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# 2017 Pharmacy Drug Coverage Review List

**Applies to members in the Aetna Premier formulary**



The drugs on this list require coverage reviews, like prior authorization or step therapy, under the Aetna Premier plan. If you have a medical need for one of these drugs, your doctor can ask for an exception.

Key	
UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

## 2017 Premier Prior Authorization Drug List

Category				
<b>Analgesics and anesthetics</b>	ABSTRAL ACTIQ BELBUCA BUNAVAIL <i>buprenorphine hcl subl</i>	<i>buprenorphine hcl/ naloxone</i> EMBEDA <i>fentanyl citrate buccal</i>	FENTORA LAZANDA OPANA ER SUBOXONE	SUBSYS ZOHYDRO ER ZUBSOLV
<b>Antidote</b>	EVZIO			
<b>Anti-infective agents</b>	GENVOYA	STRIBILD	TRUVADA	XIFAXAN TABS
<b>Antineoplastic agents</b>	<i>bicalutamide</i>	CASODEX		
<b>Cardiovascular agents</b>	CIALIS 2.5/5MG	CORLANOR	ENTRESTO	HEMANGEOL
<b>Central nervous system</b>	ABILIFY ODT, SOL, TAB DESVENLAFAXINE ER <i>desvenlafaxine er</i>	FETZIMA, TITRATION PACK KHEDEZLA	PRISTIQ REXULTI TRINTELLIX	VIIBRYD, STARTER PACK
<b>Endocrine and metabolic</b>	AFREZZA ANDRODERM ANDROGEL, PUMP AVANDAMET	AVANDIA AXIRON FORTESTA NATESTO	STIMATE STRIANT SYMLINPEN TESTIM	<i>testosterone, pump</i> UCERIS VOGELXO, PUMP
<b>Gastrointestinal agents</b>	ACIPHEX, SPRINKLE AKYNZEO <i>alosetron hydrochloride</i> <i>dronabinol</i>	FULYZAQ GIAZO LOTRONEX MARINOL	MOVANTIK PREVACID, SOLUTAB PRILOSEC PACK VIBERZI	ZEGERID
<b>Genitourinary products</b>	<i>finasteride tabs</i>	PROSCAR		
<b>Hematological agents</b>	EFFIENT	ZONTIVITY		
<b>Miscellaneous psychotherapeutic and neurological</b>	BRISDELLE			
<b>Neuromuscular</b>	RILUTEK	<i>riluzole</i>		

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Category				
<b>Respiratory agents</b>	ARCAPTA NEOHALER BROVANA CLARINEX-D	DALIRESP <i>phenadoz</i> PHENERGAN	<i>promethazine hcl</i> <i>promethazine hcl plain</i> <i>promethegan</i>	SEEBRI NEOHALER SEMPREX-D STRIVERDI RESPIMAT
<b>Stimulants/ antiobesity/ anorexiant</b>	ADDERALL, XR APTENSIO XR CONCERTA CONTRAVE DAYTRANA DESOXYN	DEXEDRINE <i>dexedrine</i> <i>dextroamphetamine tablet</i> FOCALIN, XR <i>guanfacine er</i> INTUNIV	KAPVAY METADATE CD METHYLIN <i>modafinil</i> NUVIGIL PROCENTRA	PROVIGIL QUILLIVANT XR RITALIN LA ZENZEDI <i>zenzedi</i>
<b>Topical products</b>	ABSORICA <i>adapalene cream</i> <i>(PA &gt; age 35)</i> <i>adapalene gel</i> <i>(PA &gt; age 35)</i> <i>amnesteem</i> ATRALIN <i>avita</i>	<i>claravis</i> DIFFERIN (PA > age 35) ELIDEL EPIDUO FORTE (PA > age 35) FABIOR (PA > age 35) LIDODERM	<i>myorisan</i> PROTOPIC RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP <i>tacrolimus ointment</i>	TAZORAC <i>tretinoin cream, gel</i> <i>tretinoin microsphere,</i> <i>pump</i> TRETIN-X CREAM <i>zenatane</i>

## 2017 Premier Step Therapy Drug List

Category				
<b>Analgesics and anesthetics</b>	ABSTRAL ACTIQ AXERT BUNAVAIL EMBEDA	FENTORA LAZANDA MIGRANAL NUCYNTA RELPAX	SUBSYS TREXIMET VIMOVO VIVLODEX XARTEMIS XR	ZOHYDRO ER ZUBSOLV
<b>Antidote</b>	EVZIO			
<b>Anti-gout agents</b>	COLCRY			
<b>Anti-infective agents</b>	SITAVIG	VALTREX		
<b>Cardiovascular agents</b>	ADRENACLICK AZOR BENICAR, HCT CARDIZEM CD	CORLANOR FENOGLIDE LEVITRA LIVALO	STAXYN STENDRA TEKTRINA, HCT TRIBENZOR	VASOTEC VIAGRA
<b>Central nervous system</b>	ABILIFY APLENZIN BELSOMRA CLOZARIL DESVENLAFAXINE ER <i>desvenlafaxine er</i> EDLUAR FANAPT, TITRATION PACK FAZACLO	FETZIMA, TITRATION PACK GEODON CAPS INTERMEZZO SUBL INVEGA KHEDEZLA LATUDA LEXAPRO <i>nefazodone hcl</i> OLEPTRO	PEXEVA PRISTIQ REXULTI RISPERDAL M-TAB RISPERDAL TABS ROZEREM SAPHRIS SEROQUEL SEROQUEL XR SILENOR	TRINTELLIX VERSACLOZ VIIBRYD, STARTER PACK WELLBUTRIN XL ZOLPIMIST ZYPREXA TABS ZYPREXA ZYDIS
<b>Endocrine and metabolic</b>	ANDRODERM APIDRA AXIRON BINOSTO BYETTA ENTOCORT EC FORTAMET	FORTESTA GLUMETZA KAZANO NATESTO NESINA NOVOLIN 70/30 NOVOLIN 70/30 RELION	NOVOLIN N NOVOLIN N RELION NOVOLIN N U-100 NOVOLIN R NOVOLIN R RELION NOVOLOG NOVOLOG MIX	OSENI RAYOS STRIANT TESTIM <i>testosterone, pump</i> VOGELXO, PUMP

Category				
<b>Gastrointestinal agents</b>	ACIPHEX, SPRINKLE AKYNZEO ALOSETRON AZULFIDINE	AZULFIDINE EN-TABS COLAZAL DIPENTUM GIAZO	LOTRONEX PANCREAZE PERTZYE PREVACID SOLUTAB	PRILOSEC PACK ULTRESA VIOKACE ZEGERID
<b>Genitourinary products</b>	DETROL LA DITROPAN XL	ENABLEX	GELNIQUE	TOVIAZ
<b>Miscellaneous products</b>	NON LIFESCAN TEST STRIPS	NON ABBOTT TEST STRIPS		
<b>Miscellaneous psychotherapeutic and neurologica</b>	GRALISE, STARTER	HORIZANT		
<b>Neuromuscular</b>	AMRIX			
<b>Respiratory agents</b>	BECONASE AQ BROVANA DALIRESP KARBINAL ER NASONEX	OMNARIS PERFORMIST PROVENTIL HFA PULMICORT, FLEXHALER SUSP	RHINOCORT AQUA SEEBRI NEOHALER STRIVERDI RESPIMAT TUDORZA PRESSAIR	VERAMYST XOPENEX HFA ZETONNA
<b>Stimulants/ antiobesity/ anorexiant</b>	ADDERALL, XR APTENSIO XR CONCERTA DAYTRANA DESOXYN	DEXEDRINE EVEKEO FOCALIN, XR INTUNIV KAPVAY	METADATE CD METHYLIN PROCENTRA QUILLIVANT XR RITALIN, LA	ZENZEDI <i>zenzedi</i>
<b>Topical products</b>	BENZEFOAM ULTRA CARAC CLOBEX LOTN CLOBEX SHAM CLODERM CUTIVATE	DESONATE ELIDEL JUBLIA LOCOID LOCOID LIPOCREAM LUXIQ	OLUX OLUX-E PENNSAID PROTOPIC RESCULA RIAX	SORILUX TACROLIMUS ointment VANOS VELTIN VERDESO XALATAN

Medications on the drug coverage review lists are subject to change and may not be all inclusive. For example, safety edits and specialty medications may require prior authorization and may be found on a separate list. Specific prescription plan designs may not cover certain categories or may be subject to additional restrictions, regardless of their appearance in this document.

Prior authorization and step therapy programs are subject to state law restrictions and may not apply in all areas or for all plans. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

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