



Aetna Better Health

P.O. Box 569150

Dallas, TX 75356-0150

1.800.245.5380 (Tarrant CHIP) | 1.866.818.0959 (Bexar CHIP) |

1.800.306.8612 (Tarrant Medicaid) | 1.800.248.7767 (Bexar Medicaid)

AETNA BETTER HEALTH®

Dear Prescriber:

RE: Texas Medicaid STAR PDL Formulary Change Notice: Antidepressants and Growth Hormone Medication

This is an important message for your Aetna Better Health Medicaid STAR patients who may be taking certain Growth Hormone or Antidepressant medications. Effective November 1, 2013, all non-preferred antidepressants and growth hormones will reject at the pharmacy and will no longer be covered by Aetna Better Health without Prior Authorization. If a non-preferred agent is needed, a prior authorization will have to be obtained.

Please note that current Non-Preferred prescriptions will not auto refill as Non-Preferred Agents and will not process without treatment failure, contraindication or allergic reaction with a preferred agent. If these apply to your patient, you may contact CVS Caremark Help Desk to request prior authorization at 1-877-874-3317. For your patient to receive a Preferred Drug, you will need to write a new prescription for a Preferred Agent. Refer to the chart below of Non-Preferred Agents and alternative Preferred Agents on the Texas Medicaid STAR Formulary.

A 72-hour emergency supply of the patient's current medication may be dispensed by the pharmacy if the prescribing provider cannot be reached or the pharmacy is unable to request a prior authorization.

This change has been mandated due to Grandfathering Rider 51, 83rd Legislature, Regular Session 2013 (General Appropriations Act, Article II).

This summary provides the available products and their Texas Medicaid Preferred Drug List status.

TEXAS VENDOR DRUG PROGRAM FORMULARY* ANTIDEPRESSANTS	
PREFERRED AGENTS	NON-PREFERRED AGENTS
Antidepressants-SSRIs	
citalopram; fluoxetine IR; fluvoxamine; escitalopram tablets; paroxetine IR; sertraline	CELEXA (citalopram); fluoxetine capsule DR; LEXAPRO solution (escitalopram); LEXAPRO tablets (escitalopram); LUVOX CR (fluvoxamine); paroxetine CR; PAXIL (paroxetine); PAXIL CR (paroxetine); PEVEVA (paroxetine); PROZAC (fluoxetine); ZOLOFT (sertraline)
Antidepressants-Other	
bupropion; bupropion SR; bupropion XL; MARPLAN (isocarboxazid); mirtazapine; phenelzine; trazodone; venlafaxine ER capsules	APLENZIN (bupropion); EFFEXOR XR (venlafaxine); EMSAM (selegiline); FORFIVO XL (bupropion); NARDIL (phenelzine); nefazodone ; OLEPTRO ER (trazodone); PRISTIQ (desvenlafaxine); REMERON (mirtazapine); tranylcypromine; venlafaxine IR; venlafaxine ER tablets; VIIBRYD (vilazodone); WELLBUTRIN (bupropion); WELLBUTRIN SR (bupropion); WELLBUTRIN XL (bupropion)
TEXAS VENDOR DRUG PROGRAM FORMULARY* GROWTH HORMONE	
GENOTROPIN (somatropin); HUMATROPE (somatropin); NORDITROPIN (somatropin)	NUTROPIN (somatropin); NUTROPIN AQ (somatropin); OMNITROPE (somatropin); SAIZEN (somatropin); SEROSTIM (somatropin); TEV-TROPIN (somatropin); ZORBTIVE (somatropin)

*VDP-PDL Last Updated: July 2013

For questions, please call us at 1-800-248-7767 (Bexar) or 1-800-306-8612 (Tarrant).

Sincerely,

Aetna Better Health
www.aetnamedicaid.com