



Mandatory Drug Substitution Program

ConnectiCare has a Mandatory Drug Substitution Program to limit certain medications to one brand name when **multiple brand names for the same medication exist** (AB rated). The goal of this program is to maximize cost savings by increasing utilization of the less expensive of the equivalent choices, and eliminating use of more costly of the equivalent choices. This program does not eliminate coverage for any drug, but channels the dispensing to the least costly manufacturer of a specific drug. For the following drugs, reimbursement will be limited to covered drug listed below unless Pharmacy Services has received an authorization request and this request is approved.

Non-Covered Drug Name	Covered Drug Name
APRI , DESOGEN, SOLIA	ORTHO-CEPT
BREVICON, NECON 0.5/35, NORTREL 0.5/35	MODICON
ERRIN, Nora-Be, Jolivette	MICRONOR
NECON 1/35, NORINYL 1/35, NORTREL 1/35	ORTHO-NOVUM 1/35
NECON 1/50, NORINYL 1/50	ORTHO-NOVUM 1/50
NECON 10/11	ORTHO-NOVUM 10/11
NECON 7/7/7, NORTREL 7/7/7	ORTHO-NOVUM 7/7/7
MONONESSA, SPRINTEC, PREVIFEM	ORTHO CYCLEN
TRINESSA , TRI-SPRINTEC, Tri-Previfem	ORTHO TRI-CYCLEN