Meritain Health Pharmacy Solutions

Brand-Name Medications Requiring Use of Generic(s) 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 chart below 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.

| Drug Class | Drugs Requiring Step Therapy: Before you can try one of these brand name drugs | Covered Generic Options: You may have to try one or two* of these generic medications first ** |
|---|--|---|
| ACE Inhibitors / Angiotensin II Receptor Antagonists (ARBs) / Direct Renin Inhibitors / Combinations Please note: A Member's Plan determines whether one or two generics must be tried first | Tekturna HCT | aliskiren amlodipine-benazepril benazepril/benazepril HCTZ candesartan/candesartan HCTZ captopril enalapril/enalapril HCTZ fosinopril/fosinopril HCTZ irbesartan/irbesartan HCTZ lisinopril/lisinopril HCTZ losartan/losartan HCTZ olmesartan/amlodipine HCTZ olmesartan/amlodipine HCTZ olmesartan/olmesartan HCTZ quinapril/quinapril HCTZ ramipril telmisartan/telmisartan HCTZ trandolapril trandolapril-verapamil ext-rel valsartan/valsartan HCTZ |
| Acne / Topical | Azelex Fabior | benzoyl peroxide clindamycin phosphate gel 1% (except NDC [^] 68682046275) clindamycin phosphate lotion 1% clindamycin solution clindamycin-benzoyl peroxide dapsone gel erythromycin solution erythromycin-benzoyl peroxide sulfacetamide sodium |
| Benign Prostatic Hyperplasia / Alpha Blockers | Cardura XL | alfuzosin ext-rel doxazosin dutasteride dutasteride-tamsulosin finasteride silodosin tamsulosin terazosin |
| Bisphosphonates / Combinations | Binosto Fosamax Plus D | alendronate ibandronate risedronate |
| Migraine, Selective Serotonin | Onzetra Xsail | almotriptan |



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| Drug Class | Drugs Requiring Step Therapy: Before you can try one of these brand name drugs | Covered Generic Options: You may have to try one or two* of these generic medications first ** |
|--|---|--|
| Agonists / Combinations | Zembrace Symtouch | eletriptan frovatriptan naratriptan rizatriptan sumatriptan sumatriptan/naproxen zolmitriptan |
| Nasal Steroids / Combinations | Ryaltris | azelastine/fluticasone flunisolide fluticasone mometasone |
| Prostaglandin Analogues and Combinations | Lumigan Rocklatan Vyzulta | bimatoprost 0.03% latanoprost tafluprost travoprost |
| Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) | Fetzima | desvenlafaxine ext-rel duloxetine delayed-rel venlafaxine/venlafaxine ext-rel |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | Trintellix | citalopram escitalopram fluoxetine (except fluoxetine tablet 60 mg) fluvoxamine/fluvoxamine ext-rel olanzapine / fluoxetine paroxetine HCI/paroxetine HCI ext-rel sertraline |
| Sleeping Agents | Belsomra Dayvigo Quviviq | doxepin tabs eszopiclone ramelteon zaleplon zolpidem/zolpidem ext-rel |
| Urinary Antispasmodics Please note: A Member's Plan determines whether one or two generics must be tried first | Gelnique | darifenacin ext-rel fesoterodine oxybutynin/oxybutynin ext-rel solifenacin tolterodine/tolterodine ext-rel trospium/trospium ext-rel |

*Please note: A plan member's Plan determines whether the member must try one or two generics before a brand-name drug is allowed in select drug classes. **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.

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