

Covered and non-covered drugs

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

2019 Standard 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 formulary options listed below.

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

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹		Formulary Options
Acromegaly	SANDOSTATIN LAR		SOMATULINE DEPOT, SOMAVERT
Allergies Antihistamines	<i>carbinoxamine tablet 6 mg</i>		<i>levocetirizine</i>
Allergies Nasal Steroids / Combinations	BECONASE AQ OMNARIS	QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
Anticonvulsants	LAMICTAL LAMICTAL ODT	LAMICTAL XR ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
	ONFI		<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL		<i>vigabatrin</i>
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES	ERYPED	<i>erythromycins</i>
Anti-infectives, Antibacterials Tetracyclines	ACTICLATE DORYX	DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate, minocycline, tetracycline</i>
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN		<i>nitrofurantoin</i>
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE		<i>valganciclovir</i>
Anti-infectives, Antivirals Hepatitis B *	BARACLUDE TABLET EPIVIR HBV	HEPSERA VELMIDY	<i>entecavir tablet, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VIREAD</i>

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. See coverage policy documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. This directory is applicable to both Aetna Commercial and joint venture plans.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹		Formulary Options
Anti-infectives, Antivirals Hepatitis C *	MAVYRET		EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	DAKLINZA VIEKIRA PAK ¹	ZEPATIER ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes *	VALTREX		<i>acyclovir, valacyclovir</i>
Anti-inflammatory Steroidal, Ophthalmic	FML LIQUIFILM	PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
Antiobesity	CONTRAVE	QSYMIA	BELVIQ, BELVIQ XR, SAXENDA
Anxiety * Benzodiazepines	XANAX	XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
Asthma * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA	XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>
Asthma * Leukotriene Modulators	SINGULAIR		<i>montelukast, zafirlukast, zileuton ext-rel</i>
Asthma * Severe Asthma Agents	FASENRA		DUPIXENT, NUCALA
Asthma * Steroid Inhalants	ALVESCO		ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	DULERA		ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
Attention Deficit Hyperactivity Disorder *	ADDERALL XR		<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
	EVEKEO		<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	INTUNIV		<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
Autoimmune Agents Ankylosing Spondylitis *	CIMZIA	SIMPONI	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Crohn's Disease *	CIMZIA	ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA)
Autoimmune Agents Psoriasis *	CIMZIA COSENTYX	ENBREL	HUMIRA, OTEZLA, STELARA SUBCUTANEOUS, TALTZ

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹		Formulary Options
Autoimmune Agents Psoriatic Arthritis *	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR		COSENTYX, ENBREL, HUMIRA, OTEZLA
Autoimmune Agents Rheumatoid Arthritis *	ACTEMRA CIMZIA KINERET	ORENCIA INTRAVENOUS SIMPONI	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, XELJANZ, XELJANZ XR
Autoimmune Agents Ulcerative Colitis *	ENTYVIO	XELJANZ	HUMIRA, SIMPONI
Autoimmune Agents All Other Conditions*	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS		ENBREL, HUMIRA
Cancer Chronic Myelogenous Leukemia *	GLEEVEC	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON	ZYTIGA	<i>abiraterone, bicalutamide, XTANDI</i>
Cancer Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT (For Prostate Cancer Only)		ELIGARD
Cardiovascular Antiarrhythmics	BETAPACE	BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA		<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR		<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations³	ALTOPREV CRESTOR LESCOL XL	LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT		REPATHA
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)		<i>digoxin</i>

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Cardiovascular Diuretics	DYRENIUM		<i>amiloride</i>
Cardiovascular Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA	REVATIO	<i>sildenafil, tadalafil</i>
Carnitine Deficiency	CARNITOR	CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA		INCRUSE ELLIPTA, SPIRIVA
Contraceptives Monophasic	BEYAZ MINASTRIN 24 FE	YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol- drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, SAFYRAL</i>
Contraceptives Progestin Intrauterine Devices	LILETTA		KYLEENA, MIRENA, SKYLA
Contraceptives Triphasic	ORTHO TRI-CYCLEN LO		<i>ethinyl estradiol-norgestimate</i>
Cystic Fibrosis * Inhaled Antibiotics	TOBI	TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
Dental Cavity/Caries Prevention	PREVIDENT		Consult doctor
Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	LEXAPRO	PROZAC	<i>citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
Depression * Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ		<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
Depression * Antidepressants, Miscellaneous Agents	OLEPTRO		<i>trazodone</i>
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT	SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
Dermatology Acne *	ACANYA BENZACLIN ONEXTON	<i>Vanoxide-HC</i> VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, RETIN-A MICRO, TAZORAC</i>
Dermatology Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC		<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>

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Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Antipsoriatics	<i>calcipotriene cream</i> <i>calcitriol ointment</i>	SORILUX VECTICAL
Dermatology Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide, hydrocortisone, tacrolimus, ELIDEL, EUCRISA</i>
Dermatology Rosacea *	FINACEA GEL	NORITATE
Dermatology Seborrheic Dermatitis *	XOLEGEL	<i>ciclopirox, ketoconazole</i>
Dermatology Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY	OLUX-E
	<i>fluocinonide cream 0.1%</i>	
	<i>flurandrenolide ointment</i> CORDRAN OINTMENT	
	<i>diflorasone cream</i> <i>diflorasone ointment</i>	APEXICON E PSORCON
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN KIT	ALEVICYN SG <i>Alevicyn solution</i>
Dermatology Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP	NOVACORT SYNERDERM
Diabetes * Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET	<i>metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)</i>
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA	ONGLYZA TRADJENTA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO	KOMBIGLYZE XR OSENI
Diabetes * Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, TRULICITY, VICTOZA

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹		Formulary Options
Diabetes * Insulins	APIDRA	HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50		NOVOLOG MIX 70/30
	HUMALOG MIX 75/25		NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴		NOVOLIN 70/30 ⁴
	HUMULIN N ⁴		NOVOLIN N ⁴
	HUMULIN R ⁴		NOVOLIN R ⁴
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>		
Diabetes * Long Acting Insulins	LANTUS	TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
Diabetes * Insulin Sensitizers	ACTOS		<i>pioglitazone</i>
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA		FARXIGA, JARDIANCE
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET	INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes * Supplies, Needles ⁵	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand		BD ULTRAFINE NEEDLES
Diabetes * Supplies, Syringes ⁵	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand		BD ULTRAFINE INSULIN SYRINGES
Diabetes * Supplies, Test Strips and Kits ^{6,7}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU-CHEK brand		ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁶ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁶ , ACCU-CHEK GUIDE STRIPS AND KITS ⁶ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁶

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Dietary Supplements	FOSTEUM	FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Dexifol</i> FERIVA 21/7 FOLIC-K FOLIKA-D <i>Folika-T</i> FOLIKA-V <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> MEBOLIC NICAPRIN	NICAZEL NICAZEL FORTE OMNIVEX ORTHO DF RHEUMATE RIBOZEL TALIVA <i>TronVite</i> <i>Xvite</i> XYZBAC ZYVIT	<i>folic acid</i>
	VASCULERA		Consult doctor
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA	VIAGRA	<i>sildenafil, tadalafil</i>
Estrogen Replacement *	MINIVELLE	VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
Fertility *	BRAVELLE	FOLLISTIM AQ	GONAL-F
	CHORIONIC GONADOTROPIN NOVAREL PREGNYL		OVIDREL
Gastrointestinal Anticholinergics	GLYCOPYRROLATE TABLET 1.5 MG		<i>dicyclomine</i>
Gastrointestinal Antiemetics	ZUPLENZ		<i>granisetron, ondansetron, SANCUSO</i>
Gastrointestinal Laxatives	<i>lactulose pak</i>		<i>lactulose solution</i>
Gastrointestinal Opioid-induced Constipation	RELISTOR		MOVANTIK
Gastrointestinal Proton Pump Inhibitors (PPIs)	ACIPHEX ACIPHEX SPRINKLE NEXIUM <i>omeprazole- sodium bicarbonate</i>	PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
Gaucher Disease	ELELYSO		CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	RIMSO-50		Consult doctor
Growth Hormones	GENOTROPIN NORDITROPIN NUTROPIN AQ	OMNITROPE SAIZEN	HUMATROPE

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹		Formulary Options
Hematologic Anticoagulants (oral)	COUMADIN		<i>warfarin</i>
	PRADAXA		<i>warfarin, ELIQUIS, XARELTO</i>
Hematologic Erythropoiesis- Stimulating Agents	EPOGEN	PROCRIT	ARANESP, RETACRIT
Hematologic Hemophilia A *	ELOCTATE	HELIXATE FS	ADYNOVATE, JVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic Hemophilia B *	ALPROLIX		Consult doctor
Hematologic Hereditary Angioedema *	BERINERT		RUCONEST
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA		NEULASTA, UDENYCA
	GRANIX NEUPOGEN ZARXIO		NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX		<i>clopidogrel, prasugrel, BRILINTA</i>
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR	DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT	DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE		<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT		<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
High Blood Pressure * Beta-blockers	TOPROL-XL		<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
High Blood Pressure * Beta-blocker Combinations	DUTOPROL		<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹		Formulary Options
High Blood Pressure * Calcium Channel Blockers	NORVASC		<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) <i>Matzim LA</i>		<i>diltiazem ext-rel</i> (except generic of CARDIZEM LA)
Huntington's Disease	XENAZINE		<i>tetrabenazine, AUSTEDO</i>
Immunology Antimetabolites	CELLCEPT	MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
	RAPAMUNE	ZORTRESS	<i>sirolimus</i>
Immunology Calcineurin Inhibitors	ASTAGRAF XL	ENVARUSUS XR	<i>cyclosporine; cyclosporine, modified; tacrolimus</i>
Immunology Disease Modifying Antirheumatic Agents	OTREXUP		RASUVO
Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates	ASACOL HD	DELZICOL LIALDA	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, PENTASA</i>
	COLAZAL		<i>balsalazide</i>
Interferons *	PEGASYS		Consult doctor
Kidney Disease * Phosphate Binders	FOSRENOL		<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
Multiple Sclerosis	EXTAVIA		<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI</i>
Musculoskeletal	AMRIX CHLORZOXAZONE 250 MG (NDCs^ 46672086046, 69499033060 only)		<i>cyclobenzaprine</i>
Narcolepsy Wakefulness Promoters	NUVIGIL		<i>armodafinil</i>
Nephropathic Cystinosis	PROCYSBI		CYSTAGON
Ophthalmic Miscellaneous	AVENOVA		Consult doctor
Opioid Dependency	SUBOXONE		<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
Opioid Reversal	EVZIO		<i>naloxone injection, NARCAN NASAL SPRAY</i>
Osteoarthritis * Viscosupplements	EUFLEXXA HYALGAN MONOVISC	ORTHOVISC SYNVISC SYNVISC-ONE	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
Osteoporosis * Calcium Regulators	MIACALCIN INJECTION		<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
	MIACALCIN NASAL SPRAY		<i>calcitonin-salmon</i>
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX	OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
Respiratory Cough	<i>benzonatate</i> (NDCs [^] 69336012615, 69499032915 ONLY)	<i>benzonatate</i> (except NDCs [^] 69336012615, 69499032915)
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA	ROZEREM ZOLPIMIST
Testosterone Replacement * Androgens	<i>testosterone gel 1% ⁸</i> ANDROGEL 1% FORTESTA	NATESTO TESTIM VOGELXO
Thyroid Supplements	TIROSINT	<i>levothyroxine</i> , SYNTHROID
Transplant * Immunosuppressants, Calcineurin Inhibitors	PROGRAF	<i>tacrolimus</i>
Urea Cycle Disorders	BUPHENYL	RAVICTI
		<i>sodium phenylbutyrate</i>

Drug Class	Other Considerations
Autoimmune and Hepatitis C *	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional products not covered without a medical exception.
Drugs for infusion into spaces other than the blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
Generics	Limited source generics may be evaluated when appropriate and potentially not be covered without a medical exception.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically appropriate and more cost-effective alternatives may be evaluated and potentially not be covered without a medical exception.
New-to-Market Agents ¹	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark [®] National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.
Specialty	As new specialty products launch, as well as quarterly throughout the year, CVS Caremark will re-evaluate existing specialty products to determine appropriate formulary placement, which includes potentially not covering without a medical exception, adding back or deleting these products.

The listed formulary options are subject to change.

Formulary Exclusions Drug List (10/2019)

List of Drugs Requiring Prior Authorization for Medical Necessity

ABILIFY	<i>carbinoxamine tablet 6 mg</i>	ERYPED	INVOKAMET XR
ACANYA	CARDIZEM	EUFLEXXA	INVOKANA
ACIPHEX	CARDIZEM CD	EVEKEO	JALYN
ACIPHEX SPRINKLE	<i>CARDIZEM LA (and its generics)</i>	EVZIO	JENTADUETO
ACTEMRA	CARNITOR	EXFORGE	JENTADUETO XR
ACTICLATE	CARNITOR SF	EXFORGE HCT	KAZANO
ACTOS	CELLCEPT	EXTAVIA	KINERET
ADCIRCA	CHLORZOXAZONE 250 MG (NDCs [^] 46672086046, 69499033060 only)	FANAPT	KOMBIGLYZE XR <i>lactulose pak</i>
ADDERALL XR	CHORIONIC GONADOTROPIN	FASENRA	LAMICTAL
ALCORTIN A	CIALIS	<i>fenofibrate tablet 120 mg</i>	LAMICTAL ODT
ALEVICYN GEL	CIMZIA	<i>fenoprofen capsule</i>	LAMICTAL XR
ALEVICYN KIT	<i>clobetasol spray</i>	FENOPROFEN CAPSULE	<i>LANOXIN TABLET (125 MCG and 250 MCG only)</i>
ALEVICYN SG <i>Alevicyn solution</i>	CLOBEX SPRAY	FERIVA 21/7	LANTUS
ALLISON MEDICAL INSULIN SYRINGES ⁵	COLAZAL	FINACEA GEL	LAZANDA
ALPROLIX	COLCRYS	FIORICET CAPSULE	LESCOL XL
ALTOPREV	CONTOUR NEXT STRIPS AND KITS ⁷	<i>fluocinonide cream 0.1%</i>	<i>levorphanol</i>
ALVESCO	CONTOUR STRIPS AND KITS ⁷	<i>fluorouracil cream 0.5%</i>	LEXAPRO
AMRIX	CONTRAVE	<i>flurandrenolide ointment</i>	LIALDA
ANDROGEL 1%	CORDRAN OINTMENT	FML LIQUIFILM	LIDOCAINE-TETRACAINE CREAM
APEXICON E	COUMADIN	FOLIC-K	LIDOTREX
APIDRA	CRESTOR	FOLIKA-D <i>Folika-T</i>	LILETTA
ARTHROTEC	CYMBALTA	FOLIKA-V	LIPITOR
ASACOL HD	DAKLINZA	FOLLISTIM AQ	LIVALO
ASTAGRAF XL	DELZICOL	<i>FORTAMET (and its generics)</i>	<i>LorId</i>
ATACAND	DETROL LA	FORTESTA	LUNESTA
ATACAND HCT	<i>Dexifol</i>	FOSRENOL	LUPRON DEPOT
AVENOVA	<i>Dexpak</i>	FOSTEUM	MACRODANTIN
BARACLUDE TABLET	<i>diclofenac sodium gel 1%</i> (NDC [^] 69499031866 only)	FOSTEUM PLUS	<i>Matzim LA</i>
BECONASE AQ	<i>Diclofex DC (NDC[^] 51021037201 only)</i>	FREESTYLE STRIPS AND KITS ⁷	MAVYRET
BENICAR	<i>Diclosaicin</i>	FULPHILA	MEBOLIC
BENICAR HCT	<i>diflorasone cream</i>	<i>Genicin Vita-S</i>	MIACALCIN INJECTION
BENSAL HP	<i>diflorasone ointment</i>	GENOTROPIN	MIACALCIN NASAL SPRAY
BENZACLIN <i>benzonatate</i> (NDCs [^] 69336012615, 69499032915 only)	<i>dihydroergotamine spray</i>	GLEEVEC	MILLIPRED
BERINERT	DIOVAN	<i>GLUMETZA (and its generics)</i>	MINASTRIN 24 FE
BETAPACE	DIOVAN HCT	GLYCOPYRROLATE TABLET 1.5 MG	MINIVELLE
BETAPACE AF	DORYX	GRANIX	MINOCIN
BEYAZ	DORYX MPC	HELIXATE FS	MONOVISC <i>mupirocin cream</i>
BRAVELLE	<i>doxepin cream</i>	HEPSERA	MYFORTIC
BREEZE 2 STRIPS AND KITS ⁷	DULERA	HORIZANT	NAPRELAN
BUPHENYL <i>butalbital-acetaminophen</i> (NDC [^] 69499034230 only)	DUTOPROL	HUMALOG	<i>naproxen CR</i>
<i>butalbital-acetaminophen- caffeine capsule</i>	EDARBI	HUMALOG MIX 50/50	<i>naproxen suspension</i>
BYDUREON	EDARBYCLOR	HUMALOG MIX 75/25	NATESTO
BYETTA	E.E.S. GRANULES	HUMULIN 70/30 4	NESINA
CAFERGOT <i>calcipotriene cream</i> <i>calcitriol ointment</i>	EFFEXOR XR	HUMULIN N 4	NEUPOGEN
CAMBIA	ELELYSO	HUMULIN R 4	NEXIUM
CARAC	ELOCTATE	HYALGAN	NICAPRIN
	ENABLEX	<i>HylaVite</i>	NICAZEL
	ENTYVIO	INDOCIN	NICAZEL FORTE
	ENVARUS XR	<i>Inflammacin</i>	NILANDRON
	EPIVIR HBV	INTERMEZZO	NORDITROPIN
	EPOGEN	INTUNIV	NORITATE
		INVOKAMET	NORVASC

List of Drugs Requiring Prior Authorization for Medical Necessity

NOVACORT	PROGRAF	<i>TronVite</i>
NOVAREL	PROTONIX	TUDORZA
NOVO NORDISK NEEDLES ⁵	PROVENTIL HFA	ULTIMED INSULIN SYRINGES ⁵
<i>NuDiclo SoluPak</i>	PROZAC	ULTIMED NEEDLES ⁵
<i>NuDiclo TabPak</i>	PSORCON	UROXATRAL
NUTROPIN AQ	QNASL	VALCYTE
NUVIGIL	QSYMIA	VALTREX
OLEPTRO	RAPAFLO	VANATOL LQ
OLUX-E	RAPAMUNE	VANATOL S
<i>omeprazole-sodium bicarbonate</i>	RAVICTI	<i>Vanoxide-HC</i>
OMNARIS	RAYOS	VASCULERA
OMNITROPE	RELISTOR	VECTICAL
OMNIVEX	REVATIO	VELTIN
ONETOUCH ULTRA STRIPS AND KITS ⁷	RHEUMATE	VEMLIDY
ONETOUCH VERIO STRIPS AND KITS ⁷	RIBOZEL	<i>venlafaxine ext-rel tablet (except 225 mg)</i>
ONEXTON	RIMSO-50	VENTOLIN HFA
ONFI	RIOMET	VIAGRA
ONGLYZA	ROZEREM	VIEKIRA PAK
ORENCIA INTRAVENOUS	SABRIL	VIVELLE-DOT
ORTHO DF	SAIZEN	VOGELXO
ORTHO TRI-CYCLEN LO	SANDOSTATIN LAR	XANAX
ORTHOVISC	SEROQUEL XR	XANAX XR
OSENI	SINGULAIR	<i>Xeltral</i>
OTREXUP	SORILUX	XENAZINE
OWEN MUMFORD NEEDLES ⁵	SPRIX	XOLEGEL
OXYTROL	STENDRA	XOPENEX HFA
PEGASYS	SUBOXONE	<i>Xvite</i>
PENNSAID	SYNERDERM	XYZBAC
PERCOCET	SYNVISC	YAZ
PERRIGO NEEDLES ⁵	SYNVISC-ONE	ZARXIO
PLAVIX	TALIVA	ZEGERID
PRADAXA	TARGADOX	ZEMAIRA
PRALUENT	TASIGNA	ZEPATIER
PRED FORTE	TESTIM	ZETIA
PREGNYL	<i>testosterone gel 1% 8</i>	ZETONNA
PREVACID	TIROSINT	ZIANA
PREVIDENT	TOBI	ZOLPIMIST
PRIMLEV	TOBI PODHALER	ZONEGRAN
PRISTIQ	TOPROL-XL DYRENIUM	ZORTRESS
PROCRIT	TOUJEO	ZORVOLEX
PROCYSBI	TRADJENTA	ZUPLENZ
	TRICOR	ZYTIGA
	TRIVIDIA INSULIN SYRINGES ⁵	ZYVIT

* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

- 1 If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 1-855-240-0536.
- 2 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).
- 3 If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- 4 Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).
- 5 BD ULTRAFINE syringes and needles are the only preferred options.
- 6 An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.
- 7 ACCU-CHEK brand test strips are the only preferred options.
- 8 Listing reflects the authorized generics for TESTIM and VOGELXO.

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** 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** 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.

The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. Coverage for specialty drugs follows the CVS Caremark Advanced Control Specialty Formulary™ and is being used with permission from CVS Health and/or one of its affiliates.

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.

