

CIGNA VALUE PRESCRIPTION DRUG LIST



Three-Tier Plan

This document represents a list of the most commonly prescribed medications covered under your plan, in an easy-to-read format. If you do not see a specific medication on this list, please check myCigna.com to see all of the medications covered under your plan.

Choosing the medication that is right for you is between you and your doctor. Every medication available on Cigna's prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). If there is more than one medication 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.

Your three-tier prescription drug list

A three-tier prescription drug list splits medications into three categories (or tiers):

1st Tier - Generic Medications have the same strength and active ingredients as the brand name - but often cost much less. You will usually pay less for generic medications under a three-tier plan. If one's available, you should consider switching to a generic to treat your condition.

2nd Tier - Preferred Brand Medications will usually cost you more than a generic, but less than a non-preferred brand medication on a three-tier plan.

3rd Tier - Non-Preferred Brand Medications 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 medication on a three-tier plan.

[^] If your doctor feels currently covered medications aren't right for you, he or she can ask Cigna to consider authorizing coverage of your medication.

Understanding Cigna's prescription drug list

Every year Cigna updates this drug list to reflect any changes to the list of covered prescription drugs. Examples of changes that may impact you include brand name medications may change tiers or may no longer be covered. In addition, any new FDA-approved drug product (including but not limited to medications, medical supplies or devices that are covered under standard pharmacy benefit plans) available in the marketplace may not be covered[^] for the first six months after the product receives FDA new drug approval. This document includes a summary of key changes made to common medications effective January 1, 2016.

Use the Prescription Drug Price Quote tool on myCigna.com to price a medication and see the lower cost options available to you at your selected retail pharmacy and Cigna Home Delivery Pharmacy. *Please note: this list is subject to change.*

Together, all the way.®



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

The symbols on the list mean

If a medication has one of the following symbols, your doctor may have to get an authorization (approval) 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 that a person 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 medication with the “ST” is covered.
- GEN:** **Gender** means this medication is only covered if you meet specific gender requirements.

* 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 your plan documents for more information.

^ This medication may not be covered under your plan. Please check your enrollment materials or use the Prescription Drug Price Quote tool on myCigna.com to find out if this medication is covered.

Important note

This drug list does not cover medications in two drug classes that have over-the-counter (OTC) alternatives (medications available without a prescription).*

These include:

- › Medications used to treat stomach acid conditions (ex. Nexium, Prevacid, Prilosec and any generics), and
- › Medications (non-sedating antihistamines) to treat allergies (ex. Allegra, Clarinex, Xyzal and any generics).

*Check your plan materials to see how these products are covered for you

myCigna.com

Our customer website that can help you manage your prescription coverage.

When you visit myCigna.com you can:

- › Look up the details of your specific pharmacy plan
- › View your drug list to find of available medications
- › Compare medication prices using the Prescription Drug Price Quote tool
- › Ask a pharmacist questions
- › And much, much, more!

Save time with the convenience of Cigna Home Delivery Pharmacy

Cigna Home Delivery Pharmacy

Cigna Home Delivery PharmacySM is a convenient mail order service for those who take medications regularly. We offer:

- › Routine, maintenance medications and specialty medications
- › Licensed pharmacists available to help answer questions, 24/7
- › Up to a 90-day supply of your medications
- › Free, standard shipping right to your home
- › Refill reminder service

To get started, give us a call at **800.835.3784**. For more information, visit the Cigna Home Delivery Pharmacy page on myCigna.com.

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. Certain Preventive Medications (including some over the counter medications) may be available to you at no cost sharing. To get the most current information, visit www.informedonreform.com or Cigna.com and look for the Preventive Services section within the “Informed on Reform” link.

If you have any questions

Please call the toll-free number on the back of your Cigna ID card. We’re here to help.

VALUE PRESCRIPTION DRUG LIST THREE-TIER PLAN

Generics	Preferred Brands	Non-Preferred Brands
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AIDS/HIV

lamivudine*	Atripla*	Complera*
lamivudine-zidovudine*	Epzicom*	Genvoya*
nevirapine*	Intelence*	Odefsey*
nevirapine ER*	Isentress*	Prezcobix*
	Kaletra*	Stribild*
	Norvir*	Tivicay*
	Prezista*	Triumeq*
	Reyataz*	
	Selzentry*	
	Sustiva*	
	Truvada*	
	Viread*	

ALLERGY/NASAL SPRAYS

azelastine	EpiPen 2-pak (QL)	Astepro
budesonide	EpiPen Jr 2-pak (QL)	Bactroban Nasal
epinephrine (QL)		
fluticasone		
hydroxyzine		
ipratropium		
mometasone		
olopatadine		
promethazine		

ALZHEIMER'S DISEASE

donepezil		Mestinon
donepezil ODT		Namenda
memantine		Namenda XR
pyridostigmine		Namzaric
pyridostigmine ER		
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Brisdelle (QL)
alprazolam ER		Celexa (ST)
alprazolam intensol		Effexor XR (ST)
alprazolam ODT		Fetzima (ST)
alprazolam XR		Forfivo XL (ST)
amitriptyline		Irenka (ST)
bupropion		Prozac (ST)
bupropion SR		Prozac Weekly (ST)
bupropion XL		Sarafem (ST)
buspirone		Venlafaxine ER (ST)
citalopram		Viibryd (ST)
clomipramine		Wellbutrin SR (ST)

Generics	Preferred Brands	Non-Preferred Brands
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ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.)

diazepam		Xanax
duloxetine		Xanax XR
escitalopram		Zoloft (ST)
fluoxetine DR		
fluoxetine		
fluvoxamine		
fluvoxamine ER		
lorazepam		
lorazepam intensol		
paroxetine		
sertraline		
trazodone		
venlafaxine		
venlafaxine ER		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Adcirca* (PA)
budesonide	Advair HFA	Adempas* (PA)
ipratropium-albuterol	Anoro Ellipta	Combivent Respimat
levsalbuterol	Breo Ellipta	Kalydeco* (PA)
concentrate	ProAir HFA	Letairis* (PA)
levsalbuterol	ProAir Respiclick	Opsumit* (PA)
montelukast	QVAR	Orenitram ER* (PA)
	Spiriva	Orkambi* (PA)
	Spiriva Respimat	Pulmicort
	Stiolto Respimat	Pulmozyme* (PA)
	Striverdi Respimat	Tracleer* (PA)
	Xolair* (PA)	Tyvaso* (PA)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

dexamethylphenidate	Adderall XR	Adderall (ST)
dexamethylphenidate ER		Adzenys XR-ODT (ST)
dextroamphetamine-amphet ER		Aptensio XR (ST)
dextroamphetamine-amphetamine		Concerta (ST)
guanfacine ER		Daytrana (ST)
metadate ER		dextroamphetamine-amphet ER
methylphenidate ER		Dyanavel XR (ST)
methylphenidate		Focalin (ST)
methylphenidate CD		Focalin XR (ST)
methylphenidate LA		Metadate CD (ST)
		Methylin (ST)
		Quillichew ER (ST)
		Quillivant XR (ST)
		Ritalin (ST)
		Ritalin LA (ST)
		Strattera

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
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BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid*	Aranesp* ^ (PA)	Amicar*
	Droxia	Neupogen* ^ (PA)
	Epogen* ^ (PA)	Promacta* (PA)
	Granix* ^	
	Neulasta* ^ (PA)	
	Procrit* ^ (PA)	
	Zarxio	

BLOOD PRESSURE/HEART MEDICATIONS

afeditab CR	Azor	BiDil
amiodarone	Benicar (ST)	Cardizem LA
amlodipine	Benicar HCT (ST)	Firazyr* (PA)
amlodipine-benazepril	Coreg CR	Hemangeol
amlodipine-valsartan	Corlanor (PA)	Inderal LA
amlodipine-valsartan-HCTZ	Entresto (PA)	Inderal XL
atenolol	Tribenzor	Innopran XL
atenolol-chlorthalidone		Multaq
benazepril		Nitro-Dur
benazepril-HCTZ		Nitrolingual
candesartan		Nitromist
cartia XT		Nitrostat
carvedilol		Northera* (PA)
clonidine		Norvasc
digitek		Ranexa (ST)
digox		Tiazac
digoxin		Tikosyn
diltiazem ER		Toprol XL
diltiazem CD		
diltiazem		
dilt-XR		
enalapril		
flecainide		
hydralazine		
irbesartan		
isosorbide		
mononitrate		
isosorbide		
mononitrate ER		
labetalol		
lisinopril		
lisinopril-HCTZ		
losartan potassium		
losartan-HCTZ		
matzim LA		
metoprolol		
nadolol		
nifedical XL		
nifedipine		
nifedipine ER		
Pacerone		
propafenone		
propafenone ER		
propranolol		
propranolol ER		

Generics	Preferred Brands	Non-Preferred Brands
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BLOOD PRESSURE/HEART MEDICATIONS (cont.)

ramipril		
taztia XT		
telmisartan		
telmisartan-HCTZ		
valsartan		
valsartan-HCTZ		
verapamil ER		
verapamil		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER	Brilinta	Coumadin
clopidogrel	Eliquis	Effient
enoxaparin* (QL)	Fragmin* (QL)	Pradaxa
fondaparinux* (QL)	Xarelto	
jantoven		
warfarin		

CANCER

anastrozole	Actimmune* (PA)	Afinitor Disperz* (PA)
bexarotene*	Afinitor* (PA)	Arimidex
capecitabine*	Fareston	Bosulif* (PA)
exemestane	Gleostine	Cabometyx* (PA)
hydroxyurea	Intron A* ^ (PA)	Cometriq* (PA)
imatinib* (PA)	Lupron Depot* ^ (PA)	Cotellic* (PA)
letrozole	Nexavar* (PA)	Erivedge* (PA)
mercaptopurine	Revlimid* (PA)	Femara
methotrexate*	Sprycel* (PA)	Gilotrif* (PA)
tamoxifen citrate	Sutent* (PA)	Gleevec* (PA)
temozolomide* (PA)	Tarceva* (PA)	Ibrance* (PA)
	Targretin*	Iclusig* (PA)
	Tasigna* (PA)	Imbruvica* (PA)
	Trexall*	Inlyta* (PA)
	Tykerb* (PA)	Jakafi* (PA)
		Lonsurf* (PA)
		Lynparza* (PA)
		Ninlaro* (PA)
		Pomalyst* (PA)
		Stivarga* (PA)
		Sylatron* (PA)
		Tagrisso* (PA)
		Tasigna* (PA)
		Votrient* (PA)
		Xalkori* (PA)
		Xeloda*
		Xtandi* (PA)
		Zelboraf* (PA)
		Zykadia* (PA)
		Zytiga* (PA)

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Generics	Preferred Brands	Non-Preferred Brands
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CHOLESTEROL MEDICATIONS

amlodipine-	Praluent* (PA)	Korlym (PA)
atorvastatin	Repatha* (PA)	Lofibra 67, 134,
atorvastatin	Zetia	200mg
fenofibrate		Tricor
fenofibric acid		Vascepa (ST)
Lofibra 54, 160mg		Welchol
lovastatin		
niacin ER		
omega-3 acid ethyl esters		
pravastatin		
rosuvastatin		
simvastatin		

CONTRACEPTIVE PRODUCTS

All contraceptive products may be covered if you meet specific gender requirements.

blisovi 24 FE	Beyaz	Estrostep FE
blisovi fe	Lo Loestrin FE	Loestrin FE
drosiprenone-ethinyl estradiol	LoSeasonique	Microgestin 24 FE
estarylla	Minastrin 24 FE	NuvaRing
gianvi	Seasonique	Skyla*
gildess 24 FE		
gildess FE		
junel FE		
junel FE 24		
larin 24 FE		
larin FE		
lomedica 24 FE		
loryna		
microgestin FE		
mono-lynyah		
mononessa		
nikki		
norethin-eth estro-ferrous		
norgestimate-ethinyl estradiol		
ocella		
previfem		
sprintec		
syeda		
tarina FE		
tilia FE		
tri-estarylla		
tri-legest fe		
tri-lynyah		
tri-lo-estarylla		
tri-lo-marzia		
tri-lo-sprintec		
trinessa		
Trinessa LO		
tri-previfem		
tri-sprintec		
vestura		
zarah		

Generics	Preferred Brands	Non-Preferred Brands
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COUGH/COLD MEDICATIONS

benzonatate		Flowtuss
bromfed DM		Hycufenix
brompheniramine-pseudoephed-DM		Tussionex
hydrocodone-homatropine		Tuzistra XR
hydrocodone-chlorpheniramne ER		
hydrocodone-homatropine		
hydromet		
promethazine-codeine		
tussigon		

DENTAL PRODUCTS

chlorhexidine		Fluorabon^
doxycycline fluoride^		Fluor-a-day^
fluoritab^		
flura-drops^		
ludent fluoride^		
oralone		
paroex		
peridex		
periogard		
sodium fluoride^		
triamcinolone		

DIABETES

BD syringes/pen needles	Glucagen HypoKit (QL)	Glucophage Glucophage XR
glimepiride	Glucagon Emergency Kit (QL)	Riomet
glipizide	Humalog	VGo
glipizide ER	Humulin	
glipizide XL	Invokamet	
metformin	Invokana	
metformin ER	Janumet	
NovoFine	Janumet XR	
NovoTwist	Januvia	
pioglitazone-metformin	Kombiglyze XR	
Techlite pen needles	Lantus	
	Lantus SoloStar	
	OneTouch test strips	
	Onglyza	
	SymLinPen	
	Toujeo SoloStar	
	Trulicity (QL)	

DIURETICS

acetazolamide		Aldactone
chlorthalidone		Dyazide
eplerenone		Edecrin
furosemide		Lasix
hydrochlorothiazide		Maxzide
spironolactone		Samsca
triamterene-HCTZ		

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Generics	Preferred Brands	Non-Preferred Brands
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EAR MEDICATIONS

fluocinolone oil neomycin-polymyxin- hydrocortisone		Cipro HC Ciprodex Coly-mycin S Cortane-B Dermotic
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ERECTILE DYSFUNCTION

		Cialis^ (QL) Muse^ (QL) Viagra^ (QL)
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EYE CONDITIONS

azelastine	Simbrinza	Acuvail
brimonidine	Travatan Z	Alphagan P
ciprofloxacin		Alex
dorzolamide-timolol		Azasite
erythromycin		Azopt
fluorometholone		Bepreve
gatifloxacin		Besivance
gentak		Betimol
gentamicin		Betoptic S
ketorolac		Combigan
latanoprost		Cosopt PF
neomycin-polymyxin- dexameth		Cystaran
ofloxacin		Durezol
olopatadine		Ilevro
polymyxin b sul- trimethoprim		Lastacaft
prednisolone		Lotemax
timolol		Moxeza
tobramycin		Nevanac
tobramycin- dexamethasone		Omnipred
		Pataday
		Patanol
		Pazeo
		Pred Forte
		Pred Mild
		Prolensa
		Restasis
		Tobradex
		Tobradex ST
		Vigamox
		Xalatan
		Zioptan (ST)
		Zirgan
		Zylet

FEMINE PRODUCTS

fem pH		AVC
gynazole 1		Relagard
miconazole 3		Terazol
terconazole		
zazole		

Generics	Preferred Brands	Non-Preferred Brands
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GASTROINTESTINAL/HEARTBURN

alosetron (GEN)	Apriso	Amitiza
anucort-HC	Creon	Canasa
balsalazide	Lialda	Carafate
chlordiazepoxide- clidinium	Pentasa Zenpep	Cholbam* (PA) Colyte
dicyclomine		Diclegis
dronabinol		Donnatal
famotidine		Emend* (QL)
hemmorex-HC		Gattex* (PA)
hydrocortisone		GoLytely
lansoprazole- amoxicillin- clarithromycin (combo pak)		Linzess Lotronex (GEN) Movantik (PA)
mesalamine		Moviprep
metoclopramide		Osmoprep
metoclopramide ODT		Pancreaze
ondansetron		Pertzye
ondansetron ODT		Pertzye
phenadoz		Prepopik
procto-med HC		Pylera
procto-pak		Ravicti
proctosol-HC		Rectiv
proctozone-HC		Sancuso (QL)
promethazine		Sensipar*
promethegan		sfRowasa
ranitidine		Suprep
sucralfate		Transderm-Scop
ursodiol		Varubi* (QL) Viberzi Viokace

HORMONAL AGENTS

budesonide EC	Androgel (QL)	Activella
cabergoline (QL)	Depo-Testosterone	Alora
covaryx	Duavee	Androderm (QL)
covaryx H.S.	Forteo*	Armour Thyroid
desmopressin	Ganirelix* ^	Climara
dexamethasone	Humatrope* (PA)	Climara Pro
dexamethasone	Lupron Depot* ^ (PA)	Combipatch
intensol	Lupron	Cytomel
EEMT	Depot-Ped* ^ (PA)	Deltasone
EEMT H.S.	Premarin	Divigel
estradiol	Premphase	Egrifta* (PA)
estradiol- norethindrone	Prempro	Elestrin
estrogen & methyltestosterone	Sandostatin LAR Depot* ^ (PA)	Enjuvia
levothyroxine	Serostim* (PA)	Entocort EC
levoxyl	Somavert* (PA)	Estrace
liothyronine	Zorbtive* (PA)	Estring
lopreeza		Estrogel
medroxyprogesterone		Evamist
methylprednisolone		Femring
millipred		Menostar
millipred DP		Minivelle
		Osphena
		Serostim* (PA)

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Generics	Preferred Brands	Non-Preferred Brands
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HORMONAL AGENTS (cont.)

mimvey		Somatuline
mimvey LO		Depot* ^ (PA)
nature-throid		Striant (QL)
NP thyroid		Synthroid
prednisolone		Tirosint
prednisolone ODT		Unithroid
prednisone		Vagifem
prednisone intensol		Vivelle-Dot
progesterone		
testosterone		
testosterone cypionate		
westhroid		
WP thyroid		

INFECTIONS

acyclovir	Baraclude solution*	Albenza
adefovir*	Daklinza* (PA)	Alinia
amoxicillin	Harvoni* (PA)	Bactrim
amoxicillin ER	Kitabis Pak*	Bactrim DS
amoxicillin-clavulanate ER	Sovaldi* (PA)	Baraclude tablet*
amoxicillin-clavulanate	Tamiflu (QL)	Cayston*
atovaquone	Thalomid* (PA)	Ceftin
atovaquone-proguanil (PA)		Cipro
avidoxy		Cleocin
azithromycin		Clindesse
cefdinir		Daraprim (PA)
cefixime		Dificid (PA)
cefprozil		Diflucan
cefuroxime		E.E.S.
cephalexin		Eryped
ciprofloxacin		Ery-Tab
clarithromycin		Metrogel-vaginal
clarithromycin ER		Monurol
clindamycin		Noxafil
doxycycline		Nuessa
doxycycline IR-DR		PCE
entecavir*		Plaquenil
erythromycin		Sporanox
famciclovir		Stromectol
fluconazole		Sulfatrim
hydroxychloroquine		Suprax
itraconazole		Tobi Podhaler*
levofloxacin		Urelle
linezolid (PA)		Uretron D-S
metronidazole		Uribel
minocycline		Urogesic-blue
minocycline ER		Uta
Moderiba*		Valcyte
mondoxylene NL		Valtrex
morgidox		Vibramycin syrup & suspension
moxifloxacin		Viekira Pak* (PA)
nitrofurantoin		Xifaxan
		Zepatier* (PA)
		Zithromax

Generics	Preferred Brands	Non-Preferred Brands
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INFECTIONS (cont.)

nystatin		Zithromax Tri-pak
penicillin		Zmax
sulfamethoxazole-trimethoprim		Zyvox (PA)
terbinafine		
tetracycline		
tinidazole		
tobramycin*		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

INFERTILITY

clomiphene citrate^	Follistim AQ* ^ Menopur* ^	Crinone^ Endometrin^
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MISCELLANEOUS

naltrexone	Cerdelga* (PA)	Addyi^ (QL)
pulmosal		Esbriet* (PA)
sodium chloride		Exjade*
		Hyper-Sal
		Jadenu*
		Kuvan* (PA)
		Myalept* (PA)
		Nebusal
		Nuedexta
		Orfadin*
		Strensiq* (PA)
		Syprine
		Xenazine* (PA)
		Zavesca* (PA)

MULTIPLE SCLEROSIS

glatopa* (PA)	Ampyra* (PA)	
	Aubagio* (PA)	
	Avonex* (PA)	
	Betaseron* (PA)	
	Copaxone* (PA)	
	Extavia* (PA)	
	Gilenya* (PA)	
	Plegridy* (PA)	
	Rebif* (PA)	
	Tecfidera* (PA)	

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Generics	Preferred Brands	Non-Preferred Brands
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NUTRITIONAL/DIETARY

calcitriol	DermacinRx	Auryxia
calcium	PureFolix^	CitraNatal
ciferex^	Durachol^	Concept DHA
cyanocobalamin injection	Fosrenol	Feriva 21-7
folic acid	Mephyton	Ferralet 90
folixapure^	MVC-fluoride^	Integra Plus
Klor-Con m10, m20	Nascobal	Klor-Con 8, 10 meq
Klor-Con sprinkle	Nestabs DHA	Klor-Con M15
k-sol	Nicomide^	K-Tab ER
multivitamin with fluoride^	Noxifol-d3^	OB Complete Gold
ortho d^	OB Complete	Phoslyra
pnv-DHA	Poly-Vi-Flor^	Prenatabs FA
potassium chloride	Prefera OB	Prenate
prena1 pearl	Renvela	Renagel
prenatal plus	Revesta^	Select-OB + DHA
prenatal vitamin plus low iron		Velphoro
preplus		Vitafof
rulavite DHA		vitaMedMD
virt-pn DHA		vitaPearl
vitamin d2		
zatean-pn DHA		
zavara^		

OSTEOPOROSIS PRODUCTS

alendronate		Actonel (ST)
ibandronate		Atelvia (ST)
raloxifene		Evista
risedronate		

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine	Alsuma (QL)	Abstral (PA)
acitretin	Butrans (QL)	Actemra* (PA)
allopurinol	D.H.E. 45 (QL)	Actiq (PA)
baclofen	Enbrel* (PA)	Analpram HC
butalb-acetaminoph-caff-codein	Humira* (PA)	Celebrex (QL)
butalbital-acetaminophen-caffe	Hysingla ER (QL)	Cimzia* (PA)
butalbital-acetaminophen-caffe	Imitrex (QL)	Colchicine
calcipotriene-betamethasone	Oxycontin (QL)	Colcrys
capacet	Rasuvo* (PA)	Cosentyx* (PA)
carisoprodol	Xtampza ER (QL)	Cuprimine
celecoxib (QL)		Depen
cyclobenzaprine		Duragesic (QL)
dermacinrx prizopak		Enstilar
diclofenac		Fentora (PA)
diclofenac ER		Flector (QL)
diclofenac-misoprostol		Frova (QL)
dihydroergotamine (QL)		Imitrex (QL)
endocet		Indocin
etodolac		Lazanda (PA)
etodolac ER		Lidoderm
		Lidovex
		Livixil Pak
		LP Lite Pak
		Migranal (QL)

Generics	Preferred Brands	Non-Preferred Brands
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

fentanyl (QL)		Mitigare
fioricet		Nucynta (QL)
glydo		Nucynta ER (ST, QL)
hydrocodone-acetaminophen		Onzetra Xsail (QL)
hydromorphone ER (QL)		Opana
hydromorphone		Opana ER (ST, QL)
ibuprofen		Orencia* (PA)
indomethacin		Otezla* (PA)
ketorolac (QL)		Otrexup* (PA)
leflunomide		Oxaydo
lidocaine		Parafon Forte DSC
lidocaine viscous		Percocet
lidocaine-prilocaine		Procort
lorcet		Proctofoam-HC
lorcet HD		Relpax (QL)
lorcet plus		Remicade* ^ (PA)
lortab		Roxicodone
margesic		Savella
meloxicam		Stelara* (PA)
metaxall		Subsys (PA)
metaxalone		Taclonex
methocarbamol		Uloric
morphine		Voltaren
morphine ER (QL)		Vopac Mds
nabumetone		Xartemis XR (ST, QL)
naproxen		Xeljanz* (PA)
naproxen CR		Xeljanz XR* (PA)
naproxen ER		Zembrace
oxycodone		Symtouch (QL)
oxycodone ER (QL)		Zohydro ER (ST, QL)
oxycodone-acetaminophen		Zomig (QL)
oxymorphone		
oxymorphone ER		
primlev		
relador pak		
relador pak plus		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
vanatol LQ		
verdrocet		
vicodin		
vicodin ES		
vicodin HP		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
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PARKINSON'S DISEASE

amantadine	Apokyn* (PA)	Duopa*
benzotropine	Azilect	Mirapex
bromocriptine		Mirapex ER
carbidopa-levodopa		Neupro
carbidopa-levodopa ER		Rytary
pramipexole		Sinemet
pramipexole ER		Sinemet CR
ropinirole ER		
ropinirole		

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole	Seroquel XR	Fanapt
aripiprazole ODT		Invega
chlorpromazine		Latuda
haloperidol		Rexulti
olanzapine		Saphris
olanzapine ODT		Seroquel
olanzapine-fluoxetine		
paliperidone ER		
quetiapine		
risperidone		
risperidone ODT		
ziprasidone		

SEIZURE DISORDERS

carbamazepine	Dilantin	Aptiom
carbamazepine ER	Keppra	Banzel
clonazepam	Lamictal starter kit	Carbatrol
divalproex	Lamictal ODT	Depakote
divalproex ER	Lamictal XR starter kit	Depakote ER
epitol	Lyrica	Depakote Sprinkle
gabapentin		Dilantin
lamotrigine		Fycompa
lamotrigine ER		Keppra XR
lamotrigine ODT		Lamictal
levetiracetam		Lamictal XR
levetiracetam ER		Onfi
oxcarbazepine		Oxtellar XR
roweepra		Phenytek
topiramate		Qudexy XR
topiramate ER		Sabril*
		Spritam
		Tegretol
		Tegretol XR
		Topamax
		Topiramate ER
		Trileptal
		Trokendi XR
		Vimpat

SKIN CONDITIONS

acitretin	Fluoroplex	Acanya
acyclovir		Aczone
adapalene (PA age)		Atralin (PA age)
avar		Avar
avar-E		Avar LS
bp 10-1		Avar-E LS

Generics	Preferred Brands	Non-Preferred Brands
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SKIN CONDITIONS (cont.)

calcipotriene		Avita (PA age)
calcitrene		Azelex
claravis (QL)		Cleocin T
clindacin ETZ		Clindamax
clindacin P		Cordran (ST)
clindamycin		Denavir
clindamycin-benzoyl peroxide		Desonate (ST)
clobetasol		Desowen (ST)
clodan		Differin (PA age)
clotrimazole-betamethasone		Drysol
cormax		Efudex
desonide		Elidel (ST)
desoximetasone		Epiduo
diclofenac		Epiduo Forte
econazole nitrate		Evoclin
fluocinonide		Exelderm
fluorouracil		Finacea
imiquimod		Lokara
ketoconazole		Metrocream
metronidazole		Metrogel
mupirocin		Metro lotion
myorisan (QL)		Naftin
neuac		Nizoral
nystatin-triamcinolone		Olux (ST)
permethrin		Onexton
rosadan		Picato
rosanil		Retin-A (PA age)
sodium		Retin-A Micro (PA age)
sulfacetamide-sulfur		Rosula
sulfacetamide		Sklice
sodium-sulfur		Soolantra
sulfacleanse 8-4		Sumadan
tacrolimus		Sumaxin
tretinoin (PA age)		Sumaxin TS
tretinoin microsphere (PA age)		Tazorac
triamcinolone		Temovate (ST)
acetonide		Tolak
triderm		Topicort (ST)
zenatane (QL)		Tretin-X (PA age)
zencia		Veltin
		Xolegel

SLEEP DISORDERS/SEDATIVES

eszopiclone		Belsomra (ST)
modafinil (PA)		Nuvigil (PA)
temazepam		Silenor (ST)
zolpidem		Xyrem* (PA)
zolpidem ER		Zolpimist (ST)

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
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SMOKING CESSATION

bupropion SR		Chantix^ (QL) Nicotrol^ (QL) Nicotrol NS^ (QL) Zyban^
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SUBSTANCE ABUSE

buprenorphine buprenorphine- naloxone (PA) naloxone vial and PFS	Narcan	Bunavail (PA) Suboxone (PA) Zubsolv (PA)
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TRANSPLANT MEDICATIONS

azathioprine*	Cellcept*	Astagraf XL*
mycophenolate*	Neoral 25mg*	Envarsus XR*
mycophenolic acid*	Neoral solution*	Myfortic*
sirolimus*	Prograf*	Neoral 100mg*
tacrolimus*		

URINARY TRACT CONDITIONS

cevimeline		Avodart
doxazosin		Cystagon*
dutasteride		Detrol (ST)
dutasteride- tamsulosin		Detrol LA (ST)
finasteride		Elmiron
oxybutynin		Enablex (ST)
oxybutynin ER		Jalyn
phenazopyridine		Procysbi* (PA)
potassium citrate ER		Rapaflo
tamsulosin		Thiola
terazosin		Urocit-K
tolterodine		
tolterodine ER		

* 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 your plan documents for more information.

^ This medication may not be covered under your plan. Please check your enrollment materials or use the Prescription Drug Price Quote tool on myCigna.com to find out if this medication is covered.

MEDICATIONS NOT COVERED TABLE

Your Cigna plan doesn't cover the medications listed below without prior approval from Cigna. This means that if you use any of these medications, you may have to pay the full cost of the medication at the pharmacy.

Talk with your doctor to see which one of the covered generic or preferred brand alternatives listed in this drug list might be right for you.

CONDITION/Common Use/ Drug Class	MEDICATION NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ALLERGY/NASAL SPRAYS	Beconase AQ Dymista Nasonex Omnaris QNASL Veramyst Zetonna	Generic nasal steroids (e.g. fluticasone)
	QNASL Children	budesonide fluticasone triamcinolone
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Aplenzin	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pexeva	paroxetine
	Pristiq ER	bupropion SR/XL duloxetine venlafaxine ER all generic SSRIs
	Wellbutrin XL	bupropion XL (ER 24hr tablet)
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat
	Dulera Symbicort	Advair HFA Advair Diskus Breo Ellipta
	Incruse Ellipta Tudorza Pressair	Spiriva Spiriva Respimat
	Proventil HFA Ventollin HFA Xopenex HFA	ProAir HFA ProAir Respiclick

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	Medication Not Covered^	Generic and/or Preferred Brand Alternatives
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Vyvanse	Adderall XR dexamethylphenidate ER dextroamphetamine-amphet ER methylphenidate ER/LA
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Aceon	perindopril
	Altace	ramipril
	Atacand	candesartan
	Atacand-HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Bystolic	Generic beta blockers (e.g. metoprolol, atenolol)
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltazem CD/ER
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
	Edarbi	Generic ARBs (e.g. losartan, valsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g. losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Hyzaar	losartan-HCTZ
	Isordil	isosorbide dinitrate
	Isordil Titradose	
	Lanoxin	Digitek digoxin
	Lotensin	benazepril
	Lotrel	amlodipine-benazepril
	Mavik	trandolapril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil	lisinopril
	Zestril	
	Tarka	trandolapril-verapamil ER
	Tekturna	Generic ACE/ARBs
	Tekturna HCT	Generic ACE/ARBs + HCTZ
Twynsta	telmisartan-amlodipine	
Vaseretic	enalapril-hydrochlorothiazide	
Vasotec	enalapril	
Zestoretic	lisinopril-HCTZ	

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	Medication Not Covered^	Generic and/or Preferred Brand Alternatives	
CHOLESTEROL MEDICATIONS	Altprev	atorvastatin lovastatin rosuvastatin simvastatin	
	Antara Fenoglide	fenofibrate	
	Crestor	rosuvastatin	
	Lescol XL	fluvastatin ER	
	Lipitor	atorvastatin	
	Livalo	atorvastatin rosuvastatin simvastatin	
	Pravachol	pravastatin	
	Vytorin	atorvastatin rosuvastatin simvastatin Zetia	
	Zocor	simvastatin	
	COUGH/COLD MEDICATIONS	Tusscaps	hydrocodone-chlorpheniramine ER promethazine-codeine
	DIABETES	ACCU-CHEK, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio
Afrezza Apidra Apidra SoloStar		Humalog	
alogliptin alogliptin-metformin Jentadueto Kazano Nesina Tadjenta		Janumet/Janumet XR Januvia Kombiglyze XR Onglyza	
alogliptin-pioglitazone Oseni		Janumet/Janumet XR Januvia Kombiglyze XR Onglyza Generic TZDs (e.g. pioglitazone)	
Bydureon Bydureon Pen Byetta Tanzeum Victoza		Trulicity	
Farxiga Jardiance Synjardy Xigduo XR		Invokamet/Invokana	
Glumetza metformin ER (generic Fortamet)		metformin ER (generic Glucophage XR)	

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	MEDICATION NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
DIABETES (CONT)	Glyxambi	Invokamet/Invokana Janumet/Janumet XR Januvia Kombiglyze XR Onglyza	
	Levemir Tresiba	Lantus Lantus SoloStar Toujeo	
	Novolin, Novolog	Humalog, Humulin	
EYE CONDITIONS	Lumigan	bimatoprost latanoprost Travatan Z travoprost	
GASTROINTESTINAL/HEARTBURN	Anusol-HC Cortifoam Uceris foam	Anucort-HC GRx Hicort 25 Hemmorex-HC hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC Rectacort-HC	
	Asacol-HD Colazal Delzicol Dipentum Giazo	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR	
	Librax	chlordiazepoxide-clidinium	
	Metozolv ODT	metoclopramide metoclopramide ODT	
	Pepcid	famotidine	
	Proctocort	Hemmorex-HC Hemril hydrocortisone Procto-Pak	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Axiron Fortesta Natesto Testim Vogelxo	Androgel testosterone
		Dexpak	dexamethasone
		Genotropin Norditropin Flexpro Nutropin AQ Omnitrope Saizen Zomacton	Humatrope (PA)
Rayos		prednisone prednisone intensol	
Uceris tablet		budesonide EC	

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	Medication Not Covered^	Generic and/or Preferred Brand Alternatives	
INFECTIONS	Acticlate	Generic products (e.g. doxycycline; minocycline)	
	Adoxa		
	Adoxa Pak		
	Doryx		
	Minocin capsule		
	Monodox		
	Oracea		
	Solodyn		
	Vibramycin capsule		
	Bethkis		Kitabis Pak
Tobi	tobramycin		
Onmel	itraconazole		
	terbinafine		
Sitavig	acyclovir		
INFERTILITY	Bravelle	Follistim AQ (PA)	
	Gonal-F		
	Gonal-F RFF		
	Gonal-F RFF Redi-ject		
MISCELLANEOUS	Horizant	gabapentin	
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants	
	Belbuca	Butrans	
	Bupap	butalbital-acetaminophen Marten-Tab Tencon	
	Cambia	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)	
	Diclofenac		
	Duexis		
	Klofensaid II		
	Pennsaid		
	Tivorbex		
	Vimovo		
	Vivlodex		
	Zipsor		
	Zorvolex		
	Capital W-codeine	acetaminophen-codeine	
	Conzip	tramadol tramadol ER	
	Gralise	gabapentin	
	Kineret	Enbrel (PA)	
	Simponi	Humira (PA)	
	Simponi Aria		
	Lidocaine	lidocaine	
	Lido-K	lidopin	
	Lorzone	chlorzoxazone	
	Sprix	ketorolac	
	Sumavel Dosepro	sumatriptan	
	Treximet	Generic NSAIDs Generic triptans (e.g. sumatriptan, naratriptan)	
	Zomig ZMT	zolmitriptan ODT	
	SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
		Fazaclo	clozapine
		Versacloz	clozapine ODT

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	MEDICATION NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SEIZURE DISORDERS	Mysoline	primidone
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Aldara	imiquimod
	Bensal HP	Salacyn salicylic acid
	Benzaclin Duac Neuac kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Ertaczo	ketoconazole
	Extina	ketodan
	Halog	clobetasol
	Ultravate X	halobetasol
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Locoid Locoid Lipocream	hydrocortisone
	Loprox	ciclopirox
	Luzu Vusion	ketoconazole
	Noritate	metronidazole Rosadan
	Novacort	hydrocortisone
	Oxistat	clotrimazole econazole ketoconazole
	Penlac	Ciclodan ciclopirox
	Plexion	sodium sulfacetamide-sulfur SS 10-2 Zencia
	Salex	salicylic acid
	Sernivo	betamethasone fluocinonide hydrocortisone
	Trianex	triamcinolone Triderm
	Vanos	fluocinonide
	Verdeso	desonide
	Xerese	acyclovir hydrocortisone
	Ziana	clindamycin tretinoin
	Zovirax	acyclovir
	Zyclara	imiquimod

Medications NOT COVERED on your drug list[^]

CONDITION/Common Use/ Drug Class	Medication Not Covered [^]	Generic and/or Preferred Brand Alternatives
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Myrbetriq Toviaz VESicare	darifenacin ER oxybutynin chloride ER tolterodine ER trospium chloride ER

[^] This drug is not covered on your plan. Please talk with your doctor about switching to an alternative. Your prescription drug plan requires approval by Cigna to have this medication covered.

EXCLUSIONS AND LIMITATIONS

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, covered employees may be required to use an in-network pharmacy to fill the prescription. If employees use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:¹

- › over-the-counter (OTC) medications (medications that do not require a prescription) except insulin unless state or federal law requires coverage of such drugs;
- › prescription drugs or supplies for which there is a non-prescription or OTC therapeutic alternative;
- › physician-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the plan's prescription drug list or authorized by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including 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;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such drugs;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription drugs and related supplies due to loss or theft;
- › drugs which are to be taken by or administered to a covered person while they are 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;
- › prescriptions more than one year from the date of issue; or

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved drug products (including but not limited to medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless authorized by Cigna as medically necessary.

¹ Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

In accordance with Texas and Louisiana state law, customers with affected benefit plans who receive coverage for medications that are removed from the prescription drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date. To find out if these state mandates apply to your plan, please call Customer Service.

Cigna reserves the right to make changes to the 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 nonpreferred 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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