



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Brand Name Medication Request	Page:	1 of 1
Effective Date:	06/2018	Last Review Date:	06/2018
Applies to:	<input type="checkbox"/> California	<input type="checkbox"/> Florida	<input type="checkbox"/> Kentucky
	<input checked="" type="checkbox"/> Louisiana	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Brand Name Medication Requests under the member’s prescription drug benefit.

Description:

Requests for Brand Name Medications that have generic agents considered therapeutically equivalent by the Food and Drug Administration (FDA) that do not have specific Prior Authorization Guidelines

Policy/Guideline:

Aetna Medicaid requires use of generic agents that are considered therapeutically equivalent by the Food and Drug Administration (FDA). Authorization of a brand name medication requires a trial and failure of, or intolerance/adverse side effect to generic formulations made by two different manufacturers.

Approval Duration:

Prior Authorization Approval	Duration	Quantity Restrictions	Additional Requirements
Initial	Indefinite		

Box Warning:

N/A

REMS:

N/A

References:

N/A