



# ASCENSION 4-TIER PRESCRIPTION DRUG LIST

**As of July 1, 2018**

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879700 h Ascension 4-Tier w DRT 09/18



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## Your prescription drug list

This document shows the most commonly prescribed medications covered on the Standard Prescription Drug List as of July 1, 2018.<sup>1</sup> All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers or (coverage/cost levels).

**It's important to know that this is not a complete list of covered medications, and not all of the medications listed here may be covered by your specific plan.**

## How to read your drug list

**Use the sample chart below to help you understand this drug list. This chart is just an example. It may not show how these medications are actually covered on the Standard Prescription Drug List.**

TIER 1 \$	TIER 2 \$\$
<b>INFECTIONS</b>	
acyclovir	Albenza
adefovir**	Baraclude solution**
amoxicillin	Ceftin
amoxicillin ER	Cipro
amoxicillin-clavulanate ER	Daklinza** (PA)
amoxicillin-clavulanate	Daraprim (PA)
atovaquone	E.E.S. 400
avidoxy	Eryped 400
azithromycin	Ery-Tab
cefdinir	Harvoni** (PA)
cefixime	Kitabis Pak*
cefprozil	Sovaldi** (PA)
cefuroxime	Stromectol
cephalexin	Tamiflu (QL)
ciprofloxacin	Thalomid** (PA)
clarithromycin	Uretron D-S
clarithromycin ER	Vibramycin
clindamycin	
doxycycline	

**Tier** (coverage/cost level) gives you an idea of how much you may pay for a medication

Medications are grouped by the **condition** they treat

**Oral specialty medications** have a double asterisk (\*\*) listed next to them

Medications are listed in **alphabetical** order within each column

**Specialty medications** have an asterisk (\*) listed next to them

Medications that have coverage requirements will have an **abbreviation** listed next to them

Brand name medications are **capitalized**

Generic medications are **lowercase**

This chart is just a sample. It may not show how these medications are actually covered on the Ascension Prescription Drug List.

## Tiers

Covered medications are divided into tiers or cost levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

› <b>Tier 1 – Typically Generics</b>	(Lower-cost medication)	\$
› <b>Tier 2 – Typically Preferred Brands</b>	(Medium-cost medication)	\$\$
› <b>Tier 3 – Typically Non-Preferred Brands</b>	(Higher-cost medication)	\$\$\$
› <b>Tier 4 – Specialty Medications</b>	(Highest-cost medication)	\$\$\$\$

## Abbreviations next to medications

Some medications on your drug list have additional requirements before they may be covered by your plan. This helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation. These medications will have an abbreviation next to them in the drug list. Here's what each of the abbreviations mean.

<b>(PA)</b>	<b>Prior Authorization</b> – Cigna will review information provided by your doctor to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.
<b>(ST)</b>	<b>Step Therapy</b> – The Step Therapy program encourages the use of lower-cost medications (generics and preferred brands) to treat certain conditions. Certain high-cost brand medications require Step Therapy. This means your plan requires you to try a lower-cost alternative first, before the higher-cost brand may be covered (unless you receive approval from Cigna).
<b>(QL)</b>	<b>Quantity Limits</b> – For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.
<b>(AGE)</b>	<b>Age Requirements</b> – You must be within a specific age range for your plan to cover the medication.

## Brand name medications are capitalized

In this drug list, brand name medications are capitalized and generic medications are lowercase.

## Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, injectable specialty medications are marked with an asterisk (\*) and oral specialty medications are marked with a double asterisk (\*\*).

Injectable specialty medications are typically covered on Tier 4 (see page 15), but some are covered on a lower tier. In this drug list, those medications are listed alphabetically by condition. Your plan may cover oral specialty medications differently than injectable specialty medications. Your plan may also limit you to a 30-day supply and/or require the use of a preferred specialty pharmacy.

## No cost-share preventive medications are marked with a plus sign

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires that most plans cover certain categories of medications and other products as preventive care services. In this drug list, medications with a plus sign (+) next to them may be available to you at no cost-share (copay, coinsurance and/or deductible).

## Plan exclusions

Some medications shown in this drug list may not be covered by your specific plan. For example, your plan may not cover medications used for weight loss or to treat infertility. In this drug list, these medications have a carat (^) next to them.

## How to find your medication

Find your condition in the alphabetical list below. Then go to that page to see the covered medications available to treat the condition.

Condition	Page	Condition	Page
AIDS/HIV	6	GASTROINTESTINAL/HEARTBURN	9, 10
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	10
ALZHEIMER'S DISEASE	6	INFECTIONS	10, 11
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	MISCELLANEOUS	11
ASTHMA/COPD/RESPIRATORY	6	MULTIPLE SCLEROSIS	11
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	NUTRITIONAL/DIETARY	11
BLOOD MODIFIERS/BLEEDING DISORDERS	7	OSTEOPOROSIS PRODUCTS	11
BLOOD PRESSURE/HEART MEDICATIONS	7	PAIN RELIEF AND INFLAMMATORY DISEASE	12, 13
BLOOD THINNERS/ANTI-CLOTTING	7, 8	PARKINSON'S DISEASE	13
CANCER	8	SCHIZOPHRENIA/ANTI-PSYCHOTICS	13
CHOLESTEROL MEDICATIONS	8	SEIZURE DISORDERS	13
DIABETES	8, 9	SKIN CONDITIONS	13, 14
DIURETICS	9	SLEEP DISORDERS/SEDATIVES	14
EAR MEDICATIONS	9	SMOKING CESSATION	14
ERECTILE DYSFUNCTION	9	SUBSTANCE ABUSE	14
EYE CONDITIONS	9	TRANSPLANT MEDICATIONS	14
FEMININE PRODUCTS	9	URINARY TRACT CONDITIONS	14
		WEIGHT MANAGEMENT	14

# Cigna Standard 4-Tier Prescription Drug List

Specialty medications covered on Tier 4 are listed on page 15.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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## AIDS/HIV

abacavir- lamivudine**	Isentress HD**	Atripla**
lamivudine- zidovudine**	Isentress**	Complera**
nevirapine ER**	Norvir**	Descovy**
nevirapine**	Prezista**	Evotaz**
	Selzentry**	Genvoya**
	Truvada**	Intelence**
		Odefsey**
		Prezcobix**
		Reyataz**
		Stribild**
		Sustiva**
		Tivicay**
		Triumeq**
		Viread**

## ALLERGY/NASAL SPRAYS

azelastine		
epinephrine auto- injector (QL)		
fluticasone		
ipratropium		
mometasone spray (QL)		

## ALZHEIMER'S DISEASE

donepezil	Mestinon syrup	Mestinon tablet
donepezil ODT	Namenda	Namenda
memantine	titration pack	Namenda XR
pyridostigmine		Namenda XR titration pack (QL)
pyridostigmine ER		Namzaric (QL)
rivastigmine		

## ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Effexor XR (ST, QL)
alprazolam ER		Fetzima (ST, QL)
alprazolam intensol		Forfivo XL (ST, QL)
alprazolam ODT		Onfi
alprazolam XR		Pristiq 50mg (ST)
amitriptyline		Pristiq 25mg, 100mg (ST, QL)
bupropion (QL)		Prozac (ST, QL)
bupropion SR (QL)		Sarafem (ST)
bupropion XL (QL)		Trintellix (ST)
buspiron		Viibryd (ST)
citalopram (QL)		Wellbutrin SR (ST, QL)
clomipramine		Xanax
desvenlafaxine 50mg		Xanax XR
desvenlafaxine ER 25mg, 100mg (QL)		Zoloft (ST, QL)
diazepam		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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## ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)

duloxetine (QL)		
escitalopram (QL)		
fluoxetine (QL)		
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

## ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Adcirca** (PA)
budesonide	Advair HFA	Adempas** (PA)
ipratropium- albuterol	Anoro Ellipta	Arcapta Neohaler
levulbuterol HFA	Atrovent HFA	Daliresp (QL)
montelukast	Breo Ellipta	Kalydeco** (PA)
	Combivent	Letairis** (PA)
	Respimat	Ofev** (PA)
	Flovent HFA	Opsumit** (PA)
	Incruse Ellipta	Orenitram ER** (PA)
	ProAir HFA	Orkambi** (PA)
	ProAir RespiClick	Pulmicort
	Pulmicort	Revatio** (PA)
	Flexhaler	Tracleer** (PA)
	Pulmozyme** (PA)	Tyvaso** (PA)
	QVAR	Uptravi** (PA)
	QVAR Redihaler	
	Serevent Diskus	
	Spiriva	
	Spiriva Respimat	
	Stiolto Respimat	
	Striverdi	
	Respimat	
	Symbicort	
	Trelegy Ellipta (ST)	
	Ventolin HFA	

## Cigna Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine	Vyvanse	Adderall (ST)
dexmethylphenidate		Adderall XR (ST)
dexmethylphenidate ER		Adzenys ER (ST)
dextroam- phetamine-		Adzenys XR-ODT (ST)
amphetamine ER		Aptensio XR (ST)
dextroam- phetamine-		Concerta (ST)
amphetamine		Dyanavel XR (ST)
guanfacine ER		Evekeo (ST)
Metadate ER		Focalin (ST)
methylphenidate		Focalin XR (ST)
methylphenidate CD		Methylin (ST)
methylphenidate ER		Quillichew ER (ST)
methylphenidate LA		Quillivant XR (ST)
		Ritalin (ST)
		Ritalin LA 10mg
		Ritalin LA (ST)
		Strattera

### BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid**	Amicar**	Promacta** (PA)
	Droxia	

### BLOOD PRESSURE/HEART MEDICATIONS

Afeditab CR	Bystolic	Azor
amlodipine	Byvalson	Bayer Chewable
amlodipine-	Corlanor (PA)	Aspirin+
benazepril	Entresto (PA)	Benicar (ST)
amlodipine-	Multaq	Benicar HCT (ST)
olmesartan	Nitro-Dur 0.3mg,	BiDil (QL)
amlodipine-	0.8mg	Cardizem LA
valsartan	Tekturna	Coreg CR
amlodipine-	Tekturna HCT	Cozaar (ST)
valsartan-HCTZ		Diovan (ST)
Aspir 81+		Diovan HCT (ST)
Aspir-Low+		Edarbi (ST)
atenolol		Edarbyclor (ST)
atenolol-		Epaned (ST)
chlorthalidone		Exforge
benazepril		Hemangeol
benazepril-HCTZ		Hyzaar (ST)
Bufferin+		Inderal LA
candesartan		Inderal XL
Cartia XT		Innopran XL
carvedilol		Lotrel
clonidine		Micardis (ST)
Digitek		Nitro-Dur 0.2mg,
Digox		0.4mg, 0.6mg
digoxin		Nitrolingual
diltiazem		Nitromist

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### BLOOD PRESSURE/HEART MEDICATIONS (cont)

diltiazem CD		Northera** (PA)
diltiazem ER		Norvasc
Dilt-XR		Ranexa (ST, QL)
dofetilide (QL)		Tiazac
doxazosin		Tikosyn (QL)
Ecotrin+		Tribenzor
EcPirin+		Vasotec (ST)
enalapril		
flecainide		
hydralazine		
irbesartan		
isosorbide		
isosorbide ER		
labetalol		
lisinopril		
lisinopril-HCTZ		
losartan		
losartan-HCTZ		
Matzim LA		
metoprolol		
nadolol		
nifedipine		
nifedipine ER		
olmesartan		
olmesartan-		
amlodipine-HCTZ		
olmesartan-HCTZ		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
Taztia XT		
telmisartan		
telmisartan-HCTZ		
tri-buffered aspirin+		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil SR		

### BLOOD THINNERS/ANTI-CLOTTING

aspirin-	Brilinta	Coumadin
dipyridamole ER	Eliquis	Effient
clopidogrel	Fragmin* (QL)	Pradaxa
enoxaparin* (QL)	Xarelto	Savaysa
fondaparinux* (QL)		Zontivity
Jantoven		

## Cigna Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### BLOOD THINNERS/ANTI-CLOTTING (cont)

prasugrel  
warfarin

### CANCER

anastrozole	Gleostine	Afinitor** (PA)
bexarotene** (PA)	Nexavar** (PA)	Alecensa** (PA)
capecitabine** (PA)	Revlimid** (PA)	Arimidex
exemestane	Sprycel** (PA)	Bosulif** (PA)
imatinib** (PA)	Sutent** (PA)	Cabometyx** (PA)
letrozole	Tarceva** (PA)	Cometriq** (PA)
mercaptopurine	Tasigna** (PA)	Cotellic** (PA)
methotrexate**	Trexall**	Erivedge** (PA)
raloxifene+		Fareston (QL)
tamoxifen+		Gilotrif** (PA)
temozolomide* (PA)		Gleevec** (PA)
		Ibrance** (PA)
		Iclusig** (PA)
		Imbruvica** (PA)
		Inlyta** (PA)
		Jakafi** (PA)
		Kisqali** (PA)
		Lenvima** (PA)
		Lonsurf** (PA)
		Lynparza** (PA)
		Mekinist** (PA)
		Ninlaro** (PA)
		Pomalyst** (PA)
		Purixan**
		Rubraca** (PA)
		Stivarga** (PA)
		Tafinlar** (PA)
		Tagrisso** (PA)
		Targretin** (PA)
		Tykerb** (PA)
		Verzenio** (PA)
		Votrient** (PA)
		Xalkori** (PA)
		Xtandi** (PA)
		Zejula** (PA)
		Zelboraf** (PA)
		Zytiga** (PA)

### CHOLESTEROL MEDICATIONS

atorvastatin	Welchol	Crestor (ST)
atorvastatin 10mg, 20mg+		Livalo (ST)
ezetimibe		Vascepa
fenofibrate		Vytorin (ST)
fenofibric acid		Zetia
fluvastatin 20mg, 40mg+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CHOLESTEROL MEDICATIONS (cont)

fluvastatin ER 80mg+  
lovastatin 20mg,  
40mg+  
niacin ER  
Niacor  
omega-3 acid ethyl  
esters  
pravastatin+  
rosuvastatin  
rosuvastatin 5mg,  
10mg+  
simvastatin  
simvastatin 10mg,  
20mg, 40 mg+  
simvastatin 80mg  
(QL)  
Triрко

### DIABETES

BD insulin syringes/ pen needles	Accu-Chek Test Strips	Cycloset
glimepiride	Basaglar	Glucophage
glipizide	Bydureon (QL)	Glucophage XR
glipizide ER	Byetta	Humalog (PA)
glipizide XL	Farxiga	Humulin (PA)
metformin	GlucaGen	Invokana (PA)
metformin ER (generic of Glucophage XR)	HypoKit (QL)	Kombiglyze XR
NovoFine	Glucagon Emergency Kit (QL)	Korlym** (PA)
NovoTwist	Glyxambi	Lantus (PA)
	Janumet	Onglyza
	Janumet XR	Riomet
	Januvia	VGo
	Jardiance	
	Levemir	
	Novolin	
	Novolog	
	OneTouch test strips and meters	
	QTERN	
	Soliqua	
	SymLinPen	
	Synjardy	
	Synjardy XR	
	Tresiba	
	Trulicity (QL)	



## Cigna Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### DIABETES (cont)

	Victoza Xigduo XR	
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### DIURETICS

acetazolamide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ	Diuril Dyrenium	Dyazide Lasix Maxzide Samsca**
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### EAR MEDICATIONS

neomycin- polymyxin- hydrocortisone ofloxacin	Cipro HC Ciprodex	
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### ERECTILE DYSFUNCTION

sildenafil (QL)	Cialis (QL) Muse (QL)	Levitra (ST, QL) Staxyn (ST, QL) Viagra (ST, QL)
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### EYE CONDITIONS

bacitracin brimonidine ciprofloxacin dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin- polymyxin- dexamethasone ofloxacin polymyxin B sul- trimethoprim prednisolone timolol tobramycin tobramycin- dexamethasone	Alphagan P 0.1% Azasite Azopt Betimol Betoptic S Lotemax drops, suspension Moxeza Restasis Simbrinza Tobradex ointment Travatan Z Xiidra	Acuvail Alphagan P 0.15% Alrex Besivance Bromsite Combigan Cosopt PF Cystaran* (QL) Durezol Ilevro Lotemax ointment Lumigan Nevanac Prolensa Tobradex drops Tobradex ST Vigamox Xalatan Zioptan (ST, QL) Zirgan Zylet
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### FEMININE PRODUCTS

Fem pH Gynazole 1 miconazole 3 terconazole		AVC Relagard Terazol 7
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### GASTROINTESTINAL/HEARTBURN

Alophen+ alosetron** Anucort-HC balsalazide Bisa-Lax+ bisacodyl+ chlordiazepoxide- clidinium Clearlax+ dicyclomine diphenoxylate- atropine dronabinol Ducodyl+ esomeprazole (QL) famotidine Gavilax+ Gavilyte-C+ Gavilyte-G+ Gavilyte-N+ GentleLax+ Glycolax+ HealthyLax+ Hemmorex-HC hydrocortisone suppository lansoprazole (QL) lansoprazole- amoxicillin- clarithromycin (combo pak) LaxaClear+ mesalamine enema, 1.2gm tablet metoclopramide metoclopramide ODT Natura-Lax+ omeprazole (QL) ondansetron ondansetron ODT pantoprazole (QL) PEG 3350-electrolyte+ PEG-Prep+ Phenadoz Powderlax+ promethazine suppository	Apriso Canasa Carafate suspension Creon GoLYTELY packet Pentasa Zenpep	Akynzeo** (PA, QL) Amitiza Carafate tablet Cholbam** (PA) Clenpiq CoLyte with flavor packets+ Correctol+ Diclegis Donnatal Dulcolax+ Gialax+ GoLYTELY solution+ Kristalose Lialda (ST) Linzess Miralax+ Movantik (PA) MoviPrep+ Nulytely with flavor packets+ Ocaliva** (PA) OsmoPrep+ Pancreaze Pertzeye Prepopik+ Ravicti** Rectiv Relistor (PA) Sancuso (PA, QL) Sensipar** sfRowasa Sucraid* Suprep+ Symproic (PA) Varubi** (PA, QL) Viberzi Viokace
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## Cigna Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### GASTROINTESTINAL/HEARTBURN (cont)

Promethegan		
Purelax <sup>+</sup>		
rabeprazole (QL)		
ranitidine		
Smooth LAX <sup>+</sup>		
sucralfate		
TriLyte with flavor packets <sup>+</sup>		
ursodiol		

### HORMONAL AGENTS

Amabelz	Androderm	Activella
budesonide EC	(PA, QL)	Alora (QL)
cabergoline (QL)	AndroGel	AndroGel 1.0%
Covaryx	1.62%(PA, QL)	(PA, QL)
Covaryx H.S.	Armour Thyroid	Angeliq
desmopressin	Cytomel 500mcg	Armour Thyroid
dexamethasone	Divigel	15mg
dexamethasone intensol	Duavee	Climara
EEMT	Estring (QL)	Climara Pro
EEMT H.S.	Forteo*	Combipatch
estradiol (QL)	Ganirelix*	Cytomel 5mcg,
estradiol-	Levo-T	25mcg
norethindrone	Premarin	Deltasone
estrogen-	Premphase	Depo-Testosterone
methyltestosterone	Prempro	Elestrin
levothyroxine	Unithroid	Emflaza** (PA)
Levoxyl		Entocort EC
liothyronine		Estrace
Locort		Estrogel
medroxy-		Evamist
progesterone		Femring
methimazole		Menostar (QL)
methylprednisolone		Minivelle (QL)
Millipred		Osphena
Millipred DP		Royaldee
Mimvey		Striant (PA, QL)
Mimvey Lo		Synthroid
Nature-Throid		Tirosint
norethindrone		Vagifem (QL)
NP Thyroid		Vivelle-Dot (QL)
prednisolone		
prednisolone ODT		
prednisone		
prednisone intensol		
progesterone		
testosterone (PA, QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### HORMONAL AGENTS (cont)

testosterone cypionate		
Thyroid		
Unithroid 75mcg		
Westhroid		
WP Thyroid		
yuvafem (QL)		

### INFECTIONS

acyclovir	Albenza	Alinia
amoxicillin	Baraclude	Bactrim
amoxicillin-	solution*	Bactrim DS
clavulanate ER	Biltricide	Baraclude tablet**
amoxicillin-	Ceftin	Cayston*
clavulanate	Cipro	Cleocin
atovaquone	Daraprim** (PA)	Clindesse
Avidoxy	E.E.S. 400	Cresemba (PA)
azithromycin	Epclusa** (PA)	Dificid (PA)
cefdinir	Ery-Tab 333mg,	Eryped 200
cefixime	500mg	Ery-Tab 250mg
cefuroxime	Harvoni** (PA)	Monurol
cephalexin	Kitabis Pak*	Noxafil
ciprofloxacin	Mavyret** (PA)	PCE
clarithromycin	Sovaldi** (PA)	Plaquenil
clarithromycin ER	Thalomid** (PA)	Sulfatrim
clindamycin	Uretron D-S	Suprax
Coremino	Vibramycin syrup	Tamiflu (QL)
dapsone	Vosevi** (PA)	Tobi Podhaler**
doxycycline		Uribel
doxycycline IR-DR		Urogesic-Blue
doxycycline monohydrate		UTA
Emverm		Valtrex
entecavir**		Vemlidy**
erythromycin		Vibramycin capsule, suspension
famciclovir		Xifaxan
fluconazole		Zepatier** (PA)
hydroxychloroquine		Zithromax
itraconazole		Zmax
levofloxacin		
metronidazole		
minocycline		
minocycline ER		
Mondoxylene NL		
Morgidox capsule		
moxifloxacin tablet		
nitrofurantoin		
nystatin		
Okebo		

## Cigna Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### INFECTIONS (cont)

oseltamivir (QL)		
penicillin V		
sulfamethoxazole- trimethoprim		
terbinafine		
tetracycline		
tinidazole		
tobramycin*		
valacyclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

### MISCELLANEOUS

disulfiram	Cerdelga** (PA)	Addyi (QL)
NebuSal 3%	Nityr** (PA)	Carbaglu**
PulmoSal		Esbriet** (PA)
sodium chloride		Exjade**
TechLITE lancets		Ferriprox**
tetrabenazine** (PA)		Hyper-Sal
		Jadenu**
		Kuvan** (PA)
		NebuSal 6%
		Nuedexta (QL)
		Orfadin** (PA)
		Syprine** (PA)
		Xenazine** (PA)
		Zavesca** (PA)

### MULTIPLE SCLEROSIS

	Ampyra** (PA)	Zinbryta* (PA)
	Aubagio** (PA)	
	Gilenya** (PA)	
	Tecfidera** (PA)	

### NUTRITIONAL/DIETARY

calcitriol	Bio-D-Mulsion+	Auryxia (QL)
calcium	Bio-D-Mulsion	CitraNatal Bloom
cyanocobalamin injection	Forte+	Concept DHA
D-Vi-Sol+	CitraNatal	Feriva 21-7
D3-2000+	Escavite+	Ferralet 90
D3-50+	Escavite D+	Fosrenol tablet
Decara+	Fosrenol powder	Integra Plus
Delta D3+	Just D+	Irospan
Dialyvit Vitamin D+	Klor-Con M15	Klor-Con 8, 10
Dialyvit Vitamin D3 Max+	K-Tab ER 20mEq	K-Tab ER 8mEq, 10mEq
FA-8+	Maximum D3+	KPN+
	Mephyton	Phoslyra
	MVC-fluoride+	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### NUTRITIONAL/DIETARY (cont)

folic acid+	Nascobal	Renagel
Klor-Con	Nestabs DHA	Renvela
Klor-Con M10, M20	OB Complete	Velphoro
Klor-Con Sprinkle	Optimal D3 M+	Veltassa
lanthanum carbonate	Poly-Vi-Flor+	
levocarnitine	Prefera-OB	
multivitamin with fluoride	Prenate	
multivitamin-iron- fluoride+	Quflora+	
Optimal D3+	Replesta+	
Perry Prenatal+	Replesta NX+	
PNV-DHA	Texavite LQ+	
Poly-Vi-Flor With Iron+	Tristart DHA	
polyvitamins- fluoride+	Tri-Vi-Flor+	
potassium chloride	Urosex+	
Prena1 Pearl	Vitafof	
prenatal vitamin+	VitaMedMD One Rx	
Prenatal+	VitaPearl	
Right Step+	VP-PNV-DHA	
sevelamer		
sodium fluoride+		
Super Daily D3+		
Thera-D+		
tri-vitamin with fluoride-iron+		
tri-vitamin with fluoride+		
Virt-PN DHA		
Vitajoy Daily D+		
vitamin D-400+		
vitamin D2		
vitamin D3+		
vitamins A,C,D and fluoride+		
Zatean-PN DHA		

### OSTEOPOROSIS PRODUCTS

alendronate	Tymlos*	Actonel (ST)
alendronate 40mg (QL)		Atelvia (ST)
ibandronate		Fosamax Plus D (ST)
raloxifene		
risedronate		
risedronate DR		

## Cigna Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA, QL)	Colcrys Cuprimine** (PA)	Abstral (PA, QL) Actiq (PA, QL)
acitretin	Depen** (PA)	Analpram HC
allopurinol	Embeda (PA, QL)	Butrans (QL)
baclofen	Hysingla ER (PA, QL)	Celebrex (ST, QL) Cosentyx* (PA)
buprenorphine (QL)	Nucynta (PA, QL)	Duragesic (PA, QL)
butalbital- acetaminophen- caffeine-codeine (PA, QL)	Otezla** (PA) Proctofoam-HC Savella	Esgic (QL) Fentora (PA, QL) Fexmid
butalbital- acetaminophen- caffeine (QL)	Subsys (PA, QL) Uloric Xtampza ER (PA, QL)	Flector (ST, QL) Lazanda (PA, QL) Lidoderm Maxalt (QL) Maxalt MLT (QL) Mitigare
carisoprodol		Nucynta ER (PA, QL)
celecoxib (QL)		Onzetra Xsail (QL)
colchicine		Oxaydo (PA, QL)
cyclobenzaprine		Pennsaid (ST)
DermacinRx Empricaine		Percocet (PA, QL)
DermacinRx Prizopak		Procort
diclofenac 1% gel (QL)		Relpax (QL)
diclofenac ER		Voltaren (ST, QL)
diclofenac- misoprostol		Xeljanz XR** (PA) Xeljanz** (PA)
dihydroergotamine (QL)		Zebutal (QL)
eletriptan (QL)		Zohydro ER (PA, QL)
Endocet (PA, QL)		
etodolac		
etodolac ER		
fenoprofen		
Fenortho (ST)		
fentanyl patch (PA, QL)		
Fioricet (QL)		
frovatriptan (QL)		
Glydo		
hydrocodone- acetaminophen (PA, QL)		
hydromorphone (PA, QL)		
hydromorphone ER (PA, QL)		
ibuprofen		
indomethacin		
indomethacin ER		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

ketorolac (QL)		
leflunomide		
lidocaine 5% ointment (QL)		
lidocaine viscous		
lidocaine-prilocaine		
lidopril		
lidopril XR		
LiproZonePak		
Livixil Pak		
Lorcet (PA, QL)		
Lorcet HD (PA, QL)		
Lorcet Plus (PA, QL)		
Lortab (PA, QL)		
Medolor Pak		
meloxicam		
Metaxall		
metaxalone		
methocarbamol		
morphine (PA, QL)		
morphine ER (PA, QL)		
nabumetone		
naproxen		
naproxen DS		
oxycodone (PA, QL)		
oxycodone ER (PA, QL)		
oxycodone- acetaminophen (PA, QL)		
oxymorphone (PA, QL)		
oxymorphone ER (PA, QL)		
Prilolid		
Primlev (PA, QL)		
Profeno		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
Tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Verdrocet (PA, QL)		
Vicodin (PA, QL)		
Vicodin ES (PA, QL)		

## Cigna Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

Vicodin HP (PA, QL)		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		

### PARKINSON'S DISEASE

amantadine	Azilect	Duopa*
benzotropine		Mirapex
bromocriptine		Mirapex ER
carbidopa-levodopa		Neupro
carbidopa-levodopa ER		Rytary
pramipexole		Sinemet
pramipexole ER		Sinemet CR
rasagiline		Tasmar
ropinirole		Xadago
ropinirole ER		

### SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole		Fanapt 12mg (ST)
aripiprazole ODT		Fanapt (ST, QL)
chlorpromazine		Latuda (ST)
haloperidol		Rexulti (ST)
olanzapine		Saphris (ST)
olanzapine ODT		Seroquel (ST)
olanzapine- fluoxetine		Seroquel XR (ST)
paliperidone ER		Vraylar (ST)
quetiapine		
quetiapine ER		
risperidone		
risperidone ODT		
ziprasidone		

### SEIZURE DISORDERS

carbamazepine	Dilantin 30mg	Aptiom
carbamazepine ER	Lamictal ODT	Banzel (QL)
clonazepam	Lamictal XR start kit	Briviact
divalproex		Carbatrol
divalproex ER	Lyrica	Depakote
Epitol	Vimpat	Depakote ER
gabapentin		Dilantin 50mg, 100mg, suspension
lamotrigine		Fycompa
lamotrigine ER		Keppra
lamotrigine ODT		Keppra XR
levetiracetam		Lamictal
levetiracetam ER		Lamictal XR
oxcarbazepine		Oxtellar XR

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SEIZURE DISORDERS (cont)

Roweepra		Phenytek
topiramate		Qudexy XR
topiramate ER 50mg capsule		Sabril**
		Spritam
		Tegretol
		Tegretol XR
		Topamax
		topiramate ER capsule (25mg, 100mg, 150mg, 200mg)
		Trileptal
		Trokendi XR

### SKIN CONDITIONS

acitretin	Aczone 7.5%	Acanya
adapalene (PA)	Azelex	Aczone 5%
Ala-Cort 2.5%	Denavir (QL)	Atralin (PA)
Amnesteem (QL)	Drysol	Desonate (ST)
AVAR cleanser	Epiduo Forte	Desowen (ST)
AVAR-E cream	Eucrisa	Ecoza
BP 10-1	Exelderm	Efudex
calcipotriene	Finacea	Elidel
calcipotriene- betamethasone DP	Fluoroplex	Enstilar
calcitrene	Naftin gel	Epiduo
Claravis (QL)	Santyl (QL)	Fabior
Clindacin ETZ	Tazorac gel, 0.05% cream	Hydro 35
Clindacin P		Hydro 40
clindamycin		Naftin cream
clindamycin- benzoyl peroxide		Nizoral
clindamycin- tretinoin		Onexton
clobetasol		Picato
Clodan shampoo		Retin-A Micro (PA)
clotrimazole- betamethasone		Sklice
desonide		Soolantra
doxepin		Taclonex ointment
econazole		Targetrin gel*
fluocinonide		Tazorac 0.1% cream
fluorouracil		Tolak
hydrocortisone		Topicort (ST)
imiquimod		Tridesilon (ST)
ketoconazole		Umecta
metronidazole		Uramaxin
mupirocin		Veltin
Myorisan (QL)		Xolegel
Neuac gel		

## Cigna Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SKIN CONDITIONS (cont)

nystatin-		
triamcinolone		
oxiconazole		
Permethrin		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		
Rosadan		
Rosanil Scalacort		
lotion		
sulfacetamide-sulfur		
SSS 10-5		
SulfaCleanse 8-4		
tacrolimus ointment		
tretinoin cream,		
gel (PA)		
triamcinolone		
topical		
Triderm		
Zenatane (QL)		

### SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	Belsomra (ST)	Rozerem (ST, QL)
eszopiclone	Silenor (ST)	Xyrem** (PA)
modafinil (PA)		
temazepam		
zolpidem		
zolpidem ER		

### SMOKING CESSATION

bupropion SR+	Chantix	Nicorette+
(generic of Zyban)	Nicotrol	Zyban
NicoDerm CQ+	Nicotrol NS	
Nicorelief+		
nicotine gum+		
nicotine lozenge+		
nicotine patch+		
Quit 2+		
Quit 4+		

### SUBSTANCE ABUSE

buprenorphine	Bunavail	
buprenorphine-	Narcan	
naloxone	Suboxone	
naloxone	Zubsolv	
naltrexone (QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### TRANSPLANT MEDICATIONS

azathioprine**	Cellcept**	Astagraf XL**
mycophenolic	Prograf**	Envarsus XR**
acid**		Myfortic**
sirolimus**		Neoral**
tacrolimus**		Zortress**

### URINARY TRACT CONDITIONS

cevimeline	Cystagon**	Avodart
darifenacin ER	Elmiron	Jalyn
dutasteride	Thiola**	Procysbi** (PA)
finasteride		Pyridium
oxybutynin		Rapaflo
oxybutynin ER		
phenazopyridine		
potassium citrate ER		
tamsulosin		
tolterodine		
tolterodine ER		
trospium		
trospium ER		

### WEIGHT MANAGEMENT

Lomaira		Belviq
phentermine		Belviq XR
		Contrave
		Qsymia
		Saxenda (PA)

## Specialty medications

The injectable medications listed below are typically covered on Tier 4. All of these medications require approval from Cigna before they may be covered by your plan.

DRUG NAME	DRUG CLASS
Actemra* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Apokyn* (PA)	PARKINSON'S DISEASE
Avonex* (PA)	MULTIPLE SCLEROSIS
Benlysta* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Betaseron* (PA)	MULTIPLE SCLEROSIS
Cimzia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cosentyx* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Dupixent* (PA)	SKIN CONDITIONS
Egrifta* (PA)	HORMONAL AGENTS
Enbrel* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Extavia* (PA)	MULTIPLE SCLEROSIS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Intron A* (PA)	CANCER
Kineret* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kynamro* (PA)	CHOLESTEROL MEDICATIONS
methotrexate*	CANCER
Myalept* (PA)	MISCELLANEOUS
Natpara* (PA)	HORMONAL AGENTS
Orencia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Pegasys* (PA)	INFECTIONS
PegIntron* (PA)	INFECTIONS
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
Relistor*(PA)	GASTROINTESTINAL/HEARTBURN
Repatha* (PA)	CHOLESTEROL MEDICATIONS
Serostim* (PA)	HORMONAL AGENTS
Simponi* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Somavert* (PA)	HORMONAL AGENTS

DRUG NAME	DRUG CLASS
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq* (PA)	MISCELLANEOUS
Sylatron** (PA)	CANCER
Taltz* (PA)	SKIN CONDITIONS
Tremfya* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Zorbtive* (PA)	HORMONAL AGENTS



## Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay the full cost of the medication. **We want you to know your plan covers other medications that offer similar health outcomes.**^^ We've listed some below. **You should call your doctor's office to talk about your options.**

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto injector
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g., fluticasone)
	QNASL Children	budesonide fluticasone triamcinolone
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	IR or EC aspirin
DIABETES	Contour, Freestyle, all other test strips and meters	OneTouch test strips and meters
	Afrezza Apidra Apidra SoloStar Fiasp	Humalog Humulin Novolin Novolog
	Fortamet Glumetza metformin ER (generic Fortamet and Glumetza)	metformin ER (generic Glucophage XR)
	Jentadueto Jentadueto XR Kazano Nesina Oseni Tradjenta	Janumet, Janumet XR
	Toujeo SoloStar	Basaglar, Levemir, Tresiba
	Tanzeum	Byetta Bydureon Trulicity
GASTROINTESTINAL/HEARTBURN	Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository
	Librax	chlordiazepoxide-clidinium
	Lotronex	alosetron
	Nexium	esomeprazole
	Omeclamox-Pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)

^^ These medications require approval from Cigna before they may be covered by your plan. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
GASTROINTESTINAL/HEARTBURN ( <i>cont</i> )	OmePPI omeprazole-bicarbonate	omeprazole
	Pepcid	famotidine
	Prevacid Solutab	lansoprazole
	Zegerid	omeprazole
	Zofran	ondansetron
	Zofran ODT	ondansetron ODT
	Zuplenz	ondansetron ondansetron ODT
HORMONAL AGENTS	Dexpak Zonacort Zodex	dexamethasone
	Rayos	prednisone prednisone intensol
	Uceris tablet	budesonide EC
INFECTIONS	Solodyn	Generic products (e.g., doxycycline; minocycline)
	Mycobutin	rifabutin
	Sitavig	acyclovir
	Targadox	tobramycin
	Zovirax	acyclovir
MISCELLANEOUS	Horizant	gabapentin
MULTIPLE SCLEROSIS	Copaxone	Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Rebif, Tecfidera
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Cambia Duexis Naprelan naproxen CR naproxen ER Pennsaid Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)
	Gralise	gabapentin
	Sumavel DosePro Zembrace SymTouch	sumatriptan
	Lorzone	chlorzoxazone
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)
	Sprix	ketorolac

^^ These medications require approval from Cigna before they may be covered by your plan. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	Zomig	zolmitriptan sumatriptan
	Zomig ZMT	zolmitriptan ODT
SKIN CONDITIONS	Clindagel	clindamycin
	diclofenac 3% gel Solaraze	Fluoroplex fluorouracil imiquimod Picato
	Ertaczo Extina Luzu Vusion	ketoconazole
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Locoid Locoid Lipocream	hydrocortisone
	Noritrate	metronidazole Rosadan
	Xerese	desonide acyclovir hydrocortisone
	Ziana	clindamycin-tretinoin
	Zyclara	imiquimod
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Detrol Detrol LA Ditropan XL Enablex Gelnique Oxytrol Toviaz VESIcare	darifenacin ER oxybutynin ER tolterodine ER trospium ER

^^ These medications require approval from Cigna before they may be covered by your plan. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

## Prescription drug list FAQs

Understanding your prescription medication coverage can be confusing. Below are answers to some commonly asked questions.

### Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:<sup>1</sup>

- Moving a medication to a lower cost tier. This can happen at any time during the year.
- Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1<sup>st</sup> and July 1<sup>st</sup>.
- Adding requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

It's important to know that when a medication changes tiers or is no longer covered, you may pay a different amount to fill that medication.

### Why doesn't my plan cover certain medications?

To help lower your overall health care costs, your plan doesn't cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication. If you're taking a medication that isn't covered by your plan and your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA).

### How do you decide which medications are covered?

The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals medications about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Pharmacy Management<sup>®</sup> Business Decision Team then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

### Which medications are covered under the health care reform law?

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter medicines) may be available to you at no cost-share (\$0), depending on your plan. You can also view the PPACA No Cost-Share Preventive Medications drug list on [Cigna.com/druglist](http://Cigna.com/druglist).

For more information about health care reform, visit [www.informedonreform.com](http://www.informedonreform.com) or [Cigna.com](http://Cigna.com).

### Are medications newly approved by the FDA covered on my drug list?

Newly approved medications may not be covered on your drug list for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices covered under standard pharmacy benefit plans. We review all newly approved medications to determine if they should be covered – and if so, at what tier level. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

## Prescription drug list FAQs (cont)

### **How can I save money on my prescription medications?**

You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. Talk with your doctor to find out if one of these options may work for you.

### **What's the difference between brand name and generic medications?**

The FDA requires generic equivalent medications to have the same quality and performance as brand name medications. A generic equivalent medication is the same as a brand name medication in dosage form, active ingredient, strength, route of administration, quality, performance characteristics and intended use. Generics typically cost much less than brand name medications - in some cases, up to 80%-85% less.<sup>3</sup> Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

## 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, 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. 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:<sup>5</sup>

- › 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.



**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.**



1. State laws in Texas and Louisiana require health insurance plans to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, your plan can't make these changes until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.
2. Prices are not guaranteed, and even though a price is displayed in the Drug Cost tool, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. Coverage and pricing may change. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown in the Drug Cost tool.
3. U.S. Food and Drug Administration (FDA) website, "Facts About Generic Drugs." Last updated 06/28/16.
4. Plans vary, so some plans may not include Cigna Specialty Pharmacy or Cigna Home Delivery Pharmacy. Please check your plan materials for more information on what pharmacies are covered under your plan.
5. 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.

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