

Advantra (PPO), Advantra Complete (PPO), Advantra Silver (HMO), Advantra Value (PPO), Aetna Advantra (HMO), Aetna Advantra Select (HMO), Aetna Better Health of Ohio Dual Preferred (HMO SNP), Aetna Better Health, Inc. (HMO SNP), Aetna Medicare Alliance Prime Plan (PPO), Aetna Medicare Choice Plan (HMO), Aetna Medicare Choice Plan (HMO-POS), Aetna Medicare Choice Plan (PPO), Aetna Medicare Connect Plus (HMO), Aetna Medicare Dual Core (HMO SNP), Aetna Medicare Elite Plan (HMO), Aetna Medicare Elite Plan (PPO), Aetna Medicare Elite Plan 1 (HMO), Aetna Medicare Essential Plan (PPO), Aetna Medicare Freedom Complete (PPO), Aetna Medicare Freedom Plan (PPO), Aetna Medicare Main Line Health Prime Plan (HMO), Aetna Medicare NJ Silver Plan (Regional PPO), Aetna Medicare NNJ Prime Plan (HMO), Aetna Medicare OH Connect Gold 2 (Regional PPO), Aetna Medicare PinnacleHealth Prime Plan (HMO), Aetna Medicare Platinum Plan (HMO), Aetna Medicare Platinum Plan (PPO), Aetna Medicare Plus Plan (PPO), Aetna Medicare Premier Plan (HMO), Aetna Medicare Premier Plan (PPO), Aetna Medicare Premier Plus Plan (PPO), Aetna Medicare Prime Essential Plan (PPO), Aetna Medicare Prime PCP Elite (HMO), Aetna Medicare Prime Plan (HMO), Aetna Medicare Prime Plan (PPO), Aetna Medicare Select Plan (HMO), Aetna Medicare Select Plan (PPO), Aetna Medicare Silver (PPO), Aetna Medicare Smart Choice Plan (HMO), Aetna Medicare SNJ Prime Elite Plan (PPO), Aetna Medicare SNJ Prime Value Plan (HMO), Aetna Medicare Standard Plan (HMO), Aetna Medicare Standard Plan (PPO), Aetna Medicare UVA Health System Prime Plan (HMO), Aetna Medicare Value Plan (HMO), Aetna Medicare Value Plan (PPO), and Total Care (HMO)

Last Updated: 12/01/2019

ARB - ARB COMBOS

Products Affected

- Edarbi
- Edarbyclor

Details

Criteria	A documented trial of one month each of two formulary generic Angiotensin II Receptor Antagonists (ARBs) or ARB combination products.
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Formulary ID: 19071: version 19

GOUT

Products Affected

- Uloric

Details

Criteria	Coverage will be provided if oral allopurinol has been tried (at least a 30-day supply in the prior 180 days)
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HYPERLIPIDEMIA

Products Affected

- Altoprev TB24 20MG, 40MG, 60MG
- Livalo

Details

Criteria	A documented trial of one month each of two of the following: formulary generic HMG CoA Reductase Inhibitors (statins) or formulary generic ezetimibe/simvastatin
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MINOCYCLINE

Products Affected

- Minocycline Hcl TABS
- Minocycline Hcl Er
- Minocycline Hydrochloride Er TB24 105MG, 115MG, 55MG, 80MG
- Minocycline Hydrochlorideer

Details

Criteria	A documented trial of one month of formulary generic minocycline IR capsules.
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NASONEX

Products Affected

- Nasonex

Details

Criteria	A documented trial of one month of formulary generic mometasone nasal spray.
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RENAGEL

Products Affected

- Renagel TABS

Details

Criteria	A documented trial of one month of formulary sevelamer.
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STALEVO

Products Affected

- Stalevo 100
- Stalevo 125
- Stalevo 150
- Stalevo 200
- Stalevo 50
- Stalevo 75

Details

Criteria	A documented trial of one month of formulary generic carbadopa/levodopa/entacapone.
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URINARY ANTISPASMODICS

Products Affected

- Tolterodine Tartrate
- Tolterodine Tartrate Er

Details

Criteria	Coverage will be provided if oxybutynin, oxybutynin extended-release, fesoterodine, solifenacin, mirabegron, trospium, or trospium extended release has been tried (at least a 30 day supply in the prior 180 days)
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