

## 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 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>  ARYMO ER  <i>aspirin</i>  <i>buprenorphine</i>  <i>butalb-caff-acetaminoph-codein</i>  <i>butorphanol tartrate</i>  CAPITAL W-CODEINE  <i>carisoprodol-aspirin-codeine</i>  CONZIP  <i>diclofenac sodium</i>  DOLOPHINE HCL  DURAGESIC  <i>endocet</i>  <i>fentanyl</i>  FENTORA  FIORINAL WITH CODEINE #3  <i>hydrocodone-acetaminophen</i>  <i>hydromorphone er</i>  HYSINGLA ER	<i>acetamin-caff-dihydrocodeine</i>  ACTIQ  <i>ascomp with codeine</i>  BELBUCA  <i>butalb-acetaminoph-caff-codein</i>  <i>butalbital compound-codeine</i>  BUTRANS  <i>carisoprodol compound-codeine</i>  <i>codeine sulfate</i>  DEMEROL  DILAUDID  DUEXIS  EMBEDA  EXALGO  <i>fentanyl citrate</i>  FIORICET WITH CODEINE  HYCET  <i>hydrocodone-ibuprofen</i>  <i>hydromorphone hcl</i>  <i>ibudone</i>

CAPITAL LETTERS = BRAND MEDICATIONS  
lower case = generic medications

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**Drug Class**

**Drugs Requiring Prior Authorization**

**ANALGESICS -- Continued**

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	ZOHYDRO ER

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**ANESTHETICS****Drug Class****Drugs Requiring Prior Authorization**

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**ANESTHETICS -- Continued**QUTENZA

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**ANTIBACTERIALS**

ARIKAYCE

XIFAXAN

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**ANTICONVULSANTS***clobazam*

EPIDIOLEX

ONFI

SABRIL

SYMPAZAN

*vigabatrin**vigadrone*

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**ANTIEMETICS**

BONJESTA

CESAMET

DICLEGIS

*dronabinol*

MARINOL

SYNDROS

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**ANTIFUNGALS**

CICLODAN

*ciclopirox*

CNL 8

*itraconazole*

JUBLIA

KERYDIN

ONMEL

SPORANOX

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**ANTIGOUT AGENTS**KRYSTEXXA

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**ANTIMIGRAINE AGENTS**

AIMOVIG AUTOINJECTOR

AIMOVIG AUTOINJECTOR (2 PACK)

AJOVY

EMGALITY

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**ANTINEOPLASTICS***abiraterone acetate*

ADCETRIS

AFINITOR

AFINITOR DISPERZ

ALECENSA

ALIQOPA

ALUNBRIG

ARZERRA

BAVENCIO

BELEODAQ

BESPONSА

*bexarotene*

BLINCYTO

*bortezomib*

BOSULIF

BRAFTOVI

CABOMETYX

CALQUENCE

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## ANTINEOPLASTICS -- Continued

<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	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	PERJETA
POMALYST	PORTRAZZA
POTELIGEO	PROVENGE
REVLIMID	RITUXAN
RITUXAN HYCELA	<i>romidepsin</i>
RUBRACA	RYDAPT
SPRYCEL	STIVARGA
SUTENT	SYLATRON

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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
<i>quinine sulfate</i>	

**ANTIPARKINSON AGENTS**

APOKYN	DUOPA
GOCOVRI	OSMOLEX ER

**ANTIPSYCHOTICS**

ADASUVE	NUPLAZID
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**ANTIVIRALS**

DAKLINZA	EPCLUSA
HARVONI	INTRON A
<i>ledipasvir-sofosbuvir</i>	MAVYRET
OLYSIO	PEGASYS
PEGASYS PROCLICK	PEGINTRON

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**ANTIVIRALS -- Continued**

PEGINTRON REDIPEN	PREVMIS
SELZENTRY	<i>sofosbuvir-velpatasvir</i>
SOVALDI	TECHNIVIE
TROGARZO	VIEKIRA PAK
VIEKIRA XR	VOSEVI
ZEPATIER	

**BLOOD GLUCOSE REGULATORS**

AFREZZA	<i>chlorpropamide</i>
GLUMETZA	<i>metformin er gastric</i>
<i>metformin hcl er 500 (generic for glumetza er)</i>	SYMLINPEN 120
SYMLINPEN 60	

**BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS**

ARANESP	EPOGEN
FULPHILA	GRANIX
LEUKINE	MIRCERA
MOZOBIL	MULPLETA
NEULASTA	NEUPOGEN
NIVESTYM	NPLATE
PROCRIT	PROMACTA
RETACRIT	TAVALISSE
ZARXIO	

**CARDIOVASCULAR AGENTS**

CORLANOR	<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

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## CENTRAL NERVOUS SYSTEM AGENTS -- Continued

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
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>

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## DERMATOLOGICAL AGENTS

<i>adapalene</i>	ALTRENO
<i>amnesteam</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>	

## ENZYME REPLACEMENT/MODIFIERS

ALDURAZYME	BRINEURA
CERDELGA	CEREZYME
ELAPRASE	ELELYSO
FABRAZYME	GALAFOLD
KANUMA	KUVAN
LUMIZYME	MEPSEVII
<i>miglustat</i>	NAGLAZYME
NITYR	ORFADIN
PALYNZIQ	PROCYSBI
RAVICTI	REVCIVI
STRENSIQ	VIMIZIM
VPRIV	ZAVESCA

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

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**GASTROINTESTINAL AGENTS -- Continued**

<i>alosetron hcl</i>	CHOLBAM
GATTEX	LOTRONEX
OCALIVA	RELISTOR
VIBERZI	XENICAL
XERMELO	

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**GENITOURINARY AGENTS**CUPRIMINE

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**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)**EMFLAZA KORLYM

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**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

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

ANADROL-50	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

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**HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)**


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**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

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**IMMUNOLOGICAL AGENTS**

ACTEMRA	ARCALYST
BENLYSTA	BERINERT
BIVIGAM	CARIMUNE NF NANOFILTERED
CIMZIA	CINRYZE
CUVITRU	CYTOGAM
ENBREL	ENBREL MINI
ENBREL SURECLICK	ENTYVIO
FIRAZYR	<i>flebogamma dif</i>
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-UC-HS STARTER	HUMIRA PEN PSORIASIS-UVEITIS
HYQVIA	ILARIS
ILUMYA	INFLECTRA
KALBITOR	KEVZARA
KINERET	NULOJIX
OCTAGAM	OLUMIANT
ORENCIA	ORENCIA CLICKJECT
OTEZLA	OTREXUP
PANZYGA	<i>privigen</i>

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**IMMUNOLOGICAL AGENTS -- Continued**

RASUVO	REMICADE
RENFLEXIS	RUCONEST
SILIQ	SIMPONI
SIMPONI ARIA	STELARA
SYNAGIS	TAKHZYRO
VARIZIG	XELJANZ
XELJANZ XR	ZORTRESS

**METABOLIC BONE DISEASE AGENTS**

FORTEO	NATPARA
PROLIA	TYMLOS
XGEVA	

**MISCELLANEOUS THERAPEUTIC AGENTS**

ADDYI	<i>adipex-p</i>
BELVIQ	BELVIQ XR
<i>benzphetamine hcl</i>	BRAVELLE
CETROTIDE	CONTRAVE
<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-chlorpheniramne 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>

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**Drug Class**

**Drugs Requiring Prior Authorization**

**MISCELLANEOUS THERAPEUTIC AGENTS -- Continued**

<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>	VITUZ
XIAFLEX	XURIDEN
ZUTRIPRO	

**OPHTHALMIC AGENTS**

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

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**RESPIRATORY TRACT/PULMONARY AGENTS -- Continued**

TYVASO STARTER KIT	UPTRAVI
VELETRI	VENTAVIS
XOLAIR	ZEMAIRA

**SKELETAL MUSCLE RELAXANTS**

BOTOX	DYSPORE
XEOMIN	

**SLEEP DISORDER AGENTS**

<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

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# 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

ግንባታዎቹ: የግንባታው ቋንቋ አማርኛ 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.