

## CIGNA Drug List Changes – Second 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 April 1, 2009 to June 30, 2009. Drugs marked with an (\*), (^), or (~) indicate that prior authorization, quantity limit, 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
Analpram HC	hydrocortisone/pramoxine
CellCept	mycophenolate mofetil
Drysol	aluminum chloride
Golytely	polyethylene glycol/bicarbonate
Ovide	malathion
Seromycin	cycloserine
Tegretol XR	carbamazepine
Topamax	topiramate
Urso, Urso Forte	ursodiol

### Selected New Preferred Drugs Added to Drug List

Reference Brand Name	Generic Name
Apidra SoloStar	insulin glulisine
Asacol HD	mesalamine
Exforge HCT	amlodipine/valsartan/hydrochlorothiazide
Lamictal ODT, Lamictal XR	lamotrigine

### Selected Non-Preferred Brands Switched to Preferred Brands

Brand Name	Generic Name
Alcortin A	hydrocortisone/iodoquinol
Kapidex <sup>*</sup> , <sup>~</sup>	dexlansoprazole
Tazorac	tazarotene
Namenda	memantine
Treximet <sup>^</sup>	sumatriptan/naproxen
Triglide	fenofibrate
Trilipix <sup>*</sup>	fenofibric acid
Viagra <sup>*</sup>	sildenafil

\* Prior Authorization

<sup>^</sup>Quantity Limit

<sup>~</sup>Step Therapy

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### Selected Preferred Brands Switched to Non-Preferred Brands

Brand Name	Generic Name
Beconase AQ	beclomethasone dipropionate
Cognex	tacrine
Mytelase	ambenonium
Rhinocort Aqua	budesonide

### Brand Drugs at Highest Copay with Generic Available

Brand Name	Generic Name
Drysol	aluminum chloride
Floxin	ofloxacin
Imitrex <sup>^</sup>	sumatriptan
Protonix <sup>*,~</sup>	pantoprazole
Tegretol XR	carbamazepine
Topamax	topiramate

### Selected New Brand Drugs Added as Non-Preferred Brands<sup>1</sup>

Brand Name	Generic Name
Amphetamine-Dextroamphetamine	amphetamine/dextroamphetamine
Afinitor <sup>*</sup>	everolimus
Besivance <sup>~</sup>	besifloxacin
Cetraxal	ciprofloxacin
Coartem <sup>^</sup>	artemether/lumefantrine
First-Testosterone	testosterone
Gelnique	oxybutynin
Halotin	haloproglin
Neobenz Micro	benzoyl peroxide microspheres
Nuvigil	armodafinil
Rapaflo	silodosin
Ryzolt	tramadol
Salvax Duo	salicylic acid/urea
Samsca <sup>*</sup>	tolvaptan
Savella	milnacipran
Simponi <sup>*</sup>	golimumab
Toviaz <sup>~</sup>	fesoterodine
Tri-Chlor	trichloroacetic acid
Ulesfia	benzyl alcohol
Zypram	hydrocortisone/pramoxine

<sup>1</sup>All 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

<sup>^</sup>Quantity Limit

## CIGNA Drug List Changes – Second Quarter 2009

### Drug Recalls Removed from Drug List

Brand Name	Generic Name
Raptiva	efalizumab

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