

In an effort to promote the appropriate use of certain drugs and to help better manage the cost of expensive drugs, the ConnectiCare Pharmacy & Therapeutics Committee has developed a list of prescription drugs that require prior authorization. Prior authorization requests must be faxed to ConnectiCare's Pharmacy Services department at 860-674-2851 or toll free 800-249-1367 by the prescribing physician's office. POS members receiving out-of-network care are responsible for initiating this process. When submitting a request for Prior Authorization please use a Prior Authorization form which can be printed at ConnectiCare.com or obtained by calling ConnectiCare at 800-251-7722. If the prescribed drug is approved, the prescription will be filled as usual at a participating pharmacy or administered by a provider (where appropriate).

Acthar Gel	Chantix (PA not required for initial 30 day supply)
Aciphex (<i>Use Prilosec OTC-Tier 1</i>)	Clarinet / D (<i>Use loratadine OTC first-Tier 1</i>)
Actiq (fentanyl citrate lozenge)	Clobex (<i>Use generic clobetasol first</i>)
*Actonel (<i>Use Fosamax</i>)	Clomid
Adoxa (<i>Use generics first</i>)	Contraceptives (if excluded by group)
Agrylin (anagrelide HCL)	Compounded Medications
Allegra / Allegra D (<i>Use loratadine OTC first-Tier 1</i>)	Copaxone
^M Aldurazyme	*Coreg CR (<i>Use Coreg first</i>)
^M Alimta	*Crestor (<i>Use simva-, prava-, lovastatin first</i>)
^M Aloxi	Crinone
Altoprev (<i>Use simva-, prava-, lovastatin first</i>)	*Cymbalta (<i>Use generic SSRI's first</i>)
Apokyn	^M Dacogen
^M Aralast	*Detrol / LA (<i>Use oxybutynin IR/XL first</i>)
*Ambien CR (<i>Use generic Ambien</i>)	Doryx (<i>Use generics first</i>)
Amevive	Dynacin (<i>Use generics first</i>)
Androderm	*Effexor XR (<i>Use generic SSRI's first</i>)
Androgel	^M Elaprase
Anzemet (<i>Use ondansetron first</i>)	Elidel (PA <2 years of age)
Aranesp (PA required for pharmacy claims only)	Enbrel (etanercept)
Aricept (PA < 50 years old only)	*Enablex (<i>Use oxybutynin IR/XL first</i>)
^M Avastin (bevacizumab)	^M Eloxatin (oxaliplatin)
Avodart (PA < 55 years old only)	^M Erbix (cetuximab)
Avonex	^M Euflexxa
*Beconase AQ (<i>Use generic flonase first</i>)	Exelon (PA < age 50 only)
Betaseron	Exjade
^M Bexxar	^M Fabrazyme
^M Blood Clotting Factors (All)	fentanyl citrate
Boniva Injection	Fentora (fentanyl)
*Boniva tablets (<i>Use Fosamax</i>)	fexofenadine (<i>Use loratadine OTC-Tier 1</i>)
Botox	Flector Patch (diclofenac transdermal)
Bravelle	Fluoxetine 40mg capsules
Buphenyl	^M Flolan (epoprostenol)
*Byetta	Flumist (PA age 18 and older only)
Campral	Follistim AQ
*Cardura XL (<i>Use generic doxazosin first</i>)	Food Supplements
*Celebrex	Forteo
^M Cerezyme	Fosamax plus D 5600 (<i>Use fosamax plus D 2800</i>)
Cesamet	Fuzeon
Cetrotide	Ganirelix

Note: **Self administered medications** (i.e. interferons), even those not on this list, may not be dispensed for self administration and billed through the medical benefit by a provider, they **must be** dispensed through a participating pharmacy. (*) *prior authorization is not required within the first 90 days of membership with ConnectiCare.*

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Genotropin	^M Mirena (levonorgestrel-releasing IUD)
Gleevec (imatinib)	^M Myobloc
Gonal-F	^M Myozyme
<i>Growth Hormones (All)</i>	Myrac (<i>Use generics first</i>)
HCG (chorionic gonadotropin)	^M Naglazyme
^M Herceptin	Namenda (PA < 50 years old only)
Humatrope	*Nasacort AQ (<i>Use fluticasone, Nasonex, or Veramyst first</i>)
Humira (adalimumab)	*Nasarel (<i>Use fluticasone, Nasonex, Veramyst first</i>)
^M Hyalgan (sodium hyaluronate)	Neulasta (PA required for pharmacy claims only)
Implanon	Nexavar
Increlex	Nexium (<i>Use Prilosec OTC-Tier 1</i>)
Infergen	Nimotop
<i>Injectable Drugs- All (excluding insulin)</i>	Niravam (use generic alprazolam)
<i>Interferons (All)</i>	Norditropin
<i>Infertility Medications (All)</i>	Novarel
Intron-A	Noxafil
Iressa	^M Novoseven
^M V Immune Globulin (IVIG)	Nutropin/AQ
^M Ixempra	Nuvigil
Kineret	Olux (<i>Use generic clobetasol first</i>)
Klonopin Wafers (<i>Use clonazepam tablets</i>)	*Omacor (<i>note name change to "Lovaza"</i>)
Kuvan	*Omnaris (<i>Use fluticasone, Nasonex, or Veramyst first</i>)
Kytril (<i>Use ondansetron first</i>)	Omnitrope
*Lescol/XL (<i>Use simva-, prava-, lovastatin first</i>)	Oracea
Letairis (ambrisentan)	^M Orencia
*Lexapro (<i>Use generics first</i>)	Orfadin
*Lipitor (<i>Use simva-, prava-, lovastatin first</i>)	^M Orthovisc
Lotronex	Ovidrel
*Lovaza (<i>formerly Omacor</i>)	Oxandrin (oxandrolone)
Lucentis	*Oxytrol (<i>Use generic oxybutynin IR/XL first</i>)
*Lunesta (<i>Use generic Ambien</i>)	*Paxil CR (<i>Use generics first</i>)
Luveris	Pegasys
Luxiq (<i>Use generic betamethasone first</i>)	Peg-Intron
*Lyrica	*Pexeva (<i>Use generics first</i>)
^M Macugen	Prevacid (<i>Use Prilosec OTC-Tier 1</i>)
Marinol	Prevacid Naprapac
Menopur	^M Prialt
Mepron (atovaquone)	Prilosec (<i>Use Prilosec OTC</i>)
Minocin Combo Pack (<i>Use generics first</i>)	Preos

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Prolastin	^M Synagis (palivizumab)
^M Proleukin (aldesleukin)	Synarel (nafarelin)
Proscar (PA < 55 years old only)	^M Synvisc (hyaluronate sodium)
Protonix (<i>Use Prilosec OTC</i>)	Tarceva
Protopic (< 2 years of age)	Tasigna
Provigil	Temodar
*Prozac Weekly (<i>Use generics first</i>)	Testim
Quaaluan	TevTropin
Raptiva	Thalomid
Razadyne (PA < 50 years old only)	Testosterone (All)
Rebif	Theelin
^M Reclast	^M Torisel
Regranex	Tracleer
^M Remicade	<i>Travel Medication:</i> including Malarone,
^M Remodulin	Larium and Aralen
Repronex	Tykerb
^M Retisert	Tysabri
Revatio	^M Vectibix
Revlimid	^M Velcade
*Rhinocort Aqua (<i>Use fluticasone, Nasonex, Veramyst first</i>)	Verdeso (Use generic desonide first)
ribavirin	^M Ventavis
^M Rituxan	*Vesicare (<i>Use oxybutynin IR/XL first</i>)
Saizen	^M Vidaza
*Sanctura (<i>Use oxybutynin IR/XL first</i>)	^M Vivaglobulin (SQ Immunoglobulin)
*Sarafem (<i>Use generics first</i>)	^M Vivitrol
Singulair (<i>Use loratadine OTC first for allergic rhinitis</i>)	Voltaren Gel
Soladyn	*Vytorin (<i>Use simva-, prava-, lovastatin first</i>)
Solaris	<i>Weight Loss Medication</i> (if covered by your plan);
<i>Smoking Cessation Medications</i>	Meridia, Xenical, Ionamin, Tenuate, etc
Somavert	Xanax XR (<i>use generic alprazolam</i>)
Sporanox (itraconazole)	Xeloda
Sprycel	Xolair
<i>Steroids, Anabolic</i> (i.e Nandrolone)	Xyrem (Sodium Oxybate)
Striant	Xyzal (<i>Use OTC loratadine first-Tier 1</i>)
*Strattera	Zanaflex Caps (Use tablets)
^M Supartz	Zantac gel dose (Use tablets)
Sutent	Zavesca
*Symlin	Zegerid (PA for age > 15 y/o) (<i>Use Prilosec OTC</i>)
^M Zemaira	

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You know us by Drug Prior Authorization List

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<p>^MZevelin Zolinza Zyban Zyrtec / Zyrtec D (Use OTC)</p>	
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