

2010 Aetna Preferred Drug Guide

4-Tier/Open Formulary Plan



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

Questions?

Call the toll-free Member Services number listed on your Member ID card. Member Services representatives are available to take your call

Monday – Friday, 9:00 am – 5:00 pm.*

Visit **www.aetna.com** for the most up-to-date information.

TDD for hearing or speech impaired please call **1-800-628-3323**.

*Depending on your geographic location, some Member Services call centers may offer extended hours for your convenience.

Dear Member:

To help you know how medications are covered by your plan, we are pleased to provide you with a copy of our **2010 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 medications are listed in this guide. Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefits plan, we only list the most commonly prescribed ones. Visit **www.aetna.com/formulary** for the most up-to-date information.

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

For members in Texas, additions to the 2010 Preferred Drug List will be effective no later than January 1, 2010. In accordance with state law, full-risk members in Texas who receive coverage for medications that are removed from the Preferred Drug List during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date.

Step-therapy, precertification and quantity limits do not apply in all service areas. For example, step-therapy does not apply to fully insured members in New Jersey and Indiana. Please refer to your plan documents or call the Member Services number on your ID card for further information.

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What Pharmacy Benefits Plan Do I Have?

You are enrolled in a 4-tier/open formulary plan.*

Open formulary means your pharmacy benefit covers medications 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 medications, even though some are listed, such as contraceptives, infertility medications, erectile dysfunction medications 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.

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

Your plan may have a “mandatory generic cost-sharing requirement.” This means that if you receive a brand-name medication when a generic is available, you pay the difference in cost between the brand-name and generic medication, in addition to your copayment (or coinsurance). For a summary of your pharmacy benefits plan, including out-of-pocket costs, please log in to Aetna Navigator®, your secure member website, at www.aetna.com. Or call the Member Services number on your ID card.

What is the Aetna Preferred Drug List?

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

Copay (Coinsurance) Tier**	Type of Drug
Tier 1	Covered preferred generic medications (not self-injectable).***
Tier 2	Covered preferred brand-name medications (not self-injectable).
Tier 3	Covered non-preferred generic and brand-name medications (not self-injectable).
Tier 4	Preferred and non-preferred self-injectable drugs covered by prescription benefits. If covered, insulin is available at the applicable Tier 1, Tier 2 or Tier 3 copay (or coinsurance).

* 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 medications detailed in this guide may no longer apply.

** If your plan has a deductible, copay or coinsurance levels based on a percentage of Aetna’s negotiated charge with the participating pharmacy, 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 medications may be available at the lowest (tier 1) copay (or coinsurance), regardless of whether they are preferred. In most HMO plans, non-preferred generic medications may be available at the highest (tier 3) copay (or coinsurance). Refer to your plan documents, visit Aetna Navigator or call Member Services for information about your benefits plan.

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

Some plans have different coverage tiers for brand-name, generic, preferred and non-preferred medications. Usually drugs that are preferred 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 the Preferred Drug List based on reliable medical data, safety and cost. Many medications, including drugs on the Preferred Drug List, are subject to rebate arrangements between Aetna and the manufacturer of those medications.*

For the most up-to-date information, visit www.aetna.com/formulary. It is important to note that you and your physician are responsible for making the final decision on your drug therapy.

Who Reviews Medications for the Preferred Drug List?

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

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.

*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.

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

Why is the Preferred Drug List Subject to Change?

We may add or remove drugs from the Preferred Drug List at any time. We might also move a drug from one coverage tier to another.

Here are some reasons why we may make changes to the Preferred Drug List.

- As brand-name medications lose their patents and generic versions become available, the brand-name medication may be covered at a higher copayment (or coinsurance) while the generic medication may be covered at a lower copayment (or coinsurance).

Preferred medications likely to become available generically in 2010 are identified in this guide with a “#” symbol.

- The Preferred Drug List may change because the FDA approves many new medications throughout the year. Open formulary plans generally cover new FDA-approved medications before they have completed Aetna’s new drug review process; however, you may pay a higher copayment (or coinsurance). The new medication also may be subject to precertification or step-therapy requirements.
- The Preferred Drug List also may change if a medication is withdrawn from the market or becomes available without a prescription. Over-the-counter (OTC) drugs are not generally covered under a prescription plan.

Why Do Some Medications Require Prior Authorization or Precertification?

Precertification encourages the appropriate and cost-effective use of medications 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 and check that a medication 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.

If your plan requires precertification, you will find a list of drugs that are subject to precertification in the back of this guide.

- You, your doctor or the person you appoint to manage your care must contact Aetna to request approval for coverage of the precertified medication.
- If we approve the request, we will notify you or your doctor. The medication 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 medication 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. Refer to pages 38-39 for further details on which medications require precertification.

Why Do Some Medications Have Quantity Limits?

The precertification program also limits coverage of quantities for certain drugs. These limits help your doctor and pharmacist check that the medications are used appropriately and promote patient safety. We use medical guidelines and FDA-approved recommendations 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 less than the minimum or 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 40-45 for further details on which medications have quantity limits.

What is Step-Therapy?

With this program, trying one or more “prerequisite” drugs is required before a step-therapy medication will be covered under your pharmacy benefits plan. Prerequisite drugs are FDA-approved and treat the same condition as the corresponding step-therapy drugs.

Step-therapy promotes the appropriate use of equally effective but lower-cost drugs first. You, your doctor or the person you appoint to manage your care can ask for an exception if it is medically necessary for you to use a drug on the step-therapy list. If the request is approved, we will notify you or your doctor. The medication 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 or call the Member Services number on your ID card.
- Refer to pages 46-48 for further details on which medications require step-therapy.

The list of medications requiring precertification, quantity limits or step-therapy is subject to change. Find the most up-to-date information at www.aetna.com/formulary. Or call the Member Services number on your ID card.

What is Therapeutic Duplication?

Therapeutic duplication occurs when two drugs of the same type are prescribed at the same time. Rarely are two drugs from the same category necessary to treat a medical condition.

Sometimes therapeutic duplication results when two physicians are prescribing medications for the same person. This can also happen when a physician changes from one medication to another within the same therapeutic class but does not discontinue the first medication. In either situation, the person may end up taking two drugs with similar actions, potentially leading to serious side effects.

If a therapeutic duplication is identified, your pharmacist may ask you and/or your physician about the medications you are supposed to be taking. He or she can then help determine if both medications are necessary, or whether one of the medications should be discontinued.

Medications subject to the therapeutic duplication program include:

- Selective Serotonin Reuptake Inhibitors (SSRI) used to treat depression
- Proton Pump Inhibitors (PPIs) used to treat ulcers
- Triptan drugs used to treat migraine headaches
- Inhaled steroids for the treatment of asthma
- Statin medications (HMGs) used to treat high cholesterol

What are Generic Medications?

Drug manufacturers develop and release new drugs under a brand name. When the patent expires, other manufacturers are free to make their own duplicate versions of the same drug. Generic drugs are chemically the same as their branded counterparts and are the same in dosage, safety, strength, form and intended use. They are only available after the FDA approves them. Generic drugs usually cost less than brand-name drugs.

When filling your prescription, your pharmacist generally can substitute a generic medication for a brand-name medication when the generic is rated by the FDA as equivalent and where substitution is permitted by law and by your doctor.

How Can I Save Money on Prescriptions?

Ask your doctor to consider prescribing medications on the Preferred Drug List whenever appropriate. Medications on the Preferred Drug List generally cost you less money with a lower copayment (or coinsurance).

In many plans, covered generic medications on the Preferred Drug List are available at the lowest copayment (or coinsurance). Ask your doctor or pharmacist whether generic medications are appropriate for you.

What is Aetna Rx Home Delivery®?

Aetna Rx Home Delivery is our mail-order prescription service. Aetna Rx Home Delivery is an ideal way to obtain your medications that are taken regularly to treat a chronic condition such as arthritis, diabetes or heart disease. These medications are delivered right to your door.

Check Aetna Navigator® 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 by using Aetna Rx Home Delivery, and 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 member 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 is available to fill your specialty injectable medication needs. A specialty pharmacy provides self-injectable, infused, compounded and select oral drugs that require special handling or refrigeration. These drugs are for treating conditions like hemophilia, hepatitis or multiple sclerosis. They can be expensive, and retail pharmacies often do not carry them. Some specialty drugs have side effects, so a pharmacist or nurse should closely monitor their use.

With Aetna Specialty Pharmacy, you can get convenient delivery for these drugs. Plus, Aetna Specialty Pharmacy's clinical support team can help you manage your therapy and health condition.

Depending on your benefits plan, you may have a copayment (or coinsurance) for specialty medications. 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 medication expected to become available generically in the near future. After the generic medication becomes available, the brand-name medication may be covered at a higher non-preferred copay (or coinsurance). The brand-name medication may also be subject to precertification and/or step-therapy.

1, 2, 3, 4 – The numbers found in the drug lists represent copay (coinsurance) tiers.

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antineoplastic Agents				
Adrenal Steroid Inhibitors				
CYTADREN	3			
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			
PURINETHOL	3			
TABLOID	2			
TREXALL	3			
XELODA **	4	✓		
Antineoplastic – Antibodies				
ERBITUX	MED		✓	
RITUXAN	MED		✓	
VECTIBIX	MED		✓	
Antineoplastic – Hormonal Agents				
ARIMIDEX #	2		✓	
AROMASIN	2		✓	
<i>bicalutamide</i>	1			
CASODEX	3		✓	✓
DEPO-PROVERA	3			
ELIGARD **	4			
EMCYT	2			
EULEXIN	3			
FARESTON	3			
FASLODEX **	4			
FIRMAGON	4	✓	✓	
FEMARA	2		✓	
<i>flutamide</i>	1			
<i>leuprolide</i>	4			
LUPRON DEPOT **	4			
LYSODREN	3			
MEGACE	3			
MEGACE ES	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antineoplastic – Hormonal Agents (continued)				
<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	✓	✓	
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	✓		
TYKERB **	4	✓		
VESANOID **	4	✓		
Chemotherapy Rescue/Antidote Agents				
<i>leucovorin calcium</i>	1			
MESNEX	3			
Immunomodulators				
REVLIMID **	4			
THALOMID **	4			
Mitotic Inhibitors				
<i>etoposide</i>	1			
VEPESID	3			

**This medication will be added to the Aetna Specialty CareRx list in April 2010. It may be covered under a medical benefit before then.

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Topoisomerase I Inhibitors				
HYCAMTIN **	4	✓		
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			
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		✓	
MONARC-M	4		✓	
MONOCLATE-P	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 Complex				
BEBULIN VH	4		✓	
PROPLEX T	4		✓	
Blood Clotting Factor IX Recombinant				
BENEFIX	4		✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Fibrinogen Concentrate (human)				
RIASTAP **	4			
Gaucher Disease				
CEREZYME **	4			
ZAVESCA **	4		✓	
Hereditary Angioedema				
CINRYZE **	4			
Hematopoietic Growth Factors				
ARANESP	4		✓	
EPOGEN	4		✓	
LEUKINE **	4			
NEULASTA	4			
NEUMEGA	4			
NEUPOGEN	4			
NPLATE **	4			
PROCRIT	4		✓	
PROMACTA	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			
PERSANTINE	3			
PLAVIX #	2			
PLETAL	3			
TICLID	3			
<i>ticlopidine</i>	1			
Cardiovascular System				
Alpha-Beta Blockers				
<i>carvedilol</i>	1			
COREG	3			
COREG CR #	2			
<i>labetalol</i>	1			
TRANDATE	3			
Anaphylaxis Therapy Agents				
<i>epinephrine</i>	1			
EPIPEN	2			
EPIPEN-JR	2			
TWINJECT	3			

**This medication will be added to the Aetna Specialty CareRx list in April 2010. It may be covered under a medical benefit before then.

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Pre-cert	Step-Therapy
Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations				
ACCUPRIL	3			
ACCURETIC	3			
ACEON #	3			
ALTACE	3			✓
<i>benazepril</i>	1			
<i>benazepril/hydrochlorothiazide</i>	1			
CAPOTEN	3			
CAPOZIDE	3			
<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			
MONOPRIL	3			
MONOPRIL HCT	3			
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	Quantity Limits	Pre-cert	Step-Therapy
Angiotensin II Receptor Antagonists and Combinations (continued)				
AVAPRO	3	✓		✓
AVALIDE	3	✓		✓
AZOR	3	✓		
BENICAR	3	✓		✓
BENICAR HCT	3	✓		✓
COZAAR # (Step-therapy will not be implemented until some time after generic becomes available)	2	✓		✓
DIOVAN	2	✓		
DIOVAN HCT	2	✓		
EXFORGE	2	✓		
EXFORGE HCT	2	✓		
HYZAAR # (Step-therapy will not be implemented until some time after generic becomes available)	2	✓		✓
MICARDIS	3	✓		
MICARDIS HCT	3	✓		
TEVETEN	3	✓		✓
TEVETEN HCT	3			✓
Antiadrenergic 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			
HYTRIN	3			
<i>methyl dopa</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			

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antianginals – Nitrates (continued)				
ISMO	3			
ISORDIL	3			
<i>isosorbide dinitrate</i>	1			
<i>isosorbide mononitrate</i>	1			
MONOKET	3			
NITROBID	3			
NITRO-DUR	3			
<i>nitroglycerin</i>	1			
<i>nitroglycerin CR</i>	1			
<i>nitroglycerin SL</i>	1			
NITROLINGUAL	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			
PRONESTYL	3			
PRONESTYL SR	3			
<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			
PACERONE	3			
TIKOSYN	3			
Antihyperlipidemics – Bile Sequestrants				
<i>cholestyramine</i>	1			
COLESTID	3			
<i>colestipol</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antihyperlipidemics – Bile Sequestrants (continued)				
<i>prevalite</i>	1			
QUESTRAN	3			
WELCHOL	2			
Antihyperlipidemics – Fibric Acid Derivatives				
ANTARA	2			
<i>fenofibrate</i>	1			
FENOGLIDE	3			✓
<i>gemfibrozil</i>	1			
LOFIBRA	3			✓
LOPID	3			✓
LIPOFEN	3			✓
TRICOR #	3			
TRIGLIDE	3			✓
TRILIPIX	2			
Antihyperlipidemics – HMG CoA Reductase Inhibitors				
ADVICOR	2	✓		
ALTOPREV	3	✓		✓
CADUET	3	✓		✓
CRESTOR 5 mg	2	✓		✓
CRESTOR (all other strengths)	2	✓		
LESCOL	2	✓		
LESCOL XL	2	✓		
LIPITOR	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				
LIPEX	3			
LOVAZA	2			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Pre-cert	Step-Therapy
Antihyperlipidemics – Nicotinic Acid Derivatives				
NIASPAN	2			
Beta Blockers Cardioselective and Combinations				
<i>acebutolol</i>	1			
<i>atenolol</i>	1			
<i>atenolol/chlorthalidone</i>	1			
<i>betaxolol</i>	1			
<i>bisoprolol 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	3			
INDERAL LA	3			
INDERIDE	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			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Pre-cert	Step-Therapy
Beta Blockers Non-Selective and Combinations (continued)				
<i>propranolol/hydrochlorothiazide</i>	1			
<i>sorine</i>	1			
<i>sotalol</i>	1			
<i>sotalol AF</i>	1			
TIMOLIDE	3			
<i>timolol maleate</i>	1			
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 #	2			
<i>cartia XT</i>	1			
COVERA-HS	3			
DILACOR XR	3			
<i>diltia XT</i>	1			
<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			
PLENDIL	3			

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MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Calcium Blockers (continued)				
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			
Cardiac Glycosides				
<i>digitek</i>	1			
<i>digoxin</i>	1			
LANOXICAPS	3			
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			
Direct Renin Inhibitor				
TEKTURNA	2	✓		
TEKTURNA HCT	2	✓		
Diuretics – Carbonic Anhydrase Inhibitors				
<i>acetazolamide</i>	1			
DIAMOX	3			
<i>methazolamide</i>	1			
Diuretics – Loop				
<i>bumetanide</i>	1			
BUMEX	3			
DEMADEX	3			
EDECIN	3			
<i>furosemide</i>	1			
LASIX	3			
<i>torsemide</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
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			
Diuretics – Selective Aldosterone Receptor Antagonists (SARAs)				
<i>eplerenone</i>	1			
INSPIRA	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			
NATURETIN	3			
THALITONE	3			
ZAROXOLYN	3			
Pheochromocytoma Agents				
DEMSEER	3			
DIBENZYLINE	2			
Pulmonary Hypertension Agents				
ADCIRCA **	4		✓	
FLOLAN **	4			
LETAIRIS **	4			
REMODULIN **	4			
REVATIO **	4		✓	
TRACLEER **	4			
VENTAVIS **	4			
Vasodilators				
<i>hydralazine</i>	1			
<i>isosuprine</i>	1			

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MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Vasodilators (continued)				
<i>minoxidil</i>	1			
<i>papaverine ER</i>	1			
VASODILAN	3			
Central Nervous System				
ALS Agents				
RILUTEK	2		✓	
Analgesic-Non-Narcotic				
PRIALT **	4			
Alzheimer's Disease – Antidementia				
ARICEPT #	3			
ARICEPT ODT	3			
COGNEX	3			
EXELON (cap/patch/soln)	2			
<i>galantamine</i>	1			
<i>galantamine SR</i>	1			
NAMENDA	2			
RAZADYNE	3			
RAZADYNE ER	3			
Antianxiety – Benzodiazepines				
<i>alprazolam</i>	1			
<i>alprazolam ER</i>	1			
<i>alprazolam ODT</i>	1			
<i>chlordiazepoxide</i>	1			
<i>clorazepate</i>	1			
<i>diazepam</i>	1			
<i>lorazepam</i>	1			
NIRAVAM	3			
<i>oxazepam</i>	1			
XANAX XR	3			
Antianxiety – Miscellaneous				
<i>buspirone</i>	1			
<i>hydroxyzine hcl</i>	1			
<i>hydroxyzine pamoate</i>	1			
<i>meprobamate</i>	1			
Anticonvulsants – Benzodiazepines				
<i>clonazepam</i>	1			
<i>clonazepam orally disintegrating tab</i>	1			
DIASTAT #	3			
KLONOPIN	3			
KLONOPIN WAFER	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Anticonvulsants – Carbamates				
FELBATOL	3			
Anticonvulsants – GABA Modulators				
GABITRIL	3		✓	
Anticonvulsants – Hydantoins				
DILANTIN	3			
<i>phenytoin extended</i>	1			
<i>phenytoin sodium</i>	1			
Anticonvulsants – Miscellaneous				
BANZEL	3		✓	
<i>carbamazepine</i>	1			
<i>carbamazepine XR</i>	1			
CARBATROL	3			
<i>gabapentin</i>	1	✓		
GABARONE	3	✓		
KEPPRA	2			
KEPPRA XR	2			
LAMICTAL	3			✓
LAMICTAL ODT	3			✓
LAMICTAL XR	3			✓
<i>lamotrigine</i>	1			
<i>levetiracetam</i>	1			
LYRICA	3	✓	✓	✓
NEURONTIN	3	✓		
<i>oxcarbazepine</i>	1			
<i>primidone</i>	1			
TEGRETOL	3			
TEGRETOL XR	3			
TOPAMAX	3			✓
<i>topiramate</i>	1			
TRILEPTAL	3			
VIMPAT	3	✓	✓	
ZONEGRAN	3		✓	
<i>zonisamide</i>	1		✓	
Anticonvulsants – Succinimides				
CELONTIN	3			
<i>ethosuximide</i>	1			
ZARONTIN	3			
Anticonvulsants – Valproic Acid				
DEPAKOTE	3			✓
DEPAKOTE ER	3			✓
DEPAKOTE sprinkle	3			✓

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MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Anticonvulsants – Valproic Acid (continued)				
<i>divalproex sodium delayed release</i>	1			
<i>divalproex sodium sprinkle</i>	1			
<i>divalproex sodium SR</i>	1			
STAVZOR	3			
<i>valproic acid</i>	1			
Antidepressants – Alpha-2 Receptor Antagonists				
<i>mirtazapine</i>	1	✓		
<i>mirtazapine ODT</i>	1	✓		
REMERON	3	✓	✓	✓
REMERON SOLUTAB	3	✓	✓	✓
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			✓
<i>trazodone</i>	1			
Antidepressants – Serotonin-Norepinephrine Reuptake Inhibitors				
CYMBALTA	2	✓		✓
EFFEXOR	3	✓		✓
EFFEXOR XR #	2	✓		✓
PRISIQ	2	✓		✓
<i>venlafaxine</i>	1	✓		
VENLAFAXINE ER	3	✓		✓

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antidepressants – Selective Serotonin Reuptake Inhibitors				
CELEXA	3	✓		✓
<i>citalopram</i>	1	✓		
<i>fluoxetine</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			
<i>vanatrip</i>	1			
Antiparkinsonian Adjuvants				
LODOSYN	3			
Antiparkinsonian Anticholinergic				
AKINETON	3			
<i>benztropine</i>	1			
COGENTIN	3			
KEMADRIN	3			
<i>trihexyphenidyl</i>	1			
Antiparkinsonian COMT Inhibitors				
COMTAN	2			
TASMAR	3			
Antiparkinsonian Dopaminergic				
<i>amantadine</i>	1			
<i>atamet</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antiparkinsonian Dopaminergic (continued)				
<i>bromocriptine</i>	1			
<i>carbidopa/levodopa</i>	1			
<i>carbidopa/levodopa ODT</i>	1			
<i>carbidopa/levodopa SR</i>	1			
MIRAPEX #	2			
PARCOPA	3			
PARLODEL	3			
REQUIP	3			
REQUIP XL	3			✓
<i>ropinirole hcl</i>	1			
SINEMET	3			
SINEMET CR	3			
STALEVO	3			
SYMMETREL	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	✓		
FAZACLO	3	✓		
GEODON	3	✓		✓
INVEGA	3	✓		✓
RISPERDAL	3	✓		✓
RISPERDAL M	3	✓		✓
<i>risperidone</i>	1	✓		
<i>risperidone ODT</i>	1	✓		
SEROQUEL	2	✓		
SEROQUEL XR	2	✓		
ZYPREXA	2	✓		
ZYPREXA ZYDIS	2	✓		
Antipsychotics – Combinations				
<i>chlordiazepoxide/amitriptyline</i>	1			
<i>perphenazine/amitriptyline</i>	1			
SYMBYAX	3	✓		

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antipsychotics – First Generation				
<i>chlorpromazine</i>	1			
<i>compro</i>	1			
<i>fluphenazine</i>	1			
<i>haloperidol</i>	1			
<i>loxapine</i>	1			
<i>perphenazine</i>	1			
<i>prochlorperazine</i>	1			
<i>thioridazine</i>	1			
<i>thiothixene</i>	1			
<i>trifluoperazine</i>	1			
Antipsychotics – Miscellaneous				
EQUETRO	3			
Chemical Dependency				
ANTABUSE	3			
CAMPRAL	3			
<i>naltrexone</i>	1			
Fibromyalgia				
CYMBALTA	2	✓		✓
LYRICA	3	✓	✓	✓
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 #	2	✓		
AXERT	3	✓		✓
FROVA	3	✓		✓
IMITREX	3	✓		✓
MAXALT #	2	✓		
MAXALT MLT #	2	✓		
MIGRANAL	3	✓		✓
RELPAK	3	✓		✓
<i>sumatriptan</i>	1	✓		
TREXIMET	3	✓		✓
ZOMIG	3	✓		✓
ZOMIG ZMT	3	✓		✓

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MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Multiple Sclerosis Agents				
AVONEX	4			
BETASERON	4			✓
COPAXONE	4			
REBIF	4			
TYSABRI **	4		✓	
Narcotic Agonists				
ACTIQ	3	✓	✓	
AVINZA	2			
<i>codeine phosphate</i>	1			
<i>codeine sulfate</i>	1			
DARVON-N	3			
DAZIDOX	3			
DEMEROL	3			
DILAUDID	3			
DURAGESIC	3	✓		✓
<i>fentanyl lozenge</i>	1	✓	✓	
<i>fentanyl patch</i>	1	✓		
FENTORA	3	✓	✓	
<i>hydromorphone</i>	1			
KADIAN	2			
<i>levorphanol</i>	1			
<i>meperidine</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	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			
OXYIR	3			
<i>propoxyphene</i>	1			
RYZOLT	3			✓
<i>tramadol</i>	1			
ULTRAM	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Narcotic Agonists (continued)				
ULTRAM ER	3			✓
XOLOX	3			
Narcotic Combinations				
<i>acetaminophen/codeine</i>	1			
ALCET	3			
<i>aspirin/codeine</i>	1			
<i>butalbital/acetaminophen/caffeine/codeine</i>	1			
<i>butalbital/aspirin/caffeine/codeine</i>	1			
CAPITAL/CODEINE	3			
COCET	3			
COMBUNOX	3	✓		✓
DARVOCET-N	3			
FIORICET/CODEINE	3			
FIORINAL/CODEINE	3			
<i>hydrocodone/acetaminophen</i>	1			
<i>hydrocodone/ibuprofen</i>	1			
IBUDONE	3			
LIQUICET	3			
LORCET	3			
LORCET PLUS	3			
LORTAB	3			
LYNOX	3			
MAGNACET	3			
MAXIDONE	3			
<i>meperidine/promethazine</i>	1		✓	
<i>meprozine</i>	1			
NORCO	3			
<i>oxycodone/acetaminophen</i>	1			
<i>oxycodone/aspirin</i>	1			
<i>oxycodone/ibuprofen</i>	1	✓		
<i>pentazocine/acetaminophen</i>	1			
PERCOCET	3			
PERCODAN	3			
<i>phrenilin/caffeine/codeine</i>	1			
PRIMALEV	3			
<i>propoxyphene/acetaminophen</i>	1			
<i>propoxyphene-NI/acetaminophen</i>	1			
PREPAXIN	3			

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MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Narcotic Combinations (continued)				
ROXICET	3			
STAGESIC	1			
STAFLEX	3			
SYNALGOS DC	3			
TALACEN	3			
<i>tramadol/acetaminophen</i>	1			
TRYCET	3			
TYLENOL/CODEINE	3			
TYLOX	3			
ULTRACET	3			
VICODIN	3			
VICODIN ES	3			
<i>vicodin HP</i>	1			
VICOPROFEN	3			
VOPAC	3			
XODOL	3			
ZYDONE	3			
Narcotic Partial Agonists				
<i>butorphanol</i>	1	✓		
<i>pentazocine/naloxone</i>	1			
SUBOXONE	3			
SUBUTEX	3			
TALWIN NX	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	✓	✓	✓
STRATTERA	3	✓		✓
XYREM	3		✓	
Sedative/Hypnotics – Barbiturate				
BUTISOL SODIUM	3			
MEBARAL	3			
<i>mephobarbital</i>	1			
<i>phenobarbital</i>	1			
SECONAL	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
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			
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	✓		
Stimulants – Amphetamines				
ADDERALL	3	✓		
ADDERALL XR	3	✓		✓
<i>amphetamine/ dextroamphetamine</i>	1	✓		
<i>amphetamine/ dextroamphetamine SR</i>	1	✓		
DESOXYN	3	✓		✓
DEXDRINE	3	✓		
<i>dextroamphetamine</i>	1	✓		
<i>dextroamphetamine CR</i>	1	✓		
<i>dextrostat</i>	3	✓		
LIQUADD	3	✓		✓
PROCENTRA	3	✓		✓
VYVANSE	2	✓		
Stimulants – Methylphenidate				
CONCERTA	3	✓		✓
DAYTRANA	2	✓		
<i>dexmethylphenidate</i>	1	✓		
FOCALIN	3	✓		✓
FOCALIN XR	3	✓		✓
METADATE CD	3	✓		✓
<i>metadate ER</i>	1	✓		
<i>methylin</i>	1	✓		
METHYLIN chew/soln	3	✓		✓
<i>methylin ER</i>	1	✓		

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Stimulants – Methylphenidate (continued)				
<i>methylphenidate</i>	1	✓		
<i>methylphenidate CD</i>	1	✓		
<i>methylphenidate ER</i>	1	✓		
<i>methylphenidate SR</i>	1	✓		
RITALIN	3	✓		✓
RITALIN LA	3	✓		✓
RITALIN SR	3	✓		✓
Dermatological Agents				
Acne Products				
ACANYA	3			
ACZONE	3			
AKNE-MYCIN	3			
<i>amnesteem</i>	1		✓	
ATRALIN	3		✓	
AVAR	3			
AVAR GREEN	3			
<i>avita</i>	1		✓	
AZELEX	3			
<i>bencort</i>	1			
BENZACLIN	2			
BENZAMYCIN	3			
BENZIQ	3			
BENZIQ LS	3			
BENZIQ wash	3			
<i>benzoyl peroxide</i>	1			
<i>benzoyl peroxide/urea cream</i>	1			
BINORA	3			
BREVOXYL	3			
BREZE	3			
CLARIFOAM EF	3			
<i>claravis</i>	1		✓	
CLEANSE/TREAT PAD	3			
<i>clindamax</i>	1			
<i>clindamycin</i>	1			
DIFFERIN gel/cream #	2		✓	
DUAC CS	2			
EPIDUO	3			
<i>erythromycin</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Acne Products (continued)				
<i>erythromycin/ benzoyl peroxide</i>	1			
EVOCLIN	3			
<i>isotretinoin</i>	1		✓	
KLARON	3			
LAVOCLEN	3			
METROCREAM	3			
METROGEL 1% only	2			
METROLOTION	3			
<i>metronidazole</i>	1			
NEOBENZ	3			
NORITATE	3			
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		✓	
ROSAC	3			
ROSULA	3			
ROZEX	3			
<i>sodium sulfacetamide/sulfur</i>	1			
<i>sotret</i>	1		✓	
SULFACET-R	3			
<i>sulfatol</i>	1			
SULFOXYL	3			
SUMAXIN PAD	3			
<i>tretinoin</i>	1		✓	
TRIAZ	3			
VANOXIDE	3			
Z-CLINZ	3			
ZACARE	3			
ZIANA	2		✓	
ZODERM	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Pre-cert	Step-Therapy
Antibiotics – Topical				
ALTABAX	3			
BACTROBAN	3			
CENTANY	3			
<i>gentamicin</i>	1			
<i>mupirocin</i>	1			
Antifungals – Topical				
<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>ketconazole</i>	1			
LOPROX	3			
LOTRISONE	3			
NAFTIN	3			
<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			
PANRETIN	2			
SOLARAZE	3	✓		
TARGRETIN	2			
Antipruritics and Topical Anesthetics				
<i>cocaine hcl</i>	1			
<i>lidocaine</i>	1			
<i>lidocaine/prilocaine</i>	1			
LIDODERM	2			
<i>pradoxin</i>	1			
SYNERA	3			
ZONALON	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Pre-cert	Step-Therapy
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			
PSORIATEC	3			
REMICADE **	4			
SIMPONI	4			
SORIATANE	2			
TACLONEX	3			
TAZORAC	2		✓	
VECTICAL	3			✓
Antiseborrheic Products				
CAPITROL lotion/shampoo/spray	3			
EXTINA	3			
OVACE	3			
PROMISEB	3			
ROSULA NS	3			
SCALACORT DK	3			
SEBIZON	3			
<i>selenium sulfide</i>	1			
<i>sulfacetamide sodium</i>	1			
Antiviral – Topical				
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>clobevate</i>	1			
CLOBEX lotion/shampoo/spray	2			
CLODERM	3			
CORDRAN	3			

**This medication will be added to the Aetna Specialty CareRx list in April 2010. It may be covered under a medical benefit before then.

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Corticosteroids – Topical (continued)				
DERMATOP	3			
DESONATE	3			
<i>desonide</i>	1			
DESOWEN KIT	3			
<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			
LIDAMANTLE HC	3			
<i>lidocaine/hydrocortisone</i>	1			
LUXIQ	3			✓
<i>mometasone</i>	1			
NUTRICORT	3			
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			
Immunomodulating Agents – Topical				
ALDARA #	2	✓		
ELIDEL	2			✓
PROTOPIC	2			✓
Keratolytic/Antimimetic Agents				
CONDYLOX	3	✓		
<i>podofilox</i>	1	✓		
Rosacea Agents				
FINACEA	3			
<i>metronidazole</i>	1			
ORACEA	3	✓	✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Scabicides & Pediculicides				
EURAX	3			
<i>lindane</i>	1			
<i>permethrin</i>	1			
<i>sulfurated lime solution</i>	1			
ULESFA	3			
Sinecatechins				
VEREGEN	3	✓		
Endocrine System				
Acromegaly				
<i>octreotide</i>	4			
SANDOSTATIN	4			
SANDOSTATIN LAR	4			
SOMAVERT	4			
SOMATULINE	4			
ZORBTIVE	4			✓
Antidiabetics – Alpha-Glucosidase Inhibitors				
<i>acarbose</i>	1			
GLYSET #	3			
PRECOSE	3			
Antidiabetics – Amylin Analogs				
SYMLIN	2			✓
SYMLINPEN	2			✓
Antidiabetics – Biguanides and Combinations				
FORTAMET	3			
<i>glipizide/metformin</i>	1			
GLUCOPHAGE	3			
GLUCOPHAGE XR	3			
GLUCOVANCE	3			
GLUMETZA	3			
<i>glyburide/metformin</i>	1			
METAGLIP	3			
<i>metformin</i>	1			
<i>metformin ER</i>	1			
RIOMET	3			
Antidiabetics – DPP-IV Inhibitors and Combinations				
JANUVIA	2			
JANUMET	2			
Antidiabetics – Incretin Mimetic Agents				
BYETTA	2	✓		

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antidiabetics – 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			✓
Antidiabetics – Meglitinides and Combinations				
STARLIX #	2			
PRANDIMET	3			
PRANDIN #	2			
Antidiabetics – Sulfonylureas				
AMARYL	3			
chlorpropamide	1			
glimepiride	1			
glipizide	1			
glipizide ER	1			
glipizide XL	1			
glyburide	1			
glyburide micronized	1			
glycron	1			
tolazamide	1			
tolbutamide	1			
Antidiabetics – Thiazolidinediones (TZDs) and Combinations				
ACTOS	2			
ACTOPLUS MET	2			
AVANDAMET	2			
AVANDARYL	2			
AVANDIA	2			
DUETACT	2			
Antidiuretic Agents				
DDAVP PR < 17 yr old	3		✓	✓
desmopressin PR < 17 yr old	1		✓	
minirin PR < 17 yr old	1		✓	
STIMATE PR < 17 yr old	3		✓	
Contraceptives – Injectable Progestins				
medroxyprogesterone	1			
DEPO-PROVERA	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Contraceptives – Oral				
ALESSE	3			
<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>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			
LEVLEN	3			
LEVLITE	3			
<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			
LOESTRIN-24	3			
LOSEASONIQUE	2			
<i>low-ogestrel</i>	1			
<i>lutera</i>	1			
LYBREL	2			
<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			

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Contraceptives – Oral (continued)				
MIRCETTE	3			
MODICON 0.5/35	3			
<i>mononessa</i>	1			
<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			
SEASONIQUE	2			
<i>solia</i>	1			
<i>sprintec</i>	1			
<i>sronyx</i>	1			
TRI-LEVELN	3			
<i>tri-lo-sprintec</i>	3			
<i>trinessa</i>	1			
TRI-NORINYL	3			
TRIPHASIL	3			
<i>tri-previfem</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Contraceptives – Oral (continued)				
<i>tri-sprintec</i>	1			
<i>trivora</i>	1			
<i>velivet</i>	1			
YAZ	3			
YASMIN	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		✓	
Diabetic Supplies				
<i>alcohol swabs</i>	NC			
BD insulin syringes	2			
BD pen needles	2			
FREESTYLE glucose test strips	2			
FREESTYLE LITE glucose test strips	2			
<i>gauze pad</i>	NC			
glucose test strips (all other brands)	3			✓
insulin syringes (all syringes other than BD brand)	3			
<i>lancets</i>	1			
ONE TOUCH BASIC/PROFILE/ ONE TOUCH II glucose test strips	2			
ONE TOUCH FAST TAKE glucose test strips	2			
ONE TOUCH SURE STEP glucose test strips	2			
ONE TOUCH ULTRA glucose test strips	2			
PRECISION QID glucose test strips	2			

**This medication will be added to the Aetna Specialty CareRx list in April 2010. It may be covered under a medical benefit before then.

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precept	Step-Therapy
Diabetic Supplies (continued)				
PRECISION SOF-TACT glucose test strips	2			
PRECISION XTRA glucose test strips	2			
PRECISION XTRA ketone test strips	2			
Diagnostic Test				
THYROGEN **	4			
Fabry Disease				
FABRAZYME **	4			
Fertility Agents				
BRAVELLE	4		✓	
CETROTIDE	4		✓	
<i>chorionic gonadotropin</i>	4		✓	
FOLLISTIM	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		✓	
Glucose Elevating Agents				
GLUCAGON	3			
PROGLYCEM	2			
Gout Agents				
<i>allopurinol</i>	1			
<i>colchicine</i>	1			
<i>probenecid</i>	1			
<i>probenecid/colchicine</i>	1			
ULORIC	3			✓
ZYLOPRIM	3			
Growth Hormone Agents				
GENOTROPIN	4		✓	✓
HUMATROPE	4		✓	
NORDITROPIN	4		✓	✓

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precept	Step-Therapy
Growth Hormone Agents (continued)				
NUTROPIN	4		✓	
NUTROPIN AQ	4		✓	
OMNITROPE	4		✓	✓
SAIZEN	4		✓	
SEROSTIM	4		✓	
SOMAVERT	4		✓	
TEV-TROPIN	4		✓	
Growth Factors, Insulin-like				
INCRELEX	4		✓	
Hereditary Tyrosinemia				
ORFADIN **	4			
Homocystinuria				
CYSTADANE **	4			
Hormone Replacement – Androgens				
ANDRODERM	2			
ANDROGEL	2			
<i>danazol</i>	1			
FIRST-TESTOSTERONE	3			✓
STRIANT	3			✓
TESTIM	3			✓
<i>testosterone inj.</i>	PMED			
Hormone Replacement – Estrogens				
ALORA	3	✓		
CENESTIN	2			
CLIMARA	3	✓		
DIVIGEL	2			
ELESTRIN	3			
ENJUVIA	2			
ESCLIM	3	✓		
ESTRACE	3			
ESTRADERM	3	✓		
<i>estradiol tab</i>	1			
<i>estradiol patch</i>	1	✓		
ESTRASORB	3			
ESTROGEL	3			
<i>estropipate</i>	1			
EVAMIST	2			
<i>gynodiol</i>	1			
MENEST	2			
MENOSTAR	3	✓		
OGEN	3			

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4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Pre-cert	Step-Therapy
Hormone Replacement – Estrogens (continued)				
<i>ortho-est</i>	1			
PREMARIN	3			
VIVELLE	3	✓		
VIVELLE-DOT	3	✓		
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			
<i>syntest D.S.</i>	1			
<i>syntest H.S.</i>	1			
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			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Pre-cert	Step-Therapy
Mucopolysaccharidosis I				
ALDURAZYME **	4			
Mucopolysaccharidosis VI				
NAGLAZYME **	4			
Phenylketonuria				
KUVAN **	4			
Pompe Disease				
MYOZYME **	4			
Steroids – Glucocorticosteroids				
CELESTONE	3			
<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>levothroid</i>	1			
<i>levothyroxine</i>	1			
<i>levoxyl</i>	1			
<i>liothyronine sodium</i>	1			
SYNTHROID	3			
THYROLAR	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			

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MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Acid Suppressants – H-2 Antagonists (continued)				
<i>famotidine</i>	1			
<i>nizatidine</i>	1			
PEPCID	3			
PEPCID RPD	3			
<i>ranitidine</i>	1			
TAGAMET	3			
ZANTAC	3			
Acid Suppressants – Proton Pump Inhibitors				
ACIPHEX	3	✓	✓	✓
KAPIDEX	2	✓	✓	
NEXIUM	2	✓	✓	
<i>omeprazole</i>	1	✓	✓	
<i>pantoprazole</i>	3	✓	✓	
PREVACID (Step-therapy will not be implemented until some time after generic becomes available)	3	✓	✓	✓
PREVACID SOLUTAB	3	✓	✓	
PRIOSEC	3	✓	✓	✓
PROTONIX	3	✓	✓	✓
ZEGERID	3	✓	✓	✓
Antiemetics – 5-HT3 Receptor Antagonists				
ANZEMET	3	✓		
<i>granisetron</i>	1	✓		
KYTRIL	3	✓		
<i>ondansetron</i>	1	✓		
<i>ondansetron ODT</i>	1	✓		
SANCUSO PAD	3	✓		✓
ZOFRAN	3	✓		
ZOFRAN ODT	3	✓		
Antiemetics – Anticholinergic				
<i>maldemar</i>	1			
TRANSDERM-SCOP	3			
<i>trimethobenzamide</i>	1			
Antiemetics – Miscellaneous				
CESAMET	3	✓		
EMEND	2	✓		
<i>tebamide</i>	1			
Anti-Ulcer Drugs				
<i>misoprostol</i>	1			
<i>sucralfate</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Bowel Evacuants				
COLYTE	3			
<i>gavilyte-g</i>	1			
GOLYTELY	3			
HALFLYTELY	3			
MOVIPREP	2			
NULYTELY	3			
OSMOPREP	2			
<i>peg 3350</i>	1			
<i>polyethylene glycol</i>	1			
<i>trilyte</i>	1			
VISICOL	3			
Chronic Constipation Agent				
AMITIZA	3		✓	
Gallstone Solubilizing Agents				
URSO 250	2			
URSO FORTE	2			
<i>ursodiol</i>	1			
GI Antiallergy Agents				
GASTROCROM	3			
GI Stimulants				
<i>metoclopramide hcl</i>	1			
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	✓		
ROWASA	3			
<i>sulfasalazine</i>	1	✓		
<i>sulfasalazine ER</i>	1	✓		

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Inflammatory Bowel Agents (continued)				
<i>sulfazine</i>	1	✓		
<i>sulfazine EC</i>	1	✓		
Irritable Bowel Syndrome (IBS) Agents				
LOTRONEX	3		✓	
Laxatives				
<i>glycolax</i>	1			
KRISTALOSE	3			
<i>lactulose</i>	1			
Opioid Induced Constipation				
RELISTOR	4	✓	✓	
Pancreatic Enzymes				
CREON	2			
DIGEX	3			
KU-ZYME	3			
KU-ZYME-HP	3			
LIPRAM	3			
LIPRAM CR	3			
LIPRAM PN	3			
PALCAPS	3			
PANCRELIPASE	3			
PANOCAPS	3			
ULTRACAPS	3			
ULTRASE	2			
ULTRASE MT	2			
VIOKASE	2			
Rectal Steroids				
<i>colocort</i>	1			
CORTIFOAM	3			
Genitourinary System				
Cystinosis Agents				
CYSTAGON	3			
Interstitial Cystitis Agents				
ELMIRON	2			
RIMSO	3			
Phosphate Binders				
FOSRENOL	2			
PHOSLO	2			
RENAGEL	2			
REVELA	2			
Prostatic Hypertrophy Agents				
AVODART	2		✓	
<i>finasteride</i>	1		✓	
FLOMAX #	2		✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Prostatic Hypertrophy Agents (continued)				
PROSCAR	3		✓	
RAPAFLO	3		✓	
UROXATRAL	2		✓	
Urinary Antispasmodics				
<i>bethanechol</i>	1			
DETROL	3			✓
DETROL LA	3			✓
DITROPAN	3			
DITROPAN XL	3			✓
ENABLEX	2			
<i>flavoxate</i>	1			
<i>hyoscyamine</i>	1			
<i>oxybutynin</i>	1			
<i>oxybutynin SR</i>	1			
GELNIQUE	2			
OXYTROL	2			
SANCTURA	3			✓
SANCTURA XR	3			✓
TOVIAZ	3			✓
URECHOLINE	3			
URISPAS	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			
URELLE	3			
UTA	3			
Vaginal Anti-infectives				
CLEOCIN VAGINAL	3			
<i>clindamax</i>	1			
CLINDESSE	3			
GYNAZOLE-1	3			
METROGEL VAGINAL	3			
<i>nystatin vaginal</i>	1			
TERAZOL	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Vaginal Anti-infectives (continued)				
<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			
AMOXIL	3			
<i>ampicillin</i>	1			
AUGMENTIN	3			
AUGMENTIN ES	3			
AUGMENTIN XR	3			
DISPERMOX	3			
MOXATAG	3			
<i>principen</i>	1			
<i>trimox</i>	1			
Antibacterials – Cephalosporins, 1st Generation				
<i>cefadroxil</i>	1			
<i>cephalexin</i>	1			
DURICEF	3			
PANIXINE	3			
Antibacterials – Cephalosporins, 2nd Generation				
<i>cefaclor</i>	1			
<i>cefaclor ER</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antibacterials – Cephalosporins, 2nd Generation (continued)				
<i>cefprozil</i>	1			
CEFTIN	3			
<i>cefuroxime</i>	1			
CEFZIL	3			
RANICLOR	3			
Antibacterials – Cephalosporins, 3rd Generation				
CEDAX	3			
<i>cefdinir</i>	1			
<i>cefepodoxime</i>	1			
OMNICEF	3			
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			
DYNABAC	3			
e.e.s.	1			
<i>erythrocin</i>	1			
<i>erythromycin</i>	1			
<i>erythromycin delayed release particles</i>	1			

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antibacterials – Macrolides (continued)				
<i>erythromycin ethylsuccinate</i>	1			
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>tinidazole</i>	1			
<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		✓	
AVIDOXY DK	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		✓	
<i>myrac</i>	1		✓	
NUTRIDOX	3		✓	
ORAXYL	3		✓	
PERIOSTAT	3		✓	
SOLODYN	3		✓	
SUMYCIN	3		✓	

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antibacterials – Tetracyclines (continued)				
<i>tetracycline</i>	1		✓	
VIBRAMYCIN	3		✓	
VIBRATAB	3		✓	
Antifungals				
ANCOBON	3			
BIO-STATIN	3			
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>ketoconazole</i>	1			
LAMISIL	3		✓	
NOXAFIL	3			
<i>nystatin</i>	1			
SPORANOX	3		✓	
<i>terbinafine</i>	1		✓	
VFEND	3			
Anti-Infective Agents- Miscellaneous				
<i>colistimethate sodium</i>	4			
COLY-MYCIN M	4			
Antimalarials and Combinations				
ARALEN	3		✓	
COARTEM	3		✓	
<i>chloroquine</i>	1		✓	
DARAPRIM	3		✓	
FANSIDAR	3		✓	
<i>hydroxychloroquine</i>	1		✓	
LARIAM	3		✓	
MALARONE	3		✓	
<i>mefloquine</i>	1		✓	
<i>primaquine</i>	1			
<i>quinerva</i>	1			
<i>quinine sulfate</i>	1			
Antimycobacterial Agents				
<i>dapsone</i>	1			
<i>ethambutol</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antimycobacterial Agents (continued)				
<i>isonarif</i>	1			
<i>isoniazid</i>	1			
MYAMBUTOL	2			
<i>pyrazinamide</i>	1			
RIFAMATE	3			
<i>rifampin</i>	1			
RIFATER	3			
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			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Antiretrovirals – Protease Inhibitors				
APTIVUS	3			
CRIXIVAN	2			
INVIRASE	2			
KALETRA	2			
LEXIVA	2			
NORVIR	2			
PREZISTA	3			
REYATAZ	2			
VIRACEPT	2			
Antivirals – CMV Agents				
<i>ganciclovir</i>	1			
VALCYTE	2			
Antivirals – Hepatitis Agents				
BARACLUDE **	4			
COPEGUS **	4			
EPIVIR HBV **	4			
HEPSERA **	4			
INFERGEN **	4			✓
PEGASYS **	4			✓
PEG-INTRON **	4			✓
REBETOL **	4			
<i>ribasphere</i> **	4			
<i>ribavirin</i> **	4			
TYZEKA **	4			
Antivirals – Herpes Agents				
<i>acyclovir</i>	1			
FAMVIR	3			
<i>famciclovir</i>	1			
VALTREX (Step-therapy will not be implemented until some time after generic becomes available)	3			✓
ZOVIRAX	3			
Antivirals – Influenza Agents				
FLUMADINE	3			
RELENZA	3	✓		
<i>rimantadine</i>	1			
TAMIFLU	3	✓		
Antivirals – Respiratory Syncytial Virus (RSV) Agents				
VIRAZOLE	3			

**This medication will be added to the Aetna Specialty CareRx list in April 2010. It may be covered under a medical benefit before then.

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MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Cytomegalovirus (CMV)				
CYTOGAM **	4			
CYTOVENE **	4			
FOSCARNET **	4			
<i>ganciclovir</i> **	4			
VALCYTE **	4			
VISTIDE **	4			
Musculoskeletal System				
Antimyasthenic Agents				
MESTINON	2			
MESTINON TIMESPAN	2			
<i>pyridostigmine</i>	1			
Antirheumatic Agents				
ARAVA	3			
<i>leflunomide</i>	1			
RHEUMATREX	3			
RIDAURA	3			
Calcium Regulators				
ACTONEL	2	✓		
ACTONEL with CALCIUM	2	✓		
<i>alendronate</i>	1	✓		
BONIVA	3	✓	✓	
<i>calcitonin salmon nasal</i>	1			
DIDRONEL	3			
FORTEO	4			
<i>fortical</i>	1			
FOSAMAX	3	✓	✓	
FOSAMAX PLUS D (Step-therapy will not be implemented until some time after generic becomes available)	3	✓	✓	
MIACALCIN inj.	3			
MIACALCIN NASAL	3			
<i>pamidronate</i>	1			
SKELID	3			
Immunomodulators				
CIMZIA **	4			
ENBREL	4			
HUMIRA	4			
KINERET	4			
ORENCIA **	4			
REMICADE **	4			
SIMPONI	4			
Interleukin-1 Blockers				
ARCALYST **	4			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Muscle Relaxants and Combinations				
<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 hcl</i>	1			
DANTRIUM	3			
FEXMID	3			
<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			
NSAIDs				
ARTHROTEC	3			
CELEBREX	3	✓	✓	
DAYPRO	3			
<i>diclofenac</i>	1			
<i>diclofenac potassium</i>	1			
<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>meclufenamate sodium</i>	1			
<i>mefenamic acid</i>	1			
<i>meloxicam</i>	1			
MOBIC	3			
<i>nabumetone</i>	3			
NAPRELAN	3			

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MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
NSAIDs (continued)				
<i>naproxen</i>	1			
<i>oxaprozin</i>	3			
<i>piroxicam</i>	1			
PONSTEL	3			
PREVACID NAPRAPAC	3		✓	
<i>sulindac</i>	1			
<i>tolmetin sodium</i>	3			
VOLTAREN	3			
VOLTAREN GEL	2	✓		✓
VOLTAREN XR	3			
Neuromuscular Blocking Agent – Neurotoxins				
BOTOX **	4		✓	
MYOBLOC **	4		✓	
Osteoarthritis				
EUFLEXXA **	4			
HYALGAN **	4			
ORTHOVISC **	4			
SUPARTZ **	4			
SYNVISC **	4			
Osteoporosis				
ARELIA **	4			
BONIVA (inj. only) **	4			
FORTEO	4			
GANITE **	4			
RECLAST **	4			
ZOMETA **	4			
Selective Estrogen Receptor Modulator (SERM)				
EVISTA	2			
Ophthalmic Agents				
Glaucoma – Adrenergic Agents				
ALPHAGAN P	2			
<i>brimonidine</i>	1			
COMBIGAN	3			
<i>dipivefrin</i>	1			
IOPIDINE	3			
PROPINE	3			
Glaucoma – Beta-blockers				
<i>betaxolol</i>	1			
BETIMOL	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Glaucoma – Beta-blockers (continued)				
BETOPTIC-S	3			
<i>carteolol</i>	1			
ISTALOL	3			
<i>levobunolol</i>	1			
<i>metipranolol</i>	3			
OPTIPRANOLOL	3			
<i>timolol</i>	1			
<i>timolol maleate ophth</i>	1			
Glaucoma – Carbonic Anhydrase Inhibitors				
AZOPT	3			✓
<i>orzolamide</i>	1			
<i>orzolamide/timolol</i>	1			
COSOPT	3			✓
TRUSOPT	3			✓
Glaucoma – Miotics				
<i>carbotpic</i>	1			
ISO CARBACHOL	3			
ISOPTO CARPINE	3			
PHOSPHOLINE	3			
<i>pilocar</i>	1			
<i>pilocarpine</i>	1			
PILOPINE HS	3			
<i>piloptic</i>	1			
REV-EYES	3			
Glaucoma – Prostaglandins				
LUMIGAN	2			
TRAVATAN	3			
TRAVATAN Z	3			
XALATAN	3			
Macular Degeneration				
LUCENTIS **	4			
MACUGEN **	4			
VISUDYNE **	4			
Ophthalmic Antihistamines and NSAIDs				
ACULAR	3			
ACULAR LS	3			
ACULAR PF	3			
ALAMAST	3			
ALOCRIL	3			
ALOMIDE	3			
<i>cromolyn sodium ophth</i>	1			

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MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Ophthalmic Antihistamines and NSAIDs (continued)				
<i>diclofenac ophth</i>	1			
ELESTAT	3			
EMADINE	3			
<i>flurbiprofen</i>	1			
NEVANAC	3			
OPTIVAR #	2			
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			
ZYMAR	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			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Ophthalmic Steroidal Anti-inflammatory Drugs (continued)				
<i>dexacidin</i>	1			
<i>dexamethasone phosphate</i>	1			
<i>dexamethasone/neomycin/ polymyxin</i>	1			
<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			
HMS	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			
CETRAXAL	3			
CIPRO HC	3			
CIPRODEX	2			
COLY-MYCIN S	3			
<i>cortomycin</i>	1			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Otic Combinations (continued)				
<i>neomycin/polymyxin/ hydrocortisone</i>	1			
NEOTIC	3			
TREAGAN	3			
TRIOXIN	3			
ZINOTIC	3			
ZINOTIC ES	3			
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	2			
<i>metaproterenol</i>	3			
<i>micronefrin</i>	1			
PERFOROMIST	2			✓
PROAIR	2			
PROVENTIL HFA #	2			
SEREVENT DISKUS #	2			✓
SYMBICORT	2			
<i>terbutaline</i>	1			
VENTOLIN HFA	3			
VOSPIRE ER	3			
XOPENEX	3			✓
XOPENEX HFA	3			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Bronchodilators – Xanthines				
<i>aminophylline</i>	1			
BRONCAP	3			
THEO-24	3			
<i>theocap</i>	1			
<i>theochron</i>	1			
<i>theophylline ER</i>	1			
UNIPHYL	3			
Cystic Fibrosis Agents				
<i>colistimethate sodium **</i>	4			
COLY-MYCIN M **	4			
PULMOZYME **	4			
TOBI **	4			
Inhaled Corticosteroids				
AEROBID	3			
AEROBID-M	3			
ALVESCO	3			
ASMANEX	2			
AZMACORT	3			
FLOVENT DISKUS	2			
FLOVENT HFA	2			
PULMICORT FLEXHALER	3			
PULMICORT RESPULES #	2			
QVAR	3			
Leukotriene Modulators				
ACCOLATE	3	✓		
SINGULAIR	2	✓		
ZYFLO CR	3	✓		
Mouth and Throat Products				
EVOXAC	2			
<i>pilocarpine</i>	1			
SALAGEN	3			
Nasal Antiallergy				
ASTELIN NASAL #	2			
ASTEPRO	2			
PATANASE	3			
Nasal Anti-infectives				
BACTROBAN NASAL	3			
Nasal Anticholinergics				
ATROVENT NASAL	3			
<i>ipratropium nasal</i>	1			

**This medication will be added to the Aetna Specialty CareRx list in April 2010. It may be covered under a medical benefit before then.

4-Tier Member Guide

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
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	✓	✓	
CLARINEX-D	3	✓	✓	
CLARINEX REDITAB	3	✓	✓	
<i>fexofenadine</i>	3	✓	✓	
XYZAL	3	✓	✓	
Respiratory Syncytial Virus – Monoclonal Antibodies				
SYNAGIS **	4		✓	
Upper Respiratory – Cough/Cold/Allergy Combinations				
SEMPREX-D	3	✓	✓	
TUSSIONEX	2			
Therapeutic Nutrients – Minerals – Electrolytes				
FERRLECIT **	4			
VENOFER **	4			
Toxicologic Agents				
Alcohol Dependence				
VIVITROL **	4			
Antidotes				
DESFERAL **	4			
<i>deferoxamine mesylate</i> **	1			
EXJADE **	4			
Vaccines, Toxoids and Biologics				
Immune Globulin – Cytomegalovirus (CMV)				
CYTOGAM **	4			

MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Immune Globulin – Immune Disorders (IVIG)				
ADAGEN **	4			
CARIMUNE NANOFILTERED **	4			
FLEBOGAMMA **	4			
GAMASTAN S/D **	4			
GAMMAGARD **	4			
GAMMAGARD S/D **	4			
GAMUNEX **	4			
OCTAGAM **	4			
POLYGAM S/D **	4			
PRIVIGEN **	4			
VIVAGLOBIN **	4			
Immune Globulin – Hepatitis B				
HEPAGAM B **	4			
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			
<i>azathioprine (inj only)</i> **	4			
CELLCEPT	3			✓
<i>cyclosporine</i>	1			

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MEDICATION NAME	Copay (Coinsurance) Tier	Quantity Limits	Precert	Step-Therapy
Immunosuppressive Agents (continued)				
<i>cyclosporine (inj only) **</i>	4			
<i>cyclosporine modified</i>	1			
<i>gengraf **</i>	4			
IMURAN	3			
MYFORTIC **	4			
<i>mycophenolate</i>	1			
NEORAL **	4			
ORTHOCLONE OKT3 **	4			
PROGRAF **	4			
RAPAMUNE # **	4			
SANDIMMUNE **	4			
SIMULECT **	4			
THYMOGLOBULN **	4			
ZENAPAX **	4			

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Precertification List

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)			
Anticonvulsants	GABITRIL LYRICA	VIMPAT	ZONEGRAN	<i>zonisamide</i>
Acne	<i>amnestem</i>	<i>claravis</i>	<i>isotretinoin</i>	<i>sotret</i> ATRALIN PR ≥ 36 yr old <i>avita PR ≥ 36 yr old</i> DIFFERIN PR ≥ 36 yr old RETIN-A PR ≥ 36 yr old RETIN-A MICRO PR ≥ 36 yr old
ALS Agents	RILUTEK			
Anti-Asthmatic – Monoclonal Antibodies	XOLAIR			
Antidiabetics – Amylin Analogs	SYMLIN SYMLINPEN			
Antihistamines and Decongestants	ALLEGRA ALLEGRA-D	<i>cetirizine</i> CLARINEX	CLARINEX-D <i>fexofenadine</i>	SEMPREX-D XYZAL All <i>promethazine/codeine</i> and <i>phenylephrine/promethazine/codeine</i> containing products PR < 6 yr old All other <i>promethazine</i> containing products PR ≤ 2 yr old
Antihyperlipidemics – Intestinal Cholesterol Absorption Inhibitors	ZETIA			
Antipsoriatics	TAZORAC PR ≥ 36 yr old			
Bacterial Infections	ORACEA AVELOX CIPRO CIPRO XR	VIBRATAB ciprofloxacin FACTIVE FLOXIN doxycycline DYNACIN MINOCIN minocycline	ZYVOX LEVAQUIN MAXAQUIN NOROXIN MONODOX NUTRIDOC ORACEA ORAXYL	Fluoroquinolone antibiotics PR < 10 yr old <i>ofloxacin</i> PROQUIN XR TEQUIN Tetracycline antibiotics PR ≤ 8 yr old <i>oxytetracycline</i> SOLODYN <i>tetracycline</i>
Benign Prostatic Hyperplasia (PR for females only)	AVODART CASODEX	FLOMAX PROSCAR PR ≤ 50 yr old	RAPAFLO UROXATRAL	
Blood Clotting Factors	<p style="text-align: center;">Antiinhibitor Coagulant Complex</p> <p>FEIBA VH IMMUNO</p> <hr/> <p style="text-align: center;">Blood Clotting Factor VIIa</p> <p>NOVOSEVEN</p> <hr/> <p style="text-align: center;">Blood Clotting Factor VIII Human</p> <p>ALPHANATE HUMATE-P MONARC-M MONOCLATE-P HEMOFIL M KOATE-DVI</p> <hr/> <p style="text-align: center;">Blood Clotting Factor VIII Recombinant</p> <p>ADVATE KOGENATE FS REFACTO XYNTHA HELIXATE FS RECOMBINATE</p> <hr/> <p style="text-align: center;">Blood Clotting Factor IX Non-Recombinant</p> <p>ALPHANINE SD MONONINE PROFILNINE</p>			

THERAPEUTIC CLASS	PRECERTIFICATION DRUG(S)			
Blood Clotting Factors (continued)	Blood Clotting Factor IX Complex			
	BEBULIN VH	PROPLEX T		
	Blood Clotting Factor IX Recombinant			
Cataplexy	BENEFIX			
Corticotropin	XYREM			
Fungal Infections	<i>ciclopirox</i> DIFLUCAN <i>fluconazole</i>	<i>itraconazole</i> LAMISIL PENLAC	SPORANOX <i>terbinafine</i>	
Gaucher Disease	ZAVESCA			
Growth Hormone	GENOTROPIN HUMATROPE INCRELEX	NORDITROPIN NUTROPIN NUTROPIN AQ	OMNITROPE PROTROPIN SAIZEN	SEROSTIM TEV-TROPIN ZORBTVIE
Hematopoietic Growth Factor	ARANESP	EPOGEN	PROCRIT	
Huntington's Disease – Chorea	XENAZINE			
Immune Globulin	IV IMMUNE GLOBULIN (IVG)			
Irritable Bowel	LOTRONEX			
Laxatives	AMITIZA			
Malaria <i>(covered for active treatment only – not covered for prophylactic treatment)</i>	ARALEN <i>chloroquine</i> COARTEM	DARAPRIM FANSIDAR <i>hydroxychloroquine</i>	LARIAM MALARONE	<i>mefloquine</i> PLAQUENIL
Miscellaneous Anti-Infectives	XIFAXAN			
Miscellaneous Endocrine PR < 17 yr old	DDAVP (all forms)	<i>desmopressin</i>	<i>minirin</i>	STIMATE
Multiple Sclerosis	TYSABRI			
Oncology	AFINITOR ARIMIDEX AROMASIN	ERBITUX FEMARA FIRMAGON	RITUXAN SPRYCEL SUTENT	TASIGNA VECTIBIX
Pain (Analgesics) and Inflammation	ACTIQ CELEBREX	<i>fentanyl lozenges</i> FENTORA	PREVACID NAPRAPAC	
Pulmonary Artery Hypertension	ADCIRCA	REVATIO		
Respiratory Syncytial Virus	SYNAGIS			
Stimulant/ Attention Deficit	NUVIGIL	PROVIGIL		
Typhoid	VIVOTIF BERNIA EC			
Ulcer/Heartburn/ Reflux	ACIPHEX KAPIDEX NEXIUM	<i>omeprazole</i> <i>pantoprazole</i>	PREVACID PRILOSEC	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)
Anti-anginal	RANEXA		500 mg = 3 tablets/day 1000 mg = 2 tablets/day
Anticonvulsants	<i>gabapentin</i>	NEURONTIN	All strengths = 180 tablets/ 30 day supply
	GABARONE		
	LYRICA		25, 50, 75, 100, 150 and 200 mg = 3 caps/day 225 and 300 mg = 2 capsules/day
	VIMPAT		50 mg = 6 tablets/day 100 mg, 150 mg and 200 mg = 2 tablets/day
Antidiabetics – Incretin Mimetic Agents	BYETTA		Limit = 1 pen/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		12 hour = 2 tablets/day 24 hour = 1 tablet/day
	CLARINEX		2.5 mg and 5 mg = 1 tablet or reditab/day Syrup = 10ml/day
	CLARINEX-D		2.5mg/120mg = 2 tablets/day 5mg/240mg = 1 tablet/day
	SEMPREX-D		4 capsules/day
	XYZAL		Limit = 1 tablet/day 2.5 mg/5ml solution = 10ml/day
Antineoplastic and Keratolytics	CARAC	FLUOROPLEX	8 weeks treatment/year
	EFUDEX <i>fluorouracil</i>	SOLARAZE	12 weeks treatment/year
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 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		25 mg and 50 mg = 2 tablets/day
	DIOVAN		40 mg, 80 mg and 160 mg = 2 caps or tablets/day
	DIOVAN HCT		80-12.5 mg, 160-12.5 mg, and 160-25 mg = 1 tablet/day
	EXFORGE	EXFORGE HCT	All strengths = 1 tablet/day
	HYZAAR		50-12.5 mg = 1 tablet/day
	MICARDIS		20 mg and 40 mg = 1 tablet/day
	MICARDIS HCT		40-12.5 mg = 1 tablet/day
	TEKTURNA		150 mg and 300 mg = 1 tablet/day
	TEKTURNA HCT		150/12.5 mg and 150/25 mg = 1 tablet/day
	TEVETEN		400 mg = 2 tablets/day

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
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	
	<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 EC</i>	500 mg = 12 tablets/day
	AZULFIDINE ENTABS	<i>sulfazine</i>	
		<i>sulfasalazine</i>	<i>sulfazine EC</i>
	CANASA	ROWASA	500 mg = 3 suppositories/day
			1000mg = 2 suppository/day
	COLAZAL	<i>balsalazide</i>	750 mg = 9 capsules/day
	DIPENTUM		250 mg = 12 capsules/day
	LIALDA		4 tablets/day
PENTASA		250 mg = 20 capsules/day	
		500 mg = 10 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 =
	<i>bupropion SR</i>		2 tablets/day
	<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
	EMSAM		1 patch/day all strengths
	<i>fluoxetine</i>	RAPIFLUX	10 mg = 1 tablet or capsule/day
	PROZAC		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) 10mg</i>		14 tablets or capsules/30 days	
<i>flvoxamine</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	

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Depression (continued)	<i>paroxetine</i> PEVEVA	10 mg and 20 mg = 1 tablet/day
	PAXIL	30 mg and 40 mg = 2 tablets/day Suspension 10 mg/5 ml = 30 ml/day
	PAXIL CR	All strengths = 2 tablets/day
	PRISTIQ	50 mg and 100 mg = 1 tablet/day
	<i>mirtazapine</i> REMERON	All strengths = 1 tablet/day
	<i>fluoxetine (PMDD)</i> SARAFEM	10 mg or 20 mg = 14 tablets/30 days
	<i>sertraline</i> ZOLOFT	25 mg = 1 tablet/day 50 mg = 1 ½ tablets/day 100 mg = 2 tablets/day Liquid = 10 ml/day
	<i>venlafaxine</i> EFFEXOR	25 mg and 100 mg = 3 tablets/day 37.5 mg = 4 tablets/day 50 mg = 6 tablets/day 75 mg = 5 tablets/day
Estrogen/Combinations	ALORA	All strengths = 8 patches/28 day supply
	COMBIPATCH	ESTRADERM
	ESCLIM	VIVELLE
	CLIMARA CLIMARA PRO <i>estradiol patch</i> MENOSTAR	VIVELLE-DOT
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
Immunomodulating Agents – Topical	ALDARA	16 weeks treatment/year
Keratolytic/ Antimitotic Agents	CONDYLOX <i>podofilox</i>	4 weeks treatment/year
Malaria	ARALEN <i>chloroquine</i> <i>hydroxychloroquine</i> PLAQUENIL	All strengths = 1 tablet/day
Mania and Psychosis	ABILIFY	ABILIFY DISC 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
	GEODON	All strengths = 2 capsules/day
	INVEGA	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

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG		QUANTITY LIMIT(S)
Mania and Psychosis (continued)	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		Total quantity any strength = 9 tablets/30 day supply
	AXERT		All strengths = 6 tablets/30 day supply
	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
	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
	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		9 capsules/ 30 day supply
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
	KYTRIL	<i>granisetron</i>	1 mg = 10 tablets/30 day supply Liquid = quantity > 5 bottles/ 30 day supply
	<i>ondansetron</i> <i>ondansetron ODT</i>	ZOFTRAN ZOFTRAN 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 GLEEVEC HYCAMTIN NEXAVAR SPRYCEL SUTENT TARCEVA	TASIGNA TEMODAR TYKERB VESANOID <i>retinoin capsules</i> XELODA ZOLINZA	All strengths = 30 day supply
	FIRMAGON		2 vials/year

Quantity Limit List

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)
Osteoporosis/ Paget Disease	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
	<i>alendronate</i> FOSAMAX	150 mg = 3 tablets/90 day supply 35 mg = 4 tablets/28 day supply 70 mg = 4 tablets/28 day supply 70 mg/75ml solution = 4 doses (75ml each)/28 day supply
	FOSAMAX PLUS D	4 tablets/28 day supply
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>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
	COMBUNOX <i>oxycodone/ibuprofen</i>	28 tablets/30 days
	DURAGESIC <i>fentanyl patch</i>	20 patches/30 day supply
	FLECTOR patch	Limit = 2 patches/day
	<i>ketorolac</i> TORADOL	20 tablets/30 day supply
	NUCYNTA <i>oxycodone SR</i> OXYCONTIN CR	Quantities up to 180 tabs/30 day supply Quantities up to a total dosage of 320mg/day or 120 tablets/ 30 day supply
	VOLTAREN GEL	500 gm (5 tubes)/30 day supply
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 tablets/day 10 mg = 2 tablets/day
	Sinecatechins	VEREGEN
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	All strengths = 2 capsules/day
	CONCERTA	18 mg = 3 tablets/day 27 mg, 36 mg and 54 mg = 2 tablets/day
	DAYTRANA	1 patch/day
	DESOXYN DESOXYN CR	All strengths = 4 tablets/day
	<i>methamphetamine</i>	

THERAPEUTIC CLASS	QUANTITY LIMIT DRUG	QUANTITY LIMIT(S)	
Stimulant/ Attention Deficit (continued)	DEXEDRINE <i>dextrostat</i> <i>dextroamphetamine</i>	All strengths = 4 tablets/day	
	DEXEDRINE CR <i>dextroamphetamine CR</i>	All strengths = 3 capsules/day	
	FOCALIN <i>dexmethylphenidate</i>	2.5 mg, 5 mg and 10mg = 2 tablets/day	
	FOCALIN XR	All strengths = 1 capsule/day	
	LIQUADD PROCENTRA	Limit = 40 ml/day	
	METADATE CD <i>methylphenidate CD</i>	10 mg, 40 mg, 50 mg, 60 mg = 1 capsule/day 20 mg = 3 capsules/day 30 mg = 2 capsules/day	
	<i>metadate ER</i> <i>methylin</i> <i>methylin ER</i> <i>methylphenidate</i> <i>methylphenidate CR/ER/SR</i> RITALIN RITALIN SR	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	
	PROVIGIL	100 mg and 200 mg = 2 tablets/day	
	RITALIN LA	10 mg, 20 mg, 30 mg and 40 mg = 2 caps/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	
	Ulcer/Heartburn/ Reflux	ACIPHEX KAPIDEX NEXIUM GRANULES <i>omeprazole</i> <i>pantoprazole</i> PREVACID PREVACID SOLUTAB PRILOSEC cap/tabs PROTONIX	All strengths = 1 tablet, capsule or packet/day
		PRILOSEC powder	All strengths = 2 packets/day
HELIDAC PREVPAC		1 pack/day for 14 days	
PYLERA		1 pack (120 capsules)/day for 10 days	
ZEGERID		20 mg and 40 mg packets = 1 packet/day 20mg/1100 mg and 40mg/1100mg = 1 cap/day	
Vaginal Anti-Infectives		DIFLUCAN <i>fluconazole</i>	150 mg only = 1 dose/30 day supply
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)
Anti-Anginal	RANEXA	Nitrates and <i>amlodipine</i> and Beta Blockers (except <i>sotalol</i>)
Anti-Convulsant	DEPAKOTE	<i>divalproex sodium delayed release</i>
	DEPAKOTE ER	<i>divalproex sodium SR</i>
	DEPAKOTE sprinkle	<i>divalproex sodium sprinkle</i>
	LAMICTAL LAMICTAL XR LAMICTAL ODT	<i>lamotrigine</i>
	LYRICA	<i>gabapentin</i> or CYMBALTA
	TOPAMAX	<i>topiramate</i>
Anti-Parkinson	REQUIP XL	<i>ropinirole hcl</i>
Antiviral	VALTREX	<i>valacyclovir</i>
Beta-2 Agonist	BROVANA PERFORMIST	FORADIL or SEREVENT
	FORADIL SEREVENT	AEROBID-M, ASMANEX, FLOVENT HFA or PULMICORT
	XOPENEX soln/conc.	<i>albuterol nebulas or concentrate</i>
Blood Pressure and Heart Failure	ALTACE	<i>ramipril</i>
	ATACAND BENICAR	COZAAR or HYZAAR and
	ATACAND HCT BENICAR HCT	DIOVAN or DIOVAN HCT
	AVALIDE TEVETEN	
	AVAPRO TEVETEN HCT	
	COZAAR HYZAAR	<i>losartan</i> or <i>losartan/hctz</i> and
	(Step-therapy will not be implemented until some time after generic becomes available)	DIOVAN or DIOVAN HCT
	LOTREL	<i>amlodipine/benazepril</i>
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	<i>simvastatin</i> or <i>pravastatin</i> and CRESTOR and/or VYTORIN
Corticosteroids – Topical	LUXIQ	<i>beclomethasone</i>
	OLUX OLUX-E OLUX OLUX-E Complete Pack	<i>clobetasol</i>
	VECTICAL	TAZORAC or <i>calcipotriene</i>
Depression	CELEXA	<i>citalopram</i>
	APLENZIN PEVEVA	Any one of the following:
	CYMBALTA PRISTIQ	<i>budeprion, bupropion,</i>
	EFFEXOR XR RAPIFLUX	<i>bupropion SR, budeprion SR,</i>
	LEXAPRO VENLAFAXINE ER	<i>bupropion XL, citalopram, fluoxetine,</i>
	LUVOX CR WELLBUTRIN XL	<i>fluvoxamine, paroxetine, mirtazapine, sertraline or venlafaxine first</i>
	EFFEXOR	<i>venlafaxine</i>
	PAXIL	<i>paroxetine</i>
	PAXIL CR	<i>paroxetine ER</i>
	PROZAC	<i>fluoxetine</i>
	PROZAC WEEKLY	

THERAPEUTIC CLASS	STEP-THERAPY DRUG		REQUIRED PREREQUISITE DRUG(S)
Depression (continued)	REMERON		<i>mirtazapine</i>
	REMERON SOLUTAB		
	WELLBUTRIN		<i>bupropion</i>
	WELLBUTRIN SR		<i>bupropion SR</i>
	ZOLOFT		<i>sertraline</i>
Diabetes – Insulin	NOVOLIN N	RELION N	HUMULIN N
	NOVOLIN R	RELION R	HUMULIN R
Diabetic 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 BASIC/PROFILE, ONE TOUCH ULTRA, PRECISION QID, PRECISION SOF-TACT, PRECISION XTRA, SURESTEP
Fibrates	FENOGLIDE	LIPOFEN	<i>gemfibrozil, fenofibrate, ANTARA, TRILIPIX</i>
	LOFIBRA	TRIGLIDE	
	LOPID		
Glaucoma	AZOPT	COSOPT	<i>dorzolamide/timolol</i>
	TRUSOPT		<i>dorzolamide</i>
Gout	ULORIC		<i>allopurinol</i>
Growth Hormone	GENOTROPIN NORDITROPIN	OMNITROPE	Any two of: HUMATROPE, NUTROPIN, NUTROPIN AQ, SAIZEN or TEV-TROPIN
Immunomodulating Agents – Topical	ELIDEL	PROTOPIC	<i>Any topical corticosteroid</i>
Immunosuppressive Agents	CELLCEPT		<i>mycophenolate</i>
Mania and Psychosis	ABILIFY	INVEGA	Any one of: <i>risperidone, risperidone ODT, SEROQUEL, SEROQUEL XR, ZYPREXA or ZYPREXA ZYDIS</i>
	ABILIFY DISC	RISPERDAL	
	GEODON	RISPERDAL M	
Migraine	AXERT	RELPAX	<i>sumatriptan</i>
	FROVA	ZOMIG	
	IMITREX	ZOMIG ZMT	
	MIGRANAL		
	TREXIMET		
Misc. Endocrine	DDAVP (all forms)		<i>desmopressin</i>
Multiple Sclerosis	BETASERON		<i>AVONEX, COPAXONE or REBIF</i>
Nausea/vomiting	SANCUSO PAD		<i>granisetron and ondansetron or ondansetron ODT</i>
Non-Barbiturate Hypnotics	AMBIEN	LUNESTA	<i>zolpidem</i>
	AMBIEN CR	ROZEREM	
	EDLUAR	SONATA	
Osteoporosis/ Paget's Disease	BONIVA		<i>ACTONEL and alendronate</i>
	FOSAMAX		<i>alendronate</i>
	FOSAMAX PLUS D (Step-therapy will not be implemented until some time after generic becomes available)		<i>alendronate plus D</i>

Step-Therapy List

THERAPEUTIC CLASS	STEP-THERAPY DRUG	REQUIRED PREREQUISITE DRUG(S)
Pain (Analgesics) and Inflammation	COMBUNOX	Any <i>oxycodone</i> combinations
	DURAGESIC	<i>fentanyl patch</i>
	NUCYNTA	Any preferred generic <i>morphine</i> or <i>oxycodone immediate release</i>
	RYZOLT ULTRAM ER	<i>tramadol</i>
	VOLTAREN GEL	Use of one (1) preferred <i>generic NSAID</i>
Psychotherapeutic and Neurological Agents	PROVIGIL	NUVIGIL
Steroid – Nasal	NASACORT AQ RHINOCORT AQ	<i>fluticasone nasal</i> and NASONEX or VERAMYST
Stimulant/ Attention Deficit	ADDERALL XR CONCERTA PROCENTRA DESOXYN RITALIN FOCALIN RITALIN LA FOCALIN XR RITALIN SR LIQUADD STRATTERA METADATE CD METHYLIN chew/soln	<i>amphetamine/dextroamphetamine SR</i> Any one of: <i>amphetamine/dextroamphetamine, amphetamine/dextroamphetamine SR, dexamethylphenidate, methylin tab, methylin ER, methylphenidate, methylphenidate SR, VYVANSE</i>
Testosterone Replacement	FIRST-TESTOSTERONE STRIANT TESTIM	ANDRODERM or ANDROGEL
Tetracyclines	ADOXA	<i>doxycycline</i>
Ulcer/Heartburn/Reflux	ACIPHEX PROTONIX PREVACID ZEGERID PRILOSEC	Any two of: <i>omeprazole, KAPIDEX, NEXIUM</i>
Urinary Pain/Spasm	DETROL SANCTURA DETROL LA SANCTURA XR DITROPAN XL TOVIAZ	Any one of: <i>oxybutynin, oxybutynin XL, ENABLEX, VESICARE, OXYTROL, GELNIQUE</i>

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