



2016 CIGNA VALUE 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 to your doctor about low cost medications like generics and preferred brands, as they will help to manage your prescription costs.

Together, all the way.®



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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 a three-tier plan. If one's available, you should consider switching to a generic to treat your condition.

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

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

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 will 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, 2016.

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.*

[^]With limited exceptions, 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.

The symbols on the list mean

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

- PA:** **Prior Authorization** may be required for different reasons. To learn the requirements needed for coverage of a specific medication, feel free to give us a call.
- QL:** **Quantity Limit** means you may have coverage for a limited amount of a specific medication.
- AGE:** **Age Requirement** means that a person must be within a specific age group for a specific medication to be covered.
- ST:** **Step Therapy** is a prior authorization program that requires you to try other medications available to treat the same condition before the medication with the "ST" 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, 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 find of available medications
- › Compare medication prices using the Prescription Drug Price Quote tool
- › Ask a pharmacist questions
- › And much, much, more!

Cigna Home Delivery Pharmacy

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

- › Licensed pharmacists available to help 24/7
- › Up to a 90-day supply of your medications
- › Free, convenient delivery right to your home
- › **QuickFill**, our automatic refill reminder service
- › To get started, give us a call at **1.800.835.3784**.

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



Save time with the
convenience of
Cigna Home
Delivery Pharmacy

Health care reform and you

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. 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

www.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.

2016 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD AND STIMULANTS		
amphetamine/ dextroamphetamine clonidine HCl dexmethylphenidate HCl dexmethylphenidate HCl ER dextroamphetamine sulfate guanfacine methamphetamine methylphenidate HCl methylphenidate/ER modafinil (PA)	Adderall XR	Adderall (PA, ST) amphetamine/ dextroamphetamine XR Aptensio XR (PA, ST) Concerta (PA, ST) Daytrana (PA, ST) Desoxyn (PA, ST) Dexedrine (PA, ST) Evekeo (PA, ST) Focalin (PA, ST) Focalin XR (PA, ST) Intuniv Kapvay Metadate CD (PA, ST) Methylin (PA, ST) Nuvigil (PA) Provigil (PA) Quillivant XR (PA, ST) Ritalin/Ritalin LA/ Ritalin SR (PA, ST) Strattera Xyrem (PA) Zenzedi (PA, ST)
AIDS/HIV		
abacavir didanosine lamivudine lamivudine/zidovudine nevirapine nevirapine ER stavudine zidovudine	Aptivus Atripla Crixivan Emtriva Epivir solution Epzicom Fuzeon Intelence Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Truvada Viracept Viread Ziagen	Combivir Epivir tabs Evotaz Fulyzaq Prezcobix Retrovir Tivicay Triumeq Trizivir Tybost Videx Viramune Viramune XR Vitekta Zerit

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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ALLERGY*

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

azelastine HCl	Epipen (QL)	Adrenaclick (QL)
azelastine nasal		Astepro
budesonide		Atrovent (nasal)
clemastine fumarate		Auvi-Q (QL)
cyproheptadine		Karbinal ER
epinephrine (QL)		Patanase
flunisolide nasal		Semprex-D
fluticasone nasal		Singulair
hydroxyzine		
ipratropium nasal		
montelukast		
olopatadine nasal spray		
triamcinolone nasal		

ALZHEIMER'S DISEASE

donepezil		Aricept
donepezil HCl		Aricept ODT
galantamine		Exelon
memantine		Namenda
rivastigmine		Namenda XR
		Namzaric
		Razadyne
		Razadyne ER

ASTHMA AND RESPIRATORY

albuterol solution (nebulizer solution)	Advair Diskus/HFA	Accolate
albuterol sulfate (syrup, tabs)	Anoro Ellipta	Adcirca (PA)
budesonide	Atrovent HFA	Adempas (PA)
cromolyn sodium (nebulizer solution)	Breo Ellipta	Aerospan
dyphylline	Foradil	Alvesco
guaifenesin/theophylline	ProAir HFA/RespiClick	Arnuity Ellipta
ipratropium bromide (nebulizer solution)	QVAR	Asmanex
levalbuterol (nebulizer solution)	Spiriva	Asmanex HFA
metaproterenol sulfate (syrup, tabs)	Stiolto Respimat	Brovana nebulizer
montelukast	Xolair (PA)	Combivent Respimat
prednisolone sod phosphate		Daliresp
sildenafil citrate		Esbriet (PA)
terbutaline sulfate		Flovent, Flovent HFA
		Incruse Ellipta (ST)
		Letairis (PA)
		Ofev (PA)
		Opsumit (PA)
		Orapred ODT

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
ASTHMA AND RESPIRATORY (CONTINUED)		
theophylline anhydrous zafirlukast		Orenitram ER (PA) Perforomist Pulmicort Revatio (PA) Singulair Striverdi Respimat Tracleer (PA) Tudorza Pressair (ST) Tyvaso (PA) Ventavis (PA) Xopenex nebulizer
BIRTH CONTROL		
Altavera Alyacen Amethia Amethia Lo Amethyst Apri Aranelle Aubra Aviane Azurette Balziva Briellyn Camila Camrese Camrese Lo Caziant Chateal Cryselle Cyclafem Dasetta Daysee desogestrel-ethinyl estradiol Elinest Emoquette Enpress Enskyce Errin Estaryl/la ethinyl estradiol/ drospirenone Falmina Gianvi	BeYaz Depo-Provera Lo Loestrin FE LoSeasonique Minastrin 24 FE Ortho Tri-Cyclen Lo Seasonique	Angeliq Brevicon Cyclessa Desogen Ella Elostrop FE Femcon FE Generess FE Loestrin Loestrin FE Lomedia 24 FE Mircette Modicon Natazia Norinyl 1+35 Norinyl 1+50 Nuvaring Ortho Evra Ortho Micronor Ortho-Cept Ortho-Cyclen Ortho-Novum 7-7-7 Ovcon 35 Quartette Safyral Tri-Norinyl Yasmin 28 Yaz

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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BIRTH CONTROL (CONTINUED)

Gildagia		
Gildess		
Heather		
Introvale		
Jencycla		
Jolessa		
Jolivette		
Junel		
Junel FE		
Kariva		
Kelnor		
Kurvelo		
Larin		
Larin FE		
Leena		
Lessina		
Levonest		
levonorgestrel		
levonorgestrel-ethestra		
levonorgestrel-ethin estradiol		
Levora		
l-norgest-eth estr/ethin estra		
Loryna		
Low-Ogestrel		
Lutera		
Lyza		
Marlissa		
Microgestin		
Microgestin FE		
Mono-Linyah		
Mononessa		
Myzilra		
Necon		
Next Choice		
Nora-Be		
noreth a-et estra/fe fumarate		
norethindrone		
norethindrone-ethinyl estradiol		
norethindrone-ethinyl estradiol/iron		
norgestimate-ethinyl estradiol		
norgestrel-ethinyl estradiol		
Nortrel		
Ocella		

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GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
BIRTH CONTROL (CONTINUED)		
Ogestrel Orsythia Philith Pimtrea Pirmella Portia Previfem Quasense Reclipsen Sprintec Sronyx Syeda Tilia FE Tri-Estarylla Tri-Legest FE Tri-Linyah Trinessa Tri-Previfem Tri-Sprintec Trivora Velivet Viorele Wera Wymzya FE Xulane Zarah Zenchent Zenchent FE Zovia		
BLADDER PROBLEMS		
citric acid/sodium citrate oxybutynin/XL potassium citrate ER tolterodine tartrate Tricitrates trospium chloride	VESIcare	Detrol (PA, ST) Detrol LA (PA, ST) Ditropan XL (PA, ST) Elmiron Enablex (PA, ST) Gelnique (PA, ST) Myrbetriq (PA, ST) Oxytrol (PA, ST) (For Men Only) Urocit-K

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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CANCER

anastrozole	Afinitor (PA)	Afinitor Disperz (PA)
azacitidine	Droxia	Arimidex
bexarotene	Fareston	Aromasin
bicalutamide	Gleevec (PA)	Bosulif (PA)
capecitabine	Granix	Caprelsa (PA)
cyclophosphamide	Lupron Depot (PA)	Casodex
doxorubicin HCl	Matulane	Cometriq (PA)
exemestane	Myleran	Erivedge (PA)
flutamide	Neulasta (PA)	Farydak (PA)
letrozole	Neupogen	Femara
lomustine	Nexavar (PA)	Gilotrif (PA)
tamoxifen citrate	Revlimid (PA)	Ibrance (PA)
temozolomide (PA)	Soltamox	Imbruvica (PA)
	Sprycel (PA)	Inlyta (PA)
	Sutent (PA)	Iressa (PA)
	Tarceva (PA)	Jakafi (PA)
	Targretin	Lenvima (PA)
	Temodar (PA)	Lynparza (PA)
	Thalomid (PA)	Mekinist (PA)
	Tykerb (PA)	Pomalyst (PA)
	Zolinza (PA)	Purixan
		Stivarga (PA)
		Sylatron (PA)
		Tafinlar (PA)
		Tasigna (PA)
		Valchlor
		Votrient (PA)
		Xalkori (PA)
		Xeloda
		Xtandi (PA)
		Zelboraf (PA)
		Zydelig (PA)
		Zykadia (PA)
		Zytiga (PA)

CARDIOVASCULAR

BLOOD THINNER/ANTI-CLOTTING

anagrelide	Fragmin (QL)	Aggrenox
aspirin/dipyridamole ER	Xarelto	Agrilyn
cilostazol		Arixtra (QL)
clopidogrel		Brilinta
dipyridamole		Coumadin
enoxaparin (QL)		Effient
fondaparinux (QL)		Eliquis (ST)
heparin (QL)		Lovenox (QL)
Jantoven		Plavix
ticlopidine		Pletal
warfarin		Savaysa (ST)
		Zontivity

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR (CONTINUED)		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
acebutolol HCl	Azor	Accupril (PA, ST)
acetazolamide	Benicar	Accuretic (PA, ST)
amiloride HCl	Benicar HCT	Aceon (PA, ST)
amiloride/ HCTZ	Coreg CR	Altace (PA, ST)
amiodarone HCl	Tribenzor	Atacand (PA, ST)
amlodipine		Atacand HCT (PA, ST)
amlodipine/atorvastatin		Avalide (PA, ST)
amlodipine/valsartan		Avapro (PA, ST)
amlodipine/valsartan/HCTZ		Betapace AF
atenolol		Bystolic
atorvastatin		Cardura
benazepril		Cardura XL
benazepril/amlodipine		Catapres
benazepril/HCTZ		Catapres TTS
bendroflumethiazide/ nadolol		Coreg
betaxolol HCl		Corgard
bisoprolol fumarate		Corlanor (PA)
bisoprolol/HCTZ		Cozaar (PA, ST)
candesartan		Dutoprol
candesartan cilexetil		Entresto (PA)
candesartan HCl		Epaned
captopril		Exforge
captopril/HCTZ		Exforge HCT
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 24 HR ER		Mavik (PA, ST)
disopyramide		Maxzide
doxazosin		Micardis (PA, ST)
enalapril		Micardis HCT (PA, ST)
enalapril/HCTZ		Norpace
felodipine		Norpace CR
fosinopril		Norvasc
fosinopril/ HCTZ		Nymalize
furosemide		Pacerone
hydralazine		Prestalia
indapamide		Prinivil (PA, ST)
irbesartan		Sotylyze
irbesartan/HCTZ		Sular
isradipine		Tarka
labetalol		Tekturna
lisinopril		Tekturna HCT
lisinopril/HCTZ		Teveten (PA, ST)
		Teveten HCT (PA, ST)

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

CARDIOVASCULAR (CONTINUED)

HIGH BLOOD PRESSURE/HEART MEDICATIONS

losartan
 losartan/HCTZ
 methylothiazide
 methyldopa/HCTZ
 metolazone
 metoprolol succinate
 metoprolol tartrate
 metoprolol/HCTZ
 minoxidil
 moexipril HCl
 moexipril HCl/HCTZ
 nadolol
 nicardipine HCl
 nifedipine
 nifedipine SR
 nimodipine
 nisoldipine SR
 perindopril erbumine
 pindolol
 prazosin
 procainamide
 propranolol
 propranolol LA
 quinapril
 quinapril/HCTZ
 quinidine
 ramipril
 sotalol
 spironolactone
 spironolactone/HCTZ
 telmisartan
 telmisartan/amlodipine
 telmisartan/HCTZ
 terazosin
 timolol
 torsemide
 trandolapril
 trandolapril/verapamil
 triamterene/HCTZ
 valsartan
 valsartan HCTZ
 Vecamyl-mecamylamine HCl
 verapamil

Toprol XL
 Vaseretic (PA, ST)
 Vasotec (PA, ST)
 Verelan
 Zestoretic (PA, ST)
 Zestril (PA, ST)

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GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR (CONTINUED)		
OTHER		
amiodarone amiodarone HCl digoxin disopyramide flecainide isosorbide dinitrate isosorbide mononitrate nitroglycerin propafenone SR		Lanoxin Multaq Nitrolingual spray Nitromist Ranexa (ST) Rythmol SR Samsca (PA) Tikosyn
CHOLESTEROL LOWERING		
atorvastatin atorvastatin/amlodipine colestipol fenofibrate fenofibrate, micronized fenofibric acid fluvastatin sodium gemfibrozil lovastatin niacin omega-3 acid ethyl esters pravastatin simvastatin	Crestor Zetia	Advicor Altoprev (PA, ST) Antara Caduet Colestid Fenoglide Juxtapid (PA) Kynamro (PA) Lescol Lescol XL Livalo (PA, ST) Lofibra Lovaza Niaspan Pravachol (PA, ST) Simcor TriCor Trilipix Vascepa (ST) Welchol Zocor (PA, ST)
DEPRESSION		
amitriptyline amoxapine bupropion bupropion SR citalopram desipramine duloxetine HCl escitalopram fluoxetine		Aplenzin (PA, ST) Brintellix (PA, ST) Celexa (PA, ST) Desvenlafaxine ER (PA, ST) Desvenlafaxine Fumarate ER (PA, ST) Effexor XR (PA, ST) Emsam Fetzima (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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DEPRESSION (CONTINUED)

fluvoxamine fluvoxamine maleate imipramine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone trimipramine venlafaxine venlafaxine XR		Forfivo XL (PA, ST) Irenka (PA, ST) Khedezla (PA, ST) Marplan Oleptro ER (ST) Paxil/Paxil CR (PA, ST) Pexeva (PA, ST) Prozac/ Prozac Weekly (PA, ST) Remeron Sarafem (PA, ST) Tofranil Venlafaxine ER (PA, ST) Viibryd (PA, ST) Wellbutrin (PA, ST) Wellbutrin SR (PA, ST) Zoloft (PA, ST)
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DIABETES

acarbose chlorpropamide glimepiride glipizide glipizide/metformin glyburide glyburide micronized glyburide/metformin metformin ER metformin HCl nateglinide pioglitazone pioglitazone HCl pioglitazone HCl/ metformin HCl pioglitazone/glimepiride pioglitazone/metformin repaglinide tolazamide tolbutamide	BD Insulin Syringes/ Pen Needles GlucaGen Hypokit (QL) Glucagon Emergency Kit Humalog Humulin Invokamet Invokana Janumet Janumet XR Januvia Kombiglyze XR Lantus Lantus SoloStar NovoFine/NovoTwist needles OneTouch test strips Onglyza SymlinPen Trulicity (QL)	Actoplus Met Actoplus Met XR Actos Amaryl Avandamet Avandia Cycloset Duetact Fortamet Glucophage XR Glyset Prandimet Prandin Precose Starlix VGo
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2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ENDOCRINE AND METABOLIC – OTHER		
allopurinol cabergoline (QL) desmopressin leuprolide (PA) octreotide (PA)	Humatrope (PA) Increlex (PA) Lupron Depot (PA) Megace ES Saizen (PA) Sandostatin LAR (PA) Somavert (PA)	colchicine Colcrys Egrifta (PA) Mitigare Sandostatin (PA) Signifor (PA) Signifor LAR (PA) Somatuline Depot (PA) Synarel Uloric
EYE CONDITIONS		
apraclonidine HCl atropine azelastine bimatoprost brimonidine bromfenac ciprofloxacin diclofenac dorzolamide dorzolamide/timolol flurbiprofen gatifloxacin ketorolac ketorolac tromethamine latanoprost levofloxacin pilocarpine timolol tobramycin sulfate tobramycin/dexamethasone travoprost (benzalkonium) trifluridine	Travatan Z	Acular LS Alocril Alomide Alphagan P Alex AzaSite Azopt Bepreve Besivance Betoptic S Ciloxan Cosopt Cystaran Durezol Emadine Ilevro Iopidine Lastacaft Lotemax Maxidex Moxeza Pataday Patanol Pazeo Rescula Restasis Simbrinza (ST) Timoptic Tobradex Tobrex Trusopt Vexol Vigamox Voltaren (PA, ST) Xalatan Zioptan (ST)

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

balsalazide	Asacol HD	Amitiza
belladonna alkaloids/ phenobarbital	Cimzia (PA)	Apriso
budesonide	Creon	Canasa
cortisone acetate	Lialda	Cholbam (PA)
cromolyn sodium (solution)	Pentasa	Colazal
dexamethasone	Zenpep	Colyte
hydrocortisone		Cortef
lactulose		Delzicol
PEG 3350/potassium/ sodium bicarb/salt		Donnatal
PEG 3350/potassium/ sodium bicarb/salt/ sodium sulf		Entocort EC
PEG-Prep		Giazo
prednisone		Movantik (PA)
prednisone sodium phosphate		NuLytely
		Pancreaze
		Pertzye
		Prepopik
		Relistor (PA)
		Remicade (PA)
		Sucraid
		Suprep
		Uceris
		Ultresa
		Viokace

HEARTBURN/ULCER*

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

lansoprazole/amoxicillin/ clarithromycin		
metoclopramide		
metoclopramide HCl		
misoprostol		
prednisolone sodium phosphate		
sucralfate		

HORMONE REPLACEMENT

Androxy-fluoxymesterone	AndroGel (QL)	Activella
estradiol	Premarin	Alora
estropipate	Unithroid	Anadrol-50 (PA)
ethinyl estradiol		Androderm (QL)
levothyroxine		Armour Thyroid
levothyroxine sodium		Combipatch
liothyronine		Cytomel
medroxyprogesterone		Depo-Testosterone
medroxyprogesterone acetate		Enjuvia
		Estrace
		Femhrt

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GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
HORMONE REPLACEMENT (CONTINUED)		
norethindrone-ethinyl estradiol progesterone, micronized testosterone cypionate testosterone enanthate testosterone gel (QL) thyroid		Femring Menest Minivelle Prefest Premphase Prempro Prometrium Provera Striant (QL) Synthroid Vagifem Vivelle-Dot
INFECTIONS		
acyclovir amantadine amoxicillin/clavulanate amoxicillin/ER amoxicillin/potassium clavulanate ampicillin trihydrate atovaquone azithromycin bacitracin/polymyxin besifloxacin HCl cefaclor ER cefadroxil cefdinir cefditoren cefixime cefprozil ceftibuten dihydrate ceftriaxone cefuroxime cephalexin ciprofloxacin clarithromycin clindamycin clindamycin phosphate cycloserine doxycycline doxycycline hyclate doxycycline monohydrate entacavir erythromycin famciclovir	Baraclude Peg Intron (PA) Peg Intron Redipen (PA) Pegasys (PA) Tamiflu (QL)	Ancobon Augmentin Augmentin ES 600 Augmentin XR Avelox Bethkis Biaxin Biaxin XL Cedax Cetraxal Cipro HC Otic Cipro XR Ciprodex CNL 8 Coartem (QL) Copegus Cresemba capsule (PA) Diflucan Ery-Tab Famvir Flagyl ER Grifulvin V Gris-Peg Hepsera Keflex Kitabis Pak Lamisil Levaquin Malarone (PA) Monurol Moxatag Noxafil

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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INFECTIONS (CONTINUED)

fluconazole		Olysio (PA)
flucytosine		Onmel (QL,ST)
ganiclovir		Penlac
gentamicin		Priftin
griseofulvin		Primsol
griseofulvin microsize		Qualaquin
griseofulvin ultramicrosize		Relenza (QL)
itraconazole (QL)		Rifamate
ketoconazole		Sirturo
lamivudine		Sitavig
linezolid		Sivextro (PA)
methenamine mandelate		Spectracef
metronidazole		Sporanox
minocycline		Suprax
minocycline HCl		Tobi
Moderiba		Tobi PodHaler
moxifloxacin HCl		Tyzeka
mupirocin		Urelle
neomycin sulfate		Uribel
nitrofurantoin		Valtrex
nystatin		Vancocin HCl
ofloxacin		Vfend (PA)
penicillin v potassium		Zithromax
polymixin b sulfate		Zovirax
quinine sulfate		Zyclara (ST)
ribavirin		Zyvox (PA)
rifabutin		
rimantadine		
sulfamethoxazole/ trimethoprim		
terbinafine (QL)		
terconazole		
tetracycline		
tobramycin		
valacyclovir		
vancomycin		
vancomycin HCl		
voriconazole (PA)		

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
MIGRAINE		
acetaminophen/caffeine/ butalbital almotriptan malate (QL) dihydroergotamine mesylate (QL) isomethepten/caf/ acetaminophen naratriptan (QL) rizatriptan (QL) sumatriptan (QL) sumatriptan succinate (QL)		Amerge (QL) Axert (QL) Cafergot DHE 45 (QL) Frova (QL) Imitrex (QL) Maxalt (QL) Maxalt MLT (QL) Migranal (QL) Relpax (QL) Sumavel DosePro (QL) Treximet (QL) Zomig (QL)
MULTIPLE SCLEROSIS		
Glatopa-glatiramer acetate	Avonex (PA) Avonex Pen (PA) Copaxone (PA) Rebif (PA) Rebif Rebidoso (PA) Tecfidera (PA)	Ampyra (PA) Aubagio (PA) Extavia (PA) Gilenya (PA) Plegridy (PA)
NAUSEA AND VOMITING		
dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide		Akynzeo (QL) Anzemet (QL) Diclegis Emend (QL) Marinol Sancuso (QL) Zofran Zuplenz (ST, QL)
OSTEOPOROSIS		
alendronate alendronate sodium etidronate (Fortical) calcitonin-salmon ibandronate raloxifene HCl risedronate	Forteo	Actonel (PA, ST) Atelvia (PA, ST) Binosto (PA, ST) Boniva (PA, ST) Evista Fosamax (PA, ST) Miacalcin

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

PAIN RELIEF AND INFLAMMATORY DISEASE

buprenorphine
butalbit/acetamin/caff/
codeine
butalbital/acetaminophen
butorphanol nasal (QL)
celecoxib (QL)
codeine phos/
carisoprodol/aspirin
codeine phosphate
codeine phosphate/aspirin
codeine sulfate
diclofenac
diclofenac sodium/
misoprostol
dihy-cod/APAP/caffeine
dihydroergotamine
mesylate (QL)
doxorubicin HCl
Etodolac
fenoprofen
fentanyl citrate
(lozenge on stick)(PA)
fentanyl transdermal (QL)
flurbiprofen
hydrocodone bitartrate/apap
hydromorphone HCl
ibuprofen
ibuprofen/hydrocodone
bitartrate
indomethacin
ketorolac (QL)
leflunomide
levorphanol tartrate
lidocaine
magnesium salicylate
mefenamic acid
meloxicam
meperidine HCl
methadone HCl
methotrexate
migergot
morphine sulfate (QL)
nabumetone
naproxen
opium
opium/belladonna alkaloids
orphenadrine/aspirin/
caffeine
oxaprozin
oxycodone ER (QL)

Actimmune (PA)
Cimzia (PA)
Humira (PA)
Nucynta ER (QL)
OxyContin (QL)
Rasuvo (PA)
Rheumatrex
Trexall

Abstral (PA)
Actemra (PA)
Actiq (PA)
Adazin
Anaprox (PA, ST)
Arava
Arthrotec (PA, ST)
Avinza (ST, QL)
Butrans (QL)
Cambia (PA, ST)
Celebrex (QL, ST)
Conzip (QL)
Daypro (PA, ST)
Demerol
Dilaudid
Dipentum
Duragesic (QL)
Embeda (ST, QL)
Enbrel (PA)
Exalgo (ST, QL)
Feldene (PA, ST)
Fentora (PA)
Fioricet
Fioricet w/ codeine
Flector (PA, QL, ST)
Horizant (ST)
Hycet
Hysingla ER (ST, QL)
Indocin
Kadian (ST, QL)
Lazanda (PA)
Lidoderm
Lidopin
Lidorex
Lidovex
Mobic (PA, ST)
MS Contin (ST, QL)
Nalfon (PA, ST)
Naprelan (PA, ST)
Naprosyn/ EC-Naprosyn
(PA, ST)
Norco
Nucynta (QL)
Opana
Opana ER (ST, QL)
Pennsaid (PA, ST)
Percocet
Ponstel (PA, ST)
Prodrin
Rayos (ST)

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE (CONTINUED)		
oxycodone HCl oxycodone HCl/ acetaminophen oxycodone/aspirin oxymorphone HCl pentazocine HCl/ naloxone HCl piroxicam rizatriptan benzoate (QL) sal-amide/acetaminophen/ p-tlox sulindac tolmetin tramadol ER (QL) tramadol HCl (QL) tramadol HCl/ acetaminophen (QL) valproate sodium zolmitriptan (QL)		Relyyks Relyyt Remicade (PA) Roxicodone Savella Scar Silvera Skelaxin Sprix (QL) Subsys (PA) Synalgos-DC Synvexia TC Tivorbex (PA, ST) Trezix Ultracet (QL) Ultram (QL) Ultram ER (QL) Velma Vicodin Vicoprofen Voltaren gel (PA, ST) Voltaren XR (PA, ST) Xartemis XR (QL) Xodol Zipsor (PA, ST) Zohydro ER (ST, QL) Zorvolex (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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PARKINSON'S DISEASE

amantadine benzotropine bromocriptine carbidopa carbidopa/levodopa carbidopa/levodopa CR carbidopa/levodopa/ entacapone entacapone pramipexole pramipexole ER ropinirole ropinirole XR selegiline tolcapone	Apokyn (PA) Azilect Lodosyn Tasmar	Comtan Eldepryl Mirapex Mirapex ER Northera (PA) Requip Requip XL Rytary Stalevo Zelapar
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PROSTATE

alfuzosin doxazosin finasteride leuprolide acetate (PA) prazosin tamsulosin terazosin	Lupron Depot (PA) Zoladex (PA)	Avodart Firmagon (PA) Flomax Jalyn Proscar Rapaflo Uroxatral Xtandi (PA) Zytiga (PA)
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SCHIZOPHRENIA

aripiprazole clozapine haloperidol loxapine olanzapine olanzapine/fluoxetine HCl quetiapine risperidone thiothixene ziprasidone	Seroquel XR	Abilify Abilify Discmelt Clozaril Fanapt Fazaclo Geodon Invega Latuda Orap Rexulti Risperdal Saphris Seroquel Symbyax Versacloz Zyprexa Zyprexa Zydis
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2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SEIZURE		
carbamazepine	Diastat	Aptiom
clonazepam	Dilantin (30 mg only)	Banzel
diazepam	Gabitril	Carbatrol
divalproex	Keppra	Depakote (all forms)
ethosuximide	Lamictal ODT	Dilantin
felbamate		Felbatol
gabapentin		Keppra XR
lamotrigine		Lamictal
levetiracetam		Lamictal XR
oxcarbazepine		Latuda
phenobarbital		Lyrica
phenytoin		Neurontin
tiagabine HCl		Oxtellar XR
topiramate		Potiga
valproate		Qudexy XR
valproate sodium		Tegretol XR
zonisamide		Topamax
		topiramate XR caps
		Trileptal
		Trokendi XR
		Vimpat
		Zarontin
		Zonegran
SKIN CONDITIONS		
acitretin	Fluoroplex	Absorica (QL)
adapalene (AGE)	Humira (PA)	Acanya
alclometasone	Targretin gel	Aczone
alclometasone dipropionate		Ala-Scalp HP (PA, ST)
amcinonide		Aldara
Apexicon E - diflorasone diacetate cream		Atralin (AGE)
benzoyl peroxide		Avar/Avar LS
betamethasone		Avita
betamethasone dipropionate		Bactroban
betamethasone dipropionate/propylene glycol		Benzaclin
betamethasone valerate		BenzamycinPak
calcipotriene		Capex Shampoo (PA, ST)
calcipotriene-betamethasone		Carac
calcitrol ointment		Clobex (PA, ST)
Claravis (QL)		Clodan (PA, ST)
clindamycin phosphate/benzoyl peroxide gel		Cloderm (PA, ST)
clobetasol		Condylox
clobetasol propionate		Cordran (PA, ST)
		Cosentyx (PA)
		Cutivate (PA, ST)
		Derma-Smoothe/FS (PA, ST)
		Dermasorb (PA, ST)
		Dermatop (PA, ST)
		Desonate (PA, ST)

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

SKIN CONDITIONS (CONTINUED)

clobetasol propionate/
emollient
 clo cortolone pivalate
 desonide
 desoximetasone
 diclofenac sodium
 diflorasone diacetate
 ointment
 doxycycline IR-DR
 fluocinolone acetonide
 fluocinonide
 fluocinonide/emollient
 fluorouracil topical
 fluticasone propionate
 halobetasol propionate
 halobetasol propionate/
 ammonium lactate
 hydrocortisone
 hydrocortisone acetate/
 aloe vera
 hydrocortisone acetate/urea
 hydrocortisone butyrate
 hydrocortisone butyrate/
 emollient
 hydrocortisone valerate
 hydrocortisone/
 iodoquinol/aloe
 imiquimod
 isotretinoin (QL)
 lavoclen 8
 methoxsalen, rapid
 metronidazole
 mometasone furoate
 mupirocin calcium
 Myorisan (QL)
 naftifine
 podofilox
 prednicarbate
 SA 6%
 salicylic acid
 sulfacetamide
 sulfacetamide sodium
 sulfacetamide sodium/sulfur
 sulfacetamide/sulfur/
 cleansr23
 sulfacetamide/sulfur/
 cleansr32
 tacrolimus ointment
 tretinoin (AGE)
 triamcinolone acetonide
 urea

Desowen (PA, ST)
 Differin (AGE)
 Diprolene (PA, ST)
 Diprolene AF (PA, ST)
 Dovonex
 Duac
 Ecoza
 Elidel (PA, ST)
 Elocon (PA, ST)
 Enbrel (PA)
 Epiduo
 Evoclin
 Exelderm
 Fabior
 Halog (PA, ST)
 Hydro 35
 Iodosorb
 Jublia (ST)
 Kenalog spray (PA, ST)
 Keralac
 Keralyt
 Kerydin (ST)
 Klaron
 Locoid (PA, ST)
 Locoid Lipocream (PA, ST)
 Loprox shampoo
 Luxiq (PA, ST)
 Luzu
 Metro lotion
 Naftin
 Neuac
 Noritate
 Olux (PA, ST)
 Olux-E (PA, ST)
 Onexton
 Otezla (PA)
 Ovace Plus
 Pandel (PA, ST)
 Panretin
 Pediaiderm HC/TA (PA, ST)
 Plexion
 Prolensa
 Protopic (PA, ST)
 Regranex (PA)
 Retin-A cream (PA, AGE)
 Retin-A Micro (PA, AGE)
 Rosula
 Scalacort DK (PA, ST)
 Soolantra
 Soriatane

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS (CONTINUED)		
		Sorilux Stelara (PA) Sulfamylon Sumadan XLT Synalar (PA, ST) Synalar TS (PA, ST) Taclonex Tazorac Temovate (PA, ST) Texacort (PA, ST) Topicort (PA, ST) Topicort LP (PA, ST) Tretin-X (PA) Ultrasal-ER Ultravate (PA, ST) Umecta Urevaz Vanos (PA, ST) Vectical Verdeso (PA, ST) Vytone Xolegel Ziana Zyclara (ST)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SLEEP		
eszopiclone midazolam HCl zaleplon zolpidem zolpidem ER		Ambien (PA, ST) Ambien CR (PA, ST) Belsonra (PA, ST) Edluar (PA, ST) Intermezzo (PA, ST) Lunesta (PA, ST) Rozerem (PA, ST) Silenor (PA, ST) Sonata (PA, ST) Zolpimist (PA, ST)
TRANSPLANT		
azathioprine cyclosporine mycophenolate mofetil mycophenolate sodium sirolimus tacrolimus	Cellcept Prograf Rapamune Sandimmune	Astagraf XL Myfortic Neoral Zortress
MISCELLANEOUS		
acamprosate calcium aminocaproic acid benzonatate buprenorphine buprenorphine HCl/ naloxone HCl (PA) cyclobenzaprine doxycycline hc acetate/pramoxine HCl hydrocortisone ivermectin leucovorin levocarnitine lidocaine lidocaine HCl lidocaine HCl/glycerin lidocaine-hydrocortisone- aloe lindane megestrol metaxalone methocarbamol naltrexone paricalcitol pentoxifylline pramoxine/hydrocortisone promethazine-codeine pseudoephedrine/hydrocodone/ cpm	Aranesp (PA) Cortifoam Epifoam Epogen (PA) Fosrenol Harvoni (PA) Procrit (PA) Renvela Sovaldi (PA)	Ana-Lex Analpram-HC Arcalyst (PA) Brisdelle (QL) Bunavail (PA) Buphenyl Cerdelgo (PA) Feriva FA Fexmid Gattex (PA) Hectorol Hetlioz (PA) Ilaris (PA) Jadenu Kalydeco (PA) Klor-Con M15 Kuvan (PA) Lupaneta Pack (PA) Lysteda Metopirone Mircera (PA) Natpara (PA) Natroba Neo-Synalar Northera Nuvessa Obredon Orkambi (PA) Oxandrin (PA)

2016 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
MISCELLANEOUS (CONTINUED)		
pyridostigmine riluzole sodium phenylbutyrate sodium polystyrene sulfonate spinosad tizanidine tranexamic acid		Phoslo Phoslyra Promacta (PA) Pulmozyme (PA) Ravicti (PA) Rectiv Renagel Revatio (PA) Rilutek SPS Stromectol Suboxone film (PA) TussiCaps Tussionex Tuzistra XR Uceris Ulesfia Velphoro Viekira Pak (PA) Zanaflex Zemplar capsule Zubsolv (PA)

MEDICATIONS NOT COVERED ON YOUR DRUG LIST[^]

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
ADD/ADHD and Stimulants	Vyvanse	Generic ER stimulants, Adderall XR
Antibiotics for Acne/Rosacea	Acticlate Adoxa Doryx Minocin oral Monodox Oracea Vibramycin capsule Solodyn	doxycycline doxycycline doxycycline minocycline doxycycline doxycycline doxycycline minocycline
Asthma and Respiratory (inhalers)	Dulera, Symbicort	Advair, Breo Ellipta
	Proventil, Ventolin, Xopenex	ProAir HFA/RespiClick
	Arcapta, Serevent	Foradil
Asthma and Respiratory (nasal sprays)	Beconase AQ, Nasonex, Veramyst, QNASL, Omnaris, Dymista Rhinocort AQ, Zetonna	Generic nasal steroids (e.g. fluticasone)
Bladder Problems (overactive bladder)	Toviaz	Generics (i.e. oxybutynin), VESicare
Brands with Generics Available	Cymbalta Glumetza Lexapro Lipitor Prevacid Solutab Wellbutrin XL	duloxetine metformin, metformin ER escitalopram atorvastatin lansoprazole bupropion xl
Cardiovascular (anticlotting)	Pradaxa	warfarin, Xarelto
Cardiovascular (high blood pressure)	Diovan, Diovan HCT, Edarbi, Edarbyclor	Generic ACE (e.g. Lisinopril) or generic ARB (e.g. losartan, valsartan), Benicar/HCT
Cholesterol Lowering	Vytorin	Generic statins (e.g simvastatin, atorvastatin), Crestor, Zetia
Depression	Pristiq ER	bupropion SR/XL, duloxetine, venlafaxine ER, all generic SSRIs
Diabetes (insulin)	Afrezza, Apidra, Novolin, Novolog	Humalog, Humulin
	Levemir, Toujeo	Lantus

CONDITION/COMMON USE/DRUG CLASS	MEDICATION NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
Diabetes (non-insulin)	Farxiga, Jardiance, Synjardy, Xigduo XR	Invokamet, Invokana
	Bydureon, Byetta, Tanzeum, Victoza	Trulicity
	Glyxambi, Jentadueto, Kazano, Nesina, Oseni, Tradjenta	Janumet, Janumet XR, Januvia, Kombiglyze, Onglyza
Diabetes (test strips)	AccuChek, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio
Eye Conditions	Lumigan	Generics, Latanoprost, Travatan Z
Growth Hormones	Genotropin, Norditropin, Nutropin, Omnitrope, Zomacton, Zorbtive	Humatrope, Saizen
Infertility	Bravelle, Gonal- F	Follistim AQ
Multiple Sclerosis (beta 1b interferons)	Betaseron	Extavia (non-preferred co-payment applies)
Pain Relief and Inflammatory Disease	Kineret, Simponi	Cimzia, Humira
Pain Relief and Inflammatory Disease (anti-inflammatory combination products)	Duexis, Vimovo	celecoxib, meloxicam
Testosterone Replacement	Axiron, Fortesta, Natesto, Testim, Vogelxo	Androgel, testosterone gel

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

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.

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 medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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

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

16. Replacement of prescription medications and related supplies due to loss or theft.
17. Medications used to enhance athletic performance.
18. Medications that are to be taken by, or administered to, a customer while the customer is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
19. Prescriptions more than one year from the original date of issue.

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



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