



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.

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

MEDICATION	COMMENTS
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	
Arthrotec	
Arzerra	
*Ascensia Test Strips	(Use Accucheck or Freestyle)
*Astepro Nasal Spray	(Use Astelin)
*Avandia	(Use metformin first)
*Avandamet	(Use metformin first)
*Avandaryl	(Use metformin first)
^M Avastin	(PA not required for use in the eye)
Avidoxy	(Use generic first)
Avodart	(PA < 55 years old only)
Avonex	
*Axert	(Use generic Imitrex first)
*Beconase AQ	(Use generic Flonase first)
Betaseron	
^M Bexxar	
^M Blood Clotting Factors (All)	
Boniva Injection	
*Boniva tablets	(Use alendronate)
Botox	
Bravelle	
Brovana	
Buphenyl	
*Byetta	(Use metformin first)
Cambia	
Campral	
*Cardura XL	(Use generic doxazosin first)
*Celebrex	
^M Cerezyme	
Cesamet	
Cetrotide	
Chantix	(PA not required for initial 30 day supply)
Cimzia	
Cinryze	
Clarinet / 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)	

MEDICATION	COMMENTS
Copaxone	
*Coreg CR	(Use carvedilol first)
*Crestor	(Use simva-, prava-, lovastatin first)
Crinone	
*Cymbalta	(Use generic SSRI's first)
^M Dacogen	
*Detrol / LA	(Use oxybutynin IR/XL first)
Dexilant	(formerly Kapidex--Use OTC Prevacid or Prilosec 1st)
*Differin 0.3%	(Use 0.1% first)
*Doryx	(Use generics first)
*Dostinex/generic Cabergoline	(Use bromocriptine first)
*Duetact	(Use metformin first)
*Dynacin	(Use generics first)
Dysport	
*Eduilar	(Use zolpidem generic tablets)
*Effexor XR	(Use generic SSRI's first)
^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	
Exelon	(PA < age 50 only)
Exjade	
Extavia	
Extina	(Use generic ketoconazole first)
^M Fabrazyme	
Fenoglide	
Fentora	
Fexmid	
Fexofenadine-D	(Use Zyrtec or Claritin OTC 1st-Covered!)
Fibrocor	
Flector Patch	
^M Flolan/ epoprostenol	
Flumist	(PA age 18 and older only)
Follistim AQ	
Folotyn	
Food Supplements (incl. infant formulas)	
Fortamet	(Use generic metformin first)
Forteo	
Fosamax plus D	(Use alendronate)
*Frova	(Use generic Imitrex first)
Fuzeon	
Ganirelix	
Gastrocrom	
*Gelnique	

<u>MEDICATION</u>	<u>COMMENTS</u>
Genotropin	
Gleevec	
Glumetza	(Use generic metformin first)
Gonal-F	
<i>Growth Hormones (All)</i>	
HCG (chorionic gonadotropin)	
^M Herceptin	
Hizentra	
Humatrope	
Humira	
^M Hyalgan	
Hycamtin Capsules	
Ilaris	
Implanon	
Increlex	
Infergen	
<i>Infertility Medications (All)</i>	
<i>Injectable Drugs- All (excluding insulin)</i>	
Intron-A	
Iressa	
Istodax	
^M IV Immune Globulin (IVIG)	
^M Ixempra	
^M Jevtana	
^M Kalbitor	
*Keppra XR	(Use generic first)
Kineret	
Klonopin Wafers	(Use clonazepam tablets)
Kuvan	
Kytril/generic granisetron	(Use generic Zofran first)
Lamictal ODT	
Lamictal XR	
Lamisil Oral Granules	
Lansoprazole	(Use generic Zofran first)
*Lescol/XL	(Use generic Zofran first)
Letairis (ambrisentan)	
*Lexapro	(Use generics first)
Lipitor 10mg	(Use simvastatin first)
*Lipitor 20,40,80mg	(Use simva-, prava-, lovastatin first)
Livalo	
Lotronex	
Lovaza (formerly Omacor)	
Lucentis	
Lumigan	(PA< age 50)
Lumizyme	
*Lunesta	(Use generic Ambien)
Luveris	
*Luvox CR	(Use generics first)
*Luxiq	(Use generic betamethasone first)
*Lyrica	

MEDICATION	COMMENTS
^M Macugen	
Marinol	
*Maxalt/Maxalt MLT	(Use generic Imitrex first)
Menopur	
Mepron (atovaquone)	
Metozolv	(Use generic 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)
*Nasacort AQ	(Use fluticasone or Nasonex)
*Nasarel	(Use fluticasone or Nasonex)
Neulasta	(PA required for pharmacy claims only)
Nexavar	
Nexium	(Use OTC Prilosec 1st then tier 2 drugs)
Nimotop	
Niravam	(Use generic alprazolam)
Norditropin	
Novarel	
^M Novoseven	
Noxafil	
Nplate	
Nutropin/AQ	
Nuvigil	
Oforta	
Olepto	
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	
^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)

<u>MEDICATION</u>	<u>COMMENTS</u>
Ponstel	(Use generic NSAIDs)
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 Provengé	
Provigil	
*Prozac Weekly	(Use generics first)
Qualaquin	
Qutenza	
*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	
Rybix ODT	
Ryzolt ER	(Use tramadol ER)
Saizen	
*Sanctura	(Use oxybutynin IR/XL first)
Sancuso	(Use ondansetron first)
*Sarafem	(Use generics first)
*Savella	
Silenor	
Simponi	
Smoking Cessation Medications	
Solodyn	
Soliris	
Somavert	
Sporanox (itraconazole)	
Sprycel	
*Stavzor	(Use generic first)

MEDICATION	COMMENTS
Stelara	
*Strattera	
Striant	
Sucraid	
Sumavel Dosepro	
^M Supartz	
Sutent	
*Symlin	
^M Synagis (palivizumab)	
Synarel (nafarelin)	
^M Synvisc	
Tarceva	
Tasigna	
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)
Travel Medication : i.e. Malarone	
^M Treanda	
Tretin-X	(Use tretinoin first)
Treximet	
Triglide	
Trospium	
Tykerb	
Tysabri	
Tyvaso	
*Uloric	(Use allopurinol first)
Ultram ER	(Use tramadol generic)
Uroxatral	
^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)
*Victoza	(Use metformin first)
^M Vidaza	
Vimovo	
^M Vivaglobulin (SQ Immunoglobulin)	
^M Vivitrol	
Voltaren Gel	
Votrient	
Vpriv	

MEDICATION	COMMENTS
Steroids, Anabolic (i.e Nandrolone)	
Vusion	
*Vytorin	(Use simva-, prava-, lovastatin first)
*Welchol	
Weight Loss Medication (if covered by your plan)	
Xalatan	(PA< age 50)
Xeloda	
Xenazine	
^M Xiaflex	
Xolair	
^M Xyntha	
Xyrem	
Xyzal	(Use Allegra, Zyrtec, and Claritin OTC first--covered)
Zanaflex Capsules	(Use generic tablets)
Zantac gel dose	(Use generic tablets)
Zavesca	
Zegerid	(PA for > 15 y/o) (Use OTC or OTC Prevacid/Prilosec)
^M Zemaira	
^M Zevelin	
Zolinza	
Zolpimist	(Use generic zolpidem tablets)
Zortress	
Zuplenz	
Zyban	
Zyflo CR	(Use Singulair first)