

# Individual & Family Plans

Insured by Connecticut General Life Insurance Company

4

## FOUR-TIER PLAN

# Cigna prescription drug list

Choosing the medication that is right for you is between you and your doctor. This prescription drug list offers you an extensive list of brand-name and generic medications that are covered under your pharmacy plan.

Choosing where to fill your medication should be easy, too. With over 62,000 pharmacies and Cigna Home Delivery Pharmacy in our network, you have convenient access to your medications – whether you pick them up or have them delivered to your home.

Within this document you will find a list of medications covered under your plan, in an easy-to-read format. You will see:

1. Medications split into four categories (generic, preferred brand, non-preferred brand and specialty injectable medications)
2. Health conditions and medications listed in alphabetical order
3. Symbols to let you know if there are any important details related to coverage

GO YOU<sup>SM</sup>



**Offered by: Connecticut General Life Insurance Company.**

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## Your four-tier prescription drug list

**A four-tier prescription drug list splits medications into four categories (or tiers):**



**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 a four-tier plan.

**2nd Tier – Preferred Brand Medications:** Preferred brand medications will usually cost more than a generic, but may cost less than a non-preferred brand on a four-tier plan.

**3rd Tier – Non-Preferred Brand Medications:** Non-preferred brand medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You will usually pay more for non-preferred medications on a four-tier plan.

**4th Tier – Specialty Injectable Medications:** Specialty Injectable medications that are usually covered under the fourth tier include, but are not limited to, injectables to treat arthritis, multiple sclerosis and hepatitis C. Please see the list of medications covered under this tier on page 22.

## Understanding Cigna's prescription drug list

Every medication available on Cigna's prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents the most commonly prescribed medications. If you do not see a specific medication on this list, please check **myCigna.com** to see all of the medications covered under your plan.

### The symbols on the list mean ...

If a medication on the list has one of the following symbols, your doctor may have to get an authorization (approval) for coverage of that medication.

- PA:** **Prior Authorization** may be required for different reasons. To learn the requirements needed for coverage of a specific medication, feel free to give us a call.
- QL:** **Quantity Limit** means you may have coverage for a limited amount of a specific medication.
- AGE:** **Age Requirement** means that a person must be within a specific age group for a specific medication to be covered.
- ST:** **Step Therapy** is a prior authorization program that requires you to try other medications available to treat the same condition before the medication with the "ST" is covered.

## myCigna.com

Our customer website that can help you manage your prescription coverage:

When you visit **myCigna.com**, you can:

- Look up the details of your specific pharmacy plan
- Research thousands of available medications
- Compare medication prices using the Prescription Drug Price Quote Tool
- Ask a pharmacist questions
- And much, much more!

## Medications delivered right to your home

Cigna Home Delivery Pharmacy is designed for people who take prescription medications on a regular basis (including specialty medications). The benefits of Cigna Home Delivery Pharmacy include:

- **QuickFill**, our automatic refill reminder service, makes it simple for you to fill prescriptions through email or phone
- Getting up to a 90-day supply of your medications in one fill
- Delivery of medications to your door at no additional charge
- Licensed pharmacists available to help 24/7
- CoachRx: a free tool that can help with reminders, coaching and information. Visit **Cigna.com/coachrx** to learn more
- It's easy to switch! Just call **1.800.835.3784**

For more information, visit the Cigna Home Delivery Pharmacy page on **myCigna.com**.



Save time and money with the convenience of Cigna Home Delivery Pharmacy

## 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 took 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 of 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](http://www.informedonreform.com) or [Cigna.com](http://Cigna.com) and look for the “Informed on Reform” link.

## If you have questions

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



# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>ADD/ADHD AND STIMULANTS</b>		
amphetamine/ dextroamphetamine dexmethylphenidate methamphetamine methylphenidate/ER/ 24 HR ER modafanil	Adderall XR Focalin XR Intuniv Strattera Vyvanse	Adderall (PA, ST) amphetamine/ dextroamphetamine XR Concerta (PA, ST) Daytrana (PA, ST) Desoxyn (PA, ST) Focalin (PA, ST) Kapvay Metadate CD (PA, ST) Methylin (PA, ST) Nuvigil Provigil Ritalin (PA, ST) Ritalin LA (PA, ST) Ritalin SR (PA, ST)
<b>AIDS/HIV</b>		
abacavir didanosine lamivudine lamivudine/zidovudine nevirapine stavudine zidovudine	Agenerase Aptivus Crixivan Emtriva Epzicom Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Trizivir Truvada Viracept Viramune XR Viread	Atripla Combivir Complera Edurant EpiVir Intelence Retrovir Videx Viramune Zerit Ziagen
<b>ALLERGY</b>		
azelastine nasal clemastine fumarate cyproheptadine desloratadine fluticasone nasal fluticasone nasal hydroxyzine ipratropium nasal levocetirizine	Astepro Epipen (QL) Epipen Jr. (QL) Nasonex Veramyst	Astelin Atrovent (nasal) Beconase AQ (PA, ST) Clarinx Dymista (PA, ST) Flonase (PA, ST) Nasacort AQ (PA, ST) Omnaris (PA, ST) Patanase

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

montelukast triamcinolone nasal		QNASL (PA, ST) Rhinocort AQ (PA, ST) Semprex-D Singulair Zetonna (PA, ST) Xyzal
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**ALZHEIMER DISEASE**

donepezil galantamine hydrobomide rivastigmine (caps)	Aricept 23 mg Namenda	Aricept (5 and 10 mg) Aricept ODT Cognex Exelon Razadyne Razadyne ER
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**ANXIETY**

alprazolam buspirone lorazepam oxazepam	Lorazepam Intensol	
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**ASTHMA AND RESPIRATORY**

albuterol solution (nebulizer solution)	Advair Diskus/HFA	Accolate
albuterol sulfate	Asmanex	Accuneb nebulizer (PA, ST)
(syrup, tabs)	Atrovent HFA	Adcirca (PA)
aminophylline	Combivent	Alvesco
budesonide	Combivent Respimat	Arcapta
caffeine citrate	Flovent Diskus/HFA	Brovana nebulizer (PA, ST)
cromolyn sodium	Maxair	Daliresp
(nebulizer solution)	ProAir HFA	Dulera
Dylix	Pulmicort	Foradil
dyphylline	Pulmozyme (PA)	Letairis
guaifenesin/dyphylline	Qvar	Perforomist (PA, ST)
guaifenesin/theophylline	Serevent	Proventil HFA
ipratropium bromide	Spiriva	Pulmozyme (PA)
(nebulizer solution)	Symbicort	Revatio (PA)
levalbuterol	Ventolin HFA	Singulair
(nebulizer solution)		Tracleer
metaproterenol sulfate		Tudorza
(syrup, tabs)		Ventavis
montelukast		Xopenex HFA
Myci-Bron G		Xopenex nebulizer (PA, ST)
sildenafil (PA)		
terbutaline sulfate		
theophylline anhydrous		
zafirlukast		

# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>BIRTH CONTROL*</b>		
<i>* Please check your Policy to determine whether these medications are covered under your specific plan.</i>		
Ameithia Apri Aviane Balziva Camila Camrese Errin Gianvi Jolessa Junel FE Kariva levnorgestrel Levora Low-Ogestrel Microgestin Necon Nortrel Ocella Ogestrel Previfem Quasense Solia Sprintec Trinessa Tri-Sprintec Zenchent Zovia	BeYaz Loestrin 24 FE Lo Loestrin FE LoSeasonique NuvaRing Ortho Evra Ortho TriCyclen Lo Seasonique Yaz	Angeliq Desogen Ella Estrostep FE Levlen Lo/Ovral-28 Loestrin Loestrin FE Lybrel Natazia Nordette Ortho-Cept Ortho-Novum 7-7-7 Ovcon 35 Plan B One-Step Safyral Seasonale Tri-Norinyl Triphasil
<b>BLADDER PROBLEMS</b>		
oxybutynin/XL tolterodine tartrate trospium chloride	Detrol LA Elmiron Oxytrol Toviaz VESicare	Detrol (PA, ST) Ditropan (PA, ST) Ditropan XL (PA, ST) Enablex (PA, ST) Gelnique (PA, ST) Sanctura (PA, ST) Sanctura XR (PA, ST)
<b>CANCER</b>		
anastrozole bicalutamide exemestane flutamide letrozole tamoxifen citrate	CeeNU Gleevec (PA) Hexalen Leukeran Lupron Depot (PA) Lysodren Matulane Myleran	Afinitor (PA) Arimidex Aromasin Caprelsa (PA) Casodex Droxia Erivedge (PA) Fareston



GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>CANCER (CONTINUED)</b>		
	Nexavar (PA) Revlimid (PA) Sprycel (PA) Sutent (PA) Tarceva (PA) Temodar (PA) Thalomid (PA) Xeloda Zolinza (PA)	Femara Inlyta (PA) Jakafi (PA) Targretin (PA) Tasigna (PA) Tykerb (PA) Votrient (PA) Xalkori (PA) Zelboraf (PA) Zytiga (PA)

### CARDIOVASCULAR

<b>BLOOD THINNER/ANTI-CLOTTING</b>		
anagrelide cilostazol clopidogrel dipyridamole enoxaparin (QL) fondaparinux (QL) heparin (QL) ticlopidine warfarin	Aggrenox Arixtra (QL) Effient Fragmin (QL) Xarelto (QL)	Agrylin (PA) Brilinta Coumadin Jantoven Lovenox (QL) Plavix Pletal Pradaxa (PA)
<b>HIGH BLOOD PRESSURE/HEART MEDICATIONS</b>		
acebutolol HCl acetazolamide amiloride HCl amlodipine/atorvastatin amlodipine besylate apresoline atenolol benazepril HCl benazepril HCl/amlodipine benazepril HCl/HCTZ bendroflumethiazide/ nadolol betaxolol HCl bisoprolol fumarate bisoprolol/HCTZ bumetanide captopril captopril/HCTZ carvedilol chlorothiazide chlorthalidone chlorthalidone/atenolol clonidine clonidine HCl Clorpres	Bystolic Coreg CR Exforge Exforge HCT Tarka Tekturna Tekturna HCT	Accupril (PA, ST) Accuretic (PA, ST) Aceon (PA, ST) Altace (PA, ST) Amturnide Atacand (PA, ST) Avalide (PA, ST) Avapro (PA, ST) Azor Benicar (PA, ST) Benicar HCT (PA, ST) Betapace AF Cardura Cardura XL Catapres, Catapres TTS Coreg Corgard Covera-HS Cozaar (PA, ST) Diovan (PA, ST) Diovan HCT (PA, ST) Dutoprol Dynacirc CR Edarbi (PA, ST) Edarbychlor (PA, ST)

# Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>CARDIOVASCULAR (CONTINUED)</b>		
<b>HIGH BLOOD PRESSURE/HEART MEDICATIONS</b>		
diltiazem diltiazem 24 HR ER doxazosin mesylate enalapril maleate enalapril maleate/HCTZ eplerenone felodipine fosinopril sodium fosinopril sodium/HCTZ furosemide guanabenz acetate guanfacine hydralazine HCl hydralazine/HCTZ hydralazine/reserpine/HCTZ hydrochlorothiazide hydrochlorothiazide/ amilor HCl hydroflumethiazide indapamide irbesartan irbesartan/HCTZ isradipine labetalol HCl lisinopril lisinopril/HCTZ losartan potassium losartan potassium/HCTZ methazolamide methyl dopa methyl dopa/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		Hyzaar (PA, ST) Inderal LA Innopran XL Levatol Lotensin (PA, ST) Lotensin HCT (PA, ST) Lotrel Mavik (PA, ST) Micardis (PA, ST) Micardis HCT (PA, ST) Monopril (PA, ST) Monopril HCT (PA, ST) Nexiclon XR Norpace Norpace CR Norvasc Prinivil (PA, ST) Prinzide (PA, ST) Sular Tekamlo Teveten (PA, ST) Teveten HCT (PA, ST) Toprol XL Tribenzor (ST) Uniretic (PA, ST) Univasc (PA, ST) Vaseretic (PA, ST) Vasotec (PA, ST) Verelan Zestoretic (PA, ST) Zestril (PA, ST)

**GENERICS**

**PREFERRED BRANDS**

**NON-PREFERRED BRANDS**

**CARDIOVASCULAR (CONTINUED)**

**HIGH BLOOD PRESSURE/HEART MEDICATIONS**

quinapril HCl/HCTZ  
 ramipril (caps only)  
 rauwolfia serpentina/BFMTZ  
 reserpine  
 reserpine/HCTZ  
 sotalol HCl  
 spironolactone  
 spironolactone/HCTZ  
 terazosin HCl  
 timolol maleate  
 torsemide  
 trandolapril  
 trandolapril/verapamil HCl  
 triamterene/HCTZ  
 valsartan  
 valsartan HCTZ  
 verapamil  
 verapamil SR

**OTHER**

amiodarone  
 digoxin  
 disopyramide  
 flecainide  
 isosorbide dinitrate  
 isosorbide mononitrate  
 nitroglycerin  
 procainamide  
 propafenone SR

Multaq  
 Tikosyn

Lanoxin  
 Nitrolingual spray  
 Nitromist  
 Pronestyl  
 Ranexa (ST)  
 Rythmol SR  
 Samsca (PA)

**CHOLESTEROL LOWERING**

atorvastatin  
 cholestyramine powder  
 choline fenofibrate  
 colestipol  
 fenofibrate  
 fenofibric acid  
 fluvastatin  
 fluvastatin XL  
 gemfibrozil  
 lovastatin  
 pravastatin  
 simvastatin

Lovaza  
 Niaspan  
 Simcor  
 Trilipix  
 Vytorin  
 Welchol  
 Zetia

Advicor  
 Altoprev (PA, ST)  
 Caduet  
 Cholestyramine Light  
 Colestid  
 Crestor (PA, ST)  
 Fenoglide  
 Lescol  
 Lescol XL  
 Lipitor (PA, ST)  
 Livalo (PA, ST)  
 Lofibra  
 Mevacor (PA, ST)  
 Pravachol (PA, ST)  
 TriCor  
 Vascepa  
 Zocor (PA, ST)

# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>DEPRESSION</b>		
amitriptyline bupropion bupropion SR citalopram desipramine escitalopram fluoxetine fluvoxamine imipramine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone trimipramine venlafaxine venlafaxine XR	Cymbalta Pristiq Wellbutrin XL	Aplenzin (PA, ST) Celexa (PA, ST) Effexor XR (PA, ST) Emsam Lexapro (PA, ST) Luvox CR Marplan Oleptro ER (ST) Paxil (PA, ST) Paxil CR (PA, ST) Prozac (PA, ST) Remeron Sarafem (PA, ST) Selfemra (PA, ST) Tofranil Venlafaxine HCl ER (PA, ST) Viibryd (PA, ST) Vivactil Wellbutrin (PA, ST) Wellbutrin SR (PA, ST) Zoloft (PA, ST)
<b>DIABETES</b>		
acarbose acetohexamide chlorpropamide glimepiride glipizide glipizide/metformin glucagon (QL) glyburide glyburide/metformin glyburide micronized metformin metformin ER nateglinide pioglitazone pioglitazone/glimiperide pioglitazone/metformin tolazamide tolbutamide	ACCU-CHEK Test Strips Apidra Apidra SoloStar BD Insulin Syringes/ Pen Needles Bydureon (QL) Byetta Fortamet GlucaGen HypoKit (QL) Humalog Humulin Janumet Januvia Kombiglyze XR Lantus Lantus SoloStar Levemir NovoFine needles Novolin Novolog One Touch test strips Onglyza Prandimet Prandin SymlinPen Victoza	Actoplus Met Actoplus Met XR Actos Amaryl Avandamet Avandaryl Avandia Cycloset Duetact Glucophage XR Glyceron Glyset Janumet XR Jentaduetto (ST) Juvisync (ST) Metaglip Precose Starlix Tradjenta (ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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### ENDOCRINE AND METABOLIC

	OTHER	
allopurinol cabergoline (QL) desmopressin octreotide (PA)	Colcrys Lupron Depot-PED (PA) Megace ES Nilandron Uloric	

### EYE CONDITIONS

atropine azelastine brimonidine bromfenac ciprofloxacin diclofenac dorzolamide dorzolamide/timolol epinastine flurbiprofen ketorolac latanoprost levobunolol levofloxacin pilocarpine timolol tobramycin/dexamethasone trifluridine	Alomide Alphagan P 0.10% AzaSite Azopt Betimol Betoptic S Ciloxan (ointment) Iopidine Lotemax (drops) Maxidex Moxeza Pataday Patanol Restasis Tobradex (ointment) Travatan Z Vexol Vigamox	Acular LS Alamast Alocril Alrex Bepreve Besivance Ciloxan (drops) Cosopt Durezol Elestat Emadine Iquix Lastacaft Lotemax (oint) Optivar Timoptic Tobradex (drops) Tobradex ST Trusopt Voltaren Xalatan Zioptan (ST)
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### GASTROINTESTINAL (NOT HEARTBURN/ULCER)

balsalazide budesonide cromolyn sodium (solution) PEG 3350/potassium/ sodium bicarb/salt PEG 3350/potassium/ sodium bicarb/salt/ sodium sulf	Apriso Asacol Asacol HD Canasa Creon GoLyteLy Lialda Pentasa Urso/Urso Forte Zenpep	Amitiza Colazal Colyte Entocort EC NuLytely Pancreaze Pertzye Relistor Sucraid Ultresa Viokace
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# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>HEARTBURN/ULCER</b>		
cimetidine famotidine lansoprazole metoclopramide misoprostol nizatidine omeprazole omeprazole/ sodium bicarbonate pantoprazole ranitidine sucralfate	Dexilant Prevpac	Aciphex (PA, ST) Helidac Nexium (PA, ST) Prevacid (PA, ST) Prilosec (PA, ST) Protonix (PA, ST) Zantac Effertab Zantac Syrup Zegerid (PA, ST)
<b>HORMONE REPLACEMENT</b>		
estradiol estropipate ethinyl estradiol levothroid levothyroxine Levoxyl liothyronine medroxyprogesterone progesterone, micronized testosterone cypionate testosterone enanthate thyroid Unithroid	Alora Anadrol-50 Androderm AndroGel Armour Thyroid Divigel Enjuvia Estraderm Premarin Premphase Prempro Synthroid Testim Vivelle-Dot	Activella Axiron Cenestin Combipatch Cytomel Depot Testosterone (PA) Estrace Femhrt Femring Fortesta Menest Prefest Prometrium Vagifem
<b>INFECTIONS</b>		
acyclovir amantadine amoxicillin amoxicillin/clavulanate azithromycin cefaclor ER cefadroxil cefprozil ceftriaxone cefuroxime axetil cephalexin ciclopirox ciprofloxacin clarithromycin clindamycin doxycycline erythromycin famciclovir	Baraclude Cipro HC Otic Ciprodex Epivir HBV Gris-Peg Hepsera Incivek (PA) Intron A (PA) Mycostatin (tab) PegIntron (PA) Primisol Tamiflu (QL) Tobi Valcyte	Ancobon Augmentin Augmentin ES 600 Augmentin XR Avelox Biaxin Biaxin XL Cedax Cayston (PA) Cefzil Cetraxal Ciclodan Cipro XR Coartem (QL) Copegus Difidic (PA) Ery-Tab Famvir

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

fluconazole		Flagyl ER
flucytosine		Floxin Otic
ganciclovir		Garamycin
gentamicin sulfate		Keflex
griseofulvin		Keftab
itraconazole (QL)		Lamisil (QL)
ketoconazole		Levaquin
metronidazole		Malarone (PA)
minocycline		Monurol
minocycline SR		Moxatag
mupirocin		Noxafil
nitrofurantoin		Omnicef
nystatin		Penlac
ofloxacin		Priftin
penicillin v potassium		Rebetol
ribavirin		Relenza (QL)
rimantadine		Rocephin
sulfamethoxazole/ trimethoprim		Solodyn (ST)
terconazole		Sporanox (QL)
terbinafine (QL)		Suprax
tetracycline		Tyzeka
valacyclovir		Valtrex
vancomycin		Vfend (PA)
voriconazole (PA)		Victrelis (PA)
		Zithromax
		Zyvox (PA)

**MIGRAINE**

acetaminophen/caffeine/ butalbital	Treximet (QL)	Alsuma (QL)
naratriptan (QL)		Amerge (QL)
sumatriptan (QL)		Axert (QL)
rizatriptan (QL)		DHE 45 (QL)
		Frova (QL)
		Imitrex (QL)
		Maxalt (QL)
		Maxalt MLT (QL)
		Migranal (QL)
		Relpax (QL)
		Sumavel DosePro (QL)
		Zomig/Zomig ZMT (QL)

**MULTIPLE SCLEROSIS**

	Ampyra (PA)	Gilenya (PA)
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# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>NAUSEA AND VOMITING</b>		
dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide	Emend	Anzemet (inj)(QL) Kytril (inj) Kytril (tabs, sol) Marinol Sancuso (QL) Scopace Zofran (inj) Zofran (tabs, sol) Zuplenz (ST)
<b>OSTEOPOROSIS</b>		
alendronate etidronate (Fortical) calcitonin-salmon ibandronate	Evista Forteo Miacalcin	Actonel (PA, ST) Atelvia (PA, ST) Binosto (PA, ST) Boniva (PA, ST) Fosamax (PA, ST) Fosamax Plus D (PA, ST) Skelid (PA, ST)
<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>		
buprenorphine butorphanol nasal (QL) codeine phos/carisoprodol/ asa codeine phosphate codeine phosphate/aspirin codeine sulfate diclofenac dihy-cod tt/apap/caffeine etodolac fenoprofen fentanyl transdermal (QL) fentanyl citrate (lozenge on stick) (PA) flurbiprofen hydrocodone/ acetaminophen hydrocodone bitartrate/ apap hydrocodone bitartrate/ aspirin hydromorphone HCl ibuprofen ibuprofen/hydrocod bit indomethacin ketoprofen ketorolac (QL) leflunamide levorphanol tartrate	Avinza Celebrex Dilaudid-5 Dipentum Indocin (suppository) Kadian Lidoderm Lyrica Nucynta (ST) Nucynta ER (QL) OxyContin (QL) Rheumatrex Roxicet (PA, ST) Savella Trexall Vimovo	Abstral (PA) Actiq (PA) Arthrotec (PA, ST) Butrans (QL) Cambia (PA, ST) Dilaudid (PA, ST) Duexis (PA, ST) Duragesic (QL) Exalgo (QL) Fentora (PA) Flector (PA, ST) Horizant (ST) Hycet (PA, ST) Lazanda (PA) Lorcet (PA, ST) Lorcet Plus (PA, ST) Lortab (PA, ST) Magnacet (PA, ST) Maxidone (PA, ST) Mobic (PA, ST) Nalfon (PA, ST) Naprelan (PA, ST) Norco (PA, ST) Onsolis (PA) Opana Opana ER (QL) Panlor SS (PA, ST) Pennsaid (PA, ST) Percocet (PA, ST)



GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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**PAIN RELIEF AND INFLAMMATORY DISEASE (CONTINUED)**

meclufenamate		Ponstel (PA, ST)
mefenamic acid		Percodan (PA, ST)
meloxicam		Primalev (PA, ST)
meperidine HCl		Remicade (PA)
methotrexate		Roxicodone (PA, ST)
morphine SR		Ryzolt (PA, ST)
morphine sulfate		Skelaxin
nabumetone		Sprix (QL)
naproxen		Subsys (PA)
opium		Synalgos-DC (PA, ST)
opium/belladonna alkaloids		Tylox (PA, ST)
oxaprozin		Ultracet (PA, ST)
oxycodone HCl		Ultram (PA, ST)
oxycodone HCl/ acetaminophen		Ultram ER (PA, ST)
oxycodone/aspirin		Vicodin (PA, ST)
oxymorphone		Vicodin ES (PA, ST)
pentazocine HCl/ acetaminophen		Vicodin HP (PA, ST)
pentazocine HCl/ naloxone HCl		Vicoprofen (PA, ST)
sulindac		Voltaren (PA, ST)
tramadol HCl/ER		Voltaren Gel (PA, ST)
tramadol HCl/acetaminophen		Voltaren XR (PA, ST)
tolmetin		Xodol (PA, ST)
		Xolox (PA, ST)
		Zamicet (PA, ST)
		Zolvit (PA, ST)
		Zydone (PA, ST)

**PARKINSON DISEASE**

amantadine	Azilect	Comtan
benztropine		Eldepryl
bromocriptine		Lodosyn
carbidopa/levodopa		Mirapex
carbidopa/levodopa CR		Mirapex ER
carbidopa/levodopa/ entecapone		Neupro
pramipexole		Parcopa
ropinirole		Requip
selegiline		Requip XL
		Sinemet CR
		Stalevo
		Tasmar
		Zelapar

**PROSTATE**

alfuzosin	Avodart	Cialis for BPH (PA, ST)
doxazosin	Lupron Depot (PA)*	Flomax
finasteride	Jalyn	Proscar
prazosin		Rapaflo
tamsulosin		Uroxatral
terazosin		Zytiga (PA)

*\* Please check your Policy to determine whether this medication is covered under your plan.*

# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>SCHIZOPHRENIA</b>		
clozapine haloperidol loxapine olanzapine quetiapine risperidone thiothixene ziprasidone	Seroquel XR	Abilify Abilify Discmelt (PA, ST) Clozaril (PA, ST) Fanapt (PA, ST) Fazacllo (PA, ST) Geodon (PA, ST) Invega (PA, ST) Latuda (PA, ST) Moban Orap Risperdal (PA, ST) Saphris (PA, ST) Seroquel (PA, ST) Zyprexa (PA, ST)
<b>SEIZURE</b>		
carbamazepine clonazepam diazepam divalproex felbamate gabapentin lamotrigine levetiracetam topiramate valproate zonisamide	Celontin Diastat Diastat Acudial Gabitril Keppra Lamictal ODT Lamictal XR Lyrica Peganone Vimpat	Banzel Carbatrol Depakote (all forms) Felbatol Keppra XR Lamictal Neurontin Onfi Potiga Saphris Stavzor Tegretol XR Topamax Trileptal Zonegran
<b>SEXUAL DYSFUNCTION</b>		
<i>* Please check your Policy to determine whether this medication is covered under your plan.</i>	Muse (PA, QL)* Viagra (PA, QL)*	Caverject (PA, QL)* Cialis (PA, QL)* Edex (PA, QL)* Levitra (PA, QL)* Staxyn (PA, QL)* Stendra (PA, QL)*

**GENERICS**

**PREFERRED BRANDS**

**NON-PREFERRED BRANDS**

**SKIN CONDITIONS**

adapalene (AGE)  
 alclometasone dipropionate  
 amcinonide  
 Amnesteem (QL)  
 Apexicon E (diflorasone diacetate)  
 betamethasone  
 betamethasone dipropionate  
 betamethasone dipropionate/propylene glycol  
 betamethasone valerate  
 calcipotriene  
 clinicamycinphosphate/benzoyl peroxide gel  
 clobetasol propionate  
 clobetasol propionate/emollid  
 desonide  
 desoximetasone  
 diflorasone diacetate  
 fluocinolone acetonide  
 fluocinonide/emollient  
 fluorouracil topical  
 fluticasone propionate  
 halobetasol prop/ ammonium lac  
 halobetasol propionate  
 hydrocortisone  
 hydrocortisone acetate/ aloe vera  
 hydrocortisone acetate/urea  
 hydrocortisone butyrate  
 hydrocortisone valerate  
 imiquimod  
 isotretinoin (QL)  
 metronidazole  
 mometasone furoate  
 podofilox  
 prednicarbate  
 Sotret (QL)  
 sulfacetamide  
 tretinoin (AGE)  
 triamcinolone acetonide  
 Urea

Benzaclin  
 Benzamycin Pak  
 Capex Shampoo (PA, ST)  
 Carac  
 Carmol 40 gel  
 Cloderm (PA, ST)  
 Cordran (PA, ST)  
 Cordran SP (PA, ST)  
 Derma-Smoothe/FS (PA, ST)  
 Differin (AGE)  
 Dovonex cream  
 Exelderm  
 Fluoroplex  
 Furacin  
 Kenalog spray (PA, ST)  
 Klaron  
 Locoid (lotion) (PA, ST)  
 Locoid Lipocream (PA, ST)  
 Loprox shampoo  
 Metrogel 1%  
 Noritate  
 Nucort (PA, ST)  
 Oracea  
 Retin-A Micro (AGE)  
 Soriatane  
 Tazorac  
 Texacort (PA, ST)

Acanya  
 Aclovate (PA, ST)  
 Aldara  
 Aphthasol  
 Atralin (AGE)  
 Benzefoam  
 Carmol 40 cream  
 Carmol HC (PA, ST)  
 Carmol scalp  
 Clindacin Pac  
 Clobox (PA, ST)  
 Condylox  
 Cutivate (PA, ST)  
 Delos  
 Dermatop (PA, ST)  
 Desonate (PA, ST)  
 Desowen (PA, ST)  
 Diprolene (PA, ST)  
 Diprolene AF (PA, ST)  
 Duac  
 Elidel (PA, ST)  
 Elocon (PA, ST)  
 Epiduo (AGE)  
 First Hydrocort (PA, ST)  
 Halog (PA, ST)  
 Luxiq (PA, ST)  
 Metroloction  
 Momexin (PA, ST)  
 Nuzon (PA, ST)  
 Olux (PA, ST)  
 Olux-e (PA, ST)  
 Pandel (PA, ST)  
 Panretin (PA)  
 Pediaderm HC (PA, ST)  
 Protopic (PA, ST)  
 Regranex (PA)  
 Rosula  
 Scalacort DK  
 Solaraze  
 Sorilux  
 Taclonex  
 Targretin gel  
 Temovate (PA, ST)  
 Topicort (PA, ST)  
 Topicort LP (PA, ST)  
 Ultravate (PA, ST)  
 Ultravate PAC (PA, ST)

# Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>SKIN CONDITIONS (CONTINUED)</b>		
		Ultravate X (PA, ST) Vanos (PA, ST) Vectical Verdeso (PA, ST) Westcort (PA, ST) Xolegel Xolegel Corepak Ziana Zyclara (ST)
<b>SLEEP</b>		
zaleplon zolpidem zolpidem ER	Silenor	Ambien (PA, ST) Ambien CR (PA, ST) Edluar (PA, ST) Intermezzo (PA, ST) Lunesta (PA, ST) Rozerem (PA, ST) Sonata (PA, ST) Zolpimist (PA, ST)
<b>TRANSPLANT</b>		
azathioprine cyclosporine mycophenolate moefetil tacrolimus	Azasan Cellcept Neoral Prograf Rapamune Sandimmune	Imuran Myfortic Zortress
<b>VITAMINS*</b>		
calcitriol cyanocobalamin folic acid  <i>*All plans cover all generic prescription prenatal vitamins, even though not listed here.</i>	Citranatal Duet Duet DHA Duet DHA Balanced Duet DHA EC Foltabs Prenatal Plus D Gesticare Gesticare DHA Natachew Natafort Neevo Neevo DHA Prenate DHA Prenate Elite Prenata Nestabs Nestabs DHA OB Complete OB Complete DHA	

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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**VITAMINS\*** (CONTINUED)

<p><i>*All plans cover all generic prescription prenatal vitamins, even though not listed here.</i></p>	<p>Precare  Precare Conceive  Precare Premier  PreferaOB Prenatal Vitamin  Stuart Prenatal  Stuartnatal Plus  Stuartnatal Plus 3  Tricare DHA  Viva DHA</p>	
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**MISCELLANEOUS**

<p>aminocaproic acid  buprenorphine  cyclobenzaprine  hydrocodone/  chlorpheniramine  suspension  leucovorin  levocarnitine  lindane  megestrol  methocarbamol  naltrexone  pentoxifylline  pramoxine/hydrocortisone  spinosad  tizanidine</p>	<p>Analpram Advanced  Analpram HC  Analpram-E  Anamantle HC Forte  Chantix*  Follistim AQ* (PA)  Fosrenol  Pramosone  Proctofoam-HC  Renvela  Rilutek  Suboxone  TussiCaps  Zavesca (PA)  Zemplar</p> <p><i>* Please check your Policy to determine whether this medication is covered under your plan.</i></p>	<p>Cortifoam  Cuvposa  Epifoam  Kuvan  Natroba  Nimotop  Nuedexta  Phoslo  Phoslyra  Promacta (PA)  Rectiv  Renagel  Revia  Subutex  Sklice  Tussionex  Ulesfia  Zanaflex  Zutripro</p>
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# Specialty injectable drugs

THE FOLLOWING INJECTABLE DRUGS ARE TYPICALLY COVERED UNDER THE FOURTH TIER AND **ALL REQUIRE PRIOR AUTHORIZATION FOR COVERAGE.**

<b>DRUG NAME</b>	<b>CATEGORY</b>
Actimmune	Pain Relief and Inflammatory Disease
Apokyn	Parkinson Disease
Aranesp	Miscellaneous
Arcalyst	Miscellaneous
Avonex	Multiple Sclerosis
Betaseron	Multiple Sclerosis
Cimzia	Pain Relief and Inflammatory Disease
Copaxone	Multiple Sclerosis
Egrifta	Endocrine and Metabolic – Other
Enbrel	Pain Relief and Inflammatory Disease
Epogen	Miscellaneous
Extavia	Multiple Sclerosis
Firmagon	Prostate
Fuzeon	AIDS/HIV
Genotropin	Growth Hormones
Humatrope	Growth Hormones
Humira	Pain Relief and Inflammatory Disease
Ilaris	Miscellaneous
Increlex	Endocrine and Metabolic – Other
Infergen	Infections
Kineret	Pain Relief and Inflammatory Disease
Leuprolide Acetate	Prostate
Norditropin	Growth Hormones
Norditropin Nordiflex	Growth Hormones
Nutropin	Growth Hormones
Nutropin AQ	Growth Hormones
Omnitrope	Growth Hormones
Pegasys	Infections
Procrit	Miscellaneous
Rebif	Multiple Sclerosis
Remicade	Gastrointestinal (Not Heartburn/Ulcer)
Saizen	Growth Hormones
Sandostatin	Endocrine and Metabolic – Other
Sandostatin LAR	Endocrine and Metabolic – Other
Serostim	Growth Hormones
Simponi	Pain Relief and Inflammatory Disease
Somatuline Depot	Endocrine and Metabolic – Other
Somavert	Endocrine and Metabolic – Other
Stelara	Skin Conditions
Sylatron	Cancer
Tev-Tropin	Growth Hormones
Xolair	Asthma and Respiratory
Zoladex	Prostate

## 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 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 Policy.
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.
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 without notice. Your plan may cover additional medications; please refer to your Policy for details. Cigna does not take responsibility for any medication decisions made by the prescriber 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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