

Prior Authorization Program

The prior authorization program helps us offer broad prescription drug coverage and promotes safe, clinically appropriate drug usage. Under the prior authorization program, certain drugs require approval. Your physician may call our Pharmacy Prior Authorization Department to request a medical necessity review. If you have any questions or

concerns, please contact Member Services at the number listed on your ID card. This list is for informational purposes only and is subject to change. To confirm coverage, please contact your plan administrator or call the customer service number on your health plan ID card.

PRIOR APPROVAL DRUG LIST		
GENERAL USE	BRAND NAME	GENERIC NAME
Anemia	Aranesp	Darbepoetin Alfa
	Epogen	Epoetin Alfa
	Procrit	Epoetin Alfa
Arthritis/Pain Conditions* (Generic products in this category do not require Prior Authorization)	Arthrotec*	Diclofenac Sodium /Misoprostol
	Celebrex*	Celecoxib
	Flector*	Diclofenac transdermal patch
	Mobic*	Meloxicam
	Pennsaid*	Diclofenac sodium topical solution
	Ponstel*	Mefenamic Acid
	Prevacid Naprapac*	Naproxen/Lansoprazole
	Voltaren gel*	Diclofenac topical gel
Arthritis/Related Inflammatory Conditions	Actemra	Tocilizumab
	Enbrel	Etanercept
	Humira	Adalimumab
	Kineret	Anakinra
	Orencia	Abatacept
	Remicade	Infliximab
	Rituxan	Rituximab
	Simponi	Golimumab
	Xolair	Omalizumab
	Asthma	Afinitor
Avastin		Bevacizumab
Firmagon		Degarelix
Gleevec		Imatinib Mesylate
Herceptin		Trastuzumab
Mylotarg		Gemtuzumab Ozogamicin
Nexavar		Sorafenib Tosylate
Novantrone		Mitoxantrone
Revlimid		Lenalidomide
Rituxan		Rituximab
Sprycel		Dasatinib
Sutent		Sunitinib Malate
Tarceva		Erlotinib
Tasigna		Nilotinib
Thalomid		Thalidomide
Treanda		Bendamustine Hcl
Tykerb		Lapatinib Ditosylate
Votrient	Pazopanib	
Zolinza	Vorinostat	



PRIOR APPROVAL DRUG LIST

GENERAL USE	BRAND NAME	GENERIC NAME
Chemokine Receptor	Mozobil	Plerixafor
CAPS	Arcalyst	Rilonacept
	Ilaris	Canakinumab
Crohn's Disease	Cimzia	Certolizumab Pegol
	Humira Crohn's Starter Pack	Adalimumab
	Remicade	Infliximab
	Tysabri	Natalizumab
Dystonia and Spasticity	Botox	Botulinum Toxin A
	Dysport	Abobotulinumtoxin A
	Myobloc	Botulinum Toxin B
Enzyme Deficiency	Elaprase	Idursulfase
Growth Deficiency	Genotropin	Somatropin
	Humatrope	Somatropin
	Increlex	Mecasermin Rinfabate
	iPlex	Mecasermin Rinfabate
	Norditropin	Somatropin
	Nutropin	Somatropin
	Nutropin AQ	Somatropin
	Nutropin Depot	Somatropin
	Omnitrope	Somatropin
	Saizen	Somatropin
	Serostim	Somatropin
	Tev-Tropin	Somatropin
Growth Hormone Receptor Antagonists	Somavert	Pegvisomant
Heartburn/Ulcer* (Generic products in this category do not require Prior Authorization)	Dexilant*	Dexlansoprazole
	Prevacid*	Lansoprazole
	Prilosec*	Omeprazole
	Prilosec Susp.*	Omeprazole
	Protonix*	Pantoprazole
	Zegerid*	Omeprazole/sodium bicarbonate
Hemophilia	Advate	Factor VIII (Recombinant)
	Alphanate	Factor VIII (Human)
	Alphanate/VWF	Antihemophilic Factor/von Willebrand Factor complex (Human)
	AlphaNine SD	Factor IX Complex (Human)
	Autoplex T	Anti-inhibitor Coagulant Complex
	Bebulin VH	Factor IX Complex (Human)
	BeneFix	Factor IX Complex (Recombinant)
	Feiba VH	Anti-inhibitor Coagulant Complex
	Helixate FS	Factor VIII (Recombinant)
	Hemofil M	Factor VIII (Human)
	Humate-P	Factor VIII (Human)
	Koate-DVI	Factor VIII (Human)
	Kogenate FS	Factor VIII (Recombinant)
	Monarc-M	Factor VIII (Human)
	Monoclalte-P	Factor VIII (Human)
	Mononine	Factor IX (Purified/Human)
	NovoSeven	Factor VIIa (Recombinant)
	Profilnine SD	Factor IX Complex (Human)
	Proplex T	Factor IX Complex (Human)
	Recombinante	Factor VIII (Recombinant)

PRIOR APPROVAL DRUG LIST

GENERAL USE

BRAND NAME

GENERIC NAME

Hemophilia (continued)

ReFacto	Factor VIII (Recombinant)
Wilate	Antihemophilic Factor VIII Von Willibrand (Human)
Xyntha	Factor VIII (Recombinant)

Hepatitis

Infergen	Interferon Alfacon-1
Pegasys	Peginterferon Alfa-2a
Peg-Intron	Peginterferon Alfa-2b

Hyperlipidemia (high cholesterol)*

(Generic products in this category do not require Prior Authorization)

Altoprev*	Lovastatin, extended-release
Crestor*	Rosuvastatin
Mevacor*	Lovastatin
Pravachol*	Pravastatin
Zocor*	Simvastatin

Hypertension*

Angiotensin II
Antagonists (ARBs)

Atacand*	Candesartan/HCTZ
Avalide*	Irbesartan/HCTZ
Azor*	Olmесartan/Amlodipine
Avapro*	Irbesartan
Benicar*	Olmесartan
Benicar HCT*	Olmесartan/HCTZ
Cozaar*	Losartan
Diovan*	Valsartan
Diovan HCT*	Valsartan/HCTZ
Exforge*	Valsartan/Amlodipine
Hyzaar*	Losartan/HCTZ
Micardis*	Telmisartan
Micardis HCT*	Telmisartan/HCTZ
Tekturna*	Aliskiren
Tekturna HCT*	Aliskiren/HCTZ
Teveten*	Eprosartan
Teveten HCT*	Eprosartan/HCTZ
Twynsta*	Telmisartan/Amlodipine
Valturna*	Aliskiren/Valsartan

Immune System Deficiency

Carimune NF	Immune Globulin IV
Flebogamma	Immune Globulin IV
Gammagard Liquid	Immune Globulin IV
Gammagard S/D	Immune Globulin IV
Gamunex	Immune Globulin IV
Hizentra	Immune Globulin SQ
Iveegam EN	Immune Globulin IV
Octagam	Immune Globulin IV
Polygam S/D	Immune Globulin IV
Privigen	Immune Globulin IV
Vivaglobin	Immune Globulin SQ

Infertility

Bravelle	Urofollitropin
Cetrotide	Cetrorelix Acetate
Clomid	Clomiphene Citrate
Fertinex	Urofollitropin
Follistim AQ	Follitropin Beta, Recombinant
Ganirelix Acetate**	Ganirelix Acetate
Ganirelix Acetate/Follistim	Ganirelix Acetate/Follitropin Beta
Gonal-F	Follitropin Alpha, Recombinant
Luveris	Lutropin Alfa
Menopur	Menotropin

PRIOR APPROVAL DRUG LIST

GENERAL USE

BRAND NAME

GENERIC NAME

Infertility (continued)

Novarel	Gonadotropin, Chorionic
Ovidrel	Gonadotropin, Chorionic
Pregnyl	Gonadotropin, Chorionic
Profasi	Gonadotropin, Chorionic
Repronex	Menotropin
Serophene	Clomiphene Citrate

Insomnia*

(Generic products in this category do not require Prior Authorization)

Ambien*	Zolpidem, immediate release
Ambien CR*	Zolpidem
Edluar*	Zolpidem SR
Lunesta*	Eszopiclone
Rozerem*	Ramelteon
Sonata*	Zaleplon

ITP

Nplate	Romiplostim
Promacta	Eltrombopag

Multiple Sclerosis

Ampyra	Dalfampridine
Avonex Admin Pack	Interferon Beta-1a
Betaseron	Interferon Beta-1b
Copaxone	Glatiramer Acetate
Extavia	Interferon Beta-1b
Novantrone	Mitoxantrone
Rebif	Interferon Beta-1a/Albumin
Tysabri	Natalizumab

Narcolepsy

Nuvigil	Armodafinil
Provigil	Modafinil

OB/Gyn

17-hydroxy-progesterone	Hydroxyprogesterone Caproate USP
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PKU

Kuvan	Sapropterin
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Psoriasis

Amevive	Alefacept
Enbrel	Etanercept
Humira	Adalimumab
Remicade	Infliximab
Stelara	Ustekinumab

Pulmonary Hypertension

Adcirca	Tadalafil
Flolan	Epoprostenol
Letairis	Ambrisentan
Remodulin	Treprostinil
Revatio, injection	Sildenafil Citrate
Tracleer	Bosentan
Ventavis	Iloprost

Respiratory Syncytial Virus (RSV)

Synagis	Palivizumab
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PRIOR APPROVAL DRUG LIST - THERAPEUTIC CATEGORY

GENERAL USE	BRAND NAME	GENERIC NAME
Therapeutic drugs		
Actinic Keratosis	Zyclara	Imiquimod
Angioedema	Cinryze	C1 Esterase inhibitor
	Kalbitor	Ecallantide
Diabetes	Victoza	Liraglutide
Mucopolysaccharidosis VI (Maroteaux-Lamy Syndrome)	Nagalazyme	Galsulfase
Neuropathic Pain Postherpetic Neuralgia (PHN)	Qutenza Topical Patch	Capsaicin 8% topical patch
Pompe Disease	Myozyme	Alglucosidase alfa

* Drug is part of the Step Therapy program only. Step Therapy is a prior authorization program designed for you and your doctor to take one step at a time when choosing your medication. It works to help you find the most affordable medication appropriate for your condition.

**Ganirelix Acetate injection was formerly called Antagon.

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