

2013 Changes Aetna's Preferred Drug, Precertification, Quantity Limit, Step-Therapy and Specialty Care Rx Lists

Medications added to the Preferred Drug List

(* = may be added prior to 1/1/13)

BYDUREON	MICARDIS ^{*10/1/2012}	STRATTERA ^{*9/1/2012}	VIIBRYD KIT ^{*8/1/12}
DUTOPROL ^{*8/1/12}	MICARDIS HCT ^{*10/1/2012}	VIIBRYD ^{*8/1/12}	
EFFIENT ^{*9/1/2012}	COMBIVENT		
FIRAZYR	RESPIMAT ^{*9/1/2012}		

Medications removed from the Preferred Drug List¹

(* = generic equivalent available.....FE = formulary excluded in Closed Formulary plans NP = non-preferred in Open Formulary plans)

ADCIRCA ^{FE, NP}	DUETACT ^{FE, NP}	METROGEL 1% ^{NP}	TEKTURNA ^{NP}
AMTURNIDE ^{NP}	ELIPHOS ^{^, FE, NP}	MAXALT ^{^, FE, NP}	TEKTURNA HCT ^{NP}
ARICEPT 23 mg ^{FE, NP}	EMEND ^{FE, NP}	MAXALT MLT ^{^, FE, NP}	TUSSICAPS ^{FE, NP}
BYETTA ^{NP}	EVOXAC ^{^, FE, NP}	PHOSLO ^{^, FE, NP}	TUSSIONEX ^{FE, NP}
CIMZIA ^{FE, NP}	FLUOXETINE 60MG ^{FE, NP}	PROMETRIUM ^{^, FE, NP}	TYZEKA ^{FE, NP}
CLOBEX lot/shampoo ^{FE, NP}	GASTROCROM ^{^, FE, NP}	SKELAXIN ^{FE, NP}	VALTURNA ^{NP}
COMTAN ^{^, FE, NP}	HEPSERA ^{FE, NP}	SUBOXONE sublingual tablets ^{FE, NP}	VECTICAL ^{NP}
DIASTAT ^{^, FE, NP}	KADIAN ^{^, FE, NP}	TEKAMLO ^{NP}	VIMPAT ^{FE, NP}
DIFFERIN 0.1% cream/gel/lotion ^{FE, NP}	KEPPRA ^{^, FE, NP}		
	KEPPRA XR ^{^, FE, NP}		

Medications to be removed from the Formulary Exclusions List

(covered in Closed Formulary plans, non-preferred in Open Formulary plans)

(* = may be removed prior to 1/1/13)

BYDUREON	MICARDIS ^{*10/1/2012}	VIIBRYD ^{*8/1/12}
DUTOPROL ^{*8/1/12}	MICARDIS HCT ^{*10/1/2012}	VIIBRYD KIT ^{*8/1/12}
EFFIENT ^{*9/1/2012}	STRATTERA ^{*9/1/2012}	

Medications added to the Precertification List^{2,3,4}

(* = prior-authorization is being added to include males)

ACTEMRA	DESOXYN	KINERET	IVIDREL*
AMEVIVE	DEXEDRINE	LUCENTIS	<i>pregnyl*</i>
ADDERALL	<i>dexmethylphenidate</i>	LUVERIS*	PROCENTRA
ADDERALL XR	<i>dextroamphetamine</i>	MACUGEN	REMICADE
<i>amphetamine/</i>	<i>dextroamphetamine cr</i>	MENOPUR *	REPRONEX *
<i>dextroamphetamine</i>	ENBREL	METADATE CD	RITALIN
<i>amphetamine/</i>	EYLEA	<i>metadate er</i>	RITALIN LA
<i>dextroamphetamine sr</i>	FLECTOR patch	<i>methylin</i>	RITALIN SR
BRAVELLE*	FOCALIN	METHYLIN chew/soln	SIMPONI
CETROTIDE *	FOCALIN XR	<i>methamphetamine</i>	STELARA
CIMZIA	FOLLISTIM AQ*	<i>methylin er</i>	VYVANSE
COMBIVENT	GANIRELIX AC *	<i>methylphenidate</i>	
CONCERTA	GONAL-F *	<i>methylphenidate sr</i>	
<i>chorionic gonadotropin*</i>	GONAL-F RFF *	<i>novarel*</i>	
DAYTRANA	HUMIRA	ORENCIA	

Medications to be removed from the Precertification List (edit will no longer apply)

None

Medications added to the Quantity Limits List or changes to the Quantity Limit^{3,4}

AVINZA	<i>methadose</i>	<i>oxymorphone er</i>	SIMCOR 500-40mg
FREESTYLE	<i>morphine sulfate cr</i>	PENNSAID	<i>tramadol er</i>
FREESTYLE LITE	MS CONTIN	PRECISION Q-I-D	ULTRAM ER
FREESTYLE INSULINX	ONETOUCH FASTAKE	PRECISION SOF-TACT	
<i>glucose test strips (any</i>	ONETOUCH ULTRA	PRECISION XTRA	
<i>other name brand)</i>	ONETOUCH VERIO IQ	RYZOLT	
KADIAN	OPANA ER	SANCUSO PAD	
<i>methadone</i>	ORAMORPH SR	SIMCOR 1000-40mg	

Medications to be removed from the Quantity Limit List (edit will no longer apply)

None

Medications added to the Step-Therapy List^{3,4}

+ = Trial of a generic equivalent is required first ++ Step-therapy will not be implemented until sometime after generic equivalent becomes available

AVINZA	DUETACT	MAXALT **
CLOBEX lotion/shampoo	FLUOXETINE 60MG	MAXALT MLT **
DIFFERIN 0.1% crm/gel/lot	KADIAN	NORVASC
	KEPPRA +	PHOSLO
	KEPPRA XR +	

New Benefit Exclusions**Bulk chemicals used for compounded medications:**

Compound drug therapy using bulk chemicals will no longer be covered as of January 1, 2013 for fully insured business only. Self-funded plans are currently exempt from this exclusion

EGRIFTA

Medications to be removed from the Step-Therapy List (edit will no longer apply)

(* = may be removed prior to 1/1/13)

ACTEMRA	FOCALIN	RITALIN
ADDERALL XR	FOCALIN XR	RITALIN LA
BUTRANS ^{*8/10/12}	LIVALO ^{*8/10/12}	RITALIN SR
BYDUREON	METADATE CD	STRATTERA ^{*9/1/2012}
CONCERTA	METHYLIN chew/soln	
DESOXYN	PROCENTRA	

Additions to Aetna Specialty Care Rx list

= limited distribution- not available at Aetna Specialty Pharmacy

= now available at Aetna Specialty Pharmacy

EYLEA

2013 Precertification Safety Edits and National Precert List for Self Insured plans only

ABSTRAL	<i>chorionic gonadotropin</i>	GANIRELIX AC	MYOZYME
ACTEMRA ^{NEW}	CIMZIA ^{NEW}	GENOTROPIN	NAGLAZYME
ACTIQ PR and QL = 120/30 days	CINRYZE	GILENYA	NORDITROPIN
ACTHAR HP	COPAXONE	GLASSIA	<i>novarel</i>
ADAGEN	CORIFACT	GONAL-F	NOVOSEVEN
ADCIRCA	DURAGESIC QL = 20/30 days	GONAL-F RFF	NUCYNTA QL = 180/30 days
ADVATE	DYSPORT	HELIXATE FS	NUTROPIN
ALDURAZYME	ELAPRASE	HEMOFIL M	NUTROPIN AQ
ALOXI (IV form only)	ELELYSO ^{NEW}	HIZENTRA	OMNITROPE
ALPHANATE	EMEND (IV form only)	HUMATE-P	OMONTYS ^{NEW}
ALPHANINE SD	ENBREL ^{NEW}	HUMATROPE	ONSOLIS PR and QL = 4/day
AMEVIVE ^{NEW}	EPOGEN	HUMIRA ^{NEW}	ORENCIA ^{NEW}
ANZEMET (IV form only)	<i>epoprostenol</i>	HYALGAN	ORTHOVISC
ARALAST	ERBITUX	INCRELEX	OVIDREL
ARANESP	EUFLEXXA	INFERGEN	<i>oxycodone/ibuprofen</i>
AREDIA	EXTAVIA	INTRON-A	QL = 28/30 days
AVONEX	EYLEA ^{NEW}	JEVTANA	OXYCONTIN QL = 120/30 days
BEBULIN VH	FABRAZYME	KALBITOR	<i>pamidronate</i>
BENEFIX	FEIBA VH IMMUNO	KINERET ^{NEW}	PEGASYS
BENLYSTA	<i>fentanyl lozenges</i>	KOATE-DVI	PEG-INTRON
BERINERT	PR and QL = 120/30 days	KOGENATE FS	<i>pregnyl</i>
BETASERON	<i>fentanyl patch</i> QL = 20/30 days	KRYSTEXXA	PRIVIGEN
BONIVA inj	FENTORA PR and	LETAIRIS	PROCRIT
BOTOX	QL = 120/30 days	LUCENTIS ^{NEW}	PROFILNINE
BRAVELLE	FIRAZYR ^{NEW}	LUMIZYME	PROLASTIN
<i>buprenorphine</i> PR and QL	FLEBOGAMMA	LUVERIS	PROLIA
2 mg = 24/30 days,	FLOLAN	MACUGEN ^{NEW}	PROTROPIN
8 mg = 8/30 days	FOLLISTIM AQ	MAKENA	PROVENGE
<i>butorphanol nasal spray</i>	FORTEO	MENOPUR	REBIF
QL = 2 bottles/30 days	GAMASTAN S/D	MIACALCIN inj	RECLAST
BUTRANS PR and QL = 4/30 days	GAMMAGARD	MONARC-M	RECOMBINATE
CARIMUNE NANOFILTERED	GAMMAGARD S/D	MONOCLATE-P	REFACTO
CEREDASE	GAMMAPLEX	MONONINE	REMICADE ^{NEW}
CEREZYME	GAMUNEX	MYOBLOC	REMODULIN
CETROTIDE	GAMUNEX-C		REPRONEX

UPPER CASE = brand name medication

lower case italics = generic medication

REVATIO
RITUXAN
SAIZEN
SEROSTIM
SIMPONI **NEW**
SOLIRIS
STADOL NS
QL = 2 bottles/30 days
STELARA **NEW**
SUBOXONE PR and QL = 3/day

SUBUTEX PR and QL
2 mg = 24/30 days,
8 mg = 8/30 days
SUPARTZ
SYNAGIS
SYNVISC
SYNVISC ONE
TEV-TROPIN
TRACLEER
TYSABRI

TYVASO
VECTIBIX
VELETRI
VENTAVIS
VIVAGLOBIN
VPRIV
WILATE
XEOMIN
XGEVA

XOLAIR
XYNTHA
YERVOY
ZAVESCA
ZEMAIRA
ZOMETA
ZORBIVE

2013 Precertification Safety Edits and National Precert List for Fully Insured plans only

ABSTRAL
ACTEMRA **NEW**
ACTHAR HP
ACTIQ PR and
QL = 120/30 days
ADAGEN
adapalene PR ≥ 36 yr old
ADCIRCA
ADVATE
ALDURAZYME
alfuzosin PR in females only
All oral *fluoroquinolones*
PR ≤ 10 yr old
All oral *tetracyclines*
PR ≤ 8 yr old
All other *promethazine*
containing products
PR < 2 yr old
All *promethazine/codeine and*
phenylephrine/promethazine/
codeine containing products
PR < 6 yr old
ALOXI (IV form only)
ALPHANATE
ALPHANINE SD
amnestem
AMEVIVE **NEW**
ANZEMET (IV form only)
ARALAST
ARANESP
ARAVA
AREDIA
ATRALIN PR ≥ 36 yr old
avita PR ≥ 36 yr old
AVODART PR in females only
AVONEX
BEBULIN VH
BENEFIX
BENLYSTA
BERINERT
BETASERON
bicalutamide
PR in females only
BONIVA inj
BOTOX
BRAVELLE
BROVANA

buprenorphine PR and QL
2 mg = 24/30 days,
8 mg = 8/30 days

butorphanol nasal spray
QL = 2 bottles/30 days
BUTRANS PR and QL = 4/30 days
CARIMUNE NANOFILTERED
CASODEX PR in females only
CELEBREX PR < 60 yrs old
CEREDASE
CEREZYME
CETROTIDE
chorionic gonadotropin
NEW
CIMZIA
CINRYZE
claravis
COPAXONE
CORIFACT
DDAVP nasal PR ≤ 17 yr old
desmopressin nasal
PR ≤ 17 yr old
DIFFERIN PR ≥ 36 yr old
DURAGESIC QL = 20/30 days
DYSPOET
ELAPRASE
ELELYSO **NEW**
ELIDEL
EMEND (IV form only)
ENBREL **NEW**
EPIDUO PR ≥ 36 yr old
EPOGEN
epoprostenol
ERBITUX
EUFLEXXA
EXALGO QL
8mg, 12mg = 2/day;
16mg = 4/day
EXTAVIA
EYLEA **NEW**
FABRAZYME
FEIBA VH IMMUNO
fentanyl lozenges
PR and QL = 120/30 days
fentanyl patch QL = 20/30 days
FENTORA PR and
QL = 120/30 days
finasteride PR in all females
and males < 50 yrs old
FIRAZYR **NEW**
FLEBOGAMMA
FLOLAN
FLOMAX PR in females only
FOLLISTIM AQ
FORADIL

FORTEO
GAMASTAN S/D
GAMMAGARD
GAMMAGARD S/D
GAMMAPLEX
GAMUNEX
GAMUNEX-C
GANIRELIX AC
GENOTROPIN
GILENYA
GLASSIA
GONAL-F
GONAL-F RFF
HELIXATE FS
HEMOFIL M
HIZENTRA
HUMATE-P
HUMATROPE
HUMIRA **NEW**
HYALGAN
INCRELEX
INFERGEN
INTRON-A
isotretinoin
JALYN PR in females only
JEVTANA
KALBITOR
KINERET **NEW**
KOATE-DVI
KOGENATE FS
KRYSTEXXA
LETAIRIS
leflunomide
LOTRONEX
LUCENTIS **NEW**
LUMIZYME
LUPERIS
MACUGEN **NEW**
MAKENA
MALARONE
mefloquine
MENOPUR
MIACALCIN inj
minirin nasal formulations
PR ≤ 17 yr old
MONARC-M
MONOCLATE-P
MONONINE
MYOBLOC
MYOZYME

myorisan
NAGLAZYME
NORDITROPIN
novarel
NOVOSEVEN
NUCYNTA QL = 180/30 days
NUTROPIN
NUTROPIN AQ
OMNITROPE
OMONTYS **NEW**
ONSOLIS PR and QL = 4/day
ORENCIA **NEW**
ORTHOVISC
oxycodone/ibuprofen
QL = 28/30 days
OXYCONTIN QL = 120/30 days
OVIDREL
pamidronate
PEGASYS
PEG-INTRON
PERFOROMIST
pregnyl
PRIVIGEN
PROCRIT
PROFILNINE
PROLASTIN
PROLIA
PROSCAR PR in all females
and males < 50 yrs old
PROTOPIC
PROTROPIN
PROVENGE
QUALAQUIN PR and
QL = 42/year
RAPAFLO PR in females only
REBIF
RECLAST
RECOMBINATE
REFACTO
REMICADE **NEW**
REMODULIN
REPRONEX
RETIN-A MICRO
PR ≥ 36 yr old
RETIN-A PR ≥ 36 yr old
REVATIO
RITUXAN
SAIZEN
SREVENT DISKUS
SEROSTIM

UPPER CASE = brand name medication

lower case italics = generic medication

SIMPONI ^{NEW}

SOLIRIS

sotret

STADOL NS

QL = 2 bottles/30 days

STELARA ^{NEW}

STIMATE nasal

PR ≤ 17 yr old

SUBOXONE PR and QL = 3/day

SUBUTEX PR and QL

2 mg = 24/30 days,

8 mg = 8/30 days

SUPARTZ

SYNAGIS

SYNVISC

SYNVISC ONE

tamsulosin PR in females only

TAZORAC PR ≥ 36 yr old

TEV-TROPIN

TRACLEER

tretinoin PR ≥ 36 yr old

TRETIN-X PR ≥ 36 yr old

TYSABRI

TYVASO

UROXATRAL

PR in females only

VECTIBIX

VELTIN PR ≥ 36 yr old

VENTAVIS

VILETRI

VIVAGLOBIN

VIVOTIF BERNA

VPRIV

WILATE

XEOMIN

XGEVA

XOLAIR

XYNTHA

XYREM

YERVOY

ZAVESCA

ZEMAIRA

ZIANA PR ≥ 36 yr old

ZOMETA

ZORBTIVE

ZYVOX

¹ In accordance with state law, full-risk members in Texas who are receiving coverage for medications that are removed from the Preferred Drug List during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date.

² The term precertification means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members.

³ 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 section 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 section be construed to prohibit generic drug substitutions.

⁴ Some programs, such as precertification, quantity limits and step-therapy are not available in all service areas and are subject to change. For example, precertification and step therapy programs do not apply to fully insured members in Indiana. Step-therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-insured plans. Please refer to your plan documents or call the Member Services number on your ID card.