

Covered and non-covered drugs

Drugs not covered — and their covered alternatives

2023 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) ⁴
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, ONEXTON</i>
ADCIRCA	<i>sildenafil, tadalafil</i>
ADDERALL	<i>dexmethylphenidate, dextroamphetamine, methylphenidate</i>
ADZENYS ER, ADZENYS XR-ODT	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</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>
ALPROLIX	REBINYN
ALREX	<i>azelastine, cromolyn sodium, olopatadine</i>
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
ALVESCO	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
AMITIZA	<i>lubiprostone, LINZESS, MOVANTI, SYMPROIC</i>

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Assurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

³ Coverage may not apply in all plans. Refer to plan documents.

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
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
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
APOKYN	INBRIJA, KYNMOBI
APTENSIO XR	amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE
APTIOM	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, 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, XCOPRI
APTIVUS	Consult doctor
ARALAST NP	PROLASTIN-C
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, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER
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, ONEXTON
ATRIPLA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA
ATROVENT HFA	ipratropium inhalation solution, SPIRIVA, YUPELRI
AUVI-Q	epinephrine auto-injector, EPIPEN, EPIPEN JR, SYMJEPI
AVONEX	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA
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, ONEXTON
AZESCO ⁶	prenatal vitamins, CITRANATAL
AZOPT	brinzolamide, dorzolamide

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

Excluded drug name(s)	Preferred option(s)*
AZOR	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
BALCOLTRA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE</i>
BANZEL SUSPENSION	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
BECONASE AQ	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
BENZACLIN	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
benzonatate (NDCs^ 69336012615, 69499032915 only)	<i>benzonatate (except NDCs^ 69336012615, 69499032915)</i>
BEPREVE, <i>bepotastine</i>	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
BERINERT	<i>icatibant, RUCONEST</i>
BESIVANCE	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin</i>
betamethasone dipropionate ointment 0.05%	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
BETAPACE, BETAPACE AF	<i>sotalol</i>
BETIMOL	<i>timolol maleate solution</i>
BETOPTIC S	<i>timolol maleate solution</i>
BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
BEYAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE</i>
bimatoprost solution 0.03%	<i>latanoprost, travoprost, ZIOPTAN</i>
BREEZE 2 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
BROMSITE	<i>bromfenac, diclofenac, ketorolac</i>
BROVANA	PERFOROMIST
Bupap	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
BUPHENYL	<i>sodium phenylbutyrate</i>
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	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>

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

Excluded drug name(s)	Preferred option(s)*
(NDC* 69499034230 only)	buprenorphine transdermal, BELBUCA
BYDUREON BCISE	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
BYSTOLIC	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel
CAFERGOT	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY, ZOMIG NASAL SPRAY
calcipotriene cream, calcipotriene foam, CALCIPOTRIENE FOAM	calcipotriene ointment, calcipotriene solution
calcipotriene-betamethasone	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; DUOBRII, ENSTILAR, TACLONEX
calcitriol ointment	calcipotriene ointment, calcipotriene solution
CAMBIA	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
CANASA	hydrocortisone enema, mesalamine suppository, mesalamine suspension, CORTIFOAM
CAPEX	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod
CARAFATE	sucralfate tablet
CARBINOXAMINE TABLET 6 MG	levocetirizine
CARDIZEM, CARDIZEM CD, CARDIZEM LA	diltiazem ext-rel (except generics for CARDIZEM LA)
carisoprodol 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)
CARNITOR, CARNITOR SF	levocarnitine
CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
CELLCEPT	mycophenolate mofetil, mycophenolate sodium
chlordiazepoxide-clidinium (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)"	dicyclomine
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

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
ciprofloxacin-fluocinolone	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
CLINDAGEL	<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>
clindamycin gel (NDC^ 68682046275 only)	<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>
clobetasol emollient foam	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
clobetasol spray	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
CLOBEX SPRAY	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
clocortolone cream	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
COLAZAL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
colchicine capsule	<i>colchicine tablet, MITIGARE</i>
COLCRYS	<i>colchicine tablet, MITIGARE</i>
COMBIPATCH	<i>CLIMARA PRO</i>
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA</i>
CONSENSI	<i>amlodipine WITH celecoxib</i>
CONCERTA	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
CONTOUR NEXT STRIPS AND KITS⁵ CONTOUR 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>
CONTRAVE	<i>QSYMIA*, SAXENDA*, WEGOVY*</i>
CORDRAN CREAM, CORDRAN LOTION	<i>desonide (except desonide gel), hydrocortisone</i>
CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
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	<i>ENDOMETRIN</i>
CUPRIMINE	<i>penicillamine</i>

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

Excluded drug name(s)	Preferred option(s)*
cyclobenzaprine ext-rel capsule, cyclobenzaprine tablet 7.5 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)
CYCLOSET	Consult doctor
cyclosporine (ophth) (generics for RESTASIS only)	RESTASIS SINGLE DOSE, XIIDRA
CYMBALTA	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
CYTOMEL	levothyroxine, liothyronine
dabigatran	warfarin, ELIQUIS, XARELTO
DARAPRIM	pyrimethamine
DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE
DELZICOL	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA
DENAVIR	acyclovir (except acyclovir cream), valacyclovir
DEPO-SUBQ PROVERA 104MG	medroxyprogesterone acetate 150 mg/mL
DEFERAL	deferasirox, deferiprone, deferoxamine
desonide gel	desonide (except desonide gel), hydrocortisone
desoximetasone ointment 0.05%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
DESVENLAFAXINE ER	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
DETROL LA	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
dexchlorpheniramine	clemastine 2.68 mg, cyproheptadine, levocetirizine
Dexifol	folic acid, folic acid-vitamin B6-vitamin B12
DIASTAT	diazepam rectal gel, NAYZILAM, VALTOCO
diclofenac potassium capsule 25 mg, diclofenac potassium tablet 25 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
diclofenac sodium solution 2%	diclofenac sodium, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
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, 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, ZOMIG NASAL SPRAY
DILANTIN	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, 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, XCPRI
diltiazem ext-rel (generics for CARDIZEM LA only)	diltiazem ext-rel (except generics for CARDIZEM LA)

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

Excluded drug name(s)	Preferred option(s)*
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
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
ELIDEL	pimecrolimus, tacrolimus, EUCRISA
ELMIRON	Consult doctor
EMEND	aprepitant
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS
ENVARUSUS XR	tacrolimus
EPIVIR HBV	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY
EPOGEN	ARANESP, RETACRIT
ergotamine-caffeine	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY, ZOMIG NASAL SPRAY

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
ERTACZO	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>
ERYPED	<i>erythromycins</i>
estradiol vaginal tablet	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
ESTRING	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
ESTROGEL	<i>estradiol, DIVIGEL, EVAMIST</i>
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, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, 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, ONEXTON</i>
FANAPT	<i>aripiprazole, asenapine, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
FEMHRT LOW DOSE	<i>estradiol-norethindrone, BIJUVA</i>
FEMRING	<i>estradiol, IMVEXXY, VAGIFEM</i>
fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg	<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>
fenoprofen, FENOPROFEN CAPSULE	<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>
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, loteprednol, prednisolone acetate 1%, DUREZOL</i>
FLECTOR	<i>diclofenac sodium, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</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>

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
fluoxetine tablet 60 mg, FLUOXETINE 60 MG	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC ^ 60505367503), sertraline, TRINTELLIX</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>
FML FORTE, FML LIQUIFILM, FML S.O.P.	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL</i>
FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel¹, dexmethylphenidate ext-rel, dextroamphetamine ext-rel, methylphenidate ext-rel¹, MYDAYIS, VYVANSE</i>
FOLLISTIM AQ	GONAL-F ¹
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	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
FREESTYLE 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
FULPHILA	ZIEXTENZO
GELNIQUE	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ</i>
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GENOTROPIN	NORDITROPIN
GEODON CAPSULE	<i>aripiprazole, asenapine, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
GEODON INTRAMUSCULAR	<i>haloperidol, ziprasidone</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

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
<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, NUCYNTA 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>
<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>
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[†], MYDAYIS, VYVANSE</i>
INVELTYS	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL</i>
INVIRASE	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
INVOKAMET, INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
INVOKANA	FARXIGA, JARDIANCE

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
ISORDIL	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
isosorbide dinitrate 40 mg tab	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
ISTALOL	timolol maleate solution
JADENU	deferasirox, deferiprone, deferoxamine
JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin
JENTADUETO, JENTADUETO XR	JANUMET, JANUMET XR
JUBLIA	terbinafine tablet
KAPVAY	amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, dexamethylphenidate ext-rel, dextroamphetamine ext-rel, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE
KAZANO	JANUMET, JANUMET XR
KENALOG	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
KEPPRA, KEPPRA XR	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, XCOPRI
KERYDIN	terbinafine tablet
ketoconazole foam 2%	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
ketoprofen capsule 25 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
ketoprofen ext-rel capsule	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
KOMBIGLYZE XR	JANUMET, JANUMET XR
KUVAN	sapropterin
LACRISERT	XIIDRA, RESTASIS SINGLE DOSE
LACTULOSE PAK	lactulose solution
LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
lansoprazole delayed-rel orally disintegrating tablet	dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
lanthanum carbonate	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
LANTUS	BASAGLAR, LEVEMIR
LAZANDA	fentanyl transmucosal
LESCOL XL	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
LETAIRIS	ambrisentan, bosentan, OPSUMIT
levorphanol	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
LEXAPRO	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC^ 60505367503), sertraline, TRINTELLIX
LEXIVA	atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
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, LOTE MAX SM	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL</i>
luliconazole	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>
LUMIGAN	<i>latanoprost, travoprost, ZIOPTAN</i>
LUNESTA	<i>doxepin, ramelteon, temazepam, zolpidem, zolpidem ext-rel</i>
LUPRON DEPOT	ELIGARD, FIRMAGON, ORIAHNN, ORILISSA
LUPRON DEPOT-PED	TRIPTODUR
LUXIQ	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
LUZU	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs^ 00168035830, 51672135902)</i>
LYRICA	<i>duloxetine, pregabalin</i>
MACRODANTIN	<i>nitrofurantoin (except NDCs^ 16571074024)</i>
Matzim LA	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ¹
MAXALT, MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, REYVOW, UBRELVY, ZOMIG NASAL SPRAY</i>
MAXIDEX	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL</i>
mefenamic acid (NDC^ 69336012830 only)	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
meloxicam capsule	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
MENEST	<i>estradiol</i>
MENOSTAR	<i>estradiol</i>
meperidine	<i>hydromorphone, morphine, oxycodone, NUCYNTA</i>
MESTINON	<i>pyridostigmine, pyridostigmine ext-rel</i>
metaxalone 400 mg tab	<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>
metformin ext-rel (generics for FORTAMET and GLUMETZA only)	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
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)
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, ZOMIG NASAL SPRAY
MIGRANAL	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY, ZOMIG NASAL SPRAY
MILLIPRED	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone
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
minocycline ext-rel	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
Mondoxyne 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
MOVIPREP	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ
mupirocin cream	gentamicin, mupirocin ointment
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)
naproxen CR	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
naproxen suspension	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
naproxen-esomeprazole	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
NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone WITH gentamicin
NESINA	JANUVIA

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
NEULASTA	ZIEXTENZO
NEULASTA ONPRO	ZIEXTENZO
NEUPOGEN	NIVESTYM
NEVANAC	bromfenac, diclofenac, ketorolac
NEXIUM	dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
niacin tablet 500 mg	niacin ext-rel
Niacor	niacin ext-rel
NILANDRON	abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA
nitrofurantoin (NDC^ 70408023932 only)	nitrofurantoin (except NDCs^ 16571074024)
NITROMIST	nitroglycerin lingual spray, nitroglycerin sublingual
Nolix	desonide (except desonide gel), hydrocortisone
NORGESIC FORTE	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)
NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM
NORPACE	disopyramide
NORVASC	amlodipine
NOURIANZ	amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
NOVAREL	OVIDREL†
NOVO NORDISK NEEDLES*	BD ULTRAFINE NEEDLES
NOXAFIL	fluconazole, itraconazole
NUTROPIN AQ	NORDITROPIN
NUVARING	ethinyl estradiol-etonogestrel, ANNOVERA
NUVESSA	clindamycin, metronidazole
NUVIGIL	armodafinil, modafinil, SUNOSI
OLUX-E	clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment
omeprazole-sodium bicarbonate	dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
OMNARIS	azelastine-fluticasone, flunisolide, fluticasone, mometasone
OMNITROPE	NORDITROPIN
ONFI	clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR
ONGLYZA	JANUVIA
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
orphenadrine-aspirin-caffeine	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)
Orphengesic Forte	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)
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
OSENI	JANUMET, JANUMET XR; JANUVIA WITH pioglitazone
OSMOPREP	peg 3350-electrolytes, CLENPIQ
OSPHENA	estradiol
OTOVEL	ciprofloxacin-dexamethasone, ofloxacin otic
OTREXUP	RASUVO
OWEN MUMFORD NEEDLES ⁴	BD ULTRAFINE NEEDLES
oxiconazole (NDCs [^] 00168035830, 51672135902 only)	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs [^] 00168035830, 51672135902)
OXISTAT	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs [^] 00168035830, 51672135902)
OXYCONTIN	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
oxymorphone ext-rel	fentanyl transdermal, hydrocodone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
PANCREAZE	CREON, VIOKACE, ZENPEP
pantoprazole delayed-rel suspension	dexlansoprazole delayed-rel, esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
paroxetine HCl ext-rel (NDC* 60505367503 only)	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX
paroxetine mesylate capsule 7.5 mg	paroxetine HCl
PAXIL, PAXIL CR	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC [^] 60505367503), sertraline, TRINTELLIX
PEGASYS	Consult doctor
PENNSAID	diclofenac sodium, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
PERCOCET	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA
PERRIGO NEEDLES 4	BD ULTRAFINE NEEDLES
PERTZYE	CREON, VIOKACE, ZENPEP
PEXEVA	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC [^] 60505367503), sertraline, TRINTELLIX
PLAVIX	clopidogrel, dipyridamole ext-rel-aspirin, prasugrel, BRILINTA
PLEGRIDY	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, REBIF, TYSABRI, VUMERITY, ZEPOSIA
PLENVU	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ
posaconazole delayed-rel tablet	fluconazole, itraconazole
PRADAXA	warfarin, ELIQUIS, XARELTO
PRECISION XTRA 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
PRED FORTE, PRED MILD	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
PREFEST	estradiol-norethindrone, BIJUVA

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

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

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
RENFLXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
REPATHA	PRALUENT
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>
<i>RyClora</i>	<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
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, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, 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>
<i>sucrafate suspension</i>	<i>sucrafate tablet</i>

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
sumatriptan-naproxen	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, UBRELVY or ZOMIG NASAL SPRAY</i>
SUPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
SYNDROS	<i>dronabinol</i>
SYNVISC, SYNVISC-ONE	<i>DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX</i>
SYPRINE	<i>trientine</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>
tavorole	<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>
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, ONEXTON; calcipotriene ointment, calcipotriene solution</i>
TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, 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>ipratropium inhalation solution, PERFOROMIST, 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, BETHKIS</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, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, propranolol, propranolol ext-rel</i>
TOUJEO	<i>TRESIBA</i>
Tovet	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
TOVIAZ	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ</i>
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>

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

Advanced Control Plan - Aetna Formulary Exclusions Drug List (1/2023)

Excluded drug name(s)	Preferred option(s)*
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	latanoprost, travoprost, ZIOPTAN
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 or ZOMIG NASAL SPRAY
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
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	ZIEXTENZO
ULORIC	allopurinol
ULTIMED INSULIN SYRINGES*	BD ULTRAFINE INSULIN SYRINGES
ULTIMED NEEDLES*	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
VELTIN	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
venlafaxine ext-rel tablet (except 225 mg)	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
VENTOLIN HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
VERDESO	desonide (except desonide gel), hydrocortisone
VEREGEN	imiquimod, podofilox
VESICARE	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ

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

Excluded drug name(s)	Preferred option(s)*
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, paroxetine HCl ext-rel (except NDC^ 60505367503), sertraline, TRINTELLIX</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>
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>
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>
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>

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

Excluded drug name(s)	Preferred option(s)*
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, ONEXTON</i>
zileuton ext-rel	<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, paroxetine HCl ext-rel (except NDC^ 60505367503), sertraline, TRINTELLIX</i>
zolpidem sublingual	<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, 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, 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>
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.

Table 1

Preferred Options For Indication Based Autoimmune Excluded Medications

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

After failure of HUMIRA

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 (1/2023)

[^] 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.

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.

This document contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates; it may also contain references to products that are trademarks or registered trademarks of entities not affiliated with CVS Health.

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.

