

Prior Authorization

The ClearScript Prior Authorization program promotes the cost-effective and appropriate 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 ACTIQ ARYMO ER BELBUCA buprenorphine BUTRANS CONZIP diclofenac sodium DOLOPHINE HCL DSUVIA DUEXIS DURAGESIC EMBEDA EXALGO fentanyl fentanyl citrate FENTORA hydromorphone er HYSINGLA ER KADIAN klofensaid ii	LAZANDA methadone hcl MORPHABOND ER 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 NUCYNТА ER OPANA ER oxycodone hcl er OXYCONTIN oxymorphone hcl er PENNSAID SPRIX SUBSYS tramadol hcl er VIMOVO XTAMPZA ER ZOHYDRO ER
ANESTHETICS	QUTENZA	
ANTIBACTERIALS	ARIKAYCE NUZYRA	XIFAXAN

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
ANTICONVULSANTS	clobazam EPIDIOLEX ONFI SABRIL	SYMPAZAN vigabatrin vigadrone
ANTIEMETICS	BONJESTA CESAMET DICLEGIS	dronabinol MARINOL SYNDROS
ANTIFUNGALS	CICLODAN ciclopirox CNL 8 itraconazole JUBLIA	KERYDIN ONMEL SPORANOX TOLSURA
ANTIGOUT AGENTS	KRYSTEXXA	
ANTIMIGRAINE AGENTS	AIMOVIG AUTOINJECTOR AIMOVIG AUTOINJECTOR (2 PACK) AJOVY	EMGALITY PEN EMGALITY SYRINGE
ANTIMYASTHENIC AGENTS	FIRDAPSE	
ANTINEOPLASTICS	abiraterone acetate ADCETRIS AFINITOR AFINITOR DISPERZ ALECENSA ALIQOPA ALUNBRIG ARZERRA BAVENCIO BELEODAQ BESPONSA bexarotene BLINCYTO bortezomib BOSULIF BRAFTOVI CABOMETYX CALQUENCE capecitabine CAPRELSA COMETRIQ COPIKTRA COTELLIC CYRAMZA DACOGEN DARZALEX DAURISMO decitabine ELITEK EMPLICITI ERBITUX ERIVEDGE ERLEADA FARYDAK	FOLOTYN GAZYVA GILOTRIF GLEEVEC HALAVEN HERCEPTIN IBRANCE ICLUSIG IDHIFA imatinib mesylate 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 mitoxantrone hcl

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Drug Class	Drugs Requiring Prior Authorization	
ANTINEOPLASTICS -- Continued	MYLOTARG NERLYNX NEXAVAR NINLARO ODOMZO OPDIVO PERJETA POMALYST PORTRAZZA POTELIGEO PROVENGE REVLIMID RITUXAN RITUXAN HYCELA romidepsin RUBRACA RYDAPT SPRYCEL STIVARGA SUTENT SYLATRON SYLVANT SYNRIPO TAFINLAR TAGRISSO TALZENNA TARCEVA TARGRETIN TASIGNA TECENTRIQ	TEMODAR temozolomide 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	albendazole ALBENZA DARAPRIM	QUALAQUIN quinine sulfate
ANTIPARKINSON AGENTS	APOKYN DUOPA	GOCOVRI OSMOLEX ER
ANTIPSYCHOTICS	ADASUVE	NUPLAZID
ANTISPASTICITY AGENTS	BOTOX DYSPORT	MYOBLOC XEOMIN
ANTIVIRALS	DAKLINZA EPCLUSA HARVONI INTRON A ledipasvir-sofosbuvir MAVYRET OLYSIO PEGASYS PEGASYS PROCLICK PEGINTRON PEGINTRON REDIPEN	PREVYMIS SELZENTRY sofosbuvir-velpatasvir SOVALDI TECHNIVIE TROGARZO VIEKIRA PAK VIEKIRA XR VOSEVI ZEPATIER
BLOOD GLUCOSE REGULATORS	AFREZZA GLUMETZA metformin er gastric	METFORMIN HCL ER 500 (generic for GLUMETZA ER) SYMLINPEN 120 SYMLINPEN 60
BLOOD PRODUCTS / MODIFIERS / VOLUME EXPANDERS	ARANESP DOPTELET EPOGEN	FULPHILA GRANIX LEUKINE

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BLOOD PRODUCTS / MODIFIERS / VOLUME EXPANDERS -- Continued	MIRCERA MOZOBIL MULPLETA NEULASTA NEUPOGEN NIVESTYM NPLATE	PROCRT PROMACTA RETACRIT TAVALISSE UDENYCA ZARXIO
CARDIOVASCULAR AGENTS	CORLANOR ezetimibe-simvastatin JUXTAPID KEVEYIS KYNAMRO NORTHERA PRALUENT PEN	PRALUENT SYRINGE REPATHA PUSHTRONEX REPATHA SURECLICK REPATHA SYRINGE simvastatin VYTORIN ZOCOR
CENTRAL NERVOUS SYSTEM AGENTS	ADDERALL ADDERALL XR adipex-p ADZENYS ER ADZENYS XR-ODT amphetamine sulfate AMPYRA APTENSIO XR armodafinil AUBAGIO AUSTEDO AVONEX AVONEX PEN BELVIQ BELVIQ XR benzphetamine hcl BETASERON CONCERTA CONTRAVE COPAXONE COTEMPLA XR-ODT dalfampridine er DAYTRANA DESOXYN DEXEDRINE dexmethylphenidate hcl dexmethylphenidate hcl er dextroamphetamine sulfate dextroamphetamine sulfate er dextroamphetamine-amphet er dextroamphetamine-amphetamine diethylpropion hcl diethylpropion hcl er DYANAVEL XR EVEKEO EXTAVIA FOCALIN FOCALIN XR GILENYA glatiramer acetate	glatopa HORIZANT INGREZZA LEMTRADA lomaira METADATE CD metadate er methamphetamine hcl METHYLIN methylphenidate er methylphenidate er (la) methylphenidate hcl methylphenidate hcl cd methylphenidate hcl er (cd) methylphenidate la modafinil MYDAYIS NUEDEXTA NUVIGIL OCREVUS phendimetrazine tartrate phendimetrazine tartrate er phentermine hcl PLEGRIDY PLEGRIDY PEN procentra PROVIGIL QSYMIA QUILLICHEW ER QUILLIVANT XR RADICAVA REBIF REBIF REBIDOSE REGIMEX relexxii RILUTEK riluzole RITALIN RITALIN LA SUPRENZA ODT

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CENTRAL NERVOUS SYSTEM AGENTS -- Continued	TECFIDERA tetrabenazine TIGLUTIK TYSABRI VYVANSE	XENAZINE ZENZEDI zenzedi ZINBRYTA
DERMATOLOGICAL AGENTS	ABSORICA adapalene ALTRENO amnesteem ATRALIN AVITA claravis COSENTYX (2 SYRINGES) COSENTYX PEN COSENTYX PEN (2 PENS) COSENTYX SYRINGE DIFFERIN DUPIXENT isotretinoin myorisan plixda REGRANEX RENOVA	RENOVA PUMP RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP SILIQ STELARA TALTZ AUTOINJECTOR TALTZ AUTOINJECTOR (2 PACK) TALTZ AUTOINJECTOR (3 PACK) TALTZ SYRINGE TALTZ SYRINGE (2 PACK) TALTZ SYRINGE (3 PACK) TREMIFYA TRETIN-X tretinoin tretinoin microsphere zenatane
ELECTROLYTES / MINERALS / METALS / VITAMINS	CUPRIMINE EXJADE FERRIPROX JADENU	JADENU SPRINKLE SYPRINE trientine hcl
GASTROINTESTINAL AGENTS	alose tron hcl CHOLBAM ENDARI GATTEX LOTRONEX MYALEPT	OCALIVA RELISTOR VIBERZI XENICAL XERMELO
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	ALDURAZYME ARALAST NP BRINEURA CERDELGA CEREZYME ELAPRASE ELELYSO FABRAZYME GALAFOLD GLASSIA KANUMA KUVAN LUMIZYME MEPSEVII	miglustat NAGLAZYME NITYR ORFADIN PALYNZIQ PROCYSBI PROLASTIN C RAVICTI REVCovi STRENSIQ VIMIZIM VPRIV ZAVESCA ZEMAIRA
GENITOURINARY AGENTS	ADDYI	
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (ADRENAL)	EMFLAZA H.P. ACTHAR	KORLYM
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (PITUITARY)	BRAVELLE chorionic gonadotropin FOLLISTIM AQ GENOTROPIN	GONAL-F GONAL-F RFF GONAL-F RFF REDI-JECT HUMATROPE

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HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (PITUITARY) -- Continued	INCRELEX MENOPUR NORDITROPIN FLEXPOR 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 androxy AVEED AXIRON DEPO-TESTOSTERONE FORTESTA hydroxyprogesterone caproate MAKENA METHITEST methyltestosterone	NATESTO OXANDRIN oxandrolone TESTIM TESTONE CIK TESTOPEL testosterone testosterone cypionate testosterone enanthate TESTRED VOGELXO XYOSTED
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	CETROTIDE EGRIFTA ELIGARD FIRMAGON GANIRELIX ACETATE leuprolide acetate LUPANETA PACK LUPRON DEPOT LUPRON DEPOT-PED octreotide acetate ORILISSA	SANDOSTATIN SANDOSTATIN LAR DEPOT SIGNIFOR SIGNIFOR LAR SOMATULINE DEPOT SOMAVERT SUPPRELIN LA TRELSTAR TRIPTODUR VANTAS
IMMUNOLOGICAL AGENTS	ACTEMRA ACTEMRA ACTPEN ACTIMMUNE ARCALYST BENLYSTA BERINERT BIVIGAM CARIMUNE NF NANOFILTERED CIMZIA CINRYZE CUVITRU CYTOGAM ENBREL ENBREL MINI ENBREL SURECLICK ENTYVIO FIRAZYR FLEBOGAMMA DIF GAMASTAN GAMASTAN S-D GAMIFANT 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

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IMMUNOLOGICAL AGENTS -- Continued	OTEZLA OTREXUP PANZYGA PRIVIGEN RASUVO REMICADE RENFLEXIS RUCONEST SIMPONI	SIMPONI ARIA STELARA SYNAGIS TAKHZYRO VARIZIG XELJANZ XELJANZ XR ZORTRESS
METABOLIC BONE DISEASE AGENTS	cinacalcet hcl FORTEO NATPARA PROLIA	SENSIPAR TYMLOS XGEVA
MISCELLANEOUS THERAPEUTIC AGENTS	DUROLANE EUFLEXXA EXONDYS 51 gel-one GELSYN-3 genvisc 850 HYALGAN HYMOVIS MONOVISC ODACTRA ONPATTRO ORTHOVISC SAXENDA	SOLIRIS SPINRAZA supartz fx SYNVISC SYNVISC-ONE TEGSEDI THYROGEN trivisc ULTOMIRIS visco-3 XIAFLEX XURIDEN
OPHTHALMIC AGENTS	CEQUA CYSTARAN LUXTURNA OXERVATE	RESTASIS RESTASIS MULTIDOSE XIIDRA
RESPIRATORY TRACT / PULMONARY AGENTS	ADCIRCA ADEMPAS alyq CAYSTON CINQAIR DALIRESP epoprostenol sodium ESBRIET FASENRA FLOLAN FLOWTUSS GRASTEK hydrocod-cpm-pseudoephedrine hydrocodone-chlorpheniramne er hydrocodone-guaifenesin hydrocodone-homatropine mbr hydromet KALYDECO LETAIRIS NUCALA OBREDON OFEV OPSUMIT ORALAIR ORENITRAM ER	ORKAMBI promethazine vc-codeine promethazine-codeine promethazine-phenyleph-codeine PULMOZYME RAGWITEK REMODULIN REVATIO REZIRA sildenafil sildenafil citrate SYMDEKO tadalafil 20 mg tablet (generic for adcirca) TRACLEER TUSSICAPS tussionon TUSSIONEX TUZISTRA XR TYVASO TYVASO INSTITUTIONAL START KIT TYVASO REFILL KIT TYVASO STARTER KIT UPTRAVI VELETRI VENTAVIS

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RESPIRATORY TRACT / PULMONARY AGENTS -- Continued	VITUZ XOLAIR	ZUTRIPRO
SLEEP DISORDER AGENTS	flurazepam hcl HETLIOZ	XYREM

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

ໄປດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ເສຍຄ່າ, 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 ကျိၣ်အသိၣ်, 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.