

## 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	dvorah
	acetamin-caff-dihydrocodeine	EMBEDA
	acetaminophen-codeine	endocet
	ACTIQ	EXALGO
	APADAZ	fentanyl
	ARYMO ER	fentanyl citrate
	asa-butalb-caffeine-codeine	FENTORA
	ascomp with codeine	FIORICET WITH CODEINE
	BELBUCA	FIORINAL WITH CODEINE #3
	benzhydrocodone-acetaminophen	HYCET
	buprenorphine	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
	DURAGESIC	ketorolac tromethamine

**Prior Authorization Medications**

<b>Drug Class</b>	<b>Drugs Requiring Prior Authorization</b>	
<b>ANALGESICS -- Continued</b>	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 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

Prior Authorization Medications

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**Prior Authorization Medications**

<b>Drug Class</b>	<b>Drugs Requiring Prior Authorization</b>	
<b>ANTINEOPLASTICS -- Continued</b>	RITUXAN RITUXAN HYCELA ROZLYTREK RUBRACA RYDAPT SIKLOS SPRYCEL STIVARGA SUTENT SYNRIPO TABRECTA TAFINLAR TAGRISSO TALZENNA TARCEVA TARGRETIN TASIGNA TAZVERIK TEMODAR temozolomide TEPMETKO THALOMID TIBSOVO TRAZIMERA TRUXIMA	TUKYSA TURALIO TYKERB UKONIQ VALCHLOR VELCADE VENCLEXTA VENCLEXTA STARTING PACK VERZENIO VITRAKVI VIZIMPRO VOTRIENT 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>	DAKLINZA 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 NEULASTA NEULASTA ONPRO

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
<b>BLOOD PRODUCTS AND MODIFIERS -- Continued</b>	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>	REGRANEX SCENESSE	TALTZ SYRINGE
<b>ELECTROLYTES / MINERALS / METALS / VITAMINS</b>	deferasirox deferiprone EXJADE FERRIPROX	FERRIPROX (2 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	CHOLBAM GALAFOLD

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
<b>GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT -- Continued</b>	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 FLEXPRO NUTROPIN AQ NUTROPIN AQ NUSPIN OMNITROPE SAIZEN SAIZEN-SAIZENPREP SEROSTIM ZOMACTON ZORBTIVE
<b>HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (SEX HORMONES / MODIFIERS)</b>	BIJUVA	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 ENBREL ENBREL MINI

**Prior Authorization Medications**

Drug Class	Drugs Requiring Prior Authorization	
<b>IMMUNOLOGICAL AGENTS -- Continued</b>	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 SILIQ SIMPONI SIMPONI ARIA SKYRIZI (2 SYRINGES) KIT STELARA SYLATRON SYNAGIS TAKHZYRO TALTZ AUTOINJECTOR TALTZ AUTOINJECTOR (2 PACK) TALTZ AUTOINJECTOR (3 PACK) 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>	DOJOLVI DUROLANE ENSPRYNG EUFLEXXA gel-one GELSYN-3 genvisc 850	HYALGAN HYMOVIS MONOVISC ORTHOVISC OXLUMO sodium hyaluronate SPINRAZA

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
<b>MISCELLANEOUS THERAPEUTIC AGENTS -- Continued</b>	supartz fx SYNVISC SYNVISC-ONE 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 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 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 DYSPORE	MYOBLOC XEOMIN
<b>SLEEP DISORDER AGENTS</b>	HETLIOZ HETLIOZ LQ	NUVIGIL PROVIGIL



## Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
<b>SLEEP DISORDER AGENTS -- Continued</b>	SUNOSI WAKIX	XYREM XYWAV

# 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.

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## 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

ግልጽ: 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: 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 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.