

CIGNA VALUE PRESCRIPTION DRUG LIST



Four-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.

Your four-tier prescription drug list

A four-tier prescription drug list splits medications into four 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 four-tier plan. If one's available, you should consider switching to a generic to treat your condition. Your generic copay or coinsurance will apply to 1st tier medications except for those found on the Cigna 2017 Preventive Generics Drug List and the Cigna 2017 No Cost-Share Preventive Medications List.

2nd Tier – Preferred Brand Medications will usually cost you more than a generic, but may cost less than a non-preferred brand medication on a four-tier plan. Your brand copay or coinsurance will apply to 2nd tier medications.

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 on a four-tier plan. Your brand copay or coinsurance will apply to 3rd tier medications.

4th Tier – Specialty Medications that are self-injected are covered under the 4th tier. This includes, but is not limited to, injectables to treat multiple sclerosis,

arthritis, and other conditions listed on pages 11-12. Please refer to pages 3-10 for tier information for oral specialty medications.

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, 2017.

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*

[^] 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.



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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 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.

GEN: **Gender** means this medication is only covered if you meet specific gender requirements.

* Medications marked with an asterisk are considered to be specialty medications. Under your Cigna prescription drug plan, you can fill one prescription for most specialty medications at a retail pharmacy. After that, your specialty medication will only be covered when you use Cigna Specialty Pharmacy Services. Refer to your plan documents or log in to myCigna.com for more information.

** This medication is an oral specialty drug. Under your Cigna prescription drug plan, you can fill one prescription for most specialty medications at a retail pharmacy. After that, your specialty medication will only be covered when you use Cigna Specialty Pharmacy Services. Refer to your plan documents or log in to myCigna.com 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

This drug list only covers generic prescription options 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, Prevacid, Prilosec), and
- › Medications (non-sedating antihistamines) to treat allergies (ex., Allegra, Clarinex, Xyzal).

^{*} 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 research thousands of available medications
- › Compare medication prices using the Prescription Drug Price Quote tool
- › Ask a pharmacist questions
- › And much, much more.

Save time with the convenience of Cigna Home Delivery Pharmacy

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
- › 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. 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.

VALUE PRESCRIPTION DRUG LIST FOUR-TIER PLAN

Generics	Preferred Brands	Non-Preferred Brands
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AIDS/HIV

lamivudine**	Atripla**	Complera**
lamivudine-zidovudine**	Epzicom**	Genvoya**
nevirapine**	Intelence**	Odefsey**
nevirapine ER**	Isentress**	Prezcobix**
	Kaletra**	Stribild**
	Norvir**	Tivicay**
	Prezista**	Triumeq**
	Reyataz**	
	Selzentry**	
	Sustiva**	
	Truvada**	
	Viread**	

ALLERGY/NASAL SPRAYS

azelastine	EpiPen 2-pak (QL)	Astepro
budesonide	EpiPen Jr 2-pak (QL)	Bactroban Nasal
cetirizine		
desloratadine		
epinephrine (QL)		
fexofenadine		
fluticasone		
hydroxyzine		
ipratropium		
levocetirizine		
mometasone		
olopatadine		
promethazine		

ALZHEIMER'S DISEASE

donepezil		Mestinon
donepezil ODT		Namenda
memantine		Namenda XR
pyridostigmine		Namzaric
pyridostigmine ER		
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Brisdelle (QL)
alprazolam ER		Celexa (ST)
alprazolam intensol		Effexor XR (ST)
alprazolam ODT		Fetzima (ST)
alprazolam XR		Forfivo XL (ST)
amitriptyline		Irenka (ST)
bupropion		Prozac (ST)
bupropion SR		Prozac Weekly (ST)
bupropion XL		Sarafem (ST)

Generics	Preferred Brands	Non-Preferred Brands
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ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.)

buspirone		Venlafaxine ER
citalopram		Viibryd (ST)
clomipramine		Wellbutrin SR (ST)
diazepam		Xanax
duloxetine		Xanax XR
escitalopram		
fluoxetine DR		
fluoxetine		
fluvoxamine		
fluvoxamine ER		
lorazepam		
lorazepam intensol		
paroxetine		
sertraline		
trazodone		
venlafaxine		
venlafaxine ER		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Adcirca** (PA)
budesonide	Advair HFA	Adempas** (PA)
ipratropium-albuterol	Anoro Ellipta	Combivent Respimat
levsalbuterol	Breo Ellipta	Kalydeco** (PA)
montelukast	ProAir HFA	Letairis** (PA)
	ProAir Respiclick	Opsumit** (PA)
	QVAR	Orenitram ER** (PA)
	Spiriva	Orkambi** (PA)
	Spiriva Respimat	Pulmicort
	Stiolto Respimat	Pulmozyme** (PA)
	Striverdi Respimat	Tracleer** (PA)
		Tyvaso** (PA)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

dexmethylphenidate	Adderall XR	Adderall (ST)
dexmethylphenidate ER		Adzenys XR-ODT (ST)
dextroamphetamine-amphet ER		Aptensio XR (ST)
dextroamphetamine-amphetamine		Concerta (ST)
guanfacine ER		Daytrana (ST)
metadate ER		dextroamphetamine-amphet ER
methylphenidate ER		Dyanavel XR (ST)
methylphenidate CD		Focalin (ST)
methylphenidate LA		Focalin XR (ST)
		Metadate CD (ST)
		Methylin (ST)
		Quillichew ER (ST)
		Quillivant XR (ST)
		Ritalin (ST)
		Ritalin LA (ST)
		Strattera

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
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BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid**	Aranesp* (PA) Droxia	Amicar** Promacta** (PA)
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BLOOD PRESSURE/HEART MEDICATIONS

afeditab CR	Azor	BiDil
amiodarone	Benicar (ST)	Cardizem LA
amlodipine	Benicar HCT (ST)	Hemangeol
amlodipine-benazepril	Coreg CR	Inderal LA
amlodipine-valsartan	Corlanor (PA)	Inderal XL
amlodipine-valsartan-HCTZ	Entresto (PA) Tribenzor	Innopran XL Multaq
atenolol		Nitro-Dur
atenolol-chlorthalidone		Nitrolingual
benazepril		Nitromist
benazepril-HCTZ		Nitrostat
candesartan		Northera** (PA)
cartia XT		Norvasc
carvedilol		Ranexa (ST)
clonidine		Tiazac
digitek		Tikosyn
digox		Toprol XL
digoxin		
diltiazem CD		
diltiazem ER		
diltiazem		
dilt-XR		
enalapril		
flecainide		
hydralazine		
irbesartan		
isosorbide		
mononitrate		
isosorbide		
mononitrate ER		
labetalol		
lisinopril		
lisinopril-HCTZ		
losartan potassium		
losartan-HCTZ		
matzim LA		
metoprolol		
nadolol		
nifedical XL		
nifedipine		
nifedipine ER		
Pacerone		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
taztia XT		
telmisartan		
telmisartan-HCTZ		

Generics	Preferred Brands	Non-Preferred Brands
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BLOOD PRESSURE/HEART MEDICATIONS (cont.)

valsartan		
valsartan-HCTZ		
verapamil ER		
verapamil		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER	Brilinta Eliquis	Coumadin Effient
clopidogrel	Fragmin* (QL)	Pradaxa
enoxaparin* (QL)	Xarelto	
fondaparinux* (QL)		
jantoven		
warfarin		

CANCER

anastrozole	Afinitor** (PA)	Afinitor Disperz** (PA)
bexarotene**	Fareston	Arimidex
capecitabine**	Gleostine	Bosulif** (PA)
exemestane	Nexavar** (PA)	Cabometyx** (PA)
hydroxyurea	Revlimid** (PA)	Cometriq** (PA)
imatinib* (PA)	Sprycel** (PA)	Cotelliq** (PA)
letrozole	Sutent** (PA)	Erivedge** (PA)
mercaptopurine	Tarceva** (PA)	Femara
methotrexate tablet**	Targretin**	Gilotrif** (PA)
tamoxifen citrate	Tasigna** (PA)	Gleevec** (PA)
temozolomide** (PA)	Trexall**	Ibrance** (PA)
	Tykerb** (PA)	Iclusig** (PA)
		Imbruvica** (PA)
		Inlyta** (PA)
		Jakafi** (PA)
		Lonsurf** (PA)
		Lynparza** (PA)
		Ninlaro** (PA)
		Pomalyst** (PA)
		Stivarga** (PA)
		Tagrisso** (PA)
		Tasigna** (PA)
		Votrient** (PA)
		Xalkori** (PA)
		Xeloda**
		Xtandi** (PA)
		Zelboraf** (PA)
		Zykadia** (PA)
		Zytiga** (PA)

CHOLESTEROL MEDICATIONS

amlodipine-atorvastatin	Zetia	Korlym (PA)
atorvastatin		Lofibra 67, 134, 200mg
fenofibrate		Tricor
fenofibric acid		Vascepa (ST)
Lofibra 54, 160mg		Welchol
lovastatin		
niacin ER		

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
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CHOLESTEROL MEDICATIONS (cont.)

omega-3 acid ethyl esters		
pravastatin		
rosuvastatin		
simvastatin		

CONTRACEPTIVE PRODUCTS

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

blisovi 24 FE	Beyaz	Estrostep FE
blisovi FE	Lo Loestrin FE	Loestrin FE
drosiprenone-ethinyl estradiol	LoSeasonique	Microgestin 24 FE
estarylla	Minastrin 24 FE	NuvaRing
gianvi	Seasonique	Skyla*
gildess 24 FE	Taytulla	
gildess FE		
junel FE		
junel FE 24		
larin 24 FE		
larin FE		
lomedina 24 FE		
loryna		
microgestin FE		
mono-lynyah		
mononessa		
nikki		
norethin-eth estra-ferrous fum		
norgestimate-ethinyl estradiol		
ocella		
previfem		
sprintec		
syeda		
tarina FE		
tilia FE		
tri-estarylla		
tri-legest fe		
tri-lynyah		
tri-lo-estarylla		
tri-lo-marzia		
tri-lo-sprintec		
trinessa		
Trinessa LO		
tri-previfem		
tri-sprintec		
vestura		
zarah		

COUGH/COLD MEDICATIONS

benzonatate		Flowtuss
bromfed DM		Hycufenix
brompheniramine-pseudoephed-DM		Tussionex
hydrocodone-homatropine		Tuzistra XR

Generics	Preferred Brands	Non-Preferred Brands
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COUGH/COLD MEDICATIONS (cont.)

hydrocodone-chlorpheniramine ER		
hydrocodone-homatropine		
hydromet		
promethazine-codeine		
tussion		

DENTAL PRODUCTS

chlorhexidine		
doxycycline		
oralone		
paroex		
peridex		
periogard		
triamcinolone		

DIABETES

Generic diabetes medications and diabetic supplies are covered at \$0.

BD syringes/pen needles	Glucagen	Glucophage
glimepiride	HypoKit (QL)	Glucophage XR
glipizide	Glucagon Emergency Kit (QL)	Riomet
glipizide ER	Humalog	VGo
glipizide XL	Humulin	
metformin	Invokamet	
metformin ER	Invokana	
NovoFine	Janumet	
NovoTwist	Janumet XR	
pioglitazone-metformin	Januvia	
TechLite pen needles	Kombiglyze XR	
	Lantus	
	Lantus SoloStar	
	OneTouch test strips	
	Onglyza	
	SymLinPen	
	Toujeo SoloStar	
	Trulicity (QL)	

DIURETICS

acetazolamide		Aldactone
chlorthalidone		Dyazide
eplerenone		Edecrin
furosemide		Lasix
hydrochlorothiazide		Maxzide
spironolactone		Samsca
triamterene-HCTZ		

EAR MEDICATIONS

fluocinolone oil		Cipro HC
neomycin-polymyxin-hydrocortisone		Ciprodex
		Coly-mycin S
		Cortane-B
		Dermotic

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
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ERECTILE DYSFUNCTION

	Cialis (QL)	Muse (QL) Viagra (QL)
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EYE CONDITIONS

azelastine	Simbrinza	Acuvail
brimonidine	Travatan Z	Alphagan P
ciprofloxacin		Alex
dorzolamide-timolol		Azasite
erythromycin		Azopt
fluorometholone		Bepreve
gatifloxacin		Besivance
gentak		Betimol
gentamicin		Betoptic S
ketorolac		Combigan
latanoprost		Cosopt PF
neomycin-polymyxin-dexameth		Cystaran
ofloxacin		Durezol
olopatadine		Ilevro
polymyxin b sul-trimethoprim		Lastacast
prednisolone		Lotemax
timolol		Moxeza
tobramycin		Nevanac
tobramycin-dexamethasone		Omnipred
		Pataday
		Patanol
		Pazeo
		Pred Forte
		Pred Mild
		Prolensa
		Restasis
		Tobradex
		Tobradex ST
		Vigamox
		Xalatan
		Xiidra
		Zioptan (ST)
		Zirgan
		Zylet

FEMININE PRODUCTS

fem pH		AVC
gynazole 1		Relagard
miconazole 3		Terazol
terconazole		
zazole		

GASTROINTESTINAL/HEARTBURN

alosetron (GEN)	Apriso	Amitiza
anucort-HC	Creon	Canasa
balsalazide	Lialda	Carafate
chlordiazepoxide-clidinium	Pentasa	Cholbam** (PA)
dicyclomine	Zenpep	Colyte
dronabinol		Diclegis
esomeprazole		Donnatal
		Emend** (QL)

Generics	Preferred Brands	Non-Preferred Brands
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GASTROINTESTINAL/HEARTBURN (cont.)

famotidine		GoLyteLy
hemmorex-HC		Linzess
hydrocortisone		Lotronex (GEN)
lansoprazole		Movantik (PA)
lansoprazole-amoxicillin-clarithromycin (combo pak)		Moviprep
mesalamine		Osmoprep
metoclopramide		Pancreaze
metoclopramide ODT		Pertzye
omeprazole		Pertzye
omeprazole/sodium bicarbonate		Prepopik
ondansetron		Pylera
ondansetron ODT		Ravicti
pantoprazole		Rectiv
phenadoz		Sancuso (QL)
procto-med HC		Sensipar**
procto-pak		sRowasa
proctosol-HC		Suprep
proctozone-HC		Transderm-Scop
promethazine		Varubi** (QL)
promethegan		Viberzi
rabeprazole		Viokace
ranitidine		
sucralfate		
ursodiol		

HORMONAL AGENTS

budesonide EC	Androgel (QL)	Activella
cabergoline (QL)	Depo-Testosterone	Alora
covaryx	Duavee	Androderm (QL)
covaryx H.S.	Forteo*	Armour Thyroid
desmopressin	Ganirelix*	Climara
dexamethasone	Premarin	Climara Pro
dexamethasone	Premphase	Combipatch
intensol	Prempro	Cytomel
EEMT	Sandostatin LAR	Deltasone
EEMT H.S.	Depot* (PA)	Divigel
estradiol		Elestrin
estradiol-norethindrone		Enjuvia
estrogen & methyltestosterone		Entocort EC
levothyroxine		Estrace
levoxyl		Estring
liothyronine		Estrogel
lopreeza		Evamist
medroxyprogesterone		Femring
methylprednisolone		Menostar
millipred		Minivelle
millipred DP		Osphena
mimvey		Striant (QL)
mimvey LO		Synthroid
		Tirosint
		Unithroid

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
HORMONAL AGENTS (cont.)		
nature-throid NP thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone testosterone westhroid WP thyroid		Vagifem Vivelle-Dot

INFECTIONS		
acyclovir adefovir** amoxicillin amoxicillin ER amoxicillin-clavulanate ER amoxicillin-clavulanate atovaquone atovaquone-proguanil (PA) avidoxy azithromycin cefdinir cefixime cefprozil cefuroxime cephalexin ciprofloxacin clarithromycin clarithromycin ER clindamycin doxycycline doxycycline IR-DR entecavir** erythromycin famciclovir fluconazole hydroxychloroquine itraconazole levofloxacin linezolid (PA) metronidazole minocycline minocycline ER Moderiba** mondoxylene NL morgidox moxifloxacin nitrofurantoin nystatin penicillin sulfamethoxazole-trimethoprim terbinafine tetracycline tinidazole	Baraclude solution** Daklinza** (PA) Harvoni** (PA) Kitabis Pak** Sovaldi** (PA) Tamiflu (QL) Thalomid** (PA)	Albenza Alinia Bactrim Bactrim DS Baraclude tablet** Cayston** Ceftin Cipro Cleocin Clindesse Daraprim (PA) Difcid (PA) Diflucan E.E.S. Eryped Ery-Tab Metrogel-vaginal Monurol Noxafil Nuversa PCE Plaquenil Sporanox Stromectol Sulfatrim Suprax Tobi Podhaler** Urelle Uretron D-S Uribel Urogesic-blue Uta Valcyte Valtrex Vibramycin Viekira Pak** (PA) Xifaxan Zepatier* (PA) Zithromax Zithromax Tri-pak Zmax Zovirax Zyvox (PA)

Generics	Preferred Brands	Non-Preferred Brands
INFECTIONS (cont.)		
tobramycin** valacyclovir valganciclovir vancomycin vandazole voriconazole (PA)		

MISCELLANEOUS		
naltrexone pulmosal sodium chloride	Cerdelga*** (PA)	Addyi (QL) Esbriet* (PA) Exjade** Hyper-Sal Jadenu* Kuvan** (PA) Nebusal Nuedexta Orfadin** Syprine Xenazine** (PA) Zavesca** (PA)

MULTIPLE SCLEROSIS		
	Ampyra** (PA) Aubagio** (PA) Gilenya** (PA) Tecfidera** (PA)	

NUTRITIONAL/DIETARY		
calcitriol calcium cyanocobalamin injection folic acid Klor-Con m10 m20 Klor-Con sprinkle k-sol pvn-DHA potassium chloride prena1 pearl prenatal plus prenatal vitamin plus low iron preplus rulavite DHA virt-pn DHA vitamin d2 zatean-pn DHA	Fosrenol Mephyton Nascobal Nestabs DHA OB Complete Prefera OB Renvela	Auryxia CitraNatal Concept DHA Feriva 21-7 Ferralet 90 Integra Plus Klor-Con 8, 10 meq Klor-Con M15 K-tab ER OB Complete Gold Phoslyra Prenatabs FA Prenate Renagel Select-OB + DHA Velphoro Vitafof vitaMedMD vitaPearl

OSTEOPOROSIS PRODUCTS		
alendronate ibandronate raloxifene risedronate		Actonel (ST) Atelvia (ST) Evista

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
PAIN RELIEF AND INFLAMMATORY DISEASE		
acetaminophen-codeine	Alsuma (QL) Butrans (QL)	Abstral (PA) Actiq (PA)
acitretin	D.H.E. 45 (QL)	Analpram HC
allopurinol	Hysingla ER (QL)	Celebrex (QL)
baclofen	Imitrex (QL)	Colchicine
butalb-acetaminoph-caff-codein	Oxycontin (QL)	Colcrys
butalbital-acetaminophen-caffe	Xtampza ER (QL)	Cuprimine
calcipotriene-betamethasone		Depen
capacet		Duragesic (QL)
carisoprodol		Enstilar
celecoxib (QL)		Fentora (PA)
cyclobenzaprine		Flector (QL)
dermacinrx prizopak		Frova (QL)
diclofenac		Imitrex (QL)
diclofenac ER		Indocin
diclofenac sodium-misoprostol		Lazanda (PA)
dihydroergotamine (QL)		Lidoderm
endocet		Lidovex
etodolac		Migranal (QL)
etodolac ER		Mitigare
fentanyl (QL)		Nucynta (QL)
fioricet		Nucynta ER (ST, QL)
glydo		Onzetra Xsail (QL)
hydrocodone-acetaminophen		Opana
hydromorphone ER (QL)		Opana ER (ST, QL)
hydromorphone		Otezla** (PA)
ibuprofen		Oxaydo
indomethacin		Parafon Forte DSC
ketorolac		Percocet
leflunomide		Procort
lidocaine ointment (QL)		Proctofoam-HC
lidocaine viscous		Relpax (QL)
lidocaine-prilocaine		Roxicodone
Livixil Pak		Savella
lorcet		Subsys (PA)
lorcet HD		Taclonex
lorcet plus		Uloric
lortab		Voltaren
LP Lite Pak		Vopac Mds
margesic		Xartemis XR (ST, QL)
meloxicam		Xeljanz** (PA)
metaxall		Xeljanz XR** (PA)
metaxalone		Zohydro ER (ST, QL)
methocarbamol		Zomig (QL)
morphine		
morphine ER (QL)		
nabumetone		
naproxen		
naproxen CR		

Generics	Preferred Brands	Non-Preferred Brands
PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)		
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)		
PARKINSON'S DISEASE		
amantadine	Azilect	Duopa*
benztropine		Mirapex
bromocriptine		Mirapex ER
carbidopa-levodopa		Neupro
carbidopa-levodopa ER		Rytary
pramipexole		Sinemet
pramipexole ER		Sinemet CR
ropinirole ER		
ropinirole		
SCHIZOPHRENIA/ANTI-PSYCHOTICS		
aripiprazole	Seroquel XR	Fanapt
aripiprazole ODT		Invega
chlorpromazine		Latuda
haloperidol		Rexulti
olanzapine		Saphris
olanzapine ODT		Seroquel
olanzapine-fluoxetine		
paliperidone ER		
quetiapine		
risperidone		
risperidone ODT		
ziprasidone		
SEIZURE DISORDERS		
carbamazepine	Keppra	Aptiom
carbamazepine ER	Lamictal starter kit	Banzel
clonazepam	Lamictal ODT	Carbatrol
divalproex	Lamictal XR starter kit	Depakote
divalproex ER	Lyrica	Depakote ER
epitol		Depakote Sprinkle

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
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SEIZURE DISORDERS (cont.)

gabapentin		Dilantin
lamotrigine		Fycompa
lamotrigine ER		Keppra XR
lamotrigine ODT		Lamictal
levetiracetam		Lamictal XR
levetiracetam ER		Onfi
oxcarbazepine		Oxtellar XR
roweepra		Phenytek
topiramate		Qudexy XR
topiramate ER		Sabril**
		Spritam
		Tegretol
		Tegretol XR
		Topamax
		Topiramate ER
		Trileptal
		Trokendi XR
		Vimpat

SKIN CONDITIONS

acitretin	Fluoroplex	Acanya
acyclovir		Aczone
adapalene (PA age)		Atralin (PA age)
avar		Avar
avar-e		Avar LS
avar-e green		Avar-E LS
bp 10-1		Avita (PA age)
calcipotriene		Azelex
calcitrene		Cleocin T
claravis (QL)		Clindamax
clindacin ETZ		Cordran (ST)
clindacin P		Denavir
clindamycin		Desonate (ST)
clindamycin-benzoyl peroxide		Desowen (ST)
clobetasol		Differin (PA age)
clodan		Drysol
clotrimazole- betamethasone		Efudex
cormax		Elidel (ST)
desonide		Epiduo
desoximetasone		Epiduo Forte
diclofenac		Evoclin
econazole nitrate		Exelderm
fluocinonide		Finacea
fluorouracil		Lokara
imiquimod		Metrocream
ketoconazole		Metrogel
metronidazole		Metro lotion
mupirocin		Naftin
myorisan (QL)		Nizoral
neuac		Olux (ST)
nystatin-triamcinolone		Onexton
		Picato
		Retin-A (PA age)

Generics	Preferred Brands	Non-Preferred Brands
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SKIN CONDITIONS (cont.)

permethrin		Rosula
rosadan		Sklice
rosanil		Soolantra
sodium		Sumadan
sulfacetamide-sulfur		Sumaxin
sulfacetamide		Sumaxin TS
sodium-sulfur		Tazorac
sulfacleanse 8-4		Temovate (ST)
tacrolimus		Tolak
tretinoin (PA age)		Topicort (ST)
tretinoin microsphere (PA age)		Tretin-X (PA age)
triamcinolone		Veltin
triderm		Xolegel
zenatane (QL)		
zencia		

SLEEP DISORDERS/SEDATIVES

eszopiclone		Belsomra (ST)
modafinil (PA)		Nuvigil (PA)
temazepam		Silenor (ST)
zolpidem		Xyrem** (PA)
zolpidem ER		Zolpimist (ST)

SMOKING CESSATION

bupropion SR		Chantix (QL)
		Nicotrol (QL)
		Nicotrol NS (QL)
		Zyban

SUBSTANCE ABUSE

buprenorphine	Bunavail	
buprenorphine-naloxone	Narcan	
naloxone vial and PFS	Suboxone	
	Zubsolv	

TRANSPLANT MEDICATIONS

azathioprine**	Cellcept**	Astagraf XL**
mycophenolate**	Neoral 25mg**	Envarsus XR**
mycophenolic acid**	Neoral solution**	Myfortic**
sirolimus**	Prograf**	Neoral 100mg**
tacrolimus**		

URINARY TRACT CONDITIONS

cevimeline		Avodart
doxazosin		Cystagon**
dutasteride		Detrol (ST)
dutasteride-tamsulosin		Detrol LA (ST)
finasteride		Elmiron
oxybutynin		Enblex (ST)
		Jalyn

2017 Cigna Prescription Drug List

Generics	Preferred Brands	Non-Preferred Brands
URINARY TRACT CONDITIONS <i>(cont.)</i>		
oxybutynin ER phenazopyridine potassium citrate ER tamsulosin terazosin tolterodine tolterodine ER		Procysbi* (PA) Rapaflo Thiola Urocit-K

* Medications marked with an asterisk are considered to be specialty medications. Under your Cigna prescription drug plan, you can fill one prescription for most specialty medications at a retail pharmacy. After that, your specialty medication will only be covered when you use Cigna Specialty Pharmacy Services. Refer to your plan documents or log in to myCigna.com for more information.

** This medication is an oral specialty drug. Under your Cigna prescription drug plan, you can fill one prescription for most specialty medications at a retail pharmacy. After that, your specialty medication will only be covered when you use Cigna Specialty Pharmacy Services. Refer to your plan documents or log in to myCigna.com for more information.

SPECIALTY DRUG LIST:

THE FOLLOWING INJECTABLE DRUGS ARE TYPICALLY COVERED UNDER THE FOURTH TIER AND ALL REQUIRE PRIOR AUTHORIZATION FOR COVERAGE.

DRUG NAME	CATEGORY
Actemra* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Actimmune* (PA)	CANCER
Apokyn* (PA)	PARKINSON'S DISEASE
Aranesp* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Avonex* (PA)	MULTIPLE SCLEROSIS
Betaseron* (PA)	MULTIPLE SCLEROSIS
Cimzia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Copaxone* (PA)	MULTIPLE SCLEROSIS
Cosentyx* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Egrifta* (PA)	HORMONAL AGENTS
Enbrel* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Epogen* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Extavia* (PA)	MULTIPLE SCLEROSIS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Glatopa* (PA)	MULTIPLE SCLEROSIS
Granix*	BLOOD MODIFIERS/BLEEDING DISORDERS
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Intron A* (PA)	CANCER
Lupron Depot* (PA)	CANCER
Lupron Depot-Ped* (PA)	HORMONAL AGENTS
methotrexate vial*	CANCER
Myalept* (PA)	MISCELLANEOUS
Neulasta* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Neupogen*	BLOOD MODIFIERS/BLEEDING DISORDERS
Orencia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

2017 Cigna Specialty Drug List

THE FOLLOWING INJECTABLE DRUGS ARE TYPICALLY COVERED UNDER THE FOURTH TIER AND ALL REQUIRE PRIOR AUTHORIZATION FOR COVERAGE.

DRUG NAME	CATEGORY
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Plegridy* (PA)	MULTIPLE SCLEROSIS
Praluent* (PA)	CHOLESTEROL MEDICATIONS
Procrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Rasuvo* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Rebif* (PA)	MULTIPLE SCLEROSIS
Remicade* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Repatha* (PA)	CHOLESTEROL MEDICATIONS
Serostim* (PA)	HORMONAL AGENTS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq* (PA)	MISCELLANEOUS
Sylatron* (PA)	CANCER
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Zarxio* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Zorbtive* (PA)	HORMONAL AGENTS

MEDICATIONS NOT COVERED TABLE

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
ALLERGY/NASAL SPRAYS	Beconase AQ Dymista Nasonex Omnaris QNASL Veramyst Zetonna	Generic nasal steroids (e.g. fluticasone)
	QNASL Children	budesonide fluticasone triamcinolone
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Aplenzin	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pexeva	paroxetine
	Pristiq ER	bupropion SR/XL duloxetine venlafaxine ER all generic SSRIs
	Wellbutrin XL	bupropion XL (ER 24 hour tablet)
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat
	Dulera Symbicort	Advair HFA Advair Diskus Breo Ellipta
	Incruse Ellipta Tudorza Pressair	Spiriva Spiriva Respimat
	Proventil HFA Ventollin HFA Xopenex HFA	ProAir
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Vyvanse	Adderall XR dexmethylphenidate ER dextroamphetamine-amphet ER methylphenidate ER/LA

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	MEDICATION NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Aceon	perindopril
	Altace	ramipril
	Atacand	candesartan
	Atacand-HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Bystolic	Generic beta blockers (e.g. metoprolol, atenolol)
	Byvalson	Generic ARBs + Generic Beta Blockers
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
	Edarbi	Generic ARBs (e.g., losartan, valsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g., losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Hyzaar	losartan-HCTZ
	Isordil Isordil Titradose	isosorbide dinitrate
	Lanoxin	Digitek digoxin
	Lotensin	benazepril
	Lotrel	amlodipine-benazepril
	Mavik	trandolapril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil Zestril	lisinopril
	Tarka	trandolapril-verapamil ER
	Tekturna	Generic ACE/ARBs
	Tekturna HCT	Generic ACE/ARBs + HCTZ
	Twynsta	telmisartan-amlodipine
	Vaseretic	enalapril-hydrochlorothiazide
	Vasotec	enalapril
Zestoretic	lisinopril-HCTZ	
CHOLESTEROL MEDICATIONS	Altoprev	atorvastatin lovastatin rosuvastatin simvastatin

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	Medication Not Covered^	Generic and/or Preferred Brand Alternatives	
CHOLESTEROL MEDICATIONS (CONT)	Antara Fenoglide	fenofibrate	
	Crestor	rosuvastatin	
	Lescol XL	fluvastatin ER	
	Lipitor	atorvastatin	
	Livalo	atorvastatin rosuvastatin simvastatin	
	Pravachol	pravastatin	
	Vytorin	atorvastatin rosuvastatin simvastatin Zetia	
	Zocor	simvastatin	
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER promethazine-codeine	
DIABETES <i>Generic diabetes medication and diabetic supplies are covered at \$0. Only OneTouch test strips are covered without approval by Cigna. If approved, a \$0 cost share applies.</i>	ACCU-CHEK, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio	
	Afrezza Apidra Apidra SoloStar alogliptin alogliptin-metformin Jentadueto Kazano Nesina Tadjenta	Humalog Janumet/Janumet XR Januvia Kombiglyze XR Onglyza	
	alogliptin-pioglitazone Oseni	Janumet/Janumet XR Januvia Kombiglyze XR Onglyza Generic TZDs (e.g., pioglitazone)	
	Bydureon Bydureon Pen Byetta Tanzeum Victoza	Trulicity	
	Farxiga Jardiance Synjardy Xigduo XR	Invokamet/Invokana	
	Glumetza metformin ER (generic Fortamet)	metformin ER (generic Glucophage XR)	
	Glyxambi	Invokamet/Invokana Janumet/Janumet XR Januvia Kombiglyze XR Onglyza	
	Levemir Tresiba	Lantus Lantus SoloStar Toujeo	
	Novolin, Novolog	Humalog, Humulin	
	EYE CONDITIONS	Lumigan	bimatoprost latanoprost Travatan Z travoprost

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	Medication Not Covered^	Generic and/or Preferred Brand Alternatives
GASTROINTESTINAL/ HEARTBURN	Anusol-HC Cortifoam Uceris foam	Anucort-HC HGRx hicort 25 Hemmorex-HC hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC Rectacort-HC
	Asacol-HD Colazal Delzicol Dipentum Giazo	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR
	Librax	chlordiazepoxide-clidinium
	Metozolv ODT	metoclopramide metoclopramide ODT
	Pepcid	famotidine
	Proctocort	Hemmorex-HC Hemril hydrocortisone Procto-Pak
	Zuplenz	ondansetron ondansetron ODT
HORMONAL AGENTS	Axiron Fortesta Natesto Testim Vogelxo	Androgel testosterone
	Dexpak	dexamethasone
	Genotropin Norditropin Flexpro Nutropin AQ Omnitrope Saizen Zomacton	Humatrope (PA)
HORMONAL AGENTS(CONT)	Rayos	prednisone prednisone intensol
	Uceris tablet	budesonide EC
INFECTIONS	Acticlate Adoxa Adoxa Pak Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule	Generic products (e.g. doxycycline, minocycline)
	Bethkis Tobi	Kitabis Pak tobramycin
	Onmel	itraconazole terbinafine
	Sitavig	acyclovir
	MISCELLANEOUS	Horizant

Medications NOT COVERED on your drug list^

CONDITION/Common Use/ Drug Class	MEDICATION NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Belbuca	Butrans
	Bupap	butalbital-acetaminophen Marten-Tab Tencon
	Cambia Diclofenac Duexis Klofenaid II Pennsaid Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic NSAIDs (e.g. celecoxib; meloxicam)
	Capital W-codeine	acetaminophen-codeine
	Conzip	tramadol tramadol ER
	Gralise	gabapentin
	Kineret Simponi Simponi Aria	Enbrel (PA) Humira (PA)
	Lidocaine Lido-K	lidocaine lidopin
	Lorzzone	chlorzoxazone
	Sprix	ketorolac
	Sumavel Dosepro Zembrace Syntouch	sumatriptan
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	Zomig ZMT	zolmitriptan ODT
	SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify
Fazaclo Versacloz		clozapine clozapine ODT
Mysoline		primidone
SEIZURE DISORDERS		
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Aldara	imiquimod
	Bensal HP	Salacyn salicylic acid
	Benzaclin Duac Neuac kit	clindamycin-benzoyl peroxide Neuac Gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Ertaczo Extina	ketoconazole ketodan
	Halog Ultravate X	clobetasol halobetasol

Medications NOT COVERED on your drug list[^]

CONDITION/Common Use/ Drug Class	Medication Not Covered [^]	Generic and/or Preferred Brand Alternatives
SKIN CONDITIONS (CONT)	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Locoid Locoid Lipocream	hydrocortisone
	Loprox	ciclopirox
	Luzu Vusion	ketoconazole
	Noritrate	metronidazole Rosadan
	Novacort	hydrocortisone
	Oxistat	clotrimazole econazole ketoconazole
	Penlac	Ciclodan ciclopirox
	Plexion	sodium sulfacetamide-sulfur SS 10-2 Zencia
	Salex	salicylic acid
	Sernivo	betamethasone fluocinonide hydrocortisone
	Trianex	triamcinolone Triderm
	Vanos	fluocinonide
	Verdeso	desonide
	Xerese	acyclovir hydrocortisone
	Ziana	clindamycin tretinoin
	Zovirax	acyclovir
	Zyclara	imiquimod
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Myrbetriq Toviaz VESicare	darifenacin ER oxybutynin chloride ER tolterodine ER trospium chloride ER

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

EXCLUSIONS AND 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 plan:¹

- 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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