

Covered and non-covered drugs

**Drugs not covered — and their covered
alternatives for the Value and Value 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

Value and Value 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>CAMBIA (diclofenac)</i> | <i>diclofenac potassium</i> (generic CATAFLAM), <i>sumatriptan</i> (generic IMITREX), <i>naratriptan</i> (generic AMERGE), <i>rizatriptan</i> (generic MAXALT) |
| | <i>CONZIP* (tramadol ER capsules)</i> | <i>tramadol</i> immediate-release or extended-release tablets (generic ULTRAM, ULTRAM ER) |
| | <i>DUEXIS (ibuprofen/famotidine)</i> | <i>ibuprofen</i> (generic MOTRIN) plus <i>famotidine</i> (generic PEPCID) |
| | <i>FENORTHO* (fenoprofen calcium)</i> | <i>(meloxicam, naproxen, and diclofenac sodium tablets)</i> |
| | <i>FLECTOR PATCH (diclofenac epolamine)</i> <i>NAPRELAN* (naproxen sodium)</i> <i>PENNSAID* (diclofenac sodium topical solution)</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>INDOCIN SUP* (indomethacin)</i> | <i>(indomethacin cap, meloxicam, naproxen, and diclofenac sodium tablets)</i> |
| | <i>INDOCIN SUS* (indomethacin)</i> | <i>(indomethacin cap, meloxicam, naproxen, and diclofenac sodium tablets)</i> |
| | <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) |

*Generic product is available and is also excluded from coverage

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| Category | Not covered | Covered alternatives |
|-----------------------------------|--|---|
| Analgesics (continued) | VANATOL LQ (<i>acetaminophen/butalbital/caffeine</i>) | <i>acetaminophen/butalbital/caffeine</i> tablet (generic FIORICET) |
| | VIMOVO (<i>naproxen/esomeprazole</i>) | <i>esomeprazole magnesium</i> (generic NEXIUM) plus <i>naproxen</i> (generic NAPROSYN) |
| Antibiotics | ACTICLATE* (<i>doxycycline</i>) ADOXA* (<i>doxycycline</i>) AVIDOXY* (<i>doxycycline</i>) DORYX* (<i>doxycycline</i>) <i>doxycycline hyclate</i> 75 mg, 100 mg delayed-release tablets <i>doxycycline monohydrate</i> 75 mg capsules MONODOX 75 mg* (<i>doxycycline</i>) MONDOXYNE NL 75 mg capsules ORACEA* (<i>doxycycline</i>) TARGADOX (<i>doxycycline</i>) | <i>doxycycline monohydrate</i> 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 |
| | COREMINO (<i>minocycline</i>) DYNACIN* tablets (<i>minocycline</i>) SOLODYN (<i>minocycline</i>) XIMINO (<i>minocycline</i>) | <i>minocycline</i> capsules (generic MINOCIN) |
| Antidotes | EVZIO (<i>naloxone HCl injection</i>) | NARCAN nasal spray |
| Antihyperlipidemic | FENOGLIDE* (<i>fenofibrate</i>) | Other generic <i>fenofibrates</i> |
| | FLOLIPID (<i>simvastatin susp</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>) | <i>epinephrine injection</i> , Epi-Pen |
| | CARDIZEM CD** (<i>diltiazem</i>) | <i>diltiazem ER</i> |
| | CADUET* (<i>amlodipine/atorvastatin</i>) | <i>amlodipine</i> (generic NORVASC) plus <i>atorvastatin</i> (generic LIPITOR) |
| | CAROSPIR (<i>spironolactone susp</i>) | <i>spironolactone</i> (generic ALDACTONE) |
| | DIAMOX SEQUEL* (<i>acetazolomide ER</i>) | <i>acetazolomide</i> (generic DIAMOX) |
| | DUTOPROL (<i>metoprolol succinate/hydrochlorothiazide extended-release tablets</i>) | <i>metoprolol ER</i> (generic TOPROL XL) plus <i>hydrochlorothiazide</i> , <i>metoprolol/hydrochlorothiazide IR</i> (generic LOPRESS HCR) |
| | INDERAL LA** (<i>propranolol ER</i>) | <i>propranolol ER</i> |
| | <i>metoprolol succinate/hydrochlorothiazide extended-release tablets</i> | <i>metoprolol/hydrochlorothiazide tablets</i> (generic LOPRESSOR HCT) |
| | VASOTEC** (<i>enalapril maleate</i>) | <i>enalapril maleate</i> |
| ZYPITAMAG (<i>pitavastatin</i>) | <i>rosuvastatin</i> , <i>atorvastatin</i> , <i>simvastatin</i> (generic CRESTOR, LIPITOR, ZOCOR) | |

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**Generic product is available and is covered as an alternative to the brand-name product.

| Category | Not covered | Covered alternatives |
|--|--|--|
| 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>) | <i>bupropion immediate or extended release</i> (generic WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL) |
| | ATIVAN** (<i>lorazepam</i>) | <i>lorazepam</i> |
| | GOCOVRI (<i>amantadine extended release</i>) | <i>amantadine</i> |
| | PEXEVA (<i>paroxetine</i>) | <i>paroxetine immediate or extended release</i> (generic PAXIL, PAXIL CR) |
| | TRANSDERM SCOP** (<i>scopolamine</i>) | <i>scopolamine transdermal patch</i> |
| | XANAX** (<i>alprazolam</i>) | <i>alprazolam</i> |
| | XANAX**XR (<i>alprazolam ER</i>) | <i>alprazolam ER</i> |
| | ZELAPAR (<i>selegiline</i>) | <i>selegiline</i> (generic ELDERPRYL) |
| CNS — antiseizure | STAVZOR (<i>valproic acid</i>) | <i>valproic acid</i> (generic DEPAKENE) |
| 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>doxepin</i> (generic SINEQUAN) |
| 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 | ABSORICA (<i>isotretinoin</i>) | AMNESTEEM, CLARAVIS, MYORISAN |
| | 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 CRE 0.05% (<i>diflorasone diacetate cream</i>) | <i>augmented betamethasone (cream/ointment/lotion/gel)</i> |
| | ATRALIN** (<i>tretinoin</i>) | <i>Topical tretinoin</i> (generic RETIN-A, ATRALIN) |
| | <i>calcipotriene-betamethasone dipropionate oint</i> | <i>calcipotriene CR, oint</i> (generic DOVONEX); <i>betamethasone CR, oint</i> (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 cream</i> (generic SPECTAZOLE) |
| | EFUDEX CREAM 5%** (<i>fluorouracil</i>) | <i>topical fluorouracil</i> (generic EFUDEX) |

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

**Generic product is available and is covered as an alternative to the brand-name product.

| Category | Not covered | Covered alternatives |
|--|--|--|
| Dermatological (continued) | ELIDEL CRE 1% (<i>pimecrolimus</i>) | <i>betamethasone dipropionate, mometasone and triamcinolone</i> |
| | 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) |
| | JUBLIA SOL 10% (<i>efinaconazole</i>) | <i>terbinafine, itraconazole and griseofulvin</i> |
| | <i>ketconazole AER</i> 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 |
| | ONMEL (<i>itraconazole</i>) | <i>itraconazole</i> (generic SPORANOX) |
| | <i>oxiconazole</i> cream | <i>ketconazole</i> cream (generic NIZORAL) |
| | OXISTAT (<i>oxiconazole</i>) | <i>ketconazole</i> cream (generic NIZORAL) |
| | PROCTOCORT** CREAM 1% (<i>hydrocortisone</i> cream) | <i>hydrocortisone</i> rectal cream |
| | PROTOPIC OIN 0.03% (<i>tacrolimus</i>) | <i>betamethasone dipropionate, mometasone and triamcinolone</i> |
| | PROTOPIC OIN 0.1% (<i>tacrolimus</i>) | <i>betamethasone dipropionate, mometasone and triamcinolone</i> |
| | SELRX shampoo (<i>selenium sulfide</i>) | <i>selenium sulfide</i> shampoo (generic EXCEL) |
| | SERNIVO SPR (<i>betamethasone dipropionate</i>) | <i>betamethasone .05% cream, ointment; betamethasone valerate .1% cream, ointment</i> |
| | SOLARAZE* (<i>diclofenac sodium 3% gel</i>) | <i>imiquimod</i> (generic ALDARA), <i>fluorouracil</i> cream (generic CARAC) |
| | SORILUX (<i>calcipotriene</i> foam) | 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 | |

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| Category | Not covered | Covered alternatives |
|---|---|--|
| Dermatological (continued) | VANOS** (<i>fluocinonide</i>) | <i>fluocinonide</i> cream |
| | 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>) BYDUREON (<i>exenatide</i>) BYETTA (<i>exenatide</i>) TANZEUM (<i>albiglutide</i>) OZEMPIC (<i>semaglutide</i>) | VICTOZA, TRULICITY |
| | ADMELOG (<i>insulin lispro</i>) | HUMALOG |
| | ANDRODERM (<i>testosterone</i>) 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>) | ANDROGEL 1.62% <i>testosterone</i> transdermal gel (generic FORTESTA, ANDROGEL 1%) |
| | APIDRA (<i>insulin glulisine</i>) FIASP (<i>insulin aspart</i>) NOVOLOG (<i>insulin aspart</i>), NOVOLOG MIX | HUMALOG, HUMALOG 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>) KOMBIGLYZE XR (<i>saxagliptin/metformin</i>) | JANUMET/XR, JENTADUETO | |
| LANTUS (<i>insulin glargine</i>) TOUJEO (<i>insulin glargine</i>) | LEVEMIR, TRESIBA | |
| NESINA (<i>alogliptin</i>) ONGLYZA (<i>saxagliptin</i>) | JANUVIA, TRADJENTA | |
| NOVOLIN N (<i>insulin NPH isophane</i>) NOVOLIN R (<i>insulin regular</i>) NOVOLIN MIX (70/30 <i>analog insulin</i>) | HUMULIN N, R, MIX | |
| OSENI (<i>alogliptin/pioglitazone</i>) | JANUVIA or TRADJENTA plus <i>pioglitazone</i> (generic ACTOS) | |
| QTERN (<i>dapagliflozin/saxagliptin</i>) | GLYXAMBI | |
| RAYOS*** (<i>prednisone</i>) | <i>prednisone</i> immediate release | |
| ZODEX (<i>dexamethasone</i>) ZONACORT (<i>dexamethasone</i>) | <i>dexamethasone</i> (generic DECADRON) | |

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

**Generic product is available and is covered as an alternative to the brand-name product.

***Does not apply to Affordable Care Act-compliant formulary offerings.

| Category | Not covered | Covered alternatives |
|--|--|---|
| 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) |
| | 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> |
| | 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* CAPSULES (<i>tizanidine hydrochloride</i>) | <i>chlorzoxazone</i> (generic Parafon Forte), <i>cyclobenzaprine</i> (generic FLEXERIL), <i>tizanidine</i> (generic ZANAFLEX tablets) |
| | 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 | DYMISTA (<i>azelastine/fluticasone</i>) | <i>azelastine</i> (generic ASTELIN), <i>mometasone</i> (generic NASONEX), <i>flunisolide</i> (generic NASALIDE) |
| | 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.



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