

## Step 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  TRINTELLIX	History of any TWO of the following: bupropion, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, OR venlafaxine ER.
Antidepressants D	FETZIMA	History of any TWO of the following: desvenlafaxine succinate ER, duloxetine, venlafaxine, OR venlafaxine ER.
Antihypertensive - Renin Inhibitors	EDARBI  EDARBYCLOR TEKTURNA TEKTURNA HCT	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

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
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 VRAYLAR	History of TWO of the following: aripiprazole, olanzapine, quetiapine, risperidone/risperidone ODT, SAPHRIS, OR SEROQUEL XR.
BPH Agents	CARDURA XL	History of TWO of the following: alfuzosin, doxazosin, tamsulosin, terazosin, OR RAPAFLU.
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 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	History of TWO of the following: amphetamine-dextroamphetamine, dexamethylphenidate, dextroamphetamine, methylphenidate, OR VYVANSE.

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
------------------------	--------------	------------------------------

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 SYST

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

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
	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	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
	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 CONNEX METER	
	GLUCOCARD SHINE EXPRESS METER	
	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	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
	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	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
	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	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
	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 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	



Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
	FORA D20	
	FORA D40-G31 TEST STRIPS	
	FORA G20	
	FORA G30-PREMIUM V10 TEST STRIP	
	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	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
	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	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
	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  OZEMPIC  TANZEUM	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
Diabetes - Insulin Glargine	BASAGLAR KWIKPEN U-100	History of ALL of the following: LANTUS, LEVEMIR AND TOUJEO.
Diabetes - Insulin Lispro	ADMELOG  ADMELOG SOLOSTAR APIDRA APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH	History of ONE of the following: HUMALOG (insulin lispro) OR NOVOLOG (insulin aspart).
Diabetes - Insulin/GLP-1 Combination A	SOLIQUA 100-33	History of ONE of the following: ADLYXIN, 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  INVOKAMET XR  INVOKANA	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.
Diabetes - SGLT2 B	FARXIGA  QTERN SEGLUROMET STEGLATRO STEGLUJAN XIGDUO XR	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.
Diabetes - SGLT2 C	GLYXAMBI  JARDIANCE SYNJARDY SYNJARDY XR	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Diabetes - TZD/Bromocriptine	ACTOPLUS MET XR AVANDIA CYCLOSET	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.
Doxycycline	ACTICLATE ADOXA DORYX MONODOX TARGADOX	History of BOTH of the following: generic doxycycline AND DORYX MPC.
Dyslipidemia - Statins	ALTOPREV FLOLIPID LIPITOR LIVALO ZYPITAMAG	History of ONE of the following: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin.
Dyslipidemia - Fibrin Acid	FENOGLIDE FIBRICOR LOFIBRA TRIGLIDE	History of LIPOFEN AND ONE of the following generics: fenofibrate micronized capsule, fenofibrate tablet, fenofibrin capsule OR fenofibrin acid tablet.
Epinephrine Auto-Injectors	AUVI-Q EPINEPHRINE EPIPEN JR 2-PAK	History of epinephrine (generic EPIPEN or generic EPIPEN JR. manufacturer: Mylan)
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 PERTZYE VIOKACE	History of BOTH of the following: CREON AND ZENPEP.
Gastrointestinal - PPIs	ACIPHEX ACIPHEX SPRINKLE ESOMEPRAZOLE STRONTIUM PREVACID PRILOSEC	History of TWO of the following: DEXILANT, esomeprazole, lansoprazole (capsules), omeprazole, rabeprazole OR pantoprazole.

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
	PROTONIX ZEGERID	
Gout Agents A	COLCHICINE MITIGARE	History of COLCRYS (colchicine).
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 - Aminosalicylates	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 LASTACAFT	History of ONE of the following: azelastine, olopatadine, PATADAY.
Ophthalmic - NSAIDs	BROMSITE	History of ONE of the following generic, single ingredient, ophthalmic NSAID solutions: diclofenac, flurbiprofen, OR ketorolac.

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
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 TIVORBEX	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
Pain Management - Tramadol Agents	TRAMADOL HCL ER	History of any ONE of the following: Tramadol or Tramadol/APAP.
Respiratory - Inhaled Corticosteroids	ALVESCO ARMONAIR RESPICLICK ASMANEX ASMANEX HFA	History of TWO of the following: ARNUITY ELLIPTA, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR, OR QVAR REDHALER
Respiratory - Leukotriene Modifiers	ZILEUTON ER ZYFLO ZYFLO CR	History of ONE of the following: montelukast OR zafirlukast.
Respiratory - Long-Acting Bronchodilator Combinations A	AIRDUO RESPICLICK DULERA	History of TWO of the following: ADVAIR DISKUS/HFA, SYMBICORT, BREO ELLIPTA OR fluticasone-salmeterol.
Respiratory - Long-Acting Bronchodilator Combinations B	BEVESPI AEROSPHERE UTIBRON NEOHALER	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.

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Respiratory - Long-Acting Bronchodilators A	ARCAPTA NEOHALER  STRIVERDI RESPIMAT	History of TWO of the following: ADVAIR DISKUS/HFA, BREO ELLIPTA, SEREVENT OR SYMBICORT.
Respiratory - Long-Acting Bronchodilators B	SEEBRI NEOHALER  TUDORZA PRESSAIR	History of BOTH of the following: INCRUSE ELLIPTA AND SPIRIVA.
Respiratory - Short-Acting Bronchodilators	LEVALBUTEROL TARTRATE HFA  PROVENTIL HFA  XOPENEX HFA	History of VENTOLIN HFA AND ONE of the following preferred brands: PROAIR HFA OR PROAIR RESPICLICK.
Respiratory - Tobramycin Inhaled Products	KITABIS PAK  TOBI  TOBI PODHALER  TOBRAMYCIN	History of Bethkis.
Topical - Acne	ACANYA  AKTIPAK  BENZACLIN  BENZAMYCIN  CLINDAMYCIN PHOS-BENZOYL PEROX  DUAC  VELTIN  ZIANA	History of ONE of the following: EPIDUO/EPIDUO FORTE OR ONEXTON
Topical - Antineoplastics	DICLOFENAC SODIUM  PICATO  SOLARAZE  TOLAK	History of one of the following topical generics: fluorouracil or imiquimod.
Topical - Atopic Dermatitis	ELIDEL  EUCRISA	History of one prescription strength topical corticosteroid.
Topical - Rosacea A	FINACEA	History of SOOLANTRA.



Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Topical - Rosacea B	RHOFADÉ	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>.

### ClearScript<sup>SM</sup>

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](mailto: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

ማስታወሻ: 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

ဟံသုဉ်ဟံသး- နမ့ကတိၤ ကညီ ကျိၣ်အယံ, နမၤန့ၢ် 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.