



CIGNA Drug List Changes – Third Quarter 2009

CIGNA periodically reviews its drug list to promote continued effectiveness. Based on that review, the following changes have been made to the CIGNA drug list from July 1, 2009 to September 30, 2009. Drugs marked with an (*), or (~) indicate that prior authorization, or step therapy is required, respectively. Note: This list includes selected brand and generic drug changes and is subject to change. *CIGNA does not take responsibility for any medication decisions made by prescriber and pharmacist.*

Selected New Generic Drugs Added to Drug List

Reference Brand Name	Generic Name
Benzaclin	clindamycin/benzoyl peroxide
Casodex	bicalutamide
Catapres (TTS 1, TTS 2, TTS 3)	clonidine
Fibricor~	fenofibric
Iopidine	apraclonidine
Plan B	levonorgestrel
Prograf	tacrolimus
Reminyl	galantamine
Starlix	nateglinide
Uramaxin	urea
Xopenex (Vial Nebulizer)	levalbuterol

Selected New Preferred Drugs Added to Drug List

Reference Brand Name	Generic Name
Analpram E	hydrocortisone/pramoxine
Plan B One-Step	levonorgestrel

Selected Non-Preferred Brands Switched to Preferred Brands

Brand Name	Generic Name
Exelderm	sulconazole nitrate
Forteo	teriparatide
Nasonex	mometasone
Prandimet	repaglinide/metformin

* Prior Authorization
~ Step Therapy

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Selected Preferred Brands Switched to Non-Preferred Brands

Brand Name	Generic Name
Aerokid	chlorpheniramine/methscopolamine/phenylephrine
Ah Chew Ultra	phenylephrine/chlorpheniramine/methscopolamine
Akne-Mycin	erythromycin base
Alupent	metaproterenol sulfate
Ancobon	flucytosine
Anzemet*	dolasetron
Axid	nizatidine
Beconase AQ	beclomethasone dipropionate
Broncomar-1	guaifenesin/theophylline/pseudoephedrine
Cantil	mepenzolate
Capital W/Codeine	codeine/acetaminophen
Colymycins S	neomycin/colistin/hydrocortisone
Cortisporin (ointment)	neomycin/bacitracin/polymyxin/hydrocortisone
Cortisporin (cream)	neomycin/polymyxin/hydrocortisone
Cresylate	cresyl acetate
Dallergy	chlorpheniramine/methscopolamine/phenylephrine
Darvon-N	propoxyphene
Delatestryl*	testosterone enanthate
Depo-Testosterone*	testosterone cypionate
Desoxyn	methamphetamine
Epifoam	pramoxine/hydrocortisone
Exjade	deferasirox
Floxin	ofloxacin
Galzin	zinc acetate
Gastrocrom	cromolyn
Klor-Con/25	potassium chloride
Lodosyn	carbidopa
Lufyllin, Lufyllin 400	dyphylline
Moban	molindone
Motofen	diphenoxylate/atropine
Nalfon	fenoprofen calcium
Naprelan	naproxen sodium
Nascobal	cyanocobalamin
Norpace CR	disopyramide phosphate
Orap	pimozide
Pediotic	neomycin/polymyxin/hydrocortisone
Pepcid	famotidine
Procto-Kit	hydrocortisone
Proglycem	diazoxide
Prostigmin	neostigmine bromide
QV Allergy	phenylephrine/chlorpheniramine/methscopolamine
Respa-BR	brompheniramine
Rhinocort Aqua	budesonide
Saizen*	somatropin
Sal-Tropine	atropine sulfate
Semprex-D	pseudoephedrine/acrivastine
Serostim*	somatropin
Synalgos-DC	dihydrocodeine/aspirin/caffeine
Syprine	trientine
Tev-Tropin*	somatropin

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Selected Preferred Brands Switched to Non-Preferred Brands (continued)

Brand Name	Generic Name
Tusnel	brompheniramine/dextromethorphan/guaifenesin
Tusnel Pediatric	guaifenesin/pseudoephedrine
Tusnel Pediatric	brompheniramine/dextromethorphan/guaifenesin
Tyzine	tetrahydrozoline
Umecta	urea

Brand Drugs at Highest Copay with other Brand / Generic Alternatives

Brand Name	Generic Name
Casodex	bicalutamide
Cortane B	hydrocortisone/pramoxine
Dermatop	prednicarbate
Diprolene	betamethasone/propylene glycol
Eldepryl	selegiline
Lidamantle	lidocaine
Procto-Kit	hydrocortisone
Prudoxin	doxepin
Symax Duotab	hyoscyamine
Triaz	benzoyl peroxide
Uniphyl	theophylline

Selected New Brand Drugs Added as Non-Preferred Brands¹

Brand Name	Generic Name
Acuvail	ketorolac tromethamine
Adcirca*	tadalafil
Aloquin	iodoquinol/aloe
Bepreve	bepotastine
Edluar~	zolpidem
Effient	prasugrel
Embeda	morphine/naltrexone
Fibricor~	fenofibric
Ilaris*	canakinumab
Intuniv	guanfacine
Multaq	dronedarone
Nucynta ~	tapentadol
Onglyza~	saxagliptin
Sabril	vigabatrin
Saphris	asenaprine
Tyvaso	treprostinil
Zipsor	diclofenac

¹All newly approved "priority" drugs and "non-priority" drugs as designated by the Food and Drug Administration ["FDA"] will default to non-preferred status until review by the CIGNA Pharmacy and Therapeutics Committee (P&T Committee). The P&T Committee reviews priority drugs within six months of FDA approval of the drug.

* Prior Authorization
~Step Therapy

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Removal of Step Therapy from Selected Drugs

Brand Name	Generic Name
Rapaflo	silodosin
Gelnique	oxybutynin

Drug Recalls Removed from Drug List

Brand Name	Generic Name
Intal	cromolyn

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