

CIGNA ADVANTAGE PRESCRIPTION DRUG LIST



Advantage Prescription Drug List – Three-Tier Plan

This document represents a list of the most commonly prescribed medications covered under your plan, in an easy-to-read format. If you do not see a specific medication on this list, please check myCigna.com to see all of the medications covered under your plan.

Choosing the medication that is right for you is between you and your doctor. Every medication available on Cigna's prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). If there is more than one medication appropriate for your condition, we encourage you to talk with your doctor about lower-cost medications like generics and preferred brands, as they will help to manage your prescription costs.

Your three-tier prescription drug list

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

1st Tier – Generic Medications have the same strength and active ingredients as the brand name – but often cost much less. You will usually pay less for generic medications under your plan. If one's available, you should consider switching to a generic to treat your condition.

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

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

[^] If your doctor feels currently covered medications aren't right for you, he or she can ask Cigna to consider authorizing coverage of your medication.

Understanding Cigna's prescription drug list

Every year Cigna updates this drug list to reflect any changes to the list of covered prescription drugs. Examples of changes that may impact you include brand-name medications may change tiers or may no longer be covered. In addition, any new FDA-approved drug product (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) available in the marketplace may not be covered[^] for the first six months after the product receives FDA new drug approval. This document includes a summary of key changes made to common medications effective January 1, 2017.

Use the Prescription Drug Price Quote tool on myCigna.com to price a medication and see the lower-cost options available to you at your selected retail pharmacy and Cigna Home Delivery Pharmacy. *Please note: This list is subject to change.*

Together, all the way.®



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

The symbols on the list mean

If a medication on the list has one of the following symbols, your doctor may need 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 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.
- GEN:** **Gender** means this medication is only covered if you meet specific gender requirements.

* Medications marked with an asterisk are considered to be specialty medications. Some plans may cover specialty medications at different benefit levels or may require the use of a preferred specialty pharmacy. Refer to your plan documents for more information.

^ This medication may not be covered under your plan. Please check your enrollment materials or use the Prescription Drug Price Quote tool on **myCigna.com** to find out if this medication is covered.

Important note

This drug list does not cover medications in two drug classes that have over-the-counter (OTC) alternatives (medications available without a prescription).*

These include:

- › Medications used to treat stomach acid conditions (ex., Nexium, Prevacid, Prilosec, Zantac and any generics), and
- › Medications (non-sedating antihistamines) to treat allergies (ex., Allegra, Clarinex, Xyzal and any generics).

* Check your plan materials to see how these products are covered for you.

myCigna.com

Our customer website that can help you manage your prescription coverage. When you visit **myCigna.com**, you can:

- › Look up the details of your specific pharmacy plan
- › View your drug list to research thousands of available medications
- › Compare medication prices using the Prescription Drug Price Quote tool
- › Ask a pharmacist questions
- › And much, much more.

Save time with the convenience of Cigna Home Delivery Pharmacy

Cigna Home Delivery Pharmacy

Cigna Home Delivery PharmacySM is a convenient mail order service for those who take medications regularly. We offer:

- › Routine, maintenance medications and specialty medications
- › Licensed pharmacists available to help answer questions, 24/7
- › Up to a 90-day supply of your medications
- › Free, standard shipping right to your home
- › Refill reminder service

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

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

Health care reform and you

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. Certain preventive medications (including some over-the-counter medications) may be available to you at no cost-sharing. To get the most current information, visit **InformedOnReform.com** or **Cigna.com** and look for the Preventive Services section within the “Informed On Reform” link.

If you have any questions

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

ADVANTAGE PRESCRIPTION DRUG LIST THREE-TIER PLAN

Generics	Preferred Brands	Non-Preferred Brands
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AIDS/HIV

lamivudine*	Atripla*	Complera*
lamivudine-zidovudine*	Epzicom*	Genvoya*
nevirapine*	Intelence*	Norvir tablet*
nevirapine ER*	Isentress*	Odefsey*
	Kaletra*	Prezcobix*
	Norvir softgel cap, solution*	Stribild*
	Prezista*	Tivicay*
	Reyataz*	Triumeq*
	Selzentry*	Viread powder 150, 200, 250mg*
	Sustiva*	
	Truvada*	
	Viread 300mg*	

ALLERGY/NASAL SPRAYS

Check your plan materials or mycigna.com to see how these products within this category may be covered for you.

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

ALZHEIMER'S DISEASE

donepezil		Mestinon
donepezil ODT		Namenda
memantine		Namenda XR
pyridostigmine		Namzaric
pyridostigmine ER		Regonol
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Brisdelle (QL)
alprazolam ER		Celexa (ST)
alprazolam intensol		Effexor XR (ST)
alprazolam ODT		Fetzima (ST)
alprazolam XR		Forfivo XL (ST)
amitriptyline		Irenka (ST)
bupropion		Prozac (ST)
bupropion SR		Prozac Weekly (ST)
bupropion XL		Sarafem (ST)

Generics	Preferred Brands	Non-Preferred Brands
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ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)

buspirone		Venlafaxine ER (ST)
citalopram		Viibryd (ST)
clomipramine		Wellbutrin SR (ST)
diazepam		Xanax
duloxetine		Xanax XR
escitalopram		Zoloft (ST)
fluoxetine DR		
fluoxetine		
fluvoxamine		
fluvoxamine ER		
lorazepam		
lorazepam intensol		
paroxetine		
sertraline		
trazodone		
venlafaxine		
venlafaxine ER		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Adcirca* (PA)
budesonide	Advair HFA	Adempas* (PA)
ipratropium-albuterol	Anoro Ellipta	Combivent Respimat
levabuterol	Breo Ellipta	Kalydeco* (PA)
concentrate	ProAir HFA	Letairis* (PA)
levabuterol	ProAir Respiclick	Opsumit* (PA)
montelukast	QVAR	Orenitram ER* (PA)
	Spiriva	Orkambi* (PA)
	Spiriva Respimat	Pulmicort
	Stiolto Respimat	Pulmozyme* (PA)
	Striverdi Respimat	Remodulin* (PA)
		Tracleer* (PA)
		Tyvaso* (PA)
		Xolair* (PA)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

dexamethylphenidate	Adderall XR	Adderall (ST)
dexamethylphenidate ER		Adzenys XR-ODT (ST)
dextroamphetamine-amphet ER		Aptensio XR (ST)
dextroamphetamine-amphetamine		Concerta (ST)
guanfacine ER		Daytrana (ST)
metadate ER		Dyanavel XR (ST)
methylphenidate ER		Focalin (ST)
methylphenidate		Focalin XR
		Metadate CD (ST)
		Methylin (ST)
		Quillichew ER (ST)

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

methylphenidate CD		Quillivant XR (ST)
methylphenidate LA		Ritalin (ST)
		Ritalin LA (ST)
		Strattera

BLOOD MODIFIERS/BLEEDING DISORDERS

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

BLOOD PRESSURE/HEART MEDICATIONS

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

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

Pacerone		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
taztia XT		
telmisartan		
telmisartan-HCTZ		
valsartan		
valsartan-HCTZ		
verapamil ER		
verapamil		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER	Brilinta	Coumadin
clopidogrel	Eliquis	Effient
enoxaparin* (QL)	Xarelto	Fragmin* (QL)
fondaparinux* (QL)		Pradaxa
jantoven		
warfarin		

CANCER

anastrozole	Actimmune* (PA)	Afinitor* (PA)
bezarotene*	Fareston	Arimidex
capecitabine*	Gleostine	Bosulif* (PA)
exemestane	Intron A* (PA)	Cabometyx* (PA)
hydroxyurea	Nexavar* (PA)	Cometriq* (PA)
imatinib* (PA)	Revlimid* (PA)	Cotellic* (PA)
letrozole	Sprycel* (PA)	Erivedge* (PA)
mercaptopurine	Sutent* (PA)	Femara
methotrexate*	Tarceva* (PA)	Gilotrif* (PA)
tamoxifen citrate	Targretin*	Gleevec* (PA)
temozolomide* (PA)	Tasigna* (PA)	Ibrance* (PA)
	Trexall*	Iclusig* (PA)
	Tykerb* (PA)	Imbruvica* (PA)
		Inlyta* (PA)
		Jakafi* (PA)
		Lonsurf* (PA)
		Lupron Depot* (PA)
		Lynparza* (PA)
		Ninlaro* (PA)
		Pomalyst* (PA)
		Stivarga* (PA)
		Sylatron* (PA)
		Tagrisso* (PA)
		Tasigna* (PA)
		Votrient* (PA)
		Xalkori* (PA)
		Xeloda*
		Xtandi* (PA)
		Zelboraf* (PA)
		Zykadia* (PA)
		Zytiga* (PA)

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Generics	Preferred Brands	Non-Preferred Brands
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CHOLESTEROL MEDICATIONS

amlodipine-	Praluent* (PA)	Korlym (PA)
atorvastatin	Repatha* (PA)	Lofibra 67, 134,
atorvastatin	Zetia	200mg
fenofibrate		Tricor
fenofibric acid		Vascepa (ST)
Lofibra 54, 160mg		Welchol
lovastatin		
niacin ER		
omega-3 acid ethyl esters		
pravastatin		
rosuvastatin		
simvastatin		

CONTRACEPTIVE PRODUCTS

All contraceptive products may be covered if you meet specific gender requirements.

blisovi 24 FE	Beyaz	Estrostep FE
blisovi FE	Lo Loestrin FE	Loestrin FE
drosiprone-ethinyl estradiol	LoSeasonique	Microgestin 24 FE
estarylla	Minastrin 24 FE	Mirena*
gianvi	Seasonique	NuvaRing
gildess 24 FE		Skylla*
gildess FE		
junel FE		
junel FE 24		
larin 24 FE		
larin FE		
lomedica 24 FE		
loryna		
microgestin FE		
mono-lynyah		
mononessa		
nikki		
norethin-eth estro-ferrous fum		
norgestimate-ethinyl estradiol		
ocella		
previfem		
sprintec		
syeda		
tarina FE		
tilia FE		
tri-estarylla		
tri-legest FE		
tri-lynyah		
tri-lo-estarylla		
tri-lo-marzia		
tri-lo-sprintec		
trinessa		
Trinessa LO		
tri-previfem		
tri-sprintec		
vestura		
zarah		

Generics	Preferred Brands	Non-Preferred Brands
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COUGH/COLD MEDICATIONS

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

DENTAL PRODUCTS

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

DIABETES

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

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Generics	Preferred Brands	Non-Preferred Brands
DIURETICS		
acetazolamide		Aldactone
chlorthalidone		Dyazide
eplerenone		Edecrin
furosemide		Lasix
hydrochlorothiazide		Maxzide
spironolactone		Samsca
triamterene-HCTZ		

EAR MEDICATIONS		
fluocinolone oil		Cipro HC
neomycin-polymyxin-hydrocortisone		Ciprodex
		Coly-mycin S
		Cortane-b
		Dermotic

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

Generics	Preferred Brands	Non-Preferred Brands
FEMININE PRODUCTS		
fem pH		AVC
gynazole 1		Relagard
miconazole 3		Terazol
terconazole		
zazole		

GASTROINTESTINAL/HEARTBURN

Check your plan materials or mycigna.com to see how these products within this category may be covered for you.

alosepron (GEN)	Creon	Amitiza
anucort-HC	Lialda	Canasa
balsalazide disodium	Pentasa	Carafate
chlordiazepoxide-clidinium	Zenpep	Cholbam* (PA)
dicyclomine		Colyte
dronabinol		Diclegis
hemmorex-HC		Donnatal
hydrocortisone		Emend* (QL)
lansoprazole-amoxicillin-clarithromycin (combo pak)		Entyvio* (PA)
mesalamine		Gattex* (PA)
metoclopramide		GoLytely
metoclopramide ODT		Linzess
ondansetron		Lotronex (GEN)
ondansetron ODT		Movantik (PA)
phenadoz		Moviprep
procto-med HC		Osmoprep
procto-pak		Pancreaze
proctosol-HC		Pertzye
proctozone-HC		Prepopik
promethazine		Pylera
promethegan		Ravicti (PA)
sucralfate		Rectiv
ursodiol		Sancuso (QL)
		Sensipar*
		sfRowasa
		Suprep
		Transderm-Scop
		Varubi* (QL)
		Viberzi
		Viokace

HORMONAL AGENTS		
budesonide EC	Androgel (QL)	Activella
cabergoline (QL)	Duavee	Alora
covaryx	Humatrope* (PA)	Androderm (QL)
covaryx H.S.	Premarin	Armour Thyroid
desmopressin*	Premphase	Climara
dexamethasone	Prempro	Climara Pro
dexamethasone intensol	Sandostatin LAR Depot* (PA)	Combipatch
EEMT	Serostim* (PA)	Cytomel
EEMT H.S.	Somavert* (PA)	Deltasone
estradiol	Zorbtive* (PA)	Depo-Testosterone
estradiol-norethindrone acetat		Divigel
estrogen & methyltestosterone		Elestrin
		Enjuvia
		Entocort EC
		Estrace

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Generics	Preferred Brands	Non-Preferred Brands
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HORMONAL AGENTS (cont)

levothyroxine		Estring
levoxyl		Estrogel
liothyronine		Evamist
lopreeza		Femring
medroxyprogesterone		Forteo*
methylprednisolone		Ganirelix* ^
millipred		H.P. Acthar* (PA)
millipred DP		Lupron Depot* (PA)
mimvey		Lupron Depot-Ped* (PA)
mimvey LO		
nature-throid		Menostar
NP thyroid		Minivelle
prednisolone		Osphena
prednisolone ODT		Somatuline Depot* (PA)
prednisone		Striant (QL)
prednisone intensol		Synthroid
progesterone		Testopel
testosterone		Tirosint
testosterone cypionate		Triostat
westhroid		Unithroid
WP thyroid		Vagifem
		Vivelle-Dot

INFECTIONS

acyclovir	Baraclude solution*	Albenza
adefovir*	Daklinza* (PA)	Alinia
amoxicillin	Harvoni* (PA)	Bactrim
amoxicillin ER	Kitabis Pak*	Bactrim DS
amoxicillin-clavulanate ER	Sovaldi* (PA)	Baraclude tablet*
amoxicillin-clavulanate	Tamiflu (QL)	Cayston*
atovaquone	Thalomid* (PA)	Ceftin
atovaquone-proguanil		Cipro
avidoxy		Cleocin
azithromycin		Clindesse
cefdinir		Daraprim (PA)
cefixime		Dificid (PA)
cefprozil		Diflucan
cefuroxime		E.E.S.
cephalexin		Eryped
ciprofloxacin		Ery-Tab
clarithromycin		Metrogel-vaginal
clarithromycin ER		Minocin
clindamycin		Monurol
doxy 100		Noxafil
doxycycline		Nuessa
doxycycline IR-DR		PCE
entecavir*		Plaquenil
erythromycin		Sporanox
famciclovir		Stromectol
fluconazole		Sulfatrim
hydroxychloroquine		Suprax
		Synagis* (PA)
		Tobi Podhaler*

Generics	Preferred Brands	Non-Preferred Brands
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INFECTIONS (cont)

hydroxychloroquine		Urelle
itraconazole		Uretron D-S
levofloxacin		Uribel
linezolid (PA)		Urogesic-blue
metronidazole		Uta
minocycline		Valcyte
minocycline ER		Valtrex
Moderiba*		Vibramycin
mondoxynone NL		Viekira Pak* (PA)
morgidox		Xifaxan
moxifloxacin		Zepatier* (PA)
nitrofurantoin		Zithromax
nystatin		Zithromax Tri-pak
penicillin		Zmax
sulfamethoxazole-trimethoprim		Zovirax
terbinafine		Zyvox (PA)
tetracycline		
tinidazole		
tobramycin*		
valacyclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

INFERTILITY

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

MISCELLANEOUS

naltrexone	Cerdelga* (PA)	Addyi (QL, GEN)
pulmosal		Botox* (PA)
sodium chloride		Cerezyme* (PA)
		Esbriet* (PA)
		Exjade*
		Hyper-Sal
		Jadenu*
		Kuvan* (PA)
		Myalept* (PA)
		Nebusal
		Nuedexta
		Orfadin*
		Strensiq* (PA)
		Syprine
		Vivitrol*
		Xenazine* (PA)
		Zavesca* (PA)

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Generics	Preferred Brands	Non-Preferred Brands
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MULTIPLE SCLEROSIS

glatopa* (PA)	Ampyra* (PA) Aubagio* (PA) Avonex* (PA) Betaseron* (PA) Copaxone* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA) Rebif* (PA) Tecfidera* (PA)	
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NUTRITIONAL/DIETARY

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

OSTEOPOROSIS PRODUCTS

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

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine	Butrans (QL) Enbrel* (PA)	Abstral (PA) Actemra* (PA)
acitretin	Humira* (PA)	Actiq (PA)
allopurinol	Hysingla ER (QL)	Alsuma (QL)
baclofen	Oxycontin (QL)	Analpram HC
butalb-acetaminophen-codeine	Rasuvo* (PA) Xtampza ER (QL)	Alsuma (QL)

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

butalb-acetaminophen-codeine		Alsuma (QL)
butalbital-acetaminophen-codeine		Analpram HC
butalbital-acetaminophen-codeine		Celebrex (ST, QL)
calcipotriene-betamethasone		Cimzia* (PA)
capacet		Colchicine
carisoprodol		Colcrys
celecoxib (QL)		Cosentyx* (PA)
cyclobenzaprine		Cuprimine
dermacinrx prizopak		D.H.E. 45 (QL)
diclofenac		Depen
diclofenac ER		Duragesic (QL)
diclofenac-misoprostol		Enstilar
dihydroergotamine (QL)		Fentora (PA)
endocet		Flector (ST, QL)
etodolac		Frova (QL)
etodolac ER		Imitrex (QL)
fentanyl (QL)		Indocin
fioricet		Lazanda (PA)
glydo		Lidoderm
hydrocodone-acetaminophen		Lidovex
hydromorphone ER (QL)		Livixil Pak
hydromorphone		Lp Lite Pak
ibuprofen		Migranal (QL)
indomethacin		Mitigare
ketorolac		Monovisc* (PA)
lorcet		Nucynta (QL)
lorcet HD		Nucynta ER (ST, QL)
lorcet plus		Onzetra Xsail (QL)
lortab		Opana
margesic		Opana ER (ST, QL)
meloxicam		Orencia* (PA)
metaxall		Orthovisc* (PA)
metaxalone		Otezla* (PA)
methocarbamol		Otrexup* (PA)
morphine		Oxaydo
morphine ER (QL)		Parafon Forte Dsc
nabumetone		Percocet
naproxen		Procort
naproxen CR		Proctofoam-HC
naproxen ER		Relpax (QL)
oxycodone		Remicade* (PA)
oxycodone ER (QL)		Roxicodone
oxycodone-acetaminophen		Savella
oxymorphone		Stelara* (PA)
		Subsys (PA)
		Synvisc* (PA)
		Synvisc-one* (PA)
		Taclonex
		Uloric
		Voltaren (ST)
		Xartemis XR (ST, QL)
		Xeljanz* (PA)
		Xeljanz XR* (PA)
		Zohydro ER (ST, QL)
		Zomig (QL)

2017 Cigna Prescription Drug List

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

oxymorphone ER		
primlev		
relador pak		
relador pak plus		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
vanatol LQ		
verdrocet		
vicodin		
vicodin ES		
vicodin HP		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		

PARKINSON'S DISEASE

amantadine	Azilect	Apokyn* (PA)
benztropine		Mirapex
bromocriptine		Mirapex ER
carbidopa-levodopa		Neupro
carbidopa-levodopa ER		Rytary
pramipexole		Sinemet
pramipexole ER		Sinemet CR
ropinirole ER		
ropinirole		

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole	Seroquel XR	Abilify Maintena
aripiprazole ODT		Fanapt (ST)
chlorpromazine		Invega (ST)
haloperidol		Invega Sustenna
olanzapine		Invega Trinza
olanzapine ODT		Latuda (ST)
olanzapine-fluoxetine		Rexulti (ST)
paliperidone ER		Saphris (ST)
quetiapine		Seroquel (ST)
risperidone		
risperidone ODT		
ziprasidone		

SEIZURE DISORDERS

carbamazepine	Dilantin	Aptiom
carbamazepine ER	Lamictal ODT	Banzel
clonazepam	Lamictal XR starter kit	Carbatrol
divalproex	Lyrica	Depakote
divalproex ER		Depakote ER
epitol		Depakote Sprinkle
gabapentin		Dilantin
lamotrigine		Fycompa
lamotrigine ER		Keppra
lamotrigine ODT		Keppra XR
levetiracetam		Lamictal

Generics	Preferred Brands	Non-Preferred Brands
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SEIZURE DISORDERS (cont)

levetiracetam ER		Lamictal XR
oxcarbazepine		Onfi
roweepra		Oxtellar XR
topiramate		Phenytek
topiramate ER		Qudexy XR
		Sabril*
		Spritam
		Tegretol
		Tegretol XR
		Topamax
		Topiramate ER
		Trileptal
		Trokendi XR
		Vimpat

SKIN CONDITIONS

acitretin	Fluoroplex	Acanya
adapalene (PA age)		Aczone
avar		Atralin (PA age)
avar-E		Avar
bp 10-1		Avar LS
calcipotriene		Avar-E LS
calcitrene		Avita (PA age)
claravis (QL)		Azelex
clindacin ETZ		Cleocin T
clindacin P		Clindamax
clindamycin-benzoyl peroxide		Cordran (ST)
clobetasol		Denavir
clodan		Desonate (ST)
clotrimazole-betamethasone		Desowen (ST)
cormax		Differin (PA age)
desonide		Drysol
desoximetasone		Efudex
diclofenac		Elidel (ST)
econazole nitrate		Epiduo
fluocinonide		Epiduo Forte
fluorouracil		Evoclin
imiquimod		Exelderm
ketoconazole		Finacea
metronidazole		Lokara
mupirocin		Metrocream
myorisan (QL)		Metrogel
neuc		Metro lotion
nystatin-triamcinolone		Naftin
permethrin		Nizoral
rosadan		Olux (ST)
rosanil		Onexton
sodium sulfacetamide-sulfur		Picato
ss 10-2		Retin-A (PA age)
sss 10-5		Rosula
		Sklice
		Soolantra
		Sumadan
		Sumaxin
		Sumaxin TS

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
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SKIN CONDITIONS *(cont)*

sulfacetamide		Tazorac
sodium-sulfur		Temovate (ST)
sulfacleanse 8-4		Tolak
tacrolimus		Topicort (ST)
tretinoin (PA age)		Tretin-X (PA age)
tretinoin microsphere (PA age)		Veltin
triamcinolone acetonide		Xolegel
triderm		
zenatane (QL)		
zencia		

SLEEP DISORDERS/SEDATIVES

eszopiclone		Belsomra (ST)
modafinil (PA)		Nuvigil (PA)
temazepam		Silenor
zolpidem		Xyrem* (PA)
zolpidem ER		Zolpimist (ST)

SUBSTANCE ABUSE

buprenorphine	Narcan	Bunavail (PA)
buprenorphine-naloxone (PA)		Suboxone (PA)
naloxone vial & PFS		Zubsolv (PA)

TRANSPLANT MEDICATIONS

azathioprine*	Cellcept*	Astagraf XL*
mycophenolate*	Prograf*	Envarsus XR*
mycophenolic acid*		Myfortic*
sirolimus*		Neoral*
tacrolimus*		

URINARY TRACT CONDITIONS

cevimeline		Avodart
doxazosin		Cystagon*
dutasteride		Detrol (ST)
dutasteride-tamsulosin		Detrol LA (ST)
finasteride		Elmiron
oxybutynin		Enablex (ST)
oxybutynin ER		Jalyn
phenazopyridine		Procysbi* (PA)
potassium citrate ER		Rapaflo
tamsulosin		Thiola
terazosin		Urocit-K
tolterodine		
tolterodine ER		

*Medications marked with an asterisk are considered to be specialty medications. Some plans may cover specialty medications at different benefit levels or may require the use of a preferred specialty pharmacy. Refer to your plan documents for more information.

^ This medication may not be covered under your plan. Please check your enrollment materials or use the Prescription Drug Price Quote tool on myCigna.com to find out if this medication is covered.

MEDICATIONS NOT COVERED TABLE

Your Cigna plan doesn't cover the medications listed below without prior approval from Cigna. This means that if you use any of these medications, you may have to pay the full cost of the medication at the pharmacy.

Talk with your doctor to see which one of the covered generic or preferred brand alternatives listed in this drug list might be right for you.

CONDITION/Common Use/ Drug Class	MEDICATION NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ALLERGY/NASAL SPRAYS	Beconase AQ Dymista Nasonex Omnaris QNASL Veramyst Zetonna	Generic nasal steroids (e.g. fluticasone)
	QNASL Children	budesonide fluticasone- triamcinolone
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Aplenzin	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pexeva	paroxetine
	Pristiq ER	bupropion SR/XL duloxetine venlafaxine ER all generic SSRIs
	Wellbutrin XL	bupropion XL (ER 24hr tablet)
ASTHMA/COPD/ RESPIRATORY	Aerospan Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat
	Dulera Symbicort	Advair HFA Advair Diskus Breo Ellipta
	Incruse Ellipta Tudorza Pressair	Spiriva Spiriva Respimat
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA ProAir Respiclick

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	Medication Not Covered^	Generic and/or Preferred Brand Alternatives
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Vyvanse	Adderall XR dexmethylphenidate ER dextroamphetamine-amphet ER methylphenidate ER/LA
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Aceon	perindopril erbumine
	Altace	ramipril
	Atacand	candesartan
	Atacand-HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Bystolic	Generic beta blockers (e.g. metoprolol, atenolol)
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
	Edarbi	Generic ARBs (e.g. losartan; valsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g. losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Hyzaar	losartan-HCTZ
	Isordil Isordil Titradose	isosorbide dinitrate
	Lanoxin	Digitek digoxin
	Lotensin	benazepril
	Lotrel	amlodipine-benazepril
	Mavik	trandolapril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil Zestril	lisinopril
	Tarka	trandolapril-verapamil ER
	Tekturna	Generic ACE/ARBs
	Tekturna HCT	Generic ACE/ARBs + HCTZ
Twynsta	telmisartan-amlodipine	
Vaseretic	enalapril-HCTZ	
Vasotec	enalapril	
Zestoretic	lisinopril-HCTZ	

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	Medication Not Covered^	Generic and/or Preferred Brand Alternatives
CHOLESTEROL MEDICATIONS	Altoprev	atorvastatin lovastatin rosuvastatin simvastatin
	Antara Fenoglide	fenofibrate
	Crestor	rosuvastatin
	Lescol XL	fluvastatin ER
	Lipitor	atorvastatin
	Livalo	atorvastatin rosuvastatin simvastatin
	Pravachol	pravastatin
	Vytorin	atorvastatin rosuvastatin simvastatin Zetia
	Zocor	simvastatin
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER promethazine-codeine
DIABETES	ACCU-CHEK, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio
	Afrezza Apidra Apidra SoloStar	Humalog
	alogliptin alogliptin-metformin Jentadueto Kazano Nesina Tradjenta	Janumet/Janumet XR Januvia Kombiglyze XR Onglyza
	alogliptin-pioglitazone Oseni	Janumet/Janumet XR Januvia Kombiglyze XR Onglyza Generic TZDs (e.g. pioglitazone)
	Bydureon Byetta Tanzeum Victoza	Trulicity
	Farxiga Jardiance Synjardy Xigduo XR	Invokamet/Invokana
	Glumetza metformin ER (generic Fortamet)	metformin ER (generic Glucophage XR)
	Glyxambi	Invokamet/Invokana Janumet/Janumet XR Januvia Kombiglyze XR Onglyza

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	MEDICATION NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
DIABETES (cont)	Levemir Tresiba	Lantus Lantus SoloStar Toujeo	
	Novolin, Novolog	Humalog, Humulin	
EYE CONDITIONS	Lumigan	bimatoprost latanoprost Travatan Z travoprost	
GASTROINTESTINAL/HEARTBURN	Anusol-HC Cortifoam Uceris foam	Anucort-HC GRx HiCort 25 Hemmorex-HC hydrocortisone Procto-med HC Proctosol-HC Proctozone-HC Rectacort-HC	
	Asacol-HD Colazal Delzicol Dipentum Giazo	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR	
	Librax	chlordiazepoxide-clidinium	
	Metozolv ODT	metoclopramide metoclopramide ODT	
	Pepcid	famotidine	
	Proctocort	Hemmorex-HC Hemril hydrocortisone Procto-Pak	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Axiron Fortesta Natesto Testim Vogelxo	Androgel testosterone
		Dexpak	dexamethasone
		Genotropin Norditropin Flexpro Nutropin AQ Omnitrope Saizen Zomacton	Humatrope (PA)
Rayos		prednisone prednisone intensol	
Uceris tablet		budesonide EC	

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	MEDICATION NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
INFECTIONS	Acticlate Adoxa Adoxa Pak Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule	Generic products (e.g. doxycycline; minocycline)
	Bethkis Tobi	Kitabis Pak tobramycin
	Onmel	itraconazole terbinafine
	Sitavig	acyclovir
INFERTILITY	Gonal-F Gonal-F RFF Gonal-F RFF Redi-ject	Follistim AQ (PA)
MISCELLANEOUS	Horizant	gabapentin
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Bupap	butalbital-acetaminophen marten-tab tencon
	Belbuca	Butrans
	Cambia Diclofenac Duexos Klofensaid II Pennsaid Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)
	Capital W-codeine	acetaminophen-codeine
	Conzip	tramadol tramadol ER
	Gralise	gabapentin
	Kineret Simponi Simponi Aria	Enbrel (PA) Humira (PA)
	Lidocaine Lido-K	lidocaine lidopin
	Lorzone	chlorzoxazone
	Sprix	ketorolac
	Sumavel Dosepro	sumatriptan
	Treximet Zembrace Symtouch	Generic NSAIDs Generic triptans (e.g. sumatriptan; naratriptan)
	Zomig ZMT	zolmitriptan ODT

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	MEDICATION NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	Fazaclo Versacloz	clozapine clozapine ODT
SEIZURE DISORDERS	Mysoline	primidone
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Aldara	imiquimod
	Bensal HP	Salacyn salicylic acid
	Benzaclin Duac Neuac kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Ertaczo Extina	ketoconazole ketodan
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog Trianex	triamcinolone-
	Locoid Locoid Lipocream	hydrocortisone
	Loprox	ciclopirox
	Luzu Vusion	ketoconazole
	Noritrate	metronidazole Rosadan
	Novacort	hydrocortisone
	Oxistat	clotrimazole econazole ketoconazole
	Penlac	ciclodan ciclopirox
	Plexion	sodium sulfacetamide-sulfur SS 10-2 zencia
	Salex	salicylic acid
	Vanos	fluocinonide
	Verdeso	desonide
	Xerese	acyclovir hydrocortisone
	Ziana	clindamycin tretinoin
	Zovirax	acyclovir
	Zyclara	imiquimod

Medications NOT COVERED on your drug list[^]

CONDITION/Common Use/ Drug Class	Medication Not Covered [^]	Generic and/or Preferred Brand Alternatives
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Myrbetriq Toviaz VESicare	darifenacin ER oxybutynin chloride ER tolterodine ER trospium chloride ER

[^] This drug is not covered on your plan. Please talk with your doctor about switching to an alternative. Your prescription drug plan requires approval by Cigna to have this medication covered.

EXCLUSIONS & LIMITATIONS

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, covered employees may be required to use an in-network pharmacy to fill the prescription. If employees use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan¹:

- › over-the-counter (OTC) medications (medications that do not require a prescription) except insulin unless state or federal law requires coverage of such drugs;
- › prescription drugs or supplies for which there is a non-prescription or OTC therapeutic alternative;
- › physician-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the plan's prescription drug list or authorized by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such drugs;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription drugs and related supplies due to loss or theft;
- › drugs which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved drug products (including but not limited to medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless authorized by Cigna as medically necessary.

1. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

In accordance with Texas and Louisiana state law, customers with affected benefit plans who receive coverage for medications that are removed from the prescription drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date. To find out if these state mandates apply to your plan, please call Customer Service.

Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.



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