

Three-Tier Plan

2011 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.

The enclosed CIGNA Prescription Drug List is designed to help you manage your out-of-pocket costs for prescription drugs. Separating drugs into Generic, Preferred Brand and Non-Preferred Brand categories will help you understand how much you'll pay for prescription medications. The list offers a wide selection of drugs in each coverage category, providing the options you need to manage your costs more effectively.

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.



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.

Minimums, Maximums and Deductibles

Under some plans, your payments will apply to your minimum or maximum out of pocket amounts. Please check your Summary Plan Description (SPD) 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.*

Specialty Injectable Medications

Effective August 1, 2011, SHBP will require that most specialty medications be obtained through CIGNA Home Delivery Pharmacy. Our prescription drug plan enables you to conveniently order your specialty injectable medications online or over the phone for home delivery. 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.

Health Care Reform

The Patient Protection Affordable Care Act (PPACA), commonly referred to as “health care reform”, was signed into law on March 23, 2010. One of the immediate changes of this legislation requires that health plans provide in-network coverage of evidence-based preventive care services at no cost to eligible members. As part of the PPACA’s *Interim Final Rules for Coverage of Preventive Services*, CIGNA has determined there are four instances in which the regulations recommend the use of a medication or an over-the-counter (OTC) medication. SHBP will cover these medications under the pharmacy benefit at no cost to eligible SHBP members.

The following four prescriptions or OTC medications impacted by the regulations will be administered under the SHBP pharmacy benefits received through CIGNA and will require a prescription:

| Medication | Examples | Ages |
|--|---|---------------------------------------|
| Aspirin to prevent cardiovascular disease (OTC) | Ascriptin, Bufferin, Halfprin | Men, ages 45-79; Women, ages 55-79 |
| Iron Supplementation (OTC) (for children at increased risk for iron-deficiency anemia) | Fer In Sol, Vitafof, ICAR, Fer-Gen-Sol | Children, ages 6-12 months |
| Folic Acid Supplementation (for women planning or capable of pregnancy) | Prenatal, Natalcare, Optinate, Folic Acid | Women of childbearing age |
| Oral Fluoride Supplementation (where water source does not contain fluoride) | Poly Vi Flor, Fluor-A-Day, Luride, Fluritab | Children, ages 6 months to preschool |

Note: Ocular topical medication for newborns is also referenced in the regulations; however, this medication is typically administered shortly after birth and covered under the medical benefit.

CIGNA expects ongoing clarification of the specific requirements of the PPACA legislation, and their policies and coverage standards will evolve accordingly. To get their most current information, you may visit www.informedonreform.com or CIGNA.com and click on the “Informed on Reform” link.

Medications Delivered to Your Home

Beginning July 1, 2011, SHBP will add a Home Delivery Program. CIGNA Home Delivery Pharmacy is designed for people who take prescription medications on a regular basis. 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. It can help with reminders, coupons and information about your prescriptions. Visit CIGNA.com/coachrx to learn more.

To get an order form, you can visit myCIGNA.com or call the number on the back of your ID card and follow the pharmacy prompts.

SHBP participants will also have the option to have 90 day prescriptions filled through home delivery at a local retail pharmacy that participates in this special home delivery (mail order) program. For many individuals, this means cost savings and increased convenience.

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.

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 Ritalin LA Strattera Vyvanse | Adderall Amphetamine/ Dextroamphetamine Extended-Release Daytrana Desoxyn Intuniv Metadate CD Metadate ER |
| AIDS/HIV | | |
| didanosine stavudine zidovudine | Agenerase Aptivus Combivir Crixivan 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 Veramyst | Allegra (all forms) Beconase AQ Clarinex (all forms) Flonase Nasacort AQ Nasarel Omnaris Patanase Rhinocort AQ Semprex-D Xyzal |

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
Xolair (PA)

Alvesco
Foradil
Xopenex HFA

BIRTH CONTROL

Apri
Aviane
Balziva
Camila
Errin
Jolessa
Junel FE
Kariva
Levora
Necon
Nortrel
Ocella
Ogestrel
Quasense
Solia
Sprintec
Trinessa
Tri-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)
Lupron (PA)
Nexavar (PA)
Revlimid (PA)
Sprycel (PA)
Sutent (PA)
Tarceva (PA)
Temodar
Xeloda
Zolinza (PA)

Arimidex
Afinitor (PA)*
Aromasin
Casodex
Fareston
Iressa (PA)
Soltamox
Tasigna (PA)
Tykerb (PA)
Votrient (PA)

CARDIOVASCULAR

HIGH BLOOD PRESSURE/HEART MEDICATIONS

amlodipine
atenolol
benazepril
benazepril/amlodipine
benazepril/HCTZ
bisoprolol/HCTZ
captopril
carvedilol
digoxin
diltiazem
diltiazem CD
disopyramide
doxazosin
enalapril
enalapril/HCTZ
felodipine
fosinopril
hydralazine/HCTZ
isosorbide dinitrate
isosorbide mononitrate
labetalol
lisinopril
losartan
losartan/HCTZ
methyldopa/HCTZ
metoprolol

Altace (caps)
Bystolic
Coreg CR
Diovan
Diovan HCT
Exforge
Exforge HCT
Innopran XL
Lanoxin
Lotrel
Minizide
Multaq
Procanbid
Tekturna
Tekturna HCT
Tikosyn
Valturna

Accupril
Accuretic
Aceon
Altace (Tabs)
Atacand
Avalide
Avapro
Azor
Benicar
Benicar HCT
Betapace AF
Capoten
Cardura
Cardura XL
Catapres, Catapres TTS
Coreg
Corgard
Covera-HS
Cozaar
Dynacirc CR
Hyzaar
Inderal LA
Levatol
Lotensin
Lotensin HCT
Mavik

(Continued)

CARDIOVASCULAR (CONTINUED)

HIGH BLOOD PRESSURE/HEART MEDICATIONS

| | | |
|------------------------------------|--|---|
| nadolol | | Micardis |
| 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 | | Tarka |
| terazosin | | Teveten |
| timolol | | Teveten HCT |
| trandolapril | | Toprol XL |
| verapamil | | Uniretic |
| verapamil SR | | Univasc Vaseretic Vasotec Verelan 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 TriCor Zocor |

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
 Vivactil
 Zoloft

DIABETES

acarbose
 acetoexamide
 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 | Acular LS | Alamast |
| diclofenac | Alomide | Alocril |
| dorzolamide | Alphagan P | Alrex |
| dorzolamide/timolol | Azopt | Besivance |
| levobunolol | Betimol | Ciloxan (drops) |
| pilocarpine | Betoptic S | Cosopt |
| pilocarpine/epinephrine | Ciloxan (oint.) | Durezol |
| timolol | Iopidine | Emadine |
| tobramycin/ dexamethasone | Lotemax | Iquix |
| | Pataday | Timoptic |
| | Patanol | Tobradex (drops) |
| | Restasis | Trusopt |
| | Tobradex (oint.) | Voltaren |
| | Travatan Z | |
| | Vexol | |
| | Vigamox | |
| | Xalatan | |

GROWTH HORMONES

| | | |
|--|----------------|------------------|
| | Humatrope (PA) | Genotropin (PA) |
| | Saizen (PA) | Norditropin (PA) |
| | | Nutropin (PA) |
| | | Nutropin AQ (PA) |
| | | Norditropin |
| | | Nordiflex (PA) |
| | | Omnitrope (PA) |
| | | Serostim (PA) |
| | | Tev-Tropin (PA) |

HEARTBURN/ULCER

| | | |
|-----------------------------------|----------|-----------------|
| cimetidine | Dexilant | Aciphex |
| famotidine | Prevpac | Helidac |
| lansoprazole | | Nexium |
| metoclopramide | | Prevacid |
| misoprostol | | Prilosec |
| nizatidine | | Protonix |
| omeprazole | | Zantac Effertab |
| omeprazole/ sodium bicarbonate | | Zantac Syrup |
| pantoprazole | | Zegerid |
| ranitidine | | |
| sucralfate | | |

HORMONE REPLACEMENT

| | | |
|---------------------|----------------|------------|
| estradiol | Alora | Activella |
| estropipate | Anadrol-50 | Cenestin |
| levothyroid | Androderm | Combipatch |
| levothyroxine | Androgel | Femhrt |
| levoxyl | Armour Thyroid | Femring |
| liothyronine | Cytomel | Prefest |
| medroxyprogesterone | Enjuvia | Vagifem |
| thyroid | Estraderm | |
| Unithroid | | |

HORMONE REPLACEMENT (CONTINUED)

Menest
 Premarin
 Premphase
 Prempro
 Prometrium
 Synthroid
 Testim
 Vivelle-Dot

INFECTIONS

acyclovir
 amantadine
 amoxicillin
 amoxicillin/clavulanate
 azithromycin (QL)
 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)
 Primsol
 Tamiflu (QL)
 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 (PA, QL)
 Monurol
 Moxatag
 Noxafil
 Omnicef
 Penlac (PA)
 Relenza (QL)
 Rocephin (PA)
 Solodyn
 Sporanox (PA, QL)
 Suprax
 Tyzeka
 Zithromax (QL)
 Zyvox (PA)

| GENERIC | PREFERRED BRANDS | NON-PREFERRED BRANDS |
|--|---|---|
| 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) |
| MULTIPLE SCLEROSIS | | |
| | Avonex (PA) Copaxone (PA) Rebif (PA) | Betaseron (PA) Extavia (PA) |
| NAUSEA AND VOMITING | | |
| dronabinol granisetron (tab, solu) (QL) granisetron (vial)(PA) ondansetron (QL) ondansetron (inj)(PA) prochlorperazine promethazine trimethobenzamide | Emend (QL) | Anzemet (inj)(PA) Anzemet (tab)(QL) Kytril (inj)(PA) Kytril (tab, solu)(QL) Marinol Scopace Zofran (tab, solu)(QL) |
| 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) Enbrel (PA) Humira (PA) Indocin (suppository) Kadian Lidoderm MSIR OxyContin (QL) Savella Skelaxin | Actiq (PA) Arava (PA) Arthrotec Duragesic (QL) Fentora (PA) Kineret (PA) Mobic Naprelan Nucynta Ryzolt Simponi (PA) Talwin Compound Vicoprofen Voltaren Voltaren XR Zydone |

PARKINSON'S DISEASE

amantadine
bromocriptine
carbidopa/levodopa
carbidopa/levodopa SA
ropinirole
selegiline

Apokyn (PA)
Azilect
Mirapex
Requip
Requip XL

Comtan
Eldepryl
Tasmar
Zelapar

PROSTATE

doxazosin
finasteride
prazosin
terazosin

Avodart
Flomax

Proscar (AGE)
Rapaflo
Uroxatral

SCHIZOPHRENIA

clozapine
haloperidol
loxapine
risperidone
thiothixene

Seroquel
Seroquel XR
Zyprexa

Abilify
Abilify Discmelt
Geodon
Invega
Moban
Risperdal

SEIZURE

carbamazepine
clonazepam
divalproex
gabapentin
levetiracetam
topiramate
valproate

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
Benzacilin
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
Metrototion
Nucort
Ovace Plus
Panretin (PA)
Regranex (PA)
Taclonex
Ultravate
Vectical
Xolegel
Xolegel Corepak
Ziana
Zyclara

MISCELLANEOUS

allopurinol
amylase/lipase/protease
azathioprine
balsalazide
cabergoline (QL)
calcitriol
desmopressin
folic acid
leucovorin
methotrexate
mycophenolate
naltrexone (QL)
tizanidine
zaleplon

Ambien CR
Aranesp (PA)
Asacol
Asacol HD
Canasa
Cellcept
Colazal
Dipentum
Epipen (QL)
Epipen Jr. (QL)
Fosrenol
Increlex (PA)
Lialda
Megace ES
Pentasa
Prefera-OB
Procrit (PA)
Pulmozyme (PA)
Remicade (PA)
Renvela
Revatio (PA)
Somavert (PA)
Spiriva
Synarel (PA, QL)
Thalomid
Trexall
Tussionex
Viagra (PA)
Zemlar

Adrenaclick
Ambien
Apriso
Arava (PA)
Cimzia (PA)
Coartem (QL)
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.

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