

Three-Tier Plan

# 2010 CIGNA Prescription Drug List

**Georgia State Health Benefit Plan (SHBP)**



## *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.

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 coinsurance 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 coinsurance level under the plan.

**Non-Preferred Brand (third tier) drugs:** 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 coinsurance.

## *Tools to Help You*

On **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.

## *Minimums, Maximums and Deductibles*

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.*

## *Home Delivery of Your Specialty Injectable Medications*

CIGNA Tel-Drug® Specialty Pharmacy offers home delivery of your specialty injectable medications. Our prescription drug plan enables you to conveniently order your specialty injectable medications online or over the phone. To get specialty medication order forms, visit the "Specialty Pharmacy" page via the "Resources for Members" link on [www.cigna.com](http://www.cigna.com). To contact our specialty pharmacy directly, call us toll-free 1.800.351.3606.

## *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.

## *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.

**GENERIC****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  
CRIVAN  
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

**ALZHEIMER**

galantamine

ARICEPT  
ARICEPT ODT  
NAMENDA

COGNEX  
EXELON  
RAZADYNE  
RAZADYNE ER  
REMINYL

**ASTHMA**

albuterol  
cromolyn  
ipratropium solution  
metaproterenol

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)

ALVESCO  
FORADIL  
XOPENEX HFA

**BIRTH CONTROL\***

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

LOESTRIN 24 FE  
LO/OVRAL  
LYBREL  
NUVARING  
ORTHO EVRA  
ORTHO TRI-CYCLEN LO  
OVCON 50  
OVRETTE  
PLAN B  
PLAN B ONE-STEP  
SEASONIQUE  
YAZ

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

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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## BLADDER PROBLEMS

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

(Continued)

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

**CARDIOVASCULAR (CONTINUED)**

**HIGH BLOOD PRESSURE/HEART MEDICATIONS**

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

**BLOOD THINNER/ANTI-CLOTTING**

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

**CHOLESTEROL LOWERING**

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



GENERIC

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
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## EYE CONDITIONS

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)
		VEVOL
		VOLTAREN

## GROWTH HORMONES

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

## HEARTBURN/ULCER

cimetidine	KAPIDEX	ACIPHEX
famotidine	PREVACID	HELIDAC
metoclopramide	PREVPAC	NEXIUM
misoprostol		PRILOSEC
nizatidine		PROTONIX
omeprazole		ZANTAC EFFERTAB
pantoprazole		ZANTAC SYRUP
ranitidine		ZEGERID
sucralfate		

## HORMONE REPLACEMENT

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  
 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  
 MONUROL  
 MOXATAG  
 NOXAFIL  
 OMNICEF  
 PENLAC  
 RELENZA (QL)  
 ROCEPHIN (PA)  
 SOLODYN  
 SPORANOX  
 SUPRAX  
 TAMIFLU (QL)  
 TYZEKA  
 ZITHROMAX  
 ZYVOX (PA)

## MIGRAINE

acetaminophen/  
caffeine/butalbital  
sumatriptan

D.H.E. 45  
TREXIMET

AMERGE  
AXERT  
FROVA  
IMITREX  
MAXALT  
MAXALT MLT  
MIGRANAL  
RELPAK

## MULTIPLE SCLEROSIS

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

REBIF (PA)

## NAUSEA AND VOMITING

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

EMEND  
ZOFRAN (inj)(PA)

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

## 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  
fentanyl citrate  
(lollipop)  
ibuprofen  
indomethacin  
ketorolac  
leflunamide  
meloxicam  
morphine SR  
nabumetone  
naproxen  
oxaprozin  
piroxicam  
tramadol

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

ACTIQ  
ARAVA  
ARTHROTEC  
DURAGESIC  
FENTORA  
KINERET (PA)  
MOBIC  
NAPRELAN  
NUCYNTA  
RYZOLT  
SIMPONI  
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

GENERIC

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  
calcitriol  
desmopressin  
folic acid  
leucovorin  
methotrexate  
mycophenolate  
naltrexone  
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  
REMICADE (PA)  
REVELA  
REVATIO (PA)  
SOMAVERT (PA)  
SPIRIVA  
SYNAREL (QL)  
THALOMID  
Trexall  
VIAGRA (PA, QL)  
ZEMPLAR

AMBIEN  
APRISO  
ARAVA  
CIMZIA (PA)  
COARTEM  
EDLUAR  
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. Implantable contraceptive products.
8. Any fertility medication.
9. 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.
10. Any diet pills or appetite suppressants (anorectics).
11. Prescription smoking cessation products.
12. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
13. Replacement of prescription medications and related supplies due to loss or theft.
14. Medications used to enhance athletic performance.
15. 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.
16. 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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