AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Step Therapy Drugs	Page:	1 of 2
Effective Date:	2/2/2026	Last Review Date:	11/2025

Applies to:	☐Illinois	☐Florida	☐Florida Kids
	☐New Jersey	☐Maryland	☐Michigan
	☐Pennsylvania Kids	☒Virginia	☐Arizona

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for step therapy drugs under the patient's prescription drug benefit.

Description:

Medications that require step therapy require trial and failure of prerequisite drugs prior to their authorization. If the prerequisite drugs have been filled within the specified timeframe, the prescription will automatically process at the pharmacy. Prior authorization will be required for drugs that do not process automatically at the pharmacy.

Applicable Drug List:

TARGET DRUG (step 2)	Prerequisite drug(s) (step1)	Look back days	Required Days supply
PARICALCITOL CAPSULE	Calcitriol capsule	130	30
CANDESARTAN CILEXETIL TABLET CANDESARTAN CILEXETIL-HCTZ TABLET	Any 2 of the following: losartan potassium tablet, olmesartan medoxomil tablet, valsartan tablet, irbesartan-HCTZ tablet, losartan potassium-HCTZ tablet, orvalsartan-HCTZ tablet or valsartan-HCTZ tablet	180	30
FLUVASTATIN SODIUM CAPSULE	Any 2 of the following: Atorvastatin calcium tablet, lovastatin tablet, rosuvastatin calcium tablet, pravastatin sodium tablet, or simvastatin tablet	180	60
LEVALBUTEROL TARTRATEHFA	Albuterol sulfate HFA	130	15
GRANISETRON HCL TABLET	Ondansetron ODT, ondansetron hcl tablet, or ondansetron hcl oral soln	130	30
NAPROXEN SUSP	Ibuprofen susp	130	15
BIMATOPROST OPHTH SOLN 0.03%	Latanoprost ophth soln 0.005%	130	30
CICLOPIROX SHAMPOO	Ketoconazole shampoo	60	10
CICLOPIROX OLAMINE SUSPENSION	Clotrimazole solution, clotrimazole cream, miconazole nitrate cream, or miconazole nitrate ointment	60	10
DICLOFENAC SODIUM SOLUTION 1.5%	Diclofenac sodium gel 1%	130	30
IVERMECTIN LOTION MALATHION LOTION SPINOSAD SUSPENSION	permethrin creme rinse, permethrin cream, pyrethrins-piperonyl butoxide shampoo	60	1

RAMELTEON TABLET	Zaleplon capsules AND zolpidem tartrate tablets	130	30
FEBUXOSTAT TABLET	Allopurinol tablet	130	30
SAVELLA TABLET	Duloxetine capsule	130	60
TAZAROTENE CREAM 0.1%	Any topical corticosteroid	130	30
LANTHANUM CARBONATE CHEWABLE TABLET	Sevelamer carbonate tablets	130	30

Policy/Guideline:

Authorization of a step therapy drug will be approved for members:

- who have tried the required prerequisite drug or drugs for the required days supply within the required look back timeframe.

OR

- who have a contradiction to the prerequisite drug or the prerequisite drug is clinically inappropriate.

Documentation is required for approval.

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

References:

ABH PDL