

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

**Prior Authorization Medications**

<b>Drug Class</b>	<b>Drugs Requiring Prior Authorization</b>	
<b>ANALGESICS -- Continued</b>	ketorolac tromethamine LAZANDA levorphanol tartrate lorcet lorcet hd lorcet plus lortab meperidine hcl methadone hcl MORPHABOND ER 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 nalocet 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 panlor pentazocine-naloxone hcl PERCOCET primlev prolate PROLATE QDOLO ROXICODONE ROXYBOND SPRIX SUBSYS tramadol hcl tramadol hcl-acetaminophen TREZIX TYLENOL-CODEINE NO.3 TYLENOL-CODEINE NO.4 ULTRACET ULTRAM verdrocet vicodin hp XTAMPZA ER xylon 10 ZOHYDRO ER
<b>ANESTHETICS</b>	NAYZILAM	ZTLIDO
<b>ANTIBACTERIALS</b>	AEMCOLO ARIKAYCE	NUZYRA XIFAXAN
<b>ANTICONVULSANTS</b>	DIACOMIT EPIDIOLEX FINTEPLA	SABRIL vigabatrin vigadrone
<b>ANTIDEPRESSANTS</b>	SPRAVATO	ZULRESSO
<b>ANTIEMETICS</b>	CESAMET	SYNDROS
<b>ANTIMIGRAINE AGENTS</b>	AIMOVIG AUTOINJECTOR AIMOVIG AUTOINJECTOR (2 PACK)	AJOVY AUTOINJECTOR AJOVY SYRINGE

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 Effective 10/22/2021 -- This list is subject to change and does not define coverage. Only your plan can determine benefit coverage.  
 Additional coverage restrictions may apply as determined by your benefit plan.

CAPITAL LETTERS = BRAND MEDICATIONS  
 lower case = generic medications

**Prior Authorization Medications**

<b>Drug Class</b>	<b>Drugs Requiring Prior Authorization</b>	
<b>ANTIMIGRAINE AGENTS -- Continued</b>	EMGALITY PEN	EMGALITY SYRINGE
<b>ANTIMYASTHENIC AGENTS</b>	RUZURGI	
<b>ANTIMYCOBACTERIALS</b>	PRETOMANID	
<b>ANTINEOPLASTICS</b>	abiraterone acetate AFINITOR AFINITOR DISPERZ ALECENSA ALUNBRIG AYVAKIT BALVERSA bexarotene BOSULIF BRAFTOVI BRUKINSA CABOMETYX CALQUENCE capecitabine CAPRELSA COMETRIQ COPIKTRA COTELLIC DARZALEX FASPRO DAURISMO ELZONRIS ENHERTU ERIVEDGE ERLEADA erlotinib hcl everolimus EXKIVITY FARYDAK FOTIVDA GAVRETO GILOTRIF GLEEVEC HERCEPTIN HERCEPTIN HYLECTA HERZUMA IBRANCE	ICLUSIG IDHIFA imatinib mesylate IMBRUVICA INLYTA INQOVI INREBIC IRESSA JAKAFI KADCYLA KANJINTI KISQALI KISQALI FEMARA CO-PACK KOSELUGO lapatinib LENVIMA LONSURF LORBRENA LUMAKRAS LYNPARZA MEKINIST MEKTOVI NERLYNX NEXAVAR NINLARO NUBEQA ODOMZO OGIVRI ONTRUZANT ONUREG PEMAZYRE PHESGO PIQRAY POMALYST QINLOCK RETEVMO

**Prior Authorization Medications**

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<b>ANTINEOPLASTICS -- Continued</b>	REVLIMID REZUROCK RITUXAN RITUXAN HYCELA ROZLYTREK RUBRACA RYDAPT SIKLOS SPRYCEL STIVARGA sunitinib malate SUTENT SYNRIBO TABRECTA TAFINLAR TAGRISSO TALZENNA TARCEVA TARGRETIN TASIGNA TAZVERIK TEMODAR temozolomide TEPMETKO THALOMID TIBSOVO TRAZIMERA	TRUSELTIQ TRUXIMA TUKYSA TURALIO TYKERB UKONIQ VALCHLOR VELCADE VENCLEXTA VENCLEXTA STARTING PACK VERZENIO VITRAKVI VIZIMPRO VOTRIENT WELIREG XALKORI XELODA XOSPATA XPOVIO XTANDI YONSA ZEJULA ZELBORAF ZOLINZA ZYDELIG ZYKADIA ZYTIGA
<b>ANTIPARKINSON AGENTS</b>	APOKYN DUOPA GOCOVRI INBRIJA	KYNMOBI NOURIANZ OSMOLEX ER
<b>ANTIPSYCHOTICS</b>	ADASUVE	NUPLAZID
<b>ANTIVIRALS</b>	DOVATO EPCLUSA HARVONI ledipasvir-sofosbuvir MAVYRET PREVYMIS	SELZENTRY sofosbuvir-velpatasvir SOVALDI VIEKIRA PAK VOSEVI ZEPATIER
<b>BLOOD PRODUCTS AND MODIFIERS</b>	ARANESP CABLIVI DOPTELET EPOGEN FULPHILA	GRANIX LEUKINE MIRCERA MOZOBIL MULPLETA

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
<b>BLOOD PRODUCTS AND MODIFIERS -- Continued</b>	NEULASTA NEULASTA ONPRO NEUPOGEN NIVESTYM NPLATE NYVEPRIA OXBRYTA PROCRIT	PROMACTA REBLOZYL RETACRIT TAVALISSE UDENYCA ZARXIO ZIEXTENZO
<b>CARDIOVASCULAR AGENTS</b>	DEMSER droxidopa JUXTAPID metyrosine NEXLETOL NEXLIZET NORTHERA PRALUENT PEN	PRALUENT SYRINGE REPATHA PUSHTRONEX REPATHA SURECLICK REPATHA SYRINGE VERQUVO VYNDAMAX VYNDAQEL
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>	AUBAGIO AUSTEDO AVONEX AVONEX PEN BAFIERTAM BETASERON COPAXONE dimethyl fumarate EVRYSDI EXTAVIA FIRDAPSE GILENYA glatiramer acetate glatopa INGREZZA	INGREZZA INITIATION PACK KESIMPTA PEN LEMTRADA MAVENCLAD MAYZENT NUEDEXTA PLEGRIDY PLEGRIDY PEN PONVORY REBIF REBIF REBIDOSE TECFIDERA VUMERITY VUMERITY DR 231 MG CAP ZEPOSIA
<b>DERMATOLOGICAL AGENTS</b>	OPZELURA REGRANEX	SCENESSE
<b>ELECTROLYTES / MINERALS / METALS / VITAMINS</b>	deferasirox deferiprone EXJADE FERRIPROX	FERRIPROX (2 TIMES A DAY) FERRIPROX (3 TIMES A DAY) JADENU JADENU SPRINKLE
<b>GASTROINTESTINAL AGENTS</b>	GATTEX IMCIVREE MYALEPT OCALIVA	VIBERZI XERMELO ZELNORM
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT</b>	BRINEURA	CERDELGA

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<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT -- Continued</b>	CHOLBAM GALAFOLD GIVLAARI KEVEYIS miglustat nitisinone NITYR ORFADIN	PROCYSBI RAVICTI REVCOVI STRENSIQ TEGSEDI XURIDEN ZAVESCA ZOLGENSMA
<b>HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (ADRENAL)</b>	ACTHAR EMFLAZA	ISTURISA
<b>HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (PITUITARY)</b>	EGRIFTA EGRIFTA SV 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 SKYTROFA ZOMACTON ZORBTIVE
<b>HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (SEX HORMONES / MODIFIERS)</b>	BIJUVA MYFEMBREE	ORIAHNN
<b>HORMONAL AGENTS, SUPPRESSANT (PITUITARY)</b>	BYNFEZIA CETROTIDE ELIGARD FENSOLVI FIRMAGON ganirelix acetate leuprolide acetate LUPANETA PACK LUPRON DEPOT LUPRON DEPOT-PED MYCAPSSA octreotide acetate	ORGOVYX ORLISSA SANDOSTATIN SANDOSTATIN LAR DEPOT SIGNIFOR SIGNIFOR LAR SOMATULINE DEPOT SOMAVERT SUPPRELIN LA TRELSTAR TRIPTODUR VANTAS
<b>IMMUNOLOGICAL AGENTS</b>	ACTEMRA ACTEMRA ACTPEN ARCALYST AVSOLA BENLYSTA BERINERT CIMZIA CINRYZE	COSENTYX (2 SYRINGES) COSENTYX PEN COSENTYX PEN (2 PENS) COSENTYX SYRINGE CUTAQUIG CUVITRU DUPIXENT PEN DUPIXENT SYRINGE

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<b>IMMUNOLOGICAL AGENTS -- Continued</b>	ENBREL ENBREL MINI ENBREL SURECLICK ENTYVIO 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 PEDIATRIC UC HUMIRA(CF) PEN PSOR-UV- ADOL HS HYQVIA icatibant ILARIS ILUMYA INFLECTRA KALBITOR KEVZARA KINERET	OLUMIANT ORENCIA ORENCIA CLICKJECT ORLADEYO OTEZLA REMICADE RENFLEXIS RINVOQ RUCONEST sajazir SILIQ SIMPONI SIMPONI ARIA SKYRIZI SKYRIZI (2 SYRINGES) KIT SKYRIZI PEN STELARA SYLATRON SYNAGIS TAKHZYRO TALTZ AUTOINJECTOR TALTZ AUTOINJECTOR (2 PACK) TALTZ AUTOINJECTOR (3 PACK) TALTZ SYRINGE TREMFYA VARIZIG XELJANZ XELJANZ XR XEMBIFY ZORTRESS
<b>METABOLIC BONE DISEASE AGENTS</b>	EVENITY EVENITY (2 SYRINGES) FORTEO NATPARA	PROLIA TERIPARATIDE TYMLOS XGEVA
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>	BYLVAY DOJOLVI DUROLANE EMPAVELI ENSPRYNG	EUFLEXXA gel-one GELSYN-3 genvisc 850 HYALGAN

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Drug Class	Drugs Requiring Prior Authorization	
<b>MISCELLANEOUS THERAPEUTIC AGENTS -- Continued</b>	HYMOVIS LIVMARLI MONOVISC ORTHOVISC OXLUMO sodium hyaluronate SPINRAZA supartz fx SYNVISIC	SYNVISIC-ONE TAVNEOS THYROGEN TRILURON trivisc visco-3 XIAFLEX ZOKINVY
<b>OPHTHALMIC AGENTS</b>	CEQUA CYSTADROPS CYSTARAN EYSUVIS LOTEMAX SM	OXERVATE RESTASIS RESTASIS MULTIDOSE XIIDRA
<b>RESPIRATORY TRACT / PULMONARY AGENTS</b>	ADCIRCA ADEMPAS alyq ambrisentan bosentan budesonide-formoterol fumarate CAYSTON CINQAIR epoprostenol sodium ESBRIET FASENRA FASENRA PEN FLOLAN FLOWTUSS HYCODAN hydrocodone-chlorpheniramne er hydrocodone-homatropine mbr hydromet KALYDECO LETAIRIS NUCALA OBREDON OFEV OPSUMIT ORENITRAM ER ORKAMBI	promethazine vc-codeine promethazine-codeine promethazine-phenyleph-codeine PULMOZYME REMODULIN REVATIO sildenafil citrate SYMDEKO tadalafil 20 mg tablet (generic for adcirca) TRACLEER treprostiniil TRIKAFTA TUSSICAPS TUSSIONEX TUXARIN ER TUZISTRA XR TYVASO TYVASO INSTITUTIONAL START KIT TYVASO REFILL KIT TYVASO STARTER KIT UPTRAVI VELETRI VENTAVIS VITUZ XOLAIR
<b>SKELETAL MUSCLE RELAXANTS</b>	BOTOX carisoprodol-aspirin-codeine DYSPORET	MYOBLOC XEOMIN



## Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
<b>SLEEP DISORDER AGENTS</b>	HETLIOZ HETLIOZ LQ NUVIGIL PROVIGIL	SUNOSI WAKIX XYREM XYWAV

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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:

- Qualified interpreters
- 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](mailto: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).

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 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

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 (መስማት ለተሳናቸው: 763.847.4013) .

တံသိုလ်သး- နမူကတိ ကညီ ကိုဝ်ဆယ်, နမူနို ကိုဝ်ဆတ်မစာလော တလက်ဘူလ်လ်စု၊ နိုတမံဘိုသုနုလ်လီ၊ 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, សេវាជំនួយផ្នែកភាសា 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).

