

2012 Aetna Preferred Drug Guide

3-Tier/Open Formulary Plan



Aetna®

Includes generic
and brand-name
drugs on Aetna's
Preferred Drug List

Do you have questions?

Call **1-888-RX AETNA** (1-888-792-3862).

Or visit **www.aetna.com/formulary** for the most up-to-date information.

Dear Member:

To help you know how drugs are covered by your plan, we are pleased to provide you with a copy of our **2012 Preferred Drug Guide**.

This guide provides helpful information on the Aetna Preferred Drug List and your pharmacy benefit plan. You may want to take this guide with you when you see your doctor to talk about what is covered under your plan.

Many commonly prescribed drugs are listed in this guide. Please remember this is not a complete list of drugs covered under your plan. Because thousands of drugs are included in your pharmacy benefits plan, we only list the most commonly prescribed ones. Visit "Medication Search" on your secure member website at **www.aetna.com** for the most up-to-date information on drug coverage for your plan.

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What pharmacy benefits plan do I have?

You are enrolled in a **three-tier/open formulary plan.***

Three-tier means your plan has three different copay (or coinsurance) levels that you pay out-of-pocket for your covered prescription drugs.

Open formulary means your plan covers most prescription drugs. Your plan may not cover certain drugs, even though some are listed, such as contraceptives, infertility drugs, erectile dysfunction drugs and diabetic supplies. Please see your plan documents for a complete description of your pharmacy benefit. Or, call Member Services at the toll-free number on your Member ID card.

Copay/ coinsurance tier**	Type of drug
Tier 1	Covered generic drugs***
Tier 2	Covered preferred brand-name drugs
Tier 3	Covered non-preferred generic or brand-name drugs***

* Your enrollment in an Aetna 3-tier/open formulary plan was based on information available at the time of this mailing. If your pharmacy benefits plan changes, the costs and coverage of certain drugs detailed in this guide may no longer apply.

** If your plan has a deductible, copay or coinsurance level based on a percentage of either the rates paid by Aetna to the participating pharmacy (either directly or through a pharmacy benefit management subcontract) or charged by Aetna to your employer, rebates that Aetna receives from drug manufacturers do not reduce the amount you pay to the pharmacy for an individual prescription drug. Also, in some cases, if you need to pay a percentage of the cost of a drug or an amount to meet a deductible, your costs may be higher for a preferred drug than they would be for a non-preferred drug.

*** If you are enrolled in a PPO plan, all covered generic drugs may be available at the tier 1 copay or coinsurance level, regardless of whether they are preferred. In most HMO plans, non-preferred generic drugs may be available at the tier 3 copay or coinsurance level. Refer to your plan documents, visit Aetna Navigator or call Member Services for information about your benefits plan.

Depending on your plan, you may have a **mandatory generic cost-sharing requirement**. This means that if you fill a brand-name drug when a generic is available, that in addition to your standard copayment or coinsurance, you must also pay the difference in cost between the brand-name and generic drug.

For a summary of your pharmacy benefits plan, including out-of-pocket costs, log in to Aetna Navigator®, your secure member website, at www.aetna.com. Or call Member Services at the toll-free number on your Member ID card.

What is the Aetna Preferred Drug List?

Our Preferred Drug List (formulary) is meant to give you a general view of drugs covered by your plan. Changes to the list are based on the latest medical findings as well as information from the Food and Drug Administration (FDA) and drug makers.

This list includes both brand-name and generic drugs and is updated regularly. Aetna will generally cover the drugs listed on our Preferred Drug List as long as they are medically necessary and plan rules are followed. Coverage is not limited to drugs on the Preferred Drug List.

Your plan has different copay or coinsurance tiers for generic, brand-name, preferred and non-preferred drugs. Usually, preferred drugs are covered at a lower copay or coinsurance tier, which means you pay less out of pocket for those drugs.

The Preferred Drug List is subject to change. We choose drugs for this list based on reliable medical data, safety and cost. Many drugs, including drugs on the Preferred Drug List, are subject to rebate arrangements between Aetna and the manufacturer of those drugs.*

When you talk to your doctor about what drug may be right for you, it is important to remember that you and your doctor are responsible for making the final decision on your drug therapy.

Where can I find more Preferred Drug List information?

For more complete and up-to-date information, log in to Aetna Navigator, your secure member website, at www.aetna.com and select "Medication Search". There, you can search for a drug and find the copay or coinsurance tier on which it falls. You can also find suggestions on preferred alternatives that may fall on lower tiers as well as information on any additional coverage restrictions that may apply to your drug(s).

Who reviews drugs for the Preferred Drug List?

Aetna's Pharmaceutical and Therapeutics (P&T) Committee reviews available clinical literature for drugs that have been approved by the FDA.

*Rebates that Aetna receives from drug manufacturers do not reduce the amount you pay to the pharmacy for an individual prescription drug. Our online cost estimator tools on Aetna Navigator may help you decide which drug will cost you less.

How is the Preferred Drug List developed?

Aetna's Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs and new information about drugs that are already on the market. It reviews available information concerning safety, effectiveness and current use in therapy. The P&T Committee reviews the scientific evidence from DrugPoints®, American Hospital Formulary Service Drug Information (AHFS-DI), DRUGDEX®, Medline and other databases, including relevant findings of federal government agencies, pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals.*

Our P&T Committee includes licensed pharmacists and doctors, including those who are currently in practice and others who are Aetna employees. All committee members must tell us if they are in a situation that can create a conflict of interest or if they have a financial stake that might affect their decisions.

Once the P&T Committee completes its clinical review, we also consider overall value (including cost and manufacturer rebate arrangements) and other factors before adding or removing a drug from the Preferred Drug List.

Why is the Preferred Drug List subject to change?

During the year, we may add or remove drugs from the Preferred Drug List. These changes happen for various reasons and may move a drug from one coverage tier to another.

- As brand-name drugs lose their patents, generic versions may become available. When this happens, the brand-name drug may move to a higher copayment or coinsurance tier. The generic drug may be added to the list and available at a lower copayment or coinsurance tier. Preferred drugs likely to become available generically in 2012 are identified in this guide with a "#" symbol.
- The FDA approves many new drugs throughout the year. Your plan generally covers new FDA-approved drugs before they have completed Aetna's new drug review process. However, you may pay a higher copayment or coinsurance tier for these drugs. The new drug(s) also may be subject to precertification or step-therapy requirements.
- Some drugs may also no longer require a prescription. If your drug becomes available over-the-counter (OTC), the drug will generally no longer be covered under your prescription plan.
- If the FDA removes a drug from the market it will also no longer be covered under your prescription plan.

*DrugPoints® and DRUGDEX® are registered trademarks of Thomson.

Why do some drugs require prior authorization or precertification?

Precertification encourages the appropriate and cost-effective use of drugs by allowing coverage only when certain conditions are met.

For example, precertification promotes compliance with dosing guidelines. It also helps healthcare providers avoid inappropriate duplicate therapies as well as check that a drug is being used based on generally accepted medical criteria. The precertification program is based upon current medical findings, FDA-approved manufacturer labeling information and cost and manufacturer rebate arrangements.

Drugs that are subject to precertification are listed on pages 40-43 of this guide. If your plan requires precertification, the following applies:

- You, your doctor or the person you appoint to manage your care must contact Aetna to request approval for coverage of the precertified drug. If we approve the request, we will notify you or your doctor. The drug will then be covered at the applicable copayment or coinsurance under your plan. You will also be notified of approvals where the state requires notification to members.
- If the request is denied, you and your doctor will be notified. You can still purchase the drug for the full price.

For information on whether precertification applies to your plan, please refer to your plan documents or call Member Services at the toll-free number on your Member ID card.

The precertification list is subject to change. For more complete and up-to-date information, log in to Aetna Navigator, your secure member website, at www.aetna.com. Select "Medication Search" and search on your drug to see if it requires precertification.

Why do some drugs have quantity limits?

Your plan may limit the amount of a drug you can receive at one time. These limits help your doctor and pharmacist check that the drugs are used appropriately while promoting patient safety. We use medical guidelines, FDA approval and guidance from drug makers to set these coverage limits. The quantity limits program includes:

- **Dose Efficiency Edits** – Limits coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing.
- **Maximum Daily Dose** – A message is sent to the pharmacy if a prescription is higher than the maximum allowed dose.
- **Quantity Limits Over Time** – Limits coverage of prescriptions to a specific number of units in a defined amount of time.

To get coverage for amounts over the allowed quantity, you, your doctor or the person you appoint to manage your care must request a medical exception. Refer to pages 44-51 of this guide for further details on which drugs have quantity limits.

The quantity limit list is subject to change. For more complete and up-to-date information, log in to Aetna Navigator, your secure member website, at www.aetna.com. Select “Medication Search” and search on your drug to see if quantity limits apply.

What is step-therapy?

With step-therapy you must try one or more prerequisite drugs before your plan will cover a step-therapy drug. Prerequisite drugs are FDA-approved, treat the same condition(s) and, they may also be available to you at a lower copay or coinsurance tier.

If it is medically necessary for you to use a drug on the step-therapy list, you, your doctor, or the person you appoint to manage your care may request a medical exception. If the request is approved, we will notify you or your doctor. The drug will then be covered at the applicable copayment or coinsurance under your plan. You will also be notified of approvals where states require it. If the request is denied, we will notify you and your doctor.

For information on whether step-therapy applies to your plan, please refer to your plan documents. You may also call Member Services at the toll-free number on your Member ID card. Refer to pages 52-55 for further details on which drugs require step-therapy.

The step-therapy list is subject to change. For more complete and up-to-date information, log in to Aetna Navigator, your secure member website, at www.aetna.com. Select “Medication Search” and search on your drug to see if step-therapy applies.

What is therapeutic duplication?

Therapeutic duplication is a potentially dangerous situation that occurs when two similar drugs are prescribed at the same time. Rarely are two drugs from the same category necessary to treat a medical condition.

Therapeutic duplication can occur when two different doctors are prescribing drugs for the same person. This can also happen when a doctor changes a patient’s prescription from one drug to another within the same therapeutic class but doesn’t discontinue the first drug. In either situation, the person may end up taking two drugs with similar actions, potentially leading to serious side effects.

If therapeutic duplication is identified by our claims system, the member’s pharmacist may ask the member and his or her doctor whether he or she should be taking both drugs. The physician can then help determine if both drugs are necessary or whether one of the drugs should be discontinued.

Drugs included in the therapeutic duplication program include:

- Atypical Antipsychotics
- Insomnia Products
- Opioid Agonists
- Opioid Partial Agonists
- Proton Pump Inhibitors (PPIs)
- Selective Serotonin Reuptake Inhibitors (SSRIs)
- Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
- Statins (HMGS)
- Triptans
- Urinary Antispasmodics

What are generic drugs?

Drug manufacturers develop and release new drugs under a brand name. When the patent expires, other manufacturers are then able to make duplicate versions of the same drug. Generic drugs are chemically the same as their branded counterparts. They are also the same in dosage, safety, strength, form and intended use. Plus, generics usually cost less than brand-name drugs.

Generic drugs are only available after the FDA approves them. When filling your prescription, your pharmacist generally can substitute a generic drug for a brand-name drug when the generic is rated by the FDA as equivalent and also where it is permitted by your doctor and state law.

How can I save money on prescriptions?

Ask your doctor to consider prescribing drugs on the Preferred Drug List whenever appropriate. Drugs on this list generally cost you less money with a lowest copayment or coinsurance. In your plan, covered preferred generic drugs may be available at the lowest copayment or coinsurance tier. Ask your doctor or pharmacist if generic drugs are right for you.

You can estimate how much you'll save with generic drugs by using our **Price-A-DrugSM** tool. Just sign on to Aetna Navigator, your secure member website, at www.aetna.com and click on "Prescription Drug Costs." From there, type in the name of your drug (brand-name or generic) and your dosage. You can find an estimate of how much you'll pay for the drug at a retail pharmacy and how to save through our Aetna Rx Home Delivery mail service pharmacy.

What is Aetna Rx Home Delivery?

Aetna Rx Home Delivery is our convenient mail-service pharmacy. This pharmacy lets you easily order the maintenance drugs you take regularly. These types of drugs are used to treat chronic conditions, like arthritis, asthma, diabetes, high cholesterol, heart conditions, hypertension and others. With Aetna Rx Home Delivery, your drugs are delivered right to your door in supplies of up to 90 days. Many times, you'll pay less with this service than you would at a participating retail pharmacy.

Check Aetna Navigator at www.aetna.com or your plan documents to see if your plan includes Aetna Rx Home Delivery. Features include:

- **Savings** – Depending on your Aetna pharmacy benefits plan, you could save money with lower copays or coinsurance by using Aetna Rx Home Delivery. Plus, standard shipping is always free.
- **Convenience** – Reorder only once every three months – Aetna Rx Home Delivery's website and automated toll-free number let you order a refill, track your order and more!
- **Privacy** – Prescriptions are sent in plain packages.
- **Peace of mind** – Pharmacists check orders for accuracy and are available to answer your questions.

How do I contact Aetna Rx Home Delivery?

By phone

Call toll-free at **1-888-RX AETNA** (1-888-792-3862). If you need the help of a telecommunications device for the deaf (TDD), please dial toll-free 1-800-823-6373.

Online

Visit www.aetnanavigator.com. With one log-in, see important mail-service and health benefits information. You will need to register a username and password with Aetna Navigator, if you have not already.

What is Aetna Specialty Pharmacy?

A specialty pharmacy fills prescriptions for specialty drugs. These types of drugs may be injected, infused or taken by mouth. Usually, you cannot get these drugs at a local retail pharmacy. And they are not at Aetna Rx Home Delivery. They often need special storage and handling. They need to be delivered quickly. And a nurse or pharmacist should check in with you often during your treatment. Aetna Specialty Pharmacy offers all this and more.

With Aetna Specialty Pharmacy, you get a personal care plan and ongoing support

- **Nurses and pharmacists** can answer your questions 24 hours a day, every day.
- **Care coordinators** work with you to help your order process quickly.
- **Insurance and claims specialists** help you to maximize your benefits plan.
- **Service representatives** reach out to you or your doctor to set up your refills.

Aetna Specialty Pharmacy offers other helpful services, including:

- Free, secure delivery within 48 hours of confirming your order, or later if you request.
- Delivery to your home, doctor's office or any other location you choose.
- Package tracking to ensure prompt delivery of your order.
- Self-injection training/education about your condition and specialty drugs.
- Flexible payment options and help for out-of-pocket costs, when needed.
- Free injection supplies, such as needles, syringes, alcohol swabs, adhesive bandages and Sharps containers for needle waste, if needed.

For more information on Aetna Specialty Pharmacy, call toll-free at **1-866-782-ASRX** (1-866-782-2779) or TDD: 1-877-833-ASRX (1-877-833-2779). You can also visit www.AetnaSpecialtyRx.com.

THERAPEUTIC CLASS LIST KEY

UPPERCASE – Brand-name medication

lower case italics – Generic medication

FE – Formulary excluded medication

NC – Not covered

PR – Precertification required under most plans

ST – Step-therapy applies under most plans

QL – Quantity limit applies under most plans

PMED – Preferred injectable medication that may be covered under the medical benefit

MED – Injectable medication that may be covered under the medical benefit

– Brand-name drug expected to become available generically in the near future. 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.

****** – May be obtained through Aetna Specialty Pharmacy or a retail pharmacy

******* – May not be available through Aetna Specialty Pharmacy

1, 2, 3 – The numbers found in the drug lists represent copay tiers.

3-Tier Commercial Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antineoplastic Agents						
Alkylating Agents						
ALKERAN	2					
CEENU	2					
cyclophosphamide	1					
HEXALEN	2					
LEUKERAN	2					
MYLERAN	2					
TEMODAR	2		✓			
Antimetabolites						
mercaptopurine	1					
methotrexate	1					
OFORTA	3	✓	✓			
PURINETHOL	3					
TABLOID	2					
TREXALL	3					
XELODA	2		✓			
Antineoplastic – Antibodies						
ERBITUX	MED	✓				
RITUXAN	MED	✓				
VECTIBIX	MED	✓				
YERVOY	MED	✓				
Antineoplastic – Cellular Immunotherapy						
PROVENGE	MED	✓				
Antineoplastic – Enzyme Inhibitors						
AFINITOR	3	✓	✓			
CAPRELSA	3	✓	✓			
GLEEVEC	2	✓	✓			
IRESSA ***	3					
NEXAVAR	2	✓	✓			
SPRYCEL	3	✓	✓			
SUTENT	2	✓	✓			
TARCEVA	2	✓	✓			
TASIGNA	3	✓	✓			
TYKERB	3	✓	✓			
VOTRIENT	3	✓	✓			
ZOLINZA	3	✓	✓			
Antineoplastic – Hormonal Agents						
anastrozole	1	✓				
ARIMIDEX	3	✓	✓			
AROMASIN	3	✓				
Antineoplastics – Hormonal Agents (continued)						
CASODEX				3	✓	
DEPO-PROVERA				3		
ELIGARD				3		
EMCYT				2		
exemestane				1	✓	
FARESTON				3		
FASLODEX				3		
FEMARA				3	✓	✓
FIRMAGON				3	✓	
flutamide				1		
letrozole				1	✓	
leuprolide				1		
LUPRON				2		
LUPRON DEPOT				2		
LYSODREN				3		
MEGACE				3		
MEGACE ES				3		
megestrol				1		
NILANDRON				2		
tamoxifen				1		
TRELSTAR DEPOT				3		
TRELSTAR LA				3		
VANTAS				3		
ZOLADEX				3		
ZYTIGA				3	✓	✓
Antineoplastics – Miscellaneous						
ACTIMMUNE				3		
ALFERON N				3		
HYDREA				3		
hydroxyurea				1		
INTRON-A				2		
MATULANE				2		
SYLATRON				3	✓	✓
TARGRETIN				2		
tretinoin 10 mg				1		✓
Chemotherapy Rescue/Antidote Agents						
leucovorin calcium				1		
MESNEX				3		
Immunomodulators						
REVLIMID				3	✓	
THALOMID				3		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Mitotic Inhibitors			
etoposide			
JEVTANA	MED	✓	
Topoisomerase I Inhibitors			
HYCAMTIN #	3	✓	
topotecan	MED		
Blood Products – Modifiers – Volume Expanders			
Anticoagulants – Coumarin			
COUMADIN	3		
jantoven	1		
warfarin	1		
Anticoagulants – Direct Thrombin Inhibitors			
IPIRIVASK **	3		
PRADAXA	2	✓ ✓	
XARELTO	3	✓ ✓	
Anticoagulants – Heparins			
ARIXTRA **	3		
enoxaparin	1		
FRAGMIN **	3		
heparin sodium	PMED		
INNOHEP **	3		
LOVENOX **	3		✓
Antiinhibitor Coagulant Complex			
FEIBA VH IMMUNO	2	✓	
Blood Clotting Factor VIIa			
NOVOSEVEN	2	✓	
NOVOSEVEN RT	2	✓	
Blood Clotting Factor VIII Human			
ALPHANATE	3	✓	
CORIFACT	3	✓	
HEMOFIL M	3	✓	
HUMATE-P	3	✓	
KOATE-DVI	3	✓	
MONOCLOATE-P	2	✓	
WILATE	3	✓	
Blood Clotting Factor VIII Recombinant			
ADVATE	2	✓	
HELIXATE FS	3	✓	
KOGENATE FS	3	✓	
RECOMBINATE	3	✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Blood Clotting Factor VIII Recombinant (continued)			
REFACTO	3	✓	
XYNTHA	3	✓	
Blood Clotting Factor IX Complex			
BEBULIN VH	3	✓	
PROFILNINE	3	✓	
Blood Clotting Factor IX Recombinant			
ALPHANINE SD	3	✓	
BENEFIX	2	✓	
MONONINE	2	✓	
Fibrinogen concentrate (human)			
RIASTAP	2		
Hematopoietic Growth Factors			
ARANESP	2	✓	
EPOGEN	3	✓	
LEUKINE	3		
NEULASTA	2		
NEUMEGA	3		
NEUPOGEN	3		
NPLATE	3		
PROCRT	2	✓	
PROMACTA	3		
Hemostatics – Systemic			
AMICAR	3		
aminocaproic acid	1		
LYSTEDA	2	✓ ✓	
Hereditary Angioedema			
BERINERT	3	✓	
CINRYZE ***	2	✓	
KALBITOR	3	✓	
Paroxysmal Nocturnal Hemoglobinuria (PNH)			
SOLIRIS	2	✓	
Platelet Aggregation Inhibitors			
AGGRENOX	2		
AGRYLIN	3		
anagrelide	1		
BRILINTA	3	✓ ✓ ✓	
cilostazol	1		
dipyridamole	1		
EFFIENT	3	✓ ✓	
PERSANTINE	3		

3-Tier Commercial Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Platelet Aggregation Inhibitors (continued)						
PLAVIX # <i>(Step-therapy will not be implemented until some time after generic becomes available)</i>						
PLAVIX # <i>(Step-therapy will not be implemented until some time after generic becomes available)</i>	2		✓			
PLETAL	3					
ticlopidine	1					
Cardiovascular System						
Alpha-Beta Blockers						
carvedilol	1					
COREG	3					
COREG CR #	2					
labetalol	1					
TRANDATE	3					
Anaphylaxis Therapy Agents						
ADRENACCLICK	3					
epinephrine	1					
EPIPEN	2					
EPIPEN-JR	2					
TWINJECT	3					
Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations						
ACCUPRIL	3					
ACCURETIC	3					
ACEON	3					
ALTACE	3					
benazepril	1					
benazepril/ hydrochlorothiazide	1					
captopril	1					
captopril/ hydrochlorothiazide	1					
enalapril	1					
enalapril/hydrochlorothiazide	1					
fosinopril	1					
fosinopril/ hydrochlorothiazide	1					
lisinopril	1					
lisinopril/hydrochlorothiazide	1					
moexipril	1					
moexipril/ hydrochlorothiazide	1					
LOTENSIN	3					
Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations (continued)						
LOTENSIN HCT				3		
MAVIK				3		
perindopril				1		
PRINIVIL				3		
PRINZIDE				3		
quinapril				1		
quinapril/ hydrochlorothiazide				1		
ramipril				1		
trandolapril				1		
UNIRETIC				3		
UNIVASC				3		
VASERETIC				3		
VASOTEC				3		
ZESTORETIC				3		
ZESTRIL				3		
Angiotensin II Receptor Antagonists and Combinations						
ATACAND #				3	✓	✓
ATACAND HCT #				3	✓	✓
AVALIDE				3	✓	✓
AVAPRO				3	✓	✓
AZOR				3	✓	
BENICAR				3	✓	✓
BENICAR HCT				3	✓	✓
COZAAR				3	✓	✓
DIOVAN #				2	✓	
DIOVAN HCT #				2	✓	
EDARBI				3	✓	✓
EXFORGE #				2	✓	
EXFORGE HCT #				2	✓	
HYZAAR				3	✓	✓
losartan				1	✓	
losartan/hydrochlorothiazide				1	✓	
MICARDIS				3	✓	
MICARDIS HCT				3	✓	
TEVETEN				3	✓	✓
TEVETEN HCT				3	✓	
TRIBENZOR				3	✓	✓
TWYNSTA				3	✓	✓
VALTURNA				2	✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antiadrenergic Antihypertensives			
CARDURA	3		
CATAPRES	3		
CATAPRES-TTS	3		
clonidine	1		
doxazosin	1		
guanabenz	1		
guanfacine	1		
methyldopa	1		
MINIPRESS	3		
NEXICLON	3		✓
prazosin	1		
reserpine	1		
TENEX	3		
terazosin	1		
Antianginals – Nitrates			
amyl nitrite	1		
DILATRATE SR	3		
IMDUR	3		
ISORDIL	3		
isosorbide dinitrate	1		
isosorbide mononitrate	1		
MONOKET	3		
NITRO-BID	3		
NITRO-DUR	3		
nitroglycerin	1		
nitroglycerin CR	1		
nitroglycerin SL	1		
NITROLINGUAL	3		
NITROMIST	3		
NITROSTAT	2		
Antianginals – Other			
RANEXA	2	✓	✓
Antiarrhythmics Type I-A			
disopyramide	1		
NORPACE	3		
procainamide	1		
quinidine gluconate	1		
quinidine sulfate	1		
Antiarrhythmics Type I-B			
mexiletine	1		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antiarrhythmics Type I-C			
flecainide	1		
propafenone	1		
RYTHMOL	3		
RYTHMOL SR	3		
TAMBOCOR	3		
Antiarrhythmics Type III			
amiodarone	1		
CORDARONE	3		
MULTAQ	2		
PACERONE	3		
TIKOSYN	3		
Antihyperlipidemics – Bile Sequestrants			
cholestyramine	1		
cholestyramine light	1		
COLESTID	3		
colestipol	1		
prevalite	1		
QUESTRAN	3		
QUESTRAN LITE	3		
WELCHOL	2		
Antihyperlipidemics – Fibric Acid Derivatives			
ANTARA	2		
fenofibrate	1		
fenofibrate micronized	1		
fenofibric acid	1		
FENOGLIDE	3		✓
FIBRICOR	3		✓
gemfibrozil	1		
LOFIBRA	3		✓
LOPID	3		✓
LIPOFEN	3		✓
TRICOR #	3		
TRIGLIDE	3		✓
TRILIPIX #	2		
Antihyperlipidemics – HMG CoA Reductase Inhibitors			
ADVICOR	3		✓
ALTOPREV	3	✓	✓
CADUET	3	✓	✓
CRESTOR	2	✓	

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Antihyperlipidemics – HMG CoA Reductase Inhibitors (continued)								
LESCOL #	2	✓						
LESCOL XL #	2	✓						
LIPITOR	3	✓	✓					
LIVALO	3	✓	✓					
<i>lovastatin</i>	1	✓						
MEVACOR	3	✓						
PRAVACHOL	3	✓						
<i>pravastatin</i>	1	✓						
SIMCOR	2	✓						
<i>simvastatin</i>	1	✓						
VYTORIN	2	✓						
ZOCOR	3	✓						
Antihyperlipidemics – Intestinal Cholesterol Absorption Inhibitors								
ZETIA	2	✓	✓					
Antihyperlipidemics – Miscellaneous								
LOVAZA	2							
Antihyperlipidemics – Nicotinic Acid Derivatives								
NIASPAN	2							
Beta Blockers Cardioselective and Combinations								
<i>acebutolol</i>	1							
<i>atenolol</i>	1							
<i>atenolol/chlorthalidone</i>	1							
<i>betaxolol</i>	1							
<i>bisoprolol</i>	1							
<i>bisoprolol/hydrochlorothiazide</i>	1							
BYSTOLIC	2							
KERLONE	3							
LOPRESS HCT	3							
LOPRESSOR	3							
<i>metoprolol</i>	1							
<i>metoprolol succinate SR</i>	3							
<i>metoprolol/hydrochlorothiazide</i>	1							
SECTRAL	3							
TENORETIC	3							
TENORMIN	3							
TOPROL XL	3							
Beta Blockers Cardioselective and Combinations (continued)								
ZEBETA					3			
ZIAC					3			
Beta Blockers Non-Selective and Combinations								
BETAPACE					3			
BETAPACE AF					3			
CORGARD					3			
CORZIDE					3			
INDERAL LA					3			
INNOPRAN XL					3			
LEVATOL					3			
<i>nadolol</i>					1			
<i>nadolol/bendroflumethiazide</i>					1			
<i>pindolol</i>					1			
<i>propranolol</i>					1			
<i>propranolol SR</i>					1			
<i>propranolol/hydrochlorothiazide</i>					1			
<i>sorine</i>					1			
<i>sotalol</i>					1			
<i>sotalol AF</i>					1			
<i>timolol</i>					1			
Calcium Blockers								
ADALAT CC					3			
<i>afeditab</i>					1			
<i>amlodipine</i>					1			
CALAN					3			
CALAN SR					3			
CARDENE SR					3			
CARDIZEM					3			
CARDIZEM CD					3			
CARDIZEM LA					3			
<i>cartia XT</i>					1			
COVERA-HS					3			
DILACOR XR					3			
<i>dilt-CD</i>					1			
<i>dilt-XR</i>					1			
<i>diltiazem</i>					1			
<i>diltiazem CD/ER/CR/XT</i>					1			
<i>diltiazem SR extended release beads</i>					1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Calcium Blockers (continued)			
DYNACIRC CR	3		
<i>felodipine</i>	1		
ISOPTIN SR	3		
<i>isradipine</i>	1		
matzim LA	1		
<i>nicardipine</i>	1		
<i>nifediac CC</i>	1		
<i>nifederal XL</i>	1		
<i>nifedipine</i>	1		
<i>nifedipine CR/ER/SR</i>	1		
<i>nimodipine</i>	1		
<i>nisoldipine</i>	1		
NIMOTOP	3		
NORVASC	3		
PROCARDIA	3		
PROCARDIA XL	3		
SULAR	3		
<i>taztia XT</i>	1		
TIAZAC	3		
<i>verapamil</i>	1		
<i>verapamil CE/ER/SR</i>	1		
VERELAN	3		
VERELAN PM	3		
VERELAN SR	3		
Cardiac Glycosides			
<i>digoxin</i>	1		
LANOXIN	3		
Cardiovascular Combinations – Miscellaneous			
<i>amlodipine/benazepril</i>	1		
BIDIL	3		
CLORPRES	3		
<i>hydralazine/ hydrochlorothiazide</i>	1		
LOTREL	3		✓
<i>methylldopa/ hydrochlorothiazide</i>	1		
<i>rauwolfia/ bendroflumethiazide</i>	1		
TARKA	3		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Direct Renin Inhibitor and Combinations			
AMTURNIDE	2		✓
TEKAMLO	2		✓
TEKTURNA	2		✓
TEKTURNA HCT	2		✓
Diuretics – Carbonic Anhydrase Inhibitors			
acetazolamide	1		
DIAMOX	3		
<i>methazolamide</i>	1		
Diuretics – Loop			
<i>bumetanide</i>	1		
DEMADEX	3		
EDECIN	3		
<i>furosemide</i>	1		
LASIX	3		
<i>torsemide</i>	1		
Diuretics – Potassium Sparing and Combinations			
ALDACTAZIDE	3		
ALDACTONE	3		
<i>amiloride</i>	1		
<i>amiloride/ hydrochlorothiazide</i>	1		
DYAZIDE	3		
DYRENIUM	3		
MAXZIDE	3		
MIDAMOR	3		
<i>spironolactone</i>	1		
<i>spironolactone/ hydrochlorothiazide</i>	1		
<i>triamterene/ hydrochlorothiazide</i>	1		
Diuretics – Selective Aldosterone Receptor Antagonists (SARAs)			
eplerenone	1		
INSPRA	3		
Diuretics – Thiazide and Thiazide-Like			
<i>chlorothiazide</i>	1		
<i>chlorthalidone</i>	1		
DIURIL	3		
<i>hydrochlorothiazide</i>	1		
<i>indapamide</i>	1		

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Diuretics – Thiazide and Thiazide-Like (continued)						
methyldlothiazide						
metholazone	1					
MICROZIDE	3					
THALITONE	3					
ZAROXOLYN	3					
Pheochromocytoma Agents						
DEMSER	3					
DIBENZYLINE	2					
Pulmonary Hypertension Agents						
ADCIRCA	2	✓				
epoprostenol	1	✓				
FLOLAN ***	3	✓				
LETAIRIS	2	✓				
REMODULIN ***	3	✓				
REVATIO	3	✓				
TRACLEER	2	✓				
TYVASO ***	3	✓				
VELETRI	3	✓				
VENTAVIS	3	✓				
Vasodilators						
hydralazine	1					
isoxsuprine	1					
minoxidil	1					
papaverine ER	1					
Central Nervous System						
ALS Agents						
RILUTEK	2	✓				
Analgesic – Non-Narcotic						
PRIALT	3					
Alzheimer's Disease – Antidementia						
ARICEPT 5 mg and 10 mg	3		✓			
ARICEPT 23mg	2		✓			
ARICEPT ODT	3		✓			
donepezil	1					
donepezil ODT	1					
EXELON capsules	3					
EXELON patch, soln	2					
galantamine	1					
galantamine SR	1					
NAMENDA	2					
Antianxiety – Benzodiazepines						
RAZADYNE	3					
RAZADYNE ER	3					
rivastigmine	1					
Antianxiety – Miscellaneous						
buspirone	1					
hydroxyzine hcl	1					
hydroxyzine pamoate	1					
meprobamate	1					
Anticonvulsants – Benzodiazepines						
clonazepam	1					
clonazepam orally disintegrating tab	1					
DISTAT #	2					
KLONOPIN	3					
Anticonvulsants – Carbamates						
FELBATOL	3					
Anticonvulsants – GABA Modulators						
GABITRIL	3	✓				
SABRIL tablets ***	3	✓				
SABRIL powder ***	3					
Anticonvulsants – Hydantoins						
DILANTIN	3					
phenytoin extended	1					
phenytoin sodium	1					
Anticonvulsants – Miscellaneous						
BANZEL	3	✓				
carbamazepine	1					
carbamazepine SR	1					
carbamazepine XR	1					

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Anticonvulsants – Miscellaneous (continued)			
CARBATROL	3		
<i> gabapentin</i>	1	✓	
KEPPRA	2		
KEPPRA XR #	2		
LAMICTAL	3		
LAMICTAL ODT	3		
LAMICTAL XR	3		✓
<i> lamotrigine</i>	1		
<i> levetiracetam</i>	1		
LYRICA	2	✓	
NEURONTIN	3	✓	
<i> oxcarbazepine</i>	1		
<i> primidone</i>	1		
TEGRETOL	3		
TEGRETOL XR	3		
TOPAMAX	3		✓
<i> topiramate</i>	1		
TRILEPTAL	3		
VIMPAT	2	✓ ✓	
ZONEGRAN	3		
<i> zonisamide</i>	1		
Anticonvulsants – Succinimides			
CELONTIN	3		
<i> ethosuximide</i>	1		
ZARONTIN	3		
Anticonvulsants – Valproic Acid			
DEPAKENE	3		
DEPAKOTE	3		✓
DEPAKOTE ER	3		✓
DEPAKOTE SPRINKLE	3		✓
<i> divalproex sodium delayed release</i>	1		
<i> divalproex sodium sprinkle</i>	1		
<i> divalproex sodium SR</i>	1		
STAVZOR	3		
<i> valproic acid</i>	1		
Antidepressants – Alpha-2 Receptor Antagonists			
<i> mirtazapine</i>	1	✓	
<i> mirtazapine ODT</i>	1	✓	
REMERON	3	✓ ✓	
REMERON SOLUTAB	3	✓ ✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antidepressants – MAO Inhibitors			
EMSAM	3		✓
MARPLAN	3		
NARDIL	3		
PARNATE	3		
<i> phenelzine</i>	1		
<i> tranylcypromine sulfate</i>	1		
Antidepressants – Miscellaneous			
APLENZIN	3	✓	✓
<i> budeprion</i>	1	✓	
<i> budeprion XL</i>	1	✓	
<i> bupropion</i>	1	✓	
<i> bupropion SR</i>	1	✓	
<i> maprotiline</i>	1	✓	
WELLBUTRIN	3	✓ ✓	
WELLBUTRIN SR	3	✓ ✓	
WELLBUTRIN XL	2	✓ ✓	
Antidepressants – Modified Cyclics			
<i> nefazodone</i>	3		✓
OLEPTRO	3	✓	✓
<i> trazodone</i>	1		
VIIBRYD	3	✓	✓
Antidepressants – Serotonin-Norepinephrine Reuptake Inhibitors			
CYMBALTA	2	✓	✓
EFFEXOR XR	3	✓	✓
PRISTIQ	2	✓	✓
<i> venlafaxine</i>	1	✓	
<i> venlafaxine ER (cap)</i>	1	✓	
VENLAFAKINE ER (tab)	3	✓	✓
<i> venlafaxine SR (tab)</i>	1	✓	
Antidepressants – Selective Serotonin Reuptake Inhibitors			
CELEXA	3	✓	✓
<i> citalopram</i>	1	✓	
<i> fluoxetine</i>	1	✓	
<i> fluoxetine delayed release</i>	1	✓	
<i> fluvoxamine</i>	1	✓	
LEXAPRO	3	✓	✓
LUVOX CR	3	✓	✓
<i> paroxetine</i>	1	✓	
<i> paroxetine ER</i>	1	✓	

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antidepressants – Selective Serotonin Reuptake Inhibitors (continued)						
PAXIL						
PAXIL CR	3	✓	✓			
PEXEVA	3	✓	✓			
PROZAC	3	✓	✓			
PROZAC WEEKLY	3	✓	✓			
sertraline	1	✓				
ZOLOFT	3	✓	✓			
Antidepressants – Tricyclic Agents						
ANAFRANIL	3					
amitriptyline	1					
amoxapine	1					
clomipramine	1					
desipramine	1					
doxepin	1					
imipramine	1					
NORPRAMIN	3					
nortriptyline	1					
PAMELOR	3					
protriptyline	1					
SURMONTIL	3					
TOFRANIL	3					
TOFRANIL-PM	3					
VIVACTIL	3					
Antiparkinsonian Adjuvants						
LODOSYN	3					
Antiparkinsonian Anticholinergic						
benztropine	1					
trihexyphenidyl	1					
Antiparkinsonian COMT Inhibitors						
COMTAN #	2					
TASMAR	3					
amantadine	1					
bromocriptine	1					
carbidopa/levodopa	1					
carbidopa/levodopa ODT	1					
carbidopa/levodopa SR	1					
MIRAPEX	3		✓			
MIRAPEX ER	2		✓			
PARCOPA	3					
PARLODEL	3					
Antiparkinsonian COMT Inhibitors (continued)						
pramipexole		1				
REQUIP		3				
REQUIP XL		3				
ropinirole		1				
SINEMET		3				
SINEMET CR		3				
STALEVO #		3				
Antiparkinsonian Monoamine Oxidase Inhibitor						
AZILECT		2				
ELDEPRYL		3				
selegiline		1				
Antipsychotics – Atypical						
ABILITY		3		✓		
ABILITY DISC		3		✓		
clozapine		1		✓		
CLOZARIL		3		✓		
FANAPT		3		✓	✓	
FAZACLO		3		✓		
GEODON		3		✓	✓	
INVEGA		3		✓	✓	
LATUDA		3		✓	✓	
olanzapine		1		✓		
olanzapine ODT		1		✓		
RISPERDAL		3		✓	✓	
RISPERDAL M		3		✓	✓	
risperidone		1		✓		
risperidone ODT		1		✓		
SAPHRIS		3		✓	✓	
SEROQUEL #		2		✓		
SEROQUEL XR		2		✓		
ZYPREXA		3		✓	✓	
ZYPREXA ZYDIS		3		✓	✓	
Antipsychotics – Combinations						
chlordiazepoxide/ amitriptyline			1			
perphenazine/amitriptyline			1			
SYMBYAX		3		✓		
Antipsychotics – First Generation						
chlorpromazine		1				
compro		1				
fluphenazine		1				

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Antipsychotics – First Generation (continued)				
Antipsychotics – Miscellaneous				
EQUETRO	3			
Attention Deficit Disorder				
ADDERALL	3	✓		
ADDERALL XR	3	✓✓		
amphetamine/ <i>dextroamphetamine</i>	1	✓		
amphetamine/ <i>dextroamphetamine SR</i>	1	✓		
CONCERTA	3	✓✓		
DAYTRANA	2	✓		
DESOXYN	3	✓✓		
DEXEDRINE	3	✓		
<i>dexmethylphenidate</i>	1	✓		
<i>dextroamphetamine</i>	1	✓		
<i>dextroamphetamine CR</i>	1	✓		
FOCALIN	3	✓✓		
FOCALIN XR	3	✓✓		
INTUNIV	3	✓✓		
KAPVAY	3	✓✓		
METADATE CD	3	✓✓		
<i>metadate ER</i>	1	✓		
<i>methyltin</i>	1	✓		
METHYLIN chew/soln	3	✓✓		
<i>methyltin ER</i>	1	✓		
<i>methylphenidate</i>	1	✓		
<i>methylphenidate SR</i>	1	✓		
PROCENTRA	3	✓✓		
RITALIN	3	✓✓		
RITALIN LA	3	✓✓		
RITALIN SR	3	✓✓		
STRATTERA	3	✓✓		
VYVANSE	2	✓		
Chemical Dependency				
ANTABUSE	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Chemical Dependency (continued)				
Fibromyalgia				
CYMBALTA	2		✓	
LYRICA	2		✓	
SAVELLA	2		✓	
Huntington's Disease – Chorea				
XENAZINE ***	2	✓✓		
Lithium				
<i>lithium carbonate</i>	1			
<i>lithium carbonate CR</i>	1			
<i>lithium citrate</i>	1			
LITHOBID	3			
Migraine Products				
ALSUMA	3		✓✓	
AMERGE	3		✓✓	
AXERT	3		✓✓	
CAMBIA	3		✓✓	
FROVA	3		✓✓	
IMITREX	3		✓✓	
MAXALT #	2		✓	
MAXALT MLT #	2		✓	
MIGRALAN	3		✓✓	
<i>naratriptan</i>	1		✓	
RELPAX	3		✓✓	
<i>sumatriptan</i>	1		✓	
SUMAVEL	3		✓✓	
TREXIMET	3		✓✓	
ZOMIG	3		✓✓	
ZOMIG ZMT	3		✓✓	
Multiple Sclerosis Agents				
AMPYRA	2	✓✓		
AVONEX	2	✓		
BETASERON	3	✓		
COPAXONE	2	✓		
EXTAVIA	3	✓		
GILENYA	3	✓✓		
REBIF	2	✓		
TYSABRI	3	✓		
Narcotic Agonists				
ABSTRAL	3	✓✓✓		

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
MEDICATION NAME						
Narcotic Agonists (continued)						
ACTIQ	3	✓ ✓				
AVINZA	3					
codeine phosphate	1					
codeine sulfate	1					
DEMEROL	3					
DILAUDID	3					
DURAGESIC	3	✓ ✓				
EXALGO	3	✓ ✓				
fentanyl lozenge	1	✓ ✓				
fentanyl patch	1	✓				
FENTORA	3	✓ ✓				
hydromorphone	1					
KADIAN #	2					
levorphanol	1					
meperidine	1					
methadone	1					
methadose	1					
morphine sulfate	1					
morphine sulfate CR	1					
MS CONTIN	3					
NUCYNTA	2	✓ ✓				
ONSOLIS	3	✓ ✓				
OPANA	3		✓			
OPANA ER #	2					
ORAMORPH SR	3					
oxycodone	1					
OXYCONTIN CR	2		✓			
oxymorphone ER	1					
RYBIX ODT	3					
RYZOLT	3					
tramadol	1					
tramadol ER	1					
ULTRAM	3					
ULTRAM ER	3					
XOLOX	3					
Narcotic Combinations						
acetaminophen/codeine	1					
butalbital/acetaminophen/ caffeine/codeine	1					

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Narcotic Partial Agonists			
buprenorphine			
butorphanol	1	✓	
BUTRANS	3	✓ ✓ ✓	
pentazocine/naloxone	1		
SUBOXONE film	2	✓ ✓	
SUBOXONE sublingual #	2	✓ ✓	
SUBUTEX	3	✓ ✓ ✓	
Premenstrual Dysphoric Disorder			
SARAFEM	3	✓	
Psychotherapeutic and Neurological Agents			
ergoloid mesylate	1		
ORAP	3		
NUVIGIL	3	✓ ✓	
PROVIGIL	3	✓ ✓	
XYREM	3	✓ ✓	
Restless Leg Syndrome			
HORIZANT	3	✓ ✓	
Sedative/Hypnotics – Barbiturate			
BUTISOL SODIUM	3		
MEBARAL	3		
phenobarbital	1		
SECONAL	3		
Sedative/Hypnotics – Nonbarbiturates			
AMBIEN	3	✓ ✓	
AMBIEN CR	3	✓ ✓	
chloral hydrate	1		
DORAL	3		
EDLUAR	3	✓ ✓	
estazolam	1		
flurazepam	1		
HALCION	3		
LUNESTA	3	✓	
midazolam	1		
ROZEREM	3	✓ ✓	
SILENOR	3	✓ ✓	
SONATA	3	✓ ✓	
temazepam	1		
triazolam	1		
zaleplon	1	✓	
zolpidem	1	✓	
zolpidem ER	1	✓	
ZOLPIMIST	3	✓ ✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Miscellaneous			
CUVPOSA			
NUEDEXTA	3	✓ ✓	
Dermatological Agents			
Acne Products			
ACANYA	3		✓
ACZONE	3		
adapalene	1	✓	
AKNE-MYCIN	3		
amnesteem	1	✓	
ATRALIN	3	✓	✓
avita	1	✓	
AZELEX	3		
BENZAACLIN	3		✓
BENZAMYCIN	3		✓
BENZEFOAM	3		✓
BENZEFOAM ULTRA	3		
BENZIQ	3		
BENZIQ LS	3		
BENZIQ wash	3		
benzoyl peroxide	1		
claravis	1	✓	
CLARIFOAM EF	3		
clindamax	1		
clindamycin	1		
clindamycin/benzoyl peroxide	1		
DIFFERIN #	2	✓	
DUAC	3		✓
EPIDUO	2	✓	
erythromycin	1		
erythromycin/benzoyl peroxide	1		
EVOCLIN	3		✓
isotretinoin	1	✓	
KLARON	3		
lavoclen	1		
METROCREAM	3		
METROGEL 1% only	2		
METROLOTION	3		
metronidazole	1		
NEOBENZ	3		

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	
Acne Products (continued)							
NORITATE	3			LOTRISONE	3		
NUOX	3			NAFTIN	3		
<i>pacnex wash</i>	1			<i>nystatin</i>	1		
PACNEX HP	3			<i>nystatin/triamcinolone</i>	1		
PACNEX LP	3			OXISTAT	3		
PACNEX MX	3			PENLAC	3	✓	
PLEXION cloth	3			VUSION	3		
PLEXION emulsion	3			XOLEGEL	3		
PLEXION SCT	3			Antifungals – Topical			
RETIN-A	3	✓	✓	CARAC	3		
RETIN-A MICRO	2	✓		EFUDEX	3		
<i>sodium sulfacetamide/sulfur</i>	1			FLUOROPLEX	3		
<i>sotret</i>	1	✓		<i>fluorouracil</i>	1		
SSS 10-4	3			LEVULAN KERA	3		
SUMAXIN	3			METVIXIA	3		
SUMAXIN TS	3			PANRETIN	2		
<i>tretinoin</i>	1	✓		SOLARAZE	3		
TRETIN-X	3	✓	✓	TARGRETIN	2		
TRIAZ	3			Antineoplastics and Keratolytics – Topical			
VANOXIDE	3			cocaine hcl	1		
VELTIN	3	✓	✓	<i>lidocaine</i>	1		
ZACARE	3			<i>lidocaine/prilocaine</i>	1		
Z-CLINZ	3			LIDODERM	2	✓	
ZIANA	2	✓		<i>prudoxin</i>	1		
Antibiotics – Topical							
ALTABAX	3			QUTENZA	3		
BACTROBAN	3			SYNERA	3		
<i>centany</i>	3			ZONALON	3		
<i>gentamicin</i>	1			Antipruritics and Topical Anesthetics			
<i>mupirocin</i>	1			cocaine hcl	1		
Antifungals – Topical				<i>lidocaine</i>	1		
ALOQUIN	3			<i>lidocaine/prilocaine</i>	1		
<i>ciclopirox</i>	1	✓		LIDODERM	2	✓	
<i>clotrimazole/betamethasone</i>	1			<i>prudoxin</i>	1		
<i>econazole</i>	1			QUTENZA	3		
ERTACZO	3			SYNERA	3		
EXELDERM	3			ZONALON	3		
HALOTIN	3			Antipsoriatics			
<i>hydrocortisone/iodoquinol</i>	1			8-MOP	3		
<i>ketoconazole</i>	1			AMEVIVE	3		
LOPROX	3			<i>anthralin</i>	1		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antipsoriatics (continued)			
STELARA			
TACLONEX	2		
TAZORAC #	3		
SIMPONI	2		
VECTICAL	2		
Antiseborrheic Products			
EXTINA	3		
SCALACORT DK	3		
selenium sulfide	1		
sulfacetamide sodium	1		
Antiviral – Topical			
acyclovir	1		
DENAVIR	3		
XERESE	3		
ZOVIRAX	3		
Corticosteroids – Topical			
alclometasone	1		
amcinonide	1		
augmented betamethasone dipropionate	1		
betamethasone valerate	1		
clobetasol	2		
CLOBEX lotion/shampoo/spray	3		
CLODERM	3		✓
CORDRAN	3		
CUTIVATE	3		✓
DERMATOP	3		
DESONATE	3		✓
desonide	1		
desoximetasone	1		
diflorasone	1		
DIPROLENE AF	3		
ELOC CON	3		
fluocinolone acetonide	1		
fluocinonide	1		
fluticasone	1		
HALOG	3		
hydrocortisone	1		
hydrocortisone butyrate	1		
hydrocortisone valerate	1		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Corticosteroids – Topical			
hydrocortisone/pramoxine	1		
LIDAMANTLE HC	3		
lidocaine/hydrocortisone	1		
LOCOID	3		✓
LOCOID LIPOCREAM	3		✓
LUXIQ	3		✓
mometasone	1		
NUZON	3		
OLUX	3		✓
OLUX-E	3		✓
prednicarbate	1		
TACLONEX	3		
triamcinolone	1		
ULTRAVATE	3		
VANOS	3		✓
VERDESO	3		✓
Keratolytic/Antimitotic Agents			
CONDYLOX	3		
podofilox	1		
Immunomodulating Agents – Topical			
ALDARA	3	✓	✓
ELIDEL	2	✓	
imiquimod	1	✓	✓
PROTOPIC	2	✓	
ZYCLARA	3	✓	✓
Rosacea Agents			
FINACEA	3		
metronidazole	1		
ORACEA	3	✓	✓
Scabicides & Pediculicides			
EURAX	3		
lindane	1		
NATROBA	3		
permethrin	1		
ULESIA	3		
Sinecatechins			
VEREGEN	3		
Endocrine System			
Acromegaly			
octreotide	1		
SANDOSTATIN	3		

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Acromegaly (continued)						
SANDOSTATIN LAR	3					
SOMATULINE	3					
SOMAVERT	3					
Antidiuretic Agents						
DDAVP PR ≤ 17 yr old	3	✓	✓			
desmopressin PR ≤ 17 yr old	1	✓				
minirin PR ≤ 17 yr old	1	✓				
STIMATE PR ≤ 17 yr old	3	✓				
Contraceptives – Emergency						
ELLA	3					
next choice	1					
PLAN B	3					
Contraceptives – Injectable Progestins						
medroxyprogesterone	1					
DEPO-PROVERA	3					
Contraceptives – Oral						
altavera	1					
amethyst	1					
aranelle	1					
aviane	1					
BEYAZ	3					
BREVICON	3					
briellyn	1					
cesia	1					
cryselle	1					
CYCLESSA	3					
DESOGEN	3					
ELLA	3					
emoquette	1					
enpresse	1					
ESTROSTEP FE	3					
FEMCON	3					
GENERESS FE	3					
gianvi	1					
gildess FE	1					
jolessa	1					
junel 1.5/30	1					
junel 1/20	1					
junel FE 1.5/30	1					
junel FE 1/20	1					
kariva	1					
Contraceptives – Oral (continued)						
kelnor				1		
leena				1		
lessina				1		
levora				1		
LO LOESTRIN FE				3		
LO/OVRAL				3		
LOESTRIN 1.5/30				3		
LOESTRIN 1/20				3		
LOESTRIN FE				3		
LOESTRIN FE 1.5/30				3		
LOESTRIN-24				3		
loryna				1		
LOSEASONIQUE				2		
low-ogestrel				1		
lutera				1		
LYBREL				3		
microgestin 1.5/30				1		
microgestin 1/20				1		
microgestin FE 1.5/30				1		
microgestin FE 1/20				1		
MIRCETTE				3		
MODICON 0.5/35				3		
mononessa				1		
NATAZIA				3		
necon 0.5/35				1		
necon 1/35				1		
necon 1/50				1		
necon 10/11				1		
necon 7/7/7				1		
NORDETTE				3		
NORINYL 1+35				3		
NORINYL 1+50				3		
nortrel 0.5/35				1		
nortrel 1/35				1		
nortrel 7/7/7				1		
ocella				3		
ogestrel				1		
ORTHO TRI-CYCLEN				3		
ORTHO TRI-CYCLEN LO				3		
ORTHO-CEPT				3		
ORTHO-CYCLEN				3		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Contraceptives – Oral (continued)			
ORTHO-NOVUM 1/35	3		
ORTHO-NOVUM 7/7/7	3		
OVCON 35	3		
OVCON 50	3		
portia	1		
previfem	1		
quasense	1		
reclipsen	1		
SEASONALE	3		
SEASONIQUE	2		
solia	1		
sprintec	1		
sronyx	1		
syedah	1		
trinessa	1		
TRI-NORINYL	3		
tri-previfem	1		
tri-sprintec	1		
trivora	1		
velivet	1		
YASMIN	3		
YAZ	3		
zarah	1		
zeosa	1		
zovia 1/35E	1		
zovia 1/50E	1		
Contraceptives – Oral Progestins			
camila	1		
errin	1		
jolivette	1		
nora-be	1		
NOR-QD	3		
ORTHO MICRONOR	3		
Contraceptives – Transdermal			
ORTHO EVRA	3		
Contraceptives – Vaginal			
NUVARING	3		
Corticotropin			
ACTHAR HP	2	✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Diabetes – Alpha-Glucosidase Inhibitors			
acarbose	1		
GLYSET #	3		
PRECOSE	3		
Diabetes – Amylin Analogs			
SYMLIN	2	✓	
SYMLINPEN	2	✓	
Diabetes – Biguanides and Combinations			
FORTAMET	3		
glipizide/metformin	1		
GLUCOPHAGE	3		
GLUCOPHAGE XR	3		
GLUCOVANCE	3		
GLUMETZA	3		
glyburide/metformin	1		
METAGLIP	3		
metformin	1		
metformin ER	1		
RIOMET	3		
Diabetes – Dopamine Receptor Agonists			
CYCLOSET	2		
Diabetes – DPP-IV Inhibitors and Combinations			
JANUMET	2		
JANUVIA	2		
KOMBIGLYZE	2		
ONGLYZA	2		
TRADJENTA	3	✓	✓
Diabetes – Incretin Mimetic Agents			
BYETTA	2	✓	
VICTOZA	2	✓	
Diabetes – Insulin			
APIDRA	3		
HUMALOG products	2		
HUMULIN products	2		
LANTUS	2		
LANTUS SOLOSTAR	2		
LEVEMIR	2		
LEVEMIR FLEXPEN	2		
NOVOLIN products	3		✓
NOVOLOG products	2		
RELION products	3		✓

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Diabetes – Meglitinides and Combinations						
nateglinide						
PRANDIMET	1					
PRANDIN #	3					
STARLIX	2					
Diabetes – Sulfonylureas						
AMARYL	1					
chlorpropamide	3					
DIABETA	2					
glimepiride	1					
glipizide	3					
glipizide ER	1					
glipizide XL	1					
GLUCOTROL	3					
GLUCOTROL XL	2					
glyburide	1					
glyburide micronized	3					
GLYNASE	1					
tolazamide	2					
tolbutamide	1					
Diabetic Supplies						
BD insulin syringes	1					
BD lancets	2					
BD pen needles	2					
FREESTYLE glucose test strips	1					
FREESTYLE LITE glucose test strips	2					
glucose test strips (any other brand name)	3					
insulin syringes (any brand name other than BD)	1					
insulin syringes (any generic)	3					
lancets (any brand name other than BD)	1					
lancets (any generic)	2					
ONE TOUCH FAST TAKE glucose test strips	1					
ONE TOUCH ULTRA glucose test strips	3					
pen needles (any brand name other than BD)	2					
Diabetic Supplies (continued)						
pen needles (any generic)	1					
PRECISION QID glucose test strips	2					
PRECISION SOF-TACT glucose test strips	2					
PRECISION XTRA glucose test strips	2					
PRECISION XTRA ketone test strips	2					
Diabetes – Thiazolidinediones (TZDs) and Combinations						
ACTOPLUS MET #	1					
ACTOPLUS MET XR	2					
ACTOS #	3					
AVANDAMET #	2					
AVANDARYL #	3					
AVANDIA #	3					
DUETACT	2					
Diagnostic Drug						
THYROGEN	1					
Fabry Disease						
FABRAZYME	2					
Fertility Agents						
BRAVELLE	1					
CETROTIDE	2					
chorionic gonadotropin	3					
FOLLISTIM AQ	1					
GANIRELIX	2					
GONAL-F	3					
GONAL-F RFF	1					
leuprolide	2					
LUVERIS	1					
MENOPUR	3					
novarel	1					
OVIDREL	2					
pregnyl	3					
REPRONEX	1					
Gaucher Disease						
CEREDASE ***	1					
CEREZYME	2					
VPRIV	3					
ZAVESCA ***	2					

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Glucose Elevating Agents			
GLUCAGON			
PROGLYCEM	3		
PROGLYCEM	2		
Gout Agents			
allopurinol	1		
COLCRYS	2		
KRYPEXXA	3	✓	
probencid	1		
probencid/colchicine	1		
ULORIC	3		✓
ZYLOPRIM	3		
Growth Factors – Insulin-like			
INCRELEX	2	✓	
Growth Hormone Agents			
GENOTROPIN	3	✓	
HUMATROPE	2	✓	
NORDITROPIN	3	✓	
NUTROPIN	2	✓	
NUTROPIN AQ	2	✓	
NUTROPIN NUSPIN	2	✓	
OMNITROPE	3	✓	
SAIZEN	3	✓	
SEROSTIM	3	✓	
SOMAVERT	3	✓	
TEV-TROPIN	2	✓	
ZORBTIVE	3	✓	
Hereditary Tyrosinemia			
ORFADIN ***	2		
HIV Lipodystrophy			
EGRIFTA	3	✓	✓
Homocystinuria			
CYSTADANE #	2		
Hormone Replacement – Androgens			
ANDRODERM	2		
ANDROGEL	2		
AXIRON	3		✓
danazol	1		
FORTESTA	3		
STRIANT	3		✓
TESTIM	3		✓
testosterone inj.	PMED		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Hormone Replacement – Estrogens			
ALORA			
CENESTIN #	3		✓
CLIMARA	2		
DIVIGEL	3		
ELESTRIN	2		
ENJUVIA	3		
ESTRACE	2		
ESTRADERM	3		
estradiol patch	3		
estradiol tab	1		
ESTRASORB	1		
ESTROGEL	3		
estropipate	2		
EVAMIST	3		
MENEST	2		
MENOSTAR	3		
ortho-est	1		
PREMARIN	3		
VIVELLE-DOT	3		✓
Hormone Replacement – Estrogen Combinations			
ACTIVELLA	3		
ANGELIQ	3		
CLIMARA PRO	2		✓
COMBIPATCH	3		✓
estradiol/ norethindrone acetate	1		
FEMHRT	3		
FEMHRT LOW DOSE	3		
FEMTRACE	3		
jinteli	1		
PREFEST	3		
PREMPHASE	3		
PREMPRO	3		
Hormone Replacement – Progestins			
medroxyprogesterone acetate	3		
norethindrone acetate	1		
MAKENA	2		✓
PROMETRIUM	2		

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Hunter Syndrome				
ELAPRASE ***	2	✓		
Hyperammonemia				
AMMONUL	3			
BUPHENYL	2			
Hyperparathyroidism				
HECTOROL	3			
SENSIPAR	3			
ZEMPLAR	2			
LHRH/GnRH Agonist Analog Pituitary Suppressants				
SUPPRELIN LA	2			
SYNAREL	3			
Metabolic Modifiers				
CARNITOR	3			
SUCRAID	3			
Mucopolysaccharidosis I				
ALDURAZYME	2	✓		
Mucopolysaccharidosis VI				
NAGLAZYME	2	✓		
Phenylketonuria				
KUVAN	2			
Pompe Disease				
LUMIZYME	3	✓		
MYOZYME	2	✓		
Steroids – Glucocorticosteroids				
budesonide SR	1		✓	
cortisone AC	1			
dexamethasone	1			
ENTOCORT EC	3		✓ ✓	
hydrocortisone	1			
methylprednisolone	1			
MILLIPRED	3			
ORAPRED	3			
prednisolone	1			
prednisone	1			
VERIPRED	3			
Steroids – Mineralocorticoids				
fludrocort	1			
Thyroid Hormones				
ARMOUR THYROID	3			
BIO-THROID	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Thyroid Hormones (continued)				
CYTOMEL	3			
levothroid	1			
levothyroxine	1			
levoxyl	1			
liothyronine sodium	1			
SYNTROID	3			
THYROLAR	3			
TIROSINT	3			
unithroid	1			
Thyroid – Antithyroid Agents				
methimazole	1			
propylthiouracil	1			
TAPAZOLE	3			
Vasopressin Receptor Antagonists				
SAMSCA	2	✓		
Gastrointestinal System				
Acid Suppressants – H-2 Antagonists				
AXID	3			
cimetidine	1			
famotidine	1			
nizatidine	1			
PEPCID	3			
ranitidine	1			
ZANTAC	3			
Acid Suppressants – Proton Pump Inhibitors				
ACIPHEX	3	✓ ✓ ✓ ✓		
DEXILANT	2	✓ ✓ ✓		
lansoprazole	1	✓ ✓ ✓		
lansoprazole ODT	1	✓ ✓ ✓		
NEXIUM	2	✓ ✓ ✓		
omeprazole	1	✓ ✓ ✓		
omeprazole/bicarbonate	1	✓ ✓ ✓		
pantoprazole	3	✓ ✓ ✓		
PREVACID	3	✓ ✓ ✓ ✓		
PREVACID SOLUTAB	3	✓ ✓ ✓ ✓		
PRILOSEC	3	✓ ✓ ✓ ✓		
PROTONIX	3	✓ ✓ ✓ ✓		
ZEGERID	3	✓ ✓ ✓ ✓		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antiemetics – 5-HT3 Receptor Antagonists			
ALOXI			
ANZEMET injectable	MED	✓	
ANZEMET tablets	3	✓	
<i>granisetron</i>	1	✓	
GRANISOL	3	✓	
KYTRIL	3	✓	
<i>ondansetron</i>	1	✓	
<i>ondansetron ODT</i>	1	✓	
SANCUSO PAD	3	✓	
ZOFRAN	3	✓	
ZOFRAN ODT	3	✓	
ZUPLENZ	3	✓	
Antiemetics – Anticholinergic			
TRANSDERM-SCOP	3		
<i>trimethobenzamide</i>	1		
Antiemetics – Miscellaneous			
CESAMET	3	✓	
<i>dronabinol</i>	1	✓	
EMEND capsules	2	✓	
EMEND injectable	MED	✓	
MARINOL	3	✓	
Anti-Ulcer Drugs			
<i>misoprostol</i>	1		
<i>sucralfate</i>	1		
Bowel Evacuants			
COLYTE	3		
<i>gavilyte-g</i>	1		
GOLYTELY	3		
HALFLYTLY	3		
MOVIPREP	2		
NULYTLY	3		
OSMOPREP	2		
<i>peg 3350</i>	1		
<i>polyethylene glycol</i>	1		
<i>trilyte</i>	1		
SUPREP	3		
VISICOL	3		
Crohn's Disease			
CIMZIA	2		
HUMIRA	2		
REMICADE	2		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Chronic Constipation Agent			
AMITIZA			
	3	✓	
Gallstone Solubilizing Agents			
CHENODAL	3		
URSO 250	3		
URSO FORTE	3		
<i>ursodiol</i>	1		
GI Antiallergy Agents			
GASTROCROM	3		
GI Stimulants			
<i>metoclopramide</i>	1		
METOZOLV ODT	3		
H. pylori Agents			
HELIDAC	3		
PREVPAC	3		✓
PYLERA	2		
Inflammatory Bowel Agents			
APRISO	2		✓
ASACOL	2		✓
ASACOL HD	2		✓
AZULFIDINE	3		✓
AZULFIDINE ENTABS	3		✓
<i>balsalazide</i>	1		✓
CANASA	2		✓
COLAZAL	3		✓
DIPENTUM	3		✓
LIALDA	2		✓
<i>mesalamine</i>	1		
PENTASA	3		✓
<i>sulfasalazine</i>	1		✓
<i>sulfasalazine ER</i>	1		✓
<i>sulfazine</i>	1		✓
<i>sulfazine EC</i>	1		✓
Irritable Bowel Syndrome (IBS) Agents			
LOTRONEX	3	✓	
Laxatives			
KRISTALOSE	3		
<i>lactulose</i>	1		
Opioid Induced Constipation			
RELISTOR	2	✓	✓
Pancreatic Enzymes			
CREON	2		

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	
Pancreatic Enzymes (continued)							
DIGEX	3			bethanechol	1		
PANCRELIPASE	3			DETROL	3	✓	
PANCREAZE	3			DETROL LA	3	✓	
ZENPEP	2			DITROPAN XL	3	✓	
Rectal Steroids							
colocort	1			ENABLEX	2		
CORTIFOAM	3			flavoxate	1		
Genitourinary System							
Cystinosis Agents							
CYSTAGON	3			hyoscymamine	1		
Erectile Dysfunction (applies only to plans with ED coverage)							
CAVERJECT	3	✓		oxybutynin	1		
CIALIS	2	✓		oxybutynin ER	1		
EDEX	3	✓		GELNIQUE	2		
LEVITRA	3	✓	✓	OXYTROL	3	✓	
MUSE	3	✓		SANCTURA	3	✓	
STAXYN	3	✓	✓	SANCTURA XR	3	✓	
VIAGRA #	3	✓	✓	TOVIAZ	3	✓	
Interstitial Cystitis Agents							
ELMIRON	2	✓	✓	trospium	1		
RIMSO	MED			URECHOLINE	3		
Phosphate Binders							
calcium acetate	1			VESICARE	2		
FOSRENOL #	2			Urinary Anti-infectives and Combinations			
PHOSLO	2			MACROBID	3		
RENAGEL	3		✓	<i>methenamine hippurate</i>	1		
RENVELA	2			<i>methenamine mandelate</i>	1		
Prostatic Hypertrophy Agents				MONUROL	3		
alfuzosin	1	✓		<i>nitrofurantoin</i>	1		
AVODART	2	✓		<i>nitrofurantoin monohydrate</i>	1		
CARDURA XL	3			<i>macrocrystal</i>			
finasteride	1	✓		UREX	3		
FLOMAX	3	✓	✓	URIBEL	3		
JALYN	2	✓		UTA	3		
PROSCAR	3	✓		Vaginal Anti-infectives			
RAPAFLO	2	✓		CLEOCIN VAGINAL	3		
tamsulosin	1	✓		<i>clindamax</i>	1		
UROXATRAL	3	✓	✓	METROGEL VAGINAL	3		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Vaginal Estrogens (continued)			
FEMRING			
PREMARIN VAGINAL	2		
VAGIFEM	3		
Vaginal Progestins			
CRINONE	2		
ENDOMETRIN	2		
PROGESTERONE VAGINAL	3		
Infections and Infestations			
Antibacterials – Aminoglycosides			
neomycin	1		
paromomycin	1		
Antibacterials – Ampicillins and Combinations			
amoxicillin	1		
amoxicillin/K clavulanate	1		
amoxicillin/K clavulanate SR	1		
ampicillin	1		
AUGMENTIN	3		
AUGMENTIN ES	3		
AUGMENTIN XR	3		
MOXATAG	3		
Antibacterials – Cephalosporins, 1st Generation			
cefadroxil	1		
cephalexin	1		
Antibacterials – Cephalosporins, 2nd Generation			
cefaclor	1		
cefaclor ER	1		
cefprozil	1		
CEFTIN	3		
cefuroxime	1		
Antibacterials – Cephalosporins, 3rd Generation			
CEDAX	3		
cefdinir	1		
cefditoren	1		
cefpodoxime	1		
SPECTRACEF	3		
SUPRAZ	3		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antibacterials – Fluoroquinolones			
AVELOX			
AVELOX ABC	2		
CIPRO	3		
CIPRO XR	3		
ciprofloxacin	1		
ciprofloxacin ER	1		
FACTIVE	3		
LEVAQUIN	3		
levofloxacin	1		
NOROXIN	3		
ofloxacin	1		
PROQUIN XR	3		
Antibacterials – Ketolides			
KETEK	3		
Antibacterials – Macrolides			
azithromycin	1		
BIAXIN	3		
BIAXIN XL	3		
clarithromycin	1		
clarithromycin SR	1		
DIFIDIC	3		✓ ✓
e.e.s.	1		
erythrocin	1		
erythromycin	1		
erythromycin delayed release particles	1		
erythromycin ethylsuccinate	1		
PCE	3		
ZITHROMAX	3		
ZMAX	3		
Antibacterials – Miscellaneous			
clindamycin	1		
metronidazole	1		
NEBUPENT	2		
TINDAMAX	3		
trimethoprim	1		
XIFAXAN	3		✓ ✓
ZYVOX	2		✓
Antibacterials – Penicillins			
dicloxacillin sodium	1		
penicillin VK	1		

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antibacterials – Sulfonamides						
sulfadiazine	1					
Antibacterials – Tetracyclines						
ADOXA	3	✓				
ALODOX	3	✓				
demeclocycline	1	✓				
DORYX #	3	✓				
doxycycline hydiate	1	✓				
doxycycline monohydrate	1	✓				
DYNACIN	3	✓				
MINOCIN	3	✓				
minocycline	1	✓				
MONODOX	3	✓				
NUTRIDOX	3	✓				
ORAXYL	3	✓				
PERIOSTAT	3	✓				
SOLODYN #	3	✓				
tetracycline	1	✓				
VIBRAMYCIN	3	✓				
Antifungals						
ANCOBON	3					
BIO-STATIN	3					
clotrimazole troche	1					
DIFLUCAN (all other strengths)	3	✓				
DIFLUCAN 150 mg	3		✓			
fluconazole (all other strengths)	1	✓				
fluconazole 150 mg	1		✓			
GRIFULVIN V	3					
GRIS-PEG	3					
itraconazole	1	✓				
ketoconazole	1					
LAMISIL	3	✓				
NOXAFL	3					
ORAVIG	3		✓			
nystatin	1					
SPORANOX	3	✓				
terbinafine	1	✓				
VFEND	3					
voriconazole	1					
Antiinfective Agents – Miscellaneous						
colistimethate sodium				1		
COLY-MYCIN M				3		
Antimalarials and Combinations						
ARALEN				3	✓	
chloroquine				1	✓	
COARTEM				3	✓	
DARAPRIM				3	✓	
hydroxychloroquine				1	✓	
MALARONE				3	✓	
mefloquine				1	✓	
primaquine				1		
QUALAQUIN				3	✓	✓
Antimycobacterial Agents						
dapsone				1		
ethambutol				1		
isonarif				1		
isoniazid				1		
MYAMBUTOL				2		
pyrazinamide				1		
RIFAMATE				3		
rifampin				1		
RIFATER				3		
Antiprotozoal Agents						
ALINIA				3		
MEPRON				2		
Antiretrovirals – Chemokine Receptor Antagonist						
SELZENTRY				3		
Antiretrovirals – Fusion Inhibitors						
FUZEON				2		
Antiretrovirals – Integrase Inhibitors						
ISENTRESS				3		
Antiretrovirals – NRTI/NNRTI Combination						
ATRIPLA				3		
Antiretrovirals – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)						
EDURANT				3		
INTELENCE				3		
RESCRIPTOR				3		
SUSTIVA				2		
VIRAMUNE #				2		
VIRAMUNE XR				3		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antiretrovirals – Nucleoside (NRTI) and Nucleotide (NtRTI) Analogs			
COMBIVIR #			
didanosine delayed release	2		
EMTRIVA	1		
EPIVIR #	2		
EPZICOM	3		
RETROVIR	3		
stavudine	1		
TRIZIVIR	2		
TRUVADA	3		
VIDEX	2		
VIDEX EC	3		
VIREAD	2		
ZERIT	3		
ZIAGEN	1		
zidovudine	2		
Antiretrovirals – Protease Inhibitors			
APTVUS	2		
CRIXIVAN	3		
INVIRASE #	2		
KALETRA	1		
LEXIVA	2		
NORVIR	2		
PREZISTA	3		
REYATAZ	1		
VIRACEPT	2		
Antivirals – CMV Agents			
CYTOGAM	2		
CYTOVENE	3		
foscarnet	1		
ganciclovir	2		
VALCYTE	1		
VISTIDE	2		
Antivirals – Hepatitis Agents			
BARACLUDE	3		
COPEGUS	3		
EPIVIR HBV	2		
HEPSERA	3		
INCIVEK	1		
INFERGEN	2		
PEGASYS	3		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antivirals – Hepatitis Agents (continued)			
PEG-INTRON			
REBETOL	2		
ribapak	3		
ribasphere	1		
ribavirin	1		
TYZEKA	2		
VICTRELIS	1		
Antivirals – Herpes Agents			
acyclovir	2		
FAMVIR	3		
famciclovir	1		
valacyclovir	1		
VALTREX	3		
ZOVIRAX	1		
Antivirals – Influenza Agents			
FLUMADINE	3		
RELENZA	2		
rimantadine	3		
TAMIFLU	1		
Antivirals – Respiratory Syncytial Virus (RSV) Agents			
VIRAZOLE	3		
Musculoskeletal System			
Antimyasthenic Agents			
MESTINON	2		
MESTINON TIMESPAN	3		
pyridostigmine	1		
Antirheumatic Agents			
ARAVA	2		
lefunomide	3		
RHEUMATREX	1		
RIDAURA	1		
Enzymes			
XIAFLEX	3		
Interleukin – 1 Beta Blockers			
ILARIS	2		
Interleukin – 1 Blockers			
ARCALYST	1		
Muscle Relaxants and Combinations			
AMRIX	3		
baclofen	1		

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Muscle Relaxants and Combinations (continued)						
carisoprodol						
carisoprodol/aspirin	1					
carisoprodol/aspirin/codeine	1					
chlorzoxazone	1					
cyclobenzaprine	1					
cyclobenzaprine ER	1					
DANTRIUM	3					
dantrolene	1					
FEXMID	3		✓			
metaxalone	1					
methocarbamol	1					
orphenadrine ER	1					
orphenadrine/aspirin/caffeine	1					
SKELAXIN	2					
tizanidine	1					
ZANAFLEX	3					
Neuromuscular Blocking Agent – Neurotoxins						
BOTOX	2	✓				
DYSPORT	3	✓				
MYOBLOC	3	✓				
XEOMIN	3	✓				
NSAIDs						
ARTHROTEC	3					
CELEBREX	3	✓	✓			
DAYPRO	3					
diclofenac	1					
diclofenac potassium	1					
diclofenac sodium XR	3					
etodolac	1					
etodolac ER	3					
fenoprofen	1					
FLECTOR patch	3		✓			
flurbiprofen	1					
ibuprofen	1					
indomethacin	1					
indomethacin ER	1					
ketoprofen	1					
ketoprofen ER	3					
NSAIDs (continued)						
ketorolac				1		✓
meclomenamate sodium				1		
mefenamic acid				1		✓
meloxicam				1		
MOBIC				3		
nabumetone				3		
NAPRELAN				3		
naproxen				1		
oxaprozin				3		
piroxicam				1		
PENNSAID				3		✓
PONSTEL				3		✓
SPRIX				3		✓
sulindac				1		
tolmetin sodium				3		
VIMOVO				2		✓
VOLTAREN				3		
VOLTAREN GEL				2		✓
VOLTAREN XR				3		
ZIPSOR				3		
Osteoarthritis						
EUFLEXXA				2		✓
HYALGAN				3		✓
ORTHOVISC				3		✓
SUPARTZ				3		✓
SYNVISC				3		✓
SYNVISC ONE				3		✓
Osteoporosis						
ACTIONEL				2		✓
alendronate				1		✓
AREDIA				3		✓
ATELVIA				2		✓
BONIVA (inj only)				3		✓
BONIVA (tab only)				3		✓
calcitonin salmon nasal				1		
DIDRONEL				3		
etidronate				1		
FORTEO				3		✓
fortical				1		
FOSAMAX				3		✓
FOSAMAX PLUS D				3		✓

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Osteoporosis (continued)			
GANITE	3		
MIACALCIN (inj only)	3	✓	
MIACALCIN NASAL	3		
pamidronate	1	✓	
PROLIA	3	✓	
RECLAST	3	✓	
SKELID	3		
XGEVA	3	✓	
ZOMETA	3	✓	
Rheumatoid Arthritis			
ACTEMRA	3		✓
CIMZIA	2		
ENBREL	2		
HUMIRA	2		
KINERET	3		
ORENCIA	3		
REMICADE	2		
SIMPONI	2		
Selective Estrogen Receptor Modulator (SERM)			
EVISTA	2		
Ophthalmic Agents			
Glaucoma – Adrenergic Agents			
ALPHAGAN P	2		
apraclonidine	1		
brimonidine	1		
COMBIGAN	3		
IOPIDINE	3		
Glaucoma – Beta-blockers			
betaxolol	1		
BETIMOL	3		
BETOPTIC-S	3		
carteolol	1		
ISTALOL	3		
levobunolol	1		
metipranolol	3		
OPTIPRANOLOL	3		
timolol	1		
timolol maleate ophth	1		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Glaucoma – Carbonic Anhydrase Inhibitors			
AZOPT	2		
dorzolamide	1		
dorzolamide/timolol	1		
COSOPT	3		
TRUSOPT	3		
Glaucoma – Miotics			
ISO CARBACHOL	3		
ISOPTO CARPINE	3		
PHOSPHOLINE	3		
pilocarpine	1		
PILOPINE HS	3		
Glaucoma – Prostaglandins			
latanoprost	1		
LUMIGAN	2		
TRAVATAN Z	2		
XALATAN	3		✓
Macular Degeneration			
LUCENTIS	2		
MACUGEN	3		
VISUDYNE ***	3		
Macular Edema			
OZURDEX	2		
Ophthalmic Antihistamines and NSAIDs			
ACULAR	3		
ACULAR LS	3		
ACUVAIL	3		
ALAMAST	3		
ALOCRIL	3		
ALOMIDE	3		
azelastine ophth	1		
BEPREVE	3		
BROMDAY	3		
bromfenac	1		
cromolyn sodium ophth	1		
diclofenac ophth	1		
ELESTAT	3		
EMADINE	3		
epinastine	1		
flurbiprofen ophth	1		
ketorolac tromethamine ophth	1		

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Ophthalmic Antihistamines and NSAIDs (continued)						
LASTACFT						
NEVANAC	3					
OPTIVAR	3					
PATADAY	2					
PATANOL	3		✓			
VOLTAREN	3					
Ophthalmic Anti-infectives						
AZASITE						
bacitracin	1					
bacitracin/neomycin/ polymyxin	1					
bacitracin/polymyxin	1					
BESIVANCE	3					
ciprofloxacin	1					
erythromycin	1					
gentamicin	1					
IQUIX	3					
levofloxacin	1					
neomycin/polymyxin/ gramicidin	1					
ofloxacin	1					
polymyxin B/trimethoprim	1					
QUIXIN	3					
sulfacetamide sodium	1					
tobramycin	1					
trifluridine	1					
triple antibiotic	1					
VIGAMOX	3					
ZIRGAN	3					
ZYMAXID	3					
Ophthalmic Immunomodulators						
RESTASIS	2					
Ophthalmic Steroidal Anti-inflammatory Drugs						
ALREX	2					
bacitracin/polymyxin/ neomycin/hydrocortisone	1					
BLEPHAMIDE S.O.P.	3					
dexamethasone phosphate	1					
Otic Agents						
Otic Anti-infectives						
ofloxacin otic				1		
Otic Combinations						
acetic acid/antipyrine/ benzocaine/polycosanol				1		
antipyrine/benzocaine				1		
CETRALXAL				3		
CIPRO HC				3		
CIPRODEX				2		
COLY-MYCIN S				3		
cortomycin				1		
neomycin/polymyxin/ hydrocortisone				1		
NEOTIC				3		
otozin				1		
TREAGAN				3		
TRIOXIN				3		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Otic Combinations (continued)			
ZINOTIC			
ZINOTIC ES	3		
Respiratory Tract Agents			
Alpha-Proteinase Inhibitors			
ARALAST	3	✓	
ARALAST NP	3	✓	
GLASSIA ***	3	✓	
PROLASTIN ***	3	✓	
PROLASTIN-C ***	3	✓	
ZEMAIRA ***	3	✓	
Antiasthmatics – Anticholinergics			
ATROVENT HFA	3		
<i>ipratropium inhaler</i>	1		
SPIRIVA	2		
Antiasthmatic – Monoclonal Antibodies			
XOLAIR	2	✓	
Anti-Inflammatory Agents (nebulizer)			
cromolyn sodium nebulizer	1		
Bronchodilators – Sympathomimetics			
ACCUNEB	3		
ADVAIR DISKUS	2		
ADVAIR HFA	2		
<i>albuterol</i>	1		
BROVANA	3	✓	
COMBIVENT	3		
DULERA	2		
DUONEB	3		
FORADIL	2	✓	
<i>ipratropium/albuterol</i>	1		
MAXAIR AUTOHALER	3		✓
<i>metaproterenol</i>	3		
PERFOROMIST	2	✓	
PROAIR HFA	2		
PROVENTIL HFA	2		
SEREVENT DISKUS	2	✓	
SYMBICORT	2		
<i>terbutaline</i>	1		
VENTOLIN HFA	3		
VOSPIRE ER	3		
XOPENEX	3		✓
XOPENEX HFA	3		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Bronchodilators – Xanthines			
<i>aminophylline</i>			
THEO-24		1	
<i>theochron</i>		3	
<i>theophylline ER</i>		1	
Cystic Fibrosis Agents			
CAYSTON ***		3	
<i>colistimethate sodium</i>		1	
COLY-MYCIN M		3	
PULMOZYME		2	✓
TOBI		3	
Inhaled Corticosteroids			
ALVESCO		1	
ASMANEX		2	
<i>budesonide inhalation susp</i>		3	
FLOVENT DISKUS		2	
FLOVENT HFA		2	
PULMICORT FLEXHALER		3	
PULMICORT RESPULES		3	
QVAR		2	
Leukotriene Modulators			
ACCOLATE		3	✓
SINGULAIR #		2	✓
<i>zafirlukast</i>		1	✓
ZYFLO		3	✓
ZYFLO CR		3	✓
Mouth and Throat Products			
EVOXAC		2	
<i>pilocarpine</i>		1	
SALAGEN		3	
Nasal Antiallergy			
ASTELIN NASAL		3	
ASTEPRO #		2	
<i>azelastine nasal</i>		1	
PATANASE		3	
Nasal Anti-infectives			
BACTROBAN NASAL		3	
Nasal Anticholinergics			
ATROVENT NASAL		3	
<i>ipratropium nasal</i>		1	
Nasal Steroids			
BECONASE AQ		3	

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Nasal Steroids						
FLONASE	3					
<i>flunisolide</i>	1					
<i>fluticasone nasal</i>	1					
NASACORT AQ	3		✓			
NASONEX	2					
OMNARIS	3					
RHINOCORT AQ	3		✓			
<i>triamcinolone nasal</i>	1					
VERAMYST	2					
Non-Sedating Antihistamines and Combinations						
CLARINEX #	3	✓	✓			
CLARINEX-D #	3	✓	✓			
CLARINEX REDITAB	3	✓	✓			
<i>levocetirizine</i>	1	✓	✓			
XYZAL	3	✓	✓			
Respiratory Syncytial Virus – Monocolonal Antibodies						
SYNAGIS	2	✓				
Selective Phosphodiesterase 4 (PDE4) Inhibitors						
DALIRESP	3	✓				
Upper Respiratory – Cough/Cold/Allergy Combinations						
<i>hydrocodone polistirex/ chlorpheniramine polistirex</i>	1					
SEMPREX-D	3	✓	✓			
TUSSICAPS	3					
TUSSIONEX	2					
Therapeutic Nutrients – Minerals – Electrolytes						
FERRLICIT	3					
<i>nulecit</i>	1					
VENOFER	3					
Toxicologic Agents						
Alcohol Dependence						
VIVITROL	3					
Antidotes						
<i>deferoxamine mesylate</i>	1					
DESFERAL	3					
EXJADE	3					
Vaccines, Toxoids and Biologics						
Immune Globulin – Cytomegalovirus (CMV)						
CYTOGAM		2				
Immune Globulin – Immune Disorders						
ADAGEN		3	✓			
CARIMUNE NANOFILTERED		3	✓			
FLEBOGAMMA		3	✓			
GAMASTAN S/D		3	✓			
GAMMAGARD		3	✓			
GAMMAGARD S/D		3	✓			
GAMMAPLEX		3	✓			
GAMUNEX		2	✓			
GAMUNEX-C		2	✓			
HIZENTRA		3	✓			
PRIVIGEN		3	✓			
VIVAGLOBIN		3	✓			
Immune Globulin – Hepatitis B						
HEPAGAM B		2				
HYPERHEP B		3				
NABI-HB		3				
Immune Globulin – Rabies						
HYPERRAB S/D		3				
IMOGAM RABIE		2				
Immune Globulin – Rh isoimmunization						
HYPERRHO S/D		3				
MICRHOGAM ULTRA-FILTERED		3				
RHOGAM ULTRA-FILTERED PLUS		3				
RHOPHYLAC		2				
WINRHO SDF		3				
Immune Globulin – Tetanus						
HYPERTET S/D		2				
Wilson's Disease						
DEPEN TITRATABS		2				
SPYRINE		3				
CUPRIMINE		3				
Miscellaneous						
Immunosuppressive Agents						
ATGAM		3				
AZASAN		3				
<i>azathioprine</i>		1				

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Immunosuppressive Agents (continued)				
SANDIMMUNE	3			
CELLCEPT	3			
cyclosporine	1			
<i>cyclosporine (inj only)</i>	1			
<i>cyclosporine modified</i>	1			
<i>gengraf</i>	1			
IMURAN	3			
MYFORTIC	3			
<i>mycophenolate</i>	1			
NEORAL	3			
NULOJIX	3			
ORTHOCLONE OKT3	3			
PROGRAF	3			
RAPAMUNE	3			
SANDIMMUNE	3			
SIMULECT	3			
<i>tacrolimus</i>	1			
THYMOGLOBULIN	3			
ZORTRESS	3			
Systemic Lupus Erythematosus Agents				
BENLYSTA	3	✓		

Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)			
Acne	amnesteem adapalene PR ≥ 36 yr old ATRALIN PR ≥ 36 yr old avita PR ≥ 36 yr old DIFFERIN PR ≥ 36 yr old EPIDUO PR ≥ 36 yr old RETIN-A PR ≥ 36 yr old	claravis PR ≥ 36 yr old PR ≥ 36 yr old	isotretinoin RETIN-A MICRO PR ≥ 36 yr old tretinooin PR ≥ 36 yr old TRETIN-X PR ≥ 36 yr old VELTIN PR ≥ 36 yr old ZIANA PR ≥ 36 yr old	sotret PR ≥ 36 yr old PR ≥ 36 yr old
Alpha-Proteinase Inhibitors	ARALAST ARALAST NP	GLASSIA PROLASTIN	PROLASTIN-C	ZEMAIRA
ALS Agents	RILUTEK			
Antiasthmatic – Monoclonal Antibodies	XOLAIR			
Anticoagulants	PRADAXA	XARELTO		
Anticonvulsants	BANZEL	GABITRIL SABRIL tablets		VIMPAT
Antiemetics – 5-HT3 Receptor Antagonists	ALOXI	ANZEMET injectable	EMEND injectable	
Antiemetics – Miscellaneous	dronabinol	MARINOL		
Antihyperlipidemics – Intestinal Cholesterol Absorption Inhibitors	ZETIA			
Antipsoriatics	TAZORAC PR ≥ 36 yr old			
Antirheumatic Agents	ARAVA	leflunomide		
Bacterial Infections	ADOXA DIFICID	DYNACIN MINOCIN	MONODOX ORACEA	ZYVOX
	Fluoroquinolone – age edit PR < 10 yr old			
	AVELOX CIPRO CIPRO XR	ciprofloxacin FACTIVE FLOXIN	LEVAQUIN levofloxacin NOROXIN	ofloxacin PROQUIN XR TEQUIN
	Tetracycline – age edit PR ≤ 8 yr old			
	ADOXA avidoxy demeclocycline DORYX	doxycycline DYNACIN MINOCIN minocycline	MONODOX ORACEA ORAXYL oxytetracycline	SOLODYN tetracycline vibramycin
Benign Prostatic Hyperplasia (PR for females only)	alfuzosin AVODART bicalutamide CASODEX	FLOMAX finasteride PR ≤ 50 yr old JALYN PROSCAR PR ≤ 50 yr old		RAPAFLO tamsulosin UROXATRAL
Blood Clotting Factors	Antiinhibitor Coagulant Complex FEIBA VH IMMUNO			
	Blood Clotting Factor VIIa NOVOSEVEN			
	Blood Clotting Factor VIII Human			
	ALPHANATE HEMOFIL M	HUMATE-P KOATE-DVI	MONARC-M MONOCLATE-P	WILATE

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)			
Blood Clotting Factors (continued)	ADVATE CORIFACT HELIXATE FS Blood Clotting Factor VIII Recombinant KOGENATE FS REFACTO RECOMBINATE Blood Clotting Factor IX Complex BEBULIN VH PROFILNINE			
	Blood Clotting Factor IX Recombinant ALPHANINE SD BENEFIX MONONINE			
Bronchodilators – Sympathomimetics	BROVANA			
Cataplexy	XYREM			
Corticotropin	ACTHAR HP			
Cough/Cold/Allergy/ Combinations	CLARINEX CLARINEX-D	levocetirizine	SEMPREX-D	XYZAL
	All promethazine/codeine and phenylephrine/promethazine/codeine containing products PR <6 yr old			
	All other promethazine containing products PR ≤ 2 yr old			
Cystic Fibrosis Agents	PULMOZYME			
Diabetes – Amylin Analogs	SYMLIN	SYMLINPEN		
Diabetes – Thiazolidinediones (TZDs) and Combinations	AVANDAMET	AVANDARYL	AVANDIA	
Fabry Disease	FABRAZyme			
Fertility Agents	BRAVELLE CETROTIDE <i>chorionic</i> <i>gonadotropin</i>	FOLLISTIM AQ GANIRELIX GONAL-F GONAL-F RFF	LUVERIS MENOPUR <i>novarel</i>	OVIDREL <i>pregnyl</i> REPRONEX
Fungal Infections	ciclopirox nail lacquer DIFLUCAN	fluconazole itraconazole	LAMISIL PENLAC	SPORANOX terbinafine
Gaucher Disease	CEREDASE	CEREZYME	VPRIV	ZAVESCA
Gout	KRYSTEXXA			
Hematopoietic Growth Factor	ARANESP	EPOGEN	PROCRIT	
Hemostatics – Systemic	LYSTEDA			
Hereditary Angioedema	BERINERT	CINRYZE	KALBITOR	
HIV Lypodystrophy	EGRIFTA GENOTROPIN HUMATROPE	INCRELEX NORDITROPIN NUTROPIN	NUTROPIN AQ OMNITROPE SAIZEN	SEROSTIM TEV-TROPIN ZORBTIVE
Hormone Replacement – Progestins	MAKENA			
Hunter Syndrome	ELAPRASE			

Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)			
Huntington's Disease – Chorea	XENAZINE			
Immune Globulin	ADAGEN CARIMUNE NANOFILTERED FLEBOGAMMA	GAMASTAN S/D GAMMAGARD GAMMAGARD S/D	GAMMAPLEX GAMUNEX GAMUNEX-C	HIZENTRA PRIVIGEN VIVAGLOBIN
Immunomodulating Agents – Topical	ALDARA ELIDEL	<i>imiquimod</i>	PROTOPIC	ZYCLARA
Interleukin –1 Blockers	ARCALYST	ILARIS		
Interstitial Cystitis Agents	ELMIRON			
Irritable Bowel	LOTRONEX			
Laxatives	AMITIZA			
Malaria (covered for active treatment only – not covered for prophylactic treatment)	ARALEN <i>chloroquine</i> COARTEM DARAPRIM	<i>hydroxychloroquine</i> MALARONE <i>mefloquine</i> PLAQUENIL QUALAQUIN		
Miscellaneous Anti-Infectives	XIFAXAN			
Miscellaneous Endocrine PR ≤ 17 yr old	DDAVP (all forms)	<i>desmopressin</i>	<i>minirin</i>	STIMATE
Mucopolysaccharidosis I	ALDURAZYME			
Mucopolysaccharidosis VI	NAGLAZYME			
Multiple Sclerosis	AMPYRA AVONEX	BETASERON COPAXONE	EXTAVIA GILENYA	REBIF TYSABRI
Neuromuscular Blocking Agent – Neurotoxins	BOTOX	DYSPORT	MYOBLOC	XEOMIN
Oncology	AFINITOR <i>anastrozole</i> ARIMIDEX AROMASIN CAPRELSA ERBITUX exemestane	FEMARA FIRMAGON GLEEVEC JEVTANA <i>letrozole</i> NEXAVAR OFORTA	PROVENGE REVLIMID RITUXAN SPRYCEL SUTENT SYLATRON TARCEVA	TASIGNA TYKERB VECTIBIX VOTRIENT YEROVY ZOLINZA ZYTIGA
Opioid Induced Constipation	RELISTOR			
Osteoporosis	AREDIA BONIVA (inj only) FORTEO	MIACALCIN (inj only) <i>pamidronate</i> PROLIA		RECLAST XGEVA ZOMETA
Pain (Analgesics) and Inflammation	ABSTRAL ACTIQ <i>buprenorphine</i>	BUTTRANS CELEBREX PR < 60 <i>fentanyl lozenge</i>	FENTORA ONSOLIS	SUBOXONE SUBUTEX

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)						
Paroxysmal Nocturnal Hemoglobinuria (PNH)	SOLIRIS						
Pompe Disease	LUMIZYME	MYOZYME					
Platelet Aggregation Inhibitors	BRILINTA	EFFIENT					
Pseudobulbar Affect	NUDEXTA						
Pulmonary Hypertension Agents	ADCIRCA <i>epoprostenol</i> FOLAN	LETAIRIS REMODULIN REVATIO	TRACLEER TYVASO	VELETRI VENTAVIS			
Respiratory Syncytial Virus	SYNAGIS						
Restless Leg Syndrome	HORIZANT						
Selective Phosphodiesterase 4 (PDE4) Inhibitors	DALIRESP						
Stimulant/Attention Deficit	NUVIGIL	PROVIGIL					
Systemic Lupus Erythematosus Agents	BENLYSTA						
Typhoid	VIVOTIF BERNIA EC						
Ulcer/Heartburn/Reflux	ACIPHEX DEXILANT <i>lansoprazole</i> NEXIUM	omeprazole omeprazole/bicarbonate <i>pantoprazole</i> PREVACID PREVACID SOLUTAB	PRILOSEC PROTONIX ZEGERID				
Vasopressin Receptor Antagonists	SAMSCA						
Viral Infections/Immune System Enhancers	INCIVEK INFERGEN	INTRON-A PEGASYS	PEG-INTRON	VICTRELIS			

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Antianginal	RANEXA	500 mg = 3 tablets/day 1000 mg = 2 tablets/day
Antibacterials – Macrolides	DIFICID	20 tablets/30 day supply
Anticoagulants	PRADAXA	2 capsules/day
	XARELTO	35 tablets/year
Anticonvulsants	LYRICA	25, 50, 75, 100, 150 and 200 mg = 3 caps/day 225 and 300 mg = 2 capsules/day
	NEURONTIN <i> gabapentin</i>	All strengths = 180 tablets/30 day supply
	VIMPAT	50 mg = 6 tablets/day 100 mg, 150 mg and 200 mg = 2 tablets/day 10 mg/ml = 40 ml per day
Antifungal	ORAVIG	50 mg = 14 tablets per 30 day supply
Antihistamines and Decongestants	CLARINEX	2.5 mg and 5 mg = 1 tablet or reditab/day Syrup = 10 ml/day
	CLARINEX-D SEMPREX-D	2.5 mg/120 mg= 2 tablets/day 5 mg/240 mg= 1 tablet/day 4 capsules/day
	<i>levocetirizine</i> XYZAL	Limit = 1 tablet/day 2.5 mg/5 ml solution = 10 ml/day
Antimalarial	QUALAQUIN	42 capsules/year
Antivirals	FAMVIR <i>famciclovir</i>	125 mg, 250 mg = 2 tablets/day 500 mg = 21 tablets/30 day supply
	VALCYTE	450 mg tablet = 102 tablets/30 day supply 50 mg/ml solution = 1000 ml/30 day supply
Asthma	ACCOLATE <i> zafirlukast</i>	10 mg and 20 mg = 2 tablets/day
	SINGULAIR	4 mg granules = 1 packet/day 10 mg = 1 tablet/day 4 mg and 5 mg chewable = 1 tablet/day
	ZYFLO ZYFLO CR	Limit = 4 tablets/day
Blood Pressure and Heart Failure	AMTURNIDE	All strengths = 1 tablet/day
	ATACAND	4 mg, 8 mg and 16 mg = 2 tablets/day
	ATACAND HCT	16-12.5 mg = 2 tablets/day
	AVALIDE	150-12.5 mg = 1 tablet/day
	AVapro	75 mg and 150 mg = 2 tablets/day
	AZOR	All strengths = 1 tablet/day
	BENICAR	5 mg and 20 mg = 1 tablet/day
	BENICAR HCT	20-12.5 mg = 1 tablet/day
	COZAAR <i> losartan</i>	25 mg and 50 mg = 2 tablets/day
	DIOVAN	40 mg, 80 mg and 160 mg = 2 tablets/day
	DIOVAN HCT	80-12.5 mg, 160-12.5 mg, and 160-25 mg = 1 tablet/day

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Blood Pressure and Heart Failure (continued)	EDARBI	All strengths = 1 tablet/day
	EXFORGE	All strengths = 1 tablet/day
	EXFORGE HCT	All strengths = 1 tablet/day
	HYZAAR <i>losartan/hctz</i>	50-12.5 mg = 1 tablet/day
	MICARDIS	20 mg and 40 mg = 1 tablet/day
	MICARDIS HCT	40-12.5 mg = 1 tablet/day
	TEKAMLO	Limit = 1 tablet/day
	TEKTURNA	150 mg and 300 mg = 1 tablet/day
	TEKTURNA HCT	150/12.5 mg and 150/25 mg = 1 tablet/day
	TEVETEN	400 mg = 2 tablets/day
	TRIBENZOR	All strengths = 1 tablet/day
	TWYNSTA	Limit = 1 tablet/day
Cataplexy	VALTURNA	Limit = 1 tablet/day
	XYREM	Limit = 9 gm/day (540ml/30 day supply)
Cholesterol Lowering	ADVICOR	All strengths = 2 tablets/day
	ALTOPREV	10 mg, 20 mg, and 60 mg = 1 tablet/day 40 mg = 2 tablets/day
	CADUET	All strengths = 1 tablet/day
	CRESTOR	All strengths = 1 tablet/day
	LESCOL	All strengths = 2 tablets/day
	LESCOL XL	80 mg = 1 tablet /day
	LIPIATOR	All strengths= 1 tablet/day
	LIVALO	All strengths= 1 tablet/day
	MEVACOR <i>lovastatin</i>	All strengths = 2 tablets/day
	PRAVACHOL <i>pravastatin</i>	All strengths = 1 tablet/day
	SIMCOR	All strengths = 2 tablets/day
	VYTORIN	All strengths = 1 tablet/day
	ZETIA	10 mg = 1 tablet/day
Colon/Rectal	ZOCOR <i>simvastatin</i>	All strengths = 1 tablet/day
	APRISO	0.375 gm = 4 capsules/day
	ASACOL	400 mg = 12 tablets/day
	ASACOL HD	6 tablets/day
	AZULFIDINE <i>sulfasalazine</i>	500 mg = 8 tablets/day
	AZULFIDINE <i>sulfasalazine EC</i>	
	ENTABS <i>sulfazine</i>	
	<i>sulfazine EC</i>	
	CANASA	1000 mg = 1 suppository/day
	COLAZAL <i>balsalazide</i>	750 mg = 9 capsules/day
	DIPENTUM	250 mg = 4 capsules/day
	LIALDA	4 tablets/day
PENTASA		250 mg = 16 capsules/day
		500 mg = 8 capsules/day

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Depression	APLENZIN	All strengths = 1 tablet/day	
	CELEXA <i>citalopram</i>	10 mg, 20 mg and 40 mg = 1 tablet/day	
	CYMBALTA	20 mg and 30 mg = 2 capsules/day 60 mg = 1 capsule/day	
	EFFEXOR XR <i>venlafaxine ER (cap)</i> VENLAFAXINE ER (tab) <i>venlafaxine SR (tab)</i>	37.5 mg and 75 mg = 1/day 150 mg = 2/day 225 mg = 1/day	
	EMSSAM	1 patch/day All strengths	
	<i>fluoxetine (PMDD) 10 mg</i>	14 capsules/30 days	
	<i>fluvoxamine</i>	25 mg and 50 mg = 1 tablet/day 100 mg = 3 tablets/day	
	LEXAPRO	5 mg, 10 mg and 20 mg = 1 tablet/day 5 mg/5 ml solution = 20 ml/day	
	LUVOX CR	100 mg and 150 mg = 2 capsules/day	
	<i>maprotiline</i>	25 mg = 1 tablet/day 50 mg = 2 tablets/day 75 mg = 3 tablets/day	
	OLEPTRO	150 mg = 1 1/2 tablets/day 300 mg = 1 tablet/day	
	PAXIL PEXEVA	10 mg and 20 mg = 1 tablet/day 30 mg and 40 mg = 2 tablets/day Suspension 10 mg/5 ml = 30 ml/day	
	PAXIL CR	<i>paroxetine ER</i>	All strengths = 2 tablets/day
	PRISTIQ	50 mg and 100 mg = 1 tablet/day	
	PROZAC	<i>fluoxetine</i>	10 mg = 1 tablet or capsule/day 20 mg = 4 tablets or capsules/day 40 mg = 2 tablets or capsules/day Liquid 20 mg/5 ml = 10 ml/day Weekly = 4 tablets/28 day supply
	REMERON REMERON SOLUTAB	<i>mirtazapine</i> <i>mirtazapine ODT</i>	All strengths = 1 tablet/day
	SARAFEM	All strengths = 14 tablets/30 days	
	<i>venlafaxine</i>	25 mg and 100 mg = 3 tablets/day 37.5 mg = 4 tablets/day 50 mg = 6 tablets/day 75 mg = 5 tablets/day	
	VIIBRYD	All strengths = 1 tablet per day	
	WELLBUTRIN	<i>budeprion</i> <i>bupropion</i>	75 mg = 6 tablets/day 100 mg = 6 tablets/day
	WELLBUTRIN SR	<i>budeprion SR</i> <i>bupropion SR</i>	100 mg, 150 mg and 200 mg = 2 tablets/day
	WELLBUTRIN XL	<i>budeprion XL</i>	All strengths = 1 tablet/day
	ZOLOFT	<i>sertraline</i>	25 mg = 1 tablet/day 50 mg = 1 1/2 tablets/day 100 mg = 2 tablets/day Liquid = 10 ml/day

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Diabetes – DPP-IV Inhibitors and Combinations	TRADJENTA	1 tablet/day	
Diabetes – Incretin Mimetic Agents	BYETTA	Limit = 1 pen/30 day supply	
	VICTOZA	1.2 mg/day = 2 pens/30 day supply 1.8 mg/day = 3 pens/30 day supply	
Erectile Dysfunction	CAVERJECT CIALIS EDEX LEVITRA	MUSE STAXYN VIAGRA	Refer to plan documents. If a covered benefit, quantities may vary depending on your specific plan. Most plans that cover will limit to 6/month.
Estrogen/Combinations	ALORA COMBIPATCH	ESTRADERM VIVELLE-DOT	All strengths = 8 patches/ 28 day supply
	CLIMARA CLIMARA PRO MENOSTAR	<i>estradiol patch</i>	All strengths = 4 patches/ 28 day supply
Fibromyalgia	SAVELLA	12.5 mg, 25 mg, 50 mg, and 100 mg = 2 tabs/day Titration pack = 1 kit/30 day	
Flu	RELENZA	2 treatments (units)/year	
	TAMIFLU	All strengths = 2 treatments (20 capsules)/year 6 mg/ml suspension = 8 bottles (480 ml/year) 12 mg/ml suspension = 6 bottles (150 ml)/year	
Hemostatics – Systemic	LYSTEDA	30 tablets/30 day supply	
Hormone Replacement – Progestins	MAKENA	Up to 5 vials per year	
Huntington's Disease – Chorea	XENAZINE	12.5 mg = 4 tablets/day 25 mg = 2 tablets/day	
Immunomodulating Agents – Topical	ALDARA	<i>imiquimod</i>	16 weeks treatment/year
	ZYCLARA		56 packets/year
Interstitial Cystitis Agents	ELMIRON	3 capsules/day	
Malaria	ARALEN <i>chloroquine</i> <i>hydroxychloroquine</i>	PLAQUENIL	All strengths = 1 tablet/day
Mania and Psychosis	ABILITY		All strengths = 1 tablet/day
	ABILITY DISC		Solution = 30 ml/day
	CLOZARIL FAZACLO	<i>clozapine</i>	12.5 mg = 1 tablet/day 25 mg and 50 mg = 3 tablets/day 100 mg = 9 tablets/day 150 mg = 6 tablets/day 200 mg = 4 tablets/day
	FANAPT		All strengths = 2 tablets/day Titration pack = 1 pack/30 day supply
	GEODON		All strengths = 2 capsules/day
	INVEGA		1.5 mg, 3 mg and 6 mg = 2 tablets/day 9 mg = 1 tablet/day

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Mania and Psychosis (continued)	LATUDA	1 tablet/day
	<i>olanzapine</i> ZYPREXA	2.5mg = 2 tablets/day
	<i>olanzapine ODT</i> ZYPREXA ZYDIS	All other strengths = 1 tablet/day
	RISPERDAL <i>risperidone</i>	4 mg = 4 tablets/day
	RISPERDAL M <i>risperidone ODT</i>	All other strengths = 2 tablets/day
	SAPHRIS	All strengths = 2 tablets/day
	SEROQUEL	25 mg = 6 tablets/day 50 mg and 100 mg = 3 tablets/day 200 mg = 4 tablets/day 300 mg and 400 mg = 2 tablets/day
	SEROQUEL XR	50 mg = 6 tablets/day 150 mg and 200 mg = 1 tablet/day 300 mg and 400 mg = 2 tablets/day
Migraine	SYMBYAX	All strengths = 1 tablet/day
	ALSUMA	Injection = 4 kits/30 days supply
	AMERGE <i>naratriptan</i>	Total quantity any strength = 9 tablets/30 day supply
	AXERT	All strengths = 6 tablets/30 day supply
	CAMBIA	9 powder packets/month
	FROVA	2.5 mg = 9 tablets/30 day supply
	IMITREX <i>sumatriptan</i>	Nasal = 6 sprays/30 day supply Injection = 4 kits/30 day supply or 10 vials/30 day supply Total quantity any strength = 9 tablets/30 day supply
	MAXALT MAXALT MLT	Total quantity any strength = 12 tabs/30 day supply
	MIGRAL	1 box/30 day supply
	RELPAX	Total quantity any strength = 6 tablets/30 day supply
	SUMAVEL	6 pre-filled syringes/30 days
	TREXIMET	Total quantity any strength = 9 tablets/30 day supply
Misc. Anti-Infectives	ZOMIG ZMT	Total quantity any strength = 6 tablets/30 day supply Nasal = 6 sprays/30 day supply
	XIFAXAN	200 mg = 9 tablets/30 day supply 550 mg = 2 tablets/day
Multiple Sclerosis	AMPYRA	2 tablets/day
	GILENYA	1 capsule/day
Nausea/Vomiting	ANZEMET	Total quantity any strength = 5 tablets/30 day supply
	CESAMET	1 mg = 20 capsules/30 day supply
	EMEND	40, 80 mg, 125 mg = 5 tablets/30 day supply 125 mg/80 mg combo pack = 2 packages (6 tablets)/30 day supply
	GRANISOL KYTRIL <i>granisetron</i>	1 mg = 10 tablets/30 day supply Liquid = 5 (10 ml) doses/30 day supply

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Nausea/Vomiting (continued)	<i>ondansetron</i> <i>ondansetron ODT</i> ZOFRAN ZOFRAN ODT SANCUSO PAD ZUPLLENZ	4 mg and 8 mg = 12 tablets/ 30 day supply 24 mg = 5 tablets/30 day supply Liquid = 1 bottle (50 ml)/30 day supply 1 patch/30 day supply 12 films per month
Oncology	AFINITOR CAPRELSA GLEEVEC HYCAMTIN NEXAVAR OFORTA SPRYCEL SUTENT SYLATRON ZYTIGA	TARCEVA TASIGNA TEMODAR <i>tretinoin</i> <i>capsules</i> TYKERB VOTRIENT XELODA ZOLINZA 1 tablet/day
Opioid Induced Constipation	RELISTOR	Inj = 10 syringes per month Kit = 1 kit (7 syringes) per month
Osteoporosis/ Paget Disease	ACTONEL ATELVIA BONIVA FOSAMAX FOSAMAX PLUS D	35 mg = 4 tablets/28 day supply 75 mg = 2 tablets/month 150 mg = 3 tablets/90 day supply 4 tablets/28 day supply 2.5 mg = 1 tablet/day 150 mg = 3 tablets/90 day supply 35 mg = 4 tablets/28 day supply 70 mg = 4 tablets/28 day supply 70 mg/75 ml solution = 4 doses (75 ml each)/28 day supply 4 tablets/28 day supply
Pain (Analgesics) and Inflammation	ABSTRAL ACTIQ <i>fentanyl lozenge</i> BUTTRANS <i>butorphanol nasal</i> CELEBREX DURAGESIC <i>fentanyl patch</i> EXALGO FENTORA FLECTOR patch NUCYNTA ONSOLIS oxycodone/ibuprofen	All strengths = 15 tablets/ 30 day supply All strengths = 15 lollipops/ 30 day supply Limit = 4 patches/30 day supply 2 vials/30 day supply 50 mg and 100 mg = 60 capsules/ 30 day supply 200 mg = 30 capsules/30 day supply 400 mg = 60 capsules/30 day supply 20 patches/30 day supply 8 mg and 12 mg = 2 tablets/day 16 mg = 4 tablets/day All strengths = 15 buccal tablets/ 30 day supply Limit = 2 patches/day All strengths = 6 tablets/day Quantities up to 15 tabs/30 day supply 28 tablets/30 days

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Pain (Analgesics) and Inflammation (continued)	OXYCONTIN CR	Quantities up to a total dosage of 320 mg/day or 120 tablets/30 day supply
	PENNSAID	450 ml (3 bottles)/30 day supply
	PONSTEL <i>mefenamic acid</i>	30 capsules/30 days supply
	SPRIX <i>butorphanol nasal</i>	5 dose units per 30 days
	SUBUTEX <i>buprenorphine</i>	2 mg = 24 tablets/30 day supply 8 mg = 8 tablets/30 day supply
	SUBOXONE	3 films or tablets/day
	TORADOL <i>ketorolac</i>	20 tablets/30 day supply
	VIMOVO	All strengths = 2 tablets/day
	VOLTAREN GEL	500 gm (5 tubes)/30 day supply
	BRILINTA	2 tablets/day
Platelet Aggregation Inhibitors	EFFIENT	1 tablet/day
	NUEDEXTA	2 capsules/day
Pseudobulbar Affect	HORIZANT	1 tablet/day
Restless Leg Syndrome	ORACEA	1 capsule/day
Sedatives and Hypnotics	AMBIEN <i>zolpidem</i>	5 mg = 2 tablets/day 10 mg = 1 tablet/day
	AMBIEN CR <i>zolpidem ER</i>	6.25 mg and 12.5 mg = 1 tablet/day
	EDLUAR	All strengths = 1 tablet/day
	LUNESTA	All strengths = 1 tablet/day
	ROZEREM	8 mg = 1 tablet/day
	SILENOR	All strengths = 1 tablet/day
	SONATA <i>zaleplon</i>	5 mg = 4 capsules/day 10 mg = 2 capsules/day
	ZOLPIMIST	1 bottle/30 day supply
Steroids – Glucocorticosteroids	ENTOCORT EC <i>budesonide SR</i>	3 capsules/day
Stimulant/ Attention Deficit	ADDERALL <i>amphetamine/dextroamphetamine</i>	5, 7.5, 10, 12.5, 15 and 30 mg = 2 tablets/day 20 mg = 3 tablets/day
	ADDERALL XR <i>amphetamine/ dextroamphetamine SR</i>	All strengths = 1 capsule/day
	CONCERTA	18 mg, 27 mg and 54 mg = 2 tablets/day 36 mg = 2 tablets/day
	DAYTRANA	1 patch/day
	DESOXYN <i>methamphetamine</i>	All strengths = 4 tablets/day
	DEXEDRINE <i>dextroamphetamine</i>	All strengths = 4 tablets/day
	DEXEDRINE CR <i>dextroamphetamine CR</i>	All strengths = 3 capsules/day

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Stimulant/ Attention Deficit (continued)	FOCALIN <i>dexamethylphenidate</i> FOCALIN XR INTUNIV KAPVAY METADATE CD METHYLIN chew/soln <i>methylphenidate</i> NUVIGIL PROCENTRA PROVIGIL RITALIN <i>methylin ER</i> RITALIN SR <i>methylphenidate</i> <i>metadate ER</i> <i>methylphenidate SR</i> <i>methylin</i> RITALIN LA STRATTERA VYVANSE	2.5 mg, 5 mg and 10 mg = 2 tablets/day All strengths = 1 capsule/day All strengths = 1 tablet/day 4 tablets/day All strengths = 1 capsule/day 2.5 mg, 5 mg and 10 mg = 6 tablets/day 5 mg/5 ml solution = 60 ml/day 10 mg/5 ml solution = 30 ml/day 50 mg = 2 tabs/day 150 mg, 250 mg = 1 tab/day 40 ml/day 100 mg and 200 mg = 2 tablets/day 5 mg, 10 mg and 20 mg = 3 tablets/day 10 mg, 20 mg, 40 mg = 1 capsule/day 30 mg = 2 capsules/day 10 mg, 18 mg, 25 mg, 40 mg and 60 mg = 2 caps/day 80 mg and 100 mg = 1 capsule/day All strengths = 1 capsule/day
Ulcer/Heartburn/ Reflux	ACIPHEX DEXILANT <i>lansoprazole</i> <i>lansoprazole ODT</i> NEXIUM <i>omeprazole</i> <i>pantoprazole</i> PREVACID PREVACID SOLUTAB PREVPAC PRILOSEC powder ZEGERID <i>omeprazole/bicarbonate</i>	All strengths = 1 tablet, capsule or packet/day 1 pack/day for 14 days All strengths = 2 packets/day 20 mg/1680 mg and 40 mg/ 1680 mg packets = 1 packet/day 20 mg/1100 mg and 40 mg/ 1100 mg = 1 cap/day
Vaginal Anti-Infectives	DIFLUCAN <i>fluconazole</i>	150 mg only = 1 dose/30 day supply
Viral Infections/Immune System Enhancers	INCIVEK VICTRELIS	6 tablets/day 12 capsules/day

Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG		REQUIRED PREREQUISITE DRUG(S)
Acne	ACANYA	BENZAMYCIN	<i>benzoyl peroxide/clindamycin or benzoyl peroxide/erythromycin</i>
	BENZACLIN	DUAC	
	ATRALIN	TRETIN-X	Try one of: <i>tretinoin, RETIN-A MICRO or ZIANA</i>
	RETIN-A	VELTIN	and Try one of: <i>adapalene, benzoyl peroxide, topical clindamycin, topical erythromycin, sulfacetamide w/sulfur, DIFFERIN or EPIDUO</i>
	BENZEFOAM		<i>benzoyl peroxide foam</i>
	EOVCLIN		<i>clindamycin aerosol</i>
Alzheimer's Disease – Antidementia	ARICEPT		<i>donepezil</i>
	ARICEPT ODT		<i>donepezil ODT</i>
Antiangular	RANEXA		Nitrates or <i>amlodipine</i> or Beta Blockers (except <i>sotalol</i>)
Anticoagulants – Heparins	LOVENOX		<i>enoxaparin</i>
Anticonvulsant	DEPAKOTE		<i>divalproex sodium delayed release</i>
	DEPAKOTE ER		<i>divalproex sodium SR</i>
	DEPAKOTE SPRINKLE		<i>divalproex sodium sprinkle</i>
	LAMICTAL XR		<i>lamotrigine</i>
	TOPAMAX		<i>topiramate</i>
Antineoplastic – Hormonal Agents	ARIMIDEX		<i>anastrozole</i>
	FEMARA		<i>letrozole</i>
Antiparkinson	MIRAPEX	MIRAPEX ER	<i>pramipexole</i>
Antipsoriatics	CALCITRENE		<i>calcipotriene</i>
Antiviral	VALTREX		<i>valacyclovir</i>
Blood Pressure and Heart Failure	ATACAND	COZAAR	<i>losartan</i> and DIOVAN
	AVapro	EDARB	
	BENICAR	TEVETEN	
	ATACAND HCT	HYZAAR	<i>losartan/hydrochlorthiazide</i> and DIOVAN HCT
	AVALIDE	TEVETEN HCT	
	BENICAR HCT		
	LOTREL		<i>amlodipine/benazepril</i>
	NEXICLON		<i>clonidine</i>
	TRIBENZOR		<i>EXFORGE HCT</i> or any 2 of: <i>amlodipine, losartan, losartan/hydrochlorthiazide, DIOVAN, DIOVAN or EXFORGE</i>
	TWYNSTA		<i>EXFORGE</i> or <i>EXFORGE HCT</i>
Bronchodilators – Sympathomimetics	MAXAIR AUTOHALER		<i>PROAIR HFA</i> or <i>PROVENTIL HFA</i>
	XOPENEX soln/conc.		<i>albuterol nebulus</i> or <i>concentrate</i>
Cholesterol Lowering	ALTOPREV		<i>lovastatin</i>
	CADUET		<i>NORVASC (amlodipine)</i> and <i>simvastatin</i> or <i>CRESTOR</i> or <i>VYTORIN</i>
	FENOGLIDE	LOPID	<i>gemfibrozil, fenofibrate, ANTARA, TRILIPIX</i>
	FIBRICOR	LIPOFEN	
	LOFIBRA	TRIGLIDE	

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
Cholesterol Lowering (continued)	LIPITOR	atorvastatin and CRESTOR or VYTORIN
Corticosteroids – Topical	CLODERM	Any 1 of the following: <i>hydrocortisone valerate, mometasone or triamcinolone</i>
	CUTIVATE LOCOID LOCOID LIPOCREAM	Any 1 of the following: <i>betamethasone, desonide, desoximetasone, fluticasone, fluocinonide, hydrocortisone, mometasone, prednicarbate or triamcinolone</i>
	DESONATE VERDESO	<i>desonide</i>
	LUXIQ	<i>beclomethasone valerate</i>
	OLUX VANOS	<i>clobetasol</i>
Depression	CELEXA	<i>citalopram</i>
	APLENZIN VIIBRYD	Any 1 of the following: <i>budeprion, budeprion XL, bupropion, bupropion SR, bupropion XL, citalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER (cap) or venlafaxine SR (tab) first</i>
	CYMBALTA WELLBUTRIN XL	
	LEXAPRO PEXEVA	
	LUVOX CR <i>nefazodone</i>	
	PRISTIQ	
	VENLAFAXINE ER (tab)	
	EFFEXOR XR	<i>venlafaxine ER (cap) or venlafaxine SR (tab)</i>
	LEXAPRO solution	<i>citalopram solution, fluoxetine liquid, paroxetine liquid or sertraline concentrate</i>
	OLEPTRO	<i>trazodone</i>
	PAXIL	<i>paroxetine</i>
	PAXIL CR	<i>paroxetine ER</i>
	PROZAC PROZAC WEEKLY	<i>fluoxetine</i>
	REMERON	<i>mirtazapine</i>
	REMERON SOLUTAB	<i>mirtazapine ODT</i>
	WELLBUTRIN	<i>bupropion</i>
	WELLBUTRIN SR	<i>bupropion SR</i>
	ZOLOFT	<i>sertraline</i>
Diabetes – DPP-IV Inhibitors and Combinations	TRADJENTA	JANUMET or JANUVIA and any 1 of the following: <i>glimepiride, glipizide, glipizide ER, glipizide XL, glipizide/metformin, glyburide, glyburide micronized, glyburide/metformin, metformin, metformin ER, ACTOPLUS MET, ACTOS, DUETACT, KOMBIGLYZE, or ONGLYZA</i>
Diabetes – Insulin	NOVOLIN 70/30 RELION 70/30	HUMULIN 70/30
	NOVOLIN N RELION N	HUMULIN N
	NOVOLIN R RELION R	HUMULIN R

Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)	
Diabetes – Test Strips	Diabetic test strips (all but those made by Abbott Diabetes Care or Lifescan)	Any preferred blood glucose test strip: FREESTYLE, FREESTYLE LITE, ONE TOUCH FAST TAKE, ONE TOUCH ULTRA, PRECISION QID, PRECISION SOF-TACT or PRECISION XTRA	
Diabetes – Thiazolidinediones (TZDs) and Combinations	ACTOPLUS MET XR	ACTOPLUS MET	
Erectile Dysfunction (applies only to plans with ED coverage)	LEVITRA STAXYN	VIAGRA CIALIS	
Glaucoma	XALATAN	latanoprost	
Gout	ULORIC	allopurinol	
Mania and Psychosis	FANAPT GEODON	LATUDA SAPHRIS	Any 1 of the following: <i>olanzapine, olzapine ODT, risperidone, risperidone ODT, SEROQUEL or SEROQUEL XR</i>
	INVEGA RISPERDAL	RISPERDAL M	<i>risperidone or risperidone ODT</i>
	ZYPREXA		<i>olanzapine</i>
	ZYPREXA ZYDIS		<i>olanzapine ODT</i>
Migraine	AMERGE		<i>naratriptan or sumatriptan</i>
	ALSUMA AXERT CAMBIA FROVA IMITREX	MIGRALAN RELPAX SUMAVEL ZOMIG ZOMIG ZMT	<i>sumatriptan</i>
	TREXIMET		<i>naproxen and sumatriptan</i>
Misc. Endocrine	DDAVP (all forms)	desmopressin	
Muscle Relaxants	AMRIX	FEXMID	cyclobenzaprine or cyclobenzaprine ER and any 1 of the following: <i>baclofen, carisoprodol, carisoprodol w/ASA, carisoprodol w/codeine, chlorzoxazone, methocarbamol, orphenadrine ER, orphenadrine cpd, tizanidine or SKELAXIN</i>
Narcotic Partial Agonists	SUBUTEX	buprenorphine	
Nasal Steroids	NASACORT AQ	RHINOCORT AQ	Any 2 of the following: <i>fluticasone, triamcinolone, NASONEX or VERAMYST</i>
Non-Barbiturate Hypnotics	AMBIEN AMBIEN CR EDLUAR	ROZEREM SONATA ZOLPIMIST	<i>zolpidem or zolpidem ER</i>
	SILENOR		<i>doxepin and zolpidem or zolpidem ER</i>
Ophthalmic Antihistamines and NSAIDs	PATANOL	PATADAY	
Osteoporosis/ Paget's Disease	BONIVA FOSAMAX PLUS D	alendronate and ACTONEL or ATELVIA	

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
Pain (Analgesics) and Inflammation	ABSTRAL	fentanyl lozenge
	BUTRANS EXALGO	morphine sulfate CR
	DURAGESIC	fentanyl patch
	NUCYNTA OPANA	Any preferred generic morphine or oxycodone immediate release
	PENNSAID VIMOVO VOLTAREN GEL	Use of one (1) preferred generic NSAID
Platelet Aggregation Inhibitors	BRILINTA	PLAVIX
	PLAVIX <i>(Step-therapy will not be implemented until some time after generic becomes available)</i>	clopidogrel
Phosphate Binders	RENAGEL	RENELA
Prostatic Hypertrophy Agents	FLOMAX	tamsulosin
	UROXATRAL	alfuzosin
Rheumatoid Arthritis	ACTEMRA	Any 1 of the following: CIMZIA, ENBREL, HUMIRA, REMICADE or SIMPONI
Steroids – Glucocorticosteroids	ENTOCORT EC	budesonide SR
Stimulant/ Attention Deficit	ADDERALL XR	amphetamine/dextroamphetamine SR
	CONCERTA PROCENTRA	Any 1 of the following: amphetamine/dextroamphetamine, amphetamine/dextroamphetamine SR, dextmethylphenidate, metadate ER, methamphetamine, methyltin tab, methyltin ER, methylphenidate, methylphenidate SR or VYVANSE
	DESOXYN RITALIN	
	FOCALIN RITALIN LA	
	FOCALIN XR RITALIN SR	
	METADATE CD STRATTERA	
	METHYLIN chew/soln	
	INTUNIV KAPVAY	Any 1 of the following: amphetamine/dextroamphetamine, amphetamine/dextroamphetamine SR, clonidine, dextmethylphenidate, guanfacine, metadate ER, methamphetamine, methyltin tab, methyltin ER, methylphenidate, methylphenidate SR or VYVANSE
Testosterone Replacement	AXIRON TESTIM	ANDROGEL or ANDRODERM
Topical Anesthetics	LIDODERM	gabapentin
Ulcer/Heartburn/Reflux	ACIPHEX PROTONIX	Any 2 of the following: lansoprazole, omeprazole, DEXILANT or NEXIUM
	PREVACID ZEGERID	
	PRILOSEC	
	PREVACID SOLUTAB	lansoprazole ODT
Urinary Pain/Spasm	DETROL SANCTURA	Any 1 of the following: oxybutynin, oxybutynin XL, ENABLEX, VESICARE or GELNIQUE
	DETROL LA SANCTURA XR	
	DITROPAN XL TOVIAZ	
	OXYTROL	GELNIQUE

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The term precertification means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully-insured HMO and PPO members.

Aetna has established a policy to allow exceptions or overrides to certain refill-too-soon limitations. Requests for such exceptions or overrides will be evaluated on a case-by-case basis. While this material is believed to be accurate as of the print date, it is subject to change.

In accordance with state law, California HMO members who are receiving coverage for medications added to the Formulary Exclusions or Step-Therapy lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Nothing in this material shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this material be construed to prohibit generic drug substitutions.

In accordance with state law, full-risk members in Texas who are receiving coverage for medications that are removed from the Preferred Drug List during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date.

The Preferred Drug List, Formulary Exclusions, Precertification, Quantity Limit and Step-Therapy Lists are subject to change. These drug coverage review programs are not available in all service areas and are subject to change. For example, precertification and step therapy programs do not apply to fully insured members in Indiana. Step-therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-insured plans. Please refer to your plan documents or call the Member Services number on your ID card.

Aetna Specialty Pharmacy and the Specialty Pharmacy Network may not be available to California HMO members. Talk to your doctor about the appropriate way to get the specialty medications you need. Doctors may have agreed to dispense and administer these drugs to you themselves. Or they may write a prescription so you can fill them at any participating retail or mail-service pharmacy.

