

**Aetna Better Health<sup>®</sup> of Florida**

**Supplemental Preferred Drug List**

Medicaid

Effective 03/27/2019

COVERED DRUG	REFERENCE DRUG NAME	REQUIREMENTS/LIMITS
<b>OPHTHALMIC MEDICATIONS</b>		
<i>OTHER OPHTHALMIC DRUGS</i>		
azelastine hcl		ST: Use ketotifen first
epinastine hcl		ST: Use ketotifen first
ZADITOR		
ketotifen fumarate		
<b>ULCER DRUGS</b>		
<i>H-2 ANTAGONISTS</i>		
famotidine suspension		ST: Use ranitidine syrup first.
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<i>LEUKOTRIENE MODULATORS</i>		
montelukast granules	Singulair	ST: Use montelukast chewtab for age 5 years old and older first.
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<i>NASAL STEROIDS</i>		
budesonide (nasal)	Rhinocort Allergy	
fluticasone furoate	Flonase Sensimist	
fluticasone propionate (nasal)	Flonase Allergy Relief	
triamcinolone acetonide (nasal)	Nasacort Allergy	
<b>TETRACYCLINES</b>		
<i>TETRACYCLINES</i>		
Doxycycline monohydrate capsules, tablets		
<b>AUTONOMIC AND CNS MEDICATIONS</b>		
<i>CNS STIMULANT DRUGS age &lt; 6 requires PA</i>		
methylphenidate CD capsules	Metadate CD	QL: #30 capsules/30 days
dextroamphetamine ER	Dexedrine	QL: #120 capsules/30 days (10 mg, 15 mg) #90 capsules/30 days (5 mg)
methylphenidate ER	Ritalin LA	QL: #30 capsules/30 days (20 mg, 40 mg, 60 mg) #60 capsules/30 days (30 mg)

<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
tolterodine	Detrol	QL: #60 tablets/30 days
tolterodine ER	Detrol LA	AL: Min age = 5 years old
trospium	Sanctura	QL: #60 tablets/30 days
trospium ER	Sanctura XR	QL: #30 tablets/30 days
<b>DERMATOLOGICALS</b>		
<b>TOPICALS</b>		
malathion 0.5% lotion	Ovide	QL: 60ml every 30 days; Maximum of 2 prescription fills every 60 days
fluocinonide 0.05% cream		
clindamycin phos 1% gel and lotion		ST: Use clindamycin phosphate 1% solution first.
<b>ACNE PRODUCTS</b>		
benzoyl peroxide 2.5%, 5% gel		
<b>CORTICOSTEROIDS – TOPICAL</b>		
betamethasone dipropionate augmented	Diprolene	
<b>ENDOCRINE &amp; METABOLIC AGENTS</b>		
<b>Growth Hormone</b>		
Omnitrope SOLUTION RECONSTITUTED 5.8 MG Subcutaneous		PA Required
<b>MISCELLANEOUS DURABLE MEDICAL EQUIPMENT</b>		
<b>Diabetic Supplies</b>		
INSULIN SYRINGE (various)		
*BLOOD GLUCOSE CALIBRATION - LIQUID***		
*BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH***		
*BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL***		
*BLOOD GLUCOSE CALIBRATION - LIQUID - LOW***		
*BLOOD GLUCOSE MONITORING MISC.***		
*LANCETS***		
*LANCET DEVICES***		
*LANCETS MISC.***		
*LANCETS KIT***		
*ALCOHOL SWABS***		
ONETOUCH KIT VERIO IQ		



ONETOUCH TES VERIO		QL: #200 strips/30 days
ONETOUCH KIT VERIO		
ONETOUCH TES ULTRA BL		QL: #200 strips/30 days
ONETOUCH KIT ULT MINI		
ONETOUCH VER KIT SYNC		
ONETOUCH KIT ULTRA 2		
ONETOUCH KIT ULTRALNK		
ONETOUCH MIS REMOTE		
ONE TCH SLVR KIT ULT MINI		
ONE TOUCH KIT VERIO IQ		
RELION KETON TES		
KETOSTIX TES STRIP		
KETO-DIASTIX TES		
KETONE TEST TES		
KETOCARE TES		
BD PEN NEEDL MIS 32GX4MM		ST: Requires claim for pen device first
BD PEN NEEDL MIS 31GX5/16		ST: Requires claim for pen device first
BD PEN NEEDL MIS 31GX3/16		ST: Requires claim for pen device first
BD ULTRA-FIN MIS 32GX6MM		ST: Requires claim for pen device first
BD PEN NEEDL MIS 29GX1/2"		ST: Requires claim for pen device first
AUTOSHIELD MIS 29X3/16"		ST: Requires claim for pen device first
AUTOSHIELD MIS 29X5/16"		ST: Requires claim for pen device first
AUTOSHIELD MIS 30GX3/16		ST: Requires claim for pen device first
<b><i>INHALER ASSIST DEVICES (QL = #1 spacer/365 days)</i></b>		
AERCHMBR Z- MIS STAT PLS		
AEROCHAMBER MIS FLOSIGNA		
AERCHMBR Z- MIS STAT PLS		
AERCHMBR Z- MIS STAT PLS		
AERCHMBR Z- MIS STAT PLS		
AEROCHAMBER MIS MV		
MICROCHAMBER MIS		
INSPIREASE MIS DD SYST		
AERCHMBR PLS MIS SM MASK		
AERCHMBR PLS MIS FLOW-VU		
AERCHMBR PLS MIS LRG MASK		
AEROCHAMBER MIS PLUS		
OPTIHALER MIS		



EASIVENT MIS		
EASIVENT MIS		
EASIVENT MIS MASK SM		
EASIVENT MIS MASK MED		
EASIVENT MIS MASK LG		
BREATHERITE MIS		
BREATHERITE MIS LG MASK		
BREATHERITE MIS MED MASK		
BREATHERITE MIS SM MASK		
BREATHERITE MIS		
BREATHERITE MIS LG MASK		
BREATHERITE MIS MED MASK		
BREATHERITE MIS SM MASK		
OPTIHALER MIS		
OPTIHALER MIS		
OPTICHAMBER MIS ADVANTAG		
OPTICHAMBER MIS ADVANTAG		
OPTICHAMBER MIS ADV SM		
OPTICHAMBER MIS ADV MED		
OPTICHAMBER MIS ADV LRG		
OPTICHAMBER MIS FACE MAS		
OPTICHAMBER MIS FACE MAS		
OPTICHAMBER MIS FACE MAS		
POCKET SPACE MIS		
POCKET SPACE MIS		
POCKET SPACE MIS		
BREATHERITE MIS SPACER		
BREATHERITE MIS SPACER		
BREATHERITE MIS SPACER		
BREATHERITE MIS SPACER		
BREATHERITE MIS SPACER		
BREATHERITE MIS W/MASK		
BREATHERITE MIS W/MASK		
BREATHERITE MIS W/MASK		
BREATHERITE MIS W/MASK		
BREATHERITE MIS W/MASK		
POCKET CHAMB MIS		
POCKET CHAMB MIS		
POCKET CHAMB MIS		
MICROSPACER MIS		
VORTEX VALVE MIS CHAMBER		
AERCHMBR PLS MIS MED MASK		
AERCHMBR PLS MIS SM MASK		



AERCHMBR Z- MIS STAT PLS		
AEROCHAMBER MIS PLUS		
AEROCHAMBER MIS PLUS		
AERCHMBR PLS MIS LRG MASK		
E-Z SPACER MIS BODY GRD		
RITEFLO MIS		
LITEAIRE MIS		
WATCHHALER MIS		
E-Z SPACER MIS		
VALVD HOLDNG MIS CHAMBER		
AEROCHAMBER MIS CHAMBER		
OPTICHAMBER MIS DIAMOND		
OPTICHAMBER MIS DIA SM		
OPTICHAMBER MIS DIA MD		
OPTICHAMBER MIS DIA LG		
ARIAL MIS CHAMBER		
OPTICHAMBER MIS DIAMOND		
OPTICHAMBER MIS DIAMOND		
OPTICHAMBER MIS DIA MD		
OPTICHAMBER MIS DIA LG		
OPTICHAMBER MIS DIAMOND		
VORTEX VALVE MIS CHAMBER		
INSPIRACHAMB MIS MOUTHPCCE		
INSPIRACHAMB MIS SMALL		
INSPIRACHAMB MIS MEDIUM		
AEROVENT MIS PLUS		
AEROVENT MIS PLUS		
FLEXICHAMBER MIS		
INSPIRACHAMB MIS LARGE		
COMPACT SPAC MIS CHAMBER		
COMPACT SPAC MIS SM MASK		
COMPACT SPAC MIS MD MASK		
COMPACT SPAC MIS LG MASK		
HOLD CHAMBER MIS ADLT LG		
HOLD CHAMBER MIS MEDIUM		
HOLD CHAMBER MIS SMALL		
<b>OTHER DME</b>		
Normal Saline Flush		#150 syringes/30 days