

Drugs requiring step therapy

**2023 Performance Generic Step Therapy
for Aetna Standard 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

Performance Generic Step Therapy drug list for Aetna Standard Plan

Drug class	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:
Bisphosphonates/Combinations	<i>alendronate</i> <i>risedronate</i> <i>ibandronate</i>	BINOSTO FOSAMAX PLUS D	Preferred brand not available in class
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/Combinations	<i>celecoxib</i> <i>diclofenac sodium-misoprostol</i> <i>meloxicam tablets</i> <i>naproxen ext-rel</i> <i>naproxen tabs</i> (Additional generic NSAIDs available)	VIVLODEX	Preferred brand not available in class
Nasal Steroids / Combinations	<i>azelastine/fluticasone</i> <i>flunisolide</i> <i>fluticasone</i> <i>mometasone</i>	RYALTRIS	Preferred brand not available in class
Sleeping Agents	<i>doxepin tabs</i> <i>eszopiclone</i> <i>ramelteon</i> <i>zaleplon</i> <i>zolpidem/zolpidem ext-rel</i>	BELSOMRA DAYVIGO	Preferred brand not available in class
Urinary Antispasmodics	<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	Preferred 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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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.