

Covered and non-covered drugs

Drugs not covered — and their covered alternatives

2024 Advanced Control Plan — Aetna Federal
Employees 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 preferred options listed below.

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

Preferred options for excluded medications³

Excluded drug name(s)	Preferred option(s) ¹
ABILIFY	<i>aripiprazole, asenapine, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
ABSORICA	<i>isotretinoin</i>
ACANYA	<i>adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ONEXTON</i>
ACIPHEX, ACIPHEX SPRINKLE	<i>dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA
ACTICLATE	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
ACTOS	<i>pioglitazone</i>
ACUVAIL	<i>bromfenac, diclofenac, ketorolac</i>
<i>acyclovir cream</i>	<i>acyclovir (except acyclovir cream), valacyclovir</i>
<i>adapalene pad</i>	<i>adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN 1% gel, ONEXTON</i>
ADCIRCA	<i>sildenafil, tadalafil</i> ²
ADDERALL	<i>dexmethylphenidate, dextroamphetamine, methylphenidate</i>
ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS</i>
ADVAIR DISKUS, ADVAIR HFA	<i>fluticasone-salmeterol**</i> , <i>Wixela Inhub</i> , <i>BREO ELLIPTA**</i> , <i>DULERA</i>
ADZENYS ER, ADZENYS XR-ODT	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS</i>
AIMOVIG	AJOVY, EMGALITY
AKYNZEO	<i>aprepitant WITH granisetron, ondansetron or SANCUSO</i>
<i>albuterol sulfate CFC-free aerosol (NDC* 66993001968 only)</i>	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>
ALLISON MEDICAL INSULIN SYRINGES ⁴	BD ULTRAFINE INSULIN SYRINGES
ALORA	<i>estradiol, DIVIGEL, EVAMIST</i>
ALREX	<i>azelastine, cromolyn sodium, olopatadine</i>
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>

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¹ Coverage may not apply in all plans. Refer to plan documents.

Excluded drug name(s)	Preferred option(s)*
ALVESCO	ARNUITY ELLIPTA, QVAR REDIHALER
AMITIZA	lubiprostone, LINZESS, MOVANTIK, SYMPROIC
AMPYRA	dalfampridine ext-rel
AMRIX	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)
ANDROGEL	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO
ANORO ELLIPTA	BEVESPI AEROSPHERE, STIOLTO RESPIMAT
ANGELIQ	estradiol-norethindrone, BIJUVA
ANZEMET	granisetron, ondansetron, SANCUSO
APEXICON E	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
APIDRA	FIASP**, NOVOLOG
APLENZIN	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
APOKYN	INBRIJA, KYNMOBI
APTENSIO XR	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS
APTIOM	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, felbamate, gabapentin, lacosamide, lamotrigine tablets and chewable tablets, 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, FYCOMPA, OXTELLAR XR, XCOPRI
APTIVUS	Consult doctor
ARALAST NP	PROLASTIN-C
arformoterol soln	formoterol inhalation solution, STRIVERDI RESPIMAT
ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
ASACOL HD	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA
ASCENSIA KITS AND STRIPS ⁵	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
ASMANEX, ASMANEX HFA	ARNUITY ELLIPTA, QVAR REDIHALER
ATACAND, ATACAND HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
ATIVAN	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
ATRALIN	adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN 1% gel, ONEXTON
ATRIPLA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA
ATROVENT HFA	SPIRIVA
AUBAGIO	dimethyl fumarate delayed-rel, fingolimod, glatiramer, glatopa, teriflunomide, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA
AURYXIA	calcium acetate, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO

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Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
AUVI-Q	epinephrine auto-injector, EPIPEN, EPIPEN JR, SYMJEPI
AVSOLA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
AZASITE	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin
AZELEX	adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN 1% gel, ONEXTON
AZESCO®	prenatal vitamins, CITRANATAL
AZOPT	brinzolamide, dorzolamide
AZOR	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
BALCOLTRA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE
BANZEL SUSPENSION	clobazam, clonazepam, felbamate, lamotrigine tablets and chewable tablets, rufinamide, topiramate, topiramate ext-rel (except sprinkles)
BARACLUDE TABLET	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY
BECONASE AQ	azelastine-fluticasone, flunisolide, fluticasone, mometasone
BENICAR, BENICAR HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
BENZACLIN	adapalene, benzoyl peroxide, clindamycin gel (except NDC ^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
benzonatate (NDCs ^ 69336012615, 69499032915 only)	benzonatate (except NDCs ^ 69336012615, 69499032915)
BEPREVE, bepotastine	azelastine, bepotastine, cromolyn sodium, olopatadine
BERINERT	icatibant, RUCONEST
BESIVANCE	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin
betamethasone dipropionate ointment 0.05%	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
BETAPACE, BETAPACE AF	sotalol
BETIMOL	timolol maleate solution
BETOPTIC S	timolol maleate solution
BEYAZ	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE
bimatoprost solution 0.03%	latanoprost, travoprost, ZIOPTAN
BREEZE 2 STRIPS AND KITS ⁵	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
BROMSITE	bromfenac, diclofenac, ketorolac
BROVANA	formoterol inhalation solution, STRIVERDI RESPIMAT
Bupap	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
BUPHENYL	sodium phenylbutyrate

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Excluded drug name(s)	Preferred option(s)*
bupropion ext-rel tablet 450 mg	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
butalbital-acetaminophen capsule, butalbital-acetaminophen tablet 25-325 mg, butalbital-acetaminophen tablet 50-300 mg, BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only)	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only)	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
BYDUREON BCISE	<i>buprenorphine transdermal, BELBUCA</i>
BYETTA	<i>MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA</i>
BYSTOLIC	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY</i>
calcipotriene cream, calcipotriene foam, CALCIPOTRIENE FOAM	<i>calcipotriene ointment, calcipotriene solution</i>
calcipotriene-betamethasone	<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>
calcitriol ointment	<i>calcipotriene ointment, calcipotriene solution</i>
CAMBIA	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
CANASA	<i>hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM</i>
CAPEX	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i>
CARAFATE	<i>sucralfate tablet</i>
CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
CARDIZEM, CARDIZEM CD, CARDIZEM LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
carisoprodol 250 mg	<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>
CARNITOR, CARNITOR SF	<i>levocarnitine</i>
CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>
chlordiazepoxide-clidinium (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)"	<i>dicyclomine</i>

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

Excluded drug name(s)	Preferred option(s)*
chlorzoxazone 375 mg, chlorzoxazone 500 mg (NDC^ 73007001303 only), chlorzoxazone 750 mg, CHLORZOAZONE 250 MG	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)
CHORIONIC GONADOTROPIN	OVIDREL*
CIALIS	sildenafil, tadalafil, vardenafil*
CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin
CIPRO HC	ciprofloxacin-dexamethasone, ofloxacin otic
CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic
ciprofloxacin-fluocinolone	ciprofloxacin-dexamethasone, ofloxacin otic
CLINDAGEL	adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN 1% gel, ONEXTON
clindamycin gel (NDC^ 68682046275 only)	adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN 1% gel, ONEXTON
clobetasol emollient foam	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
clobetasol spray	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
CLOBEX SPRAY	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
clocortolone cream	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
COLAZAL	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA
colchicine capsule	colchicine tablet, MITIGARE
COLCRYS	colchicine tablet, MITIGARE
COMBIPATCH	CLIMARA PRO
COMPLERA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA
CONSENSI	amlodipine WITH celecoxib
CONCERTA	amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS
CONTOUR NEXT STRIPS AND KITS⁵ CONTOUR STRIPS AND KITS⁵	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
CONTRAVE	QSYMIA*, SAXENDA*, WEGOVY*
COPAXONE 20 MG/ML	dimethyl fumarate delayed-rel, fingolimod, glatiramer, Glatopa, teriflunomide, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA
CORDRAN CREAM, CORDRAN LOTION	desonide (except desonide gel), hydrocortisone
CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)

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Excluded drug name(s)	Preferred option(s)*
CORDRAN TAPE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
COREG CR	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
CoreMino	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
COSOPT PF	<i>dorzolamide-timolol</i>
COZAAR	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
CRESEMBA	<i>itraconazole</i>
CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
CRINONE	ENDOMETRIN
CUPRIMINE	<i>penicillamine</i>
cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 mg	<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>
CYCLOSET	Consult doctor
cyclosporine (ophth) (generics for RESTASIS only)	RESTASIS SINGLE DOSE, XIIDRA
CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
CYTOMEL	<i>levothyroxine, liothyronine</i>
dabigatran	<i>warfarin, ELIQUIS, XARELTO</i>
DARAPRIM	<i>pyrimethamine</i>
DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS</i>
DELZICOL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
DENAVIR	<i>acyclovir (except acyclovir cream), valacyclovir</i>
DEPO-SUBQ PROVERA 104MG	<i>medroxyprogesterone acetate 150 mg/mL</i>
DEFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
desonide gel	<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>
DESVENLAFAXINE ER	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
DETROL LA	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
dexchlorpheniramine	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>
Dexifol	<i>folic acid, folic acid-vitamin B6-vitamin B12</i>
DIASSTAT	<i>diazepam rectal gel, NAYZILAM, VALTOCO</i>
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>

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Excluded drug name(s)	Preferred option(s)*
DIFFERIN LOTION	adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN 1% gel, ONEXTON
diflorasone cream, diflorasone ointment	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
dihydroergotamine spray	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY
DILANTIN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, felbamate, gabapentin, lacosamide, lamotrigine tablets and chewable tablets, 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, FYCOMPA, OXTELLAR XR, XCOPRI
diltiazem ext-rel (generics for CARDIZEM LA only)	diltiazem ext-rel (except generics for CARDIZEM LA)
DIOVAN, DIOVAN HCT	candesartan, candesartan-hydrochlorothiazide, 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 (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
doxycycline hyclate delayed-rel tablet	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline
doxycycline hyclate tablet 50 mg, doxycycline hyclate tablet 75 mg, doxycycline hyclate tablet 150 mg	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline
doxycycline monohydrate capsule 75 mg, doxycycline monohydrate capsule 150 mg	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline
doxycycline monohydrate delayed-rel capsule	ORACEA
DUAVEE	estradiol-norethindrone, raloxifene, BIJUVA
DUEXIS	ibuprofen AND famotidine
DULERA	ADVAIR DISKUS, ADVAIR HFA [†] , BREO ELLIPTA [†] , SYMBICORT
DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
DYANAVAL XR	amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS
DYRENIUM	amiloride, triamterene
E.E.S. GRANULES	erythromycins
ECOZA	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs ^ 00168035830, 51672135902)
EDARBI, EDARBYCLOR	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
EDLUAR	doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel
EFFEXOR XR	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
ELELYSO	CERDELGA, CEREZYME
ELESTRIN	estradiol, DIVIGEL, EVAMIST

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
ELMIRON	Consult doctor
EMEND	<i>aprepitant</i>
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS
ENVARUSUS XR	tacrolimus
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
EPOGEN	ARANESP, RETACRIT
<i>ergotamine-caffeine</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY</i>
ERTACZO	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>
ERYPED	<i>erythromycins</i>
ESBRIET	<i>irfenidone, OFEV</i>
<i>estradiol vaginal tablet</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
ESTRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
ESTROGEL	estradiol, DIVIGEL, EVAMIST
EVEKEO	<i>dexmethylphenidate, dextroamphetamine, methylphenidate</i>
EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, Glatopa, teriflunomide, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
FABIOR	<i>adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN 1% gel, ONEXTON</i>
FANAPT	<i>aripiprazole, asenapine, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
FEIBA	NOVOSEVEN RT, SEVENFACT
FEMHRT LOW DOSE	<i>estradiol-norethindrone, BIJUVA</i>
FEMRING	<i>estradiol, IMVEXXY, VAGIFEM</i>
<i>fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg</i>	<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>
<i>fenopropfen, FENOPROPEN CAPSULE</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
FENTORA	<i>fentanyl transmucosal</i>
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
FETZIMA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>

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Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
Fexmid	<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>
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, difluprednate, loteprednol suspension, prednisolone acetate 1%</i>
FLECTOR	<i>diclofenac sodium, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
FLOVENT DISKUS, FLOVENT HFA	<i>ARNUITY ELLIPTA, QVAR REDIHALER</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>
FLUOROPLEX	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i>
fluorouracil cream 0.5%	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i>
fluoxetine tablet 60 mg, FLUOXETINE 60 MG	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl (except paroxetine HCl oral susp), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
fluoxetine tablet (generics for SARAFEM only)	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC^ 60505367503), sertraline</i>
flurandrenolide cream, flurandrenolide lotion	<i>desonide (except desonide gel), hydrocortisone</i>
flurandrenolide ointment	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
fluticasone propionate HFA	<i>ARNUITY ELLIPTA, QVAR REDIHALER</i>
FML FORTE, FML LIQUIFILM, FML S.O.P.	<i>dexamethasone, difluprednate, loteprednol suspension, prednisolone acetate 1%</i>
FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS</i>
FOLLISTIM AQ	<i>GONAL-F[†]</i>
FORTAMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
FORTESTA	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
FRAGMIN	<i>enoxaparin</i>
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	<i>DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM</i>
FREESTYLE STRIPS AND KITS⁵	<i>ACCU-CHEK AVIVA PLUS STRIPS AND KITS², ACCU-CHEK COMPACT PLUS STRIPS AND KITS², ACCU-CHEK GUIDE STRIPS AND KITS², ACCU-CHEK SMARTVIEW STRIPS AND KITS², ONETOUCH ULTRA STRIPS AND KITS², ONETOUCH VERIO STRIPS AND KITS²</i>
FULPHILA	<i>FYLNETRA, NYVEPRIA</i>
fyremadel	<i>GANIRELIX ACETATE</i>
GAMMAGARD	<i>CUTAQUIG</i>
ganirelix acetate	<i>GANIRELIX ACETATE</i>
GELNIQUE	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ</i>

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Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GENOTROPIN	NORDITROPIN
GEODON CAPSULE	<i>aripiprazole, asenapine, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
GEODON INTRAMUSCULAR	<i>haloperidol, ziprasidone</i>
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, Glatopa, teriflunomide, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
GLASSIA	PROLASTIN-C
GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
GLUMETZA	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
GOLYTELY	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
GRANIX	NIVESTYM
GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>halcinonide cream</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
HALOG	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
HORIZANT	<i>gabapentin, pregabalin, GRALISE</i>
HUMALOG	FIASP**, NOVOLOG
HUMALOG MIX 50/50	NOVOLOG MIX 70/30
HUMALOG MIX 75/25	NOVOLOG MIX 70/30
HUMATROPE	NORDITROPIN
HUMULIN 70/30	NOVOLIN 70/30
HUMULIN N	NOVOLIN N
HUMULIN R	NOVOLIN R
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>hydrocortisone butyrate lipophilic cream 0.1%</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>hydrocortisone butyrate lotion</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
HYSINGLA ER	<i>fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNТА ER, XTAMPZA ER</i>
HYZAAR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>ibuprofen/famotidine</i>	<i>ibuprofen AND famotidine</i>

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Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
ILEVRO	<i>bromfenac, diclofenac, ketorolac</i>
ILUMYA	REMICADE
INCRUSE ELLIPTA	SPIRIVA
INDERAL LA, INDERAL XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
INDOCIN	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>indomethacin capsule 20 mg</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
<i>indomethacin supp</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
INFLECTRA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
INNOPRAN XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
INTRAROSA	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS</i>
INVELTYS	<i>dexamethasone, difluprednate, loteprednol suspension, prednisolone acetate 1%</i>
INVIRASE	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKANA	FARXIGA, JARDIANCE
ISORDIL	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>isosorbide dinitrate 40 mg tab</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>isotretinoin capsule 25 mg, 35 mg</i>	<i>isotretinoin capsule 20 mg, 30 mg, 40 mg</i>
ISTALOL	<i>timolol maleate solution</i>
JADENU	<i>deferasirox, deferiprone, deferoxamine</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	terbinafine tablet
KAPVAY	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS</i>
KAZANO	JANUMET, JANUMET XR
KENALOG	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
KEPPRA, KEPPRA XR	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, felbamate, gabapentin, lacosamide, lamotrigine tablets and chewable tablets, 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, FYCOMPA, OXTELLAR XR, XCOPRI</i>
KERYDIN	<i>terbinafine tablet</i>

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Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
ketoconazole foam 2%	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
Ketodan	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
ketoprofen capsule 25 mg	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
ketoprofen ext-rel capsule	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
KOMBIGLYZE XR	JANUMET, JANUMET XR
KUVAN	<i>sapropterin</i>
LACRISERT	XIIDRA, RESTASIS SINGLE DOSE
LACTULOSE PAK	<i>lactulose solution</i>
LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
lansoprazole delayed-rel orally disintegrating tablet	<i>dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
lanthanum carbonate	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
LANTUS	BASAGLAR
LATUDA	<i>aripiprazole, asenapine, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
LAZANDA	<i>fentanyl transmucosal</i>
LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
LEVEMIR	BASAGLAR
levorphanol	<i>fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
LEXAPRO	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl (except paroxetine HCl oral susp), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
LEXIVA	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
LIALDA	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>
LIBRAX	<i>dicyclomine</i>
LIDOCAINE-TETRACAINE CREAM (NDC^ 71800063115 only)	<i>lidocaine-prilocaine</i>
LILETTA	KYLEENA, MIRENA, SKYLA
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
LITHOSTAT	Consult doctor
LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
Lorzone	<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>
LOTEMAX, LOTEMAX SM	<i>dexamethasone, difluprednate, loteprednol suspension, prednisolone acetate 1%</i>
loteprednol gel	<i>dexamethasone, difluprednate, loteprednol suspension, prednisolone acetate 1%</i>
luliconazole	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>

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Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
LUMIGAN	bimatoprost, latanoprost, tafluprost, travoprost
LUNESTA	doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel
LUPRON DEPOT	ELIGARD, FIRMAGON, ORIAHNN, ORILISSA
LUPRON DEPOT-PED	TRIPTODUR
LUXIQ	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
LUZU	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)
LYRICA	duloxetine, pregabalin
MACRODANTIN	nitrofurantoin (except NDCs^ 16571074024)
Matzim LA	diltiazem ext-rel (except generics for CARDIZEM LA)
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ¹
MAXALT, MAXALT-MLT	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY
MAXIDEX	dexamethasone, difluprednate, loteprednol suspension, prednisolone acetate 1%
mefenamic acid (NDC^ 69336012830 only)	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
meloxicam capsule	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
MENEST	estradiol
MENOSTAR	estradiol
meperidine	hydromorphone, morphine, oxycodone, NUCYNTA
MESTINON	pyridostigmine, pyridostigmine ext-rel
metaxalone 400 mg tab	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)
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 (except NDC^ 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs^ 69036091010, 69036093090, 70868090190)
methylphenidate ext-rel tab (generics for RELEXXI)	amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS
methylphenidate patch	amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS
METROGEL	azelaic acid gel, metronidazole, FINACEA FOAM
MICARDIS, MICARDIS HCT	candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide
Migergot	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY
MIGRANAL	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY
MILLIPRED	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone

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Excluded drug name(s)	Preferred option(s)*
MINASTRIN 24 FE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE
MINIVELLE	estradiol, DIVIGEL, EVAMIST
<i>minocycline ext-rel</i>	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline
MINOLIRA	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline
MIRVASO	azelaic acid gel, metronidazole, FINACEA FOAM
Mondoxyme NL capsule 75 mg	doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
MOTEGRITY	lubiprostone, LINZESS
MOVIPREP	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ
<i>mupirocin cream</i>	gentamicin, mupirocin ointment
MYDAYIS	amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS
MYFORTIC	mycophenolate mofetil, mycophenolate sodium
MYTESI	diphenoxylate-atropine, loperamide
NAFTIN	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)
NAMENDA XR	memantine
NAPRELAN	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
<i>naproxen CR</i>	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
<i>naproxen suspension</i>	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
<i>naproxen-esomeprazole</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
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
<i>nebivolol</i>	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel
NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone WITH gentamicin
NESINA	JANUVIA
NEULASTA	FYLNETRA, NYVEPRIA
NEULASTA ONPRO	FYLNETRA, NYVEPRIA
NEUPOGEN	NIVESTYM
NEVANAC	bromfenac, diclofenac, ketorolac
NEXIUM	dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
<i>niacin tablet 500 mg</i>	niacin ext-rel

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
<i>Niacor</i>	<i>niacin ext-rel</i>
NILANDRON	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
nitrofurantoin (NDC^ 70408023932 only)	<i>nitrofurantoin (except NDCs^ 16571074024)</i>
NITROMIST	<i>nitroglycerin lingual spray, nitroglycerin sublingual</i>
<i>Nolix</i>	<i>desonide (except desonide gel), hydrocortisone</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>
NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM</i>
NORPACE	<i>disopyramide</i>
NORVASC	<i>amlodipine</i>
NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
NOVAREL	IVIDREL†
NOVO NORDISK NEEDLES†	BD ULTRAFINE NEEDLES
NOXAFIL	<i>fluconazole, itraconazole</i>
NUTROPIN AQ	NORDITROPIN
NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
NUVESSA	<i>clindamycin, metronidazole</i>
NUVIGIL	<i>armodafinil, modafinil, SUNOSI</i>
OLUX-E	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
omeprazole-sodium bicarbonate	<i>dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
OMNARIS	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
OMNITROPE	NORDITROPIN
ONFI	<i>clobazam, clonazepam, felbamate, lamotrigine tablets and chewable tablets, rufinamide, topiramate, topiramate ext-rel (except sprinkles)</i>
ONGLYZA	JANUVIA
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
orphenadrine-aspirin-caffeine	<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>
Orphengesic 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>
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
OSENI	JANUMET, JANUMET XR; JANUVIA WITH pioglitazone
OSMOPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
OSPHENA	<i>estradiol</i>
OTOVEL	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
OTREXUP	<i>methotrexate, TREXALL</i>
OWEN MUMFORD NEEDLES†	BD ULTRAFINE NEEDLES

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Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
oxiconazole (NDCs^ 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>
OXISTAT	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>
OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
oxymorphone ext-rel	<i>fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
PANCREAZE	CREON, VIOKACE, ZENPEP
pantoprazole delayed-rel suspension	<i>dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
paroxetine HCl ext-rel (NDC* 60505367503 only)	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl (except paroxetine HCl oral susp), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
paroxetine HCl oral susp	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl (except paroxetine HCl oral susp), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
paroxetine mesylate capsule 7.5 mg	paroxetine HCl
PAXIL, PAXIL CR	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl (except paroxetine HCl oral susp), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
PEGASYS	Consult doctor
PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
PERCOCET	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
PERRIGO NEEDLES 4	BD ULTRAFINE NEEDLES
PERTZYE	CREON, VIOKACE, ZENPEP
PEXEVA	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl (except paroxetine HCl oral susp), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
PLAVIX	<i>clopidogrel, dipyridamole ext-rel-aspirin, prasugrel, BRILINTA</i>
PLENVU	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
posaconazole delayed-rel tablet	<i>fluconazole, itraconazole</i>
PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
PRALUENT	REPATHA
PRECISION XTRA STRIPS AND KITS⁵	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ² , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ² , ACCU-CHEK GUIDE STRIPS AND KITS ² , ACCU-CHEK SMARTVIEW STRIPS AND KITS ² , ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ²
PRED FORTE, PRED MILD	<i>dexamethasone, difluprednate, loteprednol suspension, prednisolone acetate 1%</i>
PREFEST	<i>estradiol-norethindrone, BIJUVA</i>
PREGNYL	OVIDREL [†]
PREMARIN	<i>estradiol</i>
PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
PREMPHASE	<i>estradiol-norethindrone, BIJUVA</i>
PREMPRO	<i>estradiol-norethindrone, BIJUVA</i>

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Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
PRENATAL PLUS 6	<i>prenatal vitamins, CITRANATAL</i>
PREVACID	<i>dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
PRILOSEC	<i>dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
PROAIR HFA, PROAIR RESPICLICK	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>
PROCRIT	ARANESP, RETACRIT
PROCTOCORT	<i>hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM</i>
PROCYSBI	CYSTAGON
PROLENSA	<i>bromfenac, diclofenac, ketorolac</i>
PROMACTA	DOPTELET, TAVALLISSE
PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
PROTONIX	<i>dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
PROVENTIL HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>
PROVIGIL	<i>armodafinil, modafinil, SUNOSI</i>
PROZAC	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl (except paroxetine HCl oral susp), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
PULMICORT FLEXHALER	ARNUITY ELLIPTA, QVAR REDIHALER
PULMICORT RESPULES	<i>budesonide inhalation suspension, ARNUITY ELLIPTA, QVAR REDIHALER</i>
QNASL	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
QTERN	GLYXAMBI
QUARTETTE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE</i>
quazepam	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel</i>
QUILLICHEW ER	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS</i>
QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS</i>
RAPAFLO	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
RASUVO	<i>methotrexate, TREXALL</i>
RAVICTI	<i>sodium phenylbutyrate</i>
RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
RELEXXI	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS</i>
RELION INSULIN	NOVOLIN INSULIN
RELISTOR	<i>lubiprostone, MOVANTIK, SYMPROIC</i>
REMODULIN	<i>treprostinil</i>

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Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
RENFLXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
RESTASIS MULTIDOSE	RESTASIS SINGLE DOSE, XIIDRA
REVATIO	<i>sildenafil, tadalafil</i>
RHOFADE	<i>azelaic acid gel, metronidazole, FINACEA FOAM</i>
RIOMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
ROWASA	<i>mesalamine suspension</i>
ROZEREM	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel</i>
RyClora	<i>clemastine 2.68 mg, cyproheptadine, levocetirizine</i>
RYTARY	<i>carbidopa-levodopa, carbidopa-levodopa ext-rel</i>
SABRIL	<i>vigabatrin</i>
SAIZEN	NORDITROPIN
SANDOSTATIN LAR	SOMATULINE DEPOT
<i>saxagliptin</i>	JANUVIA
<i>saxagliptin-metformin hcl tab er</i>	JANUMET, JANUMET XR
SEASONIQUE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE</i>
SEREVENT	STRIVERDI RESPIMAT
SEROQUEL XR	<i>aripiprazole, asenapine, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
SEYSARA	<i>doxycycline hyclate capsule, doxycycline hyclate tablet</i> (except <i>doxycycline hyclate tablet 50 mg, 75 mg, 150 mg</i>), <i>minocycline, tetracycline</i>
SFROWASA	<i>mesalamine suspension</i>
SIGNIFOR LAR	SOMATULINE DEPOT
SILENOR	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel</i>
SINGULAIR	<i>montelukast, zafirlukast</i>
SITAVIG	<i>oral acyclovir, valacyclovir</i>
SOLODYN	<i>doxycycline hyclate capsule, doxycycline hyclate tablet</i> (except <i>doxycycline hyclate tablet 50 mg, 75 mg, 150 mg</i>), <i>minocycline, tetracycline</i>
SOLOSEC	<i>clindamycin, metronidazole</i>
SOMAVERT	SOMATULINE DEPOT
SOOLANTRA	<i>azelaic acid gel, metronidazole, FINACEA FOAM</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 tablet, naproxen</i> (except <i>naproxen CR or naproxen suspension</i>)
STENDRA	<i>sildenafil, tadalafil, vardenafil</i>
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
SUBSYS	<i>fentanyl transmucosal</i>

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Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
<i>sucralfate suspension</i>	<i>sucralfate tablet</i>
sumatriptan-naproxen	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY</i>
SUPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
SYMBICORT	<i>fluticasone-salmeterol**, Wixela Inhub, BREO ELLIPTA**, DULERA</i>
SYNDROS	<i>dronabinol</i>
SYNVISC, SYNVISC-ONE	<i>DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX</i>
SYPRINE	<i>trientine</i>
TAKHZYRO	<i>Consult doctor</i>
TARGADOX	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
tavaborole	<i>terbinafine tablet</i>
TAYTULLA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE</i>
tazarotene gel	<i>adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN 1% gel, ONEXTON; calcipotriene ointment, calcipotriene solution</i>
TAZORAC	<i>adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN 1% gel, ONEXTON; calcipotriene ointment, calcipotriene solution</i>
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, Glatopa, teriflunomide, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
TESTIM	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
THEO-24	<i>formoterol inhalation solution, ipratropium inhalation solution, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
THIOLA, THIOLA EC	<i>tiopronin</i>
TIMOPTIC OCUDOSE	<i>timolol maleate solution (except NDCs* 50742028760 and 00187149825)</i>
TIROSINT	<i>levothyroxine</i>
TIVORBEX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
TOBRADEX	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone</i>
TOBRADEX ST	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone</i>
topiramate ext-rel capsule (generics for QUDEXY XR only)	<i>carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, felbamate, gabapentin, lacosamide, lamotrigine tablets and chewable tablets, 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, FYCOMPA, OXTELLAR XR, XCOPRI</i>

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Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel
TOUJEO	TRESIBA
Tovet	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
TOVIAZ	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ
TRACLEER	ambrisentan, bosentan, OPSUMIT
TRADJENTA	JANUVIA
tramadol (NDC^ 52817019610 only), tramadol ext-rel capsule	tramadol (except NDC^ 52817019610), tramadol ext-rel tablet
TRANSDERM SCOP	meclizine, scopolamine transdermal
TRAVATAN Z	bimatoprost, latanoprost, tafluprost, travoprost
TRELSTAR MIXJECT	ELIGARD, FIRMAGON
TREXIMET	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY
triamcinolone aerosol 0.2%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
TRICOR	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
TRINTELLIX	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl (except paroxetine HCl oral susp), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline
TRULANCE	lubiprostone, LINZESS
TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS
TUDORZA	SPIRIVA
UCERIS FOAM	hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM
UCERIS TABLET	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA
UDENYCA	FYLNETRA, NYVEPRIA
ULORIC	allopurinol
ULTIMED INSULIN SYRINGES ⁴	BD ULTRAFINE INSULIN SYRINGES
ULTIMED NEEDLES ⁴	BD ULTRAFINE NEEDLES
ULTRAVATE	clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
VALCYTE	valganciclovir
VALTREX	acyclovir (except acyclovir cream, ointment), valacyclovir
VANOS	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
VARUBI	aprepitant
VECTICAL	calcipotriene ointment, calcipotriene solution

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
VELTIN	<i>adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN 1% gel, ONEXTON</i>
venlafaxine ext-rel tablet (except 225 mg)	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
VENTOLIN HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>
VERDESO	<i>desonide (except desonide gel), 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</i>
VIAGRA	<i>sildenafil, tadalafil, vardenafil</i>
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl (except paroxetine HCl oral susp), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
vilazodone	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl (except paroxetine HCl oral susp), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
VIMOVO	<i>naproxen AND esomeprazole</i>
VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
VITAFOL-ONE [®]	<i>prenatal vitamins, CITRANATAL</i>
VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
VIVLODEX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
Vtol LQ	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
VUSION	<i>nystatin</i>
VYVANSE	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, AZSTARYS</i>
WELLBUTRIN XL	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
XANAX, XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
XENAZINE	<i>tetrabenazine, AUSTEDO</i>
XENICAL	QSYMIA*, SAXENDA*, WEGOVY*
XERESE	<i>acyclovir (except acyclovir cream, ointment), valacyclovir</i>
XIFAXAN 200 MG	<i>sulfamethoxazole-trimethoprim</i>
XIFAXAN 550 MG	<i>alosetron, VIBERZI</i>
XIMINO	<i>doxycycline hyclate capsule, doxycycline hyclate tablet (except doxycycline hyclate tablet 50 mg, 75 mg, 150 mg), minocycline, tetracycline</i>
XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>
XYREM	SODIUM OXYBATE SOLUTION

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Excluded drug name(s)	Preferred option(s)*
YASMIN	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE</i>
<i>Yuvafem</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
ZALVIT 6	<i>prenatal vitamins, CITRANATAL</i>
ZARXIO	NIVESTYM
ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>
ZELAPAR	<i>rasagiline, selegiline</i>
ZEMAIRA	PROLASTIN-C
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
ZETIA	<i>ezetimibe</i>
ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
ZIANA	<i>adapalene (except adapalene pad), adapalene-benzoyl peroxide, benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN 1% gel, ONEXTON</i>
ZIEXTENZO	FYLNETRA, NYVEPRIA
<i>zileuton ext-rel</i>	<i>montelukast, zafirlukast</i>
ZIPSOR	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
ZIRGAN	<i>trifluridine</i>
ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl (except paroxetine HCl oral susp), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline</i>
<i>zolpidem sublingual</i>	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel</i>
ZOLPIMIST	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel</i>
ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, felbamate, gabapentin, lacosamide, lamotrigine tablets and chewable tablets, 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, FYCOMPA, OXTELLAR XR, XCOPRI</i>
ZONTIVITY	Consult doctor
ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
ZOVIRAX	<i>acyclovir (except acyclovir cream), valacyclovir</i>
ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
ZYCLARA	<i>fluorouracil 5% cream, fluorouracil solution, imiquimod</i>
ZYDELIG	COPIKTRA
ZYFLO/ZYFLO CR	<i>zafirlukast, montelukast</i>
ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone</i>

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

Excluded drug name(s)	Preferred option(s)*
Zymaxid	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin</i>
Zytiga	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
Zyvox	<i>linezolid</i>

* Coverage may not apply in all plans. Refer to plan documents.
 Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

Table 1

Preferred Options For Indication Based Autoimmune Excluded Medications

Condition	Excluded Drug Name(s)	Preferred Option(s)
ANKYLOSING SPONDYLITIS	AMJEVITA CIMZIA PREFILLED SYRINGE SIMPONI TALTZ XEKHAZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ RINVOQ
CROHN'S DISEASE	AMJEVITA CIMZIA PREFILLED SYRINGE	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS RINVOQ
PSORIASIS	AMJEVITA CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMIFYA XELJANZ # XELJANZ XR #	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA CIMZIA PREFILLED SYRINGE KINERET SIMPONI	ADALIMUMAB-ADAZ ENBREL HUMIRA HYRIMOZ KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	AMJEVITA SIMPONI	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ENBREL HUMIRA HYRIMOZ

The listed formulary options are subject to change.

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2024)

[^] 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.

[†] Listing does not include certain NDCs[^].

^{*} 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 ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: **1-877-418-4746 (TTY: 711)**.

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

⁴ BD ULTRAFINE syringes and needles are the only preferred options.

⁵ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁺ 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 subject to change.

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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 Oklahoma include: AL OK HCOC, HC COC00010.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, HO GrpPolAmend-ThirdPartyPay 01.

