

# Covered and non-covered drugs

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

## Formulary Exclusions Drug List effective October 1, 2020

Value Plus pharmacy plans

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

Category	Not covered	Covered alternatives
Analgesics	acetaminophen/caffeine/dihydrocodeine tab 325-30-16 mg PANLOR* (acetaminophen/caffeine/dihydrocodeine tab 325-30-16 mg)	acetaminophen/caffeine/dihydrocodeine cap 320.5-30-16mg (generic TREZIX)
	ALLZITAL (butalbital/acetaminophen) bupap butalbital/acetaminophen 50-300mg	butalbital/acetaminophen 50-325mg
	ANAPROX DS** (naproxen) FENORTHO* (fenoprofen calcium) fenoprofen tablet FLECTOR PATCH (diclofenac epolamine) INDOCIN SUPP* (indomethacin) INDOCIN SUSP* (indomethacin) ketoprofen 25mg capsules ketoprofen er mefenamic acid MOBIC** (meloxicam) NAPRELAN* (naproxen sodium) PROFENO PENNSAID* (diclofenac sodium topical solution) SPRIX (ketorolac trometh nasal spray) TIVORBEX (indomethacin) VIVLODEX (meloxicam) VOLTAREN** (diclofenac) ZIPSOR (diclofenac potassium) ZORVOLEX (diclofenac)	Generic oral nonsteroidal anti-inflammatory drug
	CAMBIA (diclofenac)	diclofenac potassium (generic CATAFLAM), sumatriptan (generic IMITREX), naratriptan (generic AMERGE), rizatriptan (generic MAXALT)
	CONZIP* (tramadol ER capsules)	tramadol immediate-release or extended-release tablets (generic ULTRAM, ULTRAM ER)
	DEPAK 6 DAY** (dexamethasone) DEPAK 10 DAY** (dexamethasone) DEPAK 13** (dexamethasone) TAPERDEX 6 DAY (dexamethasone)	dexamethasone tab therapy pack
	DUEXIS (ibuprofen/famotidine)	ibuprofen (generic MOTRIN) plus famotidine (generic PEPCID)
	LAZANDA (fentanyl citrate nasal spray) SUBSYS (fentanyl sublingual spray)	fentanyl citrate lozenge (generic ACTIQ)
	LIDODERM** (lidocaine)	lidocaine patch 5%

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Category	Not covered	Covered alternatives		
<b>Analgesics</b> (continued)	NALOCET PERCOCET**	<i>oxycodone-acetaminophen</i> (generic PERCOCET)		
	PLIAGLIS	<i>lidocaine-prilocaine cream 2.5-2.5%</i>		
	PRIMLEV ( <i>oxycodone/acetaminophen</i> )	<i>oxycodone/acetaminophen</i> (generic PERCOCET, ENDOCET)		
	RYBIX ODT ( <i>tramadol</i> )	<i>tramadol immediate-release or extended-release tablets</i> (generic ULTRAM, ULTRAM ER)		
	<i>Vanatol S (acetaminophen/butalbital/caffeine)</i> <i>Vanatol LQ (acetaminophen/butalbital/caffeine)</i> <i>VTOL (acetaminophen/butalbital/caffeine)</i>	<i>acetaminophen/butalbital/caffeine tablet</i> (generic FIORICET)		
	VIMOVO ( <i>naproxen/esomeprazole</i> )	<i>esomeprazole magnesium</i> (generic NEXIUM) plus <i>naproxen</i> (generic NAPROSYN)		
	ZOHYDRO ER	<i>fentanyl transdermal, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>		
<b>Antibiotics</b>	ACTICLATE* ( <i>doxycycline</i> ) ADOXA* ( <i>doxycycline</i> ) AVIDOXY* ( <i>doxycycline</i> ) DORYX* ( <i>doxycycline</i> ) <i>doxycycline hyclate 75 mg, 100 mg</i> <i>delayed-release tablets</i> <i>doxycycline hyclate tablet 50mg, 75mg, 150mg</i> <i>doxycycline monohydrate 75 mg capsules</i> MONODOX 75 mg* ( <i>doxycycline</i> ) MONDOXYNE NL 75 mg capsules ORACEA* ( <i>doxycycline</i> ) TARGADOX ( <i>doxycycline</i> )	<i>doxycycline monohydrate 50 mg, 100 mg capsules</i> (generic MONODOX) <i>doxycycline hyclate 100 mg capsules</i> (generic VIBRAMYCIN) DOXY-D 100 mg capsules MORGIDOX 50 mg, 100 mg capsules		
	COREMINO ( <i>minocycline</i> ) DYNACIN* tablets ( <i>minocycline</i> ) MINOLIRA ER ( <i>minocycline</i> ) SOLODYN ( <i>minocycline</i> ) XIMINO ( <i>minocycline</i> )	<i>minocycline capsules</i> (generic MINOCIN)		
	FURADANTIN** ( <i>nitrofurantoin oral suspension</i> )	<i>nitrofurantoin</i>		
	ZYVOX** ( <i>linezolid</i> )	<i>linezolid</i>		
	<b>Anticoagulants</b>	COUMADIN** PRADAXA SAVAYSA	<i>enoxaparin</i> (generic Lovenox) <i>warfarin</i> (generic COUMADIN) ELIQUIS XARELTO	
		<b>Antidotes</b>	EVZIO ( <i>naloxone HCl injection</i> )	NARCAN nasal spray
			<b>Antihyperlipidemic</b>	CRESTOR** ( <i>rosuvastatin calcium</i> )
	FENOGLIDE* ( <i>fenofibrate</i> )	Other generic <i>fenofibrates</i>		
	FLOLIPID ( <i>simvastatin susp</i> )	<i>simvastatin</i> (generic ZOCOR)		
	LIPITOR** ( <i>atorvastatin</i> )	<i>atorvastatin</i>		
<b>Anti-infectives</b>	ANCOBON* ( <i>flucytosine</i> )	<i>fluconazole</i>		
	NOXAFIL	<i>itraconazole</i> (generic SPORANOX)		
	SOLESEC ( <i>secnidazole</i> )	<i>metronidazole</i>		
<b>Antivirals</b>	BARACLUDE** ( <i>entecavir</i> )	<i>entecavir</i> (generic BARACLUDE)		
	SITAVIG ( <i>acyclovir</i> )	<i>acyclovir capsules, tablets, ointment</i> (generic ZOVIRAX)		
	TAMIFLU** ( <i>oseltamivir</i> )	<i>oseltamivir</i>		
	ZOVIRAX** ( <i>acyclovir</i> )	<i>acyclovir capsules, tablets, ointment</i> (generic ZOVIRAX)		

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<b>Benign prostatic hypertrophy</b>	RAPAFLO**	<i>silodosin</i> (generic RAPAFLO)
<b>Cardiovascular</b>	AUVI-Q ( <i>epinephrine</i> )	<i>epinephrine injection, Epi-Pen</i>
	BYSTOLIC	<i>Atenolol, metoprolol</i>
	CARDIZEM CD** ( <i>diltiazem</i> )	<i>diltiazem ER</i>
	CADUET* ( <i>amlodipine/atorvastatin</i> )	<i>amlodipine</i> (generic NORVASC) plus <i>atorvastatin</i> (generic LIPITOR)
	CAROSPIR ( <i>spironolactone susp</i> )	<i>spironolactone</i> (generic ALDACTONE)
	DIAMOX SEQUEL* ( <i>acetazolamide ER</i> )	<i>acetazolamide</i> (generic DIAMOX)
	DUTOPROL ( <i>metoprolol succinate/hydrochlorothiazide extended-release tablets</i> )	<i>metoprolol ER</i> (generic TOPROL XL) plus <i>hydrochlorothiazide, metoprolol/hydrochlorothiazide IR</i> (generic LOPRESS HCR)
	DYRENIUM	<i>triamterene</i>
	INDERAL LA** ( <i>propranolol ER</i> ) INDERAL XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
	INNOPRAN XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
	<i>metoprolol succinate/hydrochlorothiazide extended-release tablets</i>	<i>metoprolol/hydrochlorothiazide tablets</i> (generic LOPRESSOR HCT)
	<i>niacin</i> NIACOR	<i>niacin ext-rel</i>
	RANEXA** ( <i>ranolazine er</i> )	<i>ranolazine er</i> (generic RANEXA)
	TEKTURNA** ( <i>aliskiren</i> )	<i>aliskiren</i> (generic TEKTURNA)
	TEKTURNA HCT** ( <i>aliskiren-hctz</i> )	<i>Aliskiren-hctz</i> (generic TEKTURNA)
	TOPROL XL**	<i>metoprolol succinate er</i> (generic TOPROL XL)
	VASOTEC** ( <i>enalapril maleate</i> )	<i>enalapril maleate</i>
	ZYPITAMAG ( <i>pitavastatin</i> )	<i>rosuvastatin, atorvastatin, simvastatin</i>
<b>Central nervous system (CNS) – antidepressants</b>	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)
	LAMICTAL**	<i>lamotrigine</i> (generic LAMICTAL)
	LEXAPRO ( <i>escitalopram</i> )**	<i>escitalopram</i>
	PEXEVA ( <i>paroxetine</i> )	<i>paroxetine immediate or extended release</i> (generic PAXIL, PAXIL CR)
	PRISTIQ** ( <i>desvenlafaxine</i> )	<i>desvenlafaxine succinate tab er 24 hr</i>
	<i>fluoxetine tablet</i> PROZAC**	<i>fluoxetine</i> (except <i>fluoxetine capsules</i> )
<b>CNS – antipsychotics</b>	ABILIFY FANAPT FAZACLO GEODON LATUDA SEROQUEL XR	<i>olanzapine</i> <i>risperidone</i> <i>quetiapine</i> <i>aripiprazole</i> <i>ziprasidone</i> <i>VRAYLAR</i>

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<b>CNS – antiseizure</b>	ATIVAN** (lorazepam) APTIOM KEPPRA/XR SABRIL** STAVZOR (valproic acid) ZONEGRAN	lorazepam vigabatrin (generic SABRIL) valproic acid (generic DEPAKENE) FYCOMPA LYRICA OXTELLAR TROKENDI VIMPAT	
	DILANTIN**	phenytoin	
<b>CNS – sedative/ hypnotics</b>	EDLUAR (sublingual zolpidem) INTERMEZZO* (sublingual zolpidem) ZOLPIMIST oral spray (zolpidem)	zolpidem tablets (generic AMBIEN)	
	quazepam	doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, zolpidem sublingual	
	SILENOR (doxepin)	doxepin (generic SINEQUAN)	
	XANAX** (alprazolam)	alprazolam	
	XANAX**XR (alprazolam ER)	alprazolam ER	
<b>CNS – attention deficit hyperactivity disorder (ADHD)</b>	ADZENYS XR-ODT ADDERALL XR** (amphetamine dextroamphetamine) COTEMPLA XR-ODT EVEKEO** (amphetamine sulfate) INTUNIV KAPVAY RELEXXII ZENZEDI 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg (dextroamphetamine sulfate)	amphetamine dextroamphetamine atomoxetine methylphenidate VYVANSE MYDAYIS dextroamphetamine sulfate (generic DEXEDRINE)	
	<b>CNS – other</b>	GOCOVRI (amantadine extended release)	amantadine
		NAMENDA XR** (memantine)	memantine hcl cap er 24 hr
		TRANSDERM SCOP** (scopolamine)	scopolamine transdermal patch
		ZELAPAR (selegiline)	selegiline (generic ELDERPRYL)
	<b>Contraceptives</b>	BEYAZ**	drospiren-eth estrad-levomefol (generic BEYAZ)
		MINASTRIN 24 FE**	norethin ace-eth estrad-fe (generic MINASTRIN 24 FE)
		YAZ**	drospirenone-ethinyl estradiol (generic YAZ)
<b>Dermatological</b>	acyclovir cream	acyclovir capsules, tablets, ointment (generic ZOVIRAX)	
	ACANYA gel pump (benzoyl peroxide /clindamycin) BENZAACLIN* (benzoyl peroxide/clindamycin) DUAC* (benzoyl peroxide/clindamycin) NEUAC* (benzoyl peroxide/clindamycin) ONEXTON (benzoyl peroxide/clindamycin)	Topical benzoyl peroxide plus clindamycin	
	APEXICON E CRE 0.05% (diflorasone diacetate)	augmented betamethasone (cream/ointment/lotion/gel)	
	ATRALIN** (tretinoin)	Topical tretinoin (generic RETIN-A, ATRALIN)	
	calcipotriene-betamethasone dipropionate oint	calcipotriene CR, oint (generic DOVONEX); betamethasone CR, oint (generic VALISONE, DIPROSONE)	
	calcipotriene cream	Topical corticosteroids	
	calcitriol ointment	Topical corticosteroids	
	CAPEX (fluocinolone)	fluocinolone (generic SYNALAR)	
	CARAC* (fluorouracil)	Topical fluorouracil (generic EFUDEX)	

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Dermatological (continued)	CORDRAN*	Topical corticosteroids
	DENAVIR ( <i>penciclovir</i> )	<i>acyclovir capsules, tablets, ointment</i> (generic ZOVIRAX)
	ECOZA ( <i>econazole</i> )	<i>econazole cream</i> (generic SPECTAZOLE)
	EFUDEX CREAM 5%** ( <i>fluorouracil</i> )	Topical <i>fluorouracil</i> (generic EFUDEX)
	EPIDUO** ( <i>adapalene/benzoyl peroxide</i> )	<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>
	ELIDEL CRE 1% ( <i>pimecrolimus</i> )	<i>betamethasone dipropionate, mometasone and triamcinolone</i>
	ERTACZO ( <i>sertaconazole</i> )	<i>ketoconazole cream</i> (generic NIZORAL)
	EUCRISA ( <i>crisaborole</i> )	Topical corticosteroids
	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> )	Topical <i>fluorouracil</i> (generic EFUDEX)
	<i>fluorouracil cream 0.5%</i>	Topical <i>fluorouracil</i> (generic EFUDEX)
	HALOG**	Topical corticosteroids
	ILUMYA	HUMIRA, OTEZLA, SKYRIZI, STELARA SQ, TALTZ, TREMFYA, REMICADE
	IMPOYZ ( <i>clobetasol</i> )	<i>augmented betamethasone</i> (generic DIPROLENE AF)
	JUBLIA SOL 10% ( <i>efinaconazole</i> )	<i>terbinafine, itraconazole and griseofulvin</i>
	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*	Topical corticosteroids
	LUZU ( <i>ketoconazole</i> )	<i>ketoconazole cream</i> (generic NIZORAL)
	<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)
	PICATO ( <i>ingenol</i> )	<i>imiquimod</i> (generic ALDARA)
	PLIAGLIS	
	PROCTOCORT** CREAM 1% ( <i>hydrocortisone cream</i> )	<i>hydrocortisone rectal cream</i>
	PROTOPIC OIN 0.03% ( <i>tacrolimus</i> )	<i>betamethasone dipropionate, mometasone and triamcinolone</i>
	PROTOPIC OIN 0.1% ( <i>tacrolimus</i> )	<i>betamethasone dipropionate, mometasone 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: betamethasone valerate .1% cream, ointment</i>	
SOLARAZE* ( <i>diclofenac sodium 3% gel</i> )	<i>imiquimod</i> (generic ALDARA), <i>fluorouracil cream</i> (generic CARAC)	
SORILUX ( <i>calcipotriene foam</i> )	topical corticosteroids	

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<b>Dermatological</b> (continued)	TACLONEX OINT* ( <i>calcipotriene-betamethasone dipropionate</i> )	<i>calcipotriene CR, oint</i> (generic DOVONEX); <i>betamethasone CR, oint</i> (generic)
	TOLAK ( <i>fluorouracil</i> )	<i>topical fluorouracil</i> (generic EFUDEX)
	TOPICORT spray ( <i>desoximetasone</i> )	<i>desoximetasone cream, gel, ointment</i>
	VANOS** ( <i>fluocinonide</i> )	<i>fluocinonide cream</i>
	VECTICAL	<i>topical corticosteroids</i>
	VUSION** ( <i>miconazole/zinc oxide</i> )	<i>miconazole/zinc oxide</i> (generic VUSION)
	XERESE ( <i>acyclovir-hydrocortisone</i> )	<i>acyclovir capsules, tablets, ointment</i> (generic ZOVIRAX)
	XOLEGEL ( <i>ketoconazole</i> )	<i>ketoconazole cream</i> (generic NIZORAL)
	ZOVIRAX OINT** ( <i>acyclovir</i> )	<i>acyclovir ointment</i>
	ZYCLARA ( <i>imiquimod</i> )	<i>imiquimod</i> (generic ALDARA)
<b>Endocrine – Diabetic</b>	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> )	<i>Metformin/XR</i>
	BYDUREON ( <i>exenatide</i> )	OZEMPIC
	BYETTA ( <i>exenatide</i> )	VICTOZA
	TANZEUM ( <i>albiglutide</i> )	TRULICITY
	ADMELOG ( <i>insulin lispro</i> )	NOVOLOG
	AFREZZA	NOVOLOG
	APIDRA ( <i>insulin glulisine</i> )	
	HUMALOG products	
	Inulin lispro (HUMALOG authorized generic)	
	HUMULIN products	NOVOLIN
	FORTAMET* ( <i>metformin extended release</i> )	<i>metformin immediate and extended release</i>
	GLUMETZA* ( <i>metformin extended release</i> )	(generic GLUCOPHAGE, GLUCOPHAGE XR)
	INVOKAMET	<i>Metformin/XR</i>
	INVOKAMET XR	FARXIGA
	INVOKANA	JARDIANCE
	SEGLUROMET	XIGDUO XR
	STEGLATRO	SYNJARDY/XR
	STEGLUJAN	GLYXAMBI
JENTADUETO ( <i>linagliptin-metformin</i> )	<i>metformin/XR, JANUVIA, JANUMET/XR,</i>	
JENTADUETO XR ( <i>linagliptin-metformin</i> )	<i>alogliptin</i> (generic NESINA),	
KAZANO** ( <i>alogliptin/metformin</i> )	<i>alogliptin/pioglitazone</i> (generic OSENI),	
KOMBIGLYZE XR ( <i>saxagliptin/metformin</i> )	<i>alogliptin/metformin</i> (generic KAZANO)	
NESINA** ( <i>alogliptin</i> )		
ONGLYZA ( <i>saxagliptin</i> )		
OSENI** ( <i>alogliptin/pioglitazone</i> )		
TRADJENTA ( <i>linagliptin</i> )		
LANTUS ( <i>insulin glargine</i> )	BASAGLAR, LEVEMIR, SOLIQUA, TRESIBA,	
TOUJEO ( <i>insulin glargine</i> )	XULTOPHY	
QTERN ( <i>dapagliflozin/saxagliptin</i> )	GLYXAMBI	
<b>Endocrine – (misc)</b>	ANDRODERM ( <i>testosterone</i> )	ANDROGEL 1.62%
	ANDROGEL 1%** ( <i>testosterone</i> )	<i>testosterone transdermal gel</i>
	AXIRON ( <i>testosterone</i> )	(generic FORTESTA, ANDROGEL 1%)
	FORTESTA** ( <i>testosterone</i> )	
	NATESTO ( <i>testosterone</i> )	
	STRIANT ( <i>testosterone</i> )	
	TESTIM ( <i>testosterone</i> )	
	VOGELXO ( <i>testosterone</i> )	

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<b>Endocrine – (misc)</b> (continued)	BINOSTO ( <i>alendronate</i> )	<i>alendronate tablets</i> (generic FOSAMAX)	
	BRAVELLE FOLLISTIM AQ	GONAL-F	
	GENOTROPIN NORDITROPIN FLEXP NUTROPIN AQ OMNITROPE SAIZEN ZOMACTON	HUMATROPE	
	RAYOS*** ( <i>prednisone</i> )	<i>prednisone immediate release</i>	
	VIVELLE-DOT** ( <i>estradiol</i> )	<i>estradiol td patch</i>	
	ZODEX ( <i>dexamethasone</i> ) ZONACORT ( <i>dexamethasone</i> )	<i>dexamethasone</i> (generic DECADRON)	
	<b>Gastrointestinal (GI) – other</b>	<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)
FOSRENOL* ( <i>lanthanum carbonate</i> )		<i>calcium acetate</i> , <i>sevelamer carbonate</i> , PHOSLYRA, VELPHORO	
<b>Gastrointestinal (GI) – other</b> (continued)		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)	
	RENAGEL** ( <i>sevelamer hcl</i> )	<i>sevelamer</i> (generic RENAGEL)	
	SYNDROS ( <i>dronabinol sol</i> )	<i>dronabinol capsules</i> (generic MARINOL)	
	WELCHOL** ( <i>colesvelam</i> )	<i>colesevelam</i>	
	ZUPLENZ ( <i>ondansetron film</i> )	<i>ondansetron tablets</i> (generic ZOFTRAN)	
<b>GI – prescription ulcer medicine</b>	ACIPHEX ( <i>rabeprazole</i> ) <i>esomeprazole strontium</i> DEXILANT*** ( <i>dexlansoprazole</i> ) <i>lansoprazole odt</i> NEXIUM ( <i>esomeprazole</i> ) OMEPPi* ( <i>omeprazole-sodium bicarbonate</i> ) PREVACID** ( <i>lansoprazole</i> ) PRILOSEC** ( <i>omeprazole</i> ) PROTONIX** ( <i>pantoprazole</i> ) <i>sucralfate susp</i> ZEGERID* ( <i>omeprazole/sodium bicarbonate</i> )	NEXIUM OTC, P † PRILOSEC OTC, P † ZEGERID OTC, P † <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX) <i>rabeprazole</i> (generic ACIPHEX)	
	<b>Gout</b>	ZYLOPRIM** ( <i>allopurinol</i> )	<i>allopurinol</i>
	<b>Hematological Agents – Colony Stimulating Factors</b>	FULPHILA ZIEXTENZO	NEULASTA, UDENYCA
		<b>Migraine products</b>	ALSUMA ( <i>sumatriptan injection</i> ) SUMAVEL ( <i>sumatriptan needleless</i> )
	MIGRANAL* ( <i>dihydroergotamine</i> ) <i>ergotamine-caffeine</i> MIGERGOT ( <i>ergotamine tartrate and caffeine suppository</i> )		<i>dihydroergotamine nasal spray</i> <i>sumatriptan</i> (generic IMITREX), <i>naratriptan</i> (generic AMERGE) <i>rizatriptan</i> (generic MAXALT) <i>zolmitriptan</i> (generic ZOMIG)
	RELPAx** ( <i>eletriptan</i> )		<i>eletriptan</i>
	TREXIMET* ( <i>sumatriptan/naproxen</i> )		<i>sumatriptan</i> (generic IMITREX) plus <i>naproxen</i> (generic NAPROSYN)

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

\*\*Generic product is available and is covered as an alternative to the brand-name product.



Category	Not covered	Covered alternatives	
Miscellaneous	AMPYRA**( <i>dalfampridine</i> )	<i>dalfampridine</i> (generic AMPYRA)	
	MAVYRET VIEKIRA PAK ZEPATIER	HARVONI EPCLUSA VOSEVI	
	MYTESI	<i>diphenoxylate-atropine</i>	
	NASCOBAL (CYANOCOBALAMIN NASAL SPRAY)	<i>cyanocobalamin injection</i>	
	STAXYN** (VARDENAFIL)	<i>sildenafil</i> (generic VIAGRA), <i>ardenafil</i> (generic STAXYN)	
	REPATHA	PRALUENT	
	STENDRA ( <i>avanafil</i> )	<i>sildenafil</i> (generic VIAGRA), <i>ardenafil</i> (generic STAXYN)	
	VIAGRA** ( <i>sildenafil</i> )	<i>sildenafil</i> (generic VIAGRA), <i>ardenafil</i> (generic STAXYN)	
	ZYDELIG	COPIKTRA	
Multiple Sclerosis	AVONEX EXTAVIA PLEGRIDY	REBIF BETASERON	
	Muscle relaxants	AMRIX ( <i>cyclobenzaprine</i> ) <i>chlorzoxazone</i> 250mg <i>cyclobenzaprine</i> 7.5mg <i>cyclobenzaprine ER</i> FEXMID** ( <i>cyclobenzaprine</i> ) LORZONE ( <i>chlorzoxazone</i> ) <i>metaxalone</i> SOMA 250 mg* ( <i>carisoprodol</i> ) ZANAFLEX* CAPSULES ( <i>tizanidine hydrochloride</i> )	<i>chlorzoxazone</i> (generic PARAFON FORTE), <i>cyclobenzaprine</i> (generic FLEXERIL, except 7.5mg), <i>tizanidine</i> (generic ZANAFLEX tablets)
		Oncology	ALKERAN** ( <i>melphalan</i> )
FARESTON** ( <i>toremifene</i> )			<i>toremifene</i> (generic FARESTON)
GLEEVEC** ( <i>imatinib</i> )			<i>imatinib</i>
TARGRETIN** CAPSULES ( <i>bexarotene</i> )			<i>bexarotene</i> (generic TARGRETIN)
TASIGNA			<i>Imatinib</i> BOSULIF SPRYCEL
TEMODAR** ( <i>temozolomide</i> )			<i>temozolomide</i>
XELODA** ( <i>capecitabine</i> )	<i>capecitabine</i>		
Ophthalmics	LUMIGAN* VYZULTA XELPROS		<i>latanoprost</i> TRAVATAN-Z ZIOPTAN
	RESTASIS	XIIDRA	
	VIGAMOX** ( <i>moxifloxacin</i> )	<i>moxifloxacin ophthalmic solution</i>	
Opiate partial agonist	SUBOXONE**	<i>buprenorphine hcl-naloxone</i> (generic SUBOXONE)	
Otics	OTOVEL	<i>ofloxacin otic</i> , CIPRODEX	

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

\*\*Generic product is available and is covered as an alternative to the brand-name product.

\*\*\*Does not apply to Affordable Care Act-compliant formulary offerings.

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

Category	Not covered	Covered alternatives
<b>Respiratory – asthma</b>	ALVESCO ASMANEX TWISTHALER/HFA DULERA	ARNUIITY ELLIPTA BREO ELLIPTA <i>budesonide</i> FLOVENT DISKUS/HFA PULMICORT FLEXHALER QVAR SYMBICORT TRELEGY ELLIPTA
	ARAPTA NEOHALER <i>fluticasone propionate/salmeterol diskus</i> PROAIR HFA/RESPICLICK UTIBRON NEOHALER <i>wixela inhub</i>	<i>albuterol</i> <i>levalbuterol</i> ADVAIR HFA/DISKUS PERFORAMIST STRIVERDI RESPIMAT
<b>Respiratory – disease</b>	<i>benzonatate</i>	<i>benzonatate 100mg, 200mg</i> (generic TESSALON PERLES)
	<i>dexchlorpheniramine</i>	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>
	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
	SEEBRI NEOHALER TUDORZA PRESSAIR	ANORO ELLIPTA BEVEPSI AEROSPHERE INCRUSE ELLIPTA SPIRIVA
	SEREVENT ( <i>salmeterol</i> )	STRIVERDI
	SINGULAIR**	<i>montelukast sodium</i> (generic SINGULAIR)
	XHANCE nasal spray ( <i>fluticasone</i> )	<i>mometasone</i> (generic NASONEX)
	ZONATUSS** ( <i>benzonatate</i> )	<i>benzonatate</i> (generic ZONATUSS, TESSALON PERLES)
<b>Urinary</b>	GELNIQUE VESICARE	<i>oxybutynin</i> <i>solifenacin</i> <i>tolterodine</i> TOVIAZ MYRBETRIQ

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

\*\*Generic product is available and is covered as an alternative to the brand-name product.

Category	Not covered	Covered alternatives
Vitamins	DEXIFOL	Over-the-counter b-complex multivitamin, folic acid 1mg
	FOLIKA-V	
	NICOMIDE	
	CITRANATAL BLOOM	Several prescription brands, generics and select-over-the-counter prenatal vitamins
	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		

<sup>†</sup>Generic product is available and is also excluded from coverage.

<sup>\*\*</sup>Generic product is available and is covered as an alternative to the brand-name product.

# Table 1

## Preferred Options For Indication Based Autoimmune Excluded Medications

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

# After failure of HUMIRA

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.

