

Covered and non-covered drugs

Drugs not covered – and their covered alternatives

2021 Advanced Control Plan – Aetna
Formulary Exclusions Drug List



Below is a list of medications that will not be covered without a prior authorization for medical necessity. If you continue using one of these drugs without prior approval, you may be required to pay the full cost. Ask your doctor to choose one of the generic or brand formulary options listed below.

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

Preferred Options For Excluded Medications¹

Excluded drug name(s)	Preferred option(s)
ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, SAPHRIS, VRAYLAR</i>
ABSORICA	<i>isotretinoin</i>
ACANYA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC ^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁵ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁵ , ACCU-CHEK GUIDE STRIPS AND KITS ⁵ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
ACIPHEX, ACIPHEX SPRINKLE	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
ACTICLATE	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC ^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
ACTOS	<i>pioglitazone</i>
ACUVAIL	<i>bromfenac, diclofenac, ketorolac</i>
<i>acyclovir cream</i>	<i>acyclovir (except acyclovir cream), valacyclovir</i>
ADCIRCA	<i>sildenafil, tadalafil</i> [*]
ADZENYS ER, ADZENYS XR-ODT	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>
AKYNZEO	<i>aprepitant WITH granisetron, ondansetron or SANCUSO</i>
ALDARA	<i>imiquimod</i>
ALLISON MEDICAL INSULIN SYRINGES ⁴	BD ULTRAFINE INSULIN SYRINGES
ALORA	<i>estradiol, DIVIGEL, EVAMIST</i>
ALPROLIX	Consult doctor
ALREX	<i>azelastine, cromolyn sodium, olopatadine</i>
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
ALVESCO	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (01/2021)

Excluded drug name(s)	Preferred option(s)
AMITIZA	LINZESS, MOVANTIK, SYMPROIC
AMRIX	carisoprodol, chlorzoxazone 500 mg (except NDC [†] 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs [†] 69036091010, 69036093090, 70868090190)
ANDROGEL 1%	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
ANGELIQ	estradiol-norethindrone, BIJUVA
ANZEMET	granisetron, ondansetron, SANCUSO
APEXICON E	desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI
APIDRA	FIASP, NOVOLOG
APLENZIN	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
APTENSIO XR	amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE
APTIOM	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
ARALAST NP	PROLASTIN-C
ARCAPTA	STRIVERDI RESPIMAT
ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
ASACOL HD	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA
ASCENSIA STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
ASMANEX, ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
ASTAGRAF XL	tacrolimus
ATACAND, ATACAND HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
ATIVAN	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
ATRALIN	adapalene, benzoyl peroxide, clindamycin gel (except NDC [†] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
ATROVENT HFA	ipratropium inhalation solution, SPIRIVA, YUPELRI
AUVI-Q	epinephrine auto-injector, EPIPEN, EPIPEN JR, SYMJEPI
AVONEX	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA
AZASITE	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin
AZELEX	adapalene, benzoyl peroxide, clindamycin gel (except NDC [†] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
AZESCO	prenatal vitamins, CITRANATAL
AZOPT	dorzolamide
BARACLUDE TABLET	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY
BECONASE AQ	flunisolide, fluticasone, mometasone, DYMISTA

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Excluded drug name(s)	Preferred option(s)
BENICAR, BENICAR HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
BENZACLIN	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
benzonatate (NDCs^ 69336012615, 69499032915 only)	benzonatate (except NDCs^ 69336012615, 69499032915)
BEPREVE	azelastine, cromolyn sodium, olopatadine
BERINERT	FIRAZYR, RUCONEST
BESIVANCE	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin
BETAPACE, BETAPACE AF	sotalol
BETOPTIC-S	timolol maleate solution, BETIMOL
BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
BEYAZ	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate-iron
bimatoprost solution 0.03%	latanoprost, travoprost, ZIOPTAN
BREEZE 2 STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
BROVANA	PERFOROMIST
Bupap	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
BUPHENYL	sodium phenylbutyrate
bupropion ext-rel tablet 450 mg	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
butalbital-acetaminophen tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN (NDC^ 69499034230 only)	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
butalbital-acetaminophen-caffeine capsule	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
BUTRANS	buprenorphine transdermal, BELBUCA
BYDUREON	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
BYSTOLIC	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel
CAFERGOT	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, REYVOW, UBRELVY, ZOMIG NASAL SPRAY
calcipotriene cream	calcipotriene ointment, calcipotriene solution
calcipotriene-betamethasone	calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; DUOBRII, ENSTILAR, TACLONEX
CAMBIA	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
CANASA	hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM
CAPEX	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, TOLAK

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Excluded drug name(s)	Preferred option(s)
CARAFATE	sucralfate tablet
CARBINOXAMINE TABLET 6 MG	levocetirizine
CARDIZEM, CARDIZEM CD, CARDIZEM LA	diltiazem ext-rel (except generics for CARDIZEM LA)
CARNITOR, CARNITOR SF	levocarnitine
CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
CELLCEPT	mycophenolate mofetil, mycophenolate sodium
chlordiazepoxide-clidinium (NDC^ 42494040901 only)	dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate ext-rel, hyoscyamine sulfate orally disintegrating tablet
chlorzoxazone 375 mg, chlorzoxazone 500 mg (NDC^ 73007001303 only), chlorzoxazone 750 mg, CHLORZOAZONE 250 MG	carisoprodol, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)
CHORIONIC GONADOTROPIN	OVIDREL*
CIALIS	sildenafil, tadalafil, vardenafil*
CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin
CIPRO HC	ciprofloxacin-dexamethasone, ofloxacin otic
CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic
CLINDAGEL	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
clindamycin gel (NDC^ 68682046275 only)	adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
clobetasol spray	clobetasol foam
CLOBEX SPRAY	clobetasol foam
COLAZAL	balsalazide
COLCRYS	colchicine tablet
COMBIPATCH	CLIMARA PRO
COMPLERA	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
CONSENSI	amlodipine WITH celecoxib
CONTOUR NEXT STRIPS AND KITS ⁵ , CONTOUR STRIPS AND KITS ⁵	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
CONTRAVE	SAXENDA*
CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment
CORDRAN TAPE	clobetasol cream, clobetasol lotion, clobetasol ointment
COREG CR	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel
CoreMino	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline

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Excluded drug name(s)	Preferred option(s)
COSOPT PF	<i>dorzolamide-timolol</i>
CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
CRINONE	ENDOMETRIN
CUPRIMINE	Consult doctor
cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg	<i>carisoprodol, chlorzoxazone 500 mg (except NDC[†] 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs[†] 69036091010, 69036093090, 70868090190)</i>
CYCLOSET	Consult doctor
CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
DARAPRIM	<i>pyrimethamine</i>
DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>
DELZICOL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
DENAVIR	<i>acyclovir (except acyclovir cream), valacyclovir</i>
DEPO-SUBQ PROVERA 104MG	<i>medroxyprogesterone acetate 150 mg/mL</i>
DESVENLAFAXINE ER	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
DETROL LA	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
dexchlorpheniramine	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>
Dexifol	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
DIASTAT	<i>diazepam rectal gel, NAYZILAM, VALTOCO</i>
DIFFERIN LOTION	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[†] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
diflorasone cream, diflorasone ointment	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
dihydroergotamine spray	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, REYVOW, UBRELVY, ZOMIG NASAL SPRAY</i>
DILANTIN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
diltiazem ext-rel (generics for CARDIZEM LA only)	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
DIOVAN, DIOVAN HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
DORYX, DORYX MPC	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC[†] 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
doxepin cream	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
doxycycline hyclate delayed-rel tablet 200 mg	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC[†] 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
doxycycline hyclate tablet 50 mg (NDC[†] 72143021160 only), doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC[†] 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>

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Excluded drug name(s)	Preferred option(s)
doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
doxycycline monohydrate delayed-rel capsule	ORACEA
DUAVEE	<i>estradiol-norethindrone, raloxifene, BIJUVA</i>
DUEXIS	<i>ibuprofen AND famotidine</i>
DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
DUREZOL	<i>dexamethasone, loteprednol, prednisolone acetate 1%, FLAREX, FML S.O.P.</i>
DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
DYRENIUM	<i>amiloride, triamterene</i>
E.E.S. GRANULES	<i>erythromycins</i>
ECOZA	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>
EDARBI, EDARBYCLOR	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
EDLUAR	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
ELELYSO	CERDELGA, CEREZYME
ELESTRIN	<i>estradiol, DIVIGEL, EVAMIST</i>
ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
EMEND	<i>aprepitant</i>
ENABLEX	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
ENVARUS XR	<i>tacrolimus</i>
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
EPOGEN	ARANESP, RETACRIT
ergotamine-caffeine	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, REYVOW, UBRELVY, ZOMIG NASAL SPRAY</i>
ERTACZO	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>
ERYPED	<i>erythromycins</i>
ESTRING	<i>estradiol, IMVEXXY</i>
ESTROGEL	<i>estradiol, DIVIGEL, EVAMIST</i>
EVEKEO	<i>dexmethylphenidate, dextroamphetamine, methylphenidate</i>
EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>

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Excluded drug name(s)	Preferred option(s)
EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
FABIOR	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, SAPHRIS, VRAYLAR</i>
FEMHRT LOW DOSE	<i>estradiol-norethindrone, BIJUVA</i>
FEMRING	<i>estradiol, IMVEXXY</i>
fenofibrate tablet 120 mg	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
FENOGLIDE TABLET 120 MG	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
fenoprofen, FENOPROFEN CAPSULE	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
FENTORA	<i>fentanyl transmucosal, SUBSYS</i>
FERIVA 21/7	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
FETZIMA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
Fexmid	<i>carisoprodol, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)</i>
FINACEA GEL	<i>azelaic acid gel, metronidazole, FINACEA FOAM</i>
FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
FLECTOR	<i>diclofenac sodium, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
flucytosine capsule 500 mg	<i>fluconazole</i>
fluocinonide cream 0.1%	<i>clobetasol cream</i>
FLUOROPLEX	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, TOLAK</i>
fluorouracil cream 0.5%	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, TOLAK</i>
fluoxetine tablet 60 mg, FLUOXETINE 60 MG	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
fluoxetine tablet (generics for SARAFEM only)	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline</i>
flurandrenolide lotion (NDC^ 24470092112 only)	<i>desonide, hydrocortisone</i>
flurandrenolide ointment	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
FML FORTE, FML LIQUIFILM	<i>dexamethasone, loteprednol, prednisolone acetate 1%, FLAREX, FML S.O.P.</i>
FOLIC-K	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
FOLLISTIM AQ	<i>GONAL-F*</i>
FORTAMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
FORTESTA	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
FRAGMIN	<i>enoxaparin</i>

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

Excluded drug name(s)	Preferred option(s)
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS⁵	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
FULPHILA	ZIEXTENZO
GELNIQUE	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GENOTROPIN	NORDITROPIN
GEODON CAPSULE	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, SAPHRIS, VRAYLAR</i>
GEODON INTRAMUSCULAR	<i>haloperidol, ziprasidone</i>
GLASSIA	PROLASTIN-C
GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
GLUMETZA	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
GOLYTELY	<i>peg 3350-electrolytes, CLENPIQ</i>
GRANIX	NIVESTYM
GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
HALOG	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
HORIZANT	<i>gabapentin, GRALISE</i>
HUMALOG	FIASP, NOVOLOG
HUMALOG MIX 50/50	NOVOLOG MIX 70/30
HUMALOG MIX 75/25	NOVOLOG MIX 70/30
HUMATROPE	NORDITROPIN
HUMULIN 70/30	NOVOLIN 70/30
HUMULIN N	NOVOLIN N
HUMULIN R	NOVOLIN R
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
hydrocortisone butyrate lipophilic cream 0.1%	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
HYSINGLA ER	<i>fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
ILEVRO	<i>bromfenac, diclofenac, ketorolac</i>
INCRUSE ELLIPTA	SPIRIVA, YUPELRI
INDERAL LA, INDERAL XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
indomethacin capsule 20 mg	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>

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Excluded drug name(s)	Preferred option(s)
INNOPRAN XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel
INTERMEZZO	doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, zolpidem sublingual
INTRAROSA	estradiol, IMVEXXY
INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE
INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKANA	FARXIGA, JARDIANCE
ISORDIL	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
isosorbide dinitrate 40 mg tab	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
ISTALOL	timolol maleate solution, BETIMOL
JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin
JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR
JUBLIA	terbinafine tablet
KADIAN	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
KAPVAY	amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE
KAZANO	JANUMET, JANUMET XR
KENALOG	hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment
KEPPRA, KEPPRA XR	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
KERYDIN	terbinafine tablet
ketoconazole foam 2%	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
ketoprofen capsule 25 mg	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
ketoprofen ext-rel capsule	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
KOMBIGLYZE XR	JANUMET, JANUMET XR
LACRISERT	XIIDRA
LACTULOSE PAK	lactulose solution
LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
lanthanum carbonate	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
LANTUS	BASAGLAR, LEVEMIR
LASTACFT	azelastine, cromolyn sodium, olopatadine
LAZANDA	fentanyl transmucosal, SUBSYS
LESCOL XL	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin

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Excluded drug name(s)	Preferred option(s)
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
LEVITRA	<i>sildenafil, tadalafil, vardenafil</i>
levorphanol	<i>fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
LEXAPRO	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
LIDOCAINE-TETRACAINE CREAM (NDC^ 71800063115 only)	<i>lidocaine-prilocaine</i>
LILETTA	KYLEENA, MIRENA, SKYLA
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
Lorzone	<i>carisoprodol, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)</i>
LOTEMAX, LOTEMAX SM	<i>dexamethasone, loteprednol, prednisolone acetate 1%, FLAREX, FML S.O.P.</i>
LUMIGAN	<i>latanoprost, travoprost, ZIOPTAN</i>
LUNESTA	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
LUXIQ	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
LUZU	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>
MACRODANTIN	<i>nitrofurantoin</i>
Matzim LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI [†]
MAXIDEX	<i>dexamethasone, loteprednol, prednisolone acetate 1%, FLAREX, FML S.O.P.</i>
mefenamic acid (NDC^ 69336012830 only)	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
MENEST	<i>estradiol</i>
MENOSTAR	<i>estradiol</i>
meperidine	<i>hydromorphone, morphine, oxycodone, NUCYNTA</i>
MESTINON	<i>pyridostigmine, pyridostigmine ext-rel</i>
metaxalone 400 mg tab	<i>carisoprodol, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)</i>
metformin ext-rel (generics for FORTAMET and GLUMETZA only)	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
methocarbamol 500 mg (NDC^ 69036091010 only), methocarbamol 750 mg (NDCs^ 69036093090, 70868090190 only)	<i>carisoprodol, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)</i>

[†] Coverage may not apply in all plans. Refer to plan documents.

Excluded drug name(s)	Preferred option(s)
METROGEL	azelaic acid gel, metronidazole, FINACEA FOAM
MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO*, PROLIA*, TYMLOS*
MIACALCIN NASAL SPRAY	calcitonin-salmon
Migergot	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, REYVOW, UBRELVY, ZOMIG NASAL SPRAY
MIGRANAL	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, REYVOW, UBRELVY, ZOMIG NASAL SPRAY
MILLIPRED	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone
MINASTRIN 24 FE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate-iron
MINIVELLE	estradiol, DIVIGEL, EVAMIST
MINOCIN	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline
minocycline ext-rel	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline
MINOLIRA	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline
MIRVASO	azelaic acid gel, metronidazole, FINACEA FOAM
Mondoxyme NL capsule 75 mg	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
MOVIPREP	peg 3350-electrolytes, CLENPIQ
mupirocin cream	gentamicin, mupirocin ointment
MYFORTIC	mycophenolate mofetil, mycophenolate sodium
MYTESI	diphenoxylate-atropine, loperamide
NAFTIN	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole, oxiconazole (except NDCs^ 00168035830, 51672135902)
NAMENDA XR	memantine
NAPRELAN	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
naproxen CR	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
naproxen suspension	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
NASCOBAL	cyanocobalamin inj
NATAZIA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE
NATESTO	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
NESINA	JANUVIA
NEULASTA	ZIEXTENZO
NEULASTA ONPRO	ZIEXTENZO
NEUPOGEN	NIVESTYM
NEVANAC	bromfenac, diclofenac, ketorolac
NEXIUM	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT

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

Excluded drug name(s)	Preferred option(s)
<i>niacin tablet 500 mg</i>	<i>niacin ext-rel</i>
<i>Niacor</i>	<i>niacin ext-rel</i>
NILANDRON	<i>abiraterone, bicalutamide, XTANDI, YONSA</i>
NITROMIST	<i>nitroglycerin lingual spray, nitroglycerin sublingual</i>
NORGESIC FORTE	<i>carisoprodol, chlorzoxazone 500 mg (except NDC[^] 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs[^] 69036091010, 69036093090, 70868090190)</i>
NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM</i>
NORVASC	<i>amlodipine</i>
NOVAREL	OIDREL [*]
NOVO NORDISK NEEDLES⁴	BD ULTRAFINE NEEDLES
NOXAFIL	<i>fluconazole, itraconazole</i>
NUTROPIN AQ	NORDITROPIN
NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
NUVESSA	<i>clindamycin, metronidazole</i>
NUVIGIL	<i>armodafinil, modafinil, SUNOSI</i>
OLEPTRO	<i>trazodone</i>
OLUX-E	<i>clobetasol foam</i>
omeprazole-sodium bicarbonate	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
OMNARIS	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>
OMNITROPE	NORDITROPIN
ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
ONGLYZA	JANUVIA
orphenadrine-aspirin-caffeine	<i>carisoprodol, chlorzoxazone 500 mg (except NDC[^] 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs[^] 69036091010, 69036093090, 70868090190)</i>
Orphengesic Forte	<i>carisoprodol, chlorzoxazone 500 mg (except NDC[^] 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs[^] 69036091010, 69036093090, 70868090190)</i>
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
OSENI	JANUMET, JANUMET XR; JANUVIA WITH pioglitazone
OSMOPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
OSPHENA	<i>estradiol</i>
OTOVEL	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
OTREXUP	RASUVO
OWEN MUMFORD NEEDLES⁴	BD ULTRAFINE NEEDLES
oxiconazole (NDCs[^] 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole, oxiconazole (except NDCs[^] 00168035830, 51672135902)</i>
OXISTAT	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole, oxiconazole (except NDCs[^] 00168035830, 51672135902)</i>
OXSORALEN-ULTRA	<i>acitretin, methoxsalen</i>

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

Excluded drug name(s)	Preferred option(s)
OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
oxymorphone ext-rel	<i>fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
PANCREAZE	CREON, VIOKACE, ZENPEP
PAXIL, PAXIL CR	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
PAZEO	<i>azelastine, cromolyn sodium, olopatadine</i>
PEGASYS	Consult doctor
PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
PERCOCET	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
PERRIGO NEEDLES⁴	BD ULTRAFINE NEEDLES
PERTZYE	CREON, VIOKACE, ZENPEP
PEXEVA	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
PICATO	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, TOLAK</i>
PLAVIX	<i>clopidogrel, dipyridamole ext-rel-aspirin, prasugrel, BRILINTA</i>
PLEGRIDY	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
PLENVU	<i>peg 3350-electrolytes, CLENPIQ</i>
posaconazole delayed-rel tablet	<i>fluconazole, itraconazole</i>
PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
PRECISION XTRA STRIPS AND KITS⁵	ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
PRED FORTE, PRED MILD	<i>dexamethasone, loteprednol, prednisolone acetate 1%, FLAREX, FML S.O.P.</i>
PREFEST	<i>estradiol-norethindrone, BIJUVA</i>
PREGNYL	OIDREL ⁺
PREMARIN	<i>estradiol</i>
PREMARIN CREAM	<i>estradiol, IMVEXXY</i>
PREMPHASE	<i>estradiol-norethindrone, BIJUVA</i>
PREMPRO	<i>estradiol-norethindrone, BIJUVA</i>
PREVACID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
PROAIR HFA, PROAIR RESPICLICK	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
PROCRIT	ARANESP, RETACRIT
PROCTOCORT	<i>hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM</i>
PROCYSBI	CYSTAGON

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

Excluded drug name(s)	Preferred option(s)
PROGRAF	<i>tacrolimus</i>
PROLENSA	<i>bromfenac, diclofenac, ketorolac</i>
PROTONIX	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
PROVIGIL	<i>armodafinil, modafinil, SUNOSI</i>
PROZAC	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
PSORCON	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
PULMICORT RESPULES	<i>budesonide inhalation suspension, ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER</i>
QNASL	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>
QSYMIA	SAXENDA*
QTERN	GLYXAMBI
QUARTETTE	<i>ethinyl estradiol-levonorgestrel</i>
<i>quazepam</i>	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
RAPAFLO	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
RAPAMUNE	<i>everolimus, sirolimus</i>
RAVICTI	<i>sodium phenylbutyrate</i>
RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
RELION INSULIN	NOVOLIN INSULIN
RELISTOR	MOVANTIK, SYMPROIC
REPATHA	PRALUENT
RESTASIS	XIIDRA
REVATIO	<i>sildenafil, tadalafil*</i>
RHOFADE	<i>azelaic acid gel, metronidazole, FINACEA FOAM</i>
RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
ROWASA	<i>mesalamine suspension</i>
ROZEREM	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
<i>RyClora</i>	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>
SABRIL	<i>vigabatrin</i>
SAIZEN	NORDITROPIN
SANDOSTATIN LAR	SOMATULINE DEPOT
SEREVENT	STRIVERDI RESPIMAT
SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, SAPHRIS, VRAYLAR</i>
SEYSARA	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC ^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
SFROWASA	<i>mesalamine suspension</i>
SIGNIFOR LAR	SOMATULINE DEPOT
SILENOR	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
SINGULAIR	<i>montelukast, zafirlukast</i>

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

Excluded drug name(s)	Preferred option(s)
SITAVIG	oral acyclovir, valacyclovir
SOLODYN	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC ^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline
SOLOSEC	clindamycin, metronidazole
SOMAVERT	SOMATULINE DEPOT
SOOLANTRA	azelaic acid gel, metronidazole, FINACEA FOAM
SORILUX	calcipotriene ointment, calcipotriene solution
SPORANOX CAPSULE	itraconazole, terbinafine tablet
SPORANOX SOLUTION	fluconazole
SPRIX	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
STAXYN	sildenafil, tadalafil, vardenafil
STENDRA	sildenafil, tadalafil, vardenafil
STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
sucralfate suspension	sucralfate tablet
sumatriptan-naproxen	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, REYVOW, UBRELVY or ZOMIG NASAL SPRAY
SUPREP	peg 3350-electrolytes, CLENPIQ
SYNDROS	dronabinol
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SYPRINE	Consult doctor
TARGADOX	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC ^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline
TASIGNA	imatinib mesylate, BOSULIF, SPRYCEL
TAYTULLA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate-iron
TAZORAC	adapalene, benzoyl peroxide, clindamycin gel (except NDC ^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON; calcipotriene ointment, calcipotriene solution
TECFIDERA	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA
TESTIM	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL
TIROSINT	levothyroxine
TIVORBEX	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
TOBI, TOBI PODHALER	tobramycin inhalation solution, BETHKIS
TOBRADEX	tobramycin-dexamethasone
TOBRADEX ST	tobramycin-dexamethasone

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

Excluded drug name(s)	Preferred option(s)
TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
TRADJENTA	JANUVIA
tramadol (NDC[^] 52817019610 only)	<i>tramadol (except NDC[^] 52817019610), tramadol ext-rel</i>
TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, REYVOW, UBRELVY or ZOMIG NASAL SPRAY</i>
triamcinolone acetonide aerosol 0.2%	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
Trianex	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
TRICOR	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
TRIVIDIA INSULIN SYRINGES⁴	BD ULTRAFINE INSULIN SYRINGES
TRULANCE	LINZESS
TUDORZA	SPIRIVA, YUPELRI
UCERIS FOAM	<i>hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM</i>
UCERIS TABLET	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
UDENYCA	ZIEXTENZO
ULORIC	<i>allopurinol</i>
ULTIMED INSULIN SYRINGES⁴	BD ULTRAFINE INSULIN SYRINGES
ULTIMED NEEDLES⁴	BD ULTRAFINE NEEDLES
UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
VALCYTE	<i>valganciclovir</i>
VALTRES	<i>acyclovir (except acyclovir cream, ointment), valacyclovir</i>
Vanatol LQ, Vanatol S	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
VANOS	<i>clobetasol cream</i>
VARUBI	<i>aprepitant</i>
VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
VELTIN	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
venlafaxine ext-rel tablet (except 225 mg)	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
VERDESO	<i>desonide, hydrocortisone</i>
VEREGEN	<i>imiquimod, podofilox</i>
VESICARE	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>

⁴ Coverage may not apply in all plans. Refer to plan documents.

Excluded drug name(s)	Preferred option(s)
VIAGRA	<i>sildenafil, tadalafil, vardenafil</i>
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VIIBRYD	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]</i>), <i>paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
VIMOVO	<i>naproxen AND esomeprazole</i>
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
VIVLODEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)
VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution, ANDRODERM</i>
VUSION	<i>nystatin</i>
XANAX, XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
XENAZINE	<i>tetrabenazine, AUSTEDO</i>
XENICAL	SAXENDA*
XERESE	<i>acyclovir</i> (except <i>acyclovir cream, ointment</i>), <i>valacyclovir</i>
XIFAXAN 200 MG	<i>sulfamethoxazole-trimethoprim</i>
XIMINO	<i>doxycycline hyclate capsule, doxycycline hyclate tablet</i> (except <i>doxycycline hyclate tablet 50 mg [NDC ^ 72143021160 only], 75 mg, 150 mg</i>), <i>minocycline, tetracycline</i>
XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate-iron</i>
ZALVIT	<i>prenatal vitamins, CITRANATAL</i>
ZARXIO	NIVESTYM
ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
ZELAPAR	<i>rasagiline, selegiline</i>
ZEMAIRA	PROLASTIN-C
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZETIA	<i>ezetimibe</i>
ZETONNA	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>
ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel</i> (except <i>NDC ^ 68682046275</i>), <i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
ZIPSOR	<i>diclofenac sodium</i>
ZIRGAN	<i>trifluridine</i>
ZOHYDRO ER	<i>fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
ZOLPIMIST	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
ZONTIVITY	Consult doctor
ZORTRESS	<i>everolimus, sirolimus</i>

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

Excluded drug name(s)	Preferred option(s)
ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
ZOVIRAX	<i>acyclovir (except acyclovir cream), valacyclovir</i>
ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
ZYCLARA	<i>fluorouracil 5% cream, fluorouracil solution, imiquimod, TOLAK</i>
ZYDELIG	COPIKTRA
ZYFLO/ZYFLO CR	<i>zileuton ER, zafirlukast, montelukast</i>
ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone</i>
ZYMAXID	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin</i>
ZYTIGA	<i>abiraterone, bicalutamide, XTANDI, YONSA</i>
ZYVOX	<i>linezolid</i>

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

Table 1

Preferred Options For Indication Based Autoimmune Excluded Medications

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

After failure of HUMIRA

The listed formulary options are subject to change.

Advanced Control Plan - Aetna Formulary Exclusions Drug List (01/2021)

[^] Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

[†] Listing does not include certain NDCs[^].

^{*} 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 For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

² An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

³ An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

⁴ BD ULTRAFINE syringes and needles are the only preferred options.

⁵ ACCU-CHEK 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.

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.