



# 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 coinsurance<sup>1</sup> 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<sup>1</sup> level under the plan.

**Non-Preferred Brand (third tier) drugs<sup>2</sup>:** 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<sup>1</sup>.

## *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](https://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](http://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 coinsurance<sup>1</sup>. 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](http://cigna.com).

## *Minimums, Maximums and Deductibles<sup>3</sup>*

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](http://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](http://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](http://www.cigna.com).

<sup>1</sup> In California, percentage copayments rather than coinsurance applies.

<sup>2</sup> 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.

<sup>3</sup> 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  
 fluticasone  
 hydroxyzine

ASTELIN  
 BECONASE AQ  
 NASAREL  
 RHINOCORT AQ  
 SEMPREX-D  
 SINGULAIR

ALLEGRA  
 ALLEGRA-D  
 CLARINEX  
 CLARINEX D 12 hour  
 FLONASE  
 NASACORT AQ  
 NASONEX  
 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  
 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 FE  
 OVRAL  
 TRILEVLEN  
 TRI-NORINYL

**GENERICS**

**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		

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

**BLADDER PROBLEMS**

oxybutynin	DETROL DETROL LA ELMIRON OXYTROL	DITROPAN XL
------------	---	-------------

**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)
-------------------	---	---

**CARDIOVASCULAR**

**HIGH BLOOD PRESSURE/HEART MEDICATIONS**

acebutolol	ALTACE (PA, ST)	ACCUPRIL (PA, ST)
atenolol	COREG	ACCURETIC (PA, ST)
benazepril	COREG CR	ACEON (PA, ST)
benazepril/amlodipine	COZAAR (PA, ST)	ALDORIL
benazepril/HCTZ	DIOVAN (PA, ST)	APRESAZIDE
bisoprolol	DIOVAN HCT (PA, ST)	ATACAND (PA, ST)
bisoprolol/HCTZ	HYZAAR (PA, ST)	AVALIDE (PA, ST)
captopril	INNOPRAN XL	AVAPRO (PA, ST)

**(Continued)**

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

**CARDIOVASCULAR (CONTINUED)**

HIGH BLOOD PRESSURE/HEART MEDICATIONS

digoxin	LANOXICAPS	BENICAR (PA, ST)
diltiazem	LANOXIN	BENICAR HCT (PA, ST)
diltiazem CD	MINIZIDE	BETAPACE AF
disopyramide	NORPACE CR	CAPOTEN (PA, ST)
doxazosin	PROCANBID	CAPOZIDE (PA, ST)
enalapril	TARKA	CARDENE SR
enalapril/HCTZ	TIKOSYN	CARDURA
felodipine	TOPROL XL	CARDURA XL
fosinopril		CARTROL
hydralazine/HCTZ		CATAPRES TTS
isosorbide dinitrate		CORGARD
isosorbide mononitrate		COVERA-HS
isradipine		DYNACIRC CR
labetalol		INDERAL LA
lisinopril		LEVATOL
methyldopa/HCTZ		LEXXEL
metoprolol		LOTENSIN (PA, ST)
nadolol		LOTENSIN HCT (PA, ST)
nifedipine		LOTREL
nifedipine ER		MAVIK (PA, ST)
prazosin		MICARDIS (PA, ST)
pindolol		MICARDIS HCT
procainamide		(PA, ST)
propranolol		MONOPRIL (PA, ST)
quinapril		MONOPRIL HCT
quinapril/HCTZ		(PA, ST)
quinidine		NORVASC
sotalol		PLENDIL
terazosin		PRINIVIL (PA, ST)
timolol		PRINZIDE (PA, ST)
trandolapril		RANEXA (PA)
verapamil		SULAR
verapamil SR		TEVETEN (PA, ST)
		TEVETEN HCT (PA, ST)
		UNIRETIC (PA, ST)
		UNIVASC (PA, ST)
		VASERETIC (PA, ST)
		VASOTEC (PA, ST)
		VERELAN PM
		ZESTORETIC (PA, ST)
		ZESTRIL (PA, ST)

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

ADVICOR (PA, ST)  
 ALTOPREV (PA, ST)  
 CRESTOR (PA, ST)  
 LIPITOR (PA, ST)  
 MEVACOR (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

**GENERICS**

**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  
 ALOCRIL  
 ALEX  
 COSOPT  
 EMADINE  
 LOTEMAX  
 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  
 PRILOSEC (PA, ST)  
 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)  
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)  
RELPAK (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**

calcitonin-salmon  
Fortical

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  
VOLTAREN  
VOLTAREN XR  
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  
LYRICA  
NEURONTIN (solution)  
TEGRETOL XR  
TOPAMAX  
TRILEPTAL  
ZONEGRAN

CARBATROL  
NEURONTIN  
(tabs & caps)

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

**SKIN CONDITIONS**

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

**MISCELLANEOUS**

allopurinol	AMBIEN CR	AMBIEN
amylase/lipase/protease	ARICEPT	ARAVAL (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	LIALDA	NIMOTOP
methotrexate	MEGACE ES	PRIFTIN
naltrexone (QL)	ORAP	PROAMATINE
tizanidine	PROCRIT (PA)	PROVIGIL (PA)
	PULMOZYME (PA)	SONATA
	REMICADE (PA)	SUCRAID
	REVATIO (PA)	
	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, and in limited instances certain Non-Preferred Brand drugs, 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 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.*