

VALUE prescription drug list and exclusions

The Value Prescription Drug List is used **only** for the specific states and plans listed below. *Any states or plans not listed below use the Standard Prescription Drug List.*

- CA – All plans
- CO – All plans effective 05/01/12 and later
- FL – All plans effective 10/01/11 and later
- GA – All plans effective 10/01/11 and later
- NC – All plans effective 12/01/11 and later
- TX – All plans effective 10/01/11 and later

Step Therapy medications are listed on the [Cigna Step Therapy Program Medications](#) document.

The Prescription Drug List is only a snapshot of what drugs are covered. For a complete and up-to-date list, please visit [myCigna.com](#).

This cover page is for Brokers only. Please discard if providing the list to customers.

Exclusions - The Value Prescription drug plan does not cover the following drugs that have over the counter equivalents or alternatives. Below are some common examples but it is not an inclusive list. For a complete list customers should visit [myCigna.com](#). If you need to verify coverage of a specific drug under this PDL, please contact your New Business Manager or call Cigna Sales Support at 1-877-Cigna-15, 8 a.m. – 8 p.m.

Heartburn/Ulcer		Allergy
H2 Blockers	Proton Pump Inhibitors	Non-Sedating Antihistamines
Axid (OTC)	Aciphex	Allegra D
Cimetidine (OTC)	Nexium	Clarinet/Clarinet D
Famotidine (OTC)	Omeprazole (OTC)	Claritin (OTC)/ Claritin D (OTC)
Nexatidine (OTC)	Pantoprazole	Fexofenadine
Pepcid (OTC)	Prevacid	Loratidine (OTC)
Ranitidine (OTC)	Prilosec	Xyzal
Tagamet (OTC)	Protonix	Zyrtec/Zyrtec D (OTC)
Zantac (OTC)	Zegerid	



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FOUR-TIER PLAN

2012 Cigna prescription drug list

This list is designed to cover your prescription medications at four levels. The amount you will pay will depend on the tier from which you and your doctor select your medication. If there is more than one drug 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 better.

1st Tier – Generic medications: Generic drugs have the same active 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 you more than a generic, but less than a non-preferred brand drug under your plan.

3rd Tier – Non-preferred brand medications: Non-preferred brand drugs are those that 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 under your plan.

4th Tier – Specialty medications: Specialty Injectable Medications are typically covered under the fourth tier and include, but are not limited to, injectables used to treat arthritis, multiple sclerosis, hepatitis C, and asthma. See the list of Specialty medications on page 22.

GO YOUSM



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

Understanding the Cigna prescription drug list



Every medication available on the drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents the most commonly prescribed medications. Please reference **Cigna.com** or **myCigna.com** for the complete up-to-date listing of medications. Refer to your enrollment information to find out which specific medications are covered under your plan.

What the symbols on the list mean

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

- PA:** **Prior authorization** may be required for different reasons. To learn the requirements needed for coverage of a specific medication, please give us a call.
- QL:** **Quantity limit** means you may have coverage for a limited amount of a specific medication.
- AGE:** **Age requirement** means a person may 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.

Important note

This list does not cover drugs that have over-the-counter (OTC) alternatives, drugs that treat stomach acid conditions and non-sedating antihistamines to treat allergies.

In some cases medications for certain conditions (allergies, heartburn/ulcers, etc.) may be equivalent products to OTC medications available. In these cases, the prescription available class alternatives are excluded from coverage. Examples* include allergy medications such as Allegra, Clarinex, Xyzal and any generics; and heartburn/ulcer medications such as Nexium, Prilosec, Zantac and any generics. (*Examples are not an all-inclusive listing.)

Help from myCigna.com

When you go to **myCigna.com** you can:

- Compare actual medication prices at local pharmacies and Cigna Home Delivery PharmacySM using the Prescription Drug Price Quote Tool



- See your specific pharmacy coverage information
- Research available medications and network pharmacies
- Ask a pharmacist questions

Cigna Home Delivery Pharmacy

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



- Licensed pharmacists available 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 **800.835.3784**.

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 went into 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 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

Feel free to give us a call at the number on the back of your ID Card. We’re here to help.



2012 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD AND STIMULANTS		
amphetamine/ dextroamphetamine dexmethylphenidate methamphetamine methylphenidate/ER modafanil		Adderall (PA, ST) Adderall XR (PA, ST) Amphetamine Dextroamphetamine Extended-Release (PA, ST) Concerta (PA, ST) Daytrana (PA, ST) Desoxyn Focalin XR (PA, ST) Intuniv Kapvay Metadate CD (PA, ST) Metadate ER (PA, ST) Nuvigil Provigil Ritalin/Ritalin LA/Ritalin SR/ Ritalin ER (PA, ST) Strattera Vyvanse (PA, ST)
AIDS/HIV		
didanosine lamivudine/zidovudine stavudine zidovudine	Agenerase Aptivus Atripla Combivir Crixivan Emtriva Epivir Epzicom Intelence Invirase Isentress Kaletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Trizivir Truvada Viracept Viramune Viread Ziagen	Combivir Retrovir Videx Viramune XR Zerit

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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ALLERGY*

** Medications for allergies equivalent to over-the-counter medications within the class are excluded such as Allegra, fexofenadine, Clarinex, etc.*

clemastine ciproheptadine flunisolide nasal fluticasone nasal hydroxyzine	Astepro Epipen (QL) Singulair	Adrenaclick (QL) Astelin Beconase AQ (PA, ST) Flonase (PA, ST) Nasacort AQ (PA, ST) Nasarel (PA, ST) Nasonex (PA, ST) Omnaris (PA, ST) Patanase QNASL (PA, ST) Rhinocort AQ (PA, ST) Semprex-D Veramyst (PA, ST)
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ALZHEIMER'S DISEASE

donepezil galantamine rivastigmine		Aricept Aricept ODT Cognex Exelon Namenda Razadyne Razadyne ER
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ASTHMA AND RESPIRATORY

albuterol solution cromolyn sodium (solution) ipratropium solution levalbuterol solution metaproterenol	Atrovent HFA Foradil ProAir HFA Qvar Revatio (PA) Singulair Ventolin HFA	Accolate Accuneb nebulizer (PA, ST) Adcirca (PA) Advair, Advair HFA Alvesco Asmanex Azmacort Brovana nebulizer (PA, ST) Combivent Dulera Flovent, Flovent HFA Letaris Maxair Perforomist (PA, ST) Proventil HFA Pulmicort Serevent Spiriva Symbicort Tracleer Ventavis Xopenex HFA Xopenex nebulizer (PA, ST)
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2012 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
BIRTH CONTROL*		
<i>* Please check your enrollment materials to determine whether these medications are covered under your specific plan.</i>		
Apri Aviane Balziva Camila Errin Gianvi Jolessa Junel FE Kariva Levora Lo-ogestrel Microgestin Necon Nortrel Ocella Ogestrel Quasense Solia Sprintec Trinessa Tri-Sprintec Zenchant Zovia		Angeliq Desogen Ella Estrostep FE Levlen Lo/Ovral-28 Loestrin Loestrin 24 FE Loestrin FE Lo Loestrin FE Loseasonique Lybrel Natazia Nordette Nuvaring Ortho Evra Ortho Tri-Cyclen LO Ortho-Cept Ortho-Novum 7-7-7 Ovcon 35 Ovcon 50 Ovrette Plan B Plan B One-Step Seasonale Seasonique Trileven Tri-Norinyl Triphasil Yaz
BLADDER PROBLEMS		
oxybutynin/XL trospium chloride		Detrol (PA, ST) Detrol LA (PA, ST) Ditropan, Ditropan XL (PA, ST) Elmiron Enablex (PA, ST) Gelnique (PA, ST) Oxytrol (PA, ST) Sanctura, Sanctura XR (PA, ST) Toviaz (PA, ST) VESicare (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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CANCER

anastrozole	Afinitor (PA)	Arimidex
bicalutamide	Aromasin	Aromasin
exemestane	Fareston	Caprelsa (PA)
procabazine HCl	Femara	Casodex
flutamide	Gleevec (PA)	Femara
tamoxifen citrate	Myleran	Flutamide
	Nexavar (PA)	Jakafi (PA)
	Revlimid (PA)	Matulane
	Soltamox	Zelboraf (PA)
	Sprycel (PA)	Xalkori (PA)
	Sutent (PA)	Zytiga (PA)
	Tarceva (PA)	
	Targretin	
	Tasigna (PA)	
	Temodar (PA)	
	Thalomid (PA)	
	Tykerb (PA)	
	Votrient (PA)	
	Xeloda	
	Zolinza (PA)	

CARDIOVASCULAR

BLOOD THINNER/ANTI-CLOTTING		
anagrelide (PA)	Arixtra (QL)	Aggrenox
atorvastatin, amlodipine		Agrylin (PA)
cilostazol		Effient
clopidogrel		Fragmin (QL)
dipyridamole		Innohep (QL)
enoxaprin (QL)		Lovenox (QL)
fondaparinux (QL)		Plavix
heparin (QL)		Pletal
ticlopidine		Pradaxa (ST)
warfarin		Xarelto (QL 10 mg)

2012 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
amlodipine	Benicar (PA, ST)	Accupril (PA, ST)
atenolol	Benicar HCT (PA, ST)	Accuretic (PA, ST)
atorvastatin		Aceon (PA, ST)
benazepril		Altace (PA, ST)
benazepril/amlodipine		Atacand (PA, ST)
benazepril/HCTZ		Avalide (PA, ST)
bisoprolol/HCTZ		Avapro (PA, ST)
captopril		Azor
carvedilol		Betapace AF
digoxin		Bystolic
diltiazem		Capoten (PA, ST)
diltiazem CD		Cardura
disopyramide		Cardura XL
doxazosin		Catapres
enalapril		Catapres TTS
enalapril/HCTZ		Coreg
felodipine		Coreg CR
fosinopril		Corgard
hydralazine/HCTZ		Covera-HS
isosorbide dinitrate		Cozaar (PA, ST)
isosorbide mononitrate		Diovan HCT (PA, ST)
labetalol		Diovan (PA, ST)
lisinopril		Dynacirc CR
losartan		Exforge
losartan/HCTZ		Exforge HCT
methyldopa/HCTZ		Hyzaar (PA, ST)
metoprolol		Inderal LA
nadolol		Innopran XL
nifedipine		Lanoxin
nifedipine SR		Levatol
nisoldipine SR		Lotensin HCT (PA, ST)
prazosin		Lotensin (PA, ST)
procainamide		Lotrel
propranolol		Mavik (PA, ST)
propranolol LA		Micardis HCT (PA, ST)
quinapril		Micardis (PA, ST)
quinapril/HCTZ		Minizide
quinidine		Monopril HCT (PA, ST)
ramipril		Monopril (PA, ST)
sotalol		Multaq
terazosin		Norpace
timolol		Norpace CR
trandolapril		Norvasc
trandolapril/verapamil		
verapamil		
verapamil SR		

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

CARDIOVASCULAR (CONTINUED)

HIGH BLOOD PRESSURE/HEART MEDICATIONS

Prinivil (PA, ST)
Prinzide (PA, ST)
Procanbid
Ranexa (ST)
Sular
Tarka
Tekamlo
Tekturna HCT
Tekturna
Teveten HCT (PA, ST)
Teveten (PA, ST)
Tikosyn
Toprol XL
Uniretic (PA, ST)
Univasc (PA, ST)
Vaseretic (PA, ST)
Vasotec (PA, ST)
Verelan
Zestoretic (PA, ST)
Zestril (PA, ST)

2012 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CHOLESTEROL LOWERING		
atorvastatin atorvastatin/amlodipine cholestyramine powder fenofibrate fluvastatin/XL gemfibrozil lovastatin pravastatin simvastatin	Zetia	Advicor Altoprev (PA, ST) Caduet Crestor (PA, ST) Fenoglide Lescol Lescol XL Lipitor (PA, ST) Livalo (PA, ST) Lofibra Lovaza Mevacor (PA, ST) Niaspan Pravachol (PA, ST) Simcor TriCor Trilipix Vytorin Welchol
DEPRESSION		
amitriptyline bupropion bupropion SR citalopram desipramine escitalopram fluoxetine fluvoxamine imipramine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone trimipramine venlafaxine venlafaxine XR		Aplenzin (PA, ST) Celexa (PA, ST) Cymbalta (PA, ST) Effexor XR (PA, ST) Emsam Lexapro (PA, ST) Luvox CR Marplan Oleptro ER (ST) Paxil CR (PA, ST) Pristiq (PA, ST) Prozac (PA, ST) Remeron Tofranil Venlafaxine ER (PA, ST) Viibryd (PA,ST) Vivactil Wellbutrin (PA, ST) Wellbutrin SR (PA, ST) Wellbutrin XL (PA, ST) Zoloft (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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DIABETES

acarbose acetohexamide chlorpropamide glimepiride glipizide glipizide/metformin glucagon (QL) glyburide glyburide/metformin glyburide micronized metformin/ER nateglinide tolazamide tolbutamide	ACCU-CHEK test strips Actos BD insulin syringe Byetta Glucagen Hypokit Januvia NovoFine needles One Touch test strips	Actoplus Met Amaryl Apidra Apidra SoloStar Avandamet Avandaryl Avandia Bydureon (QL) Duetact Fortamet Glucophage XR Glycron Glyset Humulin Janumet Janumet XR Jentaduetto (ST) Juvisync (ST) Kombiglyze XR Metaglip Onglyza Prandimet Prandin Precose Starlix Tradjenta (ST)
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ENDOCRINE AND METABOLIC – OTHER

allopurinol cabergoline (QL) desmopressin	Megace ES	Synarel (PA) Uloric
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2012 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
EYE CONDITIONS		
atropine		Acular LS
azelastine		Alamast
brimonidine		Alocril
bromfenac		Alomide
ciprofloxacin		Alphagan P
diclofenac		Alrex
dorzolamide		AzaSite
dorzolamide/timolol		Azopt
flurbiprofen		Bepreve
ketorolac		Besivance
latanoprost		Betimol
levobunolol		Betoptic S
levofloxacin		Ciloxan
pilocarpine		Cosopt
timolol		Durezol
tobramycin/dexamethasone		Emadine
trifluridine		Ipidine
		Iquix
		Lastacaft
		Lotemax
		Maxidex
		Moxeza
		Optivar
		Pataday
		Patanol
		Restasis
		Timoptic
		Tobradex
		Travatan Z
		Trusopt
		Vexol
		Vigamox
		Voltaren
		Xalatan
		Zioptan (ST)
GASTROINTESTINAL (NOT HEARTBURN/ULCER)		
amylase/lipase/protease	Asacol	Apriso
balsalazide	Asacol HD	Canasa
cromolyn sodium (solution)	Creon	Colazal
	Lialda	Entocort EC
	Pentasa	Pancrecarb
	Zenpep	Relistor (PA)
		Sucraid
		Ultrase
		Viokase

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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HEARTBURN/ULCER*

**Medications for heartburn and ulcer equivalent to over-the-counter medications within the class are excluded such as omeprazole, Nexium, Zantac, etc.*

metoclopramide
 misoprostol
 sucralfate

HORMONE REPLACEMENT

estradiol
 estropipate
 Levothroid
 levothyroxine
 Levoxyl
 liothyronine
 medroxyprogesterone
 progesterone, micronized
 thyroid
 Unithroid

Premarin

Activella
 Alora
 Anadrol-50
 Androderm
 Androgel
 Armour Thyroid
 Axiron
 Cenestin
 Combipatch
 Cytomel
 Depo-Testosterone (PA)
 Enjuvia
 Estraderm
 Femhrt
 Femring
 Fortesta
 Menest
 Prefest
 Premphase
 Prempro
 Prometrium
 Synthroid
 Testim
 Vagifem
 Vivelle-Dot

2012 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
INFECTIONS		
acyclovir	Baraclude	Augmentin
amantadine	Epivir HBV	Augmentin ES 600
amoxicillin	Incivek (PA)	Augmentin XR
amoxicillin/clavulanate	Tamiflu (QL)	Avelox
azithromycin		Biaxin
cefador ER		Biaxin XL
cefadroxil		Cedax
cefprozil		Cefzil
ceftriaxone		Cipro HC Otic
cefuroxime		Cipro XR
cephalexin		Ciprodex
ciprofloxacin		Coartem (QL)
clarithromycin		Copegus
clindamycin		Famvir
doxycycline		Flagyl ER
erythromycin		Floxin Otic
famciclovir		Gris-Peg
fluconazole		Hepsera
griseofulvin		Keflex
itraconazole (QL)		Keftab
metronidazole		Lamisil (QL)
minocycline		Lariam (PA, QL)
nitrofurantoin		Levaquin
nystatin		Malarone (PA, QL)
ofloxacin		Monurol
penicillin v potassium		Moxatag
ribavirin		Mycostatin (tab)
rimantadine		Noxafil
sulfamethoxazole/ trimethoprim		Omnicef
terconazole		Penlac (PA)
terbinafine (QL)		Priftin
tetracycline		Primsol
valacyclovir		Relenza (QL)
vancomycin		Rocephin
voriconazole (PA)		Solodyn (ST)
		Sporanox (QL)
		Suprax
		Tobi
		Tyzeka
		Valtrex
		Vfend (PA)
		Victrelis (PA)
		Zithromax
		Zyvox (PA)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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MIGRAINE

acetaminophen/ caffeine/butalbital naratriptan (QL) sumatriptan (QL)	Zomig/Zomig ZMT (QL)	Amerge (QL) Axert (QL) DHE 45 (QL) Frova (QL) Imitrex (QL) Maxalt Maxalt MLT Migranal (QL) Relpax (QL) Treximet (QL)
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MULTIPLE SCLEROSIS

		Ampyra (PA) Gilenya (PA)
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NAUSEA AND VOMITING

dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide		Anzemet (inj) (PA) Anzemet (tab) (QL) Emend Kytril Marinol Scopace Zofran Zuplenz (QL)
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OSTEOPOROSIS

alendronate calcitonin-salmon Fortical ibandronate sodium		Actonel (PA, ST) Atelvia (PA, ST) Boniva (PA, ST) Evista (PA, ST) Forteo (PA, ST) Fosamax (PA, ST) Fosamax Plus D (PA, ST) Miacalcin Skelid (PA, ST)
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2012 Cigna prescription drug list

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE		
butorphanol nasal (QL)	Celebrex	Abstral (PA)
codeine phos/carisoprodol/ aspirin	Nalfon	Actiq (PA)
codeine phosphate	Rheumatrex	Arava
codeine phosphate/aspirin	Trexall	Arthrotec
codeine sulfate		Avinza
diclofenac		Band O Suppnettes (PA, ST)
dihy-cod/APAP/caffeine		Butrans (QL)
etodolac		Conzip
fentanyl (patch) (QL)		Demerol (PA, ST)
fentanyl citrate		Dilaudid (PA, ST)
(lozenge)(PA)		Dipentum
hydrocodone/ acetaminophen		Duexis (PA, ST)
hydrocodone bitartrate/ aspirin		Duragesic (QL)
hydromorphone HCl		Fentora (PA)
ibuprofen		Horizant (ST)
ibuprofen/hydrocod bitartrate		Hycet (PA, ST)
indomethacin		Indocin (suppository)
ketorolac (QL)		Kadian
leflunamide		Lazanda (PA)
levorphanol tartrate		Lidoderm
meloxicam		Lorcet (PA, ST)
meperidine HCl		Lorcet Plus (PA, ST)
methotrexate		Lortab (PA, ST)
morphine SR		Magnacet (PA, ST)
morphine sulfate		Maxidone (PA, ST)
(Roxanol) morphine sulfate		Mobic
gabapentin		MSIR
gabapentin		Naprelan
gabapentin		Norco (PA, ST)
gabapentin		Nucynta (ST)
gabapentin		Nucynta ER (QL)
gabapentin		Onsolis (PA)
gabapentin		Oxecta (PA, ST)
gabapentin		OxyContin (QL)
gabapentin		Panlor SS (PA, ST)
gabapentin		Percocet (PA, ST)
gabapentin		Percodan (PA, ST)
gabapentin		Primalev (PA, ST)
gabapentin		Remicade (PA)
gabapentin		Roxicet (PA, ST)
gabapentin		Roxicodone (PA, ST)
gabapentin		Ryzolt (PA, ST)
gabapentin		Savella
gabapentin		Skelaxin
gabapentin		Sprinx (QL)
gabapentin		Subsys (PA)
gabapentin		Synalgos-DC (PA, ST)
gabapentin		Talwin Compound (PA, ST)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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PAIN RELIEF AND INFLAMMATORY DISEASE (CONTINUED)

		Tylox (PA, ST) Ultracet (PA, ST) Ultram (PA, ST) Ultram ER (PA, ST) Vicodin (PA, ST) Vicodin ES (PA, ST) Vicodin HP (PA, ST) Vicoprofen (PA, ST) Voltaren Voltaren XR Xodol (PA, ST) Xolox (PA, ST) Zamicet (PA, ST) Zolvit (PA, ST) Zydone (PA)
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PARKINSON'S DISEASE

amantadine bromocriptine carbidopa/levodopa carbidopa/levodopa SA carbidopa/levodopa/ entacapone ropinirole selegiline pramipexole	Azilect Comtan Lodosyn Tasmar	Eldepryl Mirapex Requip Requip XL Stalevo Zelapar
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PROSTATE

alfuzosin doxazosin finasteride prazosin tamsulosin terazosin		Avodart Firmagon (PA) Flomax Jalyn Proscar (AGE) Rapaflo Uroxatral Zyprexa Zytiga (PA)
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2012 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
SCHIZOPHRENIA		
clozapine haloperidol loxapine olanzapipne quetiapine risperidone thiothixene ziprasidone		Abilify Abilify Discmelt Clozaril Fanapt Fazacllo Geodon Invega Latuda Moban Orap Risperdal Saphris Seroquel Seroquel XR Zyprexa
SEIZURE		
carbamazepine clonazepam divalproex felbamate gabapentin lamotrigine levetiracetam topiramate valproate	Diastat Diastat Acudial Dilantin Felbatol Gabitril Keppra Keppra XR Lamictal (all forms)	Banzel Carbatrol Depakote (all forms) Lyrica Neurontin Onfi Potiga Stavzor Tegretol XR Topamax Trileptal Vimpat Zonegran

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

SKIN CONDITIONS

adapalene (AGE)	Carac	Aclovate (PA, ST)
alclometasone	Fluoroplex	Aldara
alclometasone dipropionate	Targretin gel	Aphthasol
amcinonide		Aquaphilic w/Triamcin + Carbamide (PA, ST)
Amnesteem (QL)		Aquaphilic w/Triamcinolone (PA, ST)
Apexicon E (diflorasone diacetate)		Aristocort A (PA, ST)
betamethasone		Atralin (AGE)
betamethasone dipropionate		Benzaclin
betamethasone dipropionate/propylene glycol		BenzamycinPak
betamethasone valerate		Capex Shampoo (PA, ST)
calcitrol ointment		Carmol HC (PA, ST)
calcipotriene		Clobex (PA, ST)
Claravis (QL)		Cloderm (PA, ST)
clobetasol		Condylox
clobetasol propionate		Coraz (PA, ST)
clobetasol propionate/emollient		Cordran (PA, ST)
desonide		Cordran SP (PA, ST)
desoximetasone		Cutivate (PA, ST)
diflorasone		Derma-Smoothe/FS (PA, ST)
diflorasone diacetate		Dermatop (PA, ST)
fluocinolone		Desonate (PA, ST)
fluocinolone acetonide		Desowen (PA, ST)
fluocinonide/emollient		Differin (AGE)
fluticasone propionate		Diprolene (PA, ST)
halobetasol propionate/ammonium lactate		Diprolene AF (PA, ST)
halobetasol propionate		Diprosone (PA, ST)
hydrocortisone		Dovonex
hydrocortisone acetate/aloe vera		Duac CS
hydrocortisone acetate/urea		Elidel (PA, ST)
hydrocortisone butyrate		Elocon (PA, ST)
hydrocortisone valerate		Epiduo
imiquimod		Exelderm
isotretinoin (QL)		First Hydrocort (PA, ST)
metronidazole		Halog (PA, ST)
mometasone furoate		Kenalog (PA, ST)
prednicarbate		Klaron
Sotret (QL)		Lacticare-HC (PA, ST)
sulfacetamide		Lidex (PA, ST)
tretinoin (AGE)		Locoid (PA, ST)
triamcinolone acetonide		Locoid Lipocream (PA, ST)
urea		Loprox shampoo
		Luxiq (PA, ST)
		Metrogel
		Metrototion

2012 Cigna prescription drug list

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS (CONTINUED)		
		Momexin (PA, ST)
		Noritate
		Nucort (PA, ST)
		Nuzon (PA, ST)
		Olux (PA, ST)
		Olux-e (PA, ST)
		Oracea
		Ovace Plus
		Pandel (PA, ST)
		Panretin (PA)
		Pediaderm HC (PA, ST)
		Protopic (PA, ST)
		Psorcon (PA, ST)
		Psorcon E (PA, ST)
		Regranex (PA)
		Retin-A Micro (AGE)
		Rosula
		Scalacort DK (PA, ST)
		Soriatane CK
		Synemol (PA, ST)
		Taclonex
		Tazorac
		Temovate (PA, ST)
		Texacort (PA, ST)
		Topicort (PA, ST)
		Topicort LP (PA, ST)
		Tridesilon (PA, ST)
		Ultravate PAC (PA, ST)
		Ultravate (PA, ST)
		Valisone (PA, ST)
		Vanos (PA, ST)
		Vectical
		Verdeso (PA, ST)
		Westcort (PA, ST)
		Xolegel
		Xolegel Corepak
		Ziana
		Zyclara (ST)
		Zytopic (PA, ST)

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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SLEEP

zaleplon zolpidem zolpidem ER		Ambien CR (PA, ST) Ambien (PA, ST) Edluar (PA, ST) Intermezzo (PA, ST) Lunesta (PA, ST) Rozerem (PA, ST) Silenor (PA, ST) Zolpimist (PA, ST)
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TRANSPLANT

azathioprine cyclosporine mycophenolate mofetil tacrolimus	Myfortic Sandimmune Rapamune Prograf Cellcept	Neoral Zortress
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MISCELLANEOUS

aminocaproic acid buprenorphine cyclobenzaprine leucovorin levocarnitine lindane megestrol methocarbamol naltrexone pentoxifylline pramoxine/hydrocortisone tizanidine	Cortifoam Epifoam Fosrenol Renvela Revatio (PA)	Nimotop Phoslo Pulmozyme (PA) Rectiv Revia Suboxone Subutex TussiCaps Tussionex Zanaflex Zemplar
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Specialty Injectable Drugs



SPECIALTY INJECTABLE DRUGS (ALL REQUIRE PRIOR AUTHORIZATION)

Actimmune	Octreotide Acetate
Anzemet – injection	Omnitrope
Apokyn	Omontys
Aranesp	Orencia
Arcalyst	Pegasys
Avonex	Pegasys Proclick
AvonexPen	Peg Intron
Betaseron	Peg Intron Redipen
Ceftriaxone	Procrit
Cimzia	Proleukin
Copaxone	Rebif
Enbrel	Remicade
Egrifta	Saizen
Epogen	Sandostatin
Extavia	Sandostatin LAR
Firazyr	Serostim
Firmagon	Simponi
Fuzeon	Somatuline Depot
Genotropin	Somavert
Humatrope	Stelara
Humira	Sylatron
Ilaris	Tev-Tropin
Increlex	Xolair
Infergen	Zoladex
Intron A	Zorbtive
Kineret	
Leukine	
Leuprolide Acetate	
Lupron	
Lupron Depot	
Lupron Depot – PED	
Neulasta	
Neumega	
Neupogen	
Norditropin	
Norditropin Nordiflex	
Nutropin	
Nutropin AQ	
Nutropin AQ Nuspin	

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 over the counter medication other than insulin. [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.
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 this Drug List (also known as 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 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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