Four-Tier Plan

2011 CIGNA Prescription Drug List

Choosing the medication that is right for you should be up to you and your doctor. We offer an extensive list of brand name and generic medications.

Choosing where to fill your medication should be easy too. With over 60,000 pharmacies and CIGNA Home Delivery Pharmacy in our network, you will have convenient access to your medications – whether you pick them up, or have them delivered to your home.

Enclosed you will find a list of medications covered by your plan, in an easy-to-read format. You will find:

1. Medications split into categories (Generic, Preferred Brand, Non-Preferred Brand and Specialty Injectable Medications)
2. Health conditions and medications listed in alphabetical order
3. Symbols to let you know if there are any requirements for coverage

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Your Four-Tier Prescription Drug Plan

A four-tier prescription drug plan splits medications into four categories or tiers:

1st Tier – Generic Medications have the same active ingredients, safety, dosage, quality and strength as their brand-name counterparts. You will typically pay less for generic medications under a four-tier plan.

2nd Tier – Preferred-Brand Medications will typically cost you more than generic, but may cost you less than a non-preferred brand on a four-tier plan.

3rd Tier – Non-Preferred Brand Medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You will typically pay more for non-preferred medications on a four-tier plan.

4th Tier – Specialty Injectable Medications are typically covered under the fourth tier include, but are not limited to, injectables used to treat arthritis, multiple sclerosis, hepatitis C, and asthma. A list of Specialty Injectable medications is on page 17-18.

Note: Specialty Injectable medications used to treat conditions like diabetes, migraine headaches, anaphylactic reactions, vitamin deficiencies, and blood clotting disorders are typically covered under the first three tiers of coverage (generic, preferred or non-preferred brand medications).

Preventive Prescription Drug Option

Preventive medications are prescribed to prevent the occurrence of a disease or condition with risk factors such as: high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, or to prevent the recurrence of the disease or condition for individuals who have recovered. Preventive medications do not include drugs used to treat an existing illness, injury or condition.

For some pharmacy plans that require you to pay a certain amount before the plan coverage begins, preventive medications may be covered before you reach that amount. To be sure, you should read your enrollment information to see how preventive medications are covered specific to your plan. Also, a list of all covered preventive medications is available on **www.CIGNA.com**. Preventive medications are identified by a "PM" symbol within the drug list search.

Understanding the CIGNA Prescription Drug List

Every medication available on CIGNA's prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents the most commonly prescribed medications.

If you do not see a specific medication on this list, please check www.CIGNA.com. Go to the "Resources for Members" page, and click "Drug Lists" for the most up-to-date list of medications.

Refer to your enrollment information to find out 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.

PA: Prior Authorization may be required for different reasons. To learn the requirements needed for coverage of a specific medication, feel free to give us a call.

QL: Quantity Limit means you may have coverage for a limited amount of a specific medication.

AGE: Age Requirement means an individual must be within a specific age group for a specific medication to be covered.

ST: Step Therapy is a prior authorization program that requires you to try other medications available to treat the same condition before the "ST" medication is covered.

myCIGNA.com – a tool to help you manage your prescription benefits:

When you go to the Pharmacy page of **myCIGNA.com**, you can:

- Look up your specific pharmacy coverage;
- Research thousands of available medications;
- Find the actual amounts you will pay for specific medications;
- Compare medication prices using the Prescription Drug Price Quote Tool;
- Ask a pharmacist questions;
- Download forms; and more.

Medications Delivered to Your Home

CIGNA Home Delivery Pharmacy is designed for individuals who take prescription medications on a regular basis (including Specialty Medications).

The benefits of CIGNA Home Delivery Pharmacy include:

- Up to a 90-day supply of your medications
- Delivery of medications to your home at no additional charge
- Licensed pharmacists available to help 24/7
- CoachRx: a free tool that is available if you use CIGNA Home Delivery Pharmacy, and can help with reminders, coupons and information about your prescriptions. Visit **www.CIGNA.com/coachrx** to learn more.

To get an order form, you can go to the Pharmacy page on **myCIGNA.com** or call **1.800.835.3784,** we are here to help.

To order a specialty medication, visit **www.CIGNA.com** and click "Resources for Members." You will see the "Specialty Pharmacy" page where the specialty medication order form is located. You can also call 1.800.351.3606 to talk with someone directly.

Health Care Reform and You

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform", was signed into law on March 23, 2010. This important legislation will result in changes to every American's health coverage. Some of the changes are taking effect in 2010 and most of the law's effects will be felt by 2014.

CIGNA will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, depending upon the final government regulations, coverage for medications that have not traditionally been included in pharmacy plans, such as specific over-the-counter (OTC) medications, may be made available at no cost share to you. As with all covered medications, we would require a prescription from your doctor to process the claim under your pharmacy plan (including OTC medications).

To get the most current information visit **www.informedonreform.com** or **CIGNA.com** and look for the "Informed on Reform" link.

If You Have Questions

Feel free to call us at the toll-free number on the back of your CIGNA ID Card. We're here to help.

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD		
amphetamine/ dextroamphetamine methamphetamine methylphenidate	Adderall XR Concerta Focalin XR Ritalin LA Strattera Vyvanse	Adderall Amphetamine/ Dextroamphetamine Extended-Release (ST) Daytrana Desoxyn Intuniv Metadate CD Metadate ER
AIDS/HIV		
didanosine stavudine zidovudine	Agenerase Aptivus Combivir Crixivan Emtriva Epivir Epzicom Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Trizivir Truvada Viracept Viramune Viread Ziagen	Atripla Intelence Retrovir Videx Zerit
ALLERGY		
clemastine cyproheptadine fexofenadine flunisolide fluticasone hydroxyzine	Astelin Astepro Nasonex Singulair Veramyst	Allegra (all forms) Beconase AQ Clarinex (all forms) Flonase Nasacort AQ Nasarel Omnaris Patanase Rhinocort AQ Semprex-D Xyzal

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ALZHEIMER'S DISEASE		
galantamine	Aricept Aricept ODT Namenda	Cognex Exelon Razadyne Razadyne ER
ASTHMA		
albuterol cromolyn ipratropium solution metaproterenol	Accolate Advair, Advair HFA Asmanex Atrovent HFA Azmacort Combivent Flovent, Flovent HFA Maxair ProAir HFA Proventil HFA Pulmicort Qvar Serevent Singulair Symbicort Ventolin HFA	Alvesco Foradil Xopenex HFA

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
BIRTH CONTROL*		
Apri Aviane Balziva Camila Errin Jolessa Junel FE Kariva Levora Necon Nortrel Ocella Ogestrel Quasense Solia Sprintec Trinessa Tri-Sprintec Zovia	Loestrin 24 FE 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
BLADDER PROBLEMS		
oxybutynin	Detrol Detrol LA Elmiron Oxytrol Toviaz VESIcare	Ditropan, Ditropan XL Enablex Gelnique Sanctura, Sanctura XR
CANCER		
anastrozole bicalutamide tamoxifen citrate	Femara Gleevec (PA) Nexavar (PA) Revlimid (PA) Sprycel (PA) Sutent (PA) Tarceva (PA) Temodar Xeloda Zolinza (PA)	Afinitor (PA)* Arimidex Aromasin Casodex Fareston Iressa (PA) Soltamox Tasigna (PA) Tykerb (PA) Votrient (PA)

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

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
amlodipine	Altace (caps)(PA, ST)	Accupril (PA, ST)
atenolol	Bystolic	Accuretic (PA, ST)
benazepril	Coreg CR	Aceon (PA, ST)
benazepril/amlodipine	Diovan (PA, ST)	Altace (Tabs)(PA, ST)
benazepril/HCTZ	Diovan HCT (PA, ST)	Atacand (PA, ST)
bisoprolol/HCTZ	Exforge	Avalide (PA, ST)
captopril	Exforge HCT	Avapro (PA, ST)
carvedilol	Innopran XL	Azor
digoxin	Lanoxin	Benicar (PA, ST)
diltiazem	Lotrel	Benicar HCT (PA, ST)
diltiazem CD	Minizide	Betapace AF
disopyramide	Multaq	Capoten (PA, ST)
doxazosin	Procanbid	Cardene SR
enalapril	Tekturna (PA, ST)	Cardura
enalapril/HCTZ	Tekturna HCT (PA, ST)	Cardura XL
felodipine	Tikosyn	Catapres, Catapres TTS
fosinopril		Coreg
hydralazine/HCTZ		Corgard
isosorbide dinitrate		Covera-HS
isosorbide mononitrate		Cozaar (PA, ST)
labetalol		Dynacirc CR
lisinopril		Hyzaar (PA, ST)
losartan		Inderal LA
losartan/HCTZ		Levatol
methyldopa/HCTZ		Lotensin (PA, ST)
metoprolol		Lotensin HCT (PA, ST)
nadolol		Mavik (PA, ST)
nifedipine		Micardis (PA, ST)
nisoldipine (sustained-release)		Micardis HCT (PA, ST)
prazosin		Monopril (PA, ST)
procainamide		Monopril HCT (PA, ST)
propranolol		Norpace
quinapril		Norpace CR
quinapril/HCTZ		Norvasc
quinidine		Prinivil (PA, ST)
ramipril (cap only)		Prinzide (PA, ST)
sotalol		Ranexa (PA)
terazosin		Sular
timolol		Tarka
trandolapril		Teveten (PA, ST)
verapamil		Teveten HCT (PA, ST)
verapamil SR		Toprol XL
		Uniretic (PA, ST)
		Univasc (PA, ST)
		Valturna
		Vaseretic (PA, ST)
		Vasotec (PA, ST)
		Verelan
		Zestoretic (PA, ST)
		Zestril (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR		
BLOOD THINNER/ANTI-CLOTTING		
heparin (QL) ticlopidine warfarin	Aggrenox Arixtra (QL) Fragmin (QL) Innohep (QL) Lovenox (QL) Plavix	Agrylin (PA) Effient Pletal
CHOLESTEROL LOWERING		
cholestyramine powder fenofibrate gemfibrozil lovastatin pravastatin simvastatin	Caduet Lescol Lescol XL Lipitor Lovaza Niaspan Simcor Trilipix Vytorin Welchol Zetia	Advicor Altoprev (PA, ST) Crestor (PA, ST) Fenoglide Lofibra Mevacor (PA, ST) TriCor Pravachol (PA, ST) Zocor (PA, ST)
DEPRESSION		
amitriptyline bupropion bupropion SR citalopram desipramine fluoxetine fluvoxamine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone venlafaxine	Cymbalta Lexapro Paxil CR Pristiq Wellbutrin XL	Aplenzin Celexa Effexor XR Emsam Luvox CR Marplan Prozac Remeron Tofranil-PM Vivactil Zoloft

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
DIABETES		
acarbose acetohexamide chlorpropamide glimepiride glipizide glipizide/metformin glucagon (QL) glyburide glyburide/metformin glyburide micronized metformin tolazamide tolbutamide	ACCU-CHEK test strips Actoplus met Actos Apidra Apidra SoloStar Avandamet Avandaryl Avandia BD insulin syringe Byetta Duetact Fortamet Glucagen Hypokit Humalog Humulin Janumet Januvia Lantus Lantus SoloStar Levemir NovoFine needles Novolin Novolog One Touch test strips Onglyza Prandimet Prandin Symlin/SymlinPen	Amaryl Glucophage XR Glycron Glyset Metaglip Precose Starlix
EYE CONDITIONS		
ciprofloxacin diclofenac dorzolamide dorzolamide/timolol levobunolol pilocarpine pilocarpine/epinephrine timolol tobramycin/ dexamethasone	Acular LS Alomide Alphagan P Azopt Betimol Betoptic S Ciloxan (ointment) Iopidine Lotemax Pataday Patanol Restasis Tobradex (ointment) Travatan Z Vexol Vigamox Xalatan	Alamast Alocril Alrex Besivance (ST) Ciloxan (drops) Cosopt Durezol Emadine Iquix Timoptic Tobradex (drops) Trusopt Voltaren

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
HEARTBURN/ULCER		
cimetidine famotidine lansoprazole metoclopramide misoprostol nizatidine omeprazole omeprazole/sodium bicarbonate pantoprazole ranitidine sucralfate	Dexilant (PA, ST) Prevpac	Aciphex (PA, ST) Helidac Nexium (PA, ST) Prevacid (PA, ST) Prilosec (PA, ST) Protonix (PA, ST) Zantac Effertab Zantac Syrup Zegerid (PA, ST)
HORMONE REPLACEMENT		
estradiol estropipate levothroid levothyroxine levoxyl liothyronine medroxyprogesterone thyroid Unithroid	Alora Anadrol-50 Androderm Androgel Armour Thyroid Cytomel Enjuvia Estraderm Menest Premarin Premphase Prempro Prometrium Synthroid Testim Vivelle-Dot	Activella Cenestin Combipatch Femhrt Femring Prefest Vagifem

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
INFECTIONS		
acyclovir amantadine amoxicillin amoxicillin/clavulanate azithromycin (QL) 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	Baraclude Ciprodex Cipro HC Otic Epivir HBV Gris-Peg Hepsera Levaquin Mycostatin (Tab) Primsol Tobi Tamiflu (QL) Valtrex Vfend (PA)	Augmentin Augmentin ES-600 Augmentin XR Avelox Biaxin Biaxin XL Cedax Cefzil Cipro XR Copegus Famvir Flagyl ER Floxin Otic Keflex Keftab Lamisil (PA, QL) Monurol Moxatag Noxafil Omnicef Penlac (PA) Relenza (QI) Solodyn Sporanox (PA, QL) Suprax Tyzeka Zithromax (QI) Zyvox (PA)
MIGRAINE		
acetaminophen/ caffeine/butalbital sumatriptan (QL)	Maxalt Maxalt MLT Treximet (QL)	Amerge (QL) Axert (QL) DHE 45 (QL) Frova (QL) Imitrex (QL) Migranal (QL) Relpax (QL) Zomig/Zomig ZMT (QL)
NAUSEA AND VOMITING		
dronabinol granisetron (tab, solu) (QL) ondansetron (QL) prochlorperazine promethazine trimethobenzamide	Emend (QL)	Anzemet (tab)(QL) Marinol Scopace Zofran (tab, solu)(QL)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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 (QL) fentanyl citrate (lollipop)(PA) ibuprofen indomethacin ketorolac (PA, QL) leflunamide (PA) meloxicam morphine SR nabumetone naproxen oxaprozin piroxicam tramadol	Avinza Celebrex (PA, ST) Indocin (suppository) Kadian Lidoderm MSIR OxyContin (QL) Savella Skelaxin	Actiq (PA) Arava (PA) Arthrotec Duragesic (QL) Fentora (PA) Mobic Naprelan Nucynta (ST) Ryzolt Talwin compound Vicoprofen Voltaren Voltaren XR Zydone
PARKINSON'S DISEASE		
amantadine bromocriptine carbidopa/levodopa carbidopa/levodopa SA ropinirole selegiline	Azilect Mirapex Requip Requip XL	Comtan Eldepryl Tasmar Zelapar

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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	Diastat Diastat Acudial Dilantin Gabitril Keppra Lamictal (all forms) Lyrica	Banzel Carbatrol Depakote (all forms) Keppra XR Neurontin Stavzor Tegretol XR Topamax Trileptal Vimpat Zonegran
SKIN CONDITIONS		
alclometasone betamethasone calcipotriene clobetasol desonide desoximetasone diflorasone fluocinolone fluocinonide hydrocortisone imiquimod isotretinoin (QL) metronidazole sotret (QL) sulfacetamide tretinoin (AGE)	Aldara Benzaclin BenzamycinPak Carac Cloderm Condylox Derma-Smoothe Differin (AGE) Dovonex (cream) Duac CS Exelderm Kenalog spray Locoid (Lotion) Locoid Lipocream Loprox shampoo Metrogel Noritate Oracea Retin-A Micro (AGE) Soriatane CK Tazorac	Aclovate Aphthasol Atralin (AGE) Cutivate Desowen Epiduo (AGE) Klaron Locoid (cream/oint/ solution) Luxiq Metrolotion Nucort Ovace Plus Panretin (PA) Regranex (PA) Taclonex Ultravate Vectical Xolegel Xolegel Corepak Ziana Zyclara

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
	MISCELLANEOUS	
allopurinol	Ambien CR	Adrenaclick
amylase/lipase/protease	Asacol	Ambien
azathioprine	Asacol HD	Apriso
balsalazide	Canasa	Arava (PA)
cabergoline (QL)	Cellcept	Coartem (QL)
calcitriol	Colazal	Edluar (ST)
desmopressin	Dipentum	Lariam (PA, QL)
folic acid	Epipen (QL)	Malarone (PA)
leucovorin	Epipen Jr. (QL)	Nimotop
methotrexate	Fosrenol	Nuvigil
mycophenolate	Lialda	Orap
naltrexone (QL)	Megace ES	Phoslo
tizanidine	Pentasa	Priftin
zaleplon	Prefera-OB	Provigil
	Pulmozyme (PA)	Sonata
	Renvela	Sucraid
	Revatio (PA)	
	Spiriva	
	Synarel (PA, QL)	
	Thalomid	
	Trexall	
	Tussionex	
	Viagra (PA)	
	Zemplar	

SPECIALTY MEDICATIONS

The following injectable drugs are typically covered under the Fourth Tier and require prior authorization for coverage.

DRUG NAME	CONDITION TREATED
Actimmune	chronic granulomatous disease
Anzemet	nausea & vomiting
Apokyn	Parkinson's disease
Aranesp	anemia
Arcalyst	Inflammatory disorder
Avonex	multiple sclerosis
Betaseron	multiple sclerosis
Ceftriaxone	infection
Cimzia	Crohn's disease
Copaxone	multiple sclerosis
Delatestryl	hormone deficiency
Depo-Testosterone	hormone deficiency
Emend	nausea & vomiting
Enbrel	arthritis
Epogen	anemia
Extavia	multiple sclerosis
Firmagon	prostate cancer
Fuzeon	HIV infection
Garamycin	infection
Genotropin	growth hormone deficiency
Gold Sodium Thiomalate	arthritis
Granisetron	nausea & vomiting
Humatrope	growth hormone deficiency
Humira	arthritis
Increlex	growth failure
Infergen	hepatitis C
Intron A	hepatitis C
Ketorolac Tromethamine	pain & inflammation
Kineret	arthritis
Kytril	nausea & vomiting
Leukine	low blood cell count
Leuprolide Acetate	cancer
Lupron, Lupron Depot	cancer
Myochrysine	arthritis

Continued on page 18

SPECIALTY MEDICATIONS *(CONTINUED)*

The following drugs are typically covered under the Fourth Tier and require prior authorization for coverage.

DRUG NAME	CONDITION TREATED
Nebcin	infection
Neulasta	low blood cell count
Neumega	low platelet count
Neupogen	anemia
Norditropin	growth hormone deficiency
Norditropin Nordiflex	growth hormone deficiency
Nutropin	growth hormone deficiency
Nutropin AQ	growth hormone deficiency
Octreotide Acetate	severe diarrhea
Omnitrope	growth hormone deficiency
Ondansetron	nausea & vomiting
Pegasys	hepatitis C
Peg Intron	hepatitis C
Peg Intron Redipen	hepatitis C
Procrit	anemia
Proleukin	cancer
Rebif	multiple sclerosis
Relistor (kit & vial)	opioid-induced constipation
Remicade	rheumatoid arthritis, colon disease
Rocephin	infection
Saizen	growth hormone deficiency
Sandostatin	severe diarrhea
Serostim	growth hormone deficiency
Simponi	arthritis
Somatulin Depot	acromegaly
Somavert	acromegaly
Testosterone	hormone deficiency
Tev-Tropin	growth hormone deficiency
Tobramycin Sulfate	infection
Toradol IM	pain & inflammation
Toradol IV/IM	pain & inflammation
Xolair	asthma
Zofran	nausea & vomiting
Zoladex	cancer
Zorbtive	growth hormone deficiency

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 peer-reviewed national professional medical journals.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices, and appliances.
7. Any contraceptive medications and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility medication.
10. Any medications used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
11. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
12. Medications used for cosmetic purposes, such as medications used to reduce wrinkles, medications to promote hair growth, medications used to control perspiration and fade cream products.
13. Any diet pills or appetite suppressants (anorectics).
14. Prescription smoking cessation products.
15. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
16. Replacement of prescription medications and related supplies due to loss or theft.
17. Medications used to enhance athletic performance.
18. Medications which are to be taken by or administered to a 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.
19. Prescriptions more than one year from the original date of issue.

CIGNA reserves the right to make changes to this Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. CIGNA does not take responsibility for any medication decisions made by the prescriber or pharmacist. CIGNA may receive payments from manufacturers of certain Preferred Brand medications, and in limited instances, certain Non-Preferred Brand medications, which may or may not be shared with your plan depending on its arrangement with CIGNA. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan, and other factors as of the date of service, the Preferred Brand medication may or may not represent the lowest cost brand medication within its class for you and/or your plan.

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