

2021 CIGNA PLUS FLORIDA 5-TIER PRESCRIPTION DRUG LIST



This drug list is applicable for plans sold in 2021 in Florida, effective 1/1/2021.

This cover page is for brokers only. Please discard if providing the list to customers.

Please note: Medications covered under the IFP medical plan may be different than those covered under Group plans. To see a complete list of medications, view the IFP-specific drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list).

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2021 CIGNA PLUS FLORIDA 5-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

Together, all the way.®





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View your plan's drug list online



The myCigna® App or website – Log in and click on the “Find Care & Costs” tab. Select “Price a Medication,” then type in your medication name.



Cigna.com/ifp-drug-list – Select **Florida** from the drop down menu, then choose your search method. Then type in your medication name or view the full list.

Questions?

Call the toll-free number on your Cigna ID card, or call **866.494.2111**. We're here to help. If it's easier, you can also chat with us online on the **myCigna** website, Monday–Friday, 9:00 am–8:00 pm EST.

About your prescription drug list

This document shows the prescription medications covered on the Cigna Plus Florida 5-Tier Prescription Drug List as of January 1, 2021. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication in this document, log in to the myCigna App or website to see a more current list of 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 2021 Cigna Plus Florida 5-Tier Prescription Drug List.

Medications are listed in **alphabetical** order

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2	
ABACAVIR-LAMIVUDINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2	
ABIRATERONE	5	PA, SRX
ACAMPROSATE	3	
ACETYL CYSTEINE 10% VIAL	2	
ACETYL CYSTEINE 20% VIAL	2	
ACITRETIN 10 MG CAPSULE	4	
ACITRETIN 17.5 MG CAPSULE	4	
ACITRETIN 25 MG CAPSULE	4	
ACTHIB*	2	
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	2	
ACYCLOVIR 800 MG TABLET	2	
ADACEL TDAP*	2	
ADAPALENE 0.1% CREAM	2	AGE
ADAPALENE 0.1% GEL	2	
ALISKIREN	4	QL
ALLOPURINOL	1	
ALOMIDE	4	
ALOSETRON	4	
ALPRAZOLAM 0.25 MG TABLET	2	
ALPRAZOLAM 0.5 MG TABLET	2	
ALPRAZOLAM 1 MG TABLET	2	
ALPRAZOLAM 2 MG TABLET	2	
ALPRAZOLAM ER	2	

Specialty medications have "SRX" listed next to them in the Notes section

Tier (cost-share level) gives you an idea of how much you may pay for a medication

Medications that have extra coverage requirements will have an **abbreviation** in the Notes section

This chart is just a sample. It may not show how these medications are actually covered on the 2021 Cigna Plus Florida 5-Tier Prescription Drug List.

Tiers

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

Tier 1 – Preferred Generic Medications. This tier typically includes preferred generic medications. These medications have the same strength, and active ingredients as brand name medications, but often cost much less. Preferred generic medications are covered at your plan's lowest cost share.	Lowest-cost medication	\$
Tier 2 – Generic Medications. This tier typically includes most generic medications and some low cost brand name medications. Generic medications have the same strength and active ingredients as brand name medications, but often cost much less.	Lower-cost medication	\$\$
Tier 3 – Preferred Brand Medications. This tier typically includes preferred brand name medications and some high cost generic medications.	Medium-cost medication	\$\$\$
Tier 4 – Non-Preferred Medications. This tier typically includes non-preferred brand name medications and some high cost generic medications.	Higher-cost medication	\$\$\$\$
Tier 5 – Specialty and Other High Cost Medications. This tier typically includes Specialty medications and high cost generic and brand name medications.	Highest-cost medication	\$\$\$\$\$

Abbreviations next to medications

Some medications on your drug list have extra requirements before your plan will cover them. 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 Notes column in this drug list. Here's what each of the abbreviations mean.

PA	Prior Authorization – Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.
ST	Step Therapy – This is a prior authorization program. Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).
QL	Quantity Limits – 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.
AGE	Age Requirements – For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.
SRX	Specialty Medications are limited to a 30-day supply.
LDD	Limited Distribution Drugs are only available at specific pharmacies in the United States and are used to treat conditions that are extremely hard to manage. These medications require special handling, patient support and monitoring.

Specialty medications

Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications have “SRX” listed next to them in the Notes section.

Your plan limits specialty medications to a 30-day supply. Log in to the **myCigna** App or website, or check your plan materials, to learn more about how your plan covers specialty medications.

Plan exclusions

Your plan excludes certain types of medications or products from coverage. This is known as a “plan (or benefit) exclusion.” This means that your plan doesn’t cover any prescription medications in the drug class or to treat the specific condition. There’s also no option to receive coverage through a medication review process. Log in to the **myCigna** App or website, or check your plan materials, to find out if your plan excludes your medication from coverage.

How to find your medication

Use the table below to find the page your medication is listed on.

Medication name starts with the letter...	Page
A–B	6–9
C–D	9–14
E–G	14–17
H–J	17–18
K–L	18–20
M–N	20–24
O–P	24–27
Q–S	27–28
T–U	28–30
V–Z	30–32

2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2		ALBUTEROL ER 8 MG TABLET	2	
ABACAVIR-LAMIVUDINE	2		ALCAINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2		ALCLOMETASONE	2	
ABIRATERONE	5	PA, SRX	ALCOHOL PADS	3	
ACAMPROSATE	3		ALCOHOL SWABS	3	
ACARBOSE	2		ALCOHOL WIPES	3	
ACEBUTOLOL	2		ALDACTAZIDE 50-50 TABLET	4	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5 MG-30 MG-16 MG	2		ALECENSA	5	PA, LDD, SRX
ACETAMINOPHEN-CODEINE	2		ALENDRONATE 10 MG TABLET	1	
ACETAZOLAMIDE	2		ALENDRONATE 35 MG TABLET	1	
ACETAZOLAMIDE ER	2		ALENDRONATE 70 MG TABLET	2	
ACETIC ACID	2		ALENDRONATE 70 MG/75 ML	2	
ACETYLCYSTEINE 10% VIAL	2		ALFUZOSIN ER	2	
ACETYLCYSTEINE 20% VIAL	2		ALINIA	4	
ACITRETIN	4		ALISKIREN	4	QL
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, ST, QL, SRX	ALLOPURINOL	1	
ACTEMRA ACTPEN	5	PA, ST, QL, SRX	ALMOTRIPTAN	2	QL
ACTHIB	3		ALOCRIIL	4	
ACTIMMUNE	5	PA, LDD, SRX	ALOMIDE	4	
ACYCLOVIR 200 MG CAPSULE	1		ALOSETRON	4	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2		ALPRAZOLAM 0.25 MG TABLET	2	
ACYCLOVIR 400 MG TABLET	2		ALPRAZOLAM 0.5 MG TABLET	2	
ACYCLOVIR 800 MG TABLET	2		ALPRAZOLAM 1 MG TABLET	2	
ADACEL TDAP	3		ALPRAZOLAM 2 MG TABLET	2	
ADAPALENE 0.1% CREAM	2	AGE	ALPRAZOLAM ER	2	
ADAPALENE 0.1% GEL	2	AGE	ALPRAZOLAM INTENSOL	2	
ADAPALENE 0.1% SOLUTION	2	AGE	ALPRAZOLAM ODT	2	
ADAPALENE 0.3% GEL	2	AGE	ALPRAZOLAM XR	2	
ADAPALENE 0.3% GEL PUMP	2	AGE	ALTABAX	4	
ADEFOVIR DIPIVOXIL	4		ALTAVERA	1	
ADEMPAS	5	PA, LDD, SRX	ALYACEN	1	
ADRENALIN 1 MG/ML NASAL SOLUTION	4		ALYQ	5	PA, SRX
AFLURIA QUAD	3		AMABELZ	2	
AFINITOR DISPERZ	5	PA, SRX	AMANTADINE	2	
AFIRMELLE	1		AMBRISENTAN	5	PA, SRX
AFTERA	4		AMCINONIDE	2	
AK-POLY-BAC	2		AMETHIA	1	
AKYNZEO 300 MG-0.5 MG CAPSULE	5	PA, QL, SRX	AMETHIA LO	1	
ALBENDAZOLE	4		AMETHYST	1	
ALBUTEROL 0.63 MG/3 ML SOLUTION	2		AMILORIDE	2	
ALBUTEROL 1.25 MG/3 ML SOLUTION	2		AMILORIDE-HCTZ	2	
ALBUTEROL 2 MG TABLET	2		AMINOCAPROIC ACID	4	
ALBUTEROL 2 MG/5 ML SYRUP	2		AMIODARONE 100 MG TABLET	2	
ALBUTEROL 2.5 MG/0.5 ML SOLUTION	2		AMIODARONE 200 MG TABLET	2	
ALBUTEROL 2.5 MG/3 ML SOLUTION	1		AMIODARONE 400 MG TABLET	2	
ALBUTEROL 4 MG TABLET	2		AMITIZA	4	
ALBUTEROL 5 MG/ML SOLUTION	2		AMITRIPTYLINE	1	
ALBUTEROL ER 4 MG TABLET	2		AMLODIPINE	2	
			AMLODIPINE-ATORVASTATIN	2	
			AMLODIPINE-BENAZEPRIL	2	

Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see the full list of medications your plan covers.

2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
AMLODIPINE-VALSARTAN	2		ARMODAFINIL	2	PA
AMLODIPINE-VALSARTAN-HCTZ	2		ARMOUR THYROID	2	
AMMONIUM LACTATE 12% CREAM	2		ARNUITY ELLIPTA	3	
AMMONIUM LACTATE 12% LOTION	2		ASA-BUTALB-CAFFEINE-CODEINE	2	
AMNESTEEM	4	QL	ASCOMP WITH CODEINE	2	
AMOXAPINE	2		ASHLYNA	1	
AMOXICILLIN-CLAVULANATE 200 MG-28.5 MG CHEWABLE TABLET	2		ASMANEX	4	ST
AMOXICILLIN-CLAVULANATE 200 MG-28.5 MG/5 ML SUSPENSION	2		ASMANEX HFA	4	ST
AMOXICILLIN-CLAVULANATE 250 MG-125 MG TABLET	2		ASPIRIN-DIPYRIDAMOLE ER	2	
AMOXICILLIN-CLAVULANATE 250 MG-62.5 MG/5 ML SUSPENSION	2		ASTAGRAF XL	5	SRX
AMOXICILLIN-CLAVULANATE 400 MG-57 MG CHEWABLE TABLET	2		ATAZANAVIR	2	
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION	2		ATENOLOL 100 MG TABLET	1	
AMOXICILLIN-CLAVULANATE 500 MG-125 MG TABLET	2		ATENOLOL 25 MG TABLET	1	
AMOXICILLIN-CLAVULANATE 600 MG-42.9 MG/5 ML SUSPENSION	2		ATENOLOL 50 MG TABLET	1	
AMOXICILLIN-CLAVULANATE 875 MG-125 MG TABLET	2		ATENOLOL-CHLORTHALIDONE 100-25	1	
AMOXICILLIN	1		ATENOLOL-CHLORTHALIDONE 50-25	1	
AMOXICILLIN-CLAVULANATE ER	2		ATOMOXETINE	2	
AMPHETAMINE	2		ATORVASTATIN 10 MG TABLET	2	
AMPICILLIN	2		ATORVASTATIN 20 MG TABLET	2	
ANADROL-50	4	PA	ATORVASTATIN 40 MG TABLET	2	
ANAGRELIDE	4		ATORVASTATIN 80 MG TABLET	2	
ANALPRAM HC 2.5%-1% LOTION	4		ATOVAQUONE	4	
ANASTROZOLE	2		ATOVAQUONE-PROGUANIL	2	
ANORO ELLIPTA	3		ATRIPLA	3	
ANUCORT-HC	2		ATROPINE 1% EYE DROPS	2	
APEXICON E	4		ATROPINE 1% EYE OINTMENT	2	
APIDRA	4	ST, QL	AUBRA	1	
APIDRA SOLOSTAR	4	ST, QL	AUBRA EQ	1	
APOKYN	5	PA, SRX	AUROVELA	1	
APRACLONIDINE	2		AUROVELA 24 FE	1	
APREPITANT	2	QL	AUROVELA FE	1	
APRI	1		AVANDIA	4	
APTIOM	4	PA, QL	AVIANE	1	
APTIVUS	3		AVONEX	5	PA, SRX
AQUA CARE	2		AVONEX PEN	5	PA, SRX
AQUA CARE STERILE WATER IRRIGATION	2		AYUNA	1	
ARANELLE	1		AZASITE	4	
ARANESP	5	PA, SRX	AZATHIOPRINE	2	
ARCALYST	5	PA, LDD, SRX	AZELAIC ACID	2	
ARCAPTA NEOHALER	4	ST	AZELASTINE	2	
ARIPIPRAZOLE	2		AZELASTINE-FLUTICASONE	3	
ARIPIPRAZOLE ODT	2		AZITHROMYCIN 1 GM POWDER PACKET	2	QL
			AZITHROMYCIN 100 MG/5 ML SUSPENSION	2	QL
			AZITHROMYCIN 200 MG/5 ML SUSPENSION	2	QL
			AZITHROMYCIN 250 MG TABLET	2	QL
			AZITHROMYCIN 500 MG TABLET	2	QL
			AZITHROMYCIN 600 MG TABLET	2	QL
			AZOPT	3	

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
AZURETTE	1		BD NEEDLE 18GX1 1/2"	3	
BACITRACIN 500 UNIT/GM OPHTHALMIC	2		BD NEEDLE 19GX1 1/2"	3	
BACITRACIN-POLYMYXIN EYE OINTMENT	2		BD NEEDLE 20GX1 1/2"	3	
BACLOFEN 10 MG TABLET	1		BD NEEDLE 21GX1 1/2"	3	
BACLOFEN 20 MG TABLET	1		BD NEEDLE 21GX1"	3	
BACLOFEN 5 MG TABLET	2		BD NEEDLE 22GX1 1/2"	3	
BAL-CARE DHA	1		BD NEEDLE 23GX1"	3	
BALCOLTRA	4		BD NEEDLE 25GX5/8"	3	
BALSALAZIDE 750 MG CAPSULE	2		BD NEEDLES 16GX1"	3	
BALZIVA	1		BD NEEDLES 16GX1.5"	3	
BANZEL	4	QL	BD NEEDLES 18GX1"	3	
BARACLUDE 0.05 MG/ML SOLUTION	5	SRX	BD NEEDLES 18GX1.5"	3	
BASAGLAR KWIKPEN U-100	3	QL	BD NEEDLES 19GX1"	3	
BD 3 ML SYRINGE 25GX1"	3		BD NEEDLES 19GX1.5"	3	
BD 3 ML SYRINGE WITH NEEDLE	3		BD NEEDLES 20GX1"	3	
BD AUTOSHIELD DUO NEEDLE 5MMX30G	3		BD NEEDLES 20GX1.5"	3	
BD ECLIPSE NEEDLE 25GX1"	3		BD NEEDLES 21GX1"	3	
BD INSULIN SYRINGE 0.3 ML 29GX12.7MM	3		BD NEEDLES 21GX1.5"	3	
BD INSULIN SYRINGE 0.3 ML 8MMX31G(1/2)	3		BD NEEDLES 21GX2"	3	
BD INSULIN SYRINGE 0.5 ML 28GX1/2"	3		BD NEEDLES 22GX1.5"	3	
BD INSULIN SYRINGE 0.5 ML 29GX1/2"	3		BD NEEDLES 23GX0.75"	3	
BD INSULIN SYRINGE 0.5 ML 29GX12.7MM	3		BD NEEDLES 25GX0.625"	3	
BD INSULIN SYRINGE 1 ML	3		BD NEEDLES 25GX0.875"	3	
BD INSULIN SYRINGE 1 ML 25GX1"	3		BD NEEDLES 25GX1.5"	3	
BD INSULIN SYRINGE 1 ML 25GX5/8"	3		BD NEEDLES 26GX0.375"	3	
BD INSULIN SYRINGE 1 ML 26GX1/2"	3		BD NEEDLES 26GX0.5"	3	
BD INSULIN SYRINGE 1 ML 27GX12.7MM	3		BD NEEDLES 27GX0.5"	3	
BD INSULIN SYRINGE 1 ML 27GX5/8"	3		BD NEEDLES 30GX0.5"	3	
BD INSULIN SYRINGE 1 ML 28GX1/2"	3		BD PRECISIONGLIDE 27GX1-1/2" NDL	3	
BD INSULIN SYRINGE 1 ML 29GX1/2"	3		BD SAFETYGLIDE INSULIN 0.3 ML 8MMX31G	3	
BD INSULIN SYRINGE 1 ML 29GX12.7MM	3		BD SAFETYGLIDE INSULIN 0.3ML 13MMX29G	3	
BD INSULIN SYRINGE U-500 1/2ML 6MMX31G	3		BD SAFETYGLIDE INSULIN 0.5 ML 8MMX30G	3	
BD INSULIN SYRINGE ULTRAFINE 0.3 ML 8MMX31G	3		BD SAFETYGLIDE INSULIN 0.5ML 13MMX29G	3	
BD INSULIN SYRINGE ULTRAFINE 0.3ML 12.7MMX30G	3		BD SAFETYGLIDE INSULIN 1 ML 13MMX29G	3	
BD INSULIN SYRINGE ULTRAFINE 0.5 ML 8MMX31G	3		BD SAFETYGLIDE 3 ML SYRINGE	3	
BD INSULIN SYRINGE ULTRAFINE 0.5ML 12.7MMX30G	3		BD SAFETYGLIDE NEEDLE	3	
BD INSULIN SYRINGE ULTRAFINE 1 ML 12.7MMX30G	3		BD SAFETYGLIDE INSULIN 0.3 ML 6MMX31G	3	
BD INSULIN SYRINGE ULTRAFINE 1 ML 8MMX31G	3		BD SAFETYGLIDE INSULIN 0.5 ML 6MMX31G	3	
BD LUER-LOK SYRINGE 3 ML 25GX5/8"	3		BD SYRINGE-SAFETY GLIDE	3	
BD MAGNI-GUIDE MAGNIFIER	3		BD ULTRAFINE MICRO PEN NEEDLE 6MMX32G	3	
BD NANO 2 GEN PEN NEEDLE 32GX4MM	3		BD ULTRAFINE MINI PEN NEEDLE 5MMX31G	3	
			BD ULTRAFINE NANO PEN NEEDLE 4MMX32G	3	

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

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BD ULTRAFINE ORIGINAL PEN NEEDLE 12.7MMX29G	3		BRIMONIDINE	2	
BD ULTRAFINE SHORT PEN NEEDLE 8MMX31G	3		BRIVIACT 10 MG TABLET	4	PA, QL
BD VEO INSULIN 0.3ML 6MMX31G (1/2)	3		BRIVIACT 10 MG/ML ORAL SOLUTION	4	PA, QL
BD VEO INSULIN SYRINGE 0.3 ML 6MMX31G	3		BRIVIACT 100 MG TABLET	4	PA, QL
BD VEO INSULIN SYRINGE 0.5 ML 6MMX31G	3		BRIVIACT 25 MG TABLET	4	PA, QL
BD VEO INSULIN SYRINGE 1 ML 6MMX31G	3		BRIVIACT 50 MG TABLET	4	PA, QL
BD VEO INSULIN SYRINGE 1 ML 6MMX31G	3		BRIVIACT 75 MG TABLET	4	PA, QL
BECONASE AQ	4	ST	BROMFED DM	2	
BEKYREE	1		BROMFENAC	2	
BELLADONNA-OPIMUM	2		BROMOCRIPTINE	2	
BENZAPEPRIL 10 MG TABLET	1		BROMPHENIRAMINE-PSEUDOEPHEDRINE-DM	2	
BENZAPEPRIL 20 MG TABLET	1		BROVANA	4	
BENZAPEPRIL 40 MG TABLET	1		BUDESONIDE	4	
BENZAPEPRIL 5 MG TABLET	1		BUDESONIDE EC	4	
BENZAPEPRIL-HCTZ	2		BUDESONIDE ER	5	PA, QL, SRX
BENZONATATE 100 MG CAPSULE	2		BUMETANIDE 0.5 MG TABLET	1	
BENZONATATE 200 MG CAPSULE	2		BUMETANIDE 1 MG TABLET	1	
BENZONATATE PERLE 100 MG CAPSULE	2		BUMETANIDE 2 MG TABLET	1	
BENZTROPINE 0.5 MG TABLET	2		BUPRENORPHINE PATCH	2	QL
BENZTROPINE 1 MG TABLET	2		BUPRENORPHINE 2 MG TABLET SL	2	
BENZTROPINE 2 MG TABLET	2		BUPRENORPHINE 8 MG TABLET SL	2	
BEPREVE	4		BUPRENORPHINE-NALOXONE	2	
BESER	2		BUPROPION	2	QL
BESIVANCE	4		BUPROPION SR 100 MG TABLET	2	QL
BETADINE 5% EYE SOLUTION	4		BUPROPION SR 150 MG TABLET	2	QL
BETAMETHASONE	2		BUPROPION SR 200 MG TABLET	2	QL
BETAMETHASONE AUGMENTED	2		BUPROPION XL 150 MG TABLET	2	QL
BETAXOLOL	2		BUPROPION XL 300 MG TABLET	2	QL
BETHANECHOL	2		BUSPIRONE	2	
BEXAROTENE	4	PA	BUTALB-CAFFEINE-ACETAMINOPHEN-CODEINE	2	
BEXSERO	3		BUTALBITAL COMPOUND-CODEINE	2	
BEYAZ	3		BUTALBITAL-ACETAMINOPHEN-CAFFEINE	2	QL
BICALUTAMIDE	2		"BUTALBITAL-ACETAMINOPHEN-CAFFEINE-CODEINE"	2	
BIKTARVY	3		BUTALBITAL-ACETAMINOPHEN 50 MG-325 MG	2	
BIMATOPROST 0.03% EYE DROPS	2	QL	BUTALBITAL-ASPIRIN-CAFFEINE	2	QL
BINOSTO	4		BUTORPHANOL 10 MG/ML SPRAY	2	QL
BISOPROLOL	2		BYDUREON BCISE	3	QL
BISOPROLOL-HCTZ	1		BYDUREON PEN	3	QL
BLISOVI 24 FE	1		BYETTA	3	QL
BLISOVI FE	1		BYSTOLIC	4	QL
BOOSTRIX TDAP	3		CABERGOLINE	2	QL
BOSENTAN	5	PA, SRX	CABOMETYX	5	PA, LDD, SRX
BOSULIF	5	PA, LDD, SRX	CAFFEINE 60 MG/3 ML ORAL	2	
BREO ELLIPTA	3		CALCIPOTRIENE 0.005% CREAM	2	
BRIELLYN	1				
BRILINTA	4				

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

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CALCIPOTRIENE 0.005% OINTMENT	2		CEFIXIME 200 MG/5 ML SUSPENSION	2	
CALCIPOTRIENE 0.005% SOLUTION	2		CEFIXIME 400 MG CAPSULE	3	
CALCIPOTRIENE-BETAMETHASONE DP OINTMENT	4		CEFPODOXIME	2	
CALCITONIN-SALMON	2		CEFPROZIL	2	
CALCITRIOL 0.25 MCG CAPSULE	2		CEFUROXIME	2	
CALCITRIOL 0.5 MCG CAPSULE	2		CELECOXIB	2	QL
CALCITRIOL 1 MCG/ML SOLUTION	2		CELONTIN	4	
CALCITRIOL 3 MCG/G OINTMENT	2	QL	CEPHALEXIN 125 MG/5 ML SUSPENSION	1	
CALCIUM ACETATE 667 MG CAPSULE	2		CEPHALEXIN 250 MG CAPSULE	1	
CALCIUM ACETATE 667 MG GELCAP	2		CEPHALEXIN 250 MG TABLET	1	
CALCIUM ACETATE 667 MG TABLET	2		CEPHALEXIN 250 MG/5 ML SUSPENSION	1	
CAMBIA	4		CEPHALEXIN 500 MG CAPSULE	1	
CAMILA	1		CEPHALEXIN 500 MG TABLET	1	
CAMRESE	1		CEPHALEXIN 750 MG CAPSULE	2	
CAMRESE LO	1		CETIRIZINE 1 MG/ML SOLUTION	2	
CANDESARTAN	2		CETIRIZINE 1 MG/ML SYRUP	2	
CANDESARTAN-HCTZ	2		CEVIMELINE	2	
CAPECITABINE	4	PA	CHANTIX	3	
CAPRELSA	5	PA, LDD, SRX	CHATEAL	1	
CAPTOPRIL	1		CHATEAL EQ	1	
CAPTOPRIL-HCTZ	2	QL	CHEMET	4	
CARBAGLU	4	PA	CHENODAL	4	LDD
CARBAMAZEPINE 100 MG CHEWABLE TABLET	1		CHLORDIAZEPOXIDE	2	
CARBAMAZEPINE 100 MG/5 ML SUSPENSION	2		CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
CARBAMAZEPINE 200 MG TABLET	1		CHLORDIAZEPOXIDE-CLIDINIUM	2	
CARBAMAZEPINE ER	2		CHLORHEXIDINE 0.12% RINSE	2	
CARBIDOPA	4		CHLOROQUINE	2	QL
CARBIDOPA-LEVODOPA	2		CHLORPROMAZINE 10 MG TABLET	2	
CARBIDOPA-LEVODOPA ER	2		CHLORPROMAZINE 100 MG TABLET	2	
CARBIDOPA-LEVODOPA-ENTACAPONE	2		CHLORPROMAZINE 200 MG TABLET	2	
CARBINOXAMINE 4 MG TABLET	2		CHLORPROMAZINE 25 MG TABLET	2	
CARBINOXAMINE 4 MG/5 ML LIQUID	2		CHLORPROMAZINE 50 MG TABLET	2	
CARETOUCH ALCOHOL PREP PAD	3		CHLORTHALIDONE	2	
CARISOPRODOL	2		CHLORZOXAZONE 500 MG TABLET	2	
CARISOPRODOL-ASPIRIN	2		CHOLBAM	5	PA, LDD, SRX
CARISOPRODOL-ASPIRIN-CODEINE	2		CHOLESTYRAMINE	2	
CARTEOLOL	2		CHOLESTYRAMINE LIGHT	2	
CARTIA XT	2		CICLODAN 8% SOLUTION	2	
CARVEDILOL	1		CICLOPIROX 0.77% CREAM	2	
CAYSTON	5	PA, QL, LDD, SRX	CICLOPIROX 0.77% GEL	2	
CAZANT	1		CICLOPIROX 0.77% TOPICAL SUSPENSION	2	
CEFACTOR	2		CICLOPIROX 1% SHAMPOO	2	
CEFACTOR ER	2		CICLOPIROX 8% SOLUTION	2	
CEFADROXIL	2		CILOSTAZOL	2	
CEFDINIR	2		CILOXAN 0.3% OINTMENT	4	
CEFDITOREN PIVOXIL	2		CIMETIDINE 200 MG TABLET	1	
CEFIXIME 100 MG/5 ML SUSPENSION	2		CIMETIDINE 300 MG TABLET	1	

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
CIMETIDINE 300 MG/5 ML SOLUTION	2		CLONIDINE 0.3 MG TABLET	2	
CIMETIDINE 400 MG TABLET	1		CLONIDINE ER	2	
CIMETIDINE 800 MG TABLET	1		CLOPIDOGREL	2	
CINACALCET	5	SRX	CLORAZEPATE	2	
CIPRO HC	4		CLOTRIMAZOLE 1% SOLUTION	2	
CIPRODEX	4		CLOTRIMAZOLE 1% TOPICAL CREAM	2	
CIPROFLOXACIN 0.2% OTIC SOLUTION	2		CLOTRIMAZOLE 10 MG TROCHE	2	
CIPROFLOXACIN 0.3% EYE DROP	2		CLOTRIMAZOLE-BETAMETHASONE	2	
CIPROFLOXACIN 100 MG TABLET	1		CLOVIQUE	4	PA,
CIPROFLOXACIN 250 MG TABLET	1		CLOZAPINE	2	
CIPROFLOXACIN 500 MG TABLET	1		CLOZAPINE ODT	4	
CIPROFLOXACIN 750 MG TABLET	1		C-NATE DHA	1	
CITALOPRAM 10 MG TABLET	1	QL	COARTEM	4	QL
CITALOPRAM 10 MG/5 ML SOLUTION	2	QL	CODEINE	2	
CITALOPRAM 20 MG TABLET	1	QL	COLCHICINE	2	
CITALOPRAM 40 MG TABLET	1	QL	COLESEVELAM	2	
CLARAVIS	4	QL	COLESTIPOL	2	
CLARITHROMYCIN	2		COLOCORT	2	
CLARITHROMYCIN ER	2		COMBIGAN	4	
CLEMASTINE	2		COMBIVIR	4	
CLINDACIN ETZ 1% PLEDGET	2		COMETRIQ	5	PA, LDD, SRX
CLINDACIN P	2		COMPLERA	3	
CLINDAMYCIN	2		COMPLETE NATAL DHA	1	
CLINDAMYCIN 1% FOAM	2		COMPLETENATE	1	
CLINDAMYCIN 1% GEL	2		COMPRO	2	
CLINDAMYCIN 1% LOTION	2		CONSTULOSE	2	
CLINDAMYCIN 1% PLEDGET	2		CORDRAN 4 MCG/SQ CM TAPE LARGE	4	
CLINDAMYCIN 1% SOLUTION	2		COREMINO	2	
CLINDAMYCIN 2% VAGINAL CREAM	2		CORTISONE	2	
CLINDAMYCIN P	2		CORTISPORIN	4	
CLINDAMYCIN PEDIATRIC	2		CORTISPORIN-TC	4	
CLINDAMYCIN-BENZOYL PEROXIDE 1-5%	2		COSENTYX PEN	5	PA, QL, LDD, SRX
CLINDAMYCIN-BENZOYL PEROXIDE 1.2%-5%	2		COSENTYX SYRINGE	5	PA, QL, LDD, SRX
CLINDAMYCIN-TRETINOIN	2		COTELLIC	5	PA, LDD, SRX
CLINDESSE	4		COVARYX	2	
CLOBAZAM 10 MG TABLET	4	PA	COVARYX H.S.	2	
CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA	CREON	4	
CLOBAZAM 20 MG TABLET	4	PA	CRIXIVAN	3	
CLOBETASOL	2		CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	2	
CLOBETASOL EMOLLIENT	2		CROMOLYN 20 MG/2 ML NEBULIZER SOLUTION	2	QL
CLOBETASOL EMULSION	2		CROMOLYN 4% EYE DROPS	2	
CLOCORTOLONE	2		CROTAN	3	
CLODAN 0.05% SHAMPOO	2		CRYSELLE	1	
CLOMIPRAMINE	4		CURITY ALCOHOL PREPS	3	
CLONAZEPAM	2		CYANOCOBALAMIN INJECTION	2	
CLONIDINE	2		CYCLAFEM	1	
CLONIDINE 0.1 MG TABLET	2		CYCLOBENZAPRINE 10 MG TABLET	1	
CLONIDINE 0.2 MG TABLET	2		CYCLOBENZAPRINE 5 MG TABLET	1	

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
DEXTROAMPHETAMINE-AMPHETAMINE ER	2	QL	DILTIAZEM 24HR ER (LA)	2	
DIAZEPAM 10 MG RECTAL GEL SYSTEM	2		DILTIAZEM 24HR ER (XR)	2	
DIAZEPAM 10 MG TABLET	2		DILTIAZEM 30 MG TABLET	1	
DIAZEPAM 2 MG TABLET	2		DILTIAZEM 60 MG TABLET	1	
DIAZEPAM 2.5 MG RECTAL GEL SYSTEM	2		DILTIAZEM 90 MG TABLET	1	
DIAZEPAM 20 MG RECTAL GEL SYSTEM	2		DILT-XR	2	
DIAZEPAM 5 MG TABLET	2		DIPENTUM	4	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	2		DIPHEN 12.5 MG/5 ML ELIXIR	4	
DIAZEPAM 5 MG/5 ML SOLUTION	2		DIPHENHYDRAMINE 12.5 MG/5 ML	2	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	2		DIPHENHYDRAMINE 25 MG/10 ML	2	
DIAZOXIDE 50 MG/ML ORAL SUSPENSION	4		DIPHENOXYLATE-ATROPINE	2	
DICLOFENAC 0.1% EYE DROPS	2		DIPHThERIA-TETANUS TOXOIDS-PEDIATRIC	3	
DICLOFENAC 1.5% TOPICAL SOLUTION	2		DIPYRIDAMOLE 25 MG TABLET	2	
DICLOFENAC EPOLAMINE	4	QL	DIPYRIDAMOLE 50 MG TABLET	2	
DICLOFENAC 50 MG TABLET	2		DIPYRIDAMOLE 75 MG TABLET	2	
DICLOFENAC DR 25 MG TABLET	2		DISOPYRAMIDE	2	
DICLOFENAC DR 50 MG TABLET	2		DISULFIRAM 250 MG TABLET	2	
DICLOFENAC DR 75 MG TABLET	2		DISULFIRAM 500 MG TABLET	2	
DICLOFENAC EC 25 MG TABLET	2		DIVALPROEX	2	
DICLOFENAC EC 50 MG TABLET	2		DIVALPROEX ER	2	
DICLOFENAC EC 75 MG TABLET	2		DOFETILIDE	4	QL
DICLOFENAC ER 100 MG TABLET	2		DONEPEZIL	2	
DICLOFENAC 1% GEL	2	QL	DONEPEZIL ODT	2	
DICLOFENAC-MISOPROSTOL	2		DORZOLAMIDE	2	
DICLOXACILLIN	2		DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DICYCLOMINE 10 MG CAPSULE	1		DOTTI	2	QL
DICYCLOMINE 10 MG/5 ML SOLUTION	2		DOXAZOSIN	1	
DICYCLOMINE 20 MG TABLET	1		DOXEPIN 10 MG CAPSULE	2	
DIDANOSINE	2		DOXEPIN 10 MG/ML ORAL CONCENTRATE	2	
DIFICID	4	PA, QL	DOXEPIN 100 MG CAPSULE	2	
DIFLORASONE	4		DOXEPIN 150 MG CAPSULE	2	
DIFLUNISAL	2		DOXEPIN 25 MG CAPSULE	2	
DIGITEK	1		DOXEPIN 5% CREAM	4	
DIGOX	1		DOXEPIN 50 MG CAPSULE	2	
DIGOXIN 0.05 MG/ML SOLUTION	2		DOXEPIN 75 MG CAPSULE	2	
DIGOXIN 0.125 MG TABLET	1		DOXEPIN 3 MG TABLET	3	QL
DIGOXIN 0.25 MG TABLET	1		DOXEPIN 6 MG TABLET	3	QL
DIGOXIN 125 MCG TABLET	1		DOXERCALCIFEROL 0.5 MCG CAPSULE	2	
DIGOXIN 250 MCG TABLET	1		DOXERCALCIFEROL 1 MCG CAPSULE	2	
DIHYDROERGOTAMINE 1 MG/ML AMPULE	4	QL	DOXERCALCIFEROL 2.5 MCG CAPSULE	2	
DIHYDROERGOTAMINE 4 MG/ML SPRAY	4	QL	DOXYCYCLINE DR 100 MG TABLET	2	
DILATRATE-SR	4		DOXYCYCLINE DR 150 MG TABLET	2	
DILTIAZEM 120 MG TABLET	1		DOXYCYCLINE DR 200 MG TABLET	2	
DILTIAZEM 12HR ER	2		DOXYCYCLINE DR 50 MG TABLET	2	
DILTIAZEM 24HR ER	2		DOXYCYCLINE DR 75 MG TABLET	2	
DILTIAZEM 24HR ER (CD)	2		DOXYCYCLINE 100 MG CAPSULE	2	
			DOXYCYCLINE 100 MG TABLET	2	
			DOXYCYCLINE 20 MG TABLET	2	

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
DOXYCYCLINE 50 MG CAPSULE	2		ENGERIX-B PEDIATRIC-ADOLESCENT	3	
DOXYCYCLINE MONOHYDRATE	2		ENLYTE	4	
DRONABINOL	4		ENOXAPARIN	4	QL
DROSPIRENONE-ETHINYL ESTRADIOL	1		ENPRESSE	1	
DROSPIRENONE-ETHINYL ESTRADIOL- LEVOMEFOLATE	1		ENSKYCE	1	
DROXIA	4		ENTACAPONE	2	
DUAVEE	4		ENTECAVIR	4	
DULOXETINE	2	QL	ENTRESTO	3	
DUPIXENT SYRINGE	5	PA, SRX	ENULOSE	2	
DUREZOL	4		EPIDIOLEX	4	PA
DUTASTERIDE	2		EPIFOAM	4	
DUTASTERIDE-TAMSULOSIN	2		EPINASTINE	2	
DYMISTA	4		EPINEPHRINE 0.15 MG AUTO-INJECTOR	2	QL
EASY COMFORT ALCOHOL PAD	3		EPINEPHRINE 0.3 MG AUTO-INJECTOR	2	QL
EASY TOUCH ALCOHOL PREP PADS	3		EPITOL	1	
EC-NAPROXEN	1		EPIVIR	4	
ECONAZOLE	2		EPIVIR HBV 25 MG/5 ML SOLUTION	3	
ECONTRA EZ	4		EPLERENONE	2	
EDARBI	4	ST, QL	EPZICOM	4	
EDARBYCLOR	4	ST, QL	ERGOLOID	1	
ED-SPAZ	1		ERIVEDGE	5	PA, LDD, SRX
EDURANT	3		ERLOTINIB	5	PA, SRX
EEMT D.S.	2		ERRIN	1	
EEMT H.S.	2		ERTACZO	4	
EFAVIRENZ	2		ERY	2	
EFFER-K 10 MEQ EFFERVESCENT TABLET	4		ERYTHROCIN	2	
EFFER-K 20 MEQ EFFERVESCENT TABLET	4		ERYTHROMYCIN 0.5% EYE OINTMENT	2	
EGRIFTA	5	PA, LDD, SRX	ERYTHROMYCIN 2% GEL	2	
EGRIFTA SV	5	PA, SRX	ERYTHROMYCIN 2% SOLUTION	2	
ELETRIPTAN	2	QL	ERYTHROMYCIN 250 MG FILMTAB	2	
ELINEST	1		ERYTHROMYCIN 500 MG FILMTAB	2	
ELIQUIS	3	QL	ERYTHROMYCIN DR 250 MG CAPSULE	2	
ELITE-OB	1		ERYTHROMYCIN ETHYLSUCCINATE	2	
ELLA	4		ERYTHROMYCIN-BENZOYL PEROXIDE	2	
ELMIRON	4		ESBRIET	5	PA, LDD, SRX
ELURYNG	2		ESCITALOPRAM	2	QL
EMCYT	5	SRX	ESOMEPRAZOLE DR 10 MG PACKET	3	QL
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX	ESOMEPRAZOLE DR 20 MG PACKET	3	QL
EMOQUETTE	1		ESOMEPRAZOLE DR 40 MG PACKET	3	QL
EMSAM	4	QL	ESOMEPRAZOLE DR 20 MG CAPSULE	2	QL
EMTRIVA	3		ESOMEPRAZOLE DR 40 MG CAPSULE	2	QL
EMVERM	4		ESOMEPRAZOLE STRONTIUM	2	QL
ENALAPRIL	1		ESTARYLLA	1	
ENALAPRIL-HCTZ	2		ESTAZOLAM	2	
ENBREL	5	PA, ST, QL, SRX	ESTRADIOL 0.025 MG PATCH	2	QL
ENBREL MINI	5	PA, ST, QL, SRX	ESTRADIOL 0.0375 MG PATCH	2	QL
ENBREL SURECLICK	5	PA, ST, QL, SRX	ESTRADIOL 0.0375 MG/DAY PATCH	2	
ENDOCET	2		ESTRADIOL 0.05 MG PATCH	2	QL
ENGERIX-B ADULT	3		ESTRADIOL 0.06 MG/DAY PATCH	2	
			ESTRADIOL 0.075 MG PATCH	2	QL

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

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ESTRADIOL 0.075 MG/DAY PATCH	2		FENOFIBRATE 120 MG TABLET	2	
ESTRADIOL 0.1 MG PATCH	2	QL	FENOFIBRATE 130 MG CAPSULE	2	
ESTRADIOL 0.5 MG TABLET	1		FENOFIBRATE 134 MG CAPSULE	2	
ESTRADIOL 1 MG TABLET	1		FENOFIBRATE 145 MG TABLET	2	
ESTRADIOL 10 MCG VAGINAL INSERT	2	QL	FENOFIBRATE 150 MG CAPSULE	2	
ESTRADIOL 2 MG TABLET	1		FENOFIBRATE 160 MG TABLET	2	
ESTRADIOL TDS 0.025 MG/DAY	2		FENOFIBRATE 200 MG CAPSULE	2	
ESTRADIOL TDS 0.0375 MG/DAY	2		FENOFIBRATE 40 MG TABLET	2	
ESTRADIOL TDS 0.05 MG/DAY	2		FENOFIBRATE 43 MG CAPSULE	2	
ESTRADIOL TDS 0.06 MG/DAY	2		FENOFIBRATE 48 MG TABLET	2	
ESTRADIOL TDS 0.075 MG/DAY	2		FENOFIBRATE 50 MG CAPSULE	2	
ESTRADIOL TDS 0.1 MG/DAY	2		FENOFIBRATE 54 MG TABLET	2	
ESTRADIOL-NORETHINDRONE	2		FENOFIBRATE 67 MG CAPSULE	2	
ESTROGEN-METHYLTESTOSTERONE	2		FENOFIBRIC ACID	2	
ESTROSTEP FE	4		FENOPROFEN 600 MG TABLET	2	
ESZOPICLONE	2		FENTANYL PATCH	2	PA
ETHAMBUTOL	2		FENTANYL OTFC 1,200 MCG	4	PA
ETHOSUXIMIDE	2		FENTANYL OTFC 1,600 MCG	4	PA
ETHYL CHLORIDE	2		FENTANYL OTFC 200 MCG	4	PA
ETHYNODIOL-ETHINYL ESTRADIOL	1		FENTANYL OTFC 400 MCG	4	PA
ETODOLAC	2		FENTANYL OTFC 600 MCG	4	PA
ETODOLAC ER	2		FENTANYL OTFC 800 MCG	4	PA
ETONOGESTREL-ETHINYL ESTRADIOL	2		FERRIPROX	4	PA, LDD
ETOPOSIDE 50 MG CAPSULE	4		FETZIMA	4	ST, QL
EUTHYROX	2		FINACEA 15% FOAM	4	
EVEROLIMUS 0.25 MG TABLET	5	SRX	FINASTERIDE 5 MG TABLET	2	
EVEROLIMUS 0.5 MG TABLET	5	SRX	FIORICET	2	QL
EVEROLIMUS 0.75 MG TABLET	5	SRX	FIRVANQ	3	
EVEROLIMUS 2.5 MG TABLET	5	PA, SRX	FLAC OTIC OIL	2	
EVEROLIMUS 5 MG TABLET	5	PA, SRX	FLAVOXATE	2	
EVEROLIMUS 7.5 MG TABLET	5	PA, SRX	FLECAINIDE	2	
EVOTAZ	3		FLOVENT DISKUS	3	
EXEMESTANE	2		FLOVENT HFA	3	
EZETIMIBE	2		FLUAD QUAD	3	
EZETIMIBE-SIMVASTATIN	2		FLUARIX QUAD	3	
FACTIVE	4		FLUBLOK QUAD	3	
FALMINA	1		FLUCELVAX QUAD	3	
FAMCICLOVIR	2		FLUCONAZOLE 10 MG/ML SUSPENSION	2	
FAMOTIDINE 20 MG TABLET	1		FLUCONAZOLE 100 MG TABLET	2	
FAMOTIDINE 40 MG TABLET	1		FLUCONAZOLE 150 MG TABLET	1	
FAMOTIDINE 40 MG/5 ML SUSPENSION	2		FLUCONAZOLE 200 MG TABLET	2	
FANAPT	4	ST, QL	FLUCONAZOLE 40 MG/ML SUSPENSION	2	
FARXIGA	3	QL	FLUCONAZOLE 50 MG TABLET	2	
FARYDAK	5	PA, SRX	FLUCYTOSINE	4	
FAYOSIM	1		FLUDROCORTISONE 0.1 MG TABLET	2	
FEBUXOSTAT	4	QL	FLULAVAL QUAD	3	
FELBAMATE	4		FLUMIST QUAD	3	
FELODIPINE ER	2		FLUNISOLIDE	2	
FEM PH	2		FLUOCINOLONE	2	
FEMYNOR	1		FLUOCINOLONE OIL	2	

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

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FLUOCINONIDE	2		FOSAMPRENAVIR	2	
FLUOCINONIDE-E	2		FOSINOPRIL	1	
FLUORABON	2		FOSINOPRIL-HCTZ	2	
FLUORIDE	2		FOSRENOL 1,000 MG POWDER PACK	4	
FLUORIDEX	2		FOSRENOL 750 MG POWDER PACKET	4	
FLUORITAB	2		FRAGMIN	5	QL, SRX
FLUOROMETHOLONE	2		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FLUOROURACIL 0.5% CREAM	2		FROVATRIPTAN	2	QL
FLUOROURACIL 2% TOPICAL SOLUTION	2		FULPHILA	5	PA, SRX
FLUOROURACIL 5% CREAM	2		FUROSEMIDE 10 MG/ML SOLUTION	1	
FLUOROURACIL 5% TOPICAL SOLUTION	2		FUROSEMIDE 20 MG TABLET	1	
FLUOXETINE 20 MG/5 ML SOLUTION	2	QL	FUROSEMIDE 40 MG TABLET	1	
FLUOXETINE DR 90 MG CAPSULE	2	QL	FUROSEMIDE 40 MG/5 ML SOLUTION	1	
FLUOXETINE 10 MG CAPSULE	1	QL	FUROSEMIDE 80 MG TABLET	1	
FLUOXETINE 10 MG TABLET	1	QL	FUZEON	5	LDD, SRX
FLUOXETINE 20 MG CAPSULE	1	QL	FYAVOLV	2	
FLUOXETINE 20 MG TABLET	1	QL	FYCOMPA 10 MG TABLET	4	PA, QL
FLUOXETINE 40 MG CAPSULE	1	QL	FYCOMPA 12 MG TABLET	4	PA, QL
FLUOXETINE 60 MG TABLET	1	QL	FYCOMPA 2 MG TABLET	4	PA, QL
FLUPHENAZINE 1 MG TABLET	2		FYCOMPA 4 MG TABLET	4	PA, QL
FLUPHENAZINE 10 MG TABLET	2		FYCOMPA 6 MG TABLET	4	PA, QL
FLUPHENAZINE 2.5 MG TABLET	2		FYCOMPA 8 MG TABLET	4	PA, QL
FLUPHENAZINE 2.5 MG/5 ML ELIXIR	2		GABAPENTIN	2	
FLUPHENAZINE 5 MG TABLET	2		GALANTAMINE	2	
FLUPHENAZINE 5 MG/ML CONCENTRATE	2		GALANTAMINE ER	2	QL
FLURA-DROPS	2		GALANTAMINE HBR	2	
FLURANDRENOLIDE	4		GALZIN	4	
FLURAZEPAM	2		GARDASIL 9	3	
FLURBIPROFEN	2		GATIFLOXACIN	2	
FLUTAMIDE	2		GATTEX	5	PA, LDD, SRX
FLUTICASON 0.005% OINTMENT	2		GAVILYTE-C	2	
FLUTICASON 0.05% CREAM	2		GAVILYTE-G	2	
FLUTICASON 0.05% LOTION	2		GAVILYTE-N	2	
FLUTICASON 50 MCG SPRAY	2		GEMFIBROZIL	2	
FLUTICASON-SALMETEROL 113 MCG-14 MCG	2		GENERESS FE	4	
FLUTICASON-SALMETEROL 232 MCG-14 MCG	2		GENERLAC	2	
FLUTICASON-SALMETEROL 55 MCG-14 MCG	2		GENGRAF	2	
FLUVASTATIN	2		GENOTROPIN	5	PA, ST, SRX
FLUVASTATIN ER	2		GENTAK	2	
FLUVOXAMINE	2	QL	GENTAMICIN 0.1% CREAM	2	
FLUVOXAMINE ER	2	QL	GENTAMICIN 0.1% OINTMENT	2	
FLUZONE QUAD	3		GENTAMICIN 0.3% EYE DROP	2	
FLUZONE HIGH-DOSE QUAD	3		GENTAMICIN 3 MG/ML EYE DROP	2	
FOLIC ACID 1 MG TABLET	2		GENVOYA	3	
FOLIVANE-OB	1		GIANVI	1	
FONDAPARINUX	4	QL	GILOTRIF	5	PA, LDD, SRX
			GLATIRAMER	5	PA, SRX
			GLATOPA	5	PA, SRX
			GLEOSTINE	4	
			GLIMEPIRIDE	1	

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GLIPIZIDE	1		HUMIRA PEDIATRIC CROHN'S	5	PA, QL, SRX
GLIPIZIDE ER	1		HUMIRA PEN	5	PA, QL, SRX
GLIPIZIDE XL	1		HUMIRA PEN CROHN'S-UC-HS	5	PA, QL, SRX
GLIPIZIDE-METFORMIN	2		HUMIRA PEN PSORIASIS-UVEITIS-ADOLESCENT HS	5	PA, QL, SRX
GLYBURIDE	1		HUMIRA(CF)	5	PA, QL, SRX
GLYBURIDE-METFORMIN	2		HUMIRA(CF) PEDIATRIC CROHN'S	5	PA, QL, SRX
GLYCINE 1.5% IRRIGATION	2		HUMIRA(CF) PEN	5	PA, QL, SRX
GLYCOPYRROLATE 1 MG TABLET	2		HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA, QL, SRX
GLYCOPYRROLATE 2 MG TABLET	2		HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA, QL, SRX
GLYDO	2		HUMULIN 70/30 KWIKPEN	3	QL
GRANISETRON	4		HUMULIN 70-30	3	QL
GRANIX	5	SRX	HUMULIN N	3	QL
GRISEOFULVIN	2		HUMULIN N KWIKPEN	3	QL
GRISEOFULVIN ULTRAMICROSIZED	2		HUMULIN R	3	QL
GUANFACINE	1		HUMULIN R U-500	3	QL
GUANFACINE ER	2		HUMULIN R U-500 KWIKPEN	3	QL
GUANIDINE	2		HYCAMTIN 0.25 MG CAPSULE	5	PA, SRX
GVOKE HYPOPEN 1-PACK	3	QL	HYCAMTIN 1 MG CAPSULE	5	PA, SRX
GVOKE HYPOPEN 2-PACK	3	QL	HYDRALAZINE 10 MG TABLET	2	
GVOKE PFS 1-PACK SYRINGE	3	QL	HYDRALAZINE 100 MG TABLET	2	
GVOKE PFS 2-PACK SYRINGE	3	QL	HYDRALAZINE 25 MG TABLET	2	
GYNAZOLE 1	2		HYDRALAZINE 50 MG TABLET	2	
HAILEY	1		HYDROCHLOROTHIAZIDE	1	
HAILEY 24 FE	1		HYDROCODONE-ACETAMINOPHEN	2	
HAILEY FE	1		HYDROCODONE-CHLORPHENIRAMINE ER	2	
HALCINONIDE	4		HYDROCODONE-HOMATROPINE	2	QL
HALOBETASOL 0.05% CREAM	2		HYDROCODONE-IBUPROFEN	2	
HALOBETASOL 0.05% OINTMENT	2		HYDROCORTISONE 1% CREAM	2	
HALOG 0.1% OINTMENT	4		HYDROCORTISONE 1% OINTMENT	2	
HALOPERIDOL	2		HYDROCORTISONE 10 MG TABLET	2	
HALOPERIDOL LACTATE 2 MG/ML CONCENTRATE	2		HYDROCORTISONE 100 MG/60 ML	2	
HAVRIX	3		HYDROCORTISONE 2.5% CREAM	2	
HEATHER	1		HYDROCORTISONE 2.5% LOTION	2	
HEMMOREX-HC	2		HYDROCORTISONE 2.5% OINTMENT	2	
HEPARIN 5,000 UNIT/ 0.5 ML	2		HYDROCORTISONE 20 MG TABLET	2	
HEPLISAV-B	3		HYDROCORTISONE 5 MG TABLET	2	
HETLIOZ	5	PA, SRX	HYDROCORTISONE AC 25 MG SUPPOSITORY	2	
HIBERIX VACCINE WITH DILUENT	3		HYDROCORTISONE AC 30 MG SUPPOSITORY	2	
HOMATROPAIRE	2		HYDROCORTISONE BUTYRATE	2	
HUMALOG	3	QL	HYDROCORTISONE VALERATE	2	
HUMALOG JUNIOR KWIKPEN	3	QL	HYDROCORTISONE-ACETIC ACID	2	
HUMALOG KWIKPEN U-100	3	QL	HYDROCORTISONE-PRAMOXINE 1%-1% CREAM	2	
HUMALOG KWIKPEN U-200	3	QL	HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM	2	
HUMALOG MIX 50-50	3	QL	HYDROMET	2	QL
HUMALOG MIX 50-50 KWIKPEN	3	QL			
HUMALOG MIX 75-25	3	QL			
HUMALOG MIX 75-25 KWIKPEN	3	QL			
HUMATROPE	5	PA, SRX			
HUMIRA	5	PA, QL, SRX			

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
HYDROMORPHONE 1 MG/ML SOLUTION	2		INLYTA	5	PA, LDD, SRX
HYDROMORPHONE 2 MG TABLET	2		INSULIN ASPART	4	ST, QL
HYDROMORPHONE 3 MG SUPPOSITORY	2		INSULIN ASPART FLEXPEN	4	ST, QL
HYDROMORPHONE 4 MG TABLET	2		INSULIN ASPART PENFILL	4	ST, QL
HYDROMORPHONE 5 MG/5 ML SOLUTION	2		INSULIN ASPART PROTAMINE-INSULIN ASPART	4	ST, QL
HYDROMORPHONE 8 MG TABLET	2		INTELENCE	3	
HYDROMORPHONE ER	2		INTRON A	5	PA, SRX
HYDROXYCHLOROQUINE	2	QL	INTROVALE	1	
HYDROXYUREA	2		INVIRASE	3	
HYDROXYZINE 10 MG/5 ML SOLUTION	2		IPOL	3	
HYDROXYZINE 10 MG/5 ML SYRUP	2		IPRATROPIUM 0.03% SPRAY	2	
HYDROXYZINE 10 MG TABLET	2		IPRATROPIUM 0.06% SPRAY	2	
HYDROXYZINE 25 MG TABLET	2		IPRATROPIUM BR 0.02% SOLUTION	1	
HYDROXYZINE 50 MG TABLET	2		IPRATROPIUM-ALBUTEROL	2	
HYDROXYZINE PAMOATE	2		IRBESARTAN	2	
HYOPHEN	2		IRBESARTAN-HCTZ	2	
HYOSCYAMINE 0.125 MG ODT	1		IRESSA	5	PA, LDD, SRX
HYOSCYAMINE 0.125 MG TABLET	1		ISENTRESS	3	
HYOSCYAMINE 0.125 MG TABLET SL	1		ISENTRESS HD	3	
HYOSCYAMINE 0.125 MG/5 ML ELIXIR	2		ISIBLOOM	1	
HYOSCYAMINE 0.125 MG/ML DROP	2		ISOCHRON	2	
HYOSCYAMINE ER	1		ISONIAZID 100 MG TABLET	1	
HYOSCYAMINE SR	1		ISONIAZID 300 MG TABLET	1	
HYOSYNE	2		ISONIAZID 50 MG/5 ML SOLUTION	2	
IBANDRONATE 150 MG TABLET	2		ISOSORBIDE DINITRATE 10 MG TABLET	2	
IBRANCE	5	PA, LDD, SRX	ISOSORBIDE DINITRATE 20 MG TABLET	2	
IBUPROFEN	1		ISOSORBIDE DINITRATE 30 MG TABLET	2	
IBUPROFEN 100 MG/5 ML SUSPENSION	1		ISOSORBIDE DINITRATE 5 MG TABLET	2	
IBUPROFEN 400 MG TABLET	1		ISOSORBIDE MONONITRATE	1	
IBUPROFEN 600 MG TABLET	1		ISOSORBIDE MONONITRATE ER	1	
IBUPROFEN 800 MG TABLET	1		ISOTRETINOIN	4	QL
ICATIBANT	5	PA, SRX	ISOXSUPRINE	2	
ICLUSIG	5	PA, LDD, SRX	ISRADIPINE	2	
ILARIS	5	PA, LDD, SRX	ITRACONAZOLE	3	
ILEVRO	4		IVERMECTIN 3 MG TABLET	2	
IMATINIB	4	PA	JAIMIESS	1	
IMBRUVICA	5	PA, LDD, SRX	JAKAFI	5	PA, LDD, SRX
IMIPRAMINE	2		JANTOVEN	1	
IMIPRAMINE PAMOATE	2		JASMIEL	1	
IMIQUIMOD 5% CREAM PACKET	2		JENCYCLA	1	
INCASSIA	1		JINTELI	2	
INCONTROL ALCOHOL PADS	3		JOLESSA	1	
INCRELEX	5	PA, SRX	JULEBER	1	
INCRUSE ELLIPTA	3		JULUCA	3	
INDAPAMIDE	1		JUNEL	1	
INDOMETHACIN 25 MG CAPSULE	2		JUNEL FE	1	
INDOMETHACIN 50 MG CAPSULE	2		JUNEL FE 24	1	
INDOMETHACIN ER	2		KAITLIB FE	1	
INFANRIX DTAP	3		KALETRA 100-25 MG TABLET	3	QL

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
KALETRA 200-50 MG TABLET	3	QL	LAMIVUDINE HBV	2	
KALETRA 80 MG-20 MG/ML SOLUTION	4	QL	LAMIVUDINE-ZIDOVUDINE	2	
KALLIGA	1		LAMOTRIGINE	2	
KALYDECO	5	PA, QL, LDD, SRX	LAMOTRIGINE (BLUE)	2	
KARIVA	1		LAMOTRIGINE (GREEN)	2	
KELNOR 1-35	1		LAMOTRIGINE (ORANGE)	2	
KELNOR 1-50	1		LAMOTRIGINE ER	2	
KETOCONAZOLE	2		LAMOTRIGINE ODT	2	
KETODAN 2% FOAM	2		LAMOTRIGINE ODT (BLUE)	2	
KETOPROFEN	2		LAMOTRIGINE ODT (GREEN)	2	
KETOROLAC 0.4% OPHTHALMIC SOLUTION	2		LAMOTRIGINE ODT (ORANGE)	2	
KETOROLAC 0.5% OPHTHALMIC SOLUTION	2		LANSOPRAZOLE DR 15 MG CAPSULE	2	QL
KETOROLAC 10 MG TABLET	2	QL	LANSOPRAZOLE DR 30 MG CAPSULE	2	QL
KETOROLAC 15 MG/ML SYRINGE	2	QL	LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	2	
KETOROLAC 15 MG/ML VIAL	2	QL	LANTHANUM	4	
KETOROLAC 30 MG/ML CARPUJECT	2	QL	LARIN	1	
KETOROLAC 30 MG/ML SYRINGE	2	QL	LARIN 24 FE	1	
KETOROLAC 30 MG/ML VIAL	2	QL	LARIN FE	1	
KETOROLAC 60 MG/2 ML CARPUJECT	2	QL	LARISSIA	1	
KETOROLAC 60 MG/2 ML SYRINGE	2	QL	LASTACFT	4	
KETOROLAC 60 MG/2 ML VIAL	2	QL	LATANOPROST 0.005% EYE DROPS	2	
KINERET	5	PA, ST, QL, LDD, SRX	LATUDA	4	ST, QL
KINRIX	3		LAYOLIS FE	4	
KIONEX	2		LEDIPASVIR-SOFOSBUVIR	5	PA, SRX
KLOR-CON	2		LEENA	1	
KLOR-CON 10	2		LEFLUNOMIDE	2	
KLOR-CON 8	2		LENVIMA	5	PA, LDD, SRX
KLOR-CON M10	2		LESSINA	1	
KLOR-CON M15	4		LETROZOLE	2	
KLOR-CON M20	2		LEUCOVORIN 10 MG TABLET	2	
KOMBIGLYZE XR	3	QL	LEUCOVORIN 15 MG TABLET	2	
K-PHOS NO.2	4		LEUCOVORIN 25 MG TABLET	2	
K-PHOS ORIGINAL	4		LEUCOVORIN 5 MG TABLET	2	
KRISTALOSE 20 GM PACKET	4		LEUKERAN	4	
KURVELO	1		LEUKINE	5	SRX
KUVAN	5	PA, LDD, SRX	LEUPROLIDE 2WK 1 MG/0.2 ML KIT	4	PA
LABETALOL 100 MG TABLET	2		LEUPROLIDE 2WK 14 MG/2.8 ML KIT	4	PA
LABETALOL 200 MG TABLET	2		LEVALBUTEROL	2	
LABETALOL 300 MG TABLET	2		LEVALBUTEROL CONCENTRATE	2	
LACRISERT	4		LEVALBUTEROL TARTRATE HFA	2	QL
LACTATED RINGERS IRRIGATION	2		LEVEMIR	4	ST, QL
LACTULOSE 10 GM PACKET	4		LEVEMIR FLEXTOUCH	4	ST, QL
LACTULOSE 10 GM/15 ML SOLUTION	2		LEVETIRACETAM 1,000 MG TABLET	2	
LACTULOSE 20 GM/30 ML SOLUTION	2		LEVETIRACETAM 100 MG/ML SOLUTION	2	
LAMICTAL XR (BLUE)	4		LEVETIRACETAM 250 MG TABLET	2	
LAMICTAL XR (GREEN)	4		LEVETIRACETAM 500 MG TABLET	2	
LAMICTAL XR (ORANGE)	4		LEVETIRACETAM 500 MG/5 ML SOLUTION	2	
LAMIVUDINE	2		LEVETIRACETAM 750 MG TABLET	2	

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
LEVETIRACETAM ER	2		LIOTHYRONINE 25 MCG TABLET	2	
LEVOBUNOLOL	2		LIOTHYRONINE 5 MCG TABLET	2	
LEVOCARNITINE 1 G/10 ML SOLUTION	2		LIOTHYRONINE 50 MCG TABLET	2	
LEVOCARNITINE 330 MG TABLET	2		LISINOPRIL	1	
LEVOCARNITINE SF	2		LISINOPRIL-HCTZ	1	
LEVOCETIRIZINE 2.5 MG/5 ML SOLUTION	2		LITHIUM	2	
LEVOCETIRIZINE 5 MG TABLET	2		LITHIUM 150 MG CAPSULE	1	
LEVOFLOXACIN 0.5% EYE DROPS	2		LITHIUM 300 MG CAPSULE	1	
LEVOFLOXACIN 25 MG/ML SOLUTION	2		LITHIUM 300 MG TABLET	1	
LEVOFLOXACIN 250 MG TABLET	2		LITHIUM 600 MG CAPSULE	1	
LEVOFLOXACIN 500 MG TABLET	2		LITHIUM ER	2	
LEVOFLOXACIN 750 MG TABLET	2		LITHIUM ER 450 MG TABLET	2	
LEVONEST	1		LITHOSTAT	4	
LEVONORGESTREL-ETHINYL ESTRADIOL	1		LO LOESTRIN FE	3	
LEVONORGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL	1		LOESTRIN	4	
LEVORA-28	1		LOESTRIN FE	4	
LEVORPHANOL	5	SRX	LOJAIMIESS	1	
LEVOTHYROXINE 100 MCG TABLET	1		LONSURF	5	PA, LDD, SRX
LEVOTHYROXINE 112 MCG TABLET	1		LOPERAMIDE 2 MG CAPSULE	2	
LEVOTHYROXINE 125 MCG TABLET	1		LOPINAVIR-RITONAVIR	2	QL
LEVOTHYROXINE 137 MCG TABLET	1		LOPREEZA	2	
LEVOTHYROXINE 150 MCG TABLET	1		LORAZEPAM 0.5 MG TABLET	2	
LEVOTHYROXINE 175 MCG TABLET	1		LORAZEPAM 1 MG TABLET	2	
LEVOTHYROXINE 200 MCG TABLET	1		LORAZEPAM 2 MG TABLET	2	
LEVOTHYROXINE 25 MCG TABLET	1		LORAZEPAM 2 MG/ML ORAL CONCENTRATE	2	
LEVOTHYROXINE 300 MCG TABLET	1		LORAZEPAM INTENSOL	2	
LEVOTHYROXINE 50 MCG TABLET	1		LORCET	2	
LEVOTHYROXINE 75 MCG TABLET	1		LORCET HD	2	
LEVOTHYROXINE 88 MCG TABLET	1		LORTAB	2	
LEVOXYL	1		LORYNA	1	
LEVULAN	4	LDD	LOSARTAN	1	
LEXIVA 50 MG/ML SUSPENSION	3		LOSARTAN-HCTZ	1	
LEXIVA 700 MG TABLET	4		LOSEASONIQUE	4	
LIDOCAINE 5% OINTMENT	2	QL	LOTEMAX 0.5% EYE OINTMENT	4	
LIDOCAINE 5% PATCH	2		LOTEMAX 0.5% OPHTHALMIC GEL	4	
LIDOCAINE 2% JELLY	2		LOTEMAX SM	4	
LIDOCAINE 2% JELLY URO-JET	2		LOTEPREDNOL	3	
LIDOCAINE 2% JELLY URO-JET AC	2		LOVASTATIN	1	
LIDOCAINE 4% SOLUTION	2		LOW-OGESTREL	1	
LIDOCAINE VISCOUS	1		LOXAPINE	2	
LIDOCAINE-HC 2.8%-0.55% GEL	2		LO-ZUMANDIMINE	1	
LIDOCAINE-HC 3%-0.5% CREAM	2		LUDENT FLUORIDE	2	
LIDOCAINE-PRILOCAINE	2		LUMIGAN	4	
LILLOW	1		LUTERA	1	
LINDANE	2		LYNPARZA	5	PA, LDD, SRX
LINEZOLID 100 MG/5 ML SUSPENSION	4	PA	LYSODREN	4	
LINEZOLID 600 MG TABLET	2	PA	LYZA	1	
LINZESS	4		MALATHION	2	
			MAPROTILINE	2	

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

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MARLISSA	1		METHIMAZOLE	2	
MARPLAN	4		METHITEST	5	SRX
MATULANE	5	LDD, SRX	METHOCARBAMOL 500 MG TABLET	2	
MATZIM LA	2		METHOCARBAMOL 750 MG TABLET	2	
MECLIZINE 12.5 MG TABLET	2		METHOTREXATE 2.5 MG TABLET	2	
MECLIZINE 25 MG TABLET	2		METHOXSALEN 10 MG CAPSULE	4	
MECLOFENAMATE	2		METHOXSALEN 10 MG SOFTGEL	4	
MEDROL 2 MG TABLET	4		METHSCOPOLAMINE	2	
MEDROXYPROGESTERONE	1		METHYLDOPA	1	
MEFENAMIC ACID	2		METHYLDOPA-HCTZ	2	
MEFLOQUINE	2	QL	METHYLERGONOVINE 0.2 MG TABLET	4	
MEGESTROL	2		METHYLPHENIDATE	2	
MEKINIST	5	PA, SRX	METHYLPHENIDATE CD	2	QL
MELODETTA 24 FE	1		METHYLPHENIDATE ER (CD)	2	QL
MELOXICAM 15 MG TABLET	1		METHYLPHENIDATE ER (LA)	2	QL
MELOXICAM 7.5 MG TABLET	1		METHYLPHENIDATE ER 10 MG TABLET	2	QL
MELPHALAN	2		METHYLPHENIDATE ER 18 MG TABLET	2	QL
MEMANTINE	2		METHYLPHENIDATE ER 20 MG TABLET	2	QL
MENACTRA	3		METHYLPHENIDATE ER 27 MG TABLET	2	QL
MENEST	4		METHYLPHENIDATE ER 36 MG TABLET	2	QL
MENTAX	4		METHYLPHENIDATE ER 54 MG TABLET	2	QL
MENVEO A-C-Y-W-135-DIP	3		METHYLPHENIDATE LA	2	QL
MEPERIDINE 100 MG TABLET	2		METHYLPREDNISOLONE	2	
MEPERIDINE 50 MG TABLET	2		METHYLTESTOSTERONE	5	SRX
MEPERIDINE 50 MG/5 ML SOLUTION	2		METOCLOPRAMIDE 10 MG TABLET	1	
MEPROBAMATE	2		METOCLOPRAMIDE 10 MG/10 ML SOLUTION	1	
MERCAPTOPYRINE	2		METOCLOPRAMIDE 5 MG TABLET	1	
MESALAMINE 4 GM/60 ML ENEMA	4		METOCLOPRAMIDE 5 MG/5 ML SOLUTION	1	
MESALAMINE 4 GM/60 ML KIT	4		METOCLOPRAMIDE ODT	2	
MESALAMINE 800 MG DR TABLET	4		METOLAZONE	2	
MESALAMINE ER	3		METOPROLOL	2	
MESNEX 400 MG TABLET	5	SRX	METOPROLOL 100 MG TABLET	1	
METADATE ER	2	QL	METOPROLOL 25 MG TABLET	1	
METAPROTERENOL	2		METOPROLOL 37.5 MG TABLET	2	
METAXALONE	4		METOPROLOL 50 MG TABLET	1	
METFORMIN 1,000 MG TABLET	1		METOPROLOL 75 MG TABLET	2	
METFORMIN 500 MG TABLET	1		METOPROLOL-HCTZ	2	
METFORMIN 850 MG TABLET	1		METRONIDAZOLE 0.75% CREAM	2	
METFORMIN ER (generic GLUCOPHAGE XR)	2		METRONIDAZOLE 0.75% LOTION	2	
METHADONE 10 MG TABLET	2	PA	METRONIDAZOLE 250 MG TABLET	2	
METHADONE 10 MG/5 ML SOLUTION	2	PA	METRONIDAZOLE 375 MG CAPSULE	2	
METHADONE 5 MG TABLET	2	PA	METRONIDAZOLE 500 MG TABLET	2	
METHADONE 5 MG/5 ML SOLUTION	2	PA	METRONIDAZOLE TOPICAL 0.75% GEL	2	
METHADONE INTENSOL	2	PA	METRONIDAZOLE TOPICAL 1% GEL	2	
METHAMPHETAMINE	4		METRONIDAZOLE TOPICAL 1% GEL PUMP	2	
METHAZOLAMIDE	2		METRONIDAZOLE VAGINAL 0.75% GEL	2	
METHENAMINE HIPPURATE	2		MEXILETINE	2	
METHENAMINE MANDELATE	4				
METHERGINE	4				

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MIBELAS 24 FE	1		MOXIFLOXACIN 0.5% EYE DROPS	2	
MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	1		MOXIFLOXACIN 400 MG TABLET	2	
MICROGESTIN	1		MULTAQ	4	
MICROGESTIN FE 1.5-30 TABLET	1		MULTIVITAMIN WITH FLUORIDE	2	
MICROGESTIN FE 1-20 TABLET	4		MULTIVITAMIN-IRON-FLUORIDE	2	
MIDAZOLAM 2 MG/ML SYRUP	2		MUPIROCIN	2	
MIDODRINE	2		MVW COMPLETE FORMULATION PEDIATRIC	2	
MIGERGOT	4		MVW COMPLETE FORMULATION PROBIOTIC	2	
MIGLITOL	2		MVW COMPLETE FORMULATION D3000	2	
MIGLUSTAT	5	PA, SRX	MVW COMPLETE FORMULATION D5000	2	
MILI	1		MVW COMPLETE FORMULATION MULTIVITAMIN	2	
MIMVEY	2		MYCOPHENOLATE 200 MG/ML SUSPENSION	2	
MINASTRIN 24 FE	3		MYCOPHENOLATE 250 MG CAPSULE	2	
MINITRAN	2		MYCOPHENOLATE 500 MG TABLET	2	
MINOCYCLINE	2		MYCOPHENOLIC ACID	2	
MINOCYCLINE ER 135 MG TABLET	2		MYLERAN	4	
MINOCYCLINE ER 45 MG TABLET	2		MYNATAL	1	
MINOCYCLINE ER 90 MG TABLET	2		MYNATAL ADVANCE	1	
MINOXIDIL 10 MG TABLET	2		MYNATAL PLUS	1	
MINOXIDIL 2.5 MG TABLET	2		MYNATAL-Z	1	
MIRCETTE	4		MYORISAN	4	QL
MIRTAZAPINE	2		MYRBETRIQ	4	ST, QL
MISOPROSTOL	2		NABUMETONE	2	
M-M-R II VACCINE	3		NADOLOL	1	
M-NATAL PLUS	1		NADOLOL-BENDROFLUMETHIAZIDE	2	
MODAFINIL	4	PA	NAFTIFINE	2	
MOEXIPRIL	2		NAFTIN 2% GEL	4	
MOLINDONE	2		NALOXONE 0.4 MG/ML CARPUJECT	2	
MOMETASONE 0.1% CREAM	2		NALOXONE 2 MG/2 ML SYRINGE	2	
MOMETASONE 0.1% OINTMENT	2		NALTREXONE	2	QL
MOMETASONE 0.1% SOLUTION	2		NAPROXEN 125 MG/5 ML SUSPENSION	2	
MOMETASONE 50 MCG SPRAY	2	QL	NAPROXEN 250 MG TABLET	1	
MONDOXYNE NL	2		NAPROXEN 375 MG TABLET	1	
MONO-LINYAH	1		NAPROXEN 500 MG TABLET	1	
MONTELUKAST	2		NAPROXEN DR 375 MG TABLET	1	
MONUROL	4		NAPROXEN DR 500 MG TABLET	1	
MORGIDOX 100 MG CAPSULE	2		NAPROXEN CR 375 MG TABLET	2	
MORPHINE 10 MG SUPPOSITORY	2		NAPROXEN ER 375 MG TABLET	2	
MORPHINE 10 MG/5 ML SOLUTION	2		NAPROXEN 275 MG TABLET	1	
MORPHINE 100 MG/5 ML CONCENTRATE	2		NAPROXEN 550 MG TABLET	1	
MORPHINE 20 MG SUPPOSITORY	2		NARATRIPTAN	2	QL
MORPHINE 20 MG/5 ML SOLUTION	2		NARCAN	3	QL
MORPHINE 30 MG SUPPOSITORY	2		NATACYN	4	
MORPHINE 5 MG SUPPOSITORY	2		NATAZIA	4	
MORPHINE ER	2		NATEGLINIDE	2	
MORPHINE IR 15 MG TABLET	2		NATPARA	5	PA, LDD, SRX
MORPHINE IR 30 MG TABLET	2				
MOVIPREP	4				

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

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NATURE-THROID	1		NITRO-TIME	2	
NAYZILAM	5	PA, QL, SRX	NIVA-PLUS	1	
NEBUPENT	4		NIZATIDINE 15 MG/ML SOLUTION	2	
NEBUSAL 3% VIAL	2		NIZATIDINE 150 MG CAPSULE	1	
NECON	1		NIZATIDINE 300 MG CAPSULE	1	
NEFAZODONE	2		NOLIX	4	
NEOMYCIN	2		NORA-BE	1	
NEOMYCIN-BACITRACIN-POLYMYXIN-HYDROCORTISONE	2		NORDITROPIN FLEXPRO	5	PA, ST, SRX
NEOMYCIN-BACITRACIN-POLYMYXIN	2		NORETHINDRONE	1	
NEOMYCIN-POLYMYXIN B	2		NORETHINDRONE ACETATE	2	
NEOMYCIN-POLYMYXIN-DEXAMETHASONE	2		NORETHINDRONE-ETHINYL ESTRADIOL 1.5 MG-0.03 MCG (21) TABLET	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2		NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-0.02 MG	1	
NEOMYCIN-POLYMYXIN-HYDROCORTISONE	2		NORETHINDRONE-ETHINTYL ESTRADIOL-FE	1	
NEOMYCIN-POLYMYXIN-HYDROCORTISONE	2		NORETHINDRONE-ETHINYL ESTRADIOL 0.5 MG-2.5 MCG	2	
NEO-POLYCIN	2		NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG	2	
NEO-POLYCIN HYDROCORTISONE	2		NORETHINDRONE-ETHINYL ESTRADIOL-FERROUS	1	
NEUAC GEL	2		NORGESTIMATE-ETHINYL ESTRADIOL	1	
NEULASTA	5	PA, SRX	NORITATE	4	
NEUPRO	4		NORLYDA	1	
NEVANAC	4		NORPACE CR	4	
NEVIRAPINE	2		NORTREL	1	
NEVIRAPINE ER	2		NORTRIPTYLINE 10 MG/5 ML SOLUTION	2	
NEWGEN	1		NORTRIPTYLINE 10 MG CAPSULE	1	
NEXAVAR	5	PA, SRX	NORTRIPTYLINE 25 MG CAPSULE	1	
NIACIN ER	2		NORTRIPTYLINE 50 MG CAPSULE	1	
NICARDIPINE 20 MG CAPSULE	2		NORTRIPTYLINE 75 MG CAPSULE	1	
NICARDIPINE 30 MG CAPSULE	2		NORVIR 100 MG POWDER PACKET	3	
NICOTROL	4		NORVIR 100 MG TABLET	4	
NICOTROL NS	4		NORVIR 80 MG/ML SOLUTION	3	
NIFEDIPINE	2		NOVOFINE 32G NEEDLES	3	
NIFEDIPINE ER	2		NOVOFINE AUTOCOVER 30G NEEDLE	3	
NIKKI	1		NOVOFINE PLUS PEN NEEDLE 32GX1/6"	3	
NILUTAMIDE	5	SRX	NOVOLOG	4	ST, QL
NIMODIPINE	4		NOVOLOG FLEXPEN	4	ST, QL
NINLARO	5	PA, LDD, SRX	NOVOLOG MIX 70-30	4	ST, QL
NISOLDIPINE	2	QL	NOVOLOG MIX 70-30 FLEXPEN	4	ST, QL
NITRO-BID	2		NOVOTWIST NEEDLE 32G 5MM	3	
NITRO-DUR	4		NOXAFIL 40MG/ML SUSPENSION	4	
NITROFURANTOIN	2		NP THYROID	1	
NITROFURANTOIN MONO-MACRO	2		NUCYNTA	4	
NITROGLYCERIN 0.3 MG TABLET SL	2		NUCYNTA ER	4	ST
NITROGLYCERIN 0.4 MG TABLET SL	2		NUJEDXTA	4	PA
NITROGLYCERIN 0.6 MG TABLET SL	2		NULEV	1	
NITROGLYCERIN ER 2.5 MG CAP	2		NUTROPIN AQ NUSPIN	5	PA, ST, SRX
NITROGLYCERIN LINGUAL 0.4 MG	2		NUVARING	3	
NITROGLYCERIN PATCH	2				

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

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NYAMYC	2		ONETOUCH ULTRA BLUE TEST STRIP	3	
NYSTATIN 100,000 UNIT/GM CREAM	1		ONETOUCH ULTRA2	1	
NYSTATIN 100,000 UNIT/GM OINTMENT	1		ONETOUCH ULTRAMINI	1	
NYSTATIN 100,000 UNIT/GM POWDER	2		ONETOUCH ULTRASOFT LANCETS	3	
NYSTATIN 100,000 UNIT/ML SUSPENSION	2		ONETOUCH VERIO FLEX METER	1	
NYSTATIN 500,000 UNIT ORAL TABLET	2		ONETOUCH VERIO FLEX STARTER KIT	1	
NYSTATIN 500,000 UNIT/5 ML SUSPENSION	2		ONETOUCH VERIO IQ METER	1	
NYSTATIN-TRIAMCINOLONE	1		ONETOUCH VERIO IQ SYSTEM KIT	1	
NYSTOP	2		ONETOUCH VERIO METER	1	
OBSTETRIX DHA	1		ONETOUCH VERIO REFLECT METER	1	
OBSTETRIX ONE	1		ONETOUCH VERIO TEST STRIP	3	
O-CAL PRENATAL	4		ONGLYZA	3	QL
OCELLA	1		OPCICON ONE-STEP	1	
OCTREOTIDE	2	PA	OPIUM TINCTURE	2	
ODEFSEY	3		OPSUMIT	5	PA, LDD, SRX
ODOMZO	5	PA, LDD, SRX	ORACIT	4	
OFLOXACIN	2		ORALONE	2	
OLANZAPINE 10 MG TABLET	2		ORENITRAM ER	5	PA, LDD, SRX
OLANZAPINE 15 MG TABLET	2		ORKAMBI	5	PA, QL, LDD, SRX
OLANZAPINE 2.5 MG TABLET	2		ORPHENADRINE ER	2	
OLANZAPINE 20 MG TABLET	2		ORSYTHIA	1	
OLANZAPINE 5 MG TABLET	2		OSCIMIN 0.125 MG TABLET	2	
OLANZAPINE 7.5 MG TABLET	2		OSCIMIN SL	1	
OLANZAPINE ODT	2		OSCIMIN SR	2	
OLANZAPINE-FLUOXETINE	2		OSELTAMIVIR	2	QL
OLMESARTAN MEDOXOMIL	2		OSMOPREP	4	
OLMESARTAN-AMLODIPINE-HCTZ	2		OTEZLA	5	PA, ST, QL, SRX
OLMESARTAN-HCTZ	2		OXANDROLONE	4	PA
OLOPATADINE	2		OXAPROZIN	2	
OMEGA-3 ACID ETHYL ESTERS	2		OXAZEPAM	2	
OMEPRAZOLE DR 10 MG CAPSULE	2	QL	OXCARBAZEPINE	2	
OMEPRAZOLE DR 20 MG CAPSULE	2	QL	OXICONAZOLE	2	
OMEPRAZOLE DR 40 MG CAPSULE	2	QL	OXISTAT 1% LOTION	4	
OMNITROPE	5	PA, ST, SRX	OXYBUTYNIN 5 MG TABLET	1	
ONDANSETRON	2		OXYBUTYNIN 5 MG/5 ML SYRUP	2	
ONDANSETRON ODT	2		OXYBUTYNIN ER	2	
ONETOUCH DELICA 30G LANCETS	3		OXYCODONE-ACETAMINOPHEN 2.5 MG-325 MG	2	
ONETOUCH DELICA 33G LANCETS	3		OXYCODONE-ACETAMINOPHEN 7.5 MG-325 MG	2	
ONETOUCH DELICA LANCING DEVICE	3		OXYCODONE	2	
ONETOUCH DELICA PLUS 30G LANCETS	3		OXYCODONE-ACETAMINOPHEN 10 MG-325 MG	2	
ONETOUCH DELICA PLUS 33G LANCETS	3		OXYCODONE-ACETAMINOPHEN 5 MG-325 MG	2	
ONETOUCH DELICA PLUS LANC DEVICE	3		OXYCODONE-ASPIRIN	2	
ONETOUCH SURESOFT 18G LANC DEVICE	3		OXYMORPHONE	2	
ONETOUCH SURESOFT 21G LANC DEVICE	3		OXYMORPHONE ER 10 MG TAB	2	
ONETOUCH SURESOFT 28G LANC DEVICE	3		OXYMORPHONE ER 15 MG TABLET	2	
			OXYMORPHONE ER 20 MG TABLET	2	

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

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OXYMORPHONE ER 30 MG TABLET	2		PHENYLEPHRINE 2.5% EYE DROP	2	
OXYMORPHONE ER 40 MG TABLET	2		PHENYTOIN	2	
OXYMORPHONE ER 5 MG TABLET	2		PHENYTOIN EXTENDED	2	
OXYMORPHONE ER 7.5 MG TABLET	2		PHILITH	1	
PACERONE 200 MG TABLET	2		PHOSLYRA	4	
PALIPERIDONE ER	2		PHOSPHASAL	2	
PANCREAZE	4		PHOSPHOLINE IODIDE	4	
PANRETIN	5	SRX	PHYTONADIONE 5 MG TABLET	4	
PANTOPRAZOLE DR 20 MG TABLET	2	QL	PICATO	4	
PANTOPRAZOLE DR 40 MG TABLET	2	QL	PILOCARPINE	2	
PARICALCITOL 1 MCG CAPSULE	2		PIMECROLIMUS	4	
PARICALCITOL 2 MCG CAPSULE	2		PIMOZIDE	2	
PARICALCITOL 4 MCG CAPSULE	2		PIMTREA	1	
PAROEX	2		PINDOLOL	2	
PAROMOMYCIN	2		PIOGLITAZONE	2	
PAROXETINE	1	QL	PIOGLITAZONE-GLIMEPIRIDE	2	
PAROXETINE CR	2	QL	PIOGLITAZONE-METFORMIN	2	
PAROXETINE ER	2	QL	PIRMELLA	1	
PASER	4		PIROXICAM	2	
PEDIARIX	3		PLAN B ONE-STEP	4	
PEDVAXHIB	3		PNEUMOVAX 23	3	
PEG 3350-ELECTROLYTE	2		PNV 29-1	1	
PEG-3350 AND ELECTROLYTES	2		PNV-DHA	1	
PEGANONE	4		PNV-DHA + DOCUSATE	1	
PEGASYS	5	PA, SRX	PNV-OMEGA	1	
PEGINTRON	5	PA, SRX	PNV-SELECT	1	
PEG-PREP	2		PODOFILOX	2	
PENICILLAMINE 250 MG CAPSULE	4	PA	POLYCIN	2	
PENICILLIN V	1		POLYMYXIN B-TRIMETHOPRIM	2	
PENTACEL	3		POMALYST	5	PA, LDD, SRX
PENTACEL ACTHIB COMPONENT VIAL	3		PORTIA	1	
PENTACEL DTAP-IPV COMPONENT VIAL	3		POSACONAZOLE	4	
PENTAMIDINE 300 MG INHALATION POWDER	3		POTASSIUM CITRATE ER	2	
PENTASA	4		POTASSIUM CLORIDE 10% (20 MEQ/15ML)	2	
PENTAZOCINE-NALOXONE	2		POTASSIUM CLORIDE 10% (40 MEQ/30ML)	2	
PENTOXIFYLLINE	2		POTASSIUM CLORIDE 20 MEQ PACKET	2	
PERFOROMIST	4	QL	POTASSIUM CLORIDE 20% (40 MEQ/15ML)	2	
PERINDOPRIL	2		POTASSIUM CLORIDE ER 10 MEQ CAPSULE	2	
PERIOGARD 0.12% ORAL RINSE	2		POTASSIUM CLORIDE ER 10 MEQ TABLET	2	
PERMETHRIN	2		POTASSIUM CLORIDE ER 20 MEQ TABLET	2	
PERPHENAZINE	2		POTASSIUM CLORIDE ER 8 MEQ CAPSULE	2	
PERPHENAZINE-AMITRIPTYLINE	2		POTASSIUM CLORIDE ER 8 MEQ TABLET	2	
PERTZYE	4		PR NATAL 400	1	
PEXEVA	4	ST, QL	PR NATAL 400 EC	1	
PHENAZOPYRIDINE	1		PR NATAL 430	1	
PHENELZINE	2				
PHENOBARBITAL	2				
PHENOXYBENZAMINE	5	SRX			
PHENYLEPHRINE 10% EYE DROPS	2				

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PR NATAL 430 EC	1		PROCENTRA	2	
PRADAXA	4	ST, QL	PROCHLORPERAZINE	2	
PRAMIPEXOLE	2		PROCTO-MED HC	2	
PRAMIPEXOLE ER	2		PROCTO-PAK	2	
PRAMOSONE	4		PROCTOSOL-HC	2	
PRASUGREL	2		PROCTOZONE-HC	2	
PRAVASTATIN	1		PROGESTERONE 100 MG CAPSULE	2	
PRAZIQUANTEL	2		PROGESTERONE 200 MG CAPSULE	2	
PRAZOSIN	2		PROGLYCEM	4	
PRED-G	4		PROGRAF 0.2 MG GRANULE PACKET	4	
PREDNICARBATE	2		PROGRAF 1 MG GRANULE PACKET	4	
PREDNISOLONE	2		PROMACTA	5	PA, SRX
PREDNISOLONE 1% EYE DROP	2		PROMETHAZINE 12.5 MG SUPPOSITORY	2	
PREDNISOLONE 15 MG/5 ML SOLUTION	2		PROMETHAZINE 12.5 MG TABLET	2	
PREDNISOLONE 5 MG/5 ML SOLUTION	2		PROMETHAZINE 25 MG SUPPOSITORY	2	
PREDNISOLONE AC 1% EYE DROP	2		PROMETHAZINE 25 MG TABLET	2	
PREDNISOLONE ODT	2		PROMETHAZINE 50 MG TABLET	2	
PREDNISOLONE 25 MG/5 ML	2		PROMETHAZINE 6.25 MG/5 ML SOLUTION	2	
PREDNISON	2		PROMETHAZINE 6.25 MG/5 ML SYRUP	2	
PREDNISON INTENSOL	2		PROMETHAZINE-CODEINE	2	QL
PREFEST	2		PROMETHAZINE-DM	2	
PREGABALIN	2	QL	PROMETHAZINE-PHENYLEPHRINE	2	
PREMARIN 0.3 MG TABLET	4		PROMETHAZINE-PHENYLEPHRINE-CODEINE	2	QL
PREMARIN 0.45 MG TABLET	4		PROMETHEGAN	2	
PREMARIN 0.625 MG TABLET	4		PROPAFENONE	2	
PREMARIN 0.9 MG TABLET	4		PROPAFENONE ER	2	
PREMARIN 1.25 MG TABLET	4		PROPANTHELINE	2	
PRENA1 TRUE	1		PROPARACAINE	2	
PRENAISSANCE	1		PROPRANOLOL 10 MG TABLET	2	
PRENAISSANCE PLUS	1		PROPRANOLOL 20 MG TABLET	2	
PRENATAL 19	1		PROPRANOLOL 20 MG/5 ML SOLUTION	2	
PRENATAL LOW IRON	1		PROPRANOLOL 40 MG TABLET	2	
PRENATAL PLUS	1		PROPRANOLOL 40 MG/5 ML SOLUTION	2	
PRENATAL PLUS-DHA COMBO PACK	1		PROPRANOLOL 60 MG TABLET	2	
PRENATAL VITAMIN PLUS LOW IRON	1		PROPRANOLOL 80 MG TABLET	2	
PRENATAL-U	1		PROPRANOLOL ER	2	
PREPLUS	1		PROPRANOLOL-HCTZ	2	
PRETAB	1		PROPYLTHIOURACIL	2	
PREVALITE	2		PROQUAD	3	
PREVIFEM	1		PROTRIPTYLINE	2	
PREVNAR 13	3		PSORCON	4	
PREZCOBIX	3		PULMOSAL	2	
PREZISTA	3		PULMOZYME	5	PA, SRX
PRIFTIN	4		PURE COMFORT ALCOHOL PAD	3	
PRIMAQUINE	2		PURIXAN 20 MG/ML ORAL SUSP	5	PA, SRX
PRIMIDONE	2		PYRAZINAMIDE	2	
PRIMSOL	4		PYRIDOSTIGMINE 60 MG TABLET	4	
PRO COMFORT ALCOHOL PADS	3				
PROBENECID	2				
PROBENECID-COLCHICINE	2				

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PYRIDOSTIGMINE 60 MG/5 ML SOLUTION	5	PA, SRX	RISEDRONATE	2	
PYRIDOSTIGMINE ER	4		RISEDRONATE DR	2	
PYRIMETHAMINE	4	PA	RISPERIDONE	2	
QUADRACEL DTAP-IPV	3		RISPERIDONE ODT	2	
QUARTETTE	4		RITONAVIR	2	
QUAZEPAM	2		RIVASTIGMINE	2	
QUETIAPINE	2		RIVELSA	1	
QUETIAPINE ER	2		RIZATRIPTAN	2	QL
QUINAPRIL	2		R-NATAL OB	1	
QUINAPRIL-HCTZ	2		ROPINIROLE	2	
QUINIDINE	2		ROPINIROLE ER	2	
QUINIDINE ER 324 MG TABLET	2		ROSADAN 0.75% CREAM	2	
QUININE	2		ROSADAN 0.75% GEL	2	
QUTENZA	4		ROSUVASTATIN	2	
RABEPRAZOLE DR 20 MG TABLET	2	QL	ROTARIX	3	
RALOXIFENE	2		ROTATEQ	3	
RAMELTEON	3	QL	ROWEEPRA	2	
RAMIPRIL	2		ROWEEPRA XR	2	
RANOLAZINE ER	4	QL	ROZEREM	4	ST, QL
RASAGILINE	2		SAFYRAL	4	
RECLIPSEN	1		SAIZEN	5	PA, ST, SRX
RECOMBIVAX HB	3		SAIZEN-SAIZENPREP	5	PA, ST, SRX
RECTIV	4		SALICYLIC ACID 27.5% LIQUID	2	
REGRANEX	4	PA, QL	SALSALATE	2	
RELENZA	4	QL	SANTYL	4	QL
RELISTOR	4	PA	SAVELLA	4	
RENACIDIN	4		SCOPOLAMINE	2	
REPAGLINIDE	2		SEASONIQUE	4	
REPATHA PUSHTRONEX	5	PA, ST, SRX	SECONAL	4	
REPATHA SURECLICK	5	PA, ST, SRX	SELEGILINE	2	
REPATHA SYRINGE	5	PA, ST, SRX	SELENIUM 2.25% SHAMPOO	2	
RESCRIPTOR	3		SELENIUM 2.5% LOTION	2	
RESPA A.R.	4		SELZENTRY	3	
RETROVIR 10 MG/ML SYRUP	4		SE-NATAL 19 CHEWABLE TABLET	1	
RETROVIR 100 MG CAPSULE	4		SE-NATAL-19 TABLET	1	
REVLIMID	5	PA, LDD, SRX	SEREVENT DISKUS	3	
REYATAZ 150 MG CAPSULE	4		SEROSTIM	5	PA, ST, LDD, SRX
REYATAZ 200 MG CAPSULE	4		SERTRALINE 100 MG TABLET	1	QL
REYATAZ 300 MG CAPSULE	4		SERTRALINE 20 MG/ML ORAL CONCENTRATE	2	QL
REYATAZ 50 MG POWDER PACKET	3		SERTRALINE 25 MG TABLET	1	QL
RIBAVIRIN 200 MG CAPSULE	4		SERTRALINE 50 MG TABLET	1	QL
RIBAVIRIN 200 MG TABLET	4		SETLAKIN	1	
RIDAURA	4		SEVELAMER 400 MG TABLET	4	
RIFABUTIN	2		SEVELAMER 800 MG TABLET	4	
RIFAMPIN 150 MG CAPSULE	2		SF 1.1% GEL	2	
RIFAMPIN 300 MG CAPSULE	2		SF 5000 PLUS	2	
RILUZOLE	4		SHAROBEL	1	
RIMANTADINE	2		SHINGRIX	3	
RINVOQ	5	PA, QL, SRX	SIGNIFOR	5	PA, SRX

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SILDENAFIL 20 MG TABLET	4	PA	SPRIX	4	QL
SILENOR	4	ST, QL	SPRYCEL	5	PA, SRX
SILODOSIN	2	QL	SPS 15 GM/60 ML SUSPENSION	2	
SILVER NITRATE	2		SPS 30 GM/120 ML ENEMA	2	
SILVER SULFADIAZINE	2		SRONYX	1	
SIMLIYA	1		STAVUDINE	2	
SIMPESSE	1		STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
SIMVASTATIN 10 MG TABLET	1		STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
SIMVASTATIN 20 MG TABLET	1		STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
SIMVASTATIN 40 MG TABLET	1		STERILE WATER FOR IRRIGATION	2	
SIMVASTATIN 5 MG TABLET	1		STIMATE	5	PA, SRX
SIMVASTATIN 80 MG TABLET	1	QL	STIVARGA	5	PA, LDD, SRX
SIROLIMUS 0.5 MG TABLET	2		STRIBILD	3	
SIROLIMUS 1 MG TABLET	2		SUBVENITE	2	
SIROLIMUS 1 MG/ML SOLUTION	5	SRX	SUBVENITE (BLUE)	2	
SIROLIMUS 2 MG TABLET	2		SUBVENITE (GREEN)	2	
SIRTURO	4	PA	SUBVENITE (ORANGE)	2	
SKLICE	4		SUCRAID	5	LDD, SRX
SKYRIZI (2 SYRINGES) KIT	5	PA, QL, SRX	SUCRALFATE 1 GM TABLET	2	
SLYND	4		SULFACETAMIDE SODIUM	2	
SODIUM CHLORIDE 0.9% INHALATION VIAL	2		SULFACETAMIDE-PREDNISOLONE	2	
SODIUM CHLORIDE 0.9% IRRIGATION	2		SULFADIAZINE	2	
SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	2		SULFAMETHOXAZOLE-TMP DS TABLET	2	
SODIUM CHLORIDE 10% VIAL	2		SULFAMETHOXAZOLE-TMP SS TABLET	2	
SODIUM CHLORIDE 3% VIAL	2		SULFAMETHOXAZOLE-TMP SUSPENSION	2	
SODIUM CHLORIDE 7% VIAL	2		SULFAMYLON 8.5% CREAM	4	
SODIUM FLUORIDE	2		SULFASALAZINE	2	
SODIUM FLUORIDE 5000 PLUS	2		SULFASALAZINE DR	2	
SODIUM FLUORIDE SENSITIVE	2		SULINDAC	2	
SODIUM PHENYLBUTYRATE	5	SRX	SUMATRIPTAN 20 MG NASAL SPRAY	2	QL
SODIUM POLYSTYRENE 15 G/60 ML	2		SUMATRIPTAN 5 MG NASAL SPRAY	2	QL
SODIUM POLYSTYRENE POWDER	2		SUPRAX 400 MG TABLET	4	
SOFOSBUVIR-VELPATASVIR	5	PA, SRX	SUPRAX CHEWABLE TABLET	4	
SOLIFENACIN	3	QL	SUPRAX 500 MG/5 ML SUSPENSION	4	
SOLIQUA 100-33	4		SUPREP	4	
SOLTAMOX	4		SUSTIVA	4	
SOMAVERT	5	PA, LDD, SRX	SUTENT	5	PA, LDD, SRX
SOTALOL	1		SYEDA	1	
SOTALOL AF	1		SYLATRON	5	PA, LDD, SRX
SOTYLIZE	4	PA	SYMAX-SL	1	
SOVALDI 150 MG PELLET PACKET	5	PA, QL, SRX	SYMAX-SR	2	
SOVALDI 200 MG PELLET PACKET	5	PA, QL, SRX	SYMLINPEN 120	4	QL
SOVALDI 200 MG TABLET	5	PA, SRX	SYMLINPEN 60	4	QL
SOVALDI 400 MG TABLET	5	PA, SRX	SYMTOZA	3	
SPINOSAD	2		SYNAREL	5	SRX
SPIRONOLACTONE	2		SYNERA	4	
SPIRONOLACTONE-HCTZ	2		SYNTHROID	4	
SPRINTEC	1		TABLOID	4	
			TACROLIMUS 0.03% OINTMENT	2	

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
TACROLIMUS 0.1% OINTMENT	2		TESTOSTERONE 2,000 MG/10 ML	2	
TACROLIMUS 0.5 MG CAPSULE	2	SRX	TESTOSTERONE 25 MG/2.5 GM PACKET	2	QL
TACROLIMUS 1 MG CAPSULE	2	SRX	TESTOSTERONE 50 MG/5 GRAM GEL	2	QL
TACROLIMUS 5 MG CAPSULE	2	SRX	TESTOSTERONE 50 MG/5 GRAM PACKET	2	QL
TADALAFIL 2.5 MG TABLET	2	PA, QL	TETRABENAZINE	5	PA, SRX
TADALAFIL 20 MG TABLET	5	PA, SRX	TETRACAINE 0.5% EYE DROP	2	
TADALAFIL 5 MG TABLET	2	PA, QL	TETRACAINE 0.5% STERILE-UNIT SOLUTION	2	
TAFINLAR	5	PA, LDD, SRX	TETRACYCLINE	1	
TAGRISSO	5	PA, SRX	TEXACORT	4	
TAKE ACTION	4		THALOMID	5	PA, LDD, SRX
TAMOXIFEN	2		THEOPHYLLINE	2	
TAMSULOSIN	2		THEOPHYLLINE ANHYDROUS	2	
TARGRETIN 1% GEL	5	SRX	THIOLA 100 MG TABLET	4	LDD
TARINA 24 FE	1		THIORIDAZINE	2	
TARINA FE	1		THIOTHIXENE	2	
TARINA FE 1-20 EQ	1		THRIVITE 19	1	
TARON-C DHA	1		THYROID	1	
TARON-PREX PRENATAL	1		TIADYL ER	2	
TASIGNA	5	PA, SRX	TIAGABINE	2	
TAYTULLA	3		TILIA FE	1	
TAZAROTENE	2		TIMOLOL 0.25% EYE DROP	2	
TAZORAC 0.05% CREAM	4		TIMOLOL 0.25% GEL-SOLUTION	2	
TAZORAC 0.05% GEL	4		TIMOLOL 0.25% GFS GEL-SOLUTION	2	
TAZORAC 0.1% GEL	4		TIMOLOL 0.5% EYE DROPS	2	
TAZTIA XT	2		TIMOLOL 0.5% GEL-SOLUTION	2	
TDVAX VIAL	3		TIMOLOL 0.5% GFS GEL-SOLUTION	2	
TECFIDERA	5	PA, LDD, SRX	TIMOLOL 10 MG TABLET	2	
TELMISARTAN	2		TIMOLOL 20 MG TABLET	2	
TELMISARTAN-AMLODIPINE	2		TIMOLOL 5 MG TABLET	2	
TELMISARTAN-HCTZ	2		TINIDAZOLE	2	
TEMAZEPAM	2		TIS-U-SOL PENTALYTE	4	
TEMOZOLOMIDE	4	PA	TIVICAY	3	
TENCON	2		TIVICAY PD	3	
TENIVAC	3		TIZANIDINE	2	
TENOFOVIR	2		TOBRADEX EYE OINTMENT	4	
TERAZOSIN	1		TOBRADEX ST EYE DROPS	4	
TERBINAFINE	1		TOBRAMYCIN 0.3% EYE DROP	2	
TERBUTALINE 2.5 MG TABLET	2		TOBRAMYCIN 300 MG/5 ML AMPULE	2	PA, QL
TERBUTALINE 5 MG TABLET	2		TOBRAMYCIN PAK 300 MG/5 ML	2	PA, QL
TERCONAZOLE	2		TOBRAMYCIN-DEXAMETHASONE	2	
TERIPARATIDE	5	PA, QL, SRX	TOBREX 0.3% EYE OINTMENT	4	
TESTOSTERONE 200 MG/ML	2		TOLCAPONE	5	SRX
TESTOSTERONE 1,000 MG/10 ML	2		TOLMETIN	2	
TESTOSTERONE 1,000 MG/5 ML	2		TOLTERODINE	2	
TESTOSTERONE 1.62% (2.5 G) PACKET	2	QL	TOLTERODINE ER	2	
TESTOSTERONE 1.62% GEL PUMP	2	QL	TOLVAPTAN	5	SRX
TESTOSTERONE 1.62%(1.25 G) PACKET	2	QL	TOPIRAMATE	2	
TESTOSTERONE 10 MG GEL PUMP	2	QL	TOPIRAMATE ER	2	
TESTOSTERONE 100 MG/ML	2		TOREMIFENE	4	
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL			

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
TORSEMIDE	2		TRI-LO-ESTARYLLA	1	
TOVET EMOLLIENT	2		TRI-LO-MARZIA	1	
TOVIAZ	4	ST, QL	TRI-LO-MILI	1	
TRACLEER 32 MG TABLET FOR SUSPENSION	5	PA, LDD, SRX	TRI-LO-SPRINTEC	1	
TRAMADOL 50 MG TABLET	2	QL	TRILYTE WITH FLAVOR PACKETS	2	
TRAMADOL ER 100 MG TABLET	2	QL	TRIMETHOBENZAMIDE	2	
TRAMADOL ER 150 MG CAPSULE	2	QL	TRIMETHOPRIM	2	
TRAMADOL ER 200 MG TABLET	2	QL	TRI-MILI	1	
TRAMADOL ER 300 MG TABLET	2	QL	TRIMIPRAMINE	2	
TRAMADOL-ACETAMINOPHEN	2	QL	TRINATAL RX 1	1	
TRANDOLAPRIL	2		TRINTELLIX	4	ST, QL
TRANDOLAPRIL-VERAPAMIL ER	2		TRI-PREVIFEM	1	
TRANEXAMIC ACID 650 MG TABLET	2		TRI-SPRINTEC	1	
TRANLYCYPROMINE	2		TRIUMEQ	3	
TRAVATAN Z	3		TRIVEEN-DUO DHA	1	
TRAVOPROST	2		TRIVORA-28	1	
TRAZODONE	1		TRI-VYLIBRA	1	
TRECATOR	4		TRI-VYLIBRA LO	1	
TRETINOIN 0.01% GEL	2	AGE	TRIZIVIR	4	
TRETINOIN 0.025% CREAM	2	AGE	TROPICAMIDE	2	
TRETINOIN 0.025% GEL	2	AGE	TROSPIUM	2	
TRETINOIN 0.05% CREAM	2	AGE	TROSPIUM ER	2	
TRETINOIN 0.05% GEL	2	AGE	TRUE COMFORT ALCOHOL PADS	3	
TRETINOIN 0.1% CREAM	2	AGE	TRULICITY	3	QL
TRETINOIN 10 MG CAPSULE	4	PA	TRUMENBA	3	
TRETINOIN MICROSPHERE	2	AGE	TRUVADA 100 MG-150 MG TABLET	3	
TRI FEMYNOR	1		TRUVADA 133 MG-200 MG TABLET	3	
TRIAMCINOLONE 0.025% CREAM	2		TRUVADA 167 MG-250 MG TABLET	3	
TRIAMCINOLONE 0.025% LOTION	2		TRUVADA 200 MG-300 MG TABLET	3	PA
TRIAMCINOLONE 0.025% OINTMENT	2		TULANA	1	
TRIAMCINOLONE 0.1% CREAM	2		TWINRIX	3	
TRIAMCINOLONE 0.1% LOTION	2		TYBOST	3	
TRIAMCINOLONE 0.1% OINTMENT	2		TYDEMY	1	
TRIAMCINOLONE 0.1% PASTE	2		TYVASO	5	PA, LDD, SRX
TRIAMCINOLONE 0.147 MG/G SPRAY	2		TYVASO INSTITUTIONAL STARTER KIT	5	PA, LDD, SRX
TRIAMCINOLONE 0.5% CREAM	2		TYVASO REFILL KIT	5	PA, LDD, SRX
TRIAMCINOLONE 0.5% OINTMENT	2		TYVASO STARTER KIT	5	PA, LDD, SRX
TRIAMTERENE	4		UDENYCA	5	PA, SRX
TRIAMTERENE-HCTZ	2		UNITHROID	1	
TRIAZOLAM	2		URIN D.S.	2	
TRIDERM	2		UROQID-ACID NO.2	4	
TRIENTINE	4	PA	URSODIOL	2	
TRI-ESTARYLLA	1		USTELL	2	
TRIFLUOPERAZINE	2		UTIRA-C	2	
TRIFLURIDINE	2		VALACYCLOVIR	2	
TRIHEXYPHENIDYL	2		VALCHLOR	5	LDD, SRX
TRIKAFTA	5	PA, QL, SRX	VALGANCICLOVIR	2	
TRI-LEGEST FE	1		VALPROIC ACID	2	
TRI-LINYAH	1		VALSARTAN	2	
			VALSARTAN-HCTZ	2	

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
VANADOM	2		VOLNEA	1	
VANCOMYCIN 125 MG CAPSULE	4		VORICONAZOLE 200 MG TABLET	2	PA
VANCOMYCIN 250 MG CAPSULE	4		VORICONAZOLE 40 MG/ML SUSPENSION	2	PA
VANDAZOLE	2		VORICONAZOLE 50 MG TABLET	2	PA
VAQTA	3		VOTRIENT	5	PA, SRX
VARIVAX VACCINE	3		VRAYLAR	4	ST, QL
VARUBI 90 MG TABLET	5	PA, QL, SRX	VYFEMLA	1	
VASCEPA	4	PA	VYLIBRA	1	
VELIVET	1		WARFARIN	1	
VEMLIDY	5	PA, SRX	WEBCOL	3	
VENCLEXTA	5	PA, SRX	WERA	1	
VENCLEXTA STARTING PACK	5	PA, SRX	WESTHROID	1	
VENLAFAXINE	2	QL	WIXELA INHUB	2	
VENLAFAXINE ER	2	QL	WP THYROID	1	
VENTAVIS	5	PA, SRX	WYMZYA FE	1	
VENTOLIN HFA	3	QL	XALKORI	5	PA, LDD, SRX
VERAPAMIL 120 MG TABLET	2		XARELTO	3	QL
VERAPAMIL 360 MG CAPSULE PELLETT	2		XELJANZ	5	PA, ST, QL, SRX
VERAPAMIL 40 MG TABLET	2		XELJANZ XR	5	PA, ST, QL, SRX
VERAPAMIL 80 MG TABLET	2		XIFAXAN 200 MG TABLET	4	
VERAPAMIL ER	2		XIFAXAN 550 MG TABLET	4	QL
VERAPAMIL ER PM	2		XIGDUO XR	3	QL
VERAPAMIL SR	2		XOLAIR	5	PA, LDD, SRX
VEREGEN	4		XTAMPZA ER	3	
VIENVA	1		XTANDI	5	PA, ST, LDD, SRX
VIGABATRIN	5	QL, SRX	XULANE	1	
VIGADRONE	5	QL, SRX	XURIDEN	5	PA, SRX
VIIBRYD	4	ST, QL	XYREM	5	PA, LDD, SRX
VIMPAT 10 MG/ML SOLUTION	4	QL	YASMIN 28	4	
VIMPAT 100 MG TABLET	4	QL	YAZ	4	
VIMPAT 150 MG TABLET	4	QL	YUVAFEM	2	QL
VIMPAT 200 MG TABLET	4	QL	ZAFIRLUKAST	2	
VIMPAT 50 MG TABLET	4	QL	ZALEPLON	2	
VINATE II	1		ZARAH	1	
VINATE ONE	1		ZARXIO	5	SRX
VIKACE	4		ZATEAN-PN DHA	1	
VIORELE	1		ZATEAN-PN PLUS	1	
VIRACEPT	3		ZELBORAF	5	PA, LDD, SRX
VIRAMUNE	4		ZENATANE	4	QL
VIRAMUNE XR	4		ZENPEP	3	
VIREAD 150 MG TABLET	3		ZERIT	3	
VIREAD 200 MG TABLET	3		ZETONNA	4	ST
VIREAD 250 MG TABLET	3		ZIAGEN	4	
VIREAD 300 MG TABLET	4		ZIDOVUDINE	2	
VIREAD POWDER	3		ZILEUTON ER	5	SRX
VIRT-C DHA	1		ZIOPTAN	4	QL
VISTOGARD	5	LDD, SRX	ZIPRASIDONE	2	
VITAFOL-OB	1		ZIRGAN	4	
VITAMIN D2 1.25MG(50,000 UNIT)	2		ZOLADEX	5	PA, SRX
VITAMINS A,C,D-FLUORIDE 0.25 MG/ML	2				

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2021 Cigna Plus Florida 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ZOLINZA	5	PA, SRX
ZOLMITRIPTAN	2	QL
ZOLMITRIPTAN ODT	2	QL
ZOLPIDEM	2	
ZOLPIDEM ER	2	
ZONISAMIDE	2	
ZOSTAVAX	3	

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ZOVIA 1-35E	1	
ZUMANDIMINE	1	
ZUPLENZ	4	QL
ZYDELIG	5	PA, SRX
ZYKADIA	5	PA, SRX
ZYLET	4	

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:

- Moving a medication to a lower cost tier.
- Moving a brand medication to a higher cost tier when a generic becomes available.
- Moving a medication to a higher cost tier and/or no longer covering a medication.
- Adding coverage requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

When a medication changes tiers or is no longer covered, you may pay a different amount to fill it. It's important to know that when we make a change that affects the coverage of a medication you're taking, we let you know before it happens so you have time to talk with your doctor.

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 your plan doesn't cover and your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage.

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 Prescription Drug List is managed by the Business Decision Team, which makes, subject to the Pharmacy and Therapeutics Committee's review and approval of the Prescription Drug List, coverage tier placement decisions of Prescription Drugs or Related Supplies and/or applies utilization management requirements to certain Prescription Drugs or Related Supplies. Your Policy/Service Agreement coverage tiers may contain Prescription Drugs or Related Supplies that are Generic Drugs, Brand Drugs or Specialty Medications. Placement

of any Prescription Drug or Related Supplies in a specific tier, and application of utilization management requirements to a Prescription Drug, depends on a number of clinical and economic factors. Clinical factors include, without limitation, the P&T Committee's evaluations of the place in therapy, or relative safety or relative efficacy of the Prescription Drug or Related Supplies, and economic factors include, without limitation, the cost and/or available rebates for Prescription Drugs or Related Supplies. Whether a particular Prescription Drug or Related Supplies is appropriate for You or any of Your Family Member(s), regardless of its eligibility coverage under Your Policy/Service Agreement is a determination that is made by You (or Your Family Member) and the prescribing Physician.

The coverage status of a Prescription Drug or Related Supply may change periodically during the Policy Year for various reasons. For example, a Prescription Drug or Related Supply may be removed from the market, a new Prescription Drug in the same therapeutic class may become available, or the cost of a Prescription Drug or Related Supply may increase.

As a result of coverage changes, You may be required to pay more or less for that Prescription Drug or Related Supply, or try another covered Prescription Drug or Related Supply. Please access www.mycigna.com or call Customer Service at the telephone number on Your ID card for the most up-to-date coverage tier status, utilization management, or other coverage limitations for Prescription Drugs or Related Supplies.

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 products) may be available to you at no cost-share (\$0), depending on your plan. Log in to the **myCigna** App or website, 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 at Cigna.com/ifp-drug-list.

For more information about health care reform, go to www.informedonreform.com or Cigna.com.

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

All new Food and Drug Administration (FDA)-approved drug products are designated as not covered under your drug list until the Cigna business decision team makes a placement decision on the new drug (or new indication), which decision shall be based in part

Prescription drug list FAQs (cont)

on the P&T Committee's clinical review of the drug. The P&T Committee makes a reasonable effort to review all new FDA approved drug products (or new FDA approved indications) within 90 days of its release to the market. The business decision team must make a reasonable effort to review a new FDA approved drug product (or new indications) within 90 days, and make a decision on each new FDA approved drug product (or new FDA approved indication) within 180 days of its release onto the market, or a clinical justification must be documented if this timeframe is not met. 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?

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. Log in to the **myCigna** App or website and click on "Price a Medication" to see how much your medication may cost you at the different pharmacies in your plan's network. You can also see if there are lower-cost alternatives available.¹

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. preferred generic or generic) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options may work for you.

Do generics work the same as brand name medications?

Yes. A generic medication works in the same way and provides the same clinical benefit as its brand name version.² Generic and brand name medications have the same active ingredients, strength/dosage form, effectiveness, quality and safety.

Generics typically cost much less than brand name medications – in some cases, up to 85% less.² Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

Why do certain medications need approval before my plan will cover them?

The review process 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.

My medication needs prior approval. How do I get it?

Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at cignaforhcp.com.

What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?

When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your pharmacist won't be able to fill it.

What happens if I try to fill a prescription that has a quantity limit?

Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

Can I fill my prescriptions by mail?

Yes. If you're taking a medication on a regular basis 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 Express Scripts Pharmacy[®], our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home – **at no extra cost**. Express Scripts Pharmacy also offers payment assistance options and automatic refills. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call **800.835.3784**.

If you're taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).³ Their team of specialty trained pharmacists and nurses can also help you manage your complex medical condition – **at no extra cost**. To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. **Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.** To learn more about Accredo, go to Cigna.com/specialty.

Where can I find more information about my pharmacy benefits?

You can use the online tools and resources on the **myCigna** App or website to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.

Exclusions And Limitations: What Is Not Covered By This Policy

FL Excluded Services

In addition to any other exclusions and limitations described in this Policy, there are no benefits provided for the following:

- **Services obtained from Non-Participating/Out of Network Provider**, except for treatment of an Emergency Medical Condition .
- Any **amounts in excess of maximum benefit limitations of Covered Expenses** stated in this Policy.
- Services **not specifically listed** in this Policy as Covered Services.
- Services or supplies that are **not Medically Necessary**.
- Services or supplies that Cigna considers to be for **Experimental Procedures or Investigative Procedures or Unproven Procedures**.
- Services received **before the Effective Date** of coverage.
- Services received **after coverage under this Policy ends**.
- Services for which you have **no legal obligation to pay** or for which no charge would be made if you did not have a health plan or insurance coverage.
- [Any condition for which benefits are paid, recovered or can be recovered, either by adjudication, settlement or otherwise, under any **workers' compensation**, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.]
- Conditions caused by: (a) an **act of war** (declared or undeclared); (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the **military service** of any country; (d) an Insured Person participating in an **insurrection, rebellion, or riot**; (e) services received as a direct result of an Insured Person's commission of, or attempt to commit a **felony** (whether or not charged) **or as a direct result of the Insured Person being engaged in an illegal occupation**; (f) an Insured Person **being intoxicated**, as defined by applicable state law in the state where the illness occurred or under the influence of illegal narcotics or non-prescribed controlled substances unless administered or prescribed by Physician.
- Any services provided by a local, state or federal **government agency**, except when payment under this Policy is expressly required by federal or state law.
- Any services required by state or federal law to be **supplied by a public school system or school district**.
- Any services for which payment may be obtained from any local, state or federal **government agency** (except Medicaid). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- Professional **services or supplies received or purchased directly or on your behalf from any of the following**:
 - Yourself or your employer;
 - A person who lives in the Insured Person's home, or that person's employer;
 - A person who is related to the Insured Person by blood, marriage or adoption, or that person's employer; or
 - A facility or health care professional that provides remuneration to you, directly or indirectly, or to an organization from which you receive, directly or indirectly, remuneration.
- **If the Insured Person is eligible for Medicare** part A, B, C or D, Cigna will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna would have paid if it were the sole insurance carrier.
- **Court-ordered treatment or hospitalization**, unless such treatment is prescribed by a Physician and listed as covered in this Policy.
- [Services of a Hospital emergency room **for any condition that is not an Emergency Medical Condition** as defined in this Policy.]
- **Custodial Care**, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.
- [[Inpatient][or][outpatient]services of a **private duty nurse** .], except as specifically stated under Home Health Care in the section of this Policy titled "Comprehensive Benefits What the Policy Pays For"].]
- Inpatient room and board **charges in connection with a Hospital stay primarily for environmental change or physical therapy**.

- › Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of a Mental Health Disorder.
 - › **Complementary and alternative medicine services**, including but not limited to: massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; [acupuncture;] [acupressure]; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under “Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.
 - › **[Any services or supplies provided by or at a place for the aged, a nursing home, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that do not consist exclusively of Covered Services.]**
 - › **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
 - › **Services performed by unlicensed practitioners or services which do not require licensure to perform**, for example mediation, breathing exercises, guided visualization.
 - › **Private duty nursing** except when provided as part of the Home Health Care Services or Hospice Services benefits in this Policy.
 - › Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
 - › **Services which are self-directed to a free-standing or Hospital based diagnostic facility.**
 - › **Services ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other Provider:**
 - Has not been actively involved in your medical care prior to ordering the service, or
 - Is not actively involved in your medical care after the service is received.
- This exclusion does not apply to mammography.
- › **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
 - › **Orthodontic Services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction, except as specifically provided in this Policy.
 - › **Dental Implants:** Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
 - › Any services covered under **both this medical plan and an accompanying exchange-certified pediatric dental plan** and reimbursed under the dental plan will not be reimbursed under this plan.
 - › **Hearing aids**, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically stated in this Policy, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
 - › **Routine hearing tests** except as specifically provided in this Policy under “Comprehensive Benefits, What the Plan Pays For”.
 - › **[Genetic screening** or pre-implantations genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.]
 - › **[Gene therapy**, including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.]
 - › **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision.]
 - › An **eye surgery** solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
 - › [Outpatient **speech therapy**], except as specifically stated in this Policy.]

- › **Cosmetic surgery**, therapy or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one's appearance . This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
- › **Aids or devices** that assist with nonverbal communication, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this Policy.
- › **Nonmedical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays except as specifically stated in this Policy.
- › Any services provided by or at a place for the aged, a nursing home, or any facility a significant portion of the **activities of which include rest, recreation, leisure**, or any other services that do not consist exclusively of Covered Services.
- › **Services and procedures for redundant skin surgery**, including abdominoplasty/panniculectomy removal of skin tags, craniosacral/cranial therapy, applied kinesiology, rolfing, prolotherapy, and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries regardless of clinical indications.
- › All services related to **Applied Behavioral Therapy treatment**, including but not limited to: the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.
- › Procedures, surgery or treatments to change characteristics of the body to those of the opposite sex unless such services are deemed Medically Necessary or otherwise meet applicable coverage requirements.
- › [Any treatment, Prescription Drug, service or supply to **treat sexual dysfunction**, enhance sexual performance or increase sexual desire.]
- › [All services related to the evaluation or treatment of **fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this Plan].
- › **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
- › Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- › Blood administration **for the purpose of general improvement in physical condition**
- › **Orthopedic shoes** (except when joined to braces), shoe inserts, foot orthotic devices.
- › **External and internal power enhancements** or power controls for prosthetic limbs and terminal devices.
- › **Myoelectric prostheses** peripheral nerve stimulators.
- › **Electronic prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
- › **Prefabricated foot Orthoses**.
- › **Cranial banding/cranial orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
- › **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
- › Orthoses primarily used for cosmetic rather than functional reasons.
- › **Non-foot Orthoses**, except **only** the following non-foot orthoses are covered when Medically Necessary:
 - a. Rigid and semi-rigid custom fabricated Orthoses;
 - b. Semi-rigid pre-fabricated and flexible Orthoses; and

- c. Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
- › Services primarily for **weight reduction** or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
- › **Routine physical exams or tests** that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations except as otherwise specifically stated in this Plan.
- › Therapy or treatment **intended primarily to improve or maintain general physical condition** or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- › Treatment that will not result in a favorable modification or prevent deterioration.
- › **Educational services** except for Diabetic Self-Management Training Program, treatment for Autism, or as specifically provided or arranged by Cigna.
- › **Nutritional counseling** or food supplements, except as stated in this Policy.
- › **Exercise equipment, comfort items and other medical supplies and equipment** not specifically listed as Covered Services in the Covered Services section of this Policy. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
- › **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under "Services for Rehabilitation Therapy (Physical Therapy, Occupational Therapy and Speech Therapy)" in the section of the Policy titled "Comprehensive Benefits What the Plan Pays For".
- › Any **Drugs**, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Policy. This includes, but is not limited to, items dispensed by a Physician.
- › [Any **Infusion or Injectable Specialty Prescription Drugs that require Physician supervision**, except as otherwise stated in this Policy[, if not provided by an approved Participating Provider specifically designated to supply that specialty prescription]. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.]
- › **All Foreign Country Provider** charges are excluded under this Policy except as specifically stated under Treatment received from Foreign Country Providers in the section of this Policy titled "Comprehensive Benefits What the Policy Pays For". In the event an Insured Person dies outside of the United States, charges for medical evacuation and repatriation of his or her remains to the United States are not covered.
- › Routine **foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet except as otherwise stated in this Policy.
- › **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 90 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
- › Charges for the **services of a standby Physician**.
- › Charges for **animal to human organ transplants**.
- › **Claims received by Cigna after 15 months from the date service was rendered**, except in the event of a legal incapacity.

Prescription Drug Benefits

Exclusions

- The following are not covered under this Policy. No payment will be made for the following expenses:
- Drugs not approved by the Food and Drug Administration.
- Any drugs that are not on the Prescription Drug List and not otherwise approved for coverage through the non-Prescription Drug List exception process;
- Drugs, devices and/or supplies available over the counter that do not require a prescription by federal or state law except as otherwise stated in this Policy, or specifically designated as No Cost Preventive Care and required under the Patient Protection and Affordable Care Act (PPACA);
- Drugs that do not require a Federal legend (a Federal designation for drugs requiring supervision of a Physician), other than insulin;
- Any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin;
- A drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee;
- [Injectable infertility drugs and] any injectable drugs that require Physician supervision and are not typically considered self-administered drugs are covered under the medical benefits of the Policy and require Prior Authorization. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.]
- [Infertility related drugs, except those required by the Patient Protection and Affordable Care Act (PPACA)]
- Infused Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions are covered under the medical benefits of this Policy;
- Any drugs used for the treatment of sexual dysfunction, including, but not limited to erectile dysfunction, delayed ejaculation, anorgasm, and decreased libido and/or sexual desire;
- Any drugs used for weight loss, weight management, metabolic syndrome, and antiobesity agents;
- Any drugs that are Experimental or Investigational or Unproven as described in this Policy[except as specifically stated in the sections of this Policy titled “Clinical Trials”, and any benefit language concerning “Off Label Drugs”];
- Food and Drug Administration (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 in one of the standard reference compendia (The American Hospital Formulary Service Drug Information or AHFS) or in medical literature. Medical literature means scientific studies published in a peer-reviewed English-language bio-medical journals;
- Implantable contraceptive products inserted by the Physician are covered under the Policy’s medical benefits;
- Prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than Related Supplies, except for those pertaining to Diabetic Supplies and Equipment;
- Prescription vitamins (other than prenatal vitamins), herbal supplements, dietary supplements and fluoride other than supplements specifically designated as preventive under the Patient Protection and Affordable Care Act (PPACA);
- Drugs used for cosmetic purposes that have no medically acceptable use: such as drugs used to reduce wrinkles, drugs to promote hair growth, drugs used to control perspiration and fade cream products;
- Medications used for travel prophylaxis, except anti-malarial drugs;
- Drugs obtained outside the United States;
- Any fill or refill of Prescription Drugs and Related Supplies to replace those lost, stolen, spilled, spoiled or damaged before the next refill date;
- Drugs used to enhance athletic performance;
- Drugs which are to be taken by or administered to the Insured Person while 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;
- Any Drugs, medications, or other substances dispensed or administered in any outpatient setting. This includes, but is not limited to, items dispensed by a Physician;

- › Drug convenience kits;
- › Prescriptions more than one year from the original date of issue;
- › Any costs related to the mailing, sending or delivery of Prescription Drugs;
- › Any intentional misuse of this benefit, including prescriptions purchased for consumption by someone other than the Insured Person.

Limitations

- › Each Prescription Order or refill, unless limited by the drug manufacturer’s packaging, shall be limited as follows:
 - › [Up to a [30-90 day] supply, at a Participating Retail Pharmacy for drug tiers 1 through 4 and up to a [30-90] day supply of tier 5 drugs, unless limited by the drug manufacturer’s packaging; (for detailed information about drug tiers please refer to the Policy benefit schedule) or] [use for National Pharmacy Network only or for Cigna 90Now]
 - › [Up to a 90 day supply, at a 90 Day Retail Pharmacy for drug tiers 1 through 4 and up to a [30-90] day supply of tier 5 drugs, unless limited by the drug manufacturer’s packaging. To locate a 90 Day Retail Pharmacy You can call the Customer Service number on Your ID card or go to www.cigna.com/ifp-providers. [use for 90 Day Network]
- › Up to a [90-100] day supply at Express Scripts Pharmacy, Cigna’s home delivery Pharmacy for drug tiers 1 through 4 and up to a [30-90] day supply of tier 5 tier drugs unless limited by the drug manufacturer’s packaging; (for detailed information about drug tiers please refer to the Policy benefit schedule) or
- › Tobacco cessation medications that are included on Cigna’s Prescription Drug List are limited to two 90-day supplies per Year.
- › Managed drug limits (MDL) may apply to dose and/or number of days’ supply of certain drugs; managed drug limits are based on recommendations of the federal Food and Drug Administration (FDA) and the drug manufacturer.
- › To a dosage and/or dispensing limit as determined by the P&T Committee.

Cigna reserves the right to make changes to this drug list without notice. Please reference [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) for an up-to-date listing. Your plan may cover additional medications; please refer to your policy/service agreement 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. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
2. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
3. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.



Product availability may vary by location and plan type and is subject to change. All health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LỜI Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).