

Insured or administered by:
Cigna Health and Life Insurance Company†

Prescription Drug List January 2012

Performance

prescription drug list

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

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



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

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

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

The symbols on the list mean ...

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

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

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

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

* Drugs marked with an asterisk are considered to be specialty medications. These medications must be obtained from a preferred specialty pharmacy. Some plans may cover specialty medications at different benefit levels. Refer to the Specialty Pharmacy Drug List for more information.

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

If you have any questions

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

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
ADD/ADHD AND STIMULANTS		
amphetamine dextroamphetamine dexamethylphenidate methamphetamine methylphenidate/ER/ ER 24 HR	Adderall XR Focalin Focalin XR Intuniv Metadate ER Ritalin LA Ritalin SR Strattera Vyvanse	Adderall Concerta Daytrana Desoxyn Kapvay Metadate CD Methylin Nuvigil Provigil Ritalin
AIDS/HIV		
didanosine* stavudine* zidovudine*	Agenerase Aptivus* Combivir* Crixivan* Emtriva* Epivir* Epzicom* Fuzeon* Invirase* Isentress* Kaletra* Lexiva* Norvir* Prezista* Rescriptor Reyataz* Selzentry* Sustiva* Trizivir* Truvada* Viracept* Viramune,* XR* Viread* Ziagen*	Atripla* Edurant* Intence* Retrovir* Videx* Zerit*

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

ALLERGY

azelastine nasal
 clemastine fumarate
 cyproheptadine
 epinastine
 epinephrine inj
 flunisolide nasal
 fluticasone nasal
 hydroxyzine
 ipratropium nasal
 levocetirizine
 triamcinolone nasal

Adrenaclick
 Astepro
 Epipen
 Epipen Jr.
 Nasonex
 Singulair
 Veramyst

Atrovent (nasal)
 Beconase AQ
 Clarinex
 Flonase
 Nasacort AQ
 Nasarel
 Omnaris
 Patanase
 Rhinocort AQ
 Semprex-D
 Xyzal

ALZHEIMER DISEASE

donepezil
 galantamine hydrobomide
 rivastigmine capsules

Aricept (23 mg)
 Namenda

Aricept (5 and 10 mg)
 Aricept ODT
 Cognex
 Exelon
 Razadyne
 Razadyne ER

ANXIETY

alprazolam
 buspirone
 lorazepam
 oxazepam

Lorazepam Intensol

ASTHMA AND RESPIRATORY

albuterol solution
 (nebulizer solution)
 albuterol sulfate (syrup, tabs)
 aminophylline
 budesonide
 caffeine citrate
 cromolyn sodium
 (nebulizer solution)
 Dylis
 dyphylline
 guaifenesin/dyphylline
 guaifenesin/theophylline
 ipratropium bromide
 (nebulizer solution)
 levalbuterol (nebulizer
 solution)
 metaproterenol sulfate
 (syrup, tabs)
 Myci - Bron G

Advair Diskus/HFA
 Asmanex
 Atrovent HFA
 Combivent
 Flovent Diskus/HFA
 Maxair
 ProAir HFA
 Pulmicort
 Pulmozyme*
 Qvar
 Revatio* (PA)
 Serevent
 Singulair
 Spiriva
 Symbicort
 Ventolin HFA
 Xolair* (PA)

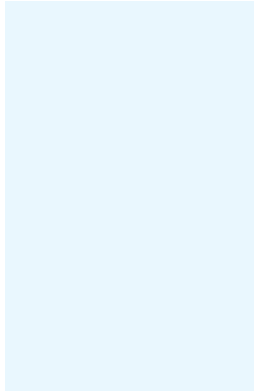
Accolate
 Accuneb nebulizer
 Adcirca* (PA)
 Alvesco
 Arcapta
 Brovana nebulizer
 Daliresp
 Dulera
 Foradil
 Letairis* (PA)
 Perforomist
 Proventil HFA
 Tracleer* (PA)
 Ventavis* (PA)
 Xopenex HFA
 Xopenex nebulizer

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
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ASTHMA AND RESPIRATORY (CONTINUED)

terbutaline sulfate
 theophylline anhydrous
 zafirlukast



BIRTH CONTROL

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

Ameithia
 Apri
 Aviane
 Balziva
 Camila
 Camrese
 Errin
 Gianvi
 Jolessa
 Junel FE
 Kariva
 Levora
 Low-Ogestrel
 Microgestin
 Necon
 Nortrel
 Ocella
 Ogestrel
 Previfem
 Quasense
 Solia
 Sprintec
 Trinessa
 Tri-Sprintec
 Zenchent
 Zovia

BeYaz
 Loestrin 24 FE
 Lo Loestrin FE
 LoSeasonique
 NuvaRing
 Ortho Evra
 Ortho TriCyclen Lo
 Ovcon 50
 Plan B One-Step
 Seasonique
 Yaz

Angeliq
 Desogen
 Ella
 Estrostep FE
 Levlen
 Lo/Ovral-28
 Loestrin
 Loestrin FE
 Lybrel
 Natazia
 Nordette
 Ortho-Cept
 Ortho-Novum 7-7-7
 Ovcon 35
 Safyral
 Seasonale
 Tri-Norinyl
 Triphasil

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

BLADDER PROBLEMS

oxybutynin/XL
trospium chloride

Detrol
Detrol LA
Elmiron
Oxytrol
Toviaz
VESicare

Ditropan
Ditropan XL
Enablex
Gelnique
Sanctura
Sanctura XR

CANCER

anastrozole
bicalutamide*
exemestane
flutamide
letrozole
tamoxifen citrate

CeeNU
Gleevec* (PA)
Hexalen*
Leukeran
Lupron Depot* (PA)
Lysodren
Matulane
Myleran
Nexavar* (PA)
Revlimid* (PA)
Sprycel* (PA)
Sutent* (PA)
Tarceva* (PA)
Temodar* (PA)
Thalomid* (PA)
Xeloda*
Zolanza* (PA)

Afinitor*(PA)
Arimidex
Aromasin
Caprelsa* (PA)
Casodex*
Droxia
Fareston
Femara
Sylatron* (PA)
Targretin*
Tasigna* (PA)
Tykerb* (PA)
Votrient* (PA)
Zelboraf* (PA)
Zytiga* (PA)

Performance Prescription Drug List

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR		
BLOOD THINNER/ANTI-CLOTTING		
anagrelide*	Aggrenox	Agrylin*
cilostazol	Arixtra	Brilinta
dipyridamole	Effient	Jantoven
enoxaparin	Fragmin	Lovenox
fondaparinux	Innohep	Pletal
heparin	Plavix	Pradaxa
ticlopidine		Xarelto
warfarin		
HIGH BLOOD PRESSURE/HEART MEDICATIONS		
acebutolol HCl	Altace (caps)	Accupril
acetazolamide	Bystolic	Accuretic
amiloride HCl	Coreg CR	Aceon
amlodipine besylate	Diovan (PA, ST)	Atmurnide
apresoline	Diovan HCT (PA, ST)	Atacand (PA, ST)
atenolol	Exforge	Avalide (PA, ST)
benazepril HCl	Exforge HCT	Avapro (PA, ST)
benazepril HCl/amlodipine	Lanoxin	Azor
benazepril HCl/HCTZ	Multaq	Benicar (PA, ST)
bendroflumethiazide/nadolol	Procanbid	Benicar HCT (PA,ST)
betaxolol HCl	Tarka	Betapace AF
bisoprolol fumarate	Tekturna (PA, ST)	Cardura
bisoprolol/HCTZ	Tekturna HCT (PA, ST)	Cardura XL
bumetanide	Tikosyn	Catapres, Catapres TTS
captopril	Valturna (PA, ST)	Coreg
captopril/HCTZ		Corgard
carvedilol		Covera-HS
chlorothiazide		Cozaar (PA, ST)
chlorthalidone		Dynacirc CR
chlorthalidone/atenolol		Edarbi (PA, ST)
clonidine		Hyzaar (PA, ST)
clonidine HCl		Inderal LA
Clorpres		Innopran XL
diltiazem		Levatol
diltiazem 24HR ER		Lotensin
doxazosin mesylate		Lotensin HCT
enalapril maleate		Lotrel
enalapril maleate/HCTZ		Mavik
eplerenone		Micardis (PA, ST)
felodipine		Micardis HCT (PA, ST)
fosinopril sodium		Monopril
fosinopril sodium/HCTZ		Monopril HCT
furosemide		Nexiclon XR
guanabenz acetate		Nitromist
guanfacine		Norpace
hydralazine HCl		Norpace CR
hydralazine/HCTZ		Norvasc

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

CARDIOVASCULAR (CONTINUED)

HIGH BLOOD PRESSURE/HEART MEDICATIONS

hydralazine/reserpine/HCTZ
 hydrochlorothiazide
 hydrochlorothiazide/amilor HCl
 hydroflumethiazide
 indapamide
 isradipine
 labetalol HCl
 lisinopril
 lisinopril/HCTZ
 losartan potassium
 losartan potassium/HCTZ
 methazolamide
 methyldopa
 methyldopa/HCTZ
 metolazone
 metoprolol succinate
 metoprolol tartrate
 metoprolol/HCTZ
 minoxidil
 moexipril HCl
 moexipril HCl/HCTZ
 nadolol
 nicardipine HCl
 nifedipine
 nimodipine
 perindopril erbumine
 pindolol
 prazosin HCl
 propranolol HCl
 propranolol/HCTZ
 quinapril
 quinapril HCl/HCTZ
 ramipril (caps only)
 rauwolfia serpentina/BFMTZ
 reserpine
 reserpine/HCTZ
 sotalol HCl
 spironolactone
 spironolactone/HCTZ
 terazosin HCl
 timolol maleate
 torsemide
 trandolapril
 trandolapril/verapamil HCl
 triamterene/HCTZ
 verapamil
 verapamil SR

Prinivil
 Prinzide
 Ranexa
 Rythmol SR
 Sular
 Tekamlo
 Teveten (PA, ST)
 Teveten HCT (PA, ST)
 Toprol XL
 Tribenzor
 Uniretic
 Univasc
 Vasoretic
 Vasotec
 Verelan
 Zestoretic
 Zestril

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
CARDIOVASCULAR (CONTINUED)		
OTHER		
amiodarone digoxin disopyramide flecainide isosorbide dinitrate isosorbide mononitrate nitroglycerin procainamide propafenone SR	Nitrolingual spray	
CHOLESTEROL LOWERING		
atorvastatin cholestyramine powder colestipol fenofibrate fenofibric acid gemfibrozil lovastatin pravastatin simvastatin	Lescol Lescol XL Lovaza Niaspan Simcor Trilipix Vytorin Welchol Zetia	Advicor Altoprev Caduet (1/1/2012) Cholestyramine Light Colestid Crestor (PA, ST) Fenoglide Lipitor Livalo (PA, ST) Lofibra Mevacor Pravachol TriCor Zocor
DEPRESSION		
amitriptyline bupropion bupropion SR citalopram desipramine fluoxetine fluvoxamine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone venlafaxine venlafaxine XR	Cymbalta Lexapro Pristiq Wellbutrin XL	Aplenzin Celexa Effexor XR Emsam Luvox CR Marplan Paxil Paxil CR Prozac Remeron Sarafem Selfemra Tofranil Viibryd Vivactil Wellbutrin Wellbutrin SR Zoloft

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

DIABETES

acarbose
 acetoexamide
 chlorpropamide
 glimepiride
 glipizide
 glipizide/metformin
 glucagon
 glyburide
 glyburide/metformin
 glyburide micronized
 metformin
 nateglinide
 tolazamide
 tolbutamide

ACCU-CHEK Test Strips
 Actoplus met
 Actos
 Apidra
 Apidra SoloStar
 BD Insulin Syringes/
 Pen Needles
 Byetta
 Duetact
 Fortamet
 GlucaGen HypoKit
 Humalog
 Humulin
 Janumet
 Januvia
 Kombiglyze XR
 Lantus
 Lantus SoloStar
 Levemir
 NovoFine needles
 Novolin
 Novolog
 One Touch test strips
 Onglyza
 Prandimet
 Prandin
 SymlinPen (QL)
 Victoza

Amaryl
 Avandamet
 Avandaryl
 Avandia
 Cycloset
 Glucophage XR
 Glycron
 Glyset
 Metaglip
 Precose
 Starlix
 Tradjenta

ENDOCRINE AND METABOLIC – OTHER

allopurinol
 cabergoline
 desmopressin
 fluoxymesterone
 octreotide*

Colcrys
 Increlex* (PA)
 Lupron Depot-PED*
 Megace ES
 Nilandron
 Sandostatin LAR*
 Sandostatin*
 Somavert (PA)

Egrifta* (PA)
 Somatuline Depot (PA)

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
EYE CONDITIONS		
atropine azelastine brimonidine bromfenac ciprofloxacin diclofenac dorzolamide dorzolamide/timolol flurbiprofen ketorolac latanoprost levobunolol levofloxacin pilocarpine timolol tobramycin/dexamethasone trifluridine	Alomide Alphagan P 0.10% AzaSite Azopt Betimol Betoptic S Ciloxan (ointment) Iopidine Lotemax Maxidex Moxeza Pataday Patanol Restasis Tobradex ointment Travatan Z Vexol Vigamox	Acular LS Alamast Alocril Alrex Bepreve Besivance Ciloxan (drops) Cosopt Durezol Elestat Emadine Iquix Lastacaft Optivar Timoptic Tobradex Tobradex ST Trusopt Voltaren Xalatan
GASTROINTESTINAL (NOT HEARTBURN/ULCER)		
balsalazide PEG 3350/potassium/sodium bicarb/salt PEG 3350/potassium/sodium bicarb/salt/sodium sulf	Apriso Asacol Asacol HD Canasa Creon Entocort EC GoLytely Humira* (PA) Lialda Pentasa Urso/Urso Forte	Amitiza Cimzia* (PA) Colazal Colyte NuLytely Pancreaze Relistor Remicade* (PA) Sucraid* Zenpep
GROWTH HORMONES		
	Humatrope* (PA) Saizen* (PA)	Genotropin* (PA) Norditropin* (PA) Nordiflex* (PA) Nutropin* (PA) Nutropin AQ* (PA) Omnitrope* (PA) Serostim* (PA) Tev-Tropin* (PA)

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

HEARTBURN/ULCER

cimetidine
 famotidine
 lansoprazole
 metoclopramide
 misoprostol
 nizatidine
 omeprazole
 omeprazole/sodium bicarbonate
 pantoprazole
 ranitidine
 sucralfate

Aciphex
 Nexium
 Prevpac

Dexilant (PA, ST)
 Helidac
 Prevacid (PA, ST)
 Prilosec (PA, ST)
 Protonix (PA, ST)
 Zantac Effertab
 Zantac Syrup
 Zegerid (PA, ST)

HORMONE REPLACEMENT

estradiol
 estropipate
 ethinyl estradiol
 levothyroid
 levothyroxine
 Levoxyl
 liothyronine
 medroxyprogesterone
 testosterone cypionate
 testosterone enanthate
 thyroid
 Unithroid

Alora
 Anadrol-50
 Androderm
 AndroGel
 Armour Thyroid
 Divigel
 Enjuvia
 Estraderm
 Menest
 Premarin
 Premphase
 Prempro
 Prometrium
 Synthroid
 Testim
 Vivel-Dot

Activella
 Axiron
 Cenestin
 Combipatch
 Cytomel
 Depot Testosterone
 Femhrt
 Femring
 Fortesta
 Prefest
 Vagifem

Performance Prescription Drug List

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

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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MIGRAINE

acetaminophen/caffeine/
butalbital
naratriptan (QL)
sumatriptan (QL)

Maxalt (QL)
Maxalt MLT (QL)
Treximet (QL)

Alsuma (QL)
Amerge (QL)
Axert (QL)
DHE 45
Frova (QL)
Imitrex (QL)
Migranal (QL)
Relpax (QL)
Sumavel DosePro (QL)
Zomig/Zomig ZMT (QL)

MULTIPLE SCLEROSIS

Ampyra* (PA)
Avonex* (PA)
Copaxone* (PA)
Rebif* (PA)

Betaseron* (PA)
Extavia* (PA)
Gilenya* (PA)

NAUSEA AND VOMITING

dronabinol
granisetron (injection)
granisetron (tabs,
solution) (QL)
ondansetron (inj)
ondansetron (tabs,
solution) (QL)
prochlorperazine
promethazine
trimethobenzamide

Emend (QL)

Anzemet (inj)
Anzemet (tabs) (QL)
Kytril (inj)
Kytril (tabs, solution) (QL)
Marinol
Sancuso (QL)
Scopace
Zofran (inj)
Zofran (tabs, solution) (QL)
Zuplenz (QL)

OSTEOPOROSIS

alendronate
(Fortical) calcitonin-salmon

Boniva*
Evista
Forteo*
Miacalcin

Actonel
Atelvia
Fosamax
Fosamax Plus D
Skelid

Performance Prescription Drug List

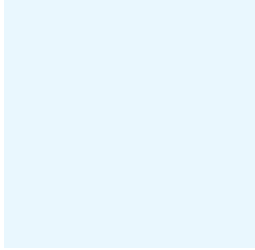
GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
PAIN RELIEF AND INFLAMMATORY DISEASE		
buprenorphine	Actimmune* (PA)	Abstral (QL)
butorphanol nasal (QL)	Avinza	Actiq (QL)
codeine phos/carisoprodol/asa	Celebrex	Arthrotec (PA, ST)
codeine phosphate	Dilaudid-5	Butrans (QL)
codeine phosphate/aspirin	Dipentum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

GENERICS

PREFERRED BRANDS

NON-PREFERRED BRANDS

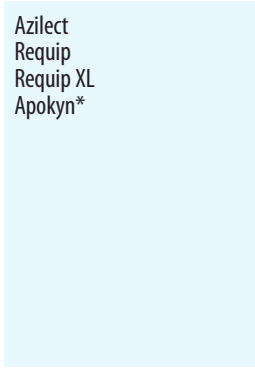
PAIN RELIEF AND INFLAMMATORY DISEASE (CONTINUED)



Voltaren Gel (PA, ST)
 Voltaren XR
 Xodol
 Xolox
 Zamicet
 Zolvit
 Zydone

PARKINSON DISEASE

amantadine
 benzotropine
 bromocriptine
 carbidopa/levodopa
 carbidopa/levodopa SA
 pramipexole
 ropinirole
 selegiline

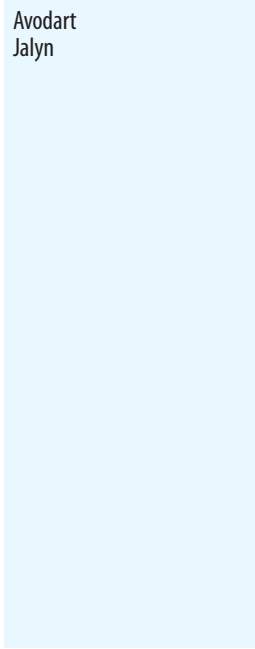


Azilect
 Requip
 Requip XL
 Apokyn*

Comtan
 Eldepryl
 Lodosyn
 Mirapex
 Mirapex ER
 Stalevo
 Tasmar
 Zelapar

PROSTATE

alfuzosin
 doxazosin
 finasteride
 leuprolide acetate*
 prazosin
 tamsulosin
 terazosin



Avodart
 Jalyn

Firmagon
 Flomax
 Proscar
 Rapaflo
 Uroxatral
 Zoladex*
 Zytiga* (PA)

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SCHIZOPHRENIA		
clozapine haloperidol loxapine olanzapine risperidone thiothixene	Seroquel Seroquel XR	Abilify Abilify Discmelt Clozaril Fanapt Fazaclo Geodon Invega Latuda Moban Orap Risperdal Saphris Zyprexa
SEIZURE		
carbamazepine clonazepam diazepam divalproex gabapentin lamotrigine levetiracetam topiramate valproate zonisamide	Celontin Diastat Diastat Acudial Felbatol Gabitril Keppra Lamictal Lyrica Peganone	Banzel Carbatrol Depakote (all forms) Keppra XR Neurontin Stavzor Tegretol XR Topamax Trileptal Vimpat Zonegran
SEXUAL DYSFUNCTION		
	Muse Viagra (QL)	Caverject Cialis (QL) Edex (QL) Levitra (QL) Staxyn (QL)

GENERIC

PREFERRED BRANDS

NON-PREFERRED BRANDS

SKIN CONDITIONS

adapalene
 alclometasone dipropionate
 amcinonide
 Amnesteem
 Apexicon E (diflorasone diacetate)
 betamethasone
 betamethasone dipropionate
 betamethasone dipropionate/propylene glycol
 betamethasone valerate
 calcipotriene
 clobetasol propionate
 clobetasol propionate/emoll
 desonide
 desoximetasone
 diflorasone diacetate
 fluocinolone acetonide
 fluocinonide/emollient
 fluorouracil topical
 fluticasone propionate
 halobetasol prop/ammonium lac
 halobetasol propionate
 hydrocortisone
 hydrocortisone acetate/alo ver
 hydrocortisone acetate/urea
 hydrocortisone butyrate
 hydrocortisone valerate
 imiquimod
 isotretinoin
 metronidazole
 mometasone furoate
 podofilox
 prednicarbate
 Sotret
 sulfacetamide
 tretinoin
 triamcinolone acetonide

Benzaclin
 Benzamycin Pak
 Carac
 Cloderm
 Derma-Smoothe/FS
 Differin
 Dovonex cream
 Duac
 Enbrel* (PA)
 Exelderm
 Fluoroplex
 Furacin
 Humira* (PA)
 Kenalog spray
 Locoid (lotion)
 Locoid Lipocream
 Loprox shampoo
 Metrogel 1%
 Noritate
 Oracea
 Retin-A Micro
 Soriatane
 Tazorac
 Capex Shampoo
 Carmol HC
 Carmol 40
 Carmol scalp
 Cordran
 Cordran SP
 Klaron
 Nucort
 Texacort

Acanya
 Aclovate
 Aldara
 Apexicon
 Aphthasol
 Atralin
 Benzefoam
 Clindacin Pac
 Clobox
 Condylox
 Cutivate
 Delos
 Dermatop
 Desonate
 Desowen
 Diprolene
 Diprolene AF
 Elidel
 Elocon
 Epiduo
 First Hydrocort
 Halog
 Luxiq
 Metroloction
 Momexin
 Nuzon
 Olux
 Olux-e
 Pandel
 Panretin
 PEDIADERM HC
 Protopic
 Regranex (PA)
 Remicade (PA)
 Rosula
 Scalacort DK
 Stelara*(PA)
 Taclonex
 Targretin gel
 Temovate
 Topicort
 Topicort LP
 Ultravate
 Ultravate PAC
 Vanos
 Vectical
 Verdeso
 Westcort
 Xolegel

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
SKIN CONDITIONS (CONTINUED)		
		Xolegel Corepak Ziana Zyclara (PA, ST)
SLEEP		
zaleplon (QL) zolpidem (QL) zolpidem ER (QL)	Silenor	Ambien (PA, ST) (QL) Ambien CR (PA, ST) (QL) Edluar (PA, ST) (QL) Lunesta (PA, ST) (QL) Rozerem (PA, ST) (QL) Sonata (PA, ST) (QL) Zolpimist (PA, ST) (QL)
TRANSPLANT		
azathioprine* cyclosporine* mycophenolate moefetil* tacrolimus*	Azasan* Cellcept* Neoral* Prograf* Rapamune* Sandimmune*	Imuran* Myfortic* Zortress

VITAMINS

All plans cover all generic prescription prenatal vitamins, even though not listed here.

calcitriol	Citranatal
cyanocobalamin	Duet
folic acid	Duet DHA
	Duet DHA EC Stuartna
	Duet DHA Stuartnatal
	Duet Stuartnatal
	Foltabs Prenatal Plus D
	Gesticare
	Gesticare DHA
	Natachew
	Natafort
	Neevo
	OB Complete
	OB Complete DHA
	Precare
	Precare Conceive
	Precare Premier
	PreferaOB
	Prenatal Vitamin
	Stuart Prenatal
	Stuartnatal Plus
	Stuartnatal Plus 3
	Tricare DHA
	Viva DHA

Performance Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
MISCELLANEOUS		
<p><i>Please check your enrollment materials to determine whether this medication is covered under your specific plan.</i></p>		
aminocaproic acid* cyclobenzaprine leucovorin* levocarnitine lindane megestrol methocarbamol naltrexone pentoxifylline pramoxine/hydrocortisone tizanidine	Analpram Advanced Analpram HC Analpram-E Anamantle HC Forte Aranesp* (PA) Epogen* (PA) Follistim AQ* (PA) Fosrenol Pramosone Procrit* (PA) Proctofoam-HC Renvela Rilutek* TussiCaps Tussionex Uloric Zavesca (PA) Zemplar*	Arcalyst* (PA) Cortifoam Cuvposa Epifoam Ilaris* (PA) Kuvan* (PA) Natroba Nimotop Nuedexta Phoslo Phoslyra Promacta* (PA) Renagel Ulesfia Zanaflex Zutripro

EXCLUSIONS & LIMITATIONS

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

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

† In some states, employer-funded plans may be administered by Connecticut General Life Insurance company.



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