

Covered and non-covered drugs

**Drugs not covered — and their covered
alternatives for the Premier and
Premier Plus pharmacy plans**
2020 Formulary Exclusions Drug List



Formulary Exclusions Drug List effective July 1, 2020

Premier and Premier Plus pharmacy plans

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

Category	Not covered	Covered alternatives
Analgesics	<i>acetaminophen/caffeine/dihydrocodeine tab 325-30-16 mg</i>	<i>acetaminophen/caffeine/dihydrocodeine cap 320.5-30-16mg (generic TREZIX)</i>
	ALLZITAL (butalbital/acetaminophen) <i>bupap</i> <i>butalbital/acetaminophen 50-300mg</i>	<i>butalbital/acetaminophen 50-325mg</i>
	ANAPROX DS** (<i>naproxen</i>) FENORTHO* (<i>fenoprofen calcium</i>) FLECTOR PATCH (<i>diclofenac epolamine</i>) INDOCIN SUPP* (<i>indomethacin</i>) INDOCIN SUSP* (<i>indomethacin</i>) <i>ketoprofen 25mg capsules</i> <i>ketoprofen er</i> MOBIC** (<i>meloxicam</i>) NAPRELAN* (<i>naproxen sodium</i>) SPRIX (<i>ketorolac trometh nasal spray</i>) TIVORBEX (<i>indomethacin</i>) VIVLODEX (<i>meloxicam</i>) VOLTAREN** (<i>diclofenac</i>) ZIPSOR (<i>diclofenac potassium</i>) ZORVOLEX (<i>diclofenac</i>)	Generic oral nonsteroidal anti-inflammatory drug
	CONZIP* (<i>tramadol ER capsules</i>)	<i>tramadol immediate-release or extended-release tablets (generic ULTRAM, ULTRAM ER)</i>
	DEPAK 6 DAY** (<i>dexamethasone</i>) DEPAK 10 DAY** (<i>dexamethasone</i>) DEPAK 13** (<i>dexamethasone</i>) TAPERDEX 6 DAY (<i>dexamethasone</i>)	<i>dexamethasone tab therapy pack</i>
	LAZANDA (<i>fentanyl citrate nasal spray</i>) SUBSYS (<i>fentanyl sublingual spray</i>)	<i>fentanyl citrate lozenge (generic ACTIQ)</i>
	LIDODERM** (<i>lidocaine</i>)	<i>lidocaine patch 5%</i>
	NALOCET PERCOCET**	<i>oxycodone-acetaminophen (generic PERCOCET)</i>
	PLIAGLIS	<i>lidocaine-prilocaine cream 2.5-2.5%</i>
	PRIMLEV (<i>oxycodone/acetaminophen</i>)	<i>oxycodone/acetaminophen (generic PERCOCET, ENDOCET)</i>
	<i>Vanadol S (acetaminophen/butalbital/caffeine)</i> <i>Vanadol LQ (acetaminophen/butalbital/caffeine)</i> <i>VTOL (acetaminophen/butalbital/caffeine)</i>	<i>acetaminophen/butalbital/caffeine tablet (generic FIORICET)</i>
	ZOHYDRO ER	<i>fentanyl transdermal, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>

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Category	Not covered	Covered alternatives
Antibiotics	ADOXA* (doxycycline)	doxycycline monohydrate 50 mg, 100 mg capsules (generic MONODOX)
	AVIDOXY* (doxycycline)	doxycycline hyclate 100 mg capsules (generic VIBRAMYCIN)
	DORYX* (doxycycline)	DOXY-D 100 mg capsules
	doxycycline hyclate 75 mg, 100 mg delayed-release tablets	MORGIDOX 50 mg, 100 mg capsules
	doxycycline hyclate tablet 50mg, 75mg, 150mg	
	doxycycline monohydrate 75 mg capsules	
	MINOLIRA ER (minocycline)	
	MONODOX 75 mg* (doxycycline)	
	MONDOXYNE NL 75 mg capsules	
		COREMINO (minocycline)
	DYNACIN* tablets (minocycline)	
	SOLODYN (minocycline)	
	XIMINO (minocycline)	
	FURADANTIN** (nitrofurantoin oral suspension)	nitrofurantoin
Anticoagulants	COUMADIN**	enoxaparin (generic Lovenox)
	PRADAXA	warfarin (generic COUMADIN)
	SAVAYSA	ELIQUIS
		XARELTO
Antidotes	EVZIO (naloxone HCl injection)	NARCAN nasal spray
Antihyperlipidemic	CRESTOR** (rosuvastatin calcium)	rosuvastatin
	FENOGLIDE* (fenofibrate)	Other generic fenofibrates
	FLOLIPID (simvastatin susp)	simvastatin (generic ZOCOR)
	LIPITOR** (atorvastatin)	atorvastatin
Anti-infectives	ANCOBON* (flucytosine)	fluconazole
	SOLOSEC (secnidazole)	metronidazole
Antivirals	BARACLUDE**	entecavir (generic BARACLUDE)
	SITAVIG (acyclovir)	acyclovir capsules, tablets, ointment (generic ZOVIRAX)
	TAMIFLU** (oseltamivir)	oseltamivir
Benign prostatic hypertrophy	RAPAFLO**	silodosin (generic RAPAFLO)
Cardiovascular	AUVI-Q (epinephrine)	epinephrine injection, Epi-Pen
	CADUET* (amlodipine/atorvastatin)	amlodipine (generic NORVASC) plus atorvastatin (generic LIPITOR)
	CARDIZEM CD** (diltiazem)	diltiazem ER
	CAROSPIR (spironolactone susp)	spironolactone (generic ALDACTONE)
	DIAMOX SEQUEL* (acetazolamide ER)	acetazolamide (generic DIAMOX)
	DUTOPROL* (metoprolol succinate/ hydrochlorothiazide extended-release tablets)	metoprolol ER (generic TOPROL XL) plus hydrochlorothiazide, metoprolol/ hydrochlorothiazide IR (generic LOPRESS HCR)
	DYRENIUM	triamterene
	INDERAL LA** (propranolol ER)	propranolol ER
	REPATHA	PRALUENT
	TOPROL XL**	metoprolol succinate er (generic TOPROL XL)
	VASOTEC** (enalapril maleate)	enalapril maleate
	ZONTIVITY	BRILINTA, anagralide, clopidogrel
	ZYPITAMAG (pitavastatin)	rosuvastatin, atorvastatin, simvastatin (generic CRESTOR, LIPITOR, ZOCOR)

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Category	Not covered	Covered alternatives
Central nervous system (CNS) – antidepressants	APLENZIN (<i>bupropion HBr</i>) FORFIVO XL* (<i>bupropion HCl extended release</i>) WELLBUTRIN XL** (<i>bupropion extended release</i>)	<i>bupropion immediate or extended release</i> (generic WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL)
	LEXAPRO (<i>escitalopram</i>)**	<i>escitalopram</i>
	PEXEVA (<i>paroxetine</i>)	<i>paroxetine immediate or extended release</i> (generic PAXIL, PAXIL CR)
	<i>fluoxetine tablet 60mg</i> PROZAC**	<i>fluoxetine</i> (except <i>fluoxetine tablet 60mg</i>)
	PRISTIQ** (<i>desvenlafaxine</i>)	<i>desvenlafaxine succinate tab er 24 hr</i>
CNS – antipsychotics	ABILIFY FANAPT SEROQUEL XR	<i>olanzapine</i> <i>risperidone</i> <i>quetiapine</i> <i>aripiprazole</i> <i>ziprasidone</i> VRAYLAR
CNS – antiseizure	LAMICTAL**	<i>lamotrigine</i> (generic LAMICTAL)
	SABRIL**	<i>vigabatrin</i> (generic SABRIL)
	ZONEGRAN	<i>zonisamide</i> (generic ZONEGRAN)
CNS – sedative/hypnotics	ATIVAN** (<i>lorazepam</i>)	<i>lorazepam</i>
	EDLUAR (<i>sublingual zolpidem</i>) INTERMEZZO* (<i>sublingual zolpidem</i>) ZOLPIMIST oral spray (<i>zolpidem</i>)	<i>zolpidem tablets</i> (generic AMBIEN)
	SILENOR (<i>doxepin</i>)	<i>doxepin</i> (generic SINEQUAN)
	XANAX** (<i>alprazolam</i>)	<i>alprazolam</i>
	XANAX**XR (<i>alprazolam ER</i>)	<i>alprazolam ER</i>
	CNS – attention deficit hyperactivity disorder (ADHD)	ADDERALL XR** (<i>amphetamine dextroamphetamine</i>) EVEKEO** (<i>amphetamine sulfate</i>) INTUNIV ZENZEDI 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg (<i>dextroamphetamine sulfate</i>)
CNS – other	GOCOVRI (<i>amantadine extended release</i>)	<i>amantadine</i>
	NAMENDA XR** (<i>memantine</i>)	<i>memantine hcl cap er 24 hr</i>
	ZELAPAR (<i>selegiline</i>)	<i>selegiline</i> (generic ELDERPRYL)
Contraceptives	BEYAZ**	<i>drospiren-eth estrad-levomefol</i> (generic BEYAZ)
	MINASTRIN 24 FE **	<i>norethin ace-eth estrad-fe</i> (generic MINASTRIN 24 FE)
	ORTHO TRI-CYCLEN LO **	<i>norgestim-eth estrad triphasic</i> (generic ORTHO TRI-CYCLEN LO)
	YAZ**	<i>drospirenone-ethinyl estradiol</i> (generic YAZ)
Dermatological	<i>acyclovir cream</i>	<i>acyclovir capsules, tablets, ointment</i> (generic ZOVIRAX)
	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>
	APEXICON E CRE 0.05% (<i>diflorasone diacetate cream</i>)	<i>augmented betamethasone</i> (<i>cream/ointment/lotion/gel</i>)
	ATRALIN** (<i>tretinoin</i>)	<i>topical tretinoin</i> (generic RETIN-A, ATRALIN)

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Category	Not covered	Covered alternatives
Dermatological (continued)	<i>calcipotriene-betamethasone dipropionate oint</i>	<i>betamethasone CR, oint</i> (generic VALISONE, DIPROSONE)
	<i>calcipotriene cream 0.005%</i> <i>calcitriol ointment 3MCG/GM</i> CORDRAN* 0.05% EUCRISA (<i>crisaborole</i>) HALOG** PSORCON* VECTICAL	<i>topical corticosteroids</i>
	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 cream</i> (generic SPECTAZOLE)
	EFUDEX CREAM 5%** (<i>fluorouracil</i>)	<i>topical fluorouracil</i> (generic EFUDEX)
	EPIDUO** (<i>adapalene/benzoyl peroxide</i>)	<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>
	ERTACZO (<i>sertaconazole</i>)	<i>ketoconazole cream</i> (generic NIZORAL)
	EXELDERM (<i>sulconazole</i>)	<i>ketoconazole cream</i> (generic NIZORAL)
	EXTINA (<i>ketoconazole</i>)	<i>ketoconazole cream</i> (generic NIZORAL)
	FLUOROPLEX CREAM 1% (<i>fluorouracil</i>)	<i>topical fluorouracil</i> (generic EFUDEX)
	<i>fluorouracil cream 0.5%</i>	<i>topical fluorouracil</i> (generic EFUDEX)
	ILUMYA	HUMIRA, OTEZLA, SKYRIZI, STELARA SQ, TALTZ, TREMFYA, REMICADE
	IMPOYZ (<i>clobetasol</i>)	<i>augmented betamethasone</i> (generic DIPROLENE AF)
	KENALOG* aerosol soln (<i>triamcinolone aer spray</i>)	<i>triamcinolone ointment, cream</i>
	<i>ketoconazole AER 2%</i>	<i>ketoconazole cream</i> (generic NIZORAL)
	KETODAN (<i>ketoconazole</i>)	<i>ketoconazole cream</i> (generic NIZORAL)
	LOCOID LIPOCREAM*	<i>Topical corticosteroids</i>
	LUZU (<i>ketoconazole</i>)	<i>ketoconazole cream</i> (generic NIZORAL)
	MIRVASO (<i>brimonidine</i>)	<i>topical metronidazole</i> (generic METROGEL)
	<i>mupirocin cream*</i>	<i>mupirocin ointment</i>
	<i>naftifine cream 2%</i>	<i>naftifine 1% cream</i> (generic NAFTIN)
	NAFTIN (<i>naftifine</i>)	<i>naftifine 1% cream</i> (generic NAFTIN)
	NUCORT (<i>hydrocortisone</i>)	<i>hydrocortisone lotion</i>
	ONMEL (<i>itraconazole</i>)	<i>itraconazole</i> (generic SPORANOX)
	<i>oxiconazole cream</i>	<i>ketoconazole cream</i> (generic NIZORAL)
	OXISTAT (<i>oxiconazole</i>)	<i>ketoconazole cream</i> (generic NIZORAL)
	PROCTOCORT** CREAM 1% (<i>hydrocortisone cream</i>)	<i>hydrocortisone rectal cream</i>
	PROTOPIC OIN 0.03% (<i>tacrolimus</i>)	<i>betamethasone dipropionate, mometasone</i> <i>and triamcinolone</i>
	PROTOPIC OIN 0.1% (<i>tacrolimus</i>)	<i>betamethasone dipropionate, mometasone</i> <i>and triamcinolone</i>
	SELRX shampoo (<i>selenium sulfide</i>)	<i>selenium sulfide shampoo</i> (generic EXCEL)
	SERNIVO SPR (<i>betamethasone dipropionate</i>)	<i>betamethasone .05% cream, ointment:</i> <i>betamethasone valerate .1% cream, ointment</i>
	SOLARAZE* (<i>diclofenac sodium 3% gel</i>)	<i>imiquimod</i> (generic ALDARA), <i>fluorouracil cream</i> (generic CARAC)

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Category	Not covered	Covered alternatives	
Dermatological (continued)	SORILUX (<i>calcipotriene foam</i>)	<i>topical corticosteroids</i>	
	TACLONEX OINT* (<i>calcipotriene-betamethasone dipropionate</i>)	<i>betamethasone CR, oint (generic)</i>	
	TOPICORT spray (<i>desoximetasone</i>)	<i>desoximetasone cream, gel, ointment</i>	
	VANOS** (<i>fluocinonide</i>)	<i>fluocinonide cream</i>	
	VERDESO (<i>desonide</i>)	<i>desonide (generic DESOWEN)</i>	
	VOLTAREN GEL 1%*	<i>diclofenac gel 1 %</i>	
	VUSION** (<i>miconazole/zinc oxide</i>)	<i>miconazole/zinc oxide (generic VUSION)</i>	
	XOLEGEL (<i>ketoconazole</i>)	<i>ketoconazole cream (generic NIZORAL)</i>	
	ZOVIRAX OINT/Cream** (<i>acyclovir</i>)	<i>acyclovir ointment</i>	
	ZYCLARA (<i>imiquimod</i>)	<i>imiquimod (generic ALDARA)</i>	
Endocrine – Diabetic	All non ACCU-CHEK brand test strips	ACCU-CHEK brand test strips	
	All non DEXCOM brand continuous glucose monitoring systems	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	
	ADLYXIN (<i>lixisenatide</i>)	VICTOZA, TRULICITY	
	ADMELOG (<i>insulin lispro</i>) AFREZZA APIDRA (<i>insulin glulisine</i>) HUMALOG products <i>Insulin lispro (HUMALOG authorized generic)</i>	FIASP NOVOLOG	
	BYDUREON BYETTA	<i>metformin/xr</i> OZEMPIC TRULICITY VICTOZA	
	FORTAMET* (<i>metformin extended release</i>) GLUMETZA* (<i>metformin extended release</i>)	<i>metformin immediate and extended release (generic GLUCOPHAGE, GLUCOPHAGE XR)</i>	
	HUMULIN products	NOVOLIN	
	INVOKAMET/XR INVOKANA SEGLUROMET STEGLATRO STEGLUJAN	<i>metformin/xr</i> FARXIGA GLYXAMBI JARDIANCE SYNJARDY/XR XIGDUO XR	
	JENTADUETO/XR KOMBIGLYZE XR ONGLYZA OSEN TRADJENTA	<i>metformin/xr</i> JANUMET/XR JANUVIA	
	KAZANO (<i>alogliptin/metformin</i>)	JANUMET/XR	
	LANTUS SOLOSTAR TOUJEO SOLOSTAR TOUJEO MAX SOLOSTAR	BASAGLAR LEVEMIR TRESIBA SOLIQUA XULTOPHY	
	NESINA (<i>alogliptin</i>)	JANUVIA	
	Endocrine – (misc)	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 transdermal gel (generic FORTESTA, ANDROGEL 1%)</i>

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Category	Not covered	Covered alternatives
Endocrine – (misc) (continued)	BINOSTO (<i>alendronate</i>)	<i>alendronate tablets</i> (generic FOSAMAX)
	FOLLISTIM AQ	GONAL-F
	GENOTROPIN	HUMATROPE
	NORDITROPIN FLEXPRO	
	NUTROPIN AQ	
	OMNITROPE	
	SAIZEN	
	ZOMACTON	
	VIVELLE-DOT** (<i>estradiol</i>)	<i>estradiol td patch</i>
	ZODEX (<i>dexamethasone</i>)	<i>dexamethasone</i> (generic DECADRON)
	ZONACORT (<i>dexamethasone</i>)	
Gastrointestinal (GI) – other	<i>chlordiazepoxide/clidinium</i>	<i>dicyclomine</i> (generic BENTYL), <i>omeprazole</i> (generic PRILOSEC), <i>famotidine</i> (generic PEPCID)
	LIBRAX (<i>chlordiazepoxide/clidinium</i>)	
	CORTIFOAM AER (<i>hydrocortisone ac</i>)	<i>hydrocortisone enema</i> (generic CORTENEMA)
	FOSRENOL <i>lanthanum carbonate</i>	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
	LIALDA** (<i>mesalamine</i>)	<i>mesalamine</i>
	MOTEGRITY	AMITIZA LINZESS
	PROCTOFOAM AER 1% (<i>hydrocortisone ac/pramoxine</i>)	<i>hydrocortisone ac/promoxine rectal cream</i> (generic ANALPRAM HC)
	WELCHOL** (<i>colesvelam</i>)	<i>colesevelam</i>
	ZUPLENZ (<i>ondansetron film</i>)	<i>ondansetron tablets</i> (generic ZOFRAN)
GI – prescription ulcer medicine	ACIPHEX <i>esomeprazole strontium lansoprazole odt</i>	NEXIUM OTC, P † PRILOSEC OTC, P † ZEGERID OTC, P † <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX)
	NEXIUM** (<i>esomeprazole</i>)	<i>rabeprazole</i> (generic ACIPHEX)
	OMEPPi* (<i>omeprazole-sodium bicarbonate</i>)	
	PREVACID** (<i>lansoprazole</i>)	
	PRILOSEC ** (<i>omeprazole</i>)	
	PROTONIX** (<i>pantoprazole</i>)	
	ZEGERID* (<i>omeprazole/sodium bicarbonate</i>)	
Gout	ZYLOPRIM** (<i>allopurinol</i>)	<i>allopurinol</i>
Hematological Agents – Colony Stimulating Factors	FULPHILA	NEULASTA, UDENYCA
	ZIEXTENZO	
Migraine products	<i>ergotamine-caffeine</i>	<i>sumatriptan</i> (generic IMITREX), <i>naratriptan</i> (generic AMERGE)
	MIGERGOT (<i>ergotamine tartrate and caffeine suppository</i>)	<i>rizatriptan</i> (generic MAXALT) <i>zolmitriptan</i> (generic ZOMIG)
	MIGRANAL* (<i>dihydroergotamine</i>)	<i>dihydroergotamine nasal spray</i>
	SUMAVEL (<i>sumatriptan needleless</i>)	<i>sumatriptan injection</i> (generic IMITREX)
	TREXIMET* (<i>sumatriptan/naproxen</i>)	<i>sumatriptan</i> (generic IMITREX) plus <i>naproxen</i> (generic NAPROSYN)
Miscellaneous	MAVYRET	HARVONI
	VIEKIRA PAK	EPCLUSA
	ZEPATIER	VOSEVI
	NASCOBAL (<i>cyanocobalamin nasal spray</i>)	<i>cyanocobalamin injection</i>
	REPATHA	PRALUENT

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

Category	Not covered	Covered alternatives
Multiple Sclerosis	AVONEX EXTAVIA PLEGRIDY	REBIF BETASERON
Muscle relaxants	AMRIX (cyclobenzaprine) chlorzoxazone 250mg cyclobenzaprine ER cyclobenzaprine tablets 7.5mg FEXMID** (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone SOMA 250 mg* (carisoprodol) ZANAFLEX* CAPSULES (tizanidine hydrochloride)	chlorzoxazone (generic PARAFON FORTE), cyclobenzaprine (generic FLEXERIL, except 7.5mg), tizanidine (generic ZANAFLEX tablets)
Oncology	FARESTON** (toremifene) GLEEVEC** (imatinib) TARGRETIN CAPSULES (bexarotene) TASIGNA TEMODAR** (temozolomide) XELODA** (capecitabine)	toremifene (generic FARESTON) imatinib bexarotene (generic TARGRETIN) Imatinib BOSULIF SPRYCEL temozolomide capecitabine
Ophthalmics	bimatoprost Sol 0.03%	latanoprost travoprost ZIOPTAN
Opiate partial agonist	SUBOXONE**	buprenorphine hcl-naloxone (generic SUBOXONE)
Otics	OTOVEL	ofloxacin otic, CIPRODEX
Respiratory – asthma	ALVESCO ASMANEX TWISTHALER ASMANEX HFA DULERA fluticasone-salmeterol aerosol powder (generic ADVAIR DISKUS) PROAIR HFA PROAIR RESPICLICK UTIBRON NEOHALER WIXELA INHUB SINGULAIR**	ARNUITY ELLIPTA budesonide (generic Pulmicort) BREO ELLIPTA FLOVENT DISKUS/HFA PULMICORT FLEXHALER QVAR SYMBICORT TRELEGY ELLIPTA montelukast sodium (generic SINGULAIR)
Respiratory – disease	dexchlorpheniramine SEEBRI NEOHALER TUDORZA PRESSAIR	clemastine 2.68 mg, cyproheptadine, levocetirizine BEVEPSI AEROSPHERE ANORO SPIRIVA INCRUSE ELLIPTA
Respiratory – nasal/cough and cold	benzonatate dexchlorpheniramine RYVENT (carbinoxamine) XHANCE nasal spray (fluticasone) ZONATUSS** (benzonatate)	benzonatate 100mg, 200mg (generic TESSALON PERLES) clemastine 2.68 mg, cyproheptadine, levocetirizine carbinoxamine mometasone (generic NASONEX) benzonatate (generic ZONATUSS, TESSALON PERLES)
Vitamins (continued)	DEXIFOL FOLIKA-V NICOMIDE	over-the-counter b-complex multivitamin, folic acid 1mg

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Vitamins	CITRANATAL BLOOM CITRANATAL HARMONY ENBRACE HR FOLET ONE NATACHEW NATELLE ONE NEEVO DHA NESTABS ONE NEXA PLUS OB COMPLETE GOLD OB COMPLETE ONE OB COMPLETE PETITE OB COMPLETE PREMIER PREFERA OB PREFERA OB ONE PREMESIS RX PRENATAL + DHA PRENATE PRENATE AM PRENATE DHA PRENATE ELITE PRENATE ENHANCE PRENATE ESSENTIAL PRENATE MINI PRENATE PIXIE PRENATE RESTORE PRIMACARE SELECT OB TRISTART DHA TRISTART ONE VITAFOL ULTRA VITAFOL NANO VITAFOL OB VITAFOL ONE VITAMEDMD REDICHEW RX VITAPEARL	several prescription brands, generics and select-over-the-counter prenatal vitamins

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Table 1

Preferred Options For Indication Based Autoimmune Excluded Medications

Condition	Excluded drug name(s)	Preferred option(s)
ANKYLOSING SPONDYLITIS	CIMZIA INFLECTRA RENFLEXIS SIMPONI TALTZ	COSENTYX ENBREL HUMIRA REMICADE SIMPONI ARIA
CROHN'S DISEASE	CIMZIA ENTYVIO INFLECTRA RENFLEXIS	HUMIRA STELARA SUBCUTANEOUS # REMICADE ##
PSORIASIS	CIMZIA COSENTYX ENBREL SILIQ INFLECTRA RENFLEXIS	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMIFYA REMICADE
PSORIATIC ARTHRITIS	CIMZIA INFLECTRA ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS RENFLEXIS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA REMICADE SIMPONI ARIA
RHEUMATOID ARTHRITIS	ACTEMRA CIMZIA INFLECTRA KINERET OLUMIANT ORENCIA INTRAVENOUS RENFLEXIS SIMPONI	ENBREL <i>Kevzara</i> ¹ HUMIRA ORENCIA SUBCUTANEOUS REMICADE RINVOQ SIMPONI ARIA XELJANZ XELJANZ XR
ULCERATIVE COLITIS	ENTYVIO INFLECTRA RENFLEXIS SIMPONI	HUMIRA REMICADE XELJANZ #
ALL OTHER CONDITIONS	ACTEMRA CIMZIA INFLECTRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS OTEZLA RENFLEXIS	ENBREL HUMIRA

After failure of HUMIRA

After failure of Stelara Subcutaneous

¹ Kevzara available after a double step edit through two other preferred agents for RA

Please remember that this is not a complete list of drugs covered under your plan. Products may be subject to plan-specific copayment or coinsurance, additional charges or other restrictions. Certain drugs, such as those for infertility, erectile dysfunction, weight loss, smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

To check coverage and copay information for a specific drug, please visit the website on your member ID card and log in to your member website. If you don't have access to our website, call the toll-free number on your member ID card.

Information is believed to be accurate as of the production date; however, it is subject to change.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAG 05, HO HGrpPol 04.

Policy forms issued in Oklahoma include: AL COC00010, HC COC00010.

