BlueCross BlueShield Arizona

Step Therapy Medications

Tiered Drug List – Open Formulary & Custom Premium Drug List – Closed Formulary

Step therapy is a limitation that requires you to try preferred medications before the plan will pay for another medication for the same medical condition that the doctor may have originally prescribed. An automated, electronic review of your medication history is performed to determine whether other medications have been tried first for your condition. This ensures clinically sound and cost-effective treatment options are tried. If a prescribed medication does not meet the step therapy criteria, it may not be covered. You should consult with your doctor about alternative therapy. If a medication does not meet the step therapy criteria for automatic approval, it will reject at the pharmacy; your provider may request prior authorization.

Questions?

Log in to MyBlue℠ to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

Step Therapy Drug List

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Step 2 Product	Step 1 Product
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants	
Adhd Agent - Selective Norepinephrine Reuptake Inhibitor**	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera))
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	QL (3 capsules per day); ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera))
Amphetamine Mixtures**	
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - amphetamine/dextroamphetamine ER (generic Adderall XR) or Adderall XR); AL (Min 13 Years)
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 37.5 mg	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - amphetamine/dextroamphetamine ER (generic Adderall XR) or Adderall XR); AL (Min 18 Years)
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 50 mg	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - amphetamine/dextroamphetamine ER (generic Adderall XR) or Adderall XR); AL (Min 18 Years)
Analgesics - Opioid	
Opioid Agonists**	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	QL (2 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - non-ER Tramadol tabs); AL (Min 16 Years)
Antiasthmatic And Bronchodilator Agents	
5-Lipoxygenase Inhibitors**	
zileuton er	QL (2 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); AL (Min 12 Years)
ZYFLO	QL (4 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); AL (Min 12 Years)

Step 2 Product	Step 1 Product
Adrenergic Combinations	
AIRDUO DIGIHALER	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); AL (Min 12 Years)
AIRDUO RESPICLICK 113/14	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); AL (Min 12 Years)
AIRDUO RESPICLICK 232/14	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); AL (Min 12 Years)
AIRDUO RESPICLICK 55/14	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); AL (Min 12 Years)
BEVESPI AEROSPHERE	QL (1x 5.9gm or 1x 10.7gm inhaler per month); ST (Step Therapy required: ALL of the following in the last 12 months - Anoro Ellipta, Stiolto Respimat, AND Spiriva (Handihaler or Respimat)); AL (Min 15 Years)
BREYNA	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort)
BREZTRI AEROSPHERE	QL (1x 10.7gm inhaler per month); ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Trelegy Ellipta, Bevespi Aerosphere, and Duaklir Pressair); AL (Min 18 Years)
budesonide-formoterol fumarate	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort)
DUAKLIR PRESSAIR	QL (1 inhaler per month); ST (Step Therapy required: BOTH of the following in the last 6 months - Anoro Ellipta AND Symbicort); AL (Min 18 Years)

Step 2 Product	Step 1 Product
DULERA	QL (1x 8.8gm or 1x 13gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort)
umeclidinium-vilanterol	ST (Step Therapy required: 1 fill in the last 12 months - anoro ellipta brand)
Beta Adrenergics**	
STRIVERDI RESPIMAT	QL (4 inhalers per month); ST (Step Therapy required: ALL of the following in the last 12 months - Anoro Ellipta, Stiolto Respimat, AND Spiriva (Handihaler or Respimat)); AL (Min 18 Years)
Bronchodilators - Anticholinergics**	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	ST (Step Therapy required: any of the following in the last 12 months - Spiriva Handihaler or Spiriva Respimat)
Steroid Inhalants**	
ARMONAIR DIGIHALER	QL (1 inhaler per month); ST (Step Therapy required: 1 fill in the last 3 months - Flovent); AL (Min 12 Years)
Anticonvulsants	
Anticonvulsants - Misc.**	
BRIVIACT ORAL SOLUTION	QL (20ml per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); AL (Min 4 Years)
BRIVIACT ORAL TABLET	QL (2 tablets per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); AL (Min 4 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	QL (3 tablets per day); ST (Step Therapy required: 3 months in the last 12 months - levetircetam 24hr tab (generic for Keppra XR)); AL (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG	QL (2 tablets per day); ST (Step Therapy required: 3 months in the last 12 months - levetircetam 24hr tab (generic for Keppra XR)); AL (Min 12 Years)
EPRONTIA	QL (16ml day or 473ml per 30 days); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR))

Step 2 Product	Step 1 Product
eslicarbazepine acetate oral tablet 200 mg, 400 mg	QL (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide)
eslicarbazepine acetate oral tablet 600 mg, 800 mg	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide)
topiramate er oral capsule er 24 hour sprinkle	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - topiramate (generic for Topamax)); AL (Min 3 Years)
topiramate er oral capsule extended release 24 hour	QL (1 capsule per day); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); AL (Min 6 Years)
Carbamates**	
XCOPRI	QL (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)
XCOPRI (350 MG DAILY DOSE)	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)
Antidepressants	
Serotonin Modulators**	
TRINTELLIX ORAL TABLET 10 MG	QL (2 tablets per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); AL (Min 18 Years)

Step 2 Product	Step 1 Product
TRINTELLIX ORAL TABLET 20 MG, 5 MG	QL (1 tablet per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); AL (Min 18 Years)
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**	
DRIZALMA SPRINKLE	ST (Step Therapy required: 3 months in the last 6 months - Cymbalta (brand or generic)); AL (Min 7 Years)
FETZIMA	QL (1 capsule per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI))
FETZIMA TITRATION	QL (1 capsule per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI))
Antidiabetics	
Diabetic Other**	
ZEGALOGUE	QL (0.6ml/day with fill limit of 2 fills/month); DS (2 day supply max); ST (Step Therapy required: 1 month in the last 12 months - generic Glucagon (NDC 00548585000)); AL (Min 6 Years)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**	
alogliptin benzoate	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); AL (Min 18 Years)
NESINA	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); AL (Min 18 Years)
ONGLYZA	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); AL (Min 16 Years)

Step 2 Product	Step 1 Product
saxagliptin hcl	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta); AL (Min 16 Years)
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**	
alogliptin-metformin hcl	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)
KAZANO	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)
KOMBIGLYZE XR	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)
saxagliptin-metformin er	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)
sitagliptin base-metformin hcl	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
ZITUVIMET	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
ZITUVIMET XR	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
Dpp-4 Inhibitor-Thiazolidinedione Combinations**	
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)

Step 2 Product	Step 1 Product
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Janvuvia AND Jentadueto/XR or Tradjenta)
Human Insulin**	
SEMGLEE SUBCUTANEOUS SOLUTION	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**	
QTERN	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
STEGLUJAN	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**	
bexagliflozin	DS (30 day supply max); ST (Step Therapy required: at least one of each type of drug in both categories for 3 months each in the last 12 months - Farxiga or Xigduo XR and Glyxambi, Jardiance, Synjardy, Synjardy XR, or Trijardy))
BRENZAVVY	DS (30 day supply max); ST (Step Therapy required: at least one of each type of drug in both categories for 3 months each in the last 12 months - Farxiga or Xigduo XR and Glyxambi, Jardiance, Synjardy, Synjardy XR, or Trijardy))
dapagliflozin propanediol	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 10 Years)
INVOKANA	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)

Step 2 Product	Step 1 Product
STEGLATRO	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy)
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**	
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 10 Years)
dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 10 Years)
INVOKAMET	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
INVOKAMET XR	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
SEGLUROMET	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
Antidotes And Specific Antagonists	
Opioid Antagonists**	
ZIMHI	QL (1ml per 30 days); ST (Step Therapy required: 1 fill in the last 3 months - generic naloxone prefilled syringe); AL (Min 12 Years)
Antiemetics	
Antiemetic Combinations**	
AKYNZEO ORAL	QL (1 capsule on first day of treatment); ST (Step Therapy required: simultaneous use of BOTH of the following in the last 3 months - ondansetron AND aprepitant); AL (Min 18 Years)

Step 2 Product	Step 1 Product
Antifungals	
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)**	
BREXAFEMME	QL (4 tablets per day, 1 fill per month); DS (30 day supply max); ST (Step Therapy required: 1 fill in the last 3 months - Fluconazole)
Tetrazoles**	
VIVJOA	QL (1 fill in 1 year); DS (84 day supply min / 90 day supply max); ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole)
Antihistamines	
Antihistamines - Ethanolamines**	
carbinoxamine maleate er	QL (4ml per day); DS (30 day supply max); ST (Step Therapy required: 1 month in the last 2 months - carbinoxamine 4mg tab); AL (Min 2 Years)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	QL (4ml per day); DS (30 day supply max); ST (Step Therapy required: 1 month in the last 2 months - carbinoxamine 4mg tab); AL (Min 2 Years)
Antihyperlipidemics	
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**	
NEXLIZET	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); AL (Min 18 Years)
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**	
NEXLETOL	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); AL (Min 18 Years)
Hmg Coa Reductase Inhibitors**	
pitavastatin calcium	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); AL (Min 8 Years)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); AL (Min 8 Years)

Step 2 Product	Step 1 Product
Antipsychotics/Antimanic Agents	
Antipsychotics - Misc.**	
VRAYLAR ORAL CAPSULE	QL (1 capsule per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); AL (Min 18 Years)
VRAYLAR ORAL CAPSULE THERAPY PACK	QL (1 box per 7 days); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); AL (Min 18 Years)
Quinolinone Derivatives**	
REXULTI ORAL TABLET 0.25 MG	QL (2 tablets per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); AL (Min 18 Years)
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	QL (1 tablet per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); AL (Min 18 Years)
Beta Blockers	
Beta Blockers Cardio-Selective**	
KAPSPARGO SPRINKLE	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - metoprolol succinate tab ER 24HR or Toprol XL tab ER 24HR); AL (Min 6 Years)
Calcium Channel Blockers	
Calcium Channel Blockers**	
CONJUPRI	QL (1 tablet per day); ST (Step Therapy required: 1 fill in the last 3 months - levamlodipine maleate)
Cardiovascular Agents - Misc.	
Cardiovascular Sglt2 Inhibitors*	
INPEFA	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in both categories for 3 months each in the last 12 months - Farxiga or Xigduo XR and Glyxambi, Jardiance, Synjardy, Synjardy XR, or Trijardy)); AL (Min 18 Years)

Step 2 Product	Step 1 Product
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**	
ENTRESTO ORAL CAPSULE SPRINKLE	QL (3 capsules per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol.); AL (Max 6 Years)
ENTRESTO ORAL TABLET	QL (2 tablets per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol)
sacubitril-valsartan	QL (2 tablets per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol.)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**	
sildenafil citrate oral suspension reconstituted	QL (6 ml per day); DS (30 day supply max); ST (Step Therapy required: 1 fill in the last 6 months - sildenafil citrate 20mg tablet); AL (Min 18 Years)
Contraceptives	
Progestin Contraceptives - Oral**	
SLYND	QL (28 tablets per month); ST (Step Therapy required: 3 months in the last 6 months - norethindrone)
Corticosteroids	
Glucocorticosteroids**	
ORTIKOS	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - budesonide cap 3mg DR); AL (Min 8 Years)
Cough/Cold/Allergy	
Decongestant & Antihistamine**	
CLARINEX-D 12 HOUR	QL (2 tablets per day); ST (Step Therapy required: any of the following in the last 1 month - Desloratadine 5mg tabs or 2.5mg/5mg ODT tabs)
Dermatologicals	
Acne Antibiotics**	
AMZEEQ	QL (1gm per day); ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); AL (Min 9 Years)
Acne Products**	
AKLIEF	QL (45gm per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 12 months - tretinoin 0.1% or 0.05% AND tazarotene 0.1%); AL (Min 9 Years)

Step 2 Product	Step 1 Product
WINLEVI	QL (1x 60gm tube per month); DS (30 day supply max); ST (Step Therapy required: 60 days trial of the following in the last 12 months - tazarotene gel 0.05%, tazarotene cream 0.1%, tretinoin cream 0.1%, or tretinoin cream 0.05%); AL (Min 12 Years)
Antibiotics - Topical**	
XEPI	QL (1x 30gm tube/box per month); ST (Step Therapy required: 3 months in the last 12 months - mupirocin ointment 2%); AL (Min 2 Years)
Antipruritics - Topical**	
doxepin hcl external	QL (1x 45gm tube per month); ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone dipropionate)
Corticosteroids - Topical**	
CORDRAN EXTERNAL CREAM 0.05 %	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
CORDRAN EXTERNAL TAPE	QL (1 box per month); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
diflorasone diacetate external	QL (2gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
flurandrenolide external cream	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
flurandrenolide external lotion	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
halcinonide external cream	QL (2gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)

Step 2 Product	Step 1 Product
Microtubule Inhibitors - Topical**	
KLISYRI	QL (5 packets per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara)); AL (Min 18 Years)
KLISYRI (250 MG)	QL (5 packets per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara)); AL (Min 18 Years)
KLISYRI (350 MG)	QL (5 packets per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara)); AL (Min 18 Years)
Rosacea Agents**	
ivermectin external cream	QL (1x 45gm tube per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, or metronidazole lotion 0.75%)
ZILXI	QL (1x 30gm can per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); AL (Min 18 Years)
Diagnostic Products	
Diagnostic Tests**	
ACCU-CHEK AVIVA PLUS IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ACCU-CHEK GUIDE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ACCU-CHEK SMARTVIEW	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ACCUTREND GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
ADVANCE INTUITION TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVANCE MICRO-DRAW TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVOCATE REDI-CODE IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVOCATE REDI-CODE+ TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVOCATE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
AGAMATRIX AMP TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
AGAMATRIX JAZZ TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
AGAMATRIX PRESTO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE 3 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE 4 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE II	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE II CHECK	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
ASSURE PLATINUM	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE PRISM MULTI TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE PRO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
BIOTEL CARE TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
blood glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
blood glucose test strips 333	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
BLULINK GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CAREONE BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CARESENS N GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CARETOUCH TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHEK AUTO-CODE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHEK AUTO-CODE VOICE IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
CLEVER CHEK TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE AUTO-CODE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE MICRO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE NO CODING	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE TALK SYSTEM IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CONTOUR NEXT TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CONTOUR PLUS TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CONTOUR TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
COOL BLOOD GLUCOSE TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CVS ADVANCED GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
cvs glucose meter test strips	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
cvs true metrix glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
D-CARE BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE+ GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DUO-CARE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASY MAX BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
easy plus ii glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASY STEP TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
easy talk blood glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
easy talk plus ii test strips	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASY TOUCH TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
easy trak blood glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
easy trak ii glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYGLUCO IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYMAX 15 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYMAX TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYPRO BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYPRO PLUS IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
element compact test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ELEMENT TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE EVO BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE PRO GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
EMBRACE TALK GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
eq blood glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EVOLUTION AUTOCODE IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FIFTY50 GLUCOSE TEST 2.0	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA 6 CONNECT IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA 6 CONNECT/GTEL TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA D40/G31 BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA G20 BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GD20 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GD50 BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GTEL BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA TN'G ADVANCE PRO IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
FORA TN'G/TN'G VOICE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V10 BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V30A BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE GD40 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE PREMIUM V10 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE TEST N GO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE INSULINX TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE LITE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE PRECISION NEO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ge100 blood glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GENULTIMATE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
ght test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCO PERFECT 3 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD 01 SENSOR PLUS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD EXPRESSION TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD SHINE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD VITAL TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD X-SENSOR	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCOM TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCONAVII BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
glucose meter test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
gnp easy touch glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GNP TRUE METRIX GLUCOSE STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
GNP TRUETRACK SMART SYSTEM IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GNP TRUETRACK TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GOJJI BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GOJJI BLOOD TEST STRIP/LANCETS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
goodsense blood glucose in vitro	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
HW EMBRACE PRO GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
HW EMBRACE TALK GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
IGLUCOSE TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
IHEALTH BLOOD GLUCOSE TEST STR	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
IN TOUCH BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
INFINITY BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
INFINITY VOICE IN VITRO STRIP	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
kroger blood glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
KROGER HEALTHPRO GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
kroger premium glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
meijer blood glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
meijer essential glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MEIJER TRUETEST TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MEIJER TRUETRACK TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MICRODOT TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MM BLULINK GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MM EASY TOUCH GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MYGLUCOHEALTH TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
NEUTEK 2TEK TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
NOVA MAX GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
one drop test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
OPTIUMEZ TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PHARMACIST CHOICE AUTOCODE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
pharmacist choice no coding	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PIP BLOOD GLUCOSE TEST STRIP	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
POCKETCHEM EZ TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
POGO AUTOMATIC TEST CARTRIDGES	QL (10 boxes per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PRECISION XTRA BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
premium blood glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
pro voice v8/v9 glucose	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PRODIGY NO CODING BLOOD GLUC IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
PTS PANELS EGLU TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUICK TOUCH BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUICKTEK TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUINTET AC BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUINTET BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
REFUAH PLUS BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION CONFIRM/MICRO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION GLUCOSE TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION PREMIER TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION PRIME TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION TRUE METRIX TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
RELION ULTIMA TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
REXALL BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS100 BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS300 BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS550 BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GT333 GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SMART SENSE PREMIUM TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SMART SENSE VALUE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SMARTEST BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SOLUS V2 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SUPREME TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
tgt blood glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
true focus blood glucose strip	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUE METRIX BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUE METRIX PRO BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUETEST TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUETRACK TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
UNISTRIP1 GENERIC	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
verasens blood glucose test	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
VIVAGUARD INO TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
Gastrointestinal Agents - Misc.	
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**	
TRULANCE	QL (2 tablets per day); ST (Step Therapy required: 1 fill in the last 6 months - Linzess); AL (Min 18 Years)
Gastrointestinal Chloride Channel Activators**	
AMITIZA	QL (2 capsules per day); ST (Step Therapy required: BOTH of the following in the last 6 mnths - generic lubiprostone AND Linzess); AL (Min 18 Years)

Step 2 Product	Step 1 Product
Gout Agents	
Gout Agents**	
febuxostat	QL (1 tablet per day); ST (Step Therapy required: any of the following for 3 months in the last 6 months - allopurinol 100mg or 300mg tab); AL (Min 18 Years)
Hematopoietic Agents	
Cytotoxic Agents**	
DROXIA	QL (1 capsule per day); DS (30 day supply max); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - Siklos 100mg or 1000mg tab AND hydroxyurea 500mg cap); AL (Min 18 Years)
Hypnotics/Sedatives/Sleep Disorder Agents	
Hypnotics - Tricyclic Agents**	
doxepin hcl oral tablet 3 mg	QL (1 tablet per day); ST (Step Therapy required: 3 months in the last 12 months - doxepin hcl 10mg capsule); AL (Min 18 Years)
doxepin hcl oral tablet 6 mg	QL (1 tablet per day); ST (Step Therapy required: 3 months in the last 12 months - doxepin hcl 10mg cap); AL (Min 18 Years)
Orexin Receptor Antagonists**	
BELSOMRA	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); AL (Min 18 Years)
DAYVIGO	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); AL (Min 18 Years)
QUVIVIQ	QL (1 tablet per day); ST (Step Therapy required: 3 of the following for 1 month each in the last 12 months - eszopiclone, ramelteon, zaleplon, or zolpidem)
Migraine Products	
Selective Serotonin Agonists 5-Ht(1)**	
frovatriptan succinate	QL (20 tabs per month); ST (Step Therapy required: 2 of the following in the last 12 months - almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan, or zolmitriptan)

Step 2 Product	Step 1 Product
Musculoskeletal Therapy Agents	
Central Muscle Relaxants**	
chlorzoxazone oral tablet 375 mg, 750 mg	QL (4 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - chlorzoxazone 500mg tab); AL (Min 18 Years)
LORZONE	QL (4 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - chlorzoxazone 500mg tab); AL (Min 18 Years)
Ophthalmic Agents	
Miotics - Direct Acting**	
QLOSI	QL (1 vial per day); ST (Step Therapy required: 1 fill in the last 6 months - pilocarpine 1%); AL (Min 18 Years)
VUITY	QL (one 2.5ml bottle per month); ST (Step Therapy required: 1 fill in the last 6 months - pilocarpine 1%); AL (Min 18 Years)
Prostaglandins - Ophthalmic**	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	ST (Step Therapy required: 60 day trial of bimatoprost 0.03% in the last 6 months)
VYZULTA	QL (1x 2.5ml bottle per month); ST (Step Therapy required: any of the following for 2 months in the last 6months - latanoprost (generic Xalatan) OR bimatoprost 0.03%); AL (Min 17 Years)
Psychotherapeutic And Neurological Agents - Misc.	
Cholinomimetics - Ache Inhibitors**	
ADLARITY	ST (Step Therapy required: 2 months in the last 3 months - donepezil)
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents**	
pregabalin er	QL (1 tablet per day); ST (Step Therapy required: any of the following in the last 6 months - pregabalin (generic Lyrica) or Lyrica)
Ulcer Drugs/Antispasmodics/Anticholinergics	
Quaternary Anticholinergics**	
DARTISLA ODT	QL (4 tablets per day); ST (Step Therapy required: ONE from EACH of the following in the last 3 months: 1) rabeprazole or pantoprazole AND 2) glycopyrrolate (1mg or 2mg tablet)); AL (Min 18 Years)
Ulcer Anti-Infective W/ Proton Pump Inhibitors**	
TALICIA	QL (12 capsules per day); ST (Step Therapy required: ALL of the following in the last 3 months - clarithromycin, amoxicillin, AND pantoprazole); AL (Min 18 Years)

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BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Notice of Nondiscrimination

Discrimination Is Against the Law

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711
or email us at **crc@azblue.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the 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, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.

BlueCross BlueShield Arizona

Un licenciatario independiente de Blue Cross Blue Shield Association

Aviso de no discriminación

La discriminación es ilegal

Blue Cross® Blue Shield® of Arizona (AZ Blue) cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

AZ Blue:

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
  - Intérpretes de lenguaje de señas calificados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
  - Intérpretes calificados.
  - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios**.**

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a **crc@azblue.com**

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en http://www.hhs.gov/ocr/office/file/index.html. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799 。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-475-4799.

Thai: หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799 。

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