

# Covered and non-covered drugs

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## **Drugs not covered – and their covered alternatives**

2020 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 Medications<sup>1</sup>

Excluded drug name(s)	Preferred option(s)
<b>ABILIFY</b>	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
<b>ABSORICA</b>	<i>isotretinoin</i>
<b>ACANYA</b>	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC<sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
<b>ACIPHEX, ACIPHEX SPRINKLE</b>	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<b>ACTICLATE</b>	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC<sup>^</sup> 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
<b>ACTOS</b>	<i>pioglitazone</i>
<b>ACUVAIL</b>	<i>bromfenac, diclofenac, ketorolac, PROLENSA</i>
<b><i>acyclovir cream</i></b>	<i>acyclovir (except acyclovir cream), valacyclovir</i>
<b>ADCIRCA</b>	<i>sildenafil, tadalafil</i>
<b>ADZENYS XR-ODT</b>	<i>amphetamine-dextroamphetamine mixed salts ext-rel<sup>†</sup>, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel<sup>†</sup>, MYDAYIS, VYVANSE</i>
<b>ALDARA</b>	<i>imiquimod</i>
<b>ALLISON MEDICAL INSULIN SYRINGES<sup>4</sup></b>	BD ULTRAFINE INSULIN SYRINGES
<b>ALORA</b>	<i>estradiol, DIVIGEL, EVAMIST</i>
<b>ALPROLIX</b>	Consult doctor
<b>ALREX</b>	<i>azelastine, cromolyn sodium, olopatadine</i>
<b>ALTOPREV</b>	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<b>ALVESCO</b>	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
<b>AMRIX</b>	<i>carisoprodol, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone, methocarbamol</i>
<b>ANDROGEL 1%</b>	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
<b>ANGELIQ</b>	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
<b>APEXICON E</b>	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<b>APIDRA</b>	FIASP, NOVOLOG
<b>APLENZIN</b>	<i>bupropion IR, bupropion ER</i>

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<sup>†</sup> Coverage may not apply in all plans. Refer to plan documents.

Advanced Control Plan - Aetna Formulary Exclusions Drug List (07/2020)

Excluded drug name(s)	Preferred option(s)
APTENSIO XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel<sup>†</sup>, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel<sup>†</sup>, MYDAYIS, VYVANSE</i>
APTIOM	<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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
ARCAPTA	STRIVERDI RESPIMAT
ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
ASACOL HD	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
ASCENSIA STRIPS AND KITS <sup>5</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup>
ASMANEX, ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
ASTAGRAF XL	<i>tacrolimus</i>
ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
ATIVAN	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
ATRALIN	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC<sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
ATROVENT HFA	<i>ipratropium inhalation solution, INCRUSE ELLIPTA, SPIRIVA, YUPELRI</i>
AUVI-Q	<i>epinephrine auto-injector, EPIPEN, EPIPEN JR, SYMJEPI</i>
AVONEX	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</i>
AZASITE	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE, MOXEZA</i>
AZELEX	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC<sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
BECONASE AQ	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>
BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
BENZACLIN	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC<sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
<i>benzonatate (NDCs<sup>^</sup> 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs<sup>^</sup> 69336012615, 69499032915)</i>
BEPREVE	<i>azelastine, cromolyn sodium, olopatadine</i>
BERINERT	FIRAZYR, RUCONEST
BETAPACE, BETAPACE AF	<i>sotalol</i>
BEYAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate-iron</i>
<i>bimatoprost solution 0.03%</i>	<i>latanoprost, TRAVATAN Z, ZIOPTAN</i>

<sup>†</sup> Coverage may not apply in all plans. Refer to plan documents.

<b>Excluded drug name(s)</b>	<b>Preferred option(s)</b>
<b>BREEZE 2 STRIPS AND KITS<sup>5</sup></b>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup>
<b>BROVANA</b>	PERFOROMIST
<b>BUPHENYL</b>	<i>sodium phenylbutyrate</i>
<b>bupropion ext-rel tablet 450 mg</b>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
<b>BUTALBITAL-ACETAMINOPHEN (NDC<sup>^</sup> 69499034230 only)</b>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
<b>butalbital-acetaminophen-caffeine capsule</b>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
<b>BUTRANS</b>	<i>buprenorphine transdermal, BELBUCA</i>
<b>BYDUREON</b>	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
<b>BYETTA</b>	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
<b>BYSTOLIC</b>	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
<b>CAFERGOT</b>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, REYVOW, UBRELVY, ZOMIG NASAL SPRAY</i>
<b>calcipotriene cream</b>	<i>calcipotriene ointment, calcipotriene solution</i>
<b>calcitriol ointment</b>	<i>calcipotriene ointment, calcipotriene solution</i>
<b>CAMBIA</b>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<b>CANASA</b>	<i>hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM</i>
<b>CAPEX</b>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
<b>CARAC</b>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, TOLAK</i>
<b>CARAFATE</b>	<i>sucralfate</i>
<b>CARBINOXAMINE TABLET 6 MG</b>	<i>levocetirizine</i>
<b>CARDIZEM, CARDIZEM CD, CARDIZEM LA</b>	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>
<b>CARNITOR, CARNITOR SF</b>	<i>levocarnitine</i>
<b>CELEBREX</b>	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<b>CELLCEPT</b>	<i>mycophenolate mofetil, mycophenolate sodium</i>
<b>chlordiazepoxide-clidinium (NDC<sup>^</sup> 42494040901 only)</b>	<i>dicyclomine, hyoscyamine sulfate, hyoscyamine sulfate ext-rel, hyoscyamine sulfate orally disintegrating tablet</i>
<b>chlorzoxazone 375 mg, chlorzoxazone 750 mg, CHLORZOXAZONE 250 MG</b>	<i>carisoprodol, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone, methocarbamol</i>
<b>CHORIONIC GONADOTROPIN</b>	OVIDREL
<b>CIALIS</b>	<i>sildenafil, tadalafil, vardenafil</i>
<b>CLENPIQ</b>	<i>peg 3350-electrolytes, SUPREP</i>
<b>CLINDAGEL</b>	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC<sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>

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Excluded drug name(s)	Preferred option(s)
<b>clindamycin gel (NDC<sup>^</sup> 68682046275 only)</b>	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC<sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
<b>clobetasol spray</b>	<i>clobetasol foam</i>
<b>CLOBEX SPRAY</b>	<i>clobetasol foam</i>
<b>COLAZAL</b>	<i>balsalazide</i>
<b>COLCRYS</b>	<i>colchicine tablet</i>
<b>COMBIPATCH</b>	<i>CLIMARA PRO</i>
<b>COMBIVENT RESPIMAT</b>	<i>ipratropium-albuterol inhalation solution, ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT</i>
<b>COMPLERA</b>	<i>ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ</i>
<b>CONSENSI</b>	<i>amlodipine <b>WITH</b> celecoxib</i>
<b>CONTOUR NEXT STRIPS AND KITS<sup>5</sup></b>	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS<sup>2</sup>, ACCU-CHEK COMPACT PLUS STRIPS AND KITS<sup>2</sup>, ACCU-CHEK GUIDE STRIPS AND KITS<sup>2</sup>, ACCU-CHEK SMARTVIEW STRIPS AND KITS<sup>2</sup></i>
<b>CONTOUR STRIPS AND KITS<sup>5</sup></b>	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS<sup>2</sup>, ACCU-CHEK COMPACT PLUS STRIPS AND KITS<sup>2</sup>, ACCU-CHEK GUIDE STRIPS AND KITS<sup>2</sup>, ACCU-CHEK SMARTVIEW STRIPS AND KITS<sup>2</sup></i>
<b>CONTRAVE</b>	<i>SAXENDA</i>
<b>CORDRAN OINTMENT</b>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
<b>CORDRAN TAPE</b>	<i>clobetasol cream, clobetasol lotion, clobetasol ointment</i>
<b>COREG CR</b>	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
<b>CoreMino</b>	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC<sup>^</sup> 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
<b>COSOPT PF</b>	<i>dorzolamide-timolol</i>
<b>COUMADIN</b>	<i>warfarin</i>
<b>CRESTOR</b>	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<b>CRINONE</b>	<i>ENDOMETRIN</i>
<b>CUPRIMINE</b>	<i>Consult doctor</i>
<b>cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg</b>	<i>carisoprodol, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone, methocarbamol</i>
<b>CYCLOSET</b>	<i>Consult doctor</i>
<b>CYMBALTA</b>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<b>DELZICOL</b>	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
<b>DENAVIR</b>	<i>acyclovir (except acyclovir cream), valacyclovir</i>
<b>DESVENLAFAXINE ER</b>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<b>DETROL LA</b>	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
<b>dexchlorpheniramine</b>	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>
<b>Dexifol</b>	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
<b>Dexpak</b>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>

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

Excluded drug name(s)	Preferred option(s)
DIASTAT	diazepam rectal gel
<b>diclofenac sodium gel 1% (NDC^ 69499031866 only)</b>	diclofenac sodium, diclofenac sodium gel 1% (except NDC^ 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
<b>diflorasone cream, diflorasone ointment</b>	desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI
<b>dihydroergotamine spray</b>	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, REYVOW, UBRELVY, ZOMIG NASAL SPRAY
DILANTIN	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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT
<b>diltiazem ext-rel (generic CARDIZEM LA only)</b>	diltiazem ext-rel (except generic CARDIZEM LA)
DIOVAN, DIOVAN HCT	candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
DORYX, DORYX MPC	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline
doxepin cream	desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
<b>doxycycline hyclate delayed-rel tablet 200 mg</b>	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline
<b>doxycycline hyclate tablet 50 mg (NDC^ 72143021160 only), doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg</b>	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline
<b>doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg</b>	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline
DUEXIS	ibuprofen <b>AND</b> famotidine
DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
DUREZOL	dexamethasone, loteprednol, prednisolone acetate 1%, FML S.O.P.
DUROLANE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
DUTOPROL	metoprolol succinate ext-rel <b>WITH</b> hydrochlorothiazide
DYRENIUM	amiloride, triamterene
ECOZA	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole, oxiconazole
EDARBI, EDARBYCLOR	candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
EDLUAR	ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual
E.E.S. GRANULES	erythromycins
EFFEXOR XR	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
ELELYSO	CERDELGA, CEREZYME
ELESTRIN	estradiol, DIVIGEL, EVAMIST
ELIDEL	pimecrolimus, tacrolimus, EUCRISA
ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ

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Excluded drug name(s)	Preferred option(s)
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
ENVARUSUS XR	<i>tacrolimus</i>
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
EPOGEN	ARANESP, RETACRIT
<b>ergotamine-caffeine</b>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, REYVOW, UBRELVY, ZOMIG NASAL SPRAY</i>
ERTACZO	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole, oxiconazole</i>
ERYPED	<i>erythromycins</i>
ESTRING	<i>estradiol, PREMARIN CREAM</i>
ESTROGEL	<i>estradiol, DIVIGEL, EVAMIST</i>
EUFLEXXA	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
EVEKEO	<i>dexmethylphenidate, dextroamphetamine, methylphenidate</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>
FABIOR	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC ^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
FEMHRT LOW DOSE	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
FEMRING	<i>estradiol, PREMARIN CREAM</i>
<b>fenofibrate tablet 120 mg</b>	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
<b>FENOGLIDE TABLET 120 MG</b>	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
<b>fenoprofen capsule</b>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<b>FENOPROFEN CAPSULE</b>	<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>
<b>Fexmid</b>	<i>carisoprodol, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone, methocarbamol</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>
FLAREX	<i>dexamethasone, loteprednol, prednisolone acetate 1%, FML S.O.P.</i>
FLECTOR	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC ^ 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<b>flucytosine capsule 500 mg</b>	<i>fluconazole</i>

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<b>Excluded drug name(s)</b>	<b>Preferred option(s)</b>
<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
<b>FLUROPLEX</b>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, TOLAK</i>
<i>fluorouracil cream 0.5%</i>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, TOLAK</i>
<b>fluoxetine tablet 60 mg, FLUOXETINE 60 MG</b>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
<b>flurandrenolide lotion (NDC^ 24470092112 only)</b>	<i>desonide, hydrocortisone</i>
<b>flurandrenolide ointment</b>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
<b>FML FORTE, FML LIQUIFILM</b>	<i>dexamethasone, loteprednol, prednisolone acetate 1%, FML S.O.P.</i>
<b>FOLIC-K</b>	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
<b>FOLLISTIM AQ</b>	GONAL-F
<b>FORTAMET</b>	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<b>FORTESTA</b>	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
<b>FOSRENOL</b>	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<b>FRAGMIN</b>	<i>enoxaparin</i>
<b>FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM</b>	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<b>FREESTYLE STRIPS AND KITS<sup>5</sup></b>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup>
<b>FULPHILA</b>	NEULASTA, UDENYCA
<b>GELNIQUE</b>	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
<b>GENOTROPIN</b>	HUMATROPE
<b>GEODON CAPSULE</b>	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
<b>GEODON INTRAMUSCULAR</b>	<i>haloperidol</i>
<b>GLEEVEC</b>	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<b>GLUMETZA</b>	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<b>GLYCOPYRROLATE TABLET 1.5 MG</b>	<i>dicyclomine</i>
<b>GRANIX</b>	NIVESTYM
<b>GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM</b>	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<b>HALOG</b>	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<b>HEPSERA</b>	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
<b>HORIZANT</b>	<i>gabapentin, GRALISE</i>
<b>HUMALOG</b>	FIASP, NOVOLOG
<b>HUMALOG MIX 50/50</b>	NOVOLOG MIX 70/30
<b>HUMALOG MIX 75/25</b>	NOVOLOG MIX 70/30

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Excluded drug name(s)	Preferred option(s)
HUMULIN 70/30	NOVOLIN 70/30
HUMULIN N	NOVOLIN N
HUMULIN R	NOVOLIN R
HYALGAN	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
<b>hydrocortisone butyrate lipophilic cream 0.1%</b>	<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, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
ILEVRO	<i>bromfenac, diclofenac, ketorolac, PROLENSA</i>
INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
INNOPRAN XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
INTERMEZZO	<i>ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel', atomoxetine, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, guanfacine ext-rel, methylphenidate ext-rel', MYDAYIS, VYVANSE</i>
INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKANA	FARXIGA, JARDIANCE
ISORDIL	<i>isosorbide dinitrate</i>
ISTALOL	<i>timolol maleate solution, BETIMOL, BETOPTIC S</i>
JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR
JUBLIA	<i>terbinafine tablet</i>
KADIAN	<i>fentanyl transdermal, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
KAPVAY	<i>amphetamine-dextroamphetamine mixed salts ext-rel', atomoxetine, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, guanfacine ext-rel, methylphenidate ext-rel', MYDAYIS, VYVANSE</i>
KAZANO	JANUMET, JANUMET XR
KENALOG	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
KEPPRA, KEPPRA XR	<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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
KERYDIN	<i>terbinafine tablet</i>
<b>ketoconazole foam 2%</b>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
<b>Ketodan</b>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
<b>ketoprofen capsule 25 mg</b>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<b>ketoprofen ext-rel capsule</b>	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
KOMBIGLYZE XR	JANUMET, JANUMET XR
LACTULOSE PAK	<i>lactulose solution</i>

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Excluded drug name(s)	Preferred option(s)
<b>LAMICTAL, LAMICTAL ODT, LAMICTAL XR</b>	<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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
<b>LANOXIN TABLET (125 MCG and 250 MCG only)</b>	<i>digoxin</i>
<b>lanthanum carbonate</b>	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<b>LANTUS</b>	<i>BASAGLAR, LEVEMIR</i>
<b>LASTACAFT</b>	<i>azelastine, cromolyn sodium, olopatadine</i>
<b>LATUDA</b>	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
<b>LAZANDA</b>	<i>fentanyl transmucosal, SUBSYS</i>
<b>LESCOL XL</b>	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<b>LEVITRA</b>	<i>sildenafil, tadalafil, vardenafil</i>
<b>levorphanol</b>	<i>fentanyl transdermal, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
<b>LEXAPRO</b>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
<b>LIALDA</b>	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
<b>LIDOCAINE-TETRACAINE CREAM</b>	<i>lidocaine-prilocaine</i>
<b>LILETTA</b>	<i>KYLEENA, MIRENA, SKYLA</i>
<b>LIPITOR</b>	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<b>LIVALO</b>	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<b>Lorzone</b>	<i>carisoprodol, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone, methocarbamol</i>
<b>LOTEMAX, LOTEMAX SM</b>	<i>dexamethasone, loteprednol, prednisolone acetate 1%, FML S.O.P.</i>
<b>LUMIGAN</b>	<i>latanoprost, TRAVATAN Z, ZIOPTAN</i>
<b>LUNESTA</b>	<i>ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
<b>LUPRON DEPOT (For Prostate Cancer Only)</b>	<i>ELIGARD</i>
<b>LUXIQ</b>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
<b>LUZU</b>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole, oxiconazole</i>
<b>MACRODANTIN</b>	<i>nitrofurantoin</i>
<b>Matzim LA</b>	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>
<b>MAVYRET</b>	<i>EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI<sup>1</sup></i>
<b>MENEST</b>	<i>estradiol, PREMARIN</i>
<b>MENOSTAR</b>	<i>estradiol</i>
<b>meperidine</b>	<i>hydromorphone, morphine, oxycodone, NUCYNTA</i>
<b>MESTINON</b>	<i>pyridostigmine, pyridostigmine ext-rel</i>
<b>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</b>	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>

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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
<i>Migergot</i>	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
<i>minocycline ext-rel tablet</i>	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
<i>Mondoxyne NL capsule 75 mg</i>	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC ^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline
MONOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
MOVIPREP	peg 3350-electrolytes, SUPREP
<i>mupirocin cream</i>	gentamicin, mupirocin ointment
MYFORTIC	mycophenolate mofetil, mycophenolate sodium
NAFTIN	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole, oxiconazole
NAMENDA XR	memantine
NAPRELAN	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
<i>naproxen-esomeprazole</i>	diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) <b>WITH</b> esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
<i>naproxen CR</i>	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
<i>naproxen suspension</i>	ibuprofen
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
NEUPOGEN	NIVESTYM
NEVANAC	bromfenac, diclofenac, ketorolac, PROLENSA
NEXIUM	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
NILANDRON	abiraterone, bicalutamide, XTANDI, YONSA
NITROMIST	nitroglycerin lingual spray, nitroglycerin sublingual
NORDITROPIN	HUMATROPE

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Excluded drug name(s)	Preferred option(s)
<b>NORGESIC FORTE</b>	<i>carisoprodol, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone, methocarbamol</i>
<b>NORITATE</b>	<i>azelaic acid gel, metronidazole, FINACEA FOAM</i>
<b>NORVASC</b>	<i>amlodipine</i>
<b>NOVAREL</b>	OIDREL
<b>NOVO NORDISK NEEDLES<sup>4</sup></b>	BD ULTRAFINE NEEDLES
<b>NOXAFIL</b>	<i>fluconazole, itraconazole</i>
<b>NUTROPIN AQ</b>	HUMATROPE
<b>NUVESSA</b>	<i>clindamycin, metronidazole</i>
<b>NUVIGIL</b>	<i>armodafinil, modafinil, SUNOSI</i>
<b>Okebo</b>	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC<sup>^</sup> 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
<b>OLEPTRO</b>	<i>trazodone</i>
<b>OLUX-E</b>	<i>clobetasol foam</i>
<b>omeprazole-sodium bicarbonate</b>	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<b>OMNARIS</b>	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>
<b>OMNIPOD INSULIN INFUSION PUMP</b>	V-GO INSULIN INFUSION PUMP
<b>OMNITROPE</b>	HUMATROPE
<b>ONETOUCH ULTRA STRIPS AND KITS<sup>5</sup></b>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup>
<b>ONETOUCH VERIO STRIPS AND KITS<sup>5</sup></b>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup>
<b>ONFI</b>	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
<b>ONGLYZA</b>	JANUVIA
<b>orphenadrine-aspirin-caffeine</b>	<i>carisoprodol, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone, methocarbamol</i>
<b>Orphengesic Forte</b>	<i>carisoprodol, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone, methocarbamol</i>
<b>ORTHO TRI-CYCLEN LO</b>	<i>ethinyl estradiol-norgestimate</i>
<b>ORTHOVISC</b>	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
<b>OSENI</b>	JANUMET, JANUMET XR; JANUVIA <b>WITH</b> <i>pioglitazone</i>
<b>OSMOPREP</b>	<i>peg 3350-electrolytes, SUPREP</i>
<b>OTOVEL</b>	<i>ofloxacin otic, CIPRODEX</i>
<b>OTREXUP</b>	RASUVO
<b>OWEN MUMFORD NEEDLES<sup>4</sup></b>	BD ULTRAFINE NEEDLES
<b>OXISTAT</b>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole, oxiconazole</i>
<b>OXSORALEN-ULTRA</b>	<i>acitretin, methoxsalen</i>
<b>OXYCONTIN</b>	<i>fentanyl transdermal, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
<b>OXYTROL</b>	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
<b>PANCREAZE</b>	CREON, VIOKACE, ZENPEP

<sup>4</sup> Coverage may not apply in all plans. Refer to plan documents.

<b>Excluded drug name(s)</b>	<b>Preferred option(s)</b>
<b>PAXIL, PAXIL CR</b>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
<b>PAZEO</b>	<i>azelastine, cromolyn sodium, olopatadine</i>
<b>PEGASYS</b>	Consult doctor
<b>PENNSAID</b>	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC^ 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<b>PERCOCET</b>	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
<b>PERRIGO NEEDLES<sup>4</sup></b>	BD ULTRAFINE NEEDLES
<b>PERTZYE</b>	CREON, VIOKACE, ZENPEP
<b>PEXEVA</b>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
<b>PICATO</b>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, TOLAK</i>
<b>PLAVIX</b>	<i>clopidogrel, dipyridamole ext-rel-aspirin, prasugrel, BRILINTA</i>
<b>PLEGRIDY</b>	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</i>
<b>PLENVU</b>	<i>peg 3350-electrolytes, SUPREP</i>
<b>posaconazole delayed-rel tablet</b>	<i>fluconazole, itraconazole</i>
<b>PRADAXA</b>	<i>warfarin, ELIQUIS, XARELTO</i>
<b>PRECISION XTRA STRIPS AND KITS<sup>5</sup></b>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>2</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>2</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>2</sup>
<b>PRED FORTE, PRED MILD</b>	<i>dexamethasone, loteprednol, prednisolone acetate 1%, FML S.O.P.</i>
<b>PREFEST</b>	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
<b>PREGNYL</b>	OIDREL
<b>PREPOPIK</b>	<i>peg 3350-electrolytes, SUPREP</i>
<b>PREVACID</b>	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<b>PRIMLEV</b>	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
<b>PRISIQ</b>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<b>PROAIR HFA, PROAIR RESPICLICK</b>	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
<b>PROCRIT</b>	ARANESP, RETACRIT
<b>PROCTOCORT</b>	<i>hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM</i>
<b>PROCYSBI</b>	CYSTAGON
<b>PROGRAF</b>	<i>tacrolimus</i>
<b>PROTONIX</b>	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<b>PROVENTIL HFA</b>	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
<b>PROVIGIL</b>	<i>armodafinil, modafinil, SUNOSI</i>
<b>PROZAC</b>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
<b>PSORCON</b>	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<b>PULMICORT RESPULES</b>	<i>budesonide inhalation suspension, ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER</i>
<b>QNASL</b>	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>

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

Excluded drug name(s)	Preferred option(s)
QSYMIA	SAXENDA
QTERN	GLYXAMBI
QUARTETTE	<i>ethinyl estradiol-levonorgestrel</i>
RAPAFLO	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
RAPAMUNE	<i>sirolimus</i>
RAVICTI	<i>sodium phenylbutyrate</i>
RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
RELION INSULIN	NOVOLIN INSULIN
REPATHA	PRALUENT
RESTASIS	XIIDRA
REVATIO	<i>sildenafil, tadalafil</i>
RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
ROWASA	<i>mesalamine suspension</i>
ROZEREM	<i>ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
RyClora	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>
SABRIL	<i>vigabatrin</i>
SAIZEN	HUMATROPE
SANCUSO	<i>granisetron, ondansetron</i>
SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
SEREVENT	STRIVERDI RESPIMAT
SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, 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>
SILENOR	<i>ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
SINGULAIR	<i>montelukast, zafirlukast</i>
SITAVIG	<i>oral acyclovir, valacyclovir</i>
SOLODYN	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC ^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
SOLOSEC	<i>clindamycin, metronidazole</i>
SORILUX	<i>calcipotriene ointment, calcipotriene solution</i>
SPORANOX CAPSULE	<i>itraconazole, terbinafine tablet</i>
SPORANOX SOLUTION	<i>fluconazole</i>
SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
STAXYN	<i>sildenafil, tadalafil, vardenafil</i>
STENDRA	<i>sildenafil, tadalafil, vardenafil</i>
STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (07/2020)

Excluded drug name(s)	Preferred option(s)
<b>sumatriptan-naproxen</b>	<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>
<b>SYNDROS</b>	<i>dronabinol</i>
<b>SYNVISC, SYNVISC-ONE</b>	<i>GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</i>
<b>SYPRINE</b>	<i>Consult doctor</i>
<b>TARGADOX</b>	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC ^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
<b>TASIGNA</b>	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<b>TAYTULLA</b>	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate-iron</i>
<b>TESTIM</b>	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
<b>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</b>	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
<b>TIMOPTIC OCUDOSE</b>	<i>timolol maleate solution, BETIMOL, BETOPTIC S</i>
<b>TIROSINT</b>	<i>levothyroxine</i>
<b>TIVORBEX</b>	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
<b>TOBI, TOBI PODHALER</b>	<i>tobramycin inhalation solution, BETHKIS</i>
<b>TOPROL-XL</b>	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
<b>TOUJEO</b>	<i>TRESIBA</i>
<b>TRADJENTA</b>	<i>JANUVIA</i>
<b>tramadol (NDC ^ 52817019610 only)</b>	<i>tramadol (except NDC ^ 52817019610), tramadol ext-rel</i>
<b>TRANSDERM SCOP</b>	<i>meclizine, scopolamine transdermal</i>
<b>TREXIMET</b>	<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>
<b>triamcinolone acetonide aerosol 0.2%</b>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
<b>Trianex</b>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
<b>TRICOR</b>	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
<b>TRIVIDIA INSULIN SYRINGES*</b>	<i>BD ULTRAFINE INSULIN SYRINGES</i>
<b>TUDORZA</b>	<i>INCRUSE ELLIPTA, SPIRIVA, YUPELRI</i>
<b>UCERIS FOAM</b>	<i>hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM</i>
<b>UCERIS TABLET</b>	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
<b>ULORIC</b>	<i>allopurinol</i>

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



Excluded drug name(s)	Preferred option(s)
ULTIMED INSULIN SYRINGES <sup>4</sup>	BD ULTRAFINE INSULIN SYRINGES
ULTIMED NEEDLES <sup>4</sup>	BD ULTRAFINE NEEDLES
UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
VALCYTE	<i>valganciclovir</i>
VALTREX	<i>acyclovir (except acyclovir cream, ointment), valacyclovir</i>
<b>Vanatol LQ, Vanatol S</b>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
VANOS	<i>clobetasol cream</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, TAZORAC</i>
<b>venlafaxine ext-rel tablet (except 225 mg)</b>	<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>
VIAGRA	<i>sildenafil, tadalafil, vardenafil</i>
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VIMOVO	<i>naproxen AND esomeprazole</i>
VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
VIVLODEX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), 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 (except acyclovir cream, ointment), valacyclovir</i>
XIFAXAN 200 MG	<i>sulfamethoxazole-trimethoprim</i>
XIMINO	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC ^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
XOLEGEL, XOLEGEL COREPAK	<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>
ZARXIO	NIVESTYM
ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
ZELAPAR	<i>rasagiline, selegiline</i>

<sup>4</sup> Coverage may not apply in all plans. Refer to plan documents.

<b>Excluded drug name(s)</b>	<b>Preferred option(s)</b>
<b>ZEMAIRA</b>	PROLASTIN-C
<b>ZEPATIER</b>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<b>ZETIA</b>	<i>ezetimibe</i>
<b>ZETONNA</b>	<i>flunisolide, fluticasone, mometasone, DYMISTA</i>
<b>ZIANA</b>	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC ^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
<b>ZIPSOR</b>	<i>diclofenac sodium</i>
<b>ZOHYDRO ER</b>	<i>fentanyl transdermal, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
<b>ZOLPIMIST</b>	<i>ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
<b>ZONEGRAN</b>	<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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
<b>ZONTIVITY</b>	Consult doctor
<b>ZORTRESS</b>	<i>sirolimus</i>
<b>ZORVOLEX</b>	<i>diclofenac sodium</i>
<b>ZOVIRAX</b>	<i>acyclovir (except acyclovir cream), valacyclovir</i>
<b>ZUPLENZ</b>	<i>granisetron, ondansetron</i>
<b>ZYCLARA</b>	<i>fluorouracil 5% cream, fluorouracil solution, imiquimod, TOLAK</i>
<b>ZYFLO/ZYFLO CR</b>	<i>zileuton ER, zafirlukast, montelukast</i>
<b>ZYLET</b>	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST</i>
<b>ZYMAXID</b>	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE, MOXEZA</i>
<b>ZYTIGA</b>	<i>abiraterone, bicalutamide, XTANDI, YONSA</i>
<b>ZYVOX</b>	<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)
<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

The listed formulary options are subject to change.

Advanced Control Plan - Aetna Formulary Exclusions Drug List (07/2020)

<sup>^</sup> 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.

<sup>†</sup> Listing does not include certain NDCs<sup>^</sup>.

<sup>\*</sup> The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

<sup>1</sup> 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).

<sup>2</sup> 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.

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

<sup>4</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>5</sup> 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.

