

Covered and non-covered drugs

Drugs not covered — and their covered alternatives

2020 Standard Opt Out Plan
Formulary Exclusions Drug List



The drugs on this list have been removed from your plan's formulary. If you continue using a drug listed under "formulary drug removals", you may have to pay the full cost. Ask your doctor to choose one of the generic or brand formulary options from the list.

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

Preferred Options For Excluded Medications

Excluded drug name(s)	Preferred option(s)*
ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
ACTOS	<i>pioglitazone</i>
ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
ALCORTIN A	<i>desonide, hydrocortisone</i>
ALLISON MEDICAL INSULIN SYRINGES²	BD ULTRAFINE INSULIN SYRINGES
ALORA	<i>estradiol, DIVIGEL, EVAMIST</i>
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
ALVESCO	ARNUIITY ELLIPTA, ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
AMRIX	<i>cyclobenzaprine</i>
ANDROGEL 1%	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
ANGELIQ	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
ANTARA	<i>fenofibrate, fenofibric acid delayed-rel</i>
APEXICON E	<i>desoximetasone, fluocinonide, BRYHALI</i>
APIDRA	FIASP, HUMALOG, INSULIN LISPRO, NOVOLOG
ARMOUR THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>
ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
ASACOL HD	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, LIALDA, PENTASA</i>
ASCENSIA STRIPS AND KITS³	ACCU-CHEK AVIVA PLUS STRIPS AND KITS', ACCU-CHEK COMPACT PLUS STRIPS AND KITS', ACCU-CHEK GUIDE STRIPS AND KITS', ACCU-CHEK SMARTVIEW STRIPS AND KITS', ONETOUCH ULTRA STRIPS AND KITS', ONETOUCH VERIO STRIPS AND KITS'
ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
AVONEX	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</i>

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* Coverage may not apply in all plans. Refer to plan documents.

Standard Opt Out Plan Formulary Exclusions Drug List (07/2020)

Excluded drug name(s)	Preferred option(s)*
AZELEX	<i>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
BECONASE AQ	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>
BENSAL HP	<i>desonide, hydrocortisone</i>
BENZAC AC	<i>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
BENZIQ	<i>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
BETAPACE, BETAPACE AF	<i>sotalol</i>
BREEZE 2 STRIPS AND KITS ³	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ¹ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ¹ , ACCU-CHEK GUIDE STRIPS AND KITS ¹ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ¹ , ONETOUCH ULTRA STRIPS AND KITS ¹ , ONETOUCH VERIO STRIPS AND KITS ¹
<i>butalbital-acetaminophen-caffeine capsule</i>	<i>diclofenac sodium, ibuprofen, naproxen</i>
BYDUREON	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
CARDIZEM, CARDIZEM CD, CARDIZEM LA	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>
CARNITOR, CARNITOR SF	<i>levocarnitine</i>
CLINDAGEL	<i>erythromycin solution</i>
<i>clobetasol spray</i>	<i>clobetasol foam</i>
CLOBEX SPRAY	<i>clobetasol foam</i>
COLAZAL	<i>balsalazide</i>
CONTOUR NEXT STRIPS AND KITS ³	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ¹ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ¹ , ACCU-CHEK GUIDE STRIPS AND KITS ¹ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ¹ , ONETOUCH ULTRA STRIPS AND KITS ¹ , ONETOUCH VERIO STRIPS AND KITS ¹
CONTOUR STRIPS AND KITS ³	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ¹ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ¹ , ACCU-CHEK GUIDE STRIPS AND KITS ¹ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ¹ , ONETOUCH ULTRA STRIPS AND KITS ¹ , ONETOUCH VERIO STRIPS AND KITS ¹
CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule, FETZIMA</i>
DELZICOL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, LIALDA, PENTASA</i>
DETROL LA	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
<i>Dexpak</i>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
<i>diltiazem ext-rel (generic CARDIZEM LA only)</i>	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>
DIOVAN, DIOVAN HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
DORAL	<i>eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>

* Coverage may not apply in all plans. Refer to plan documents.

Standard Opt Out Plan Formulary Exclusions Drug List (07/2020)

Excluded drug name(s)	Preferred option(s)*
DYRENIUM	<i>amiloride, triamterene</i>
EDARBI, EDARBYCLOR	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
EDLUAR	<i>eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
E.E.S. GRANULES	<i>erythromycins</i>
ENABLEX	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
ERYPED	<i>erythromycins</i>
EUFLEXXA	<i>GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</i>
EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
EXTAVIA	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</i>
FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
FEMRING	<i>estradiol, ESTRING, PREMARIN CREAM</i>
FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen</i>
fluorouracil cream 0.5%	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
FML LIQUIFILM	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
FORTAMET	<i>metformin, metformin ext-rel</i>
FORTESTA	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
FOSAMAX PLUS D	<i>alendronate, ibandronate, risedronate</i>
FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
FREESTYLE STRIPS AND KITS³	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS¹, ACCU-CHEK COMPACT PLUS STRIPS AND KITS¹, ACCU-CHEK GUIDE STRIPS AND KITS¹, ACCU-CHEK SMARTVIEW STRIPS AND KITS¹, ONETOUCH ULTRA STRIPS AND KITS¹, ONETOUCH VERIO STRIPS AND KITS¹</i>
FROVA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
GELNIQUE	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
GENOTROPIN	<i>HUMATROPE, NORDITROPIN</i>
GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
GLUMETZA	<i>metformin, metformin ext-rel</i>
INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i>
INNOPRAN XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
INTERMEZZO	<i>eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
ISTALOL	<i>timolol maleate solution, BETIMOL, BETOPTIC S</i>

* Coverage may not apply in all plans. Refer to plan documents.

Standard Opt Out Plan Formulary Exclusions Drug List (07/2020)

Excluded drug name(s)	Preferred option(s)*
JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
LUNESTA	<i>eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
MACRODANTIN	<i>nitrofurantoin</i>
Matzim LA	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>
MENEST	<i>estradiol, PREMARIN</i>
MENOSTAR	<i>estradiol</i>
MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
MICARDIS, MICARDIS HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
MILLIPRED	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
MINOCIN	<i>doxycycline hyclate, minocycline, tetracycline</i>
MONOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
NAPRELAN	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i>
NATESTO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
NESINA	JANUVIA, TRADJENTA
NEXIUM	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
NILANDRON	<i>abiraterone, bicalutamide, XTANDI, YONSA</i>
NITROMIST	<i>nitroglycerin lingual spray, nitroglycerin sublingual</i>
NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
NORVASC	<i>amlodipine</i>
NOVACORT	<i>desonide, hydrocortisone</i>
NOVO NORDISK NEEDLES ²	BD ULTRAFINE NEEDLES
NUTROPIN AQ	HUMATROPE, NORDITROPIN
OLEPTRO	<i>trazodone</i>
OLUX-E	<i>clobetasol foam</i>
OMNARIS	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>
OMNITROPE	HUMATROPE, NORDITROPIN
ONGLYZA	JANUVIA, TRADJENTA
ORTHOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3

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Standard Opt Out Plan Formulary Exclusions Drug List (07/2020)

Excluded drug name(s)	Preferred option(s)*
OSENI	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR; JANUVIA or TRADJENTA WITH pioglitazone
OWEN MUMFORD NEEDLES ²	BD ULTRAFINE NEEDLES
OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
PANCREAZE	CREON, VIOKACE, ZENPEP
PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen
PERRIGO NEEDLES ²	BD ULTRAFINE NEEDLES
PERTZYE	CREON, VIOKACE, ZENPEP
PEXEVA	citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD
PLAVIX	clopidogrel, prasugrel, BRILINTA
PLEGRIDY	glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY
PRADAXA	warfarin, ELIQUIS, XARELTO
PRECISION XTRA STRIPS AND KITS ³	ACCU-CHEK AVIVA PLUS STRIPS AND KITS', ACCU-CHEK COMPACT PLUS STRIPS AND KITS', ACCU-CHEK GUIDE STRIPS AND KITS', ACCU-CHEK SMARTVIEW STRIPS AND KITS', ONETOUCH ULTRA STRIPS AND KITS', ONETOUCH VERIO STRIPS AND KITS'
PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
PREFEST	estradiol-norethindrone, PREMPHASE, PREMPRO
PRENATAL PLUS	generic prenatal vitamins, CITRANATAL
PREVACID	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
PROTONIX	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
PROTOPIC	pimecrolimus, tacrolimus, EUCRISA
PROVENTIL HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol
QNASL	flunisolide, fluticasone, mometasone, DYMISTA
QSYMIA	SAXENDA
RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone
RELION INSULIN	HUMULIN INSULIN, NOVOLIN INSULIN
RELISTOR	MOVANTIK
RIMSO-50	Consult doctor
RIOMET	metformin, metformin ext-rel
ROZEREM	eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR
SAIZEN	HUMATROPE, NORDITROPIN
STRIANT	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
SURE-TEST STRIPS AND KITS ³	ACCU-CHEK AVIVA PLUS STRIPS AND KITS', ACCU-CHEK COMPACT PLUS STRIPS AND KITS', ACCU-CHEK GUIDE STRIPS AND KITS', ACCU-CHEK SMARTVIEW STRIPS AND KITS', ONETOUCH ULTRA STRIPS AND KITS', ONETOUCH VERIO STRIPS AND KITS'
SYNVISC, SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
TASIGNA	imatinib mesylate, BOSULIF, SPRYCEL

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Standard Opt Out Plan Formulary Exclusions Drug List (07/2020)

Excluded drug name(s)	Preferred option(s)*
TESTIM	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM
TOBI	<i>tobramycin inhalation solution</i> , BETHKIS, KITABIS PAK, TOBI PODHALER
TRICOR	<i>fenofibrate</i> , <i>fenofibric acid delayed-rel</i>
TRIGLIDE	<i>fenofibrate</i> , <i>fenofibric acid delayed-rel</i>
TRILIPIX	<i>fenofibrate</i> , <i>fenofibric acid delayed-rel</i>
TRIVIDIA INSULIN SYRINGES ²	BD ULTRAFINE INSULIN SYRINGES
TRUETEST STRIPS AND KITS ³	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ¹ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ¹ , ACCU-CHEK GUIDE STRIPS AND KITS ¹ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ¹ , ONETOUCH ULTRA STRIPS AND KITS ¹ , ONETOUCH VERIO STRIPS AND KITS ¹
TRUETRACK STRIPS AND KITS ³	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ¹ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ¹ , ACCU-CHEK GUIDE STRIPS AND KITS ¹ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ¹ , ONETOUCH ULTRA STRIPS AND KITS ¹ , ONETOUCH VERIO STRIPS AND KITS ¹
TUDORZA	ATROVENT HFA, INCRUSE ELLIPTA, SPIRIVA, YUPELRI
ULTIMED INSULIN SYRINGES ²	BD ULTRAFINE INSULIN SYRINGES
ULTIMED NEEDLES ²	BD ULTRAFINE NEEDLES
UROXATRAL	<i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> , <i>terazosin</i>
VALCYTE	<i>valganciclovir</i>
VALTREX	<i>acyclovir capsule</i> , <i>acyclovir tablet</i> , <i>valacyclovir</i>
Vanoxide-HC	<i>adapalene</i> , <i>benzoyl peroxide</i> , <i>clindamycin gel</i> , <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , EPIDUO, ONEXTON, TAZORAC
venlafaxine ext-rel tablet (except 225 mg)	<i>desvenlafaxine ext-rel</i> , <i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule</i> , FETZIMA
VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol</i> , <i>levalbuterol tartrate CFC-free aerosol</i>
VIAGRA	<i>sildenafil</i> , <i>tadalafil</i>
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VITAFOL-ONE	<i>generic prenatal vitamins</i> , CITRANATAL
VOGELXO	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
XENAZINE	<i>tetrabenazine</i> , AUSTEDO
XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol</i> , <i>levalbuterol tartrate CFC-free aerosol</i>
ZEGERID	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZETONNA	<i>flunisolide</i> , <i>fluticasone</i> , <i>mometasone</i> , DYMISTA
ZONEGRAN	<i>carbamazepine</i> , <i>carbamazepine ext-rel</i> , <i>divalproex sodium</i> , <i>divalproex sodium ext-rel</i> , <i>gabapentin</i> , <i>lamotrigine</i> , <i>lamotrigine ext-rel</i> , <i>levetiracetam</i> , <i>levetiracetam ext-rel</i> , <i>oxcarbazepine</i> , <i>phenobarbital</i> , <i>phenytoin</i> , <i>phenytoin sodium extended</i> , <i>primidone</i> , <i>tiagabine</i> , <i>topiramate</i> , <i>valproic acid</i> , <i>zonisamide</i> , FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT
ZYFLO	<i>montelukast</i> , <i>zafirlukast</i> , <i>zileuton ext-rel</i>

* Coverage may not apply in all plans. Refer to plan documents.

Standard Opt Out Plan Formulary Exclusions Drug List (07/2020)

[§] Generics are available in this class and should be considered the first line of prescribing.

^{*} The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

¹ An ACCU-CHEK or ONETOUGH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUGH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

² BD ULTRAFINE syringes and needles are the only preferred options.

³ ACCU-CHEK or ONETOUGH brand test strips are the only preferred options.

This is not a complete list of medications covered or excluded under your plan. We only list the most common ones. Certain drugs may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

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

To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll free number on the back of your member ID card.

