

ELECTIVE BENEFITS CRITERIA: The drugs listed in this document are not covered under Aetna standard pharmacy benefits. However, coverage may be available based on state mandates or the options purchased by your employer. Call the member services number on your ID card for questions about your coverage.

Addyi

Products Affected

- ADDYI

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

Elective Benefits Criteria Guide

Updated 09/01/2018

PA Criteria	Criteria Details
Coverage Duration	Initial: 12 weeks - Renewal: 1 year
Other Criteria	
QL Criteria	1 tablet Per 1 Day
Notes/References	Annual Review: 10/2016
Revision Date	Prior Authorization: March 20, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 17, 2018

Adipex-P

Products Affected

- ADIPEX-P

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m ² or a documented BMI greater than 27 kg/ m ² with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Belviq

Products Affected

- BELVIQ

PA Criteria	Criteria Details
Covered Uses	Body Mass Index (BMI) greater than 30kg/m ² or BMI greater than 27kg/m ² with one or more of the items in the required medical information section
Exclusion Criteria	Concomitant use of two or more anti-obesity agents, pregnancy
Required Medical Information	Hypertension (systolic blood pressure greater than 140mm Hg or diastolic blood pressure greater than 90mm Hg on more than one occasion), Dyslipidemia (LDL cholesterol greater than/= 160mg/dL: HDL cholesterol less than 35mg/dL: triglycerides greater than/= 400mg/dL), Type 2 Diabetes Mellitus, Coronary Heart Disease, or Obstructive Sleep Apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Continuation Criteria: The member has lost at least 5% of body weight from baseline
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Belviq XR

Products Affected

- BELVIQ XR

PA Criteria	Criteria Details
Covered Uses	Body Mass Index (BMI) greater than 30kg/m ² or BMI greater than 27kg/m ² with one or more of the items in the required medical information section
Exclusion Criteria	Concomitant use of two or more anti-obesity agents, pregnancy
Required Medical Information	Hypertension (systolic blood pressure greater than 140mm Hg or diastolic blood pressure greater than 90mm Hg on more than one occasion), Dyslipidemia (LDL cholesterol greater than/= 160mg/dL: HDL cholesterol less than 35mg/dL: triglycerides greater than/= 400mg/dL), Type 2 Diabetes Mellitus, Coronary Heart Disease, or Obstructive Sleep Apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Continuation Criteria: The member has lost at least 5% of body weight from baseline
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Benzphetamine HCl

Products Affected

- *benzphetamine hcl*

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m2 or a documented BMI greater than 27 kg/ m2 with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Bravelle

Products Affected

- BRAVELLE

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/infertility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Caverject

Products Affected

- CAVERJECT

PA Criteria	Criteria Details
Covered Uses	Primary diagnosis of erectile dysfunction
Exclusion Criteria	Males with concomitant use of nitrate products or other PDE-5 inhibitors
Required Medical Information	A secondary diagnosis of diabetes, hypertension, spinal cord injury, multiple sclerosis, stroke, radical surgery of genital tract, urinary tract, or rectum, or hypogonadism
Age Restrictions	18 years of age and older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Quantity limits apply and will vary by plan. Brand-name drugs expected to become available generically in the near future for drugs in this class (including CIALIS, LEVITRA, STAXYN, VIAGRA). After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
Notes/References	
Revision Date	Prior Authorization: March 08, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Caverject Impulse

Products Affected

- CAVERJECT IMPULSE

PA Criteria	Criteria Details
Covered Uses	Primary diagnosis of erectile dysfunction
Exclusion Criteria	Males with concomitant use of nitrate products or other PDE-5 inhibitors
Required Medical Information	A secondary diagnosis of diabetes, hypertension, spinal cord injury, multiple sclerosis, stroke, radical surgery of genital tract, urinary tract, or rectum, or hypogonadism
Age Restrictions	18 years of age and older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Quantity limits apply and will vary by plan. Brand-name drugs expected to become available generically in the near future for drugs in this class (including CIALIS, LEVITRA, STAXYN, VIAGRA). After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
Notes/References	
Revision Date	Prior Authorization: March 08, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cetrotide

Products Affected

- CETROTIDE SUBCUTANEOUS KIT 0.25 MG

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/infertility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Chorionic Gonadotropin

Products Affected

- *chorionic gonadotropin intramuscular*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/infertility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Cialis

Products Affected

- CIALIS

PA Criteria	Criteria Details
Covered Uses	Primary diagnosis of erectile dysfunction
Exclusion Criteria	Males with concomitant use of nitrate products or other PDE-5 inhibitors
Required Medical Information	A secondary diagnosis of diabetes, hypertension, spinal cord injury, multiple sclerosis, stroke, radical surgery of genital tract, urinary tract, or rectum, or hypogonadism
Age Restrictions	18 years of age and older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Quantity limits apply and will vary by plan. Brand-name drugs expected to become available generically in the near future for drugs in this class (including CIALIS, LEVITRA, STAXYN, VIAGRA). After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
Notes/References	Criteria for coverage of Cialis for benign prostatic hypertrophy can be located in the applicable formulary Clinical Policy Bulletin
Revision Date	Prior Authorization: March 08, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Contrace

Products Affected

- CONTRAVE

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m2 or a documented BMI greater than 27 kg/ m2 with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
QL Criteria	4 tablets Per 1 Day
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Didrex

Products Affected

- DIDREX

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m ² or a documented BMI greater than 27 kg/ m ² with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Diethylpropion HCl

Products Affected

- *diethylpropion hcl oral*

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m ² or a documented BMI greater than 27 kg/ m ² with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Diethylpropion HCl ER

Products Affected

- *diethylpropion hcl er*

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m ² or a documented BMI greater than 27 kg/ m ² with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Edex

Products Affected

- EDEX

PA Criteria	Criteria Details
Covered Uses	Primary diagnosis of erectile dysfunction
Exclusion Criteria	Males with concomitant use of nitrate products or other PDE-5 inhibitors
Required Medical Information	A secondary diagnosis of diabetes, hypertension, spinal cord injury, multiple sclerosis, stroke, radical surgery of genital tract, urinary tract, or rectum, or hypogonadism
Age Restrictions	18 years of age and older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Quantity limits apply and will vary by plan. Brand-name drugs expected to become available generically in the near future for drugs in this class (including CIALIS, LEVITRA, STAXYN, VIAGRA). After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
Notes/References	
Revision Date	Prior Authorization: March 08, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Follistim AQ

Products Affected

- FOLLISTIM AQ SUBCUTANEOUS

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/infertility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Ganirelix Acetate

Products Affected

- *ganirelix acetate*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/infertility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Gonal-f

Products Affected

- GONAL-F

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/inferility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Gonal-f RFF

Products Affected

- GONAL-F RFF

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/infertility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Gonal-f RFF Rediject

Products Affected

- GONAL-F RFF REDIJECT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/inferility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Leuprolide Acetate

Products Affected

- *leuprolide acetate injection*

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/Gonadotropins.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Levitra

Products Affected

- LEVITRA

PA Criteria	Criteria Details
Covered Uses	Primary diagnosis of erectile dysfunction
Exclusion Criteria	Males with concomitant use of nitrate products or other PDE-5 inhibitors
Required Medical Information	A secondary diagnosis of diabetes, hypertension, spinal cord injury, multiple sclerosis, stroke, radical surgery of genital tract, urinary tract, or rectum, or hypogonadism
Age Restrictions	18 years of age and older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Quantity limits apply and will vary by plan. Brand-name drugs expected to become available generically in the near future for drugs in this class (including CIALIS, LEVITRA, STAXYN, VIAGRA). After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
ST Criteria	A documented contraindication, intolerance, allergy, or failure of sildenafil and Cialis
Notes/References	Annual Review: 10/2016
Revision Date	Prior Authorization: March 08, 2018 Step Therapy: January 22, 2018 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Menopur

Products Affected

- MENOPUR

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/inferility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Muse

Products Affected

- MUSE

PA Criteria	Criteria Details
Covered Uses	Primary diagnosis of erectile dysfunction
Exclusion Criteria	Males with concomitant use of nitrate products or other PDE-5 inhibitors
Required Medical Information	A secondary diagnosis of diabetes, hypertension, spinal cord injury, multiple sclerosis, stroke, radical surgery of genital tract, urinary tract, or rectum, or hypogonadism
Age Restrictions	18 years of age and older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Quantity limits apply and will vary by plan. Brand-name drugs expected to become available generically in the near future for drugs in this class (including CIALIS, LEVITRA, STAXYN, VIAGRA). After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
Notes/References	
Revision Date	Prior Authorization: March 08, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Novarel

Products Affected

- NOVAREL INTRAMUSCULAR
SOLUTION RECONSTITUTED 10000
UNIT

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/infertility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Ovidrel

Products Affected

- OVIDREL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/inferility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Papaverine-Phentolamine

Products Affected

- *papaverine-phentolamine*

PA Criteria	Criteria Details
Covered Uses	Primary diagnosis of erectile dysfunction
Exclusion Criteria	Males with concomitant use of nitrate products or other PDE-5 inhibitors
Required Medical Information	A secondary diagnosis of diabetes, hypertension, spinal cord injury, multiple sclerosis, stroke, radical surgery of genital tract, urinary tract, or rectum, or hypogonadism
Age Restrictions	18 years of age and older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Quantity limits apply and will vary by plan. Brand-name drugs expected to become available generically in the near future for drugs in this class (including CIALIS, LEVITRA, STAXYN, VIAGRA). After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
Notes/References	
Revision Date	Prior Authorization: March 08, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Papav-Phentolamine-Alprostadil

Products Affected

- *papav-phentolamine-alprostadil*

PA Criteria	Criteria Details
Covered Uses	Primary diagnosis of erectile dysfunction
Exclusion Criteria	Males with concomitant use of nitrate products or other PDE-5 inhibitors
Required Medical Information	A secondary diagnosis of diabetes, hypertension, spinal cord injury, multiple sclerosis, stroke, radical surgery of genital tract, urinary tract, or rectum, or hypogonadism
Age Restrictions	18 years of age and older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Quantity limits apply and will vary by plan. Brand-name drugs expected to become available generically in the near future for drugs in this class (including CIALIS, LEVITRA, STAXYN, VIAGRA). After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
Notes/References	
Revision Date	Prior Authorization: March 08, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Phendimetrazine Tartrate

Products Affected

- *phendimetrazine tartrate*

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m ² or a documented BMI greater than 27 kg/ m ² with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Phendimetrazine Tartrate ER

Products Affected

- *phendimetrazine tartrate er*

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m ² or a documented BMI greater than 27 kg/ m ² with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Phentermine HCl

Products Affected

- *phentermine hcl oral*

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m ² or a documented BMI greater than 27 kg/ m ² with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Pregnyl

Products Affected

- PREGNYL

PA Criteria	Criteria Details
Covered Uses	Refer to the clinical policy bulletin for details: http://www.aetna.com/products/rxnonmedicare/data/2018/MISC/inferility.html
Exclusion Criteria	
Required Medical Information	
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Refer to the clinical policy bulletin above for details.
Other Criteria	
Notes/References	
Revision Date	Prior Authorization: September 26, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Qsymia

Products Affected

- QSYMIA

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m ² or a documented BMI greater than 27 kg/ m ² with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: May 24, 2017 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Regimex

Products Affected

- REGIMEX

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m ² or a documented BMI greater than 27 kg/ m ² with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Saxenda

Products Affected

- SAXENDA

PA Criteria	Criteria Details
Covered Uses	Weightloss
Exclusion Criteria	Members without weightloss benefit. Members not in a state where coverage is mandated.
Required Medical Information	Member must have a body mass index greater than 30 kilograms per meter squared or a body mass index greater than 27 kilograms per meter squared with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion), Dyslipidemia (LDL cholesterol greater than 160 mg/dL, HDL cholesterol less than 35 mg/dL, or Triglycerides greater than 400 mg/dL), Coronary Heart Disease, Type 2 Diabetes Mellitus, or Obstructive Sleep Apnea (OSA)
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	Initial Coverage 16 weeks
Other Criteria	For reauthorization after initial 16 week coverage: Member has experienced a documented weight loss of at least 4%.
ST Criteria	A documented step through two of the following: Belviq, Qsymia, Contrave (requires authorization), Regimex, diethylpropion, phendimetrazine, or phentermine
QL Criteria	0.5 ML Per 1 Day
Notes/References	Annual Review: 07/2018

Revision Date	Prior Authorization: November 18, 2016 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015
----------------------	---

Elective Benefits Criteria Guide

Updated 09/01/2018

Staxyn

Products Affected

- STAXYN

PA Criteria	Criteria Details
Covered Uses	Primary diagnosis of erectile dysfunction
Exclusion Criteria	Males with concomitant use of nitrate products or other PDE-5 inhibitors
Required Medical Information	A secondary diagnosis of diabetes, hypertension, spinal cord injury, multiple sclerosis, stroke, radical surgery of genital tract, urinary tract, or rectum, or hypogonadism
Age Restrictions	18 years of age and older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Quantity limits apply and will vary by plan. Brand-name drugs expected to become available generically in the near future for drugs in this class (including CIALIS, LEVITRA, STAXYN, VIAGRA). After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
ST Criteria	A documented contraindication, intolerance, allergy, or failure of sildenafil and Cialis
Notes/References	Annual Review: 10/2016
Revision Date	Prior Authorization: March 08, 2018 Step Therapy: January 22, 2018 Quantity Limits: August 25, 2015

Stendra

Products Affected

- STENDRA

PA Criteria	Criteria Details
Covered Uses	Primary diagnosis of erectile dysfunction
Exclusion Criteria	Males with concomitant use of nitrate products or other PDE-5 inhibitors
Required Medical Information	A secondary diagnosis of diabetes, hypertension, spinal cord injury, multiple sclerosis, stroke, radical surgery of genital tract, urinary tract, or rectum, or hypogonadism
Age Restrictions	18 years of age and older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Quantity limits apply and will vary by plan. Brand-name drugs expected to become available generically in the near future for drugs in this class (including CIALIS, LEVITRA, STAXYN, VIAGRA). After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
ST Criteria	A documented contraindication, intolerance, allergy, or failure of sildenafil and Cialis
Notes/References	Annual Review: 10/2016
Revision Date	Prior Authorization: March 08, 2018 Step Therapy: January 22, 2018 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Viagra

Products Affected

- VIAGRA

PA Criteria	Criteria Details
Covered Uses	Primary diagnosis of erectile dysfunction
Exclusion Criteria	Males with concomitant use of nitrate products or other PDE-5 inhibitors
Required Medical Information	A secondary diagnosis of diabetes, hypertension, spinal cord injury, multiple sclerosis, stroke, radical surgery of genital tract, urinary tract, or rectum, or hypogonadism
Age Restrictions	18 years of age and older
Prescriber Restrictions	
Coverage Duration	1 year
Other Criteria	Quantity limits apply and will vary by plan. Brand-name drugs expected to become available generically in the near future for drugs in this class (including CIALIS, LEVITRA, STAXYN, VIAGRA). After the generic drug becomes available, the brand-name drug may be covered at a higher non-preferred copay and/or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step-therapy.
ST Criteria	A documented contraindication, intolerance, allergy, or failure of sildenafil and Cialis
Notes/References	Annual Review: 10/2016
Revision Date	Prior Authorization: March 08, 2018 Step Therapy: January 22, 2018 Quantity Limits: August 25, 2015

Xenical

Products Affected

- XENICAL

PA Criteria	Criteria Details
Covered Uses	Obesity
Exclusion Criteria	
Required Medical Information	A documented Body Mass Index (BMI) greater than 30 kg/ m ² or a documented BMI greater than 27 kg/ m ² with one or more of the following obesity related risk factors considered serious enough to warrant pharmacotherapy: Hypertension (systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg on more than one occasion):Dyslipidemia LDL cholesterol greater than/= 160 mg/dL, HDL cholesterol less than 35 mg/dL, Triglycerides greater than/= 400 mg/dL, Type 2 diabetes mellitus, Coronary heart disease, or Obstructive sleep apnea
Age Restrictions	
Prescriber Restrictions	
Coverage Duration	12 weeks, see other criteria section for reauthorization criteria
Other Criteria	If after initial 12 weeks there is a documented weight loss of at least 3% of the baseline body weight, approval may be granted for an additional 12 months
Notes/References	Annual Review: 07/2018
Revision Date	Prior Authorization: August 22, 2018 Step Therapy: August 25, 2015 Quantity Limits: August 25, 2015

Elective Benefits Criteria Guide

Updated 09/01/2018

Index

ADDYI.....	1	VIAGRA.....	41
ADIPEX-P.....	3	XENICAL.....	42
BELVIQ.....	4		
BELVIQ XR.....	5		
<i>benzphetamine hcl</i>	6		
BRAVELLE.....	7		
CAVERJECT.....	8		
CAVERJECT IMPULSE.....	9		
CETROTIDE SUBCUTANEOUS KIT			
0.25 MG.....	10		
<i>chorionic gonadotropin intramuscular</i>	11		
CIALIS.....	12		
CONTRACE.....	13		
DIDREX.....	14		
<i>diethylpropion hcl er</i>	16		
<i>diethylpropion hcl oral</i>	15		
EDEX.....	17		
FOLLISTIM AQ SUBCUTANEOUS....	18		
<i>ganirelix acetate</i>	19		
GONAL-F.....	20		
GONAL-F RFF.....	21		
GONAL-F RFF REDIJECT.....	22		
<i>leuprolide acetate injection</i>	23		
LEVITRA.....	24		
MENOPUR.....	25		
MUSE.....	26		
NOVAREL INTRAMUSCULAR			
SOLUTION RECONSTITUTED 10000			
UNIT.....	27		
OVIDREL.....	28		
<i>papaverine-phentolamine</i>	29		
<i>papav-phentolamine-alprostadil</i>	30		
<i>phendimetrazine tartrate</i>	31		
<i>phendimetrazine tartrate er</i>	32		
<i>phentermine hcl oral</i>	33		
PREGNYL.....	34		
QSYMIA.....	35		
REGIMEX.....	36		
SAXENDA.....	37		
STAXYN.....	39		
STENDRA.....	40		

Elective Benefits Criteria Guide

Updated 09/01/2018