



2009 CIGNA Prescription Drug List

State of Georgia Health Benefit Plan (SHBP)

YOUR THREE-TIER PRESCRIPTION DRUG PLAN

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

Generic (first tier) drugs: Generic drugs have the same active ingredients, safety, dosage, quality and strength as their brand drug counterparts. They are 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.

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 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.

Symbol Key

SYMBOL WHAT IT MEANS...

(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.

If You Have Questions

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

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Tier 1 Medications

Acarbose	Clemastine	Glyburide	Ocella	Trazodone
Acetaminophen/ Caffeine/Butalbital	Clindamycin	Glyburide Micronized	Ofloxacin	Tretinoin (AGE)
Acetohexamide	Clobetasol	Glyburide/Metformin	Ogestrel	Trimethobenzamide
Acyclovir	Clonazepam	Granisetron (Tab)	Omeprazole	Trinessa
Albuterol	Clozapine	Griseofulvin	Ondansetron	Tri-Sprintec
Alclometasone	Cromolyn	Haloperidol	Ondansetron Inj. (PA)	Unithroid
Alendronate	Cyproheptadine	Heparin (QL)	Oxaprozin	Valproate
Allopurinol	Desipramine	Hydralazine/Hctz	Oxybutynin	Venlafaxine
Amantadine	Desmopressin	Hydrocortisone	Pantoprazole	Verapamil
Amantadine	Desonide	Hydroxyzine	Paroxetine	Verapamil Sr
Amitriptyline	Desoximetasone	Ibuprofen	Paroxetine Cr	Warfarin
Amlodipine	Diclofenac	Indomethacin	Penicillin V Potassium	Zaleplon
Amoxicillin	Diclofenac	Ipratropium Solution	Pilocarpine	Zidovudine
Amoxicillin/Clavulanate	Didanosine	Isosorbide Dinitrate	Pilocarpine/Epinephrine	Zovia
Amphetamine/ Dextroamphetamine	Diflorasone	Isosorbide Mononitrate	Piroxicam	
Amylase/Lipase/Protease	Digoxin	Isotretinoin	Pravastatin	
Apri	Diltiazem	Jolessa	Prazosin	
Atenolol	Diltiazem Cd	Junel Fe	Prazosin	
Aviane	Disopyramide	Kariva	Procainamide	
Azathioprine	Divalproex (Delayed-Release)	Ketorolac	Prochlorperazine	
Azithromycin	Dorzolamide	Labetalol	Promethazine	
Balsalazide	Dorzolamide/Timolol	Leflunamide	Propranolol	
Balziva	Doxazosin	Leucovorin	Protiptyline	
Benazepril	Doxazosin	Levetiracetam	Quasense	
Benazepril/Amlodipine	Doxycycline	Levobunolol	Quinapril	
Benazepril/Hctz	Enalapril	Levora	Quinapril/Hctz	
Betamethasone	Enalapril/Hctz	Levothroid	Quinidine	
Bisoprolol/Hctz	Errin	Levothyroxine	Ramipril (Cap Only)	
Bromocriptine	Erythromycin	Levoxyl	Ranitidine	
Bupropion	Estradiol	Lisinopril	Rimantadine	
Bupropion Sr	Estropipate	Lovastatin	Risperidone	
Butorphanol Nasal (QL)	Etodolac	Loxapine	Ropinirole	
Cabergoline	Famciclovir	Medroxyprogesterone	Selegiline	
Calcipotriene	Famotidine	Meloxicam	Sertraline	
Calcitonin-Salmon	Felodipine	Metaproterenol	Simvastatin	
Calcitriol	Fenofibrate	Metformin	Smx/Tmp	
Calcium Acetate	Fentanyl	Methamphetamine	Sotalol	
Camila	Fentanyl Citrate (Lollipop)	Methotrexate	Sotret	
Captopril	Fexofenadine	Methyldopa/Hctz	Sprintec	
Carbachol	Finasteride	Methylphenidate	Stavudine	
Carbamazepine	Fluconazole	Metoclopramide	Sucralfate	
Carbidopa/Levodopa	(QL: 150 Mg Only)	Metoprolol	Sulfacetamide	
Carbidopa/Levodopa Sa	Flunisolide	Metronidazole	Sumatriptan	
Carvedilol	Fluocinolone	Minocycline	Tamoxifen Citrate	
Cefaclor Ext. Rel.	Fluocinonide	Mirtazapine	Terazosin	
Cefadroxil	Fluoxetine	Misoprostol	Terazosin	
Cefprozil	Fluticasone	Morphine Sr	Tetracycline	
Cefuroxime	Fluvoxamine	NabumetonE	Thiothixene	
Cephalexin	Folic Acid	Nadolol	Thyroid	
Chlorpropamide	Fortical	Naltrexone	Ticlopidine	
Cholestyramine Powder	Fosinopril	Naproxen	Timolol	
Cimetidine	Gabapentin	Necon	Timolol	
Ciprofloxacin	Gemfibrozil	Nifedipine	Tizanidine	
Ciprofloxacin	Glimepiride	Nitrofurantoin	Tolazamide	
Citalopram	Glipizide	Nizatidine	Tolbutamide	
Clarithromycin	Glipizide/Metformin	Nortrel	Topiramate	
	Glucagon (QL)	Nortriptyline	Tramadol	
		Nystatin	Trandolapril	

Tier 2 Medications

Accolate	Copaxone (PA)	Innopran XI	Orap	Strattera
Accu-Chek Test Strips	Coreg Cr	Intal Aerosol	Ortho Evra	Sustiva
Accuretic	Cozaar	Invirase	Ortho Tri-Cyclen-Lo	Sutent
Actimmune (PA)	Crixivan	Iopidine	Ortho-Cept	Symbicort
Actoplus Met	Cymbalta	Isentress	Ortho-Novum 7-7-7	Symmlin/Symmlin Pen
Actos	Cytomel	Janumet	Ovcon 50	Synarel
Acular (All Forms)	D.H.E. 45 (QL)	Januvia	Ovrette	Synthroid
Adderall Xr	Depakote (All Forms)	Kadian	Oxycontin	Tarceva (PA)
Advair, Advair Hfa	Derma-Smoothe	Kaletra	Oxytrol	Tarka
Aerobid, Aerobid-M	Desogen	Kapidex	Pataday	Tazorac
Agenerase	Desoxyn	Keppra	Patanol	Temodar
Aggrenox	Detrol	Kytril (Inj.)(PA)	Paxil Cr	Testim
Aldara	Detrol La	Lamictal	Peg Intron (PA)	Thalomid
Alomide	Diastat	Lamictal ODT	Peg Intron Redipen (PA)	Tikosyn
Alora	Diastat Acudial	Lamictal XR	Pegasys (PA)	Tobi
Alphagan P	Differin (AGE)	Lanoxicaps	Pentasa	Tobradex
Altace	Dilantin	Lanoxin	Phoslo	Toprol XI
Ambien Cr	Diovan	Lantus	Plan B	Travatan
Androderm	Diovan Hct	Lescol	Plavix	Travatan Z
Androgel	Dovonex	Lescol XI	Prandin	Trexall
Anzemet (Inj.)(PA)	Duetact	Levaquin	Premarin	Treximet
Apidra	Effexor Xr	Levemir	Premarin Low Dose	Tricor
Apidra Solostar	Eldepryl	Lexapro	Premphase	Triglide
Apokyn (PA)	Elmiron	Lexiva	Prempro	Trilipix
Aptivus	Emend	Lialda	Prempro Low Dose	Trileptal (Susp.)
Aricept	Emtriva	Lidoderm	Prevacid	Trizivir
Aricept Odt	Enbrel (PA)	Lipitor	Prevpac	Trusopt
Arimidex	Enjuvia	Lo/Ovral	Prezista	Truvada
Arixtra (QL)	Epipen (QL)	Locoid (Lotion)	Primsol	Valtrex
Armour Thyroid	Epipen Jr. (QL)	Locoid Lipocream	Proair Hfa	Ventolin Hfa
Asmanex	Epivir	Loestrin 24 Fe	Procambid	Vesicare
Astelina	Epivir Hbv	Lovenox (QL)	Procrit (PA)	Vexol
Atrovent Hfa	Epzicom	Lupron (PA)	Prometrium	Vfend (PA)
Avandamet	Estraderm	Lybrel	Proventil Hfa	Videx
Avandaryl	Estratest	Lyrica	Pulmicort	Vigamox
Avandia	Estratest H.S.	Maxair	Pulmozyme	Viracept
Avinza	Evista	Megace Es	Qvar	Viramune
Avodart	Exforge	Menest	Remicade (PA)	Viread
Azilect	Exforge HCT	Metadate Cd	Renagel	Vivelle-Dot
Azmacort	Femara	Metadate Er	Renvela	Vytorin
Azopt	Flomax	Metrogel	Requip	Vyvanse
Baraclude	Flovent, Flovent Hfa	Metro lotion	Rescriptor	Welchol
Bd Insulin Syringe	Floxin Otic	Miacalcin	Retin-A Micro Gel (AGE)	Wellbutrin XI
Benzaclin	Focalin Xr	Minizide	Revatio (PA)	Xalatan
Benzamycin Pak	Fortamet	Mirapex	Revlimid	Xeloda
Betaseron (PA)	Fosamax	Moban	Reyataz	Xolair (PA)
BeTimol	Fosrenol	Msir	Ritalin La	Yaz
Betoptic S	Fragmin (QL)	Mycostatin (Tab)	Rocephin (PA)	Zemplar
Biaxin XI	Fuzeon (PA)	Nasarel	Saizen (PA)	Zerit
Byetta	Gabitril	Neurontin (Solution)	Seasonique	Zetia
Carac	Gleevec (PA)	Nexavar	Selzentry (PA)	Ziagen
Casodex	Grifulvin V	Niaspan	Semprex-D	Zofran (Inj.)(PA)
Celebrex	Gris-Peg	Noritrate	Serevent	Zolinza
Ciloxan (Ointment)	Hepsera	Norpace Cr	Seroquel, Seroquel Xr	Zomig (QL)
Cipro Hc Otic	Humalog	Norvir	Simcor	Zomig Zmt
Ciprodex	Humatrope (PA)	Novolin	Singulair	Zyprexa
Cloderm	Humira (PA)	Novolog	Singulair	
Colazal	Humulin	Nutropin (PA)	Somavert (PA)	
Combivent	Hyzaar	Nutropin Aq (PA)	Soriatane Ck	
Combivir	Increlex (PA)	One Touch Test Strips	Spiriva	
Concerta	Innohep (QL)	Oracea	Sprycel	

Tier 3 Medications

Abilify	Copegus	Lotensin Hct	Relpax	Zestril
Abilify Discmelt	Coreg	Lotrel	Remeron	Ziana
Accupril	Corgard	Luvox Cr	Requip XI	Zithromax
Aceon	Cosopt	Luxiq	Retrovir	Zocor
Aciphex	Covera-Hs	Malarone (PA)	Rhinocort Aqua	Zofran (Tab, Sol)
Aclovate	Crestor	Marinol	Risperdal	Zoloft
Actiq	Cutivate	Marplan	Scopace	Zonegran
Activella	Daytrana	Mavik	Seasonale	Zydone
Actonel	Desowen	Maxalt	Skelid	Zyvox (PA)
Advicor	Ditropan, Ditropan XI	Maxalt Mlt	Solodyn	
Agrylin	Dostinex	Metaglip	Soltamox	
Alamast	Duragesic	Mevacor	Sonata	
Allegra (All Forms)	Dynacirc Cr	Micardis	Sporanox	
Alocril	Effexor	Micardis Hct	Starlix	
Alrex	Emadine	Migranal	Sucraid	
Altoprev	Emsam	Mobic	Sular	
Amaryl	Enablex	Monopril	Suprax	
Ambien	Estrostep Fe	Monopril Hct	Taclonex	
Amerge	Famvir	Monurol	Talwin Compound	
Angeliq	Fareston	Naprelan	Tamiflu (QL)	
Anzemet (Tab)	Femhrt	Nasacort Aq	Tanafed Dmx	
Aphthasol	Femring	Nasonex	Tasigna	
Arava	Femring	Neurontin (Tabs & Caps)	Tasmar	
Arava	Fenoglide	Nexium	Tegretol Xr	
Aromasin	Fentora	Nimotop	Teveten	
Arthrotec	Flagyl Er	Nordette	Teveten Hct	
Atacand	Flonase	Nordiflex (PA)	Tev-Tropin (PA)	
Atralin	Foradil	Norditropin (PA)	Timoptic	
Atripila	Forteo (PA)	Norvasc	Tofranil-Pm	
Augmentin	Frova	Noxafil	Topamax	
Augmentin Es-600	Genotropin (PA)	Nuvaring	Trileptal (Tab)	
Augmentin Xr	Geodon	Omnicef	Trileven	
Avalide	Glucophage Xr	Omnitrope (PA)	Tri-Norinyl	
Avapro	Glycron	Ovace	Triphasil	
Avelox	Glyset	Ovcon 35	Tyzeka	
Avonex (PA)	Helidac	Ovral	Ultravate	
Axert	Inderal La	Panretin	Uniretic	
Azor	Infergen (PA)	Patanase	Univasc	
Beconase AQ	Imitrex (QL)	Penlac	Uroxatral	
Benicar	Intelligence	Plendil	Vagifem	
Benicar Hct	Invega	Pletal	Vaseretic	
Betapace Af	Iressa (PA)	Pravachol	Vasotec	
Biaxin	Keflex	Precose	Veramyst	
Bystolic	Keftab	Prefest	Verelan Pm	
Capoten	Kineret (PA)	Priftin	Vicoprofen	
Carbatrol	Klaron	Prilosec	Vivactil	
Cardura	Kytril (Tab)	Prinivil	Voltaren	
Cardura XI	Lamisil	Prinzide	Voltaren	
Catapres, Catapres Tts	Lariam (PA, QL)	Pristiq	Voltaren Xr	
Cedax	LevatoI	Proscar (AGE)	Xolegel	
Cefzil	Levlen	Protonix	Xopenex Hfa	
Celexa	Lexxel	Provigil	Xyzal	
Cenestin	Locoid (Cream/Oint/Sol)	Prozac	Zantac Effertab	
Cimzia (PA)	Loestrin	Ranexa	Zantac Syrup	
Clarinox (All Forms)	Lofibra	Rebif (PA)	Zegerid	
Combipatch	Lotemax	Regranex	Zelapar	
Comtan	Lotensin	Relenza (QL)	Zestoretic	

Three-Tier Plan

2009 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.

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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.

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. To contact our specialty pharmacy directly, call us toll-free 1.800.351.3606.

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.*

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.

IF YOU HAVE QUESTIONS

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GENERIC**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
 stavudine
 zidovudine

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

ATRIPLA
 INTELENCE
 RETROVIR

ALLERGY

clemastine
 cyproheptadine
 fexofenadine
 flunisolide
 fluticasone
 hydroxyzine

ASTELIN
 BECONASE AQ
 NASAREL
 RHINOCORT AQ
 SEMPREX-D
 SINGULAIR

ALLEGRA (all forms)
 CLARINEX (all forms)
 FLONASE
 NASACORT AQ
 NASONEX
 PATANASE
 TANAFED DMX
 VERAMYST
 XYZAL

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)

BECONASE AQ
 FORADIL
 RHINOCORT AQ
 XOPENEX HFA

BIRTH CONTROL

Apri
 Aviane
 Balziva
 Camila
 Errin
 Junel FE
 Jolessa
 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

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 REVLIMID SPRYCEL SUTENT TEMODAR TARCEVA (PA) XELODA ZOLINZA	AROMASIN FARESTON IRESSA (PA) SOLTAMOX TASIGNA
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CARDIOVASCULAR

HIGH BLOOD PRESSURE/HEART MEDICATIONS

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

CARDIOVASCULAR (CONTINUED)

HIGH BLOOD PRESSURE/HEART MEDICATIONS

nadolol		MICARDIS
nifedipine		MICARDIS HCT
prazosin		MONOPRIL
procainamide		MONOPRIL HCT
propranolol		NORVASC
quinapril		PLENDIL
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)	PLETAL
warfarin	FRAGMIN (QL)	
	INNOHEP (QL)	
	LOVENOX (QL)	
	PLAVIX	

CHOLESTEROL LOWERING

cholestyramine powder	KAPIDEX	ADVICOR
fenofibrate	LESCOL	ALTOPREV
gemfibrozil	LESCOL XL	CRESTOR
lovastatin	LIPITOR	FENOGLIDE
pravastatin	NIASPAN	LOFIBRA
simvastatin	SIMCOR	MEVACOR
	TRICOR	PRAVACHOL
	TRIGLIDE	ZOCOR
	TRILIPIX	
	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
 WELLBUTRIN XL

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

DIABETES

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

ACTOPLUS MET
 ACTOS
 ACCU-CHEK TEST STRIPS
 APIDRA
 APIDRA SOLO-STAR
 AVANDAMET
 AVANDARYL
 AVANDIA
 BD INSULIN SYRINGE
 BYETTA
 DUETACT
 FORTAMET
 HUMALOG
 HUMULIN
 JANUMET
 JANUVIA
 LANTUS
 LEVEMIR
 NOVOLIN
 NOVOLOG
 ONE TOUCH TEST STRIPS
 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	ALOMIDE	ALOCIL
diclofenac	ALPHAGAN P	ALREX
dorzolamide	AZOPT	COSOFT
dorzolamide/timolol	BETIMOL	EMADINE
levobunolol	BETOPTIC S	LOTEMAX
pilocarpine	CILOXAN (ointment)	TIMOPTIC
pilocarpine/epinephrine	IOPIDINE	VOLTAREN
timolol	PATADAY	
tobramycin/ dexamethasone	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	ACIPHEX
famotidine	PREVPAC	HELIDAC
metoclopramide		NEXIUM
misoprostol		PRILOSEC
nizatidine		PROTONIX
omeprazole		ZANTAC EFFERTAB
pantoprazole		ZANTAC SYRUP
ranitidine		ZEGERID
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
 cefaclor ext. rel.
 cefadroxil
 cefprozil
 cefuroxime
 cephalixin
 ciprofloxacin
 clarithromycin
 clindamycin
 doxycycline
 erythromycin
 famciclovir
 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)
 PRIMSOL
 ROCEPHIN (PA)
 TOBI
 VALTREX
 VFEND (PA)

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

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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MIGRAINE

acetaminophen/ caffeine/butalbital sumatriptan	D.H.E. 45 (QL) TREXIMET ZOMIG (QL) ZOMIG ZMT	AMERGE AXERT FROVA IMITREX (QL) MAXALT MAXALT MLT MIGRANAL RELPAK
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MULTIPLE SCLEROSIS

BETASERON (PA) COPAXONE (PA)	AVONEX (PA) REBIF (PA)
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NAUSEA AND VOMITING

granisetron (tab) ondansetron ondansetron inj. (PA) prochlorperazine promethazine trimethobenzamide	ANZEMET (inj.)(PA) EMEND KYTRIL (inj.)(PA) ZOFTRAN (inj.)(PA)	ANZEMET (tab) KYTRIL (tab) MARINOL SCOPACE ZOFTRAN (tab, sol)
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OSTEOPOROSIS

alendronate calcitonin-salmon Fortical	EVISTA FOSAMAX MIACALCIN	ACTONEL FORTEO (PA) SKELID
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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) KADIAN LIDODERM MSIR OXYCONTIN	ACTIQ ARAHA ARTHROTEC DURAGESIC FENTORA KINERET (PA) MOBIC NAPRELAN TALWIN COMPOUND VICOPROFEN VOLTAREN VOLTAREN XR ZYDONE
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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 DISCMELT
ABILIFY
GEODON
INVEGA
RISPERDAL

SEIZURE

carbamazepine
clonazepam
divalproex
(delayed-release)
gabapentin
levetiracetam
topiramate
valproate

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

CARBATROL
NEURONTIN
(tabs & caps)
TEGRETOL XR
TOPAMAX
TRILEPTAL (tab)
ZONEGRAN

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

SKIN CONDITIONS

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

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

ACLOVATE
APHTHASOL
ATRALIN
CUTIVATE
DESOWEN
KLARON
LOCOID (cream/oint/sol)
LUXIQ
OVACE
PANRETIN
REGRANEX
TACLONEX
ULTRAVATE
XOLEGEL
ZIANA

MISCELLANEOUS

allopurinol
amylase/lipase/protease
azathioprine
balsalazide
cabergoline
calcitriol
calcium acetate
desmopressin
folic acid
leucovorin
methotrexate
naltrexone
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
REMICADE (PA)
RENAGEL
REVELA
REVATIO (PA)
SOMAVERT (PA)
SPIRIVA
SYNAREL
THALOMID
Trexall
ZEMPLAR

AMBIEN
ARAVAL
CIMZIA (PA)
DOSTINEX
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 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. Implantable contraceptive products.
8. Any fertility drug.
9. 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.
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 Drugs and Related Supplies due to loss or theft.
14. Drugs used to enhance athletic performance.
15. 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.
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 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.

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