

CONNECTICARE, INC. & AFFILIATES
INSERT PAGE FOR
PRE-CERTIFICATION AND PRE-
AUTHORIZATION LISTS UPDATE

Applies to all ConnectiCare health plans, except the ConnectiCare Network USA-PPO Plan and as otherwise noted in your Membership Agreement, Certificate of Coverage, Membership Agreement and Member Handbook, Policy, self funded Summary Plan Description/Plan Document (SPD) and Prescription Drug Rider.

SERVICES REQUIRING PRE-AUTHORIZATION OR PRE-CERTIFICATION

Effective January 1, 2011, the list of services, equipment, and supplies requiring Pre-Authorization or Pre-Certification in your Membership Agreement, Certificate Of Coverage, Membership Agreement and Member Handbook, Policy, or self funded Summary Plan Description/Plan Document, as applicable, is hereby deleted and replaced as follows.

Services listed as requiring Pre-Authorization or Pre-Certification may or may not be covered under your benefit Plan, if you are enrolled in a self funded Plan. Please refer to the "Benefits" section of your Summary Plan Description/Plan Document (SPD) to see if the services, equipment and supplies are covered under your self funded Plan.

Please note, those services, equipment, and supplies that are new from the previous list, are highlighted in **red** text.

You Need Pre-Authorization Or Pre-Certification For The Following:

Admissions:

- Hospital admissions that are elective or not the result of an Emergency, including: Acute Hospitals admissions*
- Partial Hospitalizations Programs (PHP)*
- Rehabilitation Facility admissions* Residential Treatment Facilities*
- Skilled Nursing Facility admissions
- Sub-acute care admissions

Ambulance/Medical Transportation:

- Land or air ambulance/medical transport that is not due to an Emergency

Durable Medical Equipment (DME) And Prosthetics

- Pre-Authorization will only be required for the following items: insulin pumps, wound vacs, real time continuous blood glucose monitors, customized wheelchairs and scooters, osteogenic stimulators (including spinal, non-spinal and ultrasound).
- Prosthetic/artificial limbs, including the purchase, replacement and repair of whole limb or part of limb will also require Pre-Authorization if you are enrolled in one of our ConnectiCare of Massachusetts, Inc. plans.

Elective Services & Procedures:

- Applied Behavioral Analysis (ABA) for the treatment of Autism Spectrum Disorder (ASD) (if a covered benefit)*
- Artificial Intervertebral Disc
- Cancer clinical trials
- Cardiac monitoring with Mobile Cardiac Outpatient

Telemetry or continuous computerized daily monitoring with auto-detection (no Pre-Authorization is required for standard Holter monitors or loop event recording devices)

Chondrocyte Implantation or Transplantation

Corneal Pachymetry, repeat testing only

Craniofacial treatment

Dental anesthesia/procedures

Extended outpatient behavioral health treatment visits beyond 45 – 50 minutes in duration with or without medication management*

Gastric bypass surgery, including laparoscopic (if a covered benefit)

Genetic testing, except for cystic fibrosis, routine chromosomal analysis (e.g., peripheral blood or tissue culture, chorionic villus sampling, amniocentesis), and FISH testing for lymphoma or leukemia

Hospital clinics, non-contracted or out of the Service Area

Mammoplasty (breast augmentation or reduction)

Oncotype DX breast cancer test

Oral surgery (if a covered benefit)

Reconstructive surgery

Septoplasty (surgery of the nose), except when requested by an Ear, Nose and Throat Specialist

Sleep apnea surgery or oral appliance treatment for sleep apnea

Solid organ transplants (except cornea) and bone marrow transplants (all transplant Pre-Authorizations must be done at least ten business days prior to services being rendered)

Stereotactic radiosurgery

TMJ surgery (if a covered benefit)

Varicose vein surgery

Home Health Care:

Home health services

Home infusion therapy

Hospice care

Infertility Services – Does not require Pre-Authorization, *if* you are enrolled in one of our ConnectiCare of Massachusetts, Inc. plans

Intensive Outpatient Treatment Programs (IOP*)

Injectable Drugs & Nutritional Supplements:

Nutritional supplements and food products, including modified food products for inherited metabolic diseases and specialized formulas (if a covered benefit)

Neuropsychological Testing (behavioral health* and medical purposes)

Outpatient Radiological Services (except when such radiological services are done in conjunction with a biopsy or other surgical procedure):

Bone mineral density exams ordered more frequently than every 23 months

CT scans (all diagnostic exams)

MRI/MRA (all examinations)

Nuclear cardiology

PET scans

Radiation Therapy for Cancer

Stress echocardiograms

Outpatient Rehabilitative Services:

Occupational therapy

Physical therapy
Speech therapy (including specialty Hospitals, acute care
Hospitals and providers of rehabilitation services)

Outpatient Electro-Convulsive Treatment (ECT)*
**Outpatient Behavioral Health Treatment Provided in a
Member's Home***

Outpatient Treatment of Opioid Dependence*
Psychological Testing Over 4 Hours*

***Pre-Authorization is conducted by OptumHealth
Behavioral Solutions - 1-888-946-4658**

**Prescription medications (only applies to certain
medications)**

Effective January 1, 2011, the list of drugs, including
specialty drugs, requiring Pre-Authorization contained in
your Membership Agreement, Certificate Of Coverage,
Membership Agreement and Member Handbook, Policy,
Summary Plan Description, as applicable, or our
Prescription Drug Rider is hereby deleted and replaced as
follows. Please note, those drugs that are new from the
previous list, are highlighted in **red** text:

**You Need Pre-authorization For The Following
Prescription Drugs:**

Aciphex
Actemra
Acthar Gel
Actos
Actoplus Met
Acne-Brand Name Oral Agents; Doryx, Dynacin, Adoxa,
Myrac, Solodyn, Minocin PAC
Actiq
Actonel
Adcirca
Adoxa
Affinitor
Agylin
Allegra D
AlleRx
Alpha 1-Proteinase Inhibitors (All)
Aldurazyme
Alimta
Aloxi
Altoprev
Ambien CR
Amerge
Amevive
Ampyra
Amrix
Androderm
Androgel
Antarra
Anzemet
Aplenzin
Apokyn
Aralast
Arcalyst
Aranesp
Aricept
Arthrotec
Arzerra
Ascensia Test Strips

Astepro
Avandia
Avandamet Avandaryl
Avastin
Avidoxy
Avodart
Avonex
Axert
Beconase AQ
Betaseron
Bexxar
Blood Clotting Factors (All)
Boniva Injection
Boniva Tablets/Botox
Bravelle
Brovana
Buphenyl
Bydureon
Byetta
Cabergoline (Dostinex)
Cambia
Campral
Cardura XL
Celebrex
Cerezyme
Certriad
Cesamet
Cetrotide
Chantix
Cholesterol Lowering Drugs: Altoprev, Crestor,
Lescol/XL, Lipitor, Vytorin
Ciltryi
Cimzia
Cinryze
Cladribine
Clarinex / D
Clindagel
Clobex
CNL Nail kit
Clolar
Clomid
Coartem
Contraceptives
Compounded Medications
Copaxone
Coreg CR
Crestor
Crinone
Cymbalta
Dacogen
Detrol / LA
Dexilant (formerly Kapidex)
Differin
Doryx
Dostinex
Duetact
Dynacin
Dysport
Edluar
Effexor XR
Elaprase

Elidel
Enbrel
Enablex
Endometrin
Eloxatin
Erbitux
Euflexxa
Evoclin
Exalgo
Exelon
Exjade
Extavia
Extina
Fabrazyme
Fenoglide
Fentanyl citrate oral
Fentora
Fexmid
Fexofenadine-D
Fibrocor
Fingolimod
Flector Patch
Flolan Flu Mist
Fluoxetine 40mg capsules
Follistim AQ
Folotyn
Food Supplements
Fortamet
Forteo
Fosamax plus D
Frova
Fuzeon
Ganirelix
Gastrocrom
Gelnique
Genotropin
Glassia
Gleevec
Glumetza
Gonal-F
Growth Hormones (All)
HCG (chorionic gonadotropin)
Herceptin
Hizentra
Humatrope
Humira
Hyalgan
Hycamtin
Ilaris
Implanon
Increlex
Infergen
Injectable Drugs (All): excluding insulin
Interferons (All)
Infertility Medications (All)
Intron-A
Iressa
Istodax
IV Immune Globulin (IVIG)
Ixempra
Jalyn

Jevtana
Kalbitor
Keppra XR
Kineret
Klonopin Wafers
Kuvan
Kytril
Lamictal ODT
Lamictal XR
Lamisil Oral Granules
Lansoprazole
Levadex
Lescol/XL
Letairis
Lexapro
Lipitor
Livalo
Lotronex
Lovaza (formerly Omacor)
Lucentis
Lumigan
Lumizyme
Lunesta
Luveris
Luvox CR
Luxiq
Lyrica
Macugen
Marinol
Maxalt/Maxalt MLT
Menopur
Mepro
Metozolv
Minocin Combo Pack
Mirena
Mozobil
Myobloc
Myozyme
Myrac
Naglazyme
Namenda
Naproxinod
Nasacort AQ
Nasarel
Neulasta
Nexavar
Nexium
Nimotop
Niravam
Norditropin
Novarel
NPlate
Noxafil
Novoseven
Nutropin/AQ
Nuvigil
Oforta
Oleptro
Olux
Olux E
Omnaris

Omnitrope
 One Touch Test Strips
 Onglyza
 Onsolis
 Oracea
 Oravig
 Orenia
 Orfadin
 Orthovisc
 Ovidrel
 Oxandrin
 Oxytrol
 Patanase
 Paxil CR and CR generic
 Pegasys
 Peg-Intron
 Pennsaid
 Pexeva Ponstel
 Prevacid
 Prevacid Naprapac
 Prialt
 Pristiq
 Prolastin
 Proleukin
 Prolia
 Promacta
 Proscar
 Protonix
 Protopic
 Provenge
 Provigil
 Prozac Weekly
 Qualaquin
 Qutenza
 Rapaflo
 Razadyne Rebetol (ribavirin)
 Rebetrone
 Rebif
 Reclast
 Relistor
 Relpax
 Regranex
 Remicade
 Remodulin
 Repronex
 Retisert
 Revatio
 Revlimid
 Rhinocort AQ
 RiaStap
 Ribavirin
 Rituxan
 Rybix ODT
 Ryzolt ER
 Saizen
 SancturaSancuso
 Sarafem
 Savella
 Silenor
 Simponi
 Smoking Cessation Medications
 Solodyn
 Soliris
 Solzira
 Somavert
 Sporanox
 Sprix
 Sprycel
 Steroids, Anabolic
 Stavzor
 Stelara
 Striant
 Strattera
 Sucraid
 Sumavel Dosepro
 Supartz
 Sutent
 Symlin
 Synagis
 Synarel
 Synvisc (hyaluronate sodium)
 Tasigna
 Tarceva
 Temodar
 Testim
 Testosterone (All)
 TevTropin
 Thalomid
 Thyrogen
 Tofranil PM
 Torisel
 Toviaz
 Tracleer
 Travel Medication: including Malarone, Lariam and Aralen
 Travatan/Travatan Z
 Treanda
 Tretin X
 Treximet
 Triglide
 Tykerb
 Tysabri
 Tyvaso
 Uloric
 Ultram ER
 Uroxatral
 Vectibix
 Velcade
 Venlafaxine ER
 Ventavis
 Verdeso
 Vesicare
 Victoza
 Vidaza
 Vimovo
 Vivaglobin
 Vivitrol
 Voltaren Gel
 Votrient
 Vpriv
 Vusion
 Vytorin

Weight Loss Medication (if covered by your plan);

Meridia, Xenical, Ionamin, Tenuate, etc

Welchol

Xalatan

Xeloda

Xenazine

Xiaflex

Xolair

Xyntha

Xyrem (Sodium Oxybate)

Xyzal

Zanaflex Caps

Zantac gel dose

Zavesca

Zegrid

Zemaira

Zevelin

Zolinza

Zortress

Zyban

Zolpimist (Use generic zolpidem first)

Zyclara

Zyflo CR (Use Singulair first)

(*) Pre-Authorization for these prescription drugs is not required within the first 90 days of membership with ConnectiCare.

Specialty Drugs:

Certain specialty prescription drugs require Pre-Authorization and must be filled through specialty pharmacies. The list of specialty drugs that have this requirement is as follows:

Growth Hormone including:

Accretropin

Genotropin

Humatrope

Increlex

Norditropin

Nutropin

Nutropin AQ

Saizen

Serostim

TevTropin

Blood Clotting Factors including:

Benefix

Humate P

Kogenate FS

Monarc M

NovoSeven

Recombinate

Xyntha

Hepatitis C Treatments including:

Copegus

Infergen

Peg Intron

Pegasys

Rebetol

Rebetron

Ribavirin

LHRH Agonists including:

Eligard

Lupron

Trelstar

Viadur

Vantas

Zoladex

Multiple Sclerosis Treatments including:

Avonex

Betaseron

Copaxone

Extavia

Rebif

Tysabri

Other Drugs including:

Acthar

Actimmune

Apokyn

Aralast

Botox (botulinum toxin type A)

Cerezyme

Fabrazyme

IVIg (Immunoglobulin)

Prolastin

Soliris

Synagis

Thyrogen

Xolair

Zemaira

Oral Oncology Agents Including:

Afinitor

Gleevec

Iressa

Nexavar

Oforta

Revlimid

Sprycel

Sutent

Tarceva

Tasigna

Temodar

Thalomid

Torisel

Tykerb

Votrient

Xeloda

Zolinza

Psoriasis/Rheumatoid Arthritis/Crohn's Disease Treatments including:

Actemra

Amevive

Cimzia

Enbrel

Humira

Orencia

Remicade

Rituxan RA

Simponi

Stelara

Pulmonary Hypertension Drugs including:

Flolan

Letairis

Remodulin

Tracleer
Ventavis

Infertility Drugs including:

Bravelle
Chorionic Gonadotropin (HCG)
Follistim AQ
Ganirelix
Gonal-F
Menopur
Novarel
Ovidrel
Repronex

Viscosupplements including:

Euflexxa
Hyalgan
Orthovisc
Supartz
Synvisc

Synvisc One

Except for these changes to the lists of services, equipment, supplies, and drugs that require Pre-Authorization or Pre-Certification as described in your Membership Agreement, Certificate Of Coverage, Membership Agreement and Member Handbook, Policy, or self funded Summary Plan Description/Plan Document (SPD), as applicable, and our *Prescription Drug Rider*, your Plan, including any other Riders, remains unchanged.