AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Step Therapy Drugs	Page:	1 of 2
Effective Date:	2/2/2026	Last Review Date:	10/2025

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

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
NORETHINDRONE ACETATE TABLET	Medroxyprogesterone acetate tablet	130	30
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, 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
TADALAFIL TABLET 20 MG (PAH) • Applies to new starts only	Sildenafil citrate tablet	130	30
LEVALBUTEROL TARTRATEHFA	Albuterol sulfate HFA	130	15
GRANISETRON HCL TABLET	Ondansetron ODT, ondansetron hcl tablet, or ondansetron hcl oral soln	130	30
FESOTERODINEFUMARATE TABLET ER 24HR SOLIFENACIN SUCCINATE TABLET TROSPIUM CHLORIDECAPSULEER 24HR	Oxybutynin chloride tablet, oxybutynin chloride oral soln, oxybutynin chloride tablet ER 24hr, tolterodine tartrate tablet, tolterodine tartrate capsule ER 24hr, or trospium chloride tablet	130	30
NAPROXEN SUSP	Ibuprofen susp	130	15
TIMOLOL MALEATE OPHTH GEL FORMING SOLN	Timolol maleate ophth soln	130	15
BIMATOPROST OPHTH SOLN 0.03%	Latanoprost ophth soln 0.005%	130	30
ADAPALENEGEL 0.3% TRETINOIN CREAM TRETINOIN GEL	Adapalene gel 0.1%	130	30
CICLOPIROX SHAMPOO	Ketoconazole shampoo	60	10

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TARGET DRUG (step 2)	Prerequisite drug(s) (step1)	Look back days	Required Days supply
CICLOPIROX OLAMINE SUSPENSION	Clotrimazole solution, clotrimazole cream, miconazole nitrate cream, or miconazole nitrate ointment	60	10
KETOCONAZOLE CREAM	Clotrimazole solution, clotrimazole cream, miconazole nitrate cream, miconazole nitrate ointment, tolnaftate cream, terbinafine hcl cream, or butenafine hcl cream	60	10
DICLOFENAC SODIUM SOLUTION 1.5%	Diclofenac sodium gel 1%	130	30
ACYCLOVIR OINTMENT	Acyclovir capsules, tablets, or suspension	30	10
CLOBETASOLPROPIONATE CREAM 0.05% CLOBETASOLPROPIONATE OINTMENT CLOBETASOLPROPIONATE EMOLLIENT BASE CREAM	Betamethasone dipropionate augmented gel, betamethasone dipropionate augmented lotion, betamethasone dipropionate augmented ointment, or halobetasol propionate ointment	60	10
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
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