

**SPECIALTY DRUG PROGRAM  
PRIOR AUTHORIZATION LIST**



The drugs on this list require prior authorization. Most of these drugs should be filled by a specialty pharmacy and are limited to a 30-day supply. **ConnectiCare’s preferred Specialty Pharmacy is Accredo.**

**\*\*\*Preferred Medications**

Call Pharmacy Services with specific questions:

**Members: 844-648-9625  
Physicians/Pharmacies: 866-759-1557  
Fax: 800-391-9707**

To see if a specific drug is on this list, click on a letter and browse the conditions and therapeutic class on this list alphabetically. **Those medications that are obtained through a different provider are noted. This list may not be all-inclusive. New drugs will be added as approved by the FDA**

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Or, click on this  button and enter the name of the drug in the pop-up task pane. [\\*](#)

Conditions/Class	Drug Names
AGENTS TO TREAT MULTIPLE SCLEROSIS	Avonex Betaseron Fingolimod Gilenya Mavenclad Mayzent Plegridy Rebif Vumerity
AMINOGLYCOSIDE ANTIBIOTICS	Tobramycin Ampule for inhalation
ANTIBIOTIC ANTINEOPLASTICS	Bleomycin Sulfate Daunorubicin
ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	Cimzia Enbrel Humira
ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS; MISC.	Visco-3
ANTI-INFLAMMATORY;PHOSPHODIESTERASE-4(PDE4) INHIB.	Otezla
ANTINEOPLASTIC - ALKYLATING AGENTS	Carboplatin Temozolomide

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\* **Please note:** If the Search button does not work in the browser you are using, use the search feature within your web browser.

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ANTINEOPLASTIC - ANTIMETABOLITES	Adrucil Capecitabine Cladribine Cytarabine Fluorouracil
ANTINEOPLASTIC - VINCA ALKALOIDS	Vincasar Vincristine
ANTINEOPLASTIC IMMUNOMODULATOR AGENTS	Lenalidomide Revlimid
ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	Ibrance Imatinib Sprycel Verzenio
ANTINEOPLASTICS;MISCELLANEOUS	Dacarbazine Etoposide Matulane Paclitaxel Toposar
ANTIPSORIATIC AGENTS;SYSTEMIC	Skyrizi Taltz Tremfya
ANTISERA	Hyperhep B
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	Leucovorin Cal Mesna
DRUGS TO TREAT MOVEMENT DISORDERS	Tetrabenazine
FOLLICLE-STIMULATING AND LUTEINIZING HORMONES	Menopur
FOLLICLE-STIMULATING HORMONE (FSH)	Gonal-F Gonal-F RFF
GROWTH HORMONES	Norditropin
MEDICATIONS FOR HEPATITIS C	Vosevi Eplclusa Zepatier
HUMAN INTERLEUKIN 12/23 (IL-12/13) INHIBITORS; MAB	Stelara
IMMUNOMODULATORS	Actimmune Alferon Intron A
IMMUNOSUPPRESSIVES	Cyclosporine
INTERLEUKIN-13 (IL-13) INHIBITORS; MAB	Adbry

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Conditions/Class	Drug Names
INTERLEUKIN RECEPTOR ANTAGONIST	Dupixent Nucala Fasenra Actemra
JANUS KINASE (JAK) INHIBITORS	Rinvoq Xeljanz
LEUKOCYTE (WBC) STIMULANTS	Granix Zarxio
METABOLIC DISEASE ENZYME REPLACE; HYPOPHOSPHATASIA	Strensiq
MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E (IGE)	Xolair
POLYCYSTIC KIDNEY DISEASE AGENT; AVP RECEPTOR ANTAG	Jynarque
PULMONARY FIBROSIS - SYSTEMIC ENZYME INHIBITORS	Ofev
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATOR	Zeposia