

# Individual & Family Plans

Insured by Connecticut General Life Insurance Company

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## FOUR-TIER PLAN

# Cigna prescription drug list

This list is designed to cover your prescription medications at four levels. The amount you will pay will depend on the tier from which you and your doctor select your medication. If there is more than one drug appropriate for your condition, we encourage you to talk to your doctor about low cost medications like generics and preferred brands, as they will help to manage your prescription costs better.

**1st Tier – Generic medications:** Generic drugs have the same active 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 drugs will usually cost you more than a generic, but less than a non-preferred brand drug under your plan.

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

**4th Tier – Specialty medications:** Specialty Injectable Medications are typically covered under the fourth tier and include, but are not limited to, injectables used to treat arthritis, multiple sclerosis, hepatitis C, and asthma. See the list of Specialty medications on page 22.

**GO YOU<sup>SM</sup>**



**Offered by: Connecticut General Life Insurance Company.**

860410\_IFP 01/13 Value PDL 2013

## Understanding the Cigna prescription drug list



Every medication available on the drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents the most commonly prescribed medications. Refer to your Policy to find out which specific medications are covered under your plan.

### What 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.

- PA:** **Prior authorization** may be required for different reasons. To learn the requirements needed for coverage of a specific medication, please give us a call.
- QL:** **Quantity limit** means you may have coverage for a limited amount of a specific medication.
- AGE:** **Age requirement** means a person may 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.

### Important note

This list does not cover drugs that have over-the-counter (OTC) alternatives, drugs that treat stomach acid conditions and non-sedating antihistamines to treat allergies.

In some cases medications for certain conditions (allergies, heartburn/ulcers, etc.) may be equivalent products to OTC medications available. In these cases, the prescription available class alternatives are excluded from coverage. Examples\* include allergy medications such as Allegra, Clarinex, Xyzal and any generics; and heartburn/ulcer medications such as Nexium, Prilosec, Zantac and any generics. (\*Examples are not an all-inclusive listing.)

### Help from myCigna.com

When you go to **myCigna.com** you can:

- Compare actual medication prices at local pharmacies and Cigna Home Delivery Pharmacy<sup>SM</sup> using the Prescription Drug Price Quote Tool



- See your specific pharmacy coverage information
- Research available medications and network pharmacies
- Ask a pharmacist questions

## Cigna Home Delivery Pharmacy

Cigna Home Delivery Pharmacy is designed for people taking prescription medications on a regular basis, including specialty medications. By choosing Cigna Home Delivery Pharmacy, you can get:



- Licensed pharmacists available 24/7
- Up to a 90-day supply of your medications
- Free, convenient delivery right to your home
- QuickFill, our automatic refill reminder service

To get started, give us a call at **800.835.3784**.

## 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. Some of the changes went into effect in 2010, and most of the law’s effects will be felt by 2014.

Cigna will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, depending upon the final government regulations, coverage for medications that have not traditionally been included in pharmacy plans, such as specific 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

Feel free to give us a call at the number on the back of your ID Card. We’re here to help.



# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>ADD/ADHD AND STIMULANTS</b>		
amphetamine/ dextroamphetamine dexmethylphenidate methamphetamine methylphenidate/ER modafanil		Adderall (PA, ST) Adderall XR (PA, ST) Amphetamine Dextroamphetamine Extended-Release (PA, ST) Concerta (PA, ST) Daytrana (PA, ST) Desoxyn Focalin XR (PA, ST) Intuniv Kapvay Metadate CD (PA, ST) Metadate ER (PA, ST) Nuvigil Provigil Ritalin/Ritalin LA/Ritalin SR/ Ritalin ER (PA, ST) Strattera Vyvanse (PA, ST)
<b>AIDS/HIV</b>		
abacavir didanosine lamivudine lamivudine/zidovudine nevirapine stavudine Zidovudine	Agenerase Aptivus Atripla Combivir Crixivan Emtriva Epzicom Intelence Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Trizivir Truvada Viracept Viread	Combivir Epivir Retrovir Videx Viramune Viramune XR Zerit Ziagen

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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### ALLERGY\*

\* Medications for allergies equivalent to over-the-counter medications within the class are excluded such as Allegra, fexofenadine, Clarinex, etc.

azelastine nasal	Astepro	Astelin
clemastine fumarate	Epipen (QL)	Atrovent (nasal)
cyproheptadine		Dymista (PA, ST)
flunisolide nasal		Flonase (PA, ST)
fluticasone nasal		Nasacort AQ (PA, ST)
hydroxyzine		Nasonex (PA, ST)
ipratropium nasal		Omnaris (PA, ST)
montelukast		Patanase
triamcinolone nasal		QNASL (PA, ST)
		Rhinocort AQ (PA, ST)
		Semprex-D
		Singulair
		Veramyst (PA, ST)
		Zetonna (PA, ST)

### ALZHEIMER'S DISEASE

donepezil		Aricept
galantamine		Aricept ODT
rivastigmine		Cognex
		Exelon
		Namenda
		Razadyne
		Razadyne ER

### ASTHMA AND RESPIRATORY

albuterol solution (nebulizer solution)	Atrovent HFA	Accolate
albuterol sulfate (syrup, tabs)	Foradil	Accuneb nebulizer (PA, ST)
aminophylline	ProAir HFA	Adcirca (PA)
budesonide	Qvar	Advair, Advair HFA
cromolyn sodium (nebulizer solution)	Revatio (PA)	Alvesco
Dylix	Ventolin HFA	Arcapta
dyphylline		Asmanex
guaifenesin/dyphylline		Azmacort
guaifenesin/theophylline		Brovana nebulizer (PA, ST)
ipratropium bromide (nebulizer solution)		Combivent
levalbuterol (nebulizer solution)		Daliresp
metaproterenol sulfate (syrup, tabs)		Dulera
montelukast		Flovent, Flovent HFA
terbutaline sulfate		Letaris
theophylline anhydrous		Maxair
zafirlukast		Perforomist (PA, ST)
		Proventil HFA
		Pulmicort
		Serevent
		Singulair
		Spiriva

# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>ASTHMA AND RESPIRATORY (CONTINUED)</b>		
		Symbicort Tracleer Tudorza Ventavis Xopenex HFA Xopenex nebulizer (PA, ST)
<b>BIRTH CONTROL*</b>		
<i>* Please check your Policy to determine whether these medications are covered under your specific plan.</i>		
Ameithia Apri Aviane Balziva Camila Camrese Errin Gianvi Jolessa Junel FE Kariva levnorgestrel Levora Low-Ogestrel Microgestin Necon Nortrel Ocella Ogestrel Previfem Quasense Solia Sprintec Trinessa Tri-Sprintec Zenchent Zovia		Angeliq Be-Yaz Desogen Ella Estrostep FE Levlén Lo/Ovral-28 Loestrin Loestrin 24 FE Loestrin FE Lo Loestrin FE Lo Seasonique Lybrel Natazia Nordette Nuvaring Ortho Evra Ortho Tri-Cyclen LO Ortho-Cept Ortho-Novum 7-7-7 Ovcon 35 Ovrette Plan B One-Step Safyral Seasonale Seasonique Trileven Tri-Norinyl Triphasil Yaz

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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### BLADDER PROBLEMS

oxybutynin/XL tolterodine tartrate trospium chloride		Detrol (PA, ST) Detrol LA (PA, ST) Ditropan, Ditropan XL (PA, ST) Elmiron Enablex (PA, ST) Gelnique (PA, ST) Oxytrol (PA, ST) Sanctura, Sanctura XR (PA, ST) Toviaz (PA, ST) VESIcare (PA, ST)
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### CANCER

anastrozole bicalutamide exemestane flutamide letrozole tamoxifen citrate	Afinitor (PA) Droxia Aromasin Fareston Gleevec (PA) Matulane Myleran Nexavar (PA) Revlimid (PA) Soltamox Sprycel (PA) Sutent (PA) Tarceva (PA) Targretin Tasigna (PA) Temodar (PA) Thalomid (PA) Tykerb (PA) Votrient (PA) Xeloda Zolanza (PA)	Arimidex Aromasin Caprelsa (PA) Casodex Femara Inlyta (PA) Jakafi (PA) Sylatron (PA) Xalkori (PA) Zelboraf (PA) Zytiga (PA)
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### CARDIOVASCULAR

#### BLOOD THINNER/ANTI-CLOTTING

anagrelide cilostazol clopidogrel dipyridamole enoxaprin (QL) fondaparinux (QL) heparin (QL) Jantoven ticlopidine warfarin	Arixtra (QL)	Aggrenox Agrylin Brilinta Coumadin Effient Fragmin (QL) Lovenox (QL) Plavix Pletal Pradaxa (ST) Xarelto (QL 10 mg only)
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# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>CARDIOVASCULAR</b>		
<b>HIGH BLOOD PRESSURE/HEART MEDICATIONS</b>		
acebutolol HCl	Benicar (PA, ST)	Accupril (PA, ST)
acetazolamide	Benicar HCT (PA, ST)	Accuretic (PA, ST)
amiloride HCl		Aceon (PA, ST)
amiloride/ HCTZ		Altace (PA, ST)
amlodipine		Atacand (PA, ST)
amlodipine/atorvastatin		Avalide (PA, ST)
apresoline		Avapro (PA, ST)
atenolol		Azor
atorvastatin		Betapace AF
benazepril		Bystolic
benazepril/amlodipine		Cardura
benazepril/HCTZ		Cardura XL
bendroflumethiazide/nadolol		Catapres
betaxolol HCl		Catapres TTS
bisoprolol fumarate		Coreg
bisoprolol/HCTZ		Coreg CR
captopril		Corgard
captopril/HCTZ		Covera-HS
carvedilol		Cozaar (PA, ST)
chlorothiazide		Diovan HCT (PA, ST)
chlorthalidone		Diovan (PA, ST)
chlorthalidone/atenolol		Dutoprol
clonidine		Dynacirc CR
clonidine HCl		Edarbi (PA, ST)
Clorpres		Edarbychlor (PA, ST)
diltiazem		Exforge
diltiazem 24 HR ER		Exforge HCT
doxazosin		Hyzaar (PA, ST)
enalapril		Inderal LA
enalapril/HCTZ		Innopran XL
felodipine		Levatol
fosinopril		Lotensin HCT (PA, ST)
fosinopril/ HCTZ		Lotensin (PA, ST)
furosemide		Lotrel
hydralazine		Mavik (PA, ST)
hydroflumethiazide		Micardis HCT (PA, ST)
indapamide		Micardis (PA, ST)
irbesartan		Monopril HCT (PA, ST)
irbesartan/HCTZ		Monopril (PA, ST)
isradipine		Norpace
labetalol		Norpace CR
lisinopril		Norvasc
lisinopril/HCTZ		
losartan		
losartan/HCTZ		
methyl dopa/HCTZ		
metolazone		
metoprolol succinate		



**GENERIC**

**PREFERRED BRANDS**

**NON-PREFERRED BRANDS**

**CARDIOVASCULAR (CONTINUED)**

**HIGH BLOOD PRESSURE/HEART MEDICATIONS**

metoprolol tartrate		Prinivil (PA, ST)
metoprolol/HCTZ		Prinzide (PA, ST)
minoxidil		Sular
moexipril HCl		Tarka
moexipril HCl/HCTZ		Tekamlo
nadolol		Tekturna HCT
nicardipine HCl		Tekturna
nifedipine		Teveten HCT
nifedipine SR		Teveten
nimodipine		Toprol XL
nisoldipine SR		Tribenzor (ST)
perindopril erbumine		Uniretic (PA, ST)
pindolol		Univasc (PA, ST)
prazosin		Vaseretic (PA, ST)
procainamide		Vasotec (PA, ST)
propranolol		Verelan
propranolol LA		Zestoretic (PA, ST)
quinapril		Zestril (PA, ST)
quinapril/HCTZ		
quinidine		
ramipril		
reserpine/HCTZ		
sotalol		
spironolactone		
spironolactone/HCTZ		
terazosin		
timolol		
toremide		
trandolapril		
triamterene/HCTZ		
valsartan		
valsartan HCTZ		
verapamil		
verapamil SR		

**CARDIOVASCULAR – OTHER**

amiodarone		Lanoxin
digoxin		Multaq
disopyramide		Nitrolingual spray
flecainide		Nitromist
isosorbide dinitrate		Pronestyl
isosorbide mononitrate		Ranexa (ST)
nitroglycerin		Rythmol SR
procainamide		Samsca (PA)
propafenone SR		Tikosyn

# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>CHOLESTEROL LOWERING</b>		
atorvastatin atorvastatin/amlodipine cholestyramine powder colestipol fenofibrate fenofibric acid fluvastatin/XL gemfibrozil lovastatin pravastatin simvastatin	Zetia	Advicor Altoprev (PA, ST) Caduet Cholestyramine Light Colestid Crestor (PA, ST) Fenoglide Lescol Lescol XL Lipitor (PA, ST) Livalo (PA, ST) Lofibra Lovaza Mevacor (PA, ST) Niaspan Pravachol (PA, ST) Simcor TriCor Trilipix Vytorin Vascepa Welchol Zocor (PA, ST)
<b>DEPRESSION</b>		
		Aplenzin (PA, ST) Celexa (PA, ST) Cymbalta (PA, ST) Effexor XR (PA, ST) Emsam Lexapro (PA, ST) Luvox CR Marplan Oleptro ER (ST) Paxil CR (PA, ST) Pristiq (PA, ST) Prozac (PA, ST) Remeron Sarafem (PA, ST) Selfemra (PA, ST) Tofranil Venlafaxine ER (PA, ST) Viibryd (PA,ST) Vivactil Wellbutrin (PA, ST) Wellbutrin SR (PA, ST) Wellbutrin XL (PA, ST) Zoloft (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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**DIABETES**

acarbose chlorpropamide glimepiride glipizide glipizide/metformin glucagon (QL) glyburide glyburide/metformin glyburide micronized metformin/ER nateglinide pioglitazone pioglitazone/glimepiride pioglitazone/metformin tolazamide tolbutamide	ACCU-CHEK test strips BD insulin syringe Byetta Glucagen Hypokit Januvia NovoFine needles One Touch test strips	Actoplus Met Actoplus Met XR Actos Amaryl Apidra Apidra SoloStar Avandamet Avandaryl Avandia Bydureon (QL) Cycloset Duetact Fortamet Glucophage XR Glyset Humulin Janumet Janumet XR Jentadueto (ST) Juvisync (ST) Kombiglyze XR Onglyza Prandimet Prandin Precose Starlix Tradjenta (ST)
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**ENDOCRINE AND METABOLIC – OTHER**

allopurinol cabergoline (QL) desmopressin	Megace ES	Synarel (PA) Uloric
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# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>EYE CONDITIONS</b>		
atropine		Acular LS
azelastine		Alamast
brimonidine		Alocril
bromfenac		Alomide
ciprofloxacin		Alphagan P
diclofenac		Alrex
dorzolamide		AzaSite
dorzolamide/timolol		Azopt
flurbiprofen		Bepreve
ketorolac		Besivance
latanoprost		Betimol
levobunolol		Betoptic S
levofloxacin		Ciloxan
pilocarpine		Cosopt
timolol		Durezol
tobramycin/dexamethasone		Emadine
trifluridine		Iopidine
		Iquix
		Lastacaft
		Lotemax
		Maxidex
		Moxeza
		Optivar
		Pataday
		Patanol
		Restasis
		Timoptic
		Tobradex
		Travatan Z
		Trusopt
		Vexol
		Vigamox
		Voltaren
		Xalatan
		Zioptan (ST)
<b>GASTROINTESTINAL (NOT HEARTBURN/ULCER)</b>		
balsalazide	Asacol	Amitiza
budesonide	Asacol HD	Apriso
cromolyn sodium (solution)	Creon	Canasa
PEG 3350/potassium/ sodium bicarb/salt	Lialda	Colazal
PEG 3350/potassium/ sodium bicarb/salt/ sodium sulf	Pentasa	Colyte
	Zenpep	Entocort EC
		NuLyteLy
		Pancreaze
		Pertzye
		Relistor (PA)
		Sucraid
		Ultresa
		Viokace

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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**HEARTBURN/ULCER\***

*\*Medications for heartburn and ulcer equivalent to over-the-counter medications within the class are excluded such as omeprazole, Nexium, Zantac, etc.*

metoclopramide misoprostol sucralfate		
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**HORMONE REPLACEMENT**

estradiol estropipate ethinyl estradiol levothroid levothyroxine Levoxyl liothyronine medroxyprogesterone progesterone, micronized testosterone cypionate testosterone enanthate thyroid Unithroid	Premarin	Activella Alora Anadrol-50 Androderm AndroGel Armour Thyroid Axiron Cenestin Combipatch Cytomel Depo-Testosterone Enjuvia Estrace Estraderm Femhrt Femring Fortesta Menest Prefest Premphase Prempro Prometrium Synthroid Testim Vagifem Vivelle-Dot
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# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>INFECTIONS</b>		
acyclovir	Baraclude	Ancobon
amantadine	Epivir HBV	Augmentin
amoxicillin	Incivek (PA)	Augmentin ES 600
amoxicillin/clavulanate	Tamiflu (QL)	Augmentin XR
azithromycin		Avelox
cefador ER		Biaxin
cefadroxil		Biaxin XL
cefprozil		Cedax
ceftriaxone		Cayston (ST)
cefuroxime		Cefzil
Cephalexin		Cetraxal
ciclopirox		Cipro HC Otic
ciprofloxacin		Cipro XR
clarithromycin		Ciprodex
clindamycin		Coartem (QL)
doxycycline		Copegus
erythromycin		Ery-Tab
famciclovir		Famvir
fluconazole		Flagyl ER
flucytosine		Floxin Otic
ganiciclovir		Gris-Peg
griseofulvin		Hepsera
itraconazole (QL)		Infergen (PA)
ketoconazole		Keflex
metronidazole		Keftab
minocycline		Lamisil (QL)
minocycline SR		Lariam (PA, QL)
mupirocin		Levaquin
nitrofurantoin		Malarone (PA, QL)
nystatin		Monurol
ofloxacin		Moxatag
penicillin v potassium		Mycostatin (tab)
ribavirin		Noxafil
rimantadine		Omnicef
sulfamethoxazole/ trimethoprim		Penlac (PA)
terconazole		Priftin
terbinafine (QL)		Primsol
tetracycline		Relenza (QL)
valacyclovir		Rocephin
vancomycin		Solodyn (ST)
voriconazole (PA)		Sporanox (QL)
		Suprax
		Tobi
		Tyzeka
		Valtrex
		Vfend (PA)
		Vitreolis (PA)
		Zithromax
		Zyvox (PA)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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**MIGRAINE**

acetaminophen/ caffeine/butalbital naratriptan (QL) sumatriptan (QL) rizatriptan (QL)	Zomig/Zomig ZMT (QL)	Amerge (QL) Axert (QL) DHE 45 (QL) Frova (QL) Imitrex (QL) Maxalt Maxalt MLT Migranal (QL) Relpax (QL) Treximet (QL)
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**MULTIPLE SCLEROSIS**

		Ampyra (PA) Gilenya (PA)
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**NAUSEA AND VOMITING**

dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide		Anzemet (inj) (PA) Anzemet (tab) (QL) Emend Kytril Marinol Sancuso (QL) Scopace Zofran Zuplenz (QL)
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**OSTEOPOROSIS**

alendronate etidronate (Fortical) calcitonin-salmon ibandronate		Actonel (PA, ST) Atelvia (PA, ST) Binosto (PA, ST) Boniva (PA, ST) Evista (PA, ST) Forteo (PA, ST) Fosamax (PA, ST) Fosamax Plus D (PA, ST) Miacalcin Skelid (PA, ST)
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# Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>		
buprenorphine	Celebrex	Abstral (PA)
butorphanol nasal (QL)	Nalfon	Actiq (PA)
codeine phos/carisoprodol/ aspirin	Rheumatrex Trexall	Arava Arthrotec Avinza
codeine phosphate		Butrans (QL)
codeine phosphate/aspirin		Cambia (PA, ST)
codeine sulfate		Conzip
diclofenac		Demerol (PA, ST)
dihy-cod/APAP/caffeine		Dilaudid (PA, ST)
Etodolac		Dipentum
fenoprofen		Duexis (PA, ST)
fentanyl transdermal (QL)		Duragesic (QL)
fentanyl citrate (lozenge on stick)(PA)		Exalgo (QL)
flurbiprofen		Fentora (PA)
hydrocodone/acetaminophen		Horizant (ST)
hydrocodone bitartrate/apap		Hycet (PA, ST)
hydrocodone bitartrate/aspirin		Indocin
hydromorphone HCl		Kadian
ibuprofen		Lazanda (PA)
ibuprofen/hydrocod bitartrate		Lidoderm
indomethacin		Lorcet (PA, ST)
ketorolac (QL)		Lorcet Plus (PA, ST)
leflunamide		Lortab (PA, ST)
levorphanol tartrate		Magnacet (PA, ST)
mefenamic acid		Maxidone (PA, ST)
meloxicam		Mobic
meperidine HCl		MSIR
methotrexate		Naprelan
morphine SR		Norco (PA, ST)
morphine sulfate		Nucynta (ST)
nabumetone		Nucynta ER (QL)
naproxen		Onsolis (PA)
opium		Opana
opium/belladonna alkaloids		Opana ER (QL)
oxaprozin		Oxecta (PA, ST)
oxycodone HCl		OxyContin (QL)
oxycodone HCl/ acetaminophen		Panlor SS (PA, ST)
oxycodone/aspirin		Pennsaid (PA, ST)
pentazocine HCl		Percocet (PA, ST)
acetaminophen		Percodan (PA, ST)
pentazocine HCl/ naloxone HCl		Ponstel (PA, ST)
piroxicam		Oxecta (PA, ST)
sulindac		OxyContin (QL)
tramadol HCl/ER		Panlor SS (PA, ST)
tramadol HCl/acetaminophen		Percocet (PA, ST)
tolmetin		Percodan (PA, ST)
		Primalev (PA, ST)
		Remicade (PA)



GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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**PAIN RELIEF AND INFLAMMATORY DISEASE (CONTINUED)**

		Roxicet (PA, ST) Roxicodone (PA, ST) Ryzolt (PA, ST) Savella Skelaxin Sprix (QL) Subsys (PA) Synalgos-DC (PA, ST) Talwin Compound (PA, ST) Tylox (PA, ST) Ultracet (PA, ST) Ultram (PA, ST) Ultram ER (PA, ST) Vicodin (PA, ST) Vicodin ES (PA, ST) Vicodin HP (PA, ST) Vicoprofen (PA, ST) Voltaren (PA, ST) Voltaren Gel (PA, ST) Voltaren XR (PA, ST) Xodol (PA, ST) Xolox (PA, ST) Zamicet (PA, ST) Zolvit (PA, ST) Zydone (PA)
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**PARKINSON'S DISEASE**

amantadine benztropine bromocriptine carbidopa/levodopa carbidopa/levodopa CR carbidopa/levodopa/ entacapone pramipexole ropinirole ropinirole XR selegiline	Azilect Lodosyn Tasmar	Comtan Eldepryl Mirapex Requip Requip XL Stalevo Zelapar
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**PROSTATE**

alfuzosin doxazosin finasteride prazosin tamsulosin terazosin		Avodart Firmagon (PA) Flomax Jalyn Proscar (AGE) Rapaflo Uroxatral Zyprexa Zytiga (PA)
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# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>SCHIZOPHRENIA</b>		
clozapine haloperidol loxapine olanzapipne quetiapine risperidone thiothixene ziprasidone		Abilify Abilify Discmelt Clozaril Fanapt Fazacllo Geodon Invega Latuda Moban Orap Risperdal Saphris Seroquel Seroquel XR Zyprexa
<b>SEIZURE</b>		
carbamazepine clonazepam diazepam divalproex felbamate gabapentin lamotrigine levetiracetam topiramate valproate zonisamide	Diastat Diastat Acudial Dilantin Gabitril Keppra Keppra XR Lamictal ODT Lamictal XR	Banzel Carbatrol Depakote (all forms) Felbatol Lyrica Neurontin Onfi Potiga Saphris Stavzor Tegretol XR Topamax Trileptal Vimpat Zonegran

**GENERIC**

**PREFERRED BRANDS**

**NON-PREFERRED BRANDS**

**SKIN CONDITIONS**

adapalene (AGE)  
 alclometasone  
 alclometasone dipropionate  
 amcinonide  
 Amnesteem (QL)  
 Apexicon E (diflorasone diacetate)  
 betamethasone  
 betamethasone dipropionate  
 betamethasone dipropionate/propylene glycol  
 betamethasone valerate  
 calcitrol ointment  
 calcipotriene  
 Claravis (QL)  
 clinicamycinphosphate/benzoyl peroxide gel  
 clobetasol  
 clobetasol propionate  
 clobetasol propionate/emollient  
 desonide  
 desoximetasone  
 diflorasone diacetate  
 fluocinolone acetonide  
 fluocinonide/emollient  
 fluticasone propionate  
 halobetasol propionate/ammonium lactate  
 halobetasol propionate  
 hydrocortisone  
 hydrocortisone acetate/aloë vera  
 hydrocortisone acetate/urea  
 hydrocortisone butyrate  
 hydrocortisone valerate  
 imiquimod  
 isotretinoin (QL)  
 metronidazole  
 mometasone furoate  
 podofilox  
 prednicarbate  
 Sotret (QL)  
 sulfacetamide  
 tretinoin (AGE)  
 triamcinolone acetonide  
 urea

Carac  
 Fluroplex  
 Targretin gel

Acanya  
 Aclovate (PA, ST)  
 Aldara  
 Aphthasol  
 Aquaphilic w/Triamcin + Carbamide (PA, ST)  
 Aquaphilic w/Triamcinolone (PA, ST)  
 Aristocort A (PA, ST)  
 Atralin (AGE)  
 Benzaclin  
 BenzamycinPak  
 Capex Shampoo (PA, ST)  
 Carmol HC (PA, ST)  
 Clobex (PA, ST)  
 Cloderm (PA, ST)  
 Condylox  
 Coraz (PA, ST)  
 Cordran (PA, ST)  
 Cordran SP (PA, ST)  
 Cutivate (PA, ST)  
 Derma-Smoothe/FS (PA, ST)  
 Dermatop (PA, ST)  
 Desonate (PA, ST)  
 Desowen (PA, ST)  
 Differin (AGE)  
 Diprolene (PA, ST)  
 Diprolene AF (PA, ST)  
 Diprosone (PA, ST)  
 Dovonex  
 Duac CS  
 Elidel (PA, ST)  
 Elocon (PA, ST)  
 Epiduo  
 Exelderm  
 First Hydrocort (PA, ST)  
 Halog (PA, ST)  
 Kenalog (PA, ST)  
 Klaron  
 Lacticare-HC (PA, ST)  
 Lidex (PA, ST)  
 Locoid (PA, ST)  
 Locoid Lipocream (PA, ST)  
 Loprox shampoo  
 Luxiq (PA, ST)  
 Metrogel  
 Metrolotion

# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>SKIN CONDITIONS (CONTINUED)</b>		
		Momexin (PA, ST)
		Noritate
		Nucort (PA, ST)
		Nuzon (PA, ST)
		Olux (PA, ST)
		Olux-e (PA, ST)
		Oracea
		Ovace Plus
		Pandel (PA, ST)
		Panretin (PA)
		Pediaderm HC (PA, ST)
		Protopic (PA, ST)
		Psorcon (PA, ST)
		Psorcon E (PA, ST)
		Regranex (PA)
		Retin-A Micro (AGE)
		Rosula
		Scalacort DK (PA, ST)
		Soriatane CK
		Synemol (PA, ST)
		Taclonex
		Tazorac
		Temovate (PA, ST)
		Texacort (PA, ST)
		Topicort (PA, ST)
		Topicort LP (PA, ST)
		Tridesilon (PA, ST)
		Ultravate PAC (PA, ST)
		Ultravate (PA, ST)
		Valisone (PA, ST)
		Vanos (PA, ST)
		Vectical
		Verdeso (PA, ST)
		Westcort (PA, ST)
		Xolegel
		Xolegel Corepak
		Ziana
		Zyclara (ST)
		Zytopic (PA, ST)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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**SLEEP**

zaleplon zolpidem zolpidem ER		Ambien CR (PA, ST) Ambien (PA, ST) Edluar (PA, ST) Intermezzo (PA, ST) Lunesta (PA, ST) Rozerem (PA, ST) Silenor (PA, ST) Sonata (PA, ST) Zolpimist (PA, ST)
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**TRANSPLANT**

azathioprine cyclosporine mycophenolate mofetil tacrolimus	Myfortic Sandimmune Rapamune Prograf Cellcept	Neoral Zortress
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**MISCELLANEOUS**

aminocaproic acid buprenorphine cyclobenzaprine leucovorin levocarnitine lindane megestrol methocarbamol naltrexone pentoxifylline pramoxine/hydrocortisone spinosad tizanidine	Cortifoam Epifoam Fosrenol Renvela Revatio (PA)	Arcalyst (PA) Ilaris (PA) Nimotop Phoslo Phoslyra Promacta (PA) Pulmozyme (PA) Rectiv Renagel Revia Suboxone Subutex TussiCaps Tussionex Ulesfia Zanaflex Zemplar
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# Specialty Injectable Drugs



## SPECIALTY INJECTABLE DRUGS (ALL REQUIRE PRIOR AUTHORIZATION)

Actimmune	Nutropin AQ Nuspin
Apokyn	Octreotide Acetate
Aranesp	Omnitrope
Arcalyst	Omontys
Avonex	Orencia
AvonexPen	Pegasys
Betaseron	Pegasys Proclick
Ceftriaxone	Peg Intron
Cimzia	Peg Intron Redipen
Copaxone	Procrit
Enbrel	Rebif
Egrifta	Remicade
Epogen	Saizen
Extavia	Sandostatin
Firazyr	Sandostatin LAR
Firmagon	Serostim
Fuzeon	Simponi
Genotropin	Somatuline Depot
Humatrope	Somavert
Humira	Stelara
Ilaris	Sylatron
Increlex	Tev-Tropin
Infergen	Xolair
Intron A	Zoladex
Kineret	Zorbtive
Leukine	
Leuprolide Acetate	
Lupron	
Lupron Depot	
Lupron Depot – PED	
Neulasta	
Neumega	
Neupogen	
Norditropin	
Norditropin Nordiflex	
Nutropin	
Nutropin AQ	

## 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. [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 Policy.
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. Any contraceptive medications and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility medication.
10. Any medications 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 prenatal vitamins), dietary supplements and fluoride products.
12. 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.
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 medications and related supplies due to loss or theft.
17. Medications used to enhance athletic performance.
18. 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.
19. Prescriptions more than one year from the original date of issue.

Cigna reserves the right to make changes to this Drug List (also known as the Value Prescription Drug List) without notice. Your plan may cover additional medications; please refer to your Policy 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, 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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