

Three-Tier Plan

# 2010 CIGNA Prescription Drug List

Choosing the medication that is right for you should be up to you and your doctor. So, we offer you an extensive list of brand and generic medications to choose the “right” one based on how well it works and how much it costs.

Choosing where to fill your medication should be easy, too. With over 57,000 pharmacies and CIGNA Home Delivery Pharmacy in our network, you will have convenient access to your medications – whether you pick them up, or have them delivered to your home.

Enclosed you will find a list of covered medication choices in an easy-to-read format. When you look inside, you will see:

1. Medications split into categories (Generic, Preferred Brand and Non-Preferred Brand medications);
2. Health conditions and medications listed in alphabetical order; and
3. Symbols to let you know if there are any requirements for coverage.



*it's time to feel better*<sup>®</sup>

## *Your Three-Tier Prescription Drug Plan*

**A three-tier prescription drug plan splits medications into three categories or tiers:**

**1st Tier – Generic medications:** Generic medications have the same active ingredients, safety, dosage, quality and strength as their brand-name counterparts. You will typically pay less for generic medications under a three-tier plan.

**2nd Tier – Preferred Brand medications:** Preferred Brand medications will typically cost you more than generic, but may cost you less than a Non-Preferred Brand on a three-tier plan.

**3rd Tier – Non-Preferred Brand medications:** Non-Preferred Brand medications are those that generally have generic alternatives and/or one or more Preferred Brand medication options within the same class of medication. You will typically pay more for Non-Preferred Brand medications on a three-tier plan.

## *The Right Tools To Help You* **myCIGNA.com**

When you go to the “Pharmacy” tab of myCIGNA.com, you can:

- Look up your specific pharmacy coverage;
- Research thousands of medications available;
- Find out the actual amount you will pay for specific medications;
- Compare medication prices using the Prescription Drug Price Quote Tool;
- Ask a pharmacist questions;
- Download forms; and more.

## *Medications Delivered to Your Home*

CIGNA Home Delivery Pharmacy is especially for individuals who take prescription medications on a regular basis (including Specialty medications). It offers:

- Up to a three-month supply of medications in one order
- Delivery of your medication to your home at no additional charge

To get an order form, you can go to the “Pharmacy” tab on myCIGNA.com or call 1.800.835.3784, and we will be happy to help you.

To order a specialty medication, visit [www.cigna.com](http://www.cigna.com) and click “Resources for Members.” You will see the “Specialty Pharmacy” tab where the specialty medication order form is located. You can also call 1.800.351.3606 to speak with someone directly.

## *Preventive Prescription Drug Option*

Preventive medications are those prescribed to prevent the occurrence of a disease or condition for those with risk factors, such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, or to prevent the recurrence of the disease or condition for those individuals who have recovered. Preventive medications do not include medications used to treat an existing illness, injury, or condition.

For some pharmacy plans that require you to pay a certain amount toward your medications before the plan coverage begins, preventive medications may be covered before you reach that amount. However, to be sure, you should read your enrollment information to see how preventive medications are covered based on your specific plan. A list of all covered preventive medications is also available on [www.cigna.com](http://www.cigna.com). Preventive medications are identified by a “PM” symbol within the drug list search.

## *Understanding the CIGNA Prescription Drug List*

Every medication available on CIGNA's prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents the most commonly prescribed medications.

If you do not see a specific medication on this list, please check [www.cigna.com](http://www.cigna.com), go to the "Resources for Members" tab, and click "Drug Lists" for the most up-to-date list of medications.

Refer to your enrollment information to find which specific medications are covered under your plan.

### **The symbols on the list mean . . .**

If your medication has one of the following symbols, your doctor may have to get an authorization for coverage of that medication. Please read to understand what they mean:

**PA: Prior Authorization** may be required for different reasons. To learn the requirement for a specific medication, give us a call and we will explain it.

**QL: Quantity Limit** means you may have coverage for a limited amount of a specific medication.

**AGE: Age Requirement** means an individual must be within a specific age group for a specific medication to be covered.

**ST: Step Therapy** is a prior authorization program that may require you try other medications available to treat the same condition before the "ST" medication is covered.

## *If You Have Questions*

We're here to help. Just call us at the toll-free number on your CIGNA ID card, and we will be happy to help answer your questions.

**GENERICS****PREFERRED BRANDS****NON-PREFERRED BRANDS****ADD/ADHD**

amphetamine/  
dextroamphetamine  
methamphetamine  
methylphenidate

ADDERALL XR  
CONCERTA  
FOCALIN XR  
METADATE CD  
RITALIN LA  
STRATTERA  
VYVANSE

ADDERALL  
AMPHETAMINE/  
DEXTROAMPHETAMINE  
EXTENDED-RELEASE (ST)  
DAYTRANA  
DESOXYN  
METADATE ER

**AIDS/HIV**

didanosine  
stavudine  
zidovudine

AGENERASE  
APTIVUS  
COMBIVIR  
CRIXIVAN  
EMTRIVA  
EPIVIR  
EPZICOM  
FUZEON (PA)  
INVIRASE  
ISENTRESS  
KALETRA  
LEXIVA  
NORVIR  
PREZISTA  
RESCRIPTOR  
REYATAZ  
SELZENTRY  
SUSTIVA  
TRIZIVIR  
TRUVADA  
VIRACEPT  
VIRAMUNE  
VIREAD  
ZERIT  
ZIAGEN

ATRIPLA  
INTELENCE  
RETROVIR  
VIDEX

**ALLERGY**

clemastine  
cyproheptadine  
fexofenadine  
flunisolide  
fluticasone  
hydroxyzine

ASTELIN  
ASTEPRO  
NASONEX  
SINGULAIR

ALLEGRA  
ALLEGRA-D  
BECONASE AQ  
CLARINEX-D  
FLONASE  
NASACORT AQ  
NASAREL  
OMNARIS  
PATANASE  
RHINOCORT AQ  
SEMPREX-D  
VERAMYST  
XYZAL

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<p><b>ALZHEIMER</b></p> <p>galantamine</p>	<p>ARICEPT ARICEPT ODT NAMENDA</p>	<p>COGNEX EXELON RAZADYNE RAZADYNE ER REMINYL</p>
<p><b>ASTHMA</b></p> <p>albuterol cromolyn ipratropium solution metaproterenol</p>	<p>ACCOLATE ADVAIR, ADVAIR HFA AEROBID, AEROBID-M ASMANEX ATROVENT HFA AZMACORT COMBIVENT FLOVENT, FLOVENT HFA MAXAIR PROAIR HFA PROVENTIL HFA PULMICORT QVAR SEREVENT SINGULAIR SYMBICORT VENTOLIN HFA XOLAIR (PA)</p>	<p>ALVESCO FORADIL XOPENEX HFA</p>
<p><b>BIRTH CONTROL*</b></p> <p>Apri Aviane Balziva Camila Errin Jolessa Junel FE Kariva Levora Necon Nortrel Ocella Ogestrel Quasense Solia Sprintec Trinessa Tri LoSprintec Tri-Sprintec Zovia</p>	<p>LOESTRIN 24 FE LO/OVRAL LYBREL NUVARING ORTHO EVRA ORTHO TRI-CYCLEN LO OVCON 50 OVRETTE PLAN B PLAN B ONE-STEP SEASONIQUE YAZ</p>	<p>ANGELIQ DESOGEN ESTROSTEP FE LEVLEN LOESTRIN LOESTRIN FE LO/OVRAL-28 LOSEASONIQUE NORDETTE ORTHO-CEPT ORTHO-NOVUM 7-7-7 OVCON 35 SEASONALE TRILEVLEN TRI-NORINYL TRIPHASIL</p>
<p><i>* Please check your enrollment materials to determine whether these medications are covered under your specific plan.</i></p>		

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
----------	------------------	----------------------

## BLADDER PROBLEMS

oxybutynin	DETROL DETROL LA ELMIRON OXYTROL VESICARE	DITROPAN, DITROPAN XL ENABLEX GELNIQUE TOVIAZ (ST)
------------	---	---

## CANCER

bicalutamide	ARIMIDEX	AFINITOR (PA)*
tamoxifen citrate	FEMARA GLEEVEC (PA) LUPRON (PA) NEXAVAR (PA) REVLIMID (PA) SPRYCEL (PA) SUTENT (PA) TARCEVA (PA) TEMODAR XELODA ZOLINZA (PA)	AROMASIN CASODEX FARESTON IRESSA (PA) SOLTAMOX TASIGNA (PA)

## CARDIOVASCULAR

### HIGH BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	ALTACE (caps)(PA, ST)	ACCUPRIL (PA, ST)
atenolol	BYSTOLIC	ACCURETIC (PA, ST)
benazepril	COREG CR	ACEON (PA, ST)
benazepril/amlodipine	COZAAR (PA, ST)	ALTACE (tabs)(PA, ST)
benazepril/HCTZ	DIOVAN (PA, ST)	ATACAND (PA, ST)
bisoprolol/HCTZ	DIOVAN HCT (PA, ST)	AVALIDE (PA, ST)
captopril	EXFORGE	AVAPRO (PA, ST)
carvedilol	EXFORGE HCT	AZOR
digoxin	HYZAAR (PA, ST)	BENICAR (PA, ST)
diltiazem	INNOPRAN XL	BENICAR HCT (PA,ST)
diltiazem CD	LANOXIN	BETAPACE AF
disopyramide	LOTREL	CAPOTEN (PA, ST)
doxazosin	MINIZIDE	CARDURA
enalapril	PROCANBID	CARDURA XL
enalapril/HCTZ	TARKA	CATAPRES, CATAPRES TTS
felodipine	TEKTURNA (PA, ST)	COREG
fosinopril	TEKTURNA HCT (PA, ST)	CORGARD
hydralazine/HCTZ	TIKOSYN	COVERA-HS
isosorbide dinitrate	TOPROL XL	DYNACIRC CR
isosorbide mononitrate		INDERAL LA
labetalol		LEVATOL
lisinopril		LOTENSIN (PA, ST)
methyl dopa/HCTZ		LOTENSIN HCT (PA, ST)
metoprolol		MAVIK (PA, ST)

(Continued)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
----------	------------------	----------------------

## CARDIOVASCULAR (CONTINUED)

### HIGH BLOOD PRESSURE/HEART MEDICATIONS

nadolol		MICARDIS (PA, ST)
nifedipine		MICARDIS HCT (PA, ST)
nisoldipine		MONOPRIL (PA, ST)
(sustained-release)		MONOPRIL HCT (PA, ST)
prazosin		MULTAQ
procainamide		NORPACE
propranolol		NORPACE CR
quinapril		NORVASC
quinapril/HCTZ		PRINIVIL (PA, ST)
quinidine		PRINZIDE (PA, ST)
ramipril (cap only)		RANEXA (PA)
sotalol		SULAR
terazosin		TEVETEN (PA, ST)
timolol		TEVETEN HCT (PA,ST)
trandolapril		UNIRETIC (PA, ST)
verapamil		UNIVASC (PA, ST)
verapamil SR		VASERETIC (PA, ST)
		VASOTEC (PA, ST)
		VERELAN PM
		ZESTORETIC (PA, ST)
		ZESTRIL (PA, ST)

### BLOOD THINNER/ANTI-CLOTTING

heparin (QL)	AGGRENOX	AGRYLIN (PA)
ticlopidine	ARIXTRA (QL)	EFFIENT
warfarin	FRAGMIN (QL)	PLETAL
	INNOHEP (QL)	
	LOVENOX (QL)	
	PLAVIX	

## CHOLESTEROL LOWERING

cholestyramine powder	CADUET	ADVICOR
fenofibrate	LESCOL	ALTOPREV (PA, ST)
gemfibrozil	LESCOL XL	CRESTOR (PA, ST)
lovastatin	LIPITOR	FENOGLIDE
pravastatin	LOVAZA	LOFIBRA
simvastatin	NIASPAN	MEVACOR (PA, ST)
	SIMCOR	PRAVACHOL (PA, ST)
	TRILIPIX	ZOCOR (PA, ST)
	VYTORIN	
	WELCHOL	
	ZETIA	

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

**DEPRESSION**

amitriptyline  
 bupropion  
 bupropion SR  
 citalopram  
 desipramine  
 fluoxetine  
 fluvoxamine  
 mirtazapine  
 nortriptyline  
 paroxetine  
 paroxetine CR  
 protriptyline  
 sertraline  
 trazodone  
 venlafaxine

CYMBALTA  
 EFFEXOR XR  
 LEXAPRO  
 PAXIL CR  
 PRISTIQ  
 WELLBUTRIN XL

APLENZIN  
 CELEXA  
 EFFEXOR  
 EMSAM  
 LUVOX CR  
 MARPLAN  
 PROZAC  
 REMERON  
 TOFRANIL-PM  
 VIVACTIL  
 ZOLOFT

**DIABETES**

acarbose  
 acetoheamide  
 chlorpropamide  
 glimepiride  
 glipizide  
 glipizide/metformin  
 glucagon (QL)  
 glyburide  
 glyburide/metformin  
 glyburide micronized  
 metformin  
 tolazamide  
 tolbutamide

ACCU-CHEK TEST STRIPS  
 ACTOPLUS MET  
 ACTOS  
 APIDRA  
 APIDRA SOLOSTAR  
 AVANDAMET  
 AVANDARYL  
 AVANDIA  
 BD INSULIN SYRINGE  
 BYETTA  
 DUETACT  
 FORTAMET  
 GLUCAGEN HYPOKIT  
 HUMALOG  
 HUMULIN  
 JANUMET  
 JANUVIA  
 LANTUS  
 LANTUS SOLOSTAR  
 LEVEMIR  
 NOVOLIN  
 NOVOLOG  
 ONE TOUCH TEST STRIPS  
 PRANDIMET  
 PRANDIN  
 SYMLIN/SYMLIN PEN

AMARYL  
 GLUCOPHAGE XR  
 GLYCRON  
 GLYSET  
 METAGLIP  
 PRECOSE  
 STARLIX

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>EYE CONDITIONS</b>		
carbachol	ACULAR (all forms)	ALAMAST
ciprofloxacin	ALPHAGAN P	ALOCRIAL
diclofenac	AZOPT	ALOMIDE
dorzolamide	BETIMOL	ALREX
dorzolamide/timolol	PATADAY	BESIVANCE (ST)
levobunolol	PATANOL	BETOPTIC S
pilocarpine	RESTASIS	CILOXAN (ointment)
pilocarpine/epinephrine	TOBRADEX (ointment)	COSOPT
timolol	TRAVATAN	DUREZOL
tobramycin/ dexamethasone	TRAVATAN Z	EMADINE
	TRUSOPT	IOPIDINE
	VIGAMOX	LOTEMAX
	XALATAN	TIMOPTIC
		TOBRADEX (drop)
		VEXOL
		VOLTAREN

<b>GROWTH HORMONES</b>		
	HUMATROPE (PA)	GENOTROPIN (PA)
	NUTROPIN (PA)	NORDITROPIN (PA)
	NUTROPIN AQ (PA)	NORDITROPIN NORDIFLEX (PA)
		OMNITROPE (PA)
		SAIZEN (PA)
		SEROSTIM (PA)
		TEV-TROPIN (PA)

<b>HEARTBURN/ULCER</b>		
cimetidine	KAPIDEX (PA, ST)	ACIPHEX (PA, ST)
famotidine	PREVACID (PA, ST)	HELIDAC
metoclopramide	PREVPAC	NEXIUM (PA, ST)
misoprostol		PRILOSEC (PA, ST)
nizatidine		PROTONIX (PA, ST)
omeprazole		ZANTAC EFFERTAB
pantoprazole		ZANTAC SYRUP
ranitidine		ZEGERID (PA, ST)
sucralfate		

<b>HORMONE REPLACEMENT</b>		
estradiol	ALORA	ACTIVELLA
estropipate	ANADROL-50	CENESTIN
Levothroid	ANDRODERM	COMBIPATCH
levothyroxine	ANDROGEL	FEMHRT
Levoxyl	ARMOUR THYROID	FEMRING
liothyronine	CYTOMEL	PREFEST
medroxyprogesterone	ENJUVIA	VAGIFEM
thyroid	ESTRADERM	
Unithroid	ESTRATEST	
	ESTRATEST H.S.	
	MENEST	
	PREMARIN	

**HORMONE REPLACEMENT (CONTINUED)**

PREMARIN LOW DOSE  
 PREMPHASE  
 PREMPRO  
 PREMPRO LOW DOSE  
 PROMETRIUM  
 SYNTHROID  
 TESTIM  
 VIVELLE-DOT

**INFECTIONS**

acyclovir  
 amantadine  
 amoxicillin  
 amoxicillin/clavulanate  
 azithromycin (QL)  
 cefaclor ER  
 cefadroxil  
 cefprozil  
 cefuroxime  
 cephalexin  
 ciprofloxacin  
 clarithromycin  
 clindamycin  
 doxycycline  
 erythromycin  
 fluconazole  
 (QL: 150 mg only)  
 griseofulvin  
 metronidazole  
 minocycline  
 nitrofurantoin  
 nystatin  
 ofloxacin  
 penicillin v potassium  
 rimantadine  
 SMX/TMP  
 tetracycline

ACTIMMUNE (PA)  
 BARACLUDE  
 CIPRODEX  
 CIPRO HC OTIC  
 EPIVIR HBV  
 GRIS-PEG  
 HEPSERA  
 LEVAQUIN  
 MYCOSTATIN (tab)  
 PEGASYS (PA)  
 PEG INTRON (PA)  
 PEG INTRON REDIPEN (PA)  
 PRIMSOLOL  
 TOBI  
 VALTREX  
 VFEND (PA)

AUGMENTIN  
 AUGMENTIN ES-600  
 AUGMENTIN XR  
 AVELOX  
 BIAXIN  
 BIAXIN XL  
 CEDAX  
 CEFZIL  
 CIPRO XR  
 COPEGUS  
 FAMVIR  
 FLAGYL ER  
 FLOXIN OTIC  
 INFERGEN (PA)  
 KEFLEX  
 KEFTAB  
 LAMISIL (PA, QL)  
 MONUROL  
 MOXATAG  
 NOXAFIL  
 OMNICEF  
 PENLAC (PA)  
 RELENZA (QL)  
 ROCEPHIN (PA)  
 SOLODYN  
 SPORANOX (PA, QL)  
 SUPRAX  
 TAMIFLU (QL)  
 TYZEKA  
 ZITHROMAX (QL)  
 ZYVOX (PA)

**GENERICS**

**PREFERRED BRANDS**

**NON-PREFERRED BRANDS**

**MIGRAINE**

acetaminophen/  
caffeine/butalbital  
sumatriptan (QL)

D.H.E. 45 (QL)  
TREXIMET (QL)

AMERGE (QL)  
AXERT (QL)  
FROVA (QL)  
IMITREX (QL)  
MAXALT (QL)  
MAXALT MLT (QL)  
MIGRANAL (QL)  
RELPAK (QL)

**MULTIPLE SCLEROSIS**

AVONEX (PA)  
BETASERON (PA)  
COPAXONE (PA)

REBIF (PA)

**NAUSEA AND VOMITING**

dronabinol  
granisetron  
(tab, solu) (QL)  
granisetron (vial)(PA)  
ondansetron (QL)  
ondansetron (inj)(PA)  
prochlorperazine  
promethazine  
trimethobenzamide

EMEND (QL)  
ZOFRAN (inj)(PA)

ANZEMET (inj)(PA)  
ANZEMET (tab)(QL)  
KYTRIL (inj)(PA)  
KYTRIL (tab, solu)(QL)  
MARINOL  
SCOPACE  
ZOFRAN (tab, solu)(QL)

**OSTEOPOROSIS**

alendronate  
calcitonin-salmon  
Fortical

BONIVA  
EVISTA  
FORTEO  
MIACALCIN

ACTONEL  
FOSAMAX  
FOSAMAX PLUS D  
SKELID

**PAIN RELIEF & INFLAMMATORY DISEASE**

butorphanol nasal (QL)  
diclofenac  
etodolac  
fentanyl (QL)  
fentanyl citrate  
(lollipop)(PA)  
ibuprofen  
indomethacin  
ketorolac (PA, QL)  
leflunamide (PA)  
meloxicam  
morphine SR  
nabumetone  
naproxen  
oxaprozin  
piroxicam  
tramadol

AVINZA  
CELEBREX (PA, ST)  
ENBREL (PA)  
HUMIRA (PA)  
INDOCIN (suppository)  
KADIAN  
LIDODERM  
MSIR  
OXYCONTIN (QL)

ACTIQ (PA)  
ARAVA (PA)  
ARTHROTEC  
DURAGESIC (QL)  
FENTORA (PA)  
KINERET (PA)  
MOBIC  
NAPRELAN  
NUCYNTA (ST)  
RYZOLT  
SIMPONI (PA)  
TALWIN COMPOUND  
VICOPROFEN  
VOLTAREN  
VOLTAREN XR  
ZYDONE

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

**PARKINSON'S DISEASE**

amantadine  
bromocriptine  
carbidopa/levodopa  
carbidopa/levodopa SA  
ropinirole  
selegiline

APOKYN (PA)  
AZILECT  
MIRAPEX  
REQUIP

COMTAN  
ELDEPRYL  
REQUIP XL  
TASMAR  
ZELAPAR

**PROSTATE**

doxazosin  
finasteride  
prazosin  
terazosin

AVODART  
FLOMAX

PROSCAR (AGE)  
RAPAFLO  
UROXATRAL

**SCHIZOPHRENIA**

clozapine  
haloperidol  
loxapine  
risperidone  
thiothixene

SEROQUEL, SEROQUEL XR  
ZYPREXA

ABILIFY  
ABILIFY DISCMELT  
GEODON  
INVEGA  
MOBAN  
RISPERDAL

**SEIZURE**

carbamazepine  
clonazepam  
divalproex  
gabapentin  
levetiracetam  
topiramate  
valproate

DEPAKOTE ER  
DIASTAT  
DIASTAT ACUDIAL  
DILANTIN  
GABITRIL  
KEPPRA  
LAMICTAL  
LAMICTAL ODT  
LAMICTAL XR  
LYRICA  
NEURONTIN (solution)  
TRILEPTAL (susp)

BANZEL  
CARBATROL  
DEPAKOTE  
KEPPRA XR  
NEURONTIN  
(tab & cap)  
STAVZOR  
TEGRETOL XR  
TOPAMAX  
TRILEPTAL (tab)  
VIMPAT  
ZONEGRAN

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

**SKIN CONDITIONS**

alclometasone  
betamethasone  
calcipotriene  
clobetasol  
desonide  
desoximetasone  
diflorasone  
fluocinolone  
fluocinonide  
hydrocortisone  
isotretinoin (QL)  
Sotret (QL)  
sulfacetamide  
tretinoin (AGE)

ALDARA  
BENZACLIN  
BENZAMYCIN PAK  
CARAC  
CLODERM  
CONDYLOX  
DERMA-SMOOTH  
DIFFERIN (AGE)  
DOVONEX  
EXELDERM  
LOCOID (lotion)  
LOCOID LIPOCREAM  
METROGEL  
METROLOTION  
NORITATE  
ORACEA  
RETIN-A MICRO (AGE)  
SORIATANE CK  
TAZORAC

ACLOVATE  
APHTHASOL  
ATRALIN (AGE)  
CUTIVATE  
DESOWEN  
EPIDUO (PA)  
KLARON  
LOCOID (cream/oint/  
solution)  
LUXIQ  
NUCORT  
OVACE  
PANRETIN (PA)  
REGRANEX (PA)  
TACLONEX  
ULTRAVATE  
VECTICAL  
XOLEGEL  
XOLEGEL COREPAK  
ZIANA

**MISCELLANEOUS**

allopurinol  
amylase/lipase/protease  
azathioprine  
balsalazide  
cabergoline (QL)  
calcitriol  
desmopressin  
folic acid  
leucovorin  
methotrexate  
mycophenolate  
naltrexone (QL)  
tizanidine  
zaleplon

AMBIEN CR  
ARANESP  
ASACOL  
ASACOL HD  
CANASA  
CELLCEPT  
COLAZAL  
DIPENTUM  
EPIPEN (QL)  
EPIPEN JR. (QL)  
FOSRENOL  
INCRELEX (PA)  
LIALDA  
MEGACE ES  
PENTASA  
PHOSLO  
PREFERA-OB  
PROCRIT (PA)  
PULMOZYME (PA)  
REMICADE (PA)  
REVELA  
REVATIO (PA)  
SOMAVERT (PA)  
SPIRIVA  
SYNAREL (PA, QL)  
THALOMID  
Trexall  
VIAGRA  
ZEMPLAR

AMBIEN  
APRISO  
ARAVA (PA)  
CIMZIA (PA)  
COARTEM (QL)  
EDLUAR (ST)  
LARIAM (PA, QL)  
MALARONE (PA)  
NIMOTOP  
NUVIGIL  
ORAP  
PRIFTIN  
PROVIGIL  
SONATA  
SUCRAID

## EXCLUSIONS & LIMITATIONS

Plans typically do not provide coverage for the following, except as required by law or by the terms of your specific plan:

1. Any medications available over-the-counter that do not require a prescription by Federal or State Law, and any medication that is a pharmaceutical alternative to an over-the-counter medication other than insulin.
2. Medications that are therapeutically equivalent as determined by the CIGNA HealthCare Pharmacy and Therapeutics Committee in which at least one of the medications within the class is available over-the-counter.
3. Any injectable infertility medications, and any injectable medications that require Health Care Professional supervision and are not typically considered self-administered medications. The following are examples of Health Care Professional supervised medications: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables, and endocrine and metabolic agents.
4. Any medications that are experimental or investigational, within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices, and appliances.
7. Any contraceptive medications and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility medication.
10. Any medications used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
11. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
12. Medications used for cosmetic purposes, such as medications used to reduce wrinkles, medications to promote hair growth, medications used to control perspiration and fade cream products.
13. Any diet pills or appetite suppressants (anorectics).
14. Prescription smoking cessation products.
15. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
16. Replacement of prescription medications and related supplies due to loss or theft.
17. Medications used to enhance athletic performance.
18. Medications which are to be taken by or administered to a Customer while the Customer is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
19. Prescriptions more than one year from the original date of issue.

*CIGNA reserves the right to make changes to this Drug List without notice.*

*Your plan may cover additional medications; please refer to your enrollment materials for details. CIGNA does not take responsibility for any medication decisions made by the prescriber or pharmacist. CIGNA may receive payments from manufacturers of certain Preferred Brand medications, and in limited instances, certain Non-Preferred Brand medications, which may or may not be shared with your plan depending on its arrangement with CIGNA. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan, and other factors as of the date of service, the Preferred Brand medication may or may not represent the lowest cost brand medication within its class for you and/or your plan.*

"CIGNA," "CIGNA HealthCare" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. and Great-West Healthcare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.

