

Prior Authorization

The ClearScript Prior Authorization program promotes the effective use of prescription medications.

What is Prior Authorization?

Medications included in the Prior Authorization program require a prior review to determine if your use of the medication is consistent with your benefit coverage. If you are prescribed a medication that requires prior authorization, your physician may wish to consider prescribing a drug that does not require prior authorization. Otherwise, your physician will need to contact ClearScript at the number on the back of your ID card to request a prior authorization review.

Without prior authorization approval, medications in the Prior Authorization program may not be covered by your pharmacy benefit.

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

Drug Class	Drugs Requiring Prior Authorization	
ANALGESICS	ABSTRAL	DURAGESIC
	acetamin-caff-dihydrocodeine	EMBEDA
	acetaminophen-codeine	endocet
	ACTIQ	EXALGO
	APADAZ	fentanyl
	ARYMO ER	fentanyl citrate
	asa-butalb-caffeine-codeine	FENTORA
	ascomp with codeine	FIORICET WITH CODEINE
	BELBUCA	FIORINAL WITH CODEINE #3
	benzhydrocodone-acetaminophen	HYCET
	buprenorphine	hydrocodone bitartrate er
	butalb-acetaminoph-caff-codein	hydrocodone-acetaminophen
	butalbital compound-codeine	hydrocodone-ibuprofen
	butorphanol tartrate	hydromorphone er
	BUTRANS	hydromorphone hcl
	carisoprodol-aspirin-codeine	HYSINGLA ER
	codeine sulfate	ibudone
	DEMEROL	IBUDONE
	DILAUDID	KADIAN
	DOLOPHINE HCL	LAZANDA

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
ANALGESICS -- Continued	lorcet lorcet hd lorcet plus lorstab meperidine hcl methadone hcl morphine sulfate Morphine sulfate 30 mg cap er (generic for kadian) Morphine sulfate 30 mg cap er (not generic kadian) Morphine sulfate 60 mg cap er (generic for kadian) Morphine sulfate 60 mg cap er (not generic kadian) morphine sulfate er MS CONTIN NORCO NUCYNTA NUCYNTA ER OPANA OPANA ER OXAYDO oxycodone hcl oxycodone hcl er oxycodone hcl-aspirin oxycodone hcl-ibuprofen	oxycodone-acetaminophen OXYCONTIN oxymorphone hcl oxymorphone hcl er pentazocine-naloxone hcl PERCOCET ROXICODONE ROXYBOND SUBSYS tramadol hcl tramadol hcl-acetaminophen TREZIX TYLENOL-CODEINE NO.3 TYLENOL-CODEINE NO.4 ULTRACET ULTRAM verdrocet vicodin vicodin es vicodin hp XTAMPZA ER xylon 10 ZOHYDRO ER
ANTIBACTERIALS	AEMCOLO ARIKAYCE	NUZYRA XIFAXAN
ANTICONVULSANTS	DIACOMIT EPIDIOLEX FINTEPLA	SABRIL vigabatrin vigadrone
ANTIDEPRESSANTS	SPRAVATO	
ANTIEMETICS	CESAMET	SYNDROS
ANTIMIGRAINE AGENTS	AIMOVIG AUTOINJECTOR AIMOVIG AUTOINJECTOR (2 PACK) AJOVY AUTOINJECTOR	AJOVY SYRINGE EMGALITY PEN EMGALITY SYRINGE
ANTIMYASTHENIC AGENTS	FIRDAPSE	RUZURGI
ANTIMYCOBACTERIALS	PRETOMANID	
ANTINEOPLASTICS	abiraterone acetate AFINITOR	AFINITOR DISPERZ ALECENSA

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ANTINEOPLASTICS -- Continued	ALUNBRIG AYVAKIT BALVERSA bexarotene BOSULIF BRAFTOVI BRUKINSA CABOMETYX CALQUENCE capecitabine CAPRELSA COMETRIQ COPIKTRA COTELLIC DARZALEX FASPRO DAURISMO ERIVEDGE ERLEADA erlotinib hcl everolimus FARYDAK GAVRETO GILOTRIF GLEEVEC IBRANCE ICLUSIG IDHIFA imatinib mesylate IMBRUVICA INLYTA INQOVI INREBIC IRESSA JAKAFI KISQALI KISQALI FEMARA CO-PACK KOSELUGO lapatinib LENVIMA LONSURF LORBRENA LYNPARZA MEKINIST MEKTOVI NERLYNX NEXAVAR NINLARO NUBEQA	PHESGO PIQRAY POMALYST QINLOCK RETEVMO REVLIMID RITUXAN HYCELA ROZLYTREK RUBRACA RYDAPT SIKLOS SPRYCEL STIVARGA SUTENT SYLATRON SYNRIPO TABRECTA TAFINLAR TAGRISSO TALZENNA TARCEVA TASIGNA TAZVERIK TEMODAR temozolomide THALOMID TIBSOVO TUKYSA TURALIO TYKERB VALCHLOR VELCADE VENCLEXTA VENCLEXTA STARTING PACK VERZENIO VITRAKVI VIZIMPRO VOTRIENT XALKORI XELODA XOSPATA XPOVIO XTANDI YONSA ZEJULA ZELBORAF ZOLINZA ZYDELIG

	ODOMZO ONUREG PEMAZYRE	ZYKADIA ZYTIGA
ANTIPARKINSON AGENTS	APOKYN DUOPA INBRIJA	KYNMOBI NOURIANZ
ANTIPSYCHOTICS	ADASUVE	NUPLAZID
ANTISPASTICITY AGENTS	BOTOX DYSPORET	MYOBLOC XEOMIN
ANTIVIRALS	DAKLINZA DOVATO EPCLUSA HARVONI ledipasvir-sofosbuvir MAVYRET PREVYMIS	SELZENTRY sofosbuvir-velpatasvir SOVALDI VIEKIRA PAK VOSEVI ZEPATIER
ANXIOLYTICS	NAYZILAM	
BLOOD PRODUCTS / MODIFIERS / VOLUME EXPANDERS	ARANESP DOPTELET EPOGEN FULPHILA GRANIX LEUKINE MIRCERA MOZOBIL MULPLETA NEULASTA NEULASTA ONPRO NEUPOGEN	NIVESTYM NPLATE NYVEPRIA OXBRYTA PROCRIT PROMACTA REBLOZYL RETACRIT TAVALISSE UDENYCA ZARXIO ZIENTENZO
CARDIOVASCULAR AGENTS	JUXTAPID KEVEYIS NEXLETOL NEXLIZET NORTHERA PRALUENT PEN	PRALUENT SYRINGE REPATHA PUSHTRONEX REPATHA SURECLICK REPATHA SYRINGE VYNDAMAX VYNDAQEL
CENTRAL NERVOUS SYSTEM AGENTS	AUBAGIO AUSTEDO AVONEX AVONEX PEN BAFIERTAM BETASERON COPAXONE dimethyl fumarate	EVRYSDI EXTAVIA GILENYA glatiramer acetate glatopa INGREZZA INGREZZA INITIATION PACK KESIMPTA PEN

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CENTRAL NERVOUS SYSTEM AGENTS -- Continued	MAVENCLAD MAYZENT NUVIGIL PLEGRIDY PLEGRIDY PEN PROVIGIL REBIF	REBIF REBIDOSE SUNOSI TECFIDERA VUMERITY VUMERITY DR 231 MG CAP ZEPOSIA
DERMATOLOGICAL AGENTS	COSENTYX (2 SYRINGES) COSENTYX PEN COSENTYX PEN (2 PENS) COSENTYX SYRINGE DUPIXENT PEN DUPIXENT SYRINGE REGRANEX SKYRIZI (2 SYRINGES) KIT STELARA	TALTZ AUTOINJECTOR TALTZ AUTOINJECTOR (2 PACK) TALTZ AUTOINJECTOR (3 PACK) TALTZ SYRINGE TALTZ SYRINGE (2 PACK) TALTZ SYRINGE (3 PACK) TREMFYA WINLEVI
ELECTROLYTES / MINERALS / METALS / VITAMINS	deferasirox deferiprone EXJADE FERRIPROX	FERRIPROX (2 TIMES A DAY) JADENU JADENU SPRINKLE
GASTROINTESTINAL AGENTS	CHOLBAM GATTEX MYALEPT OCALIVA	VIBERZI XERMELO ZELNORM
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	BRINEURA CERDELGA GALAFOLD miglustat nitisinone NITYR	ORFADIN PROCYSBI RAVICTI STRENSIQ ZAVESCA
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (ADRENAL)	EMFLAZA	ISTURISA
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (PITUITARY)	FOLLISTIM AQ GENOTROPIN GONAL-F GONAL-F RFF GONAL-F RFF REDI-JECT HUMATROPE INCRELEX NORDITROPIN FLEXPOR	NUTROPIN AQ NUTROPIN AQ NUSPIN OMNITROPE SAIZEN SAIZEN-SAIZENPREP SEROSTIM ZOMACTON ZORBTIVE
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (SEX HORMONES / MODIFIERS)	ORIAHNN	

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HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	BYNFEZIA CETROTIDE EGRIFTA EGRIFTA SV ELIGARD FENSOLVI FIRMAGON GANIRELIX ACETATE leuprolide acetate LUPANETA PACK LUPRON DEPOT LUPRON DEPOT-PED MYCAPSSA	octreotide acetate ORLISSA SANDOSTATIN SANDOSTATIN LAR DEPOT SIGNIFOR SIGNIFOR LAR SOMATULINE DEPOT SOMAVERT SUPPRELIN LA TRELSTAR TRIPTODUR VANTAS
IMMUNOLOGICAL AGENTS	ACTEMRA ACTEMRA ACTPEN ARCALYST AVSOLA BENLYSTA CIMZIA CUTAQUIG CUVITRU ENBREL ENBREL MINI ENBREL SURECLICK everolimus FIRAZYR GAMASTAN GAMASTAN S-D GAMMAKED GAMUNEX-C HAEGARDA HIZENTRA HUMIRA HUMIRA PEDIATRIC CROHN'S HUMIRA PEN HUMIRA PEN CROHN'S-UC-HS HUMIRA PEN PSOR-UVEITS- ADOL HS HUMIRA(CF) HUMIRA(CF) PEDIATRIC CROHN'S HUMIRA(CF) PEN HUMIRA(CF) PEN CROHN'S-UC- HS	HUMIRA(CF) PEN PSOR-UV- ADOL HS HYQVIA icatibant ILARIS ILUMYA INFLECTRA KALBITOR KEVZARA KINERET OLUMIANT ORENCIA ORENCIA CLICKJECT ORLADEYO OTEZLA REMICADE RENFLEXIS RINVOQ SIMPONI SIMPONI ARIA STELARA SYNAGIS TAKHZYRO VARIZIG XELJANZ XELJANZ XR XEMBIFY ZORTRESS

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METABOLIC BONE DISEASE AGENTS	EVENITY EVENITY (2 SYRINGES) FORTEO NATPARA	PROLIA TERIPARATIDE TYMLOS XGEVA
MISCELLANEOUS THERAPEUTIC AGENTS	CABLIVI DOJOLVI DUROLANE ENSPRYNG EUFLEXXA gel-one GELSYN-3 GIVLAARI HYMOVIS	MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE TEGSEDI THYROGEN XIAFLEX XURIDEN
OPHTHALMIC AGENTS	CEQUA CYSTADROPS CYSTARAN OXERVATE	RESTASIS RESTASIS MULTIDOSE XIIDRA
RESPIRATORY TRACT / PULMONARY AGENTS	ADCIRCA ADEMPAS alyq ambrisentan bosentan budesonide-formoterol fumarate CAYSTON ESBRIET FASENRA FASENRA PEN HYCODAN hydrocod-cpm-pseudoephedrine hydrocodone-chlorpheniramne er hydrocodone-homatropine mbr hydromet KALYDECO LETAIRIS NUCALA OFEV OPSUMIT ORENITRAM ER ORKAMBI	promethazine-codeine promethazine-phenyleph-codeine PULMOZYME REMODULIN REVIATIO sildenafil citrate SYMDEKO tadalafil 20 mg tablet (generic for adcirca) TRACLEER treprostinil TRIKAFTA TUSSIONEX TUZISTRA XR TYVASO TYVASO INSTITUTIONAL START KIT TYVASO REFILL KIT TYVASO STARTER KIT UPTRAVI VENTAVIS VITUZ XOLAIR
SLEEP DISORDER AGENTS	HETLIOZ	

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company (“PIC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:

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- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC 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:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
Email: customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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ໂປດຊາບ: ຖ້າວ່າທ່ານບໍ່ເຂົ້າໃຈພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນມາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຄວນມາພົວພັນໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስመራት ለተሳናቸው: 763.847.4013) .

တံသိုလ်သး- နမူကတိ ကညီ ကိုဆိဆိ, နမူနို ကိုဆိဆိမစၤလၢ တလၢပိသိုလ်သးစၢ နိတမံဘၣ်သ့န့ၣ်လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013) ។

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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If you believe that PCHP 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:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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, 800-537-7697 (TDD)

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ໂປດຊາວ: ຖ້າວ່າທ່ານບໍ່ເຂົ້າໃຈພາສາອັງກฤษ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນມັດພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຈະມີຮັບໃຫ້ທ່ານ. ໂທສ

1.800.940.5049 (TTY: 763.847.4013).

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တံသ့ၣ်တံသး- နမူကတိၣ် ကညီ ကိုၣ်အထိ, နမူနာ ကိုၣ်အတိၣ်မစၢလၢ တလၢဘၣ်သ့ၣ်လၢဘၣ်စၢ နီတံၣ်ဘၣ်သ့ၣ်န့ၣ်လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

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