



2008 CIGNA Prescription Drug List



How Your Prescription Drug Plan Works

To help you fill your prescriptions, CIGNA prescription drug plans provide access to more than 57,000 national and independent pharmacies. Our prescription drug plans also enable you to conveniently order your prescriptions online, over the phone or through the mail with the CIGNA Tel-Drug Home Delivery Pharmacy. Check your plan materials to learn more about how CIGNA Tel-Drug can help you.

To help you manage your out-of-pocket costs for prescription drugs, the enclosed CIGNA Prescription Drug List is designed **to help you understand how much you'll pay for prescription medications** by separating drugs into Generic, Preferred Brand and Non-Preferred Brand categories. The list offers a wide selection of drugs in each coverage category, providing the options you need to manage your costs effectively.

YOUR THREE-TIER PRESCRIPTION DRUG PLAN

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

Generic (first tier) drugs: A Generic drug has the same active ingredients, safety, dosage, quality and strength as its brand drug counterpart and is sold under the chemical or scientific name for the drug. These medications are typically covered at the Generic copayment or coinsurance¹ level under a three-tier plan and typically cost less than brand drugs.

Preferred Brand (second tier) drugs: Preferred Brand drugs are those which generally have no generic equivalent and are either more effective than other drugs in the same class or are equally effective but less costly than the other drugs. These medications are typically covered at the Preferred Brand copayment or coinsurance¹ level under the plan.

Non-Preferred Brand (third tier) drugs²: Non-Preferred Brand drugs are those which generally have generic equivalents and/or have one or more Preferred Brand options within the same drug class. These medications are typically covered at the highest copayment or coinsurance¹.

Tools to Help You

On [myCIGNA.com](https://mycigna.com), you can research and compare thousands of different drugs, get actual out-of-pocket costs for your prescriptions, and learn more about your drug treatment options before you visit your doctor.

Home Delivery of Your Prescriptions

The CIGNA Tel-Drug Home Delivery Pharmacy Program is designed especially for those who take prescription medications (including specialty drugs) regularly. It offers the convenience of home delivery of up to a 90-day supply of your medication at no additional charge. Typical delivery time for new prescriptions is 7-14 days after complete order information is received. Tel-Drug order forms are available on the "Pharmacy" tab of mycigna.com. For more information on CIGNA Tel-Drug, call us toll-free at 1.800.835.3784.

To order specialty medication order forms visit the “Specialty Pharmacy” page via the “Resources for Members” link on www.cigna.com. To contact our specialty pharmacy directly, call us toll-free at 1.800.351.3606.

Preventive Prescription Drug Option

Under some plans that have a deductible, you may not be required to pay the deductible for preventive medications. You will only be responsible for your out-of-pocket cost, typically copayments or coinsurance¹. Preventive medications are those prescribed to prevent the occurrence of a disease or condition for those individuals with risk factors, or to prevent the recurrence of a disease or condition for those who have recovered, and do not include drugs used to treat an existing illness, injury or condition. Preventive medications are those used for the prevention of conditions such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, and prenatal nutrient deficiency. Refer to your plan materials to determine if your plan includes a deductible as well as this Preventive Prescription Drug Option. Examples of preventive medications are found on the pages that follow. All covered preventive medications are listed on cigna.com.

Minimums, Maximums and Deductibles³

Some plans may also have minimum or maximum out-of-pocket amounts that apply to your payments, or a deductible* (fixed dollar amount) that you must meet before coverage will begin with your prescription drug plan. Please check your enrollment materials to determine your specific prescription drug coverage and exclusions.

** If your plan has a deductible, you will need to satisfy the deductible before your prescription drug plan copayments or coinsurance amounts apply.*

UNDERSTANDING THE CIGNA PRESCRIPTION DRUG LIST

The drugs contained within this list represent the most frequently prescribed medications. If you don't see a specific drug listed in this document, a complete list of medications and their coverage categories can be found at www.cigna.com by clicking on "Drug Lists" under "Resources for Members."

For details on which medications are specifically covered under your plan, please visit myCIGNA.com or refer to your plan enrollment materials.

Medications newly approved by the U.S. Food and Drug Administration will be classified as Non-Preferred until reviewed by the CIGNA Pharmacy and Therapeutics Committee, a committee of independent physicians and pharmacists that reviews new drugs for safety and efficacy.

Symbol Key*

PA: Prior Authorization may be required. Certain prescription drugs require an authorization for coverage in accordance with appropriate treatment regimens. Please refer to your benefit plan or contact member services for details regarding Prior Authorizations.

QL: Quantity Limit may apply – you may only obtain coverage for a limited amount of this drug.

AGE: Age Requirement may apply – you may be required to be in a pre-specified age group in order to obtain coverage for this drug.

ST: Step Therapy, a component of Prior Authorization, may be required. Certain prescription drugs require the use of a prerequisite medication before coverage for the Step Therapy medication is allowed. Please refer to your benefit plan or contact member services for details regarding Step Therapy.

**These coverage qualifications may not apply to your specific plan. Please consult your enrollment materials for specific coverage details of the plan you are being offered.*

IF YOU HAVE QUESTIONS

We're here to help. Just call CIGNA Member Services at the toll-free number on your ID card if you have a question about CIGNA prescription drug benefits or visit our web site, www.cigna.com.

¹ In California, percentage copayments rather than coinsurance applies.

² In California, if your doctor determines that a Non-Preferred Brand Drug is medically necessary, you will pay the Preferred Brand copayment or percentage copayment level after a prior authorization has been received from CIGNA.

³ Only out-of-pocket maximums and deductibles apply in California. Generic drugs are not subject to the deductible.

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

amphetamine/
dextroamphetamine
methamphetamine
methylphenidate

ADDERALL XR
CONCERTA
DESOXYN
FOCALIN XR
METADATE CD
METADATE ER
RITALIN LA
STRATTERA
VYVANSE

DAYTRANA

AIDS/HIV

didanosine
zidovudine

AGENERASE
APTIVUS
CRIXIVAN
EMTRIVA
EPIVIR
EPZICOM
FORTOVASE
FUZEON (PA)
HIVID
INVIRASE
KALETRA
LEXIVA
NORVIR
RESCRIPTOR
REYATAZ
SUSTIVA
TRIZIVIR
TRUVADA
VIDEX
VIRACEPT
VIRAMUNE
VIREAD
ZERIT
ZIAGEN

ATRIPLA
PREZISTA
RETROVIR

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

ALLERGY

clemastine
 cyproheptadine
 fexofenadine
 flunisolide (PA, ST)
 fluticasone (PA, ST)
 hydroxyzine

ASTELIN (PA, ST)
 BECONASE AQ (PA, ST)
 NASAREL
 RHINOCORT AQ (PA, ST)
 SEMPREX-D

ALLEGRA
 ALLEGRA-D
 CLARINEX
 CLARINEX D 12 hour
 FLONASE
 NASACORT AQ (PA, ST)
 NASONEX (PA, ST)
 TANAFED DMX
 ZYRTEC
 ZYRTEC-D

ASTHMA

albuterol
 cromolyn sodium
 ipratropium solution
 metaproterenol

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

FORADIL
 XOPENEX

BIRTH CONTROL**

Apri
 Aranelle
 Aviane
 Balziva
 Brevicon
 Camila
 Cryselle
 Enpress
 Errin
 Junel
 Junel FE
 Jolivette
 Kariva
 Leena

ALESSE
 DESOGEN
 LOESTRIN
 LOESTRIN FE
 LO/OVRAL
 ORTHOCEPT
 ORTHO-EVRA
 ORTHO-NOVUM 7-7-7
 ORTHO TRI-CYCLEN-LO
 OVCON 50
 OVRETTE
 PLAN B

ANGELIQ
 ESTROSTEP
 FEMRING
 LEVLEN
 NORDETTE
 NUVARING
 OVCON 35
 OVCON 35
 (chewable tab)
 OVCON 35 FE
 OVRAL
 TRILEVLEN
 TRI-NORINYL

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

BIRTH CONTROL (CONTINUED)**

Lessina	SEASONIQUE	TRIPHASIL
Levora	YASMIN	SEASONALE
Lutera	YAZ	
Microgestin		
Microgestin FE		
Mononessa		
Necon		
Nora BE		
Nortrel		
Ogestrel		
Portia		
Previfem		
Solia		
Sprintec		
Trinessa		
Trivora		
Tri-previfem		
Tri-sprintec		
Velivet		
Zovia		

BLADDER PROBLEMS

oxybutynin	ELMIRON OXYTROL	DETROL DETROL LA DITROPAN XL
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CANCER

tamoxifen citrate	ARIMIDEX FEMARA GLEEVEC (PA) NEXAVAR (PA) REVLIMID (PA) SUTENT (PA) TEMODAR	AROMASIN FARESTON IRESSA (PA) ROFERON-A (PA) SOLTAMOX SPRYCEL (PA) XELODA ZOLINZA (PA)
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** Please check your enrollment materials to determine whether these drugs are covered under your specific plan.

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

CARDIOVASCULAR

HIGH BLOOD PRESSURE/HEART MEDICATIONS

acebutolol	ALTACE (PA, ST)	ACCUPRIL (PA, ST)
atenolol	COREG	APRESAZIDE
benazepril	COZAAR (PA, ST)	AVALIDE (PA, ST)
benazepril/HCTZ	DIOVAN (PA, ST)	AVAPRO (PA, ST)
bisoprolol	DIOVAN HCT (PA, ST)	BENICAR (PA, ST)
bisoprolol/HCTZ	HYZAAR (PA, ST)	BENICAR HCT (PA, ST)
captopril	INNOPRAN XL	BETAPACE AF
digoxin	LANOXICAPS	CARDENE SR
diltiazem	LANOXIN	CARDURA
diltiazem CD	MINIZIDE	CARDURA XL
disopyramide	NORPACE CR	CARTROL
doxazosin	PROCANBID	CATAPRES TTS
enalapril	TARKA	COREG CR
enalapril/HCTZ	TIKOSYN	CORGARD
felodipine	TOPROL XL	COVERA-HS
fosinopril		DYNACIRC CR
hydralazine/HCTZ		INDERAL LA
isosorbide dinitrate		LEVATOL
isosorbide mononitrate		LEXXEL
isradipine		MAVIK (PA, ST)
labetalol		MICARDIS (PA, ST)
lisinopril		MICARDIS HCT
methyldopa/HCTZ		(PA, ST)
metoprolol		MONOPRIL (PA, ST)
nadolol		MONOPRIL HCT
nifedipine		(PA, ST)
nifedipine ER		NORVASC
prazosin		PLENDIL
pindolol		RANEXA (PA)
procainamide		SULAR
propranolol		TEVETEN (PA, ST)
quinapril		TEVETEN HCT (PA, ST)
quinapril/HCTZ		UNIRETIC (PA, ST)
quinidine		VERELAN PM
sotalol		
terazosin		
timolol		
trandolapril		
verapamil		
verapamil SR		

BLOOD THINNER/ANTI-CLOTTING

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

GENERICS**PREFERRED BRANDS****NON-PREFERRED BRANDS****CHOLESTEROL LOWERING**

cholestyramine powder
 fenofibrate
 gemfibrozil
 lovastatin
 pravastatin
 simvastatin

LESCOL
 LESCOL XL (PA, ST)
 LOFIBRA
 NIASPAN
 TRICOR
 VYTORIN
 WELCHOL
 ZETIA

ADVICOR (PA, ST)
 ALTOPREV (PA, ST)
 CRESTOR (PA, ST)
 LIPITOR (PA, ST)
 PRAVACHOL (PA, ST)
 ZOCOR (PA, ST)

DEPRESSION

amitriptyline
 amoxapine
 bupropion
 bupropion SR
 citalopram
 desipramine
 doxepin
 fluoxetine
 fluvoxamine
 imipramine
 mirtazapine
 nefazodone
 nortriptyline
 paroxetine
 sertraline
 trazodone
 venlafaxine

EFFEXOR XR
 PAXIL CR
 VIVACTIL
 WELLBUTRIN XL

CELEXA
 CYMBALTA
 EFFEXOR
 EMSAM
 LEXAPRO
 MARPLAN
 PROZAC
 REMERON SOL-TABS
 TOFRANIL-PM
 ZOLOFT

DIABETES

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

ACTOPLUS MET
 ACTOS
 ACCU-CHEK BRAND
 TEST STRIPS
 APIDRA
 AVANDAMET
 AVANDARYL
 AVANDIA
 BD INSULIN SYRINGE
 FORTAMET
 HUMALOG
 HUMULIN
 LANTUS
 LEVEMIR
 NOVOLIN
 NOVOLOG
 NOVOLOG MIX
 ONE TOUCH TEST STRIPS
 PRANDIN
 PRECOSE

AMARYL
 DUETACT
 EXUBERA (PA)
 GLUCOPHAGE XR
 GLYCRON
 GLYSET
 JANUVIA
 METAGLIP
 STARLIX

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

EYE CONDITIONS

carbachol
 ciprofloxacin
 levobunolol
 pilocarpine
 pilocarpine/epinephrine
 timolol

ACULAR
 ALOMIDE
 ALPHAGAN P
 AZOPT
 BETIMOL
 BETOPTIC S
 CILOXAN (ointment)
 IOPIDINE
 LIVOSTIN
 PATADAY
 PATANOL
 TOBRADEX
 TRAVATAN
 TRAVATAN Z
 TRUSOPT
 VEXOL
 VIGAMOX
 VOLTAREN
 XALATAN

ACULAR PF
 ALAMAST
 ALOCRIAL
 ALREX
 COSOPT
 EMADINE
 LOTE MAX
 TIMOPTIC

GROWTH HORMONES

HUMATROPE (PA)
 NUTROPIN (PA)
 NUTROPIN AQ (PA)

GENOTROPIN (PA)
 NORDITROPIN (PA)
 NORDIFLEX (PA)
 OMNITROPE (PA)
 TEV-TROPIN (PA)

HEARTBURN/ULCER

cimetidine
 famotidine
 metoclopramide
 misoprostol
 nizatidine
 omeprazole
 ranitidine
 sucralfate

PREVACID (PA, ST)
 PROTONIX (PA, ST)

ACIPHEX (PA, ST)
 HELIDAC
 NEXIUM (PA, ST)
 PEPCID RPD
 PREVPAC
 ZANTAC EFFERTABS/
 PACKETS
 ZANTAC SYRUP
 ZEGERID (PA, ST)

HORMONE REPLACEMENT

estradiol
 estrogens, esterified
 estropipate
 Levothroid
 levothyroxine
 Levoxyl
 medroxyprogesterone
 thyroid
 Unithroid

ALORA
 ANDRODERM
 ANDROGEL
 CYTOMEL
 ENJUVIA
 ESTRADERM
 ESTRATEST
 ESTRATEST H.S.
 MENEST
 PREMARIN

ACTIVELLA
 CENESTIN
 COMBIPATCH
 FEMHRT
 FEMRING
 PREFEST
 VAGIFEM

HORMONE REPLACEMENT (CONTINUED)

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

INFECTIONS

acyclovir
amantadine
amoxicillin
amoxicillin/clavulanate
ampicillin
azithromycin (QL)
cefaclor
cefaclor ext. rel.
cefadroxil
cefprozil
cefuroxime
cephalexin
cephradine
ciprofloxacin
clarithromycin
clindamycin
dicloxacillin
doxycycline
erythromycin
erythromycin/
sulfisoxazole
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
FLOXIN OTIC
GRIFULVIN
GRIS-PEG
LEVAQUIN
MYCOSTATIN (tab)
PEGASYS (PA)
PEG INTRON (PA)
PEG INTRON REDIPEN (PA)
PRIMSOL
ROCEPHIN (PA)
VALTREX
VFEND (PA)

AUGMENTIN
AUGMENTIN ES-600
AUGMENTIN XR
AVELOX
BIAXIN
BIAXIN XL
CEDAX
CEFZIL
DYNABAC
FAMVIR
FLAGYL ER
HEPSERA
INFERGEN (PA)
KEFLEX
KEFTAB
LAMISIL (tab)
(PA, QL)
MAXAQUIN
MONUROL
NEGGRAM
NOXAFIL
OMNICEF
PENETREX
PENLAC (PA)
REBETRON (PA)
RELENZA (QL)
RIBATAB
ROFERON-A (for
hepatitis only) (PA)
SOLODYN
SPORANOX (PA, QL)
SUPRAX
TAMIFLU (QL)
TEQUIN
TYZEKA
VANTIN
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)

MULTIPLE SCLEROSIS

BETASERON (PA)
COPAXONE (PA)

AVONEX (PA)
REBIF (PA)

NAUSEA AND VOMITING

ondansetron (QL)
ondansetron inj. (PA)
prochlorperazine
promethazine
trimethobenzamide

ANZEMET (inj.) (PA)
EMEND (QL)
KEPPRA
KYTRIL (inj.) (PA)
ZOFRAN (QL)
ZOFRAN C (inj.) (PA)

ANZEMET (tab) (QL)
KYTRIL (tab) (QL)
MARINOL
SCOPACE
ZOFRAN ODT (QL)

OSTEOPOROSIS

EVISTA
FOSAMAX
MIACALCIN (vial) (PA)

ACTONEL
FORTEO (PA)
SKELID

PAIN RELIEF & INFLAMMATORY DISEASE

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

AVINZA
ENBREL (PA)
HUMIRA (PA)
KADIAN
MSIR
OXYCONTIN (QL)

ACTIQ (PA)
ARAVA (PA)
ARTHROTEC
CELEBREX (PA)
DURAGESIC (QL)
FENTORA (PA)
KINERET (PA)
MOBIC
NAPRELAN
PONSTEL
TALWIN COMPOUND
VICOPROFEN
ZYDONE

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

PARKINSON'S DISEASE

amantadine
bromocriptine
carbidopa/levodopa
carbidopa/levodopa SA
selegiline

APOKYN (PA)
ELDEPRYL
MIRAPEX
REQUIP

AZILECT
COMTAN
TASMAR
ZELAPAR

PROSTATE

doxazosin
finasteride
prazosin
terazosin

FLOMAX

AVODART
PROSCAR (AGE)

SCHIZOPHRENIA

clozapine
haloperidol
loxapine
thiothixene

MOBAN
SEROQUEL
ZYPREXA

ABILIFY DISCMELT
ABILIFY
GEODON
RISPERDAL M

SEIZURE

carbamazepine
clonazepam
gabapentin
valproate

DEPAKOTE
DIASTAT
DIASTAT ACUDIAL
DILANTIN
GABITRIL
KEPPRA
LAMICTAL
NEURONTIN (solution)
TEGRETOL XR
TOPAMAX
TRILEPTAL
ZONEGRAN

CARBATROL
NEURONTIN
(tabs & caps)

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

SKIN CONDITIONS

alclometasone	ALDARA	ACLOVATE
betamethasone dipropionate	BENZACLIN	APHTHASOL
betamethasone valerate	BENZAMYCIN PAK	CUTIVATE
clobetasol propionate	CARAC	CYCLOCORT
desonide	CLODERM	DESOWEN
desoximetasone	DERMA-SMOOTHIE	KLARON
diflorasone	DIFFERIN (AGE)	LOCOID (cream, ointment)
fluocinolone	DOVONEX	LOCOID (solution)
fluocinonide	MENTAX	LUXIQ
hydrocortisone	METROGEL	ORACEA
isotretinoin (QL)	METROLOTION	OVACE (liquid only)
Sotret (QL)	NORITATE	PANRETIN (PA)
sulfacetamide	RETIN-A MICRO GEL (AGE)	RAPTIVA (PA)
tretinoin (AGE)	SORIATANE	REGRANEX (PA)
		TACLONEX
		TAZORAC
		ULTRAVATE
		XOLEGEL
		ZIANA

MISCELLANEOUS

allopurinol	AMBIEN CR	AMBIEN
amylase/lipase/protease	ARICEPT	ARAVA (PA)
azathioprine	ARICEPT ODT	DOSTINEX (QL)
cabergoline (QL)	COLAZAL	IPLEX (PA)
calcitriol	EPIPEN (QL)	LARIAM (PA, QL)
desmopressin	EPIPEN JR. (QL)	LIDODERM PATCH
folic acid	INCRELEX (PA)	MALARONE (PA)
leucovorin	MEGACE ES	NIMOTOP
methotrexate	ORAP	PRIFTIN
naltrexone (QL)	PROCRIT	PROAMATINE
tizanidine	PULMOZYME (PA)	PROVIGIL (PA)
	REMICADE	SONATA
	REVATIO (PA)	SUCRAID
	SOMAVERT (PA)	
	SPIRIVA	
	SUPPRELIN (PA)	
	SYNAREL (PA, QL)	
	THALOMID	
	TOBI	
	TREXALL	

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 drugs available over-the-counter that do not require a prescription by Federal or State Law, and any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin.
2. Drugs that are therapeutically equivalent as determined by the CIGNA HealthCare Pharmacy and Therapeutics Committee in which at least one of the drugs within the class is available over the counter.
3. Any injectable infertility drugs, and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.
4. Any drugs that are experimental or investigational, within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug 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 drugs and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility drug.
10. Any drugs 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. Drugs used for cosmetic purposes, such as drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs 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 Drugs and Related Supplies due to loss or theft.
17. Drugs used to enhance athletic performance.
18. Drugs 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 drugs; 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 drugs, which may or may not be shared with your plan depending upon 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 drug may or may not represent the lowest cost brand drug within its drug class for you and/or your plan.

“CIGNA” and “CIGNA HealthCare” refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these operating subsidiaries and not by CIGNA Corporation. These 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. 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.



CIGNA

A Business of Caring.