Prescription Drug List January 2013

PERFORMANCE
prescription drug list

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 drugs covered under your plan.

This list is designed to cover your prescription drugs 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 drug appropriate for your condition, we suggest that you talk to your doctor about lower-cost choices like generic medications and preferred-brand medications to see if they could be right for you.

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1st Tier – Generic Medications: Generic drugs 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 drugs 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 drugs 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.

* Drugs 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. 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 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 **www.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. You can use the Prescription Drug Price Quote tool available on **myCignaforhealth.com** to see and compare the prices of all drugs covered under your plan. Or, you can call the number on the back of your ID card to speak with a customer service representative at any time.

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD AND STIMULANTS		
amphetamine dextroamphetamine dexmethylphenidate methamphetamine methylphenidate/ER/ ER 24 HR modafanil	Adderall XR Focalin XR Intuniv Strattera Vyvanse	Adderall Concerta Daytrana Desoxyn Focalin Kapvay Metadate CD Methylin Nuvigil Provigil Ritalin Ritalin LA Ritalin SR
AIDS/HIV		
abacavir* didanosine* lamivudine* lamivudine/zidovudine* nevirapine* stavudine* zidovudine*	Agenerase Aptivus* Crixivan* Emtriva* Epivir* Epzicom* Fuzeon* (PA) 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*

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ALLERGY		
azelastine nasal clemastine fumarate cyproheptadine epinastine flunisolide nasal fluticasone nasal hydroxyzine ipratropium nasal levocetirizine montelukast triamcinolone nasal	Astepro Epipen Epipen Jr. Nasonex Veramyst	Astelin Atrovent (nasal) Beconase AQ Dymista Flonase Nasacort AQ Omnaris Patanase QNASL Rhinocort AQ Semprex-D Singulair Zetonna Xyzal
ALZHEIMER DISEASE		
donepezil galantamine hydrobomide rivastigmine capsules	Aricept (23 mg) Namenda	Aricept (5 and 10 mg) Aricept ODT Cognex Exelon Razadyne Razadyne ER
ANXIETY		
alprazolam buspirone lorazepam oxazepam	Lorazepam Intensol	
ASTHMA AND RESPIRATORY		
albuterol solution (nebulizer solution) albuterol sulfate (syrup, tabs) aminophylline budesonide caffeine citrate cromolyn sodium (nebulizer solution) Dylix dyphylline guaifenesin/dyphylline guaifenesin/theophylline ipratropium bromide (nebulizer solution) levalbuterol (nebulizer solution) metaproterenol sulfate (syrup, tabs) montelukast	Advair Diskus/HFA Asmanex Atrovent HFA Combivent Flovent Diskus/HFA Maxair ProAir HFA Pulmicort Pulmozyme* (PA) Qvar Serevent Spiriva Symbicort Ventolin HFA Xolair* (PA)	Accolate Accuneb nebulizer Adcirca* (PA) Alvesco Arcapta Brovana nebulizer Daliresp Dulera Foradil Letairis* Maxair Perforomist Proventil HFA Revatio* (PA) Singulair Symbicort Tracleer* Tudorza Ventavis*

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ASTHMA AND RESPIRATORY *(CONTINUED)*		
sildenafil* (PA) terbutaline sulfate theophylline anhydrous zafirlukast		Xopenex HFA Xopenex nebulizer
BIRTH CONTROL		
Please check your enrollment materials to determine whether these medications are covered under your specific plan.		
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

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
BLADDER PROBLEMS		
oxybutynin/XL tolterodine tartrate trospium chloride	Detrol LA Elmiron Oxytrol Toviaz VESIcare	Detrol Ditropan Ditropan XL Enablex Gelnique Sanctura Sanctura XR
CANCER		
anastrozole bicalutamide* exemestane flutamide* letrozole tamoxifen citrate	CeeNU Gleevec* (PA) Hexalen* Leukeran Lupron Depot* (PA) Lysodren Matulane* Myleran Neulasta*(PA) Neupogen* (PA) Nexavar* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Temodar* (PA) Thalomid* (PA) Xeloda* Zolinza* (PA)	Afinitor *(PA) Arimidex Aromasin Caprelsa* (PA) Casodex* Droxia Erivedge* (PA) Fareston Femara Inlyta* (PA) Jakafi* (PA) Sylatron* (PA) Targretin* (PA) Tasigna* (PA) Tykerb* (PA) Votrient* (PA) Xalkori* (PA) Zelboraf* (PA) Zytiga* (PA)
CARDIOVASCULAR		
BLOOD THINNER/ANTI-CLOTTING		
anagrelide* cilostazol clopidogrel dipyridamole enoxaparin fondaparinux heparin Jantoven ticlopidine warfarin	Aggrenox Arixtra Effient Fragmin Xarelto (QL 10 mg only)	Agrylin* Brillinta Coumadin Lovenox Plavix Pletal Pradaxa (ST)

CARDIOVASCULAR *(CONTINUED)*

HIGH BLOOD PRESSURE/HEART MEDICATIONS

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
acebutolol HCl	Bystolic	Accupril
acetazolamide	Coreg CR	Accuretic
amiloride HCl	Exforge	Aceon
amlodipine besylate	Exforge HCT	Altace
amlodipine/atorvastatin calcium	Tarka	Amturnide
amlodipine besylate/ benazepril	Tekturna	Atacand (PA, ST)
apresoline	Tekturna HCT	Avalide (PA, ST)
atenolol		Avapro (PA, ST)
benazepril HCl		Azor
benazepril HCl/amlodipine		Benicar (PA, ST)
benazepril HCl/HCTZ		Benicar HCT (PA,ST)
bendroflumethiazide/nadolol		Betapace AF
betaxolol HCl		Cardura
bisoprolol fumarate		Cardura XL
bisoprolol/HCTZ		Catapres, Catapres TTS
bumetanide		Coreg
captopril		Corgard
captopril/HCTZ		Covera-HS
carvedilol		Cozaar (PA, ST)
chlorothiazide		Diovan (PA, ST)
chlorthalidone		Diovan HCT (PA, ST)
chlorthalidone/atenolol		Dutoprol
clonidine		Dynacirc CR
clonidine HCl		Edarbi (PA,ST)
Clorpres		Edarbychlor (PA, ST)
diltiazem		Hyzaar (PA, ST)
diltiazem 24HR ER		Inderal LA
doxazosin mesylate		Innopran XL
enalapril maleate		Levatol
enalapril maleate/HCTZ		Lotensin
eplerenone		Lotensin HCT
eprosartan mesylate		Lotrel
felodipine		Mavik
fosinopril sodium		Micardis (PA, ST)
fosinopril sodium/HCTZ		Micardis HCT (PA, ST)
furosemide		Monopril
guanfacine		Monopril HCT
hydralazine HCl		Nexiclon XR
hydrochlorothiazide		Norpace
hydrochlorothiazide/amilor HCl		Norpace CR
hydroflumethiazide		Norvasc
indapamide		Prinivil
irbesartan		Prinzide
		Sular
		Tekamlo
		Teveten (PA, ST)
		Teveten HCT (PA, ST)
		Toprol XL

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR *(CONTINUED)*		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
irbesartan/HCTZ		Tribenzor (ST)
isradipine		Uniretic
labetalol HCl		Univasc
lisinopril		Vaseretic
lisinopril/HCTZ		Vasotec
losartan potassium		Verelan
losartan potassium/HCTZ		Zestoretic
methazolamide		Zestril
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		
reserpine		
reserpine/HCTZ		
sotalol HCl		
spironolactone		
spironolactone/HCTZ		
terazosin HCl		
timolol maleate		
torsemide		
trandolapril		
triamterene/HCTZ		
valsartan		
valsartan/HCTZ		
verapamil		
verapamil SR		

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR *(CONTINUED)*		
	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 colestipol fenofibrate fenofibric acid fluvastatin/XL gemfibrozil lovastatin pravastatin simvastatin	Lovaza Niaspan Simcor Trilipix Vytorin Welchol Zetia	Advicor Altoprev Caduet Cholestyramine Light Colestid Crestor (PA, ST) Fenoglide Lescol Lescol XL Lipitor Livalo (PA, ST) Lofibra Mevacor Pravachol TriCor Vascepa Zocor

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
DEPRESSION		
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 Celexa Effexor XR Emsam Lexapro Luvox CR Marplan Oleptro ER (ST) Paxil CR Prozac Remeron Sarafem Selfemra Tofranil Venlafaxine HCl ER Viibryd Vivactil Wellbutrin Wellbutrin SR Zoloft
DIABETES		
acarbose chlorpropamide glimepiride glipizide glipizide/metformin glucagon glyburide glyburide/metformin glyburide micronized metformin/ER nateglinide pioglitazone pioglitazone/glimepiride pioglitazone/metformin tolazamide tolbutamide	ACCU-CHEK test strips Apidra Apidra SoloStar BD Insulin Syringes/ Pen Needles Bydureon (QL) Byetta Fortamet GlucaGen HypoKit Humalog Humulin Janumet Janumet XR 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 Glyset Jentadueto (ST) Juvisync (ST) Precose Starlix Tradjenta (ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ENDOCRINE AND METABOLIC – OTHER		
allopurinol cabergoline (QL) desmopressin* fluoxymesterone octreotide* (PA)	Colcrys Increlex* (PA) LupronDepot-PED* (PA) Megace ES Nilandron Sandostatin LAR* (PA) Sandostatin* (PA) Somavert (PA) Uloric	Egrifta* (PA) Somatuline Depot (PA)
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 (ointment) Optivar Timoptic Tobradex (drops) Tobradex ST Trusopt Vigamox Voltaren Zioptan (ST)
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 Humira* (PA) Lialda Pentasa Urso/Urso Forte Zenpep	Amitiza Cimzia* (PA) Colazal Colyte Entocort EC NuLytely Pancreaze Pertzye Pancreaze Relistor (PA) Remicade* (PA) Sucraid* Ultresa Viokace

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
GROWTH HORMONES		
	Humatrope* (PA) Saizen* (PA)	Genotropin* (PA) Norditropin* (PA) Nordiflex* (PA) Nutropin* (PA) Nutropin AQ* (PA) Omnitrope* (PA) Serostim* (PA) Tev-Tropin* (PA)
HEARTBURN/ULCER		
cimetidine famotidine lansoprazole metoclopramide misoprostol nizatidine omeprazole omeprazole/sodium bicarbonate pantoprazole ranitidine sucralfate	Aciphex Nexium Prevpac	Dexilant (PA, ST) Helidac Prevacid (PA, ST) Prilosec (PA, ST) Protonix (PA, ST) Zantac Effertab Zantac Syrup Zegerid (PA, ST)
HORMONE REPLACEMENT		
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 Estrace Femhrt Femring Fortesta Menest Prefest Prometrium Vagifem

INFECTIONS

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
acyclovir	Baraclude*	Ancobon
amantadine	Cipro HC Otic	Augmentin
amoxicillin	Ciprodex	Augmentin ES 600
amoxicillin/clavulanate	Epivir HBV*	Augmentin XR
azithromycin	Gris-Peg	Avelox
cefaclor ER	Hepsera*	Biaxin
cefadroxil	Incivek* (PA)	Biaxin XL
cefprozil	Intron-A* (PA)	Cedax
ceftriaxone	Mycostatin (tabs)	Cayston* (ST)
cefuroxime axetil	Pegasys* (PA)	Cefzil
cephalexin	Primsol	Cetraxal
ciclopirox	Tamiflu (QL)	Ciclodan
ciprofloxacin	Tobi	Cipro XR
clarithromycin	Valcyte	Coartem (QL)
clindamycin		Copegus*
doxycycline		Dificid (PA)
erythromycin		Ery-Tab
famciclovir		Famvir
fluconazole		Flagyl ER
flucytosine		Floxin Otic
ganciclovir		Garamycin
gentamicin sulfate		Infergen* (PA)
griseofulvin		Keflex
itraconazole (QL)		Keftab
ketoconazole		Lamisil (QL)
metronidazole		Levaquin
minocycline		Malarone
minocycline SR		Monurol
mupirocin		Moxatag
nitrofurantoin		Noxafil
nystatin		Omnicef
ofloxacin		Penlac
penicillin v potassium		Priftin
ribavirin*		Rebetol
rimantadine		Relenza (QL)
sulfamethoxazole/ trimethoprim		Rocephin
terconazole		Solodyn (ST)
terbinafine (QL)		Sporanox (QL)
tetracycline		Suprax
valacyclovir		Tyzeka*
vancomycin		Valtrex
voriconazole (PA)		Vfend (PA)
		Victrelis* (PA)
		Zithromax
		Zyvox (PA)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
MIGRAINE		
acetaminophen/caffeine/ butalbital naratriptan (QL) rizatriptan (QL) sumatriptan (QL)	Treximet (QL)	Alsuma (QL) Amerge (QL) Axert (QL) DHE 45 (QL) Frova (QL) Imitrex (QL) Maxalt (QL) Maxalt MLT (QL) Migranal (QL) Relpax (QL) Sumavel DosePro (QL) Zomig/Zomig ZMT (QL)
MULTIPLE SCLEROSIS		
	Ampyra* (PA) Avonex* (PA) Copaxone* (PA) Rebif* (PA)	Betaseron* (PA) Extavia* (PA) Gilenya* (PA)
NAUSEA AND VOMITING		
dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide	Emend*	Anzemet* (QL) Kytril Marinol Sancuso (QL) Scopace Zofran Zuplenz (QL)
OSTEOPOROSIS		
alendronate sodium calcitonin-salmon Fortical ibandronate sodium	Evista Forteo* Miacalcin	Actonel Atelvia Binosto Boniva Fosamax Fosamax Plus D Skelid

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE		
buprenorphine	Actimmune* (PA)	Abstral (PA)
butorphanol nasal (QL)	Avinza	Actiq (PA)
codeine phos/carisoprodol/asa	Celebrex	Arthrotec (PA, ST)
codeine phosphate	Dilaudid-5	Butrans (QL)
codeine phosphate/aspirin	Dipentum	Cambia (PA, ST)
codeine sulfate	Enbrel* (PA)	Cimzia* (PA)
cyclophosphamide*	Humira* (PA)	Conzip
diclofenac	Indocin (suppository)	Demerol
dihy-cod tt/apap/caffeine	Kadian	Dilaudid
etodolac	Lidoderm	Duexis (PA, ST)
fenoprofen	Lyrica	Duragesic (QL)
fentanyl transdermal (QL)	Nucynta (ST)	Exalgo (QL)
fentanyl citrate (lozenge on stick) (PA)	Nucynta ER (QL)	Fentora (PA)
flurbiprofen	OxyContin (QL)	Flector (PA, ST)
hydrocodone/acetaminophen	Ponstel	Horizant (ST)
hydrocodone bitartrate/apap	Rheumatrex	Hycet
hydrocodone bitartrate/aspirin	Roxicet	Kineret* (PA)
hydromorphone HCl	Savella	Lazanda (PA)
ibuprofen	Suboxone	Lorcet
ibuprofen/hydrocod bit	Trexall	Lorcet Plus
indomethacin	Vimovo	Lortab
ketoprofen		Magnacet
ketorolac (QL)		Maxidone
leflunamide		Mobic (PA, ST)
levorphanol tartrate		Nalfon (PA, ST)
meclofenamate		Naprelan (PA, ST)
mefenamic acid		Norco
meloxicam		Onsolis (PA)
meperidine HCl		Opana
methotrexate*		Opana ER (QL)
morphine SR		Oxecta
morphine sulfate		Panlor SS
nabumetone		Pennsaid (PA, ST)
naproxen		Percocet
opium		Percodan
opium/belladonna alkaloids		Ponstel (PA, ST)
oxaprozin		Primalev
oxycodone HCl		Remicade* (PA)
oxycodone HCl/acetaminophen		Roxicet
oxycodone/aspirin		Roxicodone
oxymorphone		Ryzolt
pentazocine HCl/ acetaminophen		Simponi* (PA)
pentazocine HCl/naloxone HCl		Skelaxin
piroxicam		Sprix (QL)
sulindac		Synalgos-DC
tramadol HCl/ER		Tylox
tramadol HCl/acetaminophen		Ultracet
tolmetin		Ultram
		Ultram ER
		Vicodin

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE *(CONTINUED)*		
		Vicodin ES Vicodin HP Vicoprofen Voltaren (PA, ST) Voltaren Gel (PA, ST) Voltaren XR (PA, ST) Xodol Xolox Zamicet Zolvit Zydone
PARKINSON DISEASE		
amantadine benztropine bromocriptine carbidopa/levodopa carbidopa/levodopa CR carbadopa/levodopa/ entecapone pramipexole ropinirole ropinirole XL selegiline	Apokyn*(PA) Azilect	Comtan Eldepryl Lodosyn Mirapex Mirapex ER Neupro Parcopa Requip Requip XL Sinemet CR Stalevo Tasmar Zelapar
PROSTATE		
alfuzosin doxazosin finasteride leuprolide acetate* (PA) prazosin tamsulosin terazosin	Avodart Lupron Depot* (PA) Jalyn	Cialis for BPH (PA, ST) Firmagon* (PA) Flomax Proscar Rapaflo Uroxatral Zoladex* (PA) Zytiga* (PA)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
SCHIZOPHRENIA		
clozapine haloperidol loxapine olanzapine quetiapine risperidone thiothixene ziprasidone	Seroquel XR	Abilify Abilify Discmelt Clozaril Fanapt Fazaclo Geodon Invega Latuda Moban Orap Risperdal Saphris Seroquel Zyprexa
SEIZURE		
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
SEXUAL DYSFUNCTION		
** Please check your enrollment materials to determine whether this medication is covered under your plan.*	Muse (QL) Viagra (QL)	Caverject (QL) Cialis (QL) Edex (QL) Levitra (QL) Staxyn (QL) Stendra (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 calcitriol ointment Claravis (QL) clinicamycinphosphate/ benzoyl peroxide gel clobetasol propionate clobetasol propionate/emoll 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 Carac Carmol 40 gel Cloderm Cordran Cordran SP Derma-Smoothe/FS Differin (AGE) Dovonex cream Enbrel* (PA) Exelderm Fluoroplex Furacin Humira* (PA) Kenalog spray Klaron Locoid (lotion) Locoid Lipocream Loprox shampoo Metrogel 1% Noritate Nucort Oracea Retin-A Micro (AGE) Soriatane Tazorac Texacort	Acanya Aclovate Aldara Aphthasol Atralin (AGE) Benzefoam Carmol 40 cream Carmol HC Carmol scalp Clindacin Pac Clobex Condylox Cutivate Delos Dermatop Desonate Desowen Diprolene Diprolene AF Duac Elidel Elocon Epiduo First Hydrocort Halog Luxiq Metrolotion Momexin Nuzon Olux Olux-e Pandel Panretin (PA) Pediaderm HC Protopic Regranex (PA) Remicade* (PA) Rosula Scalacort DK Solaraze Stelara*(PA) Taclonex Targretin gel Temovate Topicort Topicort LP Ultravate Ultravate PAC Ultravate X

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS *(CONTINUED)*		
		Vanos Vectical Verdeso Westcort Xolegel Xolegel Corepak Ziana Zyclara (ST)
SLEEP		
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* tacrolimus*	Azasan* Cellcept* Neoral* Prograf* Rapamune* Sandimmune*	Imuran* Myfortic* Zortress*

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
	VITAMINS	
All plans cover all generic prescription prenatal vitamins, even though not listed here.		
calcitriol cyanocobalamin folic acid	Citranatal Duet Duet DHA Duet DHA EC Stuartna Duet DHA Stuartnatal Duet Stuartnatal Foltabs Prenatal Plus D Gesticare Gesticare DHA Natachew Natafort Neevo Nestabs Nestabs DHA OB Complete OB Complete DHA Precare Precare Conceive Precare Premier PreferaOB Prenate DHA Prenate Elite Prenata Tricare DHA Viva DHA	

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
MISCELLANEOUS		
aminocaproic acid*	Analpram Advanced	Arcalyst* (PA)
buprenorphine	Analpram HC	Cortifoam
Cyclobenzaprine	Analpram-E	Cuvposa
hydrocodone/ chlorpheniramine suspension	Anamantle HC Forte	Epifoam
leucovorin*	Aranesp* (PA)	Ilaris* (PA)
levocarnitine	Epogen* (PA)	Kuvan*
lindane	Follistim AQ* (PA)	Natroba
megestrol	Fosrenol	Nimotop
methocarbamol	Pramosone	Nuedexta
naltrexone	Procrit* (PA)	Phoslo
pentoxifylline	Proctofoam-HC	Phoslyra
pramoxine/hydrocortisone	Pulmuzyme* (PA)	Promacta* (PA)
spinosad	Renvela	Rectiv
tizanidine	Rilutek*	Renagel
	Suboxone	Revia
	TussiCaps	Subutex
	Zavesca* (PA)	Sklice
	Zemplar*	Tussionex
		Ulesfia
		Zanaflex
		Zutripro

EXCLUSIONS & LIMITATIONS

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

1. Any medications available over the counter that do not require a prescription by Federal or State Law, and any medication that is a pharmaceutical alternative to an OTC medication other than insulin. [examples include OTC Benadryl, Maalox, Sudafed PE etc.]
2. Medications that are therapeutically equivalent as determined by the Cigna HealthCare Pharmacy and Therapeutics Committee in which at least one of the medications within the class is available over the counter. [examples include Rx equivalents to OTC Allegra, Claritin and Zyrtec (Allegra D, Clarinex, Xyzal) and Rx equivalents to OTC Prevacid, Prilosec, Zantac (Aciphex, Kapidex, Nexium, Axid, Pepcid, Zantac)]
3. Any injectable infertility medications, and any injectable medications that require Health Care Professional supervision and are not typically considered self-administered medications. The following are examples of Health Care Professional-supervised medications: injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables, and endocrine and metabolic agents.
4. Any medications that are experimental or investigational within the meaning set forth in the summary plan description.
5. Food and Drug Administration (FDA) approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication in one of the standard reference compendia (The United States Pharmacopoeia Drug Information or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.
6. Any prescription and non-prescription supplies (such as ostomy supplies), devices and appliances.
7. Any contraceptive medications and prescription appliances for contraception.
8. Implantable contraceptive products.
9. Any fertility medication.
10. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
11. 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.
12. Any diet pills or appetite suppressants (anorectics).
13. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
14. Replacement of prescription medications and related supplies due to loss or theft.
15. Medications used to enhance athletic performance.
16. 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.
17. 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 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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