

CIGNA PERFORMANCE PRESCRIPTION DRUG LIST



Performance 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 with 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.

[^] 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, 2017.

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 or Connecticut General Life Insurance Company.

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.

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 research thousands of 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 **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.

Save time with the convenience of Cigna Home Delivery Pharmacy

PERFORMANCE 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	Adrenaclick (QL)
budesonide	Bactroban Nasal	
desloratadine	EpiPen 2-pak (QL)	
desloratadine (QL)	EpiPen Jr 2-pak (QL)	
epinephrine (QL)		
fluticasone		
hydroxyzine		
ipratropium		
levocetirizine		
mometasone		
olopatadine		
Phenergan		
promethazine		

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER		
alprazolam	Pristiq ER	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)
bupirone		Venlafaxine ER (ST)

Generics	Preferred Brands	Non-Preferred Brands
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.)		
citalopram		Viibryd (ST)
clomipramine		Wellbutrin SR (ST)
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	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)	Remodulin* (PA)
	QVAR	Tracleer* (PA)
	Serevent Diskus	Tyvaso* (PA)
	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)
	Strattera	Aptensio XR (ST)
dextroamphetamine-amphet ER	Vyvanse	Concerta (ST)
dextroamphetamine-amphetamine		Dyanavel XR (ST)
guanfacine ER		Daytrana (ST)
		Focalin (ST)
		Metadate CD (ST)

2017 Cigna Prescription Drug List

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

metadate ER		Methylin (ST)
methylphenidate ER		Quillichew ER (ST)
methylphenidate		Quillivant XR (ST)
methylphenidate CD		Ritalin (ST)
methylphenidate LA		Ritalin LA (ST)

BLOOD MODIFIERS/BLEEDING DISORDERS

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

BLOOD PRESSURE/HEART MEDICATIONS

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

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

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	Afinitor Disperz* (PA)
capecitabine*	Intron A* (PA)	Arimidex
exemestane	Lupron Depot* (PA)	Bosulif* (PA)
hydroxyurea	Nexavar* (PA)	Cabometyx* (PA)
imatinib* (PA)	Revlimid* (PA)	Cometriq* (PA)
letrozole	Sprycel* (PA)	Cotellic* (PA)
mercaptopurine	Sutent* (PA)	Erivedge* (PA)
methotrexate*	Tarceva* (PA)	Fareston
tamoxifen	Trexall*	Femara
temozolomide* (PA)		Gilotrif* (PA)
		Gleevec* (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)
		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)	Antara
atorvastatin	Repatha* (PA)	Crestor (ST)
atorvastatin	Welchol	Korlym* (PA)
fenofibrate	Zetia	Livalo (ST)
fenofibric acid		Lofibra 67, 134,
Lofibra 54mg		200mg
lovastatin		Tricor
niacin ER		Vascepa (ST)
omega-3 acid ethyl esters		Vytorin (ST)
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	Mirena*
gianvi	NuvaRing	Skyla*
gildess 24 FE	Seasonique	
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 fum		
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		
LO		
Trinessa Lo		
tri-previfem		
tri-sprintec		
vestura		
zarah		

Generics	Preferred Brands	Non-Preferred Brands
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COUGH/COLD MEDICATIONS

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

DENTAL PRODUCTS

chlorhexidine denta 5000 plus	Fluorabon	Clinpro 5000
dentagel	Fluor-a-day	Prevident gel
doxycycline	Fluoridex Sensitivity Relief	Prevident 5000 cream
fluoride	Prevident paste	
fluoridex daily defense	Prevident 5000 gel	
fluoritab		
flura-drops		
ludent fluoride		
oralone		
paroex		
peridex		
periogard		
sf		
sf 5000 plus		
sodium fluoride		
triamcinolone		

DIABETES

glimepiride	Bydureon (QL)	Glucophage
glipizide	Byetta	Glucophage XR
glipizide ER	Farxiga	Riomet
glipizide XL	Glucagen HypoKit (QL)	VGo
metformin	Glucagon Emergency Kit (QL)	
metformin ER	Humalog	
pioglitazone-metformin	Humulin	
	Invokamet	
	Invokana	
	Janumet	
	Janumet XR	
	Januvia	
	Kombiglyze XR	
	Lantus	
	Lantus SoloStar	
	Levemir	
	Novolin	
	Novolog	
	OneTouch test strips	
	Onglyza	
	SymLinPen	
	Toujeo SoloStar	

2017 Cigna Prescription Drug List

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

	Tresiba Trulicity (QL) Xigduo XR	
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DIURETICS

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

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

	Cialis (PA, QL, GEN) Muse (PA, QL, GEN) Viagra (PA, QL, GEN)	
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EYE CONDITIONS

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

fem pH gynazole 1 miconazole 3 terconazole zazole		AVC Relagard Terazol
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Generics	Preferred Brands	Non-Preferred Brands
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GASTROINTESTINAL/HEARTBURN

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

budesonide EC cabergoline (QL) covaryx covaryx h.s. desmopressine* dexamethasone dexamethasone intensol eemt eemt h.s. estradiol estradiol- norethindrone estrogen & methyltestosterone levothyroxine levoxyl liothyronine	Androderm (QL) Androgel (QL) Armour Thyroid Cytomel Divigel Duavee Enjuvia Estring Forteo* Ganirelix* ^ Humatrope* (PA) Lupron Depot* (PA) Lupron Depot-Ped 7.5, 11.25, 15mg* (PA) Premarin Premphase Prempro	Activella Alora Climara Climara Pro Combipatch Cytomel Deltasone Depo-Testosterone Egrifta* (PA) Elestrin Entocort EC Estrace EstroGel Evamist Femring H.P. Acthar* (PA)
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2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
HORMONAL AGENTS (cont.)		
lopreeza	Sandostatin LAR Depot* (PA)	Lupron Depot-Ped 300mg* (PA)
medroxyprogesterone	Serostim* (PA)	Menostar
methylprednisolone	Somavert* (PA)	Minivelle
millipred	Synthroid	Osphena
millipred DP	Zorbtive* (PA)	Somatuline Depot* (PA)
mimvey		Striant (QL)
mimvey LO		Testopel
nature-throid		Tirosint
NP thyroid		Triostat
prednisolone		Uceris
prednisolone ODT		Unithroid
prednisolone		Vagifem
prednisone		Vivelle-Dot
prednisone intensol		
progesterone		
testosterone		
testosterone cypionate		
westhroid		
WP thyroid		

INFECTIONS		
acyclovir	Albenza	Alinia
adefovir dipivoxil*	Baraclude solution*	Bactrim
amoxicillin	Ceftin	Bactrim DS
amoxicillin ER	Cipro	Baraclude tablet*
amoxicillin-clavulanate ER	Daklinza* (PA)	Cayston*
amoxicillin-clavulanate	Daraprim (PA)	Ceftin
atovaquone	Eryped 400	Cleocin
atovaquone-proguanil	Harvoni* (PA)	Clindesse
avidoxy	Kitabis Pak*	Dificid (PA)
azithromycin	Sovaldi* (PA)	Diflucan
cefdinir	Stromectol	E.E.S.
cefixime	Tamiflu (QL)	Eryped
cefprozil	Thalomid* (PA)	Ery-Tab
cefuroxime		Metrogel-vaginal
cephalexin		Minocin
ciprofloxacin		Monurol
clarithromycin		Noxafil
clarithromycin ER		Nuessa
clindamycin		Onmel (ST, QL)
doxy 100		PCE
doxycycline		Plaquenil
doxycycline IR-DR		Plaquenil
entecavir*		Sporanox
erythromycin		Sulfatrim
famciclovir		Suprax
fluconazole		Synagis* (PA)
hydroxychloroquine		Tobi Podhaler*
itraconazole		Urelle
levofloxacin		Uretron D-S
linezolid (PA)		Uribel
metronidazole		Urogesic-blue
minocycline		Uta
minocycline ER		Valcyte
Moderiba*		Valtrex
		Vibramycin

Generics	Preferred Brands	Non-Preferred Brands
INFECTIONS (cont.)		
mondoxyne NL		Viekira Pak* (PA)
morgidox		Xifaxan
moxifloxacin		Zepatier* (PA)
nitrofurantoin		Zithromax
nystatin		Zithromax Tri-pak
penicillin		Zmax
sulfamethoxazole-trimethoprim		Zovirax
terbinafine		Zyvox (PA)
tetracycline		
tinidazole		
tobramycin*		
valacyclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

INFERTILITY		
clomiphene citrate^	Crinone^ Endometrin^ Follistim AQ* ^	Makena (PA) Menopur* ^

MISCELLANEOUS		
naltrexone	Cerdelga* (PA)	Addyi (QL, GEN)
pulmosal	Orfadin*	Botox* (PA)
sodium chloride	Vivitrol*	Cerezyme* (PA)
		Esbriet* (PA)
		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) Plegridy* (PA) Rebif* (PA) Tecfidera* (PA)	Lemtrada* (PA)

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
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NUTRITIONAL/DIETARY

b-12 compliance	CitraNatal	Auryxia
b-12 kit	Fosrenol	Concept DHA
calcitriol	Klor-Con M15	DermacinRx PureFolix
calcium	K-Tab ER 20meq	Durachol
ciferex	Mephyton	Feriva 21-7
cyanocobalamin injection	Nestabs DHA	Ferralet 90
folic acid	OB Complete	Integra Plus
folixapure	Prefera OB	Klor-Con 8, 10meq
Klor-Con m10, m20	Prenate	K-Tab ER 8, 10meq
klor-con sprinkle	Renvela tablet	MVC-Fluoride
k-sol	Select-OB + DHA	Nascobal
multivitamin with fluoride	Vitafof	Nicomide
ortho d	vitaMedMD	Noxifol-d3
pnv-DHA	vitaPearl	Phoslyra
potassium chloride		Physicians Ez Use B-12
prena1 pearl		Poly-Vi-Flor
prenatal plus		Prenatabs FA
prenatal vitamin plus low iron		Renagel
preplus		Renvela
rulavite DHA		Revesta
virt-pn DHA		Velphoro
vitamin d2		
zatean-pn DHA		
zavara		

OSTEOPOROSIS PRODUCTS

alendronate		Actonel (ST)
ibandronate tablets		Atelvia (ST)
ibandronate vial*		Evista
raloxifene		Prolia* (PA)
risedronate		Xgeva* (PA)

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine	Butrans (QL)	Abstral (PA)
acitretin	Colcrys	Actemra* (PA)
allopurinol	Cuprimine	Actiq (PA)
allopurinol	Depen	Alsuma (QL)
baclofen	Enbrel* (PA)	Analpram HC
butalb-acetaminoph-caff-codein	Humira* (PA)	Cambia (ST)
butalbital-acetaminophen-caffe	Hysingla ER (QL)	Celebrex (ST, QL)
calcipotriene-betamethasone	Nucynta (QL)	Cimzia* (PA)
capacet	Oxycontin (QL)	Colchicine
carisoprodol	Proctofoam-HC	Cosentyx* (PA)
celecoxib (QL)	Rasuvo* (PA)	D.H.E. 45 (QL)
cyclobenzaprine	Savella	Duragesic (QL)
dermacinrx prizopak	Subsys (PA)	Enstilar
diclofenac	Uloric	Fentora (PA)
diclofenac ER	Xtampza ER (QL)	Flector (ST, QL)
diclofenac-misoprostol		Frova (QL)
dihydroergotamine (QL)		Gralise
endocet		Imitrex (QL)
		Indocin
		Kineret* (PA)
		Lazanda (PA)
		Lidoderm

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

etodolac		Lidovex
etodolac ER		Livixil Pak
fentanyl (QL)		Lorzone
fioricet		LP Lite Pak
glydo		Migranal (QL)
hydrocodone-acetaminophen		Mitigare
hydromorphone ER (QL)		Monovisc* (PA)
hydromorphone		Nucynta ER (ST, QL)
ibuprofen		Onzetra Xsail (QL)
indomethacin		Opana
ketorolac (QL)		Opana ER (ST, QL)
leflunomide		Opana* (PA)
lidocaine		Orthovisc* (PA)
lidocaine viscous		Otezla* (PA)
lidocaine-prilocaine		Otrexup* (PA)
lorcet		Oxaydo
lorcet HD		Parafon Forte DSC
lorcet plus		Percocet
lortab		Procort
margesic		Relpax (QL)
meloxicam		Remicade* (PA)
metaxall		Roxicodone
metaxalone		Simponi* (PA)
methocarbamol		Simponi Aria* (PA)
morphine		Stelara* (PA)
morphine ER (QL)		Sumavel Dosepro (QL)
nabumetone		Synvisc* (PA)
naproxen		Synvisc-One* (PA)
naproxen CR		Taclonex
naproxen ER		Tivorbex (ST)
oxycodone		Vivlodex (ST)
oxycodone ER (QL)		Voltaren (ST)
oxycodone-acetaminophen		Xartemis XR (ST, QL)
oxymorphone		Xeljanz* (PA)
oxymorphone ER		Xeljanz XR* (PA)
primlev		Zipsor (ST)
relador pak		Zohydro ER (ST, QL)
relador pak plus		Zomig (QL)
rizatriptan (QL)		Zomig ZMT (QL)
sumatriptan (QL)		Zorvolex (ST)
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)	Mirapex
benzotropine	Azilect	Mirapex ER
bromocriptine		Neupro
carbidopa-levodopa		Rytary
carbidopa-levodopa ER		Sinemet
pramipexole		Sinemet CR
pramipexole ER		
ropinirole ER		
ropinirole		

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole	Seroquel XR	Abilify Maintena
aripiprazole ODT		Fanapt (ST)
chlorpromazine		Invega (ST)
haloperidol		Invega Sustenna
olanzapine		Invega Trinza
olanzapine ODT		Latuda (ST)
olanzapine-fluoxetine		Rexulti (ST)
paliperidone ER		Saphris (ST)
quetiapine		Seroquel (ST)
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		Sabril*
topiramate ER		Spritam
		Tegretol
		Tegretol XR
		Topamax
		Topiramate ER
		Trileptal
		Trokendi XR
		Vimpat

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

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	MEDICATIONS 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 Symbicort	
	Incruse Ellipta Tudorza Pressair	Spiriva Spiriva Respimat	
	Proventil HFA Xopenex HFA	HFA ProAir Respiclick Ventolin HFA	
	BLOOD PRESSURE/HEART MEDICATIONS	Cardizem CD	Cartia XT diltiazem CD diltiazem ER
		Isordil	isosorbide dinitrate
	CHOLESTEROL MEDICATIONS	Lipitor	atorvastatin

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	MEDICATIONS 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	Invokana/Invokamet Janumet/Janumet XR Januvia Kombiglyze XR Onglyza
	Jardiance	Farxiga Invokana
	Synjardy	Invokamet Xigduo XR
	Tanzeum Victoza	Byetta Bydureon Trulicity
	GASTROINTESTINAL/ HEARTBURN	Asacol-HD Colazal Delzicol Dipentum Giazo
Librax		chlordiazepoxide-clidinium
Metozolv ODT		metoclopramide metoclopramide ODT
Nexium		esomeprazole
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	MEDICATIONS 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	prednisone prednisone intensol
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 Diclofenac Duexis Klofensaid II Pennsaid Vimovo	acetaminophen-codeine Generic NSAIDs (e.g. celecoxib; meloxicam)
	Lidocaine Lido-K	lidocaine lidopin
	Sprix	ketorolac
	Treximet Zembrace Symtouch	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Fazaclo Versacloz
SEIZURE DISORDERS	Mysoline	primidone

Medications NOT COVERED on your drug list[^]

CONDITION/Common Use/ Drug Class	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
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
	Noritrate	metronidazole Rosadan
	Novacort	hydrocortisone
	Vanos	fluocinonide
	Xerese	acyclovir hydrocortisone
	Zovirax	acyclovir
	Zyclara	imiquimod
	SLEEP DISORDERS	Edluar Intermezzo
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 & 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 plan¹:

- › 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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