

Covered and non-covered drugs

Drugs not covered — and their covered alternatives

Standard Opt Out Plan — Aetna
Formulary Exclusions Drug List



Below is a list of medications that won't 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 preferred options listed below.

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

Preferred options for excluded medications²

Excluded drug name(s)	Preferred option(s)*
<i>acyclovir cream</i>	<i>acyclovir</i> (except <i>acyclovir cream</i>), <i>valacyclovir</i>
<i>adapalene pad</i>	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide</i> , <i>clindamycin gel</i> (except NDC* 68682046275), <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>dapsone</i> , <i>differin 0.1% gel</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tazarotene</i> , <i>tretinoin</i> , AKLIEF, ARAZLO, EPIDUO, EPIDUO FORTE, WINLEVI
ADCIRCA	<i>sildenafil</i> , <i>tadalafil</i> , TADLIQ
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>
ALPROLIX	BENEFIX, REBINYN
APOKYN	INBRIJA
<i>apomorphine inj</i>	INBRIJA
APTIVUS	Consult doctor
ARALAST NP	PROLASTIN-C, ZEMAIRA
ARCALYST	Consult doctor
AUBAGIO	<i>dimethyl fumarate delayed-rel</i> , <i>fingolimod</i> , <i>glatiramer</i> , <i>glatopa</i> , <i>teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, BRIUMVI, KESIMPTA, MAYZENT, OCREVUS, OCREVUS ZUNOVO, REBIF, TYRUKO, TYSABRI, VUMERITY, ZEPOSIA
AUSTEDO XR	<i>tetrabenazine</i> , AUSTEDO, INGREZZA
AZESCO	<i>prenatal vitamins</i>
BARACLUDE TABLET	<i>entecavir</i> , <i>lamivudine</i> , <i>tenofovir disoproxil fumarate</i>
BERINERT	<i>icatibant</i> , RUCONEST
<i>betamethasone dipropionate ointment 0.05%</i>	<i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>), BRYHALI
BETAPACE, BETAPACE AF	<i>sotalol</i>
BETHKIS	<i>tobramycin inhalation solution</i>
BOTOX	AJOVY, DAXXIFY ₃ , DYSPORT ₃ EMGALITY, QULIPTA, XEOMIN ₃
BUPHENYL	<i>glycerol phenylbutyrate</i> , <i>sodium phenylbutyrate</i> , PHEBURANE
<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion</i> , <i>bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i>)
<i>butalbital-acetaminophen capsule, butalbital-acetaminophen tablet 50-300 mg</i>	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>naproxen</i> (except <i>naproxen cr</i> or <i>naproxen suspension</i>)

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Excluded drug name(s)	Preferred option(s)*
butalbital-acetaminophen-caffeine capsule	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen cr or naproxen suspension)</i>
calcipotriene-betamethasone	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; tazarotene, ENSTILAR, VTAMA, ZORYVE CREAM, ZORYVE FOAM</i>
calcitriol ointment	<i>calcipotriene ointment, calcipotriene solution, tazarotene, VTAMA, ZORYVE CREAM, ZORYVE FOAM</i>
CARBAGLU	<i>carglumic acid</i>
carbinoxamine tablet 6 mg (NDC 73684011060 only) CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
carisoprodol 250 mg	<i>carisoprodol 350 mg, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDC* 70868090190)</i>
CARNITOR, CARNITOR SF	<i>levocarnitine</i>
CAYSTON	<i>tobramycin inhalation solution</i>
CETROTIDE	<i>cetorelix acetate*, GANIRELIX ACETATE*</i>
chlordiazepoxide-clidinium (NDCs* 11534019701, 67877073101, 70700018501 only)	<i>dicyclomine</i>
chlorzoxazone 250 mg, chlorzoxazone 375 mg, chlorzoxazone 750 mg	<i>carisoprodol 350 mg, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDC* 70868090190)</i>
CHORIONIC GONADOTROPIN	<i>PREGNYL*</i>
CINRYZE	<i>ORLADEYO, TAKHZYRO</i>
ciprofloxacin-fluocinolone	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
clindamycin gel (NDC^ 68682046275 only)	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, differin 0.1% gel, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene, tretinoin, AKLIEF, ARAZLO, EPIDUO, EPIDUO FORTE, WINLEVI</i>
clobetasol emollient foam	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
clocortolone cream	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
COLAZAL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, emtricitabine- rilpivirine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, glatopa, teriflunomide, AVONEX, BAFIERTAM, BETASERON, BRIUMVI, KESIMPTA, MAYZENT, OCREVUS, OCREVUS ZUNOVO, REBIF, TYRUKO, TYSABRI, VUMERITY, ZEPOSIA</i>
COPIKTRA	<i>BRUKINSA, CALQUENCE</i>
COTELLIC	<i>MEKINIST, MEKTOVI</i>
CUPRIMINE	<i>penicillamine</i>
cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg	<i>carisoprodol 350 mg, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDC* 70868090190)</i>

Excluded drug name(s)	Preferred option(s)*
CYSTADANE	<i>betaine</i>
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
<i>desonide gel</i>	<i>desonide (except desonide gel), hydrocortisone</i>
desoximetasone ointment 0.05%	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
DEXIFOL	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
DIACOMIT	Consult doctor
diclofenac potassium capsule 25 mg, diclofenac potassium tablet 25 mg	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen cr or naproxen suspension)</i>
diclofenac sodium solution 2%	<i>diclofenac sodium, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen cr or naproxen suspension)</i>
diflorasone cream, diflorasone ointment	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
diclofenac potassium powder	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen cr or naproxen suspension)</i>
dihydroergotamine spray	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, TOSYMRA, UBRELVY</i>
doxepin cream	<i>desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA, OPZELURA, VTAMA, ZORYVE CREAM</i>
doxycycline hyclate delayed-rel tablet	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
doxycycline hyclate tablet 50 mg, doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
DYRENIUM	<i>amiloride, triamterene</i>
EDURANT	<i>efavirenz</i>
E.E.S. GRANULES	<i>erythromycins</i>
ELELYSO	CERDELGA, CEREZYME
EPOGEN	ARANESP, PROCRT, RETACRIT
ergotamine-caffeine	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, TOSYMRA, UBRELVY</i>
ERYPED	<i>erythromycins</i>
ESBRIET	<i>pirfenidone, OFEV</i>
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
EYLEA	BYOOVIZ
FANAPT	<i>aripiprazole, asenapine, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
FEIBA	NOVOSEVEN RT, SEVENFACT
fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg	<i>fenofibrate (except fenofibrate capsule 50 mg,130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
FENOGLIDE TABLET 120 MG	<i>fenofibrate (except fenofibrate capsule 50 mg,130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>

Excluded drug name(s)	Preferred option(s)*
fenoprofen	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen cr or naproxen suspension)</i>
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
FINTEPLA	<i>clobazam, clonazepam, lamotrigine tablets and chewable tablets, rufinamide, topiramate, topiramate ext-rel (except sprinkles)</i>
FIRAZYR	<i>icatibant, RUCONEST</i>
FIRMAGON	<i>leuprolide, ELIGARD</i>
flucytosine capsule 500 mg	<i>fluconazole</i>
fluocinonide cream 0.1%	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</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 cream, flurandrenolide lotion	<i>desonide (except desonide gel), hydrocortisone</i>
FML LIQUIFILM	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%, FML FORTE, MAXIDEX, PRED MILD</i>
FORTEO	<i>teriparatide, zoledronic acid, BONSITY, OSPOMYV, STOBOCLO, TYMLOS</i>
FULPHILA	<i>FYLNETRA, NYVEPRIA</i>
fyremadel	<i>cetorelix acetate*, GANIRELIX ACETATE*</i>
ganirelix acetate	<i>cetorelix acetate*, GANIRELIX ACETATE*</i>
GEL-ONE	<i>DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC</i>
GENOTROPIN	<i>HUMATROPE, NORDITROPIN, SOGROYA</i>
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, Glatopa, teriflunomide, AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, OCREVUS, OCREVUS ZUNOVO, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
GLASSIA	<i>PROLASTIN-C, ZEMAIRA</i>
GLEEVEC	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>
GLUMETZA	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
GONAL-F	<i>FOLLISTIM AQ+</i>
GRANIX	<i>NIVESTYM</i>
halcinonide cream	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
HYALGAN	<i>DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC</i>
hydrocortisone butyrate lipophilic cream 0.1%	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
HYQVIA	<i>CUTAQUIG, XEMBIFY</i>
ICLUSIG	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>
IMBRUVICA	<i>BRUKINSA, CALQUENCE</i>
INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>

Excluded drug name(s)	Preferred option(s)*
INFLECTRA	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA
INTELENCE	etravirine
IRESSA	erlotinib, gefitinib, TAGRISSO
isosorbide dinitrate 40 mg tab	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
isotretinoin capsule 25 mg, 35 mg	isotretinoin capsule 10 mg, 20 mg, 30 mg, 40 mg
IXINITY	BENEFIX, REBINYN
JADENU	deferasirox, deferiprone, deferoxamine
JUXTAPID	REPATHA
JYNARQUE	tolvaptan
KALETRA TABLET	atazanavir, darunavir, lopinavir-ritonavir
ketoconazole foam 2%	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%, ZORYVE FOAM
ketoprofen capsule 25 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
ketoprofen ext-rel capsule	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
KITABIS PAK	tobramycin inhalation solution
KORLYM	Consult doctor
KUVAN	sapropterin
LACTULOSE PAK	lactulose solution
LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
lanthanum carbonate	calcium acetate, sevelamer carbonate, sevelamer hcl, AURYXIA
lansoprazole delayed-rel orally disintegrating tablet	dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
LETAIRIS	ambrisentan, bosentan, OPSUMIT
LEUKINE	NIVESTYM
LETAIRIS	ambrisentan, bosentan, OPSUMIT
levorphanol	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, oxycodone ext-rel, XTAMPZA ER
LILETTA	KYLEENA, MIRENA, SKYLA
LOFENA	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
LUCENTIS	BYOOVIZ
luliconazole	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)
LUPRON DEPOT	ELIGARD
MACRODANTIN	nitrofurantoin (except NDC^ 16571074024, 70408023932)
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ¹
meloxicam capsule	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)

Excluded drug name(s)	Preferred option(s)*
metaxalone 400 mg tab	carisoprodol 350 mg, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)
metformin ext-rel (generics for FORTAMET and GLUMETZA only)	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
methocarbamol 500 mg (NDC^ 69036091010 only), methocarbamol 750 mg (NDCs^ 69036093090, 70868090190 only)	carisoprodol 350 mg, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)
mifepristone (generic for KORLYM)	Consult Doctor
MIGERGOT	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, TOSYMRA, UBRELVY
minocycline ext-rel	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
MULPLETA	DOPTELET
mupirocin cream	gentamicin, mupirocin ointment
MYTESI	diphenoxylate-atropine, loperamide
NAPRELAN	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
naproxen CR	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
naproxen suspension	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet
NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone WITH gentamicin
NEULASTA	FYLNETRA, NYVEPRIA
NEULASTA ONPRO	FYLNETRA, NYVEPRIA
NEUPOGEN	NIVESTYM
NEXAVAR	pazopanib, sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA
niacin tablet 500 mg	niacin ext-rel
NIACOR	niacin ext-rel
NITYR	ORFADIN
NORGESIC FORTE	carisoprodol 350 mg, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)
NORTHERA	midodrine
NORVIR	ritonavir
NOVAREL	PREGNYL*
NPLATE	eltrombopag, ALVAIZ, DOPTELET
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE (auto injector only), XOLAIR
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA

Excluded drug name(s)	Preferred option(s)*
OCTAGAM	Consult doctor
omeprazole-sodium bicarbonate	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
ORENCIA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA
orphenadrine-aspirin-caffeine	carisoprodol 350 mg, chlorzoxazone 500 mg, cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs* 69036091010, 69036093090, 70868090190)
OVIDREL	PREGNYL*
oxiconazole (NDCs^ 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)
pantoprazole delayed-rel suspension	dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
paroxetine mesylate capsule 7.5 mg	paroxetine HCl
peg 3350-electrolytes (generics for MOVIPREP only)	peg 3350-electrolytes (except generics for MOVIPREP), sodium sulfate-potassium sulfate-magnesium sulfate, CLENPIQ
PEGASYS	Consult doctor
PRALUENT	REPATHA
PRED FORTE	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%, FML FORTE, MAXIDEX, PRED MILD
prednisolone solution 10 mg/5 mL, prednisolone solution 20 mg/5 mL	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone
PREZISTA	OVIDREL
PRIOSEC	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet
PROCYSBI	atazanavir, darunavir
PROLIA	teriparatide, zoledronic acid, BONSTY, OSPOMYV, STOBOCLO, TYMLOS
PROMACTA	eltrombopag, ALVAIZ, DOPTELET
PROMETRIUM	medroxyprogesterone; progesterone, micronized
PSORCON	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
quazepam	doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, QUVIVIQ
RAVICTI	sodium phenylbutyrate, PHEBURANE
REMODULIN	treprostinil
REVLIMID	lenalidomide
RENFLEXIS	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA
REVATIO	sildenafil, tadalafil, TADLIQ
REYATAZ	atazanavir, darunavir
RIXUBIS	BENEFIX, REBINYN
RUBRACA	LYNPARZA, ZEJULA
RYCLORA	clemastine 2.68 mg, cypiroheptadine, levocetirizine
SABRIL	vigabatrin

Excluded drug name(s)	Preferred option(s)*
SAIZEN	HUMATROPE, NORDITROPIN, SOGROYA
SANDOSTATIN LAR	SOMATULINE DEPOT
SELZENTRY	<i>maraviroc</i>
SIGNIFOR LAR	SOMATULINE DEPOT
SOMAVERT	SOMATULINE DEPOT
SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
SPRYCEL	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>
STENDRA	<i>sildenafil*, tadalafil*, vardenafil*</i>
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, emtricitabine-rilpivirine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
<i>sucralfate suspension</i>	<i>sucralfate tablet</i>
<i>sumatriptan-naproxen</i>	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, TOSYMRA or UBRELVY</i>
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3
SYPRINE	<i>trientine</i>
TASIGNA	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>
TAVALISSE	<i>eltrombopag, ALVAIZ, DOPTelet</i>
<i>tavaborole</i>	<i>terbinafine tablet</i>
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, Glatopa, teriflunomide, AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, OCREVUS, OCREVUS ZUNOVO, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
THEO-24	<i>ipratropium inhalation solution, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
THIOLA, THIOLA EC	<i>tiopronin (except tiopronin delayed-rel)</i>
<i>tiopronin delayed-rel</i>	<i>tiopronin (except tiopronin delayed-rel)</i>
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
<i>topiramate ext-rel capsule (generics for QUDEXY XR only)</i>	<i>carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, rufinamide, tiagabine, topiramate, topiramate ext-rel, (except sprinkles), valproic acid, zonisamide, BRIVIACT, OXTELLAR XR, XCOPRI</i>
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>tramadol tablet 100 mg, tramadol ext-rel capsule</i>	<i>tramadol (except tramadol tablet 100 mg), tramadol ext-rel tablet</i>
TRELSTAR MIXJECT	<i>leuprolide, ELIGARD</i>
TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, TOSYMRA or UBRELVY</i>
<i>triamcinolone aerosol 0.2%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
TRUDHESA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, TOSYMRA, UBRELVY</i>
TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, APRETEDE, CIMDUO, DESCOVY, YEZTUGO</i>

Excluded drug name(s)	Preferred option(s)*
UDENYCA	FYLNETRA, NYVEPRIA,
UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
VECTICAL	calcipotriene ointment, calcipotriene solution, tazarotene, VTAMA, ZORYVE CREAM, ZORYVE FOAM
VEMLIDY	entecavir, lamivudine, tenofovir disoproxil fumarate
VIRACEPT	atazanavir, darunavir, lopinavir-ritonavir
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
VOTRIENT	pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA
VPRIV	CERDELGA, CEREZYME
XALKORI	ALECENSA, ALUNBRIG, AUGTYRO, IBTROZI, ROZLYTREK, ZYKADIA
XENAZINE	tetrabenazine, AUSTEDO, INGREZZA
XGEVA	OSENVELT
XYREM	LUMRYZ, WAKIX, XYWAV
ZALVIT	prenatal vitamins
ZARXIO	NIVESTYM
ZEGERID	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet
ZELBORAF	BRAFTOVI, TAFINLAR
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZIEXTENZO	FYLNETRA, NYVEPRIA
<i>zileuton ext-rel</i>	montelukast, zafirlukast
<i>zolpidem sublingual</i>	doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel, QUVIVIQ
ZONEGRAN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, eslicarbazepine, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, (except sprinkles), valproic acid, zonisamide, BRIVIACT, OXTELLAR XR, XCOPRI
ZYDELIG	BRUKINSA, CALQUENCE
ZYTIGA	abiraterone, bicalutamide, ERLEADA, NUBEQA, XTANDI, YONSA

Table 1

Preferred Options For Indication Based Autoimmune Excluded Medications

Condition	Excluded Drug Name(s)	Preferred Option(s)
ANKYLOSING SPONDYLITIS	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) RINVOQ
CROHN'S DISEASE	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX ONLY) PYZCHIVA SUBCUTANEOUS (NDCs 61314-XXXX-XX) STELARA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENTYVIO SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS (except NDCs 61314-XXXX-XX) RINVOQ SKYRIZI SUBCUTANEOUS TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
HIDRADENITIS SUPPURATIVA	AMJEVITA BIMZELX HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX)
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	BIMZELX TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
PSORIASIS	AMJEVITA COSENTYX SUBCUTANEOUS ENBREL HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) PYZCHIVA SUBCUTANEOUS (NDCs 61314-XXXX-XX) STELARA SUBCUTANEOUS TALTZ	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP BIMZELX HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA OTEZLA XR PYZCHIVA SUBCUTANEOUS (except NDCs 61314-XXXX-XX) SKYRIZI SUBCUTANEOUS SOTYKTU TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
PSORIATIC ARTHRITIS	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS PYZCHIVA SUBCUTANEOUS (NDCs 61314-XXXX-XX) SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA OTEZLA XR PYZCHIVA SUBCUTANEOUS (except NDCs 61314-XXXX-XX) RINVOQ SKYRIZI SUBCUTANEOUS TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS

Condition	Excluded Drug Name(s)	Preferred Option(s)
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET OLUMIANT SIMPONI	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) PYZCHIVA SUBCUTANEOUS (NDCs 61314-XXXX-XX) SIMPONI STELARA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENTYVIO SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS (except NDCs 61314-XXXX-XX) RINVOQ SKYRIZI SUBCUTANEOUS TREMFYA SUBCUTANEOUS VELSIPITY YESINTEK SUBCUTANEOUS ZEPOSIA
All other conditions	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX)

Note: For HYRIMOZ listing above: Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred

* 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.

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

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

³ Coverage does not apply for cosmetic use.

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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.

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