



Pequot Health Care

1 Annie George Drive
Mashantucket, CT 06338



Phone: 1-888-779-6638
Fax: 1-860-396-6494

Pequot Health Care Prior Authorization Program*

Updated April 2024

*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.

DRUGS INCLUDED IN PROGRAM*			
A			
ABILIFY ASIM	ABILIFY MYCI	ABSORICA LD	ACYCLONINE
ADLARITY	ADLYXIN	ADZENYS XR	AFREZZA
AJOVY	ALKINDI SPRI	ASPRUZYO SPR	AUVELITY
B			
BACLOFEN	BOTOX	BYDUREON BCISE	BYETTA
C			
CALCIPOTRIENE/ BETAMETHASONE	CALCITRIOL	CALSODORE	CAMBIA
COTEMPLA XR	COXANTO	CRESEMBA	
D			
DICLOFENAC POWDER	DIFICID SUSP	DUOBRII	DYNAVEL XR
DYNAGINATE			

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, 10-2021, 01-2022, 04-2024

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

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E			
ELEPSIA	EMGALITY	ENSTILAR	EPRONTIA
EVEKEO	EYSUVIS		
F			
FAVIPIRAVIR	FLEQSUVY	FLOLIPID	FLUOXETINE 60MG TAB
FRAGMIN	FRUZAQLA	FUROSCIX	
G			
GABAPENTIN TINYTABS	GIMOTI	GLIPIZIDE 2.5MG TAB	
H			
HYFTOR			
I			
IBSRELA	IGALMI	INBRIJA	IVERMECTIN
J			
JYLAMVO			
K			
KATERZIA	KERASTAT	KERENDIA	KLISYRI

L			
LICART	LIKMEZ	LOREEV XR	LUMRYZ
LYBALVI			
M			
MOTPOLY XR	MOUNJARO	MYFEBREE	MYRBETRIQ SUSP
N			
NAYZILAM	NEXLETOL	NEXLIZET	NEXOBRID
NITROFURANTOIN SUSP	NORLIQVA	NOXAFIL	
O			
OMNIPOD GO	ONGENTYS	OPZELURA	ORIAHNN
OXAPROZIN 300MG CAP	OZEMPIC	OZOBAX	
P			
PANCREAZE	PRALUENT		
Q			
QELBREE	QUILLICHEW	QUILLIVANT	QULIPTA
QUVIVIQ			

R			
RECTIV	REPATHA	ROXYBOND	RYALTRIS
RYBELSUS	RYKINDO		
S			
SEGLENTIS	SERTRALINE CAPS	STROMECTOL	SUNLENCA
SUNOSI			
T			
TACLONEX	TESTOSTERONE	THIOLA EC	THYQUIDITY
TIROSINT	TRIUMEQ	TRULICITY	TRUQAP
TYRVAYA			
U			
UZEDY			
V			
VECTICAL	VERQUVO	VESICARE LS SUSP	VICTOZA
VIVJOA	VUITY		
W			
WINLEVI	WYNZORA		



X			
XACIATO	XELSTRYM	XENLETA	
Y			
Z			
ZAVPRET	ZENIFIBER AG	ZONISADE	

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, 10-2021, 01-2022, 04-2024

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