

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 60,000 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. You can also use the Prescription Drug Price Quote Tool on the Pharmacy page to see real-time pricing based on your pharmacy plan.

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 Specialty Pharmacy Services 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 CIGNA Specialty Pharmacy Services directly, call us toll-free at 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, 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
METADATE ER
RITALIN LA
STRATTERA
VYVANSE

ADDERALL
AMPHETAMINE/
DEXTROAMPHETAMINE
EXTENDED-RELEASE (ST)
DAYTRANA
DESOXYN

AIDS/HIV

didanosine
stavudine
zidovudine

AGENERASE
APTIVUS
COMBIVIR
CRIIVAN
EMTRIVA
EPIVIR
EPZICOM
FUZEON (PA)
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

ALLEGRA
ALLEGRA-D
BECONASE AQ
CLARINEX-D
FLONASE
NASACORT AQ
NASAREL
OMNARIS
PATANASE
RHINOCORT AQ
SEMPREX-D
VERAMYST
XYZAL

GENERIC

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
Jollesa
Junel FE
Kariva
Levora
Necon
Nortrel
Ocella
Ogestrel
Quasense
Solia
Sprintec
Trinessa
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
----------	------------------	----------------------

BLADDER PROBLEMS

oxybutynin	DETROL DETROL LA ELMIRON OXYTROL VESICARE	DITROPAN, DITROPAN XL ENABLEX GELNIQUE TOVIAZ (ST)
------------	---	---

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	DIOVAN	ALTACE (tabs)
benazepril/HCTZ	DIOVAN HCT	ATACAND
bisoprolol/HCTZ	EXFORGE	AVALIDE
captopril	EXFORGE HCT	AVAPRO
carvedilol	INNOPRAN XL	AZOR
digoxin	LANOXIN	BENICAR
diltiazem	LOTREL	BENICAR HCT
diltiazem CD	MINIZIDE	BETAPACE AF
disopyramide	MULTAQ	CAPOTEN
doxazosin	PROCANBID	CARDURA
enalapril	TARKA	CARDURA XL
enalapril/HCTZ	TEKTURNA	CATAPRES, CATAPRES TTS
felodipine	TEKTURNA HCT	COREG
fosinopril	TIKOSYN	CORGARD
hydralazine/HCTZ		COVERA-HS
isosorbide dinitrate		COZAAR
isosorbide mononitrate		DYNACIRC CR
labetalol		HYZAAR
lisinopril		INDERAL LA
losartan potassium		LEVATOL
losartan/ hydrochlorothiazide		LOTENSIN
methyldopa/HCTZ		LOTENSIN HCT
metoprolol		MAVIK
nadolol		MICARDIS
trandolapril/ verapamil HCL		(Continued)

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

CARDIOVASCULAR (CONTINUED)

HIGH BLOOD PRESSURE/HEART MEDICATIONS

nifedipine		MICARDIS HCT
nisoldipine (sustained-release)		MONOPRIL MONOPRIL HCT
prazosin		NORPACE
procainamide		NORPACE CR
propranolol		NORVASC
quinapril		PRINIVIL
quinapril/HCTZ		PRINZIDE
quinidine		RANEXA
ramipril (cap only)		SULAR
sotalol		TEVETEN
terazosin		TEVETEN HCT
timolol		TOPROL XL
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) INNOHEP (QL) LOVENOX (QL) PLAVIX	PLETAL

CHOLESTEROL LOWERING

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

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
----------	------------------	----------------------

EYE CONDITIONS

carbachol	ACULAR (all forms)	ALAMAST
ciprofloxacin	AZOPT	ALOCRIAL
diclofenac	BETIMOL	ALOMIDE
dorzolamide	PATADAY	ALPHAGAN P
dorzolamide/timolol	PATANOL	ALREX
levobunolol	RESTASIS	BESIVANCE (ST)
pilocarpine	TOBRADEX (ointment)	BETOPTIC S
pilocarpine/epinephrine	TRAVATAN	CILOXAN (ointment)
timolol	TRAVATAN Z	COSOPT
tobramycin/ dexamethasone	VIGAMOX	DUREZOL
	XALATAN	EMADINE
		IOPIDINE
		LOTEMAX
		TIMOPTIC
		TOBRADEX (drop)
		TRUSOPT
		VEXOL
		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	ESTRATEST
Levoxyl	ARMOUR THYROID	FEMHRT
liothyronine	CYTOMEL	FEMRING
medroxyprogesterone	ENJUVIA	PREFEST
thyroid	ESTRADERM	VAGIFEM
Unithroid	ESTRATEST H.S.	
	MENEST	

HORMONE REPLACEMENT (CONTINUED)

PREMARIN
 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
 cephalixin
 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)

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

MIGRAINE

acetaminophen/
caffeine/butalbital
sumatriptan

D.H.E. 45
MAXALT
MAXALT MLT
TREXIMET

AMERGE
AXERT
FROVA
IMITREX
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
ZOFTRAN (inj)(PA)

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

OSTEOPOROSIS

alendronate
calcitonin-salmon
Fortical

BONIVA
EVISTA
FORTEO

ACTONEL
FOSAMAX
FOSAMAX PLUS D
MIACALCIN
SKELID

PAIN RELIEF & INFLAMMATORY DISEASE

butorphanol nasal (QL)
diclofenac
etodolac
fentanyl
fentanyl citrate
(lollipop)
ibuprofen
indomethacin
ketorolac
leflunamide
meloxicam
morphine SR
nabumetone
naproxen
oxaprozin
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

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
----------	------------------	----------------------

PARKINSON'S DISEASE

amantadine	APOKYN (PA)	COMTAN
bromocriptine	AZILECT	ELDEPRYL
carbidopa/levodopa	MIRAPEX	TASMAR
carbidopa/levodopa SA	REQUIP	ZELAPAR
ropinirole	REQUIP XL	
selegiline		

PROSTATE

doxazosin	AVODART	PROSCAR (AGE)
finasteride	FLOMAX	RAPAFLO
prazosin		UROXATRAL
terazosin		

SCHIZOPHRENIA

clozapine	SEROQUEL, SEROQUEL XR	ABILIFY
haloperidol	ZYPREXA	ABILIFY DISCMELT
loxapine		GEODON
risperidone		INVEGA
thiothixene		MOBAN
		RISPERDAL

SEIZURE

carbamazepine	DIASTAT	BANZEL
clonazepam	DIASTAT ACUDIAL	CARBATROL
divalproex	DILANTIN	DEPAKOTE
gabapentin	GABITRIL	DEPAKOTE ER
levetiracetam	KEPPRA	DEPAKOTE SPRINKLE
topiramate	LAMICTAL	KEPPRA XR
valproate	LAMICTAL ODT	NEURONTIN
	LAMICTAL XR	(tab & cap)
	LYRICA	STAVZOR
	NEURONTIN (solution)	TEGRETOL XR
		TOPAMAX
		TRILEPTAL (susp)
		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-SMOOTHIE
DIFFERIN (AGE)
DOVONEX
EXELDERM
LOCOID (lotion)
LOCOID LIPOCREAM
METROGEL
NORITATE
ORACEA
RETIN-A MICRO (AGE)
SORIATANE CK
TAZORAC

ACLOVATE
APHTHASOL
ATRALIN (AGE)
CUTIVATE
DESOWEN
EPIDUO (PA)
KLARON
LOCOID (cream/oint/
solution)
LUXIQ
METROLOTION
NUCORT
OVACE
PANRETIN (PA)
REGANEX (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
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
PHOSLO
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.

“CIGNA Pharmacy Management” and the “Tree of Life” logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C., and HMO or service company subsidiaries of CIGNA Health Corporation. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. and Great-West 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. All models used for illustrative purposes only.
© 2010 CIGNA. Some content provided under license.

