

# Drug coverage reviews

**Drugs requiring prior authorization  
and step therapy**

2018 Aetna Premier plan

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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.

**\*Prior authorization** (also called preauthorization): Your doctor needs to get our approval ahead of time before we cover certain drugs.

**Step therapy:** Your doctor needs to prescribe equally effective but less costly drugs first before we cover some drugs.

### Key

UPPERCASE Brand-name medicine

*lowercase italics* Generic medicine

## 2018 Premier prior authorization drug list

Category				
<b>Analgesics and anesthetics</b>	<i>lidocaine patch</i>	LIDODERM	TIVORBEX	VIVLODEX ZORVOLEX
<b>Antidotes</b>	EVZIO			
<b>Anti-gout agents</b>	ZURAMPIC			
<b>Anti-infective agents</b>	GENVOYA	IMPAVIDO	STRIBILD	XIFAXAN TABS
<b>Antineoplastic agents</b>	<i>bicalutamide</i>	CASODEX	XATMEP	
<b>Cardiovascular agents</b>	CIALIS 2.5/5 MG	CORLANOR ENTRESTO	EPANED HEMANGEOL	QBRELIS VELTASSA
<b>Central nervous system</b>	ABILIFY ODT, SOL, TAB CLOZARIL DESVENLAFAXINE ER <i>desvenlafaxine ER</i> <i>desvenlafaxine tab</i> FAZACLO FETIZIMA, STARTER PACK	FETZIMA, TITRATION PACK GEODON INVEGA KHEDEZLA PRISTIQ REXULTI	RISPERDAL RISPERDAL-M SAPHRIS SEROQUEL SEROQUEL XR TRINTELLIX VERSACLOZ	VIIBRYD TITRATION PACK VIIBRYD, STARTER PACK VRAYLAR XADAGO ZYPREXA ZYPREXA ZYDIS
<b>Endocrine and metabolic</b>	ADLYXIN AFREZZA ANDRODERM ANDROGEL, PUMP AXIRON BYDUREON	BYETTA FORTESTA NATESTO RAYALDEE SENSIPAR STIMATE	STRIANT SYMLINPEN TANZEUM TESTIM <i>testosterone, pump</i>	TRULICITY UCERIS VICTOZA VOGELXO, PUMP ZONACORT
<b>Gastrointestinal agents</b>	ACIPHEX, SPRINKLE AKYNZEO <i>alosetron hydrochloride</i> <i>chlordiazepoxide/</i> <i>clidinium</i> DICLEGIS	<i>dronabinol</i> <i>esomeprazole</i> GIAZO LIBRAX LOTRONEX	MARINOL MYTESI <i>omeprazole/</i> <i>bicarbonate pow</i> PREVACID, SOLUTAB PRILOSEC PACK	SYNDROS VIBERZI ZEGERID ZONACORT
<b>Genitourinary products</b>	<i>finasteride tabs</i>	INTRAROSA	PROSCAR	
<b>Hematological agents</b>	EFFIENT	YOSPRALA	ZONTIVITY	
<b>Miscellaneous psychotherapeutic and neurological</b>	BRISDELLE	HORIZANT		

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Category				
<b>Neuromuscular</b>	BRIVIACT	RILUTEK	<i>riluzole</i>	
<b>Respiratory agents</b>	AIRDUO ARCAPTA NEOHALER AUVI-Q BEVESPI BROVANA	CLARINEX-D COMBIVENT DALIRESP PERFOROMIST <i>phenadoz</i>	PHENERGAN <i>promethazine HCl</i> <i>promethazine HCl plain</i> <i>promethegan</i>	RYVENT SEEBRI NEOHALER STRIVERDI RESPIMAT UTIBRON
<b>Stimulants/ antiobesity/ anorexiant</b>	APTENSIO XR <i>armodafinil</i> <i>clonidine HCl ER</i> DAYTRANA DESOXYN	DYANAVEL XR EVEKEO <i>guanfacine ER</i> INTUNIV	KAPVAY <i>modafinil</i> MYDAYIS NUVIGIL	PROCENTRA PROVIGIL QUILLICHEW QUILLIVANT XR
<b>Topical products</b>	ATRALIN <i>avita</i> ELIDEL EUCRISA LOCORT	MIRVASO PROTOPIC REGRANEX RETIN-A RETIN-A MICRO	RETIN-A MICRO PUMP RHOFADE <i>tacrolimus ointment</i> <i>tazarotene cream</i>	TAZORAC <i>tretinoin cream, gel</i> <i>tretinoin microsphere,</i> <i>pump</i> TRETIN-X CREAM

## 2018 Premier step therapy drug list

Category				
<b>Analgesics and anesthetics</b>	ABSTRAL ACTIQ ARYMO ER AVINZA BUNAVAIL CAMBIA DUEXIS DURAGESIC	EXALDO <i>fentanyl citrate loz</i> FENTORA KADIAN LAZANDA LIDODERM 5% MORPHABOND MS CONTIN	NAPRELAN CR NUCYNTA OPANA ER SPRIX SUBOXONE TAB SUBSYS TIVORBEX VANATOL LQ	VIMOVO VIVLODEX XARTEMIS XR XTAMPZA ER ZOHYDRO ER ZORVOLEX ZUBSOLV
<b>Antidotes</b>	EVZIO			
<b>Anti-gout agents</b>	COLCRYS	ZURAMPIC		
<b>Anti-infective agents</b>	SITAVIG	VALTRES		
<b>Anti-migraine agents</b>	AXERT <i>dihydroergotamine spray</i>	MIGRANAL ONZETRA	RELPAX	TREXIMET ZEMBRACE
<b>Antineoplastic agents</b>	ALKERAN			
<b>Cardiovascular agents</b>	ADRENACLICK AMTURNIDE AZOR CARDIZEM CD CORLANOR	CRESTOR DIAMOX SEQUEL DUTOPROL EDARBYCLOR FENOGLIDE	INDERAL LA LIVALO <i>metoprolol succ/HCTZ</i> NITROSTAT SUB TEKTURN, HCT	TRIBENZOR VASOTEC VYTORIN YOSPRALA ZETIA
<b>Central nervous system</b>	ABILIFY APLENZIN ATIVAN BELSOMRA CLOZARIL DESVENLAFAXINE ER DESYREL <i>desvenlafaxine ER</i> EDLUAR FANAPT, TITRATION PACK	FAZACLO FETZIMA, TITRATION PACK GEODON CAPS INTERMEZZO SUBL INVEGA KHEDEZLA LEXAPRO <i>nefazodone HCl</i> OLEPTRO PEXEVA	PRISTIQ REXULTI RISPERDAL M-TAB RISPERDAL TABS SAPHRIS SEROQUEL SEROQUEL XR SILENOR TRINTELLIX VERSACLOZ	VIIBRYD, STARTER PACK VRAYLAR WELLBUTRIN XL XADAGO XANAX / XR <i>zolpidem tar</i> <i>sublingual</i> ZYPREXA TABS ZYPREXA ZYDIS

Category				
<b>Endocrine and metabolic</b>	ADLYXIN ANDRODERM ANDROGEL 1% APIDRA AXIRON BINOSTO BONIVA TAB 150 MG BYDUREON BYETTA ENTOCORT EC FORTAMET	FORTESTA GLUMETZA HECTOROL CAP KAZANO MIACALICN 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 RAYALDEE RAYOS SOLIQUA	STRIANT TANZEUM TESTIM <i>testosterone, pump</i> TRULICITY VICTOZA VOGELXO, PUMP XULTOPHY ZEMPLAR CAP ZONACORT
<b>Gastrointestinal agents</b>	ACIPHEX, SPRINKLE AKYNZEO ALOSETRON AMITIZA ASACOL	AZULFIDINE AZULFIDINE EN-TABS COLAZAL DIPENTUM GIAZO	HELIDAC LOTRONEX MYTESI PANCREAZE PERTZYE	PREVACID SOLUTAB ULTRESA VIOKACE ZEGERID
<b>Genitourinary products</b>	DETROL DETROL LA	DITROPAN DITROPAN XL	ENABLEX GELNIQUE	SANCTURA SANCTURA XR TOVIAZ
<b>Miscellaneous products</b>	NASCOBAL	NON LIFESCAN TEST STRIPS	NON ABBOTT TEST STRIPS	
<b>Miscellaneous psychotherapeutic and neurological</b>	GRALISE, STARTER	HORIZANT	ZELAPAR TAB	
<b>Neuromuscular</b>	SPRITAM			
<b>Respiratory agents</b>	ACCUNEB AIRDUO AUVI-Q BECONASE AQ BEVESPI BROVANA	DALIRESP KARBINAL ER MAXAIR NASONEX OMNARIS PERFOROMIST	PROVENTIL HFA PULMICORT, FLEXHALER SUSP RYVENT SEEBRI NEOHALER STRIVERDI RESPIMAT	TUDORZA PRESSAIR UTIBRON VERAMYST XOPENEX HFA ZETONNA
<b>Stimulants/ antiobesity/ anorexiant</b>	ADDERALL, XR ADZENYS XR APTENSIO XR CONCERTA DAYTRANA	DESOXYN DEXEDRINE DYANAVAL XR EVEKEO FOCALIN, XR	INTUNIV KAPVAY METADATE CD METHYLIN MYDAYIS PROCENTRA	QUILLIVANT XR QUILLICHEW RITALIN, LA STRATTERA ZENZEDI <i>zenzedi</i>
<b>Topical products</b>	ATRALIN BENZEFOAM ULTRA CAPEX SHAMPOO CARAC CLOBEX SHAM CLODERM CORTIFOAM AER CUTIVATE DESONATE EFUDEX CREAM ELIDEL ERTACZO EUCRISA	EXELDERM EXTINA FLUOROPLEX CREAM LOCOID LOCOID LIPOCREAM LOCORT LUXIQ LUZU MICORT-HC MIRVASO NAFTIN CREAM, GEL 2% NAFTIN GEL 1%	OLUX OLUX-E OXISTAT CREAM, LOTION 1% PENNSAID PROCTOCORT CREAM PROCTOFOAM AER PROTOPIC RESCULA RETIN-A CREAM RETIN-A GEL RETIN-A MICR GEL RETIN-A MICR GEL PUMP	RHOFADE RIAX SORILUX TACLONEX OINT TACROLIMUS OINT TOLAK CREAM TRETIN-X CREAM VERDESO XALATAN XOLEGEL GEL ZOVIRAX OINT

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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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