

2021 CIGNA PLUS KANSAS 5-TIER PRESCRIPTION DRUG LIST



This drug list is applicable for plans sold in 2021 in Kansas, 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.



2021 CIGNA PLUS KANSAS 5-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021



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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 **Kansas** 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 Kansas 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 Kansas 5-Tier Prescription Drug List.

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2	
ABACAVIR-LAMIVUDINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	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	3	
ADAPALENE 0.1% CREAM	2	AGE
ALINIA	4	
ALISKIREN	4	QL
ALLOPURINOL 100 MG TABLET	1	
ALLOPURINOL 300 MG TABLET	1	
AMCINONIDE	2	
AMETHIA	1	
AMETHIA LO	1	
AMETHYST	1	
AMILORIDE	2	
AMILORIDE-HCTZ	2	
AMINOCAPROIC ACID 0.25 GRAM/ML	4	
AMINOCAPROIC ACID 1,000 MG TABLET	4	SRX
AMIODARONE 100 MG TABLET	2	
AMIODARONE 200 MG TABLET	2	
AMIODARONE 400 MG TABLET	2	
AMITIZA	4	
AMITRIPTYLINE	1	

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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	6–10
C–D	10–14
E–G	14–17
H–J	17–19
K–L	19–21
M–N	21–24
O–P	24–27
Q–S	27–29
T–U	29–31
V–Z	31–32

2021 Cigna Plus Kansas 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 4 MG TABLET	2	
ABACAVIR-LAMIVUDINE	2		ALBUTEROL ER 8 MG TABLET	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2		ALCAINE	2	
ABIRATERONE	5	PA, SRX	ALCLOMETASONE	2	
ACAMPROSATE	3		ALCOHOL PADS	3	
ACARBOSE	2		ALCOHOL SWABS	3	
ACEBUTOLOL	2		ALCOHOL WIPES	3	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5	2		ALDACTAZIDE 50-50 TABLET	4	
ACETAMINOPHEN-CODEINE	2		ALECENSA	5	PA, LDD, SRX
ACETAZOLAMIDE	2		ALENDRONATE 10 MG TABLET	1	
ACETAZOLAMIDE ER	2		ALENDRONATE 35 MG TABLET	1	
ACETIC ACID	2		ALENDRONATE 70 MG TABLET	2	
ACETYLCYSTEINE 10% VIAL	2		ALENDRONATE 70 MG/75 ML	2	
ACETYLCYSTEINE 20% VIAL	2		ALFUZOSIN ER	2	
ACITRETIN	4		ALINIA	4	
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, ST, QL, SRX	ALISKIREN	4	QL
ACTEMRA ACTPEN	5	PA, ST, QL, SRX	ALLOPURINOL 100 MG TABLET	1	
ACTHIB	3		ALLOPURINOL 300 MG TABLET	1	
ACTIMMUNE	5	PA, LDD, SRX	ALMOTRIPTAN	2	QL
ACYCLOVIR 200 MG CAPSULE	1		ALOCRIAL	4	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2		ALOMIDE	4	
ACYCLOVIR 400 MG TABLET	2		ALOSETRON	4	
ACYCLOVIR 800 MG TABLET	2		ALPRAZOLAM	2	
ADACEL TDAP	3		ALPRAZOLAM ER	2	
ADAPALENE 0.1% CREAM	2	AGE	ALPRAZOLAM INTENSOL	2	
ADAPALENE 0.1% GEL	2	AGE	ALPRAZOLAM ODT	2	
ADAPALENE 0.1% SOLUTION	2	AGE	ALPRAZOLAM XR	2	
ADAPALENE 0.3% GEL	2	AGE	ALTAVERA	1	
ADAPALENE 0.3% GEL PUMP	2	AGE	ALYACEN	1	
ADEFOVIR DIPIVOXIL	4		ALYQ	5	PA, SRX
ADEMPAS	5	PA, LDD, SRX	AMABELZ	2	
ADRENALIN 1 MG/ML NASAL SOLUTION	4		AMANTADINE	2	
AFINITOR DISPERZ	5	PA, SRX	AMBRISENTAN	5	PA, SRX
AFIRMELLE	1		AMCINONIDE	2	
AFLURIA QUAD	3		AMETHIA	1	
AFTERA	4		AMETHIA LO	1	
AK-POLY-BAC	2		AMETHYST	1	
AKYNZEO 300-0.5 MG CAPSULE	5	PA, QL, SRX	AMILORIDE	2	
ALBENDAZOLE	4		AMILORIDE-HCTZ	2	
ALBUTEROL 0.63 MG/3 ML SOLUTION	2		AMINOCAPROIC ACID 0.25 GRAM/ML	4	
ALBUTEROL 1.25 MG/3 ML SOLUTION	2		AMINOCAPROIC ACID 1,000 MG TABLET	4	
ALBUTEROL 2 MG TABLET	2		AMINOCAPROIC ACID 500 MG TABLET	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	
			AMLODIPINE	2	
			AMLODIPINE-ATORVASTATIN	2	

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2021 Cigna Plus Kansas 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-BENAZEPRIL	2		ARCALYST	5	PA, LDD, SRX
AMLODIPINE-OLMESARTAN	2		ARCAPETA NEOHALER	4	ST
AMLODIPINE-VALSARTAN	2		ARIPIPRAZOLE	2	
AMLODIPINE-VALSARTAN-HCTZ	2		ARIPIPRAZOLE ODT	2	
AMMONIUM LACTATE 12% CREAM	2		ARMODAFINIL	2	PA
AMMONIUM LACTATE 12% LOTION	2		ARMOUR THYROID	2	
AMNESTEEM	4	QL	ARNUITY ELLIPTA	3	
AMOXAPINE	2		ASA-BUTALB-CAFFEINE-CODEINE	2	
AMOXICILLIN	1		ASCOMP WITH CODEINE	2	
AMOXICILLIN-CLAVULANATE 200-28.5 MG TABLET CHEW	2		ASHLYNA	1	
AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML SUSPENSION	2		ASMANEX	4	ST
AMOXICILLIN-CLAVULANATE 250-125 MG TABLET	2		ASMANEX HFA	4	ST
AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML SUSPENSION	2		ASPIRIN-DIPYRIDAMOLE ER	2	
AMOXICILLIN-CLAVULANATE 400-57 MG TABLET CHEW	2		ASTAGRAF XL	5	SRX
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION	2		ATAZANAVIR	2	
AMOXICILLIN-CLAVULANATE 500-125 MG TABLET	2		ATENOLOL	1	
AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML SUSPENSION	2		ATENOLOL-CHLORTHALIDONE	1	
AMOXICILLIN-CLAVULANATE 875-125 MG TABLET	2		ATOMOXETINE	2	
AMOXICILLIN-CLAVULANATE ER	2		ATORVASTATIN 10 MG TABLET	2	
AMPHETAMINE 10 MG TABLET	2		ATORVASTATIN 20 MG TABLET	2	
AMPHETAMINE 5 MG TABLET	2		ATORVASTATIN 40 MG TABLET	2	
AMPICILLIN TRIHYDRATE	2		ATORVASTATIN 80 MG TABLET	2	
ANADROL-50	4	PA	ATOVAQUONE	4	
ANAGRELIDE	4		ATOVAQUONE-PROGUANIL	2	
ANALPRAM HC 2.5%-1% LOTION	4		ATROPINE 1% EYE DROPS	2	
ANASTROZOLE	2		ATROPINE 1% EYE OINTMENT	2	
ANORO ELLIPTA	3		AUBRA	1	
ANUCORT-HC	2		AUBRA EQ	1	
APEXICON E	4		AUROVELA	1	
APIDRA	4	ST, QL	AUROVELA 24 FE	1	
APIDRA SOLOSTAR	4	ST, QL	AUROVELA FE	1	
APOKYN	5	PA, SRX	AVANDIA	4	
APRACLONIDINE	2		AVIANE	1	
APREPITANT	2	QL	AVONEX	5	PA, SRX
APRI	1		AVONEX PEN	5	PA, SRX
APTIOM	4	PA, QL	AYUNA	1	
APTIVUS	3		AZASITE	4	
AQUA CARE SODIUM CHLORIDE	2		AZATHIOPRINE TABLET	2	
AQUA CARE STERILE WATER IRRIGATION	2		AZELAIC ACID	2	
ARANELLE	1		AZELASTINE	2	
ARANESP	5	PA, SRX	AZELASTINE-FLUTICASONE	3	
			AZITHROMYCIN 1 GM PWD 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 Kansas 5-Tier Prescription Drug List

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AZURETTE	1		BD INSULIN SYRINGE UF 1 ML 8MMX31G	3	
BACITRACIN 500 UNIT/GM OPTHALMIC	2		BD LUER-LOK SYRINGE 1 ML	3	
BACITRACIN-POLYMYXIN	2		BD LUER-LOK SYRINGE 3 ML 25GX5/8"	3	
BACLOFEN 10 MG TABLET	1		BD MAGNI-GUIDE MAGNIFIER	3	
BACLOFEN 20 MG TABLET	1		BD NANO 2 GEN PEN NDL 32GX4MM	3	
BACLOFEN 5 MG TABLET	2		BD NEEDLE 18GX1 1/2"	3	
BAL-CARE DHA	1		BD NEEDLE 19GX1 1/2"	3	
BALCOLTRA	4		BD NEEDLE 20GX1 1/2"	3	
BALSALAZIDE	2		BD NEEDLE 21GX1 1/2"	3	
BALZIVA	1		BD NEEDLE 21GX1"	3	
BANZEL	4	QL	BD NEEDLE 22GX1 1/2"	3	
BARACLUDE 0.05 MG/ML SOLUTION	5	SRX	BD NEEDLE 23GX1"	3	
BASAGLAR KWIKPEN U-100	3	QL	BD NEEDLE 25GX5/8"	3	
BD 3 ML SYRINGE 25GX1"	3		BD NEEDLES 16GX1.5"	3	
BD 3 ML SYRINGE WITH NEEDLE	3		BD NEEDLES 16GX1"	3	
BD AUTOSHIELD DUO NEEDLE 5MMX30G	3		BD NEEDLES 18GX1.5"	3	
BD ECLIPSE NEEDLE 25GX1"	3		BD NEEDLES 18GX1"	3	
BD INSULIN SYRINGE 0.3 ML 29GX12.7MM	3		BD NEEDLES 19GX1.5"	3	
BD INSULIN SYRINGE 0.3 ML 8MMX31G(1/2)	3		BD NEEDLES 19GX1"	3	
BD INSULIN SYRINGE 0.5 ML 28GX1/2"	3		BD NEEDLES 20GX1.5"	3	
BD INSULIN SYRINGE 0.5 ML 29GX1/2"	3		BD NEEDLES 20GX1"	3	
BD INSULIN SYRINGE 0.5 ML 29GX12.7MM	3		BD NEEDLES 21GX1.5"	3	
BD INSULIN SYRINGE 1 ML	3		BD NEEDLES 21GX1"	3	
BD INSULIN SYRINGE 1 ML 25GX1"	3		BD NEEDLES 21GX2"	3	
BD INSULIN SYRINGE 1 ML 25GX5/8"	3		BD NEEDLES 22GX1.5"	3	
BD INSULIN SYRINGE 1 ML 26GX1/2"	3		BD NEEDLES 23GX0.75"	3	
BD INSULIN SYRINGE 1 ML 27GX12.7MM	3		BD NEEDLES 25GX0.625"	3	
BD INSULIN SYRINGE 1 ML 27GX5/8"	3		BD NEEDLES 25GX0.875"	3	
BD INSULIN SYRINGE 1 ML 28GX1/2"	3		BD NEEDLES 25GX1.5"	3	
BD INSULIN SYRINGE 1 ML 29GX1/2"	3		BD NEEDLES 26GX0.375"	3	
BD INSULIN SYRINGE 1 ML 29GX12.7MM	3		BD NEEDLES 26GX0.5"	3	
BD INSULIN SYRINGE U-500 1/2ML 6MMX31G	3		BD NEEDLES 27GX0.5"	3	
BD INSULIN SYRINGE UF 0.3 ML 8MMX31G	3		BD NEEDLES 30GX0.5"	3	
BD INSULIN SYRINGE UF 0.3ML 12.7MMX30G	3		BD PRECISIONGLI 27GX1-1/2" NDL	3	
BD INSULIN SYRINGE UF 0.5 ML 8MMX31G	3		BD SAFETYGLID INSULIN 1 ML 6MMX31G	3	
BD INSULIN SYRINGE UF 0.5ML 12.7MMX30G	3		BD SAFETYGLIDE 3 ML SYRINGE	3	
BD INSULIN SYRINGE UF 1 ML 12.7MMX30G	3		BD SAFETYGLIDE INSULIN 0.3 ML 6MMX31G	3	
			BD SAFETYGLIDE INSULIN 0.3 ML 8MMX31G	3	
			BD SAFETYGLIDE INSULIN 0.3ML 13MMX29G	3	
			BD SAFETYGLIDE INSULIN 0.5 ML 6MMX31G	3	
			BD SAFETYGLIDE INSULIN 0.5 ML 8MMX30G	3	
			BD SAFETYGLIDE INSULIN 0.5ML 13MMX29G	3	

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BD SAFETYGLIDE INSULIN 1 ML 13MMX29G	3		BISOPROLOL	2	
BD SAFETYGLIDE NEEDLE	3		BISOPROLOL-HCTZ	1	
BD SYRINGE-SAFETY GLIDE	3		BLISOVI 24 FE	1	
BD ULTRAFINE MICRO PEN NEEDLE 6MMX32G	3		BLISOVI FE	1	
BD ULTRAFINE MINI PEN NEEDLE 5MMX31G	3		BOOSTRIX TDAP	3	
BD ULTRAFINE NANO PEN NEEDLE 4MMX32G	3		BOSENTAN	5	PA, SRX
BD ULTRAFINE ORIG PEN NDL 12.7MMX29G	3		BREO ELLIPTA	3	
BD ULTRAFINE SHORT PEN NEEDLE 8MMX31G	3		BRIELLYN	1	
BD VEO INSULIN 0.3ML 6MMX31G (1/2)	3		BRILINTA	4	
BD VEO INSULIN SYRINGE 0.3 ML 6MMX31G	3		BRIMONIDINE	2	
BD VEO INSULIN SYRINGE 0.5 ML 6MMX31G	3		BRIVIACT 10 MG TABLET	4	PA, QL
BD VEO INSULIN SYRINGE 1 ML 6MMX31G	3		BRIVIACT 10 MG/ML ORAL SOLUTION	4	PA, QL
BECONASE AQ	4	ST	BRIVIACT 100 MG TABLET	4	PA, QL
BEKYREE	1		BRIVIACT 25 MG TABLET	4	PA, QL
BELLADONNA-OPIUM	2		BRIVIACT 50 MG TABLET	4	PA, QL
BENZAEPRI	1		BRIVIACT 75 MG TABLET	4	PA, QL
BENZAEPRI-HCTZ	2		BROMFED DM	2	
BENZONATATE 100 MG CAPSULE	2		BROMFENAC	2	
BENZONATATE 200 MG CAPSULE	2		BROMOCRIPTINE	2	
BENZONATATE PERLE 100 MG CAPSULE	2		BROMPHENIRAMINE-PSEUDOEPHED- DM	2	
BENZTROPINE 0.5 MG TABLET	2		BROVANA	4	
BENZTROPINE 1 MG TABLET	2		BUDESONIDE 0.25 MG/2 ML SUSPENSION	4	
BENZTROPINE 2 MG TABLET	2		BUDESONIDE 0.5 MG/2 ML SUSPENSION	4	
BEPREVE	4		BUDESONIDE 1 MG/2 ML INH SUSPENSION	4	
BESER 0.05% LOTION	2		BUDESONIDE EC	4	
BESIVANCE	4		BUDESONIDE ER	5	PA, QL, SRX
BETADINE 5% EYE SOLUTION	4		BUMETANIDE 0.5 MG TABLET	1	
BETAMETHASONE DIPROPIONATE	2		BUMETANIDE 1 MG TABLET	1	
BETAMETHASONE DIPROPIONATE AUGMENTED	2		BUMETANIDE 2 MG TABLET	1	
BETAMETHASONE VALERATE	2		BUPRENORPHINE 2 MG TABLET SL	2	
BETAXOLOL	2		BUPRENORPHINE 8 MG TABLET SL	2	
BETHANECHOL CHLORIDE	2		BUPRENORPHINE PATCH	2	QL
BEXAROTENE	4	PA	BUPRENORPHINE-NALOXONE	2	
BEXSERO	3		BUPROPION	2	QL
BEYAZ	3		BUPROPION SR 100 MG TABLET	2	QL
BICALUTAMIDE	2		BUPROPION SR 150 MG TABLET	2	QL
BIKTARVY	3		BUPROPION SR 200 MG TABLET	2	QL
BIMATOPROST 0.03% EYE DROPS	2	QL	BUPROPION XL 150 MG TABLET	2	QL
BINOSTO	4		BUPROPION XL 300 MG TABLET	2	QL
			BUSPIRONE	2	
			BUTALBITAL COMPOUND-CODEINE	2	
			BUTALBITAL-ACETAMINOPHEN-CAFFE	2	QL
			BUTALBITAL-ACETAMINOPHEN- CAFFEINE-CODEINE	2	
			BUTALBITAL-ACETAMINOPHN 50-325	2	
			BUTALBITAL-ASPIRIN-CAFFEINE	2	QL

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BUTORPHANOL 10 MG/ML SPRAY	2	QL	CARTEOLOL	2	
BYDUREON	3	QL	CARTIA XT	2	
BYDUREON BCISE	3	QL	CARVEDILOL	1	
BYDUREON PEN	3	QL	CAYSTON	5	PA, QL, LDD, SRX
BYETTA	3	QL	CAZIANAT	1	
BYSTOLIC	4	QL	CEFACTOR	2	
C-NATE DHA	1		CEFACTOR ER	2	
CABERGOLINE	2	QL	CEFADROXIL	2	
CABOMETYX	5	PA, LDD, SRX	CEFDINIR	2	
CAFFEINE CIT 60 MG/3 ML ORAL	2		CEFDITOREN PIVOXIL	2	
CALCIPOTRIENE 0.005% CREAM	2		CEFIXIME 100 MG/5 ML SUSPENSION	2	
CALCIPOTRIENE 0.005% OINTMENT	2		CEFIXIME 200 MG/5 ML SUSPENSION	2	
CALCIPOTRIENE 0.005% SOLUTION	2		CEFIXIME 400 MG CAPSULE	3	
CALCIPOTRIENE-BETAMETHASONE 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 667 MG CAPSULE	2		CEPHALEXIN 250 MG CAPSULE	1	
CALCIUM 667 MG GEL CAPSULE	2		CEPHALEXIN 250 MG TABLET	1	
CALCIUM 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 CILEXETIL	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	
			CHOLESTYRAMINE LIGHT	2	

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2021 Cigna Plus Kansas 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)
CHORIONIC GONADOTROPIN 10,000 UNIT VIAL	2	PA	CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CICLODAN 8% SOLUTION	2		CLOBAZAM 20 MG TABLET	4	PA
CICLOPIROX 0.77% CREAM	2		CLOBETASOL	2	
CICLOPIROX 0.77% GEL	2		CLOBETASOL EMOLLIENT	2	
CICLOPIROX 0.77% TOPICAL SUSPENSION	2		CLOBETASOL EMULSION	2	
CICLOPIROX 1% SHAMPOO	2		CLOCORTOLONE	2	
CICLOPIROX 8% SOLUTION	2		CLODAN 0.05% SHAMPOO	2	
CILOSTAZOL	2		CLOMIPRAMINE	4	
CILOXAN 0.3% OINTMENT	4		CLONAZEPAM	2	
CIMETIDINE 200 MG TABLET	1		CLONIDINE 0.1 MG TABLET	2	
CIMETIDINE 300 MG TABLET	1		CLONIDINE 0.2 MG TABLET	2	
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		CLONIDINE PATCH	2	
CINACALCET	5	SRX	CLOPIDOGREL	2	
CIPRO HC	4		CLOTRIMAZOLE 1% SOLUTION	2	
CIPRODEX	4		CLOTRIMAZOLE 1% TOPICAL CREAM	2	
CIPROFLOXACIN	2		CLOTRIMAZOLE 10 MG TROCHE	2	
CIPROFLOXACIN 0.2% OTIC SOLUTION	2		CLOTRIMAZOLE-BETAMETHASONE	2	
CIPROFLOXACIN 0.3% EYE DROP	2		CLOVIQUE	4	PA
CIPROFLOXACIN 100 MG TABLET	1		CLOZAPINE	2	
CIPROFLOXACIN 250 MG TABLET	1		CLOZAPINE ODT	4	
CIPROFLOXACIN 500 MG TABLET	1		COARTEM	4	QL
CIPROFLOXACIN 750 MG TABLET	1		CODEINE	2	
CIPROFLOXACIN-FLUOCINOLONE	3		COLCHICINE	2	
CITALOPRAM HBR 10 MG TABLET	1	QL	COLESEVELAM	2	
CITALOPRAM HBR 10 MG/5 ML SOLUTION	2	QL	COLESTIPOL	2	
CITALOPRAM HBR 20 MG TABLET	1	QL	COLOCORT	2	
CITALOPRAM HBR 40 MG TABLET	1	QL	COMBIGAN	4	
CLARAVIS	4	QL	COMETRIQ	5	PA, LDD, SRX
CLARITHROMYCIN	2		COMPLERA	3	
CLARITHROMYCIN ER	2		COMPLETE NATAL DHA	1	
CLEMASTINE	2		COMPLETENATE	1	
CLINDACIN ETZ 1% PLEDGET	2		COMPRO	2	
CLINDACIN P	2		CONSTULOSE	2	
CLINDAMYCIN	2		CORDRAN 4 MCG/SQ CM TAPE LARGE	4	
CLINDAMYCIN 1% FOAM	2		COREMINO	2	
CLINDAMYCIN 1% LOTION	2		CORTISONE	2	
CLINDAMYCIN 1% PLEDGET	2		CORTISPORIN	4	
CLINDAMYCIN 1% SOLUTION	2		CORTISPORIN-TC	4	
CLINDAMYCIN 2% VAGINAL CREAM	2		COSENTYX PEN	5	PA, QL, LDD, SRX
CLINDAMYCIN PEDIATRIC	2		COSENTYX SYRINGE	5	PA, QL, LDD, SRX
CLINDAMYCIN-BENZOYL PEROXIDE	2		COTELLIC	5	PA, LDD, SRX
CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5%	2		COVARYX	2	
CLINDAMYCIN-TRETINOIN	2		COVARYX H.S.	2	
CLINDESSE	4		CREON	4	
CLOBAZAM 10 MG TABLET	4	PA	CRIXIVAN	3	
			CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	2	

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2021 Cigna Plus Kansas 5-Tier Prescription Drug List

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CROMOLYN 20 MG/2 ML NEB SOLUTION	2	QL	DESIPRAMINE	2	
CROMOLYN 4% EYE DROPS	2		DESORATADINE	2	QL
CROTAN	3		DESMOPRESSIN 0.01% SOLUTION	2	
CRYSSELLE	1		DESMOPRESSIN 0.01% SPRAY	2	
CURITY ALCOHOL PREPS	3		DESMOPRESSIN 0.1 MG TABLET	2	
CYANOCOBALAMIN INJECTION	2		DESMOPRESSIN 0.2 MG TABLET	2	
CYCLAFEM	1		DESMOPRESSIN 10 MCG/0.1 ML SPRAY	2	
CYCLOBENZAPRINE 10 MG TABLET	1		DESOGESTREL-ETHINYL ESTRADIOL	1	
CYCLOBENZAPRINE 5 MG TABLET	1		DESONIDE 0.05% CREAM	2	
CYCLOBENZAPRINE 7.5 MG TABLET	3		DESONIDE 0.05% LOTION	2	
CYCLAMYDRIL	4		DESONIDE 0.05% OINTMENT	2	
CYCLOPENTOLATE	2		DESOXIMETASONE 0.05% CREAM	2	
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3		DESOXIMETASONE 0.05% GEL	2	
CYCLOPHOSPHAMIDE 50 MG CAPSULE	3		DESOXIMETASONE 0.05% OINTMENT	2	
CYCLOSERINE	2		DESOXIMETASONE 0.25% CREAM	2	
CYCLOSET	4		DESOXIMETASONE 0.25% OINTMENT	2	
CYCLOSPORINE 100 MG CAPSULE	2		DESVENLAFAXINE ER	2	QL
CYCLOSPORINE 25 MG CAPSULE	2		DEXAMETHASONE 0.1% EYE DROP	2	
CYCLOSPORINE MODIFIED	2		DEXAMETHASONE 0.5 MG TABLET	1	
CYPROHEPTADINE 2 MG/5 ML SOLUTION	2		DEXAMETHASONE 0.5 MG/5 ML ELIXIR	1	
CYPROHEPTADINE 2 MG/5 ML SYRUP	2		DEXAMETHASONE 0.5 MG/5 ML LIQUID	1	
CYPROHEPTADINE 4 MG TABLET	2		DEXAMETHASONE 0.75 MG TABLET	1	
CYRED	1		DEXAMETHASONE 1 MG TABLET	1	
CYRED EQ	1		DEXAMETHASONE 1.5 MG TABLET	1	
CYSTADANE	5	LDD, SRX	DEXAMETHASONE 10 DAY 1.5 MG TABLET	1	
CYSTAGON	5	LDD, SRX	DEXAMETHASONE 13 DAY 1.5 MG TABLET	1	
CYSTARAN	4	QL, LDD	DEXAMETHASONE 2 MG TABLET	1	
DALFAMPRIDINE ER	5	PA, SRX	DEXAMETHASONE 4 MG TABLET	1	
DALIRESP	4	QL	DEXAMETHASONE 6 DAY 1.5 MG TABLET	1	
DANAZOL	2		DEXAMETHASONE 6 MG TABLET	1	
DANTROLENE 100 MG CAPSULE	2		DEXAMETHASONE INTENSOL	1	
DANTROLENE 25 MG CAPSULE	2		DEXCOM G6 SENSOR	3	PA, QL
DANTROLENE 50 MG CAPSULE	2		DEXILANT	4	ST, QL
DAPSONE TABLET	4		DEXMETHYLPHENIDATE ER 10 MG CAPSULE	2	QL
DAPTACEL DTAP	3		DEXMETHYLPHENIDATE ER 15 MG CAPSULE	2	QL
DARAPRIM	4	PA	DEXMETHYLPHENIDATE ER 20 MG CAPSULE	2	QL
DARIFENACIN ER	2		DEXMETHYLPHENIDATE ER 25 MG CAPSULE	2	QL
DASETTA	1		DEXMETHYLPHENIDATE ER 30 MG CAPSULE	2	QL
DAYSEE	1		DEXMETHYLPHENIDATE ER 35 MG CAPSULE	2	QL
DEBLITANE	1				
DEFERASIROX	5	PA, SRX			
DEMECLOCYCLINE	2				
DEMSER	4				
DENTA 5000 PLUS	2				
DENTAGEL	2				
DESCOVY	4	PA			

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DESMETHYLPHENIDATE ER 40 MG CAPSULE	2	QL	DIGOXIN 0.25 MG TABLET	1	
DESMETHYLPHENIDATE ER 5 MG CAPSULE	2	QL	DIGOXIN 125 MCG TABLET	1	
DESMETHYLPHENIDATE TABLET	2		DIGOXIN 250 MCG TABLET	1	
DEXTROAMPHETAMINE	2		DIHYDROERGOTAMINE	4	QL
DEXTROAMPHETAMINE ER	2	QL	DILATRATE-SR	4	
DEXTROAMPHETAMINE-AMPHETAMINE	2		DILT-XR	2	
DEXTROAMPHETAMINE-AMPHETAMINE ER	2	QL	DILTIAZEM 120 MG TABLET	1	
DIAZEPAM 10 MG RECTAL GEL SYSTEM	2		DILTIAZEM 12HR ER	2	
DIAZEPAM 10 MG TABLET	2		DILTIAZEM 24HR ER	2	
DIAZEPAM 2 MG TABLET	2		DILTIAZEM 24HR ER (CD)	2	
DIAZEPAM 2.5 MG RECTAL GEL SYSTEM	2		DILTIAZEM 24HR ER (LA)	2	
DIAZEPAM 20 MG RECTAL GEL SYSTEM	2		DILTIAZEM 24HR ER (XR)	2	
DIAZEPAM 5 MG TABLET	2		DILTIAZEM 30 MG TABLET	1	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	2		DILTIAZEM 60 MG TABLET	1	
DIAZEPAM 5 MG/5 ML SOLUTION	2		DILTIAZEM 90 MG TABLET	1	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	2		DIPHEN 12.5 MG/5 ML ELIXIR	4	
DIAZOXIDE	4		DIPHEN 12.5 MG/5 ML ELIXIR	4	
DICLOFENAC	2		DIPHENHYDRAMINE 12.5 MG/5 ML	2	
DICLOFENAC 0.1% EYE DROPS	2		DIPHENHYDRAMINE 25 MG/10 ML	2	
DICLOFENAC 1.5% TOPICAL SOLUTION	2		DIPHENOXYLATE-ATROPINE	2	
DICLOFENAC 1% GEL	2	QL	DIPHThERIA-TETANUS TOXOIDS-PEDIATRIC	3	
DICLOFENAC DR 25 MG TABLET	2		DIPYRIDAMOLE 25 MG TABLET	2	
DICLOFENAC DR 50 MG TABLET	2		DIPYRIDAMOLE 50 MG TABLET	2	
DICLOFENAC DR 75 MG TABLET	2		DIPYRIDAMOLE 75 MG TABLET	2	
DICLOFENAC EC 25 MG TABLET	2		DISOPYRAMIDE	2	
DICLOFENAC EC 50 MG TABLET	2		DIVALPROEX	2	
DICLOFENAC EC 75 MG TABLET	2		DIVALPROEX ER	2	
DICLOFENAC EPOLAMINE	4	QL	DOFETILIDE	4	QL
DICLOFENAC ER	2		DONEPEZIL	2	
DICLOFENAC-MISOPROSTOL	2		DONEPEZIL ODT	2	
DICLOXACILLIN	2		DORZOLAMIDE	2	
DICYCLOMINE 10 MG CAPSULE	1		DORZOLAMIDE-TIMOLOL EYE DROPS	2	
DICYCLOMINE 10 MG/5 ML SOLUTION	2		DOTTI	2	QL
DICYCLOMINE 20 MG TABLET	1		DOXAZOSIN	1	
DIDANOSINE	2		DOXEPIIN 10 MG CAPSULE	2	
DIFICID	4	PA, QL	DOXEPIIN 10 MG/ML ORAL CONCENTRATE	2	
DIFLORASONE	4		DOXEPIIN 100 MG CAPSULE	2	
DIFLUNISAL	2		DOXEPIIN 150 MG CAPSULE	2	
DIGITEK	1		DOXEPIIN 25 MG CAPSULE	2	
DIGOX	1		DOXEPIIN 3 MG TABLET	3	QL
DIGOXIN 0.05 MG/ML SOLUTION	2		DOXEPIIN 5% CREAM	4	
DIGOXIN 0.125 MG TABLET	1		DOXEPIIN 50 MG CAPSULE	2	
			DOXEPIIN 6 MG TABLET	3	QL
			DOXEPIIN 75 MG CAPSULE	2	
			DOXERCALCIFEROL 0.5 MCG CAPSULE	2	
			DOXERCALCIFEROL 1 MCG CAPSULE	2	
			DOXERCALCIFEROL 2.5 MCG CAPSULE	2	
			DOXYCYCLINE 25 MG/5 ML SUSPENSION	2	

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2021 Cigna Plus Kansas 5-Tier Prescription Drug List

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DOXYCYCLINE HYC DR 100 MG TABLET	2		ELMIRON	4	
DOXYCYCLINE HYC DR 150 MG TABLET	2		ELURYNG	2	
DOXYCYCLINE HYC DR 200 MG TABLET	2		EMCYT	5	SRX
DOXYCYCLINE HYC DR 50 MG TABLET	2		EMEND 125 MG POWDER PACKET	5	PA, QL, SRX
DOXYCYCLINE HYC DR 75 MG TABLET	2		EMOQUETTE	1	
DOXYCYCLINE HYCLATE 100 MG CAPSULE	2		EMSAM	4	QL
DOXYCYCLINE HYCLATE 100 MG TABLET	2		EMTRIVA	3	
DOXYCYCLINE HYCLATE 20 MG TABLET	2		EMVERM	4	
DOXYCYCLINE HYCLATE 50 MG CAPSULE	2		ENALAPRIL	1	
DRONABINOL	4		ENALAPRIL-HCTZ	2	
DROSPIRENONE-ETHINYL ESTRADIOL	1		ENBREL	5	PA, ST, QL, SRX
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE	1		ENBREL MINI	5	PA, ST, QL, SRX
DROXIA	4		ENBREL SURECLICK	5	PA, ST, QL, SRX
DUAVEE	4		ENDOCET	2	
DULOXETINE	2	QL	ENDOMETRIN	4	PA
DUPIXENT SYRINGE	5	PA, SRX	ENGERIX-B ADULT	3	
DUREZOL	4		ENGERIX-B PEDIATRIC-ADOLESCENT	3	
DUTASTERIDE	2		ENLYTE	4	
DUTASTERIDE-TAMSULOSIN	2		ENOXAPARIN	4	QL
DYMISTA	4		ENPRESSE	1	
EASY COMFORT ALCOHOL PAD	3		ENSKYCE	1	
EASY TOUCH ALCOHOL PREP PADS	3		ENTACAPONE	2	
EC-NAPROXEN	1		ENTECAVIR	4	
ECONAZOLE	2		ENTRESTO	3	
ECONTRA EZ	4		ENULOSE	2	
ED-SPAZ	1		EPIDIOLEX	4	PA
EDARBI	4	ST, QL	EPIFOAM	4	
EDARBYCLOR	4	ST, QL	EPINASTINE	2	
EDURANT	3		EPINEPHRINE 0.15 MG AUTO-INJECTOR	2	QL
EEMT D.S.	2		EPINEPHRINE 0.3 MG AUTO-INJECTOR	2	QL
EEMT H.S.	2		EPITOL	1	
EFAVIRENZ	2		EPIVIR HBV 25 MG/5 ML SOLUTION	5	SRX
EFFER-K 10 MEQ EFFERVESCENT TABLET	4		EPLERENONE	2	
EFFER-K 20 MEQ EFFERVESCENT TABLET	4		ERGOLOID S	1	
EGRIFTA	5	PA, LDD, SRX	ERIVEDGE	5	PA, LDD, SRX
EGRIFTA SV	5	PA, SRX	ERLOTINIB	5	PA, SRX
ELETRIPTAN	2	QL	ERRIN	1	
ELINEST	1		ERTACZO	4	
ELIQUIS	3	QL	ERY	2	
ELITE-OB	1		ERYTHROCIN	2	
ELLA	4		ERYTHROMYCIN 0.5% EYE OINTMENT	2	
			ERYTHROMYCIN 2% GEL	2	
			ERYTHROMYCIN 2% SOLUTION	2	
			ERYTHROMYCIN 250 MG FILMTAB	2	
			ERYTHROMYCIN 500 MG FILMTAB	2	
			ERYTHROMYCIN DR 250 MG CAPSULE	2	
			ERYTHROMYCIN ETHYLSUCCINATE	2	
			ERYTHROMYCIN-BENZOYL PEROXIDE	2	
			ESBRIET	5	PA, LDD, SRX

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

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FLOVENT HFA	3		FLURANDRENOLIDE	4	
FLUAD QUAD	3		FLURAZEPAM	2	
FLUARIX QUAD	3		FLURBIPROFEN	2	
FLUBLOK QUAD	3		FLUTAMIDE	2	
FLUCELVAX QUAD	3		FLUTICASON PROP 0.005% OINTMENT	2	
FLUCONAZOLE 10 MG/ML SUSPENSION	2		FLUTICASON PROP 0.05% CREAM	2	
FLUCONAZOLE 100 MG TABLET	2		FLUTICASON PROP 0.05% LOTION	2	
FLUCONAZOLE 150 MG TABLET	1		FLUTICASON PROP 50 MCG SPRAY	2	
FLUCONAZOLE 200 MG TABLET	2		FLUTICASON-SALMETEROL 113-14	2	
FLUCONAZOLE 40 MG/ML SUSPENSION	2		FLUTICASON-SALMETEROL 232-14	2	
FLUCONAZOLE 50 MG TABLET	2		FLUTICASON-SALMETEROL 55-14	2	
FLUCYTOSINE	4		FLUVASTATIN	2	
FLUDROCORTISONE	2		FLUVASTATIN ER	2	
FLULAVAL QUAD	3		FLUVOXAMINE	2	QL
FLUMIST QUAD	3		FLUVOXAMINE ER	2	QL
FLUNISOLIDE	2		FLUZONE HIGH-DOSE QUAD	3	
FLUOCINOLONE	2		FLUZONE QUAD	3	
FLUOCINOLONE OIL	2		FOLIC ACID 1 MG TABLET	2	
FLUOCINONIDE	2		FOLIVANE-OB	1	
FLUOCINONIDE-E	2		FONDAPARINUX	4	QL
FLUORABON	2		FOSAMPRENAVIR	2	
FLUORIDE	2		FOSINOPRIL	1	
FLUORIDEX	2		FOSINOPRIL-HCTZ	2	
FLUORIDEX SENSITIVITY RELIEF	2		FOSRENOL 1,000 MG POWDER PACK	4	
FLUORITAB	2		FOSRENOL 750 MG POWDER PACKET	4	
FLUOROMETHOLONE	2		FRAGMIN	5	QL, SRX
FLUOROURACIL 0.5% CREAM	2		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FLUOROURACIL 2% TOPICAL SOLUTION	2		FROVATRIPTAN	2	QL
FLUOROURACIL 5% CREAM	2		FULPHILA	5	PA, SRX
FLUOROURACIL 5% TOPICAL SOLUTION	2		FUROSEMIDE 10 MG/ML SOLUTION	1	
FLUOXETINE 10 MG CAPSULE	1	QL	FUROSEMIDE 20 MG TABLET	1	
FLUOXETINE 10 MG TABLET	1	QL	FUROSEMIDE 40 MG TABLET	1	
FLUOXETINE 20 MG CAPSULE	1	QL	FUROSEMIDE 40 MG/5 ML SOLUTION	1	
FLUOXETINE 20 MG TABLET	1	QL	FUROSEMIDE 80 MG TABLET	1	
FLUOXETINE 20 MG/5 ML SOLUTION	2	QL	FUZEON	5	LDD, SRX
FLUOXETINE 40 MG CAPSULE	1	QL	FYAVOLV	2	
FLUOXETINE 60 MG TABLET	1	QL	FYCOMPA 10 MG TABLET	4	PA, QL
FLUOXETINE DR	2	QL	FYCOMPA 12 MG TABLET	4	PA, QL
FLUPHENAZINE 1 MG TABLET	2		FYCOMPA 2 MG TABLET	4	PA, QL
FLUPHENAZINE 10 MG TABLET	2		FYCOMPA 4 MG TABLET	4	PA, QL
FLUPHENAZINE 2.5 MG TABLET	2		FYCOMPA 6 MG TABLET	4	PA, QL
FLUPHENAZINE 2.5 MG/5 ML ELIXIR	2		FYCOMPA 8 MG TABLET	4	PA, QL
FLUPHENAZINE 5 MG TABLET	2		GABAPENTIN	2	
FLUPHENAZINE 5 MG/ML CONCENTRATE	2		GALANTAMINE	2	
FLURA-DROPS	2		GALANTAMINE ER	2	QL
			GALZIN	4	
			GARDASIL 9	3	
			GATIFLOXACIN	2	
			GATTEX	5	PA, LDD, SRX

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2021 Cigna Plus Kansas 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)
GAVILYTE-C	2		HALOPERIDOL	2	
GAVILYTE-G	2		HALOPERIDOL LACTATE 2 MG/ML CONCENTRATE	2	
GAVILYTE-N	2		HAVRIX	3	
GEMFIBROZIL	2		HEATHER	1	
GENERESS FE	4		HEMMOREX-HC	2	
GENERLAC	2		HEPARIN 5,000 UNIT/ 0.5 ML	2	
GENGRAF	2		HEPARIN 5,000 UNIT/ML SYRINGE	2	
GENOTROPIN	5	PA, ST, SRX	HEPLISAV-B	3	
GENTAK	2		HETLIOZ	5	PA, SRX
GENTAMICIN 0.1% CREAM	2		HIBERIX VACCINE WITH DILUENT	3	
GENTAMICIN 0.1% OINTMENT	2		HOMATROPAIRE	2	
GENTAMICIN 0.3% EYE DROP	2		HUMALOG	3	QL
GENTAMICIN 3 MG/ML EYE DROP	2		HUMALOG JUNIOR KWIKPEN	3	QL
GENVOYA	3		HUMALOG KWIKPEN U-100	3	QL
GIANVI	1		HUMALOG KWIKPEN U-200	3	QL
GILOTRIF	5	PA, LDD, SRX	HUMALOG MIX 50-50	3	QL
GLATIRAMER	5	PA, SRX	HUMALOG MIX 50-50 KWIKPEN	3	QL
GLATOPA	5	PA, SRX	HUMALOG MIX 75-25	3	QL
GLEOSTINE	4		HUMALOG MIX 75-25 KWIKPEN	3	QL
GLIMEPIRIDE	1		HUMATROPE	5	PA, SRX
GLIPIZIDE	1		HUMIRA	5	PA, QL, SRX
GLIPIZIDE ER	1		HUMIRA PEDIATRIC CROHN'S	5	PA, QL, SRX
GLIPIZIDE XL	1		HUMIRA PEN	5	PA, QL, SRX
GLIPIZIDE-METFORMIN	2		HUMIRA PEN CROHN'S-UC-HS	5	PA, QL, SRX
GLYBURIDE	1		HUMIRA PEN PSORIASIS-UVEITIS-ADOLESCENT HS	5	PA, QL, SRX
GLYBURIDE MICRONIZED	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 PSORIASIS-UVEITIS-ADOLESCENT HS	5	PA, QL, SRX
GLYDO	2		HUMULIN 70-30	3	QL
GRANISETRON	4		HUMULIN 70/30 KWIKPEN	3	QL
GRANIX	5	SRX	HUMULIN N	3	QL
GRISEOFULVIN	2		HUMULIN N KWIKPEN	3	QL
GRISEOFULVIN ULTRAMICROSIZE	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		HYCANTIN 0.25 MG CAPSULE	5	PA, SRX
GVOKE HYOPEN 1-PACK	3	QL	HYCANTIN 1 MG CAPSULE	5	PA, SRX
GVOKE HYOPEN 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				
HALOBETASOL 0.05% CREAM	2				
HALOBETASOL 0.05% OINTMENT	2				
HALOG 0.1% OINTMENT	4				

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HYDROCODONE-HOMATROPINE	2	QL	HYOSCYAMINE SR	1	
HYDROCODONE-IBUPROFEN	2		HYOSYNE	2	
HYDROCORTISONE 1% CREAM	2		IBANDRONATE 150 MG TABLET	2	
HYDROCORTISONE 1% OINTMENT	2		IBRANCE	5	PA, LDD, SRX
HYDROCORTISONE 10 MG TABLET	2		IBU	1	
HYDROCORTISONE 100 MG/60 ML	2		IBUPROFEN 100 MG/5 ML SUSPENSION	1	
HYDROCORTISONE 2.5% CREAM	2		IBUPROFEN 400 MG TABLET	1	
HYDROCORTISONE 2.5% LOTION	2		IBUPROFEN 600 MG TABLET	1	
HYDROCORTISONE 2.5% OINTMENT	2		IBUPROFEN 800 MG TABLET	1	
HYDROCORTISONE 20 MG TABLET	2		ICATIBANT	5	PA, SRX
HYDROCORTISONE 5 MG TABLET	2		ICLUSIG	5	PA, LDD, SRX
HYDROCORTISONE AC 25 MG SUPPOSITORY	2		ILARIS	5	PA, LDD, SRX
HYDROCORTISONE AC 30 MG SUPPOSITORY	2		ILEVRO	4	
HYDROCORTISONE BUTYRATE	2		IMATINIB	4	PA
HYDROCORTISONE VALERATE	2		IMBRUVICA	5	PA, LDD, SRX
HYDROCORTISONE-ACETIC ACID	2		IMIPRAMINE	2	
HYDROCORTISONE-PRAMOXINE 1%-1% CREAM	2		IMIPRAMINE	2	
HYDROCORTISONE-PRAMOXINE 2.5-1% CREAM	2		IMIQUIMOD 5% CREAM PACKET	2	
HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM	2		INCASSIA	1	
HYDROMET	2	QL	INCONTROL ALCOHOL PADS	3	
HYDROMORPHONE 1 MG/ML SOLUTION	2		INCRELEX	5	PA, SRX
HYDROMORPHONE 2 MG TABLET	2		INCRUSE ELLIPTA	3	
HYDROMORPHONE 3 MG SUPPOSITORY	2		INDAPAMIDE	1	
HYDROMORPHONE 4 MG TABLET	2		INDOMETHACIN 25 MG CAPSULE	2	
HYDROMORPHONE 5 MG/5 ML SOLUTION	2		INDOMETHACIN 50 MG CAPSULE	2	
HYDROMORPHONE 8 MG TABLET	2		INDOMETHACIN ER	2	
HYDROMORPHONE ER	2		INFANRIX DTAP	3	
HYDROXYCHLOROQUINE	2	QL	INLYTA	5	PA, LDD, SRX
HYDROXYUREA	2		INSULIN ASPART	4	ST, QL
HYDROXYZINE	2		INSULIN ASPART FLEXPEN	4	ST, QL
HYDROXYZINE 10 MG TABLET	2		INSULIN ASPART PENFILL	4	ST, QL
HYDROXYZINE 10 MG/5 ML SOLUTION	2		INSULIN ASPART PROT-INSULIN ASP	4	ST, QL
HYDROXYZINE 10 MG/5 ML SYRUP	2		INTELENCE	3	
HYDROXYZINE 25 MG TABLET	2		INTRON A	5	PA, SRX
HYDROXYZINE 50 MG TABLET	2		INTROVALE	1	
HYOPHEN	2		IPOL	3	
HYOSCYAMINE 0.125 MG ODT	1		IPRATROPIUM 0.03% SPRAY	2	
HYOSCYAMINE 0.125 MG TABLET	1		IPRATROPIUM 0.06% SPRAY	2	
HYOSCYAMINE 0.125 MG TABLET SL	1		IPRATROPIUM BR 0.02% SOLUTION	1	
HYOSCYAMINE 0.125 MG/5 ML ELIXIR	2		IPRATROPIUM-ALBUTEROL	2	
HYOSCYAMINE 0.125 MG/ML DROP	2		IRBESARTAN	2	
HYOSCYAMINE ER	1		IRBESARTAN-HCTZ	2	
			IRESSA	5	PA, LDD, SRX
			ISENTRESS	3	
			ISENTRESS HD	3	
			ISIBLOOM	1	
			ISOCHRON	2	
			ISONIAZID 100 MG TABLET	1	
			ISONIAZID 300 MG TABLET	1	

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MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ISONIAZID 50 MG/5 ML SOLUTION	2		KETOROLAC 60 MG/2 ML VIAL	2	QL
ISOSORBIDE 10 MG TABLET	2		KINERET	5	PA, ST, QL, LDD, SRX
ISOSORBIDE 20 MG TABLET	2		KINRIX	3	
ISOSORBIDE 30 MG TABLET	2		KIONEX	2	
ISOSORBIDE 5 MG TABLET	2		KLOR-CON 10	2	
ISOSORBIDE ER 40 MG TABLET	2		KLOR-CON 8	2	
ISOSORBIDE MONONITRATE	1		KLOR-CON M10	2	
ISOSORBIDE MONONITRATE ER	1		KLOR-CON M15	4	
ISOTRETINOIN	4	QL	KLOR-CON M20	2	
ISOXSUPRINE	2		KOMBIGLYZE XR	3	QL
ISRADIPINE	2		KRISTALOSE 20 GM PACKET	4	
ITRACONAZOLE	3		KURVELO	1	
IVERMECTIN 3 MG TABLET	2		KUVAN	5	PA, LDD, SRX
JAIMIESS	1		LABETALOL 100 MG TABLET	2	
JAKAFI	5	PA, LDD, SRX	LABETALOL 200 MG TABLET	2	
JANTOVEN	1		LABETALOL 300 MG TABLET	2	
JASMIEL	1		LACRISERT	4	
JENCYCLA	1		LACTATED RINGERS IRRIGATION	2	
JINTELI	2		LACTULOSE 10 GM PACKET	4	
JOLESSA	1		LACTULOSE 10 GM/15 ML SOLUTION	2	
JULEBER	1		LACTULOSE 20 GM/30 ML SOLUTION	2	
JULUCA	4		LAMICTAL XR (BLUE)	4	
JUNEL	1		LAMICTAL XR (GREEN)	4	
JUNEL FE	1		LAMICTAL XR (ORANGE)	4	
JUNEL FE 24	1		LAMIVUDINE	2	
K-PHOS #2	4		LAMIVUDINE HBV	2	
K-PHOS ORIGINAL	4		LAMIVUDINE-ZIDOVUDINE	2	
KAITLIB FE	1		LAMOTRIGINE	2	
KALETRA 100-25 MG TABLET	3	QL	LAMOTRIGINE (BLUE)	2	
KALETRA 200-50 MG TABLET	3	QL	LAMOTRIGINE (GREEN)	2	
KALLIGA	1		LAMOTRIGINE (ORANGE)	2	
KALYDECO	5	PA, QL, LDD, SRX	LAMOTRIGINE ER	2	
KARIVA	1		LAMOTRIGINE ODT	2	
KELNOR 1-35	1		LAMOTRIGINE ODT (BLUE)	2	
KELNOR 1-50	1		LAMOTRIGINE ODT (GREEN)	2	
KETOCONAZOLE	2		LAMOTRIGINE ODT (ORANGE)	2	
KETODAN 2% FOAM	2		LANSOPRAZOLE DR 15 MG CAPSULE	2	QL
KETOPROFEN	2		LANSOPRAZOLE DR 30 MG CAPSULE	2	QL
KETOROLAC 0.4% OPHTHALMIC SOLUTION	2		LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	2	
KETOROLAC 0.5% OPHTHALMIC SOLUTION	2		LANTHANUM	4	
KETOROLAC 10 MG TABLET	2	QL	LARIN	1	
KETOROLAC 15 MG/ML SYRINGE	2	QL	LARIN 24 FE	1	
KETOROLAC 15 MG/ML VIAL	2	QL	LARIN FE	1	
KETOROLAC 30 MG/ML CARPUJECT	2	QL	LARISSIA	1	
KETOROLAC 30 MG/ML SYRINGE	2	QL	LASTACFT	4	
KETOROLAC 30 MG/ML VIAL	2	QL	LATANOPROST 0.005% EYE DROPS	2	
KETOROLAC 60 MG/2 ML CARPUJECT	2	QL	LATUDA	4	ST, QL
KETOROLAC 60 MG/2 ML SYRINGE	2	QL	LAYOLIS FE	4	
			LEDIPASVIR-SOFOSBUVIR	5	PA, SRX

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2021 Cigna Plus Kansas 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)
LEENA	1		LEVOTHYROXINE 200 MCG TABLET	1	
LEFLUNOMIDE	2		LEVOTHYROXINE 25 MCG TABLET	1	
LENVIMA	5	PA, LDD, SRX	LEVOTHYROXINE 300 MCG TABLET	1	
LESSINA	1		LEVOTHYROXINE 50 MCG TABLET	1	
LETROZOLE	2		LEVOTHYROXINE 75 MCG TABLET	1	
LEUCOVORIN 10 MG TABLET	2		LEVOTHYROXINE 88 MCG TABLET	1	
LEUCOVORIN 15 MG TABLET	2		LEVOXYL	1	
LEUCOVORIN 25 MG TABLET	2		LEVULAN	4	LDD
LEUCOVORIN 5 MG TABLET	2		LEXIVA 50 MG/ML SUSPENSION	3	
LEUKERAN	4		LIDOCAINE 2% JELLY	2	
LEUKINE	5	SRX	LIDOCAINE 2% JELLY URO-JET	2	
LEUPROLIDE 2WK 1 MG/0.2 ML KIT	4	PA	LIDOCAINE 2% JELLY UROJET AC	2	
LEUPROLIDE 2WK 14 MG/2.8 ML KIT	4	PA	LIDOCAINE 4% SOLUTION	2	
LEVALBUTEROL	2		LIDOCAINE 5% OINTMENT	2	QL
LEVALBUTEROL CONCENTRATE	2		LIDOCAINE 5% PATCH	2	
LEVALBUTEROL HFA	2	QL	LIDOCAINE VISCOUS	1	
LEVEMIR	4	ST, QL	LIDOCAINE-HC 2.8-0.55% GEL	2	
LEVEMIR FLEXTOUCH	4	ST, QL	LIDOCAINE-HC 3-0.5% CREAM	2	
LEVETIRACETAM 1,000 MG TABLET	2		LIDOCAINE-PRILOCAINE	2	
LEVETIRACETAM 100 MG/ML SOLUTION	2		LILLOW	1	
LEVETIRACETAM 250 MG TABLET	2		LINDANE	2	
LEVETIRACETAM 500 MG TABLET	2		LINEZOLID 100 MG/5 ML SUSPENSION	4	PA
LEVETIRACETAM 500 MG/5 ML SOLUTION	2		LINEZOLID 600 MG TABLET	2	PA
LEVETIRACETAM 750 MG TABLET	2		LINZESS	4	
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 150 MG CAPSULE	1	
LEVOCETIRIZINE 5 MG TABLET	2		LITHIUM 300 MG CAPSULE	1	
LEVOFLOXACIN 0.5% EYE DROPS	2		LITHIUM 300 MG TABLET	1	
LEVOFLOXACIN 25 MG/ML SOLUTION	2		LITHIUM 600 MG CAPSULE	1	
LEVOFLOXACIN 250 MG TABLET	2		LITHIUM 8 MEQ/5 ML SOLUTION	2	
LEVOFLOXACIN 500 MG TABLET	2		LITHIUM ER 300 MG TABLET	2	
LEVOFLOXACIN 750 MG TABLET	2		LITHIUM ER 450 MG TABLET	2	
LEVONEST	1		LITHOSTAT	4	
LEVONORGESTREL-ETHINYL ESTRADIOL	1		LO LOESTRIN FE	3	
LEVORA-28	1		LO-ZUMANDIMINE	1	
LEVORPHANOL	5	SRX	LOESTRIN	4	
LEVOTHYROXINE 100 MCG TABLET	1		LOESTRIN FE	4	
LEVOTHYROXINE 112 MCG TABLET	1		LOJAIMIESS	1	
LEVOTHYROXINE 125 MCG TABLET	1		LONSURF	5	PA, LDD, SRX
LEVOTHYROXINE 137 MCG TABLET	1		LOPERAMIDE 2 MG CAPSULE	2	
LEVOTHYROXINE 150 MCG TABLET	1		LOPINAVIR-RITONAVIR	2	QL
LEVOTHYROXINE 175 MCG TABLET	1		LOPREEZA	2	
			LORAZEPAM 0.5 MG TABLET	2	
			LORAZEPAM 1 MG TABLET	2	
			LORAZEPAM 2 MG TABLET	2	

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LORAZEPAM 2 MG/ML ORAL CONCENTRATE	2		MENEST	4	
LORAZEPAM INTENSOL	2		MENTAX	4	
LORCET	2		MENVEO A-C-Y-W-135-DIP	3	
LORCET HD	2		MEPERIDINE 100 MG TABLET	2	
LORTAB	2		MEPERIDINE 50 MG TABLET	2	
LORYNA	1		MEPERIDINE 50 MG/5 ML SOLUTION	2	
LOSARTAN	1		MEPROBAMATE	2	
LOSARTAN-HCTZ	1		MERCAPTOPYRINE	2	
LOSEASONIQUE	4		MESALAMINE	4	
LOTEMAX 0.5% EYE OINTMENT	4		MESALAMINE ER	3	
LOTEMAX 0.5% OPHTHALMIC GEL	4		MESNEX 400 MG TABLET	5	SRX
LOTEMAX SM	4		METADATE ER	2	QL
LOTEPREDNOL	3		METAPROTERENOL	2	
LOVASTATIN	1		METAXALONE	4	
LOW-OGESTREL	1		METFORMIN 1,000 MG TABLET	1	
LOXAPINE	2		METFORMIN 500 MG TABLET	1	
LUDEXT FLUORIDE	2		METFORMIN 850 MG TABLET	1	
LUMIGAN	4		METFORMIN ER	2	
LUTERA	1		METHADONE 10 MG TABLET	2	PA
LYNPARZA	5	PA, LDD, SRX	METHADONE 10 MG/5 ML SOLUTION	2	PA
LYSODREN	4		METHADONE 5 MG TABLET	2	PA
LYZA	1		METHADONE 5 MG/5 ML SOLUTION	2	PA
M-M-R II VACCINE	3		METHADONE INTENSOL	2	PA
M-NATAL PLUS	1		METHAMPHETAMINE	4	
MALATHION	2		METHAZOLAMIDE	2	
MAPROTIline	2		METHENAMINE HIPPURATE	2	
MARLISSA	1		METHENAMINE MANDELATE	2	
MARPLAN	4		METHERGINE	4	
MATULANE	5	LDD, SRX	METHIMAZOLE	2	
MATZIM LA	2		METHITEST	5	SRX
MECLIZINE 12.5 MG TABLET	2		METHOCARBAMOL 500 MG TABLET	2	
MECLIZINE 25 MG TABLET	2		METHOCARBAMOL 750 MG TABLET	2	
MECLOFENAMATE	2		METHOTREXATE 2.5 MG TABLET	2	
MEDROL 2 MG TABLET	4		METHOXSALEN	4	
MEDROXYPROGESTERONE	1		METHSCOPOLAMINE	2	
MEFENAMIC ACID	2		METHYLDOPA	1	
MEFLOQUINE	2	QL	METHYLDOPA-HCTZ	2	
MEGESTROL	2		METHYLERGONOVINE 0.2 MG TABLET	4	
MEKINIST	5	PA, SRX	METHYLPHENIDATE	2	
MELODETTA 24 FE	1		METHYLPHENIDATE CD	2	QL
MELOXICAM 15 MG TABLET	1		METHYLPHENIDATE ER (CD)	2	QL
MELOXICAM 7.5 MG TABLET	1		METHYLPHENIDATE ER (LA)	2	QL
MELPHALAN 2 MG TABLET	2		METHYLPHENIDATE ER 10 MG TABLET	2	QL
MEMANTINE 5-10 MG TITRATION PACK	2		METHYLPHENIDATE ER 18 MG TABLET	2	QL
MEMANTINE HCL 10 MG TABLET	2		METHYLPHENIDATE ER 20 MG TABLET	2	QL
MEMANTINE HCL 2 MG/ML SOLUTION	2		METHYLPHENIDATE ER 27 MG TABLET	2	QL
MEMANTINE HCL 5 MG TABLET	2		METHYLPHENIDATE ER 36 MG TABLET	2	QL
MENACTRA	3		METHYLPHENIDATE ER 54 MG TABLET	2	QL
			METHYLPHENIDATE LA	2	QL
			METHYLPREDNISOLONE 16 MG TABLET	2	

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METHYLPREDNISOLONE 32 MG TABLET	2		MINOCYCLINE ER 45 MG TABLET	2	
METHYLPREDNISOLONE 4 MG DOSEPACK	2		MINOCYCLINE ER 90 MG TABLET	2	
METHYLPREDNISOLONE 4 MG TABLET	2		MINOXIDIL 10 MG TABLET	2	
METHYLPREDNISOLONE 8 MG TABLET	2		MINOXIDIL 2.5 MG TABLET	2	
METHYLTESTOSTERONE	5	SRX	MIRCETTE	4	
METOCLOPRAMIDE 10 MG TABLET	1		MIRTAZAPINE	2	
METOCLOPRAMIDE 10 MG/10 ML SOLUTION	1		MISOPROSTOL	2	
METOCLOPRAMIDE 5 MG TABLET	1		MODAFINIL	4	PA
METOCLOPRAMIDE 5 MG/5 ML SOLUTION	1		MOEXIPRIL	2	
METOCLOPRAMIDE ODT	2		MOLINDONE	2	
METOLAZONE	2		MOMETASONE 0.1% CREAM	2	
METOPROLOL	2		MOMETASONE 0.1% OINTMENT	2	
METOPROLOL 100 MG TABLET	1		MOMETASONE 0.1% SOLUTION	2	
METOPROLOL 25 MG TABLET	1		MOMETASONE 50 MCG SPRAY	2	QL
METOPROLOL 37.5 MG TABLET	2		MONDOXYNE NL	2	
METOPROLOL 50 MG TABLET	1		MONO-LINYAH	1	
METOPROLOL 75 MG TABLET	2		MONTELUKAST	2	
METOPROLOL-HCTZ	2		MONUROL	4	
METRONIDAZOLE 0.75% CREAM	2		MORGIDOX 100 MG CAPSULE	2	
METRONIDAZOLE 0.75% LOTION	2		MORPHINE 10 MG SUPPOSITORY	2	
METRONIDAZOLE 250 MG TABLET	2		MORPHINE 10 MG/5 ML SOLUTION	2	
METRONIDAZOLE 375 MG CAPSULE	2		MORPHINE 100 MG/5 ML CONCENTRATE	2	
METRONIDAZOLE 500 MG TABLET	2		MORPHINE 20 MG SUPPOSITORY	2	
METRONIDAZOLE TOPICAL 0.75% GEL	2		MORPHINE 20 MG/5 ML SOLUTION	2	
METRONIDAZOLE TOPICAL 1% GEL	2		MORPHINE 30 MG SUPPOSITORY	2	
METRONIDAZOLE TOPICAL 1% GEL PUMP	2		MORPHINE 5 MG SUPPOSITORY	2	
METRONIDAZOLE VAGINAL 0.75% GEL	2		MORPHINE ER	2	
MEXILETINE	2		MORPHINE IR 15 MG TABLET	2	
MIBELAS 24 FE	1		MORPHINE IR 30 MG TABLET	2	
MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	1		MOVIPREP	4	
MICROGESTIN	1		MOXIFLOXACIN 0.5% EYE DROPS	2	
MICROGESTIN FE 1-20 TABLET	4		MOXIFLOXACIN 400 MG TABLET	2	
MICROGESTIN FE 1.5-30 TABLET	1		MULTAQ	4	
MIDAZOLAM 2 MG/ML SYRUP	2		MULTIVITAMIN WITH FLUORIDE	2	
MIDODRINE	2		MULTIVITAMIN-IRON-FLUORIDE	2	
MIGERGOT	4		MUPIROCI	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		MVW COMPLETE FORMULATION PEDIATRIC	2	
MINASTRIN 24 FE	3		MVW COMPLETE FORMULATION PROBIOTIC	2	
MINITRAN	2		MYALEPT	5	PA, SRX
MINOCYCLINE	2		MYCOPHENOLATE 200 MG/ML SUSPENSION	2	
MINOCYCLINE ER 135 MG TABLET	2		MYCOPHENOLATE 250 MG CAPSULE	2	

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2021 Cigna Plus Kansas 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)
MYCOPHENOLATE 500 MG TABLET	2		NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
MYCOPHENOLIC ACID	2		NEOMYCIN-POLYMYXIN-HYDROCORTISONE	2	
MYLERAN	4		NEUAC GEL	2	
MYNATAL	1		NEULASTA	5	PA, SRX
MYNATAL ADVANCE	1		NEUPRO	4	
MYNATAL PLUS	1		NEVANAC	4	
MYNATAL-Z	1		NEVIRAPINE	2	
MYORISAN	4	QL	NEVIRAPINE ER	2	
MYRBETRIQ	4	ST, QL	NEWGEN	1	
MYTESI	4		NEXAVAR	5	PA, SRX
NABUMETONE	2		NIACIN ER 1,000 MG TABLET	2	
NADOLOL	1		NIACIN ER 500 MG TABLET	2	
NADOLOL-BENDROFLUMETHIAZIDE	2		NIACIN ER 750 MG TABLET	2	
NAFTIFINE	2		NICARDIPINE 20 MG CAPSULE	2	
NAFTIN 2% GEL	4		NICARDIPINE 30 MG CAPSULE	2	
NALOXONE 0.4 MG/ML CARPUJECT	2		NICOTROL	4	
NALOXONE 2 MG/2 ML SYRINGE	2		NICOTROL NS	4	
NALTREXONE	2	QL	NIFEDIPINE	2	
NAPROXEN 125 MG/5 ML SUSPENSION	2		NIFEDIPINE ER	2	
NAPROXEN 250 MG TABLET	1		NIKKI	1	
NAPROXEN 275 MG TABLET	1		NILUTAMIDE	5	SRX
NAPROXEN 375 MG TABLET	1		NIMODIPINE	4	
NAPROXEN 500 MG TABLET	1		NINLARO	5	PA, LDD, SRX
NAPROXEN 550 MG TABLET	1		NISOLDIPINE	2	QL
NAPROXEN CR 375 MG TABLET	2		NITRO-BID	2	
NAPROXEN DR 375 MG TABLET	1		NITRO-DUR 0.3 MG/HR PATCH	4	
NAPROXEN DR 500 MG TABLET	1		NITRO-DUR 0.8 MG/HR PATCH	4	
NAPROXEN ER 375 MG TABLET	2		NITRO-TIME	2	
NARATRIPTAN	2	QL	NITROFURANTOIN	2	
NARCAN	3	QL	NITROFURANTOIN MONO-MACRO	2	
NATACYN	4		NITROGLYCERIN 0.3 MG TABLET SL	2	
NATAZIA	4		NITROGLYCERIN 0.4 MG TABLET SL	2	
NATEGLINIDE	2		NITROGLYCERIN 0.6 MG TABLET SL	2	
NATPARA	5	PA, LDD, SRX	NITROGLYCERIN LINGUAL 0.4 MG	2	
NATURE-THROID	1		NITROGLYCERIN PATCH	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	
NEO-POLYCIN	2		NORA-BE	1	
NEO-POLYCIN HYDROCORTISONE	2		NORDITROPIN FLEXPRO	5	PA, ST, SRX
NEOMYCIN	2		NORETHINDRON-ETHINYL ESTRADIOL 0.5-2.5	2	
NEOMYCIN-BACITRACIN-POLYMYXIN	2		NORETHINDRON-ETHINYL ESTRADIOL 1 MG-5 MCG	2	
NEOMYCIN-BACITRACIN-POLYMYXIN-HYDROCORTISONE	2		NORETHINDRON-ETHINYL ESTRADIOL 1-0.02 MG	1	
NEOMYCIN-POLYMYXIN B	2		NORETHINDRON-ETHINYL ESTRADIOL 1.5-0.03 MG(21) TABLET	1	
NEOMYCIN-POLYMYXIN-DEXAMETHASONE	2				

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NORETHINDRON-ETHINYL ESTRADIOL-FERROUS	1		OBSTETRIX ONE	1	
NORETHINDRONE 0.35 MG TABLET	1		OCELLA	1	
NORETHINDRONE 5 MG TABLET	2		OCTREOTIDE	2	PA
NORETHINDRONE-ETHINYL ESTRADIOL-FE	1		ODEFSEY	3	
NORGESTIMATE-ETHINYL ESTRADIOL	1		ODOMZO	5	PA, LDD, SRX
NORITATE	4		OFLOXACIN	2	
NORLYDA	1		OLANZAPINE 10 MG TABLET	2	
NORPACE CR	4		OLANZAPINE 15 MG TABLET	2	
NORTREL	1		OLANZAPINE 2.5 MG TABLET	2	
NORTRIPTYLINE 10 MG CAPSULE	1		OLANZAPINE 20 MG TABLET	2	
NORTRIPTYLINE 10 MG/5 ML SOLUTION	2		OLANZAPINE 5 MG TABLET	2	
NORTRIPTYLINE 25 MG CAPSULE	1		OLANZAPINE 7.5 MG TABLET	2	
NORTRIPTYLINE 50 MG CAPSULE	1		OLANZAPINE ODT	2	
NORTRIPTYLINE 75 MG CAPSULE	1		OLANZAPINE-FLUOXETINE	2	
NORVIR 100 MG POWDER PACKET	3		OLMESARTAN MEDOXOMIL	2	
NORVIR 80 MG/ML SOLUTION	3		OLMESARTAN-AMLODIPINE-HCTZ	2	
NOVOFINE 32G NEEDLES	3		OLMESARTAN-HCTZ	2	
NOVOFINE AUTOCOVER 30G NEEDLE	3		OLOPATADINE	2	
NOVOFINE PLUS PEN ND 32GX1/6"	3		OMEGA-3 ACID ETHYL ESTERS	2	
NOVOLOG	4	ST, QL	OMEPRAZOLE DR 10 MG CAPSULE	2	QL
NOVOLOG FLEXPEN	4	ST, QL	OMEPRAZOLE DR 20 MG CAPSULE	2	QL
NOVOLOG MIX 70-30	4	ST, QL	OMEPRAZOLE DR 40 MG CAPSULE	2	QL
NOVOLOG MIX 70-30 FLEXPEN	4	ST, QL	OMNITROPE	5	PA, ST, SRX
NOVOTWIST NEEDLE 32G 5MM	3		ONDANSETRON	2	
NOXAFIL 40 MG/ML SUSPENSION	4		ONDANSETRON ODT	2	
NP THYROID	1		ONETOUCH DELICA 30G LANCETS	3	
NUCYNTA	4		ONETOUCH DELICA 33G LANCETS	3	
NUCYNTA ER	4	ST	ONETOUCH DELICA LANCING DEVICE	3	
NUEDEXTA	4	PA	ONETOUCH DELICA PLUS 30G LANCETS	3	
NULEV	1		ONETOUCH DELICA PLUS 33G LANCETS	3	
NUTROPIN AQ NUSPIN	5	PA, ST, SRX	ONETOUCH DELICA PLUS LANCET DEVICE	3	
NUVARING	3		ONETOUCH SURESOFT 18G LANCET DEVICE	3	
NYAMYC	2		ONETOUCH SURESOFT 21G LANCET DEVICE	3	
NYSTATIN 100,000 UNIT/GM CREAM	1		ONETOUCH SURESOFT 28G LANCET DEVICE	3	
NYSTATIN 100,000 UNIT/GM OINTMENT	1		ONETOUCH ULTRA BLUE TEST STRIP	3	
NYSTATIN 100,000 UNIT/GM POWDER	2		ONETOUCH ULTRA2	1	
NYSTATIN 100,000 UNIT/ML SUSPENSION	2		ONETOUCH ULTRAMINI	1	
NYSTATIN 500,000 UNIT ORAL TABLET	2		ONETOUCH ULTRASOFT LANCETS	3	
NYSTATIN 500,000 UNIT/5 ML SUSPENSION	2		ONETOUCH VERIO FLEX METER	1	
NYSTATIN-TRIAMCINOLONE	1		ONETOUCH VERIO FLEX STARTER KIT	1	
NYSTOP	2		ONETOUCH VERIO IQ METER	1	
O-CAL PRENATAL	4		ONETOUCH VERIO IQ SYSTEM KIT	1	
OBSTETRIX DHA	1		ONETOUCH VERIO METER	1	
			ONETOUCH VERIO REFLECT METER	1	
			ONETOUCH VERIO TEST STRIP	3	

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2021 Cigna Plus Kansas 5-Tier Prescription Drug List

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ONGLYZA	3	QL	PANCREAZE	4	
OPCICON ONE-STEP	1		PANRETIN	5	SRX
OPIUM TINCTURE	2		PANTOPRAZOLE DR 20 MG TABLET	2	QL
OPSUMIT	5	PA, LDD, SRX	PANTOPRAZOLE DR 40 MG TABLET	2	QL
ORACIT	4		PARICALCITOL 1 MCG CAPSULE	2	
ORALONE	2		PARICALCITOL 2 MCG CAPSULE	2	
ORENITRAM ER	5	PA, LDD, SRX	PARICALCITOL 4 MCG CAPSULE	2	
ORKAMBI 100 MG-125 MG TABLET	5	PA, QL, LDD, SRX	PAROEX	2	
ORKAMBI 100-125 MG GRANULE PACKET	5	PA, QL, LDD, SRX	PAROMOMYCIN	2	
ORKAMBI 150-188 MG GRANULE PACKET	5	PA, QL, LDD, SRX	PAROXETINE	1	QL
ORKAMBI 200 MG-125 MG TABLET	5	PA, QL, LDD, SRX	PAROXETINE CR	2	QL
ORPHENADRINE ER	2		PAROXETINE ER	2	QL
ORPHENGESIC FORTE	2		PASER	4	
ORSYTHIA	1		PEDIARIX	3	
OSCIMIN 0.125 MG TABLET	2		PEDVAXHIB	3	
OSCIMIN SL	1		PEG 3350-ELECTROLYTE	2	
OSCIMIN SR	2		PEG-3350 AND ELECTROLYTES	2	
OSELTAMIVIR	2	QL	PEG-PREP	2	
OSMOPREP	4		PEGANONE	4	
OTEZLA	5	PA, ST, QL, SRX	PEGASYS	5	PA, SRX
OTOVEL	4		PEGINTRON	5	PA, SRX
OXANDROLONE	4	PA	PENICILLAMINE	4	PA
OXAPROZIN	2		PENICILLIN V	1	
OXAZEPAM	2		PENTACEL	3	
OXCARBAZEPINE	2		PENTACEL ACTHIB COMPONENT VIAL	3	
OXICONAZOLE	2		PENTACEL DTAP-IPV COMPONENT VL	3	
OXISTAT 1% LOTION	4		PENTAMIDINE 300 MG INHALATION POWDER	3	
OXYBUTYNIN 5 MG TABLET	1		PENTASA	4	
OXYBUTYNIN 5 MG/5 ML SYRUP	2		PENTAZOCINE-NALOXONE	2	
OXYBUTYNIN ER	2		PENTOXIFYLLINE	2	
OXYCODONE	2		PERFOROMIST	4	QL
OXYCODONE-ASPIRIN	2		PERINDOPRIL	2	
OXYCODONE-ACETAMINOPHEN 10-325	2		PERIOGARD 0.12% ORAL RINSE	2	
OXYCODONE-ACETAMINOPHEN 2.5-325	2		PERMETHRIN	2	
OXYCODONE-ACETAMINOPHEN 5-325	2		PERPHENAZINE	2	
OXYCODONE-ACETAMINOPHEN 7.5-325	2		PERPHENAZINE-AMITRIPTYLINE	2	
OXYMORPHONE	2		PERTZYE	4	
OXYMORPHONE ER 10 MG TABLET	2		PEXEVA	4	ST, QL
OXYMORPHONE ER 15 MG TABLET	2		PHENAZOPYRIDINE	1	
OXYMORPHONE ER 20 MG TABLET	2		PHENELZINE	2	
OXYMORPHONE ER 30 MG TABLET	2		PHENOBARBITAL 100 MG TABLET	2	
OXYMORPHONE ER 40 MG TABLET	2		PHENOBARBITAL 15 MG TABLET	2	
OXYMORPHONE ER 5 MG TABLET	2		PHENOBARBITAL 16.2 MG TABLET	2	
OXYMORPHONE ER 7.5 MG TABLET	2		PHENOBARBITAL 20 MG/5 ML ELIXIR	2	
PACERONE 200 MG TABLET	2		PHENOBARBITAL 20 MG/5 ML SOLUTION	2	
PALIPERIDONE ER	2		PHENOBARBITAL 30 MG TABLET	2	
			PHENOBARBITAL 32.4 MG TABLET	2	
			PHENOBARBITAL 60 MG TABLET	2	

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2021 Cigna Plus Kansas 5-Tier Prescription Drug List

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PHENOBARBITAL 64.8 MG TABLET	2		POTASSIUM CHLORIDE 20% (40 MEQ/15ML)	2	
PHENOBARBITAL 97.2 MG TABLET	2		POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	2	
PHENOXYBENZAMINE	5	SRX	POTASSIUM CHLORIDE ER 10 MEQ TABLET	2	
PHENYLEPHRINE 10% EYE DROPS	2		POTASSIUM CHLORIDE ER 20 MEQ TABLET	2	
PHENYLEPHRINE 2.5% EYE DROP	2		POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	2	
PHENYTOIN 100 MG/4 ML SUSPENSION	2		POTASSIUM CHLORIDE ER 8 MEQ TABLET	2	
PHENYTOIN 125 MG/5 ML SUSPENSION	2		POTASSIUM ER	2	
PHENYTOIN 50 MG CHEWABLE TABLET	2		PR NATAL 400	1	
PHENYTOIN 50 MG INFATAB	2		PR NATAL 400 EC	1	
PHENYTOIN EXTENDED	2		PR NATAL 430	1	
PHILITH	1		PR NATAL 430 EC	1	
PHOSLYRA	4		PRADAXA	4	ST, QL
PHOSPHASAL	2		PRAMIPEXOLE	2	
PHOSPHOLINE IODIDE	4		PRAMIPEXOLE ER	2	
PHYSIOSOL	4		PRAMOSONE 1% LOTION	4	
PHYTONADIONE 5 MG TABLET	4		PRAMOSONE 1%-1% CREAM	4	
PICATO	4		PRAMOSONE 1%-1% OINTMENT	4	
PILOCARPINE	2		PRAMOSONE 2.5%-1% LOTION	4	
PIMECROLIMUS	4		PRAMOSONE 2.5%-1% OINTMENT	4	
PIMOZIDE	2		PRASUGREL	2	
PIMTREA	1		PRAVASTATIN	1	
PINDOLOL	2		PRAZICUANTEL	2	
PIOGLITAZONE	2		PRAZOSIN	2	
PIOGLITAZONE-GLIMEPIRIDE	2		PRED-G	4	
PIOGLITAZONE-METFORMIN	2		PREDNICARBATE	2	
PIRMELLA	1		PREDNISOLONE	2	
PIROXICAM	2		PREDNISOLONE 1% EYE DROP	2	
PLAN B ONE-STEP	4		PREDNISOLONE 15 MG/5 ML SOLUTION	2	
PNEUMOVAX 23	3		PREDNISOLONE 25 MG/5 ML SOLUTION	2	
PNV 29-1	1		PREDNISOLONE 5 MG/5 ML SOLUTION	2	
PNV-DHA	1		PREDNISOLONE ODT	2	
PNV-DHA + DOCUSATE	1		PREDNISON	2	
PNV-FERROUS -DOCUSATE-FA	1		PREDNISON INTENSOL	2	
PNV-OMEGA	1		PREFEST	2	
PNV-SELECT	1		PREGABALIN	2	QL
PODOFILOX	2		PREMARIN 0.3 MG TABLET	4	
POLYCIN	2		PREMARIN 0.45 MG TABLET	4	
POLYMYXIN B -TRIMETHOPRIM	2		PREMARIN 0.625 MG TABLET	4	
POMALYST	5	PA, LDD, SRX	PREMARIN 0.9 MG TABLET	4	
PORTIA	1		PREMARIN 1.25 MG TABLET	4	
POSACONAZOLE	4		PRENAT TRUE	1	
POTASSIUM CHLORIDE 10% (20 MEQ/15ML)	2		PRENAISSANCE	1	
POTASSIUM CHLORIDE 10% (40 MEQ/30ML)	2				
POTASSIUM CHLORIDE 20 MEQ PACKET	2				

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PRENAISSANCE PLUS	1		PROMETHEGAN	2	
PRENATAL 19	1		PROPAFENONE	2	
PRENATAL LOW IRON	1		PROPAFENONE ER	2	
PRENATAL PLUS	1		PROPANTHELINE	2	
PRENATAL PLUS-DHA COMBO PACK	1		PROPARACAINE	2	
PRENATAL VITAMIN PLUS LOW IRON	1		PROPRANOLOL 10 MG TABLET	2	
PRENATAL-U	1		PROPRANOLOL 20 MG TABLET	2	
PREPLUS	1		PROPRANOLOL 20 MG/5 ML SOLUTION	2	
PRETAB	1		PROPRANOLOL 40 MG TABLET	2	
PREVALITE	2		PROPRANOLOL 40 MG/5 ML SOLUTION	2	
PREVIFEM	1		PROPRANOLOL 60 MG TABLET	2	
PREVNAR 13	3		PROPRANOLOL 80 MG TABLET	2	
PREZCOBIX	3		PROPRANOLOL ER	2	
PREZISTA	3		PROPRANOLOL-HCTZ	2	
PRIFTIN	4		PROPYLTHIOURACIL	2	
PRIMAQUINE	2		PROQUAD	3	
PRIMIDONE	2		PROTRIPTYLINE	2	
PRIMSOL	4		PSORCON	4	
PRO COMFORT ALCOHOL PADS	3		PULMOSAL	2	
PROBENECID	2		PULMOZYME	5	PA, SRX
PROBENECID-COLCHICINE	2		PURE COMFORT ALCOHOL PAD	3	
PROCENTRA	2		PURIXAN 20 MG/ML ORAL SUSPENSION	5	PA, SRX
PROCHLORPERAZINE 10 MG TABLET	2		PYRAZINAMIDE	2	
PROCHLORPERAZINE 25 MG SUPPOSITORY	2		PYRIDOSTIGMINE 60 MG TABLET	4	
PROCHLORPERAZINE 5 MG TABLET	2		PYRIDOSTIGMINE 60 MG/5 ML SOLUTION	5	PA, SRX
PROCTO-MED HC	2		PYRIDOSTIGMINE ER	4	
PROCTO-PAK	2		PYRIMETHAMINE	4	PA
PROCTOSOL-HC	2		QUADRACEL DTAP-IPV	3	
PROCTOZONE-HC	2		QUARTETTE	4	
PROGESTERONE 100 MG CAPSULE	2		QUAZEPAM	2	
PROGESTERONE 200 MG CAPSULE	2		QUETIAPINE	2	
PROGLYCEM	4		QUETIAPINE ER	2	
PROGRAF GRANULE PACKET	4		QUINAPRIL	2	
PROMACTA	5	PA, SRX	QUINAPRIL-HCTZ	2	
PROMETHAZINE 12.5 MG SUPPOSITORY	2		QUINIDINE	2	
PROMETHAZINE 12.5 MG TABLET	2		QUINIDINE ER 324 MG TABLET	2	
PROMETHAZINE 25 MG SUPPOSITORY	2		QUININE	2	
PROMETHAZINE 25 MG TABLET	2		QUTENZA	4	
PROMETHAZINE 50 MG TABLET	2		R-NATAL OB	1	
PROMETHAZINE 6.25 MG/5 ML SOLUTION	2		RABEPRAZOLE DR 20 MG TABLET	2	QL
PROMETHAZINE 6.25 MG/5 ML SYRUP	2		RALOXIFENE	2	
PROMETHAZINE-CODEINE	2	QL	RAMELTEON	3	QL
PROMETHAZINE-DM	2		RAMIPRIL	2	
PROMETHAZINE-PHENYLEPHRINE	2		RANOLAZINE ER	4	QL
PROMETHAZINE-PHENYLEPHRINE-CODEINE	2	QL	RASAGILINE	2	
			RECLIPSEN	1	

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RECOMBIVAX HB	3		SEASONIQUE	4	
RECTIV	4		SECONAL	4	
REGRANEX	4	PA, QL	SELEGILINE	2	
RELENZA	4	QL	SELENIUM 2.25% SHAMPOO	2	
RELISTOR	4	PA	SELENIUM 2.5% LOTION	2	
RENACIDIN	4		SEREVENT DISKUS	3	
REPAGLINIDE	2		SEROSTIM 4 MG VIAL	5	PA, LDD, SRX
REPATHA PUSHTRONEX	5	PA, ST, SRX	SEROSTIM 5 MG VIAL	5	PA, ST, LDD, SRX
REPATHA SURECLICK	5	PA, ST, SRX	SEROSTIM 6 MG VIAL	5	PA, ST, LDD, SRX
REPATHA SYRINGE	5	PA, ST, SRX	SERTRALINE 100 MG TABLET	1	QL
RESPA A.R.	4		SERTRALINE 20 MG/ML ORAL CONCENTRATE	2	QL
REVLIMID	5	PA, LDD, SRX	SERTRALINE 25 MG TABLET	1	QL
REYATAZ 50 MG POWDER PACKET	3		SERTRALINE 50 MG TABLET	1	QL
RIBAVIRIN 200 MG CAPSULE	4		SETLAKIN	1	
RIBAVIRIN 200 MG TABLET	4		SEVELAMER	4	
RIDAURA	4		SEVELAMER CARBONATE	4	
RIFABUTIN	2		SF	2	
RIFAMPIN 150 MG CAPSULE	2		SF 5000 PLUS	2	
RIFAMPIN 300 MG CAPSULE	2		SHAROBEL	1	
RILUZOLE	4		SHINGRIX	3	
RIMANTADINE	2		SIGNIFOR	5	PA, SRX
RINVOQ	5	PA, QL, SRX	SILDENAFIL 20 MG TABLET	4	PA
RISEDRONATE	2		SILENOR	4	ST, QL
RISEDRONATE DR	2		SILODOSIN	2	QL
RISPERIDONE	2		SILVER NITRATE	2	
RISPERIDONE ODT	2		SILVER SULFADIAZINE	2	
RITONAVIR	2		SIMBRINZA	3	
RIVASTIGMINE	2		SIMLIYA	1	
RIVELSA	1		SIMPESSE	1	
RIZATRIPTAN	2	QL	SIMVASTATIN 10 MG TABLET	1	
ROPINIROLE	2		SIMVASTATIN 20 MG TABLET	1	
ROPINIROLE ER	2		SIMVASTATIN 40 MG TABLET	1	
ROSADAN 0.75% CREAM	2		SIMVASTATIN 5 MG TABLET	1	
ROSADAN 0.75% GEL	2		SIMVASTATIN 80 MG TABLET	1	QL
ROSUVASTATIN	2		SIROLIMUS 0.5 MG TABLET	2	
ROTARIX	3		SIROLIMUS 1 MG TABLET	2	
ROTATEQ	3		SIROLIMUS 1 MG/ML SOLUTION	5	SRX
ROWEEPRA	2		SIROLIMUS 2 MG TABLET	2	
ROWEEPRA XR	2		SIRTURO	4	PA
ROZEREM	4	ST, QL	SKLICE	4	
SAFYRAL	4		SKYRIZI (2 SYRINGES) KIT	5	PA, QL, SRX
SAIZEN	5	PA, ST, SRX	SLYND	4	
SAIZEN-SAIZENPREP	5	PA, ST, SRX	SODIUM CHLORIDE 0.9% INHALATION VIAL	2	
SALICYLIC ACID 27.5% LIQUID	2		SODIUM CHLORIDE 0.9% IRRIGATION	2	
SALSALATE	2		SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	2	
SANTYL	4	QL	SODIUM CHLORIDE 10% VIAL	2	
SAVAYSA	4	ST, QL	SODIUM CHLORIDE 3% VIAL	2	
SAVELLA	4				
SCOPOLAMINE	2				
SE-NATAL 19	1				

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2021 Cigna Plus Kansas 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)
SODIUM CHLORIDE 7% VIAL	2		SULFAMYLLON 8.5% CREAM	4	
SODIUM FLUORIDE	2		SULFASALAZINE	2	
SODIUM FLUORIDE 5000 PLUS	2		SULFASALAZINE DR	2	
SODIUM FLUORIDE SENSITIVE	2		SUMATRIPTAN	2	QL
SODIUM PHENYLBUTYRATE	5	SRX	SUPRAX 400 MG TABLET	4	
SODIUM POLYSTYRENE 15 G/60 ML	2		SUPRAX 500 MG/5 ML SUSPENSION	4	
SODIUM POLYSTYRENE POWDER	2		SUPRAX CHEWABLE TABLET	4	
SOFOSBUVIR-VELPATASVIR	5	PA, SRX	SUPREP	4	
SOLIFENACIN	3	QL	SUTENT	5	PA, LDD, SRX
SOLTAMOX	4		SYEDA	1	
SOMAVERT	5	PA, LDD, SRX	SYLATRON	5	PA, LDD, SRX
SOTALOL	1		SYMAX-SL	1	
SOTALOL AF	1		SYMAX-SR	2	
SOTYLIZE	4	PA	SYMLINPEN 120	4	QL
SOVALDI 150 MG PELLETT PACKET	5	PA, QL, SRX	SYMLINPEN 60	4	QL
SOVALDI 200 MG PELLETT PACKET	5	PA, QL, SRX	SYMTOZA	3	
SOVALDI 200 MG TABLET	5	PA, SRX	SYNAREL	5	SRX
SOVALDI 400 MG TABLET	5	PA, SRX	SYNERA	4	
SPINOSAD	2		SYNTHROID	4	
SPIRONOLACTONE	2		TABLETLOID	4	
SPIRONOLACTONE-HCTZ	2		TACROLIMUS CAPSULE	2	
SPRINTEC	1		TACROLIMUS OINTMENT	2	
SPRIX	4	QL	TADALAFIL 10 MG TABLET	2	PA, QL
SPRYCEL	5	PA, SRX	TADALAFIL 2.5 MG TABLET	2	PA, QL
SPS 15 GM/60 ML SUSPENSION	2		TADALAFIL 20 MG TABLET	5	PA, SRX
SPS 30 GM/120 ML ENEMA	2		TADALAFIL 5 MG TABLET	2	PA, QL
SRONYX	1		TAFINLAR	5	PA, LDD, SRX
SSKI	4		TAGRISSO	5	PA, SRX
STAVUDINE	2		TAKE ACTION	4	
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX	TAMOSIN	2	
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX	TAMOXIFEN	2	
STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX	TARGRETIN 1% GEL	5	SRX
STERILE WATER FOR IRRIGATION	2		TARINA 24 FE	1	
STIMATE	5	PA, SRX	TARINA FE	1	
STIVARGA	5	PA, LDD, SRX	TARINA FE 1-20 EQ	1	
STRIBILD	3		TARON-C DHA	1	
SUBVENITE	2		TARON-PREX PRENATAL	1	
SUBVENITE (BLUE)	2		TASIGNA	5	PA, SRX
SUBVENITE (GREEN)	2		TAYTULLA	3	
SUBVENITE (ORANGE)	2		TAZAROTENE	2	
SUCRAID	5	LDD, SRX	TAZORAC 0.05% CREAM	4	
SUCRALFATE 1 GM TABLET	2		TAZORAC 0.05% GEL	4	
SULFACETAMIDE	2		TAZORAC 0.1% GEL	4	
SULFADIAZINE	2		TAZTIA XT	2	
SULFAMETHOXAZOLE-TRIMETHOPRIM DS TABLET	2		TDVAX VIAL	3	
SULFAMETHOXAZOLE-TRIMETHOPRIM SS TABLET	2		TECFIDERA	5	PA, LDD, SRX
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	2		TELMISARTAN	2	
			TELMISARTAN-AMLODIPINE	2	
			TELMISARTAN-HCTZ	2	
			TEMAZEPAM	2	

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2021 Cigna Plus Kansas 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)
TEMOZOLOMIDE	4	PA	TIMOLOL 0.25% GEL-SOLUTION	2	
TENCON	2		TIMOLOL 0.25% GFS GEL-SOLUTION	2	
TENIVAC	3		TIMOLOL 0.5% EYE DROPS	2	
TENOFOVIR	2		TIMOLOL 0.5% GEL-SOLUTION	2	
TERAZOSIN	1		TIMOLOL 0.5% GFS GEL-SOLUTION	2	
TERBINAFINE HCL 250 MG TABLET	1		TIMOLOL 10 MG TABLET	2	
TERBUTALINE 2.5 MG TABLET	2		TIMOLOL 20 MG TABLET	2	
TERBUTALINE 5 MG TABLET	2		TIMOLOL 5 MG TABLET	2	
TERCONAZOLE	2		TINIDAZOLE	2	
TERIPARATIDE	5	PA, QL, SRX	TIS-U-SOL PENTALYTE	4	
TESTOSTERON CYPIONATE 1,000 MG/10 ML	2		TIVICAY	3	
TESTOSTERON CYPIONATE 2,000 MG/10 ML	2		TIVICAY PD	3	
TESTOSTERONE 1,000 MG/5 ML	2		TIZANIDINE	2	
TESTOSTERONE 1.62% (2.5 G) PACKET	2	QL	TOBRADEX EYE OINTMENT	4	
TESTOSTERONE 1.62% GEL PUMP	2	QL	TOBRADEX ST	4	
TESTOSTERONE 1.62%(1.25 G) PACKET	2	QL	TOBRAMYCIN 0.3% EYE DROP	2	
TESTOSTERONE 10 MG GEL PUMP	2	QL	TOBRAMYCIN 300 MG/5 ML AMPULE	2	PA, QL
TESTOSTERONE 100 MG/ML	2		TOBRAMYCIN PAK 300 MG/5 ML	2	PA, QL
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL	TOBRAMYCIN-DEXAMETHASONE	2	
TESTOSTERONE 200 MG/ML	2		TOBREX 0.3% EYE OINTMENT	4	
TESTOSTERONE 25 MG/2.5 GM PACKET	2	QL	TOLCAPONE	5	SRX
TESTOSTERONE 50 MG/5 GRAM GEL	2	QL	TOLMETIN	2	
TESTOSTERONE 50 MG/5 GRAM PACKET	2	QL	TOLTERODINE	2	
TESTOSTERONE 500 MG/2.5 ML	2		TOLTERODINE ER	2	
TESTOSTERONE 500 MG/5 ML	2		TOLVAPTAN	5	SRX
TESTOSTERONE 6,000 MG/30ML	2		TOPIRAMATE	2	
TESTOSTERONE ENANTHATE	2		TOPIRAMATE ER	2	
TETRABENAZINE	5	PA, SRX	TOREMIFENE	4	
TETRACAINE 0.5% EYE DROP	2		TORSEMIDE	2	
TETRACAINE 0.5% STERI-UNIT SOLUTION	2		TOVET EMOLLIENT	2	
TETRACYCLINE	1		TOVIAZ	4	ST, QL
TEXACORT	4		TRACLEER 32 MG TABLET FOR SUSPENSION	5	PA, LDD, SRX
THALOMID	5	PA, LDD, SRX	TRAMADOL -ACETAMINOPHEN	2	QL
THEOPHYLLINE	2		TRAMADOL 50 MG TABLET	2	QL
THEOPHYLLINE ANHYDROUS	2		TRAMADOL ER 100 MG TABLET	2	QL
THIOLA 100 MG TABLET	4	LDD	TRAMADOL ER 150 MG CAPSULE	2	QL
THIORIDAZINE	2		TRAMADOL ER 200 MG TABLET	2	QL
THIOTHIXENE	2		TRAMADOL ER 300 MG TABLET	2	QL
THRIVITE 19	1		TRANDOLAPRIL	2	
THYROID	1		TRANDOLAPRIL-VERAPAMIL ER	2	
TIADYL ER	2		TRANEXAMIC ACID 650 MG TABLET	2	
TIAGABINE	2		TRANLYCYPROMINE	2	
TILIA FE	1		TRAVATAN Z	3	
TIMOLOL 0.25% EYE DROP	2		TRAVOPROST	2	
			TRAZODONE	1	
			TRECTOR	4	
			TRETINOIN 0.01% GEL	2	AGE
			TRETINOIN 0.025% CREAM	2	AGE
			TRETINOIN 0.025% GEL	2	AGE

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2021 Cigna Plus Kansas 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)
TRETINOIN 0.05% CREAM	2	AGE	TROSPIMUM CHLORIDE 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	
TRI-ESTARYLLA	1		TRUVADA 167 MG-250 MG TABLET	3	
TRI-LEGEST FE	1		TULANA	1	
TRI-LINYAH	1		TWINRIX	3	
TRI-LO-ESTARYLLA	1		TYBOST	3	
TRI-LO-MARZIA	1		TYDEMY	1	
TRI-LO-MILI	1		TYVASO	5	PA, LDD, SRX
TRI-LO-SPRINTEC	1		TYVASO INSTITUTIONAL STARTER KIT	5	PA, LDD, SRX
TRI-MILI	1		TYVASO REFILL KIT	5	PA, LDD, SRX
TRI-PREVIFEM	1		TYVASO STARTER KIT	5	PA, LDD, SRX
TRI-SPRINTEC	1		UDENYCA	5	PA, SRX
TRI-VITE WITH FLUORIDE	2		UNITHROID	1	
TRI-VYLIBRA	1		URIN D.S.	2	
TRI-VYLIBRA LO	1		UROQID-ACID NO.2	4	
TRIAMCINOLONE 0.025% CREAM	2		URSODIOL	2	
TRIAMCINOLONE 0.025% LOTION	2		USTELL	2	
TRIAMCINOLONE 0.025% OINTMENT	2		UTIRA-C	2	
TRIAMCINOLONE 0.1% CREAM	2		VALACYCLOVIR	2	
TRIAMCINOLONE 0.1% LOTION	2		VALCHLOR	5	LDD, SRX
TRIAMCINOLONE 0.1% OINTMENT	2		VALGANCICLOVIR	2	
TRIAMCINOLONE 0.1% PASTE	2		VALPROIC ACID	2	
TRIAMCINOLONE 0.147 MG/G SPRAY	2		VALSARTAN	2	
TRIAMCINOLONE 0.5% CREAM	2		VALSARTAN-HCTZ	2	
TRIAMCINOLONE 0.5% OINTMENT	2		VANADOM	2	
TRIAMTERENE	4		VANCOMYCIN	4	
TRIAMTERENE-HYDROCHLOROTHIAZIDE	2		VANDAZOLE	2	
TRIAZOLAM	2		VAQTA	3	
TRIDERM	2		VARIVAX VACCINE	3	
TRIENTINE	4	PA	VARUBI 90 MG TABLET	5	PA, QL, SRX
TRIFLUOPERAZINE	2		VASCEPA	4	PA
TRIFLURIDINE	2		VELIVET	1	
TRIHENXYPHENIDYL	2		VEMLIDY	5	PA, SRX
TRIKAFTA	5	PA, QL, SRX	VENCLEXTA	5	PA, SRX
TRILYTE WITH FLAVOR PACKETS	2		VENCLEXTA STARTING PACK	5	PA, SRX
TRIMETHOBENZAMIDE	2		VENLAFAXINE	2	QL
TRIMETHOPRIM	2		VENLAFAXINE ER	2	QL
TRIMIPRAMINE	2		VENTAVIS	5	PA, SRX
TRINATAL RX 1	1		VENTOLIN HFA	3	QL
TRINTELLIX	4	ST, QL	VERAPAMIL 120 MG TABLET	2	
TRIUMEQ	3		VERAPAMIL 360 MG CAPSULE PELLETT	2	
TRIVEEN-DUO DHA	1		VERAPAMIL 40 MG TABLET	2	
TRIVORA-28	1		VERAPAMIL 80 MG TABLET	2	
TROPICAMIDE	2		VERAPAMIL ER	2	
TROSPIMUM CHLORIDE	2		VERAPAMIL ER PM	2	
			VERAPAMIL SR	2	

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2021 Cigna Plus Kansas 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)
VEREGEN	4		XELJANZ XR	5	PA, ST, QL, SRX
VIENVA	1		XIFAXAN 200 MG TABLET	4	
VIGABATRIN	5	QL, SRX	XIFAXAN 550 MG TABLET	4	QL
VIGADRONE	5	QL, SRX	XIGDUO XR	3	QL
VIIBRYD	4	ST, QL	XOLAIR	5	PA, LDD, SRX
VIMPAT 10 MG/ML SOLUTION	4	QL	XTAMPZA ER	3	
VIMPAT 100 MG TABLET	4	QL	XTANDI	5	PA, ST, LDD, SRX
VIMPAT 150 MG TABLET	4	QL	XULANE	1	
VIMPAT 200 MG TABLET	4	QL	XURIDEN	5	PA, SRX
VIMPAT 50 MG TABLET	4	QL	XYREM	5	PA, LDD, SRX
VINATE II	1		YASMIN 28	4	
VINATE ONE	1		YAZ	4	
VIOKACE	4		YUVAFEM	2	QL
VIORELE	1		ZAFIRLUKAST	2	
VIREAD 150 MG TABLET	3		ZALEPLON	2	
VIREAD 200 MG TABLET	3		ZARAH	1	
VIREAD 250 MG TABLET	3		ZARXIO	5	SRX
VIREAD POWDER	3		ZATEAN-PN DHA	1	
VIRT-C DHA	1		ZATEAN-PN PLUS	1	
VISTOGARD	5	LDD, SRX	ZELBORAF	5	PA, LDD, SRX
VIT A,C,D-FLUORIDE 0.25 MG/ML	2		ZENATANE	4	QL
VITAFOL-OB	1		ZENPEP	3	
VITAMIN D2 1.25MG(50,000 UNIT)	2		ZETONNA	4	ST
VOL-TABLET RX	1		ZIDOVUDINE	2	
VOLNEA	1		ZILEUTON ER	5	SRX
VORICONAZOLE 200 MG TABLET	2	PA	ZIOPTAN	4	QL
VORICONAZOLE 40 MG/ML SUSPENSION	2	PA	ZIPRASIDONE	2	
VORICONAZOLE 50 MG TABLET	2	PA	ZIRGAN	4	
VOTRIENT	5	PA, SRX	ZOLADEX	5	PA, SRX
VRAYLAR	4	ST, QL	ZOLINZA	5	PA, SRX
VYFEMLA	1		ZOLMITRIPTAN	2	QL
VYLIBRA	1		ZOLMITRIPTAN ODT	2	QL
WARFARIN	1		ZOLPIDEM	2	
WEBCOL	3		ZOLPIDEM ER	2	
WERA	1		ZONISAMIDE	2	
WESTHROID	1		ZOSTAVAX	3	
WIXELA INHUB	2		ZOVIA 1-35E	1	
WP THYROID	1		ZUMANDIMINE	1	
WYMZYA FE	1		ZUPLENZ	4	QL
XALKORI	5	PA, LDD, SRX	ZYDELIG	5	PA, SRX
XARELTO	3	QL	ZYKADIA	5	PA, SRX
XELJANZ	5	PA, ST, QL, 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

KS Excluded Services

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

1. Services **not specifically listed as Covered Services** in this Policy.
2. Services or supplies that are **not Medically Necessary**.
3. Any drug, device or medical treatment or procedure and related services that are, as of the date of service, **Experimental, Investigational, or Unproven** as defined in the Definitions section. This exclusion does not apply to routine patient care services (as defined in Kansas Administrative Regulation 40-4-43) provided in an approved cancer clinical trial for which benefits would otherwise be available for the same services when not provided in connection with such clinical trial.
4. 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.
5. Services for injuries or diseases related to your employment to the extent you are covered or are required to be covered by a **workers' compensation law**. If you enter into a settlement giving up your right to recover past or future medical benefits under a workers' compensation law, Cigna will not pay past or future medical benefits that are the subject of or related to that settlement. In addition, if you are covered by a workers' compensation program which limits benefits when other than specified providers are used and you receive services from a non-specified provider not specified by the program, Cigna will not pay balances of charges from such non-specified providers after your benefits under the program are exhausted.
6. 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.
7. 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.
8. Any services required by state or federal law to be supplied by a public school system or school district.
9. 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.
10. **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.
11. **Court-ordered treatment or hospitalization**, unless such treatment is prescribed by a Physician and listed as covered in this Policy.
12. Professional **services or supplies received or purchased directly or on your behalf by anyone, including a Physician, from** any of the following:
 - a. Yourself or your employer;
 - b. A person who lives in the Insured Person's home, or that person's employer;
 - c. A person who is related to the Insured Person by blood, marriage or adoption, or that person's employer; or
 - d. 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.
13. **Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.**
14. 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 are not Covered Services.
15. **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.

16. 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.
17. Services not prescribed by a doctor or continued after a doctor has advised that further care is not necessary.
18. **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.
19. **Orthodontic Services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
20. **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.
21. 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.
22. **Hearing aids** except for surgical procedures for the implantation of Bone Anchored Hearing Aids (BAHAs). For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
23. **Routine hearing tests** except as provided under Preventive Care.
24. **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.
25. **Refractive procedures** including radial keratotomies, corneal relaxation, keratophakia, keratomileusis or any other procedure used to reshape the corneal curvature except for Medically Necessary procedures associated with severe anisometropia.
26. **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.
27. **Abortion** unless a Physician certifies in writing that the pregnancy would endanger the life of the mother.
28. **Aids or devices that assist with nonverbal communication or enhance or enable communication**, except for an electrolarynx, 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.
29. **Non-Medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, autogenic biofeedback services and materials except for urinary incontinence in adults 18 years and older, 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 otherwise stated in this Policy.
30. 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.
31. 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.
32. Any treatment, prescription drug, service or supply **to treat sexual dysfunction**, enhance sexual performance or increase sexual desire.
33. 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, pre-implantations genetic screening, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this Policy.
34. **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
35. 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.

36. Blood administration **for the purpose of general improvement in physical condition.**
37. **Orthopedic shoes** (except when joined to braces), shoe inserts, foot orthotic devices.
38. **External and internal power enhancements** or power controls for prosthetic limbs and terminal devices.
39. **Myoelectric prostheses** peripheral nerve stimulators.
40. **Electronic prosthetic limbs or appliances** unless Medically Necessary, when a less-costly alternative is not sufficient.
41. **Prefabricated foot Orthoses.**
42. **Cranial banding/cranial orthoses/other similar devices**, except when used postoperatively for synostotic plagiocephaly.
43. **Orthosis shoes**, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
44. Orthoses primarily used for cosmetic rather than functional reasons.
45. **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.
46. 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, except for those services covered as preventive health benefits. 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.
47. **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 Policy.
48. Treatment that will not result in a favorable modification or prevent deterioration.
49. **Educational services** except for Diabetic Self-Management Training Programs, treatment for Autism, or as specifically provided or arranged by Cigna.
50. **Nutritional counseling or food supplements**, except as stated in this Policy.
51. **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.
52. **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.
53. **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 60 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.
54. Services associated with any **mass screening** type of physical or health examination except for pap smears and mammograms performed at a mobile facility certified by the Centers for Medicare and Medicaid Services. Two examples of mass screenings are mobile vans and school testing programs.
55. Charges for **autopsies**, unless the autopsy is requested by the company.
56. **Transportation** other than covered Ambulance Services.
57. Charges for completion of insurance **claim forms.**
58. Health services associated with accidental bodily injuries arising from a **motor vehicle accident** to the extent such services are payable under a medical expense payment provision of any automobile insurance policy.
59. Automatic external **defibrillators.**

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 LƯU 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 연락해주시고, 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

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 ناشنوایان: شماره 711) را شماره‌گیری کنید).