

Step Therapy

The ClearScript Step Therapy program promotes the cost-effective use of clinically appropriate medications when more than one drug is available to treat a medical condition.

What is Step Therapy?

If you are taking a medication in the Step Therapy program, you are required to try one or more first step drugs before a second step drug is considered for coverage. Talk with your physician about which first step medication might be a good choice for you. A clinical review may be required before a second step drug is covered.

If you have questions about the Step Therapy Program, contact ClearScript Member Services at the number on the back of your ID Card.

Important Note: The drugs included on this list may not be covered by all benefit plans. Your benefit plan determines coverage for all medications. Additional coverage restrictions may apply for the medications included on this list. This list is subject to change throughout the year.

Condition / Drug Class	First Step Drugs	Second Step Drugs
Anticonvulsants A	History of gabapentin.	GRALISE
Anticonvulsants B	History of topiramate IR.	QUDEXY XR topiramate er TROKENDI XR
Anticonvulsants C	History of ONE of the following: oxcarbazepine IR	OXTELLAR XR
Antidepressants A	History of a generic bupropion SR product.	APLENZIN
Antidepressants C	History of any TWO of the following: bupropion, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, OR venlafaxine ER.	BRINTELLIX TRINTELLIX
Antidepressants D	History of any TWO of the following: desvenlafaxine succinate ER, duloxetine, venlafaxine, OR venlafaxine ER.	FETZIMA
Antihypertensive - Renin Inhibitors	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	EDARBI EDARBYCLOR TEKTURNA TEKTURNA HCT

Step Therapy Medications

Condition / Drug Class	First Step Drugs	Second Step Drugs
Antiparkinson Agents A	History of ONE of the following: carbidopa-levodopa OR carbidopa-levodopa ER.	RYTARY
Antiparkinson Agents B	History of BOTH of the following: rasagiline tablets AND selegiline.	XADAGO
Antipsychotics - Atypicals	History of ONE of the following: aripiprazole, olanzapine, quetiapine, risperidone OR SAPHRIS	FANAPT VRAYLAR
Antiretrovirals	History of ONE of the following: SYMFI, SYMFI LO, TRIUMEQ, JULUCA, CIMDUO AND ONE of the following: ISENTRESS, TIVICAY	ATRIPLA
BPH Agents	History of TWO of the following: alfuzosin, doxazosin, tamsulosin, terazosin, OR RAPAFLO.	CARDURA XL
Cardiovascular - Antianginals	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	RANEXA
CNS Stimulants	History of TWO of the following: amphetamine-dextroamphetamine, dexamethylphenidate, dextroamphetamine, methylphenidate, OR VYVANSE.	ADDERALL XR ADZENYS ER APTENSIO XR CONCERTA DAYTRANA DESOXYN DYANAVAL XR EVEKEO FOCALIN XR KAPVAY METADATE CD METHYLIN MYDAYIS procentra QUILLICHEW ER QUILLIVANT XR RITALIN LA ZENZEDI zenzedi
CNS Stimulants B	History of ONE of the following: amphetamine-dextroamphetamine, dexamethylphenidate, dextroamphetamine, methylphenidate, OR VYVANSE.	ADZENYS XR-ODT COTEMPLA XR-ODT

Step Therapy Medications

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Diabetes - Blood Glucose Meters	History of BOTH of the following preferred brands of blood glucose meters: ACCU-CHEK AND ONE TOUCH.	All non-preferred brands and generics of blood glucose meters.
Diabetes - Blood Glucose Test Strips	History of BOTH of the following preferred brands of blood glucose test strips: ACCU-CHEK AND ONE TOUCH.	All non-preferred brands and generics of blood glucose test strips.
Diabetes - DPP-4 A	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.	JANUMET JANUMET XR JANUVIA JENTADUETO JENTADUETO XR TRADJENTA
Diabetes - DPP-4 B	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 alogliptin-metformin alogliptin-pioglitazone KAZANO KOMBIGLYZE XR NESINA ONGLYZA OSENİ
Diabetes - GLP-1 A	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.	BYDUREON BYDUREON BCISE BYDUREON PEN BYETTA TRULICITY VICTOZA 2-PAK VICTOZA 3-PAK
Diabetes - GLP-1 B	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: OZEMPIC, TRULICITY OR VICTOZA	ADLYXIN TANZEUM
Diabetes - GLP-1 C	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.	OZEMPIC
Diabetes - Insulin Glargine	History of TWO of the following: LANTUS, LEVEMIR, TRESIBA AND TOUJEO.	BASAGLAR KWIKPEN U-100
Diabetes - Insulin Lispro	History of ONE of the following: HUMALOG (insulin lispro) OR NOVOLOG (insulin aspart).	ADMELOG ADMELOG SOLOSTAR APIDRA APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH

Step Therapy Medications

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Diabetes - Insulin/GLP-1 Combination A	History of ONE of the following: ADYLYXIN, BYETTA, BYDUREON, BYDUREON BCISE, OZEMPIC, TANZEUM, TRULICITY, VICTOZA, BASAGLAR, LANTUS, LEVEMIR, TRESIBA, OR TOUJEO	SOLIQUA 100-33
Diabetes - Insulin/GLP-1 Combination B	History of ONE of the following: BYETTA, BYDUREON, BYDUREON BCISE, OZEMPIC, TRULICITY, VICTOZA, LANTUS, LEVEMIR, TOUJEO, OR TRESIBA.	XULTOPHY 100-3.6
Diabetes - SGLT2 A	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.	INVOKAMET INVOKAMET XR INVOKANA
Diabetes - SGLT2 B	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.	FARXIGA QTERN SEGLUROMET STEGLATRO STEGLUJAN XIGDUO XR
Diabetes - SGLT2 C	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.	GLYXAMBI JARDIANCE SYNJARDY SYNJARDY XR
Diabetes - TZD/Bromocriptine	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.	ACTOPLUS MET XR AVANDIA CYCLOSET
Doxycycline	History of ONE of the following: generic doxycycline	ACTICLATE ADOXA DORYX DORYX MPC MONODOX TARGADOX
Dyslipidemia - Statins	History of ONE of the following: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin.	ALTOPREV FLOLIPID LIPITOR LIVALO
Dyslipidemia - Statins B	History of ONE of the following: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin AND LIVALO	ZYPITAMAG
Dyslipidemia - Fibric Acid	History of LIPOFEN AND ONE of the following generics: fenofibrate micronized capsule, fenofibrate tablet, fenofibric capsule OR fenofibric acid tablet.	FENOGLIDE FIBRICOR lofibra TRIGLIDE

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Epinephrine Auto-Injectors	History of epinephrine (generic EPIPEN or generic EPIPEN JR. manufacturer: Mylan)	AUVI-Q epinephrine EPINEPHRINE EPIPEN JR 2-PAK
Epinephrine Auto-Injectors B	ONE of the following : epinephrine 0.3 mg (manufacturer: Mylan or Impax) or EPIPEN 0.3 mg (manufacturer: Mylan)	AUVI-Q
Gastrointestinal - Pancreatic Enzymes	History of BOTH of the following: CREON AND ZENPEP.	PANCREAZE PERTZYE VIOKACE
Gastrointestinal - PPIs	History of TWO of the following: DEXILANT, esomeprazole, lansoprazole (capsules), omeprazole, rabeprazole OR pantoprazole.	ACIPHEX ACIPHEX SPRINKLE esomeprazole strontium PREVACID PRILOSEC PROTONIX ZEGERID
Gout Agents A	History of COLCRYS (colchicine).	colchicine MITIGARE
Gout Agents B	History of generic allopurinol.	DUZALLO ULORIC ZURAMPIC
IBS Constipation A	History of ONE of the following: lactulose OR polyethylene glycol (PEG)	LINZESS
IBS Constipation B	History of ONE of the following: lactulose OR polyethylene glycol (PEG) AND LINZESS.	TRULANCE
IBS Constipation C	Requires any ONE of the following generics: lactulose, polyethylene glycol AND any ONE of the following preferred brands: Linzess, Movantik, or Symproic	AMITIZA
IBS/IBD - Aminosalicylates	History of the following: APRISO ER.	ASACOL HD DELZICOL LIALDA
Insomnia A	History of ONE of the following: eszopiclone, temazepam, zaleplon, zolpidem, OR zolpidem ER.	BELSOMRA
Insomnia B	History of ONE of the following: zolpidem OR zolpidem ER.	EDLUAR ZOLPIMIST
Migraine - 5HT-1 A	History of ONE of the following: naratriptan, rizatriptan tablet/rizatriptan ODT, sumatriptan tablets/nasal spray, or zolmitriptan tablet/zolmitriptan ODT	TREXIMET
Migraine - 5HT-1 B	History of TWO of the following: naratriptan, rizatriptan tablet/rizatriptan ODT, sumatriptan tablets/nasal spray, or zolmitriptan tablet/zolmitriptan ODT	ONZETRA XSAIL

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Ophthalmic - Allergy	History of ONE of the following: azelastine, olopatadine, PATADAY.	BEPREVE LASTACFT
Ophthalmic - NSAIDs	History of ONE of the following generic, single ingredient, ophthalmic NSAID solutions: diclofenac, flurbiprofen, ketorolac AND PROLENSA	BROMSITE ILEVRO NEVANAC
Opioid Induced Constipation A	History of ONE of the following generics: lactulose, polyethylene glycol	MOVANTIK
Opioid Induced Constipation B	History of ONE of the following generics: lactulose, polyethylene glycol	SYMPROIC
Opioid Overdose	History of NARCAN nasal spray.	EVZIO
Otic - Antibiotics	History of ofloxacin otic solution.	CETRAXAL ciprofloxacin hcl
Pain Management - Fibromyalgia	History of ONE of the following: amitriptyline, cyclobenzaprine, duloxetine, gabapentin OR LYRICA	SAVELLA
Pain Management - Neuropathic	History of ONE of the following: amitriptyline, cyclobenzaprine, duloxetine, OR LYRICA	LYRICA CR
Pain Management - NSAIDs A	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	CAMBIA TIVORBEX
Pain Management - Tramadol Agents	History of any ONE of the following: Tramadol or Tramadol/APAP.	tramadol hcl er
Respiratory - Inhaled Corticosteroids	History of TWO of the following: ARNUITY ELLIPTA, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR, OR QVAR REDHALER	ALVESCO ARMONAIR RESPICLICK ASMANEX ASMANEX HFA
Respiratory - Leukotriene Modifiers	History of ONE of the following: montelukast OR zafirlukast.	zileuton er ZYFLO ZYFLO CR
Respiratory - Long-Acting Bronchodilator Combinations A	History of TWO of the following: ADVAIR DISKUS/HFA, SYMBICORT, BREO ELLIPTA OR fluticasone-salmeterol.	AIRDUO RESPICLICK DULERA
Respiratory - Long-Acting Bronchodilator Combinations B	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.	BEVESPI AEROSPHERE UTIBRON NEOHALER

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Respiratory - Long-Acting Bronchodilators A	History of TWO of the following: ADVAIR DISKUS/HFA, BREO ELLIPTA, SEREVENT OR SYMBICORT.	ARCAPTA NEOHALER STRIVERDI RESPIMAT
Respiratory - Long-Acting Bronchodilators B	History of BOTH of the following: INCRUSE ELLIPTA AND SPIRIVA.	SEEBRI NEOHALER TUDORZA PRESSAIR
Respiratory - Short-Acting Bronchodilators	History of VENTOLIN HFA AND ONE of the following preferred brands: PROAIR HFA OR PROAIR RESPICLICK.	levalbuterol tartrate hfa PROVENTIL HFA XOPENEX HFA
Respiratory - Tobramycin Inhaled Products	History of Bethkis.	KITABIS PAK TOBI tobramycin
Topical - Acne	History of ONE of the following: EPIDUO/EPIDUO FORTE OR ONEXTON	ACANYA AKTIPAK BENZACLIN BENZAMYCIN clindamycin phos- benzoyl perox DUAC VELTIN ZIANA
Topical - Acne B	History of TWO of the following generic, single ingredient, generic topical clindamycin products	CLEOCIN T CLINDAGEL clindamycin phosphate
Topical - Antineoplastics	History of one of the following topical generics: fluorouracil or imiquimod.	diclofenac sodium PICATO SOLARAZE TOLAK
Topical - Atopic Dermatitis	History of one prescription strength topical corticosteroid.	ELIDEL EUCRISA
Topical - Rosacea A	History of SOOLANTRA.	FINACEA
Topical - Rosacea B	History of MIRVASO.	RHOFADE

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

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ເສັຽຄ່າ, 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 ကညီၣ် ကျိၣ်အထံၤ, 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.