

2012 CIGNA Medicare Rx Plan Two (PDP) Formulary Step Therapy Criteria

(effective 01/01/2012)

Drugs with Step Therapy	Step Therapy Criteria
Actonel	CIGNA HealthCare covers Actonel when the following criteria are met: failure, contraindication or intolerance to alendronate sodium or oral Boniva.
Asacol or Asacol HD	CIGNA HealthCare covers Asacol or Asacol HD when the following criteria are met: failure, contraindication or intolerance to Lialda or Pentasa.
Atrovent HFA	CIGNA HealthCare covers Atrovent HFA when the following criteria are met: failure, contraindication or intolerance to Spiriva.
Chantix	CIGNA HealthCare covers Chantix when the following criteria are met: failure, contraindication or intolerance to bupropion hcl SR (12 hour) or Nicotrol Inhaler or Nicotrol NS.
Fragmin	CIGNA HealthCare covers Fragmin when the following criteria are met: failure, contraindication or intolerance to enoxaparin sodium or Arixtra.
Hectorol	CIGNA HealthCare covers Hectorol when the following criteria are met: failure, contraindication or intolerance to Zemplar.
Rapaflo	CIGNA HealthCare covers Rapaflo or Uroxatral when the following criteria are met: failure, contraindication or intolerance to one of the following: doxazosin mesylate, prazosin hcl, terazosin hcl or tamsulosin hcl.
Uloric	CIGNA HealthCare covers Uloric when the following criteria are met: failure, contraindication or intolerance to allopurinol.
Uroxatral	CIGNA HealthCare covers Rapaflo or Uroxatral when the following criteria are met: failure, contraindication or intolerance to one of the following: doxazosin mesylate, prazosin hcl, terazosin hcl or tamsulosin hcl.
zolpidem tartrate er	CIGNA HealthCare covers zolpidem tartrate controlled-release when the following criteria are met: failure, contraindication or intolerance to zaleplon or immediate release zolpidem tartrate.

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