

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

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
ANALGESICS -- Continued	KADIAN 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 ROXICODONE ROXYBOND SPRIX 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
ANESTHETICS	ZTLIDO	
ANTIBACTERIALS	AEMCOLO ARIKAYCE	NUZYRA XIFAXAN
ANTICONVULSANTS	DIACOMIT EPIDIOLEX FINTEPLA	SABRIL vigabatrin vigadrone
ANTIDEPRESSANTS	SPRAVATO ZULRESSO	
ANTIEMETICS	CESAMET SYNDROS	
ANTIMIGRAINE AGENTS	AIMOVIG AUTOINJECTOR AIMOVIG AUTOINJECTOR (2 PACK)	AJOVY AUTOINJECTOR AJOVY SYRINGE

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
ANTIMIGRAINE AGENTS -- Continued	EMGALITY PEN	EMGALITY SYRINGE
ANTIMYASTHENIC AGENTS	FIRDAPSE	RUZURGI
ANTIMYCOBACTERIALS	PRETOMANID	
ANTINEOPLASTICS	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 FARYDAK GILOTRIF GLEEVEC HERCEPTIN HERCEPTIN HYLECTA HERZUMA IBRANCE ICLUSIG IDHIFA imatinib mesylate	
		IMBRUVICA INLYTA INREBIC IRESSA JAKAFI KADCYLA KANJINTI KISQALI KISQALI FEMARA CO-PACK KOSELUGO LENVIMA LONSURF LORBRENA LYNPARZA MEKINIST MEKTOVI NERLYNX NEXAVAR NINLARO NUBEQA ODOMZO OGIVRI ONTRUZANT PEMAZYRE PHESGO PIQRAY POMALYST QINLOCK RETEVMO REVLIMID RITUXAN RITUXAN HYCELA ROZLYTREK RUBRACA RYDAPT SIKLOS

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
ANTINEOPLASTICS -- Continued	SPRYCEL STIVARGA SUTENT SYLATRON SYNRIPO TABRECTA TAFINLAR TAGRISSO TALZENNA TARCEVA TARGRETIN TASIGNA TAZVERIK TEMODAR temozolomide THALOMID TIBSOVO TRAZIMERA TRUXIMA TUKYSA TURALIO	TYKERB VALCHLOR VELCADE VENCLEXTA VENCLEXTA STARTING PACK VERZENIO VITRAKVI VIZIMPRO VOTRIENT XALKORI XELODA XOSPATA XPOVIO XTANDI YONSA ZEJULA ZELBORAF ZOLINZA ZYDELIG ZYKADIA ZYTIGA
ANTIPARKINSON AGENTS	APOKYN DUOPA GOCOVRI INBRIJA	KYNMOBI NOURIANZ OSMOLEX ER
ANTIPSYCHOTICS	ADASUVE	NUPLAZID
ANTISPASTICITY AGENTS	BOTOX DYSPORT	MYOBLOC XEOMIN
ANTIVIRALS	DAKLINZA DOVATO EPCLUSA HARVONI ledipasvir-sofosbuvir MAVYRET OLYSIO PREVYMIS	SELZENTRY sofosbuvir-velpatasvir SOVALDI TECHNIVIE VIEKIRA PAK VIEKIRA XR VOSEVI ZEPATIER
ANXIOLYTICS	NAYZILAM	
BLOOD GLUCOSE REGULATORS	LYUMJEV LYUMJEV KWIKPEN U-100	LYUMJEV KWIKPEN U-200
BLOOD PRODUCTS / MODIFIERS / VOLUME EXPANDERS	ARANESP DOPTELET	EPOGEN FULPHILA

All trademarks or trade names are the property of their respective owners.

Effective 08/14/2020 -- 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

Drug Class	Drugs Requiring Prior Authorization	
BLOOD PRODUCTS / MODIFIERS / VOLUME EXPANDERS -- Continued	GRANIX LEUKINE MIRCERA MOZOBIL MULPLETA NEULASTA NEUPOGEN NIVESTYM NPLATE	OXBRYTA PROCRT PROMACTA REBLOZYL RETACRIT TAVALISSE UDENYCA ZARXIO ZIEXTENZO
CARDIOVASCULAR AGENTS	DEMSER JUXTAPID KEVEYIS KYNAMRO metyrosine 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 EXTAVIA GILENYA glatiramer acetate glatopa INGREZZA INGREZZA INITIATION PACK LEMTRADA	MAVENCLAD MAYZENT NUEDEXTA NUVIGIL PLEGRIDY PLEGRIDY PEN PROVIGIL REBIF REBIF REBIDOSE SUNOSI TECFIDERA VUMERITY WAKIX ZEPOSIA
DERMATOLOGICAL AGENTS	COSENTYX (2 SYRINGES) COSENTYX PEN COSENTYX PEN (2 PENS) COSENTYX SYRINGE DUPIXENT PEN DUPIXENT SYRINGE REGRANEX SCENESSE SILIQ	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
ELECTROLYTES / MINERALS / METALS / VITAMINS	deferasirox EXJADE FERRIPROX	FERRIPROX (2 TIMES A DAY) JADENU JADENU SPRINKLE

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
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 REVCovi STRENSIQ ZAVESCA
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (ADRENAL)	ACTHAR 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)	BIJUVA	ORIAHNN
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	BYNFEZIA CETROTIDE EGRIFTA EGRIFTA SV ELIGARD FENSOLVI 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 ARCALYST AVSOLA BENLYSTA BERINERT CIMZIA	CINRYZE CUTAQUIG CUVITRU ENBREL ENBREL MINI ENBREL SURECLICK ENTYVIO

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
IMMUNOLOGICAL AGENTS -- Continued	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 OTEZLA REMICADE RENFLEXIS RINVOQ RUCONEST SIMPONI SIMPONI ARIA STELARA SYNAGIS TAKHZYRO VARIZIG XELJANZ XELJANZ XR XEMBIFY ZORTRESS
METABOLIC BONE DISEASE AGENTS	EVENITY EVENITY (2 SYRINGES) FORTEO NATPARA	PROLIA TERIPARATIDE TYMLOS XGEVA
MISCELLANEOUS THERAPEUTIC AGENTS	CABLIVI DOJOLVI DUROLANE EUFLEXXA gel-one GELSYN-3 genvisc 850 GIVLAARI HYALGAN HYMOVIS MONOVISC ORTHOVISC	sodium hyaluronate SPINRAZA supartz fx SYNVISC SYNVISC-ONE TEGSEDI THYROGEN TRILURON trivisc visco-3 XIAFLEX XURIDEN

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
MISCELLANEOUS THERAPEUTIC AGENTS -- Continued	ZOLGENSMA	
OPHTHALMIC AGENTS	CEQUA CYSTARAN LOTEMAX SM OXERVATE	RESTASIS RESTASIS MULTIDOSE XIIDRA
RESPIRATORY TRACT / PULMONARY AGENTS	ADCIRCA ADEMPAS alyq ambrisentan bosentan BREZTRI AEROSPHERE budesonide-formoterol fumarate CAYSTON CINQAIR epoprostenol sodium ESBRIET FASENRA FASENRA PEN FLOLAN FLOWTUSS hydrocod-cpm-pseudoephedrine hydrocodone-chlorpheniramne er hydrocodone-guaifenesin 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 treprostinil TRIKAFTA TUSSICAPS tussigon TUSSIONEX TUXARIN ER TUZISTRA XR TYVASO TYVASO INSTITUTIONAL START KIT TYVASO REFILL KIT TYVASO STARTER KIT UPTRAVI VELETRI VENTAVIS VITUZ XOLAIR
SLEEP DISORDER AGENTS	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

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໄດຍບໍ່ເສັຽຄ່າ, 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.