

Drugs requiring step therapy

**2021 Traditional 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

Traditional Generic Step Therapy for Aetna Standard Opt Out Plan

Drug class Condition treated**	Step 1: You may have to try one or two* of these generic medications first:		Step 2: Before you can try one of these brand name drugs:
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>	EDARBI EDARBYCLOR TEKTURN HCT
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</i> <i>erythromycin solution</i> <i>erythromycin-benzoyl peroxide</i> <i>sulfacetamide sodium</i>	AZELEX FABIOR RIAX
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
Beta Agonists, Short Acting	<i>albuterol sulfate CFC-free aerosol</i> <i>levalbuterol tartrate CFC-free aerosol</i>		PROAIR DIGIHALER
Bisphosphonates/Combinations Osteoporosis	<i>alendronate</i> <i>ibandronate</i>	<i>risedronate</i>	BINOSTO FOSAMAX PLUS D

*Please note. A 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 may have to try one or two* of these generic medications first:		Step 2: Before you can try one of these brand name drugs:
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>	CAMBIA TIVORBEX VIVLODEX ZIPSOR ZORVOLEX
Fibrates High Triglycerides	<i>fenofibrate</i> <i>fenofibric acid delayed-rel</i>	<i>gemfibrozil</i>	TRIGLIDE
HMG-CoA Reductase Inhibitors (HMGs or Statins)/ Combinations High Cholesterol	<i>amlodipine-atorvastatin</i> <i>atorvastatin</i> <i>ezetimibe-simvastatin</i> <i>fluvastatin</i>	<i>lovastatin</i> <i>niacin ext-rel</i> <i>pravastatin</i> <i>simvastatin</i>	ALTOPREV EZALLOR SPRINKLE FLOLIPID LIVALO ZYPITAMAG
Nasal Steroids/Combinations Allergies	<i>azelastine/fluticasone</i> <i>flunisolide</i>	<i>fluticasone</i> <i>mometasone</i>	BECONASE AQ OMNARIS QNASL ZETONNA
Prostaglandin Analogues and Combinations Glaucoma	<i>latanoprost</i> <i>travoprost</i>		LUMIGAN ROCKLATAN VYZULTA XELPROS ZIOPTAN
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 capsules)</i>	ACIPHEX SPRINKLE DEXILANT PRILOSEC PACKETS PROTONIX PACKETS
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
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) Depression	<i>desvenlafaxine ext-rel</i> <i>duloxetine delayed-rel</i>	<i>venlafaxine/venlafaxine ext-rel</i>	FETZIMA
Selective Serotonin Reuptake Inhibitors (SSRIs) Depression	<i>citalopram</i> <i>escitalopram</i> <i>fluoxetine</i> (except fluoxetine 60 mg tablet)	<i>fluvoxamine/fluvoxamine ext-rel</i> <i>paroxetine HCl/ paroxetine HCl ext-rel</i> <i>sertraline</i>	PEXEVA TRINTELLIX VIIBRYD
Sleeping Agents Insomnia/Sleep Problems	<i>doxepin tabs</i> <i>eszopiclone</i> <i>ramelteon</i>	<i>zaleplon</i> <i>zolpidem/zolpidem ext-rel</i> <i>zolpidem suglingual</i>	BELSOMRA EDLUAR ZOLPIMIST
Urinary Antispasmodics* Overactive Bladder/Incontinence	<i>darifenacin ext-rel</i> <i>oxybutynin/oxybutynin ext-rel</i>	<i>tolterzodine/tolterodine ext-rel</i> <i>trospium/trospium ext-rel</i>	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ

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.