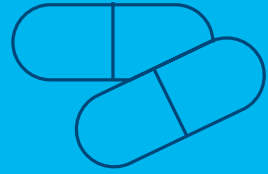


PERFORMANCE PRESCRIPTION DRUG LIST



July 2015

The Performance Prescription Drug List lets you and your doctor choose medications that work best for you. The following is a list of the most commonly used medications covered under your plan.

This list is designed to cover your prescription medications at three levels. The amount you pay depends on the tier from which you and your doctor select your medication. If there is more than one medication appropriate for your condition, we suggest that you talk to your doctor about lower-cost choices like generic medications and preferred brand medications to see if they could be right for you.

Together, all the way.®



Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

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1st Tier – Generic Medications: Generic medications have the same ingredients, safety, dosage, quality and strength as their brand name counterparts. You will usually pay less for generic medications under your plan.

2nd Tier – Preferred Brand Medications: Preferred brand medications will usually cost more than a generic, but less than a non-preferred brand medication under your plan.

3rd Tier – Non-Preferred Brand Medications: Non-preferred brand medications are those that generally have generic alternatives and/or a preferred brand medication within the same drug class. You will usually pay more for a non-preferred brand under your plan.

The symbols on the list mean

If a medication on the list has one of the following symbols, your doctor may need 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.

* Medications marked with an asterisk are considered to be specialty medications. Some plans may cover specialty medications at different benefit levels or may require the use of a preferred specialty pharmacy. Refer to the your plan documents for more information.

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. Cigna will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, 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 **InformedOnReform.com** or **Cigna.com** and look for the “Informed on Reform” link.

If you have any questions

Remember, this list is just a sample of the most commonly used medications, and is subject to change. You can use the Prescription Drug Price Quote tool available on myCigna.com to see and compare the prices of all medications covered under your plan. Or, you can call the number on the back of your ID card to speak with a customer service representative at any time.

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD AND STIMULANTS		
amphetamine clonidine HCl dexamethylphenidate HCl dexamethylphenidate HCl ER dextroamphetamine dextroamphetamine/ amphetamine ER guanfacine Metadate ER-methylphenidate HCl methamphetamine methylphenidate HCl methylphenidate ER/ER 24 HR modafinil	Adderall XR Focalin XR Ritalin LA 10 mg Stratterra Vyvanse	Adderall (PA, ST) Concerta (PA, ST) Daytrana (PA, ST) Desoxyn (PA, ST) Dexedrine (PA, ST) Evekeo (PA, ST) Focalin (PA, ST) Intuniv Kapvay Metadate CD (PA, ST) Methylin (PA, ST) Nuvigil (PA) Provigil (PA) Quillivant XR (PA, ST) Ritalin (PA, ST) Ritalin LA 20 mg, 30 mg, 40 mg (PA, ST) Ritalin SR (PA, ST) Xyrem* (PA) Zenzedi (PA, ST)
AIDS/HIV		
abacavir* didanosine* lamivudine* lamivudine/zidovudine* nevirapine* stavudine* zidovudine* abacavir/lamivudine/ zidovudine* nevirapine ER*	Aptivus* Crixivan* Emtriva* Epivir HBV* Epivir solution* Epzicom* Fuzeon* Invirase* Isentress* Kaletra* Lexiva* Norvir* Prezista* Rescriptor* Reyataz* Selzentry* Sustiva* Truvada* Viracept* Viramune XR* Viread*	Atripla* Combivir* Complera* Edurant* Epivir* Evotaz* Fulyzaq Intelence* Prezcobix* Retrovir* Stribild* Triumeq* Trizivir* Tybost* Videx* Viramune* Vitekta* Zerit* Ziagen*

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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ALLERGY

These drugs may not be covered under your plan. Please use the Prescription Drug Price Quote Tool on myCigna.com for more information.

azelastine HCl	Astepro	AdrenaClick (QL)
azelastine nasal	Epipen 2 pk (QL)	Astelir
budesonide	Epipen Jr. (QL)	Atrovent (nasal)
clemaprine fumarate	Nasonex	AUVI-Q (QL)
cyproheptadine	Veramyst	Beconase AQ (PA, ST)
cyproheptadine HCl		Children's QNASL
desloratadine		Dymista (PA, ST)
epinastine		Flonase (PA, ST)
epinephrine (QL)		Karbinol ER
flunisolide nasal		Omnaris (PA, ST)
fluticasone nasal		Patanase
hydroxyzine		QNASL (PA, ST)
ipratropium nasal		Rhinocort AQ (PA, ST)
levocetirizine		Semprex-D
montelukast		Singulair
olopatadine nasal spray		Xyzal
triamcinolone acetonide nasal		Zetonna (PA, ST)

ALZHEIMER'S DISEASE

donepezil HCl		Aricept
galantamine hydrobromide		Aricept ODT
rivastigmine tartrate capsules		Exelon
		Namenda XR
		Razadyne
		Razadyne ER

ANXIETY

alprazolam		Lorazepam Intensol
bupirone		Niravam
diazepam		
lorazepam		
oxazepam		

ASTHMA AND RESPIRATORY

albuterol sulfate (nebulizer solution)	Advair, Advair HFA	Accolate
budesonide (nebulizer solution)	Anoro Ellipta	Accuneb nebulizer (PA, ST)
caffeine citrate	Asmanex	Adcirca* (PA)
cromolyn sodium (nebulizer solution)	Atrovent HFA	Adempas* (PA)
dyphylline	Breo Ellipta	Aerospan
guaifenesin/theophylline	Combivent Respimat	Alvesco
	Flovent Diskus/HFA	Arcapta
	ProAir HFA	Arnuity Ellipta
	Pulmicort	Asmanex HFA

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ASTHMA AND RESPIRATORY (CONTINUED)		
ipratropium bromide (nebulizer solution)	Pulmozyme* (PA)	Brovana nebulizer (PA, ST)
levalbuterol HCl (nebulizer solution)	Qvar	Daliresp
metaproterenol sulfate (syrup, tabs)	Serevent	Dulera
montelukast sodium	Spiriva	Esbriet* (PA)
prednisolone sod phosphate	Symbicort	Foradil
racepinephine HCl	Ventolin HFA	Incruse Ellipta (PA, ST)
sildenafil* (PA)	Xolair* (PA)	Letairis*
terbutaline sulfate		Ofev* (PA)
theophylline anhydrous		Opsumit* (PA)
zafirlukast		Orapred ODT
		Orenitram ER* (PA)
		Perforomist (PA, ST)
		Proventil HFA
		Revatio* (PA)
		S-2 Racepinephine
		Singulair
		Striverdi Respimat
		Tracleer*
		Tudorza Pressair (PA, ST)
		Tyvaso*
		Ventavis*
		Xopenex HFA
		Xopenex nebulizer (PA, ST)

BIRTH CONTROL

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

Altavera	BeYaz	Angeliq
Alyacen	Lomedia 24 FE	Brevicon
Amethia	LoSeasonique	Cyclessa
Amethia Lo	Minastrin 24 FE	Depo-Provera Subq
Amethyst	NuvaRing	Desogen
Apri	Ortho Evra	Ella
Aranelle	Ortho TriCyclen Lo	Estrostep FE
Aubra		Femcon FE
Aviane		Generess FE
Azurette		Loestrin
Balziva		Loestrin FE
Briellyn		Mircette
Camila		Modicon
Camrese		Natazia
Camrese Lo		Norinyl 1+35
Caziant		Norinyl 1+50
Chateal		Nor-QD
Cryselle		Ortho Micronor
Cyclafem		Ortho-Cept
Dasetta		Ortho-Cyclen

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

BIRTH CONTROL (CONTINUED)

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

Daysee
 desogestrel-ethinyl estradiol
 Elinest
 Emoquette
 Enpress
 Enskyce
 Errin
 Estarylla
 ethinyl estradiol/
 drospirenone
 Falmina
 Gianvi
 Gildagia
 Gildess
 Heather
 Introvale
 Jencycla
 Jolessa
 Junel
 Junel FE
 Kariva
 Kelnor
 Kurvelo
 Larin
 Larin FE
 Leena
 Lessina
 Levonest
 levonorgestrel
 levonorgestrel-ethetra
 levonorgestrel-ethin
 estradiol
 Levora
 l-norgest-eth estr/ethin estra
 Loryna
 Low-Ogestrel
 Luteru
 Lyza
 Marlissa
 Microgestin
 Microgestin FE
 Mono-Linyah
 Mononessa
 Myzilra
 Necon

Ortho-Novum 7-7-7
 Ortho-Tri-Cyclen
 Ovcon-35
 Quartette
 Safyral
 Seasonale
 Seasonique
 Tri-Norinyl
 Yasmin 28
 Yaz

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
BIRTH CONTROL (CONTINUED)		
<p><i>Please check your enrollment materials to determine whether these medications are covered under your specific plan.</i></p>		
<p>Next Choice Nora-Be noreth a-et estra/fe fumarate noreth-ethinyl estradiol/iron norethindrone norgestimate-ethinyl estradiol norgestrel-ethinyl estradiol Nortrel Ocella Ogestrel Orsythia Philith Pimtrea Pirmella Portia Previfem Quasense Reclipsen Sprintec Sronyx Syeda Tilia FE Tri-Estarylla Tri-Legest FE Tri-Linyah Trinessa Tri-Previfem Tri-Sprintec Trivora Velivet Vestura Viorele Vyfemla Wera Wymzya FE Xulane Zarah Zenchent Zenchent FE Zeosa Zovia</p>		

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
BLADDER PROBLEMS		
flavoxate oxybutynin/XL potassium citrate ER tolterodine tartrate/LA trospium chloride	Elmiron Toviaz VESicare	Detrol (PA, ST) Detrol LA (PA, ST) Ditropan XL (PA, ST) Enablex (PA, ST) Gelnique (PA, ST) Myrbetriq (PA, ST) Oxytrol (PA, ST) (For Men Only) Sanctura (PA, ST) Sanctura XR (PA, ST) Urocit-K

CANCER		
anastrozole azacitidine* bicalutamide* capecitabine cyclophosphamide* exemestane flutamide* letrozole lomustine tamoxifen citrate temozolomide* (PA)	Gleevec* (PA) Granix* Hexalen* Leukeran Lupron Depot* (PA) Lysodren Matulane* Myleran Neulasta* (PA) Neupogen* (PA) Nexavar* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Thalomid* (PA) Xeloda* Zolinza* (PA)	Afinitor* (PA) Afinitor Disperz* (PA) Arimidex Aromasin Bosulif* (PA) Caprelsa* (PA) Casodex* Cometriq* (PA) Droxia Eriedge* (PA) Fareston Femara Gilotrif* (PA) Ibrance* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Lenvima* (PA) Lynparza* (PA) Mekinist* (PA) Purixan* Pomalyst* (PA) Stivarga* (PA) Sylatron* (PA) Sylvant* (PA) Tafinlar* (PA) Targretin* Tasigna* (PA) Tykerb* (PA) Valchlor* Votrient* (PA) Xalkori* (PA) Xtandi* (PA) Zelboraf* (PA) Zydelig* (PA) Zykadia* (PA) Zytiga* (PA)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR		
BLOOD THINNER/ANTI-CLOTTING		
anagrelide*	Aggrenox	Agrylin*
cilostazol	Arixtra (QL)*	Brillinta
clopidogrel	Effient	Coumadin
dipyridamole	Fragmin* (QL)	Eliquis (PA, ST)
enoxaparin (QL)*	Xarelto	Lovenox* (QL)
fondaparinux (QL)*		Plavix
heparin		Pletal
Jantoven		Pradaxa (PA, ST)
ticlopidine		Savaysa (PA, ST)
warfarin		Zontivity
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
acebutolol HCl	Benicar	Accupril (PA, ST)
acetazolamide	Benicar HCT	Accuretic (PA, ST)
amiloride HCl	Bystolic	Aceon (PA, ST)
amiloride/hydrochlorothiazide	Coreg CR	Altace (PA, ST)
amlodipine besylate	Tarka	Amturnide
amlodipine besylate/ benazepril	Tekturna	Atacand (PA, ST)
amlodipine/atorvastatin	Tekturna HCT	Atacand HCT (PA, ST)
calcium		Avalide (PA, ST)
amlodipine/valsartan		Avapro (PA, ST)
amlodipine/valsartan/HCTZ		Azor
apresoline		Betapace AF
atenolol		Cardura
benazepril HCl		Cardura XL
benazepril HCl/amlodipine		Catapres, Catapres TTS
benazepril HCl/HCTZ		Coreg
bendroflumethiazide/ nadolol		Corgard
betaxolol HCl		Cozaar (PA, ST)
bisoprolol fumarate		Diovan (PA, ST)
bisoprolol/HCTZ		Diovan HCT (PA, ST)
bumetanide		Dutoprol
candesartan		Edarbi (PA, ST)
candesartan cilexetil		Edarbychlor (PA, ST)
candesartan/HCTZ		Exforge
captopril		Exforge HCT
captopril/HCTZ		Hemangeol
carvedilol		Hyzaar (PA, ST)
chlorothiazide		Inderal LA
chlorthalidone		Innopran XL
chlorthalidone/atenolol		Levatol
clonidine		Lotensin (PA, ST)
clonidine HCl		Lotensin HCT (PA, ST)
Clorpres		Lotrel
diltiazem		Mavik (PA, ST)
diltiazem 24HR ER		Micardis (PA, ST)
doxazosin mesylate		Micardis HCT (PA, ST)
		Norpace
		Norpace CR

CARDIOVASCULAR (CONTINUED)**HIGH BLOOD PRESSURE/HEART MEDICATIONS**

enalapril maleate		Norvasc
enalapril maleate/HCTZ		Nymalize
eplerenone		Prinivil (PA, ST)
eprosartan mesylate		Prinzide (PA, ST)
felodipine		Sotylize
fosinopril sodium		Sular
fosinopril sodium/HCTZ		Tekamlo
furosemide		Teveten (PA, ST)
guanfacine		Teveten HCT (PA, ST)
hydralazine HCl		Toprol XL
hydrochlorothiazide		Tribenzor
indapamide		Twynsta
irbesartan		Vaseretic (PA, ST)
irbesartan/HCTZ		Vasotec (PA, ST)
isradipine		Verelan
labetalol HCl		Zestoretic (PA, ST)
lisinopril		Zestril (PA, ST)
lisinopril/HCTZ		
losartan potassium		
losartan potassium/HCTZ		
methazolamide		
methyldopa		
methyldopa/HCTZ		
metolazone		
metoprolol succinate		
metoprolol tartrate		
metoprolol/HCTZ		
minoxidil		
moexipril HCl		
moexipril HCl/HCTZ		
nadolol		
nicardipine HCl		
nifedipine		
nimodipine		
perindopril erbumine		
pindolol		
prazosin HCl		
propranolol HCl		
propranolol/HCTZ		
quinapril		
quinapril HCl/HCTZ		
ramipril (caps only)		
reserpine		
sotalol HCl		
spironolactone		
spironolactone/HCTZ		
telmisartan		

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR (CONTINUED)		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
telmisartan/amlodipine telmisartan/HCTZ terazosin HCl timolol maleate torsemide trandolapril triamterene/HCTZ valsartan valsartan/HCTZ Vecamyl-mecamylamine HCl verapamil verapamil SR		
OTHER		
amiodarone digoxin disopyramide flecainide isosorbide dinitrate isosorbide mononitrate nitroglycerin procainamide propafenone SR	Multaq Nitrolingual spray Tikosyn	Lanoxin Nitromist Ranexa (PA, ST) Rythmol SR Samsca (PA)
CHOLESTEROL LOWERING		
atorvastatin cholestyramine cholestyramine powder cholestyramine/aspartame cholestyramine/sucrose colestipol fenofibrate fenofibric acid fluvastatin gemfibrozil lovastatin niacin omega-3-acid ethyl esters pravastatin sodium simvastatin	Crestor Lescol XL Lovaza Simcor Welchol Zetia	Advicor Altprev (PA, ST) Antara Caduet Colestid Fenoglide Juxtapid* (PA) Kynamro* (PA) Lescol Lipitor (PA, ST) Liptruzet (PA, ST) Livalo (PA, ST) Lofibra Mevacor (PA, ST) Niaspan Pravachol (PA, ST) TriCor Trilipix Vascepa (PA, ST) Vytorin (PA, ST) Zocor (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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DEPRESSION

amitriptyline	Pristiq	Aplenzin (PA, ST)
bupropion	Wellbutrin XL	Brintellix (PA, ST)
bupropion SR		Celexa (PA, ST)
citalopram		Cymbalta (PA, ST)
desipramine		Desvenlafaxine ER (PA, ST)
duloxetine HCl		Desvenlafaxine Fumarate ER (PA, ST)
escitalopram		Effexor XR (PA, ST)
fluoxetine		Emsam
fluvoxamine		Fetzima (PA, ST)
imipramine		Forfivo XL (PA, ST)
mirtazapine		Khedezla (PA, ST)
nortriptyline		Lexapro (PA, ST)
paroxetine		Luvox CR
paroxetine CR		Marplan
protriptyline		Oleptro (PA, ST)
sertraline		Paxil (PA, ST)
trazodone		Paxil CR (PA, ST)
venlafaxine		Pexeva (PA, ST)
venlafaxine XR		Prozac (PA, ST)
		Remeron
		Sarafem (PA, ST)
		Tofranil
		Venlafaxine HCl ER (PA, ST)
		Viibryd (PA, ST)
		Vivactil
		Wellbutrin (PA, ST)
		Wellbutrin SR (PA, ST)
		Zoloft (PA, ST)

DIABETES

acarbose	ACCU-CHEK test strips	Actoplus Met
chlorpropamide	Apidra	Actoplus Met XR
glimepiride	Apidra SoloStar	Actos
glipizide	BD Insulin Syringes/Pen Needles	Afrezza (PA)
glipizide/metformin	Bydureon (QL)	Amaryl
glyburide	Byetta	Avandamet
glyburide micronized	Glucagen HypoKit	Avandaryl
glyburide/metformin	Glucagon Emergency Kit (QL)	Avandia
metformin HCl	Humalog	Cycloset
metformin ER	Humulin	Duetact
nateglinide	Invokamet	Farxiga (PA, ST)
pioglitazone	Invokana	Fortamet
pioglitazone/glimepiride	Janumet	Glucophage XR
pioglitazone/metformin	Janumet XR	Glyset
repaglinide	Januvia	Glyxambi (PA, ST)
tolazamide	Kombiglyze XR	Jardiance (PA, ST)
tolbutamide	Lantus	Jentaduetto (PA, ST)
		Kazano (PA, ST)
		Nesina (PA, ST)

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
DIABETES (CONTINUED)		
	Lantus SoloStar Levemir NovoFine/NovoTwist needles Novolin Novolog One Touch test strips Onglyza Prandimet SymlinPen Victoza	Oseni (PA, ST) Prandin Precose Starlix Tanzeum (PA, QL, ST) Tradjenta (PA, ST) Trulicity (PA, ST) VGo Xigduo XR (PA, ST)
ENDOCRINE AND METABOLIC – OTHER		
allopurinol cabergoline (QL) desmopressin* fluoxymerone megestrol acetate octreotide* (PA)	Colcrys Increlex* (PA) LupronDepot-PED* (PA) Megace ES Nilandron Sandostatin LAR* (PA) Somavert* (PA) Uloric	colchicine Egrifta* (PA) Megace Mitigare Sandostatin* (PA) Signifor* (PA) Signifor LAR* (PA) Somatuline Depot* (PA)
EYE CONDITIONS		
apraclonidine HCl atropine azelastine brimonidine bromfenac bromfenac sodium ciprofloxacin diclofenac dorzolamide dorzolamide/timolol epinastine flurbiprofen gatifloxacin ketorolac latanoprost levofloxacin pilocarpine timolol tobramycin/dexamethasone travoprost trifluridine	Alomide Alphagan P 0.1% AzaSite Azopt Betoptic S Ciloxan (ointment) lopidine Lotemax (drops & gel) Maxidex Moxeza Pataday Patanol Restasis Tobradex ointment Travatan Z Vexol Vigamox	Acular LS Alocril Alrex Bepreve Besivance Ciloxan (drops) Cosopt Cystaran Durezol Elestat Emadine Ilevro Lastacaft Lotemax (ointment) Optivar Pazeo Prolensa Rescula Simbrinza (PA, ST) Timoptic Tobradex (drops) Tobradex ST Trusopt Voltaren Zioptan (PA, ST) Zymaxid

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
GASTROINTESTINAL (NOT HEARTBURN/ULCER)		
balsalazide	Apriso	Amitiza
belladonna alkaloids/ phenobarbital	Asacol HD	Cimzia* (PA)
budesonide	Canasa	Colazal
cromolyn sodium (solution)	Creon	Colyte
PEG 3350/potassium/ sodium bicarb/salt	Delzicol	Donnatal
PEG 3350/potassium/ sodium bicarb/salt/ sodium sulf	GoLytely	Entocort EC
triamcinolone acetonide	Humira* (PA)	Entyvio* (PA)
	Lialda	Giazo
	Pentasa	Linzess
	Urso/Urso Forte	Movantik (PA)
	Zenpep	NuLytely
		Pancreaze
		Pertzye
		Pancreaze
		Prepopik
		Relistor (PA)
		Remicade* (PA)
		Simponi* (PA)
		Simponi Aria* (PA)
		Suclear
		Sucraid*
		Uceris
		Ultresa
		Viokace

GROWTH HORMONES

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

HEARTBURN/ULCER

These drugs may not be covered under your plan. Please use the Prescription Drug Price Quote Tool on myCigna.com for more information.

cimetidine	Nexium	Aciphex (PA, ST)
esomeprazole magnesium		Aciphex Sprinkle (PA, ST)
famotidine		Dexilant (PA, ST)
lansoprazole		Esomeprazole Strontium (PA, ST)
lansoprazole/amoxicillin/ clarithromycin		Omeclamox-Pak
metoclopramide		Prevacid (PA, ST)
metoclopramide HCl		Prevpac

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
HEARTBURN/ULCER (CONTINUED)		
<i>These drugs may not be covered under your plan. Please use the Prescription Drug Price Quote Tool on myCigna.com for more information.</i>		
misoprostol nizatidine omeprazole omeprazole/sodium bicarbonate pantoprazole rabeprazole HCl ranitidine sucralfate		Prilosec (PA, ST) Protonix (PA, ST) Zantac Effertab Zantac Syrup Zegerid (PA, ST)
HORMONE REPLACEMENT		
estradiol estradiol/norethindrone acetate estropipate ethinyl estradiol levothroid levothyroxine Levoxyl liothyronine medroxyprogesterone progesterone, micronized testosterone cypionate testosterone enanthate thyroid Unithroid	Alora Anadrol-50 (PA) Androderm (QL) AndroGel (QL) Armour Thyroid Divigel Enjuvia Premarin Premphase Prempro Synthroid Testim (QL) Vivelle-Dot	Activella Axiron (PA, QL, ST) Cenestin Combipatch Cytomel Delatestryl Depot Testosterone Estrace Femhrt Femring Fortesta (PA, QL, ST) Menest Minivelle Prefest Prometrium Striant (QL) testosterone gel (QL) Vagifem Vogelxo
INFECTIONS		
acyclovir adefovir dipivoxil* amantadine amoxicillin/ER amoxicillin/clavulanate atovaquone azithromycin cefaclor ER cefadroxil cefditoren cefdinir cefprozil ceftibuten dihydrate ceftriaxone cefuroxime axetil	Baraclude* Cipro HC Otic Ciprodex Eпивir HBV* Gris-Peg Intron-A* (PA) Mycostatin (tabs) Peg Intron* (PA) Pegasys* (PA) Primsol Tamiflu (QL) Valcyte	Acticlate (PA, ST) Ancobon Augmentin Augmentin ES 600 Augmentin XR Avelox Bethkis* Biaxin Biaxin XL Cedax Cetraxal Ciclodan Cipro Cipro XR CNL 8

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

INFECTIONS (CONTINUED)

cephalexin
 ciprofloxacin
 clarithromycin
 clindamycin
 clindamycin phosphate
 cycloserine
 doxycycline
 entacavir
 erythromycin
 famciclovir
 fluconazole
 flucytosine
 ganciclovir*
 gentamicin sulfate
 griseofulvin
 griseofulvin microsize
 griseofulvin ultramicrosize
 itraconazole (QL)
 ketoconazole
 lamivudine*
 metronidazole
 minocycline
 minocycline HCl
 Moderiba*
 moxifloxacin HCl
 mupirocin
 nitrofurantoin
 nystatin
 ofloxacin
 penicillin v potassium
 ribavirin*
 rifabutin
 rifampin
 rimantadine
 sulfamethoxazole/
 trimethoprim
 terbinafine (QL)
 terconazole
 tetracycline
 tobramycin
 valacyclovir
 valganciclovir
 vancomycin
 voriconazole (PA)

Coartem (QL)
 Copegus*
 Difucid (PA)
 Ery-Tab
 Famvir
 Flagyl ER
 Garamycin*
 Grifulvin V
 Hepsera*
 Keflex
 Ketodan
 Kitabis Pak*
 Lamisil (QL)
 Levaquin
 Malarone (PA)
 Monurol
 Moxatag
 Noxafil
 Olysio* (PA)
 Onmel (PA, QL, ST)
 Penlac
 Priftin
 Rebetol*
 Relenza (QL)
 Rocephin
 Sirturo
 Sitavig
 Sivextro (PA)
 Solodyn (PA, ST)
 Spectracef
 Sporanox (QL)
 Suprax
 Tobi*
 Tobi Podhaler*
 Tyzeka*
 Uribel
 Urelle
 UTA
 Valtrex
 Vfend (PA)
 Zithromax
 Zyvox (PA)

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
MIGRAINE		
acetaminophen/caffeine/ butalbital dihydroergotamine mesylate (QL) isomethepten/caf/ acetaminophen naratriptan (QL) rizatriptan (QL) sumatriptan (QL) sumatriptan succinate (QL) zolmitriptan (QL)	Treximet (QL) Cafergot	Alsuma (QL) Amerge (QL) Axert (QL) DHE 45 (QL) Frova (QL) Imitrex (QL) Maxalt (QL) Maxalt MLT (QL) Migranal (QL) Relpax (QL) Sumavel DosePro (QL) Zomig/Zomig ZMT (QL) Zomig nasal (QL)
MULTIPLE SCLEROSIS		
	Ampyra* (PA) Avonex/Avonex Pen* (PA) Copaxone* (PA) Rebif* (PA) Rebif Rebidose* (PA) Tecfidera* (PA)	Aubagio* (PA) Betaseron* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA)
NAUSEA AND VOMITING		
dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide	Emend* (QL)	Akynzeo* (QL) Anzemet inj* (PA) Anzemet tabs* (QL) Diclegis Marinol Sancuso (QL) Zofran Zuplenz (PA, QL, ST)
OSTEOPOROSIS		
alendronate sodium calcitonin-salmon etidronate disodium Fortical ibandronate sodium syringe* ibandronate sodium tablet raloxifene HCl risedronate	Evista Forteo* Miacalcin	Actonel (PA, ST) Atelvia (PA, ST) Binosto (PA, ST) Boniva syringe* (PA, ST) Boniva tab (PA, ST) Fosamax (PA, ST) Fosamax Plus D (PA, ST) Skelid (PA, ST)

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

PAIN RELIEF AND INFLAMMATORY DISEASE

buprenorphine
butalbital/acetaminophen
butalbit/acetamin/caff/
codeine
butorphanol nasal (QL)
celecoxib (QL)
codeine phos/carisoprodol/
asa
codeine phosphate
codeine phosphate/aspirin
codeine sulfate
cyclophosphamide*
dexamethasone
diclofenac
diclofenac/misoprostol
dihy-cod tt/apap/caffeine
etodolac
fenoprofen
fentanyl citrate (lozenge
on stick) (PA)
fentanyl transdermal (QL)
flurbiprofen
hydrocodone bitartrate/apap
hydrocodone bitartrate/
aspirin
hydromorphone HCl
ibuprofen
ibuprofen/hydrocod bit
indomethacin
ketoprofen
ketorolac (QL)
leflunomide
levorphanol tartrate
lidocaine
lidocaine-prilocaine
meclofenamate
mefenamic acid
meloxicam
meperidine HCl
metaxalone
methotrexate*
methylprednisolone
migergot
morphine sulfate (QL)
nabumetone
naproxen
opium
opium/belladonna alkaloids
orphenadrine/aspirin/
caffeine

Actimmune* (PA)
Avinza (QL)
Dilaudid-5
Dipentum
Enbrel* (PA)
Fentora (PA)
Humira* (PA)
Indocin (suppository)
Kadian (QL)
Lidoderm
Lyrica
Nucynta (PA, QL, ST)
Nucynta ER (QL)
OxyContin (QL)
Ponstel (PA, ST)
Rheumatex*
Roxicet (PA, ST)
Savella
Suboxone film tab (PA)
Trexall*

Abstral (PA)
Actemra* (PA)
Actiq (PA)
Adazin
Ansaid (PA, ST)
Arthrotec (PA, ST)
Butrans (QL)
Cambia
Celebrex (QL, ST)
Cimzia* (PA)
Conzip (PA, QL, ST)
Demerol (PA, ST)
Dilaudid (PA, ST)
Duexis (PA, ST)
Duragesic (QL)
Embeda (QL)
Exalgo (QL)
Fioricet w/codeine
Flector (PA, QL, ST)
Horizant (PA, ST)
Hycet (PA, ST)
Hysingla ER (QL)
Kineret* (PA)
Lazanda (PA)
Lidopin
Lidovex
Lortab (PA, ST)
Mobic (PA, ST)
MS Contin (QL)
Nalfon (PA, ST)
Naprelan (PA, ST)
Norco (PA, ST)
Onsolis (PA)
Opana (QL)
Opana ER (QL)
Otrexup* (PA)
Oxecta (PA, ST)
Pain Relief
Pennsaid
Percocet (PA, ST)
Percodan (PA, ST)
Primlev (PA, ST)
Prodrin
Quflora
Rasuvo* (PA)
Rayos (PA, ST)
Relylys
Relyyt
Remicade* (PA)
Roxicodone (PA, ST)

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE (CONTINUED)		
oxaprozin oxycodone ER (QL) oxycodone HCl oxycodone HCl/ acetaminophen oxycodone/aspirin oxymorphone Oxymorphone HCl pentazocine HCl/ acetaminophen pentazocine HCl/ naloxone HCl piroxicam prednisone sulindac tolmetin tramadol ER (QL) tramadol HCl (QL) tramadol HCl/ acetaminophen (QL)		Ryzolt Scar Silvera Simponi* (PA) Simponi Aria* (PA) Skelaxin Solaice Sprix (QL) Suboxone SL tab (PA) Subsys (PA) Synalgos-DC (PA, ST) Synvexia TC Trexix (PA, ST) Ultracet (PA, QL, ST) Ultram (PA, QL, ST) Ultram ER (PA, QL, ST) Velma Vicodin/ES/HP (PA, ST) Vicoprofen (PA, ST) Vimovo (PA, QL, ST) Voltaren Gel (PA, ST) Voltaren XR (PA, ST) Xartemis XR (PA, QL, ST) Xeljanz* (PA) Xodol (PA, ST) Zohydro (QL) Zorvolex (PA, ST)
PARKINSON'S DISEASE		
amantadine benztropine bromocriptine carbidopa carbidopa/levodopa carbidopa/levodopa CR carbidopa/levodopa/ entacapone entacapone pramipexole pramipexole ER ropinirole ropinirole XL selegiline	Apokyn* (PA) Azilect	Comtan Eldepryl Lodosyn Mirapex Mirapex ER Neupro Northera* (PA) Parcopa Requip Requip XL Sinemet CR Rytary Stalevo Tasmar Zelapar

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
PROSTATE		
alfuzosin doxazosin finasteride leuprolide acetate* (PA) prazosin tamsulosin terazosin	Avodart Cialis (PA,QL) Jalyn Zoladex* (PA)	Firmagon* (PA) Flomax Proscar Rapaflo Uroxatral
SCHIZOPHRENIA		
clozapine haloperidol loxapine olanzapine olanzapine/fluoxetine HCl quetiapine risperidone thiothixene ziprasidone	Seroquel XR	Abilify Abilify Discmelt Clozaril (PA, ST) Fanapt (PA, ST) Fazaclor (PA, ST) Geodon (PA, ST) Invega (PA, ST) Latuda (PA, ST) Orap Risperdal/ Risperdal M (PA, ST) Saphris (PA, ST) Seroquel (PA, ST) Symbyax Versacloz (PA, ST) Zyprexa (PA, ST) Zyprexa Zydis (PA, ST)
SEIZURE		
carbamazepine clonazepam diazepam divalproex ethosuximide felbamate gabapentin lamotrigine levetiracetam oxcarbazepine phenytoin tiagabine HCl topiramate valproate zonisamide valproate sodium	Celontin Diastat Diastat Acudial Dilantin (30 mg only) Felbatol Gabitril Keppra Lamictal ODT Lyrica Peganone Vimpat	Aptiom Banzel Carbatrol Depakote (all forms) Dilantin Fycompa Keppra XR Lamictal Lamictal XR Neurontin Oxtellar XR Potiga Qudexy XR Saphris Stavzor Tegretol XR Topamax topiramate XR caps Trileptal Zarontin Zonegran

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SEXUAL DYSFUNCTION **		
<i>**Please check your enrollment materials to determine whether these medications are covered under your plan.</i>		
	Cialis (PA, QL) Muse (PA, QL) Viagra (QL)	Caverject (PA, QL) Edex (PA, QL) Levitra (PA, QL) Osphena Staxyn (PA, QL) Stendra (QL)
SKIN CONDITIONS		
acitretin	Ala-Scalp HP (PA, ST)	Absorica (QL)
adapalene (AGE)	Benzaclin (Gel w/pump)	Acanya
alclometasone dipropionate	Benzamycin Pak	Aclovate (PA, ST)
amcinonide	Capex Shampoo (PA, ST)	Alcortin A
amnesteem (QL)	Carac	Aldara
Apexicon E (diflorasone diacetate) cream	Carmol HC (PA, ST)	Aqua Glycolic HC (PA, ST)
betamethasone	Cloderm (PA, ST)	Atralin (AGE)
betamethasone dipropionate	Cordran (PA, ST)	Avar
betamethasone dipropionate/propylene glycol	Cordran SP (PA, ST)	Avar LS
betamethasone valerate	Differin (AGE)	Avita
calcipotriene	Enbrel* (PA)	Bactroban
calcipotriene- betamethasone	Exelderm	Benoxylodoxy 30
calcitriol ointment	Fluoroplex	Benzaclin
Claravis (QL)	Furacin	Benzefoam
clincimycinphosphate/ benzoyl peroxide gel	Humira* (PA)	Clindacin Pac
clobetasol propionate	Kenalog aerosol (PA, ST)	Clobex (PA, ST)
clobetasol propionate/emoll	Klaron	Clodan (PA, ST)
clocortolone pivalate	Locoid (lotion)	Condylox
desonide	Loprox shampoo	Cosentyx* (PA)
desoximetasone	Metrogel 1%	Cutivate (PA, ST)
diclofenac sodium	Naftin	Derma-Smoothie/FS (PA, ST)
diflorasone diacetate	Noritate	Dermasorb AF
fluocinolone acetonide	Nucort (PA, ST)	Dermasorb HC (PA, ST)
fluocinonide	Oracea	Dermasorb TA (PA, ST)
fluocinonide/emollient	Tazorac	Dermasorb XM
fluorouracil topical	Texacort (PA, ST)	Dermatop (PA, ST)
fluticasone propionate		Desonate (PA, ST)
halobetasol prop/ ammonium lac		Desowen (PA, ST)
halobetasol propionate		Diprolene (PA, ST)
hydrocortisone		Diprolene AF (PA, ST)
hydrocortisone acetate/ aloe vera		Dovonex
hydrocortisone acetate/urea		Doxycycline IR-DR
		Duac
		Ecoza
		Elidel (PA, ST)
		Elocon (PA, ST)
		Epiduo
		First Hydrocortisone (PA, ST)
		Halog (PA, ST)
		Hydro 35

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

SKIN CONDITIONS (CONTINUED)

hydrocortisone butyrate
 hydrocortisone valerate
 imiquimod
 Isotretinoin (QL)
 methoxsalen, rapid
 metronidazole
 mometasone furoate
 podofilox
 prednicarbate
 salicylic acid
 Sotret (QL)
 sulfacetamide
 sulfacetamide sodium/sulfur
 sulfacetamide sulfur
 sulfacetamide/sulfur/
 cleanser
 tacrolimus ointment
 tretinoin (AGE)
 triamcinolone acetonide
 urea

Iodosorb
 Jublia (PA, ST)
 Keralac
 Kerydin (PA, ST)
 Locoid (cream, ointment,
 solution)
 Locoid Lipocream (PA, ST)
 Luxiq (PA, ST)
 Luzu
 Metrogel
 Metrolothin
 Neuac
 Olux (PA, ST)
 Olux-E (PA, ST)
 Onexton
 Otezla* (PA)
 Ovace Plus cream,
 lotion and wash
 Pandel (PA, ST)
 Panretin*
 Pediaderm HC/TA (PA, ST)
 Plexion
 Protopic (PA, ST)
 Regranex (PA)
 Remicade* (PA)
 Retin-A cream (PA, AGE)
 Retin-A Micro (PA, AGE)
 Retin-A Micro Pump
 (PA, AGE)
 Riax
 Rosula
 Scalacort DK (PA, ST)
 Solaraze
 Soolantra
 Soriatane
 Sorilux
 Stelara* (PA)
 Sumadan XLT
 Synalar (PA, ST)
 Synalar TS (PA, ST)
 Taclonex
 Targretin gel*
 Temovate (PA, ST)
 Topicort (PA, ST)
 Topicort LP (PA, ST)
 Tretin-X (PA)
 Ultrasal-ER
 Ultravate (PA, ST)
 Ultravate X (PA, ST)
 Umecta

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS (CONTINUED)		
		Vanos (PA, ST) Vectical Verdeso (PA, ST) Vytone Xolegel Ziana Zyclara (PA, ST)
SLEEP		
eszopiclone zaleplon zolpidem zolpidem ER	Silenor	Ambien (PA, ST) Ambien CR (PA, ST) Belsomra (PA, ST) Edluar (PA, ST) Intermezzo (PA, ST) Lunesta (PA, ST) Rozerem (PA, ST) Sonata (PA, ST) Zolpimist (PA, ST)
TRANSPLANT		
azathioprine* cyclosporine* mycophenolate mofetil* mycophenolate sodium* sirolimus* tacrolimus*	Azasan* Cellcept* Neoral* Prograf* Rapamune* Sandimmune*	Imuran* Myfortic* Zortress*
VITAMINS		
<i>All plans cover all generic prescription prenatal vitamins, even though not listed here. Available as generic where ^ is noted.</i>		
calcitriol cyanocobalamin folic acid	Active OB^ Bal-Care DHA Essential Cadeau DHA Citranatal 90 DHA Citranatal Assure^ Citranatal B-Calm Citranatal DHA Citranatal Harmony^ Focalgin-B^ Folet DHA Folet One Gesticare DHA Infanate Balance Natachew Natafort Natelle One^ Neevo Neevo DHA	Eligen B12 Feriva 21-7 MaxFe Nascobal

VITAMINS (CONTINUED)

All plans cover all generic prescription prenatal vitamins, even though not listed here. Available as generic where ^ is noted.

Nestabs^
 Nestabs ABC
 Nestabs DHA^
 Nexa Plus
 OB Complete
 OB Complete DHA
 OB Complete One
 OB Complete Petite
 OB Complete Premier
 Precare Premier
 Prefera-OB One
 PreferaOB Prenatal Vitamin
 Prenaissance Next-B
 Prenata
 Prenatal 19
 Prenate AM
 Prenate Chewable
 Prenate DHA
 Prenate Elite
 Prenate Enhance
 Prenate Essential
 Prenate Mini
 Prenate Pixie
 Prenate Restore
 Prenate Star
 Provida OB
 Select-OB
 Stuart Prenatal
 Stuartnatal Plus
 Stuartnatal Plus 3
 TL-Folate
 TL-Select DHA
 Tricare
 Tricare Prenatal DHA One
 Vinate Care
 Vinate DHA
 Virt-Bal DHA^
 Vita Fol-OB DHA
 Vitafol Nano
 Vitafol Ultra
 Vitafol-One
 VitaMed MD Plus Rx
 VitaMedMD Redichew RX
 Vitapearl
 Viva DHA
 VP CH Ultra
 VP-PNV-DHA

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
MISCELLANEOUS		
aminocaproic acid*	Analpram Advanced	Ana-Lex
buprenorphine	Aranesp* (PA)	Analpram-E
buprenorphine HCl/ naloxone HCl (PA)	Buphenyl	Analpram HC
cyclobenzaprine	Chantix	Arcalyst* (PA)
doxercalciferol	Epogen* (PA)	Brisdelle (QL)
hydrocodone/ chlorpheniramine suspension	Fosrenol	Bunavail (PA)
hydrocortisone	Harvoni* (PA)	Cerdelga* (PA)
ivermectin	Klor-Con M15	Cortifoam
levocovorin*	Leukine*	Cuvposa
levocarnitine	Metopirone	Epifoam
lidocaine-hydrocortisone- aloe	Pramosone	Evzio
lindane	Procrit* (PA)	Feriva FA
megestrol	Proctofoam-HC	Ferric citrate
methocarbamol	Pulmuzyme* (PA)	Gattex* (PA)
naltrexone	Renvela	Hectorol
naltrexone HCl	Sovaldi* (PA)	Hetlioz (PA)
paricalcitol*	SPS	Ilaris* (PA)
pentoxifylline	Stromectol	Kuvan*
pramoxine/hydrocortisone pseudoephed/hydrocodone/ cpm	Suboxone film tab (PA)	Lupaneta Pack* (PA)
quinine sulfate	TussiCaps	Lysteda*
riluzole*	Zavesca* (PA)	Mircera* (PA)
sodium phenylbutyrate		Natroba
sodium polystyrene sulfonate		Neo-Synalar
spinosad		Nimotop
tizanidine		Nuedexta
tranexamic acid*		Nymalize
		Obredon
		Oxandrin (PA)
		Phoslo
		Phoslyra
		Procysbi* (PA)
		Promacta* (PA)
		Ravicti* (PA)
		Rectiv
		Renagel
		Revia
		Rilutek*
		Sklice
		Suboxone SL tab (PA)
		Tussionex
		Uceris
		Ulesfia
		Velphoro
		Viekira Pak* (PA)
		Vituz
		Zanaflex
		Zemplar*
		Zubsolv (PA)
		Zutripro

Exclusions and 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 (OTC) that do not require a prescription by federal or state law, and any medication that is a pharmaceutical alternative to an OTC medication other than insulin. [examples include OTC Benadryl, Maalox, Sudafed PE, etc.].
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 [examples include Rx equivalents to OTC Allegra, Claritin and Zyrtec (Allegra D, Clarinex, Xyzal) and Rx equivalents to OTC Prevacid, Prilosec, Zantac (Aciphex, Kapidex, Nexium, Axid, Pepcid, Zantac)].
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. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
10. 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.
11. Any diet pills or appetite suppressants (anorectics).
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 (the prevention of travel-related diseases).
13. Replacement of prescription medications and related supplies due to loss or theft.
14. Medications used to enhance athletic performance.
15. Medications that 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 doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that 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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