

Prior Authorization Drug List

This is a list of drugs that require Prior Authorization before coverage is provided. If you are prescribed a medication that requires Prior Authorization, your physician will need to contact ClearScript at the number provided on your ID card to request a prior authorization review. ClearScript will review the request to determine if the medication use is consistent with your benefit coverage and will notify you and your physician of the coverage determination.

Without prior authorization approval, these drugs may not be covered by your pharmacy benefit.

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 by your benefit plan. Your plan may require prior authorization for additional medications not included on this list.

| Drug Class | Drugs Requiring Prior Authorization | |
|-------------------|--|---|
| ANALGESICS | ABSTRAL <i>acetaminophen-codeine</i> | <i>acetamin-caff-dihydrocodeine</i> |
| | ARYMO ER <i>aspirin</i> | ACTIQ <i>ascomp with codeine</i> |
| | <i>buprenorphine</i> | BELBUCA |
| | <i>butalb-caff-acetaminoph-codein</i> | <i>butalb-acetaminoph-caff-codein</i> |
| | <i>butorphanol tartrate</i> | <i>butalbital compound-codeine</i> |
| | CAPITAL W-CODEINE <i>carisoprodol-aspirin-codeine</i> | BUTRANS <i>carisoprodol compound-codeine</i> |
| | CONZIP <i>diclofenac sodium</i> | <i>codeine sulfate</i> |
| | DOLOPHINE HCL | DEMEROL |
| | DURAGESIC <i>endocet</i> | DILAUDID |
| | <i>fentanyl</i> | DUEXIS |
| | FENTORA | EMBEDA |
| | FIORINAL WITH CODEINE #3 <i>hydrocodone-acetaminophen</i> | EXALGO <i>fentanyl citrate</i> |
| | <i>hydromorphone er</i> | FIORICET WITH CODEINE |
| | | HYCET <i>hydrocodone-ibuprofen</i> |
| | | <i>hydromorphone hcl</i> |

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

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Drug Class**Drugs Requiring Prior Authorization****ANALGESICS -- Continued**

| | |
|-----------------------------------|---------------------------------|
| HYSINGLA ER | <i>ibudone</i> |
| KADIAN | <i>klofensaid ii</i> |
| LAZANDA | <i>levorphanol tartrate</i> |
| <i>lorcet</i> | <i>lorcet hd</i> |
| <i>lorcet plus</i> | <i>lortab</i> |
| <i>meperidine hcl</i> | <i>methadone hcl</i> |
| MORPHABOND ER | <i>morphine sulfate</i> |
| <i>morphine sulfate er</i> | MS CONTIN |
| <i>nalocet</i> | NORCO |
| NUCYNTA | NUCYNTA ER |
| OPANA | OPANA ER |
| OXAYDO | <i>oxycodone hcl</i> |
| <i>oxycodone hcl er</i> | <i>oxycodone hcl-aspirin</i> |
| <i>oxycodone hcl-ibuprofen</i> | <i>oxycodone-acetaminophen</i> |
| OXYCONTIN | <i>oxymorphone hcl</i> |
| <i>oxymorphone hcl er</i> | <i>panlor</i> |
| PENNSAID | <i>pentazocine-naloxone hcl</i> |
| PERCOCET | <i>primlev</i> |
| <i>reprexain</i> | ROXICODONE |
| ROXYBOND | SPRIX |
| SUBSYS | SYNALGOS-DC |
| <i>tramadol hcl</i> | <i>tramadol hcl er</i> |
| <i>tramadol hcl-acetaminophen</i> | TREZIX |
| TYLENOL-CODEINE NO.3 | TYLENOL-CODEINE NO.4 |
| ULTRACET | ULTRAM |
| <i>verdrocet</i> | <i>vicodin</i> |
| <i>vicodin es</i> | <i>vicodin hp</i> |
| VIMOVO | XODOL 10-300 |
| XODOL 5-300 | XODOL 7.5-300 |
| XTAMPZA ER | <i>xylon 10</i> |
| ZAMICET | ZOHYDRO ER |

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| Drug Class | Drugs Requiring Prior Authorization | |
|----------------------------|-------------------------------------|-------------------------------|
| ANESTHETICS | | |
| ANTIBACTERIALS | | |
| | ARIKAYCE | XIFAXAN |
| ANTICONVULSANTS | | |
| | <i>clobazam</i> | EPIDIOLEX |
| | ONFI | SABRIL |
| | SYMPAZAN | <i>vigabatrin</i> |
| | <i>vigadrone</i> | |
| ANTIEMETICS | | |
| | BONJESTA | CESAMET |
| | DICLEGIS | <i>dronabinol</i> |
| | MARINOL | SYNDROS |
| ANTIFUNGALS | | |
| | CICLODAN | <i>ciclopirox</i> |
| | CNL 8 | <i>itraconazole</i> |
| | JUBLIA | KERYDIN |
| | ONMEL | SPORANOX |
| ANTIGOUT AGENTS | | |
| | KRYSTEXXA | |
| ANTIMIGRAINE AGENTS | | |
| | AIMOVIG AUTOINJECTOR | AIMOVIG AUTOINJECTOR (2 PACK) |
| | AJOVY | EMGALITY |
| ANTINEOPLASTICS | | |
| | ADCETRIS | AFINITOR |
| | AFINITOR DISPERZ | ALECENSA |
| | ALIQOPA | ALUNBRIG |
| | ARZERRA | BAVENCIO |
| | BELEODAQ | BESPONSA |
| | <i>bexarotene</i> | BLINCYTO |
| | <i>bortezomib</i> | BOSULIF |
| | BRAFTOVI | CABOMETYX |
| | CALQUENCE | <i>capecitabine</i> |

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Drug Class**Drugs Requiring Prior Authorization****ANTINEOPLASTICS -- Continued**

| | |
|-------------------------|--------------------------|
| CAPRELSA | COMETRIQ |
| COPIKTRA | COTELLIC |
| CYRAMZA | DACOGEN |
| DARZALEX | <i>decitabine</i> |
| ELITEK | EMPLICITI |
| ERBITUX | ERIVEDGE |
| ERLEADA | FARYDAK |
| FOLOTYN | GAZYVA |
| GILOTRIF | GLEEVEC |
| HALAVEN | HERCEPTIN |
| IBRANCE | ICLUSIG |
| IDHIFA | <i>imatinib mesylate</i> |
| IMBRUVICA | IMFINZI |
| INLYTA | IRESSA |
| ISTODAX | JAKAFI |
| JEVTANA | KADCYLA |
| KEYTRUDA | KISQALI |
| KISQALI FEMARA CO-PACK | KYMRIAH |
| KYPROLIS | LARTRUVO |
| LENVIMA | LIBTAYO |
| LONSURF | LORBRENA |
| LUMOXITI | LYNPARZA |
| MEKINIST | MEKTOVI |
| <i>mitoxantrone hcl</i> | MYLOTARG |
| NERLYNX | NEXAVAR |
| NINLARO | ODOMZO |
| OPDIVO | PERJETA |
| POMALYST | PORTRAZZA |
| POTELIGEO | PROVENGE |
| REVLIMID | RITUXAN |
| RITUXAN HYCELA | <i>romidepsin</i> |
| RUBRACA | RYDAPT |

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|------------|-------------------------------------|
|------------|-------------------------------------|

ANTINEOPLASTICS -- Continued

| | |
|-------------------------|-----------|
| SPRYCEL | STIVARGA |
| SUTENT | SYLATRON |
| SYLVANT | SYNRIBO |
| TAFINLAR | TAGRISSE |
| TALZENNA | TARCEVA |
| TARGRETIN | TASIGNA |
| TECENTRIQ | TEMODAR |
| <i>temozolomide</i> | THALOMID |
| TIBSOVO | TYKERB |
| UNITUXIN | VALCHLOR |
| VELCADE | VENCLEXTA |
| VENCLEXTA STARTING PACK | VERZENIO |
| VIZIMPRO | VOTRIENT |
| VYXEOS | XALKORI |
| XELODA | XTANDI |
| YERVOY | YESCARTA |
| YONSA | ZALTRAP |
| ZEJULA | ZELBORAF |
| ZOLINZA | ZYDELIG |
| ZYKADIA | ZYTIGA |

ANTIPARASITICS

| | |
|------------------------|-----------|
| <i>albendazole</i> | ALBENZA |
| DARAPRIM | QUALAQUIN |
| <i>quinine sulfate</i> | |

ANTIPARKINSON AGENTS

| | |
|---------|------------|
| APOKYN | DUOPA |
| GOCOVRI | OSMOLEX ER |

ANTIPSYCHOTICS

| | |
|---------|----------|
| ADASUVE | NUPLAZID |
|---------|----------|

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ANTIVIRALS**Drug Class****Drugs Requiring Prior Authorization**

ANTIVIRALS -- Continued

| | |
|------------|-------------------|
| DAKLINZA | EPCLUSA |
| HARVONI | INTRON A |
| MAVYRET | OLYSIO |
| PEGASYS | PEGASYS PROCLICK |
| PEGINTRON | PEGINTRON REDIPEN |
| PREVYMIS | SELZENTRY |
| SOVALDI | TECHNIVIE |
| TROGARZO | VIEKIRA PAK |
| VIEKIRA XR | VOSEVI |
| ZEPATIER | |

BLOOD GLUCOSE REGULATORS

| | |
|---|-----------------------------|
| AFREZZA | <i>chlorpropamide</i> |
| GLUMETZA | <i>metformin er gastric</i> |
| <i>metformin hcl er 500 (generic for glumetza er)</i> | SYMLINPEN 120 |
| SYMLINPEN 60 | |

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

| | |
|----------|-----------|
| ARANESP | EPOGEN |
| FULPHILA | GRANIX |
| LEUKINE | MIRCERA |
| MOZOBIL | MULPLETA |
| NEULASTA | NEUPOGEN |
| NIVESTYM | NPLATE |
| PROCRIT | PROMACTA |
| RETACRIT | TAVALISSE |
| ZARXIO | |

CARDIOVASCULAR AGENTS

| | |
|--------------|------------------------------|
| CORLANOR | <i>ezetimibe-simvastatin</i> |
| JUXTAPID | KEVEYIS |
| KYNAMRO | NORTHERA |
| PRALUENT PEN | PRALUENT SYRINGE |

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Drug Class**Drugs Requiring Prior Authorization****CARDIOVASCULAR AGENTS -- Continued**

| | |
|--------------------|--------------------|
| REPATHA PUSHTRONEX | REPATHA SURECLICK |
| REPATHA SYRINGE | <i>simvastatin</i> |
| VYTORIN | ZOCOR |

CENTRAL NERVOUS SYSTEM AGENTS

| | |
|--------------------------------------|------------------------------------|
| ADDERALL | ADDERALL XR |
| ADZENYS ER | ADZENYS XR-ODT |
| <i>amphetamine sulfate</i> | AMPYRA |
| APTENSIO XR | AUBAGIO |
| AUSTEDO | AVONEX |
| AVONEX PEN | BETASERON |
| CONCERTA | COPAXONE |
| COTEMPLA XR-ODT | <i>dalfampridine er</i> |
| DAYTRANA | DESOXYN |
| DEXEDRINE | <i>dexmethylphenidate hcl</i> |
| <i>dexmethylphenidate hcl er</i> | <i>dextroamphetamine sulfate</i> |
| <i>dextroamphetamine sulfate er</i> | <i>dextroamphetamine-amphet er</i> |
| <i>dextroamphetamine-amphetamine</i> | DYANAVEL XR |
| EVEKEO | EXTAVIA |
| FOCALIN | FOCALIN XR |
| GILENYA | <i>glatiramer acetate</i> |
| <i>glatopa</i> | HORIZANT |
| INGREZZA | LEMTRADA |
| METADATE CD | <i>metadate er</i> |
| <i>methamphetamine hcl</i> | METHYLIN |
| <i>methylphenidate er</i> | <i>methylphenidate er (la)</i> |
| <i>methylphenidate hcl</i> | <i>methylphenidate hcl cd</i> |
| <i>methylphenidate hcl er (cd)</i> | <i>methylphenidate la</i> |
| MYDAYIS | NUEDEXTA |
| OCREVUS | PLEGRIDY |
| PLEGRIDY PEN | <i>procentra</i> |
| QUILLICHEW ER | QUILLIVANT XR |
| RADICAVA | REBIF |

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Drug Class**Drugs Requiring Prior Authorization****CENTRAL NERVOUS SYSTEM AGENTS -- Continued**

| | |
|----------------|----------------------|
| REBIF REBIDOSE | <i>relexxii</i> |
| RILUTEK | <i>riluzole</i> |
| RITALIN | RITALIN LA |
| TECFIDERA | <i>tetrabenazine</i> |
| TIGLUTIK | TYSABRI |
| VYVANSE | XENAZINE |
| ZENZEDI | <i>zenzedi</i> |
| ZINBRYTA | |

DERMATOLOGICAL AGENTS

| | |
|------------------------------|-----------------------------|
| ABSORICA | <i>adapalene</i> |
| ALTRENO | <i>amnestem</i> |
| ATRALIN | AVITA |
| <i>claravis</i> | COSENTYX (2 SYRINGES) |
| COSENTYX PEN | COSENTYX PEN (2 PENS) |
| COSENTYX SYRINGE | DIFFERIN |
| DUPIXENT | <i>isotretinoin</i> |
| <i>myorisan</i> | <i>plixda</i> |
| REGRANEX | RENOVA |
| RENOVA PUMP | RETIN-A |
| RETIN-A MICRO | RETIN-A MICRO PUMP |
| STELARA | TALTZ AUTOINJECTOR |
| TALTZ AUTOINJECTOR (2 PACK) | TALTZ AUTOINJECTOR (3 PACK) |
| TALTZ SYRINGE | TALTZ SYRINGE (2 PACK) |
| TALTZ SYRINGE (3 PACK) | TREMFYA |
| TRETIN-X | <i>tretinoin</i> |
| <i>tretinoin microsphere</i> | <i>zenatane</i> |

ENZYME REPLACEMENT/MODIFIERS

| | |
|------------|----------|
| ALDURAZYME | BRINEURA |
| CERDELGA | CEREZYME |
| ELAPRASE | ELELYSO |
| FABRAZYME | GALAFOLD |
| KANUMA | KUVAN |

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|------------|-------------------------------------|
|------------|-------------------------------------|

ENZYME REPLACEMENT/MODIFIERS -- Continued

| | |
|------------------|-----------|
| LUMIZYME | MEPSEVII |
| <i>miglustat</i> | NAGLAZYME |
| NITYR | ORFADIN |
| PALYNZIQ | PROCYSBI |
| RAVICTI | STRENSIQ |
| VIMIZIM | VPRIV |
| ZAVESCA | |

GASTROINTESTINAL AGENTS

| | |
|----------------------|----------|
| <i>alosetron hcl</i> | CHOLBAM |
| GATTEX | LOTRONEX |
| OCALIVA | RELISTOR |
| VIBERZI | XENICAL |
| XERMELO | |

GENITOURINARY AGENTS

| |
|-----------|
| CUPRIMINE |
|-----------|

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

| | |
|---------|--------|
| EMFLAZA | KORLYM |
|---------|--------|

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

| | |
|-------------------------------|---------------------|
| <i>chorionic gonadotropin</i> | GENOTROPIN |
| H.P. ACTHAR | HUMATROPE |
| INCRELEX | NORDITROPIN FLEXPPO |
| NOVAREL | NUTROPIN AQ |
| NUTROPIN AQ NUSPIN | OMNITROPE |
| PREGNYL | SAIZEN |
| SAIZEN-SAIZENPREP | SEROSTIM |
| ZOMACTON | ZORBTIVE |

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

| | |
|----------------|-------------------|
| ANADROL-50 | ANDRODERM |
| ANDROGEL | ANDROID |
| <i>androxy</i> | AVEED |
| AXIRON | DEPO-TESTOSTERONE |

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|------------|-------------------------------------|
|------------|-------------------------------------|

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) -- Continued

| | |
|-------------------------------|-------------------------------------|
| FORTESTA | <i>hydroxyprogesterone caproate</i> |
| MAKENA | METHITEST |
| <i>methyltestosterone</i> | NATESTO |
| OXANDRIN | <i>oxandrolone</i> |
| TESTIM | TESTONE CIK |
| TESTOPEL | <i>testosterone</i> |
| <i>testosterone cypionate</i> | <i>testosterone enanthate</i> |
| TESTRED | VOGELXO |
| XYOSTED | |

HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)

SENSIPAR

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

| | |
|------------------|---------------------------|
| EGRIFTA | ELIGARD |
| FIRMAGON | <i>leuprolide acetate</i> |
| LUPANETA PACK | LUPRON DEPOT |
| LUPRON DEPOT-PED | <i>octreotide acetate</i> |
| SANDOSTATIN | SANDOSTATIN LAR DEPOT |
| SIGNIFOR | SIGNIFOR LAR |
| SOMATULINE DEPOT | SOMAVERT |
| SUPPRELIN LA | TRELSTAR |
| TRIPTODUR | VANTAS |

IMMUNOLOGICAL AGENTS

| | |
|------------------|---------------------------------|
| ACTEMRA | ARCALYST |
| BENLYSTA | BERINERT |
| BIVIGAM | <i>carimune nf nanofiltered</i> |
| CIMZIA | CINRYZE |
| CUVITRU | CYTOGAM |
| ENBREL | ENBREL MINI |
| ENBREL SURECLICK | ENTYVIO |
| FIRAZYR | <i>flebogamma dif</i> |
| GAMASTAN | GAMASTAN S-D |

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|------------|-------------------------------------|
|------------|-------------------------------------|

IMMUNOLOGICAL AGENTS -- Continued

| | |
|--------------------------------|------------------------------|
| GAMMAGARD LIQUID | GAMMAGARD S-D |
| GAMMAKED | GAMMAPLEX |
| GAMUNEX-C | HAEGARDA |
| HIZENTRA | HUMIRA |
| HUMIRA PEDIATRIC CROHN'S | HUMIRA PEN |
| HUMIRA PEN CROHN-UC-HS STARTER | HUMIRA PEN PSORIASIS-UVEITIS |
| HYQVIA | ILARIS |
| ILUMYA | INFLECTRA |
| KALBITOR | KEVZARA |
| KINERET | NULOJIX |
| OCTAGAM | OLUMIANT |
| ORENCIA | ORENCIA CLICKJECT |
| OTEZLA | OTREXUP |
| PANZYGA | <i>privigen</i> |
| RASUVO | REMICADE |
| RENFLEXIS | RUCONEST |
| SILIQ | SIMPONI |
| SIMPONI ARIA | STELARA |
| SYNAGIS | TAKHZYRO |
| VARIZIG | XELJANZ |
| XELJANZ XR | ZORTRESS |

METABOLIC BONE DISEASE AGENTS

| | |
|--------|---------|
| FORTEO | NATPARA |
| PROLIA | TYMLOS |
| XGEVA | |

MISCELLANEOUS THERAPEUTIC AGENTS

| | |
|---------------------------|------------------------------|
| ADDYI | <i>adipex-p</i> |
| BELVIQ | BELVIQ XR |
| <i>benzphetamine hcl</i> | BRAVELLE |
| CETROTIDE | CONTRACE |
| <i>diethylpropion hcl</i> | <i>diethylpropion hcl er</i> |

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| | |
|--|-------------------------------------|
| DUROLANE | EUFLEXXA |
| EXONDYS 51 | FLOWTUSS |
| FOLLISTIM AQ | GANIRELIX ACETATE |
| <i>gel-one</i> | GELSYN-3 |
| <i>genvisc 850</i> | GONAL-F |
| GONAL-F RFF | GONAL-F RFF REDI-JECT |
| HYALGAN | <i>hydrocod-cpm-pseudoephedrine</i> |
| <i>hydrocodone-chlorpheniramine er</i> | <i>hydrocodone-guaifenesin</i> |
| <i>hydrocodone-homatropine mbr</i> | <i>hydromet</i> |
| HYMOVIS | <i>lomaira</i> |
| MENOPUR | MONOVISC |
| MYALEPT | MYOBLOC |
| NUCALA | OBREDON |
| ODACTRA | ORILISSA |
| ORTHOVISC | <i>phendimetrazine tartrate</i> |
| <i>phendimetrazine tartrate er</i> | <i>phentermine hcl</i> |
| <i>promethazine vc-codeine</i> | <i>promethazine-codeine</i> |
| <i>promethazine-phenyleph-codeine</i> | QSYMIA |
| REGIMEX | REZIRA |
| SAXENDA | SOLIRIS |
| SPINRAZA | <i>supartz fx</i> |
| SUPRENZA ODT | SYNVISC |
| SYNVISC-ONE | TEGSEDI |
| THYROGEN | <i>trivisc</i> |
| TUSSICAPS | <i>tussigon</i> |
| TUSSIONEX | TUZISTRA XR |
| <i>visco-3</i> | VITUZ |
| XIAFLEX | XURIDEN |
| ZUTRIPRO | |

OPHTHALMIC AGENTS

| | |
|-------------------------|----------|
| CYCLOSPORINE IN KLARITY | CYSTARAN |
| LUXTURNA | RESTASIS |

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|--|-------------------------------------|---|
| OPHTHALMIC AGENTS -- Continued | RESTASIS MULTIDOSE | XIIDRA |
| RESPIRATORY TRACT/PULMONARY AGENTS | ADCIRCA | ADEMPAS |
| | ARALAST NP | CAYSTON |
| | CINQAIR | DALIRESP |
| | <i>epoprostenol sodium</i> | ESBRIET |
| | FASENRA | FLOLAN |
| | GLASSIA | GRASTEK |
| | KALYDECO | LETAIRIS |
| | OFEV | OPSUMIT |
| | ORALAIR | ORENITRAM ER |
| | ORKAMBI | PROLASTIN C |
| | PULMOZYME | RAGWITEK |
| | REMODULIN | REVATIO |
| | <i>sildenafil</i> | <i>sildenafil citrate</i> |
| | SYMDEKO | <i>tadalafil 20 mg tablet (generic for adcirca)</i> |
| | TRACLEER | TYVASO |
| | TYVASO INSTITUTIONAL START KIT | TYVASO REFILL KIT |
| | TYVASO STARTER KIT | UPTRAVI |
| | VELETRI | VENTAVIS |
| | XOLAIR | ZEMAIRA |
| SKELETAL MUSCLE RELAXANTS | BOTOX | DYSPORT |
| | XEOMIN | |
| SLEEP DISORDER AGENTS | <i>armodafinil</i> | <i>flurazepam hcl</i> |
| | HETLIOZ | <i>modafinil</i> |
| | NUVIGIL | PROVIGIL |
| | XYREM | |
| THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES | ENDARI | EXJADE |

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

Effective 11/16/2018 -- This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

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Drug Class**Drugs Requiring Prior Authorization****THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES -- Continued**

| | |
|-----------------|---------|
| FERRIPROX | JADENU |
| JADENU SPRINKLE | SYPRINE |

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

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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 ကညီၣ် ကျိၣ်အယံၣ်, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျုးလၢၣ်စ့ၤ နိတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 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.