

Drugs requiring step therapy

2018 Aetna Standard Plan

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The drugs on this list require step therapy* under the Aetna Standard Plan. 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

2018 Standard step therapy drug list

Drug Class Condition Treated**	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>Osteoporosis</i>	<i>alendronate</i> <i>ibandronate</i>	BINOSTO FOSAMAX PLUS D	Preferred brand not available in class
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/Combinations <i>Pain and Inflammation</i>	<i>celecoxib</i> <i>diclofenac sodium/misoprostol</i> <i>fenoprofen</i> <i>meloxicam</i> <i>naproxen/naproxen ext-rel</i> (additional generic NSAIDs available)	CAMBIA VIVLODEX ZIPSOR ZORVOLEX	Preferred brand not available in class
Fibrates <i>High Triglycerides</i>	<i>fenofibrate</i> <i>fenofibric acid</i>	TRIGLIDE	Preferred brand not available in class
Proton Pump Inhibitors (PPIs) <i>Stomach Acid</i>	<i>esomeprazole</i> <i>lansoprazole delayed-rel</i> <i>omeprazole delayed-rel</i> <i>pantoprazole delayed-rel</i>	PRIOSEC PACKETS	DEXILANT

*** Step therapy:** Your doctor needs to prescribe equally effective but less costly drugs first before we cover some drugs.

**This list indicates the common uses for which the drug is prescribed. 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. Discuss this information with your doctor or health care provider.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. See coverage policy documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. This directory is applicable to both Aetna Commercial and joint venture plans.

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Drug Class Condition Treated**	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:
Selective Serotonin Reuptake Inhibitors (SSRIs) <i>Depression</i>	<i>citalopram</i> <i>escitalopram tab</i> <i>fluvoxamine</i> <i>fluoxetine</i> <i>paroxetine HCl /paroxetine HCl ext-rel</i> <i>sertraline</i>	PEXEVA	TRINTELLIX VIIBRYD
Sleeping Agents <i>Insomnia/Sleep Problems</i>	<i>eszopiclone</i> <i>zolpidem/zolpidem ext-rel</i> <i>zolpidem sublingual</i>	EDLUAR ZOLPIMIST	BELSOMRA SILENOR

Medications on the drug coverage review lists are subject to change and may not be all-inclusive. For example, safety edits and specialty medications may require prior authorization and may be found on a separate list. Specific prescription plan designs may not cover certain categories or may be subject to additional restrictions, regardless of their appearance in this document.

Prior authorization and step therapy programs are subject to state law restrictions and may not apply in all areas or for all plans. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Aetna pharmacy. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.

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Information is believed to be accurate as of the production date; however, it is subject to change. If you have questions, see your plan materials or call Member Services.

