



PREFERRED SPECIALTY PHARMACEUTICAL LIST

Growth Hormones	Humatrope [®]
	Nutropin [®]
	Nutropin AQ [®]
Hepatitis C Antivirals	Pegasys [®] Peg-Intron [®]
Infertility Agents	Follistim [®]
	Ganirelix [®]
Multiple Sclerosis Agents	Avonex [®]
	Betaseron [®]
	Copaxone [®]
Rheumatoid Arthritis Agents	Enbrel [®]
	Humira [®]
	Remicade [®]

- It is the decision of the prescribing physician in the exercise of his/her independent clinical judgment to determine which medication to prescribe. Coverage is not limited to the preferred drug.
- CIGNA HealthCare may receive payments from manufacturers whose medications are included on the Preferred Specialty (Injectable) Drug List. These payments may or may not be shared with the member's benefit plan dependent on the contractual arrangement between the plan and CIGNA.
- Depending upon plan design, market conditions, the extent to which manufacturers' payments are shared with the member's benefit plan, and other factors as of the date of service, the preferred medication may or may not represent the lowest cost medication within the therapeutic class for the member and/or the benefit plan.
- CIGNA HealthCare reserves the right to make changes to this Preferred Specialty (Injectable) Drug List without notice.

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