

2011 Aetna Preferred Drug Guide

4-Tier/Open Formulary Plan



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

Do you have questions?

 Call **1-800-AETNA-RX** (1-800-238-6279).

 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 **2011 Preferred Drug Guide**. The drugs on the Preferred Drug List were selected based on their effectiveness, safety, cost and other factors.

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 four-tier/open formulary plan.*

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

Open formulary means your pharmacy benefit covers drugs that are on the Preferred Drug List (also known as a formulary), as well as many that are not. 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 the Member Services number on your ID card.

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 the Member Services number on your ID card.

Copay/Coinsurance Tier**	Type of Drug
Tier 1	Covered preferred generic drugs.***
Tier 2	Covered preferred brand-name drugs.
Tier 3	Covered non-preferred generic and brand-name drugs.***
Tier 4	Preferred and non-preferred specialty drugs.

* Your enrollment in an Aetna 4-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.

What is the Aetna Preferred Drug List?

The Aetna Preferred Drug List is a list of preferred drugs that have been approved by the Food and Drug Administration (FDA) and are considered safe and cost-effective.

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 2011 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 38-40 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 the Member Services number on your 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 41-47 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 the Member Services number on your ID card. Refer to pages 48-51 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, your pharmacist may ask you and/or your doctor about the drugs you are supposed to be taking. He or she can then help determine if both drugs are necessary, or whether you should stop taking one of the drugs. Drugs subject to 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-Drug** 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 mail-order prescription service.

What is Aetna Rx Home Delivery®?

Aetna Rx Home Delivery is our convenient mail-order prescription service. We provide the ideal way to get the drugs you take regularly to treat chronic conditions such as arthritis, diabetes or heart disease. 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 our Aetna Rx Home Delivery mail-order service. 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?

Aetna Rx Home Delivery has two pharmacy locations – Florida and Missouri. Not sure which pharmacy you should use? Contact Member Services at the toll-free phone number on your ID card. If you know which one serves your pharmacy plan, contact that facility as shown below:

Florida Mail-order Pharmacy


 Aetna Rx Home Delivery
P.O. Box 829518
Pembroke Pines, FL 33082-9913


 1-800-227-5720

 www.Aetna.com/AetnaRxHomeDelivery

Hours: Monday – Friday,
7:00 am – 11:00 pm EST
Saturday, 8:00 am – 9:30 pm EST
Sunday, 8:00 am – 6:00 pm EST

Missouri Mail-order Pharmacy

 Aetna Rx Home Delivery
P.O. Box 417019
Kansas City, MO 64179-9892

 1-866-612-3862

 www.AetnaRxHomeDelivery.com

Hours: Monday – Friday,
7:00 am – 11:00 pm EST
Saturday, 7:00 am – 9:30 pm EST
Sunday, 8:00 am – 5:30 pm EST

What is Aetna Specialty Pharmacy®?

Aetna Specialty Pharmacy can help you fill your specialty drug needs.

- Specialty drugs may be used to treat complex chronic conditions like hemophilia, hepatitis and multiple sclerosis.
- They may be injected, infused, compounded or taken by mouth.
- Not only can they be expensive, but many retail pharmacies do not carry them.
- They may require special handling or refrigeration.
- Some specialty drugs have side effects where a pharmacist or nurse should closely monitor their use. Aetna Specialty Pharmacy's clinical support team can help you manage your therapy and health condition.
- You get convenient delivery for your specialty drugs.
- Depending on your benefits plan, you may have a copayment or coinsurance for specialty drugs. Check Aetna Navigator, your plan documents or contact Member Services at the number on your ID card for further information.

For more information on Aetna Specialty Pharmacy, call toll free at 1-866-782-ASRX (2779) or visit www.AetnaSpecialtyRx.com.

THERAPEUTIC CLASS LIST KEY

UPPERCASE – Brand-name medication

lower case italics – Generic 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. 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, 4 – The numbers found in the drug lists represent copay tiers.

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Antineoplastic Agents				
Alkylating Agents				
ALKERAN	2			
CEENU	2			
<i>cyclophosphamide</i>	1			
HEXALEN	2			
LEUKERAN	2			
MYLERAN	2			
TEMODAR	4		✓	
Antimetabolites				
<i>mercaptopurine</i>	1			
<i>methotrexate</i>	1			
OFORTA	4		✓	
PURINETHOL	3			
TABLOID	2			
TREXALL	3			
XELODA	4		✓	
Antineoplastic – Antibodies				
ERBITUX	MED	✓		
RITUXAN	MED	✓		
VECTIBIX	MED	✓		
Antineoplastic – Cellular Immunotherapy				
PROVENGE	MED	✓		
Antineoplastic – Hormonal Agents				
<i>anastrozole</i>	1	✓		
ARIMIDEX	3	✓		✓
AROMASIN	2	✓		
<i>bicalutamide</i>	1	✓		
CASODEX	3	✓		✓
DEPO-PROVERA	3			
ELIGARD	4			
EMCYT	2			
FARESTON	3			
FASLODEX	4			
FEMARA #	2	✓		
FIRMAGON	4	✓	✓	
<i>flutamide</i>	1			
<i>leuprolide</i>	4			
LUPRON	4			
LUPRON DEPOT	4			
LYSODREN	3			
MEGACE	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Antineoplastic – Hormonal Agents (continued)				
MEGACE ES	3			
<i>megestrol</i>	1			
NILANDRON	2			
PLENAXIS	4			
<i>tamoxifen</i>	1			
TRELSTAR DEPOT	4			
TRELSTAR LA	4			
VANTAS	4			
ZOLADEX	4			
Antineoplastic Enzyme Inhibitors				
AFINITOR	4	✓	✓	
GLEEVEC	4		✓	
IRESSA ***	4			
NEXAVAR	4		✓	
SPRYCEL	4	✓	✓	
SUTENT	4	✓	✓	
TARCEVA	4		✓	
TASIGNA	4	✓	✓	
TYKERB	4		✓	
VOTRIENT	4		✓	
ZOLINZA	4		✓	
Antineoplastics – Miscellaneous				
ACTIMMUNE	4			
ALFERON N	4			
HYDREA	3			
<i>hydroxyurea</i>	1			
INTRON-A	4			
MATULANE	2			
MYLOCEL	3			
TARGETIN	2			
<i>retinoin 10 mg</i>	4		✓	
Chemotherapy Rescue/Antidote Agents				
<i>leucovorin calcium</i>	1			
MESNEX	3			
Immunomodulators				
REVLIMID	4			
THALOMID	4			
Mitotic Inhibitors				
<i>etoposide</i>	1			
Topoisomerase I Inhibitors				
HYCAMTIN #	4		✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Blood Products – Modifiers – Volume Expanders			
Anticoagulants – Coumarin			
COUMADIN	3		
<i>warfarin</i>	1		
Anticoagulants – Heparins			
ARIXTRA **	4		
FRAGMIN **	4		
<i>heparin sodium</i>	PMED		
INNOHEP **	4		
Anticoagulants – Heparins			
LOVENOX **	4		
Antiinhibitor Coagulant Complex			
FEIBA VH IMMUNO	4	✓	
Blood Clotting Factor VIIa			
NOVOSEVEN	4	✓	
Blood Clotting Factor VIII Human			
ALPHANATE	4	✓	
HEMOFIL M	4	✓	
HUMATE-P	4	✓	
KOATE-DVI	4	✓	
MONOCLATE-P	4	✓	
WILATE	4	✓	
Blood Clotting Factor VIII Recombinant			
ADVATE	4	✓	
HELIXATE FS	4	✓	
KOGENATE FS	4	✓	
RECOMBINATE	4	✓	
REFACTO	4	✓	
XYNTHA	4	✓	
Blood Clotting Factor IX Non-Recombinant			
ALPHANINE SD	4	✓	
MONONINE	4	✓	
PROFILNINE	4	✓	
Blood Clotting Factor IX Recombinant			
BEBULIN VH	4	✓	
BENEFIX	4	✓	
PROPLEX T	4	✓	
Fibrinogen Concentrate (Human)			
RIASTAP	4		
Hematopoietic Growth Factors			
ARANESP	4	✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Hematopoietic Growth Factors (continued)			
EPOGEN	4	✓	
LEUKINE	4		
NEULASTA	4		
NEUMEGA	4		
NEUPOGEN	4		
NPLATE	4		
PROCRIT	4	✓	
PROMACTA	4		
Hemostatics – Systemic			
AMICAR	3		
<i>aminocaproic acid</i>	1		
LYSTEDA	3	✓	✓
Hereditary Angioedema			
BERINERT	4	✓	
CINRYZE ***	4	✓	
KALBITOR	4	✓	
Paroxysmal Nocturnal Hemoglobinuria (PNH)			
SOLIRIS	4		
Platelet Aggregation Inhibitors			
AGGRENOX	2		
AGRYLIN	3		
<i>anagrelide</i>	1		
<i>cilostazol</i>	1		
<i>dipyridamole</i>	1		
EFFIENT	3	✓	✓
PERSANTINE	3		
PLAVIX #	2		
PLETAL	3		
<i>ticlopidine</i>	1		
Cardiovascular System			
Alpha-Beta Blockers			
<i>carvedilol</i>	1		
COREG	3		
COREG CR # (Step-therapy will not be implemented until some time after generic becomes available)	2		✓
<i>labetalol</i>	1		
TRANDATE	3		
Anaphylaxis Therapy Agents			
ADRENALICK	3		
<i>epinephrine</i>	1		

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Anaphylaxis Therapy Agents (continued)				
EPIDEN	2			
EPIDEN-JR	2			
TWINJECT	3			
Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations				
ACCUPRIL	3			
ACCURETIC	3			
ACEON	3			
ALTACE	3			✓
<i>benazepril</i>	1			
<i>benazepril/hydrochlorothiazide</i>	1			
<i>captopril</i>	1			
<i>captopril/hydrochlorothiazide</i>	1			
<i>enalapril</i>	1			
<i>enalapril/hydrochlorothiazide</i>	1			
<i>fosinopril</i>	1			
<i>fosinopril/hydrochlorothiazide</i>	1			
<i>lisinopril</i>	1			
<i>lisinopril/hydrochlorothiazide</i>	1			
<i>moexipril</i>	1			
<i>moexipril/hydrochlorothiazide</i>	1			
LOTENSIN	3			
LOTENSIN HCT	3			
MAVIK	3			
<i>perindopril</i>	1			
PRINIVIL	3			
PRINZIDE	3			
<i>quinapril</i>	1			
<i>quinaretic</i>	1			
<i>ramipril</i>	1			
<i>trandolapril</i>	1			
UNIRETIC	3			
UNIVASC	3			
VASERETIC	3			
VASOTEC	3			
ZESTORETIC	3			
ZESTRIL	3			
Angiotensin II Receptor Antagonists and Combinations				
ATACAND	3		✓	✓
ATACAND HCT	3		✓	✓

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Angiotensin II Receptor Antagonists and Combinations (continued)				
AVAPRO	3		✓	✓
AVALIDE	3		✓	✓
AZOR	3		✓	
BENICAR	3		✓	✓
BENICAR HCT	3		✓	✓
COZAAR	3		✓	✓
DIOVAN	2		✓	
DIOVAN HCT	2		✓	
EXFORGE	2		✓	
EXFORGE HCT	2		✓	
HYZAAR	3		✓	✓
<i>losartan</i>	1		✓	
<i>losartan/hctz</i>	1		✓	
MICARDIS	3		✓	
MICARDIS HCT	3		✓	
TEVETEN	3		✓	✓
TEVETEN HCT	3			✓
TWYNSTA	3			✓
VALTURNA	2			
Antidrenergic Antihypertensives				
CARDURA	3			
CARDURA XL	3			
CATAPRES	3			
CATAPRES-TTS	3			
<i>clonidine</i>	1			
<i>doxazosin</i>	1			
<i>guanabenz</i>	1			
<i>guanfacine</i>	1			
<i>methyldopa</i>	1			
MINIPRESS	3			
<i>prazosin</i>	1			
<i>reserpine</i>	1			
TENEX	3			
<i>terazosin</i>	1			
Antianginals – Nitrates				
<i>amyl nitrite</i>	1			
DILATRATE SR	3			
IMDUR	3			
ISMO	3			
ISORDIL	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Antianginals – Nitrates (continued)				
<i>isosorbide dinitrate</i>	1			
<i>isosorbide mononitrate</i>	1			
MONOKET	3			
NITRO-DUR	3			
<i>nitroglycerin</i>	1			
<i>nitroglycerin CR</i>	1			
<i>nitroglycerin SL</i>	1			
NITROLINGUAL	3			
NITROMIST	3			
NITROSTAT	2			
<i>nitro-transderm</i>	1			
Antianginals – Other				
RANEXA	3		✓	✓
Antiarrhythmics Type I-A				
<i>disopyramide</i>	1			
NORPACE	3			
<i>procainamide</i>	1			
<i>procainamide ER</i>	1			
<i>quinidine gluconate</i>	1			
<i>quinidine sulfate</i>	1			
Antiarrhythmics Type I-B				
<i>mexiletine</i>	1			
Antiarrhythmics Type I-C				
<i>flecainide</i>	1			
<i>propafenone</i>	1			
RYTHMOL	3			
RYTHMOL SR	3			
TAMBOCOR	3			
Antiarrhythmics Type III				
<i>amiodarone</i>	1			
CORDARONE	3			
MULTAQ	2			
PACERONE	3			
TIKOSYN	3			
Antihyperlipidemics – Bile Sequestrants				
<i>cholestyramine</i>	1			
COLESTID	3			
<i>colestipol</i>	1			
<i>prevalite</i>	1			
QUESTRAN	3			
WELCHOL	2			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Antihyperlipidemics – Fibric Acid Derivatives				
ANTARA	2			
<i>fenofibrate</i>	1			
<i>fenofibric acid</i>	1			
FENOGLIDE	3			✓
FIBRICOR	3			✓
<i>gemfibrozil</i>	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 5 mg	2			✓✓
CRESTOR (all other strengths)	2			✓
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 10 mg / 10 mg	2			✓✓
VYTORIN (all other strengths)	2			✓
ZOCOR	3			✓
Antihyperlipidemics – Intestinal Cholesterol Absorption Inhibitors				
ZETIA	2			✓✓
Antihyperlipidemics – Miscellaneous				
LOVAZA	2			
Antihyperlipidemics – Nicotinic Acid Derivatives				
NIASPAN	2			

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Beta Blockers Cardioselective and Combinations				
<i>acebutolol</i>	1			
<i>atenolol</i>	1			
<i>atenolol/chlorthalidone</i>	1			
<i>betaxolol</i>	1			
<i>bisoprolol fumarate</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			
SECTRAL	3			
TENORMIN	3			
TENORETIC	3			
TOPROL XL	3			
ZEBETA	3			
ZIAC	3			
Beta Blockers Non-Selective and Combinations				
BETAPACE	3			
BETAPACE AF	3			
CARTROL	3			
CORGARD	3			
CORZIDE	3			
INDERAL LA	3			
INNOPRAN XL	3			
LEVATOL	3			
<i>metoprolol/ hydrochlorothiazide</i>	1			
<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 maleate</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Calcium Blockers				
ADALAT CC	3			
<i>afeditab</i>	1			
<i>amlodipine</i>	1			
CALAN	3			
CALAN SR	3			
CARDENE	3			
CARDENE SR	3			
CARDIZEM	3			
CARDIZEM CD	3			
CARDIZEM LA	3			
<i>cartia XT</i>	1			
COVERA-HS	3			
DILACOR XR	3			
<i>diltiazem</i>	1			
<i>diltiazem CD/ER/CR/XT</i>	1			
<i>diltiazem SR extended release beads</i>	1			
DYNACIRC CR	3			
<i>felodipine</i>	1			
ISOPTIN SR	3			
<i>isradipine</i>	1			
<i>nicardipine</i>	1			
<i>nifediac CC</i>	1			
<i>nifedical 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			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Cardiac Glycosides			
<i>digitek</i>	1		
<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>methyldopa/ hydrochlorothiazide</i>	1		
<i>rauwolfia/bendroflumethiazide</i>	1		
TARKA	3		
<i>trandolapril/verapamil CR</i>	1		
Direct Renin Inhibitor			
TEKURNA	2		✓
TEKURNA HCT	2		✓
Diuretics – Carbonic Anhydrase Inhibitors			
<i>acetazolamide</i>	1		
DIAMOX	3		
<i>methazolamide</i>	1		
Diuretics – Loop			
<i>bumetanide</i>	1		
DEMADEX	3		
EDECIN	3		
<i>furosemide</i>	1		
LASIX	3		
<i>torseamide</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		
<i>spironolactone</i>	1		
<i>spironolactone/ hydrochlorothiazide</i>	1		
<i>triamterene/ hydrochlorothiazide</i>	1		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Diuretics – Selective Aldosterone Receptor Antagonists (SARAs)			
<i>eplerenone</i>	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		
<i>methychlothiazide</i>	1		
<i>metolazone</i>	1		
MICROZIDE	3		
THALITONE	3		
ZAROXOLYN	3		
Pheochromocytoma Agents			
DEMSEr	3		
DIBENzYLINe	2		
Pulmonary Hypertension Agents			
ADCIRCA	4	✓	
<i>epoprostenol</i>	4	✓	
FOLAN ***	4	✓	
LETAIRIS	4	✓	
REMODULIN ***	4	✓	
REVATIO	4	✓	
TRACLEER	4	✓	
TYVASO ***	4	✓	
VENTAVIS	4	✓	
Vasodilators			
<i>hydralazine</i>	1		
<i>isoxsuprine</i>	1		
<i>minoxidil</i>	1		
<i>papaverine ER</i>	1		
Central Nervous System			
ALS Agents			
RILUTEK	2	✓	
Analgesic-Non-Narcotic			
PRIALiC	4		
Alzheimer's Disease – Antidementia			
ARICEPT # (Step-therapy will not be implemented until some time after generic becomes available)	2		✓

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Alzheimer's Disease – Antidementia (continued)				
ARICEPT ODT # (Step-therapy will not be implemented until some time after generic becomes available)	2			✓
EXELON capsules	3			
EXELON patch, soln	2			
galantamine	1			
galantamine SR	1			
NAMENDA	2			
RAZADYNE	3			
RAZADYNE ER	3			
rivastigmine	1			
Antianxiety – Benzodiazepines				
alprazolam	1			
alprazolam ER	1			
alprazolam ODT	1			
chlordiazepoxide	1			
clorazepate	1			
diazepam	1			
lorazepam	1			
NIRAVAM	3			
oxazepam	1			
XANAX XR	3			
Antianxiety – Miscellaneous				
bupirone	1			
hydroxyzine hcl	1			
hydroxyzine pamoate	1			
meprobamate	1			
Anticonvulsants – Benzodiazepines				
clonazepam	1			
clonazepam orally disintegrating tab	1			
DIASTAT #	2			
KLONOPIN	3			
Anticonvulsants – Carbamates				
FELBATOL	3			
Anticonvulsants – GABA Modulators				
GABITRIL	3	✓		
SABRIL	3	✓	✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Anticonvulsants – Hydantoins				
DILANTIN	3			
phenytoin extended	1			
phenytoin sodium	1			
Anticonvulsants – Miscellaneous				
BANZEL	3	✓		
carbamazepine	1			
carbamazepine XR	1			
CARBATROL	3			
gabapentin	1		✓	
KEPPRA	2			
KEPPRA XR #	2			
LAMICTAL	3			✓
LAMICTAL ODT	3			✓
LAMICTAL XR	3			✓
lamotrigine	1			
levetiracetam	1			
LYRICA	2		✓	
NEURONTIN	3		✓	
oxcarbazepine	1			
primidone	1			
TEGRETOL	3			
TEGRETOL XR	3			
TOPAMAX	3			✓
topiramate	1			
TRILEPTAL	3			
VIMPAT	2	✓	✓	
ZONEGRAN	3			
zonisamide	1			
Anticonvulsants – Succinimides				
CELONTIN	3			
ethosuximide	1			
ZARONTIN	3			
Anticonvulsants – Valproic Acid				
DEPAKENE	3			
DEPAKOTE	3			✓
DEPAKOTE ER	3			✓
DEPAKOTE sprinkle	3			✓
divalproex sodium delayed release	1			
divalproex sodium sprinkle	1			
divalproex sodium SR	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Anticonvulsants – Valproic Acid (continued)				
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		✓	✓
Antidepressants – MAO Inhibitors				
EMSAM	3		✓	
MARPLAN	3			
NARDIL	3			
PARNATE	3			
<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			
Antidepressants – Serotonin-Norepinephrine Reuptake Inhibitors				
CYMBALTA	2		✓	✓
EFFEXOR	3		✓	✓
EFFEXOR XR	3		✓	✓
PRISTIQ	2		✓	✓
<i>venlafaxine</i>	1		✓	
<i>venlafaxine ER (cap)</i>	1		✓	
VENLAFAXINE ER (tab)	3		✓	✓
<i>venlafaxine SR (tab)</i>	1		✓	
Antidepressants – Selective Serotonin Reuptake Inhibitors				
CELEXA	3		✓	✓
<i>citalopram</i>	1		✓	
<i>fluoxetine</i>	1		✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Antidepressants – Selective Serotonin Reuptake Inhibitors				
<i>fluoxetine delayed release</i>	1		✓	
<i>fluvoxamine</i>	1		✓	
LEXAPRO	3		✓	✓
LUVOX CR	3		✓	✓
<i>paroxetine</i>	1		✓	
<i>paroxetine ER</i>	1		✓	
PAXIL	3		✓	✓
PAXIL CR	3		✓	✓
PEXEVA	3		✓	✓
PROZAC	3		✓	✓
PROZAC WEEKLY	3		✓	✓
RAPIFLUX	3		✓	✓
<i>sertraline</i>	1		✓	✓
ZOLOFT	3		✓	✓
Antidepressants – Tricyclic Agents				
<i>amitriptyline</i>	1			
<i>amoxapine</i>	1			
<i>clomipramine</i>	1			
<i>desipramine</i>	1			
<i>doxepin hcl</i>	1			
<i>imipramine hcl</i>	1			
<i>nortriptyline</i>	1			
Antiparkinsonian Adjuvants				
LODOSYN	3			
Antiparkinsonian Anticholinergic				
<i>benztropine</i>	1			
<i>trihexyphenidyl</i>	1			
Antiparkinsonian COMT Inhibitors				
COMTAN	2			
TASMAR	3			
Antiparkinsonian Dopaminergic				
<i>amantadine</i>	1			
<i>atamet</i>	1			
<i>bromocriptine</i>	1			
<i>carbidopa/levodopa</i>	1			
<i>carbidopa/levodopa ODT</i>	1			
<i>carbidopa/levodopa SR</i>	1			
MIRAPEX	3			✓
MIRAPEX ER	2			✓
PARCOPA	3			

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Antiparkinsonian Dopaminergic (continued)				
PARLODEL	3			
<i>pramipexole</i>	1			
REQUIP	3			
REQUIP XL	3			✓
<i>ropinirole</i>	1			
SINEMET	3			
SINEMET CR	3			
STALEVO	3			
Antiparkinsonian Monoamine Oxidase Inhibitor				
AZILECT	2			
ELDEPRYL	3			
<i>selegiline</i>	1			
Antipsychotics – Atypical				
ABILIFY	3	✓	✓	
ABILIFY DISC	3	✓	✓	
<i>clozapine</i>	1	✓		
CLOZARIL	3	✓		
FANAPT	3	✓	✓	
FAZACLO	3	✓		
GEODON	3	✓	✓	
INVEGA	3	✓	✓	
RISPERDAL	3	✓	✓	
RISPERDAL M	3	✓	✓	
<i>risperidone</i>	1	✓		
<i>risperidone ODT</i>	1	✓		
SAPHRIS	3	✓	✓	
SEROQUEL	2	✓		
SEROQUEL XR	2	✓		
ZYPREXA #	2	✓		
ZYPREXA ZYDIS	2	✓		
Antipsychotics – Combinations				
<i>chlordiazepoxide/amitriptyline</i>	1			
<i>perphenazine/amitriptyline</i>	1			
SYMBYAX	3	✓		
Antipsychotics – First Generation				
<i>chlorpromazine</i>	1			
<i>compro</i>	1			
<i>fluphenazine</i>	1			
<i>haloperidol</i>	1			
<i>loxapine</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Antipsychotics – First Generation (continued)				
<i>perphenazine</i>	1			
<i>prochlorperazine</i>	1			
<i>thioridazine</i>	1			
<i>thiothixene</i>	1			
<i>trifluoperazine</i>	1			
Antipsychotics – Miscellaneous				
EQUETRO	3			
Attention Deficit Disorder				
ADDERALL	3		✓	
ADDERALL XR	3		✓	✓
<i>amphetamine/dextroamphetamine</i>	1		✓	
<i>amphetamine/dextroamphetamine SR</i>	1		✓	
CONCERTA	3		✓	✓
DAYTRANA	2		✓	
DESOXYN	3		✓	✓
DEXEDRINE	3		✓	
<i>dexamethylphenidate</i>	1		✓	
<i>dextroamphetamine</i>	1		✓	
<i>dextroamphetamine CR</i>	1		✓	
FOCALIN	3		✓	✓
FOCALIN XR	3		✓	✓
INTUNIV	3		✓	✓
METADATE CD	3		✓	✓
<i>metadate ER</i>	1		✓	
<i>methylin</i>	1		✓	
METHYLIN chew/soln	3		✓	✓
<i>methylin 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			
CAMPRAL	3			
<i>naltrexone</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
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				
AMERGE # (Step-therapy will not be implemented until some time after generic becomes available)	2		✓	✓
AXERT	3		✓	✓
CAMBIA	3		✓	✓
FROVA	3		✓	✓
IMITREX	3		✓	✓
MAXALT	2		✓	
MAXALT MLT	2		✓	
MIGRANAL	3		✓	✓
<i>naratriptan</i>	1		✓	
RELPAK	3		✓	✓
<i>sumatriptan</i>	1		✓	
SUMAVEL	3		✓	✓
TREXIMET	3		✓	✓
ZOMIG	3		✓	✓
ZOMIG ZMT	3		✓	✓
Multiple Sclerosis Agents				
AMPYRA	4	✓		
AVONEX	4			
BETASERON	4			✓
COPAXONE	4			
EXTAVIA	4			✓
REBIF	4			
TYSABRI	4	✓		
Narcotic Agonists				
ACTIQ	3	✓	✓	
AVINZA	3			
<i>codeine phosphate</i>	1			
<i>codeine sulfate</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Narcotic Agonists (continued)				
DARVON-N	3			
DEMEROL	3			
DILAUDID	3			
DURAGESIC	3		✓	✓
EMBEDA	2		✓	
EXALGO	3		✓	✓
<i>fentanyl lozenge</i>	1	✓	✓	
<i>fentanyl patch</i>	1		✓	
FENTORA	3	✓	✓	
<i>hydromorphone</i>	1			
KADIAN #	2			
<i>levorphanol</i>	1			
<i>mepredine</i>	1			
<i>methadone</i>	1			
<i>methadose</i>	1			
<i>morphine sulfate</i>	1			
<i>morphine sulfate CR</i>	1			
MS CONTIN	3			
NUCYNTA	2		✓	✓
ONSOLIS	3	✓	✓	✓
OPANA	3			✓
OPANA ER #	2			
ORAMORPH SR	3			
<i>oxycodone</i>	1			
<i>oxycodone SR</i>	1			✓
OXYCONTIN CR	2			✓
<i>oxyfast</i>	1			
<i>propoxyphene</i>	1			
RYBIX ODT	3			✓
RYZOLT	3			
<i>tramadol</i>	1			
<i>tramadol ER</i>	1			
ULTRAM	3			
ULTRAM ER	3			
XOLOX	3			
Narcotic Combinations				
<i>acetaminophen/codeine</i>	1			
<i>aspirin/codeine</i>	1			
<i>bupropion/acetaminophen/caffeine/codeine</i>	1			
<i>bupropion/aspirin/caffeine/codeine</i>	1			

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Narcotic Combinations (continued)				
CAPITAL/CODEINE	3			
COCET	3			
DARVOCET-N	3			
FIORICET/CODEINE	3			
FIORINAL/CODEINE	3			
<i>hydrocodone/acetaminophen</i>	1			
<i>hydrocodone/ibuprofen</i>	1			
IBUDONE	3			
LIQICET	3			
LORCET	3			
LORCET PLUS	3			
LORTAB	3			
MAGNACET	3			
MAXIDONE	3			
<i>meperidine/promethazine</i>	1	✓		
NORCO	3			
<i>oxycodone/acetaminophen</i>	1			
<i>oxycodone/aspirin</i>	1			
<i>oxycodone/ibuprofen</i>	1	✓		
ORBIVAN	3			
<i>pentazocine/acetaminophen</i>	1			
PERCOCET	3			
PERCODAN	3			
<i>phrenilin</i>	1			
<i>propoxyphene/acetaminophen</i>	1			
<i>propoxyphene-N/acetaminophen</i>	1			
REPREXAIN	3			
ROXICET	3			
STAGESIC	1			
STAFLEX	3			
SYNALGOS DC	3			
TYLENOL/CODEINE	3			
TYLOX	3			
ULTRACET	3			
VICODIN	3			
VICODIN ES	3			
<i>vicodin HP</i>	1			
VICOPROFEN	3			
XODOL	3			
ZYDONE	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Narcotic Partial Agonists				
<i>buprenorphine</i>	1		✓	
<i>butorphanol</i>	1		✓	
<i>pentazocine/naloxone</i>	1			
SUBOXONE #	3			
SUBUTEX	3		✓	✓
Premenstrual Dysphoric Disorder				
SARAFEM	3		✓	
<i>selfemra</i>	1		✓	
Psychotherapeutic and Neurological Agents				
<i>ergoloid mesylate</i>	1			
ORAP	3			
NUVIGIL	2	✓	✓	
PROVIGIL	3	✓	✓	✓
XYREM	3	✓		
Sedative/Hypnotics – Barbiturate				
BUTISOL SODIUM	3			
MEBARAL	3			
<i>mephobarbital</i>	1			
<i>phenobarbital</i>	1			
SECONAL	3			
Sedative/Hypnotics – Nonbarbiturates				
AMBIEN	3		✓	✓
AMBIEN CR #	2		✓	✓
<i>chloral hydrate</i>	1			
DORAL	3			
EDLUAR	3		✓	✓
<i>estazolam</i>	1			
<i>flurazepam</i>	1			
HALCION	3			
LUNESTA	3		✓	✓
<i>midazolam</i>	1			
ROZEREM	3		✓	✓
SONATA	3		✓	✓
<i>temazepam</i>	1			
<i>triazolam</i>	1			
<i>zaleplon</i>	1		✓	
<i>zolpidem</i>	1		✓	
Dermatological Agents				
Acne Products				
ACANYA	3			
ACZONE	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Acne Products (continued)				
<i>adapalene</i>	1	✓		
AKNE-MYCIN	3			
<i>amnesteem</i>	1	✓		
ATRALIN	3	✓		✓
AVAR	3			
AVAR GREEN	3			
AVAR LS	3			
AVAR-E LS	3			
<i>avita</i>	1	✓		
AZELEX	3			
BENZACLIN #	2			
BENZAMYCIN	3			
BENZEFOAM	3			
BENZIQ	3			
BENZIQ LS	3			
BENZIQ wash	3			
<i>benzoyl peroxide</i>	1			
<i>benzoyl peroxide/sulfur</i>	1			
<i>benzoyl peroxide/urea cream</i>	1			
BREVOXYL	3			
<i>claravis</i>	1	✓		
CLARIFOAM EF	3			
CLEANSE/TREAT PAD	3			
<i>clindamax</i>	1			
<i>clindamycin</i>	1			
<i>clindamycin/benzoyl peroxide</i>	1			
DIFFERIN #	2	✓		
DUAC CS	2			
EPIDUO	2	✓		
<i>erythromycin</i>	1			
<i>erythromycin/benzoyl peroxide</i>	1			
EVOCLIN	3			
<i>isotretinoin</i>	1	✓		
KLARON	3			
<i>lavoclen</i>	1			
METROCREAM	3			
METROGEL 1% only	2			
METROLOTION	3			
<i>metronidazole</i>	1			
NEOBENZ	3			
NORITATE	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Acne Products (continued)				
NUOX	3			
<i>pacnex wash</i>	1			
PLEXION cloth	3			
PLEXION emulsion	3			
PLEXION SCT	3			
PLEXION TS	3			
RETIN-A	3	✓		✓
RETIN-A MICRO	2	✓		
ROSULA	3			
<i>sodium sulfacetamide/sulfur</i>	1			
<i>sotret</i>	1	✓		
<i>sulfatol</i>	1			
SUMAXIN	3			
TRETIN-X	3			✓
<i>tretinoin</i>	1	✓		
TRIAZ	3			
VANOXIDE	3			
Z-CLINZ	3			
ZACARE	3			
ZIANA	2	✓		
ZODERM	3			
Antibiotics – Topical				
ALTABAX	3			
BACTROBAN	3			
<i>centany</i>	3			
<i>gentamicin</i>	1			
<i>mupirocin</i>	1			
Antifungals – Topical				
ALOQUIN	3			
<i>ciclopirox</i>	1	✓		
<i>clotrimazole/betamethasone</i>	1			
<i>econazole</i>	1			
ERTACZO	3			
EXELDERM	3			
HALOTIN	3			
<i>hydrocortisone/clioquinol</i>	1			
<i>hydrocortisone/iodoquinol</i>	1			
<i>ketoconazole</i>	1			
LOPROX	3			
LOTRISONE	3			
NAFTIN	3			

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Antifungals – Topical (continued)				
<i>nystatin</i>	1			
<i>nystatin/triamcinolone</i>	1			
OXISTAT	3			
PENLAC	3	✓		
VUSION	3			
XOLEGEL	3			
Antineoplastics and Keratolytics – Topical				
CARAC	3			
EFUDEX	3			
FLUOROPLEX	3			
<i>fluorouracil</i>	1			
LEVULAN KERA	3			
METVIXIA	3			
PANRETIN	2			
SOLARAZE	3			
TARGETIN	2			
Antipruritics and Topical Anesthetics				
<i>cocaine hcl</i>	1			
<i>lidocaine</i>	1			
<i>lidocaine/prilocaine</i>	1			
LIDODERM	2			✓
<i>prudoxin</i>	1			
QUTENZA	3	✓	✓	
SYNERA	3			
ZONALON	3			
Antipsoriatics				
8-MOP	3			
AMEVIVE	4			
<i>anthralin</i>	1			
<i>calcipotriene</i>	1			
DOVONEX	3			
DRITHO-SCALP	3			
ENBREL	4			
HUMIRA	4			
KINERET	4			
OXSORALEN-UL	3			
REMICADE	4			
SORIATANE	2			
STELARA	4			
TACLONEX	3			
TAZORAC #	2	✓		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Antipsoriatics (continued)				
SIMPONI	4			
VECTICAL	2			
Antiseborrheic Products				
EXTINA	3			
OVACE	3			
ROSULA NS	3			
SCALACORT DK	3			
<i>selenium sulfide</i>	1			
<i>sulfacetamide sodium</i>	1			
Antiviral – Topical				
<i>acyclovir</i>	1			
DENAVIR	3			
ZOVIRAX	3			
Corticosteroids – Topical				
<i>alclometasone</i>	1			
<i>amcinonide</i>	1			
<i>augmented betamethasone dipropionate</i>	1			
<i>betamethasone valerate</i>	1			
<i>clobetasol</i>	1			
<i>clovevate</i>	1			
CLOBEX lotion/shampoo/spray	2			
CLODERM	3			✓
CORDRAN	3			
CUTIVATE	3			✓
DERMATOP	3			
DESONATE	3			✓
<i>desonide</i>	1			
<i>desoximetasone</i>	1			
<i>diflorasone</i>	1			
DIPROLENE AF	3			
ELOCON	3			
<i>fluocinolone acetonide</i>	1			
<i>fluocinonide</i>	1			
<i>fluticasone</i>	1			
HALOG	3			
<i>hydrocortisone</i>	1			
<i>hydrocortisone butyrate</i>	1			
<i>hydrocortisone valerate</i>	1			
<i>hydrocortisone/pramoxine</i>	1			
<i>lacticare/hydrocortisone</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Corticosteroids – Topical (continued)				
LIDAMANTLE HC	3			
<i>lidocaine/hydrocortisone</i>	1			
LOCOID	3			✓
LOCOID LIPOCREAM	3			✓
LUXIQ	3			✓
<i>mometasone</i>	1			
NUZON	3			
OLUX	3			✓
OLUX-E	3			✓
OLUX OLUX-E	3			✓
<i>prednicarbate</i>	1			
TACLONEX	3			
<i>triamcinolone</i>	1			
ULTRAVATE	3			
VANOS	2			
VERDESO	3			✓
Keratolytic/Antimitotic Agents				
CONDYLOX	3			
<i>podofilox</i>	1			
Immunomodulating Agents – Topical				
ALDARA	3	✓	✓	
ELIDEL	2	✓		
<i>imiquimod</i>	1	✓	✓	
PROTOPIC	2	✓		
ZYCLARA	3	✓	✓	
Rosacea Agents				
FINACEA	3			
<i>metronidazole</i>	1			
ORACEA	3	✓	✓	
Scabicides & Pediculicides				
EURAX	3			
<i>lindane</i>	1			
<i>permethrin</i>	1			
ULESFIA	3			
Sinecatechins				
VEREGEN	3			
Endocrine System				
Acromegaly				
<i>octreotide</i>	4			
SANDOSTATIN	4			
SANDOSTATIN LAR	4			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Acromegaly (continued)				
SOMATULINE	4			
SOMAVERT	4			
Antidiuretic Agents				
DDAVP PR ≤ 17 yr old	3	✓		✓
<i>desmopressin PR ≤ 17 yr old</i>	1	✓		
<i>minirin PR ≤ 17 yr old</i>	1	✓		
STIMATE PR ≤ 17 yr old	3	✓		
Contraceptives – Injectable Progestins				
<i>medroxyprogesterone</i>	1			
DEPO-PROVERA	3			
Contraceptives – Oral				
<i>apri</i>	1			
<i>aranelle</i>	1			
<i>aviane</i>	1			
BREVICON	3			
<i>cesia</i>	1			
<i>cryselle</i>	1			
CYCLESSA	3			
DEMULEN 1/35	3			
DEMULEN 1/50	3			
DESOGEN	3			
<i>enpresse</i>	1			
ESTROSTEP FE	3			
FEMCON	3			
<i>gianvi</i>	1			
<i>gildess FE</i>	1			
<i>jolessa</i>	1			
<i>junel 1.5/30</i>	1			
<i>junel 1/20</i>	1			
<i>junel FE 1.5/30</i>	1			
<i>junel FE 1/20</i>	1			
<i>kariva</i>	1			
<i>kelnor</i>	1			
<i>leena</i>	1			
<i>lessina</i>	1			
<i>levora</i>	1			
LO/OVRAL	3			
LOESTRIN 1.5/30	3			
LOESTRIN 1/20	3			
LOESTRIN FE	3			
LOESTRIN FE 1.5/30	3			

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Contraceptives – Oral (continued)				
LOESTRIN-24	3			
LOSEASONIQUE	2			
<i>low-ogestrel</i>	1			
<i>lutea</i>	1			
LYBREL	3			
<i>microgestin 1.5/30</i>	1			
<i>microgestin 1/20</i>	1			
<i>microgestin FE 1.5/30</i>	1			
<i>microgestin FE1/20</i>	1			
MIRCETTE	3			
MODICON 0.5/35	3			
<i>mononessa</i>	1			
NATAZIA	3			
<i>necon 0.5/35</i>	1			
<i>necon 1/35</i>	1			
<i>necon 1/50</i>	1			
<i>necon 10/11</i>	1			
<i>necon 7/7/7</i>	1			
NORDETTE	3			
NORINYL 1+35	3			
NORINYL 1+50	3			
<i>nortrel 0.5/35</i>	1			
<i>nortrel 1/35</i>	1			
<i>nortrel 7/7/7</i>	1			
<i>ocella</i>	3			
<i>ogestrel</i>	1			
ORTHO TRI-CYCLEN	3			
ORTHO TRI-CYCLEN LO	3			
ORTHO-CEPT	3			
ORTHO-CYCLEN	3			
ORTHO-NOVUM 1/35	3			
ORTHO-NOVUM 1/50	3			
ORTHO-NOVUM 10/11	3			
ORTHO-NOVUM 7/7/7	3			
OVCON 35	3			
OVCON 50	3			
<i>portia</i>	1			
<i>previfem</i>	1			
<i>quasense</i>	1			
<i>reclipsen</i>	1			
SEASONALE	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Contraceptives – Oral (continued)				
SEASONIQUE	2			
<i>solia</i>	1			
<i>sprintec</i>	1			
<i>sronyx</i>	1			
TRI-LEVLEN	3			
<i>trinessa</i>	1			
TRI-NORINYL	3			
TRIPHASIL	3			
<i>tri-previfem</i>	1			
<i>tri-sprintec</i>	1			
<i>trivora</i>	1			
<i>velivet</i>	1			
YASMIN	3			
YAZ	3			
<i>zovia 1/35E</i>	1			
<i>zovia 1/50E</i>	1			
Contraceptives – Oral Progestins				
<i>camila</i>	1			
<i>errin</i>	1			
<i>jolivette</i>	1			
<i>nora-be</i>	1			
NOR-QD	3			
ORTHO MICRONOR	3			
Contraceptives – Transdermal				
ORTHO EVRA	3			
Contraceptives – Vaginal				
NUVARING	3			
Corticotropin				
ACTHAR HP	4	✓		
Diabetes – Alpha-Glucosidase Inhibitors				
<i>acarbose</i>	1			
GLYSET #	3			
PRECOSE	3			
Diabetes – Amylin Analogs				
SYMLIN	2	✓		
SYMLINPEN	2	✓		
Diabetes – Biguanides and Combinations				
FORTAMET	3			
<i>glipizide/metformin</i>	1			
GLUCOPHAGE	3			
GLUCOPHAGE XR	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Diabetes – Biguanides and Combinations (continued)				
GLUCOVANCE	3			
GLUMETZA	3			
<i>glyburide/metformin</i>	1			
METAGLIP	3			
<i>metformin</i>	1			
<i>metformin ER</i>	1			
RIOMET	3			
Diabetes – DPP-IV Inhibitors and Combinations				
JANUVIA	2			
JANUMET	2			
ONGLYZA	3		✓	✓
Diabetes – Incretin Mimetic Agents				
BYETTA	2		✓	
VICTOZA	3		✓	✓
Diabetes – Insulin				
APIDRA	3			
HUMALOG products	2			
HUMULIN products	2			
LANTUS	2			
LEVEMIR	2			
LEVEMIR FLEXPEN	2			
NOVOLIN products	3			✓
NOVOLOG products	2			
RELION products	3			✓
Diabetes – Meglitinides and Combinations				
<i>nateglinide</i>	1			
STARLIX	3			
PRANDIMET	3			
PRANDIN #	2			
Diabetes – Sulfonylureas				
AMARYL	3			
<i>chlorpropamide</i>	1			
<i>glimepiride</i>	1			
Diabetes – Sulfonylureas				
<i>glipizide</i>	1			
<i>glipizide ER</i>	1			
<i>glipizide XL</i>	1			
<i>glyburide</i>	1			
<i>glyburide micronized</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Diabetes – Sulfonylureas (continued)				
<i>glycron</i>	1			
<i>tolazamide</i>	1			
<i>tolbutamide</i>	1			
Diabetic Supplies				
BD insulin syringes	2			
BD lancets	2			
BD pen needles	2			
FREESTYLE glucose test strips	2			
FREESTYLE LITE glucose test strips	2			
glucose test strips (any other brand name)	3			✓
insulin syringes (any brand name other than BD)	3			
insulin syringes (any generic)	1			
lancets (any brand name other than BD)	3			
lancets (any generic)	1			
ONE TOUCH FAST TAKE glucose test strips	2			
ONE TOUCH ULTRA glucose test strips	2			
pen needles (any brand name other than BD)	3			
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				
ACTOS	2			
ACTOPLUS MET	2			
ACTOPLUS MET XR	3			✓
AVANDAMET	2			
AVANDARYL	2			
AVANDIA	2			
DUETACT	2			

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Diagnostic Drug				
THYROGEN	4			
Fabry Disease				
FABRAZYME	4	✓		
Fertility Agents				
BRAVELLE	4	✓		
CETROTIDE	4	✓		
<i>chorionic gonadotropin</i>	4	✓		
FOLLISTIM AQ	4	✓		
GANIRELIX	4	✓		
GONAL-F	4	✓		
GONAL-F RFF	4	✓		
<i>leuprolide</i>	4			
LUVERIS	4	✓		
MENOPUR	4	✓		
<i>novarel</i>	4	✓		
OVIDREL	4	✓		
<i>pregnyl</i>	4	✓		
REPRONEX	4	✓		
Gaucher Disease				
CEREDASE ***	4	✓		
CEREZYME	4	✓		
VPRIV	4	✓		
ZAVESCA ***	4	✓		
Glucose Elevating Agents				
GLUCAGON	3			
PROGLYCEM	2			
Gout Agents				
<i>allopurinol</i>	1			
<i>colchicine</i>	1			
COLCRYS	3			
<i>probenecid</i>	1			
<i>probenecid/colchicine</i>	1			
ULORIC	3			✓
ZYLOPRIM	3			
Growth Factors – Insulin-like				
INCRELEX	4	✓		
Growth Hormone Agents				
GENOTROPIN	4	✓		✓
HUMATROPE	4	✓		
NORDITROPIN	4	✓		✓
NUTROPIN	4	✓		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Growth Hormone Agents (continued)				
NUTROPIN AQ	4	✓		
NUTROPIN NUSPIN	4	✓		
OMNITROPE	4	✓		✓
SAIZEN	4	✓		
SEROSTIM	4	✓		
SOMAVERT	4	✓		
TEV-TROPIN	4	✓		
ZORBTIVE	4	✓		
Hereditary Tyrosinemia				
ORFADIN ***	4			
Homocystinuria				
CYSTADANE	4			
Hormone Replacement – Androgens				
ANDRODERM # (Step-therapy will not be implemented until some time after generic becomes available)	3			✓
ANDROGEL	2			
<i>danazol</i>	1			
STRIANT	3			✓
TESTIM	3			✓
<i>testosterone inj.</i>	PMED			
Hormone Replacement – Estrogens				
ALORA	3		✓	
CENESTIN	2			
CLIMARA	3		✓	
DIVIGEL	2			
ELESTRIN	3			
ENJUVA	2			
ESTRACE	3			
ESTRADERM	3		✓	
<i>estradiol tab</i>	1			
<i>estradiol patch</i>	1		✓	
ESTROGEL	3			
<i>estropipate</i>	1			
EVAMIST	2			
MENEST	2			
MENOSTAR	3		✓	
<i>ortho-est</i>	1			
PREMARIN	3			
VIVELLE	3		✓	
VIVELLE-DOT	3		✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Hormone Replacement – Estrogen Combinations				
ACTIVELLA	3			
ANGELIQ	3			
CLIMARA PRO	3		✓	
COMBIPATCH	3		✓	
<i>estradiol/ norethindrone acetate</i>	1			
FEMHRT	3			
FEMHRT LOW DOSE	3			
FEMTRACE	3			
PREFEST	3			
PREMPHASE	3			
PREMPRO	3			
Hormone Replacement – Progestins				
<i>medroxyprogesterone acetate</i>	1			
<i>norethindrone acetate</i>	1			
PROMETRIUM	2			
Hunter Syndrome				
ELAPRASE ***	4	✓		
Hyperammonemia				
AMMONUL	4			
BUPHENYL	4			
Hyperparathyroidism				
HECTOROL	4			
SENSIPAR	4			
ZEMPLAR	4			
LHRH/GnRH Agonist Analog Pituitary Suppressants				
SUPPRELIN LA	4			
SYNAREL	4			
Metabolic Modifiers				
CARNITOR	3			
SUCRAID	3			
Mucopolysaccharidosis I				
ALDURAZYME	4	✓		
Mucopolysaccharidosis VI				
NAGLAZYME	4	✓		
Phenylketonuria				
KUVAN	4			
Pompe Disease				
LUMIZYME	4	✓		
MYOZYME	4	✓		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Steroids – Glucocorticosteroids				
<i>cortisone AC</i>	1			
<i>dexamethasone</i>	1			
ENTOCORT EC	3			
<i>hydrocortisone</i>	1			
<i>methylprednisolone</i>	1			
MILLIPRED	3			
ORAPRED	3			
<i>prednisolone</i>	1			
<i>prednisone</i>	1			
VERIPRED	3			
Steroids – Mineralocorticoids				
<i>fludrocort</i>	1			
Thyroid Hormones				
ARMOUR THYROID	3			
BIO-THROID	3			
CYTOMEL	3			
<i>levothyroid</i>	1			
<i>levothyroxine</i>	1			
<i>levoxyl</i>	1			
<i>liothyronine sodium</i>	1			
SYNTHROID	3			
THYROLAR	3			
TIROSINT	3			
<i>unithroid</i>	1			
Thyroid – Antithyroid Agents				
<i>methimazole</i>	1			
<i>propylthiouracil</i>	1			
TAPAZOLE	3			
Vasopressin Receptor Antagonists				
SAMSCA	4	✓	✓	
Gastrointestinal System				
Acid Suppressants – H-2 Antagonists				
AXID	3			
<i>cimetidine</i>	1			
<i>famotidine</i>	1			
<i>nizatidine</i>	1			
PEPCID	3			
PEPCID RPD	3			
<i>ranitidine</i>	1			
TAGAMET	3			
ZANTAC	3			

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Acid Suppressants – Proton Pump Inhibitors				
ACIPHEX	3	✓	✓	✓
DEXILANT	2	✓	✓	
<i>lansoprazole</i>	1	✓	✓	
NEXIUM	2	✓	✓	
<i>omeprazole</i>	1	✓	✓	
<i>omeprazole/bicarbonate</i>	1	✓	✓	
<i>pantoprazole</i>	3	✓	✓	
PREVACID	3	✓	✓	✓
PREVACID SOLUTAB	3	✓	✓	
PRIOSEC	3	✓	✓	✓
PROTONIX	3	✓	✓	✓
ZEGERID	3	✓	✓	✓
Antiemetics – 5-HT3 Receptor Antagonists				
ANZEMET	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		✓	
Antiemetics – Anticholinergic				
<i>maldepar</i>	1			
TRANSDERM-SCOP	3			
<i>trimethobenzamide</i>	1			
Antiemetics – Miscellaneous				
CESAMET	3		✓	
<i>dronabinol</i>	1	✓		
EMEND	2		✓	
MARINOL	3	✓		
<i>tebamide</i>	1			
Anti-Ulcer Drugs				
<i>misoprostol</i>	1			
<i>sucralfate</i>	1			
Bowel Evacuants				
COLYTE	3			
<i>gavilyte-g</i>	1			
GOLYTELY	3			
HALFLYTELY	3			
MOVIPREP	2			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Bowel Evacuants (continued)				
NULYTELY	3			
OSMOPREP	2			
<i>peg 3350</i>	1			
<i>polyethylene glycol</i>	1			
<i>trilyte</i>	1			
VISCOL	3			
Crohn's Disease				
CIMZIA	4			
HUMIRA	4			
REMICADE	4			
Chronic Constipation Agent				
AMITIZA	3	✓		
Gallstone Solubilizing Agents				
CHENODAL	3	✓		
URSO 250	2			
URSO FORTE	2			
<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		✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Inflammatory Bowel Agents (continued)				
<i>sulfazine</i>	1		✓	
<i>sulfazine EC</i>	1		✓	
Irritable Bowel Syndrome (IBS) Agents				
LOTROXEX	3	✓		
Laxatives				
KRISTALOSE	3			
<i>lactulose</i>	1			
Opioid Induced Constipation				
RELISTOR	2	✓	✓	
Pancreatic Enzymes				
CREON	2			
DIGEX	3			
LIPRAM UL	3			
PANCRELIPASE	3			
PANCREAZE	3			
TRI-PASE	3			
ULTRASE	2			
ULTRASE MT	2			
VIOKASE	2			
ZENPEP	3			
Rectal Steroids				
<i>colocort</i>	1			
CORTIFOAM	3			
Genitourinary System				
Cystinosis Agents				
CYSTAGON	3			
Erectile Dysfunction (applies only to plans with ED coverage)				
CAVERJECT	3		✓	
CIALIS	2		✓	
EDEX	3		✓	
LEVITRA	3		✓	✓
MUSE	3		✓	
VIAGRA	3		✓	✓
Interstitial Cystitis Agents				
ELMIRON	2	✓		
RIMSO	3			
Phosphate Binders				
<i>calcium acetate</i>	1			
FOSRENOL	2			
PHOSLO #	2			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Phosphate Binders (continued)				
RENAGEL	2			
REVELA	2			
Prostatic Hypertrophy Agents				
AVODART	2	✓		
<i>finasteride</i>	1	✓		
FLOMAX	3	✓	✓	
JALYN	3	✓	✓	
PROSCAR	3	✓		
RAPAFLO	2	✓		
<i>tamsulosin</i>	1	✓		
UROXATRAL #	2	✓		
Urinary Antispasmodics				
<i>bethanechol</i>	1			
DETROL	3			✓
DETROL LA	3			✓
DITROPAN	3			
DITROPAN XL	3			✓
ENABLEX	2			
<i>flvoxate</i>	1			
<i>hyoscyamine</i>	1			
<i>oxybutynin</i>	1			
<i>oxybutynin SR</i>	1			
GELNIQUE	2			
OXYTROL	3			✓
SANCTURA	3			✓
SANCTURA XR	3			✓
TOVIAZ	3			✓
URECHOLINE	3			
VESICARE	2			
Urinary Anti-infectives and Combinations				
MACROBID	3			
<i>methenamine hippurate</i>	1			
<i>methenamine mandelate</i>	1			
MONUROL	3			
<i>nitrofurantoin</i>	1			
<i>nitrofurantoin monohydrate macrocrystal</i>	1			
UREX	3			
URIBEL	3			
UTA	3			

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Vaginal Anti-infectives				
CLEOCIN VAGINAL	3			
<i>clindamax</i>	1			
METROGEL VAGINAL	3			
<i>nystatin vaginal</i>	1			
TERAZOL	3			
<i>terconazole</i>	1			
<i>tioconazole</i>	1			
<i>vandazole</i>	1			
<i>zazole</i>	1			
Vaginal Estrogens				
ESTRACE VAGINAL	3			
ESTRING	3			
FEMRING	2			
PREMARIN VAGINAL	3			
VAGIFEM	3			
Vaginal Progestins				
CRINONE	3			
PROCHIEVE	3			
PROGESTERONE VAGINAL	3			
Infections and Infestations				
Antibacterials – Aminoglycosides				
<i>neomycin</i>	1			
<i>paromomycin</i>	1			
Antibacterials – Ampicillins and Combinations				
<i>amoxicillin</i>	1			
<i>amoxicillin/K clavulanate</i>	1			
<i>amoxicillin/K clavulanate SR</i>	1			
AMOXIL	3			
<i>ampicillin</i>	1			
AUGMENTIN	3			
AUGMENTIN ES	3			
AUGMENTIN XR	3			
MOXATAG	3			
<i>trimox</i>	1			
Antibacterials – Cephalosporins, 1st Generation				
<i>cefadroxil</i>	1			
<i>cephalexin</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Antibacterials – Cephalosporins, 2nd Generation				
<i>cefaclor</i>	1			
<i>cefaclor ER</i>	1			
<i>cefprozil</i>	1			
CEFTIN	3			
<i>cefuroxime</i>	1			
Antibacterials – Cephalosporins, 3rd Generation				
CEDAX	3			
<i>cefdinir</i>	1			
<i>cefditoren</i>	1			
<i>cefepodoxime</i>	1			
SPECTRACEF	3			
SUPRAX	3			
VANTIN	3			
Antibacterials – Fluoroquinolones				
AVELOX	2	✓		
AVELOX ABC	2	✓		
CIPRO	3	✓		
CIPRO XR	3	✓		
<i>ciprofloxacin</i>	1	✓		
<i>ciprofloxacin ER</i>	1	✓		
FACTIVE	3	✓		
LEVAQUIN	3	✓		
NOROXIN	3	✓		
<i>ofloxacin</i>	1	✓		
PROQUIN XR	3	✓		
Antibacterials – Ketolides				
KETEK	3			
Antibacterials – Macrolides				
<i>azithromycin</i>	1			
BIAXIN	3			
BIAXIN XL	3			
<i>clarithromycin</i>	1			
<i>clarithromycin SR</i>	1			
e.e.s.	1			
<i>erythrocin</i>	1			
<i>erythromycin</i>	1			
<i>erythromycin delayed release particles</i>	1			
<i>erythromycin ethylsuccinate</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Antibacterials – Macrolides (continued)				
PCE	3			
ZITHROMAX	3			
ZMAX	3			
Antibacterials – Miscellaneous				
<i>clindamycin</i>	1			
<i>metronidazole</i>	1			
<i>metronidazole SR</i>	1			
NEBUPENT	2			
TINDAMAX	3			
<i>trimethoprim</i>	1			
XIFAXAN	3	✓	✓	
ZYVOX	2	✓		
Antibacterials – Penicillins				
<i>dicloxacillin sodium</i>	1			
<i>penicillin VK</i>	1			
<i>veetids</i>	1			
Antibacterials – Sulfonamides				
<i>sulfadiazine</i>	1			
<i>sulfisoxazole</i>	1			
Antibacterials – Tetracyclines				
ADOXA	3	✓		
ALODOX	3	✓		
DECLOMYCIN	3	✓		
<i>demeclocycline</i>	1	✓		
DORYX	3	✓		
<i>doxy-caps</i>	1	✓		
<i>doxycycline hyclate</i>	1	✓		
<i>doxycycline monohydrate</i>	1	✓		
DYNACIN	3	✓		
MINOCIN	3	✓		
<i>minocycline</i>	1	✓		
MONODOX	3	✓		
NUTRIDOX	3	✓		
ORAXYL	3	✓		
PERIOSTAT	3	✓		
SOLODYN #	3	✓		
<i>tetracycline</i>	1	✓		
VIBRAMYCIN	3	✓		
VIBRATAB	3	✓		
Antifungals				
ANCOBON	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Antifungals (continued)				
BIO-STATIN	3			
<i>clotrimazole troche</i>	1			
DIFLUCAN (all other strengths)	3	✓		
DIFLUCAN 150 mg	3		✓	
<i>fluconazole</i> (all other strengths)	1	✓		
<i>fluconazole 150 mg</i>	1		✓	
GRIFULVIN V	3			
GRIS-PEG	3			
<i>itraconazole</i>	1	✓		
<i>ketokonazole</i>	1			
LAMISIL	3	✓		
NOXAFIL	3			
ORAVIG	3		✓	✓
<i>nystatin</i>	1			
SPORANOX	3	✓		
<i>terbinafine</i>	1	✓		
VFEND #	3			
Antiinfective Agents – Miscellaneous				
<i>colistimethate sodium</i>	4			
COLY-MYCIN M	4			
Antimalarials and Combinations				
ARALEN	3	✓		
<i>chloroquine</i>	1	✓		
COARTEM	3	✓		
DARAPRIM	3	✓		
<i>hydroxychloroquine</i>	1	✓		
LARIAM	3	✓		
MALARONE	3	✓		
<i>mefloquine</i>	1	✓		
<i>primaquine</i>	1			
QUALAQUIN	3	✓		
Antimycobacterial Agents				
<i>dapsone</i>	1			
<i>ethambutol</i>	1			
<i>isonarif</i>	1			
<i>isoniazid</i>	1			
MYAMBUTOL	2			
<i>pyrazinamide</i>	1			
RIFAMATE	3			
<i>rifampin</i>	1			
RIFATER	3			

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antiprotozoal Agents			
ALINIA	3		
MEPRON	2		
Antiretrovirals – Chemokine Receptor Antagonist			
SELZENTRY	3		
Antiretrovirals – Fusion Inhibitors			
FUZEON	4		
Antiretrovirals – Integrase Inhibitors			
ISENTRESS	3		
Antiretrovirals – NRTI/NNRTI Combination			
ATRIPLA	3		
Antiretrovirals – Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)			
INTELENCE	3		
RESCRIPTOR	3		
SUSTIVA	2		
VIRAMUNE	2		
Antiretrovirals – Nucleoside (NRTI) and Nucleotide (NtRTI) Analogs			
COMBIVIR	2		
<i>didanosine delayed release</i>	1		
EMTRIVA	2		
EPIVIR	2		
EPZICOM	3		
RETROVIR	3		
<i>stavudine</i>	1		
TRIZIVIR	3		
TRUVADA	2		
VIDEX	2		
VIDEX EC	3		
VIREAD	2		
ZERIT	3		
ZIAGEN	2		
<i>zidovudine</i>	1		
Antiretrovirals – Protease Inhibitors			
APTIVUS	3		
CRIXIVAN	2		
INVIRASE #	2		
KALETRA	2		
LEXIVA	2		
NORVIR	2		
PREZISTA	3		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification Quantity Limits	Step-Therapy
Antiretrovirals – Protease Inhibitors (continued)			
REYATAZ	2		
VIRACEPT	2		
Antivirals – CMV Agents			
CYTOGAM	4		
CYTOVENE	4		
FOSCARNET	4		
<i>ganciclovir</i>	4		
VALCYTE	4		
VISTIDE	4		
Antivirals – Hepatitis Agents			
BARACLUDE	4		
COPEGUS	4		
EPIVIR HBV	4		
HEPSERA	4		
INFERGEN	4	✓	
PEGASYS	4	✓	
PEG-INTRON	4	✓	
REBETOL	4		
<i>ribapak</i>	4		
<i>ribasphere</i>	4		
<i>ribavirin</i>	4		
TYZEKA	4		
Antivirals – Herpes Agents			
<i>acyclovir</i>	1		
FAMVIR	3		
<i>famciclovir</i>	1		
<i>valacyclovir</i>	1		
VALTREX	3		✓
ZOVIRAX	3		
Antivirals – Influenza Agents			
FLUMADINE	3		
RELENZA	3	✓	
<i>rimantadine</i>	1		
TAMIFLU	3	✓	
Antivirals – Respiratory Syncytial Virus (RSV) Agents			
VIRAZOLE	3		
Musculoskeletal System			
Antimyasthenic Agents			
MESTINON	2		
MESTINON TIMESPAN	2		
<i>pyridostigmine</i>	1		

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Antirheumatic Agents				
ARAVA	3			
<i>leflunomide</i>	1			
RHEUMATREX	3			
RIDAURA	3			
Enzymes				
XIAFLEX	4			
Interleukin-1 Beta Blockers				
ILARIS	4	✓		
Interleukin-1 Blockers				
ARCALYST	4	✓		
Muscle Relaxants and Combinations				
AMRIX	3			✓
<i>baclofen</i>	1			
<i>carisoprodol</i>	1			
<i>carisoprodol/aspirin</i>	1			
<i>carisoprodol/aspirin/codeine</i>	1			
<i>chlorzoxazone</i>	1			
<i>cyclobenzaprine</i>	1			
DANTRIUM	3			
<i>dantrolene</i>	1			
FEXMID	3			✓
<i>metaxalone</i>	1			
<i>methocarbamol</i>	1			
<i>orphenadrine cpd</i>	1			
<i>orphenadrine ER</i>	1			
<i>orphenadrine/aspirin/caffeine</i>	1			
<i>orphengesic</i>	1			
<i>orphengesic forte</i>	1			
SKELAXIN #	2			
<i>tizanidine</i>	1			
ZANAFLEX	3			
Neuromuscular Blocking Agent – Neurotoxins				
BOTOX	4	✓		
DYSPORT	4	✓		
MYOBLOC	4	✓		
NSAIDs				
ARTHROTEC	3			
CELEBREX	3	✓	✓	
DAYPRO	3			
<i>diclofenac</i>	1			
<i>diclofenac potassium</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
NSAIDs (continued)				
<i>diclofenac sodium XR</i>	3			
<i>etodolac</i>	1			
<i>etodolac ER</i>	3			
<i>fenoprofen</i>	1			
FLECTOR patch	3		✓	
<i>flurbiprofen</i>	1			
<i>ibuprofen</i>	1			
<i>indomethacin</i>	1			
<i>indomethacin ER</i>	1			
<i>ketoprofen</i>	1			
<i>ketoprofen ER</i>	3			
<i>ketorolac</i>	1		✓	
<i>meclofenamate sodium</i>	1			
<i>meloxicam</i>	1			
MOBIC	3			
<i>nabumetone</i>	3			
NAPRELAN	3			
<i>naproxen</i>	1			
<i>oxaprozin</i>	3			
<i>piroxicam</i>	1			
PENNSAID	3		✓	✓
PONSTEL	3			
<i>sulindac</i>	1			
<i>tolmetin sodium</i>	3			
VIMOVO	3	✓	✓	✓
VOLTAREN	3			
VOLTAREN GEL	2		✓	✓
VOLTAREN XR	3			
ZIPSOR	3			
Osteoarthritis				
EUFLEXXA	4			
HYALGAN	4			
ORTHOVISC	4			
SUPARTZ	4			
SYNVISC	4			
Osteoporosis				
ACTONEL	2		✓	
ACTONEL with CALCIUM	2		✓	
<i>alendronate</i>	1		✓	
AREDIA	4	✓		
BONIVA (inj only)	4	✓	✓	✓

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MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Osteoporosis (continued)				
BONIVA (tab only)	3		✓	✓
<i>calcitonin salmon nasal</i>	1			
DIDRONEL	3			
FORTEO	4			
<i>fortical</i>	1			
FOSAMAX	3		✓	
FOSAMAX PLUS D	3		✓	✓
GANITE	4	✓		
MIACALCIN (inj only)	3	✓		
MIACALCIN NASAL	3			
<i>pamidronate</i>	4			
PROLIA	4	✓		
RECLAST	4	✓		
SKELID	3			
ZOMETA	4	✓		
Rheumatoid Arthritis				
ACTEMRA	4			✓
CIMZIA	4			
ENBREL	4			
HUMIRA	4			
KINERET	4			
ORENCIA	4			
REMICADE	4			
SIMPONI	4			
Selective Estrogen Receptor Modulator (SERM)				
EVISTA	2			
Ophthalmic Agents				
Glaucoma – Adrenergic Agents				
ALPHAGAN P	2			
<i>apraclonidine</i>	1			
<i>brimonidine</i>	1			
COMBIGAN	3			
<i>dipivefrin</i>	1			
IOPIDINE	3			
Glaucoma – Beta-blockers				
<i>betaxolol</i>	1			
BETIMOL	3			
BETOPTIC-S	3			
<i>carteolol</i>	1			
ISTALOL	3			
<i>levobunolol</i>	1			
<i>metipranolol</i>	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Glaucoma – Beta-blockers (continued)				
OPTIPRANOLOL	3			
<i>timolol</i>	1			
<i>timolol maleate ophth</i>	1			
Glaucoma – Carbonic Anhydrase Inhibitors				
AZOPT	3			✓
<i>dorzolamide</i>	1			
<i>dorzolamide/timolol</i>	1			
COSOPT	3			✓
TRUSOPT	3			✓
Glaucoma – Miotics				
ISO CARBACHOL	3			
ISOPTO CARPINE	3			
PHOSPHOLINE	3			
<i>pilocarpine</i>	1			
PILOPINE HS	3			
<i>piloptoc</i>	1			
Glaucoma – Prostaglandins				
LUMIGAN	2			
TRAVATAN Z	3			
XALATAN #	3			
Macular Degeneration				
LUCENTIS	4			
MACUGEN	4			
VISUDYNE ***	4			
Macular Edema				
OZURDEX	4			
Ophthalmic Antihistamines and NSAIDs				
ACULAR	3			
ACULAR LS	3			
ACUVAIL	3			
ALAMAST	3			
ALOCRIAL	3			
ALOMIDE	3			
<i>azelastine ophth</i>	1			
BEPREVE	3			
<i>cromolyn sodium ophth</i>	1			
<i>diclofenac ophth</i>	1			
ELESTAT	3			
EMADINE	3			
<i>flurbiprofen ophth</i>	1			
<i>ketorolac tromethamine ophth</i>	1			
NEVANAC	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Ophthalmic Antihistamines and NSAIDs (continued)				
OPTIVAR	3			
PATADAY	2			
PATANOL #	3			
VOLTAREN	3			
XIBROM #	3			
Ophthalmic Anti-infectives				
AZASITE	2			
<i>bacitracin</i>	1			
<i>bacitracin/neomycin/polymyxin</i>	1			
<i>bacitracin/polymyxin</i>	1			
BESIVANCE	3			
<i>ciprofloxacin</i>	1			
<i>erythromycin</i>	1			
<i>gentamicin</i>	1			
IQUIX	3			
<i>neomycin/polymyxin/ gramicidin</i>	1			
<i>ofloxacin</i>	1			
<i>polymyxin B/trimethoprim</i>	1			
QUIXIN	3			
<i>sulfacetamide sodium</i>	1			
<i>tobramycin</i>	1			
<i>trifluridine</i>	1			
<i>triple antibiotic</i>	1			
VIGAMOX	3			
ZIRGAN	3			
ZYMAR	3			
ZYMAXID	3			
Ophthalmic Immunomodulators				
RESTASIS	2			
Ophthalmic Steroidal Anti-inflammatory Drugs				
<i>ak-pred</i>	1			
ALREX	2			
<i>bacitracin/polymyxin/ neomycin/hydrocortisone</i>	1			
BLEPHAMIDE S.O.P.	3			
<i>dexamethasone phosphate</i>	1			
<i>dexamethasone/neomycin/ polymyxin</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Ophthalmic Steroidal Anti-inflammatory Drugs (continued)				
<i>dexasol</i>	1			
<i>dexasporin</i>	1			
DUREZOL	3			
<i>fluorometholone</i>	1			
<i>fluor-op</i>	1			
FML FORTE	3			
FML LIQUIFILM	3			
FML S.O.P.	3			
LOTEMAX	2			
<i>neomycin/polymyxin/ hydrocortisone</i>	1			
<i>poly-dex</i>	1			
POLY-PRED	3			
PRED-G	3			
PRED-G S.O.P	3			
<i>prednisolone</i>	1			
<i>sulfacetamide sodium/ prednisolone</i>	1			
<i>tobramycin/dexamethasone</i>	1			
TOBRADEX	3			
VEXOL	3			
ZYLET	3			
Otic Agents				
Otic Anti-infectives				
FLOXIN OTIC	3			
<i>ofloxacin otic</i>	1			
Otic Combinations				
<i>acetic acid/antipyrine/ benzocaine/polycosanol</i>	1			
<i>antipyrine/benzocaine</i>	1			
CETRALAX	3			
CIPRO HC	3			
CIPRODEX	2			
COLY-MYCIN S	3			
<i>cortomycin</i>	1			
<i>neomycin/polymyxin/ hydrocortisone</i>	1			
NEOTIC	3			
TREAGAN	3			
TRIOXIN	3			
ZINOTIC	3			
ZINOTIC ES	3			

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Respiratory Tract Agents				
Antiasthmatics – Anticholinergics				
ATROVENT HFA	3			
<i>ipratropium inhaler</i>	1			
SPIRIVA	2			
Antiasthmatic – Monoclonal Antibodies				
XOLAIR	4	✓		
Anti-Inflammatory Agents (nebulizer)				
<i>cromolyn sodium nebulizer</i>	1			
Bronchodilators – Sympathomimetics				
ACCUNEB	3			
ADVAIR DISKUS #	2			
ADVAIR HFA	2			
<i>albuterol</i>	1			
<i>albuterol/ipratropium</i>	1			
ALUPENT	3			
BROVANA	3	✓		
COMBIVENT	3			
DUONEB	3			
FORADIL	2	✓		
MAXAIR AUTOHALER	3			✓
<i>metaproterenol</i>	3			
<i>micronefrin</i>	1			
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			✓
Bronchodilators – Xanthines				
<i>aminophylline</i>	1			
BRONCAP	3			
THEO-24	3			
<i>theochron</i>	1			
<i>theophylline ER</i>	1			
Cystic Fibrosis Agents				
CAYSTON ***	4			
<i>colistimethate sodium</i>	4			
COLY-MYCIN M	4			
PULMOZYME	4	✓		
TOBI	4			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step-Therapy
Inhaled Corticosteroids				
AEROBID-M	3			
ALVESCO	3			
ASMANEX	2			
<i>budesonide inhalation susp</i>	1			
FLOVENT DISKUS	2			
FLOVENT HFA	2			
PULMICORT FLEXHALER	3			
PULMICORT RESPULES	3			
QVAR	3			
Leukotriene Modulators				
ACCOLATE	3		✓	
SINGULAIR	2		✓	
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			
FLONASE	3			
<i>flunisolide</i>	1			
<i>fluticasone nasal</i>	1			
NASACORT AQ	3			✓
NASAREL	3			
NASONEX	2			
OMNARIS	3			
RHINOCORT AQ	3			✓
VERAMYST	2			
Non-Sedating Antihistamines and Combinations				
ALLEGRA	3	✓	✓	
ALLEGRA-D	3	✓	✓	
CLARINEX	3	✓	✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Non-Sedating Antihistamines and Combinations (continued)				
CLARINEX-D	3	✓	✓	
CLARINEX REDITAB	3	✓	✓	
<i>fexofenadine</i>	3	✓	✓	
<i>fexofenadine PSE</i>	3	✓	✓	
XYZAL	3	✓	✓	
Respiratory Syncytial Virus – Monoclonal Antibodies				
SYNAGIS	4	✓		
Upper Respiratory – Cough/Cold/Allergy Combinations				
SEMPREX-D	3	✓	✓	
TUSSICAPS	3			
TUSSIONEX	2			
Therapeutic Nutrients – Minerals – Electrolytes				
FERRLECIT	4			
VENOFER	4			
Toxicologic Agents				
Alcohol Dependence				
VIVITROL	4			
Antidotes				
<i>deferoxamine mesylate</i>	1			
DESFERAL	4			
EXJADE ***	4			
Vaccines, Toxoids and Biologics				
Immune Globulin – Cytomegalovirus (CMV)				
CYTOGAM	4			
Immune Globulin – Immune Disorders				
ADAGEN	4	✓		
CARIMUNE NANOFILTERED	4	✓		
FLEBOGAMMA	4	✓		
GAMASTAN S/D	4	✓		
GAMMAGARD	4	✓		
GAMMAGARD S/D	4	✓		
GAMMAPLEX	4	✓		
GAMUNEX	4	✓		
HIZENTRA	4	✓		
OCTAGAM	4	✓		
PRIVIGEN	4	✓		
VIVAGLOBIN	4	✓		
Immune Globulin – Hepatitis B				
HEPAGAM B	4			

MEDICATION NAME	Copay (Coinsurance) Tier	Precertification	Quantity Limits	Step- Therapy
Immune Globulin – Hepatitis B (continued)				
HYPERHEP B	4			
NABI-HB	4			
NOVAPLUS NABI-HB	4			
Immune Globulin – Rabies				
HYPERRASB S/D	4			
IMOGAM RABIE	4			
Immune Globulin – Rh isoimmunization				
HYPERRHO S/D	4			
MICRHOGAM ULTRA-FILTERED	4			
RHOGAM ULTRA-FILTERED PLUS	4			
RHOPHYLAC	4			
WINRHO SDF	4			
Immune Globulin – Tetanus				
HYPERTET S/D	4			
Wilson's Disease				
DEPEN TITRATABS	2			
SYPRINE	3			
CUPRIMINE	3			
Miscellaneous				
Immunosuppressive Agents				
ATGAM	4			
AZASAN	3			
<i>azathioprine</i>	1			
SANDIMMUNE	4			
CELLCEPT	3			✓
<i>cyclosporine</i>	1			
<i>cyclosporine (inj only)</i>	4			
<i>cyclosporine modified</i>	1			
<i>gengraf</i>	1			
IMURAN	3			
MYFORTIC	4			
<i>mycophenolate</i>	1			
NEORAL	4			
ORTHOCLONE OKT3	4			
PROGRAF	4			
RAPAMUNE	4			
SANDIMMUNE	4			
SIMULECT	4			
<i>tacrolimus</i>	4			
THYMOGLOBULN	4			
ZORTRESS	4			

Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)			
Acne	<i>amnesteem</i>	<i>claravis</i>	<i>isotretinoin</i>	<i>sotret</i>
	<i>adapalene</i> PR ≥ 36 yr old		RETIN-A PR ≥ 36 yr old	
	ATRALIN PR ≥ 36 yr old		RETIN-A MICRO PR ≥ 36 yr old	
	<i>avita</i> PR ≥ 36 yr old		<i>tretinoin</i> PR ≥ 36 yr old	
	DIFFERIN PR ≥ 36 yr old		TRETIN-X PR ≥ 36 yr old	
	EPIDUO PR ≥ 36 yr old		ZIANA PR ≥ 36 yr old	
ALS Agents	RILUTEK			
Antiasthmatic – Monoclonal Antibodies	XOLAIR			
Anticonvulsants	BANZEL	GABITRIL	SABRIL	VIMPAT
Antiemetics – Miscellaneous	<i>dronabinol</i>	MARINOL		
Antihyperlipidemics – Intestinal Cholesterol Absorption Inhibitors	ZETIA			
Antipsoriatics	TAZORAC PR ≥ 36 yr old			
Bacterial Infections	ADOXA	MINOCIN	ORACEA	ZYVOX
	DYNACIN	MONODOX		
	Fluoroquinolone – age edit PR < 10 yr old			
	AVELOX	<i>ciprofloxacin</i>	LEVAQUIN	PROQUIN XR
	CIPRO	FACTIVE	NOROXIN	TEQUIN
	CIPRO XR	FLOXIN	<i>ofloxacin</i>	
	Tetracycline – age edit PR ≤ 8 yr old			
	ADOXA	DORYX	ORACEA	<i>tetracycline</i>
	<i>avidoxy</i>	DYNACIN	ORAXYL	<i>vibramycin</i>
	DECLOMYCIN	MINOCIN	<i>oxytetracycline</i>	VIBRATAB
	<i>demeclocycline</i>	<i>minocycline</i>	SOLODYN	
	<i>doxycycline</i>	MONODOX		
Benign Prostatic Hyperplasia (PR for females only)	AVODART	<i>finasteride</i> PR ≤ 50 yr old		RAPAFLO
	<i>bicalutamide</i>	JALYN		<i>tamsulosin</i>
	CASODEX	PROSCAR PR ≤ 50 yr old		UROXATRAL
	FLOMAX			
Blood Clotting Factors	Antiinhibitor Coagulant Complex			
	FEIBA VH IMMUNO			
	Blood Clotting Factor VIIa			
	NOVOSEVEN			
	Blood Clotting Factor VIII Human			
	ALPHANATE	HUMATE-P	MONARC-M	WILATE
	HEMOFIL M	KOATE-DVI	MONOCLATE-P	
	Blood Clotting Factor VIII Recombinant			
	ADVATE	KOGENATE FS	REFACTO	XYNTHA
	HELIXATE FS	RECOMBINATE		
	Blood Clotting Factor IX Non-Recombinant			
	ALPHANINE SD	MONONINE	PROFILNINE	
	Blood Clotting Factor IX Recombinant			
	BEBULIN VH	BENEFIX	PROPLEX T	

Therapeutic Class	Precertification Drug(s)			
Bronchodilators – Sympathomimetics	BROVANA	FORADIL	PERFOROMIST	SEREVENT DISKUS
Cataplexy	XYREM			
Corticotropin	ACTHAR HP			
Cough/Cold/Allergy/Combinations	ALLEGRA	CLARINEX	<i>fexofenadine</i>	SEMPREX-D
	ALLEGRA-D	CLARINEX-D	<i>fexofenadine PSE</i>	XYZAL
	All <i>promethazine/codeine</i> and <i>phenylephrine/promethazine/codeine</i> containing products PR < 6 yr old			
All <i>other promethazine</i> containing products PR ≤ 2 yr old				
Cystic Fibrosis Agents	PULMOZYME			
Diabetes – Amylin Analogs	SYMLIN	SYMLINPEN		
Diabetes – Incretin Mimetic Agents	VICTOZA			
Fabry Disease	FABRAZYME			
Fertility Agents	BRAVELLE	FOLLISTIM AQ	LUVERIS	OVIDREL
	CETROTIDE	GANIRELIX	MENOPUR	<i>pregnyl</i>
	<i>chorionic gonadotropin</i>	GONAL-F	<i>novarel</i>	REPRONEX
		GONAL-F RFF		
Fungal Infections	<i>ciclopirox nail lacquer</i>	<i>fluconazole</i>	LAMISIL	SPORANOX
		<i>itraconazole</i>	PENLAC	<i>terbinafine</i>
	DIFLUCAN			
Gallstone Solubilizing Agents	CHENODAL			
Gaucher Disease	CEREDASE	CEREZYME	VPRIV	ZAVESCA
Growth Hormone	GENOTROPIN	NORDITROPIN	OMNITROPE	TEV-TROPIN
	HUMATROPE	NUTROPIN	SAIZEN	ZORBTIVE
	INCRELEX	NUTROPIN AQ	SEROSTIM	
Hematopoietic Growth Factor	ARANESP	EPOGEN	PROCRIT	
Hemostatics – Systemic	LYSTEDA			
Hereditary Angioedema	BERINERT	CINRYZE	KALBITOR	
Hunter Syndrome	ELAPRASE			
Huntington's Disease – Chorea	XENAZINE			
Immune Globulin	ADAGEN	GAMASTAN S/D	GAMMAPLEX	OCTAGAM
	CARIMUNE	GAMMAGARD	GAMUNEX	PRIVIGEN
	NANOFILTERED	GAMMAGARD S/D	HIZENTRA	VIVAGLOBIN
	FLEBOGAMMA			
Immunomodulating Agents – Topical	ALDARA ELIDEL	<i>imiquimod</i>	PROTOPIC	ZYCLARA
Interleukin – 1 Blockers	ARCALYST			
Interstitial Cystitis Agents	ELMIRON			
Irritable Bowel	LOTRONEX			
Laxatives	AMITIZA			

Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)			
Malaria (covered for active treatment only – not covered for prophylactic treatment)	ARALEN <i>chloroquine</i> COARTEM	DARAPRIM <i>hydroxychloroquine</i> LARIAM	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	TYSABRI		
Neuromuscular Blocking Agent – Neurotoxins	BOTOX	DYSPOST	MYOBLOC	
Oncology	AFINITOR <i>anastrozole</i> ARIMIDEX AROMASIN	ERBITUX FEMARA FIRMAGON	PROVENGE RITUXAN SPRYCEL	SUTENT TASIGNA VECTIBIX
Opioid Induced Constipation	RELISTOR			
Osteoporosis	ARELIA BONIVA (inj only)	GANITE MIACALCIN (inj only)	PROLIA RECLAST	ZOMETA
Pain (Analgesics) and Inflammation	ACTIQ CELEBREX PR < 60	<i>fentanyl lozenges</i> FENTORA	ONSOLIS	VIMOVO
Pompe Disease	LUMIZYME MYOZYME			
Platelet Aggregation Inhibitors	EFFIENT			
Pulmonary Artery Hypertension	ADCIRCA <i>epoprostenol</i> FLOLAN	LETAIRIS REMODULIN	REVATIO TRACLEER	TYVASO VENTAVIS
Respiratory Syncytial Virus	SYNAGIS			
Stimulant/Attention Deficit	NUVIGIL	PROVIGIL		
Topical Anesthetics	QUTENZA			
Typhoid	VIVOTIF BERNIA EC			
Ulcer/Heartburn/Reflux	ACIPHEX DEXILANT <i>lansoprazole</i> NEXIUM	<i>omeprazole</i> <i>omeprazole/ bicarbonate</i> <i>pantoprazole</i>	PREVACID PREVACID SOLUTAB	PRIOSEC PROTONIX ZEGERID
Vasopressin Receptor Antagonists	SAMSCA			
Viral Infections/ Immune System Enhancers	INFERGEN	INTRON-A	PEGASYS	PEG-INTRON

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Antianginal	RANEXA	500 mg = 3 tablets/day 1000 mg = 2 tablets/day
Anticonvulsants	<i>gabapentin</i> NEURONTIN	All strengths = 180 tablets/ 30 day supply
	LYRICA	25, 50, 75, 100, 150 and 200 mg = 3 caps/day 225 and 300 mg = 2 capsules/day
	SABRIL	500 mg tablet = 6 tablets per day 500 mg powder pack = 4 boxes (200 packs) per 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	ALLEGRA <i>fexofenadine</i>	30 mg and 60 mg = 2 tablets/day 180 mg = 1 tablet/day 30 mg/5 ml = 10 ml/day
	ALLEGRA-D <i>fexofenadine PSE</i>	12 hour = 2 tablets/day 24 hour = 1 tablet/day
	CLARINEX	2.5 mg and 5 mg = 1 tablet or redivab/day Syrup = 10 ml/day
	CLARINEX-D	2.5 mg/120 mg = 2 tablets/day 5 mg/240 mg = 1 tablet/day
	SEMPREX-D	4 capsules/day
	XYZAL	Limit = 1 tablet/day 2.5 mg/5 ml solution = 10 ml/day
Asthma	ACCOLATE	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	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
	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

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Blood Pressure and Heart Failure (continued)	MICARDIS	20 mg and 40 mg = 1 tablet/day	
	MICARDIS HCT	40-12.5 mg = 1 tablet/day	
	TEKURNA	150 mg and 300 mg = 1 tablet/day	
	TEKURNA HCT	150/12.5 mg and 150/25 mg = 1 tablet/day	
	TEVETEN	400 mg = 2 tablets/day	
	TWINSTA	Limit = 1 tablet/day	
	VALTURNA	Limit = 1 tablet/day	
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	
	LIPITOR	All strengths= 1 tablet/day	
	LIVALO	All strengths= 1 tablet/day	
	<i>lovastatin</i>	MEVACOR	All strengths = 2 tablets/day
	PRAVACHOL	<i>pravastatin</i>	All strengths = 1 tablet/day
	SIMCOR		All strengths = 2 tablets/day
	<i>simvastatin</i>	ZOCOR	All strengths = 1 tablet/day
	VYTORIN		All strengths = 1 tablet/day
ZETIA		10 mg = 1 tablet/day	
Colon/Rectal	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	
Depression	APLENZIN	All strengths = 1 tablet/day	
	<i>budeprion</i>	WELLBUTRIN	75 mg = 6 tablets/day
	<i>bupropion</i>		100 mg = 6 tablets/day
	<i>budeprion SR</i>	WELLBUTRIN SR	100 mg, 150 mg and 200 mg = 2 tablets/day
	<i>bupropion SR</i>		
	<i>budeprion XL</i>	WELLBUTRIN XL	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	

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Depression (continued)	EFFEXOR <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	
	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	
	EMSAM	1 patch/day All strengths	
	<i>fluoxetine</i> PROZAC RAPIFLUX	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	
	<i>fluoxetine (PMDD)</i> 10 mg	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	
	<i>paroxetine</i> PEXEVA PAXIL	10 mg and 20 mg = 1 tablet/day 30 mg and 40 mg = 2 tablets/day Suspension 10 mg/5 ml = 30 ml/day	
	<i>paroxetine ER</i> PAXIL CR	All strengths = 2 tablets/day	
	PRISTIQ	50 mg and 100 mg = 1 tablet/day	
	<i>mirtazapine</i> REMERON <i>mirtazapine ODT</i> REMERON SOLUTAB	All strengths = 1 tablet/day	
	SARAFEM <i>selfemra</i>	All strengths = 14 tablets/30 days	
	<i>sertraline</i> ZOLOFT	25 mg = 1 tablet/day 50 mg = 1 1/2 tablets/day 100 mg = 2 tablets/day Liquid = 10 ml/day	
	Diabetes – DPP-IV Inhibitors and Combinations	ONGLYZA	All strengths = 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 LEVITRA CIALIS MUSE EDEX 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 VIVELLE COMBIPATCH VIVELLE-DOT ESTRADERM	All strengths = 8 patches/ 28 day supply	

Quantity Limit List

Therapeutic Class	Quantity Limit Drug	Quantity Limit(s)	
Estrogen/Combinations (continued)	CLIMARA <i>estradiol patch</i>	All strengths = 4 patches/ 28 day supply	
	CLIMARA PRO MENOSTAR		
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 12 mg/ml suspension = 6 bottles (150 ml)/year	
Hemostatics – Systemic	LYSTEDA	1 tablet/day	
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	6 weeks treatment/year	
Malaria	ARALEN <i>hydroxychloroquine</i> <i>chloroquine</i> PLAQUENIL	All strengths = 1 tablet/day	
Mania and Psychosis	ABILIFY ABILIFY DISC	All strengths = 1 tablet/day Solution = 30 ml/day	
	<i>clozapine</i> CLOZARIL	FAZACLO 12.5 mg = 1 tablet/day 25 mg and 50 mg = 3 tablets/day 100 mg = 9 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	
	RISPERDAL <i>risperidone</i> RISPERDAL M <i>risperidone ODT</i>	4 mg = 4 tablets/day 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	
	SYMBYAX	All strengths = 1 tablet/day	
	ZYPREXA ZYPREXA ZYDIS	2.5mg = 2 tablets/day All other strengths = 1 tablet/day	
	Migraine	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 days or 10 vials/30 day supply Tablets (all strengths) = 9 tablets/30 day supply	

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Migraine (continued)	MAXALT MAXALT MLT	Total quantity any strength = 12 tabs/30 day supply	
	MIGRANAL	1 box/30 day supply	
	RELPAK	20 mg and 40 mg = 6 tablets/ 30 day supply	
	SUMAVEL	6 pre-filled syringes/30 days	
	TREXIMET	Total quantity any strength = 9 tablets/30 day supply	
	ZOMIG ZOMIG ZMT	2.5 mg and 5 mg = 6 tablets/30 day supply Nasal = 6 sprays/30 day supply	
Misc. Anti-Infectives	XIFAXAN	200 mg = 9 tablets/30 day supply 550 mg = 2 tablets/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	
	<i>granisetron</i> KYTRIL GRANISOL	1 mg = 10 tablets/30 day supply Liquid = 5 (10ml) doses/30 day supply	
	<i>ondansetron</i> ZOFRAN <i>ondansetron ODT</i> ZOFRAN ODT	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	
	SANCUSO PAD	1 patch/30 day supply	
	Oncology	AFINITOR TASIGNA GLEEVEC TEMODAR HYCAMTIN <i>retinoin</i> NEXAVAR <i>capsules</i> OFORTA TYKERB SPRYCEL VOTRIENT SUTENT XELODA TARCEVA ZOLINZA	All strengths = 30 day supply
FIRMAGON		80 mg = 1 vial/28 day supply 120 mg = 2 vials/365 days	
RELISTOR		Inj = 10 syringes per month Kit = 1 kit (7 syringes) per month	
Opioid Induced Constipation		ACTONEL	35 mg = 4 tablets/28 day supply 75 mg = 2 tablets/month 150 mg = 3 tablets/90 day supply
		ACTONEL with CALCIUM	35 mg/1250 mg = 1 tablet/day
		BONIVA	2.5 mg = 1 tablet/day 150 mg = 3 tablets/90 day supply
		<i>alendronate</i> FOSAMAX	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
		FOSAMAX PLUS D	4 tablets/28 day supply

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Pain (Analgesics) & Inflammation	ACTIQ <i>fentanyl lozenges</i>	All strengths = 15 lollipops/ 30 day supply
	FENTORA	All strengths = 15 buccal tablets/ 30 day supply
	<i>buprenorphine</i> SUBUTEX	2 mg = 24 tablets/30 day supply 8 mg = 8 tablets/30 day supply
	<i>butorphanol nasal</i> STADOL NS	2 vials/30 day supply
	CELEBREX	50 mg and 100 mg = 60 capsules/ 30 day supply 200 mg = 30 capsules/30 day supply 400 mg = 60 capsules/30 day supply
	<i>oxycodone/ibuprofen</i>	28 tablets/30 days
	DURAGESIC <i>fentanyl patch</i>	20 patches/30 day supply
	EMBEDA	2 capsules/day
	EXALGO	8 mg and 12 mg = 2 tablets/day 16 mg = 4 tablets/day
	FLECTOR patch	Limit = 2 patches/day
	<i>ketorolac</i> TORADOL	20 tablets/30 day supply
	NUCYNTA	All strengths = 6 tablets/day
	ONSOLIS	Quantities up to 15 tabs/30 day supply
	PENNSAID	450 ml (3 bottles)/30 day supply
	<i>oxycodone SR</i> OXYCONTIN CR	Quantities up to a total dosage of 320 mg/day or 120 tablets/ 30 day supply
	VIMOVO	All strengths = 2 tablets/day
	VOLTAREN GEL	500 gm (5 tubes)/30 day supply
Platelet Aggregation Inhibitors	EFFIENT	1 tablet/day
Rosacea Agents	ORACEA	1 capsule/day
Sedatives and Hypnotics	AMBIEN <i>zolpidem</i>	5 mg = 2 tablets/day 10 mg = 1 tablet/day
	AMBIEN CR	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
	SONATA <i>zaleplon</i>	5 mg = 4 capsules/day 10 mg = 2 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

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Stimulant/ Attention Deficit (continued)	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> <i>dexmethylphenidate</i>	All strengths = 3 capsules/day
	FOCALIN	2.5 mg, 5 mg and 10mg = 2 tablets/day
	FOCALIN XR	All strengths = 1 capsule/day
	INTUNIV	All strengths = 1 tablet/day
	METADATE CD	All strengths = 1 capsule/day
	<i>metadate ER</i> RITALIN <i>methylin</i> RITALIN SR <i>methylin ER</i> <i>methylphenidate</i> <i>methylphenidate SR</i>	5 mg, 10mg and 20 mg = 3 tablets/day
	METHYLIN chew/soln	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
	NUVIGIL	50 mg = 2 tabs/day 150 mg, 250 mg = 1 tab/day
	PROCENTRA	40 ml/day
	PROVIGIL	100 mg and 200 mg = 2 tablets/day
	RITALIN LA	10mg, 20mg, 40mg = 1 capsule/day 30mg = 2 capsules/day
	STRATTERA	10 mg, 18 mg, 25 mg, 40 mg and 60 mg = 2 caps/day 80 mg and 100 mg = 1 capsule/day
VYVANSE	All strengths = 1 capsule/day	
Topical Anesthetics	QUTENZA	4 patches every 3 months
Ulcer/Heartburn/Reflux	ACIPHEX PREVACID DEXILANT PREVACID <i>lansoprazole</i> SOLUTAB NEXIUM PRILOSEC <i>omeprazole</i> PROTONIX <i>pantoprazole</i>	All strengths = 1 tablet, capsule or packet/day
	PREVPAC	1 pack/day for 14 days
	PRILOSEC powder	All strengths = 2 packets/day
	<i>omeprazole/bicarbonate</i> ZEGERID	20 mg/168 0mg 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>
Vasopressin Receptor Antagonists	SAMSCA	15 mg = 4 tabs/day 30 mg = 2 tabs/day

Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
Acne	ATRALIN RETIN-A TRETIN-X	<i>tretinoin</i>
Alzheimer's Disease – Antidementia	ARICEPT (Step-therapy will not be implemented until some time after generic becomes available)	<i>donepezil</i>
	ARICEPT ODT (Step-therapy will not be implemented until some time after generic becomes available)	<i>donepezil orally disintegrating</i>
Antianginal	RANEXA	Nitrates and <i>amlodipine</i> and Beta Blockers (except <i>sotalol</i>)
Anticonvulsant	DEPAKOTE	<i>divalproex sodium delayed release</i>
	DEPAKOTE ER	<i>divalproex sodium SR</i>
	DEPAKOTE sprinkle	<i>divalproex sodium sprinkle</i>
	LAMICTAL LAMICTAL ODT LAMICTAL XR	<i>lamotrigine</i>
	TOPAMAX	<i>topiramate</i>
Antifungal	ORAVIG	<i>clotrimazole troche</i>
Antiparkinson	MIRAPEX MIRAPEX ER	<i>pramipexole</i>
	REQUIP XL	<i>ropinirole</i>
Antineoplastic – Hormonal Agents	ARIMIDEX	<i>anastrozole</i>
	CASODEX	<i>bicalutamide</i>
Antiviral	VALTREX	<i>valacyclovir</i>
Blood Pressure and Heart Failure	ALTACE	<i>ramipril</i>
	ATACAND AVAPRO BENICAR COZAAR TEVETEN	<i>losartan</i> and DIOVAN
	ATACAND HCT HYZAAR AVALIDE TEVETEN HCT BENICAR HCT	<i>losartan/hctz</i> and DIOVAN HCT
	COREG CR # (Step-therapy will not be implemented until some time after generic becomes available)	<i>carvedilol SR</i>
	LOTREL	<i>amlodipine/benazepril</i>
	TWYNSTA	EXFORGE or EXFORGE HCT
	MAXAIR AUTOHALER XOPENEX HFA	PROAIR HFA or PROVENTIL HFA
Bronchodilators – Sympathomimetics	XOPENEX soln/conc.	<i>albuterol nebulas or concentrate</i>
	CHOLESTEROL LOWERING	
Cholesterol Lowering	ALTOPREV	<i>lovastatin</i>
	CADUET	NORVASC (<i>amlodipine</i>) and <i>simvastatin</i> or CRESTOR or VYTORIN
	CRESTOR 5 mg only VYTORIN 10 mg/10 mg only	<i>simvastatin</i>
	LIPITOR 10 mg and 20 mg	<i>lovastatin</i> or <i>pravastatin</i> or <i>simvastatin</i> or LESCOL or LESCOL XL or CRESTOR and VYTORIN
	LIPITOR 40 mg and 80 mg	CRESTOR > 5 mg or VYTORIN > 10 mg/10 mg
	LIVALO	

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
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 OLUX-E OLUX OLUX-E Complete Pack	<i>clobetasol</i>
Depression	CELEXA	<i>citalopram</i>
	APLENZIN CYMBALTA LEXAPRO LUVOX CR <i>nefazodone</i> PEXEVA PRISTIQ RAPIFLUX VENLAFAXINE ER (tab) WELLBUTRIN XL	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>
	EFFEXOR	<i>venlafaxine</i>
	EFFEXOR XR	<i>venlafaxine ER (cap) or venlafaxine SR (tab)</i>
	LEXAPRO	<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	ONGLYZA
VICTOZA		BYETTA
Diabetes – Incretin Mimetic Agents	VICTOZA	BYETTA

Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
Diabetes – Insulin	NOVOLIN 70/30 RELION 70/30	HUMULIN 70/30
	NOVOLIN N RELION N	HUMULIN N
	NOVOLIN R RELION R	HUMULIN R
Diabetes – Test Strips	Diabetic test strips (all but those made by Abbott Diabetes Care or Lifescan)	Any preferred blood glucose test strip: FAST TAKE, FREESTYLE, FREESTYLE LITE, 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 VIAGRA	CIALIS
Fibrates	FENOGLIDE LOPID FIBRICOR LIPOFEN LOFIBRA TRIGLIDE	<i>gemfibrozil, fenofibrate, ANTARA, TRILIPIX</i>
GI Stimulants	METOZOLV ODT	<i>metoclopramide</i>
Glaucoma	AZOPT	<i>dorzolamide or dorzolamide/timolol</i>
	COSOPT	<i>dorzolamide/timolol</i>
	TRUSOPT	<i>dorzolamide</i>
Gout	ULORIC	<i>allopurinol</i>
Growth Hormone	GENOTROPIN OMNITROPE NORDITROPIN	Any 2 of the following: HUMATROPE, NUTROPIN, NUTROPIN AQ, SAIZEN or TEV-TROPIN
Immunosuppressive Agents	CELLCEPT	<i>mycophenolate</i>
Mania and Psychosis	ABILIFY GEODON ABILIFY DISC SAPHRIS FANAPT	Any 1 of the following: <i>risperidone, risperidone ODT, SEROQUEL, SEROQUEL XR, ZYPREXA or ZYPREXA ZYDIS</i>
	INVEGA RISPERDAL M RISPERDAL	<i>risperidone or risperidone ODT</i>
Migraine	AMERGE (Step-therapy will not be implemented until some time after generic becomes available)	<i>naratriptan or sumatriptan</i>
	AXERT RELPAX CAMBIA SUMAVEL FROVA ZOMIG IMITREX ZOMIG ZMT	<i>sumatriptan</i>
	MIGRANAL	
	TREXIMET	<i>naproxen and sumatriptan</i>
Misc. Endocrine	DDAVP (all forms)	<i>desmopressin</i>
Multiple Sclerosis	BETASERON EXTAVIA	AVONEX, COPAXONE or REBIF
Muscle Relaxants	AMRIX FEXMID	<i>cyclobenzaprine and any 1 of: baclofen, carisoprodol, carisoprodol w/ASA, carisoprodol w/codeine, chlorzoxazone, methocarbamol, orphenadrine ER, orphenadrine cpd, tizanidine or SKELAXIN</i>

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)	
Narcotic Partial Agonists	SUBUTEX	<i>buprenorphine</i>	
Nausea/Vomiting	SANCUSO PAD	<i>granisetron and ondansetron or ondansetron ODT</i>	
Non-Barbiturate Hypnotics	AMBIEN AMBIEN CR EDLUAR	LUNESTA ROZEREM SONATA	<i>zolpidem</i>
Osteoporosis/ Paget's Disease	BONIVA FOSAMAX PLUS D		<i>alendronate and ACTONEL or ACTONEL with CALCIUM</i>
Pain (Analgesics) and Inflammation	DURAGESIC		<i>fentanyl patch</i>
	EXALGO		<i>morphine sulfate CR</i>
	NUCYNTA	OPANA	Any preferred generic <i>morphine</i> or <i>oxycodone immediate release</i>
	ONSOLIS		<i>fentanyl lozenge</i>
	PENNSAID	VOLTAREN GEL	Use of one (1) preferred generic NSAID
	RYBIX ODT VIMOVO		<i>tramadol</i> Any preferred generic NSAID and any one of: <i>lansoprazole, omeprazole, DEXILANT or NEXIUM</i>
Platelet Aggregation Inhibitors	EFFIENT		PLAVIX
Prostatic Hypertrophy Agents	FLOMAX		<i>tamsulosin</i>
	JALYN		<i>tamsulosin or AVODART</i>
Psychotherapeutic and Neurological Agents	PROVIGIL		NUVIGIL
Rheumatoid Arthritis	ACTEMRA		Any 1 of the following: <i>CIMZIA, ENBREL, HUMIRA, REMICADE, SIMPONI</i>
Steroid – Nasal	NASACORT AQ	RHINOCORT AQ	Any 2 of the following: <i>fluticasone, NASONEX or VERAMYST</i>
Stimulant/Attention Deficit	ADDERALL XR		<i>amphetamine/dextroamphetamine SR</i>
	CONCERTA	PROCENTRA	Any 1 of the following: <i>amphetamine/dextroamphetamine, amphetamine/dextroamphetamine SR, dexamethylphenidate, metadate ER, methamphetamine, methylin tab, methylin ER, methylphenidate, methylphenidate SR or VYVANSE</i>
	DESOXYN	RITALIN	
	FOCALIN	RITALIN LA	
	FOCALIN XR	RITALIN SR	
	INTUNIV	STRATTERA	
METADATE CD METHYLIN chew/soln			
Testosterone Replacement	ANDRODERM # (Step-therapy will not be implemented until some time after generic becomes available)		<i>testosterone patch</i>
	STRIANT	TESTIM	ANDROGEL
Topical Anesthetics	LIDODERM		<i>gabapentin</i>
Ulcer/Heartburn/Reflux	ACIPHEX PREVACID PRILOSEC	PROTONIX ZEGERID	Any 2 of the following: <i>lansoprazole, DEXILANT or NEXIUM</i>
Urinary Pain/Spasm	DETROL	SANCTURA	Any 1 of the following: <i>oxybutynin, oxybutynin XL, ENABLEX, VESICARE, GELNIQUE</i>
	DETROL LA	SANCTURA XR	
	DITROPAN XL	TOVIAZ	
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Not all health services are covered. This material is for information only. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Information is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Aetna does not provide health care services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Some benefits are subject to limitations or visit maximums.

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 drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs 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.

For members in Texas, additions to the Preferred Drug List will be effective no later than January 1st, 2011. In accordance with state law, full-risk members in Texas who receive coverage for drugs that are removed from the Preferred Drug List during the plan year will continue to have those drugs covered at the same benefit level until their plan renewal date.

Some programs, such as precertification, quantity limits and step-therapy 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.

