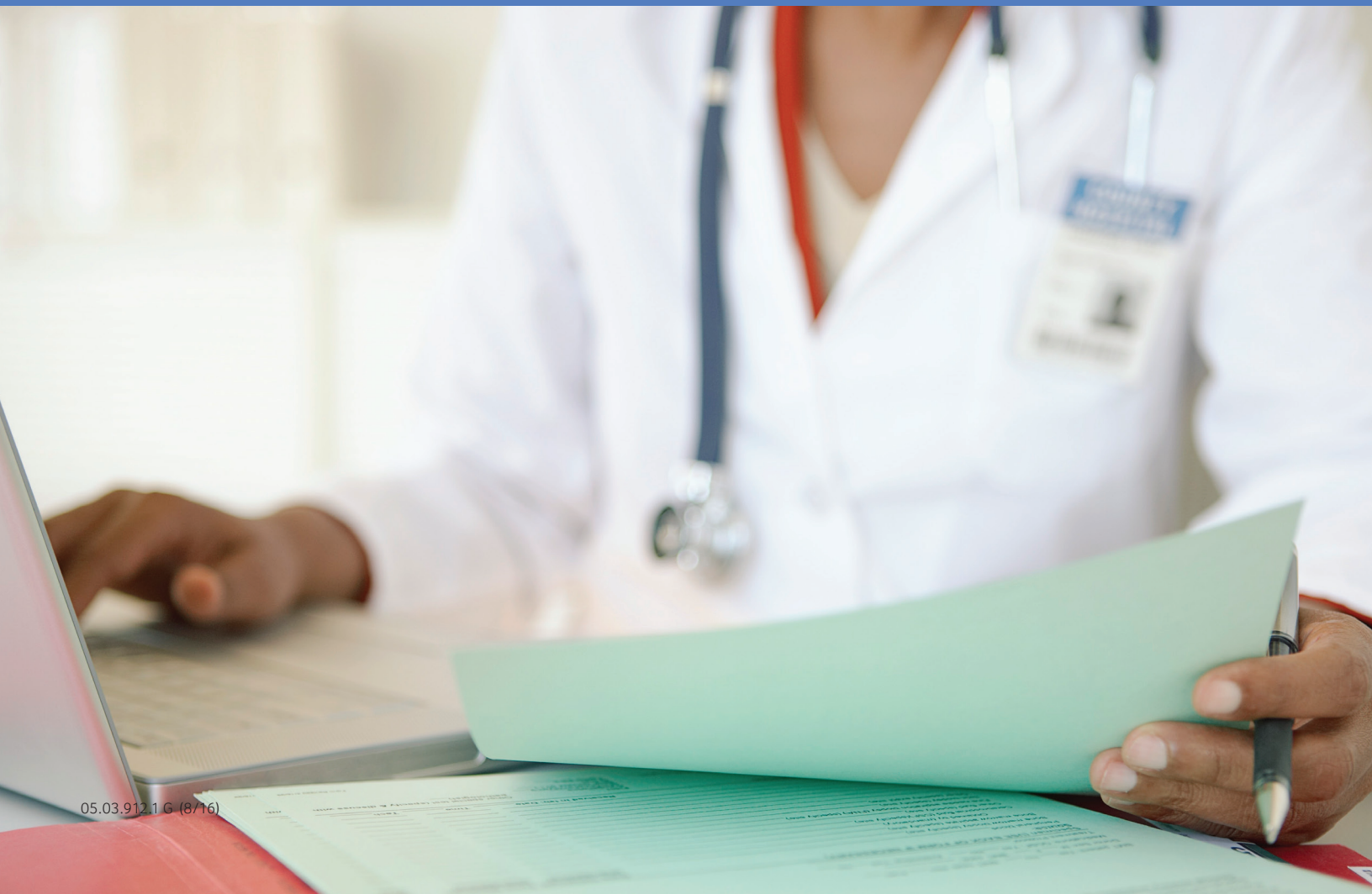


Quality health plans & benefits
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2017 exclusions drug list



These drugs are not covered under your plan. There are preferred alternatives for these conditions that are covered by your plan.

This list does not apply to the Aetna Small Group Value and Small Group Value Plus Affordable Care Act-compliant plans. This list does apply to Aetna Funding AdvantageSM plans and Small Group 51 – 100 plans.

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

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Category	Not covered	Covered alternatives
Allergy	ALLEGRA/ALLEGRA-D RX (<i>fexofenadine</i>)	ALLEGRA/ALLEGRA-D OTC
Analgesics	CAMBIA (<i>diclofenac</i>)	CATAFLAM,* IMITREX,* AMERGE,* MAXALT*
	COMFORT PAC (<i>cyclobenzaprine</i>)	FLEXERIL*
	COMFORT PAC (<i>ibuprofen</i>) IC-400, IC-800	MOTRIN*
	COMFORT PAC (<i>meloxicam</i>)	MOBIC*
	COMFORT PAC (<i>naproxen</i>)	NAPROSYN*
	COMFORT PAC (<i>tizanidine</i>)	ZANAFLEX*
	CONZIP (<i>tramadol er</i>)	ULTRAM*
	DUEXIS (<i>ibuprofen/famotidine</i>)	MOTRIN* + PEPCID*
	FLECTOR PATCH (<i>diclofenac epolamine</i>)	ORAL CATAFLAM* or VOLTAREN*
	OXECTA (<i>oxycodone</i>)	PERCOCET*
	PENNSAID (<i>diclofenac sodium topical solution</i>)	Generic oral nonsteroidal anti-inflammatory drug
	RYBIX ODT (<i>tramadol</i>) <i>tramadol er 150 mg</i>	ULTRAM*
	SOLARAZE* (<i>diclofenac sodium 3% gel</i>)	<i>imiquimod</i>
	VIMOVO (<i>naproxen/esomeprazole</i>)	NEXIUM* + NAPROSYN*
ZIPSOR (<i>diclofenac</i>)	ORAL CATAFLAM* or VOLTAREN*	
Antibiotics	ACTICLATE (<i>doxycycline</i>) ADOXA* (<i>doxycycline</i>) DORYX (<i>doxycycline</i>) MONODOX* 75 mg (<i>doxycycline</i>) MORGIDOX KIT (<i>doxycycline + cleanser</i>) OCUDOX KIT (<i>doxycycline + lid scrub</i>) ORACEA (<i>doxycycline</i>)	MONODOX* 50 mg, 100 mg; VIBRAMYCIN* 50 mg, 100 mg
	DYNACIN TABLETS* (<i>minocycline</i>) MINOCIN KIT (<i>minocycline</i>) MINOCIN TABLETS* (<i>minocycline</i>) SOLODYN* (<i>minocycline</i>)	DYNACIN* or MINOCIN* CAPSULES
Antidotes	EVZIO (<i>naloxone HCl injection</i>)	NARCAN NASAL SPRAY
Antihyperlipidemic	FENOGLIDE* (<i>fenofibrate</i>)	Other generic fenofibrates

*Generic available.

Category	Not covered	Covered alternatives
Antivirals	SITAVIG (<i>acyclovir</i>)	ZOVIRAX* CAPS, TABS, CREAM, OINTMENT
Cardiovascular	CARDIZEM CD* (<i>diltiazem</i>)** CADUET* (<i>amlodipine/atorvastatin</i>) VASOTEC* (<i>enalapril maleate</i>)**	DILTIAZEM ER* NORVASC* + LIPITOR* <i>enalapril maleate</i> *
Central nervous system (CNS) — antidepressants/ other	APLENZIN (<i>bupropion HBr</i>) FORFIVO XL (<i>bupropion HCl extended release</i>) WELLBUTRIN XL (<i>bupropion</i>)*	<i>bupropion IR*/XL*</i>
	PEXEVA (<i>paroxetine</i>)	PAXIL*
CNS — antianxiety agents	ATIVAN* (<i>lorazepam</i>)**	<i>lorazepam</i> *
CNS — antiseizure	STAVZOR (<i>valproic acid</i>)	DEPAKENE*
CNS — sedative-hypnotics	EDLUAR (<i>sublingual zolpidem</i>) INTERMEZZO (<i>sublingual zolpidem</i>) ZOLPIMIST ORAL SPRAY (<i>zolpidem</i>)	AMBIEN*
	SILENOR (<i>doxepin</i>)	SINEQUAN*
CNS — attention deficit hyperactivity disorder	ZENZEDI 2.5 mg, 7.5 mg, 15 mg, 20 mg, 30 mg (<i>dextroamphetamine sulfate</i>)	DEXEDRINE*
Dermatological	ABSORICA (<i>isotretinoin</i>)	AMNESTEEM, CLARAVIS, MYORISAN, SOTRET
	ACANYA GEL PUMP (<i>benzoyl peroxide/clindamycin</i>) BENZACLIN (<i>benzoyl peroxide/clindamycin</i>) DUAC* (<i>benzoyl peroxide/clindamycin</i>) NEUAC* (<i>benzoyl peroxide/clindamycin</i>) ONEXTON (<i>benzoyl peroxide/clindamycin</i>)	Topical <i>benzoyl peroxide + clindamycin</i>
	ATRALIN* (<i>tretinoin</i>)**	Topical <i>tretinoin</i> *
	CARAC* (<i>fluorouracil</i>)**	<i>fluorouracil</i> *
	CICLODAN KIT (<i>ciclopirox + toe freshener</i>) CNL8 KIT (<i>ciclopirox + remover, emery board</i>) PEDIPIROX-4 (<i>ciclopirox</i>)	PENLAC*
	CLINDACIN PAC (<i>clindamycin + cleanser</i>) CLINDAREACH (<i>clindamycin</i>)	CLEOCIN-T*
	CLOBETA KIT (<i>clobetasol + coal tar</i>)	TEMOVATE,* ULTRAVATE,* DIPROLENE*
	DESONIL COMBO PACK (<i>desonide + emollient</i>)	DESOWEN*
	ECOZA (<i>econazole</i>)	SPECTAZOLE CREAM*
	HALONATE OINTMENT/FOAM (<i>halobetasol/ ammonium lactate</i>)	ULTRAVATE* (LAC-HYDRIN* is available as OTC.)
	KETODAN KIT (<i>ketconazole/cleanser</i>)	NIZORAL*
	MOMEXIN COMBO PACK (<i>mometasone/ammonium lactate</i>)	ELOCON* (LAC-HYDRIN* is available as OTC.)

*Generic available.

**Only the brand is considered excluded.

Category	Not covered	Covered alternatives
Dermatological	NAPRO, NAPRODERM (<i>naproxen</i>)	ORAL CATAFLAM* or VOLTAREN*
	ONMEL (<i>itraconazole</i>)	SPORANOX*
	PEDIADERM HC KIT (<i>hydrocortisone</i>)	HYTONE*
	ROSADAN KIT (<i>metronidazole</i>)	METROGEL 0.75%*
	SELRX SHAMPOO (<i>selenium sulfide</i>)	<i>selenium sulfide</i>
	SORILUX (<i>calcipotriene</i>)	Topical <i>corticosteroids</i>
	SUMADAN,* SUMAXIN CP (<i>sodium sulfacetamide/sulfur kit</i>)	PLEXION*
	SYNALAR TS KIT (<i>fluocinolone/skin cleanser</i>)	SYNALAR*
	TERBINEX KIT (<i>terbinafine</i>)	LAMISIL TABLETS*
	TOPICORT SPRAY (<i>desoximetasone</i>)	TOPICORT* CREAM, GEL, OINTMENT
	TRETIN-X KIT (<i>tretinoin</i>)	RETIN-A*
	ULTRAVATE PAC (<i>halobetasol/lactic acid</i>) ULTRAVATE X (<i>halobetasol/lactic acid</i>)	ULTRAVATE* CREAM, OINTMENT
	VANOS* (<i>fluocinonide</i>)**	<i>fluocinonide</i> *
	ZYCLARA (<i>imiquimod</i>)	ALDARA*
ZYPRAM CREAM (<i>hydrocortisone + pramoxine</i>)	ANALPRAM HC*	
Endocrine	ALL NON LIFESCAN/ABBOTT BRAND TEST STRIPS	LIFESCAN/ABBOTT BRAND TEST STRIPS
	ANDRODERM (<i>testosterone</i>) AXIRON (<i>testosterone</i>) FORTESTA (<i>testosterone</i>) NATESTO (<i>testosterone</i>) STRIANT (<i>testosterone</i>)	ANDROGEL 1.62%
	BINOSTO (<i>alendronate</i>)	FOSAMAX*
	FORTAMET* (<i>metformin extended release</i>) GLUMETZA* (<i>metformin extended release</i>)	GLUCOPHAGE IR*/XR*
	GENOTROPIN HUMATROPE NORDITROPIN NUTROPIN/NUTROPIN AQ SAIZEN SEROSTIM TEV-TROPIN VALTROPIN ZOMACTON	OMNITROPE
	RAYOS (<i>prednisone</i>)	<i>prednisone</i> *
	Gastrointestinal (GI) — other	METZOZOLV (<i>metoclopramide</i>)
ZUPLENZ (<i>ondansetron film</i>)		ZOFRAN*

*Generic available.

**Only the brand is considered excluded.

Category	Not covered	Covered alternatives
Migraine products	ALSUMA (<i>sumatriptan inj</i>) SUMAVEL (<i>sumatriptan needleless</i>)	IMITREX*
	MIGRANAL* (<i>dihydroergotamine</i>)**	<i>dihydroergotamine nasal spray</i> *
	TREXIMET (<i>sumatriptan/naproxen</i>)	IMITREX* + NAPROSYN*
Muscle relaxants	AMRIX 15 mg, 30 mg (<i>cyclobenzaprine</i>)	FLEXERIL* 10 mg
	LORZONE (<i>chlorzoxazone</i>)	PARAFON FORTE DSC*
	SOMA 250 mg (<i>carisoprodol</i>)	SOMA* 350 mg
	ZANAFLEX CAPSULES (<i>tizanidine</i>)	ZANAFLEX* TABLETS
Prescription GI — ulcer medicine	<i>esomeprazole strontium</i>	NEXIUM*
	DEXILANT (<i>dexlansoprazole</i>)	PROTONIX,* NEXIUM,* PRILOSEC OTC, PREVACID OTC
	OMECLAMOX-PAK (<i>amoxicillin/clarithromycin/ omeprazole</i>)	PREVPAC*
	PREVACID* RX (<i>lansoprazole</i>)	PREVACID OTC
	PRILOSEC POWDER PACKET (<i>omeprazole</i>)	PRILOSEC OTC
	ZANTAC EFFERDOSE (<i>ranitidine</i>)	ZANTAC* TABLETS
	ZEGERID* RX (<i>omeprazole/sodium bicarbonate</i>)	ZEGERID OTC
Respiratory nasal/ cough and cold	DYMISTA (<i>azelastine/fluticasone</i>)	ASTELIN* + FLONASE*
	NASACORT AQ RX (<i>triamcinolone</i>)	NASACORT OTC
	ZONATUS (<i>benzonatate</i>)	TESSALON PERLES*
Urinary	OXYTROL RX (<i>oxybutynin</i>)	OXYTROL OTC

*Generic available.

**Only the brand is considered excluded.

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 www.aetna.com and log in to your secure member website. If you don't have access to our website, call the toll-free number on your member ID card.

To check coverage and copay information for a specific medicine, visit www.aetna.com and log in to your secure member website. For more details, please call the toll-free number on your member ID card.

This is not an inclusive list. Products that are not represented on this list may be subject to plan-specific copayment or coinsurance. Void where prohibited by law.

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