

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).

Aciphex (<i>Use OTC Prilosec or Prevacid 1st then tier 2</i>)	^M Avastin
Acthar Gel	Avidoxy (<i>Use generic first</i>)
*Actos (<i>Use metformin first</i>)	Avodart (<i>PA < 55 years old only</i>)
*ActoplusMet (<i>Use metformin first</i>)	Avonex
Actiq/generic fentanyl lozenge	*Axert (<i>Use generic Imitrex first</i>)
*Actonel (<i>Use alendronate</i>)	*Beconase AQ (<i>Use generic Flonase first</i>)
Adcirca	Betaseron
*Adoxa (<i>Use generics first</i>)	^M Bexxar
Afinitor	^M Blood Clotting Factors (All)
Agrylin/generic anagralide	Boniva Injection
Allegra/ D (<i>Use Zyrtec or Claritin OTC first--covered</i>)	*Boniva tablets (<i>Use alendronate</i>)
^M Aldurazyme	Botox
^M Alimta	Bravelle
^M Aloxi injection (<i>PA not required if provided by MD office</i>)	Brovana
*Altoprev (<i>Use simva-, prava-, lovastatin first</i>)	Buphenyl
*Ambien CR (<i>Use generic Ambien</i>)	*Byetta (<i>Use metformin first</i>)
*Amerge (<i>Use generic Imitrex first</i>)	Campral
Amevive	*Cardura XL (<i>Use generic doxazosin first</i>)
Amrix (<i>use generics first</i>)	*Celebrex
Androderm	^M Cerezyme
Androgel	Cesamet
Anzemet (<i>Use ondansetron first</i>)	Cetrotide
*Aplenzin (<i>Use generic bupropion hcl</i>)	Chantix (<i>PA not required for initial 30 day supply</i>)
Apokyn	Cimzia
^M Aralast	Cinryze
^M Aranesp (<i>PA not required if provided by MD office</i>)	Clarinox / D (<i>Use Zyrtec or Claritin OTC first--covered!</i>)
^M Arcalyst	Clindagel (<i>Use clindamycin first</i>)
Aricept (<i>PA < 50 years old only</i>)	Clobex (<i>Use generic clobetasol first</i>)
Arthrotec	Clomid
Arzerra	Clolar
*Ascensia Test Strips (<i>Use Accucheck or Freestyle</i>)	CNL Nail Kit
*Astepro Nasal Spray (<i>Use Astelin</i>)	Coartem
*Avandia (<i>Use metformin first</i>)	Contraceptives (if excluded by group)
*Avandamet (<i>Use metformin first</i>)	Compounded Medications
*Avandaryl (<i>Use metformin first</i>)	Copaxone

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*Coreg CR (<i>Use carvedilol first</i>)	Folotyn
*Crestor (<i>Use simva-, prava-, lovastatin first</i>)	Food Supplements (incl. infant formulas)
Crinone	Fortamet (<i>Use generic metformin first</i>)
*Cymbalta (<i>Use generic SSRI's first</i>)	Forteo
^M Dacogen	Fosamax plus D (<i>Use alendronate</i>)
*Detrol / LA (<i>Use oxybutynin IR/XL first</i>)	*Frova (<i>Use generic Imitrex first</i>)
*Doryx (<i>Use generics first</i>)	Fuzeon
*Dostinex/generic Cabergoline (<i>Use bromocriptine first</i>)	Ganirelix
*Duetact (<i>Use metformin first</i>)	Gastrocrom
*Dynacin (<i>Use generics first</i>)	*Gelnique
Dysport	Genotropin
*Edular (<i>Use zolpidem generic tablets</i>)	Gleevec
*Effexor XR (<i>Use generic SSRI's first</i>)	Glumetza (<i>Use generic metformin first</i>)
^M Elaprase	Gonal-F
Elidel (PA <2 years of age)	Growth Hormones (All)
Enbrel	HCG (chorionic gonadotropin)
*Enablex (<i>Use oxybutynin IR/XL first</i>)	^M Herceptin
Endometrin	Humatrope
^M Eloxatin	Humira
^M Erbitux	^M Hyalgan
^M Euflexxa	Hycamtin Capsules
*Evoclin (<i>Use clindamycin first</i>)	Ilaris
Exelon (PA < age 50 only)	Implanon
Exjade	Increlex
Extavia	Infergen
Extina (<i>Use generic ketoconazole first</i>)	Injectable Drugs- All (excluding insulin)
^M Fabrazyme	Infertility Medications (All)
Fentora	Intron-A
Fexmid	Iressa
Fexofenadine/D (<i>Use Zyrtec or Claritin OTC 1st-Covered!</i>)	^M IV Immune Globulin (IVIG)
Flector Patch	^M Ixempra
Fluoxetine 40mg capsules	Kapidex (<i>Use OTC Prevacid or Prilosec 1st</i>)
^M Flolan/ epoprostenol	*Keppra XR (<i>Use generic first</i>)
Flumist (PA age 18 and older only)	Kineret
Follistim AQ	Klonopin Wafers (<i>Use clonazepam tablets</i>)
	Kuvan

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Kytril/generic granisetron (<i>Use generic Zofran first</i>)	Nexavar
Lamictal ODT	Nexium (<i>Use OTC Prilosec 1st then tier 2 drugs</i>)
Lamictal XR	Nimotop
Lansoprazole (<i>Use Prevacid OTC</i>)	Niravam (<i>Use generic alprazolam</i>)
Lamisil Oral Granules	Norditropin
*Lescol/XL (<i>Use simva-, prava-, lovastatin first</i>)	Novarel
Letairis (ambrisentan)	Noxafil
*Lexapro (<i>Use generics first</i>)	Nplate
Lipitor 10mg (<i>Use simva-, prava-, lovastatin first</i>)	^M Novoseven
*Lipitor 20,40,80mg (<i>Use simva-, prava-, lovastatin first</i>)	Nutropin/AQ
Lotronex	Nuvigil
*Lovaza (<i>formerly Omacor</i>)	Olux (<i>Use generic clobetasol first</i>)
Lucentis	*Omnaris (<i>Use fluticasone, or Nasonex</i>)
Lumigan (PA < age 50)	Omnitrope
*Lunesta (<i>Use generic Ambien</i>)	One Touch Test Strips (<i>Use Accucheck or Freestyle</i>)
Luveris	Onglyza (<i>Use metformin first</i>)
*Luvox CR (<i>Use generics first</i>)	Onsolis
*Luxiq (<i>Use generic betamethasone first</i>)	Oracea
*Lyrica	^M Orencia
^M Macugen	Orfadin
Marinol	^M Orthovisc
*Maxalt/Maxalt MLT (<i>Use generic Imitrex first</i>)	Ovidrel
Menopur	Oxandrin (oxandrolone)
Meproton (atovaquone)	*Oxytrol (<i>Use generic oxybutynin IR/XL first</i>)
Metozolv (<i>Use generic first</i>)	Patanase (<i>Use Astelin first</i>)
Minocin Combo Pack (<i>Use generics first</i>)	*Paxil CR (paroxetine CR) (<i>Use other generics first</i>)
^M Mirena (PA on)	Pegasys
^M Mozobil	Peg-Intron
^M Myobloc	*Pexeva (<i>Use generics first</i>)
^M Myozyme	Ponstel (<i>Use generic NSAIDs</i>)
Myrac (<i>Use generics first</i>)	Prevacid (<i>Use Prevacid OTC-Tier 1</i>)
^M Naglazyme	Prevacid Naprapac
Namenda (PA < 50 years old only)	^M Prialt
*Nasacort AQ (<i>Use fluticasone or Nasonex</i>)	Prilosec (<i>Use Prilosec OTC</i>)
*Nasarel (<i>Use fluticasone or Nasonex</i>)	*Pristiq (<i>Use generic SSRIs first</i>)
Neulasta (PA required for pharmacy claims only)	Prolastin

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^M Proleukin Prolia Promacta Proscar (PA < 55 years old only) Protonix (Use Prilosec OTC) Protopic (PA < 2 years of age) Provigil *Prozac Weekly (Use generics first) Qualaquin Rapaflo (Use Flomax first) Razadyne (PA < 50 years old only) Rebif ^M Reclast Regranex Relistor *Relpax (Use generic Imitrex first) ^M Remicade ^M Remodulin Repronex ^M Retisert Revatio Revlimid *Rhinocort Aqua (Use fluticasone, Nasonex, Veramyst first) ^M RiaSTAP Ribavirin (Ribapak) ^M Rituxan Ryzolt ER (Use tramadol ER) Saizen *Sanctura (Use oxybutynin IR/XL first) Sancuso (Use ondansetron first) *Sarafem (Use generics first) *Savella Simponi Soladyn Solaris	<i>Smoking Cessation Medications</i> Somavert Sporanox (itraconazole) Sprycel *Stavzor (Use generic first) Stelara Striant *Strattera Sucraid ^M Supartz Sutent *Symlin ^M Synagis (palivizumab) Synarel (nafarelin) ^M Synvisc Tarceva Tassigna Temodar Testim TevTropin Thalomid Thyrogen Testosterone (All) *Tofranil PM (Use generic imipramine hcl) ^M Torisel *Toviaz (Use oxybutynin IR/XL first) Tracleer Travatan/Travatan Z (PA <age 50) <i>Travel Medication: including Malarone, Larium and Aralen</i> ^M Treanda Tretin-X (Use tretinoin first) Treximet Tykerb Tysabri Ultram ER (Use tramadol generic)
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You know us by Drug Prior Authorization List

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<p>^MVectibix *Uloric (<i>Use allopurinol first</i>) ^MVelcade Venlafaxine Extended Release (<i>Use generic SSRI 1st</i>) Verdeso (<i>Use generic desonide first</i>) ^MVentavis *Vesicare (<i>Use oxybutynin IR/XL first</i>) ^MVidaza ^MVivaglobulin (SQ Immuneoglobulin) ^MVivitrol Voltaren Gel Votrient <i>Steroids, Anabolic</i> (i.e Nandrolone) Vusion *Vytorin (<i>Use simva-, prava-, lovastatin first</i>) *Welchol <i>Weight Loss Medication</i> (if covered by your plan); Meridia, Xenical, Ionamin, Tenuate, etc Xalatan (PA< age 50) Xeloda Xenazine Xolair ^MXyntha Xyrem Xyzal (<i>Use Zyrtec or Claritin OTC first-covered!</i>) Zanaflex Capsules (<i>Use generic tablets</i>) Zantac gel dose (<i>Use generic tablets</i>) Zavesca Zegerid (PA for > 15 y/o) (<i>Use OTC Prevacid/Prilosec</i>) ^MZemaira ^MZevelin Zolinza Zolpimist (<i>Use generic zolpidem tablets</i>) Zyban Zyflo CR (<i>Use Singulair first</i>)</p>	
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