

Drugs requiring step therapy

**2023 Traditional 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 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

Traditional Generic Step Therapy for Aetna Standard Plan

Drug class Condition treated**	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:
ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/ Combinations Please note: A Member's Plan determines whether one or two generics must be tried first	<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
Acne/Topical	<i>benzoyl peroxide</i> <i>clindamycin phosphate gel 1% (except NDC 68682046275)</i> <i>clindamycin phosphate lotion 1%</i> <i>clindamycin solution</i> <i>clindamycin-benzoyl peroxide</i>	<i>dapsone gel</i> <i>erythromycin solution</i> <i>erythromycin-benzoyl peroxide</i> <i>sulfacetamide sodium</i>	AZELEX FABIOR
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

*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.

**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 or two* of these generic medications first**:		Step 2: Before you can try one of these brand drugs:
Bisphosphonates/Combinations	<i>alendronate</i> <i>ibandronate</i>	<i>risedronate</i>	BINOSTO FOSAMAX PLUS D
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/ Combinations <i>Please note: A Member's Plan determines whether one or two generics must be tried first</i>	<i>celecoxib</i> <i>diclofenac sodium/ misoprostol</i> <i>ibuprofen</i> (Additional generic NSAIDs available)	<i>meloxicam tabs</i> <i>naproxen ext-rel</i> <i>naproxen tabs</i>	VIVLODEX
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
Nasal Steroids/ Combinations	<i>azelastine/fluticasone</i> <i>flunisolide</i> <i>fluticasone</i> <i>mometasone</i>		RYALTRIS
Prostaglandin Analogues and Combinations	<i>bimatoprost 0.03%</i> <i>latanoprost</i> <i>travaprost</i>		LUMIGAN ROCKLATAN VYZULTA XELPROS ZIOPTAN
Proton Pump Inhibitors (PPIs) <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
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>desvenlafaxine ext-rel</i> <i>duloxetine delayed-rel</i>	<i>venlafaxine/venlafaxine ext-rel</i>	FETZIMA
Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>citalopram</i> <i>escitalopram</i> <i>fluoxetine (except fluoxetine tablet 60 mg)</i>	<i>fluvoxamine/ fluvoxamine ext-rel</i> <i>paroxetine HCl/ paroxetine HCl ext-rel</i> <i>sertraline</i>	TRINTELLIX
Sleeping Agents	<i>doxepin tabs</i> <i>eszopiclone</i> <i>ramelteon</i>	<i>zaleplon</i> <i>zolpidem/zolpidem ext-rel</i>	BELSOMRA DAYVIGO
Urinary Antispasmodics <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>tropium/tropium ext-rel</i>	GELNIQUE

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.