

CIGNA STANDARD 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 lower-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 more than a generic, but may cost less than a non-preferred brand 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 non-preferred medications on a three-tier plan.

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, 2017.

[^] 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.

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 on the list 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 “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 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.

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 available medications
- › Compare medication prices using the Prescription Drug Price Quote tool
- › Ask a pharmacist questions
- › And much, much more!

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 questions

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

Save time with the convenience of Cigna Home Delivery Pharmacy

STANDARD PRESCRIPTION DRUG LIST THREE-TIER PLAN

Generics	Preferred Brands	Non-Preferred Brands
AIDS/HIV		
lamivudine*	Epzicom*	Atripla*
lamivudine-zidovudine*	Isentress*	Complera*
nevirapine*	Kaletra*	Genvoya*
nevirapine ER*	Norvir*	Intelence*
	Prezista*	Odefsey*
	Reyataz*	Prezcobix*
	Selzentry*	Stribild*
	Sustiva*	Tivicay*
	Truvada*	Triumeq*
	Viread*	

ALLERGY/NASAL SPRAYS		
azelastine	Astepro	
budesonide	Bactroban Nasal	
desloratadine	EpiPen 2-pak (QL)	
epinephrine (QL)	EpiPen Jr 2-pak (QL)	
fluticasone		
hydroxyzine		
ipratropium		
levocetirizine		
mometasone		
olopatadine		
promethazine		

ALZHEIMER'S DISEASE		
donepezil	Mestinon syrup	Mestinon tablets
donepezil ODT		Namenda
memantine		Namenda XR
pyridostigmine		Namzaric
pyridostigmine ER		
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER		
alprazolam	Pristiq ER	Brisdelle (QL)
alprazolam ER	Sarafem 10mg (ST)	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 20mg (ST)
buprione		Venlafaxine ER (ST)
citalopram		Viibryd (ST)
clomipramine		Wellbutrin SR (ST)
diazepam		Xanax

Generics	Preferred Brands	Non-Preferred Brands
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.)		
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	Kalydeco* (PA)
levabuterol	Breo Ellipta	Letairis* (PA)
concentrate	Combivent Respimat	Opsumit* (PA)
levabuterol	ProAir HFA	Orenitram ER* (PA)
montelukast	ProAir Resplick	Orkambi* (PA)
	Pulmicort Flexhaler	Pulmicort Respules
	Pulmozyme* (PA)	Tracleer* (PA)
	QVAR	Tyvaso* (PA)
	Serevent Diskus	
	Spiriva	
	Spiriva Respimat	
	Stiolto Respimat	
	Striverdi Respimat	
	Symbicort	
	Ventolin HFA	
	Xolair* (PA)	

ATTENTION DEFICIT HYPERACTIVITY DISORDER		
dexamethylphenidate	Adderall XR	Adderall (ST)
dexamethylphenidate ER	Focalin XR	Adzenys XR-ODT (ST)
dextroamphetamine-amphet ER	Ritalin LA 10mg	Aptensio XR (ST)
dextroamphetamine-amphetamine	Strattera	Concerta (ST)
guanfacine ER	Vyvanse	Daytrana (ST)
metadate ER		dextroamphetamine-amphet ER
methylphenidate ER		Dyanavel XR (ST)
methylphenidate		Focalin (ST)
		Metadate CD (ST)
		Metadate CD (ST)

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Generics	Preferred Brands	Non-Preferred Brands
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ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont.)

methylphenidate CD		Methylin (ST)
methylphenidate LA		Quillichew ER (ST)
		Quillivant XR (ST)
		Ritalin (ST)
		Ritalin LA 20, 30, 40, 60mg (ST)

BLOOD MODIFIERS/BLEEDING DISORDERS

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

BLOOD PRESSURE/HEART MEDICATIONS

afeditab CR	Azor	BiDil
amiodarone	Benicar	Cardizem
amlodipine	Benicar HCT	Cardizem LA
amlodipine-benazepril	Bystolic	Cozaar (ST)
amlodipine-valsartan	Coreg CR	Diovan HCT (ST)
amlodipine-valsartan-HCTZ	Corlanor (PA)	Edarbi (ST)
atenolol	Entresto (PA)	Edarbyclor (ST)
atenolol-chlorthalidone	Lotensin (ST)	Exforge
benazepril	Lotensin HCT (ST)	Exforge HCT
benazepril-HCTZ	Multaq	Firazyr* (PA)
candesartan	Nitro-Dur 0.3, 0.8mg	Hemangeol
cartia XT	Nitrostat	Inderal LA
carvedilol	Tekturna	Inderal XL
clonidine	Tekturna HCT	Innopran XL
digitek	Tikosyn	Lotrel
digox	Tribenzor	Micardis (ST)
digoxin		Nitro-Dur 0.1, 0.2, 0.4, 0.6mg
diltiazem CD		Nitrolingual
diltiazem ER		Nitromist
diltiazem		Northera* (PA)
dilt-XR		Norvasc
enalapril		Ranexa (ST)
flecainide		Tiazac
hydralazine		Toprol XL
irbesartan		
isosorbide mononitrate		
isosorbide mononitrate ER		
labetalol		
lisinopril		
lisinopril-HCTZ		
losartan		
losartan-HCTZ		
matzim LA		

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

metoprolol		
nadolol		
nifedical XL		
nifedipine		
nifedipine ER		
Pacerone		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
taztia XT		
telmisartan		
telmisartan-HCTZ		
valsartan		
valsartan-HCTZ		
verapamil ER		
verapamil		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

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

CANCER

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

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Generics	Preferred Brands	Non-Preferred Brands
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CANCER

		Votrient* (PA) Xalkori* (PA) Xeloda* Xtandi* (PA) Zelboraf* (PA) Zykadia* (PA) Zytiga* (PA)
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CHOLESTEROL MEDICATIONS

amlodipine-atorvastatin	Praluent* (PA) Repatha* (PA)	Antara Crestor (ST)
atorvastatin	Welchol	Korlym (PA)
fenofibrate	Zetia	Livalo (ST)
fenofibric acid		Lofibra 67, 134, 200mg
Lofibra 54mg, 160mg		Tricor
lovastatin		Vascepa (ST)
niacin ER		Vytorin (ST)
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
drosiprone-ethinyl estradiol	LoSeasonique	Microgestin 24 FE
estarylla	Minastrin 24 FE	Skyla*
gianvi	NuvaRing	
gildess 24 FE	Seasonique	
gildess FE		
junel FE		
junel FE 24		
larin 24 FE		
larin FE		
lomedina 24 FE		
loryna		
microgestin FE		
mono-lynyah		
mononessa		
nikki		
norethin-eth est-ferrous fum		
norgestimate-ethinyl estradiol		
ocella		
previfem		
sprintec		
syeda		
tarina FE		
tilia FE		
tri-estarylla		
tri-legest FE		
tri-lynyah		

Generics	Preferred Brands	Non-Preferred Brands
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CONTRACEPTIVE PRODUCTS (cont.)

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

tri-lo-estarylla		
tri-lo-marzia		
tri-lo-sprintec		
trinessa		
Trinessa LO		
tri-previfem		
tri-sprintec		
vestura		
zarah		

COUGH/COLD MEDICATIONS

benzonatate	Tussicaps	Flowtuss
bromfed DM		Hycofenix
brompheniramine-pseudoephed-DM		Tussionex
hydrocodone-chlorpheniramine ER		Tuzistra XR
hydrocodone-homatropine		
hydromet		
promethazine-codeine		
tussigon		

DENTAL PRODUCTS

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

DIABETES

BD syringes/pen needles	Bydureon (QL) Byetta	Glucophage Glucophage XR
glimepiride	Farxiga	Riomet
glipizide	Glucagen HypoKit (QL)	VGo
glipizide ER	Glucagon Emergency Kit (QL)	
glipizide XL	Humalog	
metformin	Humulin	
metformin ER	Invokamet	
NovoFine	Invokana	
NovoTwist	Janumet	
pioglitazone-metformin	Janumet XR	
TechLite pen needles	Januvia Kombiglyze XR	

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

	Lantus	
	Lantus SoloStar	
	Levemir	
	Novolin	
	Novolog	
	OneTouch test strips	
	Onglyza	
	SymlinPen	
	Toujeo SoloStar	
	Tresiba	
	Trulicity (QL)	
	Xigduo XR	

DIURETICS

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

EAR MEDICATIONS

fluocinolone oil	Cipro HC	Coly-mycin S
neomycin-polymyxin-hydrocortisone	Ciprodex	Dermotic
	Cortane-b	

ERECTILE DYSFUNCTION

	Cialis^ (QL)	
	Muse^ (QL)	
	Viagra^ (QL)	

EYE CONDITIONS

azelastine	Alphagan P 0.1%	Acuvail
brimonidine	Azasite	Alphagan P 0.15%
ciprofloxacin	Azopt	Alex
dorzolamide-timolol	Betimol	Bepreve
erythromycin	Betoptic S	Besivance
fluorometholone	Lotemax drops, gel	Combigan
gatifloxacin	Moxeza	Cosopt PF
gentak	Pataday	Cystaran
gentamicin	Patanol	Durezol
ketorolac	Pred Mild	Ilevro
latanoprost	Restasis	Lastacaft
neomycin-polymyxin-dexameth	Simbrinza	Lotemax ointment
ofloxacin	Tobradex ointment	Lumigan
olopatadine	Travatan Z	Nevanac
polymyxin b sul-trimethoprim	Vigamox	Omnipred
prednisolone		Pazeo
timolol		Pred Forte
tobramycin		Prolensa
tobramycin-dexamethasone		Tobradex drops
		Tobradex ST
		Xalatan
		Zioptan (ST)
		Zirgan
		Zylet

Generics	Preferred Brands	Non-Preferred Brands
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FEMININE PRODUCTS

fem pH		AVC
gynazole 1		Relagard
miconazole 3		Terazol 3
Terconazole		
zazole		

GASTROINTESTINAL/HEARTBURN

aloseptron	Apriso	Aciphex (ST)
anucort-HC	Canasa	Aciphex Sprinkle
balsalazide	Carafate	Amitiza
chlordiazepoxide-clidinium	Creon	Anusol-HC
dicyclomine	Dexilant	Carafate
dronabinol	Emend* (QL)	Cholbam* (PA)
esomeprazole	GoLyately packet	Colyte
famotidine	Lialda	Diclegis
hemmorex-HC	Pentasa	Donnatal
hydrocortisone	Transderm-Scop	Gattex* (PA)
lansoprazole-amoxicillin-clarithromycin (combo pak)	Zenpep	GoLyately solution
lansoprazole		Linzess
mesalamine		Lotronex
metoclopramide		Movantik (PA)
metoclopramide ODT		Moviprep
omeprazole		Osmoprep
omeprazole-sodium bicarbonate		Pancreaze
ondansetron		Pertzye
ondansetron ODT		Prepopik
pantoprazole		Prevacid (ST)
phenadoz		Proctocort
procto-med HC		Protonix packet
procto-pak		Protonix tablet (ST)
proctosol-HC		Pylera
proctozone-HC		Ravicti
promethazine		Rectiv
promethegan		Sancuso (QL)
rabeprazole		Sensipar*
ranitidine		sRowasa
sucralfate		Suprep
ursodiol		Varubi* (QL)
		Viberzi
		Viokace
		Zegerid (ST)

HORMONAL AGENTS

budesonide EC	Androderm (QL)	Activella
cabergoline (QL)	Androgel (QL)	Alora
covaryx	Armour Thyroid	Climara
covaryx H.S.	Cytomel	Climara Pro
desmopressin	Depo-Testosterone	Combipatch
dexamethasone	Divigel	Cytomel
dexamethasone intensol	Duavee	Deltasone
EEMT	Enjuvia	Egrifta* (PA)
EEMT H.S.	Estring	Elestrin
estradiol	Forteo*	Entocort EC
	Ganirelix* ^	Estrace

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

estradiol-norethindrone	Humatrope* (PA) Lupron Depot* ^ (PA)	Estrogel Evamist
estrogen & methyltestosterone	Lupron Depot-Ped* ^ (PA)	Femring Menostar
levothyroxine	Premarin	Minivelle
levoxyol	Premphase	Osphena
liothyronine	Prempro	Somatuline
lopreza	Sandostatin LAR Depot* ^ (PA)	Depot* ^ (PA)
medroxyprogesterone	Serostim* (PA)	Striant (QL)
methylprednisolone	Somavert* (PA)	Tirosint
millipred	Synthroid	Uceris
millipred DP	Unithroid	Vagifem
mimvey	Zorbtive* (PA)	Vivelle-Dot
mimvey LO		
nature-throid		
NP thyroid		
prednisolone		
prednisolone ODT		
prednisone		
prednisone intensol		
progesterone		
testosterone		
testosterone cypionate		
westhroid		
WP thyroid		

INFECTIONS

acyclovir	Albenza	Alinia
adefovir*	Baraclude solution*	Bactrim
amoxicillin	Ceftin	Bactrim DS
amoxicillin ER	Cipro	Baraclude tablet*
amoxicillin-clavulanate ER	Daklinza* (PA)	Cayston*
amoxicillin-clavulanate	Daraprim (PA)	Ceftin
atovaquone	E.E.S. 400	Cleocin
avidoxy	Eryped 400	Clindesse
azithromycin	Ery-Tab	Dificid (PA)
cefдинир	Harvoni* (PA)	Diflucan
cefixime	Kitabis Pak*	E.E.S. 200
cefprozil	Sovaldi* (PA)	Eryped 200
cefuroxime	Stromectol	Metrogel-vaginal
cephalexin	Tamiflu (QL)	Monurol
ciprofloxacin	Thalomid* (PA)	Noxafil
clarithromycin	Uretron D-S	Nuessa
clarithromycin ER	Valcyte	Onmel (ST, QL)
clindamycin	Vibramycin	PCE
doxycycline		Plaquenil
doxycycline IR-DR		Sporanox
entecavir*		Sulfatrim
erythromycin		Suprax
famciclovir		Tobi Podhaler*
fluconazole		Urelle
hydroxychloroquine		Uribel
itraconazole		Urogescic-blue
		Uta
		Valtrex

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

levofloxacin		Viekira Pak* (PA)
linezolid (PA)		Xifaxan
metronidazole		Zepatier* (PA)
minocycline		Zithromax
minocycline ER		Zithromax Tri-pak
Moderiba*		Zmax
mondoxyne NL		Zovirax
morgidox		Zyvox (PA)
moxifloxacin		
nitrofurantoin		
nystatin		
penicillin		
sulfamethoxazole-trimethoprim		
terbinafine		
tetracycline		
tinidazole		
tobramycin*		
valacyclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

INFERTILITY

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

naltrexone	Cerdelga* (PA)	Addyi^ (QL)
pulmosal	Orfadin*	Esbriet* (PA)
sodium chloride		Exjade*
		Horizant (ST)
		Hyper-Sal
		Jadenu*
		Kuvan* (PA)
		Myalept* (PA)
		Nebusal
		Nuedexta
		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)	
	Plegriby* (PA)	
	Rebif* (PA)	
	Tecfidera* (PA)	

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Generics	Preferred Brands	Non-Preferred Brands
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NUTRITIONAL/DIETARY

calcitriol	CitraNatal	Auryxia
calcium	Concept DHA	Feriva 21-7
ciferex^	DermacinRx	Ferralet 90
cyanocobalamin injection	PureFolix^	Integra Plus
folic acid	Durachol^	Klor-Con
folixapure^	Fosrenol	Klor-Con 8, 10meq
Klor-Con m10, m20	Klor-Con M15	K-Tab ER 8, 10 meq
klor-con sprinkle	K-Tab ER 20 meq	Phoslyra
k-sol	Mephyton	Prenatabs FA
multivitamin with fluoride^	MVC-Fluoride^	Renagel
ortho d^	Nascobal	Velphoro
pnv-DHA	Nestabs DHA	
potassium chloride	Nicomide^	
prena1 pearl	Noxifol-d3^	
prenatal plus	Ob Complete	
prenatal vitamin plus low iron	Poly-Vi-Flor^	
preplus	Prefera OB	
rulavite DHA	Prenate	
virt-pn DHA	Renvela	
zatean-pn DHA	Revesta^	
zavara^	Select-OB + DHA	
	Vitafof	
	vitaMedMD	
	vitaPearl	

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	Colcrys	Actiq (PA)
baclofen	Cuprimine	Analpram HC
butalb-acetaminoph-caff-codein	D.H.E. 45 (QL)	Cambia (ST)
butalbital-acetaminophen-caffe	Depen	Celebrex (ST, QL)
calcipotriene-betamethasone	Enbrel* (PA)	Cimzia* (PA)
capacet	Humira* (PA)	Colchicine
carisoprodol	Hysingla ER (QL)	Cosentyx* (PA)
celecoxib (QL)	Imitrex cartridge & vial (QL)	Duragesic (QL)
cyclobenzaprine	Indocin	Enstilar
dermacinrx prizopak	Nucynta (QL)	Fentora (PA)
diclofenac	Oxycontin (QL)	Flector (ST, QL)
diclofenac ER	Proctofoam-HC	Frova (QL)
diclofenac-misoprostol	Rasuvo* (PA)	Gralise
dihydroergotamine (QL)	Savella	Imitrex tablet (QL)
	Subsys (PA)	Kineret* (PA)
	Taclonex suspension	Lazanda (PA)
	Uloric	Lidoderm
	Xtampza ER (QL)	Lidovex
		Livixil Pak
		Lorzone
		LP Lite Pak

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

endocet		Migranal (QL)
etodolac		Mitigare
etodolac ER		Nucynta ER (ST, QL)
fentanyl (QL)		Onzetra Xsail (QL)
fioricet		Opana
glydo		Opana ER (ST, QL)
hydrocodone-acetaminophen		Orencia* (PA)
hydromorphone ER (QL)		Otezla* (PA)
hydromorphone		Otrexup* (PA)
ibuprofen		Oxaydo
indomethacin		Parafon Forte DSC
ketorolac (QL)		Percocet
leflunomide		Procort
lidocaine		Relpax (QL)
lidocaine viscous		Remicade* ^ (PA)
lidocaine-prilocaine		Roxicodone
lorcet		Simponi* (PA)
lorcet HD		Simponi Aria* (PA)
lorcet plus		Stelara* (PA)
lortab		Sumavel Dosepro (QL)
margesic		Taclonex ointment
meloxicam		Tivorbex (ST)
metaxall		Vivlodex (ST)
metaxalone		Voltaren (ST)
methocarbamol		Vopac Mds
morphine		Xartemis XR (ST, QL)
morphine ER (QL)		Xeljanz* (PA)
nabumetone		Xeljanz XR* (PA)
naproxen		Zipsor (ST)
naproxen CR		Zohydro ER (ST, QL)
naproxen ER		Zomig (QL)
oxycodone		Zomig ZMT (QL)
oxycodone ER (QL)		Zorvolex (ST)
oxycodone-acetaminophen		
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 (ST)
aripiprazole ODT		Invega (ST)
chlorpromazine		Latuda (ST)
haloperidol		Rexulti (ST)
olanzapine		Saphris (ST)
olanzapine ODT		Seroquel (ST)
olanzapine-fluoxetine		
paliperidone ER		
quetiapine		
risperidone		
risperidone ODT		
ziprasidone		

SEIZURE DISORDERS

carbamazepine	Keppra	Aptiom
carbamazepine ER	Lamictal starter kit	Banzel
clonazepam	Lamictal ODT	Carbatrol
divalproex	Lamictal XR starter kit	Depakote
divalproex ER	Lyrica	Depakote ER
epitol	Vimpat	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

Generics	Preferred Brands	Non-Preferred Brands
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SKIN CONDITIONS

acitretin	Azelex	Acanya
acyclovir	Cordran (ST)	Aczone
adapalene (PA age)	Denavir	Aldara
avar	Differin (PA age)	Atralin (PA age)
avar-E	Drysol	Avar
bp 10-1	Exelderm	Avar LS
calcipotriene	Finacea	Avar-E LS
calcitrene	Fluoroplex	Avita (PA age)
claravis (QL)	Kenalog (ST)	Cleocin T
clindacin ETZ	Locoid lotion	Clindamax
clindacin P	Metrogel	Clobex (ST)
clindamycin	Naftin	Desonate (ST)
clindamycin-benzoyl peroxide	Tazorac	Desowen (ST)
clobetasol		Efudex
clodan		Elidel (ST)
clotrimazole-betamethasone		Epiduo
cormax		Epiduo Forte
desonide		Evoclin
desoximetasone		Extina
diclofenac		Locoid cream, ointment & solution (ST)
econazole nitrate		Lokara
fluocinonide		Luzu
fluorouracil		Metrocream
imiquimod		Metro lotion
ketoconazole		Nizoral
metronidazole		Olux (ST)
mupirocin		Onexton
myorisan (QL)		Picato
neuac		Plexion
nystatin-triamcinolone		Retin-A (PA age)
permethrin		Rosula
rosadan		Sklice
rosanil		Soolantra
sodium sulfacetamide-sulfur		Sumadan
ss 10-2		Sumaxin
sss 10-5		Sumaxin TS
sulfacetamide		Temovate (ST)
sodium-sulfur		Tolak
sulfacleanse 8-4		Topicort (ST)
tacrolimus		Tretin-X (PA age)
tretinoin (PA age)		Veltin
triamcinolone		Verdeso (ST)
trianex		Xolegel
triderm		Ziana
zenatane (QL)		
zencia		

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
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SLEEP DISORDERS/SEDATIVES

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

SMOKING CESSATION

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

buprenorphine	Narcan	Bunavail (PA)
buprenorphine-naloxone (PA)	Suboxone (PA)	Zubsolv (PA)
naloxone vial & PFS		

TRANSPLANT MEDICATIONS

azathioprine*	Cellcept*	Astagraf XL*
mycophenolate*	Neoral*	Envarsus XR*
mycophenolic acid*	Prograf*	Myfortic*
sirolimus*		
tacrolimus*		

URINARY TRACT CONDITIONS

cevimeline	Cystagon*	Avodart
doxazosin	Elmiron	Detrol (ST)
dutasteride	Jalyn	Detrol LA (ST)
dutasteride-tamsulosin	Thiola	Enablex (ST)
finasteride		Procysbi* (PA)
oxybutynin		Rapaflo
oxybutynin ER		Urocit-K
phenazopyridine		
potassium citrate ER		
tamsulosin		
terazosin		
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	
	Wellbutrin XL	bupropion XL (ER 24hr tablet)	
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA	QVAR Pulmicort Flexhaler	
	Dulera	Advair HFA Advair Diskus Breo Ellipta	
	Incruse Ellipta Tudorza Pressair	Spiriva Spiriva Respimat	
	Proventil HFA Xopenex HFA	ProAir HFA ProAir Respiclick Ventolin HFA	
	BLOOD PRESSURE/HEART MEDICATIONS	Cardizem CD	Cartia XT diltiazem CR diltiazem ER
		Isordil	isosorbide dinitrate
	CHOLESTEROL MEDICATIONS	Lipitor	atorvastatin

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	Medication Not Covered^	Generic and/or Preferred Brand Alternatives	
DIABETES	ACCU-CHEK, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio	
	Afrezza Apidra Apidra SoloStar	Humalog Novolog	
	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)	
	Glumetza metformin ER (generic Fortamet)	metformin ER (generic Glucophage XR)	
	Glyxambi	Invokamet/Invokana Janumet/Janumet XR Januvia Kombiglyze XR Onglyza	
	Jardiance	Farxiga Invokana	
	Synjardy	Invokamet	
	Tanzeum Victoza	Byetta Bydureon Trulicity	
	GASTROINTESTINAL/HEARTBURN	Asacol-HD Colazal Delzicol Dipentum Giazo	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR
		Librax	chlordiazepoxide-clidinium
		Metozolv ODT	metoclopramide metoclopramide ODT
Nexium		esomeprazole magnesium	
Pepcid		famotidine	
Prevacid Solutab		Generic prescription PPIs (e.g., lansoprazole)	
Zegerid		omeprazole omeprazole-sodium bicarbonate	
Zuplenz		ondansetron ondansetron ODT	

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	MEDICATION NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
HORMONAL AGENTS	Axiron Fortesta Natesto Testim Vogelxo	Androgel testosterone
	Genotropin Norditropin Flexpro Nutropin AQ Omnitrope Saizen Zomacton	Humatrope (PA)
	Rayos	
INFECTIONS	Acticlate Adoxa Adoxa Pak Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule	Generic products (e.g., doxycycline, minocycline)
	Bethkis Tobi	Kitabis Pak tobramycin
	Sitavig	acyclovir
INFERTILITY	Bravelle Gonal-F Gonal-F Rff Gonal-F Rff Redi-ject	Follistim AQ (PA)
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Belbuca	Butrans
	Bupap	butalbital-acetaminophen Marten-Tab Tencon
	Capital W-codeine	acetaminophen-codeine
	Diclofenac Duexis Klofensaid II Pennsaid Vimovo	Generic NSAIDs (e.g., celecoxib, meloxicam)
	Lidocaine Lido-K	lidocaine lidopin
	Sprix	ketorolac
	Treximet Zembrace Symtouch	Generis NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify
Fazaclo Versacloz		clozapine 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	
	Bensal HP	Salacyn salicylic acid	
	Benzaclin Duac Neuac kit	clindamycin-benzoyl peroxide Neuac gel	
	Carac	fluorouracil	
	Clindagel	clindamycin	
	Jublia Kerydin	ciclodan ciclopirox itraconazole terbinafine	
	Noritate	metronidazole Rosadan	
	Novacort	hydrocortisone	
	Vanos	fluocinonide	
	Xerese	acyclovir hydrocortisone	
	Zovirax	acyclovir	
	Zyclara	imiquimod	
	SLEEP DISORDERS/SEDATIVES	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 to 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 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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