

## 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	
<b>ANALGESICS</b>	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	DILAUDID
	EMBEDA	DUEXIS <i>dvorah</i>
	EXALGO <i>fentanyl citrate</i>	<i>endocet</i>
	FIORICET WITH CODEINE	<i>fentanyl</i>
	HYCET <i>hydrocodone-ibuprofen</i>	FENTORA
		FIORINAL WITH CODEINE #3 <i>hydrocodone-acetaminophen</i>
		<i>hydromorphone er</i>

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.

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

<i>hydromorphone hcl</i>	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

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.

Drug Class	Drugs Requiring Prior Authorization	
<b>ANESTHETICS</b>		
<b>ANTIBACTERIALS</b>		
	ARIKAYCE	XIFAXAN
<b>ANTICONVULSANTS</b>		
	<i>clobazam</i>	EPIDIOLEX
	ONFI	SABRIL
	SYMPAZAN	<i>vigabatrin</i>
	<i>vigadrone</i>	
<b>ANTIEMETICS</b>		
	BONJESTA	CESAMET
	DICLEGIS	<i>dronabinol</i>
	MARINOL	SYNDROS
<b>ANTIFUNGALS</b>		
	CICLODAN	<i>ciclopirox</i>
	CNL 8	<i>itraconazole</i>
	JUBLIA	KERYDIN
	ONMEL	SPORANOX
	TOLSURA	
<b>ANTIGOUT AGENTS</b>		
	KRYSTEXXA	
<b>ANTIMIGRAINE AGENTS</b>		
	AIMOVIG AUTOINJECTOR	AIMOVIG AUTOINJECTOR (2 PACK)
	AJOVY	EMGALITY
<b>ANTIMYASTHENIC AGENTS</b>		
	FIRDAPSE	
<b>ANTINEOPLASTICS</b>		
	<i>abiraterone acetate</i>	ADCETRIS
	AFINITOR	AFINITOR DISPERZ
	ALECENSA	ALIQOPA
	ALUNBRIG	ARZERRA
	BAVENCIO	BELEODAQ

CAPITAL LETTERS = BRAND MEDICATIONS  
 lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
 Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
 All other trademarks or trade names are the property of their respective owners.

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

BESPONSA	<i>bexarotene</i>
BLINCYTO	<i>bortezomib</i>
BOSULIF	BRAFTOVI
CABOMETYX	CALQUENCE
<i>capecitabine</i>	CAPRELSA
COMETRIQ	COPIKTRA
COTELLIC	CYRAMZA
DACOGEN	DARZALEX
DAURISMO	<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	KHAPZORY
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

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.

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

PERJETA	POMALYST
PORTRAZZA	POTELIGEO
PROVENGE	REVLIMID
RITUXAN	RITUXAN HYCELA
<i>romidepsin</i>	RUBRACA
RYDAPT	SPRYCEL
STIVARGA	SUTENT
SYLATRON	SYLVANT
SYNRIBO	TAFINLAR
TAGRISSO	TALZENNA
TARCEVA	TARGRETIN
TASIGNA	TECENTRIQ
TEMODAR	<i>temozolomide</i>
THALOMID	TIBSOVO
TYKERB	UNITUXIN
VALCHLOR	VELCADE
VENCLEXTA	VENCLEXTA STARTING PACK
VERZENIO	VITRAKVI
VIZIMPRO	VOTRIENT
VYXEOS	XALKORI
XELODA	XOSPATA
XTANDI	YERVOY
YESCARTA	YONSA
ZALTRAP	ZEJULA
ZELBORAF	ZOLINZA
ZYDELIG	ZYKADIA
ZYTIGA	

**ANTIPARASITICS**

<i>albendazole</i>	ALBENZA
DARAPRIM	QUALAQUIN

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.

*quinine sulfate*

Drug Class	Drugs Requiring Prior Authorization	
<b>ANTIPARKINSON AGENTS</b>	DUOPA	GOCOVRI
	OSMOLEX ER	
<b>ANTIPSYCHOTICS</b>	ADASUVE	NUPLAZID
<b>ANTIVIRALS</b>	DAKLINZA	EPCLUSA
	HARVONI	INTRON A
	<i>ledipasvir-sofosbuvir</i>	MAVYRET
	OLYSIO	PEGASYS
	PEGASYS PROCLICK	PEGINTRON
	PEGINTRON REDIPEN	PREVYMIS
	SELZENTRY	<i>sofosbuvir-velpatasvir</i>
	SOVALDI	TECHNIVIE
	TROGARZO	VIEKIRA PAK
	VIEKIRA XR	VOSEVI
	ZEPATIER	
<b>BLOOD GLUCOSE REGULATORS</b>	AFREZZA	GLUMETZA
	<i>metformin er gastric</i>	<i>metformin hcl er 500 (generic for glumetza er)</i>
	SYMLINPEN 120	SYMLINPEN 60
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS</b>	ARANESP	EPOGEN
	FULPHILA	GRANIX
	LEUKINE	MIRCERA
	MOZOBIL	MULPLETA
	NEULASTA	NEUPOGEN
	NIVESTYM	NPLATE
	PROCRIT	PROMACTA
	RETACRIT	TAVALISSE
	UDENYCA	ZARXIO

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.

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

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

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.

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

OCREVUS	PLEGRIDY
PLEGRIDY PEN	<i>procentra</i>
QUILLICHEW ER	QUILLIVANT XR
RADICAVA	REBIF
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>

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.



Drug Class	Drugs Requiring Prior Authorization
------------	-------------------------------------

**ENZYME REPLACEMENT/MODIFIERS**

BRINEURA	CERDELGA
CEREZYME	ELAPRASE
ELELYSO	FABRAZYME
GALAFOLD	KANUMA
KUVAN	LUMIZYME
MEPSEVII	<i>miglustat</i>
NAGLAZYME	NITYR
ORFADIN	PALYNZIQ
PROCYSBI	RAVICTI
REVCOVI	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 FLEXPRO
NOVAREL	NUTROPIN AQ
NUTROPIN AQ NUSPIN	OMNITROPE
PREGNYL	SAIZEN
SAIZEN-SAIZENPREP	SEROSTIM
ZOMACTON	ZORBIVE

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.

Drug Class	Drugs Requiring Prior Authorization
------------	-------------------------------------

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

ANDRODERM	ANDROGEL
ANDROID	<i>androxy</i>
AVEED	AXIRON
DEPO-TESTOSTERONE	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	CARIMUNE NF NANOFILTERED
CIMZIA	CINRYZE
CUVITRU	CYTOGAM
ENBREL	ENBREL MINI
ENBREL SURECLICK	ENTYVIO

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.

Drug Class	Drugs Requiring Prior Authorization
------------	-------------------------------------

**IMMUNOLOGICAL AGENTS -- Continued**

FIRAZYR	FLEBOGAMMA DIF
GAMASTAN	GAMASTAN S-D
GAMMAGARD LIQUID	GAMMAGARD S-D
GAMMAKED	GAMMAPLEX
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
ILARIS	ILUMYA
INFLECTRA	KALBITOR
KEVZARA	KINERET
NULOJIX	OCTAGAM
OLUMIANT	ORENCIA
ORENCIA CLICKJECT	OTEZLA
OTREXUP	PANZYGA
PRIVIGEN	RASUVO
REMICADE	RENFLEXIS
RUCONEST	SILIQ
SIMPONI	SIMPONI ARIA
STELARA	SYNAGIS
TAKHZYRO	VARIZIG
XELJANZ	XELJANZ XR
ZORTRESS	

---

**METABOLIC BONE DISEASE AGENTS**

FORTEO	NATPARA
PROLIA	TYMLOS

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.

XGEVA

**Drug Class**

**Drugs Requiring Prior Authorization**

**MISCELLANEOUS THERAPEUTIC AGENTS**

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

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.

Drug Class	Drugs Requiring Prior Authorization
------------	-------------------------------------

**MISCELLANEOUS THERAPEUTIC AGENTS -- Continued**

VITUZ	XIAFLEX
XURIDEN	ZUTRIPRO

**OPHTHALMIC AGENTS**

CEQUA	CYCLOSPORINE IN KLARITY
CYSTARAN	LUXTURNA
OXERVATE	RESTASIS
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	DYSPOREX
-------	----------

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
All other trademarks or trade names are the property of their respective owners.

---

**SLEEP DISORDER AGENTS**

**Drug Class**

**Drugs Requiring Prior Authorization**

---

**SLEEP DISORDER AGENTS -- Continued**

<i>armodafinil</i>	<i>flurazepam hcl</i>
HETLIOZ	<i>modafinil</i>
NUVIGIL	PROVIGIL
XYREM	

---

**THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES**

ENDARI	EXJADE
FERRIPROX	JADENU
JADENU SPRINKLE	SYPRINE

CAPITAL LETTERS = BRAND MEDICATIONS  
 lower case = generic medications

Effective 12/28/2018 -- This list is subject to change and does not define coverage.  
 Only your plan can determine coverage of your benefit.

©2018 ClearScript is a service mark of Fairview Pharmacy Services, LLC  
 All other trademarks or trade names are the property of their respective owners.

# DISCRIMINATION IS AGAINST THE LAW

## Final Rule Under Section 1557 for Nondiscrimination and Accessibility Requirements

We comply with applicable Federal civil rights laws and the Minnesota Human Rights Act. We do not discriminate against, exclude, or treat people differently or deny any person the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of a place of public accommodation because of race, color, creed, religion, national origin, marital status, age, disability, sexual orientation or sex.

We provide free aids and services to help people communicate effectively with us, such as:

- Qualified sign language interpreters, call 612-273-3780.
- TTY for hearing and language impaired, dial 711.
- Qualified spoken language interpreters, for people whose preferred language is not English, call 1-844-278-9798
- Written information in other languages and formats (such as large print, audio and accessible electronic formats), call 612-273-3780.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, creed, religion, national origin, marital status, age, disability, sexual orientation or sex, you can file a grievance with your facility in person or by mail, fax or email. The contacts listed below will help you. For a copy of our grievance procedure, go to: <http://www.fvfiles.com/524620.pdf>.

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

Fairview Pharmacy Services

Corporate Office, 711 Kasota Ave. S.E., Minneapolis, MN 55414

Phone: 612-617-3513

Fax: 612-672-5201

Email: [dept-pharm-compliance@fairview.org](mailto:dept-pharm-compliance@fairview.org)

You can also file a non-discrimination complaint with the U.S. Department of Health and Human Services and/or Minnesota Department of Human Rights:

U.S. Department of Health and Human Services, Office for Civil Rights:

- Electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
- By mail at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201.
- By phone: 1-800-368-1019, 800-537-7697 (TDD).
- Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Minnesota Department of Human Rights:

- Electronically through the MDHR complaint inquiry form, available at <https://b5.caspio.com/dp.asp?AppKey=18a340001049f4ae67b24974b4ec>.
- By mail at: Minnesota Department of Human Rights, 625 Robert Street North, Saint Paul, MN 55155.
- By phone: 651.539.1100 (TTY 651.296.1283) or Toll Free at 800.657.3704.

---

## LANGUAGE SERVICES

1-844-278-9798 (TTY: 711) – Available 24 Hours

ATTENTION: Language assistance services, free of charge, are available to you.  
Call 1-844-278-9798.



### Somali

FIIRO GAAR AH: Hadii aad ku hadasho Soomaali, waaxda luqadaha, qaybta kaalmada adeegyada, waxay idiin hayaan adeeg kharash la'aan ah.  
So wac 1-844-278-9798.

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.  
Llame al 1-844-278-9798.

## Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-278-9798.

## Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-278-9798.

## Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-278-9798.

## Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-278-9798.

## Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-278-9798.

## Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-844-278-9798。

## Amharic

ማስታወሻ: የግንባታ ቋንቋ አገልግሎት ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-844-278-9798.

## Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-844-278-9798 ។

## Lao

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-844-278-9798.

## Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-278-9798 번으로 전화해 주십시오.

## French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-278-9798.

## Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-278-9798 تماس بگیرید.

## Karen

ဟံသုၣ်ဟံသး- နမ့ၢ်ကတိၤ ကညီ ကျိၣ်အယံ, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျုးလၢၣ်စ့ၤ နိတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိ: 1-844-278-9798

## Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-278-9798.

## French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-844-278-9798.

## Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-278-9798.

## Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-278-9798.

## Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-278-9798.

## Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-278-9798 まで、お電話にてご連絡ください。

## German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 1-844-278-9798.