

Drugs requiring step therapy

**2021 High Performance Generic Step Therapy
for Aetna Standard Plan and Advanced
Control Plan**



The drugs on this list require step therapy. If you have a medical need for one of these drugs, your doctor can ask for an exception.

Brand Medications Requiring Use of Generics First

You can save money by using safe, effective generic medications when possible. According to your prescription benefit plan, you may have to try one or two generic medication(s) first* before certain brand-name medications will be covered. The chart below shows you which drugs require the use of generics first. This chart only provides a sample list of generic drug options and may not include all drugs available.

Key

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

High Performance Generic Step Therapy for Aetna Standard Plan and Advanced Control Plan

Drug class Condition treated**	Step 1: You will have to try one or two* of these generic medications first:	Step 2: Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:
ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/ Combinations* High Blood Pressure	<i>amlodipine-benazepril</i> <i>benazepril/ benazepril HCTZ</i> <i>candesartan/ candesartan HCTZ</i> <i>captopril/ captopril HCTZ</i> <i>enalapril/ enalapril HCTZ</i> <i>fosinopril/ fosinopril HCTZ</i> <i>irbesartan/ irbesartan HCTZ</i> <i>lisinopril/ lisinopril HCTZ</i>	<i>losartan/ losartan HCTZ</i> <i>olmesartan/ olmesartan HCTZ</i> <i>quinapril/ quinapril HCTZ</i> <i>ramipril</i> <i>telmisartan/ telmisartan HCTZ</i> <i>trandolapril</i> <i>trandolapril-verapamil ext-rel</i> <i>valsartan/ valsartan HCTZ</i>	TEKTURNA HCT Preferred select brand not available in class
Acne/Topical Skin	<i>benzoyl peroxide</i> <i>clindamycin solution</i> <i>clindamycin-benzoyl peroxide</i> <i>clindamycin phosphate gel 1% (except NDC 68682046275)</i> <i>dapsone erythromycin solution</i> <i>erythromycin-benzoyl peroxide</i> <i>sulfacetamide sodium</i>	AZELEX FABIOR RIAX	Preferred select brand not available in class

*Please note: A plan member's Plan determines whether the member must try one or two generics before a brand-name drug is allowed in select drug classes.

**This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. Brand-name drugs not listed here may be covered by your plan without the use of a generic first. Information provided here is not a substitute for medical advice or treatment.

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Drug class Condition treated**	Step 1: You will have to try one or two* of these generic medications first:	Step 2: Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:	
Antipsychotics Mental Health	<i>aripiprazole</i> <i>clozapine</i> <i>olanzapine</i> <i>paliperidone ext-rel</i>	<i>quetiapine/</i> <i>quetiapine ext-rel</i> <i>risperidone</i> <i>ziprasidone</i>	ADASUVE LATUDA REXULTI SAPHRIS VRAYLAR	Preferred select brand not available in class
Benign Prostatic Hyperplasia-Alpha Blockers Prostate	<i>alfuzosin ext-rel</i> <i>doxazosin</i> <i>dutasteride</i> <i>dutasteride- tamsulosin</i>	<i>finasteride</i> <i>silodosin</i> <i>tamulosin</i> <i>terazosin</i>	CARDURA XL	Preferred select brand not available in class
Bisphosphonates/Combinations Osteoporosis	<i>alendronate</i> <i>ibandronate</i> <i>risedronate</i>		BINOSTO FOSAMAX PLUS D	Preferred select brand not available in class
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/ Combinations* Pain and Inflammation	<i>celecoxib</i> <i>diclofenac sodium/ misoprostol</i> <i>fenoprofen</i> (Additional generic NSAIDs available)	<i>ibuprofen</i> <i>meloxicam</i> <i>naproxen tabs</i>	FLECTOR TIVORBEX VIVLODEX ZIPSOR	Preferred select brand not available in class
Fibrates High Triglycerides	<i>fenofibrate</i> <i>fenofibric acid delayed-rel</i> <i>gemfibrozil</i>		TRIGLIDE	Preferred select brand not available in class
Prostaglandin Analogues and Combinations Glaucoma	<i>latanoprost</i> <i>travoprost</i>		ROCKLATAN VYZULTA XELPROS ZIOPTAN	Preferred select brand not available in class
Proton Pump Inhibitors (PPIs) Stomach Acid	<i>esomeprazole</i> <i>lansoprazole delayed-rel</i> <i>omeprazole delayed-rel</i> <i>pantoprazole delayed-rel</i> <i>rabeprazole (except 10 mg sprinkle capsule)</i>		DEXILANT PRILOSEC PACKETS	Preferred select brand not available in class
Selective Serotonin Agonists/ Combinations Migraine	<i>almotriptan</i> <i>eletriptan</i> <i>frovatriptan</i> <i>naratriptan</i>	<i>rizatriptan</i> <i>sumatriptan</i> <i>zolmitriptan</i>	ONZETRA XSAIL ZEMBRACE SYMTOUCH	Preferred select brand not available in class
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) Depression	<i>desvenlafaxine ext-rel</i> <i>duloxetine delayed-rel</i> <i>venlafaxine/venlafaxine ext-rel</i>		FETZIMA	Preferred select brand not available in class
Selective Serotonin Reuptake Inhibitors (SSRIs) Depression	<i>citalopram</i> <i>escitalopram</i> <i>fluoxetine (except fluoxetine 60 mg tablet)</i> <i>fluvoxamine/fluvoxamine ext-rel</i> <i>paroxetine HCl/paroxetine HCl ext-rel</i> <i>sertraline</i>		PEXEVA TRINTELLIX VIIBRYD	Preferred select brand not available in class

Drug class Condition treated**	Step 1: You will have to try one or two* of these generic medications first:	Step 2: Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:	
Sleeping Agents Insomnia/Sleep Problems	<i>doxepin tabs</i> <i>eszopiclone</i> <i>ramelteon</i> <i>zaleplon</i>	<i>zolpidem/</i> <i>zolpidem ext rel</i> <i>zolpidem sublingual</i>	BELSOMRA EDLUAR	Preferred select brand not available in class
Urinary Antispasmodics* Overactive Bladder/Incontinence	<i>darifenacin ext-rel</i> <i>oxybutynin/oxybutynin ext-rel</i> <i>tolterodine/tolterodine ext-rel</i> <i>trospium/trospium ext-rel</i>		GELNIQUE MYRBETRIQ	Preferred select brand not available in class

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This is not an inclusive list.

Products may be subject to plan-specific copayment or coinsurance. Some prescription benefit plan designs may not cover certain categories, regardless of their appearance in this document.

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 your member ID card.

