

# Pequot Health Care Prior Authorization Program\*

Updated July 2021

\*PA requirements may vary and member benefits and contract will prevail. If you have questions or need further assistance after consulting this table, call our Pharmacy Benefits number or the number on the back of your insurance card.

Providers call 888-779-6638 or email Pequot\_PBM@prxn.com for Authorization Form.

THERAPEUTIC CATEGORY	DRUGS INCLUDED IN PROGRAM*
<b>Acne</b>	Absorica, Absorica LD, Accutane, Amnesteem, Claravis, Myorisan, Sotret, Zenatane, Winlevi
<b>Antibiotics/Antivirals</b>	Atridox, Arestin, Daxbia, Baxdela, Xifaxan, Difucid, Nuzyra, Xenleta, favipiravir, hydroxychloroquine
<b>Anti-Depressants</b>	Aplenzin
<b>Anti-Inflammatory</b>	Pennsaid, Rayos, Licart, Eysuvis
<b>Antifungals</b>	Cresemba, itraconazole capsule, Jublia, Lamisil Sprinkles, Onmel, Sporanox, Vfend, voriconazole, Kerydin, Tolsura
<b>Cardiac</b>	Durlaza, Yosprala, Katerzia, Verquvo
<b>Corticosteroid</b>	Alkindi
<b>Diabetes Management</b>	Dexcom, Enlite, Freestyle Libre
<b>Gastrointestinal</b>	Lotronex, Viberzi, Xermelo, Zegerid (brand and generic), Gimoti
<b>Genitourinary</b>	Cialis 2.5 and 5mg tablets** <i>For treatment of BPH only</i> **, Thiola EC
<b>Hormones</b>	Anadrol-50, Androderm, Androgel, Androgel 1.62%, Andriod, Androxy, Axiron, Bio-T-Gel, Delatestryl, Depo-Testosterone, Fortesta, Methitest, Nandrolone, Oxandrin, Striant, Testim, Testopel, testosterone gel, testosterone cypionate, testosterone enanthate, Testred, Xyosted
<b>Hyperlipidemia</b>	Flolipid, Zypitamag, Nexletol, Nexlizet
<b>Psychotherapeutic &amp; Neurological</b>	Addyi, Xadago
<b>Pain</b>	Abstral, Actiq, Fentora, fentanyl citrate transmucosal/lollipop, Ionsys,

	Lanzanda, Onsolis, Subsys
<b>Stimulants</b>	Modafinil, Armodafinil, Nuvigil, Provigil, Xyrem, Sunosi
<b>ADHD</b>	Methylphenidate osmotic release 72mg, Adzenys XR, Adzenys ER, Adzenys XR ODT, Quillivant XR, Quillichew, Cotempla, Dynavel XR, Jornay PM, Evekeo ODT
<b>Nocturia</b>	Noctiva, Nocdurna
<b>Opioid Dependence</b>	Sublocade
<b>Opioid Withdrawal</b>	Lucemyra
<b>NSAID/GI Protectants</b>	Duexis, Vimovo
<b>NSAID</b>	Fenoprofen 200 mg, Indocin suspension
<b>Tension Headache</b>	Allzital, Bupap, butalbital/apap (50-300 strength only)
<b>Migraine</b>	Aimovig, Ajovy, Emgality, Ubrelvy, Nurtec ODT, Reyvow
<b>Polycystic Kidney Disease</b>	Jynarque
<b>PKU</b>	Palyzniq
<b>Injectable Antipsychotic</b>	Aristada, Aristada Initio, Perseris, Abilify Maintena, Invega Sustenna, Invega Trinza, Zyprexa Relprevv, Risperdal Consta
<b>Endometriosis/Menorrhagia</b>	Orilissa, Oriahnn
<b>Hyperhidrosis</b>	Qbrexza
<b>Anti-seizure</b>	Sympazan, Nayzilam
<b>Topical Wound Care</b>	Bensal, Bionect, Luradrox
<b>Oral antipsychotic</b>	Abilify Mycite
<b>Inhaled Insulin</b>	Afrezza
<b>Pancreatic Enzymes</b>	Pancreaze, pancrelipase, Pertzye, Ultresa
<b>Parkinson's Disease</b>	Inbrija, Ongentys

Program effective 1-2014; Updated 9-2014; 9-2015, 10-2015, 1-2016, 3-2016, 10-2016, 4-2017, 7-2017, 12-2017, 04-2018, 05-2018, 7-2018, 8-2018, 10-2018, 11-2018, 3-2019, 6-2019, 9-2019, 12-2019, 4-2020, 6-2020, 10-2020, 1-2021, 4-2021, 7-2021

Refer to Performance Drug List to determine coverage status of drugs in the program. Certain drugs may be excluded from coverage from certain members.

\*Please check member benefit documentation to determine inclusion in Pequot Health Care Prior Authorization Program

<b>Psoriasis</b>	Duobrii, topical vitamin D analogs (calcipotriene, calcipotriene and betamethasone combos, Calcitrene, Dovonex, Enstilar, Sorilux, Taclonex (brand and generic), Wyzora, Vectical)
<b>Skeletal Muscle Relaxant</b>	Ozobax
<b>Gout</b>	Gloperba
<b>Thyroid</b>	Thyquidity
<b>Actinic Keratosis</b>	Klisyri (ointment)
<b>Bladder</b>	Vesicare LS