PERFORMANCE PRESCRIPTION DRUG LIST

July 2015

The Performance 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.

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1st Tier – Generic Medications: Generic medications 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 or may require the use of a preferred specialty pharmacy. Refer to the your plan documents for more information.

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 **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 clonidine HCl dexmethylphenidate HCl dexmethylphenidate HCl ER dextroamphetamine dextroamphetamine/ amphetamine ER guanfacine Metadate ER-methylphenidate HCl methamphetamine methylphenidate HCl methylphenidate ER/ER 24 HR modafinil	Adderall XR Focalin XR Ritalin LA 10 mg Strattera Vyvanse	Adderall (PA, ST) Concerta (PA, ST) Daytrana (PA, ST) Desoxyn (PA, ST) Dexedrine (PA, ST) Evekeo (PA, ST) Focalin (PA, ST) Intuniv Kapvay Metadate CD (PA, ST) Methylin (PA, ST) Nuvigil (PA) Provigil (PA) Quillivant XR (PA, ST) Ritalin (PA, ST) Ritalin LA 20 mg, 30 mg, 40 mg (PA, ST) Ritalin SR (PA, ST) Xyrem* (PA) Zenzedi (PA, ST)
AIDS/HIV		
abacavir* didanosine* lamivudine* lamivudine/zidovudine* nevirapine* stavudine* zidovudine* abacavir/lamivudine/ zidovudine* nevirapine ER*	Aptivus* Crixivan* Emtriva* Epivir HBV* Epivir solution* Epzicom* Fuzeon* Invirase* Isentress* Kaletra* Lexiva* Norvir* Prezista* Rescriptor* Reyataz* Selzentry* Sustiva* Truvada* Viracept* Viramune XR* Viread*	Atripla* Combivir* Complera* Edurant* Epivir* Evotaz* Fulyzaq Intelence* Prezcobix* Retrovir* Stribild* Triumeq* Trizivir* Tybost* Videx* Viramune* Vitekta* Zerit* Ziagen*

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ALLERGY		
These drugs may not be covered under your plan. Please use the Prescription Drug Price Quote Tool on myCigna.com for more information.		
azelastine HCl azelastine nasal budesonide clemastine fumarate cyproheptadine cyproheptadine HCl desloratadine epinastine epinephrine (QL) flunisolide nasal fluticasone nasal hydroxyzine ipratropium nasal levocetirizine montelukast olopatatine nasal spray triamcinolone acetonide nasal	Astepro Epipen 2 pk (QL) Epipen Jr. (QL) Nasonex Veramyst	Adrenaclick (QL) Astelin Atrovent (nasal) AUVI-Q (QL) Beconase AQ (PA, ST) Children's QNASL Dymista (PA, ST) Flonase (PA, ST) Karbinal ER Omnaris (PA, ST) Patanase QNASL (PA, ST) Rhinocort AQ (PA, ST) Semprex-D Singulair Xyzal 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 diazepam lorazepam oxazepam		Lorazepam Intensol Niravam
ASTHMA AND RESPIRATORY		
albuterol sulfate (nebulizer solution) budesonide (nebulizer solution) caffeine citrate cromolyn sodium (nebulizer solution) dyphylline guaifenesin/theophylline	Advair, Advair HFA Anoro Ellipta Asmanex Atrovent HFA Breo Ellipta Combivent Respimat Flovent Diskus/HFA ProAir HFA Pulmicort	Accolate Accuneb nebulizer (PA, ST) Adcirca* (PA) Adempas* (PA) Aerospan Alvesco Arcapta Arnuity Ellipta Asmanex HFA

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ASTHMA AND RESPIRATORY *(CONTINUED)*		
ipratropium bromide (nebulizer solution)	Pulmozyme* (PA)	Brovana nebulizer (PA, ST)
levalbuterol HCl (nebulizer solution)	Qvar	Daliresp
metaproterenol sulfate (syrup, tabs)	Serevent	Dulera
montelukast sodium	Spiriva	Esbriet* (PA)
prednisolone sod phosphate	Symbicort	Foradil
racepinephine HCl	Ventolin HFA	Incruse Ellipta (PA, ST)
sildenafil* (PA)	Xolair* (PA)	Letairis*
terbutaline sulfate		Ofev* (PA)
theophylline anhydrous		Opsumit* (PA)
zafirlukast		Orapred ODT
		Orenitram ER* (PA)
		Perforomist (PA, ST)
		Proventil HFA
		Revatio* (PA)
		S-2 Racepinephine
		Singulair
		Striverdi Respimat
		Tracleer*
		Tudorza Pressair (PA, ST)
		Tyvaso*
		Ventavis*
		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	BeYaz	Angeliq
Alyacen	Lomedia 24 FE	Brevicon
Amethia	LoSeasonique	Cyclessa
Amethia Lo	Minastrin 24 FE	Depo-Provera Subq
Amethyst	NuvaRing	Desogen
Apri	Ortho Evra	Ella
Aranelle	Ortho TriCyclen Lo	Estrostep FE
Aubra		Femcon FE
Aviane		Generess FE
Azurette		Loestrin
Balziva		Loestrin FE
Briellyn		Mircette
Camila		Modicon
Camrese		Natazia
Camrese Lo		Norinyl 1+35
Caziant		Norinyl 1+50
Chateal		Nor-QD
Cryselle		Ortho Micronor
Cyclafem		Ortho-Cept
Dasetta		Ortho-Cyclen

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		Ortho-Novum 7-7-7
desogestrel-ethinyl estradiol		Ortho-Tri-Cyclen
Elinest		Ovcon-35
Emoquette		Quartette
Enpress		Safyral
Enskyce		Seasonale
Errin		Seasonique
Estarylla		Tri-Norinyl
ethinyl estradiol/ drospirenone		Yasmin 28
Falmina		Yaz
Gianvi		
Gildagia		
Gildess		
Heather		
Introvale		
Jencycla		
Jolessa		
Junel		
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		
Mono-Linyah		
Mononessa		
Myzilra		
Necon		

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.

Next Choice
Nora-Be
noreth a-et estra/fe fumarate
noreth-ethinyl estradiol/iron
norethindrone
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
Vestura
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	Elmiron Toviaz VESIcare	Detrol (PA, ST) Detrol LA (PA, ST) Ditropan XL (PA, ST) Enablex (PA, ST) Gelnique (PA, ST) Myrbetriq (PA, ST) Oxytrol (PA, ST) (For Men Only) Sanctura (PA, ST) Sanctura XR (PA, ST) Urocit-K
CANCER		
anastrozole azacitidine* bicalutamide* capecitabine cyclophosphamide* exemestane flutamide* letrozole lomustine tamoxifen citrate temozolomide* (PA)	Gleevec* (PA) Granix* Hexalen* Leukeran Lupron Depot* (PA) Lysodren Matulane* Myleran Neulasta* (PA) Neupogen* (PA) Nexavar* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Thalomid* (PA) Xeloda* Zolinza* (PA)	Afinitor* (PA) Afinitor Disperz* (PA) Arimidex Aromasin Bosulif* (PA) Caprelsa* (PA) Casodex* Cometriq* (PA) Droxia Erivedge* (PA) Fareston Femara Gilotrif* (PA) Ibrance* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Lenvima* (PA) Lynparza* (PA) Mekinist* (PA) Purixan* Pomalyst* (PA) Stivarga* (PA) Sylatron* (PA) Sylvant* (PA) Tafinlar* (PA) Targretin* Tasigna* (PA) Tykerb* (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*	Aggrenox	Agrylin*
cilostazol	Arixtra (QL)*	Brillinta
clopidogrel	Effient	Coumadin
dipyridamole	Fragmin* (QL)	Eliquis (PA, ST)
enoxaparin (QL)*	Xarelto	Lovenox* (QL)
fondaparinux (QL)*		Plavix
heparin		Pletal
Jantoven		Pradaxa (PA, ST)
ticlopidine		Savaysa (PA, ST)
warfarin		Zontivity
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
acebutolol HCl	Benicar	Accupril (PA, ST)
acetazolamide	Benicar HCT	Accuretic (PA, ST)
amiloride HCl	Bystolic	Aceon (PA, ST)
amiloride/hydrochlorothiazide	Coreg CR	Altace (PA, ST)
amlodipine besylate	Tarka	Amturnide
amlodipine besylate/ benazepril	Tekturna	Atacand (PA, ST)
	Tekturna HCT	Atacand HCT (PA, ST)
amlodipine/atorvastatin calcium		Avalide (PA, ST)
		Avapro (PA, ST)
amlodipine/valsartan		Azor
amlodipine/valsartan/HCTZ		Betapace AF
apresoline		Cardura
atenolol		Cardura XL
benazepril HCl		Catapres, Catapres TTS
benazepril HCl/amlodipine		Coreg
benazepril HCl/HCTZ		Corgard
bendroflumethiazide/ nadolol		Cozaar (PA, ST)
		Diovan (PA, ST)
betaxolol HCl		Diovan HCT (PA, ST)
bisoprolol fumarate		Dutoprol
bisoprolol/HCTZ		Edarbi (PA, ST)
bumetanide		Edarbychlor (PA, ST)
candesartan		Exforge
candesartan cilexetil		Exforge HCT
candesartan/HCTZ		Hemangeol
captopril		Hyzaar (PA, ST)
captopril/HCTZ		Inderal LA
carvedilol		Innopran XL
chlorothiazide		Levatol
chlorthalidone		Lotensin (PA, ST)
chlorthalidone/atenolol		Lotensin HCT (PA, ST)
clonidine		Lotrel
clonidine HCl		Mavik (PA ,ST)
Clorpres		Micardis (PA, ST)
diltiazem		Micardis HCT (PA, ST)
diltiazem 24HR ER		Norpace
doxazosin mesylate		Norpace CR

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR *(CONTINUED)*		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
enalapril maleate		Norvasc
enalapril maleate/HCTZ		Nymalize
eplerenone		Prinivil (PA, ST)
eprosartan mesylate		Prinzide (PA, ST)
felodipine		Sotylize
fosinopril sodium		Sular
fosinopril sodium/HCTZ		Tekamlo
furosemide		Teveten (PA, ST)
guanfacine		Teveten HCT (PA, ST)
hydralazine HCl		Toprol XL
hydrochlorothiazide		Tribenzor
indapamide		Twynsta
irbesartan		Vaseretic (PA, ST)
irbesartan/HCTZ		Vasotec (PA, ST)
isradipine		Verelan
labetalol HCl		Zestoretic (PA, ST)
lisinopril		Zestril (PA, ST)
lisinopril/HCTZ		
losartan potassium		
losartan potassium/HCTZ		
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		
spironolactone/HCTZ		
telmisartan		

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

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
DEPRESSION		
amitriptyline bupropion bupropion SR citalopram desipramine duloxetine HCl escitalopram fluoxetine fluvoxamine imipramine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone venlafaxine venlafaxine XR	Pristiq Wellbutrin XL	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) Prozac (PA, ST) Remeron Sarafem (PA, ST) Tofranil Venlafaxine HCl ER (PA, ST) Viibryd (PA, ST) Vivactil Wellbutrin (PA, ST) Wellbutrin SR (PA, ST) Zoloft (PA, ST)
DIABETES		
acarbose chlorpropamide glimepiride glipizide glipizide/metformin glyburide glyburide micronized glyburide/metformin metformin HCl metformin ER nateglinide pioglitazone pioglitazone/glimepiride pioglitazone/metformin repaglinide tolazamide tolbutamide	ACCU-CHEK test strips Apidra Apidra SoloStar BD Insulin Syringes/Pen Needles Bydureon (QL) Byetta GlucaGen HypoKit Glucagon Emergency Kit (QL) Humalog Humulin Invokamet Invokana Janumet Janumet XR Januvia Kombiglyze XR Lantus	Actoplus Met Actoplus Met XR Actos Afrezza (PA) Amaryl Avandamet Avandaryl Avandia Cycloset Duetact Farxiga (PA, ST) Fortamet Glucophage XR Glyset Glyxambi (PA, ST) Jardiance (PA, ST) Jentadueto (PA, ST) Kazano (PA, ST) Nesina (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
DIABETES *(CONTINUED)*		
	Lantus SoloStar Levemir NovoFine/NovoTwist needles Novolin Novolog One Touch test strips Onglyza Prandimet SymlinPen Victoza	Oseni (PA, ST) Prandin Precose Starlix Tanzeum (PA, QL, ST) Tradjenta (PA, ST) Trulicity (PA, ST) VGo Xigduo XR (PA, ST)
ENDOCRINE AND METABOLIC – OTHER		
allopurinol cabergoline (QL) desmopressin* fluoxymesterone megestrol acetate octreotide* (PA)	Colcrys Increlex* (PA) LupronDepot-PED* (PA) Megace ES Nilandron Sandostatin LAR* (PA) Somavert* (PA) Uloric	colchicine Egrifta* (PA) Megace Mitigare Sandostatin* (PA) Signifor* (PA) Signifor LAR* (PA) Somatuline Depot* (PA)
EYE CONDITIONS		
apraclonidine HCl atropine azelastine brimonidine bromfenac bromfenac sodium ciprofloxacin diclofenac dorzolamide dorzolamide/timolol epinastine flurbiprofen gatifloxacin ketorolac latanoprost levofloxacin pilocarpine timolol tobramycin/dexamethasone travoprost trifluridine	Alomide Alphagan P 0.1% AzaSite Azopt Betoptic S Ciloxan (ointment) Iopidine Lotemax (drops & gel) Maxidex Moxeza Pataday Patanol Restasis Tobradex ointment Travatan Z Vexol Vigamox	Acular LS Alocril Alrex Bepreve Besivance Ciloxan (drops) Cosopt Cystaran Durezol Elestat Emadine Ilevro Lastacaft Lotemax (ointment) Optivar Pazeo Prolensa Rescula Simbrinza (PA, ST) Timoptic Tobradex (drops) Tobradex ST Trusopt Voltaren Zioptan (PA, ST) Zymaxid

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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	Apriso Asacol HD Canasa Creon Delzicol GoLytely Humira* (PA) Lialda Pentasa Urso/Urso Forte Zenpep	Amitiza Cimzia* (PA) Colazal Colyte Donnatal Entocort EC Entyvio* (PA) Giazo Linzess Movantik (PA) NuLytely Pancreaze Pertzye Pancreaze Prepopik Relistor (PA) Remicade* (PA) Simponi* (PA) Simponi Aria* (PA) Suclear Sucraid* Uceris Ultresa Viokace
GROWTH HORMONES		
	Humatrope* (PA) Saizen* (PA)	Genotropin* (PA) Norditropin* (PA) Norditropin Nordiflex* (PA) Nutropin AQ* (PA) Nutropin AQ Nuspin*(PA) Omnitrope* (PA) Serostim* (PA) Tev-Tropin* (PA)
HEARTBURN/ULCER		
These drugs may not be covered under your plan. Please use the Prescription Drug Price Quote Tool on myCigna.com for more information.		
cimetidine esomeprazole magnesium famotidine lansoprazole lansoprazole/amoxicillin/ clarithromycin metoclopramide metoclopramide HCl	Nexium	Aciphex (PA, ST) Aciphex Sprinkle (PA, ST) Dexilant (PA, ST) Esomeprazole Strontium (PA, ST) Omeclamox-Pak Prevacid (PA, ST) Prevpac

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
HEARTBURN/ULCER *(CONTINUED)*		
These drugs may not be covered under your plan. Please use the Prescription Drug Price Quote Tool on myCigna.com for more information.		
misoprostol nizatidine omeprazole omeprazole/sodium bicarbonate pantoprazole rabeprazole HCl ranitidine sucralfate		Prilosec (PA, ST) Protonix (PA, ST) Zantac Effertab Zantac Syrup Zegerid (PA, ST)
HORMONE REPLACEMENT		
estradiol estradiol/norethindrone acetate estropipate ethinyl estradiol levothroid levothyroxine Levoxyl liothyronine medroxyprogesterone progesterone, micronized testosterone cypionate testosterone enanthate thyroid Unithroid	Alora Anadrol-50 (PA) Androderm (QL) AndroGel (QL) Armour Thyroid Divigel Enjuvia Premarin Premphase Prempro Synthroid Testim (QL) Vivelle-Dot	Activella Axiron (PA, QL, ST) Cenestin Combipatch Cytomel Delatestryl Depot Testosterone Estrace Femhrt Femring Fortesta (PA, QL, ST) Menest Minivelle Prefest Prometrium Striant (QL) testosterone gel (QL) Vagifem Vogelxo
INFECTIONS		
acyclovir adefovir dipivoxil* amantadine amoxicillin/ER amoxicillin/clavulanate atovaquone azithromycin cefaclor ER cefadroxil cefditoren cefdinir cefprozil ceftibuten dihydrate ceftriaxone cefuroxime axetil	Baraclude* Cipro HC Otic Ciprodex Epivir HBV* Gris-Peg Intron-A* (PA) Mycostatin (tabs) Peg Intron* (PA) Pegasys* (PA) Primsol Tamiflu (QL) Valcyte	Acticlate (PA, ST) Ancobon Augmentin Augmentin ES 600 Augmentin XR Avelox Bethkis* Biaxin Biaxin XL Cedax Cetraxal Ciclodan Cipro Cipro XR CNL 8

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
INFECTIONS *(CONTINUED)*		
cephalexin		Coartem (QL)
ciprofloxacin		Copegus*
clarithromycin		Dificid (PA)
clindamycin		Ery-Tab
clindamycin phosphate		Famvir
cycloserine		Flagyl ER
doxycycline		Garamycin*
entacavir		Grifulvin V
erythromycin		Hepsera*
famciclovir		Keflex
fluconazole		Ketodan
flucytosine		Kitabis Pak*
ganciclovir*		Lamisil (QL)
gentamicin sulfate		Levaquin
griseofulvin		Malarone (PA)
griseofulvin microsize		Monurol
griseofulvin ultramicrosize		Moxatag
itraconazole (QL)		Noxafil
ketoconazole		Olysio* (PA)
lamivudine*		Onmel (PA, QL, ST)
metronidazole		Penlac
minocycline		Priftin
minocycline HCl		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)		Uribel
terconazole		Urelle
tetracycline		UTA
tobramycin		Valtrex
valacyclovir		Vfend (PA)
valganciclovir		Zithromax
vancomycin		Zyvox (PA)
voriconazole (PA)		

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

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE		
buprenorphine	Actimmune* (PA)	Abstral (PA)
butalbital/acetaminophen	Avinza (QL)	Actemra* (PA)
butalbit/acetamin/caff/ codeine	Dilaudid-5	Actiq (PA)
butorphanol nasal (QL)	Dipentum	Adazin
celecoxib (QL)	Enbrel* (PA)	Ansaid (PA, ST)
codeine phos/carisoprodol/ asa	Fentora (PA)	Arthrotec (PA, ST)
codeine phosphate	Humira* (PA)	Butrans (QL)
codeine phosphate/aspirin	Indocin (suppository)	Cambia
codeine sulfate	Kadian (QL)	Celebrex (QL, ST)
cyclophosphamide*	Lidoderm	Cimzia* (PA)
dexamethasone	Lyrica	Conzip (PA, QL, ST)
diclofenac	Nucynta (PA, QL, ST)	Demerol (PA, ST)
diclofenac/misoprostol	Nucynta ER (QL)	Dilaudid (PA, ST)
dihy-cod tt/apap/caffeine	OxyContin (QL)	Duexis (PA, ST)
etodolac	Ponstel (PA, ST)	Duragesic (QL)
fenoprofen	Rheumatrex*	Embeda (QL)
fentanyl citrate (lozenge on stick) (PA)	Roxicet (PA, ST)	Exalgo (QL)
fentanyl transdermal (QL)	Savella	Fioricet w/codeine
flurbiprofen	Suboxone film tab (PA)	Flector (PA, QL, ST)
hydrocodone bitartrate/apap	Trexall*	Horizant (PA, ST)
hydrocodone bitartrate/ aspirin		Hycet (PA, ST)
hydromorphone HCl		Hysingla ER (QL)
ibuprofen		Kineret* (PA)
ibuprofen/hydrocod bit		Lazanda (PA)
indomethacin		Lidopin
ketoprofen		Lidovex
ketorolac (QL)		Lortab (PA, ST)
leflunomide		Mobic (PA, ST)
levorphanol tartrate		MS Contin (QL)
lidocaine		Nalfon (PA, ST)
lidocaine-prilocaine		Naprelan (PA, ST)
meclofenamate		Norco (PA, ST)
mefenamic acid		Onsolis (PA)
meloxicam		Opana (QL)
meperidine HCl		Opana ER (QL)
metaxalone		Otrexup* (PA)
methotrexate*		Oxecta (PA, ST)
methylprednisolone		Pain Relief
migergot		Pennsaid
morphine sulfate (QL)		Percocet (PA, ST)
nabumetone		Percodan (PA, ST)
naproxen		Primlev (PA, ST)
opium		Prodrin
opium/belladonna alkaloids		Quflora
orphenadrine/aspirin/ caffeine		Rasuvo* (PA)
		Rayos (PA, ST)
		Relyyks
		Relyyt
		Remicade* (PA)
		Roxicodone (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE *(CONTINUED)*		
oxaprozin oxycodone ER (QL) oxycodone HCl oxycodone HCl/ acetaminophen oxycodone/aspirin oxymorphone Oxymorphone HCl pentazocine HCl/ acetaminophen pentazocine HCl/ naloxone HCl piroxicam prednisone sulindac tolmetin tramadol ER (QL) tramadol HCl (QL) tramadol HCl/ acetaminophen (QL)		Ryzolt Scar Silvera Simponi* (PA) Simponi Aria* (PA) Skelaxin Solaice Sprix (QL) Suboxone SL tab (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 (PA, ST) 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 entacapone pramipexole pramipexole ER ropinirole ropinirole XL selegiline	Apokyn* (PA) Azilect	Comtan Eldepryl Lodosyn Mirapex Mirapex ER Neupro Northera* (PA) Parcopa Requip Requip XL Sinemet CR Rytary Stalevo Tasmar Zelapar

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
PROSTATE		
alfuzosin doxazosin finasteride leuprolide acetate* (PA) prazosin tamsulosin terazosin	Avodart Cialis (PA,QL) Jalyn Zoladex* (PA)	Firmagon* (PA) Flomax Proscar Rapaflo Uroxatral
SCHIZOPHRENIA		
clozapine haloperidol loxapine olanzapine olanzapine/fluoxetine HCl quetiapine risperidone thiothixene ziprasidone	Seroquel XR	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) 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 valproate zonisamide valproate sodium	Celontin Diastat Diastat Acudial Dilantin (30 mg only) Felbatol Gabitril Keppra Lamictal ODT Lyrica Peganone Vimpat	Aptiom Banzel Carbatrol Depakote (all forms) Dilantin Fycompa Keppra XR Lamictal Lamictal XR Neurontin Oxtellar XR Potiga Qudexy XR Saphris Stavzor Tegretol XR Topamax topiramate XR caps Trileptal Zarontin Zonegran

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
SEXUAL DYSFUNCTION **		
***Please check your enrollment materials to determine whether these medications are covered under your plan.*		
	Cialis (PA,QL) Muse (PA, QL) Viagra (QL)	Caverject (PA, QL) Edex (PA, QL) Levitra (PA, QL) Osphena Staxyn (PA, QL) Stendra (QL)
SKIN CONDITIONS		
acitretin adapalene (AGE) alclometasone dipropionate amcinonide amnesteem (QL) Apexicon E (diflorasone diacetate) cream betamethasone betamethasone dipropionate betamethasone dipropionate/propylene glycol betamethasone valerate calcipotriene calcipotriene-betamethasone calcitriol ointment Claravis (QL) clinicamycinphosphate/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 hydrocortisone acetate/aloe vera hydrocortisone acetate/urea	Ala-Scalp HP (PA, ST) Benzaclin (Gel w/pump) Benzamycin Pak Capex Shampoo (PA, ST) Carac Carmol HC (PA, ST) Cloderm (PA, ST) Cordran (PA, ST) Cordran SP (PA, ST) Differin (AGE) Enbrel* (PA) Exelderm Fluoroplex Furacin Humira* (PA) Kenalog aerosol (PA, ST) Klaron Locoid (lotion) Loprox shampoo Metrogel 1% Naftin Noritate Nucort (PA, ST) Oracea Tazorac Texacort (PA, ST)	Absorica (QL) Acanya Aclovate (PA, ST) Alcortin A Aldara Aqua Glycolic HC (PA, ST) Atralin (AGE) Avar Avar LS Avita Bactroban Benoxyldoxy 30 Benzaclin Benzefoam Clindacin Pac Clobex (PA, ST) Clodan (PA, ST) Condylox 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) Diprolene (PA, ST) Diprolene AF (PA, ST) Dovonex Doxycycline IR-DR Duac Ecoza Elidel (PA, ST) Elocon (PA, ST) Epiduo First Hydrocortisone (PA, ST) Halog (PA, ST) Hydro 35

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS *(CONTINUED)*		
hydrocortisone butyrate hydrocortisone valerate imiquimod Isotretinoin (QL) methoxsalen, rapid metronidazole mometasone furoate podofilox prednicarbate salicylic acid Sotret (QL) sulfacetamide sulfacetamide sodium/sulfur sulfacetamide sulfur sulfacetamide/sulfur/ cleanser tacrolimus ointment tretinoin (AGE) triamcinolone acetonide urea		Iodosorb Jublia (PA, ST) Keralac Kerydin (PA, ST) Locoid (cream, ointment, solution) Locoid Lipocream (PA, ST) Luxiq (PA, ST) Luzu Metrogel Metrolotion Neuac Olux (PA, ST) Olux-E (PA, ST) Onexton 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) Riax Rosula Scalacort DK (PA, ST) Solaraze Soolantra Soriatane Sorilux Stelara* (PA) Sumadan XLT Synalar (PA, ST) Synalar TS (PA, ST) Taclonex Targretin gel* Temovate (PA, ST) Topicort (PA, ST) Topicort LP (PA, ST) Tretin-X (PA) Ultrasal-ER Ultravate (PA, ST) Ultravate X (PA, ST) Umecta

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS *(CONTINUED)*		
		Vanos (PA, ST) Vectical Verdeso (PA, ST) Vytone Xolegel Ziana Zyclara (PA, ST)
SLEEP		
eszopiclone zaleplon zolpidem zolpidem ER	Silenor	Ambien (PA, ST) Ambien CR (PA, ST) Belsomra (PA, ST) Edluar (PA, ST) Intermezzo (PA, ST) Lunesta (PA, ST) Rozerem (PA, ST) Sonata (PA, ST) Zolpimist (PA, ST)
TRANSPLANT		
azathioprine* cyclosporine* mycophenolate moefetil* mycophenolate sodium* sirolimus* tacrolimus*	Azasan* Cellcept* Neoral* Prograf* Rapamune* Sandimmune*	Imuran* Myfortic* Zortress*
VITAMINS		
All plans cover all generic prescription prenatal vitamins, even though not listed here. Available as generic where ^ is noted.		
calcitriol cyanocobalamin folic acid	Active OB^ Bal-Care DHA Essential Cadeau DHA Citranatal 90 DHA Citranatal Assure^ Citranatal B-Calm Citranatal DHA Citranatal Harmony^ Focalgin-B^ Folet DHA Folet One Gesticare DHA Infanate Balance Natachew Natafort Natelle One^ Neevo Neevo DHA	Eligen B12 Feriva 21-7 MaxFe Nascobal

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
VITAMINS *(CONTINUED)*		
All plans cover all generic prescription prenatal vitamins, even though not listed here. Available as generic where ^ is noted.	Nestabs^ Nestabs ABC Nestabs DHA^ Nexa Plus OB Complete OB Complete DHA OB Complete One OB Complete Petite OB Complete Premier Precare Premier Prefera-OB One PreferaOB Prenatal Vitamin Prenaissance Next-B Prenata Prenatal 19 Prenate AM Prenate Chewable Prenate DHA Prenate Elite Prenate Enhance Prenate Essential Prenate Mini Prenate Pixie Prenate Restore Prenate Star Provida OB Select-OB Stuart Prenatal Stuartnatal Plus Stuartnatal Plus 3 TL-Folate TL-Select DHA Tricare Tricare Prenatal DHA One Vinate Care Vinate DHA Virt-Bal DHA^ Vita Fol-OB DHA Vitafol Nano Vitafol Ultra Vitafol-One VitaMed MD Plus Rx VitaMedMD Redichew RX Vitapearl Viva DHA VP CH Ultra VP-PNV-DHA	

MISCELLANEOUS

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
aminocaproic acid*	Analpram Advanced	Ana-Lex
buprenorphine	Aranesp* (PA)	Analpram-E
buprenorphine HCl/ naloxone HCl (PA)	Buphenyl	Analpram HC
cyclobenzaprine	Chantix	Arcalyst* (PA)
doxercalciferol	Epogen* (PA)	Brisdelle (QL)
hydrocodone/ chlorpheniramine suspension	Fosrenol	Bunavail (PA)
hydrocortisone	Harvoni* (PA)	Cerdelga* (PA)
ivermectin	Klor-Con M15	Cortifoam
leucovorin*	Leukine*	Cuvposa
levocarnitine	Metopirone	Epifoam
lidocaine-hydrocortisone-aloe	Pramosone	Evzio
lindane	Procrit* (PA)	Feriva FA
megestrol	Proctofoam-HC	Ferric citrate
methocarbamol	Pulmuzyme* (PA)	Gattex* (PA)
naltrexone	Renvela	Hectorol
naltrexone HCl	Sovaldi* (PA)	Hetlioz (PA)
paricalcitol*	SPS	Ilaris* (PA)
pentoxifylline	Stromectol	Kuvan*
pramoxine/hydrocortisone	Suboxone film tab (PA)	Lupaneta Pack* (PA)
pseudoephed/hydrocodone/ cpm	TussiCaps	Lysteda*
quinine sulfate	Zavesca* (PA)	Mircera* (PA)
riluzole*		Natroba
sodium phenylbutyrate		Neo-Synalar
sodium polystyrene sulfonate		Nimotop
spinosad		Nuedexta
tizanidine		Nymalize
tranexamic acid*		Obredon
		Oxandrin (PA)
		Phoslo
		Phoslyra
		Procysbi* (PA)
		Promacta* (PA)
		Ravicti* (PA)
		Rectiv
		Renagel
		Revia
		Rilutek*
		Sklice
		Suboxone SL tab (PA)
		Tussionex
		Uceris
		Ulesfia
		Velphoro
		Viekira Pak* (PA)
		Vituz
		Zanaflex
		Zemplar*
		Zubsolv (PA)
		Zutripro

Exclusions and 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, 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 prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
10. 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.
11. Any diet pills or appetite suppressants (anorectics).
12. 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).
13. Replacement of prescription medications and related supplies due to loss or theft.
14. Medications used to enhance athletic performance.
15. 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.
16. Prescriptions more than one year from the original date of issue.

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.