

PERFORMANCE PRESCRIPTION DRUG LIST



January 2015

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

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

Together, all the way.™



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

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

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

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

The symbols on the list mean

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

PA: **Prior Authorization** may be required for different reasons. To learn the requirements needed for coverage of a specific medication, feel free to give us a call.

QL: **Quantity Limit** means you may have coverage for a limited amount of a specific medication.

AGE: **Age Requirement** means an individual must be within a specific age group for a specific medication to be covered.

ST: **Step Therapy** is a prior authorization program that requires you to try other medications available to treat the same condition before the “ST” medication is covered.

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

Health care reform and you

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

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

If you have any questions

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

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD AND STIMULANTS		
amphetamine clonidine HCl dexamethylphenidate HCl ER dexamethylphenidate HCl dextroamphetamine dextroamphetamine/ amphetamine ER Metadate ER-methylphenidate HCl methamphetamine methylphenidate HCl methylphenidate ER/ER 24 HR modafanil	Adderall XR Focalin XR Intuniv Strattera Vyvanse	Adderall (PA, ST) Concerta (PA, ST) Daytrana (PA, ST) Desoxyn (PA, ST) Dexadrine (PA, ST) Focalin (PA, ST) Kapvay Metadate CD (PA, ST) Methylin (PA, ST) Nuvigil (PA) Provigil (PA) Quillivant XR (PA, ST) Ritalin (PA, ST) Ritalin LA Ritalin SR (PA, ST) Xyrem* (PA) Zenzedi (PA, ST)
AIDS/HIV		
abacavir* abacavir/lamivudine/ zidovudine* didanosine* lamivudine* lamivudine/zidovudine* nevirapine* nevirapine ER* stavudine* zidovudine*	Aptivus* Crixivan* Emtriva* Epzicom* Fuzeon* (PA) Invirase* Isentress* Kaletra* Lexiva* Norvir* Prezista* Rescriptor* Reyataz* Selzentry* Sustiva* Trizivir* Truvada* Viracept* Viamune XR* Viread*	Atripla* Combivir* Complera* Edurant* Epivir* Fulyzaq (PA) Intelence* Retrovir* Stribild* Triumeq* Videx* Viamune* Zerit* Ziagen*

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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ALLERGY

azelastine HCl	Astepro	Adrenaclick (QL)
azelastine nasal	Epipen 2 pk (QL)	Astelin
budesonide	Epipen Jr. (QL)	Atrovent (nasal)
clemastine fumarate	Nasonex	AUVI-Q (QL)
cyproheptadine	Veramyst	Beconase AQ (PA, ST)
cyproheptadine HCl		Dymista (PA, ST)
desloratadine		Flonase (PA, ST)
epinastine		Karbinal ER
epinephrine (QL)		Nasacort AQ (PA, ST)
flunisolide nasal		Omnaris (PA, ST)
fluticasone nasal		Patanase
hydroxyzine		QNASL (PA, ST)
ipratropium nasal		Rhinocort AQ (PA, ST)
levocetirizine		Semprex-D
montelukast		Singulair
triamcinolone nasal		Xyzal
		Zetonna (PA, ST)

ALZHEIMER'S DISEASE

donepezil HCl		Aricept
galantamine hydrobromide		Aricept ODT
rivastigmine tartrate capsules		Exelon
		Namenda XR
		Razadyne
		Razadyne ER

ANXIETY

alprazolam		Lorazepam Intensol
buspirone		Niravam
diazepam		
lorazepam		
oxazepam		

ASTHMA AND RESPIRATORY

albuterol sulfate (nebulizer solution)	Advair, Advair HFA	Accolate
budesonide (nebulizer solution)	Asmanex	Accuneb nebulizer (PA, ST)
caffeine citrate	Atrovent HFA	Adcirca* (PA)
cromolyn sodium (nebulizer solution)	Combivent Respimat	Adempas* (PA)
dyphylline	Flovent Diskus/HFA	Aerospan
guaifenesin/theophylline	ProAir HFA	Alvesco
ipratropium bromide (nebulizer solution)	Pulmicort	Anoro Ellipta
levalbuterol HCl (nebulizer solution)	Pulmozyme* (PA)	Arcapta
	QVAR	Breo Ellipta
	Serevent	Brovana nebulizer (PA, ST)
	Spiriva	Daliresp
	Symbicort	Dulera

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ASTHMA AND RESPIRATORY (CONTINUED)		
metaproterenol sulfate (syrup, tabs) montelukast sodium rancepinephine HCl sildenafil* (PA) terbutaline sulfate theophylline anhydrous zafirlukast	Ventolin HFA Xolair* (PA)	Foradil Letairis* Opsumit* (PA) Orenitram ER* (PA) Perforomist (PA, ST) Proventil HFA Revatio* (PA) S-2 Racepinephine Singulair Striverdi Respimat Tracleer* Tudorza Pressair (PA, ST) Ventavis* Xopenex HFA Xopenex nebulizer (PA, ST)
BIRTH CONTROL		
<i>Please check your enrollment materials to determine whether these medications are covered under your specific plan.</i>		
Altavera Alyacen Amethia Amethia Lo Amethyst Apri Aranelle Aubra Aviane Azurette Balziva Briellyn Camila Camrese Camrese Lo Caziant Chateal Cryselle Cyclofem Dasetta Daysee desogestrel-ethinyl estradiol Elinest Emoquette Enpress Enskyce Errin Estarylla	BeYaz Lomedia 24 FE LoSeasonique Minastrin 24 FE NuvaRing Ortho Evra Ortho TriCyclen Lo	Angeliq Brevicon Cyclessa Depo-Provera Subq Desogen Ella Estrostep FE Femcon FE Genereess FE Loestrin Loestrin FE Mircette Modicon Natazia Nordette Norinyl 1+35 Norinyl 1+50 Nor-QD Ortho Micronor Ortho-Cept Ortho-Cyclen Ortho-Novum 7-7-7 Ortho-Tri-Cyclen Ovcon-35 Quartette Safyral Seasonale Seasonique

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

BIRTH CONTROL (CONTINUED)

Please check your enrollment materials to determine whether these medications are covered under your specific plan.

ethinyl estradiol/ drospirenone		Tri-Norinyl Yasmin 28 Yaz
Falmina		
Gianvi		
Gildagia		
Gildess		
Heather		
Introvale		
Jencycla		
Jolessa		
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		
Lyza		
Marlissa		
Microgestin		
Microgestin FE		
Mono-Linyah		
Mononessa		
Myzitra		
Necon		
Next Choice		
Nora-Be		
noreth a-et estra/ fe fumarate		
noreth-ethinyl estradiol/iron		
norethindrone		
norgestimate-ethinyl estradiol		

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
BIRTH CONTROL (CONTINUED)		
<i>Please check your enrollment materials to determine whether these medications are covered under your specific plan.</i>		
norgestrel-ethinyl estradiol Nortrel Ocella Ogestrel Orsythia Philith Pimtrea Pirmella Portia Previfem Quasense Reclipsen Sprintec Sronyx Syeda Tilia FE Tri-Estarylla Tri-Legest FE Tri-Linyah Trinessa Tri-Previfem Tri-Sprintec Trivora Velivet Vestura Viorele Vyfemla Wera Wymzya FE Xulane Zarah Zenchent Zenchent FE Zeosa Zovia		
BLADDER PROBLEMS		
flavoxate oxybutynin/XL potassium citrate ER tolterodine tartrate trospium chloride	Elmiron Toviaz VESicare	Detrol (PA, ST) Detrol LA (PA, ST) Ditropan XL (PA, ST) Enablex (PA, ST) Gelnique (PA, ST) Myrbetriq (PA, ST) Oxytrol (PA, ST) (For Men Only) Sanctura (PA, ST) Sanctura XR (PA, ST) Urocit-K

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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CANCER

anastrozole	Gleevec* (PA)	Afinitor* (PA)
azacitidine*	Granix*	Afinitor Disperz* (PA)
bicalutamide*	Hexalen*	Arimidex
capecitabine	Leukeran	Aromasin
cyclophosphamide*	Lupron Depot* (PA)	Bosulif* (PA)
exemestane	Lysodren	Caprelsa* (PA)
flutamide*	Matulane*	Casodex*
letrozole	Myleran	Cometriq* (PA)
lomustine	Neulasta* (PA)	Droxia
tamoxifen citrate	Neupogen* (PA)	Erivertex* (PA)
temozolomide* (PA)	Nexavar* (PA)	Fareston
	Revlimid* (PA)	Femara
	Sprycel* (PA)	Gilotrif* (PA)
	Sutent* (PA)	Imbruvica* (PA)
	Tarceva* (PA)	Inlyta* (PA)
	Thalomid* (PA)	Jakafi* (PA)
	Xeloda*	Mekinist* (PA)
	Zolinza* (PA)	Purixan*
		Pomalyst* (PA)
		Stivarga* (PA)
		Sylatron* (PA)
		Sylvant* (PA)
		Tafinlar* (PA)
		Targretin*
		Tasigna* (PA)
		Tykerb* (PA)
		Valchlor*
		Votrient* (PA)
		Xalkori* (PA)
		Xtandi* (PA)
		Zelboraf* (PA)
		Zydelig* (PA)
		Zykadia* (PA)
		Zytiga* (PA)

CARDIOVASCULAR

BLOOD THINNER/ANTI-CLOTTING		
anagrelide*	Aggrenox	Agrylin*
cilostazol	Arixtra* (QL)	Brillinta
clopidogrel	Effient	Coumadin
dipyridamole	Fragmin* (QL)	Eliquis (ST)
enoxaparin* (QL)	Xarelto	Lovenox* (QL)
fondaparinux* (QL)		Plavix
heparin		Pletal
Jantoven		Pradaxa (ST)
ticlopidine		Zontivity
warfarin		

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR (CONTINUED)		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
acebutolol HCl	Benicar	Accupril (PA, ST)
acetazolamide	Benicar HCT	Accuretic (PA, ST)
amiloride HCl	Bystolic	Aceon (PA, ST)
amlodipine besylate	Coreg CR	Altace (PA, ST)
amlodipine besylate/ benazepril	Exforge	Amturnide
amlodipine/ atorvastatin calcium	Exforge HCT	Atacand (PA, ST)
apresoline	Tarka	Avalide (PA, ST)
atenolol	Tekturna	Avapro (PA, ST)
benazepril HCl	Tekturna HCT	Azor
benazepril HCl/amlodipine		Betapace AF
benazepril HCl/HCTZ		Cardura
bendroflumethiazide/nadolol		Cardura XL
betaxolol HCl		Catapres, Catapres TTS
bisoprolol fumarate		Coreg
bisoprolol/HCTZ		Coregard
bumetanide		Cozaar (PA, ST)
candesartan		Diovan (PA, ST)
candesartan cilexetil		Diovan HCT
candesartan HCTZ		Dutoprol
captopril		Edarbi (PA, ST)
captopril/HCTZ		Edarbychlor (PA, ST)
carvedilol		Hemangeol
chlorothiazide		Hyzaar (PA, ST)
chlorthalidone		Inderal LA
chlorthalidone/atenolol		Innopran XL
clonidine		Levatol
clonidine HCl		Lotensin (PA, ST)
Clorpres		Lotensin HCT (PA, ST)
diltiazem		Lotrel
diltiazem 24HR ER		Mavik (PA, ST)
doxazosin mesylate		Micardis (PA, ST)
enalapril maleate		Micardis HCT (PA, ST)
enalapril maleate/HCTZ		Norpace
epiprenone		Norpace CR
eprosartan mesylate		Norvasc
felodipine		Nymalize
fosinopril sodium		Prinivil (PA, ST)
fosinopril sodium/HCTZ		Prinzide (PA, ST)
furosemide		Sular
guanfacine		Tekamlo
hydralazine HCl		Teveten (PA, ST)
hydrochlorothiazide		Teveten HCT (PA, ST)
hydrochlorothiazide/amilor HCl		Toprol XL
indapamide		Tribenzor
irbesartan		Twynsta
		Uniretic (PA, ST)

CARDIOVASCULAR (CONTINUED)**HIGH BLOOD PRESSURE/HEART MEDICATIONS**

irbesartan/HCTZ		Univasc (PA, ST)
isradipine		Vaseretic (PA, ST)
labetalol HCl		Vasotec (PA, ST)
lisinopril		Verelan
lisinopril/HCTZ		Zestoretic (PA, ST)
losartan potassium		Zestril (PA, ST)
losartan potassium/HCTZ		
methazolamide		
methyldopa		
methyldopa/HCTZ		
metolazone		
metoprolol succinate		
metoprolol tartrate		
metoprolol/HCTZ		
minoxidil		
moexipril HCl		
moexipril HCl/HCTZ		
nadolol		
nicardipine HCl		
nifedipine		
nimodipine		
perindopril erbumine		
pindolol		
prazosin HCl		
propranolol HCl		
propranolol/HCTZ		
quinapril		
quinapril HCl/HCTZ		
ramipril (caps only)		
reserpine		
sotalol HCl		
spironolactone		
spironolactone/HCTZ		
telmisartan		
telmisartan/amlodipine		
telmisartan/HCTZ		
terazosin HCl		
timolol maleate		
torsemide		
trandolapril		
triamterene/HCTZ		
valsartan		
valsartan/HCTZ		
Vecamyl-mecamylamine HCl		
verapamil		
verapamil SR		

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR (CONTINUED)		
	OTHER	
amiodarone digoxin disopyramide flecainide isosorbide dinitrate isosorbide mononitrate nitroglycerin procainamide propafenone SR	Multaq Nitrolingual spray Tikosyn	Lanoxin Nitromist Ranexa (PA, ST) Rythmol SR Samsca (PA)
CHOLESTEROL LOWERING		
atorvastatin cholestyramine cholestyramine powder cholestyramine/aspartame cholestyramine/sucrose colestipol fenofibrate fenofibric acid fluvastatin gemfibrozil lovastatin niacin omega-3-acid ethyl esters pravastatin sodium simvastatin	Crestor Lescol XL Lovaza Simcor Welchol Zetia	Advicor Altoprev (PA, ST) Antara Caduet Colestid Fenoglide Juxtapid* (PA) Kynamro* (PA) Lescol Lipitor (PA, ST) Liptruzet (PA, ST) Livalo (PA, ST) Lofibra Mevacor (PA, ST) Niaspan Pravachol (PA, ST) TriCor Trilipix Vascepa (ST) Vytorin (PA, ST) Zocor (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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DEPRESSION

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

DIABETES

acarbose	ACCU-CHEK test strips	Actoplus Met
chlorpropamide	Apidra	Actoplus Met XR
glimepiride	Apidra SoloStar	Actos
glipizide	BD Insulin Syringes/ Pen Needles	Amaryl
glipizide/metformin	Bydureon (QL)	Avandamet
glyburide	Byetta	Avandaryl
glyburide, micronized	Glucagen HypoKit	Avandia
glyburide/metformin	Glucagon Emergency Kit (QL)	Cycloset
metformin HCl	Humalog	Duetact
metformin ER	Humulin	Farxiga (PA,ST)
nateglinide	Janumet	Fortamet
pioglitazone	Janumet XR	Glucophage XR
pioglitazone/glimepiride	Januvia	Glyset
pioglitazone/metformin	Kombiglyze XR	Invokamet (PA, ST)
repaglinide	Lantus	Invokana (PA, ST)
tolazamide	Lantus SoloStar	Jardiance (PA, ST)
tolbutamide		Jentaduetto (PA, ST)

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
DIABETES (CONTINUED)		
	Levemir NovoFine/NovoTwist needles Novolin NovoLog One Touch test strips Onglyza Prandimet SymlinPen Victoza	Kazano (PA, ST) Nesina (PA, ST) Oseni (PA, ST) Prandin Precose Starlix Tanzeum (PA, QL, ST) Tradjenta (PA, ST) V-GO
ENDOCRINE AND METABOLIC – OTHER		
allopurinol cabergoline (QL) desmopressin* fluoxymesterone octreotide* (PA)	Colcrys Increlex* (PA) LupronDepot-PED* (PA) Megace ES Nilandron Sandostatin LAR* (PA) Somavert* (PA) Uloric	Egrifta* (PA) Sandostatin* (PA) Signifor* (PA) Somatuline Depot* (PA)
EYE CONDITIONS		
apraclonidine HCl atropine azelastine brimonidine bromfenac bromfenac sodium ciprofloxacin diclofenac dorzolamide dorzolamide/timolol epinastine flurbiprofen gatifloxacin ketorolac latanoprost levofloxacin pilocarpine timolol tobramycin/dexamethasone travoprost trifluridine	Alomide Alphagan P 0.10% AzaSite Azopt Betoptic S Ciloxan (ointment) Iopidine Lotemax (drops & gel) Maxidex Moxeza Pataday Patanol Restasis Tobradex (ointment) Travatan Z Vexol Vigamox	Acular LS Alocril Alrex Bepreve Besivance Ciloxan (drops) Cosopt Cystaran Durezol Elestat Emadine Ilevro Lastacraft Lotemax (ointment) Optivar Prolensa Rescula Simbrinza (PA, ST) Timoptic Tobradex (drops) Tobradex ST Trusopt Voltaren Zioptan (PA, ST) Zymaxid

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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GASTROINTESTINAL (NOT HEARTBURN/ULCER)

balsalazide	Apriso	Amitiza
belladonna alkaloids/ phenobarbital	Asacol HD	Cimzia* (PA)
budesonide	Canasa	Colazal
cromolyn sodium (solution)	Creon	Colyte
PEG 3350/potassium/ sodium bicarb/salt	Delzicol	Donnatal
PEG 3350/potassium/sodium bicarb/salt/sodium sulf	GoLytely	Entocort EC
triamcinolone acetoneide	Humira* (PA)	Entyvio* (PA)
	Lialda	Giazo
	Pentasa	Linzess
	Urso/Urso Forte	NuLytely
	Zenpep	Pancreaze
		Pertzye
		Pancreaze
		Prepopik
		Rayos (ST)
		Relistor (PA)
		Remicade* (PA)
		Simponi* (PA)
		Simponi Aria* (PA)
		Suclear
		Sucraid*
		Uceris
		Ultresa
		Viokace

GROWTH HORMONES

	Humatrope* (PA)	Genotropin* (PA)
	Saizen* (PA)	Norditropin* (PA)
		Norditropin Nordiflex* (PA)
		Nutropin AQ* (PA)
		Nutropin AQ Nuspin*(PA)
		Omnitrope* (PA)
		Serostim* (PA)
		Tev-Tropin* (PA)

HEARTBURN/ULCER

cimetidine	Nexium	Aciphex (PA, ST)
famotidine		Dexilant (PA, ST)
lansoprazole		Esomeprazole
lansoprazole/amoxicillin/ clarithromycin		Strontium (PA, ST)
metoclopramide		Omeclamox-Pak
metoclopramide HCl		Prevacid (PA, ST)
misoprostol		Prevpac
nizatidine		Prilosec (PA, ST)
omeprazole		Protonix (PA, ST)
omeprazole/sodium bicarbonate		Zantac Effertab
pantoprazole		Zantac Syrup
rabeprazole HCl		Zegerid (PA, ST)
ranitidine		
sucralfate		

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
HORMONE REPLACEMENT		
estradiol estradiol/norethindrone acetate estropipate ethinyl estradiol levothroid levothyroxine Levoxyl liothyronine medroxyprogesterone progesterone, micronized testosterone cypionate testosterone enanthate thyroid Unithroid	Alora Anadrol-50 (PA) Androderm (QL) AndroGel (QL) Armour Thyroid Divigel Enjuvia Estraderm Premarin Premphase Prempro Synthroid Testim (QL) Vivelle-Dot	Activella Axiron (PA, QL, ST) Cenestin Combipatch Cytomel Delatestryl Depot Testosterone Estrace Femhrt Femring Fortesta (PA, QL, ST) Menest Minivelle Prefest Prometrium Striant (QL) testosterone gel (QL) Vagifem Vogelxo
INFECTIONS		
acyclovir adefovir dipivoxil* amantadine amoxicillin/ER amoxicillin/clavulanate atovaquone azithromycin cefaclor ER cefadroxil cefdinir cefprozil ceftibuten dihydrate ceftriaxone cefuroxime axetil cephalixin ciprofloxacin clarithromycin clindamycin clindamycin phosphate cycloserine doxycycline entacavir erythromycin famciclovir fluconazole flucytosine	Baraclude* Cipro HC Otic Ciprodex Epivir HBV* Gris-Peg Intron-A* (PA) Mycostatin (tabs) Pegasys* (PA) PegIntron* (PA) Primsol Tamiflu (QL) Valcyte	Acticlate (PA, ST) Ancobon Augmentin Augmentin ES 600 Augmentin XR Avelox Bethkis* Biaxin Biaxin XL Cedax Cetraxal Ciclodan Cipro Cipro XR CNL 8 Coartem (QL) Copegus* Difidic (PA) Ery-Tab Famvir Flagyl ER Garamycin* Grifulvin V Hepsera* Incivek* (PA) Keflex

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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INFECTIONS (CONTINUED)

ganciclovir*		Ketodan
gentamicin sulfate		Lamisil (QL)
griseofulvin		Levaquin
griseofulvin, microsize		Malarone (PA)
griseofulvin, ultramicrosize		Monurol
itraconazole (QL)		Moxatag
ketoconazole		Noxafil
lamivudine*		Olysio* (PA)
metronidazole		Onmel (PA, QL, ST)
minocycline		Penlac
minocycline HCl		Priftin
Moderiba*		Rebetol*
moxifloxacin HCl		Relenza (QL)
mupirocin		Rocephin
nitrofurantoin		Sirturo
nystatin		Sitavig
ofloxacin		Sivextro (PA)
penicillin v potassium		Solodyn (PA, ST)
ribavirin*		Sovaldi* (PA)
rifabutin		Spectracef
rifampin		Sporanox (QL)
rimantadine		Suprax
sulfamethoxazole/ trimethoprim		Tobi*
terbinafine (QL)		Tobi Podhaler*
terconazole		Tyzeka*
tetracycline		Valtrex
tobramycin		Vfend (PA)
valacyclovir		Victrelis* (PA)
vancomycin		Zithromax
voriconazole (PA)		Zyvox (PA)

MIGRAINE

acetaminophen/caffeine/ butalbital	Treximet (QL) Cafergot	Alsuma (QL)
dihydroergotamine mesylate (QL)		Amerge (QL)
isomethepten/caf/ acetaminophen		Axert (QL)
naratriptan (QL)		DHE 45 (QL)
rizatriptan (QL)		Frova (QL)
sumatriptan (QL)		Imitrex (QL)
sumatriptan succinate (QL)		Maxalt (QL)
zolmitriptan (QL)		Maxalt MLT (QL)
		Migranal (QL)
		Relpax (QL)
		Sumavel DosePro (QL)
		Zomig/Zomig ZMT (QL)
		Zomig nasal (QL)

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
MULTIPLE SCLEROSIS		
	Ampyra* (PA) Avonex/Avonex Pen* (PA) Copaxone* (PA) Rebif* (PA) Rebif Rebidos* (PA) Tecfidera* (PA)	Aubagio* (PA) Betaseron* (PA) Extavia* (PA) Gilenya* (PA)
NAUSEA AND VOMITING		
dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide	Emend capsule* (QL)	Anzemet inj* (PA) Anzemet tabs* (QL) Diclegis Marinol Sancuso (QL) Zofran Zuplenz (PA, QL, ST)
OSTEOPOROSIS		
alendronate sodium calcitonin-salmon etidronate disodium Fortical ibandronate sodium syringe* ibandronate sodium tablet raloxifene HCl risedronate	Evista Forteo* Miacalcin	Actonel (PA,ST) Atelvia (PA,ST) Binosto (PA,ST) Boniva syringe* (PA,ST) Boniva tab (PA,ST) Fosamax (PA,ST) Fosamax Plus D (PA,ST) Skelid (PA,ST)
PAIN RELIEF AND INFLAMMATORY DISEASE		
buprenorphine butalbital/acetaminophen butalbit/acetamin/ caff/codeine butorphanol nasal (QL) codeine phos/carisoprodol/asa codeine phosphate codeine phosphate/aspirin codeine sulfate cyclophosphamide* dexamethasone diclofenac diclofenac/misoprostol dihy- cod tt/apap/caffeine etodolac fenopufen fentanyl citrate (lozenge on stick) (PA) fentanyl transdermal (QL)	Actimmune* (PA) Avinza (QL) Celebrex (QL) Dilaudid-5 Dipentum Enbrel* (PA) Fentora (PA) Humira* (PA) Indocin (suppository) Kadian (QL) Lidoderm Lyrica Nucynta (QL, ST) Nucynta ER (QL) OxyContin (QL) Ponstel Rheumatrex* Roxicet Savella	Abstral (PA) Actemra* (PA) Actiq (PA) Ansaid (PA,ST) Arthrotec (PA, ST) Butrans (QL) Cambia (PA, ST) Cimzia* (PA) Conzip (PA, QL, ST) Demerol (PA,ST) Dilaudid (PA,ST) Duexis (PA, ST) Duragesic (QL) Exalgo (QL) Fioricet w/codeine Flector (PA, QL, ST) Horizant (PA, ST) Hycet (PA,ST) Kineret* (PA)

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

PAIN RELIEF AND INFLAMMATORY DISEASE (CONTINUED)

flurbiprofen	Suboxone film tab (PA)	Lazanda (PA)
hydrocodone bitartrate/apap	Trexall*	Lortab (PA,ST)
hydrocodone bitartrate/ aspirin		Mobic (PA, ST)
hydromorphone HCl		MS Contin (QL)
ibuprofen		Nalfon (PA,ST)
ibuprofen/hydrocod bit		Naprelan (PA, ST)
indomethacin		Norco (PA,ST)
ketoprofen		Onsolis (PA)
ketorolac (QL)		Opana (QL)
leflunomide		Opana ER (QL)
levorphanol tartrate		Otrexup* (PA)
lidocaine		Oxecta (PA,ST)
lidocaine-prilocaine		Pennsaid (PA, ST)
meclufenamate		Percocet (PA,ST)
mefenamic acid		Percodan (PA,ST)
meloxicam		Primalev (PA,ST)
meperidine HCl		Prodrin
metaxalone		Quflora
methotrexate*		Rasuvo* (PA)
methylprednisolone		Rayos (PA, ST)
migergot		Remicade* (PA)
morphine sulfate (QL)		Roxicodone (PA,ST)
nabumetone		Ryzolt
naproxen		Simponi* (PA)
opium		Simponi Aria* (PA)
opium/belladonna alkaloids		Skelaxin
orphenadrine/aspirin/caffeine		Sprix (QL)
oxaprozin		Suboxone SL tab (PA)
oxycodone HCl		Subsys (PA)
oxycodone HCl/ acetaminophen		Synalgos-DC (PA,ST)
oxycodone/aspirin		Ultracet (PA, QL, ST)
oxymorphone		Ultram (PA, QL, ST)
Oxymorphone HCl		Ultram ER (PA, QL, ST)
pentazocine HCl/ acetaminophen		Vicodin (PA,ST)
pentazocine HCl/naloxone HCl		Vicoprofen (PA,ST)
piroxicam		Vimovo (PA, QL, ST)
prednisone		Voltaren Gel (PA, ST)
sulindac		Voltaren XR (PA, ST)
tolmetin		Xartemis XR (QL)
tramadol ER (QL)		Xeljanz* (PA)
tramadol HCl (QL)		Xodol (PA,ST)
tramadol HCl/ acetaminophen (QL)		Zamicet (PA,ST)
		Zohydro (QL)
		Zolvit (PA,ST)
		Zorvolex (PA,ST)

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
PARKINSON'S DISEASE		
amantadine benzotropine bromocriptine carbidopa carbidopa/levodopa carbidopa/levodopa CR carbidopa/levodopa/ entacapone entacapone pramipexole ropinirole ropinirole XL selegiline	Apokyn* (PA) Azilect	Comtan Eldepryl Lodosyn Mirapex Mirapex ER Neupro Northera* (PA) Parcopa Requip Requip XL Sinemet CR Stalevo Tasmar Zelapar
PROSTATE		
alfuzosin doxazosin finasteride leuprolide acetate* (PA) prazosin tamsulosin terazosin	Avodart Cialis (PA, QL) Jalyn Zoladex* (PA)	Firmagon* (PA) Flomax Proscar Rapaflo Uroxatral
SCHIZOPHRENIA		
clozapine haloperidol loxapine olanzapine olanzapine/fluoxetine HCl quetiapine risperidone thiothixene ziprasidone	Seroquel XR	Abilify Abilify Discmelt Clozaril (PA, ST) Fanapt (PA, ST) Fazaclo (PA, ST) Geodon (PA, ST) Invega (PA, ST) Latuda (PA, ST) Orap Risperdal/ Risperdal M (PA, ST) Saphris (PA, ST) Seroquel (PA, ST) Symbyax Versacloz (PA, ST) Zyprexa (PA, ST) Zyprexa Zydis (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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SEIZURE

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

SEXUAL DYSFUNCTION

Please check your enrollment materials to determine whether these medications are covered under your specific plan.

	Cialis (PA, QL)	Caverject (PA, QL)
	Muse (PA, QL)	Edex (PA, QL)
	Viagra (QL)	Levitra (PA, QL)
		Osphena
		Staxyn (PA, QL)
		Stendra (QL)

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS		
acitretin	Ala-Scalp HP (PA, ST)	Absorica (QL)
adapalene (AGE)	Benzaclin (Gel w/pump)	Acanya
alclometasone dipropionate	Benzamycin Pak	Aclovate (PA, ST)
amcinonide	Capex Shampoo (PA, ST)	Alcortin A
amnesteen (QL)	Carac	Aldara
Apexicon E (diflorasone diacetate) cream	Carmol HC (PA,ST)	Apexicon ointment (PA, ST)
betamethasone	Cloderm (PA, ST)	Apop
betamethasone dipropionate	Cordran (PA, ST)	Aqua Glycolic HC (PA, ST)
betamethasone dipropionate/ propylene glycol	Cordran SP (PA, ST)	Atralin (AGE)
betamethasone valerate	Differin (AGE)	Avar
calcipotriene	Enbrel* (PA)	Avar LS
calcipotriene-betamethasone	Exelderm	Avita
calcitriol ointment	Fluoroplex	Bactroban
Claravis (QL)	Furacin	Benoxylodoxy 30
clincamycinphosphate/ benzoyl peroxide gel	Humira* (PA)	Benzaclin
clobetasol propionate	Kenalog spray (PA, ST)	Benzefoam
clobetasol propionate/emoll	Klaron	Clindacin Pac
clocortolone pivalate	Locoid (lotion)	Clobex (PA, ST)
desonide	Loprox shampoo	Clodan (PA, ST)
desoximetasone	Metrogel 1%	Condylox
diclofenac sodium	Naftin	Cutivate (PA, ST)
diflorasone diacetate	Noritate	Derma-Smoothe/FS (PA, ST)
fluocinolone acetonide	Nucort (PA, ST)	Dermasorb AF
fluocinonide	Oracea	Dermasorb HC (PA, ST)
fluocinonide/emollient	Tazorac	Dermasorb TA (PA,ST)
fluorouracil topical	Texacort (PA, ST)	Dermasorb XM
fluticasone propionate		Dermatop (PA, ST)
fluticasone propionate		Desonate (PA, ST)
halobetasol prop/ ammonium lac		Desowen (PA, ST)
halobetasol propionate		Diprolene (PA, ST)
hydrocortisone		Diprolene AF (PA, ST)
hydrocortisone acetate/ aloe vera		Dovonex
hydrocortisone acetate/urea		Duac
hydrocortisone butyrate		Ecoza
hydrocortisone valerate		Elidel (PA, ST)
imiquimod		Elocon (PA, ST)
Isotretinoin (QL)		Epiduo
mafenide acetate		First Hydrocortisone (PA, ST)
methoxsalen, rapid		Halog (PA, ST)
metronidazole		Hydro 35
mometasone furoate		Jublia (PA, ST)
podofilox		Kenalog (PA, ST)
prednicarbate		Kerydin (PA, ST)
		Locoid (cream, ointment, solution)
		Locoid Lipocream (PA, ST)
		Luxiq (PA, ST)
		Luzu

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

SKIN CONDITIONS (CONTINUED)

salicylic acid
 Sotret (QL)
 sulfacetamide
 sulfacetamide sodium/sulfur
 sulfacetamide sulfur
 sulfacetamide/sulfur/cleanser
 tretinoin (AGE)
 triamcinolone acetonide
 urea

Metrogel
 Metrolootion
 Momexin (PA, ST)
 Neucac
 Olux (PA, ST)
 Olux-E (PA, ST)
 Otezla* (PA)
 Ovace Plus cream,
 lotion and wash
 Pandel (PA, ST)
 Panretin*
 Pediaderm HC (PA, ST)
 Plexion
 Protopic (PA, ST)
 Regranex (PA)
 Remicade* (PA)
 Retin-A cream (PA, AGE)
 Retin-A Micro (PA, AGE)
 Retin-A Micro Pump
 (PA, AGE)
 Riax
 Rosula
 Scalacort DK (PA, ST)
 Solaraze
 Soriatane
 Sorilux
 Stelara* (PA)
 Sumadan XLT
 Synalar (PA, ST)
 Synalar TS (PA, ST)
 Taclonex
 Targretin gel*
 Temovate (PA, ST)
 Topicort (PA, ST)
 Topicort LP (PA, ST)
 Tretin-X (PA)
 Ultrasal-ER
 Ultravate (PA, ST)
 Ultravate X (PA, ST)
 Umecta
 Vanos (PA, ST)
 Vectical
 Verdeso (PA, ST)
 Vytone
 Westcort (PA, ST)
 Xolegel
 Ziana
 Zyclara (PA, ST)

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SLEEP		
eszopiclone 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)
TRANSPLANT		
azathioprine* cyclosporine* mycophenolate moefetil* mycophenolate sodium* sirolimus* tacrolimus*	Azasan* Cellcept* Neoral* Prograf* Rapamune* Sandimmune*	Imuran* Myfortic* Zortress*
VITAMINS		
<p><i>All plans cover all generic prescription prenatal vitamins, even though not listed here (Available as generic where ^ is noted).</i></p>		
calcitriol cyanocobalamin folic acid	Active OB^ Bal-Care DHA Essential Citranatal Citranatal 90 DHA Citranatal Assure^ Citranatal B-Calm Citranatal DHA Citranatal Harmony^ Citranatal Rx Duet DHA Duet DHA EC Focalgin-B^ Folet One Gesticare DHA Infanate Balance Natachew Natafort Natelle One^ Neevo Neevo DHA Nestabs^ Nestabs ABC Nestabs DHA^ Nexa Plus OB Complete OB Complete DHA	MaxFe Nascobal

VITAMINS (CONTINUED)

All plans cover all generic prescription prenatal vitamins, even though not listed here (Available as generic where ^ is noted).

- OB Complete One
- OB Complete Petite
- OB Complete Premier
- PNV Folic Acid-Iron
- PNV-DHA Plus
- Precare Premier
- Prefera-OB One
- PreferaOB Prenatal Vitamin
- Prenaissance Next-B
- Prenata
- Prenatal 19
- Prenate AM
- Prenate Chewable
- Prenate DHA
- Prenate Elite
- Prenate Enhance
- Prenate Mini
- Prenate Restore
- Prenate Star
- Provida OB
- Select-OB
- Stuart Prenatal
- Stuartnatal Plus
- Stuartnatal Plus 3
- TL-Select DHA
- Tricare
- Tricare Prenatal Compleat
- Tricare Prenatal DHA One^
- Vinate Care
- Vinate DHA
- Virt-Bal DHA^
- Vita Fol-OB DHA
- Vitafol Nano
- Vitafol Ultra
- Vitafol-One
- VitamedMD Redichew Rx
- Vitapearl
- Viva DHA
- VP CH Ultra
- VP-PNV-DHA

Performance Prescription Drug List

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

Exclusions and Limitations

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

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

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



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