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	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

Drug Class	Drugs Requiring Prior Authorization	
ANALGESICS -- Continued	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 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
ANESTHETICS	NAYZILAM	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 EMGALITY PEN EMGALITY SYRINGE

Prior Authorization Medications

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

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
ANTINEOPLASTICS -- Continued	SIKLOS	TYKERB
	SPRYCEL	VALCHLOR
	STIVARGA	VELCADE
	SUTENT	VENCLEXTA
	SYNRIBO	VENCLEXTA STARTING PACK
	TABRECTA	VERZENIO
	TAFINLAR	VITRAKVI
	TAGRISSO	VIZIMPRO
	TALZENNA	VOTRIENT
	TARCEVA	XALKORI
	TARGRETIN	XELODA
	TASIGNA	XOSPATA
	TAZVERIK	XPOVIO
	TEMODAR	XTANDI
	temozolomide	YONSA
	THALOMID	ZEJULA
	TIBSOVO	ZELBORAF
	TRAZIMERA	ZOLINZA
	TRUXIMA	ZYDELIG
	TUKYSA	ZYKADIA
	TURALIO	ZYTIGA
ANTIPARKINSON AGENTS	APOKYN	KYNMOBI
	DUOPA	NOURIANZ
	GOCOVRI	OSMOLEX ER
	INBRIJA	
ANTIPSYCHOTICS	ADASUVE	NUPLAZID
ANTISPASTICITY AGENTS	BOTOX	
ANTIVIRALS	DAKLINZA	SELZENTRY
	DOVATO	sofosbuvir-velpatasvir
	EPCLUSA	SOVALDI
	HARVONI	VIEKIRA PAK
	ledipasvir-sofosbuvir	VOSEVI
	MAVYRET	ZEPATIER
	PREVYMIS	
BLOOD PRODUCTS AND MODIFIERS	ARANESP	MOZOBIL
	CABLIVI	MULPLETA
	DOPTELET	NEULASTA
	EPOGEN	NEULASTA ONPRO
	FULPHILA	NEUPOGEN
	GRANIX	NIVESTYM
	LEUKINE	NPLATE
	MIRCERA	NYVEPRIA

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
BLOOD PRODUCTS AND MODIFIERS -- Continued	OXBRYTA PROCRIT PROMACTA REBLOZYL RETACRIT	TAVALISSE UDENYCA ZARXIO ZIEXTENZO
CARDIOVASCULAR AGENTS	DEMSER JUXTAPID 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 dimethyl fumarate EVRYSDI EXTAVIA FIRDAPSE GILENYA glatiramer acetate glatopa INGREZZA	INGREZZA INITIATION PACK KESIMPTA PEN LEMTRADA MAVENCLAD MAYZENT NUEDEXTA PLEGRIDY PLEGRIDY PEN REBIF REBIF REBIDOSE TECFIDERA VUMERITY VUMERITY DR 231 MG CAP ZEPOSIA
DERMATOLOGICAL AGENTS	REGRANEX SCENESSE	TALTZ SYRINGE
ELECTROLYTES / MINERALS / METALS / VITAMINS	deferasirox deferiprone EXJADE FERRIPROX	FERRIPROX (2 TIMES A DAY) JADENU JADENU SPRINKLE
GASTROINTESTINAL AGENTS	GATTEX IMCIVREE MYALEPT OCALIVA	VIBERZI XERMELO ZELNORM
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	BRINEURA CERDELGA CHOLBAM GALAFOLD GIVLAARI	KEVEYIS miglustat nitisinone NITYR ORFADIN

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT -- Continued	PROCYSBI RAVICTI REVCOVI STRENSIQ	TEGSEDI XURIDEN ZAVESCA ZOLGENSMA
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (ADRENAL)	ACTHAR EMFLAZA	ISTURISA
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (PITUITARY)	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
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING (SEX HORMONES / MODIFIERS)	BIJUVA	ORIAHNN
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	BYNFEZIA CETROTIDE ELIGARD FENSOLVI FIRMAGON ganirelix acetate leuprolide acetate LUPANETA PACK LUPRON DEPOT LUPRON DEPOT-PED MYCAPSSA octreotide acetate	ORGOVYX 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 COSENTYX (2 SYRINGES) COSENTYX PEN COSENTYX PEN (2 PENS) COSENTYX SYRINGE	CUTAQUIG CUVITRU DUPIXENT PEN DUPIXENT SYRINGE ENBREL ENBREL MINI ENBREL SURECLICK ENTYVIO everolimus FIRAZYR GAMASTAN GAMASTAN S-D

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
IMMUNOLOGICAL AGENTS -- Continued	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 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
METABOLIC BONE DISEASE AGENTS	EVENITY EVENITY (2 SYRINGES) FORTEO NATPARA	PROLIA TERIPARATIDE TYMLOS XGEVA
MISCELLANEOUS THERAPEUTIC AGENTS	DOJOLVI DUROLANE ENSPRYNG EUFLEXXA gel-one GELSYN-3 genvisc 850 HYALGAN HYMOVIS MONOVISC ORTHOVISC	OXLUMO sodium hyaluronate SPINRAZA supartz fx SYNVISC SYNVISC-ONE THYROGEN TRILURON trivisc visco-3 XIAFLEX

Prior Authorization Medications

Drug Class	Drugs Requiring Prior Authorization	
MISCELLANEOUS THERAPEUTIC AGENTS -- Continued	ZOKINVY	
OPHTHALMIC AGENTS	CEQUA CYSTADROPS CYSTARAN EYSUVIS LOTEMAX SM	OXERVATE RESTASIS RESTASIS MULTIDOSE XIIDRA
RESPIRATORY TRACT / PULMONARY AGENTS	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-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
SKELETAL MUSCLE RELAXANTS	BOTOX carisoprodol-aspirin-codeine DYSPORT	MYOBLOC XEOMIN
SLEEP DISORDER AGENTS	HETLIOZ NUVIGIL PROVIGIL 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℠
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: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-844-278-9798**.**

Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-844-278-9798 ។

Lao

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 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

ဟ်သူဉ်ဟ်သး– နမ့်ကတိၤ ကညီ ကျိာ်အယိ. နမၤနှ်ၤ ကျိာ်အတ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၢ် နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 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.