

Pequot Health Care Prior Authorization Program*

Updated July 2017

*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*
Acne	Absorica, Accutane, Amnesteem, Claravis, Myorisan, Sotret, Zenatane
Antibiotics	Atridox, Arestin, Daxbia
Antifungals	Cresemba, itraconazole capsule, Jublia, Lamisil Sprinkles, Onmel, Sporanox, Vfend, voriconazole
Cardiac	Durlaza, Yosprala
Diabetes Management	Dexcom, Enlite
Gastrointestinal	Lotronex, Viberzi, Xermelo
Genitourinary	Cialis 2.5 and 5mg tablets **For treatment of BPH only**
Hormones	Anadrol-50, Androderm, Androgel, Androgel 1.62%, Andriod, Androxy, Axiron, Bio-T-Gel, Delatestryl, Depo-Testosterone, Fortesta, Methitest, Oxandrin, Striant, Testim, Testopel, testosterone gel, testosterone cypionate, testosterone enanthate, Testred
Psychotherapeutic & Neurological	Addyi
Pain	Abstral, Actiq, Fentora, fentanyl citrate transmucosal/lollipop, Ionsys, Lanzanda, Onsolis, Subsys
Stimulants	Modafinil, Nuvigil, Provigil, Xyrem
Weight Loss	Adipex-P, Benxphetamine, Belviq, Belviq XR, Bontril SR, Bontril PDM, Contrave, Didrex, Phendimetrazine, Phentermine, Saxenda, Qsymia, Xenical