

Covered and non-covered drugs

**Drugs not covered — and their covered
alternatives for the Value and Value Plus
pharmacy plans**
Formulary Exclusions Drug List

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Additional exclusions may apply to certain Small Group plans.

Key	
UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

July 2018 Formulary Exclusions Drug List

Value and Value Plus pharmacy plans

Category	Not covered	Covered alternatives
Analgesics	<i>acetaminophen/caffeine/dihydrocodeine tab</i> 325-30-16 mg	<i>acetaminophen/caffeine/dihydrocodeine cap</i> 320.5-30-16mg (generic TREZIX)
	<i>ALLZITAL (butalbital/acetaminophen)</i> <i>bupap</i> <i>butalbital/acetaminophen 50-300mg</i>	<i>butalbital/acetaminophen 50-325mg</i>
	<i>CAMBIA (diclofenac)</i>	<i>diclofenac potassium</i> (generic CATAFLAM), <i>sumatriptan</i> (generic IMITREX), <i>naratriptan</i> (generic AMERGE), <i>rizatriptan</i> (generic MAXALT)
	<i>CONZIP* (tramadol ER capsules)</i>	<i>tramadol</i> immediate-release or extended-release tablets (generic ULTRAM, ULTRAM ER)
	<i>DUEXIS (ibuprofen/famotidine)</i>	<i>ibuprofen</i> (generic MOTRIN) plus <i>famotidine</i> (generic PEPCID)
	<i>FLECTOR PATCH (diclofenac epolamine)</i> <i>NAPRELAN* (naproxen sodium)</i> <i>PENNSAID* (diclofenac sodium topical solution)</i> <i>SPRIX (ketorolac trometh nasal spray)</i> <i>TIVORBEX (indomethacin)</i> <i>VIVLODEX (meloxicam)</i> <i>ZIPSOR (diclofenac potassium)</i> <i>ZORVOLEX (diclofenac)</i>	Generic oral nonsteroidal anti-inflammatory drug
	<i>LAZANDA (fentanyl citrate nasal spray)</i> <i>SUBSYS (fentanyl sublingual spray)</i>	<i>fentanyl citrate lozenge</i> (generic ACTIQ)
	<i>PRIMLEV (oxycodone/acetaminophen)</i>	<i>oxycodone/acetaminophen</i> (generic PERCOCET, ENDOCET)
	<i>RYBIX ODT (tramadol)</i>	<i>tramadol</i> immediate-release or extended-release tablets (generic ULTRAM, ULTRAM ER)
	<i>VANATOL LQ (acetaminophen/butalbital/ caffeine)</i>	<i>acetaminophen/butalbital/caffeine</i> tablet (generic FIORICET)
	<i>VIMOVO (naproxen/esomeprazole)</i>	<i>esomeprazole magnesium</i> (generic NEXIUM) plus <i>naproxen</i> (generic NAPROSYN)

*Generic product is available and is also excluded from coverage.

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Category	Not covered	Covered alternatives
Antibiotics	ACTICLATE* (<i>doxycycline</i>) ADOXA* (<i>doxycycline</i>) AVIDOXY* (<i>doxycycline</i>) DORYX* (<i>doxycycline</i>) doxycycline hyclate 75 mg, 100 mg delayed-release tablets doxycycline monohydrate 75 mg capsules MONODOX 75 mg* (<i>doxycycline</i>) MONDOXYNE NL 75 mg capsules ORACEA* (<i>doxycycline</i>) TARGADOX (<i>doxycycline</i>)	doxycycline monohydrate 50 mg, 100 mg capsules (generic MONODOX) doxycycline hyclate 100 mg capsules (generic VIBRAMYCIN) DOXY-D 100 mg capsules MORGIDOX 50 mg, 100 mg capsules
	COREMINO (<i>minocycline</i>) DYNACIN* tablets (<i>minocycline</i>) SOLODYN (<i>minocycline</i>) XIMINO (<i>minocycline</i>)	minocycline capsules (generic MINOCIN)
Antidotes	EVZIO (<i>naloxone HCl injection</i>)	NARCAN nasal spray
Antihyperlipidemic	FENOGLIDE* (<i>fenofibrate</i>)	Other generic <i>fenofibrates</i>
	FLOLIPID (<i>simvastatin susp</i>)	simvastatin (generic ZOCOR)
Anti-infectives	SOLOSEC (<i>secnidazole</i>)	metronidazole
Antivirals	SITAVIG (<i>acyclovir</i>)	acyclovir capsules, tablets, ointment (generic ZOVIRAX)
Cardiovascular	AUVI-Q (epinephrine)	epinephrine injection, Epi-Pen
	CARDIZEM CD** (<i>diltiazem</i>)	diltiazem ER
	CADUET* (<i>amlodipine/atorvastatin</i>)	amlodipine (generic NORVASC) plus atorvastatin (generic LIPITOR)
	CAROSPIR (<i>spironolactone susp</i>)	spironolactone (generic ALDACTONE)
	DIAMOX SEQUEL* (<i>acetazolamide ER</i>)	acetazolamide (generic DIAMOX)
	DUTOPROL (<i>metoprolol succinate/hydrochlorothiazide extended-release tablets</i>)	metoprolol ER (generic TOPROL XL) plus hydrochlorothiazide, metoprolol/hydrochlorothiazide IR (generic LOPRESS HCR)
	INDERAL LA** (<i>propranolol ER</i>)	propranolol ER
	metoprolol succinate/hydrochlorothiazide extended-release tablets	metoprolol/hydrochlorothiazide tablets (generic LOPRESSOR HCT)
	VASOTEC** (<i>enalapril maleate</i>)	enalapril maleate
	ZYPITAMAG (<i>pitavastatin</i>)	rosuvastatin, atorvastatin, simvastatin (generic CRESTOR, LIPITOR, ZOCOR)
Central nervous system (CNS) — antidepressants/ other	APLENZIN (<i>bupropion HBr</i>) FORFIVO XL (<i>bupropion HCl extended release</i>) WELLBUTRIN XL** (<i>bupropion extended release</i>)	bupropion immediate or extended release (generic WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL)
	ATIVAN** (<i>lorazepam</i>)	lorazepam
	GOCOVRI (<i>amantadine extended release</i>)	amantadine
	PEXEVA (<i>paroxetine</i>)	paroxetine immediate or extended release (generic PAXIL, PAXIL CR)

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Category	Not covered	Covered alternatives
Central nervous system (CNS) — antidepressants/ other	TRANSDERM SCOP**	<i>scopolamine transdermal patch</i>
	XANAX** (alprazolam)	<i>alprazolam</i>
	XANAX**XR (<i>alprazolam ER</i>)	<i>alprazolam ER</i>
	ZELAPAR (<i>selegiline</i>)	<i>selegiline</i> (generic ELDERPRYL)
CNS — antiseizure	STAVZOR (<i>valproic acid</i>)	<i>valproic acid</i> (generic DEPAKENE)
CNS — sedative/ hypnotics	EDLUAR (<i>sublingual zolpidem</i>) INTERMEZZO* (<i>sublingual zolpidem</i>) ZOLPIMIST oral spray (<i>zolpidem</i>)	<i>zolpidem</i> tablets (generic AMBIEN)
	EDLUAR (<i>sublingual zolpidem</i>) INTERMEZZO* (<i>sublingual zolpidem</i>) ZOLPIMIST oral spray (<i>zolpidem</i>)	<i>zolpidem</i> tablets (generic AMBIEN)
	SILENOR (doxepin)	<i>doxepin</i> (generic SINEQUAN)
CNS — attention deficit hyperactivity disorder (ADHD)	ZENZEDI 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg (<i>dextroamphetamine sulfate</i>)	<i>dextroamphetamine sulfate</i> (generic DEXEDRINE)
Dermatological	ABSORICA (<i>isotretinoin</i>)	AMNESTEEM, CLARAVIS, MYORISAN
	ACANYA gel pump (<i>benzoyl peroxide /clindamycin</i>) BENZACLIN* (<i>benzoyl peroxide/clindamycin</i>) DUAC* (<i>benzoyl peroxide/clindamycin</i>) NEUAC* (<i>benzoyl peroxide/clindamycin</i>) ONEXTON (<i>benzoyl peroxide/clindamycin</i>)	<i>Topical benzoyl peroxide plus clindamycin</i>
	ATRALIN** (<i>tretinoin</i>)	<i>Topical tretinoin</i> (generic RETIN-A, ATRALIN)
	<i>calcipotriene-betamethasone dipropionate oint</i>	<i>calcipotriene CR, oint</i> (generic DOVONEX); <i>betamethasone CR, oint</i> (generic VALISONE, DIPROSONE)
	CAPEX (<i>fluocinolone</i>)	<i>fluocinolone</i> (generic SYNALAR)
	CARAC* (<i>fluorouracil</i>)	<i>topical fluorouracil</i> (generic EFUDEX)
	ECOZA (<i>econazole</i>)	<i>econazole</i> cream (generic SPECTAZOLE)
	EFUDEX CREAM 5%** (<i>fluorouracil</i>)	<i>topical fluorouracil</i> (generic EFUDEX)
	ERTACZO (<i>sertaconazole</i>)	<i>ketconazole</i> cream (generic NIZORAL)
	EUCRISA (<i>crisaborole</i>)	Topical corticosteroids
	EXELDERM (<i>sulconazole</i>)	<i>ketconazole</i> cream (generic NIZORAL)
	EXTINA (<i>ketconazole</i>)	<i>ketconazole</i> cream (generic NIZORAL)
	FLUOROPLEX CREAM 1% (<i>fluorouracil</i>)	<i>topical fluorouracil</i> (generic EFUDEX)
	<i>fluorouracil</i> cream 0.5%	<i>topical fluorouracil</i> (generic EFUDEX)

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Category	Not covered	Covered alternatives
Dermatological	IMPOYZ (<i>clobetasol</i>)	<i>augmented betamethasone</i> (generic DIPROLENE AF)
	<i>ketoconazole AER 2%</i>	<i>ketoconazole</i> cream (generic NIZORAL)
	KETODAN (<i>ketoconazole</i>)	<i>ketoconazole</i> cream (generic NIZORAL)
	LUZU (<i>ketoconazole</i>)	<i>ketoconazole</i> cream (generic NIZORAL)
	MIRVASO (<i>brimonidine</i>)	<i>topical metronidazole</i> (generic METROGEL)
	<i>naftifine</i> cream 2%	<i>naftifine</i> 1% cream (generic NAFTIN)
	NAFTIN (<i>naftifine</i>)	<i>naftifine</i> 1% cream (generic NAFTIN)
	NUCORT (<i>hydrocortisone</i>)	<i>hydrocortisone</i> lotion
	ONMEL (<i>itraconazole</i>)	<i>itraconazole</i> (generic SPORANOX)
	<i>oxiconazole</i> cream	<i>ketoconazole</i> cream (generic NIZORAL)
	OXISTAT (<i>oxiconazole</i>)	<i>ketoconazole</i> cream (generic NIZORAL)
	PROCTOCORT** CREAM 1% (<i>hydrocortisone</i> cream)	<i>hydrocortisone</i> rectal cream
	SELRX shampoo (<i>selenium sulfide</i>)	<i>selenium sulfide</i> shampoo (generic EXCEL)
	SOLARAZE* (<i>diclofenac sodium 3% gel</i>)	<i>imiquimod</i> (generic ALDARA), <i>fluorouracil</i> cream (generic CARAC)
	SORILUX	Topical corticosteroids
	TACLONEX OINT* (<i>calcipotriene-betamethasone dipropionate</i>)	<i>calcipotriene CR</i> , oint (generic DOVONEX); <i>betamethasone CR</i> , oint (generic)
	TOLAK (<i>fluorouracil</i>)	<i>topical fluorouracil</i> (generic EFUDEX)
	TOPICORT spray (<i>desoximetasone</i>)	<i>desoximetasone</i> cream, gel, ointment
	VANOS** (<i>fluocinonide</i>)	<i>fluocinonide</i> cream
	VERDESO (<i>desonide</i>)	<i>desonide</i> (generic DESOWEN)
XOLEGEL (<i>ketoconazole</i>)	<i>ketoconazole</i> cream (generic NIZORAL)	
ZOVIRAX OINT** (<i>acyclovir</i>)	<i>acyclovir</i> ointment	
ZYCLARA (<i>imiquimod</i>)	<i>imiquimod</i> (generic ALDARA)	
Endocrine	All non LIFESCAN/ABBOTT brand test strips	LIFESCAN/ABBOTT brand test strips
	ADLYXIN (<i>lixisenatide</i>)	VICTOZA, TRULICITY
	BYDUREON (<i>exenatide</i>)	
	BYETTA (<i>exenatide</i>)	
	TANZEUM (<i>albiglutide</i>)	
	OZEMPIC (<i>semaglutide</i>)	
ADMELOG (<i>insulin lispro</i>)	HUMALOG	

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Category	Not covered	Covered alternatives	
Endocrine	ANDRODERM (<i>testosterone</i>) ANDROGEL 1%** (<i>testosterone</i>) AXIRON (<i>testosterone</i>) FORTESTA** (<i>testosterone</i>) NATESTO (<i>testosterone</i>) STRIANT (<i>testosterone</i>) TESTIM (<i>testosterone</i>) VOGELXO (<i>testosterone</i>)	ANDROGEL 1.62% <i>testosterone</i> transdermal gel (generic FORTESTA, ANDROGEL 1%)	
	APIDRA (<i>insulin glulisine</i>) FIASP (<i>insulin aspart</i>) NOVOLOG (<i>insulin aspart</i>), NOVOLOG MIX	HUMALOG, HUMALOG MIX	
	BINOSTO (<i>alendronate</i>)	<i>alendronate</i> tablets (generic FOSAMAX)	
	FORTAMET* (<i>metformin extended release</i>) GLUMETZA* (<i>metformin extended release</i>)	<i>metformin</i> immediate and extended release (generic GLUCOPHAGE, GLUCOPHAGE XR)	
	KAZANO (<i>alogliptin/metformin</i>) KOMBIGLYZE XR (<i>saxagliptin/metformin</i>)	JANUMET/XR, JENTADUETO	
	LANTUS (<i>insulin glargine</i>) TOUJEO (<i>insulin glargine</i>)	LEVEMIR, TRESIBA	
	NESINA (<i>alogliptin</i>) ONGLYZA (<i>saxagliptin</i>)	JANUVIA, TRAJENTA	
	NOVOLIN N (<i>insulin NPH isophane</i>) NOVOLIN R (<i>insulin regular</i>) NOVOLIN MIX	HUMULIN N, R, MIX	
	OSENI (<i>alogliptin/pioglitazone</i>)	JANUVIA or TRAJENTA plus <i>pioglitazone</i> (generic ACTOS)	
	QTERN (<i>dapagliflozin/saxagliptin</i>)	GLYXAMBI	
	RAYOS*** (<i>prednisone</i>)	<i>prednisone</i> immediate release	
	ZODEX (<i>dexamethasone</i>) ZONACORT (<i>dexamethasone</i>)	<i>dexamethasone</i> (generic DECADRON)	
	Gastrointestinal (GI) — other	<i>chlordiazepoxide/clidinium</i> LIBRAX (<i>chlordiazepoxide/clidinium</i>)	<i>dicyclomine</i> (generic BENTYL), <i>omeprazole</i> (generic PRILOSEC), <i>famotidine</i> (generic PEPCID)
		CORTIFOAM AER (<i>hydrocortisone ac</i>)	<i>hydrocortisone enema</i> (generic CORTENEMA)
PROCTOFOAM AER 1% (<i>hydrocortisone ac/pramoxine</i>)		<i>hydrocortisone ac/promoxine rectal cream</i> (generic ANALPRAM HC)	
SYNDROS (<i>dronabinol sol</i>)		<i>dronabinol capsules</i> (generic MARINOL)	
ZUPLENZ (<i>ondansetron film</i>)		<i>ondansetron tablets</i> (generic ZOFRAN)	
GI — prescription ulcer medicine	<i>esomeprazole strontium</i>	<i>esomeprazole magnesium</i> (generic NEXIUM)	
	DEXILANT*** (<i>dexlansoprazole</i>)	<i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX), <i>rabeprazole</i> (generic ACIPHEX)	

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†Coverage of over-the-counter (OTC) products may not be available under all plan designs.

Category	Not covered	Covered alternatives
GI — prescription ulcer medicine	PREVACID delayed-release capsules 30 mg*	PREVACID OTC, [†] <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX), <i>rabeprazole</i> (generic ACIPHEX)
	PRILOSEC powder packet (<i>omeprazole</i>)	PRILOSEC OTC, [†] <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX), <i>rabeprazole</i> (generic ACIPHEX)
	ZEGERID* (<i>omeprazole/sodium bicarbonate</i>)	ZEGERID OTC, [†] <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX), <i>rabeprazole</i> (generic ACIPHEX)
Migraine products	ALSUMA (<i>sumatriptan injection</i>) SUMAVEL (<i>sumatriptan needleless</i>)	<i>sumatriptan</i> injection (generic IMITREX)
	MIGRANAL* (<i>dihydroergotamine</i>)	<i>dihydroergotamine</i> nasal spray
	RELPAZ** (<i>eletriptan</i>)	<i>eletriptan</i>
	TREXIMET* (<i>sumatriptan/naproxen</i>)	<i>sumatriptan</i> (generic IMITREX) plus <i>naproxen</i> (generic NAPROSYN)
Miscellaneous	NASCOBAL (<i>cyanocobalamin nasal spray</i>)	<i>cyanocobalamin</i> injection
Multiple sclerosis	COPAXONE** (<i>glatiramer acetate</i>)	GLATOPA
Muscle relaxants	AMRIX (<i>cyclobenzaprine</i>) <i>chlorzoxazone 250mg</i> LORZONE (<i>chlorzoxazone</i>) SOMA 250 mg* (<i>carisoprodol</i>) ZANAFLEX* CAPSULES	<i>chlorzoxazone</i> (generic Parafon Forte), <i>cyclobenzaprine</i> (generic FLEXERIL), <i>tizanidine</i> (generic ZANAFLEX tablets)
Oncology	ALKERAN** (<i>melphalan</i>)	<i>melphalan</i>
	GLEEVEC** (<i>imatinib</i>)	<i>imatinib</i>
	TEMODAR** (<i>temozolomide</i>)	<i>temozolomide</i>
	XELODA** (<i>capecitabine</i>)	<i>capecitabine</i>
Ophthalmics	VIGAMOX** (<i>moxifloxacin</i>)	<i>moxifloxacin ophthalmic solution</i>
Respiratory nasal/ cough and cold	DYMISTA (<i>azelastine/fluticasone</i>)	<i>azelastine</i> (generic ASTELIN), <i>mometasone</i> (generic NASONEX), <i>flunisolide</i> (generic NASALIDE)
	RYVENT (<i>carbinoxamine</i>)	<i>carbinoxamine</i>
	XHANCE nasal spray (<i>fluticasone</i>)	<i>mometasone</i> (generic NASONEX)
	ZONATUSS** (<i>benzonatate</i>)	<i>benzonatate</i> (generic ZONATUSS, TESSALON PERLES)

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Please remember that this is not a complete list of covered or excluded medications under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones. Certain drugs, such as those for smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan. If you have any questions about your pharmacy benefits, please visit [aetna.com](https://www.aetna.com) and log in to your secure member website. If you don't have access to our website, call the toll-free number on your member ID card.

To check coverage and copay information for a specific medicine, visit [aetna.com](https://www.aetna.com) and log in to your secure member website. For more details, please call the toll-free number on your member ID card.

This is not an inclusive list. Products that are not represented on this list may be subject to plan-specific copayment or coinsurance. Void where prohibited by law.

Specific prescription benefits plan design may not cover certain categories or may be subject to additional charges or restrictions, regardless of their appearance in this document.

Aetna may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Information is believed to be accurate as of the production date; however, it is subject to change. For questions, please call the toll-free number on your member ID card.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 01, HO HGrpPol 01.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23, GR-29N.

