

# ADVANTAGE PRESCRIPTION DRUG LIST



**July 2015**

The Advantage 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 medications covered under your plan.

This list is designed to cover your prescription medications 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 medication 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.

**Together, all the way.™**



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

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**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 medications 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 medications 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

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.

**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.

\* Medications 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.

## Important note

The Advantage Prescription Drug List does not cover medications that have over-the-counter (OTC) alternatives (e.g., medications that treat stomach acid conditions and non-sedating antihistamines to treat allergies), depending on your plan. In these cases, the medications in the same class that are available by prescription are also excluded from coverage. Examples (not an all-inclusive list) include allergy medications such as Allegra, Clarinex, Xyzal and any generics; and heartburn/ulcer medications such as Nexium, Prilosec, Zantac and any generics.

## 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. Cigna will comply with all provisions of the law including those that impact your pharmacy coverage plan. For example, coverage for medications that have not traditionally been included in pharmacy plans, such as specific over-the-counter (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 [www.informedonreform.com](http://www.informedonreform.com) or [Cigna.com](http://Cigna.com) and look for the “Informed on Reform” link.

## If you have any questions

*Remember, this list is just a sample of the most commonly used medications, and is subject to change.* You can use the Prescription Drug Price Quote tool available on [myCigna.com](http://myCigna.com) to see and compare the prices of all medications 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.

# Advantage Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>ADD/ADHD AND STIMULANTS</b>		
amphetamine/ dextroamphetamine amphetamine/ dextroamphetamine XR clonidine HCl dexmethylphenidate HCl dexmethylphenidate HCl ER dextroamphetamine guanfacine methamphetamine methylphenidate/ER/ ER 24 HR modafinil	Adderall XR	Adderall (PA, ST) Concerta (PA, ST) Daytrana (PA, ST) Desoxyn (PA, ST) Dexedrine (PA, ST) Evekeo (PA, ST) Focalin (PA, ST) Focalin XR Intuniv Kapvay Metadate CD (PA, ST) Nuvigil (PA) Provigil (PA) Quillivant XR (PA, ST) Ritalin (PA, ST) Ritalin LA 20mg, 30mg, 40mg (PA, ST) Ritalin SR (PA, ST) Strattera Vyvanse Xyrem* (PA) Zenedi (PA, ST)
<b>AIDS/HIV</b>		
abacavir* didanosine* lamivudine* lamivudine/zidovudine* nevirapine* stavudine* zidovudine* nevirapine ER*	Aptivus* Atripla* Crixivan* Emtriva* Epivir HBV* Epivir solution* Epzicom* Fuzeon* Intelence* Invirase* Isentress* Kaletra* Lexiva* Norvir* Prezista* Rescriptor* Reyataz* Selzentry* Sustiva* Truvada* Viracept* Viread*	Combivir* Complera* Edurant* Epivir* Evotaz* Fulyzaq Prezcobix* Retrovir* Stribild* Triumeq* Trizivir* Tybost* Videx* Viramune* Viramune XR* Vitekta* Zerit* Ziagen*

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 Clarinex, Xyzal, including their generics, etc.).*

azelastine HCl	Epipen 2 pk (QL)	Astelin
azelastine nasal	Epipen Jr (QL)	Astepro
budesonide		Atrovent (nasal)
clemastine fumarate		AUVI-Q (QL)
cyproheptadine		Beconase AQ (PA, ST)
cyproheptadine HCl		Children's QNASL
epinastine		Dymista (PA, ST)
epinephrine (QL)		Flonase (PA, ST)
flunisolide nasal		Karbinal ER
fluticasone nasal		Nasonex
hydroxyzine		Omnaris (PA, ST)
ipratropium nasal		Patanase
montelukast		QNASL (PA, ST)
olopatadine nasal spray		Rhinocort AQ (PA, ST)
triamcinolone		Semprex-D
acetonide nasal		Singulair
		Veramyst
		Zetonna (PA, ST)

### ALZHEIMER'S DISEASE

donepezil HCl		Aricept
galantamine hydrobromide		Aricept ODT
rivastigmine tartrate		Exelon
capsules		Namenda XR
		Razadyne
		Razadyne ER

### ANXIETY

alprazolam		Lorazepam Intensol
bupirone		Niravam

### ASTHMA AND RESPIRATORY

albuterol sulfate (nebulizer solution)	Advair, Advair HFA	Accolate
aminophylline	Anoro Ellipta	Accuneb nebulizer (PA, ST)
budesonide	Atrovent HFA	Adcirca* (PA)
(nebulizer solution)	Breo Ellipta	Adempas* (PA)
caffeine citrate	Foradil	Aerospan
cromolyn sodium	ProAir HFA	Alvesco
(nebulizer solution)	Qvar	Arcapta
dyphylline	Spiriva	Arnuity Ellipta
guaifenesin/theophylline	Xolair* (PA)	Asmanex
ipratropium bromide		Asmanex HFA
(nebulizer solution)		Atrovent HFA
levalbuterol HCl		Brovana nebulizer (PA, ST)
(nebulizer solution)		Combivent Respimat
		Daliresp
		Dulera

# Advantage Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>ASTHMA AND RESPIRATORY (CONTINUED)</b>		
metaproterenol sulfate (syrup, tabs) montelukast sodium prednisolone sod phosphate racepinephine HCl sildenafil* (PA) terbutaline sulfate theophylline anhydrous zafirlukast		Esbriet* (PA) Flovent Diskus/HFA Incruse Ellipta (PA, ST) Letairis* Ofev* (PA) Opsumit* (PA) Orapred ODT Orenitram ER* (PA) Performist (PA, ST) Proventil HFA Pulmicort Pulmozyme* (PA) Revatio* (PA) S-2 Racpinephine Serevent Singulair Striverdi Respimat Symbicort Tracleer* Tudorza Pressair (PA, ST) Tyvaso* Ventavis* Ventolin HFA Xopenex HFA Xopenex nebulizer (PA, ST)
<b>BIRTH CONTROL</b>		
<i>Please check your enrollment materials to determine whether these medications are covered under your specific plan.</i>		
Altavera Alyacen Ameithia Amethia Lo Amethyst Apri Aranelle Aubra Aviane Azurette Balziva Briellyn Camila Camrese Camrese Lo Caziant Chateal Cryelle Cyclafem Dasetta		Angeliq BeYaz Breviceon Cyclessa Depo-Provera Subq Desogen Ella Estrostep FE Femcon FE Generess FE Jolivette Lo Seasonique Loestrin Loestrin FE Lomedia 24 FE Minastrin 24 FE Mircette Modicon Natazia Norinyl 1+35

**GENERICS**

**PREFERRED BRANDS**

**NON-PREFERRED BRANDS**

**BIRTH CONTROL (CONTINUED)**

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

Daysee  
 desogestrel-ethinyl estradiol  
 Elinest  
 Emoquette  
 Enpress  
 Enskyce  
 Errin  
 Estarylla  
 ethinyl estradiol/  
 drospirenone  
 Falmina  
 Gianvi  
 Gildagia  
 Gildess  
 Heather  
 Introvale  
 Jencycla  
 Jolessa  
 Junel  
 Junel FE  
 Kariva  
 Kelnor  
 Kurvelo  
 Larin  
 Larin FE  
 Leena  
 Lessina  
 Levonest  
 levonorgestrel  
 levonorgestrel-ethetra  
 levonorgestrel-ethin  
 estradiol  
 Levora  
 l-norgest-eth estr/  
 ethin estra  
 Loryna  
 Low-Ogestrel  
 Lutera  
 Lyza  
 Marlissa  
 Microgestin  
 Microgestin FE  
 Mononessa  
 Mono-Linyah  
 Myzila  
 Necon  
 Next Choice  
 Nora-Be

Norinyl 1+50  
 Nor-QD  
 Nuvaring  
 Ortho Evra  
 Ortho Micronor  
 Ortho Tri-Cyclen LO  
 Ortho-Cept  
 Ortho-Cyclen  
 Ortho-Novum 7-7-7  
 Ortho-Tri-Cyclen  
 Ovcon 35  
 Quartette  
 Safyral  
 Seasonale  
 Seasonique  
 Tri-Norinyl  
 Yasmin 28  
 Yaz

# Advantage Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>BIRTH CONTROL (CONTINUED)</b>		
<i>Please check your enrollment materials to determine whether these medications are covered under your specific plan.</i>		
noreth a-et estra/ fe fumarate norethindrone norethindrone-ethinyl estradiol norgestimate-ethinyl estradiol norgestrel-ethinyl estradiol Nortrel Ocella Ogestrel Orsythia Philith Pimtrea Pirmella Portia Previfem Quasense Reclipsen Sprintec Sronyx Syeda Tilia FE Tri-Estarylla Tri-Legest FE Tri-Linyah Trinessa Tri-Previfem Tri-Sprintec Trivora Velivet Viorele Vyfemla Wera Wymzya FE Xulane Zarah Zenchent Zenchent FE Zeosa Zovia		



GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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### BLADDER PROBLEMS

flavoxate oxybutynin/XL potassium citrate ER tolterodine tartrate/LA trospium chloride	VESIcare	Detrol (PA,ST) Detrol LA (PA, ST) Ditropan XL (PA,ST) Elmiron Enablex (PA,ST) Gelnique (PA,ST) Myrbetriq (PA,ST) Oxytrol (PA,ST) (For Men Only) Sanctura (PA,ST) Sanctura XR (PA, ST) Toviaz Urocit-K
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### CANCER

anastrozole azacitidine* bicalutamide* capecitabine cyclophosphamide* exemestane flutamide* letrozole lomustine tamoxifen citrate temozolomide* (PA)	Droxia Fareston Gleevec* (PA) Granix* Hexalen* Leukeran Lupron* (PA) Lysodren Matulane* Myleran Neulasta* (PA) Neupogen* (PA) Nexavar* (PA) Proleukin* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Targretin* Tasigna* (PA) Thalomid* (PA) Tykerb* (PA) Xeloda* Zolinza* (PA)	Afinitor* (PA) Afinitor* Disperz (PA) Arimidex Aromasin Bosulif* (PA) Caprelsa* (PA) Casodex* Cometriq* (PA) Erivedge* (PA) Femara Ibrance* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Lenvima* (PA) Lynparza* (PA) Mekinist* (PA) Pomalyst* (PA) Purixan* Stivarga* (PA) Sylatron* (PA) Sylvant* (PA) Tafinlar* (PA) Valchlor* Votrient* (PA) Xalkori* (PA) Xtandi* (PA) Zelboraf* (PA) Zydelig* (PA) Zykadia* (PA) Zytiga* (PA)
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# Advantage Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>CARDIOVASCULAR</b>		
<b>BLOOD THINNER/ANTI-CLOTTING</b>		
anagrelide*	Arixtra (QL)*	Aggrenox
cilostazol	Xarelto	Agrylin*
clopidogrel		Brillinta
dipyridamole		Effient
enoxaparin (QL)*		Eliquis (PA, ST)
fondaparinux (QL)*		Fragmin (QL)
heparin		Lovenox (QL)*
Jantoven		Plavix
ticlopidine		Pletal
warfarin		Pradaxa (PA, ST)
		Savaysa (PA, ST)
		Zontivity
<b>HIGH BLOOD PRESSURE/HEART MEDICATIONS</b>		
acebutolol HCl	Benicar	Accupril (PA,ST)
acetazolamide	Benicar HCT	Accuretic (PA,ST)
amiloride HCl		Aceon (PA,ST)
amlodipine besylate		Altace (PA,ST)
amlodipine besylate/ benazepril		Amturnide
amlodipine/atorvastatin		Atacand (PA, ST)
calcium		Atacand HCT (PA, ST)
amlodipine/valsartan		Avalide (PA, ST)
amlodipine/valsartan/HCTZ		Avapro (PA, ST)
apresoline		Azor
atenolol		Betapace AF
benazepril HCl		Bystolic
benazepril HCl/amlodipine		Cardura
benazepril HCl/HCTZ		Cardura XL
bendroflumethiazide/ nadolol		Catapres, Catapres TTS
betaxolol HCl		Coreg
bisoprolol fumarate		Coreg CR
bisoprolol/HCTZ		Corgard
bumetanide		Cozaar (PA, ST)
candesartan		Diovan (PA, ST)
candesartan cilexetil		Diovan HCT (PA, ST)
candesartan HCTZ		Dutoprol
captopril		Edarbi (PA, ST)
captopril/HCTZ		Edarbychlor (PA, ST)
carvedilol		Exforge
chlorothiazide		Exforge HCT
chlorthalidone		Hemangeol
chlorthalidone/atenolol		Hyzaar (PA, ST)
clonidine		Inderal LA
clonidine HCl		Innopran XL
Clorpres		Levatol
diltiazem		Lotensin (PA,ST)
diltiazem 24HR ER		Lotensin HCT (PA,ST)
		Lotrel
		Mavik (PA ,ST)

**GENERICS**

**PREFERRED BRANDS**

**NON-PREFERRED BRANDS**

**CARDIOVASCULAR (CONTINUED)**

**HIGH BLOOD PRESSURE/HEART MEDICATIONS**

doxazosin mesylate		Micardis (PA, ST)
enalapril maleate		Micardis HCT (PA, ST)
enalapril maleate/HCTZ		Norpace
eplerenone		Norpace CR
eprosartan mesylate		Norvasc
felodipine		Nymalize
fosinopril sodium		Prinivil
fosinopril sodium/HCTZ		Prinzide (PA,ST)
furosemide		Rythmol SR
guanfacine		Sotylize
hydralazine HCl		Sular
hydrochlorothiazide		Tarka
hydrochlorothiazide/ amlilor HCl		Tekamlo
hydroflumethiazide		Tekturna
indapamide		Tekturna HCT
irbesartan		Teveten (PA, ST)
irbesartan/HCTZ		Teveten HCT (PA, ST)
isradipine		Toprol XL
labetalol HCl		Tribenzor
lisinopril		Vaseretic (PA,ST)
lisinopril/HCTZ		Vasotec (PA,ST)
losartan potassium		Verelan
losartan potassium/HCTZ		Zestoretic (PA,ST)
methazolamide		Zestril (PA,ST)
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)		
reserpine		
sotalol HCl		
spironolactone		

# Advantage Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>CARDIOVASCULAR (CONTINUED)</b>		
<b>HIGH BLOOD PRESSURE/HEART MEDICATIONS</b>		
spironolactone/HCTZ telmisartan telmisartan/amlodipine telmisartan/HCTZ terazosin HCl timolol maleate torsemide trandolapril triamterene/HCTZ valsartan valsartan/HCTZ Vecamyl-mecamylamine HCl verapamil verapamil SR		
	<b>OTHER</b>	
amiodarone digoxin disopyramide flecainide isosorbide dinitrate isosorbide mononitrate nitroglycerin procainamide propafenone SR		Lanoxin Multaq Nitrolingual Spray Nitromist Ranexa (PA, ST) Rythmol SR Tikosyn
<b>CHOLESTEROL LOWERING</b>		
atorvastatin cholestyramine cholestyramine/aspartame cholestyramine/sucrose colestipol fenofibrate fenofibrate, micronized fenofibric acid fluvastatin gemfibrozil lovastatin niacin omega-3-acid ethyl esters pravastatin sodium simvastatin	Crestor Zetia	Advicor Altoprev (PA, ST) Antara Caduet Colestid Fenoglide Juxtapid* (PA) Kynamro* (PA) Lescol Lescol XL Lipitor (PA, ST) Liptruzet (PA, ST) Livalo (PA, ST) Lofibra Lovaza Mevacor (PA, ST) Niaspan Pravachol (PA, ST) Simcor TriCor Trilipix Vascepa (PA, ST)

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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**CHOLESTEROL LOWERING (CONTINUED)**

		Vytorin (PA, ST) Welchol Zocor (PA, ST)
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**DEPRESSION**

amitriptyline bupropion bupropion SR citalopram desipramine duloxetine HCl escitalopram fluoxetine flvoxamine imipramine mirtazapine nortriptyline paroxetine paroxetine CR protriptyline sertraline trazodone venlafaxine venlafaxine XR		Aplenzin (PA,ST) Brintellix (PA,ST) Celexa (PA,ST) Cymbalta (PA, ST) Desvenlafaxine ER (PA, ST) Desvenlafaxine Fumarate ER (PA,ST) Effexor XR (PA, ST) Emsam Fetzima (PA,ST) Forfivo XL (PA,ST) Khedeza (PA,ST) Lexapro (PA,ST) Luvox CR Marplan Oleptro (PA, ST) Paxil (PA,ST) Paxil CR (PA,ST) Pexeva (PA, ST) Pristiq Prozac (PA,ST) Remeron Sarafem (PA,ST) Tofranil Venlafaxine HCl ER (PA,ST) Viibryd (PA,ST) Vivactil Wellbutrin (PA,ST) Wellbutrin SR (PA,ST) Wellbutrin XL Zoloft (PA,ST)
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**DIABETES**

acarbose chlorpropamide glimepiride glipizide glipizide ER glipizide/metformin HCl glyburide glyburide micronized glyburide/metformin metformin HCl metformin ER nateglinide	Apidra Apidra SoloStar BD Insulin Syringe Bydureon (QL) Byetta Glucagen Hypokit Humalog Humulin Invokamet Invokana Janumet Janumet XR	Accu-Chek test strips Actoplus Met Actoplus Met XR Actos Afrezza (PA) Amaryl Avandamet Avandaryl Avandia Cycloset Duetact Farxiga (PA,ST)
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# Advantage Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>DIABETES (CONTINUED)</b>		
pioglitazone pioglitazone/glimepiride pioglitazone/metformin repaglinide tolazamide tolbutamide	Januvia Kombiglyze XR Lantus Lantus SoloStar NovoFine/NovoTwist needles One Touch test strips Onglyza	Fortamet Glucagon Emergency Kit (QL) Glucophage XR Glyceron Glyset Glyxambi (PA,ST) Jardiance (PA, ST) Jentaduetto (PA, ST) Kazano (PA, ST) Levemir Metaglip Nesina (PA, ST) Novolin Novolog Oseni (PA, ST) Prandimet Prandin Precose Starlix Symlin (QL) Tanzeum (PA, QL, ST) Tradjenta (PA, ST) Trulicity (PA, ST) VGo Victoza Xigduo XR (PA, ST)
<b>ENDOCRINE AND METABOLIC – OTHER</b>		
allopurinol cabergoline (QL) desmopressin* fluoxymesterone megestrol acetate octreotide* (PA)	Increlex* (PA) Lupron Depot-PED* (PA) Megace ES Nilandron Sandostatin LAR* (PA) Somavert* (PA)	colchicine Colcrys Egrifta* (PA) Megace Mitigare Sandostatin* (PA) Signifor* (PA) Signifor LAR* (PA) Somatuline Depot* (PA) Uloric
<b>EYE CONDITIONS</b>		
apraclonidine HCl atropine azelastine brimonidine bromfenac bromfenac sodium ciprofloxacin diclofenac dorzolamide dorzolamide/timolol	Travatan Z	Acular LS Alamast Alocril Alomide Alphagan P 0.1% Alrex AzaSite Azopt Besivance Betoptic S

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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**EYE CONDITIONS (CONTINUED)**

epinastine flurbiprofen gatifloxacin ketorolac latanoprost levofloxacin pilocarpine timolol tobramycin/dexamethasone travoprost trifluridine		Ciloxan Cosopt Cystaran Durezol Emadine Ilevro Iopidine Lastacaft Lotemax Maxidex Moxeza Optivar Pataday Patanol Pazeo Prolensa Rescula Restasis Simbrinza (PA, ST) Timoptic Tobradex Trusopt Vexol Vigamox Voltaren Xalatan Zioptan (PA, ST) Zymaxid
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**GASTROINTESTINAL (NOT HEARTBURN/ULCER)**

balsalazide belladonna alkaloids/ phenobarbital budesonide cromolyn sodium (solution) PEG 3350/potassium/ sodium bicarb/salt PEG 3350/potassium/ sodium bicarb/salt/ sodium sulf triamcinolone acetonide	Asacol HD Cimzia* (PA) Creon Humira* (PA) Lialda Pentasa Zenpep	Amitiza Apriso Canasa Colazal Delzicol Donnatal Entocort EC Entyvio* (PA) Giazo Linzess Movantik (PA) Pancreaze Prepopik Relistor* (PA) Remicade* (PA) Simponi* (PA) Simponi Aria* (PA) Suclear Sucraid* Uceris Ultresa
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# Advantage Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>HEARTBURN/ULCER</b>		
<i>Medications for heartburn/ulcer equivalent to over-the-counter medications within the class are excluded (such as Prilosec, including their generics, etc.).</i>		
metoclopramide HCl misoprostol sucralfate lansoprazole/amoxicillin/ clarithromycin		
<b>HORMONE REPLACEMENT</b>		
estradiol estradiol/norethindrone acetate estropipate ethinyl estradiol levothyroid levothyroxine sodium Levoxyl liothyronine medroxyprogesterone progesterone, micronized testosterone cypionate testosterone enanthate thyroid Unithroid	Premarin Testim (QL)	Activella Alora Anadrol-50 (PA) Androderm (QL) Androgel (QL) Armour Thyroid Axiron (PA, QL, ST) Cenestin Combipatch Cytomel Depo-Testosterone Divigel Enjuvia Estrace Femhrt Femring Fortesta (PA, QL, ST) Menest Minivelle Prefest Premphase Prempo Prometrium Striant (QL) Synthroid testosterone gel (QL) Vagifem Vivelle-Dot Vogelxo
<b>INFECTIONS</b>		
adefovir dipivoxil* acyclovir amantadine amoxicillin/ER amoxicillin/clavulanate atovaquone azithromycin cefador ER cefadroxil cefdinir	Alferon N* (PA) Baraclude* Epivir HBV* Intron-A* (PA) Peg Intron* (PA) Pegasis* (PA) Tamiflu (QL)	Acticlate (PA, ST) Augmentin Augmentin ES 600 Augmentin XR Bethkis* Biaxin Biaxin XL Cedax Cipro Cipro HC Otic



**GENERICS**

**PREFERRED BRANDS**

**NON-PREFERRED BRANDS**

**INFECTIONS (CONTINUED)**

cefditoren  
 cefprozil  
 ceftibuten dihydrate  
 ceftriaxone  
 cefuroxime axetil  
 cephalixin  
 ciprofloxacin  
 clarithromycin  
 clindamycin  
 cycloserine  
 doxycycline  
 entacavir  
 erythromycin  
 famciclovir  
 fluconazole  
 flucytosine  
 ganciclovir  
 gentamicin sulfate  
 griseofulvin  
 griseofulvin microsize  
 griseofulvin ultramicrosize  
 itraconazole (QL)  
 ketoconazole  
 lamivudine\*  
 metronidazole  
 minocycline  
 minocycline SR  
 Moderiba\*  
 moxifloxacin HCl  
 mupirocin  
 nitrofurantoin  
 nystatin  
 ofloxacin  
 penicillin v potassium  
 ribavirin\*  
 rifabutin  
 rifampin  
 rimantadine  
 sulfamethoxazole/  
 trimethoprim  
 terbinafine (QL)  
 terconazole  
 tetracycline  
 tobramycin  
 valacyclovir  
 valganciclovir  
 vancomycin  
 voriconazole (PA)

Cipro XR  
 Ciprodex  
 Coartem (QL)  
 Copegus\*  
 Difucid (PA)  
 Famvir  
 Flagyl 375  
 Flagyl ER  
 Garamycin  
 Grifulvin V  
 Gris-Peg  
 Hepsera\*  
 Keflex  
 Kitabis Pak\*  
 Lamisil (QL)  
 Levaquin  
 Malarone (PA)  
 Monurol  
 Moxatag  
 Mycostatin (tabs)  
 Noxafil  
 Olysio\* (PA)  
 Onmel (PA, QL, ST)  
 Penlac  
 Priftin  
 Primsol  
 Rebetol\*  
 Relenza (QL)  
 Rocephin  
 Sirturo  
 Sitavig  
 Sivextro (PA)  
 Solodyn (PA, ST)  
 Spectracef  
 Sporanox (QL)  
 Suprax  
 Tobi\*  
 Tobi Podhaler\*  
 Tyzeka\*  
 Urelle  
 Uribel  
 UTA  
 Valcyte  
 Valtrex  
 Vfend (PA)  
 Vibramycin  
 Zithromax  
 Zyvox (PA)

# Advantage Prescription Drug List

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>MIGRAINE</b>		
acetaminophen/caffeine/ butalbital dihydroergotamine mesylate (QL) isomethepten/caf/ acetaminophen naratriptan (QL) rizatriptan (QL) sumatriptan (QL) zolmitriptan (QL)		Amerge (QL) Axert (QL) Cafergot DHE 45 (QL) Frova (QL) Imitrex (QL) Maxalt (QL) Maxalt MLT (QL) Migranal (QL) Relpax (QL) Sumavel DosePro (QL) Treximet (QL) Zomig/Zomig ZMT (QL) Zomig nasal (QL)
<b>MULTIPLE SCLEROSIS</b>		
	Avonex/Avonex Pen* (PA) Copaxone* (PA) Rebif* (PA) Rebif Rebidose* (PA) Tecfidera* (PA)	Ampyra* (PA) Aubagio* (PA) Betaseron* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA)
<b>NAUSEA AND VOMITING</b>		
dronabinol granisetron ondansetron prochlorperazine promethazine trimethobenzamide		Akynzeo* (QL) Anzemet inj* (PA) Anzemet tabs* (QL) Diclegis Emend* (QL) Marinol Sancuso (QL) Scopace Zofran (inj, tabs, solution) Zuplenz (PA, QL, ST)
<b>OSTEOPOROSIS</b>		
alendronate sodium calcitonin-salmon etidronate disodium Fortical ibandronate sodium syringe* ibandronate sodium tablet raloxifene HCl risedronate	Forteo*	Actonel (PA, ST) Atelvia (PA, ST) Binosto (PA, ST) Boniva syringe* (PA, ST) Boniva tab (PA, ST) Evista Fosamax (PA, ST) Fosamax Plus D (PA, ST) Miacalcin Skelid (PA, ST)

**GENERICS**

**PREFERRED BRANDS**

**NON-PREFERRED BRANDS**

**PAIN RELIEF AND INFLAMMATORY DISEASE**

buprenorphine  
butalbital/acetaminophen  
butalbit/acetamin/caff/  
codeine  
butorphanol nasal (QL)  
celecoxib (QL)  
codeine phos/carisoprodol/  
asa  
codeine phosphate  
codeine phosphate/aspirin  
codeine sulfate  
diclofenac  
diclofenac/misoprostol  
dihy-cod tt/apap/caffeine  
etodolac  
fenoprofen  
fentanyl citrate (PA)  
(lozenge on stick)  
fentanyl transdermal (QL)  
flurbiprofen  
hydrocodone bitartrate/apap  
hydrocodone bitartrate/  
aspirin  
hydromorphone HCl  
ibuprofen  
ibuprofen/hydrocod bit  
indomethacin  
ketoprofen  
ketorolac (QL)  
leflunomide  
levorphanol tartrate  
lidocaine  
meclofenamate  
mefenamic acid  
meloxicam  
meperidine HCl  
methotrexate\*  
migergot  
morphine sulfate (QL)  
nabumetone  
naproxen  
naproxen sodium  
opium  
opium/belladonna  
alkaloids  
orphenadrine/aspirin/  
caffeine  
oxaprozin  
oxycodone ER (QL)  
oxycodone HCl

Actimmune\* (PA)  
Cimzia\* (PA)  
Humira\* (PA)  
Rheumatrex\*  
Savella  
Trexall\*

Abstral (PA)  
Actemra\* (PA)  
Actiq (PA)  
Adazin  
Ansaid (PA, ST)  
Arthrotec (PA, ST)  
Avinza (QL)  
Butrans (QL)  
Cambia  
Celebrex (QL, ST)  
Conzip (PA, QL, ST)  
Demerol (PA,ST)  
Dilaudid (PA,ST)  
Dipentum  
Duexis (PA, ST)  
Duragesic (QL)  
Embeda (QL)  
Enbrel\* (PA)  
Exalgo (QL)  
Fentora (PA)  
Fioricet w/codeine  
Flector (PA, QL, ST)  
Fycompa  
Horizant (PA, ST)  
Hycet (PA,ST)  
Hysingla ER (QL)  
Indocin (suppository)  
Kadian (QL)  
Kineret\* (PA)  
Lazanda (PA)  
Lidoderm  
Lidopin  
Lidovex  
Lortab (PA,ST)  
Lyrica  
Mobic (PA, ST)  
MS Contin (QL)  
Nalfon (PA,ST)  
Naprelan (PA, ST)  
Norco (PA,ST)  
Nucynta (QL, ST)  
Nucynta ER (QL)  
Onsolis (PA)  
Opana (QL)  
Opana ER (QL)  
Oxecta (PA,ST)  
Otrexup\* (PA)  
OxyContin (QL)  
Pain Relief  
Panlor SS

# Advantage Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>PAIN RELIEF AND INFLAMMATORY DISEASE (CONTINUED)</b>		
oxycodone HCl/ acetaminophen		Pennsaid Percocet (PA,ST)
oxycodone/aspirin		Percodan (PA,ST)
oxymorphone		Ponstel (PA, ST)
oxymorphone HCl		Primlev (PA,ST)
pentazocine HCl/ acetaminophen		Prodrin
pentazocine HCl/ naloxone HCl		Rasuvo* (PA)
piroxicam		Rayos (PA, ST)
sulindac		Relyyks
tolmetin		Relyyt
tramadol ER (QL)		Remicade* (PA)
tramadol HCl (QL)		Roxicet (PA,ST)
tramadol HCl/ acetaminophen (QL)		Roxicodone (PA,ST)
		Ryzolt
		Scar
		Silvera
		Simponi* (PA)
		Simponi Aria* (PA)
		Skelaxin
		Solaice
		Sprix (QL)
		Suboxone (PA)
		Subsys (PA)
		Synalgos-DC (PA,ST)
		Synvexia TC
		Trezix (PA, ST)
		Ultracet (PA, QL, ST)
		Ultram (PA, QL, ST)
		Ultram ER (PA, QL, ST)
		Velma
		Vicodin/ES/HP (PA,ST)
		Vicoprofen (PA,ST)
		Vimovo (PA, QL, ST)
		Voltaren Gel (PA, ST)
		Voltaren XR
		Xartemis XR (PA, QL, ST)
		Xeljanz* (PA)
		Xodol (PA,ST)
		Zohydro (QL)
		Zorvolex (PA, ST)
<b>PARKINSON'S DISEASE</b>		
amantadine	Azilect	Apokyn* (PA)
benztropine	Lodosyn	Comtan
bromocriptine	Tasmar	Eldepryl
carbidopa		Mirapex
carbidopa/levodopa		Mirapex ER
carbidopa/levodopa CR		Neupro
carbidopa/levodopa/ entacapone		Northera* (PA)
		Parcopa

GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>PARKINSON'S DISEASE (CONTINUED)</b>		
entacapone pramipexole pramipexole ER ropinirole ropinirole XL selegiline		Requip Requip XL Rytary Sinemet CR Stalevo Zelapar
<b>PROSTATE</b>		
alfuzosin doxazosin finasteride leuprolide acetate* (PA) prazosin tamsulosin terazosin	Zoladex* (PA)	Avodart Firmagon* (PA) Flomax Jalyn Proscar Rapaflo Uroxatral
<b>SCHIZOPHRENIA</b>		
clozapine haloperidol loxapine olanzapine olanzapine/fluoxetine HCl quetiapine risperidone thiothixene ziprasidone		Abilify Abilify Discmelt Clozaril (PA, ST) Fanapt (PA, ST) Fazaclo (PA, ST) Geodon (PA, ST) Invega (PA, ST) Latuda (PA, ST) Orap Risperdal/Risperdal M (PA,ST) Saphris (PA, ST) Seroquel (PA, ST) Seroquel XR Symbyax Versacloz (PA,ST) Zyprexa (PA, ST) Zyprexa Zydys (PA, ST)
<b>SEIZURE</b>		
carbamazepine clonazepam diazepam divalproex ethosuximide felbamate gabapentin lamotrigine levetiracetam oxcarbazepine phenytoin tiagabine HCl topiramate	Celontin Diastat Diastat Acudial Dilantin (30 MG only) Gabitril (12 & 16 MG only) Keppra Lamictal ODT Peganone	Aptiom Banzel Carbatrol Depakote (all forms) Dilantin Felbatol Gabitril (2 & 4 MG only) Keppra XR Lamictal/ XR Lyrica Neurontin Oxtellar XR Potiga

# Advantage Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>SEIZURE (CONTINUED)</b>		
valproate valproate sodium zonisamide		Qudexy XR Saphris Stavzor Tegretol XR Topamax topiramate XR caps Trileptal Vimpat Zarontin Zonegran
<b>SKIN CONDITIONS</b>		
acitretin adapalene (AGE) aldometasone dipropionate amcinonide Amnesteem (QL) Apexicon E (diflorasone diacetate) cream benzoyl peroxide betamethasone betamethasone dipropionate betamethasone dipropionate/propylene glycol betamethasone valerate calcipotriene calcipotriene-betamethasone calcitriol ointment Claravis (QL) clincamycin phosphate/benzoyl peroxide gel clobetasol propionate clobetasol propionate/emoll clocortolone pivalate desonide desoximetasone diclofenac sodium diflorasone diacetate fluocinolone acetonide fluocinonide fluocinonide/emollient fluorouracil topical fluticasone propionate halobetasol prop/ ammonium lac halobetasol propionate hydrocortisone	Carac Fluoroplex Furacin Humira* (PA) Targretin gel*	Absorica (QL) Acanya Aclovate (PA, ST) Ala-Scalp HP (PA, ST) Alcortin A Aldara Aqua Glycolic HC (PA, ST) Atralin (AGE) Avar Avar LS Avita Bactroban Benoxylodoxy 30 Benzacilin Benzamycin Pak Benzefoam Capex Shampoo (PA, ST) Carmol HC (PA, ST) Clindacin Pac Clobex (PA, ST) Clodan (PA, ST) Cloderm (PA, ST) Condylox Cordran (PA, ST) Cordran SP (PA, ST) Cosentyx* (PA) Cutivate (PA, ST) Derma-Smoothe/FS (PA, ST) Dermasorb AF Dermasorb HC (PA,ST) Dermasorb TA (PA,ST) Dermasorb XM Dermatop (PA, ST) Desonate (PA, ST) Desowen (PA, ST) Differin (AGE) Diprolene (PA, ST) Diprolene AF (PA, ST)

**GENERICS**

**PREFERRED BRANDS**

**NON-PREFERRED BRANDS**

**SKIN CONDITIONS (CONTINUED)**

hydrocortisone acetate/ aloe vera		Dovonex
hydrocortisone acetate/urea		Doxycycline IR-DR
hydrocortisone butyrate		Duac
hydrocortisone valerate		Ecoza
imiquimod		Elidel (PA, ST)
isotretinoin (QL)		Elocon (PA, ST)
methoxsalen, rapid		Enbrel* (PA)
metronidazole		Epiduo
mometasone		Exelderm
podofilox		First Hydrocortisone (PA, ST)
prednicarbate		Halog (PA, ST)
salicylic acid		Hydro 35
Sotret (QL)		Jublia (PA, ST)
sulfacetamide		Kenalog aerosol (PA, ST)
sulfacetamide sodium		Keralac
sulfacetamide sodium/sulfur		Kerydin (PA, ST)
sulfacetamide/sulfur/ cleanser		Klaron
tacrolimus ointment		Locoid (cream, ointment, solution, lotion)
tretinoin (AGE)		Locoid Lipocream (PA, ST)
triamcinolone acetonide		Loprox shampoo
urea		Luxiq (PA, ST)
		Luzu
		Metrogel
		Metro lotion
		Naftin
		Neuac
		Noritate
		Nucort (PA, ST)
		Olux (PA, ST)
		Olux-E (PA, ST)
		Onexton
		Oracea
		Otezla* (PA)
		Ovace Plus cream, lotion and wash
		Pandel (PA, ST)
		Panretin*
		Pediaderm HC/TA (PA, ST)
		Plexion
		Protopic (PA, ST)
		Regranex (PA)
		Remicade* (PA)
		Retin-A cream (PA, AGE)
		Retin-A Micro (PA, AGE)
		Retin-A Micro Pump (PA, AGE)
		Riaz
		Rosula
		Scalacort DK (PA, ST)

# Advantage Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>SKIN CONDITIONS (CONTINUED)</b>		
		Solaraze Soolantra Soriatane Sorilux Stelara* (PA) Sumadan XLT Synalar (PA, ST) Synalar TS (PA, ST) Talconex Tazorac Temovate (PA, ST) Texacort (PA, ST) Topicort (PA, ST) Topicort LP (PA, ST) Tretin-X (PA) Ultrasal-ER Ultravate (PA, ST) Ultravate X (PA, ST) Umecta Vanos (PA, ST) Vectical Verdeso (PA, ST) Vytone Xolegel Ziana Zyclara (PA, ST)
<b>SLEEP</b>		
eszopiclone zaleplon zolpidem zolpidem ER		Ambien (PA, ST) Ambien CR (PA, ST) Belsomra (PA, ST) Edluar (PA, ST) Intermezzo (PA, ST) Lunesta (PA, ST) Rozerem (PA, ST) Silenor Sonata (PA, ST) Zolpimist (PA, ST)
<b>TRANSPLANT</b>		
azathioprine* cyclosporine* mycophenolate mofetil* mycophenolate sodium* sirolimus* tacrolimus*	Azasan* Cellcept* Prograf* Rapamune* Sandimmune*	Imuran* Myfortic* Neoral* Zortress*



GENERICS	PREFERRED BRANDS	NON-PREFERRED BRANDS
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**VITAMINS**

*\*All plans cover all generic prescription prenatal vitamins, even though not listed here. Available as generic where ^ is noted.*

calcitriol cyanocobalamin folic acid	Nestabs^ Nestabs ABC Nestabs DHA^ OB Complete^ OB Complete DHA^ OB Complete One OB Complete Petite OB Complete Premier OB Complete with DHA Prefera OB Prefera-OB ONE^ Prefera-OB Plus DHA^	Active OB^ Cadeau DHA Citranatal 90 DHA Citranatal Assure^ Citranatal DHA Citranatal Harmony^ Citranatal Rx Eligen B12 Feriva 21-7 Folet DHA Folet One Infanate Balance MaxFe Nascobal Natelle One^ Neevo DHA Prenaissance Next-B Prenatal 19^ Prenate AM Prenate Chewable Prenate DHA Prenate Elite Prenate Enhance Prenate Essential Prenate Mini Prenate Pixie Prenate Restore Prenate Star Select-OB TL Folate Tricare Prenatal DHA One Vinate DHA Virt-Bal DHA^ Vita Fol-OB DHA Vitafol Nano Vita-Fol One Vitafol Ultra VitaMedMD Plus Rx VitaMedMD Redichew RX Vitapearl VP CH Ultra
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**MISCELLANEOUS**

aminocaproic acid* buprenorphine buprenorphine HCl/ naloxone HCl (PA) cyclobenzaprine	Aranesp* (PA) Cortifoam Epifoam Epogen* (PA) Fosrenol	Ana-Lex Analpram Advanced Analpram-E Analpram HC Arcalyst* (PA)
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# Advantage Prescription Drug List

GENERIC	PREFERRED BRANDS	NON-PREFERRED BRANDS
<b>MISCELLANEOUS (CONTINUED)</b>		
doxercalciferol	Harvoni* (PA)	Brisdelle (QL)
hydrocodone/ chlorpheniramine suspension	Leukine*	Bunavail (PA)
hydrocortisone	Procrit* (PA)	Buphenyl
ivermectin	Renvela	Cerdelga* (PA)
leucovorin*	Sovaldi* (PA)	Cuvposa
levocarnitine		Evzio
lidocaine-hydrocortisone- aloe		Feriva FA
lindane		Ferric citrate
megestrol		Gattex* (PA)
methocarbamol		Hectorol
naltrexone		Hetlioz (PA)
paricalcitol*		Ilaris* (PA)
pentoxifylline		Klor-Con M15
pramoxine/hydrocortisone		Kuvan*
pseudoephed/hydrocodone/ cpm		Lupaneta Pack* (PA)
quinine sulfate		Lysteda*
riluzole*		Metopirone
sodium phenylbutyrate		Mircera* (PA)
sodium polystyrene sulfonate		Natroba
spinosad		Neo-Synalar
tizanidine		Nimotop
tranexamic acid*		Nymalize
		Nuedexta
		Obredon
		Oxandrin (PA)
		Phoslo
		Phoslyra
		Procysbi* (PA)
		Promacta* (PA)
		Pulmozyme* (PA)
		Ravicti* (PA)
		Rectiv
		Renagel
		Revia
		Rilutek*
		Sklice
		SPS
		Stromectol
		Suboxone (PA)
		Tussicaps
		Tussionex
		Uceris
		Ulesfia
		Velphoro
		Viekira Pak* (PA)
		Vituz
		Zanaflex
		Zavesca* (PA)
		Zemplar*
		Zubsolv (PA)
		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 (OTC) 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 Prilosec, Prilosec and Zantac (Aciphex, Kapidex, Nexium, Acid, 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. Implantable contraceptive products.
8. Any fertility medication.
9. Any medications used for treatment of sexual dysfunction, including but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
10. Any prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products.
11. 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.
12. Any diet pills or appetite suppressants (anorectics).
13. Prescription smoking cessation products.
14. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis (the prevention of travel-related diseases).
15. Replacement of prescription medications and related supplies due to loss or theft.
16. Medications used to enhance athletic performance.
17. 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.
18. Prescriptions more than one year from the original date of issue.
19. Any Human Growth Hormone medications.

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 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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