

Drugs requiring step therapy

**2021 Preferred Generic Step Therapy
for Aetna Standard Opt Out 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 will have to try one or two generic medication(s) first before certain brand-name medications will be covered. The following chart 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

Preferred Generic Step Therapy for Standard Opt Out Plan

Drug class Condition treated*	Step 1: You will have to try one of these generic medications first:	Step 2: Before you can try one of these non-preferred 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>aliskiren</i> <i>candesartan/ candesartan HCTZ</i> <i>eprosartan</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>valsartan/ valsartan HCTZ</i>	EDARBI EDARBYCLOR TEKTURNA HCT
Beta Agonists, Short Acting Asthma	<i>albuterol sulfate CFC-free aerosol</i> <i>levalbuterol tartrate CFC-free aerosol</i>	PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	Preferred brand not available in class
Bisphosphonates/Combinations Osteoporosis	<i>alendronate</i> <i>ibandronate</i>	<i>risedronate</i>	BINOSTO FOSAMAX PLUS D Preferred brand not available in class
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/ Combinations Pain and Inflammation	<i>celecoxib</i> <i>diclofenac</i> <i>sodium-misoprostol</i> (Additional generic NSAIDs available)	<i>fenoprofen tabs</i> <i>meloxicam</i> <i>naproxen tabs</i>	CAMBIA VIVLODEX ZIPSOR ZORVOLEX Preferred brand not available in class

*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 of these generic medications first:	Step 2: Before you can try one of these non-preferred brand drugs:	These preferred select brand drugs do not require use of a generic first:
Fibrates High Triglycerides	<i>Fenofibrate (except fenofibrate tablet 120 mg)</i> <i>fenofibric acid delayed-rel</i>	TRIGLIDE	Preferred brand not available in class
HMG-CoA Reductase Inhibitors (HMGs or Statins)/ Combinations High Cholesterol	<i>atorvastatin</i> <i>pravastatin</i> <i>ezetimibe-simvastatin</i> <i>rosuvastatin</i> <i>fluvastatin</i> <i>simvastatin</i> <i>lovastatin</i>	ALTOPREV LIVALO	Preferred brand not available in class
Nasal Steroids/Combinations Allergies	<i>flunisolide</i> <i>mometasone</i> <i>fluticasone</i>	BECONASE AQ OMNARIS QNASL ZETONNA	DYMISTA
Proton Pump Inhibitors (PPIs) Stomach Acid	<i>esomeprazole</i> <i>omeprazole</i> <i>lansoprazole</i> <i>pantoprazole</i>	ACIPHEX SPRINKLE PRILOSEC PACKETS PROTONIX PACKETS	DEXILANT
Selective Serotonin Reuptake Inhibitors (SSRIs) Depression	<i>citalopram</i> <i>escitalopram</i> <i>fluoxetine (except fluoxetine 60 mg tablet)</i> <i>paroxetine HCl /paroxetine HCl ER</i> <i>sertraline</i>	PEXEVA VIIBRYD	TRINTELLIX
Sleeping Agents Insomnia/Sleep Problems	<i>doxepin tabs</i> <i>eszopiclone</i> <i>ramelteon</i> <i>zolpidem/zolpidem ext-rel</i> <i>zolpidem sublingual</i>	EDLUAR ROZEREM ZOLPIMIST	BELSOMRA
Urinary Antispasmodics Overactive Bladder/Incontinence	<i>darifenacin ext-rel</i> <i>oxybutynin/oxybutynin ext-rel</i> <i>solifenacin</i> <i>tolterodine/tolterodine ext-rel</i> <i>trospium/trospium ext-rel</i>	OXYTROL	MYRBETRIQ TOVIAZ

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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.

