

Drugs requiring step therapy

**2024 Performance Generic Step Therapy
for Aetna Standard Opt Out Plan, Standard
Control, Standard Control Choice Plans, and
Basic 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 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 for Standard Opt Out Plan, Standard Control, Standard Control Choice Plans, and Basic Control 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:	
ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/ Combinations	<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>	EDARBI EDARBYCLOR	TEKTURNA HCT
Beta Agonists, Short Acting	<i>albuterol HFA</i> (except NDC^ 66993001968) <i>levalbuterol HFA</i>	PROAIR DIGIHALER PROAIR RESPICLICK	Preferred brand not available in class	
Bisphosphonates/Combinations	<i>alendronate</i> <i>ibandronate</i>	<i>risedronate</i>	BINOSTO FOSAMAX PLUS D	Preferred brand not available in class

*Please note: A member's Plan determines whether the member must try 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 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:
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/Combinations	<i>celecoxib</i> <i>diclofenac</i> <i>sodium-misoprostol</i>	<i>meloxicam tabs</i> <i>naproxen tabs</i> <i>naproxen ext-rel</i>	ZORVOLEX 18MG	Preferred brand not available in class
	(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>pitavastatin</i> <i>pravastatin</i> <i>rosuvastatin (except rosuvastatin tablet 40mg)</i> <i>simvastatin</i>	ALTOPREV ATORVALIQ EZALLOR SPRINKLE FLOLIPID LIVALO ZYPITAMAG	ONZETRA XSAIL ZEMBRACE SYMTOUCH
Migraine, Selective Serotonin Agonists/Combinations	<i>almotriptan</i> <i>eletriptan</i> <i>frovatriptan</i> <i>naratriptan</i> <i>rizatriptan</i>	<i>sumatriptan</i> <i>sumatriptan/naproxen</i> <i>zolmitriptan</i>	TOSYMRA	Preferred brand not available in class
Nasal Steroids/Combinations	<i>azelastine-fluticasone</i> <i>flunisolide</i> <i>fluticasone</i> <i>mometasone</i>		BECONASE AQ OMNARIS QNASL RYALTRIS ZETONNA	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>		EDLUAR QUVIVIQ ZOLPIMIST	BELSOMRA
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 MYRBETRIQ MYRBETRIQ/ MYRBETRIQ GRANULES OXYTROL	GEMTESA

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.

