



# CIGNA VALUE 3-TIER PRESCRIPTION DRUG LIST

**As of July 1, 2018**

**Together, all the way.®**



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

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### View your drug list online

This document was last updated 09/01/2017.\* To see a current list of the medications covered on your plan’s drug list, visit:



**The myCigna® website** - Once you’re registered, log in and select Estimate Health Care Costs, then select Get drug costs.



**Cigna.com/druglist** - Select your drug list name - Value 3 Tier - from the drop down menu.



**Questions?** - Call the toll-free number on the back of your Cigna ID card. We’re here to help.

\* Drug list created: originally created 10/01/2011

Last updated: 09/01/2017, for changes that were effective 01/01/2018

Next planned update: 09/01/18, for changes that will be effective 01/01/2019

## Your prescription drug list

This document shows the most commonly prescribed medications covered on the Value 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). The Value Prescription Drug List excludes medications in two drug classes that are available over-the-counter without a prescription. These include medications commonly used to treat:

- › Heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and
- › Allergies (ex. Allegra, Clarinex, Xyzal and any generics)

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.** You should log in to the **myCigna** website or app or check your plan materials to learn more about the medications your plan covers.

## 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 Value Prescription Drug List.

TIER 1 \$	TIER 2 \$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>	
afeditab CR	Berinert* (PA)
amlodipine besylate	Bidil
amlodipine besylate-benazepril	Bystolic
amlodipine-valsartan	Cinryze* (PA)
amlodipine-valsartan-HCTZ	Coreg CR
atenolol	Cozaar (ST)
atenolol-chlorthalidone	Diovan (ST)
benazepril	Diovan HCT (ST)
benazepril-HCTZ	Edarbi (ST)
candesartan cilexetil	Edarbyclor (ST)
cartia XT	Exforge
carvedilol	Exforge HCT
clonidine	Firazy* (PA)
digitek	Hemangeol
digox	Inderal LA
digoxin	Inderal XL
diltiazem ER	Innopran XL
diltiazem CD	Lotrel
diltiazem	Micardis (ST)
dilt-XR	Multaq
enalapril	Nitro-dur
flecainide acetate	Nitrolingual
hydralazine	Nitromist
irbesartan	Nitronal
isosorbide mononitrat	Nitrostat
	Northera* (PA)
	Norvasc
	Ranexa (ST)
	Tekturna
	Tekturna HCT

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

This chart is just a sample. It may not show how these medications are actually covered on the Value 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) | \$\$\$ |

## 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.  |

\*This may not apply to you because not all plans require prior authorization, quantity limits and/or Step Therapy. Please log in to the myCigna website or app or check your plan materials to find out if your plan includes these specific coverage requirements.

## 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, specialty medications are marked with an asterisk (\*). Some plans may cover these medications on a specialty tier, may limit you to a 30-day supply and/or require the use of a preferred specialty pharmacy. Log in to the **myCigna** website or app or check your plan materials to learn more about how your plan covers specialty medications.

## 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). Log in to the **myCigna** website or app or check your plan materials to learn more about how your plan covers preventive medications.

## 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. Log in to the **myCigna** website or app or check your plan materials to find out if your plan excludes the medication.

## How to find your medication on the drug list

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	EYE CONDITIONS	11
ALLERGY/NASAL SPRAYS	6	FEMININE PRODUCTS	11
ALZHEIMER'S DISEASE	6	GASTROINTESTINAL/HEARTBURN	11, 12
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	HORMONAL AGENTS	12
ASTHMA/COPD/RESPIRATORY	6	INFECTIONS	12, 13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	INFERTILITY	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MISCELLANEOUS	13
BLOOD PRESSURE/HEART MEDICATIONS	7	MULTIPLE SCLEROSIS	13
BLOOD THINNERS/ANTI-CLOTTING	7	NUTRITIONAL/DIETARY	13
CANCER	8	OSTEOPOROSIS PRODUCTS	14
CHOLESTEROL MEDICATIONS	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CONTRACEPTIVE PRODUCTS	8–10	PARKINSON'S DISEASE	15
COUGH/COLD MEDICATIONS	10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
DENTAL PRODUCTS	10	SEIZURE DISORDERS	15
DIABETES	10, 11	SKIN CONDITIONS	15, 16
DIURETICS	11	SLEEP DISORDERS/SEDATIVES	16
EAR MEDICATIONS	11	SMOKING CESSATION	16
ERECTILE DYSFUNCTION	11	SUBSTANCE ABUSE	16
		TRANSPLANT MEDICATIONS	16
		URINARY TRACT CONDITIONS	16
		TRANSPLANT MEDICATIONS	16

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>AIDS/HIV</b>			<b>ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)</b>		
abacavir-lamivudine*	Atripla*	Complera*	desvenlafaxine 50mg		
lamivudine-zidovudine*	Intelence*	Descovy*	desvenlafaxine ER 25mg, 100mg (QL)		
nevirapine ER*	Isentress HD*	Evotaz*	diazepam		
nevirapine*	Isentress*	Genvoya*	duloxetine (QL)		
	Norvir*	Odefsey*	escitalopram (QL)		
	Prezista*	Prezcobix*	fluoxetine (QL)		
	Selzentry*	Reyataz*	fluoxetine DR (QL)		
	Truvada*	Stribild*	fluvoxamine (QL)		
		Sustiva*	fluvoxamine ER (QL)		
		Tivicay*	lorazepam		
		Triumeq*	lorazepam intensol		
		Viread*	mirtazapine		
<b>ALLERGY/NASAL SPRAYS</b>			paroxetine (QL)		
azelastine		Clarinet-D 12 Hour	paroxetine CR (QL)		
cromolyn		Karbinal ER	paroxetine ER (QL)		
cyproheptadine		Ryvent	sertraline (QL)		
epinephrine auto-injector (QL)			trazodone		
fluticasone			venlafaxine (QL)		
hydroxyzine			venlafaxine ER (QL)		
ipratropium					
mometasone spray (QL)					
olopatadine					
promethazine					
<b>ALZHEIMER'S DISEASE</b>			<b>ASTHMA/COPD/RESPIRATORY</b>		
donepezil		Mestinon	albuterol	Advair Diskus	Adcirca* (PA)
donepezil ODT		Namenda	budesonide	Advair HFA	Adempas* (PA)
memantine		Namenda XR	ipratropium-albuterol	Anoro Ellipta	Combivent Respimat
pyridostigmine		Namenda XR titration pack (QL)	levulbuterol HFA	Atrovent HFA	Daliresp (QL)
pyridostigmine ER		Namzaric (QL)	montelukast	Breo Ellipta	Kalydeco* (PA)
rivastigmine				Incruse Ellipta	Letairis* (PA)
				ProAir HFA	Ofev* (PA)
				ProAir RespiClick	Opsumit* (PA)
				QVAR	Orenitram ER* (PA)
				QVAR Redihaler	Orkambi* (PA)
				Striverdi	Pulmicort
				Respimat	Pulmozyme* (PA)
				Symbicort	Revatio* (PA)
				Trelegy Ellipta (ST)	Tracleer* (PA)
				Xolair* (PA)	Tyvaso* (PA)
					Uptravi* (PA)
<b>ANXIETY/DEPRESSION/BIPOLAR DISORDER</b>			<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
alprazolam		Effexor XR (ST, QL)	atomoxetine		Adderall (ST)
alprazolam ER		Fetzima (ST, QL)	dexmethylphenidate		Adderall XR (ST)
alprazolam intensol		Forfivo XL (ST, QL)	dexmethylphenidate ER		Adzenys ER (ST)
alprazolam ODT		Onfi	dextroamphetamine-amphetamine ER		Adzenys XR-ODT (ST)
alprazolam XR		Prozac (ST, QL)			Aptensio XR (ST)
amitriptyline		Sarafem (ST)			Concerta (ST)
bupropion (QL)		Trintellix (ST)			
bupropion SR (QL)		Viibryd (ST)			
bupropion XL (QL)		Wellbutrin SR (ST, QL)			
bupirone		Xanax			
citalopram (QL)		Xanax XR			
clomipramine		Zoloft (ST, QL)			

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)</b>			<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>		
dextroamphetamine-amphetamine guanfacine ER Metadate ER methylphenidate methylphenidate CD methylphenidate ER methylphenidate LA		Dyanavel XR (ST) Evekeo (ST) Focalin (ST) Focalin XR (ST) Methylin (ST) Quillichew ER (ST) Quillivant XR (ST) Ritalin (ST) Ritalin LA (ST) Strattera	diltiazem ER dofetilide (QL) doxazosin Ecotrin+ EcPirin+ 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		
<b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>					
tranexamic acid*	Aranesp* (PA) Droxia Epogen* (PA) Granix* Neulasta* (PA) Procrit* (PA) Zarxio*	Amicar* Promacta* (PA)			
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>			<b>BLOOD THINNERS/ANTI-CLOTTING</b>		
Afeditab CR amlodipine amlodipine-benazepril amlodipine-olmesartan amlodipine-valsartan amlodipine-valsartan-HCTZ Aspir 81+ Aspir-Low+ atenolol atenolol-chlorthalidone benazepril benazepril-HCTZ Bufferin+ candesartan Cartia XT carvedilol clonidine Digitek Digox digoxin Dilt-XR diltiazem diltiazem CD	Corlanor (PA) Entresto (PA)	Bayer Chewable Aspirin+ BiDil (QL) Cardizem LA Coreg CR Epaned (ST) Firazyr* (PA) Haegarda* (PA) Hemangeol Inderal LA Innopran XL Multaq Nitro-Dur Nitrolingual Nitromist Nitrostat Northera* (PA) Norvasc Ranexa (ST, QL) Tiazac Tikosyn (QL)	aspirin-dipyridamole ER clopidogrel enoxaparin* (QL) fondaparinux* (QL) Jantoven prasugrel warfarin	Brilinta Eliquis Fragmin* (QL) Xarelto	Coumadin Effient Pradaxa Savaysa Zontivity

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CANCER</b>			<b>CHOLESTEROL MEDICATIONS (cont)</b>		
anastrozole	Afinitor* (PA)	Afinitor Disperz* (PA)	lovastatin 20mg, 40mg+		
bexarotene* (PA)	Fareston (QL)	Alecensa* (PA)	niacin ER		
capecitabine* (PA)	Gleostine	Arimidex	Niacor		
exemestane	Intron A* (PA)	Bosulif* (PA)	omega-3 acid ethyl esters		
imatinib* (PA)	Nexavar* (PA)	Cabometyx* (PA)	pravastatin+		
letrozole	Revlimid* (PA)	Cometriq* (PA)	rosuvastatin		
mercaptopurine	Sprycel* (PA)	Cotellic* (PA)	rosuvastatin 5mg, 10mg+		
methotrexate*	Sutent* (PA)	Erivedge* (PA)	simvastatin		
raloxifene+	Tarceva* (PA)	Gilotrif* (PA)	simvastatin 10mg, 20mg, 40 mg+		
tamoxifen+	Tasigna* (PA)	Gleevec* (PA)	simvastatin 80mg (QL)		
temozolomide* (PA)	Trexall*	Ibrance* (PA)	Triкло		
	Tykerb* (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)			
		Sylatron* (PA)			
		Tafinlar* (PA)			
		Tagrisso* (PA)			
		Targretin* (PA)			
		Verzenio* (PA)			
		Votrient* (PA)			
		Xalkori* (PA)			
		Xtandi* (PA)			
		Zejula* (PA)			
		Zelboraf* (PA)			
		Zytiga* (PA)			
<b>CHOLESTEROL MEDICATIONS</b>			<b>CONTRACEPTIVE PRODUCTS</b>		
atorvastatin	Praluent* (PA)	Kynamro* (PA)	All contraceptive products may be covered if you meet specific gender requirements.		
atorvastatin 10mg, 20mg+	Repatha* (PA)	Vascepa	Aftera+	Beyaz	Ella+
ezetimibe		Welchol	Altavera+	Lo Loestrin FE	Estrostep FE
fenofibrate		Zetia	Alyacen+	Taytulla	LoSeasonique
fenofibric acid			Amethia Lo+		Minastrin 24 FE
fluvastatin 20mg, 40mg+			Amethia+		NuvaRing+
fluvastatin ER 80mg+			Amethyst+		Seasonique
			Apri+		Skyla*
			Aranelle+		
			Ashlyna+		
			Aubra+		
			Aviane+		
			Azurette+		
			Balziva+		
			Bekyree+		
			Blisovi 24 FE+		
			Blisovi FE+		
			Briellyn+		
			Camila+		
			Camrese Lo+		
			Camrese+		
			Caya Contoured+		
			Caziant+		
			Chateal+		
			Cryelle+		



## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTIVE PRODUCTS (cont)</b>		
All contraceptive products may be covered if you meet specific gender requirements.		
Cyclafem <sup>+</sup>		
Cyred <sup>+</sup>		
Dasetta <sup>+</sup>		
Daysee <sup>+</sup>		
Deblitane <sup>+</sup>		
Delyla <sup>+</sup>		
desogestrel-ethinyl estradiol <sup>+</sup>		
drospirenone- ethinyl estradiol- levomefibrate <sup>+</sup>		
drospirenone-ethinyl estradiol <sup>+</sup>		
Econtra EZ <sup>+</sup>		
Elinest <sup>+</sup>		
Emoquette <sup>+</sup>		
Enpresse <sup>+</sup>		
Enskyce <sup>+</sup>		
Errin <sup>+</sup>		
Estarilla <sup>+</sup>		
ethynodiol-ethinyl estradiol <sup>+</sup>		
Falmina <sup>+</sup>		
Fayosim <sup>+</sup>		
FC2 Female Condom <sup>+</sup>		
Femcap <sup>+</sup>		
Femynor <sup>+</sup>		
Gianvi <sup>+</sup>		
Gildagia <sup>+</sup>		
Gynol II <sup>+</sup>		
Heather <sup>+</sup>		
Introvale <sup>+</sup>		
Isibloom <sup>+</sup>		
Jencycla <sup>+</sup>		
Jolessa <sup>+</sup>		
Jolivette <sup>+</sup>		
Juleber <sup>+</sup>		
Junel FE 24 <sup>+</sup>		
Junel FE <sup>+</sup>		
Junel <sup>+</sup>		
Kaitlib FE <sup>+</sup>		
Kariva <sup>+</sup>		
Kelnor 1-35 <sup>+</sup>		
Kimidess <sup>+</sup>		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTIVE PRODUCTS (cont)</b>		
All contraceptive products may be covered if you meet specific gender requirements.		
Kurvelo <sup>+</sup>		
Larin 24 FE <sup>+</sup>		
Larin FE <sup>+</sup>		
Larin <sup>+</sup>		
Larissia <sup>+</sup>		
Leena <sup>+</sup>		
Lessina <sup>+</sup>		
Levonest <sup>+</sup>		
levonorgestrel- ethinyl estradiol <sup>+</sup>		
Levora-28 <sup>+</sup>		
Lillow <sup>+</sup>		
Loryna <sup>+</sup>		
Low-Ogestrel <sup>+</sup>		
Lutera <sup>+</sup>		
Lyza <sup>+</sup>		
Marlissa <sup>+</sup>		
medroxyprogesterone 150mg/ml <sup>+</sup>		
Melodetta 24 FE <sup>+</sup>		
Mibelas 24 FE <sup>+</sup>		
Microgestin FE <sup>+</sup>		
Mono-linyah <sup>+</sup>		
Mononessa <sup>+</sup>		
My Way <sup>+</sup>		
Myzilra <sup>+</sup>		
Necon 0.5/35 <sup>+</sup>		
Necon 7/7/7 <sup>+</sup>		
Nikki <sup>+</sup>		
Nora-BE <sup>+</sup>		
norethin-ethinyl estradiol-ferrous fumarate <sup>+</sup>		
norethindrone-ethinyl estradiol <sup>+</sup>		
norethindrone <sup>+</sup>		
norgestimate-ethinyl estradiol <sup>+</sup>		
Norgestrel/ethinyl estradiol <sup>+</sup>		
Norlyda <sup>+</sup>		
Norlyroc <sup>+</sup>		
Nortrel <sup>+</sup>		
Ocella <sup>+</sup>		
Opcicon One-Step <sup>+</sup>		

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTIVE PRODUCTS (cont)</b>		
All contraceptive products may be covered if you meet specific gender requirements.		
Option 2+		
Orsythia+		
Philith+		
Pimtrea+		
Pirmella+		
Portia+		
Previfem+		
Quasense+		
Rajani+		
Reclipsen+		
Rivelsa+		
Setlakin+		
Sharobel+		
Sprintec+		
Sronyx+		
Syeda+		
Tarina FE+		
Tilia FE+		
Today Contraceptive Sponge+		
Tri Femynor+		
Tri-Estarylla+		
Tri-Legest FE+		
Tri-Linyah+		
Tri-Lo-Estarylla+		
Tri-Lo-Marzia+		
Tri-Lo-Sprintec+		
Tri-Previfem		
Tri-Sprintec+		
Trinessa Lo+		
Trinessa+		
Trivora-28+		
VCF+		
Velivet+		
Vestura+		
Vienva+		
Viorele+		
Vyfemia+		
Wera		
Wide Seal Diaphragm+		
Wymzya FE+		
Xulane+		
Zarah+		
Zenchent+		
Zovia 1-35e+		
Zovia 1-50e+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>COUGH/COLD MEDICATIONS</b>		
benzonatate		Flowtuss (QL)
Bromfed DM		Hycufenix (QL)
brompheniramine- pseudoephedrine- DM		Tuzistra XR (QL)
hydrocodone- chlorpheniramine ER (QL)		
hydrocodone- homatropine (QL)		
Hydromet (QL)		
promethazine- codeine (QL)		
Tussigon (QL)		
<b>DENTAL PRODUCTS</b>		
chlorhexidine rinse		Fluorabon
doxycycline		
fluoride		
Fluoritab		
Flura-Drops		
Ludent Fluoride		
Oralene		
Paroex		
Peridex		
Periogard		
sodium fluoride		
triamcinolone paste		
<b>DIABETES</b>		
BD insulin syringes/ pen needles	Basaglar	Cycloset
glimepiride	Bydureon (QL)	Glucophage
glipizide	Byetta	Glucophage XR
glipizide ER	Farxiga	Korlym* (PA)
glipizide XL	GlucaGen	Riomet
metformin	Hypokit (QL)	VGo
metformin ER (generic of Glucophage XR)	Glucagon Emergency Kit (QL)	
NovoFine	Glyxambi	
NovoTwist	Humalog	
	Humulin	
	Janumet	
	Janumet XR	
	Januvia	
	Jardiance	
	Levemir	
	OneTouch test strips and meters	
	Soliqua	
	SymlinPen	
	Synjardy	

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DIABETES (cont)</b>			<b>FEMININE PRODUCTS</b>		
	Synjardy XR Tresiba Trulicity (QL) Xigduo XR Xultophy		Fem pH Gynazole 1 miconazole 3 terconazole		AVC Relagard Terazol 7
<b>DIURETICS</b>			<b>GASTROINTESTINAL/HEARTBURN</b>		
acetazolamide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ		Diuril Dyazide Dyrenium Lasix Maxzide Samsca*	Alophen+ alosetron* Anucort-HC balsalazide Bisa-Lax+ bisacodyl+ chlordiazepoxide- clidinium Clearlax+ dicyclomine diphenoxylate- atropine dronabinol Ducodyl+ famotidine Gavilax+ Gavilyte-C+ Gavilyte-G+ Gavilyte-N+ GentleLax+ Glycolax+ HealthyLax+ Hemmorex-HC hydrocortisone suppository lansoprazole- amoxicillin- clarithromycin (combo pak) LaxaClear+ mesalamine 1.2gm tablet, enema metoclopramide metoclopramide ODT Natura-Lax+ ondansetron ondansetron ODT PEG 3350-electrolyte+ PEG-Prep+ Phenadoz	Apriso Creon Pentasa Zenpep	Akynzeo* (PA, QL) Amitiza Canasa Carafate Cholbam* (PA) Clenpiq CoLyte with flavor packets+ Correctol+ Diclegis Donnatal Dulcolax+ Gattex* (PA) Gialax+ GoLYTELY+ Kristalose Lialda (ST) Linzess Miralax+ Movantik (PA) MoviPrep+ Nulytely with flavor packets+ Ocaliva* (PA) OsmoPrep+ Pancrease Pertzeye Prepopik+ Ravicti* Rectiv Relistor (PA) Sancuso (PA, QL) Sensipar* sfRowasa Sucraid* Suprep+ Symproic (PA) Transderm-Scop Varubi* (PA, QL) Viberzi Viokace
<b>EAR MEDICATIONS</b>					
neomycin- polymyxin- hydrocortisone ofloxacin		Cipro HC Ciprodex			
<b>ERECTILE DYSFUNCTION</b>					
sildenafil (QL)	Cialis (QL)	Levitra (ST, QL) Muse (QL) Staxyn (ST, QL) Viagra (ST, QL)			
<b>EYE CONDITIONS</b>					
azelastine bacitracin brimonidine ciprofloxacin dorzolamide-timolol erythromycin fluorometholone gatifloxacin ketorolac latanoprost moxifloxacin neomycin- polymyxin- dexamethasone ofloxacin olopatadine polymyxin B sul- trimethoprim prednisolone timolol tobramycin tobramycin- dexamethasone	Restasis Simbrinza Travatan Z Xiidra	Acuvail Alphagan P Alrex Azasite Azopt Besivance Betimol Betoptic S Bromsite Combigan Cosopt PF Cystaran* (QL) Durezol Ilevro Lotemax Moxeza Nevanac Prolensa Tobradex Tobradex ST Vigamox Xalatan Zioptan (ST, QL) Zirgan Zylet			

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>GASTROINTESTINAL/HEARTBURN (cont)</b>			<b>HORMONAL AGENTS (cont)</b>		
Powderlax <sup>+</sup> promethazine suppository Promethegan Puralex <sup>+</sup> ranitidine Smooth LAX <sup>+</sup> sucralfate TriLyte with flavor packets <sup>+</sup> ursodiol			testosterone (PA, QL) testosterone cypionate thyroid Unithroid 75mg Westhroid WP Thyroid Yuvaferm (QL)		Vagifem (QL) Vivelle-Dot (QL)
<b>HORMONAL AGENTS</b>			<b>INFECTIONS</b>		
Amabelz budesonide EC cabergoline (QL) Covaryx Covaryx H.S. desmopressin dexamethasone dexamethasone intensol EEMT EEMT H.S. estradiol (QL) estradiol- norethindrone estrogen- methyltestosterone levothyroxine Levoxyl liothyronine Locort medroxyprogesterone methimazole methylprednisolone Millipred Millipred DP Mimvey Mimvey Lo Nature-Throid norethindrone NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone	AndroGel 1.62% (PA, QL) Duavee Forteo* Ganirelix* Humatrope* (PA) Lupron Depot* (PA) Premarin Premphase Prempro Sandostatin LAR Depot* (PA) Serostim* (PA) Somavert* (PA) Zorbitive* (PA)	Activella Alora (QL) Androderm (PA, QL) AndroGel 1% (PA, QL) Angeliq Armour Thyroid Climara Climara Pro Combipatch Cytomel Deltasone Depo-Testosterone Divigel Egrifta* (PA) Elestrin Emflaza* (PA) Entocort EC Estrace Estring (QL) Estrogel Evamist Femring Levo-T Menostar (QL) Minivelle (QL) Natpara* (PA) Osphena Rayaldee Somatuline Depot* (PA) Striant (PA, QL) Synthroid Tirosint Unithroid	acyclovir amoxicillin amoxicillin- clavulanate ER amoxicillin- clavulanate atovaquone atovaquone- proguanil (PA) Avidoxy azithromycin cefdinir cefixime cefuroxime cephalexin ciprofloxacin clarithromycin clarithromycin ER clindamycin Coremino dapson doxycycline doxycycline IR-DR Emverm entecavir* erythromycin famciclovir fluconazole hydroxychloroquine itraconazole levofloxacin metronidazole minocycline minocycline ER Mondoxine NL Morgidox moxifloxacin tablet nitrofurantoin	Baraclude solution* Epclusa* (PA) Harvoni* (PA) Kitabis Pak* Mavyret* (PA) Pegasys* (PA) PegIntron* (PA) Sovaldi* (PA) Thalomid* (PA) Vosevi* (PA)	Albenza Alinia Bactrim Bactrim DS Baraclude tablet* Biltricide Cayston* Ceftin Cipro Cleocin Clindesse Cresemba (PA) Daraprim* (PA) Dificid (PA) E.E.S. 400 Eryped 200 Ery-Tab Monurol Noxafil PCE Plaquenil Sulfatrim Suprax Tamiflu (QL) Tobi Podhaler* Uretron D-S Uribel Urogesic-Blue UTA Valtrex Vemlidy* Vibramycin Xifaxan Zepatier* (PA) Zithromax Zmax

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>INFECTIONS (cont)</b>			<b>NUTRITIONAL/DIETARY</b>		
nystatin Okebo oseltamivir (QL) penicillin V sulfamethoxazole- trimethoprim terbinafine tetracycline tinidazole tobramycin* valacyclovir valganciclovir vancomycin vandazole voriconazole (PA)			calcitriol calcium cyanocobalamin injection D-Vi-Sol+ D3-2000+ D3-50+ Decara+ Delta D3+ Dialyvit Vitamin D+ Dialyvit Vitamin D3 Max+ FA-8+ folic acid+ Klor-Con Klor-Con M10, M20 Klor-Con Sprinkle lanthanum carbonate levocarnitine multivitamin with fluoride multivitamin-iron- fluoride+ Optimal D3+ PNV-DHA polyvitamins- fluoride+ potassium chloride Prena1 Pearl prenatal vitamin+ Prenatal+ Right Step+ 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	Bio-D-Mulsion Forte+ Bio-D-Mulsion+ Escavite+ Escavite D+ Fosrenol powder Just D+ Maximum D3+ Mephyton MVC-fluoride+ Nascobal Nestabs DHA OB Complete One Optimal D3 M+ Perry Prenatal+ Poly-Vi-Flor With Iron+ Poly-Vi-Flor+ Prefera OB Quflora+ Replesta+ Replesta NX+ Texavite LQ+ Tri-Vi-Flor+ Urosex+	Auryxia (QL) CitraNatal Concept DHA Feriva 21-7 Ferralet 90 Fosrenol tablet Integra Plus Irospan K-Tab ER Klor-Con 8, 10 Klor-Con M15 KPN+ OB Complete Gold Phoslyra Prenate Renagel Renvela Tristart DHA Velphoro Veltassa VitaSol VitaMedMD One Rx VitaPearl VP-PNV-DHA
<b>INFERTILITY</b>					
clomiphene	Follistim AQ* Menopur*	Crinone Endometrin			
<b>MISCELLANEOUS</b>					
disulfiram NebuSal 3% PulmoSal sodium chloride TechLITE lancets tetrabenazine* (PA)	Cerdelga* (PA) Nityr* (PA)	Addyi (QL) Carbaglu* Esbriet* (PA) Exjade* Feriprox* Hyper-Sal Jadenu* Kuvan* (PA) Myalept* (PA) NebuSal 6% Nuedexta (QL) Orfadin* (PA) Strensiq* (PA) Syprine* (PA) Xenazine* (PA) Zavesca* (PA)			
<b>MULTIPLE SCLEROSIS</b>					
glatiramer* (PA) Glatopa* (PA)	Ampyra* (PA) Aubagio* (PA) Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA) Rebif* (PA) Tecfidera* (PA)	Zinbryta* (PA)			

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>OSTEOPOROSIS PRODUCTS</b>			<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>		
alendronate alendronate 40mg (QL) ibandronate raloxifene+ risedronate risedronate DR	Fosamax Plus D (ST) Tymlos*	Actonel (ST) Atelvia (ST)	hydrocodone- acetaminophen (PA, QL) hydromorphone (PA, QL) hydromorphone ER (PA, QL) ibuprofen indomethacin indomethacin ER 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)	Voltaren (QL) Xeljanz XR* (PA) Xeljanz* (PA) Zebutal (QL) Zohydro ER (PA, QL)	
<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>					
acetaminophen- codeine (PA, QL) acitretin allopurinol baclofen buprenorphine (QL) butalbital- acetaminophen- caffeine-codeine (PA, QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine DermacinRx Empricaine DermacinRx Prizopak diclofenac 1% gel (QL) diclofenac ER diclofenac -misoprostol dihydroergotamine (QL) eletriptan (QL) Endocet (PA, QL) etodolac etodolac ER fenoprofen Fenortho fentanyl patch (PA, QL) Fioricet (QL) frovatriptan (QL) Glydo	Actemra* (PA) Embeda (PA, QL) Enbrel* (PA) Humira* (PA) Hysingla ER (PA, QL) Otezla* (PA) Rasuvo* (PA) Remicade* (PA) Stelara* (PA) Xtampza ER (PA, QL)	Abstral (PA, QL) Actiq (PA, QL) Analpram HC Benlysta* (PA) Butrans (QL) Celebrex (QL) Cimzia* (PA) Colcrys Cosentyx* (PA) Cuprimine* (PA) Depen* (PA) Duragesic (PA, QL) Esgic (QL) Fentora (PA, QL) Fexmid Flector (QL) Ilaris* (PA) Lazanda (PA, QL) Lidoderm Maxalt (QL) Maxalt MLT (QL) Mitigare Nucynta (PA, QL) Nucynta ER (PA, QL) Onzetra Xsail (QL) Orencia* (PA) Otrexup* (PA) Oxaydo (PA, QL) Pennsaid Percocet (PA, QL) Procort Proctofoam-HC Rasuvo 30mg/0.6ml* (PA) Relpax (QL) Savella Subsys (PA, QL) Tremfya* (PA) Uloric			

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>			<b>SEIZURE DISORDERS</b>		
Profeno			carbamazepine	Dilantin 30mg	Aptiom
Relador Pak			carbamazepine ER	Lamictal XR	Banzel (QL)
Relador Pak Plus			clonazepam	start kit	Briviact
rizatriptan (QL)			divalproex	Lyrca	Carbatrol
sumatriptan (QL)			divalproex ER		Depakote
tizanidine			Epitol		Depakote ER
tramadol (QL)			gabapentin		Dilantin 50mg, 100mg, suspension
tramadol ER (QL)			lamotrigine		Fycompa
Verdrocet (PA, QL)			lamotrigine ER		Keppra
Vicodin (PA, QL)			lamotrigine ODT		Keppra XR
Vicodin ES (PA, QL)			levetiracetam		Lamictal
Vicodin HP (PA, QL)			levetiracetam ER		Lamictal ODT
zolmitriptan (QL)			oxcarbazepine		Lamictal XR tablets
zolmitriptan ODT (QL)			Roweepra		Oxtellar XR
			topiramate		Phenytek
			topiramate ER 50mg capsule		Qudexy XR
					Sabril*
					Spritam
					Tegretol
					Tegretol XR
					Topamax
					topiramate ER (25mg, 100mg, 150mg, 200mg)
					Trileptal
					Trokendi XR
					Vimpat
<b>PARKINSON'S DISEASE</b>			<b>SKIN CONDITIONS</b>		
amantadine	Apokyn* (PA)	Azilect	acitretin	Aczone 7.5%	Aczone 5%
benztropine		Duopa*	acyclovir ointment	Eucrisa	Denavir (QL)
bromocriptine		Mirapex	adapalene (PA)	Fluoroplex	Desonate (ST)
carbidopa-levodopa		Mirapex ER	Ala-Cort	Targretin gel*	Desowen (ST)
carbidopa-levodopa ER		Neupro	Amnesteem (QL)		Drysol
pramipexole		Rytary	AVAR		Dupixent* (PA)
pramipexole ER		Sinemet	AVAR-E		Ecoza
rasagiline		Sinemet CR	BP 10-1		Efudex
ropinirole		Tasmar	calcipotriene		Elidel
ropinirole ER		Xadago	calcipotriene- betamethasone DP		Exelderm
			Calcitrene		Finacea
			Claravis (QL)		Hydro 35
			Clindacin ETZ		Hydro 40
			Clindacin P		Naftin
			clindamycin		Nizoral
			clindamycin-benzoyl peroxide		Picato
					Santyl (QL)
					Sklice
<b>SCHIZOPHRENIA/ANTI-PSYCHOTICS</b>					
aripiprazole		Fanapt (QL)			
aripiprazole ODT		Latuda			
chlorpromazine		Rexulti			
haloperidol		Saphris			
olanzapine		Seroquel			
olanzapine ODT		Seroquel XR			
olanzapine- fluoxetine		Vraylar			
paliperidone ER					
quetiapine					
quetiapine ER					
risperidone					
risperidone ODT					
ziprasidone					





## 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
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil	clomipramine
	Aplenzin	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline
	Parnate	tranylcypromine
	Pexeva	paroxetine
	Pristiq	bupropion SR/XL duloxetine venlafaxine ER All generic SSRIs
	Tofranil Wellbutrin XL	imipramine bupropion XL
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco ArmonAir RespiClick Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR/QVAR Redihaler
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat
	Bevespi Stiolto Respimat Utibron Neohaler	Anoro Ellipta

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

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ASTHMA/COPD/RESPIRATORY <i>(cont)</i>	Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort
	Elixophyllin	theophylline oral solution
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA ProAir RespiClick
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Zyflo	montelukast zafirlukast
	Zyflo CR	zileuton ER
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT
Desoxyn		methamphetamine
Dexedrine		dextroamphetamine
Mydayis		dextroamphetamine ER amphetamine/dextroamphetamine ER
Vyvanse		dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/LA
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand-HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Azor	amlodipine-olmesartan
	Benicar	Generic ACE/ARBs
	Benicar HCT	Generic ACE/ARBs + HCTZ
	Betapace	sotalol
	Bystolic	Generic beta blockers (e.g., metoprolol, atenolol)
	Byvalson	Generic ARBs + generic beta blockers
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Edarbi	Generic ARBs (e.g., losartan, valsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g., losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Hyzaar	losartan-HCTZ
	Isordil Isordil Titradoso	isosorbide dinitrate
	Lanoxin	Digitek digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril-HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil Zestril	lisinopril
	Tarka	trandolapril-verapamil ER
	Tekturna	Generic ACE/ARBs
	Tekturna HCT	Generic ACE/ARBs + HCTZ
	Tribenzor	olmesartan-amlodipine-HCTZ
	Twynsta	telmisartan-amlodipine
	Vaseretic	enalapril-HCTZ
	Vasotec	enalapril
Zestoretic	lisinopril-HCTZ	
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	IR or EC aspirin
CANCER	Nilandron	nilutamide
CHOLESTEROL MEDICATIONS	Altoprev	atorvastatin lovastatin rosuvastatin simvastatin
	Antara Fenoglide	fenofibrate
	Crestor	rosuvastatin
	FloLipid Zocor	simvastatin
	Lescol XL 80mg	fluvastatin ER
	Lipitor	atorvastatin
	Livalo Vytorin	atorvastatin rosuvastatin simvastatin
	Pravachol	pravastatin

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER promethazine-codeine
DENTAL PRODUCTS	Arestin	minocycline/ER
DIABETES	Accu-Chek, Contour, Freestyle, all other test strips and meters	OneTouch test strips and meters
	Afrezza	Humalog
	Apidra	Humulin
	Apidra SoloStar	
	Fiasp	
	Novolin, Novolog	
	Fortamet	metformin ER (generic Glucophage XR)
	Glumetza	
	metformin ER (generic Fortamet and Glumetza)	
	Invokamet	Synjardy, Synjardy XR, Xigduo XR
	Invokamet XR	
	Invokana	Farxiga
Jentadueto	Janumet, Janumet XR	
Jentadueto XR		
Kazano		
Nesina		
Kombiglyze XR	alogliptin alogliptin-metformin Januvia, Janumet, Janumet XR	
Onglyza		
Oseni		
Tradjenta		
Lantus	Basaglar, Levemir, Tresiba	
Toujeo SoloStar		
QTERN	Glyxambi	
Tanzeum	Trulicity	
Victoza		
DIURETICS	Edecrin	bumetanide furosemide torsemide
	ethacrynic acid	
EYE CONDITIONS	Alocril	cromolyn
	Alomide	
	Bepreve	azelastine epinastine olopatadine
	Emadine	
	Lastacaft	
	Pataday	
	Patanol	
Pazeo		
Elestat	epinastine	
Lumigan	bimatoprost latanoprost Travatan Z	
GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository	Anucort-HC Hemmorex-HC hydrocortisone suppository
	Cortifoam	
	Uceris foam	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
GASTROINTESTINAL/HEARTBURN <i>(cont)</i>	Asacol-HD Colazal Delzicol Dipentum Giazo mesalamine 800mg tablet	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR	
	Librax	chlordiazepoxide-clidinium	
	Lotronex	alosetron	
	Marinol	dronabinol	
	Omeclamox-Pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)	
	Proctocort	Hemmorex-HC hydrocortisone suppository Procto-Pak	
	Rowasa	mesalamine enema	
	Syndros	dronabinol	
	Trulance	Amitiza, Linzess	
	Zofran	ondansetron	
	Zofran ODT	ondansetron ODT	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Fortesta Natesto Testim Vogelxo	AndroGel 1.62% testosterone
		DDAVP	desmopressin
		Dexpak Zonacort Zodex	dexamethasone
Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton		Humatrope (PA)	
Hectorol		doxercalciferol	
Rayos		prednisone prednisone intensol	
Uceris tablet		budesonide EC	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
INFECTIONS	Acticlate Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule Ximino	Generic products (e.g., doxycycline; minocycline)
	Augmentin/ES/XR	amoxicillin-clavulanate ER
	Bethkis Tobi	Kitabis Pak tobramycin
	Diflucan	fluconazole
	E.E.S. 200 Eryped 400	erythromycin ethylsuccinate
	Mepron	atovaquone
	Mycobutin	rifabutin
	Onmel	itraconazole terbinafine
	Sitavig	acyclovir
	Sporanox	itraconazole
	Targadox	tobramycin
	Valcyte	valganciclovir
	Vancocin	vancomycin
	Zovirax	acyclovir
	INFERTILITY	Bravelle Gonal-F
MULTIPLE SCLEROSIS	Copaxone	Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Rebif, Tecfidera
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Belbuca	buprenorphine
	Bupap	butalbital-acetaminophen Tencon
	Cambia diclofenac 1.5% drops Duexis Naprelan naproxen CR naproxen ER Pennsaid Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)
	Conzip	tramadol tramadol ER

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	D.H.E. 45	dihydroergotamine
	Duzallo	allopurinol, probenecid
	Gralise	gabapentin
	Imitrex Sumavel DosePro Zembrace SymTouch	sumatriptan
	Kineret Simponi Simponi Aria	Enbrel (PA) Humira (PA) Stelara (PA)
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)
	Lorzone	chlorzoxazone
	Migranal	dihydroergotamine
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)
	Roxicodone	oxycodone
	Sprix	ketorolac
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	Vanatol LQ	butalbital-acetaminophen-caffeine
	Zomig	zolmitriptan sumatriptan
	Zomig ZMT	zolmitriptan ODT
PARKINSON'S DISEASE	Gocovri	amantadine
	Lodosyn	carbidopa
	Requip XL	ropinirole ER
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	Fazaclo Versacloz	clozapine clozapine ODT
	Geodon	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Mysoline	primidone
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane

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

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS <i>(cont)</i>	Acanya Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Tazorac Tretin-X Veltin Ziana	tretinoin clindamycin-benzoyl peroxide
	Aldara	imiquimod cream
	Anusol-HC cream	hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC
	Bensal HP	salicylic acid
	Benzaclin Duac Neuac Kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Cutivate	Generic topical steroid (e.g. betamethasone)
	diclofenac 3% gel Solaraze	Fluoroplex fluorouracil imiquimod Picato
	Dovonex Sorilux	calcipotriene
	Enstilar Taclonex	calcipotriene-betamethasone DP
	Ertaczo Extina Luzu Vusion	ketoconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS <i>(cont)</i>	Locoid Locoid Lipocream	hydrocortisone
	Loprox cream, kit	ciclopirox
	Noritrate	metronidazole Rosadan
	Oxistat	clotrimazole econazole ketoconazole
	Penlac	Ciclodan ciclopirox
	Prudoxin Zonalon	doxepin
	Sernivo	betamethasone fluocinonide hydrocortisone
	Siliq	Enbrel (PA) Humira (PA) Remicade (PA) Stelara (PA)
	Soriatane	acitretin
	Trianex	triamcinolone Triderm
	Ultravate lotion	clobetasol
	Vanos	fluocinonide
	Vectical	calcitriol ointment
	Verdeso Xerese	desonide acyclovir hydrocortisone
	Zyclara	imiquimod
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Detrol Detrol LA Ditropan XL Enablex Gelnique Myrbetriq 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 that 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 are available over-the-counter, without a prescription. These include medications commonly used to treat heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and allergies (ex. Allegra, Clarinex, Xyzal and any generics).
- › Medications used to treat lifestyle conditions (like infertility, weight loss, erectile dysfunction, smoking cessation<sup>2</sup>).
- › 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 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. Log in to the **myCigna** website or app or check your plan materials to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list on **Cigna.com/druglist**.

For more information about health care reform, visit **www.informedonreform.com** or **Cigna.com**.

## Prescription drug list FAQs (cont)

### 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.

### How can I find out how much I'll pay for a specific medication?

Use the Drug Cost tool on the **myCigna** website or app to estimate how much your medication may cost<sup>3</sup> and view lower cost alternatives, if available.

### 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>4</sup> Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

### How can I get help with my specialty medication?

Cigna Specialty Pharmacy Services<sup>SM</sup> can help you manage your health and prescription needs. Our therapy management teams, made up of pharmacists and health advocates with nursing backgrounds, provide personalized, 24/7 support. They'll help you get approval for coverage of your medication, make sure your medication is the right dose, help you work through any side effects, make sure you have any supplies you need, set up the delivery of your medication through Cigna Specialty Pharmacy (our home delivery pharmacy) and give you information about the financial assistance programs available (if you need help paying for your medication).

Call **800.351.3606** if you have questions or need help transferring your prescription. To learn more about the services they provide, you can go to **[cigna.com/specialty-pharmacy-services](https://cigna.com/specialty-pharmacy-services)**.

### Can I fill my prescriptions by mail?

If you take a medication every day to treat an ongoing health condition (like diabetes, high blood pressure, high cholesterol or asthma), you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.<sup>SM 5</sup> To get started, call us at **800.835.3784**. To learn more about the services they provide, go to **[cigna.com/home-delivery-pharmacy](https://cigna.com/home-delivery-pharmacy)**.

If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Cigna Specialty Pharmacy (our home delivery pharmacy).<sup>5</sup> To get started, call **800.351.3606**. To learn more about the services they provide, go to **[cigna.com/specialty-pharmacy-services](https://cigna.com/specialty-pharmacy-services)**.

### Where can I find more information about my prescription medication plan?

Use the online tools and resources on the **myCigna** website or app to help you better understand your pharmacy benefits. You can view your drug list or search for a specific medication, use Drug Cost tool to estimate how much your medication may cost, find an in-network pharmacy near you, review your pharmacy claims and payment history, and fill and track your home delivery orders.

## 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>6</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. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, 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.
3. 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.
4. U.S. Food and Drug Administration (FDA) website, "Facts About Generic Drugs." Last updated 06/28/16.
5. 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.
6. 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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