

GENERICS ONLY PRESCRIPTION DRUG LIST



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

Within this document you will find a list of the most commonly prescribed medications covered under your plan, in an easy-to-read format. Every medication available on Cigna's prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents an abbreviated version of the drug list that is core to your pharmacy benefit plan. Within this list you will see:

Medications split into two categories (Preventive generic and other generics)

1. Health conditions and medications listed in alphabetical order
2. Symbols to let you know if there are any important details related to coverage

1st Tier – Preventive Generic Medications for certain conditions such as diabetes, asthma, heart disease and cholesterol are available on the first tier. You will usually pay less for preventive generic medications under your plan. If one's available, you should consider switching to a generic to treat your condition.

2nd Tier – Other Generic Medications aside from preventive generics are available on the second tier. These medications will usually cost more than preventive generics under your plan. If one's available, you should consider switching to a generic to treat your condition.

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

Understanding Cigna's prescription drug list

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

Together, all the way.®



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

The symbols on the list mean

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

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

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

AGE: **Age Requirement** means 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 “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 your plan documents for more information.

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

Important note

The Generics Only Prescription Drug List only covers generic medications and does not offer coverage of brand name prescription medications. For all other medications, you will be responsible for paying 100% of the discounted cost.

myCigna.com

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

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

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

Cigna Home Delivery Pharmacy

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

- › Routine, maintenance medications and specialty medications

Save time with the convenience of Cigna Home Delivery Pharmacy

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

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

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

Health care reform and you

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

If you have any questions

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

GENERICS ONLY PRESCRIPTION DRUG LIST

Preventive Generics	Other Generics
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AIDS/HIV

	lamivudine* lamivudine-zidovudine* nevirapine* nevirapine ER*
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ALLERGY/NASAL SPRAYS

Medications for allergies equivalent to over-the-counter medications within the class are excluded such as Clarinex, Xyzal, including their generics, etc.

	azelastine budesonide epinephrine (QL) fluticasone hydroxyzine ipratropium mometasone olopatadine Phenergan promethazine
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ALZHEIMER'S DISEASE

	donepezil donepezil ODT memantine pyridostigmine pyridostigmine ER rivastigmine
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ANXIETY/DEPRESSION/BIPOLAR DISORDER

	alprazolam alprazolam ER alprazolam intensol alprazolam ODT alprazolam XR amitriptyline bupropion bupropion SR bupropion XL buspirone citalopram clomipramine diazepam duloxetine escitalopram fluoxetine DR fluoxetine fluvoxamine fluvoxamine ER
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Preventive Generics	Other Generics
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ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.)

	lorazepam lorazepam intensol paroxetine sertraline trazodone venlafaxine venlafaxine ER
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ASTHMA/COPD/RESPIRATORY

albuterol budesonide ipratropium-albuterol levalbuterol concentrate levalbuterol montelukast	
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ATTENTION DEFICIT HYPERACTIVITY DISORDER

	dexmethylphenidate dexmethylphenidate ER dextroamphetamine-amphet ER dextroamphetamine-amphetamine guanfacine ER metadate ER methylphenidate ER methylphenidate methylphenidate CD methylphenidate LA
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BLOOD MODIFIERS/BLEEDING DISORDERS

	tranexamic acid*
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BLOOD PRESSURE/HEART MEDICATIONS

afeditab CR amlodipine amlodipine-benazepril amlodipine-valsartan amlodipine-valsartan-HCTZ atenolol atenolol-chlorthalidone benazepril benazepril-HCTZ candesartan cartia XT carvedilol clonidine diltiazem CD diltiazem ER	amiodarone digitek digoxin digoxin flecainide isosorbide mononitrate ER isosorbide mononitrate ER Pacerone propafenone propafenone ER
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Preventive Generics	Other Generics
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BLOOD PRESSURE/HEART MEDICATIONS *(cont.)*

diltiazem	
dilt-XR	
enalapril	
hydralazine	
irbesartan	
labetalol	
lisinopril	
lisinopril-HCTZ	
losartan	
losartan-HCTZ	
matzim LA	
metoprolol	
nadolol	
nifedical XL	
nifedipine	
nifedipine ER	
propranolol	
propranolol ER	
ramipril	
taztia XT	
telmisartan	
telmisartan-HCTZ	
valsartan	
valsartan-HCTZ	
verapamil ER	
verapamil	
verapamil SR	

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER	enoxaparin* (QL)
clopidogrel	fondaparinux* (QL)
jantoven	
warfarin	

CANCER

	anastrozole
	bexarotene*
	capecitabine*
	exemestane
	hydroxyurea
	imatinib* (PA)
	letrozole
	mercaptopurine
	methotrexate*
	tamoxifen
	temozolomide* (PA)

CHOLESTEROL MEDICATIONS

amlodipine-atorvastatin	
atorvastatin	
fenofibrate	
fenofibric acid	
Lofibra	
lovastatin	
niacin ER	
omega-3 acid ethyl esters	
pravastatin	
rosuvastatin	
simvastatin	

Preventive Generics	Other Generics
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CONTRACEPTIVE PRODUCTS

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

	blisovi 24 FE
	blisovi FE
	drospirenone-ethinyl estradiol
	estarylla
	gianvi
	gildess 24 FE
	gildess FE
	junel FE
	junel FE 24
	larin 24 FE
	larin FE
	lomedica 24 FE
	loryna
	microgestin FE
	mono-linyah
	mononessa
	nikki
	norethin-eth estra-ferrous fum
	norgestimate-ethinyl estradiol
	ocella
	previfem
	sprintec
	syeda
	tarina FE
	tilia FE
	tri-estarylla
	tri-legest FE
	tri-linyah
	tri-lo-estarylla
	tri-lo-marzia
	tri-lo-sprintec
	trinessa
	Trinessa LO
	tri-previfem
	tri-sprintec
	vestura
	zarah

COUGH/COLD MEDICATIONS

	benzonatate
	Bromfed DM
	brompheniramine-pseudoephed-DM
	hydrocodone-homatropine
	hydrocodone-chlorpheniramne ER
	hydrocodone-homatropine
	hydromet
	promethazine-codeine
	tussigon

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Preventive Generics	Other Generics
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DENTAL PRODUCTS

	chlorhexidine denta 5000 plus dentagel doxycycline fluoride fluoridex daily defense fluoritab flura-drops ludent fluoride oralone paroex peridex periogard sf sf 5000 plus sodium fluoride triamcinolone
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DIABETES

glimepiride glipizide glipizide ER glipizide XL metformin metformin ER pioglitazone-metformin	OneTouch test strips
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DIURETICS

acetazolamide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ	
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EAR MEDICATIONS

	fluocinolone oil neomycin-polymyxin- hydrocortisone
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ERECTILE DYSFUNCTION

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

EYE CONDITIONS

	azelastine brimonidine ciprofloxacin dorzolamide-timolol erythromycin fluorometholone gatifloxacin gentak gentamicin ketorolac latanoprost neomycin-polymyxin-dexameth
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Preventive Generics	Other Generics
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EYE CONDITIONS (cont.)

	ofloxacin olopatadine polymyxin b sul-trimethoprim prednisolone timolol tobramycin tobramycin-dexamethasone
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FEMININE PRODUCTS

	fem pH gynazole 1 miconazole 3 terconazole zazole
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GASTROINTESTINAL/HEARTBURN

Medications for heartburn/ ulcer equivalent to over-the-counter medications within the class are excluded such as Prilosec including their generics, etc.

	alosetron (gender requirements) anucort-HC balsalazide chlordiazepoxide-clidinium dicyclomine dronabinol hemmorex-HC hydrocortisone lansoprazole-amoxicillin- clarithromycin (combo pak) mesalamine metoclopramide metoclopramide ODT ondansetron ondansetron ODT phenadoz procto-med HC procto-pak proctosol-HC proctozone-HC promethazine promethegan sucralfate ursodiol
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HORMONAL AGENTS

	budesonide EC cabergoline (QL) covaryx covaryx H.S. desmopressin* dexamethasone dexamethasone intensol EEMT EEMT H.S.
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2017 Cigna Prescription Drug List

Preventive Generics	Other Generics
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HORMONAL AGENTS (cont.)

	budesonide EC
	cabergoline (QL)
	covaryx
	covaryx H.S.
	desmopressin*
	dexamethasone
	dexamethasone intensol
	EEMT
	EEMT H.S.
	estradiol
	estradiol-norethindrone
	estrogen & methyltestosterone
	levothyroxine
	levoxyl
	liothyronine
	lopreeza
	medroxyprogesterone
	methylprednisolone
	millipred
	millipred DP
	Mimvey
	mimvey LO
	nature-throid
	np thyroid
	prednisolone
	prednisolone ODT
	prednisolone
	prednisone
	prednisone intensol
	progesterone
	testosterone
	testosterone cypionate
	Unithroid
	westhroid
	WP thyroid

INFECTIONS

	acyclovir
	adefovir dipivoxil*
	amoxicillin
	amoxicillin ER
	amoxicillin-clavulanate ER
	amoxicillin-clavulanate
	atovaquone
	atovaquone-proguanil
	avidoxy
	azithromycin
	cefdinir
	cefixime
	cefprozil
	cefuroxime
	cephalexin
	ciprofloxacin
	clarithromycin
	clarithromycin ER
	clindamycin

Preventive Generics	Other Generics
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INFECTIONS (cont.)

	doxy 100
	doxycycline
	doxycycline IR-DR
	entecavir*
	erythromycin
	famciclovir
	fluconazole
	hydroxychloroquine
	itraconazole
	levofloxacin
	linezolid (PA)
	metronidazole
	minocycline
	minocycline ER
	Moderiba*
	mondoxyne NL
	morgidox
	moxifloxacin
	nitrofurantoin
	nystatin
	penicillin
	sulfamethoxazole-trimethoprim
	terbinafine
	tetracycline
	tinidazole
	tinidazole
	tobramycin*
	valacyclovir
	valganciclovir
	vancomycin
	vandazole
	voriconazole (PA)

INFERTILITY

	clomiphene citrate^
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MISCELLANEOUS

	naltrexone
	pulmosal
	sodium chloride

MULTIPLE SCLEROSIS

	Glatopa* (PA)
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NUTRITIONAL/DIETARY

pnv-DHA	b-12 compliance
prena1 pearl	b-12 kit
prenatal plus	calcitriol
prenatal vitamin plus low iron	calcium
preplus	ciferex
rulavite DHA	cyanocobalamin injection
virt-pn DHA	folic acid
zatean-pn DHA	folixapure
	Klor-Con m10, m20
	klor-con sprinkle
	k-sol
	multivitamin with fluoride

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Preventive Generics	Other Generics
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NUTRITIONAL/DIETARY (cont.)

	ortho d potassium chloride vitamin d2 zavara
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OSTEOPOROSIS PRODUCTS

alendronate ibandronate* raloxifene risedronate	
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PAIN RELIEF AND INFLAMMATORY DISEASE

	acetaminophen-codeine acitretin allopurinol baclofen butalb-acetaminoph-caff-codein butalbital-acetaminophen-caffe calcipotriene-betamethasone capacet carisoprodol celecoxib (QL) cyclobenzaprine dermacinRx PrizoPak diclofenac diclofenac drops (ST) diclofenac ER diclofenac-misoprostol dihydroergotamine (QL) endocet etodolac etodolac ER fentanyl (QL) fioricet glydo hydrocodone-acetaminophen hydromorphone ER (QL) hydromorphone ibuprofen indomethacin ketorolac (QL) klofensaid II (ST) leflunomide lidocaine lidocaine viscous lidocaine-prilocaine lorcet lorcet HD lorcet plus lortab margesic meloxicam metaxall metaxalone methocarbamol morphine morphine ER (QL)
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Preventive Generics	Other Generics
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)

	nabumetone naproxen naproxen CR naproxen ER oxycodone oxycodone ER (QL) oxycodone-acetaminophen oxymorphone oxymorphone ER primlev relador pak relador pak plus rizatriptan (QL) sumatriptan (QL) tizanidine tramadol (QL) tramadol ER (QL) vanatol LQ verdrocet vicodin vicodin ES vicodin HP zolmitriptan (QL) zolmitriptan ODT (QL)
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PARKINSON'S DISEASE

	amantadine benztropine bromocriptine carbidopa-levodopa carbidopa-levodopa ER pramipexole pramipexole ER ropinirole ER ropinirole
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SCHIZOPHRENIA/ANTI-PSYCHOTICS

	aripiprazole aripiprazole ODT chlorpromazine haloperidol olanzapine olanzapine ODT olanzapine-fluoxetine paliperidone ER quetiapine risperidone risperidone ODT ziprasidone
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SEIZURE DISORDERS

	carbamazepine carbamazepine ER clonazepam divalproex divalproex ER epitol
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Preventive Generics	Other Generics
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SEIZURE DISORDERS (cont.)

	gabapentin
	lamotrigine
	lamotrigine ER
	lamotrigine ODT
	levetiracetam
	levetiracetam ER
	oxcarbazepine
	roweepra
	topiramate
	topiramate ER

SKIN CONDITIONS

	acitretin
	acyclovir
	adapalene (PA age)
	avar
	avar-E
	bp 10-1
	calcipotriene
	calcitrene
	claravis (QL)
	clindacin ETZ
	clindacin P
	clindamycin
	clindamycin-benzoyl peroxide
	clobetasol
	clodan
	clotrimazole-betamethasone
	cormax
	desonide
	desoximetasone
	diclofenac
	econazole
	fluocinonide
	fluorouracil
	imiquimod
	ketoconazole
	metronidazole
	mupirocin
	myorisan (QL)
	neuc
	nystatin-triamcinolone
	permethrin
	rosadan
	rosanil
	rosula
	sodium sulfacetamide-sulfur
	ss 10-2
	sss 10-5
	sulfacetamide sodium-sulfur
	sulfacleanse 8-4
	tacrolimus
	tretinoin (PA age)
	triamcinolone
	trianex
	triderm

Preventive Generics	Other Generics
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SKIN CONDITIONS (cont.)

	zenatane (QL)
	zencia

SLEEP DISORDERS/SEDATIVES

	eszopiclone
	modafinil (PA)
	temazepam
	zolpidem
	zolpidem ER

SUBSTANCE ABUSE

	buprenorphine
	buprenorphine-naloxone (PA)

TRANSPLANT MEDICATIONS

	azathioprine*
	mycophenolate*
	mycophenolic acid*
	sirolimus*
	tacrolimus*

URINARY TRACT CONDITIONS

doxazosin	cevimeline
terazosin	dutasteride
	dutasteride-tamsulosin
	finasteride
	oxybutynin
	oxybutynin ER
	phenazopyridine
	potassium citrate ER
	tamsulosin
	tolterodine
	tolterodine ER

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

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

EXCLUSIONS & LIMITATIONS

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

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

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

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

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

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

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



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