

Why Does Your Drug Require Prior Authorization?

DRUG/DRUG CLASS	PRIOR AUTHORIZATION RATIONALE
<p><u>Alpha-1 Protease Inhibitors:</u> Aralast, Prolastin, Zemaira</p>	<p>These drugs are used to treat alpha-antitrypsin deficiency (AAT). Alpha-antitrypsin deficiency is a genetic disorder. ConnectiCare's Prior Authorization Program helps to ensure these medications are used only when medically appropriate.</p>
<p><u>Alzheimer's Medication:</u> Aricept, Exelon, Razadyne, Namenda (in patients <50 years of age)</p>	<p>These drugs are used to treat dementia associated with Alzheimer's disease. Alzheimer's disease usually affects older individuals. ConnectiCare's Prior Authorization Program ensures these medications are used appropriately by reviewing requests for patients less than 50 years of age where Alzheimer's disease is more rare.</p>
<p><u>Antidepressant Medications:</u> Lexapro, Paxil CR, Pexeva, Prozac Weekly, Sarafem, Cymbalta, Effexor XR</p>	<p>These medications are used to treat depression. The availability of multiple generic antidepressant medications creates the opportunity to improve the cost-effectiveness of depression treatment and lower the cost for patients. Furthermore, studies show that antidepressants do not differ significantly in their side effects or ability to treat depression. ConnectiCare's Prior Authorization Program ensures that patients new to antidepressant treatment are using the most cost-effective therapy that is beneficial for them.</p>
<p>Apokyn</p>	<p>Apokyn is used by injection, as needed, to treat loss of control of body movements in people with advanced Parkinson's disease (PD). The ConnectiCare Prior Authorization Program ensures that this drug is prescribed in the appropriate patient and only when medically necessary.</p>
<p><u>Blood Clotting Factors:</u> (i.e. Benefix, Kogenate FS, NovoSeven)</p>	<p>These blood products are used in hemophilia, a rare blood clotting disorder. The ConnectiCare Prior Authorization Program helps members obtain these drugs through a specialty pharmacy that provides case management services to these patients and manages the quantity of drug dispensed.</p>
<p><u>Benign Prostatic Hyperplasia (BPH):</u> Avodart, Proscar (in patients <55 years of age)</p>	<p>These medications are used to treat enlarged prostate in men. In some cases these medications are prescribed for cosmetic uses (i.e. male baldness) which are not covered under the drug benefit. ConnectiCare's Prior Authorization Program ensures these medications are used appropriately by reviewing requests for patients less than 55 years of age, since enlarged prostate is less common in younger men.</p>
<p>Botox and Myobloc</p>	<p>Botox and Myobloc are used to treat a number of muscular disorders and other medical conditions. In addition, these</p>

	<p>drugs are used in a number of cosmetic applications. ConnectiCare does not cover cosmetic products or procedures. ConnectiCare's Prior Authorization Program helps to ensure these medications are covered only when used for appropriate medical indications.</p>
Byetta	<p>Byetta is an injectable medication used as an add-on therapy in Type 2 diabetic patients with uncontrolled blood sugar on one or more oral medications. This product has been highlighted in the media for potential use in weight loss. In order to ensure that Byetta is being used to treat patients with uncontrolled Type 2 diabetes, ConnectiCare requires Prior Authorization of the drug. Weight loss medications are not covered by ConnectiCare.</p>
Campral	<p>Campral is FDA-approved for the maintenance of abstinence from alcohol in patients with alcohol dependence. Treatment with Campral should be started in patients who are abstinent, and as part of a comprehensive management/support program (such as AA). ConnectiCare's Prior Authorization Program ensures that Campral is used in patients who are abstinent and participating in a support program.</p>
Cardura XL	<p>Cardura XL is a reformulated version of Cardura (doxazosin), a drug used for hypertension and BPH (enlarged prostate). Doxazosin (Cardura) has been available as a generic product for several years. Cardura XL has not shown superior results to those of Cardura (doxazosin), therefore, ConnectiCare's Prior Authorization Program requires members to try generic doxazosin first.</p>
Celebrex	<p>Celebrex is a COX-2 Selective Non-Steroidal Anti-inflammatory Drugs (NSAIDs) used to treat conditions such as arthritis pain and inflammation. Celebrex has shown equal effectiveness to other NSAIDs, but may have reduced gastrointestinal side effects. For most patients, the traditional NSAIDs, now available as generics, are just as safe and effective as Celebrex at substantially lower cost. Therefore ConnectiCare's prior authorization program assures that Celebrex is used for individuals shown to be at risk of GI complications or bleeding disorders, or for when NSAIDs have been shown not to work.</p>
<p><u>Chemotherapy:</u> <u>Oral Medication-</u></p> <p>Gleevec, Iressa, Nexavar, Revlimid, Sprycel, Sutent, Tarceva, Temodar, Thalomid, Xeloda, Zolinza</p>	<p>These medications are approved by the FDA to treat specific types of cancer. Since they have only been shown to be effective in these cancers, ConnectiCare's Prior Authorization Program ensures the medication is being prescribed and used where it has been proven effective.</p>

<p><u>Chemotherapy: Intravenous Medication-</u></p> <p>Avastin, Alimta, Bexxar, Dacogen, Eloxatin, Erbitux, Herceptin, Riuxan, Vectibix, Velcade, Vidaza</p>	<p>These medications are approved by the FDA to treat specific types of cancer. Since they have only been shown to be effective in these cancers, ConnectiCare's Prior Authorization Program ensures the medication is being prescribed and used where it has been proven effective.</p>
<p><u>Cholesterol Lowering Agents:</u></p> <p>Advicor, Altoprev, Crestor, Lipitor, Lescol/XL, Vytorin</p>	<p>These drugs belong to the drug class commonly referred to as the "Statin" drugs. They work by lowering the "bad" cholesterol, also known as LDL-C, which in turn lowers risk of cardiac disease. Each of these drugs has a different ability to lower LDL. Depending on each patient's current LDL values, as well as what their provider feels their goal LDL should be, not all patients require the most potent Statin drugs. These drugs require prior authorization to ensure the right statin choice is made based on LDL level and cardiac risk.</p>
<p>Elidel and Protopic</p>	<p>Elidel and Protopic belong to a class of drugs called immunosuppressants that are indicated as second line therapy for the treatment of atopic dermatitis (eczema) and are not to be used in children younger than two years of age. The FDA has issued a public health advisory informing the public about potential safety concerns associated with the use of these two drugs. Recent evidence has shown a potential cancer risk (including lymphoma and skin cancer) associated with the use of these medications. The FDA advises these medications to be used only as labeled. The ConnectiCare Prior Authorization Program ensures that this drug is used only as labeled by the FDA.</p>
<p><u>Enzymatic Deficiencies:</u></p> <p>Aldurazyme, Buphenyl, Cerezyme, Elaprase, Fabrazyme, Myozyme, Naglazyme, Orfadin, Zavesca</p>	<p>These drugs are used to treat rare genetic disorders. The ConnectiCare Prior Authorization Program helps to ensure these medications are used only when medically appropriate.</p>
<p>Exjade</p>	<p>Exjade is a medication used to treat chronic iron overload in patients with transfusion-dependent anemias. ConnectiCare's Prior Authorization Program helps to ensure these medications are used only when medically appropriate.</p>
<p>Exubera</p>	<p>Exubera is the first inhaled form of rapid-acting insulin. The drug is significantly more expensive than injectable forms of insulin and definitive studies on long-term safety have not been published. ConnectiCare's Prior Authorization Program ensures this expensive medication is only used in patients who do not respond to other proven therapies.</p>

<p>Fentanyl oral (Actiq/Fentora)</p>	<p>Fentora/Actiq are medications approved by the FDA to be used in treating breakthrough cancer pain. Fentanyl is a very strong narcotic with a high potential for abuse. It is sometimes prescribed for uses other than breakthrough cancer pain. ConnectiCare's Prior Authorization Program helps to ensure this medication is used only for its FDA labeled indication of breakthrough cancer pain.</p>
<p><u>Pulmonary Hypertension :</u> Flolan, Remodulin, Ventavis</p>	<p>These drugs are indicated for the treatment of pulmonary hypertension, a serious, life-threatening disease. ConnectiCare requires Prior Authorization to ensure this medication is used only when clinically appropriate.</p>
<p>Forteo</p>	<p>Forteo is a new drug therapy for the treatment of osteoporosis in both men and women at high risk for fractures. Forteo therapy is appropriate in only a select group of patients. ConnectiCare requires prior authorization to ensure appropriate use for higher risk patients who have failed other therapies.</p>
<p>Fuzeon</p>	<p>Fuzeon is a medication used to treat HIV infection. It is used in combination with other antiretroviral agents, in treatment-experienced patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy. The ConnectiCare's Prior Authorization Program ensures that this drug is used when medically necessary.</p>
<p><u>Growth Hormone:</u> Genotropin, Nutropin AQ, Humatrope, Norditropin, Saizen, Serostim, Tev-Tropin), Zorbtive</p>	<p>Human Growth Hormone is used to treat growth failure in children caused by various medical conditions. Additionally, it is used in adults to treat growth hormone deficiency, and certain products are indicated for AIDS-wasting/cachexia and short bowel syndrome. The ConnectiCare Prior Authorization Program ensures that this drug is prescribed in the appropriate patient when medically necessary.</p>
<p><u>Hyaluronic Acid Derivatives:</u> Euflexxa, Hyalgan, Orthovisc, Supartz, Synvisc</p>	<p>These medications are used to treat pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative treatment. The ConnectiCare Prior Authorization Program ensures these medications are used where clinically appropriate.</p>
<p><u>Interferon:</u> Intron-A, Pegasys, Peg-Intron</p>	<p>Pegasys and Peg-Intron are injectable medications used to treat Hepatitis C. ConnectiCare's Prior Authorization Program ensures use in the appropriate patient and determines therapy duration based on the type of Hepatitis C. It also helps members get these medications through a specialty pharmacy that provides education and drug information services to these patients.</p>

	Intron- A is an injectable medication used to treat conditions such as melanoma, certain forms of leukemia, chronic Hepatitis C and B. ConnectiCare's Prior Authorization Program ensures proper use and duration of therapy.
<u>Injectable Medication for psoriasis:</u> Amevive, Raptiva, Enbrel, Remicade	These injectable medications are used to treat plaque psoriasis. ConnectiCare's Prior Authorization Program ensures use of these costly therapies in patients who have failed to respond to conservative therapy and manages the quantity and dosage of drug dispensed.
<u>Injectable Medication for rheumatoid arthritis:</u> Enbrel, Humira, Orencia, Remicade	These injectable medications are used to treat patients with rheumatoid arthritis. ConnectiCare's Prior Authorization Program ensures use of these costly therapies in patients who have failed to respond to conservative treatment and manages the quantity and dosage of drug dispensed. .
<u>Immune Globulin:</u> IVIG and Vivaglobin	Intravenous immunoglobulin (IVIG) is a blood product administered intravenously. IVIG is used to treat several FDA-approved conditions such as immune deficiencies, chronic lymphocytic leukemia, and conditions causing platelet deficiencies. It has also been used for a variety of non FDA-approved conditions. IVIG is very costly and can cause a number of potential adverse effects. The ConnectiCare prior authorization program helps to ensure that this drug is used when medically necessary, and where there is documented effectiveness.
<u>Infertility Medication:</u> Bravelle, Follistim, Ganirelix, Gonal-F, HCG (chorionic gonadotropin), Menopur, Novarel, Ovidrel, Repronex	These medications are used to treat infertility. There are different levels of infertility coverage based on benefit design and specific state mandates. ConnectiCare Prior Authorization Program helps to ensure each member's infertility benefit is administered correctly.
Klonopin Wafers	Klonopin wafers contain clonazepam which is a benzodiazepine. Klonopin wafers are formulated as an orally disintegrating tablet. The wafer contains exactly the same medication as the oral clonazepam tablet. Klonopin wafers are FDA-Approved for seizure disorders or panic disorder. The prior authorization is in place for this drug to ensure oral clonazepam is tried first and Klonopin wafers are used when medically necessary.
Lyrica	Lyrica is indicated for management of postherpetic pain (PHN), as adjunctive therapy for adults with partial onset seizures, and for the management of neuropathic pain associated with diabetic peripheral neuropathy (DPN). Connecticare requires Prior Authorization to ensure this

	medication is used only when medically necessary.
Lucentis	Lucentis is a monthly injection to the eye to treat (wet) age –related macular degeneration (AMD). ConnectiCare requires Prior Authorization to ensure this medication is used only when clinically appropriate.
Macugen	Macugen is an injection to treat (wet) age-related macular degeneration (AMD). ConnectiCare requires prior authorization to ensure this medication is used only when clinically appropriate.
<u>Multiple Sclerosis Medication:</u> Avonex, Betaseron, Copaxone, Rebif, Tysabri	These medications are used to treat multiple sclerosis. The ConnectiCare Prior Authorization Program helps members get these medications through a specialty pharmacy that provides case management services to these patients and manages the quantity of drug dispensed. When there is more than one similar medication without documentation of superiority, ConnectiCare's Prior Authorization Program requires the use of the most cost effective choice first.
<u>Nasal Corticosteroids:</u> Beconase AQ, Nasacort AQ, Nasarel, Omnaris, Rhinocort Aqua	These medications are administered nasally and are used to treat symptoms associated with allergic rhinitis. There are no conclusive studies to indicate that any one of these medications work better than other nasal corticosteroids. ConnectiCare's preferred nasal corticosteroids are fluticasone (generic Flonase) and Nasonex. ConnectiCare's Prior Authorization Program is in place to promote utilization of fluticasone (generic Flonase) and Nasonex first as the most cost effective choices.
Niravam	Niravam contains alprazolam which is a benzodiazepine. Niravam is designed to allow the alprazolam to rapidly disintegrate on the tongue and does not require water to swallow it. Both Niravam and alprazolam appear to work exactly the same in the body, yet Niravam is far more costly. This medication is FDA approved for anxiety and panic disorder. The ConnectiCare Prior Authorization Program ensures this drug is being used in the appropriate patient and that the most cost-effective therapies (generics) are used first.
<u>Non-Sedating Antihistamines (NSA's):</u> Allegra, Allegra D, Clarinex, Clarinex D, Fexofenadine, Zyrtec, Zyrtec D, Singular (when used for allergic rhinitis)	These medications are used for many different allergic disorders. There are no conclusive studies that indicate that any one of these medications work better than other NSAs. ConnectiCare's preferred NSA is Claritin, or Loratadine, which is OTC (over-the-counter) and costs a fraction of what the others in this class cost. The Prior Authorization is in place to reserve the more costly NSA's for when they are medically necessary.
<u>Oral Antifungals:</u> Lamisil	A vast majority of cases for which these drugs are prescribed are of cosmetic concern only, which is not covered under the drug benefit. In addition, the indiscriminate use of this drug may eventually lead to the

Sporonox	development of resistant organisms. The ConnectiCare prior authorization program helps to ensure that this drug is used only when medically necessary.
<u>Osteoporosis Oral Medication:</u> Actonel, Actonel w/Calcium, Boniva	These medications belong to a class of drugs called bisphosphonates. They are oral medications used to treat osteoporosis. These drugs are similar in effectiveness and their side effect profile. ConnectiCare's preferred drug is Fosamax. The ConnectiCare Prior Authorization Program ensures the most cost effective medication is tried first. Fosamax will be available in a generic version in 2008 and most ConnectiCare members on Fosamax will want to take advantage of a lower out-of-pocket cost share.
<u>Osteoporosis Injectable Medication:</u> Boniva inj	This medication is an injectable bisphosphonate used to treat osteoporosis and is administered every 3 months. ConnectiCare's Prior Authorization Program ensures that the oral medications which are more cost effective are tried first.
<u>Over Active Bladder Medication (OAB's):</u> Detrol, Enablex, Oxytrol, Sanctura, Vesicare	These medications are used to treat overactive bladder. These drugs are similar in effectiveness. ConnectiCare's preferred medication for overactive bladder is oxybutynin (immediate-release). ConnectiCare's Prior Authorization Program is in place to promote utilization of this cost effective agent as initial therapy.
Penlac	A vast majority of cases for which Penlac is prescribed are of cosmetic concern only, which is not covered under the drug benefit. The ConnectiCare prior authorization program helps to ensure that this drug is used only when medically necessary.
<u>Proton Pump Inhibitors (PPI's):</u> Aciphex, Nexium, omeprazole, Prevacid, Protonix, Zegerid	These medications are used for GERD (Gastro-Esophageal Reflux Disorder), commonly known as heartburn. There are no conclusive studies that indicate that any one of these medications work better than other PPIs. ConnectiCare's preferred PPI is Prilosec OTC, which is over-the-counter and costs a fraction of what the others in this class cost. Connecticare covers Prilosec OTC at the Tier 1 copay (lowest copayment). The Prior Authorization is in place to reserve the more costly PPI's for when they are medically necessary.
Retisert	Retisert is a sterile implant designed to be surgically placed in the eye that will release a continuous amount of medication over a 30 month period in patients with a condition known as uveitis. The ConnectiCare Prior Authorization Program helps to ensure that this drug is used only when medically necessary.
Revatio	Revatio is indicated for the treatment of pulmonary hypertension, a serious, life-threatening disease.

	ConnectiCare requires Prior Authorization to ensure this medication is used only when clinically appropriate.
Strattera	Strattera is a medication used to treat Attention-Deficit-Hyperactivity Disorder (ADHD). ConnectiCare's Prior Authorization Program ensures other lower cost standard of care alternatives are used first.
Symlin	Symlin is an injectable medication used as an adjunct treatment in patients on insulin therapy who have failed to achieve desired glucose control. In doses much greater than used for diabetes this medication has shown a potential use for weight loss. The ConnectiCare Prior Authorization Program ensures that Symlin is being used appropriately to treat patients with uncontrolled diabetes. Medications for weight loss are not covered by ConnectiCare.
Synagis	Synagis is a vaccine for the prevention of a serious lower respiratory tract disease caused by a virus in pediatric patients 24 months of age and younger. It is reserved for patients considered at high risk (premature infants and children with significant congenital heart disease). The ConnectiCare Prior Authorization Program ensures that this drug is prescribed in the appropriate patient and only when medically necessary and according to nationally recognized guidelines.
<u>Testosterone Replacement:</u> Androgel, Androderm, Depo-testosterone inj., Testim	These meds are indicated for testosterone replacement therapy in those males who are testosterone deficient. Because there is the potential for use in sexual dysfunction, which is excluded for most ConnectiCare members, or for the enhancement of athletic performance (also a non-covered use), ConnectiCare requires Prior Authorization to ensure the drugs are only being used where medically necessary.
Xanax XR	Xanax XR contains alprazolam which is a benzodiazepine. Xanax XR contains an extended-release version of alprazolam. Both versions appear to work exactly the same in the body, yet Xanax XR is far more costly. This medication is FDA-Approved for panic disorder only. The prior authorization is in place for this drug to ensure this med is used only when medically necessary.
Xolair	Xolair is a subcutaneous injection administered once or twice a month to treat allergy related asthma. It is reserved for patients who are inadequately controlled with standard treatment. The ConnectiCare Prior Authorization Program ensures that this drug is prescribed in the appropriate patient and only when medically necessary.

Xyrem	Xyrem (sodium oxybate) is a very powerful central nervous system (CNS) depressant with a high risk of abuse and several safety concerns tightly restricting its distribution. It has been FDA approved to treat a <u>small</u> population of patients with narcolepsy who experience excessive daytime sleepiness or episodes of cataplexy, a condition characterized by weak or paralyzed muscles. The ConnectiCare Prior Authorization Program ensures that this drug is prescribed in the appropriate patient and only when medically necessary.
Zyvox	Zyvox is a very strong (often prescribed upon hospital discharge) and costly antibiotic. It is one of the few antibiotics shown to be effective against resistant gram positive infections. Infectious disease experts caution that this drug should be used conservatively. The ConnectiCare Prior Authorization Program helps to ensure that this drug is used only when medically necessary.