

Three-Tier Plan

2009 CIGNA Prescription Drug List

it's time to feel better.

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 Tel-Drug® 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.



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 a 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 Tel-Drug 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 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.

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, 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 a "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
<p>ADD/ADHD amphetamine/ dextroamphetamine methamphetamine methylphenidate</p>	<p>ADDERALL XR CONCERTA DESOXYN FOCALIN XR METADATE CD METADATE ER RITALIN LA STRATTERA VYVANSE</p>	<p>DAYTRANA</p>
<p>AIDS/HIV didanosine zidovudine</p>	<p>AGENERASE APTIVUS COMBIVIR CRIXIVAN EMTRIVA EPIVIR EPZICOM FUZEON (PA) INVIRASE ISENTRESS KALETRA LEXIVA NORVIR PREZISTA RESCRIPTOR REYATAZ SELZENTRY (PA) SUSTIVA TRIZIVIR TRUVADA VIDEX VIRACEPT VIRAMUNE VIREAD ZERIT ZIAGEN</p>	<p>ATRIPLA INTELENCE RETROVIR</p>
<p>ALLERGY clemastine cyproheptadine fexofenadine flunisolide fluticasone hydroxyzine</p>	<p>ASTELIN BECONASE AQ NASAREL RHINOCORT AQ SEMPREX-D SINGULAIR</p>	<p>ALLEGRA (all forms) CLARINEX (all forms) FLONASE NASACORT AQ NASONEX PATANASE TANAFED DMX VERAMYST XYZAL</p>

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

ASTHMA

albuterol
cromolyn
ipratropium solution
metaproterenol

ACCOLATE
ADVAIR, ADVAIR HFA
AEROBID, AEROBID-M
ASMANEX
ATROVENT HFA
AZMACORT
COMBIVENT
FLOVENT, FLOVENT HFA
INTAL AEROSOL
MAXAIR
PROAIR HFA
PROVENTIL HFA
PULMICORT
QVAR
SEREVENT
SINGULAIR
SYMBICORT
VENTOLIN HFA
XOLAIR (PA)

FORADIL
XOPENEX HFA

BIRTH CONTROL*

Apri
Aviane
Balziva
Camila
Errin
Jolessa
Junel FE
Kariva
Levora
Necon
Nortrel
Ocella
Ogestrel
Quasense
Sprintec
Trinessa
Tri-Sprintec
Zovia

DESOGEN
LOESTRIN 24 FE
LO/OVRAL
LYBREL
ORTHO-CEPT
ORTHO EVRA
ORTHO-NOVUM 7-7-7
ORTHO TRI-CYCLEN-LO
OVCON 50
OVRETTE
PLAN B
SEASONIQUE
YAZ

ANGELIQ
ESTROSTEP FE
FEMRING
LEVLEN
LOESTRIN
NORDETTE
NUVARING
OVCON 35
OVRAL
SEASONALE
TRILEVLEN
TRI-NORINYL
TRIPHASIL

** Please check your enrollment materials to determine whether these medications are covered under your specific plan.*

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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BLADDER PROBLEMS

oxybutynin	DETROL DETROL LA ELMIRON OXYTROL VESICARE	DITROPAN, DITROPAN XL ENABLEX
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CANCER

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

HIGH BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	ACCURETIC (PA, ST)	ACCUPRIL (PA, ST)
atenolol	ALTACE (PA, ST)	ACEON (PA, ST)
benazepril	COREG CR	ATACAND (PA, ST)
benazepril/amlodipine	COZAAR (PA, ST)	AVALIDE (PA, ST)
benazepril/HCTZ	DIOVAN (PA, ST)	AVAPRO (PA, ST)
bisoprolol/HCTZ	DIOVAN HCT (PA, ST)	AZOR
captopril	EXFORGE	BENICAR (PA, ST)
carvedilol	HYZAAR (PA, ST)	BENICAR HCT (PA,ST)
digoxin	INNOPRAN XL	BETAPACE AF
diltiazem	LANOXICAPS	BYSTOLIC
diltiazem CD	LANOXIN	CAPOTEN (PA, ST)
disopyramide	MINIZIDE	CARDURA
doxazosin	NORPACE CR	CARDURA XL
enalapril	PROCANBID	CATAPRES, CATAPRES TTS
enalapril/HCTZ	TARKA	COREG
felodipine	TIKOSYN	CORGARD
fosinopril	TOPROL XL	COVERA-HS
hydralazine/HCTZ		DYNACIRC CR
isosorbide dinitrate		INDERAL LA
isosorbide mononitrate		LEVATOL
labetalol		LEXXEL
lisinopril		LOTENSIN (PA, ST)
methyldopa/HCTZ		LOTENSIN HCT (PA, ST)
metoprolol		LOTREL 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)
prazosin		MONOPRIL (PA, ST)
procainamide		MONOPRIL HCT (PA, ST)
propranolol		NORVASC
quinapril		PLENDIL
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)	PLETAL
warfarin	FRAGMIN (QL)	
	INNOHEP (QL)	
	LOVENOX (QL)	
	PLAVIX	

CHOLESTEROL LOWERING

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

** Certain plans may require Prior Authorization and/or Step Therapy before this drug is covered. Call the toll-free number on your CIGNA ID card for full benefit information.*

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

DEPRESSION

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

CYMBALTA
 EFFEXOR XR
 LEXAPRO
 PAXIL CR
 VIVACTIL
 WELLBUTRIN XL

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

DIABETES

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

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

AMARYL
 GLUCOPHAGE XR
 GLYCRON
 GLYSET
 METAGLIP
 STARLIX

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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EYE CONDITIONS

carbachol	ACULAR (all forms)	ALAMAST
ciprofloxacin	ALOMIDE	ALOCRIL
diclofenac	ALPHAGAN P	ALREX
levobunolol	AZOPT	COSOPT
pilocarpine	BETIMOL	EMADINE
pilocarpine/epinephrine	BETOPTIC S	LOTEMAX
timolol	CILOXAN (ointment)	TIMOPTIC
	IOPIDINE	VOLTAREN
	PATADAY	
	PATANOL	
	TOBRADEX	
	TRAVATAN	
	TRAVATAN Z	
	TRUSOPT	
	VEXOL	
	VIGAMOX	
	XALATAN	

GROWTH HORMONES

HUMATROPE (PA)	GENOTROPIN (PA)
NUTROPIN (PA)	NORDITROPIN (PA)
NUTROPIN AQ (PA)	NORDIFLEX (PA)
SAIZEN (PA)	OMNITROPE (PA)
	TEV-TROPIN (PA)

HEARTBURN/ULCER

cimetidine	PREVACID (PA, ST)	ACIPHEX (PA, ST)
famotidine	PREVPAC	HELIDAC
metoclopramide	PROTONIX (PA, ST)	NEXIUM (PA, ST)
misoprostol		PRILOSEC (PA, ST)
nizatidine		ZANTAC EFFERTAB
omeprazole		ZANTAC SYRUP
pantoprazole		ZEGERID (PA, ST)
ranitidine		
sucralfate		

HORMONE REPLACEMENT

estradiol	ALORA	ACTIVELLA
estropipate	ANDRODERM	CENESTIN
Levothroid	ANDROGEL	COMBIPATCH
levothyroxine	ARMOUR THYROID	FEMHRT
Levoxyl	CYTOMEL	FEMRING
medroxyprogesterone	ENJUVIA	PREFEST
thyroid	ESTRADERM	VAGIFEM
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
 cephalixin
 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
 BIAXIN XL
 CIPRODEX
 CIPRO HC OTIC
 EPIVIR HBV
 FLOXIN OTIC
 GRIFULVIN V
 GRIS-PEG
 HEPSERA
 LEVAQUIN
 MYCOSTATIN (tab)
 PEGASYS (PA)
 PEG INTRON (PA)
 PEG INTRON REDIPEN (PA)
 PRIMOSOL
 ROCEPHIN (PA)
 TOBI
 VALTREX
 VFEND (PA)

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

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

MIGRAINE

acetaminophen/
caffeine/butalbital

D.H.E. 45 (QL)
IMITREX (QL)
ZOMIG (QL)
ZOMIG ZMT (QL)

AMERGE (QL)
AXERT (QL)
FROVA (QL)
MAXALT (QL)
MAXALT MLT (QL)
MIGRANAL (QL)
RELPAX (QL)
TREXIMET (QL)

MULTIPLE SCLEROSIS

BETASERON (PA)
COPAXONE (PA)

AVONEX (PA)
REBIF (PA)

NAUSEA AND VOMITING

granisetron (tab)(QL)
ondansetron (QL)
ondansetron (inj)(PA)
prochlorperazine
promethazine
trimethobenzamide

ANZEMET (inj)(PA)
EMEND (QL)
KYTRIL (inj)(PA)
ZOFTRAN (inj)(PA)

ANZEMET (tab)(QL)
KYTRIL (tab)(QL)
MARINOL
SCOPACE
ZOFTRAN (tab &
solution)(QL)

OSTEOPOROSIS

alendronate
calcitonin-salmon
Fortical

EVISTA
FOSAMAX
MIACALCIN

ACTONEL
FORTEO (PA)
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)
KADIAN
LIDODERM
MSIR
OXYCONTIN (QL)

ACTIQ (PA)
ARAHA (PA)
ARTHROTEC
DURAGESIC (QL)
FENTORA (PA)
KINERET (PA)
MOBIC
NAPRELAN
TALWIN COMPOUND
VICOPROFEN
VOLTAREN
VOLTAREN XR
ZYDONE

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

PARKINSON'S DISEASE

amantadine
bromocriptine
carbidopa/levodopa
carbidopa/levodopa SA
ropinirole
selegiline

APOKYN (PA)
AZILECT
ELDEPRYL
MIRAPEX
REQUIP

COMTAN
REQUIP XL
TASMAR
ZELAPAR

PROSTATE

doxazosin
finasteride
prazosin
terazosin

AVODART
FLOMAX

PROSCAR (AGE)
UROXATRAL

SCHIZOPHRENIA

clozapine
haloperidol
loxapine
risperidone
thiothixene

MOBAN
SEROQUEL, SEROQUEL XR
ZYPREXA

ABILIFY
ABILIFY DISCMELT
GEODON
INVEGA
RISPERDAL

SEIZURE

carbamazepine
clonazepam
divalproex
(delayed-release)
gabapentin
valproate

DEPAKOTE (all forms)
DIASTAT
DIASTAT ACUDIAL
DILANTIN
GABITRIL
KEPPRA
LAMICTAL
LYRICA
NEURONTIN (solution)
TEGRETOL XR
TOPAMAX
TRILEPTAL (susp)

CARBATROL
NEURONTIN
(tab & cap)
TRILEPTAL (tab)
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
DERMA-SMOOTHIE
DIFFERIN (AGE)
DOVONEX
LOCOID (lotion)
LOCOID LIPOCREAM
METROGEL
METROLOTION
NORITATE
ORACEA
RETIN-A MICRO GEL (AGE)
SORIATANE CK

ACLOVATE
APHTHASOL
ATRALIN (AGE)
CUTIVATE
DESOWEN
KLARON
LOCOID (cream/oint/
solution)
LUXIQ
OVACE
PANRETIN (PA)
RAPTIVA (PA)
REGRANEX (PA)
TACLONEX
TAZORAC
ULTRAVATE
XOLEGEL
ZIANA

MISCELLANEOUS

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

AMBIEN CR
ARICEPT
ARICEPT ODT
COLAZAL
EPIPEN (QL)
EPIPEN JR. (QL)
FOSRENOL
INCRELEX (PA)
LIALDA
MEGACE ES
ORAP
PENTASA
PHOSLO
PROCRIT (PA)
PULMOZYME (PA)
REMICADE (PA)
RENAGEL
REVELA
REVATIO (PA)
SOMAVERT (PA)
SPIRIVA
SYNAREL (PA, QL)
THALOMID
TREXALL
ZEMPLAR

AMBIEN
ARAVA (PA)
CIMZIA (PA)
DOSTINEX (QL)
LARIAM (PA, QL)
MALARONE (PA)
NIMOTOP
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 Physician supervision and are not typically considered self-administered medications. The following are examples of Physician 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 pre-natal 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 Member while the Member 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.

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