected

- ZYBAN

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

Zyclara

Products Affected

- ZYCLARA

PA Criteria	Criteria Details
Covered Uses	actinic keratosis OR external genital OR perianal warts (Condyloma acuminata)
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	1 YEAR
Coverage Duration	TBD - Pending
Other Criteria	
QL Criteria	56 packets Per 365 DAYS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Zyclara Pump

Products Affected

- ZYCLARA PUMP

PA Criteria	Criteria Details
Covered Uses	actinic keratosis OR external genital OR perianal warts (Condyloma acuminata)
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	1 YEAR
Coverage Duration	TBD - Pending
Other Criteria	
QL Criteria	2 pumps Per 365 DAYS
Notes/ References	
Revision Date	Prior Authorization: August 25, 2015 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

ZyPREXA

Products Affected

- ZYPREXA ORAL TABLET 20 MG, 10 MG, 15 MG, 5 MG, 7.5 MG

ST Criteria	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
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

ZyPREXA

Products Affected

- ZYPREXA ORAL TABLET 5 MG, 15 MG, 10 MG, 7.5 MG, 20 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

ZyPREXA

Products Affected

- ZYPREXA ORAL TABLET 2.5 MG

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

ZyPREXA

Products Affected

- ZYPREXA ORAL TABLET 2.5 MG

ST Criteria	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
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

ZYPREXA Zydys

Products Affected

- ZYPREXA ZYDIS

ST Criteria	A documented trial of one month of one of the covered alternatives : RISPERIDONE, QUETIAPINE, OLANZAPINE, ZIPRASIDONE,OLANZAPINE/FLUOXETINE
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

ZYPREXA Zydys

Products Affected

- ZYPREXA ZYDIS

ST Criteria	Trial of 1 month each of: 1 generic (aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone) Plus Latuda
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

Zyvox

Products Affected

- ZYVOX

PA Criteria	Criteria Details
Covered Uses	vancomycin-resistant enterococci nosocomial pneumonia complicated and uncomplicated skin and skin structure infections community-acquired pneumonia
Exclusion Criteria	
Required Medical Information	Treatment of vancomycin-resistant <i>Enterococcus faecium</i> (VRE) infections, nosocomial pneumonia caused by <i>Staphylococcus aureus</i> (including MRSA) or <i>Streptococcus pneumoniae</i> (including multidrug-resistant strains [MDRSP]), complicated and uncomplicated skin
Age Restrictions	
Prescriber Restrictions	Infectious Disease Specialist
Coverage Duration	30 days
Other Criteria	
Notes/References	
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<i>80-12.5 mg, 160-12.5 mg</i>	1169	WIDE-SEAL DIAPHRAGM 70	1218
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ZYPREXA ORAL TABLET 2.5 MG	1292		
ZYPREXA ORAL TABLET 2.5 MG	1293		
ZYPREXA ORAL TABLET 20 MG, 10 MG, 15 MG, 5 MG, 7.5 MG	1290		