

Step 1 therapy Drug List

The Step Therapy Program requires a trial of one or more "first step" drugs before a "second step" or "target" drug is covered. For example, if two drugs are used to treat the same medical condition, you may be required to first try one drug before the second drug is covered. Some drugs require trials of more than one drug before the target drug is covered. The length of the trial period may vary for prerequisite step drugs.

The goal of the Step Therapy Program is to promote the cost-effective use of medications based on clinically accepted treatment guidelines, the medical literature and other factors.

This list is subject to change throughout the year. The presence of a drug on this list does not guarantee coverage and not all drugs included on this list may be covered by your pharmacy benefit plan. Coverage of medications is determined your benefit plan.

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Anticonvulsants A		
	GRALISE	History of gabapentin.
Anticonvulsants B		
	TROKENDI XR	History of topiramate IR.
Antidepressants A		
	APLENZIN	History of a generic bupropion SR product.
Antidepressants C		
	BRINTELLIX	History of any TWO of the following: bupropion, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, OR venlafaxine ER.
	TRINTELLIX	
Antidepressants D		
	FETZIMA	History of any TWO of the following: desvenlafaxine succinate ER, duloxetine, venlafaxine, OR venlafaxine ER.
Antihypertensive - Renin Inhibitors		
	EDARBI	History of ONE of the following: benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril,trandolapril, benazepril-HCTZ, captopril-HCTZ, enalapril-HCTZ, fosinopril-HCTZ, lisinopril-HCTZ, moexipril-HCTZ, quinapril-HCTZ, amlodipine-benazepril,trandolapril-verapamil, candesartan, Irbesartan, losartan, olmesartan, Telmisartan, amlodipine-olmesartan, candesartan-HCTZ, irbesartan-HCTZ, losartan-HCTZ, olmesartan-HCTZ, telmisartan-HCTZ OR olmesartan-amlodipine-HCTZ
	EDARBYCLOR	

TEKTURNA
TEKTURNA HCT

Antiparkinson Agents A

RYTARY History of ONE of the following: carbidopa-levodopa OR carbidopa-levodopa ER.

Antiparkinson Agents B

XADAGO History of BOTH of the following: rasagiline tablets AND selegiline.

Antipsychotics - Atypicals

FANAPT History of TWO of the following: aripiprazole, olanzapine, quetiapine, risperidone/risperidone ODT, SAPHRIS, OR SEROQUEL XR.

VRAYLAR

BPH Agents

CARDURA XL History of TWO of the following: alfuzosin, doxazosin, tamsulosin, terazosin, OR RAPAFLO.

Cardiovascular - Antianginals

RANEXA History of ONE of the following: acebutolol, amlodipine, amlodipine-benazepril, amlodipine-telmisartan, amlodipine-valsartan, atenolol, betaxolol, bisoprolol, carvedilol, diltiazem, diltiazem ER, felodipine ER, isosorbide dinitrate ER, isosorbide mononitrate ER, isradipine, metoprolol, metoprolol ER, nadolol, nicardipine, nifedipine, nisoldipine SR, nitroglycerin ER, pindolol, propranolol, propranolol SR, timolol, trandolapril-verapamil, verapamil, verapamil ER, AZOR, BYSTOLIC, DILATRATE SR, INDERAL XL, INNOPRAN XL OR LEVATOL

CNS Stimulants

ADDERALL XR History of TWO of the following: amphetamine-dextroamphetamine, dexamethylphenidate, dextroamphetamine, methylphenidate, OR VYVANSE.

ADZENYS ER

ADZENYS XR-ODT

APTENSIO XR

CONCERTA

COTEMPLA XR-ODT

DAYTRANA

DESOXYN

DYANAVEL XR

EVEKEO

FOCALIN XR

KAPVAY
METADATE CD
METHYLIN
MYDAYIS
PROCENTRA
QUILLICHEW ER
QUILLIVANT XR
RITALIN LA
ZENZEDI
ZENZEDI

Diabetes - Blood Glucose Meters

ACCUTREND PLUS

History of BOTH of the following preferred brands of blood glucose meters: ACCU-CHEK AND ONE TOUCH.

ADVANCED
GLUCOSE METER

ADVOCATE BLOOD
GLUCOSE MONITOR

ADVOCATE REDI-
CODE

ADVOCATE REDI-
CODE PLUS

AGAMATRIX AMP

ASSURE PLATINUM

ASSURE PRISM
MULTI

BLOOD GLUCOSE
METER

BLOOD GLUCOSE
MONITOR

BLOOD GLUCOSE
MONITORING

BLOOD-GLUCOSE
METER

CARESENS N

CARESENS N VOICE

CARETOUCH
GLUCOSE
MONITORING

CHOICEDM CLARUS

CLEVER CHEK
BLOOD GLUCOSE
SYST

CLEVER CHOICE
CLEVER CHOICE
BLOOD GLUC SYS
CLEVER CHOICE HD
GLUCOSE SYST
CLEVER CHOICE
MICRO
CLEVER CHOICE
PRO
CLEVER CHOICE
TALK
CONTOUR
CONTOUR LINK
CONTOUR NEXT
CONTOUR NEXT EZ
CONTOUR NEXT
LINK
CONTOUR NEXT
LINK 2.4
CONTOUR NEXT
ONE
CONTROL AST
COOL BLOOD
GLUCOSE
COOL BLOOD
GLUCOSE METER
DARIO BLOOD
GLUCOSE MONITOR
DIATRUE PLUS
EASY PLUS
EASY PLUS II
EASY STEP
EASY TALK
EASY TOUCH
GLUCOSE MONITOR
EASY TRAK
EASY-TOUCH
EASYGLUCO
EASYGLUCO METER
EASYGLUCO METER
STARTER KIT
EASYGLUCO PLUS

EASYMAX L
EASYMAX NG
EASYMAX V
SPEAKING
EASYMAX V2
ELEMENT COMPACT
ELEMENT COMPACT
V
ELEMENT PLUS
EMBRACE
EMBRACE EVO
EMBRACE PRO
EMBRACE TALK
EVENCARE
EVENCARE G2
EVENCARE G3
EVENCARE MINI
MONITOR SYSTEM
EVOLUTION BLOOD
GLUCOSE METER
EZ SMART
EZ SMART PLUS
FORA 6 CONNECT
MULTIFUNCTN MTR
FORA D20
FORA G20
FORA G30A
FORA GD50
FORA PREMIUM V10
FORA TEST N'GO
VOICE
FORA TN'G VOICE
FORA V10
FORA V12
FORA V20
FORA V30A
FORACARE GD20
FORACARE GD40A
FORACARE GD40B

FORTISCARE BLOOD
GLUCOSE SYST

FREESTYLE FLASH
SYSTEM

FREESTYLE
FREEDOM

FREESTYLE
FREEDOM LITE

FREESTYLE
INSULINX

FREESTYLE LITE
METER

FREESTYLE
PRECISION NEO
METER

FREESTYLE
SIDEKICK II

FREESTYLE SYSTEM

GDRIVE

GE100 BLOOD
GLUCOSE SYSTEM

GLUCO NAVII

GLUCOCARD 01

GLUCOCARD
EXPRESSION

GLUCOCARD SHINE

GLUCOCARD SHINE
XL

GLUCOCARD VITAL

GLUCOCOM BLOOD
GLUCOSE

GMATE SMART
METER

GMATE SMART
STARTER

GMATE VOICE
METER

GMATE VOICE
STARTER

GOODLIFE AC-302
GLUCOSE METER

HEALTHPRO
GLUCOSE MONITOR

IGLUCOSE BLOOD
GLUCOSE MONITOR

INFINITY
INFINITY VOICE
GLUCOSE MONITOR
JAZZ WIRELESS 2
LIBERTY MONITOR
MICRODOT
MYGLUCOHEALTH
NOVA MAX BLOOD
GLUCOSE METER
ON CALL EXPRESS
METER
ON CALL PLUS
METER
ON CALL VIVID
METER
ON CALL VIVID PAL
OPTUMRX
PHARMACIST
CHOICE
PRECISION
PRECISION XTRA
PREMIER BLU
PREMIER VOICE
PREMIUM BLOOD
GLUCOSE
PREMIUM V10
PRESTO PRO
PRO VOICE V8
GLUCOSE MONITOR
PRO VOICE V9
GLUCOSE MONITOR
PRODIGY
PRODIGY
AUTOCODE
PRODIGY POCKET
PRODIGY VOICE
QUINTET
QUINTET AC
REFUAH PLUS
RELION ALL-IN-ONE
RELION CONFIRM

RELION MICRO
RELION PRIME
REVEAL BLOOD
GLUCOSE METER
RIGHTEST GM100
SYSTEM
RIGHTEST GM250S
METER
RIGHTEST GM260
METER
RIGHTEST GM300
SYSTEM
RIGHTEST GM550
SYSTEM
SIDEKICK
SMART CARESENS N
SMART SENSE
MONITORING
SYSTEM
SMARTEST EJECT
SMARTEST
PERSONA
SMARTEST PRONTO
SMARTEST
PROTEGE
SMARTEST SMART
CODE
SMARTEST TALKING
SOLUS V2
SURE-TEST
EASYPLUS MINI
TD GOLD BLOOD
GLUCOSE MONITOR
TD GOLD VOICE
GLUCOSE MONITOR
TELCARE
TELCARE BGM
TEST N'GO
TRUE METRIX AIR
GLUCOSE METER
TRUE METRIX
BLOOD GLUCOSE
MTR
TRUE METRIX GO

TRUE2GO BLOOD
GLUCOSE SYSTEM

TRUERESULT
BLOOD GLUCOSE
METER

TRUERESULT
BLOOD GLUCOSE
SYSTEM

TRUETRACK BLOOD
GLUCOSE SYSTEM

TRUETRACK SMART
SYSTEM

ULTIMA

ULTRATRAK

ULTRATRAK PRO

ULTRATRAK
ULTIMATE

VERASENS BLOOD
GLUCOSE METER

VERASENS METER
STARTER KIT

WAVESENSE AMP

WAVESENSE
PRESTO

Diabetes - Blood Glucose Test Strips

ACCUTREND
GLUCOSE

History of BOTH of the following preferred brands
of blood glucose test strips: ACCU-CHEK AND
ONE TOUCH.

ADVANCED
GLUCOSE TEST
STRIP

ADVANCED
GLUCOSE TEST
STRIPS

ADVOCATE REDI-
CODE

ADVOCATE REDI-
CODE+

ADVOCATE TEST
STRIP

AGAMATRIX AMP

ASSURE 4

ASSURE PLATINUM

ASSURE PRISM
MULTI

BLOOD GLUCOSE
TEST STRIP

BREEZE 2

CARESENS N

CARETOUCH TEST
STRIP

CHOICEDM CLARUS
TEST STRIPS

CLEVER CHOICE
MICRO TEST STRIP

CLEVER CHOICE
PRO

CLEVER CHOICE
TALK

CLEVER CHOICE
TEST STRIPS

CLEVER CHOICE
VOICE+ TST STRIP

CONTOUR NEXT
TEST STRIP

CONTOUR TEST
STRIP

CONTROL AST TEST
STRIP

COOL GLUCOSE
TEST STRIP

DARIO BLOOD
GLUCOSE TEST
STRIP

DIATRUE PLUS

EASY GLUCO G2

EASY PLUS

EASY PLUS II

EASY STEP

EASY TALK

EASY TOUCH TEST
STRIP

EASY TRAK

EASYGLUCO PLUS

EASYGLUCO TEST
STRIPS

EASYMAX

EASYMAX 15

ELEMENT COMPACT

ELEMENT TEST
STRIPS
EMBRACE
EMBRACE EVO
EMBRACE PRO
EMBRACE PRO TEST
STRIP
EMBRACE TALK
EMBRACE TALK
TEST STRIP
EVENCARE
EVENCARE G2
EVENCARE G3
EVENCARE MINI
GLUCOSE TEST STR
EVENCARE
PROVIEW TEST
STRIP
EVOLUTION TEST
STRIPS
EZ SMART
EZ SMART PLUS
FIFTY50 TEST STRIP
FORA 6 CONNECT
GLUCOSE STRIP
FORA D15G
FORA D20
FORA D40-G31 TEST
STRIPS
FORA G20
FORA G30-PREMIUM
V10 TEST STRP
FORA GD50 TEST
STRIPS
FORA TEST STRIP
FORA TN'G VOICE
TEST STRIPS
FORA V10
FORA V10-V12-D10-
D20
FORA V12
FORA V20

FORA V30A
FORACARE GD20
FORACARE GD40
FORTISCARE
GLUCOSE TEST
STRIPS
FREESTYLE
INSULINX
FREESTYLE
INSULINX TEST
STRIPS
FREESTYLE LITE
STRIPS
FREESTYLE LITE
TEST STRIPS
FREESTYLE
PRECISION NEO
FREESTYLE TEST
STRIPS
GE100 BLOOD
GLUCOSE TEST
STRIP
GENSTRIP
GENULTIMATE TEST
STRIP
GLUCO NAVII
GLUCOCARD 01
SENSOR PLUS
GLUCOCARD
EXPRESSION
GLUCOCARD SHINE
GLUCOCARD VITAL
GLUCOCARD VITAL
SENSOR
GLUCOCOM
GLUCOSE
GLUCOSE TEST
STRIP
GMATE TEST STRIPS
GOODLIFE AC-302
TEST STRIP
HARMONY GLUCOSE
TEST STRIP
HEALTHPRO TEST
STRIPS

IGLUCOSE TEST
STRIP

INFINITY TEST
STRIPS

INFINITY VOICE
TEST STRIP

LIBERTY TEST
STRIPS

MICRO

MICRODOT

MICRODOT XTRA

MYGLUCOHEALTH

NEUTEK 2TEK TEST
STRIPS

NOVA MAX
GLUCOSE TEST
STRIPS

ON CALL EXPRESS
TEST STRIP

ON CALL PLUS TEST
STRIP

ON CALL VIVID TEST
STRIP

OPTIUM

OPTIUM EZ

OPTUMRX

PHARMACIST
CHOICE

PRECISION PCX

PRECISION PCX
PLUS

PRECISION POINT
OF CARE

PRECISION Q-I-D

PRECISION XTRA

PREMIER TEST
STRIP

PREMIUM BLOOD
GLUCOSE TEST

PREMIUM V10

PRO VOICE V8-V9
TEST STRIP

PRODIGY NO
CODING

QUINTET
QUINTET AC
REFUAH PLUS
RELION CONFIRM-
MICRO
RELION PRIME TEST
STRIPS
REVEAL TEST STRIP
RIGHTEST GS100
TEST STRIPS
RIGHTEST GS250S
TEST STRIPS
RIGHTEST GS260
TEST STRIPS
RIGHTEST GS300
TEST STRIPS
RIGHTEST GS550
TEST STRIPS
SMART SENSE TEST
STRIPS
SMARTEST TEST
SOLUS V2 TEST
STRIPS
SURE-TEST
EASYPLUS MINI
TD GOLD TEST
STRIP
TELCARE
TEST N'GO
TEST STRIPS
TRUE METRIX
GLUCOSE TEST
STRIP
TRUE METRIX PRO
TEST STRIP
TRUETEST TEST
STRIPS
TRUETRACK TEST
STRIP
ULTIMA
ULTRATRAK
ULTRATRAK
ULTIMATE
UNISTRIP1

VERASENS TEST
STRIP
WAVESENSE JAZZ
WAVESENSE
PRESTO

Diabetes - DPP-4 A

JANUMET	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.
JANUMET XR	
JANUVIA	
JENTADUETO	
JENTADUETO XR	
TRADJENTA	

Diabetes - DPP-4 B

ALOGLIPTIN	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin AND ONE of the following: JANUMET, JANUMET XR, JANUVIA AND ONE of the following preferred brands: JENTADUETO, JENTADUETO XR, OR TRADJENTA.
ALOGLIPTIN-METFORMIN	
ALOGLIPTIN-PIOGLITAZONE	
KAZANO	
KOMBIGLYZE XR	
NESINA	
ONGLYZA	
OSENI	

Diabetes - GLP-1 A

BYDUREON	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.
BYDUREON BCISE	
BYDUREON PEN	
BYETTA	
TRULICITY	
VICTOZA 2-PAK	
VICTOZA 3-PAK	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Diabetes - GLP-1 B		
	ADLYXIN	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, or pioglitazone-metformin AND ONE of the following: BYETTA, BYDUREON OR BYDUREON BCISE AND ONE of the following: TRULICITY OR VICTOZA
	OZEMPIC	
	TANZEUM	
Diabetes - Insulin Glargine		
	BASAGLAR KWIKPEN U-100	History of ALL of the following: LANTUS, LEVEMIR AND TOUJEO.
Diabetes - Insulin Lispro		
	ADMELOG	History of ONE of the following: HUMALOG (insulin lispro) OR NOVOLOG (insulin aspart).
	ADMELOG SOLOSTAR	
	APIDRA	
	APIDRA SOLOSTAR	
	FIASP	
	FIASP FLEXTOUCH	
Diabetes - Insulin/GLP-1 Combination A		
	SOLIQUA 100-33	History of ONE of the following: ADYLYXIN, BYETTA, BYDUREON, BYDUREON BCISE, OZEMPIC, TANZEUM, TRULICITY, VICTOZA, BASAGLAR, LANTUS, LEVEMIR, TRESIBA, OR TOUJEO
Diabetes - Insulin/GLP-1 Combination B		
	XULTOPHY 100-3.6	History of ONE of the following: BYETTA, BYDUREON, BYDUREON BCISE, TRULICITY, VICTOZA, LANTUS, LEVEMIR, OR TOUJEO.
Diabetes - SGLT2 A		
	INVOKAMET	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.
	INVOKAMET XR	
	INVOKANA	
Diabetes - SGLT2 B		

FARXIGA	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin AND ONE of the following: INVOKANA, INVOKAMET OR INVOKAMET XR AND ONE of the following: GLYXAMBI, SYNJARDY, SYNJARDY XR, OR JARDIANCE.
QTERN	
SEGLUROMET	
STEGLATRO	
STEGLUJAN	
XIGDUO XR	

Diabetes - SGLT2 C

GLYXAMBI	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.
JARDIANCE	
SYNJARDY	
SYNJARDY XR	

Diabetes - TZD/Bromocriptine

ACTOPLUS MET XR	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.
AVANDIA	
CYCLOSET	

Doxycycline

ACTICLATE	History of BOTH of the following: generic doxycycline AND DORYX MPC.
ADOXA	
DORYX	
MONODOX	
TARGADOX	

Dyslipidemia - Statins

ALTOPREV	History of ONE of the following: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin.
FLOLIPID	
LIPITOR	
LIVALO	
ZYPITAMAG	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Dyslipidemia - Fibrin Acid		
	FENOGLIDE	History of LIPOFEN AND ONE of the following generics: fenofibrate micronized capsule, fenofibrate tablet, fenofibrin capsule OR fenofibrin acid tablet.
	FIBRICOR	
	LOFIBRA	
	TRIGLIDE	
Epinephrine Auto-Injectors		
	AUVI-Q	History of epinephrine (generic EPIPEN or generic EPIPEN JR. manufacturer: Mylan)
	EPINEPHRINE	
	EPIPEN JR 2-PAK	
Epinephrine Auto-Injectors B		
	AUVI-Q	ONE of the following : epinephrine 0.3 mg (manufacturer: Mylan or Impax) or EPIPEN 0.3 mg (manufacturer: Mylan)
Gastrointestinal - Pancreatic Enzymes		
	PANCREAZE	History of BOTH of the following: CREON AND ZENPEP.
	PERTZYE	
	VIOKACE	
Gastrointestinal - PPIs		
	ACIPHEX	History of TWO of the following: DEXILANT, esomeprazole, lansoprazole (capsules), omeprazole, rabeprazole OR pantoprazole.
	ACIPHEX SPRINKLE	
	ESOMEPRAZOLE	
	STRONTIUM	
	PREVACID	
	PRILOSEC	
	PROTONIX	
	ZEGERID	
Gout Agents A		
	COLCHICINE	History of COLCRYS (colchicine).
	MITIGARE	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Gout Agents B		
	DUZALLO ULORIC ZURAMPIC	History of generic allopurinol.
IBS Constipation A		
	AMITIZA LINZESS	History of ONE of the following: lactulose OR polyethylene glycol (PEG)
IBS Constipation B		
	TRULANCE	History of ONE of the following: lactulose OR polyethylene glycol (PEG) AND ONE of the following: AMITIZA OR LINZESS.
IBS/IBD - Aminosaliclates		
	ASACOL HD DELZICOL LIALDA	History of the following: APRISO ER.
Insomnia A		
	BELSOMRA	History of ONE of the following: eszopiclone, temazepam, zaleplon, zolpidem, OR zolpidem ER.
Insomnia B		
	EDLUAR ZOLPIMIST	History of ONE of the following: zolpidem OR zolpidem ER.
Migraine - 5HT-1 A		
	TREXIMET	History of ONE of the following: naratriptan, rizatriptan tablet/rizatriptan ODT, sumatriptan tablets/nasal spray, or zolmitriptan tablet/zolmitriptan ODT
Migraine - 5HT-1 B		
	ONZETRA XSAIL	History of TWO of the following: naratriptan, rizatriptan tablet/rizatriptan ODT, sumatriptan tablets/nasal spray, or zolmitriptan tablet/zolmitriptan ODT
Ophthalmic - Allergy		
	BEPREVE LASTACAPT	History of ONE of the following: azelastine, olopatadine, PATADAY.

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Ophthalmic - NSAIDs		
	BROMSITE	History of ONE of the following generic, single ingredient, ophthalmic NSAID solutions: diclofenac, flurbiprofen, OR ketorolac.
Opioid Induced Constipation A		
	MOVANTIK	History of Amitiza AND any one of the following generics: lactulose, polyethylene glycol.
Opioid Induced Constipation B		
	SYMPROIC	History of AMITIZA AND ONE of the following: lactulose OR polyethylene glycol (PEG).
Opioid Overdose		
	EVZIO	History of NARCAN nasal spray.
Otic - Antibiotics		
	CETRAXAL CIPROFLOXACIN HCL	History of ofloxacin otic solution.
Pain Management - Fibromyalgia		
	SAVELLA	History of ONE of the following: amitriptyline, cyclobenzaprine, duloxetine, gabapentin OR LYRICA
Pain Management - Neuropathic		
	LYRICA CR	History of ONE of the following: amitriptyline, cyclobenzaprine, duloxetine, OR LYRICA
Pain Management - NSAIDs A		
	CAMBIA	History of any TWO of the following: diclofenac, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, OR tolmetin
	TIVORBEX	
Pain Management - Tramadol Agents		
	TRAMADOL HCL ER	History of any ONE of the following: Tramadol or Tramadol/APAP.
Respiratory - Inhaled Corticosteroids		
	ALVESCO	History of TWO of the following: ARNUITY ELLIPTA, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR, OR QVAR REDIHALER
	ARMONAIR RESPICLICK	
	ASMANEX	
	ASMANEX HFA	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Respiratory - Leukotriene Modifiers		
	ZILEUTON ER	History of ONE of the following: montelukast OR zafirlukast.
	ZYFLO	
	ZYFLO CR	
Respiratory - Long-Acting Bronchodilator Combinations A		
	AIRDUO RESPICLICK	History of TWO of the following: ADVAIR DISKUS/HFA, SYMBICORT, BREO ELLIPTA OR fluticasone-salmeterol.
	DULERA	
Respiratory - Long-Acting Bronchodilator Combinations B		
	BEVESPI AEROSPHERE	History of ONE of the following: ADVAIR DISKUS/HFA, ANORO ELLIPTA, BREO ELLIPTA, SEREVENT, STIOLTO RESPIMAR, OR SYMBICORT AND ONE of the following: SPIRIVA OR SPIRIVA RESPIMAT.
	UTIBRON NEOHALER	
Respiratory - Long-Acting Bronchodilators A		
	ARCAPTA NEOHALER	History of TWO of the following: ADVAIR DISKUS/HFA, BREO ELLIPTA, SEREVENT OR SYMBICORT.
	STRIVERDI RESPIMAT	
Respiratory - Long-Acting Bronchodilators B		
	SEEBRI NEOHALER	History of BOTH of the following: INCRUSE ELLIPTA AND SPIRIVA.
	TUDORZA PRESSAIR	
Respiratory - Short-Acting Bronchodilators		
	LEVALBUTEROL TARTRATE HFA	History of VENTOLIN HFA AND ONE of the following preferred brands: PROAIR HFA OR PROAIR RESPICLICK.
	PROVENTIL HFA	
	XOPENEX HFA	
Respiratory - Tobramycin Inhaled Products		
	KITABIS PAK	History of Bethkis.
	TOBI	
	TOBI PODHALER	
	TOBRAMYCIN	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Topical - Acne		
	ACANYA	History of ONE of the following: EPIDUO/EPIDUO FORTE OR ONEXTON
	AKTIPAK	
	BENZACLIN	
	BENZAMYCIN	
	CLINDAMYCIN	
	PHOS-BENZOYL	
	PEROX	
	DUAC	
	VELTIN	
	ZIANA	
Topical - Antineoplastics		
	DICLOFENAC SODIUM	History of one of the following topical generics: fluorouracil or imiquimod.
	PICATO	
	SOLARAZE	
	TOLAK	
Topical - Atopic Dermatitis		
	ELIDEL	History of one prescription strength topical corticosteroid.
	EUCRISA	
Topical - Rosacea A		
	FINACEA	History of SOOLANTRA.
Topical - Rosacea B		
	RHOFADE	History of MIRVASO.

DISCRIMINATION IS AGAINST THE LAW

Final Rule Under Section 1557 for Nondiscrimination and Accessibility Requirements

We comply with applicable Federal civil rights laws and the Minnesota Human Rights Act. We do not discriminate against, exclude, or treat people differently or deny any person the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of a place of public accommodation because of race, color, creed, religion, national origin, marital status, age, disability, sexual orientation or sex.

We provide free aids and services to help people communicate effectively with us, such as:

- Qualified sign language interpreters, call 612-273-3780.
- TTY for hearing and language impaired, dial 711.
- Qualified spoken language interpreters, for people whose preferred language is not English, call 1-844-278-9798
- Written information in other languages and formats (such as large print, audio and accessible electronic formats), call 612-273-3780.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, creed, religion, national origin, marital status, age, disability, sexual orientation or sex, you can file a grievance with your facility in person or by mail, fax or email. The contacts listed below will help you. For a copy of our grievance procedure, go to: <http://www.fvfiles.com/524620.pdf>.

ClearScriptSM

Fairview Pharmacy Services

Corporate Office, 711 Kasota Ave. S.E., Minneapolis, MN 55414

Phone: 612-617-3513

Fax: 612-672-5201

Email: dept-pharm-compliance@fairview.org

You can also file a non-discrimination complaint with the U.S. Department of Health and Human Services and/or Minnesota Department of Human Rights:

U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
- By mail at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201.
- By phone: 1-800-368-1019, 800-537-7697 (TDD).
- Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Minnesota Department of Human Rights:

- Electronically through the MDHR complaint inquiry form, available at <https://b5.caspio.com/dp.asp?AppKey=18a340001049f4ae67b24974b4ec>.
- By mail at: Minnesota Department of Human Rights, 625 Robert Street North, Saint Paul, MN 55155.
- By phone: 651.539.1100 (TTY 651.296.1283) or Toll Free at 800.657.3704.

LANGUAGE SERVICES

1-844-278-9798 (TTY: 711) – Available 24 Hours

ATTENTION: Language assistance services, free of charge, are available to you.
Call 1-844-278-9798.



Somali

FIIRO GAAR AH: Hadii aad ku hadasho Soomaali, waaxda luqadaha, qaybta kaalmada adeegyada, waxay idiin hayaan adeeg kharash la'aan ah.
So wac 1-844-278-9798.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-844-278-9798.

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-278-9798.

Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-278-9798.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-278-9798.

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-278-9798.

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-278-9798.

Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-844-278-9798。

Amharic

ግልጽ: የግንባታ ቋንቋ አገልግሎት ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-844-278-9798.

Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-844-278-9798 ។

Lao

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-278-9798.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-278-9798 번으로 전화해 주십시오.

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-278-9798.

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-278-9798 تماس بگیرید.

Karen

ဟံသုၣ်ဟံသး- နမ့ၢ်ကတိၤ ကညီ ကျိၣ်အယံ, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျုးလၢၣ်စ့ၤ နိတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိ: 1-844-278-9798

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-278-9798.

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-278-9798.

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-278-9798.

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-278-9798.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-278-9798.

Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-278-9798 まで、お電話にてご連絡ください。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 1-844-278-9798.