

# Covered and non-covered drugs

**Drugs not covered — and their  
covered alternatives for the  
Premier and Premier Plus pharmacy plans**  
2018 Formulary Exclusions Drug List

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Additional exclusions may apply to certain Small Group plans.

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

Category	Not covered	Covered alternatives
<b>Analgesics</b>	<i>acetaminophen/caffeine/dihydrocodeine tab</i> 325-30-16 mg	<i>acetaminophen/caffeine/dihydrocodeine cap</i> 320.5-30-16mg (generic TREZIX)
	CONZIP* ( <i>tramadol ER capsules</i> )	<i>tramadol</i> immediate-release or extended-release tablets (generic ULTRAM, ULTRAM ER)
	NAPRELAN* ( <i>naproxen sodium</i> )	Generic oral nonsteroidal anti-inflammatory drug
	RYBIX ODT ( <i>tramadol</i> )	<i>tramadol</i> immediate-release or extended-release tablets (generic ULTRAM, ULTRAM ER)
	SPRIX ( <i>ketorolac trometh nasal spray</i> )	Generic oral nonsteroidal anti-inflammatory drug
	TIVORBEX ( <i>indomethacin</i> )	Generic oral nonsteroidal anti-inflammatory drug
	VIVLODEX ( <i>meloxicam</i> )	
	ZORVOLEX ( <i>diclofenac</i> )	
	VANATOL LQ ( <i>acetaminophen/butalbital/caffeine</i> )	<i>acetaminophen/butalbital/caffeine</i> tablet (generic FIORICET)
ZIPSOR	Generic oral nonsteroidal anti-inflammatory drug	
<b>Antibiotics</b>	ADOXA* ( <i>doxycycline</i> )	<i>doxycycline monohydrate</i> 50 mg, 100 mg capsules (generic MONODOX)
	AVIDOXY* ( <i>doxycycline</i> )	
	DORYX* ( <i>doxycycline</i> )	<i>doxycycline hyclate</i> 100 mg capsules (generic VIBRAMYCIN)
	<i>doxycycline hyclate</i> 75 mg, 100 mg delayed-release tablets	DOXY-D 100 mg capsules
	<i>doxycycline monohydrate</i> 75 mg capsules	MORGIDOX 50 mg, 100 mg capsules
	MONODOX 75 mg* ( <i>doxycycline</i> )	
	MONDOXYNE NL 75 mg capsules	
	TARGADOX ( <i>doxycycline</i> )	
	DYNACIN* tablets ( <i>minocycline</i> )	<i>minocycline</i> capsules (generic MINOCIN)
	SOLODYN ( <i>minocycline</i> )	
<b>Antidotes</b>	EVZIO ( <i>naloxone HCl injection</i> )	NARCAN nasal spray
<b>Antihyperlipidemic</b>	FENOGLIDE* ( <i>fenofibrate</i> )	Other generic <i>fenofibrates</i>
<b>Antivirals</b>	SITAVIG ( <i>acyclovir</i> )	<i>acyclovir</i> capsules, tablets, ointment (generic ZOVIRAX)

\*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
<b>Cardiovascular</b>	AUVI-Q (epinephrine)	<i>epinephrine injection</i> , Epi-Pen
	CARDIZEM CD** (diltiazem)	<i>diltiazem ER</i>
	CADUET* (amlodipine/atorvastatin)	<i>amlodipine</i> (generic NORVASC) plus <i>atorvastatin</i> (generic LIPITOR)
	DIAMOX SEQUEL* (acetazolamide ER)	<i>acetazolamide</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>	
<b>Central nervous system (CNS) — antidepressants/ other</b>	APLENZIN ( <i>bupropion HBr</i> )	<i>bupropion</i> immediate or extended release (generic WELLBUTRIN, WELLBUTRIN SR, WELLBUTRIN XL)
	FORFIVO XL ( <i>bupropion HCl extended release</i> )	
	WELLBUTRIN XL** ( <i>bupropion extended release</i> )	
	PEXEVA ( <i>paroxetine</i> )	<i>paroxetine</i> immediate or extended release (generic PAXIL, PAXIL CR)
	ATIVAN** ( <i>lorazepam</i> )	<i>lorazepam</i>
	TRANSDERM SCOP**	<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)	
<b>CNS — antiseizure</b>	STAVZOR ( <i>valproic acid</i> )	<i>valproic acid</i> (generic DEPAKENE)
<b>CNS — sedative/ hypnotics</b>	EDLUAR ( <i>sublingual zolpidem</i> )	<i>zolpidem</i> tablets (generic AMBIEN)
	INTERMEZZO* ( <i>sublingual zolpidem</i> )	
	ZOLPIMIST oral spray ( <i>zolpidem</i> )	
	SILENOR (doxepin)	<i>doxepin</i> (generic SINEQUAN)
<b>CNS — attention deficit hyperactivity disorder (ADHD)</b>	ZENZEDI 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg ( <i>dextroamphetamine sulfate</i> )	<i>dextroamphetamine sulfate</i> (generic DEXEDRINE)

\*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	ACANYA gel pump ( <i>benzoyl peroxide/clindamycin</i> )	Topical <i>benzoyl peroxide</i> plus <i>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> )	
	ATRALIN** ( <i>tretinoin</i> )	Topical <i>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> )	Topical <i>fluorouracil</i> (generic EFUDEX)
	ECOZA ( <i>econazole</i> )	<i>econazole</i> cream (generic SPECTAZOLE)
	EFUDEX CREAM 5%** ( <i>fluorouracil</i> )	Topical <i>fluorouracil</i> (generic EFUDEX)
	ERTACZO ( <i>sertaconazole</i> )	<i>ketoconazole</i> cream (generic NIZORAL)
	EUCRISA ( <i>crisaborole</i> )	Topical corticosteroids
	EXELDERM ( <i>sulconazole</i> )	<i>ketoconazole</i> cream (generic NIZORAL)
	EXTINA ( <i>ketoconazole</i> )	<i>ketoconazole</i> cream (generic NIZORAL)
	FLUOROPLEX CREAM 1% ( <i>fluorouracil</i> )	Topical <i>fluorouracil</i> (generic EFUDEX)
	<i>fluorouracil</i> cream 0.5%	Topical <i>fluorouracil</i> (generic EFUDEX)
	<i>ketoconazole</i> AER 2%	<i>ketoconazole</i> cream (generic NIZORAL)
	KETODAN ( <i>ketoconazole</i> )	<i>ketoconazole</i> cream (generic NIZORAL)
	LUZU ( <i>ketoconazole</i> )	<i>ketoconazole</i> cream (generic NIZORAL)
	MIRVASO ( <i>brimonidine</i> )	topical <i>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>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)
	SOLARAZE* ( <i>diclofenac sodium 3% gel</i> )	<i>imiquimod</i> (generic ALDARA), <i>fluorouracil</i> cream (generic CARAC)
	SORILUX	Topical corticosteroids
	TACLONEX OINT* ( <i>calcipotriene-betamethasone dipropionate</i> )	<i>calcipotriene CR</i> , oint (generic DOVONEX); <i>betamethasone CR</i> , oint (generic)
TOLAK ( <i>fluorouracil</i> )	Topical <i>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)	

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

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Category	Not covered	Covered alternatives
<b>Endocrine</b>	All non LIFESCAN/ABBOTT brand test strips	LIFESCAN/ABBOTT brand test strips
	ADLYXIN ( <i>lixisenatide</i> )	VICTOZA, TRULICITY
	ANDRODERM ( <i>testosterone</i> )	ANDROGEL 1.62%
	ANDROGEL 1% ( <i>testosterone</i> )	<i>testosterone</i> transdermal gel
	AXIRON ( <i>testosterone</i> )	(generic FORTESTA, ANDROGEL 1%)
	FORTESTA** ( <i>testosterone</i> )	
	NATESTO ( <i>testosterone</i> )	
	STRIANT ( <i>testosterone</i> )	
	TESTIM ( <i>testosterone</i> )	
	VOGELXO ( <i>testosterone</i> )	
	APIDRA (insulin glulisine)	HUMALOG, HUMALOG MIX
	NOVOLOG ( <i>insulin aspart</i> ), NOVOLOG MIX	
	BINOSTO ( <i>alendronate</i> )	<i>alendronate</i> tablets (generic FOSAMAX)
	FORTAMET* ( <i>metformin extended release</i> )	<i>metformin</i> immediate and extended release
	GLUMETZA* ( <i>metformin extended release</i> )	(generic GLUCOPHAGE, GLUCOPHAGE XR)
KAZANO ( <i>alogliptin/metformin</i> )	JANUMET/XR, JENTADUETO, KOMBIGLYZE XR	
LANTUS (insulin glargine)	LEVEMIR, TRESIBA	
TOUJEO (insulin glargine)		
NESINA ( <i>alogliptin</i> )	JANUVIA, TRADJENTA, ONGLYZA	
NOVOLIN N ( <i>insulin NPH isophane</i> )	HUMULIN N, R, MIX	
NOVOLIN R ( <i>insulin regular</i> )		
NOVOLIN MIX		
OSENI ( <i>alogliptin/pioglitazone</i> )	JANUVIA or TRADJENTA or ONGLYZA plus <i>pioglitazone</i> (generic ACTOS)	
ZONACORT ( <i>dexamethasone</i> )	<i>dexamethasone</i> (generic DECADRON)	
<b>Gastrointestinal (GI) — other</b>	<i>chlordiazepoxide/clidinium</i>	<i>dicyclomine</i> (generic BENTYL), <i>omeprazole</i>
	LIBRAX ( <i>chlordiazepoxide/clidinium</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/promoxine</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)
	<i>esomeprazole strontium</i>	<i>esomeprazole magnesium</i> (generic NEXIUM)
<b>GI — prescription ulcer medicine</b>	PREVACID delayed-release capsules 30 mg*	PREVACID OTC, <sup>†</sup> <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX), <i>rabeprazole</i> (generic ACIPHEX)
	PRILOSEC powder packet ( <i>omeprazole</i> )	PRILOSEC OTC, <sup>†</sup> <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX), <i>rabeprazole</i> (generic ACIPHEX)
	ZEGERID* ( <i>omeprazole/sodium bicarbonate</i> )	ZEGERID OTC, <sup>†</sup> <i>esomeprazole magnesium</i> (generic NEXIUM), <i>pantoprazole</i> (generic PROTONIX), <i>rabeprazole</i> (generic ACIPHEX)

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

Category	Not covered	Covered alternatives
<b>Migraine products</b>	ALSUMA ( <i>sumatriptan injection</i> ) SUMAVEL ( <i>sumatriptan needleless</i> )	<i>sumatriptan</i> injection (generic IMITREX)
	MIGRANAL* ( <i>dihydroergotamine</i> )	<i>dihydroergotamine</i> nasal spray (generic MIGRANAL)
	RELPAX** ( <i>eletriptan</i> )	<i>eletriptan</i>
	TREXIMET ( <i>sumatriptan/naproxen</i> )	<i>sumatriptan</i> (generic IMITREX) plus <i>naproxen</i> (generic NAPROSYN)
<b>Miscellaneous</b>	NASCOBAL ( <i>cyanocobalamin nasal spray</i> )	<i>cyanocobalamin</i> injection
<b>Multiple sclerosis</b>	COPAXONE** ( <i>glatiramer acetate</i> )	GLATOPA
<b>Muscle relaxants</b>	AMRIX ( <i>cyclobenzaprine</i> )	<i>cyclobenzaprine</i> (generic FLEXERIL)
	LORZONE ( <i>chlorzoxazone</i> )	<i>chlorzoxazone</i> (generic PARAFON FORTE)
	SOMA 250 mg* ( <i>carisoprodol</i> )	<i>carisoprodol</i> 350 mg (generic SOMA 350 mg)
	ZANAFLEX* CAPSULES	<i>tizanidine</i> tablets (generic ZANAFLEX tablets)
<b>Oncology</b>	ALKERAN** ( <i>melphalan</i> )	<i>melphalan</i>
	GLEEVEC** ( <i>imatinib</i> )	<i>imatinib</i> (generic GLEEVEC)
	TEMODAR** ( <i>temozolomide</i> )	<i>temozolomide</i>
	XELODA** ( <i>capecitabine</i> )	<i>capecitabine</i>
<b>Ophthalmics</b>	VIGAMOX** ( <i>moxifloxacin</i> )	<i>moxifloxacin</i> ophthalmic solution
<b>Respiratory nasal/ cough and cold</b>	RYVENT ( <i>carbinoxamine</i> )	<i>azelastine</i> (generic ASTELIN), <i>mometasone</i> (generic NASONEX), <i>flunisolide</i> (generic NASALIDE)
	ZONATUSS** ( <i>benzonatate</i> )	<i>benzonatate</i> (generic ZONATUSS, TESSALON PERLES)

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

Please remember that this is not a complete list of medications covered 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 COG-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23, GR-29/GR-29N.

