

# Covered and non-covered drugs

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

2022 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 formulary options listed below.

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

## Preferred Options For Excluded Medications<sup>3</sup>

Excluded drug name(s)	Preferred option(s)*
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA
<i>acyclovir cream</i>	<i>acyclovir</i> (except <i>acyclovir cream</i> ), <i>valacyclovir</i>
ADCIRCA	<i>sildenafil</i> , <i>tadalafil</i> *
AFINITOR	<i>everolimus</i> , AFINITOR DISPERZ
ALPROLIX	Consult doctor
APOKYN	INBRIJA, KYNMOBI
APTIVUS	Consult doctor
ARALAST NP	PROLASTIN-C
ARANESP	RETACRIT
ASTAGRAF XL	<i>tacrolimus</i>
AVONEX	<i>dimethyl fumarate delayed-rel</i> , <i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA
ATRIPLA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> , <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
AVSOLA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
AZESCO	<i>prenatal vitamins</i> , CITRANATAL
BARACLUDE TABLET	<i>entecavir</i> , <i>lamivudine</i> , <i>tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
<i>benzonatate (NDCs<sup>^</sup> 69336012615, 69499032915 only)</i>	<i>benzonatate</i> (except NDCs <sup>^</sup> 69336012615, 69499032915)
BERINERT	<i>icatibant</i> , RUCONEST
BETAPACE, BETAPACE AF	<i>sotalol</i>
<i>bimatoprost solution 0.03%</i>	<i>latanoprost</i> , <i>travoprost</i> , ZIOPTAN
BOTOX	Consult doctor
BUPHENYL	<i>sodium phenylbutyrate</i>
<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 tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN (NDC<sup>^</sup> 69499034230 only)</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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\*Coverage may not apply in all plans. Refer to plan documents.

Standard Opt Out Plan Formulary Exclusions Drug List (10/2022)

<b>Excluded drug name(s)</b>	<b>Preferred option(s)*</b>
<b>butalbital-acetaminophen-caffeine capsule</b>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
<b>CAFERGOT</b>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY, ZOMIG NASAL SPRAY</i>
<b>calcipotriene-betamethasone</b>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; DUOBRII, ENSTILAR, TACLONEX</i>
<b>calcitriol ointment</b>	<i>calcipotriene ointment, calcipotriene solution</i>
<b>CARBINOXAMINE TABLET 6 MG</b>	<i>levocetirizine</i>
<b>carisoprodol 250 mg</b>	<i>carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)</i>
<b>CARNITOR, CARNITOR SF</b>	<i>levocarnitine</i>
<b>CELLCEPT</b>	<i>mycophenolate mofetil, mycophenolate sodium</i>
<b>chlordiazepoxide-clidinium (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</b>	<i>dicyclomine</i>
<b>chlorzoxazone 250 mg, chlorzoxazone 375 mg, chlorzoxazone 500 mg (NDC^ 73007001303 only), chlorzoxazone 750 mg</b>	<i>carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)</i>
<b>CHORIONIC GONADOTROPIN</b>	<i>OVIDREL*</i>
<b>CIMZIA LYOPHILIZED POWDER</b>	<i>REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS</i>
<b>CINRYZE</b>	<i>ORLADEYO, TAKHZYRO</i>
<b>clindamycin gel (NDC^ 68682046275 only)</b>	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
<b>clocortolone cream</b>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<b>COLAZAL</b>	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
<b>COMPLERA</b>	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
<b>CONSENSI</b>	<i>amlodipine WITH celecoxib</i>
<b>CORDRAN OINTMENT</b>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<b>CUPRIMINE</b>	<i>penicillamine capsule</i>
<b>cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg</b>	<i>carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)</i>
<b>DEFERFAL</b>	<i>deferasirox, deferiprone, deferoxamine</i>

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Standard Opt Out Plan Formulary Exclusions Drug List (10/2022)

<b>Excluded drug name(s)</b>	<b>Preferred option(s)*</b>
<b>desoximetasone ointment 0.05%</b>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</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>diflorasone cream, diflorasone ointment</b>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<b>dihydroergotamine spray</b>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY, ZOMIG NASAL SPRAY</i>
<b>doxepin cream</b>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
<b>doxycycline hyclate delayed-rel tablet 50 mg, 100 mg, 200 mg</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>doxycycline hyclate tablet 50 mg (NDC ^ 72143021160 only), doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg</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>doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg</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>DUTOPROL</b>	<i>metoprolol succinate ext-rel <b>WITH</b> hydrochlorothiazide</i>
<b>DYRENIUM</b>	<i>amiloride, triamterene</i>
<b>E.E.S. GRANULES</b>	<i>erythromycins</i>
<b>ELELYSO</b>	<i>CERDELGA, CEREZYME</i>
<b>ENTYVIO (For Crohn's Disease Only)</b>	<i>REMICADE, STELARA INTRAVENOUS</i>
<b>ENVARUSUS XR</b>	<i>tacrolimus</i>
<b>EPIVIR HBV</b>	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
<b>EPOGEN</b>	<i>RETACRIT</i>
<b>ergotamine-caffeine</b>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY, ZOMIG NASAL SPRAY</i>
<b>ERYPED</b>	<i>erythromycins</i>
<b>EXJADE</b>	<i>deferasirox, deferiprone, deferoxamine</i>
<b>EXTAVIA</b>	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<b>FANAPT</b>	<i>aripiprazole, asenapine, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<b>FEIBA</b>	<i>NOVOSEVEN RT, SEVENFACT</i>
<b>fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg</b>	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<b>FENOGLIDE TABLET 120 MG</b>	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<b>fenoprofen, FENOPROFEN CAPSULE</b>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<b>FERRIPROX</b>	<i>deferasirox, deferiprone, deferoxamine</i>
<b>flucytosine capsule 500 mg</b>	<i>fluconazole</i>

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Standard Opt Out Plan Formulary Exclusions Drug List (10/2022)

<b>Excluded drug name(s)</b>	<b>Preferred option(s)*</b>
<b>fluocinonide cream 0.1%</b>	<i>clobetasol cream, halobetasol cream</i>
<b>fluoxetine tablet 60 mg, FLUOXETINE 60 MG</b>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
<b>fluoxetine tablet (generics for SARAFEM only)</b>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline</i>
<b>flurandrenolide cream, flurandrenolide lotion</b>	<i>desonide, hydrocortisone</i>
<b>flurandrenolide ointment</b>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<b>FML LIQUIFILM</b>	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</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>FULPHILA</b>	ZIEXTENZO
<b>GEL-ONE</b>	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<b>GENOTROPIN</b>	NORDITROPIN
<b>GLASSIA</b>	PROLASTIN-C
<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>halcinonide cream</b>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<b>HEPSERA</b>	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
<b>HUMATROPE</b>	NORDITROPIN
<b>HYALGAN</b>	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<b>hydrocortisone butyrate lipophilic cream 0.1%</b>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<b>hydrocortisone butyrate lotion</b>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<b>ILUMYA</b>	REMICADE
<b>INDOCIN</b>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<b>indomethacin capsule 20 mg</b>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<b>INFLECTRA</b>	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
<b>INVIRASE</b>	<i>atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA</i>
<b>isosorbide dinitrate 40 mg tab</b>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<b>JADENU</b>	<i>deferasirox, deferiprone, deferoxamine</i>

<b>Excluded drug name(s)</b>	<b>Preferred option(s)*</b>
<b>ketoconazole foam 2%</b>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
<b>ketoprofen capsule 25 mg</b>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<b>ketoprofen ext-rel capsule</b>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<b>KUVAN</b>	<i>sapropterin</i>
<b>LACTULOSE PAK</b>	<i>lactulose solution</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>LAZANDA</b>	<i>fentanyl transmucosal, SUBSYS</i>
<b>LETAIRIS</b>	<i>ambrisentan, bosentan, OPSUMIT</i>
<b>LEUKINE</b>	<i>NIVESTYM</i>
<b>LETAIRIS</b>	<i>ambrisentan, bosentan, OPSUMIT</i>
<b>levorphanol</b>	<i>fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
<b>LEXIVA</b>	<i>atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA</i>
<b>LIDOCAINE-TETRACAINE CREAM (NDC^ 71800063115 only)</b>	<i>lidocaine-prilocaine</i>
<b>LILETTA</b>	<i>KYLEENA, MIRENA, SKYLA</i>
<b>luliconazole</b>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>
<b>LUPRON DEPOT</b>	<i>ELIGARD, FIRMAGON, MYFEMBREE, ORIAHNN, ORLISSA</i>
<b>MACRODANTIN</b>	<i>nitrofurantoin (except NDC^ 16571074024, 70408023932)</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>mefenamic acid (NDC^ 69336012830 only)</b>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<b>meloxicam capsule</b>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<b>metaxalone 400 mg tab</b>	<i>carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)</i>
<b>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</b>	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<b>methocarbamol 500 mg (NDC^ 69036091010 only), methocarbamol 750 mg (NDCs^ 69036093090, 70868090190 only)</b>	<i>carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)</i>
<b>MIACALCIN INJECTION</b>	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO<sup>®</sup>, PROLIA<sup>®</sup>, TYMLOS<sup>®</sup></i>
<b>Migergot</b>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY, ZOMIG NASAL SPRAY</i>
<b>MILLIPRED</b>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
<b>MINOCIN</b>	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>

Excluded drug name(s)	Preferred option(s)*
<i>minocycline ext-rel</i>	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg [NDC^ 72143021160 only], 75 mg, 150 mg), minocycline, tetracycline</i>
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
MULPLETA	Consult doctor
<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
MYTESI	<i>diphenoxylate-atropine, loperamide</i>
NAPRELAN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>naproxen CR</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>naproxen suspension</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>naproxen-esomeprazole</i>	<i>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 or DEXILANT</i>
NEO-SYNALAR	<i>desonide or hydrocortisone WITH gentamicin</i>
NEULASTA	ZIEXTENZO
NEULASTA ONPRO	ZIEXTENZO
NEUPOGEN	NIVESTYM
<i>niacin tablet 500 mg</i>	<i>niacin ext-rel</i>
<i>Niacor</i>	<i>niacin ext-rel</i>
NILANDRON	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
<i>nitrofurantoin (NDC^ 16571074024, 70408023932 only)</i>	<i>nitrofurantoin (except NDCs^ 16571074024, 70408023932)</i>
NORGESIC FORTE	<i>carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)</i>
NOVAREL	OVIDREL*
NPLATE	PROMACTA, TAVALISSE
NUTROPIN AQ	NORDITROPIN
<i>omeprazole-sodium bicarbonate</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>
OMNITROPE	NORDITROPIN
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
<i>orphenadrine-aspirin-caffeine</i>	<i>carisoprodol 350 mg, 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
OTREXUP	RASUVO
<i>oxiconazole (NDCs^ 00168035830, 51672135902 only)</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>
<i>pantoprazole delayed-rel suspension</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>

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Excluded drug name(s)	Preferred option(s)*
<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
PEGASYS	Consult doctor
PLEGRIDY	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA
<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</i>
PRED FORTE	<i>dexamethasone, loteprednol, prednisolone acetate 1%</i> , DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
PREGNYL	VIDREL*
PRIOLESC	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i> , DEXILANT
PROCRIT	RETACRIT
PROCYSBI	CYSTAGON
PROGRAF	<i>tacrolimus</i>
PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%)</i> , BRYHALI
<i>quazepam</i>	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel</i>
RAPAMUNE	<i>everolimus, sirolimus</i>
RAVICTI	<i>sodium phenylbutyrate</i>
REMODULIN	<i>treprostinil</i>
RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
REPATHA	PRALUENT
REVATIO	<i>sildenafil, tadalafil</i> *
<i>RyClora</i>	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>
SABRIL	<i>vigabatrin</i>
SAIZEN	NORDITROPIN
SANDOSTATIN LAR	SOMATULINE DEPOT
SEASONIQUE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate</i> , LO LOESTRIN FE, NATAZIA
SIGNIFOR LAR	SOMATULINE DEPOT
SOMAVERT	SOMATULINE DEPOT
SPRIX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
STENDRA	<i>sildenafil, tadalafil, vardenafil</i>
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
<i>sucrafate suspension</i>	<i>sucrafate tablet</i>
<i>sumatriptan-naproxen</i>	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , NURTEC ODT, UBRELVY or ZOMIG NASAL SPRAY
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX

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

Standard Opt Out Plan Formulary Exclusions Drug List (10/2022)



Excluded drug name(s)	Preferred option(s)*
SYPRINE	trientine
TASIGNA	imatinib mesylate, BOSULIF, SPRYCEL
tavaborole	terbinafine tablet
TECFIDERA	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA
THEO-24	ipratropium inhalation solution, PERFOROMIST, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
THIOLA, THIOLA EC	tiopronin
TOBI, TOBI PODHALER	tobramycin inhalation solution, BETHKIS
<b>topiramate ext-rel capsule (generics for QUDEXY XR only)</b>	carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
TRACLEER	ambrisentan, bosentan, OPSUMIT
<b>tramadol (NDC^ 52817019610 only), tramadol ext-rel capsule</b>	tramadol (except NDC^ 52817019610), tramadol ext-rel tablet
TRELSTAR MIXJECT	ELIGARD, FIRMAGON
TREXIMET	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) <b>WITH</b> eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY or ZOMIG NASAL SPRAY
<b>triamcinolone aerosol 0.2%</b>	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
TRINAZ	prenatal vitamins, CITRANATAL
TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS
UDENYCA	ZIEXTENZO
UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
VECTICAL	calcipotriene ointment, calcipotriene solution
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VIRACEPT	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
XENAZINE	tetrabenazine, AUSTEDO
XOLEGEL	ciclopirox, ketoconazole cream 2%
ZALVIT	prenatal vitamins, CITRANATAL
ZARXIO	NIVESTYM
ZEGERID	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT
ZEMAIRA	PROLASTIN-C
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<b>zileuton ext-rel</b>	montelukast, zafirlukast
<b>zolpidem sublingual</b>	doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel
<b>ZOLPIMIST</b>	doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel

Excluded drug name(s)	Preferred option(s)*
<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>ZORTRESS</b>	<i>everolimus, sirolimus</i>
<b>ZORVOLEX</b>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<b>ZYDELIG</b>	COPIKTRA
<b>ZYTIGA</b>	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>

# Table 1

## Preferred Options For Indication Based Autoimmune Excluded Medications

Condition	Excluded Drug Name(s)	Preferred Option(s)
ANKYLOSING SPONDYLITIS	SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
CROHN'S DISEASE		HUMIRA STELARA SUBCUTANEOUS #
PSORIASIS	COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA STELARA SUBCUTANEOUS TREMIFYA
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	SIMPONI	HUMIRA STELARA SUBCUTANEOUS # XELJANZ # XELJANZ XR # ZEPOSIA #
All other conditions	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL HUMIRA

# After failure of HUMIRA

\*The listed formulary options are subject to change.

Standard Opt Out Plan Formulary Exclusions Drug List (10/2022)

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

<sup>5</sup> ACCU-CHEK brand test strips are the only preferred options.

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

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, HO GrpPolAmend-ThirdPartyPay 01.

**Policy forms issued in Oklahoma include:** AL OK HCOC, HC COC00010.

