

Covered and non-covered drugs

**Drugs not covered — and their covered
alternatives for the Premier and
Premier Plus pharmacy plans**
Formulary Exclusions Drug List

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

January 2019 Formulary Exclusions Drug List

Premier and Premier Plus pharmacy plans

Category	Not covered	Covered alternatives	
Analgesics	<i>acetaminophen/caffeine/dihydrocodeine tab</i> 325-30-16 mg	<i>acetaminophen/caffeine/dihydrocodeine cap</i> 320.5-30-16mg (generic TREZIX)	
	<i>ALLZITAL (butalbital/acetaminophen)</i> <i>bupap</i> <i>butalbital/acetaminophen 50-300mg</i>	<i>butalbital/acetaminophen 50-325mg</i>	
	<i>CONZIP* (tramadol ER capsules)</i>	<i>tramadol</i> immediate-release or extended-release tablets (generic ULTRAM, ULTRAM ER)	
	<i>FENORTHO (fenoprofen calcium)</i> <i>INDOCIN SUPP (indomethacin supp)</i> <i>INDOCIN SUSP (indomethacin susp)</i> <i>NAPRELAN* (naproxen sodium)</i> <i>SPRIX (ketorolac trometh nasal spray)</i> <i>TIVORBEX (indomethacin)</i> <i>VIVLODEX (meloxicam)</i> <i>ZIPSOR (diclofenac potassium)</i> <i>ZORVOLEX (diclofenac)</i>	Generic oral nonsteroidal anti-inflammatory drug	
	<i>LAZANDA (fentanyl citrate nasal spray)</i> <i>SUBSYS (fentanyl sublingual spray)</i>	<i>fentanyl citrate lozenge</i> (generic ACTIQ)	
	<i>PRIMLEV (oxycodone/acetaminophen)</i>	<i>oxycodone/acetaminophen</i> (generic PERCOCET, ENDOCET)	
	<i>RYBIX ODT (tramadol)</i>	<i>tramadol</i> immediate-release or extended-release tablets (generic ULTRAM, ULTRAM ER)	
	<i>VANATOL LQ (acetaminophen/butalbital/caffeine)</i>	<i>acetaminophen/butalbital/caffeine tablet</i> (generic FIORICET)	
	Antibiotics	<i>ADOXA* (doxycycline)</i> <i>AVIDOXY* (doxycycline)</i> <i>DORYX* (doxycycline)</i> <i>doxycycline hyclate 75 mg,</i> 100 mg delayed- release tablets <i>doxycycline monohydrate 75 mg capsules</i> <i>MONODOX 75 mg* (doxycycline)</i> <i>MONDOXYNE NL 75 mg capsules</i> <i>TARGADOX (doxycycline)</i>	<i>doxycycline</i> monohydrate 50 mg, 100 mg capsules (generic MONODOX) <i>doxycycline hyclate</i> 100 mg capsules (generic VIBRAMYCIN) DOXY-D 100 mg capsules MORGIDOX 50 mg, 100 mg capsules

*Generic product is available and is also excluded from coverage.

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Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

Category	Not covered	Covered alternatives
Antibiotics (continued)	COREMINO (<i>minocycline</i>) DYNACIN* tablets (<i>minocycline</i>) XIMINO (<i>minocycline</i>) SOLODYN (<i>minocycline</i>)	<i>minocycline</i> capsules (generic MINOCIN)
Antidotes	EVZIO (<i>naloxone HCl injection</i>)	NARCAN nasal spray
Antihyperlipidemic	FENOGLIDE* (<i>fenofibrate</i>) FLOLIPID (<i>simvastatin susp</i>)	Other generic <i>fenofibrates</i> <i>simvastatin</i> (generic ZOCOR)
Anti-infectives	SOLOSEC (<i>secnidazole</i>)	<i>metronidazole</i>
Antivirals	SITAVIG (<i>acyclovir</i>)	<i>acyclovir</i> capsules, tablets, ointment (generic ZOVIRAX)
Cardiovascular	AUVI-Q (<i>epinephrine</i>) CARDIZEM CD** (<i>diltiazem</i>) CADUET* (<i>amlodipine/atorvastatin</i>) CAROSPIR (<i>spironolactone susp</i>) DIAMOX SEQUEL* (<i>acetazolamide ER</i>) DUTOPROL (<i>metoprolol succinate/hydrochlorothiazide extended-release tablets</i>) INDERAL LA** (<i>propranolol ER</i>) <i>metoprolol succinate/hydrochlorothiazide extended-release tablets</i> VASOTEC** (<i>enalapril maleate</i>) ZYPITAMAG (<i>pitavastatin</i>)	<i>epinephrine injection</i> , Epi-Pen <i>diltiazem ER</i> <i>amlodipine</i> (generic NORVASC) plus <i>atorvastatin</i> (generic LIPITOR) <i>spironolactone</i> (generic ALDACTONE) <i>acetazolamide</i> (generic DIAMOX) <i>metoprolol ER</i> (generic TOPROL XL) plus <i>hydrochlorothiazide</i> , <i>metoprolol/hydrochlorothiazide IR</i> (generic LOPRESS HCR) <i>propranolol ER</i> <i>metoprolol/hydrochlorothiazide tablets</i> (generic LOPRESSOR HCT) <i>enalapril maleate</i> <i>rosuvastatin</i> , <i>atorvastatin</i> , <i>simvastatin</i> (generic CRESTOR, LIPITOR, ZOCOR)
Central nervous system (CNS) — antidepressants/other	APLENZIN (<i>bupropion HBr</i>) FORFIVO XL (<i>bupropion HCl extended release</i>) WELLBUTRIN XL** (<i>bupropion extended release</i>) ATIVAN** (<i>lorazepam</i>) GOCOVRI (<i>amantadine extended release</i>) PEXEVA (<i>paroxetine</i>) TRANSDERM SCOP** XANAX** (<i>alprazolam</i>) XANAX** XR (<i>alprazolam ER</i>) ZELAPAR (<i>selegiline</i>)	<i>bupropion immediate or extended release</i> (generic WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL) <i>lorazepam</i> <i>amantadine</i> <i>paroxetine immediate or extended release</i> (generic PAXIL, PAXIL CR) <i>scopolamine transdermal patch</i> <i>alprazolam</i> <i>alprazolam ER</i> <i>selegiline</i> (generic ELDERPRYL)
CNS — antiseizure	STAVZOR (<i>valproic acid</i>)	<i>valproic acid</i> (generic DEPAKENE)

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Category	Not covered	Covered alternatives
CNS — sedative/hypnotics	EDLUAR (<i>sublingual zolpidem</i>) INTERMEZZO* (<i>sublingual zolpidem</i>) ZOLPIMIST oral spray (<i>zolpidem</i>)	<i>zolpidem</i> tablets (generic AMBIEN)
	SILENOR (<i>doxepin</i>)	<i>zolpidem</i> tablets (generic AMBIEN)
CNS — attention deficit hyperactivity disorder (ADHD)	ZENZEDI 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg (<i>dextroamphetamine sulfate</i>)	<i>dextroamphetamine sulfate</i> (generic DEXEDRINE)
Dermatological	ACANYA gel pump (<i>benzoyl peroxide/clindamycin</i>) BENZACLIN* (<i>benzoyl peroxide/clindamycin</i>) DUAC* (<i>benzoyl peroxide/clindamycin</i>) NEUAC* (<i>benzoyl peroxide/clindamycin</i>) ONEXTON (<i>benzoyl peroxide/clindamycin</i>)	<i>Topical benzoyl peroxide plus clindamycin</i>
	APEXICON E (<i>diflorasone</i>)	<i>augmented betamethasone</i> oint, lot (generic DIPROLENE) <i>augmented betamethasone cream</i> (DIPROLENE AF)
	ATRALIN** (<i>tretinoin</i>)	<i>Topical tretinoin</i> (generic RETIN-A, ATRALIN)
	<i>calcipotriene-betamethasone dipropionate</i> oint	<i>calcipotriene CR</i> , oint (generic DOVONEX); <i>betamethasone CR</i> , oint (generic VALISONE, DIPROSONE)
	CAPEX (<i>fluocinolone</i>)	<i>fluocinolone</i> (generic SYNALAR)
	CARAC* (<i>fluorouracil</i>)	<i>topical fluorouracil</i> (generic EFUDEX)
	ECOZA (<i>econazole</i>)	<i>econazole</i> cream (generic SPECTAZOLE)
	EFUDEX CREAM 5%** (<i>fluorouracil</i>)	<i>topical fluorouracil</i> (generic EFUDEX)
	ERTACZO (<i>sertaconazole</i>)	<i>ketconazole</i> cream (generic NIZORAL)
	EUCRISA (<i>crisaborole</i>)	Topical corticosteroids
	EXELDERM (<i>sulconazole</i>)	<i>ketconazole</i> cream (generic NIZORAL)
	EXTINA (<i>ketconazole</i>)	<i>ketconazole</i> cream (generic NIZORAL)
	FLUOROPLEX CREAM 1% (<i>fluorouracil</i>)	<i>topical fluorouracil</i> (generic EFUDEX)
	<i>fluorouracil</i> cream 0.5%	<i>topical fluorouracil</i> (generic EFUDEX)
	IMPOYZ (<i>clobetasol</i>)	<i>augmented betamethasone</i> (generic DIPROLENE AF)
	<i>ketconazole</i> AER 2%	<i>ketconazole</i> cream (generic NIZORAL)
	KETODAN (<i>ketconazole</i>)	<i>ketconazole</i> cream (generic NIZORAL)
	LUZU (<i>ketconazole</i>)	<i>ketconazole</i> cream (generic NIZORAL)
	MIRVASO (<i>brimonidine</i>)	<i>topical metronidazole</i> (generic METROGEL)
	<i>naftifine</i> cream 2%	<i>naftifine</i> 1% cream (generic NAFTIN)
	NAFTIN (<i>naftifine</i>)	<i>naftifine</i> 1% cream (generic NAFTIN)
	NUCORT (<i>hydrocortisone</i>)	<i>hydrocortisone</i> lotion

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Dermatological (continued)	ONMEL (<i>itraconazole</i>)	<i>itraconazole</i> (generic SPORANOX)
	<i>oxiconazole</i> cream	<i>ketoconazole</i> cream (generic NIZORAL)
	OXISTAT (<i>oxiconazole</i>)	<i>ketoconazole</i> cream (generic NIZORAL)
	PROCTOCORT** CREAM 1% (<i>hydrocortisone</i> cream)	<i>hydrocortisone</i> rectal cream
	SELRX shampoo (<i>selenium sulfide</i>)	<i>selenium sulfide</i> shampoo (generic EXCEL)
	SERNIVO (<i>betamethasone</i> spray)	<i>betamethasone</i> CR, oint (generic VALISONE, DIPROSONE)
	SOLARAZE* (diclofenac sodium 3% gel)	<i>imiquimod</i> (generic ALDARA), <i>fluorouracil</i> cream (generic CARAC)
	SORILUX (<i>calcipotriene foam</i>)	Topical corticosteroids
	TACLONEX OINT* (<i>calcipotriene-betamethasone dipropionate</i>)	<i>calcipotriene</i> CR, oint (generic DOVONEX); <i>betamethasone</i> CR, oint (generic)
	TOLAK (<i>fluorouracil</i>)	<i>topical fluorouracil</i> (generic EFUDEX)
	TOPICORT spray (<i>desoximetasone</i>)	<i>desoximetasone</i> cream, gel, ointment
	VANOS** (<i>fluocinonide</i>)	<i>fluocinonide</i> cream (generic VANOS)
	VERDESO (<i>desonide</i>)	<i>desonide</i> (generic DESOWEN)
	XOLEGEL (<i>ketoconazole</i>)	<i>ketoconazole</i> cream (generic NIZORAL)
	ZOVIRAX OINT** (<i>acyclovir</i>)	<i>acyclovir</i> ointment
ZYCLARA (<i>imiquimod</i>)	<i>imiquimod</i> (generic ALDARA)	
Endocrine	All non LIFESCAN/ABBOTT brand test strips	LIFESCAN/ABBOTT brand test strips
	ADLYXIN (<i>lixisenatide</i>)	VICTOZA, TRULICITY
	ADMELOG (<i>insulin lispro</i>)	HUMALOG
	ANDRODERM (<i>testosterone</i>)	ANDROGEL 1.62% <i>testosterone</i> transdermal gel (generic FORTESTA, ANDROGEL 1%)
	ANDROGEL 1%** (<i>testosterone</i>)	
	AXIRON (<i>testosterone</i>)	
	FORTESTA** (<i>testosterone</i>)	
	NATESTO (<i>testosterone</i>)	
	STRIANT (<i>testosterone</i>)	
	TESTIM (<i>testosterone</i>)	
	VOGELXO (<i>testosterone</i>)	
	APIDRA (<i>insulin glulisine</i>)	HUMALOG, HUMALOG MIX
	FIASP (<i>insulin aspart</i>)	
	NOVOLOG (<i>insulin aspart</i>), NOVOLOG MIX	
	BINOSTO (<i>alendronate</i>)	<i>alendronate</i> tablets (generic FOSAMAX)
FORTAMET* (<i>metformin extended release</i>) GLUMETZA* (<i>metformin extended release</i>)	<i>metformin</i> immediate and extended release (generic GLUCOPHAGE, GLUCOPHAGE XR)	
KAZANO (<i>alogliptin/metformin</i>)	JANUMET/XR, JENTADUETO, KOMBIGLYZE XR	
NESINA (<i>alogliptin</i>)	JANUVIA, TRADJENTA, ONGLYZA	

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Endocrine (continued)	NOVOLIN N (<i>insulin NPH isophane</i>) NOVOLIN R (<i>insulin regular</i>) NOVOLIN MIX	HUMULIN N, R, MIX
	OSENI (<i>alogliptin/pioglitazone</i>)	JANUVIA or TRADJENTA or ONGLYZA plus <i>pioglitazone</i> (generic ACTOS)
	QTERN (<i>dapagliflozin/saxagliptin</i>)	GLYXAMBI
	ZODEX (<i>dexamethasone</i>) ZONACORT (<i>dexamethasone</i>)	<i>dexamethasone</i> (generic DECADRON)
Gastrointestinal (GI) — other	<i>chlordiazepoxide/clidinium</i> LIBRAX (<i>chlordiazepoxide/clidinium</i>)	<i>dicyclomine</i> (generic BENTYL), <i>omeprazole</i> (generic PRILOSEC), <i>famotidine</i> (generic PEPCID)
	CORTIFOAM AER (<i>hydrocortisone ac</i>)	<i>hydrocortisone enema</i> (generic CORTENEMA)
	PROCTOFOAM AER 1% (<i>hydrocortisone ac/pramoxine</i>)	<i>hydrocortisone ac/promoxine rectal cream</i> (generic ANALPRAM HC)
	SYNDROS (<i>dronabinol sol</i>)	<i>dronabinol capsules</i> (generic MARINOL)
	ZUPLENZ (<i>ondansetron film</i>)	<i>ondansetron tablets</i> (generic ZOFRAN)
GI — prescription ulcer medicine	<i>esomeprazole strontium</i>	<i>esomeprazole magnesium</i> (generic NEXIUM)
	PREVACID delayed-release capsules 30 mg*	PREVACID OTC, [†] <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX), <i>rabeprazole</i> (generic ACIPHEX)
	PRILOSEC powder packet (<i>omeprazole</i>)	PRILOSEC OTC, [†] <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX), <i>rabeprazole</i> (generic ACIPHEX)
GI — prescription ulcer medicine	ZEGERID* (<i>omeprazole/sodium bicarbonate</i>)	ZEGERID OTC, [†] <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX), <i>rabeprazole</i> (generic ACIPHEX)
Migraine products	ALSUMA (<i>sumatriptan injection</i>) SUMAVEL (<i>sumatriptan needleless</i>)	<i>sumatriptan injection</i> (generic IMITREX)
	MIGRANAL* (<i>dihydroergotamine</i>)	<i>dihydroergotamine nasal spray</i> (generic MIGRANAL)
	RELPAZ** (<i>eletriptan</i>)	<i>eletriptan</i>
	TREXIMET* (<i>sumatriptan/naproxen</i>)	<i>sumatriptan</i> (generic IMITREX) plus <i>naproxen</i> (generic NAPROSYN)
Miscellaneous	NASCOBAL (<i>cyanocobalamin nasal spray</i>)	<i>cyanocobalamin injection</i>
Multiple sclerosis	COPAXONE** (<i>glatiramer acetate</i>)	GLATOPA, <i>glatiramer</i>
Muscle relaxants	AMRIX (<i>cyclobenzaprine</i>) <i>chlorzoxazone 250mg</i> LORZONE (<i>chlorzoxazone</i>) SOMA 250 mg* (<i>carisoprodol</i>) ZANAFLEX* (<i>tizanidine</i>) CAPSULES	<i>cyclobenzaprine</i> (generic FLEXERIL) <i>chlorzoxazone</i> (generic PARAFON FORTE) <i>tizanidine tablets</i> (generic ZANAFLEX tablets)

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[†]Coverage of over-the-counter (OTC) products may not be available under all plan designs.

Category	Not covered	Covered alternatives
Oncology	ALKERAN** (<i>melphalan</i>)	<i>melphalan</i>
	GLEEVEC** (<i>imatinib</i>)	<i>imatinib</i>
	TEMODAR** (<i>temozolomide</i>)	<i>temozolomide</i>
	XELODA** (<i>capecitabine</i>)	<i>capecitabine</i>
Ophthalmics	VIGAMOX** (<i>moxifloxacin</i>)	<i>moxifloxacin ophthalmic solution</i>
Respiratory nasal/ cough and cold	RYVENT (<i>carbinoxamine</i>)	<i>carbinoxamine</i>
	XHANCE nasal spray (<i>fluticasone</i>)	<i>mometasone</i> (generic NASONEX)
	ZONATUSS** (<i>benzonatate</i>)	<i>benzonatate</i> (generic ZONATUSS, TESSALON PERLES)

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Please remember that this is not a complete list of covered or excluded medications under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones. Certain drugs, such as those for smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan. If you have any questions about your pharmacy benefits, please visit [aetna.com](https://www.aetna.com) and log in to your secure member website. If you don't have access to our website, call the toll-free number on your member ID card. To check coverage and copay information for a specific medicine, visit [aetna.com](https://www.aetna.com) and log in to your secure member website. For more details, please call the toll-free number on your member ID card.

This is not an inclusive list. Products that are not represented on this list may be subject to plan-specific copayment or coinsurance. Void where prohibited by law.

Specific prescription benefits plan design may not cover certain categories or may be subject to additional charges or restrictions, regardless of their appearance in this document.

Aetna may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Information is believed to be accurate as of the production date; however, it is subject to change. For questions, please call the toll-free number on your member ID card.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 01, HO HGrpPol 01.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23, GR-29N.

