

# Drugs requiring step therapy

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**2023 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:
<b>ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/ Combinations</b>  <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.

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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%</i> (except NDC 68682046275) <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	Preferred select brand not available in class
Antipsychotics	<i>aripiprazole</i> <i>clozapine</i> <i>lurasidone</i> <i>olanzapine</i> <i>paliperidone ext-rel</i>	<i>quetiapine/quetiapine ext-rel</i> <i>risperidone</i> <i>ziprasidone</i>	CAPLYTA FANAPT REXULTI SECUADO VERSACLOZ 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
Beta Agonists, Short Acting (SABA) Inhalers	<i>albuterol HFA</i> (except NDC^ 66993001968) <i>levalbuterol HFA</i>		ProAir DigiHaler	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>	CAMBIA VIVLODEX	Preferred select brand not available in class
<i>Please note: A Member's Plan determines whether one or two generics must be tried first</i>				
(Additional generic NSAIDs available)				
HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations	<i>amlodipine-atorvastatin</i> <i>atorvastatin</i> <i>ezetimibe-simvastatin</i> <i>fluvastatin</i> <i>lovastatin</i>	<i>pravastatin</i> <i>rosuvastatin</i> (except <i>rosuvastatin tablet 40 mg</i> ) <i>simvastatin</i>	ALTOPREV EZALLOR SPRINKLE FLOLIPID LIVALO ZYPITAMAG	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
Nasal Steroids	<i>azelastine/fluticasone</i> <i>flunisolide</i> <i>fluticasone</i> <i>mometasone</i>		BECONASE AQ OMNARIS QNASL RYALTRIS ZETONNA	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:
<b>Prostaglandin Analogues and Combinations</b>	<i>bimatoprost 0.03%</i> <i>latanoprost</i> <i>travoprost</i>	LUMIGAN ROCKLATAN VYZULTA ZIOPTAN	Preferred select brand not available in class
<b>Proton Pump Inhibitors (PPIs)</b>  <i>Please note: A Member's Plan determines whether one or two generics must be tried first</i>	<i>dexlansoprazole</i> <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
<b>Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</b>	<i>desvenlafaxine ext-rel</i> <i>duloxetine delayed-rel</i> <i>venlafaxine/venlafaxine ext-rel</i>	FETZIMA	Preferred select brand not available in class
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	<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>	TRINTELLIX	Preferred select brand not available in class
<b>Sleeping Agents</b>	<i>doxepin tabs</i> <i>zaleplon</i> <i>eszopiclone</i> <i>zolpidem/</i> <i>ramelteon</i> <i>zolpidem ext rel</i>	BELSOMRA DAYVIGO ZOLPIMIST	Preferred select brand not available in class
<b>Urinary Antispasmodics</b>  <i>Please note: A Member's Plan determines whether one or two generics must be tried first</i>	<i>darifenacin ext-rel</i> <i>fesoterodine</i> <i>oxybutynin/oxybutynin ext-rel</i> <i>solifenacin</i> <i>tolterodine/tolterodine ext-rel</i> <i>trospium/trospium ext-rel</i>	GELNIQUE MYRBETRIQ OXYTROL	Preferred select brand not available in class

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.

