

CIGNA HealthCare Prior Authorization Drugs

Using the latest medical research and guidelines from the U.S. Food and Drug Administration (FDA) and national medical organizations, the CIGNA HealthCare Pharmacy and Therapeutics Committee, a panel of participating network doctors and pharmacists, regularly evaluates the safety and effectiveness of prescription medications that are included on the CIGNA Prescription Drug List. This evaluation also includes the determination of which drugs will require prior authorization based on safety, appropriate use or benefit design.

For medications or doses that require prior authorization, your doctor may call or fax the appropriate prior authorization form to CIGNA HealthCare to request coverage for the prescription. Your doctor should make this request before writing the prescription. To determine if prior authorization is required, your doctor should check the CIGNA Prescription Drug List or visit our Web site at www.cigna.com for our complete prescription drug list.

If the request is approved, the doctor will receive a fax confirmation. The authorization will be processed in our claim system to allow you to have coverage for this drug. The length of the authorization will depend on the diagnosis and drug. When your physician advises you that the drug has been approved, you should contact a participating pharmacy to fill the prescription(s). If the request is denied, you and your doctor will be notified that coverage for the drug is not authorized.

If you have questions, please call Member Services at the toll-free number on your CIGNA HealthCare ID card.

The following list identifies the drugs that may require prior authorization and is subject to change on a quarterly basis.

AGE	indicates that the drug requires prior authorization if your age meets the age limit shown.
PA	indicates that the drug routinely requires prior authorization to ensure appropriate treatment regimens are followed.
QL	indicates that the drug requires prior authorization only when the quantity requested exceeds certain limits.

Common Brand Name	Reason
Accutane	QL
Aciphex	PA
Actiq	PA
Aerochambers	QL, PA
Agrylin	PA
Amerge	QL
Anzemet	QL
Arava	PA
Arixtra	QL
Avita	AGE ≥ 46
Axert	QL
Claravis	QL
D.H.E. 45	QL
Differin	AGE ≥ 46
Diflucan (150 mg)	QL
Dostinex	QL
Duragesic	QL
Emend	QL
Epipen, Epipen, Jr.	QL
Fragmin	QL
Frova	QL

Common Brand Name	Reason
Gleevec	PA
Glucagon	QL
Imitrex	QL
Innohep	QL
Iressa	PA
Kytril	PA, QL
Lamisil	PA
Lariam	PA, QL
Lovenox	QL
Malarone	PA
Maxalt, Maxalt MLT	QL
Migranal	QL
Nexium	PA
OxyContin	QL
Panretin	PA
Penlac	PA
Prevacid	PA
Prilosec	PA
Proscar	AGE ≤ 39
Protonix	PA
Pulmozyme	PA

Common Brand Name	Reason
Regranex	PA
Relenza	PA, QL
Relpax	QL
Retin-A, Retin-A Micro	AGE ≥ 46
Revatio	PA
Revia	QL
Sporanox	PA
Stadol NS	QL
Synarel	PA, QL
Tamiflu	PA, QL
Tarceva	PA
Toradol	PA, QL
Vfend	PA
Zegerid	PA
Zithromax	QL
Zmax	QL
Zofran, Zofran ODT	QL
Zomig, Zomig ZMT	QL
Zyvox	PA

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