

2015 CIGNA

PRESCRIPTION DRUG LIST



THREE-TIER PLAN

This list is designed to cover your prescription medications at three levels. The amount you will pay will depend on the tier from which you and your doctor select your medication. If there is more than one medication appropriate for your condition, we encourage you to talk to your doctor about low cost medications like generics and preferred brands, as they will help to manage your prescription costs better.

1st Tier – Generic medications: Generic medications have the same active 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 you 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 one or more preferred brand options within the same drug class. You will usually pay more for a non-preferred brand under your plan.



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

Understanding the Cigna prescription drug list



Every medication available on the drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents the most commonly prescribed medications. *Please note: this list is subject to change.* Please reference **Cigna.com** or **myCigna.com** for the complete up-to-date listing of medications. Refer to your enrollment information to find out which specific medications are covered under your plan.

What the symbols on the list mean

If your 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 “ST” medication is covered.

Important note

This list does not cover medications that have over-the-counter (OTC) alternatives, medications that treat stomach acid conditions and non-sedating antihistamines to treat allergies.

In some cases, medications for certain conditions (allergies, heartburn/ulcers, etc.) may be equivalent products to OTC medications available. In these cases, the prescription available class alternatives are excluded from coverage. Examples* include allergy medications such as Allegra, Clarinex, Xyzal and any generics; and heartburn/ulcer medications such as Nexium, Prilosec, Zantac and any generics.

(*Examples not an all-inclusive listing.)

Help from myCigna.com

When you go to **myCigna.com** you can:

- Compare actual medication prices at local pharmacies and Cigna Home Delivery PharmacySM using the Prescription Drug Price Quote tool



- See your specific pharmacy coverage information
- Research available medications and network pharmacies
- Ask a pharmacist questions

Cigna Home Delivery Pharmacy

Cigna Home Delivery Pharmacy is designed for people taking prescription medications on a regular basis, including specialty medications. By choosing Cigna Home Delivery Pharmacy, you can get:



- Licensed pharmacists available 24/7
- Up to a 90-day supply of your medications
- Free, convenient delivery right to your home
- **QuickFill**, our automatic refill reminder service

To get started, give us a call at **800.835.3784**.

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. Some of the changes went into effect in 2010 and most of the law’s effects will be felt by 2014.

Cigna will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, depending upon the final government regulations, coverage for medications that have not traditionally been included in pharmacy plans, such as specific 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

Feel free to give us a call at the number on the back of your ID card. We’re here to help.



2015 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD AND STIMULANTS		
amphetamine/ dextroamphetamine clonidine HCl dexmethylphenidate dexmethylphenidate HCl dextroamphetamine sulfate methamphetamine methylphenidate HCl methylphenidate/ER modafani	Adderall XR (PA, ST)	Adderall (PA, ST) amphetamine/ dextroamphetamine XR (PA, ST) Concerta (PA, ST) Daytrana (PA, ST) Desoxyn Focalin XR (PA, ST) Intuniv Kapvay Metadate CD (PA, ST) Metadate ER (PA, ST) Nuvigil Provigil (PA) Quillivant XR (PA,ST) Ritalin/Ritalin ER/Ritalin LA/ Ritalin SR (PA, ST) Strattera Vyvanse (PA, ST) Zenzedi (PA,ST)
AIDS/HIV		
abacavir didanosine lamivudine lamivudine/zidovudine nevirapine nevirapine ER stavudine zidovudine	Aptivus Atripla Crixivan Emtriva Epzicom Fuzeon (PA) Intelence Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Trizivir Truvada Viracept Viread Ziagen	Combivir Epivir Fulyzaq (PA) Retrovir Tivicay Videx Viramune Viramune XR Zerit
ALLERGY*		
* Medications for allergies equivalent to over-the-counter medications within the class (such as Allegra, fexofenadine, Clarinex) are excluded.		
azelastine HCl azelastine nasal budesonide clemastine fumarate cyproheptadine epinephrine (QL)	Astepro Epipen 2pk (QL) Epipen Jr. (QL)	Adrenaclick (QL) Astelin Atrovent (nasal) Auvi-Q (QL) Flonase (PA, ST) Karbinal ER

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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ALLERGY* (CONTINUED)

** Medications for allergies equivalent to over-the-counter medications within the class (such as Allegra, fexofenadine, Clarinex) are excluded.*

flunisolide nasal fluticasone nasal hydroxyzine ipratropium nasal montelukast triamcinolone nasal		Nasacort AQ (PA, ST) Nasonex (PA, ST) Omnaris (PA, ST) Patanase QNASL (PA, ST) Rhinocort AQ (PA, ST) Semprex-D Singulair Tavist Syrup Veramyst (PA, ST) Zetonna (PA, ST)
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ALZHEIMER'S DISEASE

donepezil donepezil HCl galantamine rivastigmine		Aricept Aricept ODT Exelon Namenda XR (PA) Razadyne Razadyne ER
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ASTHMA AND RESPIRATORY

albuterol solution (nebulizer solution) albuterol sulfate (syrup, tabs) budesonide cromolyn sodium (nebulizer solution) Dylix dyphylline guaifenesin/theophylline ipratropium bromide (nebulizer solution) levalbuterol (nebulizer solution) metaproterenol sulfate (syrup, tabs) montelukast sildenafil citrate terbutaline sulfate theophylline anhydrous zafirlukast	Advair, Advair HFA Atrovent HFA Breo Ellipta (ST) Foradil ProAir HFA QVAR Spiriva Xolair (PA)	Accolate Accuneb nebulizer (PA, ST) Adcirca (PA) Adempas (PA) Aerospan Alvesco Anoro Ellipta Arcapta Asmanex Azmacort Brovana nebulizer (PA, ST) Combivent Respimat Daliresp Dulera Flovent, Flovent HFA Letaris Opsumit (PA) Orenitram ER (PA) Perforomist (PA, ST) Proventil HFA Pulmicort Revatio (PA) Serevent Singulair Symbicort Tracleer Tudorza Pressair (ST) Ventavis Ventolin HFA Xopenex HFA Xopenex nebulizer (PA, ST)
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GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
BIRTH CONTROL*		
Altavera Alyacen Amethia Amethia Lo Amethyst Apri Aranelle Aubra Aviane Azurette Balziva Briellyn Camila Camrese Camrese Lo Caziant Chateal Cryselle Cyclaferm Dasetta Daysee desogestrel-ethinyl estradiol Elinest Emoquette Enpress Enskyce Errin Estarylla ethinyl estradiol/drospirenone Falmina Gianvi Gildagia Gildess Heather Introvale Jencycla Jolesa Junel Junel FE Kariva Kelnor Kurvelo Larin Larin FE Leena Lessina Levonest levonorgestrel levonorgestrel-ethetra levonorgestrel-ethin estradiol Levora l-norgest-eth estr/ethin estra Loryna Low-Ogestrel Lutera	<p><i>* Please check your enrollment materials to determine whether these medications are covered under your specific plan.</i></p>	Angeliq BeYaz Brevicon Cyclessa Depo-Provera Subq Desogeen Ella Estrostep FE Femcon FE Generess FE Jolivette Lo Seasonique Loestrin Loestrin FE Lomedia 24 FE Minastrin 24 FE Mircette Modicon Natazia Nordette Norinyl 1+35 Norinyl 1+50 Nor-QD Nuvaring Ortho Evra Ortho Micronor Ortho Tri-Cyclen Lo Ortho-Cept Ortho-Cyclen Ortho-Novum 7-7-7 Ortho-Tri-Cyclen Ovcon-35 Ovrette Quartette Safyral Seasonale Seasonique Trileven Tri-Norinyl Yasmin 28 Yaz

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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BIRTH CONTROL* (CONTINUED)

Lyza Marissa Microgestin Microgestin FE Monessa Mono-Linyah Myzila Necon Next Choice Nora-Be noreth a-et estra/fe fumarate norethindrone norethindrone-ethinyl estrad 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 Wera Wymzya FE Xulane Zarah Zenchent Zenchent FE Zeosa Zovia	<i>* Please check your enrollment materials to determine whether these medications are covered under your specific plan.</i>	
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BLADDER PROBLEMS

citric acid/sodium citrate oxybutynin/XL potassium citrate ER tolterodine tartrate Tricitrates	VESIcare (PA, ST)	Detrol (PA, ST) Detrol LA (PA, ST) Ditropan XL (PA,ST) Elmiron Enablex (PA, ST)
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2015 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
BLADDER PROBLEMS (CONTINUED)		
trospium chloride		Gelnique (PA, ST) Myrbetriq (PA,ST) Oxytrol (PA, ST) (For Men Only) Sanctura, Sanctura XR (PA,ST) Toviaz (PA, ST) Urocit-K
CANCER		
anastrozole	Afinitor (PA)	Afinitor Disperz (PA)
azacitidine	Droxia	Arimidex
bicalutamide	Fareston	Aromasin
capecitabine	Gleevec (PA)	Bosulif (PA)
cyclophosphamide	Granix	Caprelsa (PA)
doxorubicin HCl	Lupron Depot (PA)	Casodex
exemestane	Matulane	Cometriq (PA)
flutamide	Myleran	Erivedge (PA)
letrozole	Neulasta (PA)	Femara
lomustine	Neupogen (PA)	Gilotrif (PA)
tamoxifen citrate	Nexavar (PA)	Imbruvica (PA)
temozolomide (PA)	Revlimid (PA)	Inlyta (PA)
	Soltamox	Jakafi (PA)
	Sprycel (PA)	Mekinist (PA)
	Sutent (PA)	Pomalyst (PA)
	Tarceva (PA)	Purixan
	Targretin	Stivarga (PA)
	Tasigna (PA)	Sylatron (PA)
	Temodar (PA)	Tafinlar (PA)
	Thalomid (PA)	Valchlor
	Tykerb (PA)	Votrient (PA)
	Xeloda	Xalkori (PA)
	Zolinza (PA)	Xtandi (PA)
		Zelboraf (PA)
		Zydelig (PA)
		Zykadia (PA)
		Zytiga (PA)
CARDIOVASCULAR		
BLOOD THINNER/ANTI-CLOTTING		
anagrelide	Arixtra (QL)	Aggrenox
cilostazol	Plavix (300mg)	Agrylin
clopidogrel	Xarelto (QL-10 mg only)	Brilinta
dipyridamole		Coumadin
enoxaprin (QL)		Eliquis (ST)
fondaparinux (QL)		Effient
heparin (QL)		Fragmin (QL)
Jantoven		Lovenox (QL)
ticlopidine		Plavix
warfarin		Pletal
		Pradaxa (ST)
		Zontivity
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
acebutolol HCl	Benicar	Accupril (PA, ST)

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

CARDIOVASCULAR (CONTINUED)

HIGH BLOOD PRESSURE/HEART MEDICATIONS

acetazolamide	Benicar HCT	Accuretic (PA, ST)
amiloride HCl		Aceon (PA, ST)
amiloride/HCTZ		Altace (PA, ST)
amiodarone HCl		Amturnide
amlodipine		Atacand (PA, ST)
amlodipine/atorvastatin		Atacand HCT (PA,ST)
atenolol		Avalide (PA, ST)
atorvastatin		Avapro (PA, ST)
benazepril		Azor
benazepril/amlodipine		Betapace AF
benazepril/HCTZ		Bystolic
bendroflumethiazide/nadolol		Cardura
betaxolol HCl		Cardura XL
bisoprolol fumarate		Catapres
bisoprolol/HCTZ		Catapres TTS
candesartan		Coreg
candesartan cilexetil		Coreg CR
candesartan HCl		Corgard
captopril		Cozaar (PA, ST)
captopril/HCTZ		Diovan (PA, ST)
carvedilol		Diovan HCT
chlorothiazide		Dutoprol
chlorthalidone		Edarbi (PA, ST)
chlorthalidone/atenolol		Edarbychlor (PA, ST)
clonidine		Epaned
clonidine HCl		Exforge
Clorpres		Exforge HCT
diltiazem		Hemangeol
diltiazem 24 HR ER		Hyzaar (PA, ST)
disopyramide		Inderal LA
doxazosin		Innopran XL
enalapril		Levatal
enalapril/HCTZ		Lotensin (PA, ST)
felodipine		Lotensin HCT (PA, ST)
fosinopril		Lotrel
fosinopril/ HCTZ		Mavik (PA, ST)
furosemide		Maxide
hydralazine		Micardis (PA, ST)
indapamide		Micardis HCT (PA, ST)
irbesartan		Norpace
irbesartan/HCTZ		Norpace CR
isradipine		Norvasc
labetalol		Nymalize
lisinopril		Pacerone
lisinopril/HCTZ		Prinivil (PA, ST)
losartan		Prinzide (PA, ST)
losartan/HCTZ		Sular
methyldopa		Tarka
methyldopa/HCTZ		Tekamlo
metolazone		Tekturna
metoprolol succinate		Tekturna HCT
metoprolol tartrate		Teveten (PA, ST)
metoprolol/HCTZ		Teveten HCT (PA, ST)
minoxidil		Toprol XL

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GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR (CONTINUED)		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
moexipril HCl		Tribenzor (ST)
moexipril HCl/HCTZ		Uniretic (PA, ST)
nadolol		Univasc (PA, ST)
nicardipine HCl		Vaseretic (PA, ST)
nifedipine		Vasotec (PA, ST)
nifedipine SR		Verelan
nimodipine		Zestoretic (PA, ST)
nisoldipine SR		Zestril (PA, ST)
perindopril erbumine		
pindolol		
prazosin		
procainamide		
propranolol		
propranolol LA		
quinapril		
quinapril/HCTZ		
quinidine		
ramipril		
sotalol		
spironolactone		
spironolactone/HCTZ		
telmisartan		
telmisartan/amlodipine		
telmisartan/HCTZ		
terazosin		
timolol		
torseamide		
trandolapril		
triamterene/HCTZ		
valsartan		
valsartan HCTZ		
Vecamyl-mecamylamine HCl		
verapamil		
OTHER		
amiodarone		Digoxin
amiodarone HCl		Lanoxin
digoxin		Multaq
disopyramide		Nitrolingual spray
flecainide		Nitromist
isosorbide dinitrate		Ranexa (ST)
isosorbide mononitrate		Rythmol SR
nitroglycerin		Samsca (PA)
propafenone SR		Tikosyn
CHOLESTEROL LOWERING		
atorvastatin	Crestor (5 & 10 MG) (PA, ST)	Advicor
atorvastatin/amlodipine	Crestor (20 & 40 MG)	Altprev (PA, ST)
colestipol	Zetia	Antara
fenofibrate		Caduet
fenofibrate, micronized		Colestid
fenofibric acid		Fenoglide

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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CHOLESTEROL LOWERING (CONTINUED)

fluvastatin sodium fluvastatin/XL gemfibrozil lovastatin niacin omega-3 acid ethyl esters pravastatin simvastatin		Juxtapid (PA) Kynamro (PA) Lescol Lescol XL Lipitor (PA, ST) Liptruzet Livalo (PA, ST) Lofibra Lovaza Mevacor (PA, ST) Niaspan Pravachol (PA, ST) Simcor TriCor Trilipix Vascepa (ST) Vytorin (PA, ST) Welchol Zocor (PA, ST)
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DEPRESSION

amitriptyline amoxapine bupropion bupropion SR citalopram desipramine duloxetine HCl escitalopram fluoxetine fluvoxamine fluvoxamine maleate imipramine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone trimipramine venlafaxine venlafaxine XR		Aplenzin (PA, ST) Brintellix (PA,ST) Celexa (PA, ST) Cymbalta (PA, ST) Desvenlafaxine ER (PA,ST) Desvenlafaxine Fumarate (PA,ST) Effexor XR (PA, ST) Emsam Fetzima (PA,ST) Forfivo XL (PA,ST) Lexapro (PA, ST) Luvox CR Marplan Olepto ER (ST) Paxil CR (PA, ST) Pristiq (PA, ST) Prozac (PA, ST) Remeron Sarafem (PA, ST) Tofranil Venlafaxine ER (PA,ST) Viibryd (PA,ST) Vivactil Wellbutrin (PA, ST) Wellbutrin SR (PA, ST) Wellbutrin XL (PA, ST) Zoloft (PA, ST)
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DIABETES

acarbose chlorpropamide glimpiride glipizide	Apidra Apidra SoloStar BD insulin syringe Byetta	ACCU-CHEK test strips Actoplus Met Actoplus Met XR Actos
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2015 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
DIABETES (CONTINUED)		
glipizide/metformin	Bydureon (QL)	Amaryl
glyburide	GlucaGen Hypokit (QL)	Avandamet
glyburide, micronized	Humalog	Avandaryl
glyburide/metformin	Humulin	Avandia
metformin/ER	Janumet	Cycloset
metformin HCl	Janumet XR	Duetact
nateglinide	Januvia	Farxiga (PA,ST)
pioglitazone	Kombiglyze XR	Fortamet
pioglitazone HCl	Lantus	Glucagon Emergency Kit
pioglitazone HCl/metformin HCl	NovoFine/NovoTwist needles	Glucophage XR
pioglitazone/glimepiride	One Touch test strips	Glyset
pioglitazone/metformin	Onglyza	Invokana (ST)
repaglinide		Jentadueto (ST)
tolazamide		Kazano (ST)
tolbutamide		Levemir
		Nesina (ST)
		Novolin
		NovoLog
		Oseni (ST)
		Prandimet
		Prandin
		Precose
		Starlix
		Tanzeum (QL, ST)
		Tradjenta (ST)
		Victoza
ENDOCRINE AND METABOLIC – OTHER		
allopurinol	Increlex (PA)	Egrifta (PA)
cabergoline (QL)	Lupron Depot-PED (PA)	Sandostatin (PA)
desmopressin	Megace ES	Signifor (PA)
leuprolide (PA)	Sandostatin LAR (PA)	Somatuline Depot (PA)
octreotide (PA)	Somavert (PA)	Synarel (PA)
		Uloric
EYE CONDITIONS		
apraclonidine HCl	Travatan Z	Acular LS
atropine		Alocril
azelastine		Alomide
brimonidine		Alphagan P
bromfenac		Alrex
ciprofloxacin		AzaSite
diclofenac		Azopt
dorzolamide		Bepreve
dorzolamide/timolol		Besivance
flurbiprofen		Betoptic S
gatifloxacin		Ciloxan
ketorolac		Cosopt
ketorolac tromethamine		Cystaran
latanoprost		Durezol
levobunolol		Emadine
levofloxacin		

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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EYE CONDITIONS (CONTINUED)

<p>pilocarpine timolol tobramycin/dexamethasone tobramycin sulfate travoprost (benzalkonium) trifluridine</p>		<p>lopidine Lastacaft Lotemax Maxidex Moxeza Optivar Pataday Patanol Rescula Restasis Simbrinza (ST) Timoptic Tobradex Tobrex Trusopt Vexol Vigamox Voltaren Xalatan Zioptan (ST)</p>
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GASTROINTESTINAL (NOT HEARTBURN/ULCER)

<p>balsalazide belladonna alkaloids/ phenobarbital budesonide cortisone acetate cromolyn sodium (solution) dexamethasone hydrocortisone lactulose PEG 3350/potassium/ sodium bicarb/salt PEG 3350/potassium/ sodium bicarb/salt/sodium sulf prednisone prednisone sodium phosphate</p>	<p>Asacol HD Cimzia (PA) Creon Lialda Pentasa Zenpep</p>	<p>Amitiza Apriso Canasa Colazal Colyte Cortef Delzicol Entocort EC Giazo NuLyteLy Pancreaze Pertzye Prepopik Rayos (ST) Relistor (PA) Remicade (PA) Simponi (PA) Simponi Aria (PA) Suclear Sucraid Uceris Ultresa Viokace</p>
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GROWTH HORMONES

	<p>Humatrope (PA) Saizen (PA)</p>	<p>Genotropin (PA) Norditropin (PA) Nordiflex (PA) Nutropin (PA) Nutropin AQ (PA) Omnitrope (PA) Serostim (PA)</p>
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2015 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
GROWTH HORMONES (CONTINUED)		
		Tev-Tropin (PA)
HEARTBURN/ULCER*		
lansoprazole/amoxicillin/ clarithromycin metoclopramide metoclopramide HCl misoprostol prednisolone sodium phosphate sucralfate		<i>* Medications for heartburn and ulcer equivalent to over-the-counter medications within the class (such as omeprazole, Nexium, Zantac) are excluded.</i>
HORMONE REPLACEMENT		
estradiol estropipate ethinyl estradiol levothroid levothyroxine levothyroxine sodium Levoxyl liothyronine medroxyprogesterone medroxyprogesterone acetate progesterone, micronized testosterone cypionate testosterone enanthate thyroid Unithroid	AndroGel Premarin Testim	Activella Alora Anadrol-50 (PA) Androderm (QL) Armour Thyroid Axiron (QL, ST) Cenestin Combipatch Cytomel Delatestryl Depo-Testosterone Enjuvia Estrace Estraderm Femhrt Femring Fortesta (QL, ST) Menest Minivelle Prefest Premphase Prempo Prometrium Provera Synthroid testosterone gel (QL) Vagifem Vivelle-Dot Vogelxo
INFECTIONS		
acyclovir amantadine amoxicillin amoxicillin/clavulanate amoxicillin/potassium clavulante ampicillin trihydrate atovaquone azithromycin	Baraclude Pegasis (PA) PegIntron (PA) PegIntron Redipen (PA) Rifamate Tamiflu (QL)	Adoxa Ancobon Augmentin Augmentin ES 600 Augmentin XR Avelox Bethkis Biaxin Biaxin XL

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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INFECTIONS (CONTINUED)

bacitracin/polymyxin		Ceclor ER
besifloxacin HCl		Cedax
cefactor ER		Cetralax
cefadroxil		Cipro HC Otic
cefdinir		Cipro XR
cefprozil		Ciprodex
ceftibuten dihydrate		CNL 8
ceftriaxone		Coartem (QL)
cefuroxime		Copegus
cephalexin		Diflucan
ciprofloxacin		Doryx
clarithromycin		Epivir
clindamycin		Ery-Tab
clindamycin phosphate		Famvir
cycloserine		Flagyl ER
doxycycline		Grifulvin V
doxycycline hyclate		Gris-Peg
doxycycline monohydrate		Hepsera
erythromycin		Incivek (PA)
famciclovir		Keflex
fluconazole		Ketodan
flucytosine		Lamisil (QL)
ganaciclovir		Lariam (PA, QL)
gentamicin		Levaquin
griseofulvin		Malarone (PA)
griseofulvin, microsize		Monurol
griseofulvin, ultramicronsize		Moxatag
itraconazole (QL)		Mycostatin (tab)
ketoconazole		Neo-Tabs
lamivudine		Noxafil
methenamine mandelate		Olysio (PA)
metronidazole		Onmel (QL,ST)
minocycline		Penlac
minocycline HCl		Priftin
Moderiba		Primsol
moxifloxacin HCl		Qalaaquin
mupirocin		Relenza (QL)
neomycin sulfate		Ribapak
nitrofurantoin		Rocephin
nystatin		Sirturo
ofloxacin		Sitavig
penicillin v potassium		Sivextro (PA)
polymixin b sulfate		Solodyn (ST)
quinine sulfate		Sovaldi (PA)
ribavirin		Spectracef
rifabutin		Sporanox (QL)
rimantadine		Suprax
sulfamethoxazole/ trimethoprim		Tobi
terbinafine (QL)		Tobi Podhaler
terconazole		Tyzeka
tetracycline		Valtrex
tobramycin		Vancocin HCl
valacyclovir		Vfend (PA)
vancomycin		Vibramycin
		Victrelis (PA)

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GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
INFECTIONS (CONTINUED)		
vancomycin HCl voriconazole (PA)		Zithromax Zovirax Zyclara (ST) Zyvox (PA)
MIGRAINE		
acetaminophen/caffeine/ butalbital dihydroergotamine mesylate (QL) isomethepten/caf/ acetaminophen naratriptan (QL) rizatriptan (QL) sumatriptan (QL) sumatriptan succinate (QL)		Amerge (QL) Axert (QL) DHE 45 (QL) Frova (QL) Imitrex (QL) Maxalt (QL) Maxalt MLT (QL) Migranal (QL) Relpax (QL) Treximet (QL) Zomig/Zomig ZMT (QL) Zomig Nasal Spray (QL)
MULTIPLE SCLEROSIS		
	Avonex (PA) Avonex Pen (PA) Copaxone (PA) Rebif (PA) Rebif Rebidose (PA) Tecfidera (PA)	Ampyra (PA) Aubagio (PA) Betaseron (PA) Extavia (PA) Gilenya (PA)
NAUSEA AND VOMITING		
dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide		Anzemet (inj) (PA) Anzemet (tab) (QL) Diclegis Emend (QL) Marinol Sancuso (QL) Zofran Zuplenz (QL, ST)
OSTEOPOROSIS		
alendronate alendronate sodium etidronate (Fortical) calcitonin-salmon ibandronate raloxifene HCl risedronate		Actonel (PA, ST) Atelvia (PA, ST) Binosto (PA, ST) Boniva (PA, ST) Didronel Evista Forteo Fosamax Plus D (PA, ST) Miacalcin Skelid (PA, ST)
PAIN RELIEF AND INFLAMMATORY DISEASE		
buprenorphine butalbital/acetamin/caff/codeine butorphanol nasal (QL)	Actimmune (PA) Celebrex (QL) Cimzia (PA) Humira (PA)	Abstral (PA) Actemra (PA) Actiq (PA) Arava

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

PAIN RELIEF AND INFLAMMATORY DISEASE (CONTINUED)

codeine phos/carisoprodol/ aspirin	Rheumatrex Trexall	Arthrotec Avinza (QL)
codeine phosphate		Belladonna Opium
codeine phosphate/aspirin		Butrans (QL)
codeine sulfate		Cambia (PA, ST)
diclofenac		Conzip (QL)
diclofenac sodium/misoprostol		Demerol (PA, ST)
dihy-cod/APAP/caffeine		Dilaudid (PA, ST)
dihydroergotamine mesylate (QL)		Dipentum
doxorubicin HCl		Diskets
etodolac		Duexis (PA, ST)
fenoprofen		Duragesic (QL)
fentanyl citrate (lozenge on stick) (PA)		EC-Naprosyn
fentanyl transdermal (QL)		Enbrel (PA)
flurbiprofen		Exalgo (QL)
hydrocodone bitartrate/apap		Fentora (PA)
hydromorphone HCl		Horizant (ST)
ibuprofen		Hycet (PA, ST)
ibuprofen/hydrocod bitartrate		Indocin
indomethacin		Kadian (QL)
ketorolac (QL)		Kineret (PA)
leflunomide		Lazanda (PA)
levorphanol tartrate		Lidoderm
lidocaine		Maxalt (QL)
lidorx		Maxalt MLT (QL)
magnesium salicylate		Methadose
mefenamic acid		Migranal (QL)
meloxicam		Mobic
meperidine HCl		MSIR
methadone HCl		Nalfon (PA, ST)
methotrexate		Naprelan
migergot		Naprosyn (PA,ST)
morphine sulfate		Norco (PA, ST)
nabumetone		Novasal
naproxen		Nucynta (QL, ST)
opium		Nucynta ER (QL)
opium/belladonna alkaloids		Onsolis (PA)
orphenadrine/aspirin/caffeine		Opana
oxaprozin		Opana ER (QL)
oxycodone HCl		Oxecta (PA, ST)
oxycodone HCl/acetaminophen		OxyContin (QL)
oxycodone/aspirin		Pennsaid (PA, ST)
oxymorphone HCl		Percocet (PA, ST)
pentazocine HCl/naloxone HCl		Percodan (PA, ST)
piroxicam		Ponstel (PA, ST)
rizatriptan benzoate (QL)		Prodrin
sal-amide/acetaminophen/ p-tlox		Remicade (PA)
sulindac		Roxicet (PA, ST)
tolmetin		Roxicodone (PA, ST)
tramadol HCl/acetaminophen (QL)		Savella
tramadol HCl/ER (QL)		Simponi (PA)
		Simponi Aria (PA)
		Skelaxin
		Sprix (QL)
		Subsys (PA)

2015 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE (CONTINUED)		
valproate sodium zolmitriptan (QL)		Synalgos-DC (PA, ST) Talwin Compound (PA, ST) Ultracet (PA, QL, ST) Ultram (PA, QL, ST) Ultram ER (PA, QL, ST) Vicodin (PA, ST) Vicoprofen (PA, ST) Vimovo (QL) Voltaren (PA, ST) Voltaren XR (PA, ST) Xartemis XR (QL) Xodol (PA, ST) Zamicet (PA, ST) Zohydro (QL) Zolvit (PA, ST) Zorvolex (PA,ST)
PARKINSON'S DISEASE		
amantadine benztropine bromocriptine carbidopa carbidopa/levodopa carbidopa/levodopa CR carbidopa/levodopa/ entacapone entacapone pramipexole ropinirole ropinirole XR selegiline	Azilect Lodosyn Tasmar	Comtan Eldepryl Mirapex Requip Requip XL Stalevo Zelapar
PROSTATE		
alfuzosin doxazosin finasteride leuprolide acetate (PA) prazosin tamsulosin terazosin	Lupron Depot (PA) Zoladex (PA)	Avodart Firmagon (PA) Flomax Jalyn Proscar Rapaflo Uroxatral Xtandi (PA) Zytiga (PA)
SCHIZOPHRENIA		
clozapine haloperidol loxapine olanzapine olanzapine/fluoxetine HCl quetiapine risperidone thiothixene ziprasidone		Abilify Abilify Discmelt Clozaril Fanapt (ST) Fazaclo Geodon Invega Latuda Orap Risperdal

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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SCHIZOPHRENIA (CONTINUED)

		Saphris Seroquel Seroquel XR Versacloz (PA,ST) Zyprexa
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SEIZURE

carbamazepine clonazepam diazepam divalproex ethosuximide felbamate gabapentin lamotrigine levetiracetam oxcarbazepine phenytoin tiagabine HCl topiramate valproate valproate sodium zonisamide	Diastat Diastat Acudial Dilantin (30 MG only) Gabitril Keppra Lamictal ODT	Aptiom Banzel Carbatrol Depakote (all forms) Dilantin Felbatol Keppra XR Lamictal Lamictal XR Latuda Lyrica Neurontin Oxtellar XR Potiga Qudexy XR Saphris Stavzor Tegretol XR Topamax topiramate XR (caps) Trileptal Trokendi XR Vimpat Zarontin Zonegran
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SKIN CONDITIONS

acitretin adapalene (AGE) aldometasone aldometasone dipropionate amcinonide Amnesteem (QL) benzoyl peroxide betamethasone betamethasone dipropionate betamethasone dipropionate/ propylene glycol betamethasone valerate calcipotriene calcipotriene-betamethasone calcitrol ointment Claravis (QL) clindamycin phosphate/ benzoyl peroxide gel clobetasol clobetasol propionate	Carac Fluroplex Humira (PA) Targretin gel	Absorica (QL) Acanya Aclovate (PA, ST) Alcortin A Aldara Apexicon E (ointment) (PA,ST) Aphthasol Aquaphilic w/Triamcin + Carbamide (PA,ST) Aquaphilic w/Triamcinolone (PA,ST) Aristocort A (PA, ST) Atralin (AGE) Avar Avar LS Avita Bactroban Benzacilin Benzamycin Pak BP Wash
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2015 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS (CONTINUED)		
clobetasol propionate/ emollient		Brevexyl-4
clocortolone pivalate		Bromday
desonide		Capex Shampoo (PA, ST)
desoximetasone		Carmol HC (PA, ST)
diclofenac sodium		Clobex (PA, ST)
diflorasone diacetate		Clodan (PA, ST)
fluocinolone acetonide		Cloderm (PA, ST)
fluocinonide		Condylox
fluocinonide/emollient		Coraz (PA, ST)
fluticasone propionate		Cordran (PA, ST)
halobetasol propionate		Cordran SP (PA, ST)
halobetasol propionate/ ammonium lactate		Cutivate (PA, ST)
hydrocortisone		Derma-Smoothie/FS (PA, ST)
hydrocortisone acetate/aloe vera		Dermasorb AF
hydrocortisone acetate/urea		Dermasorb HC (PA,ST)
hydrocortisone butyrate		Dermasorb TA (PA,ST)
hydrocortisone butyrate/ emollient		Dermasorb XM
hydrocortisone valerate		Dermatop (PA, ST)
imiquimod		Desonate (PA, ST)
isotretinoin (QL)		Desowen (PA, ST)
lavoclen 8		Differin (AGE)
mafenide acetate		Diprolene (PA, ST)
methoxsalen, rapid		Diprolene AF (PA, ST)
metronidazole		Diprosone (PA, ST)
mometasone furoate		Dovonex
morphine sulfate		Duac
mupirocin calcium		Duac CS
Myorisan (QL)		Ecoza
podofilox		Elidel (PA, ST)
prednicarbate		Elocon (PA, ST)
SA 6%		Enbrel (PA)
salicylic acid		Epiduo
Sotret (QL)		Evoclin
sulfacetamide		Exelderm
sulfacetamide sodium		Fabior
sulfacetamide sodium/sulfur		First Hydrocort (PA, ST)
sulfacetamide/sulfur/ cleansr23		Halog (PA, ST)
sulfacetamide/sulfur/ cleansr32		Hydro 35
tretinoin (AGE)		Ilevro
triamcinolone acetonide urea		Jublia (ST)
		Kenalog (PA, ST)
		Keralac
		Keralyt
		Klaron
		Lacticare-HC (PA, ST)
		Lidex (PA, ST)
		Locoid (PA, ST)
		Locoid Lipocream (PA, ST)
		Loprox shampoo
		Lotemax
		Luxiq (PA, ST)
		Luzu
		Metrogel
		Metro lotion
		Momexin (PA, ST)

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

SKIN CONDITIONS (CONTINUED)

Naftin
 Neucac
 Noritate
 Nucort (PA, ST)
 Olux (PA, ST)
 Olux-E (PA, ST)
 Oracea
 Otezla (PA)
 Ovace Plus (cream, lotion & wash)
 Pandel (PA, ST)
 Panretin (PA)
 Pediaderm HC (PA, ST)
 Plexion
 Prolensa
 Protopic (PA, ST)
 Psorcon (PA, ST)
 Psorcon E (PA, ST)
 Regranex (PA)
 Retin-A
 Retin-A Micro (PA, AGE)
 Retin-A Micro pump (PA, AGE)
 Riax
 Scalacort DK (PA, ST)
 Soriatane CK
 Stelara (PA)
 Sulfamylon
 Sumadan XLT
 Synalar (PA,ST)
 Synalar TS (PA,ST)
 Synemol (PA, ST)
 Taclonex
 Tazorac
 Temovate (PA, ST)
 Texacort (PA, ST)
 Topicort (PA, ST)
 Topicort LP (PA, ST)
 Tretin-X (PA)
 Tridesilon (PA, ST)
 Ultrasal-ER
 Ultravate (PA, ST)
 Umecta
 Valisone (PA, ST)
 Vanos (PA, ST)
 Vectical
 Verdeso (PA, ST)
 Vytone
 Westcort (PA, ST)
 Xolegel
 Ziana
 Zyclara (ST)
 Zytopic (PA, ST)

2015 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SLEEP		
eszopiclone midazolam HCl quazepam zaleplon zolpidem zolpidem ER		Ambien (PA, ST) Ambien CR (PA, ST) Doral Edluar (PA, ST) Intermezzo (PA, ST) Lunesta (PA, ST) Rozerem (PA, ST) Silenor (PA, ST) Sonata (PA, ST) Zolpimist (PA, ST)
TRANSPLANT		
azathioprine cyclosporine mycophenolate mofetil mycophenolate sodium sirolimus tacrolimus	Cellcept Prograf Rapamune Sandimmune	Astagraf XL Myfortic Neoral Zortress
VITAMINS*		
<i>* All plans cover generic prescription prenatal vitamins even though not listed here.</i>		
MISCELLANEOUS		
acamrosate calcium aminocaproic acid buprenorphine buprenorphine HCl/ naloxone HCl (PA) cyclobenzaprine doxycycline hc acetate/pramoxine HCl hydrocortisone leucovorin levocarnitine lidocaine lidocaine HCl lindane megestrol methocarbamol naltrexone paricalcitol pentoxifylline pramoxine/hydrocortisone proptheline bromide pseudoephed/hydrocodone/ cpm riluzole sevelamer carbonate sodium phenylbutarate sodium polystyrene sulfonate spinosad tizanidine tranexamic acid	Aranesp (PA) Cortifoam Epifoam Epogen (PA) Fosrenol Neumega (PA) Procrit (PA) Renvela	Analpram HC Arcalyst (PA) Brisdelle (QL) Bunavail (PA) Buphenyl Evzio Fexmid Gattex (PA) Glycate Hectorol Hetlioz (PA) Ilaris (PA) Kuvan Lida Mantle HC Lupaneta Pack (PA)* Lysteda Nascobal Neo-Synalar Nimotop Phoslo Phoslyra Promacta (PA) Pulmozyme (PA) Ravicti (PA) Rectiv Renagel Revia Rilutek SPS

MISCELLANEOUS (CONTINUED)

Suboxone (PA)
 TussiCaps
 Tussionex
 Ulesfia
 Velpphoro
 Vituz
 Zanaflex
 Zemplar
 Zubsolv (PA, ST)

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, 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. Any contraceptive medications and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility medication.
10. Any medications used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
11. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
12. 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.
13. Any diet pills or appetite suppressants (anorectics).
14. Prescription smoking cessation products.
15. 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).
16. Replacement of prescription medications and related supplies due to loss or theft.
17. Medications used to enhance athletic performance.
18. 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.
19. Prescriptions more than one year from the original date of issue.

Cigna reserves the right to make changes to this drug list (also known as the Value Prescription 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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