

Covered and non-covered drugs

Drugs not covered — and their covered alternatives

2021 Drug Exclusions Plan Design Drug
List



Below is a list of medications that will not be covered.

If you continue using one of these drugs you may be required to pay the full cost. Ask your doctor to choose one of the generic or brand formulary alternatives listed below.

Drug Exclusions Plan Design Drug List effective January 1, 2021

Brand name	Generic name	Indication(s)	Suggested alternatives
Absorica, Absorica LD	<i>isotretinoin</i>	acne	generic <i>isotretinoin</i> , Amnesteem, Claravis, Zenatane, Myorisan
Aplenzin	<i>bupropion</i>	depression	generic <i>bupropion</i> , <i>bupropion ext-rel</i>
Duexis	<i>famotidine/ibuprofen</i>	arthritis with ulcer prophylaxis	consult with prescriber
Jublia	<i>efinaconazole</i>	onychomycosis	generic <i>itraconazole</i> , <i>terbinafine</i>
Kerydin	<i>tavorole</i>	onychomycosis	generic <i>itraconazole</i> , <i>terbinafine</i>
Nascobal	<i>cyanocobalamin</i>	B12 deficiency, anemia	<i>cyanocobalamin injection</i>
Sitavig	<i>acyclovir</i>	cold sores	generic <i>acyclovir</i> , <i>valacyclovir</i>
Vimovo and generic	<i>esomeprazole/naproxen</i>	arthritis with ulcer prophylaxis	consult with prescriber
Xerese	<i>acyclovir/hydrocortisone</i>	cold sores	generic <i>acyclovir</i> , <i>valacyclovir</i>
Zipsor	<i>diclofenac</i>	acute pain	generic <i>diclofenac</i>
Zyflo	<i>zileuton</i>	asthma	generic <i>zileuton CR</i> , <i>montelukast</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.

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 believed to be accurate as of the production date; however, it is subject to change.

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 Missouri include: AL HGrpPol 01R5, HI HGrpAG 05, HO HGrpPol 04.

Policy forms issued in Oklahoma include: AL COC00010, HC COC00010.

