

Aetna Commercial for self insured and custom fully insured commercial plans

July 1, 2015 Updates

Key:

- PA** = Prior Authorization only applies if your plan includes Precertification. If this is required, your doctor must contact us to request approval for coverage.
- NC** = Not Covered
- NPB** = Non-Preferred Brand
- NPL** = National Precertification List. This means prior authorization required for all plans. Your doctor must contact us to request approval for coverage.
- PB** = Preferred Brand
- QL** = Quantity Limits only apply if your plan includes Precertification. If you go past the quantity limit, your doctor must contact us to request approval for coverage.
- ST** = Step Therapy only applies if your plan includes Step Therapy. This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.
- SDL** = Specialty Drug List. This means the drug is on the Specialty Drug List. If your plan includes the Specialty Drug list, you may pay higher out of pocket costs and may be required to obtain these products at an Aetna Specialty Pharmacy Network Provider like Aetna Specialty Pharmacy. Specialty products are not available at Aetna Rx Home Delivery. For questions, call 1-866-237-3320.

UPPERCASE = Brand-name medication; **lower case italics** = generic medication

Drug Name	Current Tier	Tier as of 7/1/15	Formulary Alternative(s)	Notes
ACCOLATE	3	3		removed QL
ACTONEL TAB 5/30MG	3	3		added QL
<i>alendronate TAB 5/10/40MG</i> (generic FOSAMAX)	1	1		added QL
<i>alprazolam ER/XR TAB</i> (generic XANAX)	1	1		added QL
AMNESTEEM	1	1		removed ST
APTIOM	3	3		removed PA
AZILECT	2	2		added QL
BANZEL TAB	3	3		removed PA
BONIVA TAB	3	3		removed ST
<i>calcitonin</i> (generic MIACALCIN)	1	1		added QL
CARBATROL	3	2		
CELEBREX	3	3		removed PA
CELLCEPT CAP, TAB, SUSP	NPB	NPB	<i>mycophenolate</i>	added to SDL
CELONTIN	3	2		
CLARAVIS	1	1		removed ST

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<i>clopidogrel</i> (generic PLAVIX)	1	1		added QL
COLCRYS	2	2		added QL
DEPAKOTE	3	3		removed ST
DIASTAT	3	2		added QL
<i>diazepam GEL</i> (generic DIASTAT)	1	1		added QL
DILANTIN 30/50/100MG	3	2		
DILANTIN-125	3	2		
DUEXIS	3	3		removed ST
DUREZOL	3	2		
EFFIENT	2	2	BRILINTA, <i>clopidogrel</i>	added PA
EVISTA	3	3		removed ST
<i>florometholone SUSP</i> (generic FML LIQUIFORM)	1	1		removed QL
FML FORTE LIQUIFILM SUSP	3	3		removed QL
FML LIQUIFILM SUSP	3	3		removed QL
<i>fortical</i>	1	1		added QL
FOSAMAX + D	3	3		removed ST
FOSAMAX TAB	3	3		added QL
FUSILEV	NPB	NPB		added to NPL SDL
FYCOMPA	3	3		removed PA
<i>gabapentin SOL</i> (generic NEURONTIN)	1	1		added QL
GABITRIL	3	3		added QL removed PA
ILARIS	PB	PB		added to NPL SDL
INDOCIN SUS	3	2		
KEPPRA TAB/SOL	3	3		removed ST
KEPPRA XR	3	3		added QL removed ST
LAMICTAL ODT TAB	3	3		added QL
LAMICTAL XR KIT	3	3		removed ST
LAMICTAL XR TAB	3	3		added QL removed ST
<i>lamotrigine ER</i> (generic LAMICTAL SR)	1	1		added QL
<i>lamotrigine orally disintegrating tablet</i>	1	1		added QL

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<i>levetiracetam ER</i> (generic KEPPRA)	1	1		added QL
LOSEASONIQUE	3	3		removed PA removed ST
LOVAZA	3	3		removed ST
MAXIDEX SUSP	3	3		removed QL
<i>mefenam acid</i> (generic PONSTEL)	1	1		removed QL
MIACALCIN INJ	3	3		removed PA
MIACALCIN SPR	3	3		added QL
MIRAPEX	2	3	<i>pramipexole</i>	
MIRAPEX ER	3	3		added QL removed ST
MITIGARE CAP	3	3		added QL
<i>mycophenolate CAP, TAB, SUSP</i>	Generic	Generic		added to SDL
MYALEPT	PB	PB		added to NPL SDL
MYORISAN	1	1		removed ST
<i>naproxen SOD TAB 220MG</i>	1	NC	<i>Rx naproxen</i>	
NIASPAN	3	3		removed ST
OLYSIO	NPB	NPB	HARVONI, SOVALDI	added to ST SDL
OMNIPRED SUSP	3	3		removed QL
ONFI SUS	3	3		removed PA
ONFI TAB	3	3		added QL removed PA
OXTELLAR XR	3	3		added QL
PHENYTEK	3	2		
PLAVIX	3	3		added QL removed ST
PONSTEL	3	3		removed QL
POTIGA	3	3		removed PA
PRED FORTE SUSP	3	3		removed QL
PRED MILD SUSP	3	3		removed QL
<i>prednisolone acetate SUSP</i> (generic PRED FORTE)	1	1		removed QL
<i>prednisolone sodium phosphate SOL</i>	1	1		removed QL
PREVPAC	3	3		removed PA removed ST
QUARTETTE	3	3		removed ST
QUDEXY XR	3	3		removed ST

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Drug Name	Current Tier	Tier as of 7/1/15	Formulary Alternative(s)	Notes
REQUIP XL	3	3		added QL removed ST
<i>risedronate TAB 5/30/35M G</i> (generic ACTONEL)	1	1		added QL
<i>ropinirole ER</i> (generic REQUIP XL)	1	1		added QL
SABRIL	3	3		added QL
SEASONIQUE	3	3		removed PA removed ST
SINGULAIR	3	3		removed ST
SKELID	3	3		added QL
TEGRETOL	3	2		
<i>tiagabine</i> (generic GABITRIL)	1	1		added QL removed PA
TOPAMAX	3	3		removed ST
TOPAMAX SPR	3	3		added QL removed ST
<i>topiramate CAP</i> (generic TOPAMAX)	1	1		added QL
TROKENDI XR	3	3		removed ST
ULORIC	3	3		added QL removed ST
VALCYTE TAB, SOL	PB	PB	<i>valganciclovir</i>	added to SDL
<i>valganciclovir TAB, SOL</i>	Generic	Generic		added to SDL
VASCEPA	2	2		added QL
VEXOL SUSP	3	3		removed QL
VIMPAT SOL	3	3		removed PA
VIMPAT TAB	3	3		removed PA
XANAX XR	3	3		added QL
<i>zafirlukast</i>	1	1		removed QL
ZAVESCA	NPB	NPB		added to PA removed from NPL SDL
ZELAPAR	3	3		added QL
ZENATANE	1	1		removed ST
ZORVOLEX	3	3		added QL
ZYFLO	3	3		removed QL
ZYFLO CR	3	3		removed QL