



Drug Prior Authorization List

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).

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.

(^M) physician administered drug, usually billed under the medical benefit

The information in this document does not apply to ConnectiCare VIP plan members.

Effective 1/1/2012

<u>MEDICATION</u>	<u>COMMENTS</u>
Abstral	
Aciphex	(Use OTC PPI first)
Actemra	
Acthar Gel	
Actiq/generic fentanyl lozenge	
*Actonel	(Use alendronate)
*ActoplusMet/XR	(Use metformin first)
*Actos	(Use metformin first)
^M Adcetris	
Adcirca	
*Adoxa	(Use generics first)
Afinitor	
Agrylin/generic anagralide	
^M Aldurazyme	
^M Alimta	
AlleRx	(Use Allegra, Zyrtec, and Claritin OTC first--covered)
^M Aloxi injection	(PA not required if provided by MD office)
Altace Tabs	(Use generic)
*Altoprev	(Use simva-, prava-, lovastatin first)
*Ambien CR	(Use generic Ambien)
Amevive	
Ampyra	
Amrix	(Use generics first)
*Amturnide	(Use generic ACE or ARB first)
Androderm	

<u>MEDICATION</u>	<u>COMMENTS</u>
Androgel	
Antarra	
Anzemet	(Use ondansetron first)
*Aplenzin	(Use generic bupropion hcl)
Apokyn	
^M Aralast	
^M Aranesp	(PA not required if provided by MD office)
^M Arcalyst	
Aricept 23	
Arthrotec	
^M Arzerra	
*Ascensia Test Strips	(Use Accucheck or Freestyle)
*Astepro Nasal Spray	(Use Astelin)
*Atacand / Atacand HCT	(Use generic ACE or ARB first)
*Atelvia	(Use alendronate)
*Avalide	(Use generic ACE or ARB first)
*Avandia	(Use metformin first)
*Avandamet	(Use metformin first)
*Avandaryl	(Use metformin first)
*Avapro	(Use generic ACE or ARB first)
^M Avastin	(PA not required for use in the eye)
Avidoxy	(Use generic first)
*Avinza	(#14 allowed, Use formulary agent first)
Avodart	(PA < 55 years old only)
Avonex	
*Axert	(Use generic triptan first)
Axiron	
*Azor	(Use generic ACE or ARB first)
*Beconase AQ	(Use generic Flonase first)
*Benicar / Benicar HCT	(Use generic ACE or ARB first)
^M Benlysta	
Betaseron	
^M Bexxar	
^M Blood Clotting Factors (All)	
Boniva Injection	
*Boniva tablets	(Use alendronate)
Botox	
Bravelle	
Brovana	
Buphenyl	
*Byetta	(Use metformin first)
Cambia	
Campral	
Caprelsa	
*Cardura XL	(Use generic doxazosin first)
Cayston	
*Celebrex	
^M Cerezyme	
Cesamet	

MEDICATION	COMMENTS
Cetrotide	
Chantix	(PA not required for initial 30 day supply)
Cimzia	
Cinryze	
Clarinex / D	(Use Allegra, Zyrtec, and Claritin OTC first--covered)
Clindagel	(Use clindamycin first)
Clobex Lotion	(Use generic clobetasol first)
Clomid	
Clolar	
CNL Nail Kit	
Coartem	
Compounded Medications	
Contraceptives (if excluded by group)	
Copaxone	
*Coreg CR	(Use carvedilol first)
Crinone	
Cuvposa	
*Cymbalta	(Use generic SSRI's first)
^M Dacogen	
*Daliresp	
*Detrol / LA	(Use oxybutynin IR/XL first)
Dexilant	(formerly Kapidex--Use OTC Prevacid or Prilosec 1st)
*Differin 0.3%	(Use 0.1% first)
Dificid	
*Diovan / Diovan HCT	(Use generic ACE or ARB first)
*Doryx	(Use generics first)
*Dostinex/generic Cabergoline	(Use bromocriptine first)
*Duetact	(Use metformin first)
Duexis	
*Dynacin	(Use generics first)
Dysport	
*Edarbi	
*Edular	(Use zolpidem generic tablets)
Egriffta	
^M Elaprase	
Elidel	(PA <2 years of age)
*Enablex	(Use oxybutynin IR/XL first)
Enbrel	
Endometrin	
^M Eloxatin	
^M Erbitux	
^M Euflexxa	
*Evoclin	(Use clindamycin first)
*Exalgo	(#14 allowed, Use formulary agent first)
Exelon	(PA < age 50 only)
*Exelon patch	
*Exforge / Exforge HCT	(Use generic ACE or ARB first)
Exjade	
Extavia	
Extina	(Use generic ketoconazole first)

<u>MEDICATION</u>	<u>COMMENTS</u>
^M Eylea	
^M Fabrazyme	
Fentora	
Fexmid	
Fibrocor	
Firazyr	
Flector Patch	
^M Flolan/ epoprostenol	
Flumist	(PA age 18 and older only)
Fluoxetine 60mg	
Follistim AQ	
Folotyn	
<i>Food Supplements (incl. infant formulas)</i>	
Fortamet	(Use generic metformin first)
Fortesta	
Fosamax plus D	(Use alendronate)
*Frova	(Use generic triptan first)
Fuzeon	
Ganirelix	
Gastrocrom	
*Gelnique	
Genotropin	
Gilenya	
Glassia	
Gleevec	
Glumetza	(Use generic metformin first)
Gonal-F	
Gralise	
<i>Growth Hormones (All)</i>	
^M Halaven	
HCG (chorionic gonadotropin)	
^M Herceptin	
^M Hizentra	
Horizant	
Humatrope	
Humira	
^M Hyalgan	
Hycamtin Capsules	
Ilaris	
Implanon	
Incivek	
Increlex	
Infergen	
<i>Infertility Medications (All)</i>	
<i>Injectable Drugs- All (excluding insulin)</i>	
Intron-A	
*Intuniv	
Iressa	
^M Istodax	
^M IV Immune Globulin (IVIG)	

MEDICATION	COMMENTS
^M Ixempra	
Jakafi	
^M Jevtana	
*Kadian	(#14 allowed, Use formulary agent first)
^M Kalbitor	
*Kapvay ER	
*Keppra XR	(Use generic first)
Kineret	
Klonopin Wafers	(Use clonazepam tablets)
*Kombiglyze XR	(Use metformin first)
^M Krystexxa	
Kuvan	
Kytril/generic granisetron	(Use generic Zofran first)
Lamictal ODT	
Lamictal XR	
Lamisil Oral Granules	
Lazanda	
*Lescol/XL	(Use generic Zofran first)
Letairis (ambrisentan)	
*Lexapro	(Use generics first)
Livalo	
Lotronex	
Lovaza (formerly Omacor)	
^M Lucentis	
Lumigan	
Lumizyme	
*Lunesta	(Use generic Ambien)
Luveris	
*Luvox CR	(Use generics first)
*Luxiq	(Use generic betamethasone first)
*Lyrica	
^M Macugen	
Makena	
Marinol	
*Maxalt/Maxalt MLT	(Use generic triptan first)
Menopur	
Mepron (atovaquone)	
Metozolv	(Use generic first)
*Micardis / Micardis HCT	(Use generic ACE or ARB first)
Minocin Combo Pack	(Use generics first)
^M Mirena (PA on)	
^M Mozobil	
^M Myobloc	
^M Myozyme	
Myrac	(Use generics first)
^M Naglazyme	
Namenda	(PA < 50 years old only)
*Nasarel	(Use fluticasone or Nasonex)
Neulasta	(PA required for pharmacy claims only)
Nexavar	

MEDICATION	COMMENTS
Nexium	(Use OTC Prilosec 1st then tier 2 drugs)
Nimotop	
Niravam	(Use generic alprazolam)
Norditropin	
Novarel	
^M Novoseven	
^M Nplate	
Nuedexta	
^M Nulojix	
Nutropin/AQ	
Nuvigil	
Oforta	
Oleptro	
Olux	(Use generic clobetasol first)
Olux-E	
*Omnaris	(Use fluticasone, or Nasonex)
Omnitrope	
*One Touch Test Strips	(Use Accucheck or Freestyle)
*Onglyza	(Use metformin first)
Onsolis	
*Oracea	
Oravig	
^M Orencia	
Orfadin	
^M Orthovisc	
Ovidrel	
Oxandrin (oxandrolone)	
*Oxytrol	(Use generic oxybutynin IR/XL first)
Patanase	(Use Astelin first)
*Paxil CR (paroxetine CR)	(Use other generics first)
Pegasys	
Peg-Intron	
Pennsaid	
*Pexeva	(Use generics first)
Ponstel	(Use generic NSAIDs)
*Pradaxa	
Prevacid	(Use Prevacid OTC-Tier 1)
Prevacid Naprapac	
^M Prialt	
Prilosec x	(Use Prevacid OTC-Tier 1)
*Pristiq	(Use generic SSRIs first)
Prolastin	
^M Proleukin	
Prolia	
Promacta	
Protonix	(Use Prilosec OTC)
Protopic	(PA < 2 years of age)
^M Provenge	
Provigil	
*Prozac Weekly	(Use generics first)

<u>MEDICATION</u>	<u>COMMENTS</u>
Qualaquin	
Qutenza	
*Rapaflo	(Use Flomax first)
Razadyne	(PA < 50 years old only)
Rebif	
^M Reclast	
Regranex	
Relistor	
*Relpax	(Use generic triptan first)
^M Remicade	
^M Remodulin	
Repronex	
^M Retisert	
Revatio	
Revlimid	
*Rhinocort Aqua	(Use fluticasone, Nasonex, Veramyst first)
^M RiaSTAP	
Ribavirin (Ribapak)	
^M Rituxan	
Rybix ODT	
Ryzolt ER	(Use tramadol ER)
Saizen	
*Sanctura	(Use oxybutynin IR/XL first)
Sancuso	(Use ondansetron first)
*Sarafem	(Use generics first)
Silenor	
Simponi	
<i>Smoking Cessation Medications</i>	
Solodyn	
^M Soliris	
Somavert	
Sporanox (itraconazole)	
Sprix Nasal spray	
Sprycel	
*Stavzor	(Use generic first)
Stelara	
*Strattera	
Striant	
Suboxone Film	
Sucraid	
Sumavel Dosepro	
^M Supartz	
Supprelin LA	
Sutent	
Sylatron	
*Symlin	
^M Synagis (palivizumab)	
Synarel (nafarelin)	
^M Synvisc	
Tarceva	

MEDICATION	COMMENTS
Tasigna	
*Tekamlo	(Use generic ACE or ARB first)
*Tekturna	(Use generic ACE or ARB first)
Temodar	
Testim	
Testosterone (All)	
*Tevetan / Tevetan HCT	(Use generic ACE or ARB first)
TevTropin	
Thalomid	
Thyrogen	
*Tofranil PM	(Use generic imipramine hcl)
^M Torisel	
*Toviaz	(Use oxybutynin IR/XL first)
Tracleer	
Travatan/Travatan Z	
Travel Medication : i.e. Malarone	
^M Treanda	
Tretin-X	(Use tretinoin first)
Treximet	
*Tribenzor	(Use generic ACE or ARB first)
Triglide	
Trospium	
*Twynsta	(Use generic ACE or ARB first)
Tykerb	
Tysabri	
Tyvaso	
*Uloric	(Use allopurinol first)
Ultram ER	(Use tramadol generic)
*Valturna	(Use generic ACE or ARB first)
Vantas	
^M Vectibix	
^M Velcade	
Venlafaxine Extended Release Tabs	(Use generic SSRI 1st)
^M Ventavis	
Verdeso	(Use generic desonide first)
*Vesicare	(Use oxybutynin IR/XL first)
*Viibryd	
*Victoza	(Use metformin first)
Victrelis	
^M Vidaza	
Vimovo	
^M Vivaglobulin (SQ Immunoglobulin)	
^M Vivitrol	
Voltaren Gel	
Votrient	
^M Vpriv	
Steroids, Anabolic (i.e Nandrolone)	
Vusion	
*Vytorin	(Use simva-, prava-, lovastatin first)

