

STANDARD PRESCRIPTION DRUG LIST



More generics and lower-cost brands to help you stay healthy and save money

Your prescription drug list

Your plan will be using a different prescription drug list – it's our enhanced Standard Prescription Drug List.

You'll notice that your new drug list includes more generic and lower-cost brand medications. Generic medications offer the same strength and active ingredients as the brand name but often cost much less – in some cases, they could cost 80%–85% less.¹

Medications where you may pay more

Starting January 1, 2017, the medications listed below will be non-preferred on the Standard Prescription Drug List. If you're currently taking one of these medications, you may pay more to fill your prescription. These medications include, but are not limited to:

DRUG CLASS	NON-PREFERRED BRAND MEDICATION	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
CANCER	Gleevec	imatinib mesylate
CHOLESTEROL MEDICATIONS	Lescol XL	generic statins
PAIN RELIEF AND INFLAMMATORY DISEASE	Nucynta ER	Hysingla ER, OxyContin, Xtampza ER

Medications not covered*

Starting January 1, 2017, the brand name medications listed below will not be covered on the Standard Prescription Drug List.* If you continue to fill a prescription for any of these medications, on or after this date, it won't be covered and you'll have to pay the full cost of the medication.

DRUG CLASS	BRAND MEDICATION NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ALLERGY/NASAL SPRAYS	Beconase AQ, Dymista, Nasonex, Omnaris, QNASL, Veramyst, Zetonna	budesonide, flunisolide, fluticasone propionate, mometasone furoate, triamcinolone acetonide
	QNASL Children	budesonide, fluticasone propionate, triamcinolone acetonide
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Aplenzin, Wellbutrin XL	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pexeva	paroxetine

Together, all the way.[®]



Para obtener ayuda en español llame al número en su tarjeta de Cigna.

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DRUG CLASS	BRAND MEDICATION NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ASTHMA/COPD/RESPIRATORY	Alvesco, Arnuity Ellipta, Asmanex, Asmanex HFA, Flovent Diskus, Flovent HFA	Pulmicort Flexhaler, QVAR
	Dulera	Advair Diskus, Advair HFA, Breo Ellipta, Symbicort
	Incruse Ellipta, Tudorza Pressair	Spiriva, Spiriva Respimat
	Proventil HFA, Xopenex HFA	ProAir HFA, ProAir Respiclick, Ventolin HFA
BLOOD PRESSURE/HEART MEDICATIONS	Cardizem CD	cartia XT, diltiazem 24hr CD, diltiazem 24hr ER
CHOLESTEROL MEDICATIONS	Lipitor	atorvastatin
DIABETES	ACCU-CHEK test strips, Breeze test strips, Contour test strips, Freestyle test strips, Precision test strips	OneTouch test strips
	Afrezza, Apidra	Humalog, Novolog
	Fortamet, Glumetza, metformin ER (when filled as generic to Glumetza)	metformin ER (when filled as generic to Glucophage XR or generic to Fortamet)
	Jardiance	Farxiga, Invokana
	Glyxambi, Jentaduetto, Kazano, Nesina, Oseni, Tradjenta	Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
	Tanzeum, Victoza	Bydureon, Byetta, Trulicity
GASTROINTESTINAL/HEARTBURN	Asacol HD, Colazal, Delzicol, Dipentum, Giazol	Apriso, balsalazide, Lialda, mesalamine, Pentasa, sulfasalazine
	Nexium	esomeprazole magnesium
	Prevacid	esomeprazole magnesium, lansoprazole, omeprazole, omeprazole+syrspend sf alka, pantoprazole sodium, rabeprazole sodium
	Zegerid	omeprazole, omeprazole+syrspend sf alka, omeprazole-sodium bicarbonate
HORMONAL AGENTS	Axiron, Fortesta, Natesto, Testim, Vogelxo	Androgel, testosterone
	Genotropin, Norditropin Flexpro, Nutropin AQ, Omnitrope, Saizen, Zomacton	Humatrope
	Rayos	prednisone, prednisone intensol
INFECTIONS	Acticlate, Adoxa, Doryx, Minocin, Monodox, Oracea, Solodyn, Vibramycin	avidoxy, demeclocycline, doxycycline, minocycline, monodoxyne, morgidox, tetracycline
	Bethkis, Tobi	Kitabis Pak, tobramycin
	Sitavig	acyclovir
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	baclofen, carisoprodol, cyclobenzaprine, methocarbamol, tizanidine
	Belbuca	Butrans
	diclofenac 1.5% solution, klofensaid II, Pennsaid	diclofenac 1% gel, generic oral NSAIDs (diclofenac, ibuprofen, meloxicam, naproxen)
	Duexis, Vimovo	generic NSAIDs (celecoxib, ibuprofen, meloxicam, naproxen)
	Treximet	generic triptans (naratriptan, sumatriptan, zolmitriptan) plus a generic NSAID (ibuprofen, meloxicam, naproxen)
	Zembrace Symtouch	sumatriptan
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify, Abilify ODT	aripiprazole

DRUG CLASS	BRAND MEDICATION NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS	Absorica	claravis, myorisan, zenatane
	Benzaclin, Duac	clindamycin-benzoyl peroxide, neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin phosphate
	Jublia, Kerydin	ciclodan, ciclopirox, itraconazole, terbinafine
	Noritate	metronidazole, rosadan
	Zovirax	acyclovir
	Zyclara	imiquimod
SLEEP DISORDERS/SEDATIVES	Edluar, Intermezzo	zolpidem tartrate, zolpidem tartrate ER
SUBSTANCE ABUSE	Evzio	naloxone vial & PFS, Narcan
URINARY TRACT CONDITIONS	Myrbetriq, Toviaz, VESIcare	darifenacin ER, oxybutynin chloride ER, tolterodine tartrate ER, trospium chloride ER

* These medications aren't covered on your drug list. Your prescription drug plan requires approval from Cigna for these medications to be covered. If your doctor feels that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

What these changes mean for you

- › You should talk to your doctor to find out which of the covered generic or preferred brand alternatives will work for you.
- › You can also use the Drug Cost tool on **myCigna.com** to see how these changes may affect the cost of your medication.



If you have questions, please call customer service using the number on the back of your Cigna ID card. We're here to help.



1. U.S. Food and Drug Administration (FDA) website, "Facts About Generic Drugs." Retrieved 06/19/15.

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, the prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

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