ADVANTAGE PRESCRIPTION DRUG LIST

July 2015

The Advantage Prescription Drug List lets you and your doctor choose medications that work best for you. The following is a list of the most commonly used medications covered under your plan.

This list is designed to cover your prescription medications at three levels. The amount you pay depends on the tier from which you and your doctor select your medication. If there is more than one medication appropriate for your condition, we suggest that you talk to your doctor about lower-cost choices like generic medications and preferred brand medications to see if they could be right for you.

Together, all the way.®

Cigna®

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

827292 o 11/15

1st Tier – Generic Medications: Generic drugs have the same ingredients, safety, dosage, quality and strength as their brand name counterparts. You will usually pay less for generic medications under your plan.

2nd Tier – Preferred Brand Medications: Preferred brand medications will usually cost more than a generic, but less than a non-preferred brand medication under your plan.

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

The symbols on the list mean

If a medication on the list has one of the following symbols, your doctor may need to get an authorization 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 an individual 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. Refer to the Specialty Pharmacy Drug List for more information.

Important note

The Advantage Prescription Drug List does not cover medications that have over-the-counter (OTC) alternatives (e.g., medications that treat stomach acid conditions and non-sedating antihistamines to treat allergies), depending on your plan. In these cases, the medications in the same class that are available by prescription are also excluded from coverage. Examples (not an all-inclusive list) include allergy medications such as Allegra, Clarinex, Xyzal and any generics; and heartburn/ulcer medications such as Nexium, Prilosec, Zantac and any generics.

Health care reform and you

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. This important legislation will result in changes to every American's health coverage. Cigna will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, coverage for medications that have not traditionally been included in pharmacy plans, such as specific over-the-counter (OTC) medications, may be made available at no cost share to you. As with all covered medications, we would require a prescription from your doctor to process the claim under your pharmacy plan (including OTC medications).

To get the most current information, visit **www.informedonreform.com** or **Cigna.com** and look for the "Informed on Reform" link.

If you have any questions

Remember, this list is just a sample of the most commonly used medications, and is subject to change. You can use the Prescription Drug Price Quote tool available on **myCigna.com** to see and compare the prices of all medications covered under your plan. Or, you can call the number on the back of your ID card to speak with a customer service representative at any time.

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD AND STIMULANTS		
amphetamine/ dextroamphetamine amphetamine/ dextroamphetamine XR clonidine HCl dexmethylphenidate HCl dexmethylphenidate HCl ER dextroamphetamine guanfacine methamphetamine methylphenidate/ER/ ER 24 HR modafinil	Adderall XR	Adderall (PA, ST) Concerta (PA, ST) Daytrana (PA, ST) Desoxyn (PA, ST) Dexedrine (PA, ST) Evekeo (PA, ST) Focalin (PA, ST) Focalin XR Intuniv Kapvay Metadate CD (PA, ST) Nuvigil (PA) Provigil (PA) Quillivant XR (PA, ST) Ritalin (PA, ST) Ritalin LA 20mg, 30mg, 40mg (PA, ST) Ritalin SR (PA, ST) Strattera Vyvanse Xyrem* (PA) Zenzedi (PA, ST)
AIDS/HIV		
abacavir* didanosine* lamivudine* lamivudine/zidovudine* nevirapine* stavudine* zidovudine* nevirapine ER*	Aptivus* Atripla* Crixivan* Emtriva* Epivir HBV* Epivir solution* Epzicom* Fuzeon* Intelence* Invirase* Isentress* Kaletra* Lexiva* Norvir* Prezista* Rescriptor* Reyataz* Selzentry* Sustiva* Truvada* Viracept* Viread*	Combivir* Complera* Edurant* Epivir* Evotaz* Fulyzaq Prezcobix* Retrovir* Stribild* Triumeq* Trizivir* Tybost* Videx* Viramune* Viramune XR* Vitekta* Zerit* Ziagen*

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ALLERGY		
Medications for allergies equivalent to over-the-counter medications within the class are excluded (such as Clarinex, Xyzal, including their generics, etc.).		
azelastine HCl azelastine nasal budesonide clemastine fumarate cyproheptadine cyproheptadine HCl epinastine epinephrine (QL) flunisolide nasal fluticasone nasal hydroxyzine ipratropium nasal montelukast olopatadine nasal spray triamcinolone acetonide nasal	Epipen 2 pk (QL) Epipen Jr (QL)	Astelin Astepro Atrovent (nasal) AUVI-Q (QL) Beconase AQ (PA, ST) Children's QNASL Dymista (PA, ST) Flonase (PA, ST) Karbinal ER Nasonex Omnaris (PA, ST) Patanase QNASL (PA, ST) Rhinocort AQ (PA, ST) Semprex-D Singulair Veramyst Zetonna (PA, ST)
ALZHEIMER'S DISEASE		
donepezil HCl galantamine hydrobromide rivastigmine tartrate capsules		Aricept Aricept ODT Exelon Namenda XR Razadyne Razadyne ER
ANXIETY		
alprazolam buspirone		Lorazepam Intensol Niravam
ASTHMA AND RESPIRATORY		
albuterol sulfate (nebulizer solution) aminophylline budesonide (nebulizer solution) caffeine citrate cromolyn sodium (nebulizer solution) dyphylline guaifenesin/theophylline ipratropium bromide (nebulizer solution) levalbuterol HCl (nebulizer solution)	Advair, Advair HFA Anoro Ellipta Atrovent HFA Breo Ellipta Foradil ProAir HFA Qvar Spiriva Xolair* (PA)	Accolate Accuneb nebulizer (PA, ST) Adcirca* (PA) Adempas* (PA) Aerospan Alvesco Arcapta Arnuity Ellipta Asmanex Asmanex HFA Atrovent HFA Brovana nebulizer (PA, ST) Combivent Respimat Daliresp Dulera

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ASTHMA AND RESPIRATORY *(CONTINUED)*		
metaproterenol sulfate (syrup, tabs) montelukast sodium prednisolone sod phosphate racepinephine HCl sildenafil* (PA) terbutaline sulfate theophylline anhydrous zafirlukast		Esbriet* (PA) Flovent Diskus/HFA Incruse Ellipta (PA, ST) Letairis* Ofev* (PA) Opsumit* (PA) Orapred ODT Orenitram ER* (PA) Perforomist (PA, ST) Proventil HFA Pulmicort Pulmozyme* (PA) Revatio* (PA) S-2 Racepinephine Serevent Singulair Striverdi Respimat Symbicort Tracleer* Tudorza Pressair (PA, ST) Tyvaso* Ventavis* Ventolin HFA Xopenex HFA Xopenex nebulizer (PA, ST)
BIRTH CONTROL		
Please check your enrollment materials to determine whether these medications are covered under your specific plan.		
Altavera Alyacen Ameithia Amethia Lo Amethyst Apri Aranelle Aubra Aviane Azurette Balziva Briellyn Camila Camrese Camrese Lo Caziant Chateal Cryselle Cyclafem Dasetta		Angeliq BeYaz Brevicon Cyclessa Depo-Provera Subq Desogen Ella Estrostep FE Femcon FE Generess FE Jolivette Lo Seasonique Loestrin Loestrin FE Lomedia 24 FE Minastrin 24 FE Mircette Modicon Natazia Norinyl 1+35

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
BIRTH CONTROL *(CONTINUED)*		
Please check your enrollment materials to determine whether these medications are covered under your specific plan.		
Daysee		Norinyl 1+50
desogestrel-ethinyl estradiol		Nor-QD
Elinest		Nuvaring
Emoquette		Ortho Evra
Enpress		Ortho Micronor
Enskyce		Ortho Tri-Cyclen LO
Errin		Ortho-Cept
Estarylla		Ortho-Cyclen
ethinyl estradiol/ drospirenone		Ortho-Novum 7-7-7
Falmina		Ortho-Tri-Cyclen
Gianvi		Ovcon 35
Gildagia		Quartette
Gildess		Safyral
Heather		Seasonale
Introvale		Seasonique
Jencycla		Tri-Norinyl
Jolessa		Yasmin 28
Junel		Yaz
Junel FE		
Kariva		
Kelnor		
Kurvelo		
Larin		
Larin FE		
Leena		
Lessina		
Levonest		
levonorgestrel		
levonorgestrel-ethestra		
levonorgestrel-ethin estradiol		
Levora		
l-norgest-eth estr/ ethin estra		
Loryna		
Low-Ogestrel		
Lutera		
Lyza		
Marlissa		
Microgestin		
Microgestin FE		
Mononessa		
Mono-Linyah		
Myzilra		
Necon		
Next Choice		
Nora-Be		

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
BIRTH CONTROL *(CONTINUED)*		
Please check your enrollment materials to determine whether these medications are covered under your specific plan.		
noreth a-et estra/ fe fumarate		
norethindrone		
norethindrone-ethinyl estradiol		
norgestimate-ethinyl estradiol		
norgestrel-ethinyl estradiol		
Nortrel		
Ocella		
Ogestrel		
Orsythia		
Philith		
Pimtrea		
Pirmella		
Portia		
Previfem		
Quasense		
Reclipsen		
Sprintec		
Sronyx		
Syeda		
Tilia FE		
Tri-Estarylla		
Tri-Legest FE		
Tri-Linyah		
Trinessa		
Tri-Previfem		
Tri-Sprintec		
Trivora		
Velivet		
Viorele		
Vyfemla		
Wera		
Wymzya FE		
Xulane		
Zarah		
Zenchent		
Zenchent FE		
Zeosa		
Zovia		

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
BLADDER PROBLEMS		
flavoxate oxybutynin/XL potassium citrate ER tolterodine tartrate/LA trospium chloride	VESIcare	Detrol (PA,ST) Detrol LA (PA, ST) Ditropan XL (PA,ST) Elmiron Enablex (PA,ST) Gelnique (PA,ST) Myrbetriq (PA,ST) Oxytrol (PA,ST) (For Men Only) Sanctura (PA,ST) Sanctura XR (PA, ST) Toviaz Urocit-K
CANCER		
anastrozole azacitidine* bicalutamide* capecitabine cyclophosphamide* exemestane flutamide* letrozole lomustine tamoxifen citrate temozolomide* (PA)	Droxia Fareston Gleevec* (PA) Granix* Hexalen* Leukeran Lupron* (PA) Lysodren Matulane* Myleran Neulasta* (PA) Neupogen* (PA) Nexavar* (PA) Proleukin* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Targretin* Tasigna* (PA) Thalomid* (PA) Tykerb* (PA) Xeloda* Zolinza* (PA)	Afinitor* (PA) Afinitor* Disperz (PA) Arimidex Aromasin Bosulif* (PA) Caprelsa* (PA) Casodex* Cometriq* (PA) Erivedge* (PA) Femara Ibrance* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Lenvima* (PA) Lynparza* (PA) Mekinist* (PA) Pomalyst* (PA) Purixan* Stivarga* (PA) Sylatron* (PA) Sylvant* (PA) Tafinlar* (PA) Valchlor* Votrient* (PA) Xalkori* (PA) Xtandi* (PA) Zelboraf* (PA) Zydelig* (PA) Zykadia* (PA) Zytiga* (PA)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR		
BLOOD THINNER/ANTI-CLOTTING		
anagrelide*	Arixtra (QL)*	Aggrenox
cilostazol	Xarelto	Agrylin*
clopidogrel		Brillinta
dipyridamole		Effient
enoxaparin (QL)*		Eliquis (PA, ST)
fondaparinux (QL)*		Fragmin (QL)
heparin		Lovenox (QL)*
Jantoven		Plavix
ticlopidine		Pletal
warfarin		Pradaxa (PA, ST)
		Savaysa (PA, ST)
		Zontivity
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
acebutolol HCl	Benicar	Accupril (PA,ST)
acetazolamide	Benicar HCT	Accuretic (PA,ST)
amiloride HCl		Aceon (PA,ST)
amlodipine besylate		Altace (PA,ST)
amlodipine besylate/ benazepril		Amturnide
		Atacand (PA, ST)
amlodipine/atorvastatin calcium		Atacand HCT (PA, ST)
		Avalide (PA, ST)
amlodipine/valsartan		Avapro (PA, ST)
amlodipine/valsartan/HCTZ		Azor
apresoline		Betapace AF
atenolol		Bystolic
benazepril HCl		Cardura
benazepril HCl/amlodipine		Cardura XL
benazepril HCl/HCTZ		Catapres, Catapres TTS
bendroflumethiazide/ nadolol		Coreg
		Coreg CR
betaxolol HCl		Corgard
bisoprolol fumarate		Cozaar (PA, ST)
bisoprolol/HCTZ		Diovan (PA, ST)
bumetanide		Diovan HCT (PA, ST)
candesartan		Dutoprol
candesartan cilexetil		Edarbi (PA, ST)
candesartan HCTZ		Edarbychlor (PA, ST)
captopril		Exforge
captopril/HCTZ		Exforge HCT
carvedilol		Hemangeol
chlorothiazide		Hyzaar (PA, ST)
chlorthalidone		Inderal LA
chlorthalidone/atenolol		Innopran XL
clonidine		Levatol
clonidine HCl		Lotensin (PA,ST)
Clorpres		Lotensin HCT (PA,ST)
diltiazem		Lotrel
diltiazem 24HR ER		Mavik (PA ,ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR *(CONTINUED)*		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
doxazosin mesylate		Micardis (PA, ST)
enalapril maleate		Micardis HCT (PA, ST)
enalapril maleate/HCTZ		Norpace
eplerenone		Norpace CR
eprosartan mesylate		Norvasc
felodipine		Nymalize
fosinopril sodium		Prinivil
fosinopril sodium/HCTZ		Prinzide (PA,ST)
furosemide		Rythmol SR
guanfacine		Sotylize
hydralazine HCl		Sular
hydrochlorothiazide		Tarka
hydrochlorothiazide/ amilor HCl		Tekamlo
		Tekturna
hydroflumethiazide		Tekturna HCT
indapamide		Teveten (PA, ST)
irbesartan		Teveten HCT (PA, ST)
irbesartan/HCTZ		Toprol XL
isradipine		Tribenzor
labetalol HCl		Vaseretic (PA,ST)
lisinopril		Vasotec (PA,ST)
lisinopril/HCTZ		Verelan
losartan potassium		Zestoretic (PA,ST)
losartan potassium/HCTZ		Zestril (PA,ST)
methazolamide		
methyldopa		
methyldopa/HCTZ		
metolazone		
metoprolol succinate		
metoprolol tartrate		
metoprolol/HCTZ		
minoxidil		
moexipril HCl		
moexipril HCl/HCTZ		
nadolol		
nicardipine HCl		
nifedipine		
nimodipine		
perindopril erbumine		
pindolol		
prazosin HCl		
propranolol HCl		
propranolol/HCTZ		
quinapril		
quinapril HCl/HCTZ		
ramipril (caps only)		
reserpine		
sotalol HCl		
spironolactone		

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR *(CONTINUED)*		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
spironolactone/HCTZ		
telmisartan		
telmisartan/amlodipine		
telmisartan/HCTZ		
terazosin HCl		
timolol maleate		
torsemide		
trandolapril		
triamterene/HCTZ		
valsartan		
valsartan/HCTZ		
Vecamyl-mecamylamine HCl		
verapamil		
verapamil SR		
OTHER		
amiodarone		Lanoxin
digoxin		Multaq
disopyramide		Nitrolingual Spray
flecainide		Nitromist
isosorbide dinitrate		Ranexa (PA, ST)
isosorbide mononitrate		Rythmol SR
nitroglycerin		Tikosyn
procainamide		
propafenone SR		
CHOLESTEROL LOWERING		
atorvastatin	Crestor	Advicor
cholestyramine	Zetia	Altoprev (PA, ST)
cholestyramine/aspartame		Antara
cholestyramine/sucrose		Caduet
colestipol		Colestid
fenofibrate		Fenoglide
fenofibrate, micronized		Juxtapid* (PA)
fenofibric acid		Kynamro* (PA)
fluvastatin		Lescol
gemfibrozil		Lescol XL
lovastatin		Lipitor (PA, ST)
niacin		Liptruzet (PA,ST)
omega-3-acid ethyl esters		Livalo (PA, ST)
pravastatin sodium		Lofibra
simvastatin		Lovaza
		Mevacor (PA, ST)
		Niaspan
		Pravachol (PA, ST)
		Simcor
		TriCor
		Trilipix
		Vascepa (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CHOLESTEROL LOWERING *(CONTINUED)*		
		Vytorin (PA, ST) Welchol Zocor (PA, ST)
DEPRESSION		
amitriptyline bupropion bupropion SR citalopram desipramine duloxetine HCl escitalopram fluoxetine fluvoxamine imipramine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone venlafaxine venlafaxine XR		Aplenzin (PA,ST) Brintellix (PA,ST) Celexa (PA,ST) Cymbalta (PA, ST) Desvenlafaxine ER (PA, ST) Desvenlafaxine Fumarate ER (PA,ST) Effexor XR (PA, ST) Emsam Fetzima (PA,ST) Forfivo XL (PA,ST) Khedezla (PA,ST) Lexapro (PA,ST) Luvox CR Marplan Oleptro (PA, ST) Paxil (PA,ST) Paxil CR (PA,ST) Pexeva (PA, ST) Pristiq Prozac (PA,ST) Remeron Sarafem (PA,ST) Tofranil Venlafaxine HCl ER (PA,ST) Viibryd (PA,ST) Vivactil Wellbutrin (PA,ST) Wellbutrin SR (PA,ST) Wellbutrin XL Zoloft (PA,ST)
DIABETES		
acarbose chlorpropamide glimepiride glipizide glipizide ER glipizide/metformin HCl glyburide glyburide micronized glyburide/metformin metformin HCl metformin ER nateglinide	Apidra Apidra SoloStar BD Insulin Syringe Bydureon (QL) Byetta Glucagen Hypokit Humalog Humulin Invokamet Invokana Janumet Janumet XR	Accu-Chek test strips Actoplus Met Actoplus Met XR Actos Afrezza (PA) Amaryl Avandamet Avandaryl Avandia Cycloset Duetact Farxiga (PA,ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
DIABETES *(CONTINUED)*		
pioglitazone pioglitazone/glimepiride pioglitazone/metformin repaglinide tolazamide tolbutamide	Januvia Kombiglyze XR Lantus Lantus SoloStar NovoFine/NovoTwist needles One Touch test strips Onglyza	Fortamet Glucagon Emergency Kit (QL) Glucophage XR Glycron Glyset Glyxambi (PA,ST) Jardiance (PA, ST) Jentadueto (PA, ST) Kazano (PA, ST) Levemir Metaglip Nesina (PA, ST) Novolin Novolog Oseni (PA, ST) Prandimet Prandin Precose Starlix Symlin (QL) Tanzeum (PA, QL, ST) Tradjenta (PA, ST) Trulicity (PA, ST) VGo Victoza Xigduo XR (PA, ST)
ENDOCRINE AND METABOLIC – OTHER		
allopurinol cabergoline (QL) desmopressin* fluoxymesterone megestrol acetate octreotide* (PA)	Increlex* (PA) Lupron Depot-PED* (PA) Megace ES Nilandron Sandostatin LAR* (PA) Somavert* (PA)	colchicine Colcrys Egrifta* (PA) Megace Mitigare Sandostatin* (PA) Signifor* (PA) Signifor LAR* (PA) Somatuline Depot* (PA) Uloric
EYE CONDITIONS		
apraclonidine HCl atropine azelastine brimonidine bromfenac bromfenac sodium ciprofloxacin diclofenac dorzolamide dorzolamide/timolol	Travatan Z	Acular LS Alamast Alocril Alomide Alphagan P 0.1% Alrex AzaSite Azopt Besivance Betoptic S

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
EYE CONDITIONS *(CONTINUED)*		
epinastine flurbiprofen gatifloxacin ketorolac latanoprost levofloxacin pilocarpine timolol tobramycin/dexamethasone travoprost trifluridine		Ciloxan Cosopt Cystaran Durezol Emadine Ilevro Iopidine Lastacaft Lotemax Maxidex Moxeza Optivar Pataday Patanol Pazeo Prolensa Rescula Restasis Simbrinza (PA, ST) Timoptic Tobradex Trusopt Vexol Vigamox Voltaren Xalatan Zioptan (PA, ST) Zymaxid
GASTROINTESTINAL (NOT HEARTBURN/ULCER)		
balsalazide belladonna alkaloids/ phenobarbital budesonide cromolyn sodium (solution) PEG 3350/potassium/ sodium bicarb/salt PEG 3350/potassium/ sodium bicarb/salt/ sodium sulf triamcinolone acetonide	Asacol HD Cimzia* (PA) Creon Humira* (PA) Lialda Pentasa Zenpep	Amitiza Apriso Canasa Colazal Delzicol Donnatal Entocort EC Entyvio* (PA) Giazo Linzess Movantik (PA) Pancreaze Prepopik Relistor* (PA) Remicade* (PA) Simponi* (PA) Simponi Aria* (PA) Suclear Sucraid* Uceris Ultresa

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
HEARTBURN/ULCER		
Medications for heartburn/ulcer equivalent to over-the-counter medications within the class are excluded (such as Prilosec, including their generics, etc.).		
metoclopramide HCl misoprostol sucralfate lansoprazole/amoxicillin/ clarithromycin		
HORMONE REPLACEMENT		
estradiol estradiol/norethindrone acetate estropipate ethinyl estradiol levothroid levothyroxine sodium Levoxyl liothyronine medroxyprogesterone progesterone, micronized testosterone cypionate testosterone enanthate thyroid Unithroid	Premarin Testim (QL)	Activella Alora Anadrol-50 (PA) Androderm (QL) Androgel (QL) Armour Thyroid Axiron (PA, QL, ST) Cenestin Combipatch Cytomel Depo-Testosterone Divigel Enjuvia Estrace Femhrt Femring Fortesta (PA, QL, ST) Menest Minivelle Prefest Premphase Prempro Prometrium Striant (QL) Synthroid testosterone gel (QL) Vagifem Vivelle-Dot Vogelxo
INFECTIONS		
adefovir dipivoxil* acyclovir amantadine amoxicillin/ER amoxicillin/clavulanate atovaquone azithromycin cefaclor ER cefadroxil cefdinir	Alferon N* (PA) Baraclude* Epivir HBV* Intron-A* (PA) Peg Intron* (PA) Pegasys* (PA) Tamiflu (QL)	Acticlate (PA, ST) Augmentin Augmentin ES 600 Augmentin XR Bethkis* Biaxin Biaxin XL Cedax Cipro Cipro HC Otic

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
	INFECTIONS *(CONTINUED)*	
cefditoren		Cipro XR
cefprozil		Ciprodex
ceftibuten dihydrate		Coartem (QL)
ceftriaxone		Copegus*
cefuroxime axetil		Dificid (PA)
cephalexin		Famvir
ciprofloxacin		Flagyl 375
clarithromycin		Flagyl ER
clindamycin		Garamycin
cycloserine		Grifulvin V
doxycycline		Gris-Peg
entacavir		Hepsera*
erythromycin		Keflex
famciclovir		Kitabis Pak*
fluconazole		Lamisil (QL)
flucytosine		Levaquin
ganciclovir		Malarone (PA)
gentamicin sulfate		Monurol
griseofulvin		Moxatag
griseofulvin microsize		Mycostatin (tabs)
griseofulvin ultramicrosize		Noxafil
itraconazole (QL)		Olysio* (PA)
ketoconazole		Onmel (PA, QL, ST)
lamivudine*		Penlac
metronidazole		Priftin
minocycline		Primsol
minocycline SR		Rebetol*
Moderiba*		Relenza (QL)
moxifloxacin HCl		Rocephin
mupirocin		Sirturo
nitrofurantoin		Sitavig
nystatin		Sivextro (PA)
ofloxacin		Solodyn (PA, ST)
penicillin v potassium		Spectracef
ribavirin*		Sporanox (QL)
rifabutin		Suprax
rifampin		Tobi*
rimantadine		Tobi Podhaler*
sulfamethoxazole/ trimethoprim		Tyzeka*
terbinafine (QL)		Urelle
terconazole		Uribel
tetracycline		UTA
tobramycin		Valcyte
valacyclovir		Valtrex
valganciclovir		Vfend (PA)
vancomycin		Vibramycin
voriconazole (PA)		Zithromax
		Zyvox (PA)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
MIGRAINE		
acetaminophen/caffeine/ butalbital dihydroergotamine mesylate (QL) isomethepten/caf/ acetaminophen naratriptan (QL) rizatriptan (QL) sumatriptan (QL) zolmitriptan (QL)		Amerge (QL) Axert (QL) Cafergot DHE 45 (QL) Frova (QL) Imitrex (QL) Maxalt (QL) Maxalt MLT (QL) Migranal (QL) Relpax (QL) Sumavel DosePro (QL) Treximet (QL) Zomig/Zomig ZMT (QL) Zomig nasal (QL)
MULTIPLE SCLEROSIS		
	Avonex/Avonex Pen* (PA) Copaxone* (PA) Rebif* (PA) Rebif Rebidose* (PA) Tecfidera* (PA)	Ampyra* (PA) Aubagio* (PA) Betaseron* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA)
NAUSEA AND VOMITING		
dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide		Akynzeo* (QL) Anzemet inj* (PA) Anzemet tabs* (QL) Diclegis Emend* (QL) Marinol Sancuso (QL) Scopace Zofran (inj, tabs, solution) Zuplenz (PA, QL, ST)
OSTEOPOROSIS		
alendronate sodium calcitonin-salmon etidronate disodium Fortical ibandronate sodium syringe* ibandronate sodium tablet raloxifene HCl risedronate	Forteo*	Actonel (PA, ST) Atelvia (PA, ST) Binosto (PA, ST) Boniva syringe* (PA, ST) Boniva tab (PA, ST) Evista Fosamax (PA, ST) Fosamax Plus D (PA, ST) Miacalcin Skelid (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE		
buprenorphine butalbital/acetaminophen butalbit/acetamin/caff/ codeine butorphanol nasal (QL) celecoxib (QL) codeine phos/carisoprodol/ asa codeine phosphate codeine phosphate/aspirin codeine sulfate diclofenac diclofenac/misoprostol dihy-cod tt/apap/caffeine etodolac fenoprofen fentanyl citrate (PA) (lozenge on stick) fentanyl transdermal (QL) flurbiprofen hydrocodone bitartrate/apap hydrocodone bitartrate/ aspirin hydromorphone HCl ibuprofen ibuprofen/hydrocod bit indomethacin ketoprofen ketorolac (QL) leflunomide levorphanol tartrate lidocaine meclofenamate mefenamic acid meloxicam meperidine HCl methotrexate* migergot morphine sulfate (QL) nabumetone naproxen naproxen sodium opium opium/belladonna alkaloids orphenadrine/aspirin/ caffeine oxaprozin oxycodone ER (QL) oxycodone HCl	Actimmune* (PA) Cimzia* (PA) Humira* (PA) Rheumatrex* Savella Trexall*	Abstral (PA) Actemra* (PA) Actiq (PA) Adazin Ansaid (PA, ST) Arthrotec (PA, ST) Avinza (QL) Butrans (QL) Cambia Celebrex (QL, ST) Conzip (PA, QL, ST) Demerol (PA,ST) Dilaudid (PA,ST) Dipentum Duexis (PA, ST) Duragesic (QL) Embeda (QL) Enbrel* (PA) Exalgo (QL) Fentora (PA) Fioricet w/codeine Flector (PA, QL, ST) Fycompa Horizant (PA, ST) Hycet (PA,ST) Hysingla ER (QL) Indocin (suppository) Kadian (QL) Kineret* (PA) Lazanda (PA) Lidoderm Lidopin Lidovex Lortab (PA,ST) Lyrica Mobic (PA, ST) MS Contin (QL) Nalfon (PA,ST) Naprelan (PA, ST) Norco (PA,ST) Nucynta (QL, ST) Nucynta ER (QL) Onsolis (PA) Opana (QL) Opana ER (QL) Oxecta (PA,ST) Otrexup* (PA) OxyContin (QL) Pain Relief Panlor SS

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE *(CONTINUED)*		
oxycodone HCl/ acetaminophen oxycodone/aspirin oxymorphone oxymorphone HCl pentazocine HCl/ acetaminophen pentazocine HCl/ naloxone HCl piroxicam sulindac tolmetin tramadol ER (QL) tramadol HCl (QL) tramadol HCl/ acetaminophen (QL)		Pennsaid Percocet (PA,ST) Percodan (PA,ST) Ponstel (PA, ST) Primlev (PA,ST) Prodrin Rasuvo* (PA) Rayos (PA, ST) Relyyks Relyyt Remicade* (PA) Roxicet (PA,ST) Roxicodone (PA,ST) Ryzolt Scar Silvera Simponi* (PA) Simponi Aria* (PA) Skelaxin Solaice Sprix (QL) Suboxone (PA) Subsys (PA) Synalgos-DC (PA,ST) Synvexia TC Trezix (PA, ST) Ultracet (PA, QL, ST) Ultram (PA, QL, ST) Ultram ER (PA, QL, ST) Velma Vicodin/ES/HP (PA,ST) Vicoprofen (PA,ST) Vimovo (PA, QL, ST) Voltaren Gel (PA, ST) Voltaren XR Xartemis XR (PA, QL, ST) Xeljanz* (PA) Xodol (PA,ST) Zohydro (QL) Zorvolex (PA, ST)
PARKINSON'S DISEASE		
amantadine benztropine bromocriptine carbidopa carbidopa/levodopa carbidopa/levodopa CR carbidopa/levodopa/ entacapone	Azilect Lodosyn Tasmar	Apokyn* (PA) Comtan Eldepryl Mirapex Mirapex ER Neupro Northera* (PA) Parcopa

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
PARKINSON'S DISEASE *(CONTINUED)*		
entacapone pramipexole pramipexole ER ropinirole ropinirole XL selegiline		Requip Requip XL Rytary Sinemet CR Stalevo Zelapar
PROSTATE		
alfuzosin doxazosin finasteride leuprolide acetate* (PA) prazosin tamsulosin terazosin	Zoladex* (PA)	Avodart Firmagon* (PA) Flomax Jalyn Proscar Rapaflo Uroxatral
SCHIZOPHRENIA		
clozapine haloperidol loxapine olanzapine olanzapine/fluoxetine HCl quetiapine risperidone thiothixene ziprasidone		Abilify Abilify Discmelt Clozaril (PA, ST) Fanapt (PA, ST) Fazaclo (PA, ST) Geodon (PA, ST) Invega (PA, ST) Latuda (PA, ST) Orap Risperdal/Risperdal M (PA,ST) Saphris (PA, ST) Seroquel (PA, ST) Seroquel XR Symbyax Versacloz (PA,ST) Zyprexa (PA, ST) Zyprexa Zydis (PA, ST)
SEIZURE		
carbamazepine clonazepam diazepam divalproex ethosuximide felbamate gabapentin lamotrigine levetiracetam oxcarbazepine phenytoin tiagabine HCl topiramate	Celontin Diastat Diastat Acudial Dilantin (30 MG only) Gabitril (12 & 16 MG only) Keppra Lamictal ODT Peganone	Aptiom Banzel Carbatrol Depakote (all forms) Dilantin Felbatol Gabitril (2 & 4 MG only) Keppra XR Lamictal/ XR Lyrica Neurontin Oxtellar XR Potiga

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
SEIZURE *(CONTINUED)*		
valproate valproate sodium zonisamide		Qudexy XR Saphris Stavzor Tegretol XR Topamax topiramate XR caps Trileptal Vimpat Zarontin Zonegran
SKIN CONDITIONS		
acitretin adapalene (AGE) alclometasone dipropionate amcinonide Amnesteem (QL) Apexicon E (diflorasone diacetate) cream benzoyl peroxide betamethasone betamethasone dipropionate betamethasone dipropionate/propylene glycol betamethasone valerate calcipotriene calcipotriene-betamethasone calcitriol ointment Claravis (QL) clinicamycin phosphate/benzoyl peroxide gel clobetasol propionate clobetasol propionate/emoll clocortolone pivalate desonide desoximetasone diclofenac sodium diflorasone diacetate fluocinolone acetonide fluocinonide fluocinonide/emollient fluorouracil topical fluticasone propionate halobetasol prop/ammonium lac halobetasol propionate hydrocortisone	Carac Fluoroplex Furacin Humira* (PA) Targretin gel*	Absorica (QL) Acanya Aclovate (PA, ST) Ala-Scalp HP (PA, ST) Alcortin A Aldara Aqua Glycolic HC (PA, ST) Atralin (AGE) Avar Avar LS Avita Bactroban Benoxyldoxy 30 Benzaclin Benzamycin Pak Benzefoam Capex Shampoo (PA, ST) Carmol HC (PA, ST) Clindacin Pac Clobex (PA, ST) Clodan (PA, ST) Cloderm (PA, ST) Condylox Cordran (PA, ST) Cordran SP (PA, ST) Cosentyx* (PA) Cutivate (PA, ST) Derma-Smoothe/FS (PA, ST) Dermasorb AF Dermasorb HC (PA,ST) Dermasorb TA (PA,ST) Dermasorb XM Dermatop (PA, ST) Desonate (PA, ST) Desowen (PA, ST) Differin (AGE) Diprolene (PA, ST) Diprolene AF (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS *(CONTINUED)*		
hydrocortisone acetate/ aloe vera hydrocortisone acetate/urea hydrocortisone butyrate hydrocortisone valerate imiquimod isotretinoin (QL) methoxsalen, rapid metronidazole mometasone podofilox prednicarbate salicylic acid Sotret (QL) sulfacetamide sulfacetamide sodium sulfacetamide sodium/sulfur sulfacetamide/sulfur/ cleanser tacrolimus ointment tretinoin (AGE) triamcinolone acetonide urea		Dovonex Doxycycline IR-DR Duac Ecoza Elidel (PA, ST) Elocon (PA, ST) Enbrel* (PA) Epiduo Exelderm First Hydrocortisone (PA, ST) Halog (PA, ST) Hydro 35 Jublia (PA, ST) Kenalog aerosol (PA, ST) Keralac Kerydin (PA, ST) Klaron Locoid (cream, ointment, solution, lotion) Locoid Lipocream (PA, ST) Loprox shampoo Luxiq (PA, ST) Luzu Metrogel Metrolotion Naftin Neuac Noritate Nucort (PA, ST) Olux (PA, ST) Olux-E (PA, ST) Onexton Oracea Otezla* (PA) Ovace Plus cream, lotion and wash Pandel (PA, ST) Panretin* Pediaderm HC/TA (PA, ST) Plexion Protopic (PA, ST) Regranex (PA) Remicade* (PA) Retin-A cream (PA, AGE) Retin-A Micro (PA, AGE) Retin-A Micro Pump (PA, AGE) Riaz Rosula Scalacort DK (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS *(CONTINUED)*		
		Solaraze Soolantra Soriatane Sorilux Stelara* (PA) Sumadan XLT Synalar (PA, ST) Synalar TS (PA, ST) Taclonex Tazorac Temovate (PA, ST) Texacort (PA, ST) Topicort (PA, ST) Topicort LP (PA, ST) Tretin-X (PA) Ultrasal-ER Ultravate (PA, ST) Ultravate X (PA, ST) Umecta Vanos (PA, ST) Vectical Verdeso (PA, ST) Vytone Xolegel Ziana Zyclara (PA, ST)
SLEEP		
eszopiclone zaleplon zolpidem zolpidem ER		Ambien (PA, ST) Ambien CR (PA, ST) Belsomra (PA, ST) Edluar (PA, ST) Intermezzo (PA, ST) Lunesta (PA, ST) Rozerem (PA, ST) Silenor Sonata (PA, ST) Zolpimist (PA, ST)
TRANSPLANT		
azathioprine* cyclosporine* mycophenolate moefetil* mycophenolate sodium* sirolimus* tacrolimus*	Azasan* Cellcept* Prograf* Rapamune* Sandimmune*	Imuran* Myfortic* Neoral* Zortress*

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
	VITAMINS	
**All plans cover all generic prescription prenatal vitamins, even though not listed here. Available as generic where ^ is noted.*		
calcitriol cyanocobalamin folic acid	Nestabs^ Nestabs ABC Nestabs DHA^ OB Complete^ OB Complete DHA^ OB Complete One OB Complete Petite OB Complete Premier OB Complete with DHA Prefera OB Prefera-OB ONE^ Prefera-OB Plus DHA^	Active OB^ Cadeau DHA Citranatal 90 DHA Citranatal Assure^ Citranatal DHA Citranatal Harmony^ Citranatal Rx Eligen B12 Feriva 21-7 Folet DHA Folet One Infanate Balance MaxFe Nascobal Natelle One^ Neevo DHA Prenaissance Next-B Prenatal 19^ Prenate AM Prenate Chewable Prenate DHA Prenate Elite Prenate Enhance Prenate Essential Prenate Mini Prenate Pixie Prenate Restore Prenate Star Select-OB TL Folate Tricare Prenatal DHA One Vinate DHA Virt-Bal DHA^ Vita Fol-OB DHA Vitafol Nano Vita-Fol One Vitafol Ultra VitaMedMD Plus Rx VitaMedMD Redichew RX Vitapearl VP CH Ultra
	MISCELLANEOUS	
aminocaproic acid* buprenorphine buprenorphine HCl/ naloxone HCl (PA) cyclobenzaprine	Aranesp* (PA) Cortifoam Epifoam Epogen* (PA) Fosrenol	Ana-Lex Analpram Advanced Analpram-E Analpram HC Arcalyst* (PA)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
MISCELLANEOUS *(CONTINUED)*		
doxercalciferol hydrocodone/ chlorpheniramine suspension hydrocortisone ivermectin leucovorin* levocarnitine lidocaine-hydrocortisone-aloe lindane megestrol methocarbamol naltrexone paricalcitol* pentoxifylline pramoxine/hydrocortisone pseudoephed/hydrocodone/ cpm quinine sulfate riluzole* sodium phenylbutyrate sodium polystyrene sulfonate spinosad tizanidine tranexamic acid*	Harvoni* (PA) Leukine* Procrit* (PA) Renvela Sovaldi* (PA)	Brisdelle (QL) Bunavail (PA) Buphenyl Cerdelga* (PA) Cuvposa Evzio Feriva FA Ferric citrate Gattex* (PA) Hectorol Hetlioz (PA) Ilaris* (PA) Klor-Con M15 Kuvan* Lupaneta Pack* (PA) Lysteda* Metopirone Mircera* (PA) Natroba Neo-Synalar Nimotop Nymalize Nuedexta Obredon Oxandrin (PA) Phoslo Phoslyra Procysbi* (PA) Promacta* (PA) Pulmozyme* (PA) Ravicti* (PA) Rectiv Renagel Revia Rilutek* Sklice SPS Stromectol Suboxone (PA) Tussicaps Tussionex Uceris Ulesfia Velphoro Viekira Pak* (PA) Vituz Zanaflex Zavesca* (PA) Zemplar* Zubsolv (PA) Zutripro

EXCLUSIONS & LIMITATIONS

Plans typically do not provide coverage for the following, except as required by law or by the terms of your specific plan:

1. Any medications available over-the-counter (OTC) that do not require a prescription by federal or state law, and any medication that is a pharmaceutical alternative to an OTC medication other than insulin [examples include OTC Benadryl, Maalox, Sudafed PE, etc.].
2. Medications that are therapeutically equivalent as determined by the Cigna HealthCare Pharmacy and Therapeutics Committee in which at least one of the medications within the class is available over the counter [examples include Rx equivalents to OTC Allegra, Claritin and Zyrtec (Allegra D, Clarinex, Xyzal) and Rx equivalents to OTC Prevacid, Prilosec and Zantac (Aciphex, Kapidex, Nexium, Axid, Pepcid, Zantac)].
3. Any injectable infertility medications, and any injectable medications that require health care professional supervision and are not typically considered self-administered medications. The following are examples of health care professional-supervised medications: injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.
4. Any medications that are experimental or investigational within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices and appliances.
7. Implantable contraceptive products.
8. Any fertility medication.
9. Any medications used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
10. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
11. Medications used for cosmetic purposes, such as medications used to reduce wrinkles, medications to promote hair growth, medications used to control perspiration and fade cream products.
12. Any diet pills or appetite suppressants (anorectics).
13. Prescription smoking cessation products.
14. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis (the prevention of travel-related diseases).
15. Replacement of prescription medications and related supplies due to loss or theft.
16. Medications used to enhance athletic performance.
17. Medications that are to be taken by, or administered to, a customer while the customer is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
18. Prescriptions more than one year from the original date of issue.
19. Any Human Growth Hormone medications.

Cigna reserves the right to make changes to this 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.

"Cigna" and the "Tree of Life" logo are registered service marks, and "Together, all the way." are service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C., and HMO subsidiaries of Cigna Health Corporation. "Cigna Specialty Pharmacy Services" refers to the specialty drug division of Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., doing business as Cigna Home Delivery Pharmacy. All models are used for illustrative purposes only.

827292 o 11/15 © 2015 Cigna. Some content provided under license.