



ASCENSION 4-TIER PRESCRIPTION DRUG LIST

As of January 1, 2018

Together, all the way.®



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Your prescription drug list

This drug list includes the most commonly prescribed medications covered by your plan as of July 1, 2017.¹ These generic and brand name prescription 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.

Please note that this drug list is not a complete list of covered medications, and not all of the medications listed here may be covered under your specific plan.

How to read your drug list

Use the sample chart below to help you understand this drug list.

TIER 1 \$	TIER 2 \$\$
INFECTIONS	
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 the cost level 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 in each column are listed in **alphabetical** order

Specialty injectable medications have an asterisk listed next to them

Medications that require approval for coverage or have limits will have an **abbreviation** listed next to them

Brand name medications are **capitalized**

Generic medications are **lowercase**

For illustrative purposes only.

Here's more helpful information on how to read this drug list:

Tiers

Covered medications are divided into tiers, or coverage/cost levels. The tier the medication is listed in determines how much you'll pay when you fill the prescription. Typically, the higher the tier, the greater the cost of the medication.

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

Abbreviations next to medications

Certain medications may require approval to be covered under your plan. These medications will have an abbreviation listed next to them in the drug list. Here's what each of these abbreviations mean.

(PA)	Prior Authorization - Your doctor has to provide Cigna with information about why you need to use this medication. The medication will only be covered if your doctor requests and receives approval from Cigna.
(ST)	Step Therapy - Certain brand name medications are part of our Step Therapy program. In Step Therapy, you need to try the most cost-effective, appropriate medications available before your plan approves more expensive brand name medications. Typically, these are generics or lower-cost brands.
(QL)	Quantity Limits - You can only get coverage for this medication for a certain number of doses over a certain number of days. For example, 30mg per day for 30 days.
(AGE)	Age Requirements - You must be within a specific age range for this medication to be covered.

Brand name medications are capitalized

In this drug list, brand name medications are capitalized and generic medications begin with a lowercase letter.

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, specialty injectable medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**). Specialty medications are typically covered on the fourth tier and/or require the use of a preferred specialty pharmacy. Oral specialty medications may be covered differently than injectable specialty medications.

Ascension Standard 4-Tier Prescription Drug List

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

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

ALLERGY/NASAL SPRAYS

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

ALZHEIMER'S DISEASE

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Aplenzin (ST)
alprazolam ER		Ativan Brisdelle (QL)
alprazolam intensol		Cymbalta (ST)
alprazolam ODT		Effexor XR (ST)
alprazolam XR		Fetzima (ST)
amitriptyline		Forfivo XL (ST)
bupropion		Lexapro (ST)
bupropion SR		Onfi
bupropion XL		Pristiq (ST)
bupirone		Prozac (ST)
citalopram		Sarafem (ST)
clomipramine		Trintellix (ST)
duloxetine		Viibryd (ST)
escitalopram		Wellbutrin SR (ST)
fluoxetine		Wellbutrin XL (ST)
fluoxetine DR		Xanax
fluvoxamine		Xanax XR
fluvoxamine ER		Zoloft (ST)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/BIPOLAR DISORDER

(cont)

lorazepam		
lorazepam intensol		
paroxetine		
paroxetine CR		
paroxetine ER		
sertraline		
trazodone		
venlafaxine		
venlafaxine ER		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Adcirca** (PA)
budesonide	Advair HFA	Adempas** (PA)
fluticasone- salmeterol	Anoro	AirDuo RespiClick (ST)
montelukast	Ellipta	Arnuity Ellipta (ST)
	Breo	Asmanex
	Ellipta	Asmanex HFA
	Combivent	Dulera (ST)
	Respimat	Kalydeco** (PA)
	Flovent	Letairis** (PA)
	Diskus	Ofev** (PA)
	Flovent HFA	Opsumit** (PA)
	Incruse Ellipta	Orenitram ER** (PA)
	ProAir HFA	Orkambi** (PA)
	ProAir RespiClick	Proventil HFA
	Pulmicort	Pulmicort Respules
	Flexhaler	Tracleer** (PA)
	Pulmozyme** (PA)	Tyvaso** (PA)
	QVAR	Uptravi** (PA)
	Serevent	Xopenex HFA
	Diskus	
	Spiriva	
	Spiriva Respimat	
	Stiolto Respimat	
	Striverdi	
	Respimat	
	Symbicort	
	Ventolin HFA	

Ascension Standard 4-Tier Prescription Drug List

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

dexamethylphenidate	Vyvanse	Adderall (ST)
dexamethylphenidate ER		Adderall XR (ST)
dextroamphetamine-amphet ER		Aptensio XR (ST)
dextroamphetamine-amphetamine		Concerta ER (ST)
guanfacine ER		Focalin (ST)
metadate ER		Focalin XR (ST)
methylphenidate		Methylin (ST)
methylphenidate CD		Mydayis ER
methylphenidate ER		Quillichew ER (ST)
methylphenidate LA		Ritalin LA 10mg
		Ritalin (ST)
		Ritalin LA (ST)
		Strattera

BLOOD MODIFIERS/BLEEDING DISORDERS

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

Afedritab CR	Bystolic	Azor
amiodarone	Byvalson	Bayer chewable aspirin+
amlodipine	Corlanor (PA)	Benicar (ST)
amlodipine-benazepril	Entresto (PA)	Benicar HCT (ST)
amlodipine-valsartan	Haegarda* (PA)	BiDil
amlodipine-valsartan HCTZ	Multaq	Cardizem
Aspirin 81+	Nitro-Dur 0.3mg, 0.8mg	Cardizem CD
aspirin 81mg+	Tekturna	Cardizem LA
aspirin EC 81mg+	Tekturna HCT	Cozaar (ST)
Aspir-Low+		Diovan (ST)
atenolol		Diovan HCT (ST)
atenolol-chlorthalidone		Ecotrin+
benazepril		Edarbi (ST)
bisoprolol-HCTZ		Edarbyclor (ST)
candesartan		Exforge
Cartia XT		Exforge HCT
carvedilol		GoNitro
children's aspirin+		Hemangeol
clonidine		Inderal LA
Digitek		Inderal XL
Digox		Innopran XL
digoxin		Lotrel
diltiazem		Micardis (ST)
diltiazem ER		Nitro-Dur 0.1mg, 0.2mg, 0.4mg, 0.6mg
Dilt-XR dofetilide (QL)		Nitrolingual
		Nitromist
		Nitrostat

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

Doxazosin		Nothera* (PA)
EcPirin+		Norvasc
enalapril		Ranexa (ST, QL)
flecainide		Tiazac
hydralazine		Tikosyn
irbesartan		Toprol XL
isosorbide		Tribenzor
isosorbide ER		
labetalol		
lisinopril		
lisinopril-HCTZ		
losartan		
losartan-HCTZ		
low-dose aspirin EC+		
Matzim LA		
metoprolol		
nadolol		
nifedipine		
nifedipine ER		
nisoldipine		
olmesartan		
olmesartan-HCTZ		
Pacerone		
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-dipyridamole ER	Brilinta	Pradaxa
clopidogrel	Effient	Savaysa
enoxaparin* (QL)	Eliquis	
fondaparinux* (QL)	Fragmin* (QL)	
warfarin	Xarelto	

Ascension Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CANCER MEDICATIONS

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

CHOLESTEROL MEDICATIONS

amlodipine-	Welchol	Antara
atorvastatin		Crestor (ST)
atorvastatin		Korlym (PA)
atorvastatin 10mg,		Lipitor (ST)
20mg+		Livalo (ST)
fenofibrate		Vascepa
fenofibric acid		Vytorin (ST)
fluvastatin 20mg,		Zetia
40mg+		
fluvastatin ER		
80mg+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CHOLESTEROL MEDICATIONS (con)

lovastatin 20mg,		
40mg+		
niacin ER		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin		
rosuvastatin 5mg,		
10mg+		
simvastatin		
simvastatin 10mg,		
20mg, 40mg+		

DIABETES

BD insulin syringes/ pen needles	Accu-Chek test strips and meters	Basaglar
glimepiride	Bydureon (QL)	Glucophage
glipizide	Byetta	Glucophage XR
glipizide ER	Farxiga	Humalog (PA)
glipizide XL	Glucagen	Humulin (PA)
metformin	HypoKit(QL)	Invokamet
metformin ER	Glucagon	Invokamet XR
TechLite lancets	Emergency Kit (QL)	Invokana
	Glyxambi	Kombiglyze XR
	Janumet	Lantus (PA)
	Janumet XR	Lantus SoloStar (PA)
	Januvia	Onglyza
	Jardiance	Riomet
	Levemir	VGo
	Novolog	
	OneTouch test strips and meters	
	Soliqua	
	SymlinPen	
	Synjardy	
	Synjardy XR	
	Tresiba	
	Trulicity (QL)	
	Victoza	
	Xigduo XR	

DIURETICS

acetazolamide		Aldactazide
chlorthalidone		Aldactone
eplerenone		Dyazide
furosemide		Maxzide
hydrochlorothiazide		Samsca**
spironolactone		
triamterene HCTZ		

EAR MEDICATIONS

fluocinolone oil	Cipro HC	
neomycin-polymyxin- HC	Ciprodex	

Ascension Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN

Alophen+	Apriso	Akynzeo** (PA, QL)
alosetron	Canasa	Amitiza
Anucort-HC	Carafate	Anusol-HC
balsalazide	suspension	Asacol HD (ST)
bisacodyl+	Creon	Carafate tablet
Bisa-lax+	GoLyteLy powder	Chenodal
chlordiazepoxide-	Lialda	Cholbam* (PA)
clidinium	Pentasa	Colyte With Flavor
Clearlax+	Proctofoam- HC	Packets+
dicyclomine	Zenpep	Correctol+
diphenoxylate-		Cortifoam
atropine		Delzicol (ST)
dronabinol		Diclegis
Ducodyl+		Donnatal
esomeprazole		Dulcolax+
famotidine		Emend** (PA, QL)
Gavilyte-C+		Gialax+
Gavilyte-G+		GoLyteLy solution+
Gavilyte-N+		Linzess
Gentle laxative+		mesalamine tablet
Glycolax+		(ST)
HealthyLax+		Movantik (PA)
Hemmorex-HC		Moviprep+
hydrocortisone		NuLyteLy with Flavor
lansoprazole		Packs+
lansoprazole-		Osmoprep+
amoxicillin-		Pancreaze
clarithromycin		Pertzye
(combo pak)		Prepopik
mesalamine enema		Procort
metoclopramide		Ravicti
metoclopramide		Rectiv
ODT		Relistor (PA)
omeprazole		Sancuso (PA, QL)
ondansetron		Sensipar**
ondansetron ODT		sfRowasa
pantoprazole		Suprep+
peg 3350+		Trulance (ST)
peg		Varubi** (PA, QL)
3350-electrolyte+		Viberzi
peg 3350 with flavor		Viokace
packs+		
peg-prep+		
Pepcid		
Phenadoz		
promethazine		
promethegan		
Purelax+		

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

rabeprazole		
ranitidine		
Smoothlax+		
sucralfate		
TriLyte with flavor		
packets+		
ursodiol		

HORMONAL AGENTS

Amabelz	Androderm (PA, QL)	Activella
cabergoline (QL)	Androgel 1.62% (PA, QL)	Alora (QL)
Covaryx	Armour Thyroid	Androgel (PA, QL)
Covaryx H.S.	Cytomel 50mcg	Armour Thyroid
desmopressin	Depo-Testosterone	Axiron (PA, QL)
dexamethasone	Divigel	Climara
dexamethasone	Duavee	Climara Pro
intensol	Estring (QL)	Combipatch
EEMT	Forteo*	Cytomel 5mcg, 25mcg
EEMT H.S.	Ganirelix*^	Deltasone
estradiol (QL)	Levo-T	Elestrin
estradiol-	Premarin	Emflaza** (PA)
norethindrone	Premphase	Entocort EC
estrogen & methyltestosterone	Prempro	Estrace
levothyroxine	Synthroid	Estrogel
Levoxyl	Unithroid	Evamist
liothyronine		Femring
LoCort		Fortesta (PA, QL)
medroxyprogesterone		Menostar (QL)
methylprednisolone		Minivelle (QL)
Millipred		Natesto (PA, QL)
Millipred DP		Osphena
Mimvey		Royaldee
Mimvey LO		Striant (PA, QL)
Nature-Throid		Testim (PA, QL)
norethindrone		Tirosint
NP Thyroid		Vagifem (QL)
prednisolone		Vivelle-Dot (QL)
prednisolone ODT		Vogelxo (PA)
prednisone		
prednisone intensol		
progesterone		
testosterone (PA)		
testosterone		
cypionate		
Westhroid		
WP Thyroid		
Yuafem (QL)		

Ascension Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS		
acyclovir	Albenza	Acticlate (ST)
adefovir**	Baraclude	Alinia
amoxicillin	solution**	Bactrim
amoxicillin- clavulanate ER	Ceftin	Bactrim DS
amoxicillin- clavulanate	Cipro	Baraclude tablet**
atovaquone	Daraprim (PA)	Bethkis*
Avidoxy	E.E.S. 400	Cayston*
azithromycin	Epclusa** (PA)	Cleocin
cefdinir	Ery-Tab	Clindesse
cefixime	Harvoni** (PA)	Cresemba (PA)
cefuroxime	Kitabis Pak*	Daklinza** (PA)
cephalexin	Mavyret* (PA)	Difcid (PA)
ciprofloxacin	Oracea	Diflucan
clarithromycin	Sovaldi** (PA)	Doryx
clarithromycin ER	Tamiflu	Doryx MPC
clindamycin	suspension (QL)	E.E.S. 200
dapsone	Thalomid** (PA)	Eryped 200
doxycycline	Uretron D-S	Eryped 400
doxycycline IR-DR	vibramycin syrup	Ery-Tab
entecavir**		Metrogel-vaginal
erythromycin		Minocin
famciclovir		Monodox
fluconazole		Monurol
hydroxychloroquine		Noxafil
itraconazole		Nuversa
levofloxacin		Onmel (ST, QL)
linezolid (PA)		PCE
metronidazole		Plaquenil
minocycline		Sporanox
minocycline ER		Sulfatrim
Moderiba**		Suprax
Mondoxyne NL		Tamiflu capsule (QL)
Morgidox		Tobi Podhaler**
moxifloxacin		Tobi**
nitrofurantoin		Uribel
nitrofurantoin mono-macro		Urogresic-blue
nystatin		Uta
oseltamivir (QL)		Valcyte
penicillin VK		Valtrex
sulfamethoxazole- trimethoprim		vibramycin capsule, suspension
terbinafine		Viekira Pak** (PA)
tetracycline		Viekira XR** (PA)
tinidazole		Xifaxan
tobramycin ampule*		Zepatier** (PA)
		Zithromax

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)		
valacyclovir		Zmax
valganciclovir		Zovirax
vancomycin		
vandazole		
voriconazole (PA)		
MULTIPLE SCLEROSIS		
	Ampyra** (PA)	Zinbryta* (PA)
	Aubagio** (PA)	
	Gilenya** (PA)	
	Tecfidera** (PA)	
NUTRITIONAL/DIETARY		
Baby D Drops+	CitraNatal	Auryxia
Baby Vitamin D3+	D3-50+	Concept DHA
calcitriol	Decara+	Fer-in-sol+
calcium	Dialyvitte vitamin D+	Feriva 21-7
children's iron+	Escavite+	Ferralet 90
cyanocobalamin injection	Escavite D+	Icar+
D3-2000+	Floriva+	Integra Plus
Daily prenatal+	Fosrenol	Ironup+
D Drops+	Just D+	Klor-Con 8, 10meq
Delta D3+	Klor-Con M15	K-Tab ER 8meq, 10meq
Dialyvitte Vitamin D3 Max+	K-Tab ER 20meq	Novaferrum+
D-vi-sol+	Maximum D3+	Phoslyra
D-vita+	Mephyton	Prenatal Formula- DHA+
FA-8+	MVC-fluoride^+	Renagel
fer-iron+	Nascobal	Velphoro
folic acid+	Nestabs DHA	
Folixapure^	OB Complete	
Klor-Con M10, M20	Optimal D3 M+	
Klor-Con Sprinkle	Perry Prenatal+	
levocarnitine	Poly-Vi-Flor^+	
multivitamin with fluoride^+	Poly-Vi-Flor FS+	
multivitamin-iron- fluoride+	Poly-Vi-Flor With Iron+	
PNV-DHA	Poly-vi-sol With Iron+	
polyvitamin with iron+	Quflora+	
polyvitamin- fluoride+	Prefera OB	
potassium chloride	Prenate Pixie	
Prena1 Pearl	Renvela	
	Replesta+	
	Replesta NX+	
	Select-OB + DHA	

Ascension Standard 4-Tier Prescription Drug List

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

Prenatal Complete+	Super Daily D3+	
Prenatal Formula+	Texavite LQ+	
Prenatal Multi + DHA+	Thera-D+	
Prenatal multivitamin+	Tristart DHA	
Prenatal multivitamin- DHA+	Urosex+	
Prenatal Plus	Vitafof	
prenatal vitamin plus low iron	vitaMedMD One	
PrePlus	Rx	
Prenatal Vitamin+	vitaPearl	
Virt-PN DHA		
vitamin D2		
Vitajoy daily D+		
vitamins A, C, D and fluoride+		
vitamin D+		
vitamin D3+		
vitamin D-400+		
Wee care+		
Zatean-PN DHA		
Zavara^		

OSTEOPOROSIS PRODUCTS

alendronate (QL)		Actonel (ST)
calcitonin-salmon		Atelvia (ST)
ibandronate		
raloxifene		
risedronate		
risedronate DR		

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA, QL)	Colcrys	Abstral (PA, QL)
acetaminophen- codeine (QL)	Depen** (PA)	Actiq (PA, QL)
acitretin	Embeda (PA, QL)	Analpram HC
allopurinol	Hysingla ER (PA, QL)	Arymo ER (PA, QL)
baclofen	Indocin	Belbuca (QL)
	Nucynta (PA, QL)	Butrans (QL)
		Cambia (ST)
		Celebrex (ST, QL)

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

(cont)

butalb-acetaminoph- caff-codeine (PA, QL)	Otezla** (PA)	D.H.E.45 (QL)
butalb-caff- acetaminoph- codeine (PA, QL)	Savella	Duragesic (PA, QL)
butalbital- acetaminophen-caff (QL)	Subsys (PA, QL)	Fentora (PA, QL)
Capacet (QL)	Uloric	Fexmid
carisoprodol	Xtampza ER (PA, QL)	Flector (ST, QL)
celecoxib (QL)		Frova (QL)
colchicine capsule		indomethacin
colchicine tablet		Kevzara* (PA)
cyclobenzaprine		Lazanda (PA, QL)
DermacinRx		Lidoderm
Empricaine		Migranal (QL)
DermacinRx Prizopak		Mitigare
diclofenac 0.1% gel (QL)		Morphabond ER (PA, QL)
diclofenac ER		Nucynta ER (PA, QL)
diclofenac- misoprostol		Onzetra Xsail (QL)
dihydroergotamine (QL)		Oxaydo (PA, QL)
Endocet (PA, QL)		Parafon Forte DSC
etodolac		Percocet (PA, QL)
etodolac ER		Procort
fentanyl (PA, QL)		Relpax (QL)
frovatriptan (QL)		Roxicodone (PA, QL)
Glydo		Tivorbex (ST)
hydrocodone- acetaminophen (PA)		Vanatol LQ
hydromorphone (PA, QL)		Voltaren (ST)
hydromorphone ER (PA, QL)		Xeljanz XR** (PA)
ibuprofen		Xeljanz** (PA)
indomethacin		
indomethacin ER		
ketorolac (QL)		
leflunomide		
levorphanol (QL)		
lidocaine (QL)		
lidocaine viscous		
lidocaine-prilocaine		

Ascension Standard 4-Tier Prescription Drug List

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

(cont)

Lidopril		
Lidopril XR		
Lido-Prilo Caine Pack		
LliproZonePak		
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		
oxycodone (PA, QL)		
oxycodone ER (PA, QL)		
oxycodone-acetaminophen (PA, QL)		
oxymorphone (PA, QL)		
oxymorphone ER (PA, QL)		
Prilolid		
Primlev (PA, QL)		
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)		
Vicodin HP (PA, QL)		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PARKINSON'S DISEASE

benztropine	Azilect	Duopa*
bromocriptine		Mirapex
carbidopa-levodopa		Mirapex ER
carbidopa-levodopa ER		Neupro
carbidopa-levodopa-entacapone		Rytary
pramipexole		Sinemet
pramipexole ER		Sinemet CR
ropinirole		Tasmar
ropinirole ER		Xadago

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole		Abilify (ST)
aripiprazole ODT		Invega (ST)
chlorpromazine		Latuda (ST)
clozapine		Rexulti (ST)
clozapine ODT		Risperdal (ST)
haloperidol		Risperdal M-tab (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
clonazepam	Lamictal XR dose pack	Briivact
divalproex	Lyrca	Carbatrol
divalproex ER	Vimpat	Depakote
epitol		Depakote ER
gabapentin		Depakote Sprinkle
lamotrigine		Dilantin 50mg, 100mg, susp.
lamotrigine ER		Fycompa
lamotrigine ODT		Keppra
levetiracetam		Keppra XR
levetiracetam ER		Lamictal
oxcarbazepine		Lamictal XR
roweepra		Mysoline
topiramate		Oxtellar XR
		Phenytek
		Qudexy XR

Ascension Standard 4-Tier Prescription Drug List

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

		Sabril**
		Spritam
		Tegretol
		Tegretol XR
		Topamax
		topiramate ER
		Trileptal
		Trokendi XR

SKIN CONDITIONS

acitretin	Aczone	Absorica (ST, QL)
acyclovir	Azelex	Acanya
adapalene (PA age)	Denavir (QL)	Aldara
Ala-Cort	Drysol	Atralin (PA age)
Amnesteem (QL)	Epiduo	Avar pads
Anusol-HC	Epiduo Forte	Avar LS
Avar cleanser	Exelderm	Avita
Avar-E	Finacea	Avita (PA age)
BP 10-1	Fluoroplex	Benzaclin
calcipotriene	Tazorac	Carac
calcipotriene- betamethasone DP		Cleocin T
calcitrene		Clobex (ST)
Claravis (QL)		Cordran (ST)
Clindacin ETZ		Desonate (ST)
Clindacin P		Differin (PA age)
clindamycin		Duac
clindamycin-benzoyl peroxide		Efudex
clobetasol		Elidel
Clodan		Enstilar
clotrimazole- betamethasone		Evoclin
Cormax		Extina
desonide		Kenalog (ST)
diclofenac 0.3% gel		Metrocream
doxepin		Metrogel
econazole		Metrotion
fluocinonide		Naftin cream
fluorouracil		Naftin gel
hydrocortisone		Nizoral
imiquimod		Olux (ST)
ketoconazole		Onexton
metronidazole		Picato
mupirocin		Retin-A (PA age)
Myorisan (QL)		Retin-A Micro (PA age)
Neuac gel		Sklice
		Soolantra

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

nystatin- triamcinolone		Taclonex ointment
Permethrin		Targretin*
Procto-Med HC		Temovate (ST)
Procto-Pak		Tolak
Proctosol-HC		Topicort (ST)
Proctozone-HC		Tremfya* (PA)
Rosadan		Tretin-X
Rosanil		Tridesilon (ST)
Scalacort		Veltin
sodium sulfacetamide- sulfur		Verdeso (ST)
SS 10-2		Xolegel
SSS 10-5		
SulfaCleanse 8-4		
tacrolimus		
tretinoin (PA age)		
tretinoin microsphere (PA age)		
triamcinolone		
Trianex		
Triderm		
Zenatane (QL)		

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	Belsomra (ST)	Ambien (ST)
eszopiclone	Silenor (ST)	Ambien CR (ST)
modafinil (PA)		Edluar (ST)
temazepam		Xyrem* (PA)
zolpidem		Zolpimist (ST)
zolpidem ER		

SMOKING CESSATION

bupropion SR+	Chantix^ (QL)	Nicorette lozenge, gum+
Nicoderm CQ+	Nicotrol^ (QL)	Zyban^
Nicorelief+	Nicotrol NS^ (QL)	
nicotine gum+		
nicotine lozenge+		
nicotine patch+		
NTS+		
Quit 2+		
Quit 4+		
stop smoking aid+		

Ascension Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SUBSTANCE ABUSE

buprenorphine	Bunavail	Evzio (PA, QL)
buprenorphine-naloxone	Narcan	
naloxone	Suboxone	
naltrexone (QL)	Zubsolv	

TRANSPLANT MEDICATIONS

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

URINARY TRACT CONDITIONS

cevimeline	Cystagon**	Avodart
dutasteride	Thiola	Detrol (ST)
finasteride	Elmiron	Detrol La (ST)
oxybutynin		Enablex (ST)
oxybutynin ER		Procysbi** (PA)
phenazopyridine		Rapaflo
potassium ER		Jalyn
tamsulosin		Myrbetriq (ST)
tolterodine		VESIcare (ST)
tolterodine ER		

Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ If you fill a prescription for any of these medications, you'll have to pay the full cost of the medication. You should think about switching to a covered alternative.^^ We've listed some alternatives below for you to talk about with your doctor.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
DIABETES	Afrezza Apidra Apidra SoloStar	Novolog
	Fortamet Glumetza metformin ER (generic Fortamet and generic Glumetza)	metformin ER (generic Glucophage XR)
	Jentadueto Jentadueto XR Kazano Nesina	Janumet, Janumet XR
	Oseni Tadjenta	Januvia, Janumet, Janumet XR
	Toujeo SoloStar	Tresiba
	GASTROINTESTINAL/HEARTBURN	Uceris foam
Librax		chlordiazepoxide-clidinium
Lotronex		alosetron
Nexium capsule		esomeprazole
Omeclamox-pak Prevpac Pylera		lansoprazole-amoxicillin-clarithromycin pak
omeprazole-bicarbonate Zegerid		omeprazole
Prevacid SoluTab		Generic prescription PPIs (e.g., lansoprazole)
Zofran		ondansetron
Zofran ODT		ondansetron ODT
Zuplenz		ondansetron ondansetron OD
HORMONAL AGENTS		Rayos
	Uceris tablet	budesonide EC

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
INFECTIONS	Solodyn	Generic products (e.g., doxycycline; minocycline)	
	Sitavig	acyclovir	
	Targadox	tobramycin	
	Zovirax	acyclovir	
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants	
	Cambia Duexis Naprelan naproxen CR naproxen ER Pennsaid Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)	
	Sumavel DosePro Zembrace SymTouch	sumatriptan	
	Lorzone	chlorzoxazone	
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)	
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)	
	Zomig	zolmitriptan sumatriptan	
	Zomig ZMT	zolmitriptan ODT	
	SKIN CONDITIONS	Zyclara	imiquimod
		Clindagel	clindamycin
Luzu		ketoconazole	
Locoid Locoid Lipocream		hydrocortisone	
Noritate		metronidazole Rosadan	
Xerese		desonide acyclovir hydrocortisone	
Ziana		tretinoin clindamycin-benzoyl peroxide	

Prescription drug list FAQs

We want to make sure you understand your prescription drug coverage and are getting the most out of your pharmacy benefit. Below are answers to some of the most commonly asked questions about the prescription drug list.

Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes to the list of covered medications as new medications become available or are removed from the market and/or we identify medications as the preferred treatment option for a certain condition. These changes may include:¹

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a 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 or no longer covering a medication. This typically happens twice per year on January 1st and July 1st.
- › Adding requirements to a medication. For example, requiring approval from Cigna before a medication is covered or adding a quantity limit or age restriction to a medication.

Please note that when a medication changes tiers or is no longer covered, you may have to pay a different amount for that medication.

Why aren't some medications covered on my drug list?

Some high-cost medications have clinically appropriate alternatives. Meaning, they work the same or similar to another covered prescription medication or over-the-counter (available without a prescription) alternative. To help lower your overall health care costs, these high-cost medications are not covered. 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.

We also do not cover medications that aren't approved by the U.S. Food and Drug Administration (FDA).

What medications are covered under the health care reform law?

The Patient Protection and Affordable Care Act, 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 medications) may be available to you at no cost-share (\$0), depending on your plan. To find out how your plan covers these medications, please check your enrollment materials.

For more information about health care reform, visit www.informedonreform.com or Cigna.com and look for the Preventive Services section within the "Informed on Reform" link.

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

Any new medications approved by the U.S. Food and Drug Administration (FDA) that are available in the marketplace may not be covered for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans. Once a medication is approved by the FDA, we do a thorough review to decide if it's appropriate to cover the medication and at what tier level it should be covered. 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 new FDA-approved medication.

How can I save money on my prescription medications?

You may be able to save money by switching to a lower-cost medication. Talk with your doctor to see if a medication in a lower-cost tier may work for you.

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

The U.S. Food and Drug Administration (FDA) requires generic medications to have the same quality and performance as brand name medications. So, a generic medication 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.³ 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:⁴

- › 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;
- › 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;
- › 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. 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.
2. Plans vary, so some plans may not include Cigna Specialty Pharmacy Services or Cigna Home Delivery Pharmacy. Please check your plan materials for more information on what pharmacies are covered under your plan.
3. U.S. Food and Drug Administration (FDA) website, "Understanding Generic Drugs." Updated 06/28/2016.
4. 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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