

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 B	BRISDELLE PAROXETINE MESYLATE	History of ONE of the following: Estradiol, Fluoxetine, OR Paroxetine.
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
Antihypertensive Combinations - ACEi/CCB	PRESTALIA	History of ONE of the following: amlodipine OR perindopril.
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 LATUDA 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 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 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	History of TWO of the following: amphetamine-dextroamphetamine, dexamethylphenidate, dextroamphetamine, methylphenidate, OR VYVANSE.

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
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
 SYSTM
 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
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

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Diabetes - DPP-4 B	<p>ALOGLIPTIN</p> <p>ALOGLIPTIN-METFORMIN</p> <p>ALOGLIPTIN-PIOGLITAZONE</p> <p>KAZANO</p> <p>KOMBIGLYZE XR</p> <p>NESINA</p> <p>ONGLYZA</p> <p>OSENI</p>	<p>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.</p>
Diabetes - GLP-1 A	<p>BYDUREON</p> <p>BYDUREON BCISE</p> <p>BYDUREON PEN</p> <p>BYETTA</p> <p>TRULICITY</p> <p>VICTOZA 2-PAK</p> <p>VICTOZA 3-PAK</p>	<p>History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.</p>
Diabetes - GLP-1 B	<p>ADLYXIN</p> <p>OZEMPIC</p> <p>TANZEUM</p>	<p>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</p>
Diabetes - Insulin Glargine	<p>BASAGLAR KWIKPEN U-100</p>	<p>History of ALL of the following: LANTUS, LEVEMIR AND TOUJEO.</p>
Diabetes - Insulin Lispro	<p>ADMELOG</p> <p>ADMELOG SOLOSTAR</p> <p>APIDRA</p> <p>APIDRA SOLOSTAR</p> <p>FIASP</p> <p>FIASP FLEXTOUCH</p>	<p>History of ONE of the following: HUMALOG (insulin lispro) OR NOVOLOG (insulin aspart).</p>
Diabetes - Insulin/GLP-1 Combination A	<p>SOLIQUA 100-33</p>	<p>History of ONE of the following: ADLYXIN, BYETTA, BYDUREON, BYDUREON BCISE, TANZEUM, TRULICITY, VICTOZA, BASAGLAR, LANTUS, LEVEMIR, TRESIBA, OR TOUJEO.</p>

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
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 GLYXAMBI 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: SYNJARDY, SYNJARDY XR, OR JARDIANCE.
Diabetes - SGLT2 C	JARDIANCE SYNJARDY SYNJARDY XR	History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.
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.

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
Dyslipidemia - Fibric Acid	FENOGLIDE FIBRICOR LOFIBRA TRIGLIDE	History of LIPOFEN AND ONE of the following generics: fenofibrate micronized capsule, fenofibrate tablet, fenofibric capsule OR fenofibric 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 - H. Pylori	PREVPAC	History of ONE of the following: OMECLAMOX-PAK OR PYLERA.
Gastrointestinal - Pancreatic Enzymes	PANCREAZE PERTZYE VIOKACE	History of BOTH of the following: CREON AND ZENPEP.
Gastrointestinal - PPIs	ACIPHEX ACIPHEX SPRINKLE ESOMEPRAZOLE STRONTIUM OMEPRAZOLE-SODIUM BICARBONATE PREVACID PRILOSEC PROTONIX ZEGERID	History of TWO of the following: DEXILANT, esomeprazole, lansoprazole (capsules), omeprazole, OR pantoprazole.
Gout Agents A	COLCHICINE MITIGARE	History of COLCRYS (colchicine).
Gout Agents B	DUZALLO ULORIC ZURAMPIC	History of generic allopurinol.

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
IBS Constipation A	AMITIZA	History of ONE of the following: lactulose OR polyethylene glycol (PEG)
	LINZESS	
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	History of the following: APRISO ER.
	DELZICOL	
	LIALDA	
Insomnia A	BELSOMRA	History of ONE of the following: eszopiclone, temazepam, zaleplon, zolpidem, OR zolpidem ER.
Insomnia B	EDLUAR	History of ONE of the following: zolpidem OR zolpidem ER.
	ZOLPIMIST	
Migraine - 5HT-1 A	TREXIMET	History of ONE of the following: 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: rizatriptan tablet/rizatriptan ODT, sumatriptan tablets/nasal spray, or zolmitriptan tablet/zolmitriptan ODT
Ophthalmic - Allergy	BEPREVE	History of ONE of the following: azelastine, olopatadine, PATADAY.
	LASTACAFT	
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	History of ofloxacin otic solution.
	CIPROFLOXACIN HCL	

Condition / Drug Class	Target Drugs	Prerequisite First Step Drug
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 REDHALER
	ARMONAIR RESPICLICK	
	ASMANEX	
	ASMANEX HFA	
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	

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

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	

Topical - Acne

ACANYA	History of ONE of the following: EPIDUO/EPIDUO FORTE OR ONEXTON
AKTIPAK	
BENZACLIN	
BENZAMYCIN	
BENZAMYCINPAK	
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

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

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.