CIGNA LEGACY
(STANDARD) 4-TIER
PRESCRIPTION DRUG LIST

Starting January 1, 2021
# What’s inside?

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</tbody>
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## View your plan’s drug list online

This document was last updated on 09/01/2020. To see a more current list of medications your plan covers, log in to the [myCigna](#) App or website. Click on the “Find Care & Costs” tab. Select “Price a Medication,” then type in your medication name.

### Questions?

Call the toll-free number on your Cigna ID card. We’re here to help. You can also chat with us online on the [myCigna](#) website, Monday–Friday, 9:00 am–8:00 pm EST.

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* Drug list created: originally created 01/01/2016

Last updated: 09/01/2020, for changes starting 01/01/2021

Next planned update: 03/01/2021, for changes starting 07/01/2021
**About your prescription drug list**

This document shows the most commonly prescribed medications covered on the Legacy (Standard) 4-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 by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

**The Legacy (Standard) 4-Tier Prescription Drug List is updated often so it’s important to know that this is not a complete list of the medications your plan covers.** Also, your specific plan may not cover all of the medications in this document. Log in to the myCigna App or website, or check your plan materials, to see which 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 Legacy (Standard) 4-Tier Prescription Drug List.

<table>
<thead>
<tr>
<th>TIER 1 ($)</th>
<th>TIER 2 ($$$)</th>
<th>TIER 3 ($$$)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INFECTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acyclovir capsule, suspension, tablet</td>
<td>Albenza</td>
<td>Alinia</td>
</tr>
<tr>
<td>amoxicillin</td>
<td>Baraclude solution**</td>
<td>Bactrim</td>
</tr>
<tr>
<td>amoxicillin-clavulanate ER</td>
<td>Cipro</td>
<td>Bactrim DS</td>
</tr>
<tr>
<td>amoxicillin-clavulanate atovaquone</td>
<td>Daraprim** (PA)</td>
<td>Baraclude tablet* (QL)</td>
</tr>
<tr>
<td>Avidoxy tablet</td>
<td>E.E.S. 400</td>
<td>Caysters</td>
</tr>
<tr>
<td>azithromycin packet, suspension, tablet</td>
<td>Epclusa** (PA)</td>
<td>Cleocin</td>
</tr>
<tr>
<td>cefdinir</td>
<td>Ery-Tab 333, 500mg</td>
<td>Clindesse</td>
</tr>
<tr>
<td>cefixime</td>
<td>Harvoni** (PA)</td>
<td>Cresemba (PA)</td>
</tr>
<tr>
<td>cefuroxime tablet</td>
<td>Kitabis Pak*</td>
<td>Diflucid (QL)</td>
</tr>
<tr>
<td>cephalxin</td>
<td>Mavyret** (PA)</td>
<td>Ery Ped 200</td>
</tr>
<tr>
<td>ciprofloxacin</td>
<td>Sovaldi** (PA)</td>
<td>Ery-Tab 250mg</td>
</tr>
<tr>
<td>clarithromycin</td>
<td>Thalomid** (PA)</td>
<td>Monoquant</td>
</tr>
<tr>
<td>clarithromycin ER</td>
<td>Uretron D-S</td>
<td>Norafin suspension, tablet</td>
</tr>
<tr>
<td>clindamycin</td>
<td>Vibramycin syrup</td>
<td>Plaquenil</td>
</tr>
<tr>
<td>Coremino (QL)</td>
<td>Vosevi** (PA)</td>
<td>Sulfatrim</td>
</tr>
<tr>
<td>dapsone</td>
<td></td>
<td>Suprax</td>
</tr>
<tr>
<td>doxycycline capsule, suspension, tablet</td>
<td></td>
<td>Tamiflu (QL)</td>
</tr>
<tr>
<td>doxycycline IR-DR</td>
<td></td>
<td>TOBI Podhaler**</td>
</tr>
<tr>
<td>Ervemr</td>
<td></td>
<td>Uribel</td>
</tr>
<tr>
<td>entecavir** (QL)</td>
<td></td>
<td>Urogesic-Blue</td>
</tr>
<tr>
<td>erythromycin</td>
<td></td>
<td>UTA</td>
</tr>
<tr>
<td>famciclovir</td>
<td></td>
<td>Valtrex</td>
</tr>
<tr>
<td>fluconazole</td>
<td></td>
<td>Vemlidy**</td>
</tr>
<tr>
<td>hydroxychloroquine</td>
<td></td>
<td>Vibramycin suspension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Xifaxan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Zepatier** (PA)</td>
</tr>
</tbody>
</table>

This chart is just a sample. It may not show how these medications are actually covered on the Legacy (Standard) 4-Tier Prescription Drug List.
**Tiers**

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

- **Tier 1 – Typically Generics** (Lowest-cost medication) $
- **Tier 2 – Typically Preferred Brands** (Medium-cost medication) $$$
- **Tier 3 – Typically Non-Preferred Brands** (Higher-cost medication) $$$$  
- **Tier 4 – Injectable Specialty Medications** (Highest-cost medication) $$$$$

**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 drug list. Here's what each of the abbreviations mean.

- **(PA) Prior Authorization** – Cigna will review information provided by your doctor to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.

- **(ST) Step Therapy** – 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. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. 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.

*These coverage requirements may not apply to your specific plan. That’s because some plans don’t have prior authorization, quantity limits, Step Therapy and/or age requirements. Log in to the myCigna App or website, or check your plan materials, to find out if your plan includes these specific coverage requirements.

**Brand name medications are capitalized**

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

**Specialty medications are marked with an asterisk**

Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, injectable specialty medications are covered on Tier 4 (listed on page 20). Oral specialty medications are covered on a lower tier (tiers 1-3). They are listed alphabetically by the condition they treat, and have an asterisk (*) next to them.

Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the myCigna App or website, or check your plan materials, to learn more about how your plan covers specialty medications.
No cost-share preventive medications are marked with a plus sign

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires that most plans cover certain categories of medications and other products as preventive care services. In this drug list, medications with a plus sign (+) next to them may be available to you at no cost-share (copay, coinsurance and/or deductible). Log in to the myCigna App or website, or check your plan materials, to learn more about how your plan covers preventive 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. In this drug list, these medications have a caret (‘’) next to them. 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 on the drug list

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

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<th>Condition</th>
<th>Page</th>
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<td>AIDS/HIV</td>
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<tr>
<td>ALLERGY/NASAL SPRAYS</td>
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</tr>
<tr>
<td>ALZHEIMER’S DISEASE</td>
<td>6</td>
</tr>
<tr>
<td>ANXIETY/DEPRESSION/BIPOLAR DISORDER</td>
<td>6</td>
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<tr>
<td>ASTHMA/COPD/RESPIRATORY</td>
<td>6, 7</td>
</tr>
<tr>
<td>ATTENTION DEFICIT HYPERACTIVITY</td>
<td>7</td>
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<tr>
<td>BLOOD MODIFIERS/BLEEDING DISORDERS</td>
<td>7</td>
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<tr>
<td>BLOOD PRESSURE/HEART MEDICATIONS</td>
<td>7, 8</td>
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<tr>
<td>BLOOD THINNERS/ANTI-CLOTTING</td>
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<tr>
<td>CANCER</td>
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<tr>
<td>CHOLESTEROL MEDICATIONS</td>
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<tr>
<td>CONTRACEPTION PRODUCTS</td>
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<td>COUGH/COLD MEDICATIONS</td>
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<td>DENTAL PRODUCTS</td>
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<td>DIURETICS</td>
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<table>
<thead>
<tr>
<th>Condition</th>
<th>Page</th>
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</thead>
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<td>MISCELLANEOUS</td>
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### Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 20).

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</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$$</td>
<td>$$$</td>
</tr>
</tbody>
</table>

#### AIDS/HIV
- abacavir-lamivudine* (PA)
- atazanavir* (PA)
- ritonavir* tenofovir* (PA)
- Atripla* (PA)
- Biktarvy* Descovy* Genvoya*
- Isentress* Isentress HD* (PA)
- Juluca* Prezista* Selzentry* (PA)
- Symfi* Symfi Lo* Symtuza*
- Tivicay* Triumeq* Truvada*
- Viread 150mg, 200mg, 250mg, powder* (PA)
- Cimduo* (PA)
- Complera* (PA)
- Evotaz* (PA)
- Intelence* (PA)
- Odefsey* (PA)
- Przcobix* (PA)
- Stribild* (PA)
- Viread 300mg* (PA)

#### ANXIETY/DEPRESSION/BIPOLAR DISORDER
- alprazolam
- alprazolam ER
- alprazolam intensol
- alprazolam ODT
- alprazolam XR
- amitriptyline
- bupropion (QL)
- bupropion SR (QL)
- bupropion XL (QL)
- buspirone
citalopram (QL)
- clomipramine
desvenlafaxine ER (QL)
duloxetine (QL)
estcitalopram (QL)
- fluoxetine (QL)
- fluoxetine DR (QL)
- fluvoxamine (QL)
- fluvoxamine ER (QL)
- lorazepam oral concentrate, tablet
- lorazepam intensol mirtazapine
- paroxetine (QL)
- paroxetine CR (QL)
- paroxetine ER (QL)
- sertraline (QL)
- trazodone
- venlafaxine (QL)
- venlafaxine ER (QL)

#### ASTHMA/COPD/RESPIRATORY
- albuterol
- albuterol HFA
- Alyq* (PA)
budesonide fluticasone-salmeterol montelukast
tadalafil* 20mg (PA)
- Wixela Inhub
- Advair HFA
- Anoro Ellipta
- Asmanex
- Asmanex HFA
- Atrovent HFA
- Bevespi
- Breo Ellipta
- Combivent
- Respirat
- Dulera
- Flovent Diskus
- Flovent HFA
- Incruse Ellipta
- Ofev* (PA)
- Opsumit* (PA)
- Pulmicort
- Flexhaler

#### ALLERGY/NASAL SPRAYS
- azelastine
- carbinoxamine 4mg/5ml liquid, 4mg tablet
carbinoxamine 6mg tablet (PA)
cromolyn oral concentrate
cyproheptadine desloratadine (QL)
epinephrine (QL)
fluticasone hydroxyzine capsule, solution, syrup tablet
ipratropium mometasone (QL)
olopatadine promethazine solution, syrup, tablet
- Clarinex
- Clarinex-D 12 hour
- EpiPen (PA, QL)
- EpiPen Jr (PA, QL)
- Gastrocrom
- Grastek (PA, QL)
- Karbinal ER
- Odactra (PA, QL)
- Patanase
- QNASL children
- Ragwitek (PA, QL)
- RyVent (PA)
- Symjepi (PA, QL)
- Vistaril

#### ALZHEIMER’S DISEASE
- donepezil
donepezil ODT memantine memantine ER (QL)
pyridostigmine pyridostigmine ER rivastigmine
- Namenda Titration Pack
- Aricept
- Exelon
- Mestinon
- Namenda tablet
- Namenda XR (QL)
- Namzaric (QL)
- Advair HFA
- Anoro Ellipta
- Asmanex
- Asmanex HFA
- Atrovent HFA
- Bevespi
- Breo Ellipta
- Combivent
- Respirat
- Dulera
- Flovent Diskus
- Flovent HFA
- Incruse Ellipta
- Ofev* (PA)
- Opsumit* (PA)
- Pulmicort
- Flexhaler
- Adcirca* (PA)
- Adempas* (PA)
- Arcapta Neohaler
- Brovana
- Daliresp (QL)
- Eliophyllin (PA)
- Kalydeco* (PA, QL)
- Letairis* (PA)
- Lonhala Magnair (PA)
- Nucala auto-injector,
- syringe* (PA)
- Orenitram ER* (PA)
- Orkambi* (PA, QL)
- Perforomist (QL)
- ProAir Digihaler (PA, QL)
- ProAir HFA (PA, QL)
# Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 20).

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TIER 2</th>
<th>TIER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$$</td>
<td>$$$</td>
</tr>
</tbody>
</table>

## ASTHMA/COPD/RESPIRATORY (cont)

- Pulmozyme* (PA)
- QVAR RediHaler
- Serevent Diskus
- Symbicort
- Tracleer 32 mg tablet for suspension* (PA)
- Trelegy Ellipta
- ProAir RespiClick (PA, QL)
- Proventil HFA (PA, QL)
- Pulmicort Respule
- Revatio oral suspension, tablet* (PA)
- Singular
- Symdeko* (PA, QL)
- Tracleer tablet* (PA)
- Tyvaso* (PA)
- Uptravi* (PA)
- Ventolin HFA (PA, QL)
- Xopenex HFA
- Zyflo (PA)

## ATTENTION DEFICIT HYPERACTIVITY DISORDER

- Atomoxetine (QL)
- Clonidine ER
- Dexamphetamine (PA age)
- Dextroamphetamine-ER (PA age, QL)
- Guanfacine ER
- Metadate ER (PA age, QL)
- Methylphenidate (PA age)
- Methylphenidate CD (PA age, QL)
- Methylphenidate ER (PA age, QL)
- Methylphenidate ER (CD) (PA age, QL)
- Methylphenidate ER (LA) (PA age, QL)
- Methylphenidate LA (PA age, QL)
- Relexxii ER (PA age, QL)

## BLOOD PRESSURE/HEART MEDICATIONS

- Adult Aspirin Regimen
- Amiodarone tablet
- Amlodipine
- Amlodipine-benazepril
- Amlodipine-olmesartan (QL)
- Amlodipine-valsartan
- Amlodipine-valsartan-HCTZ
- Aspirin EC
- Aspirin-Low
- Atorvastatin* (PA age)
- Atorvastatin* (QL)
- Benicar (ST, QL)
- Benicar HCT (ST, QL)
- Betapace (PA)
- BiDiil (QL)
- Calan SR
- Cardizem (PA)
- Cardizem CD (PA)
- Cardizem LA 120 mg (QL)
- Cardizem LA 180 mg, 240 mg, 300 mg, 360 mg, 420 mg
- Cardura
- Catapres-TTS 1
- Catapres-TTS 2
- Catapres-TTS 3
- Consensi (PA, QL)
- Coreg (ST)
- Coreg CR (ST, QL)
- Corgard (ST)
- Cozaar (ST)
- Diovan (ST)
- Diovan HCT (ST)
- Ecotrin EC 325 mg (PA, QL)
- Edarbi (ST, QL)
- Edarbyclor (ST)
- Epaned
- Exforge
- Exforge HCT
- GoNitro
- Hemangeol
- Hyzaar (ST)
- Inderal LA (ST)
- Inderal XL (ST)
- InnoPran XL (ST)
- Isordil (PA)
- Isordil Titrados (PA)
- Kapspargo Sprinkle (ST)
- Lanoxin tablet (PA)
- Lopressor (ST)
- Lotensin (ST)
- Lotensin HCT (ST)
Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 20).

### TIER 1  
<table>
<thead>
<tr>
<th>TIER 2</th>
<th>TIER 3</th>
</tr>
</thead>
</table>

### BLOOD PRESSURE/HEART MEDICATIONS (cont)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>lisinopril-HCTZ</td>
<td>Tier 4</td>
</tr>
<tr>
<td>losartan</td>
<td>Tier 4</td>
</tr>
<tr>
<td>losartan-HCTZ</td>
<td>Tier 4</td>
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<tr>
<td>Low Dose Aspirin EC</td>
<td>Tier 4</td>
</tr>
<tr>
<td>Matzim LA</td>
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<tr>
<td>metoprolol tablet</td>
<td>Tier 4</td>
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<tr>
<td>nadolol</td>
<td>Tier 4</td>
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<tr>
<td>nifedipine</td>
<td>Tier 4</td>
</tr>
<tr>
<td>nifedipine ER</td>
<td>Tier 4</td>
</tr>
<tr>
<td>olmesartan (QL)</td>
<td>Tier 4</td>
</tr>
<tr>
<td>olmesartan-amlodipine-HCTZ</td>
<td>Tier 4</td>
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<tr>
<td>olmesartan-HCTZ (QL)</td>
<td>Tier 4</td>
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<tr>
<td>Pacerone 200mg</td>
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<tr>
<td>prazosin</td>
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<td>propafenone</td>
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<td>ramipril</td>
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<td>ranolazine ER (QL)</td>
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<td>St. Joseph Aspirin+ Taztia XT</td>
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<tr>
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<td>telmisartan-HCTZ (QL)</td>
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<td>valsartan</td>
<td>Tier 4</td>
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<tr>
<td>valsartan-HCTZ</td>
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<td>verapamil capsule, tablet</td>
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<td>verapamil SR</td>
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### BLOOD THINNERS/ANTI-CLOTTING

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<tr>
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<td>enoxaparin* (QL)</td>
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<tr>
<td>fondaparinux* (QL)</td>
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<tr>
<td>Jantoven prasugrel warfarin</td>
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<tr>
<td>Brilinta Eliquis (PA)</td>
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</tr>
<tr>
<td>Fragmin* (QL)</td>
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</tr>
<tr>
<td>Xarelto (PA)</td>
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<tr>
<td>Aggrenox Arixtra (QL)</td>
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<tr>
<td>Bayer Aspirin chewable tablet* Bevyxxa (QL)</td>
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<tr>
<td>Coumadin (PA)</td>
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<tr>
<td>Effient Lovenox* (QL)</td>
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<tr>
<td>Plavix Pradaxa (PA)</td>
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<tr>
<td>Savaysa 15mg, 30mg (PA, QL)</td>
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<td>Savaysa 60mg (PA)</td>
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<td>Niosprin (PA)</td>
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<td>Zontivity</td>
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<td>Vascepa (PA)</td>
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<tr>
<td>Antara (PA)</td>
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<tr>
<td>Fenoglide (PA)</td>
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<td>Lipitor (PA)</td>
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<td>Lipofen (ST)</td>
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<tr>
<td>Lovaza Niaspan Pravachol (ST) TriCor (ST) Triglide (ST) Trilix (ST)</td>
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### CANCER

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<td>Kisqali* (PA)</td>
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<td>Lenwima* (PA)</td>
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<td>Tabloid Tafinlar* (PA)</td>
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<td>Tagrisso* (PA)</td>
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<td>Xtandi* (PA)</td>
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### CHOLESTEROL MEDICATIONS

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<tr>
<td>atorvastatin 10mg, 20mg*</td>
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<tr>
<td>atorvastatin 40mg, 80mg</td>
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<tr>
<td>coleselvam ezetimibe ezetimibe-simvastatin fenofibrate fenofibrate acid fluvastatin*</td>
<td>Tier 4</td>
</tr>
<tr>
<td>Repatha (PA)</td>
<td>Tier 4</td>
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<tr>
<td>Vascepa (PA)</td>
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<td>Lipitor (PA)</td>
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<td>Lipofen (ST)</td>
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<td>Lovaza Niaspan Pravachol (ST) TriCor (ST) Triglide (ST) Trilix (ST)</td>
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- fluvastatin ER
- lovastatin 10mg
- lovastatin 20mg, 40mg
- niacin
- niacin ER
- Niacor
- omega-3 acid ethyl esters
- pravastatin
- rosuvastatin 5mg, 10mg (QL)
- rosuvastatin 20mg, 40mg (QL)
- simvastatin 10mg, 20mg, 40mg
- simvastatin 80mg (QL)

### CONTRACEPTION PRODUCTS (cont)

<table>
<thead>
<tr>
<th>TIER 1</th>
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- Cyclafem
- Cyred
- Cyred EQ
- Dasetta
- Daysee
- Deblitane
- Delyla
- desogestrel-ethinyl estradiol
- desogestrel-ethinyl estradiol-ethinyl estradiol
- dospirenone-ethinyl estradiol-levomefolate
- dospirenone-ethinyl estradiol
- Econtra EZ
- Econtra One-Step
- Elinest
- EluRyng vaginal ring
- Emoquette
- Enpresse
- Enskyce
- Errin
- Estarylla
- ethynodiol-ethinyl estradiol
- etonogestrel-ethinyl estradiol
- etonogestrel-estradiol vaginal ring
- Falmina
- Fayosim
- FemCap
- Femynor
- Gianvi
- Gynol II
- Hailey 24 FE
- Heather
- Incassia
- Introvale
- Isibloom
- Jasmiel
- Jencyclla
- Joleesa
- Juleber
- Junel

<table>
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- Vytoris (ST)
- Welchol
- Zetia
- Zocor (ST, QL)

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- Afirmelle
- Aftera
- Altavera
- Alyacen
- Amethia
- Amethyst
- Apri
- Aranelle
- Ashlyna
- Aubra
- Aubra EQ
- Aurovela
- Aurovela FE
- Aurovela 24 FE
- Aviane
- Ayuna
- Azurette
- Balziva
- Bekyree
- Blisovi FE
- Blisovi 24 FE
- Briellyn
- Camila
- Camrese
- Camrese LO
- Caya Contoured
- Caziant
- Chateal
- Chateal EQ
- Cryselle

<table>
<thead>
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<tbody>
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</table>

- Lo Loestrin FE
- Taytulla
- Annovera
- Balcoltra
- Ella
- Estrostep FE
- Layolis FE
- Loestrin FE
- Minastrin 24 FE
- Natazia
- NuvaRing
- Safyral
- Skyla
- Today Contraceptive Sponge
- Yasmin 28
- Yaz
Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 20).

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TIER 2</th>
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**CONTRACEPTION PRODUCTS (cont)**

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<td>Ocella*</td>
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<tr>
<td>Kaitlib FE*</td>
<td>Opicon One-Step*</td>
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<td>Kalliga*</td>
<td>Option 2+</td>
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<td>Kariva+</td>
<td>Orsytia+</td>
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<td>Kelnor 1-35+</td>
<td>Philith+</td>
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<td>Kelnor 1-50+</td>
<td>Pimtria+</td>
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<td>Kurvelo+</td>
<td>Pirmella+</td>
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<td>Larin+</td>
<td>Portia+</td>
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<td>Larin FE*</td>
<td>Previm+</td>
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<td>Larin 24 FE*</td>
<td>Reclipsen+</td>
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<td>Larissia+</td>
<td>Setlakin+</td>
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<td>Lessina+</td>
<td>Sharobel+</td>
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<tr>
<td>Levonest+</td>
<td>Simliya+</td>
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<td>levonorgestrel+</td>
<td>Simpessse+</td>
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<td>levonorgestrel-ethinyl estradiol+</td>
<td>Sprintec+</td>
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<td>Sronyx+</td>
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<td>levonorgestrel-ethinyl estradiol+</td>
<td>Syeda+</td>
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<td>Levora-28+</td>
<td>Tarina FE*</td>
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<td>Lillow+</td>
<td>Tarina 24 FE*</td>
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<td>Marlissa+</td>
<td>Tri-Lo-Estarylla+</td>
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<td>Zumandimine+</td>
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# Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 20).

<table>
<thead>
<tr>
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<th><strong>TIER 3</strong></th>
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<tbody>
<tr>
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</table>

## Cough/Cold Medications

- Benzonatate 150mg (PA)
- Bromfed DM brompheniramine-pseudoephedrine-DM hydrocodone-chlorpheniramine ER (PA)
- TussiCaps (PA)
- Tessalon Perle Tuzistra XR (PA, QL)

## Dental Products

- Chlorhexidine
- Doxycycline 20mg tablet
- Fluoride^\(^\wedge\)^
- Fluoritab^\(^\wedge\)^
- Flura-Drops^\(^\wedge\)^
- Ludent^\(^\wedge\)^
- Oralone
- Paroex
- Periogard
- Sodium fluoride^\(^\wedge\)^
- 0.25mg, 0.5mg, 1mg triamcinolone 0.1% paste
- Floriva^\(^\wedge\)^
- Fluorabon^\(^\wedge\)^

## Diabetes

- Glimepiride
- Glipizide
- Glipizide ER
- Glipizide XL
- Metformin
- Metformin ER (PA)
- Pioglitazone
- Accu-Chek test strips
- Baqsimi (QL)
- Basaglar (QL)
- Bydureon (ST, QL)
- Byetta (ST, QL)
- Farxiga (ST, QL)
- Flasp (QL)
- Freestyle Libre Sensor (PA, QL)
- GlucaGen HypoKit (QL)
- Glucagon Emergency Kit (QL)
- Glyxambi (ST, QL)
- Humalog (QL)
- Humulin (QL)
- Insulin Lispro (QL)
- Invokamet (ST, QL)
- Invokamet XR (ST, QL)
- Janumet (ST, QL)
- Admelog (QL)
- Amaryl
- Apidra (QL)
- Contour test strips
- Cycloset
- Fortamet ER (PA)
- FreeStyle Libre Sensor (PA, QL)
- Glucophage
- Glucophage XR
- Glumetza ER (PA)
- Kombiglyze XR (PA, QL)
- Korlym^\(^*\)^ (PA)
- Onglyza (PA, QL)
- Riomet

## Diuretics

- Acetazolamide tablet
- Acetazolamide ER
- Bumetanide tablet
- Chlorothalidone eplerenone furosemide solution, tablet
- Hydrochlorothiazide spironalactone triamterene-HCTZ
- Diuril
- Dyrenium
- Aldactone
- Dyazide
- Edecrin (PA)
- Inspra
- Jynarque^\(^*\)^ (PA)
- Lasix
- Maxzide
- Samsca^\(^*\)^

## Ear Medications

- Neomycin-polyoxymyxin ofloxacin drops
- Cipro HC
- Ciprodex
- Coly-Mycin S Cortisporin-TC Dermotic Otovel
## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 20).

### TIER 1

### TIER 2

### TIER 3

<table>
<thead>
<tr>
<th><strong>ERECTILE DYSFUNCTION</strong></th>
<th><strong>FEMININE PRODUCTS</strong></th>
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<td>sildenafil^ (PA age, QL)</td>
<td>Fem pH</td>
<td>Amitiza</td>
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<td>tadalafil^ 2.5mg, 10mg, 20mg (PA age, QL)</td>
<td>Gynazole 1</td>
<td>Aprisio ER (ST)</td>
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<tr>
<td>tadalafil^ 5mg (PA, QL)</td>
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<td>Carafate suspension</td>
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### EYE CONDITIONS

- azelastine
- brimonidine
- ciprofloxacin
- dorzolamide
- dorzolamide-timolol
- erythromycin
- fluorometholone
- gatifloxacin
- latanoprost
- moxifloxacin
- neomycin-polyoxymetacrin-polyhexamethoxethane oxofloxacin
- polyoxymetacrin B-TMP prednisolone solution
- timolol solution
- tobramycin
- tobramycin-polyoxymetacrin-polyhexamethoxethane

### GASTROINTESTINAL/HEARTBURN

- Alophe
- alosetron^*  
- Anucort-HC
- balsalazide
- bisacodyl EC tablet^*  
- Bisa-Lax^*  
- chloridiazepoxide-clidinium
- cinacalcet^*  
- ClearLax
- dicyclomine capsule, solution, tablet
- diphenoxylate-atropine
- dronabinol
- Ducodyl^  
- esomeprazole capsule (QL)  
- famotidine suspension, 20mg and 40mg tablet
- GaviLax^  
- GavILyte-C^  
- GavILyte-G^  
- GavILyte-N^  
- GentileLax^  
- Glycolax^  
- HealthyLax^  
- HemmoxHC  
- hydrocortisone suppository
- lansoprazole (QL)  
- LaxaClear^  
- laxative peg 3350^  
- laxative^  
- mesalamine
- mesalamine DR
- metoclopramide solution, tablet
- metoclopramide ODT

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Cigna Legacy (Standard) 4-Tier Prescription Drug List
Injectable specialty medications are covered on Tier 4 (listed on page 20).

<table>
<thead>
<tr>
<th>TIER 1</th>
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<th>TIER 3</th>
<th>TIER 3</th>
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<tr>
<td><strong>GASTROINTESTINAL/HEARTBURN</strong> (cont)</td>
<td><strong>HORMONAL AGENTS</strong> (cont)</td>
<td><strong>INFECTIONS</strong></td>
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<td>omeprazole- bicarbonate (PA, QL)</td>
<td>dexamethasone</td>
<td>acyclovir capsule, suspension, tablet</td>
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<tr>
<td>omeprazole DR capsule (QL)</td>
<td>dexamethasone</td>
<td>albendazole</td>
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<tr>
<td>ondansetron ondansetron ODT pantoprazole (QL) tablet</td>
<td>intensol</td>
<td>amoxicillin</td>
<td></td>
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<tr>
<td>PEG 3350-Electrolytes + Peg-Prep + Pepcid (PA) Phenadoz polyethylene glycol 3350 + Powderlax + prochlorperazine suppository, tablet promethazine suppository Promethegan PureLax + QC Natura-Lax + rabeprazole (QL) ranitidine capsule, syrup, 150mg and 300mg tablet Smooth Lax + sucralfate Trilyte with Flavor Packets + ursodiol Women’s Gentle Laxative + Women’s Laxative + sfRowasa Sucraid* (PA) Symproic (PA) Transderm-Scop Trulance (PA) UCERIS foam (PA, QL) Urso Urso Forte Varubi (PA, QL) Viberzi Viokace Xermelo* (PA) Zegerid (PA, QL) Zelnorm (PA) Zenpep (PA) Zofran (PA) Zulpenz (PA, QL)</td>
<td>Premphase Prempro</td>
<td>Augmentin 125-31.25 mg/ml suspension (PA) Baraclude* 0.05 mg/ml Cipro suspension Cleocin 75mg capsule Daraprim* (PA) E.E.S. 400</td>
<td>Albenza Alinia Arikayce* (PA) Augmentin 250-62.5mg/ml suspension, 500-125 tablet (PA) Augmentin ES-600 (PA) Bactrim Bactrim DS</td>
</tr>
</tbody>
</table>
## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 20).

### TIER 1 $  
- Avidoxy
- azithromycin packet, suspension, tablet
- cefdinir
- cefpodoxime
- cefuroxime tablet
- cephalxin
- ciprofloxacin
- clarithromycin
- clarithromycin ER
- clindamycin capsule, cream, solution
- Coremio ER (QL)
- dapsone
- doxycycline
- Emverm
- entecavir* (QL)
- erythromycin
- famciclovir
- fluconazole
- hydroxychloroquine
- itraconazole
- levofloxacin solution, tablet
- metronidazole capsule, tablet, vaginal gel
- minocycline
- minocycline ER (QL)
- Mondoxyne NL
- nitrofurantoin
- nitrofurantoin mono-macro
- nystatin
- Okebo
- oseltamivir (QL)
- penicillin V
- permethrin
- sulfamethoxazole-TMP suspension, tablet
- terbinafine tablet
- tetracycline
- tobramycin ampule* (PA, QL)
- valacyclovir
- valganciclovir
- vancomycin capsule
- Epclusa* (PA)
- Firvanq
- Harvoni* (PA, QL)
- Ledipasvir-Sofosbuvir* (PA)
- Mavyret* (PA)
- Sofosbuvir-Velpatasvir* (PA)
- Sovaldi* (PA)
- Thalomid* (PA)
- TOBI Podhaler* (PA, QL)
- Vibramycin syrup
- Vosevi* (PA)
- Xifaxan (QL)
- Vandazole
- voriconazole suspension, tablet (PA)
- Valcyte (PA)
- Valtrex
- Vancocin (PA)
- Vemvidly*
- Vfend (PA)
- Vibramycin capsule (PA)
- Vibramycin suspension
- Xofluza (QL)
- Zepatier* (PA)
- Zithromox packet, suspension, tablet
- Zithromax Tri-Pak
- Zovirax suspension (PA)
- Zyvox suspension, tablet (PA)

### TIER 2 $$  
- clomiphene^ 
- Crinone^ 8%
- Endometrin^ 
- disulfiram
- Nebusal 3%
- PULMOSAL
- sodium chloride inhalation vial
- tetrabenazine* (PA)
- trientine* (PA)
- Cerdelga* (PA)
- Esbriet* (PA)
- Nityr* (PA)
- Addyi^ (PA, QL)
- Austedo* (PA)
- Brisdelle (QL)
- Exjade* (PA)
- Ferrixprox* (PA)
- Galafold* (PA)
- Horizant (PA)
- Ingrezza* (PA)
- Jadenum* (PA)
- Jadenu Sprinkle* (PA)
- Kuvan* (PA)
- Nuedexta (QL)
- Orfadin* (PA)
- Tiglutik* (PA)
- Xenazine* (PA)
- Gilenya* (PA)
- Tecfidera* (PA)
- Ampyra* (PA)

### TIER 3 $$$  
- calcitriol capsule, solution
- calcium 667mg
- cyanocobalamin injection
- CitraNatal
- Drisdol
- Floriva*
- Fosrenol packet
- Klor-Con M15
- Auryxia (QL)
- Fosrenol chew
- K-Tab ER
- Lokelma
- Phoslyra
Cigna Legacy (Standard) 4-Tier Prescription Drug List
Injectable specialty medications are covered on Tier 4 (listed on page 20).

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TIER 2</th>
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</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$$</td>
<td>$$$$$</td>
</tr>
</tbody>
</table>

### NUTRITIONAL/DIETARY (cont)
- daily prenatal*  
  FA-8*  
- folic acid 0.4mg, 0.8mg*  
- folic acid 1mg  
- Klor-Con 8  
- Klor-Con 10  
- Klor-Con M10  
- Klor-Con M20  
- Klor-Con Sprinkle lanthanum  
- phytonadione tablet  
- potassium chloride  
- Prena1 Pearl  
- Prenatal +  
- Prenatal Vitamin+  
- sevelamer  
- vitamin D2 1.25mg  
- vitamin D3 5,000 unit*  
- Mephyton OB Complete  
- Perry Prenatal+  
- Prenate Mini  
- Prenate Pixie  
- Quflora drop, 1mg tablet+  
- Rocaltrol  
- Tri-vi-flor+  
- PreGenna (PA)  
- Renuvela  
- Trinaz (PA)  
- Velphoro  
- Veltassa  
- VitaPearl

### OSTEOPOROSIS PRODUCTS
- alendronate (QL)  
- calcitonin-salmon  
- ibandronate tablet  
- raloxifene+  
- risedronate  
- risedronate DR  
- Tymlos* (PA, QL)  
- Actonel (ST)  
- Atelvia (ST)  
- Binosto (ST)  
- Boniva tablet (ST)  
- Evista  
- Fosamax (ST)  
- Fosamax Plus D (ST)  
- Xeljanz XR* (PA, QL)  
- Xtampza ER (PA)  
- Ztido  
- diclofenac patch (PA, QL)  
- Duexis (PA)  
- Duragesic (PA)  
- EC-Naprosyn (ST)  
- Ergomar (PA)  
- Esic (QL)  
- Fexmid  
- Flector (PA, QL)  
- Frovatax (PA, QL)  
- Indocin (PA, QL)  
- Kadian ER (PA)  
- Lidoderm  
- Lorzone (PA)  
- Maxalt (PA)  
- Maxalt-MLT (PA)  
- Migranal (PA, QL)  
- Mitigare  
- Mobic (ST)  
- MS Contin (PA)  
- Nalfon 400mg (ST)  
- Naprelan (PA)  
- Naprosyn (ST)  
- Norco (PA)  
- Nucynta ER (PA)  
- Olumiant* (PA, QL)  
- Onzetra Xsail (PA, QL)  
- Otrexup (PA)  
- Oxydyl (PA)  
- Oxycontin (PA)  
- PENNSAID pump (PA)  
- PENNSAID solution packet (PA, ST)  
- Percocet (PA)  
- Procort  
- Qmiz ODT (ST, QL)  
- RELPAK (PA, QL)  
- Roxicodone (PA)  
- Skelaxin  
- Soriatane (PA)  
- Sprix (PA, QL)  
- SUBSYS (PA)  
- Tivorbex (PA)  
- Treximet (PA, QL)  
- Aimovig (PA)  
- Ajovy (PA)  
- Belbuca (QL)  
- Depen* (PA)  
- Emsayto (PA)  
- Hysingla ER (PA)  
- MorphaBond ER (PA)  
- Nucynta (PA)  
- Otezla* (PA, QL)  
- Proctofoam-HC  
- Rasuvo (PA)  
- Savella  
- Uloric (QL)  
- Xeljanz* (PA, QL)  
- Alimta (PA)  
- Allzital (PA)  
- Amerge (PA, QL)  
- Amrix ER 15mg (PA, QL)  
- Amrix ER 30mg (PA)  
- Amrix ER (QL)  
- Analapram HC  
- Arava  
- Armo ER (PA)  
- Butrans (QL)  
- Cambia (PA)  
- Celebrex (ST, QL)  
- Colcrys  
- ConZip (PA, QL)  
- D.H.E.45 (PA, QL)  
- Xeljanz XR (PA, QL)  
- XyloPrilo Caine Pack

### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)
- colchicine  
- cyclobenzaprine  
- cyclobenzaprine ER (QL)  
- DermacinRx  
- Empiricaine  
- DermacinRx Prizopak  
- diclofenac DR  
- diclofenac EC  
- diclofenac ER  
- diclofenac 1% gel (QL)  
- diclofenac 1.5% topical solution (PA)  
- EC-naproxen  
- eletriptan (QL)  
- Endocet (PA)  
- etodolac  
- etodolac ER  
- Fenortho (PA)  
- fentanyl (PA)  
- Fioricet (QL)  
- frovatranpt (QL)  
- Glyco  
- hydrocodone- 
  acetaminophen (PA)  
- hydromorphone 
  solution, suppository, 
  tablet (PA)  
- hydroxyzine  
  retard (STM)  
- ibuprofen 400mg, 600mg, 800mg tablet  
- indomethacin  
  capsule  
- levorphanol (PA)  
- lidocaine (QL)  
- lidocaine viscous  
- lidocaine-prilocaine  
- Lidopril  
- Lidopril XR  
- Lido-Prilo Caine Pack  
- Xeljanz XR* (PA, QL)  
- Xtampza ER (PA)  
- Ztido  
- diclofenac patch (PA, QL)  
- Duexis (PA)  
- Duragesic (PA)  
- EC-Naprosyn (ST)  
- Ergomar (PA)  
- Esic (QL)  
- Fexmid  
- Flector (PA, QL)  
- Frovatax (PA, QL)  
- Indocin (PA, QL)  
- Kadian ER (PA)  
- Lidoderm  
- Lorzone (PA)  
- Maxalt (PA)  
- Maxalt-MLT (PA)  
- Migranal (PA, QL)  
- Mitigare  
- Mobic (ST)  
- MS Contin (PA)  
- Nalfon 400mg (ST)  
- Naprelan (PA)  
- Naprosyn (ST)  
- Norco (PA)  
- Nucynta ER (PA)  
- Olumiant* (PA, QL)  
- Onzetra Xsail (PA, QL)  
- Otrexup (PA)  
- Oxydyl (PA)  
- Oxycontin (PA)  
- PENNSAID pump (PA)  
- PENNSAID solution packet (PA, ST)  
- Percocet (PA)  
- Procort  
- Qmiz ODT (ST, QL)  
- RELPAK (PA, QL)  
- Roxicodone (PA)  
- Skelaxin  
- Soriatane (PA)  
- Sprix (PA, QL)  
- SUBSYS (PA)  
- Tivorbex (PA)  
- Treximet (PA, QL)
# Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 20).

## TIER 1

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<th>Pain Relief and Inflammatory Disease (cont)</th>
<th>Parkinson’s Disease (cont)</th>
<th>Schizophrenia/Anti-Psychotics</th>
<th>Seizure Disorders</th>
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<td>rasagiline (QL)</td>
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<td>ropinirole</td>
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<td>zaleplon ODT ER</td>
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<td>Tylenol with Codeine #3 (PA)</td>
<td>Levetiracetam solution, tablet (PA)</td>
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<tr>
<td>Tylenol with Codeine #4 (PA)</td>
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<td>Carbatrol ER (PA)</td>
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<td>Vanalot LQ (PA)</td>
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<td>Depakote ER (PA)</td>
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<td>Vanalot S (PA)</td>
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<td>Depakote Sprinkle (PA)</td>
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<tr>
<td>Vimovo (PA, QL)</td>
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<td>Divalprox 30mg (PA)</td>
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<tr>
<td>Vivlodex 5mg (PA, QL)</td>
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<td>Dympa (PA, QL)</td>
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<td>Vivlodex 10mg (PA)</td>
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<td>Fycompa (PA, QL)</td>
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<td>Voltaren (PA, QL)</td>
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<td>Zipson (PA)</td>
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<td>Zomig ZMT (PA, QL)</td>
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<td>Divalprox 50mg, 100mg (PA)</td>
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<td>Zorvolex (PA)</td>
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<td>Epidiolex* (PA)</td>
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<tr>
<td>Zyrutroprim</td>
<td></td>
<td>Keppra solution, tablet (PA)</td>
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</table>

## Parkinson’s Disease

- benzztropine tablet
- bromocriptine
- carbidopa-levodopa
- carbidopa-levodopa ER
- pramipexole
- pramipexole ER (QL)

## Parkinson’s Disease (cont)

- Azilect (QL)
- Duopa*
- Gocovri ER
- Lodosyn (PA)
- Mirapex
- Mirapex ER (QL)
- Neupro

- Osmolex ER (QL)
- Parlodol
- REQUIP XL (PA)
- Rytary
- Sinemet
- Sinemet CR
- Tasmar
- Xadago (ST)
- Zelapar (PA)

## Schizophrenia/Anti-Psychotics

- aripiprazole (QL)
- aripiprazole ODT
- chlorpromazine tablet
- olanzapine tablet
- olanzapine OD
- paliperidone ER (QL)
- quetiapine
- quetiapine ER
- risperidone
- risperidone OD
- zopiclone

## Seizure Disorders

- carbamazepine
- carbamazepine ER
- clonazepam
- divalprox
- divalprox ER
- Epitol
- gabapentin
- lamotrigine
- lamotrigine (blue, green, orange)
- lamotrigine ER
- lamotrigine OD
- levetiracetam solution, tablet
- levetiracetam ER
- oxcarbazepine
- Rowantra
- Rowantra XR
- Subvenite
- Subvenite (Blue, Green, Orange)
- topiramate
- topiramate ER

- Dilantin 30mg (PA)
- Divalprox 30mg, 100mg (PA)
- Epidiolex* (PA)
- Keppra solution, tablet (PA)
- Klonopin (PA)
- Lamictal (PA)
- Lamictal XR (PA)
- Lyrica (PA)
- Lyrica CR
- Mysoline (PA)
- Neurontin (PA)
- Onfi (PA)
- Oxtellar XR (PA)
Injectable specialty medications are covered on Tier 4 (listed on page 20).

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TIER 2</th>
<th>TIER 3</th>
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</table>

### SEIZURE DISORDERS (cont)
- vigabatrin*
- Vigadrone*
- Phenytek (PA)
- Qudexy XR (PA)
- Sabril* (PA)
- Tegretol (PA)
- Tegretol XR (PA)
- Trokendi XR 50mg, 200mg (PA)
- Trokendi XR 25mg, 100mg (PA, QL)

### SKIN CONDITIONS (cont)
- Aczone 7.5% gel
- Drysol
- Epiduo Forte
- Eucrisa
- Fluoroplex
- HALOG solution
- Naftin gel
- OXistat 1% lotion
- Pramosone 1%-1% cream, 1% lotion, ointment
- Santyl (QL)
- Tazorac gel, 0.05% cream
- Acanya
- Aczone 5% gel
- Aldara (PA)
- Atralin (PA age)
- Avita (PA age)
- Benzaclin (PA)
- Bryhali (ST)
- Carac (PA)
- Celsyna
- Cleocin T
- Clindagel (PA)
- Clobex (PA)
- Cloiderm (ST)
- Condyllox (PA)
- Cordran (PA)
- Cutivate (PA)
- Denavir (QL)
- Differin 0.1% cream and lotion, 0.3% gel pump (PA age)
- Donoxen
- Duobrii
- Ecoza
- Efudex
- Eliidel
- Epiduo
- ERTACZO (PA)
- Evocin
- Exelderm (PA)
- Extina (PA)
- Fabior
- Finacea (PA)
- HALOG cream, ointment (PA)
- Impoyz (PA)
- Jublia (PA)
- diclofenac 3% gel (PA)
- diflorasone (PA)
- flucinonide
- fluorouracil cream, solution
- flurandrenolide (PA)
- hydrocortisone 2.5%
- hydrocortisone butyrate 0.1%
- lotion. 0.1% lipid cream, lipo cream (PA)
- isotretinoin (QL)
- ketoconazole
- metronidazole
- MiCort HC 2.5% cream
- mupirocin
- Myorisan (QL)
- Neucal gel
- Nolix
- oxiconazole
- pimecrolimus
- Procto-Med HC
- Procto-Pak
- Proctosol-HC
- Proctozone-HC
- Rosadan 0.75%
- cream (PA)
- Rosadan 0.75% gel sodium
- sulfacetamide-sulfur
- SSS 10-5
- Sulfacleanse 8-4
- tacrolimus ointment
- tazarotene
- tretinoin (PA age)
- tretinoin microsphere (PA age)
- triamcinolone
- Trianex (PA)
- Triderm
- Zenatane (QL)
- Kenalog 0.147 mg/gm spray (PA)
- Kerydin (PA)
- Locoid suspension kit, topical suspension
- Locoid cream, shampoo (PA)
- Loprox (PA)
- Lotrisone
- Luzu (PA)
- MetroCream (PA)
- MetroGel (PA)
- MetroLotion (PA)
- Mimyx
- Naftin cream
- Nizoral
- Noritate (PA)
- Olux (PA)
- Olux-E (PA)
- Onexton
- Oxistat cream (PA)
- Pandel (PA)
- Picato
- Pramosone 2.5%-1% cream, lotion
- Protopic
- Prudoxin (PA, QL)
- Psorcon (PA)
- Obrexza
- Regranex (PA, QL)
- Retin-A (PA age)
- Retin-A Micro (PA age)
- Sernivo (PA)
- Soolantra (PA)
- Sorilux (PA)
- Targretin gel*
- Tazaroc 0.1% cream
- Temovate (ST)
- Tolak
- Topisort (ST)
- Tridesilon (PA)
- Ultravate (PA)
- Valchlor*
- Vanos (PA)
- Veltin
- Verdeo (PA)
- Vusion (PA)
**Cigna Legacy (Standard) 4-Tier Prescription Drug List**

Injectable specialty medications are covered on Tier 4 (listed on page 20).

### SKIN CONDITIONS (cont)

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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<tbody>
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</table>

- Xepi
- Xerese (PA, QL)
- Xolegel (PA)
- Ziana (PA)
- Zonalon (PA, QL)
- Zovirax cream, ointment (PA, QL)
- Zyclar 2.5% cream pump, 3.75% cream (PA, QL)
- Zyclar 3.75% cream pump (PA)

### SLEEP DISORDERS/SEDATIVES

<table>
<thead>
<tr>
<th>Tier 1</th>
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</table>

- armodafinil (PA)
- eszopiclone
- modafinil (PA)
- temazepam
- zolpidem
- zolpidem ER (QL)

### SMOKING CESSATION

<table>
<thead>
<tr>
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<th>Tier 2</th>
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</table>

- bupropion SR
- NicoDerm CQ 21mg/24hr
- Nicorette gum
- nicotine lozenge
- nicotine patch
- Quit 2
- Quit 4

### SMOKING CESSATION (cont)

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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</tbody>
</table>

- Chantix^ Nicotrol NS^ Nicotrol^
- NicoDerm CQ 7mg/24hr, 14mg/24hr Nicorette

### SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Tier 1</th>
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- buprenorphine
- naloxone

### URINARY TRACT CONDITIONS

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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</tbody>
</table>

- cevimeline
- darifenacin ER (QL)
- finasteride 5mg
- oxybutynin
- oxybutynin ER
- phenazopyridine
- potassium citrate
- silodosin (QL)
- solifenacin (QL)
- tamsulosin
- terodol
- tolterodine
- tolterodine ER (QL)
- trospium
- trospium ER

### TRANSPLANT MEDICATIONS

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<thead>
<tr>
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</tbody>
</table>

- azathioprine tablet*
- mycophenolate capsule,
suspension, tablet*
- mycophenolic acid*
- sirolimus*
- tacrolimus capsule*

### URINARY TRACT CONDITIONS (cont)

<table>
<thead>
<tr>
<th>Tier 1</th>
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<th>Tier 3</th>
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<tbody>
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</tbody>
</table>

- azathioprine tablet
- mycophenolate
- mycophenolic acid
- sirolimus
- tacrolimus

### VACCINES

For plans renewing on 2/1/20 and later: Starting on the date your new plan year begins, vaccines will be covered under your pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna App or website, or check your plan materials, to find out how your specific plan covers them.

### VACCINES (cont)

<table>
<thead>
<tr>
<th>Tier 1</th>
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</table>

- Diphtheria and Tetanus Toxoids-ped^ TdVax^
### Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 20).

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TIER 2</th>
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**VACCINES (cont)**

For plans renewing on 2/1/20 and later: Starting on the date your new plan year begins, vaccines will be covered under your pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna App or website, or check your plan materials, to find out how your specific plan covers them.

- Fluzone Quadrivalent
- Fluzone Quadrivalent
- GARDASIL 9
- HAVRIX
- HEPLISAV-B
- Hiberix
- Infanrix DTaP
- IPOL
- KINRIX
- Menactra
- Menveo A-C-Y-W-135-DiP
- M-M-R II
- PEDIARIX
- PedvaxHIB
- Pentacel
- PNEUMOVAX 23
- Prevnar 13
- ProQuad
- Quadracel DTaP-IPV
- Recombivax HB
- SHINGRIX
- Tenivac
- Trumenba
- Twinrix
- VAQTA
- VARIVAX
- ZOSTAVAX

**WEIGHT MANAGEMENT**

<table>
<thead>
<tr>
<th>Lomaira^</th>
<th>Contrave^ (PA)</th>
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<tbody>
<tr>
<td>phentermine^</td>
<td>Qsymia^ (PA)</td>
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<tr>
<td></td>
<td>Saxenda^ (PA)</td>
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**Injectable specialty medications**

The specialty medications listed below are covered on Tier 4 and need approval from Cigna before your plan will cover them.

<table>
<thead>
<tr>
<th>MEDICATION NAME</th>
<th>DRUG CLASS</th>
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<tbody>
<tr>
<td>Actemra syringe (PA, QL)</td>
<td>PAIN RELIEF AND INFLAMMATORY DISEASE</td>
</tr>
<tr>
<td>Actimmune (PA)</td>
<td>CANCER</td>
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<tr>
<td>Apokyn (PA)</td>
<td>PARKINSON’S DISEASE</td>
</tr>
<tr>
<td>Aranesp^ (PA)</td>
<td>BLOOD MODIFIERS/BLEEDING DISORDERS</td>
</tr>
<tr>
<td>Avonex pen (PA)</td>
<td>MULTIPLE SCLEROSIS</td>
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<tr>
<td>Avonex (PA)</td>
<td>MULTIPLE SCLEROSIS</td>
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<tr>
<td>Benlysta 200mg (PA)</td>
<td>PAIN RELIEF AND INFLAMMATORY DISEASE</td>
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<tr>
<td>Betaseron (PA)</td>
<td>MULTIPLE SCLEROSIS</td>
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<tr>
<td>Cimzia (PA, QL)</td>
<td>PAIN RELIEF AND INFLAMMATORY DISEASE</td>
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<td>Cosentyx^* (PA, QL)</td>
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<tr>
<td>Dupixent (PA)</td>
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<tr>
<td>Egrifta (PA)</td>
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<tr>
<td>Enbrel (PA, QL)</td>
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<tr>
<td>Entyvio^ (PA)</td>
<td>GASTROINTESTINAL/HEARTBURN</td>
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<td>Epogen^ (PA)</td>
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<td>Extavia (PA)</td>
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<td>Firazyr (PA)</td>
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<td>Granix^</td>
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<td>Hemlibra (PA)</td>
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<td>Humira (PA, QL)</td>
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<td>Kineret (PA, QL)</td>
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<td>Lupron Depot^ (PA)</td>
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<td>Myalept (PA)</td>
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<td>MEDICATION NAME</td>
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<td>Orencia syringe (PA, QL)</td>
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<td>Retacrit^ (PA)</td>
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<td>Serostim (PA)</td>
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<td>Simponi Aria (PA)</td>
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<td>Stelara syringe, 45mg/0.5ml vial (PA, QL)</td>
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<td>Zorbvte (PA)</td>
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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. This can happen at any time during the year.
- Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- Moving a medication to a higher cost tier. This typically happens twice a year on January 1st and July 1st.
- 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, 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?
Your plan may 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). Log in to the myCigna App or website, or check your plan materials, to find out which medications your specific plan excludes.

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

How do I request approval for a non-covered medication?
Ask your doctor’s office to contact Cigna to 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.

Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. We’ll send you and your doctor a letter with our decision and next steps. If you meet guidelines, your medication will be approved for coverage. If you don’t meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

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/druglist.
Prescription drug list FAQs (cont)

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?

Newly approved medications may not be covered on your drug list for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefit plans. We review all newly approved medications to see if they should be covered - and if so, on what tier. 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.³

How can I save money on my prescription medications?

You may be able to save money by switching to a medication that’s on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. 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.⁴ 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.⁴ 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, as long as your plan offers home delivery.⁵

› 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 our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home – at no extra cost. 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,
Prescription drug list FAQs (cont)

you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice). 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

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan’s network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:

- over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- doctor-administered injectable medications covered under the Plan’s medical benefit, unless otherwise covered under the Plan’s prescription drug list or approved by Cigna;
- implantable contraceptive devices covered under the Plan’s medical benefit;
- medications that are not medically necessary;
- experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- medications that are not approved by the Food & Drug Administration (FDA);
- prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- medications used for fertility, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- replacement of prescription medications and related supplies due to loss or theft;
- medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- prescriptions more than one year from the date of issue; or
- coverage for prescription medication products for the amount dispensed (days’ supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

In addition to the plan’s standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna as medically necessary.
Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.
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.jsp, 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)


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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）。


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


**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** – 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。

**French Creole** – ATANSYON: Gen sèvis ëd 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 o número 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: 日本語でご相談ください。Cignaの新規加入者の方は、IDカード裏面の電話番号までお電話ください。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 شماره‌ی کارتیده شما تماس بگیرید. در غیر اینصورت با شماره‌ی 1.800.244.6224 تا شماره‌ی تلفن ویژه‌ی ناشنوایان: شماره‌ی 711 را تماس بگیرید.