

Drugs requiring step therapy

**2022 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	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 <i>Please note: A Member's Plan determines whether one or two generics must be tried first</i>	<i>aliskiren</i> <i>amlodipine-benazepril</i> <i>benazepril/benazepril HCTZ</i> <i>candesartan/candesartan HCTZ</i> <i>captopril</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/amlodipine 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

*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.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna HealthAssurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna is part of the CVS Health family of companies.

Updated 7/2022

Drug class	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:
Acne/Topical	<i>benzoyl peroxide</i> <i>clindamycin solution</i> <i>clindamycin-benzoyl peroxide</i> <i>clindamycin phosphate gel 1% (except NDC 68682046275)</i> <i>clindamycin phosphate lotion 1%</i> <i>dapsone gel</i> <i>erythromycin solution</i> <i>erythromycin-benzoyl peroxide</i> <i>sulfacetamide sodium</i>	AZELEX FABIOR RIAX	Preferred select brand not available in class
Antipsychotics	<i>aripiprazole</i> <i>clozapine</i> <i>olanzapine</i> <i>paliperidone ext-rel</i> <i>quetiapine/quetiapine ext-rel</i> <i>risperidone</i> <i>ziprasidone</i>	ADASUVE LATUDA REXULTI VRAYLAR	Preferred select brand not available in class
Benign Prostatic Hyperplasia-Alpha Blockers	<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	<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	<i>celecoxib</i> <i>diclofenac sodium/misoprostol</i> <i>ibuprofen</i> <i>meloxicam tabs</i> <i>naproxen ext-rel</i> <i>naproxen tabs</i> (Additional generic NSAIDs available)	TIVORBEX VIVLODEX ZIPSOR	Preferred select brand not available in class
Migraine, Selective Serotonin Agonists/Combinations	<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
Prostaglandin Analogues and Combinations	<i>latanoprost</i> <i>travoprost</i>	LUMIGAN ROCKLATAN VYZULTA XELPROS ZIOPTAN	Preferred select brand not available in class
Proton Pump Inhibitors (PPIs)	<i>esomeprazole delayed-rel</i> <i>lansoprazole delayed-rel</i> <i>omeprazole delayed-rel</i> <i>pantoprazole delayed-rel tablet</i> <i>rabeprazole tablet</i>	PRILOSEC PACKETS	Preferred select brand not available in class
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>desvenlafaxine ext-rel</i> <i>duloxetine delayed-rel</i> <i>venlafaxine/venlafaxine ext-rel</i>	FETZIMA	Preferred select brand not available in class

Drug class	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:
Selective Serotonin Reuptake Inhibitors (SSRIs)	<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
Sleeping Agents	<i>doxepin tabs</i> <i>zaleplon</i> <i>eszopiclone</i> <i>zolpidem/</i> <i>ramelteon</i> <i>zolpidem ext rel</i>	BELSOMRA EDLUAR	Preferred select brand not available in class
Urinary Antispasmodics Please note: A Member's Plan determines whether one or two generics must be tried first	<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>	GELNIQUE MYRBETRIQ	Preferred select brand not available in class

Updated 7/2022

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.

