

2005-06 CIGNA Prescription Drug List

Two-Tier Plan



How Your Prescription Drug Plan Works

To help you fill your prescriptions, CIGNA prescription drug plans provide access to more than 52,000 national and independent pharmacies. Our prescription drug plans also enable you to conveniently order your prescriptions online, over the phone or through the mail with the CIGNA Tel-Drug Home Delivery Pharmacy. Check your plan materials to learn more about how CIGNA Tel-Drug can help you.

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



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YOUR TWO-TIER PRESCRIPTION DRUG PLAN

If your CIGNA plan materials and ID card show two copayment or coinsurance levels for the prescription drug plan, you are being offered a two-tier plan. A two-tier prescription drug plan divides medications into two 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 two-tier plan and usually cost less than brand drugs.

Brand (second tier) drugs: A Brand drug is sold under its manufacturer's brand name and may or may not have an equally effective generic equivalent. Brand medications are typically covered at the Brand copayment or coinsurance level under a two-tier plan.

Getting the Most From Your Prescription Drug Plan

The cost of prescription medications is on the rise. Fortunately, there are tools available to help you manage your costs and make the choices that are right for you. By visiting **myCIGNA.com**, you will find tools to help you research and compare thousands of different drugs and learn more about your drug treatment options before you visit your doctor.

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.*

Prior Authorization for Some Medications

For certain medications or doses, your doctor may need to contact CIGNA to request prior authorization for coverage of your prescription under the plan. To determine if prior authorization is required for your prescription medication, refer to the box labeled *"Understanding the CIGNA Prescription Drug List."*

Home Delivery of Your Prescriptions

The CIGNA Tel-Drug Home Delivery Pharmacy Program is a valuable plan feature, designed especially for those who take prescription medications regularly. It offers the convenience of home delivery of up to a 90-day supply of your medication at no additional charge. You may also save on prescriptions filled through CIGNA Tel-Drug based on the specific plan you are being offered. Refer to your plan materials for details. Typical delivery time for new prescriptions is 7-14 days from the time complete order information is received. For more information on CIGNA Tel-Drug, call us toll-free at 1.800.835.3784.

If You Have Questions

We're here to help. Just call CIGNA Member Services at the 800 number on your ID card if you have a question about CIGNA prescription drug benefits or visit our web site, **cigna.com**.

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 on cigna.com by clicking on "Drug Lists/Ordering" under "Popular Links."

For details on which medications are specifically covered under your plan, please visit mycigna.com or refer to your plan enrollment materials.

Symbol Key*

- PA:** Prior Authorization may be required – your doctor must obtain prior approval for you to receive coverage for this drug.
- QL:** Quantity Limit may apply – you may only obtain coverage for a limited amount of this drug.
- AGE:** Age Requirement may apply – you may be required to be in a pre-specified age group in order to obtain coverage for this drug.
- ST:** Step Therapy may be required – treatment with certain drugs may be required before these drugs will be approved for coverage.

**These coverage qualifications may not apply to your specific plan. Please consult your enrollment materials for specific coverage details of the plan you are being offered.*

GENERIC

ADD/ADHD

amphetamine/
dextroamphetamine
methamphetamine
methylphenidate
pemoline

BRANDS

ADDERALL XR
CONCERTA
DESOXYN
METADATE CD
METADATE ER
RITALIN LA
STRATTERA

AIDS/HIV

AGENERASE
CRIVAN
EMTRIVA
EPIVIR
EPZICOM
FORTOVASE
FUZEON (PA)
HIVID
INVIRASE
KALETRA
LEXIVA
NORVIR
RESCRIPTOR
RETROVIR
REYATAZ
SUSTIVA
TRIZIVIR
TRUVADA
VIDEX
VIRACEPT
VIRAMUNE
VIREAD
ZERIT
ZIAGEN

ALLERGY

clemastine
cyproheptadine
flunisolide
hydroxyzine

ASTELIN
BECONASE AQ
FLONASE
NASAREL
RHINOCORT AQ
SEMPREX-D

GENERIC

BRAND

ASTHMA

albuterol
 cromolyn sodium
 ipratropium solution
 metaproterenol

ACCOLATE
 ADVAIR
 AEROBID
 AEROBID-M
 ATROVENT INHALER
 AZMACORT
 COMBIVENT
 FLOVENT
 FLOVENT ROTADISK
 INTAL AEROSOL
 MAXAIR
 PROVENTIL HFA
 PULMICORT
 QVAR
 SEREVENT (ST)
 SEREVENT DISKUS (ST)
 SINGULAIR
 XOLAIR (PA)

GENERIC

BRAND

BIRTH CONTROL**

Apri
 Aranelle
 Aviane
 Camila
 Enpress
 Errin
 Junel
 Junel FE
 Jolivette
 Kariva
 Leena
 Lessina
 Levora
 Microgestin
 Microgestin FE
 Mononessa
 Necon
 Nortrel
 Ogestrel
 Portia
 Previfem
 Solia
 Sprintec
 Trinessa
 Trivora
 Tri-previfem
 Tri-sprintec
 Velivet
 Zovia

ALESSE
 DESOGEN
 LOESTRIN
 LOESTRIN FE
 NORDETTE
 ORTHOCEPT
 ORTHO-EVRA
 ORTHO-NOVUM 7-7-7
 ORTHO TRI-CYCLEN-LO
 OVCON 35
 OVCON 50
 OVRAL
 OVRETTE
 PLAN B
 TRI-NORINYL
 TRIPHASIL
 YASMIN

BLADDER PROBLEMS

oxybutynin

DITROPAN XL
 ELMIRON
 OXYTROL

CANCER

tamoxifen citrate

ARIMIDEX
 FEMARA
 GLEEVEC (PA)
 ROFERON-A (PA)
 TEMODAR (QL)

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

CARDIOVASCULAR

HIGH BLOOD PRESSURE/HEART MEDICATIONS

acebutolol	ALTACE
atenolol	COREG (ST)
benazepril	COZAAR (ST)
benazepril/HCTZ	DIOVAN (ST)
bisoprolol	DIOVAN HCT (ST)
bisoprolol/HCTZ	HYZAAR (ST)
captopril	INDERAL LA
digoxin	INNOPRAN XL
diltiazem	LANOXICAPS
diltiazem CD	LOTREL
disopyramide	MAVIK
doxazosin	MINIZIDE
enalapril	NORPACE CR
enalapril/HCTZ	NORVASC
felodipine	PROCANBID
fosinopril	TARKA
isosorbide dinitrate	TIKOSYN
isosorbide mononitrate	TOPROL XL
labetalol	UNIRETIC
lisinopril	
metoprolol	
nadolol	
nifedipine	
nifedipine ER	
prazosin	
pindolol	
procainamide	
propranolol	
quinapril/HCTZ	
quinidine	
sotalol	
terazosin	
timolol	
verapamil	
verapamil SR	

BLOOD THINNER/ANTI-CLOTTING

heparin (QL)	ARIXTRA (QL)
ticlopidine	FRAGMIN (QL)
warfarin	INNOHEP (QL)
	LOVENOX (QL)
	PLAVIX

CHOLESTEROL LOWERING

cholestyramine powder	LESCOL
gemfibrozil	LESCOL XL
lovastatin	LOFIBRA
	NIASPAN
	TRICOR
	VYTORIN
	WELCHOL
	ZOCOR

DEPRESSION

amitriptyline	EFFEXOR
amoxapine	EFFEXOR XR
bupropion	PAXIL CR
bupropion SR	VIVACTIL
citalopram	WELLBUTRIN XL
desipramine	ZOLOFT
doxepin	
fluoxetine	
flvoxamine	
imipramine	
mirtazapine	
nefazodone	
nortriptyline	
paroxetine	
trazodone	

DIABETES

acetohexamide	ACCU-CHEK BRAND
chlorpropamide	TEST STRIPS
glipizide	AVANDAMET (ST)
glucagon (QL)	AVANDIA (ST)
glyburide	FORTAMET
glyburide/metformin	GLUCOPHAGE XR
glyburide micronized	HUMALOG
metformin	HUMULIN
tolazamide	LANTUS
tolbutamide	NOVOLIN
	NOVOLOG
	NOVOLOG MIX
	ONE TOUCH TEST STRIPS
	PRANDIN
	PRECOSE

GENERICS**BRANDS****EYE CONDITIONS**

carbachol
 ciprofloxacin
 levobunolol
 pilocarpine
 pilocarpine/epinephrine
 timolol

ACULAR
 ALOMIDE
 ALPHAGAN P
 AZOPT
 BETIMOL
 BETOPTIC S
 CILOXAN (ointment)
 IOPIDINE
 LIVOSTIN
 PATANOL
 TOBRADEX
 TRAVATAN
 TRUSOPT
 VIGAMOX
 VOLTAREN
 XALATAN
 ZADITOR

GROWTH HORMONES

HUMATROPE (PA)
 NUTROPIN (PA)
 NUTROPIN AQ (PA)
 NUTROPIN DEPOT (PA)

HEARTBURN/ULCER

cimetidine
 famotidine
 metoclopramide
 misoprostol
 nizatidine
 omeprazole
 ranitidine
 sucralfate

PREVACID (PA)
 PROTONIX (PA)
 ZANTAC SYRUP

GENERICS**BRANDS****HORMONE REPLACEMENT**

estradiol
 estrogens, esterified
 estropipate
 levothyroxine
 medroxyprogesterone
 thyroid

ALORA
 ANDRODERM
 ANDROGEL
 CYTOMEL
 DOSTINEX (QL)
 ESTRADERM
 ESTRATEST
 ESTRATEST H.S.
 LEVOTHROID
 LEVOXYL
 MENEST
 PREMARIN
 PREMARIN LOW DOSE
 PREMPHASE
 PREMPRO
 PREMPRO LOW DOSE
 PROMETRIUM
 SYNTHROID
 TESTIM
 TESTODERM
 UNITHROID
 VIVELLE

GENERIC

BRAND

INFECTIONS

acyclovir
 amantadine
 amoxicillin
 amoxicillin/clavulanate
 ampicillin
 cefaclor
 cefaclor ext. rel.
 cefadroxil
 cefuroxime
 cephalixin
 cephadrine
 ciprofloxacin
 clindamycin
 dicloxacillin
 doxycycline
 erythromycin
 erythromycin/sulfisoxazole
 fluconazole (QL: 150 mg only)
 griseofulvin
 metronidazole
 minocycline
 nitrofurantoin
 nystatin
 ofloxacin
 penicillin v potassium
 rimantadine
 SMX/TMP
 tetracycline

ACTIMMUNE (PA)
 BIAXIN XL
 CEFZIL
 CIPRO HC OTIC
 EPIVIR HBV
 FLOXIN OTIC
 GRIFULVIN
 GRIS-PEG
 LAMISIL (PA, QL)
 LEVAQUIN
 MYCOSTATIN LOZENGE
 OMNICEF
 PEGASYS (PA)
 PRIMOSOL
 VALTrex
 VFEND (PA)
 ZITHROMAX (QL)

MIGRAINE

acetaminophen/
 caffeine/butalbital

D.H.E. 45 (QL)
 IMITREX (QL)
 MIGRANAL (QL)
 ZOMIG (QL)
 ZOMIG ZMT (QL)

MULTIPLE SCLEROSIS

BETASERON (PA)
 COPAXONE (PA)

NAUSEA AND VOMITING

prochlorperazine
 promethazine
 trimethobenzamide

KYTRIL (inj.) (PA)
 ZOFran (QL)
 ZOFran C (inj.) (PA)
 ZOFran ODT (QL)

GENERIC

BRAND

OSTEOPOROSIS

EVISTA
 FOSAMAX
 MIACALCIN

PAIN RELIEF & INFLAMMATORY DISEASE

butorphanol nasal (QL)
 diclofenac
 etodolac
 flurbiprofen
 ibuprofen
 indomethacin
 ketoprofen
 ketorolac (PA, QL)
 meclizolam
 morphine SR
 nabumetone
 naproxen
 oxaprozin
 piroxicam
 sulindac
 tolmetin
 tramadol

ACTIQ (PA)
 AVINZA
 DURAGESIC (QL)
 HUMIRA (PA)
 KADIAN
 MSIR
 OXYCONTIN (QL)

PARKINSON'S DISEASE

amantadine
 bromocriptine
 carbidopa/levodopa
 carbidopa/levodopa SA
 pergolide

APOKYN (PA)
 REQUIP

PROSTATE

doxazosin
 prazosin
 terazosin

PROSCAR (AGE)

SCHIZOPHRENIA

clozapine
 haloperidol
 loxapine
 thiothixene

MOBAN
 RISPERDAL
 SEROQUEL
 ZYPREXA

SEIZURE

carbamazepine
clonazepam
gabapentin
valproate

DEPAKOTE
DIASTAT
DILANTIN
GABITRIL (ST)
KEPPRA
LAMICTAL
NEURONTIN (solution)
TEGRETOL XR
TOPAMAX
TRILEPTAL
ZONEGRAN

SKIN CONDITIONS

betamethasone dipropionate
betamethasone valerate
clobetasol propionate
desonide
desoximetasone
diflorasone
flucinolone
flucinonide
isotretinoin (QL)
tretinoin (AGE)

ACLOVATE (cream)
ALDARA
BENZAFLIN
CLODERM
CYCLOCORT
DERMA-SMOOTHIE
DESOWEN
DIFFERIN (AGE)
DOVONEX (ST)
KLARON
LOCOID
MENTAX
METROGEL
METROLOTION
RETIN-A MICRO GEL (AGE)
SORIATANE (ST)

MISCELLANEOUS

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

AMBIEN
ARICEPT
COLAZAL
EPIPEN (QL)
EPIPEN JR. (QL)
NIMOTOP
ORAP
PROAMATINE (ST)
PULMOZYME (PA)
SOMAVERT (PA)
SPIRIVA
SUPPRELIN (PA)
SYNAREL (PA, QL)
THALOMID
TOBI

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, the American Medical Association Drug Evaluations, or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices, and appliances.
7. Any contraceptive drugs and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility drug.
10. Any drugs used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
11. Any prescription vitamins (other than pre-natal vitamins), dietary supplements and fluoride products.
12. Drugs used for cosmetic purposes, such as drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products.
13. Any diet pills or appetite suppressants (anorectics).
14. Prescription smoking cessation products.
15. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
16. Replacement of Prescription Drugs and Related Supplies due to loss or theft.
17. Drugs used to enhance athletic performance.
18. Drugs which are to be taken by or administered to a Member while the Member is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
19. Prescriptions more than one year from the original date of issue.

CIGNA reserves the right to make changes to this Drug List without notice. Your plan may cover additional drugs; please refer to your enrollment materials for details. CIGNA does not take responsibility for any medication decisions made by the prescriber or pharmacist. CIGNA may receive payments from manufacturers of certain Brand (second tier) drugs, which may or may not be shared with your plan depending upon 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 Brand (second tier) drug may or may not represent the lowest cost brand drug available on the market within its drug class for you and/or your plan.

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