



CIGNA LEGACY (PERFORMANCE) 4-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

Together, all the way.®



Offered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

891395 s Legacy (Performance) 4-Tier 09/20



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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.

* Drug list created: originally created 01/01/2004

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 (Performance) 4-Tier Prescription Drug List as of January 1, 2021.^{1,2} 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 (Performance) 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 (Performance) 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS		
Amabelz	Androderm (PA, QL)	Activella
budesonide EC	AndroGel 1.62% (PA, QL)	Alora (QL)
cabergoline (QL)	Armour Thyroid	AndroGel 1.0% (PA, QL)
Covaryx	Cytomel 50mcg	Angeliq
Covaryx H.S.	Divigel	Climara
Decadron	Duavee	Climara Pro
desmopressin	Estring (QL)	Combipatch
dexamethasone	Premarin	Cytomel 5, 25mcg
estradiol-norethindrone	Premphase	Depo-Testosterone
estrogen-methyltestosterone	Prempro	Elestrin
levothyroxine	Synthroid	Ertocort EC
Levoxyl		Estrace
liothyronine		Estrogel
medroxy-progesterone		Evamist
methimazole		Femring
methylprednisolone		Intrarosa
Mimvey		Levo-T
Mimvey Lo		Menostar (QL)
Nature-Throid		Minivelle (QL)
NP Thyroid		Osphena
prednisolone		Tirosint
prednisolone ODT		Unithroid
prednisone		Vagifem (QL)
prednisone intensol		Vivelle-Dot (QL)
progesterone		

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

Medications are grouped by the **condition** they treat; Speciality medications are listed on Tier 4 (pages 17-23)

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

This chart is just a sample. It may not show how these medications are actually covered on the Legacy (Performance) 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 - 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, oral and injectable specialty medications are covered on Tier 4 (see page 18). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

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.

Condition	Page	Condition	Page
ALLERGY/NASAL SPRAYS	6	EYE CONDITIONS	11
ALZHEIMER’S DISEASE	6	FEMININE PRODUCTS	11
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	GASTROINTESTINAL/HEARTBURN	11, 12
ASTHMA/COPD/RESPIRATORY	6	HORMONAL AGENTS	12
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	INFECTIONS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MISCELLANEOUS	13
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	MULTIPLE SCLEROSIS	13
BLOOD THINNERS/ANTI-CLOTTING	8	NUTRITIONAL/DIETARY	13
CANCER	8	OSTEOPOROSIS PRODUCTS	13, 14
CHOLESTEROL MEDICATIONS	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CONTRACEPTION PRODUCTS	8–10	PARKINSON’S DISEASE	15
COUGH/COLD MEDICATIONS	10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
DENTAL PRODUCTS	10	SEIZURE DISORDERS	15
DIABETES	10, 11	SKIN CONDITIONS	15, 16
DIURETICS	11	SLEEP DISORDERS/SEDATIVES	16
EAR MEDICATIONS	11	SMOKING CESSATION	16
ERECTILE DYSFUNCTION	11	SUBSTANCE ABUSE	17
		URINARY TRACT CONDITIONS	17
		VACCINES	17

Cigna Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$		
ALLERGY/NASAL SPRAYS								
Adyphren		Clarinet						
Adyphren AMP		Clarinet-D 12 Hour						
azelastine		EpinephrineSnap-						
carbinoxamine		EMS						
6mg (PA)		EpinephrineSnap-V						
chromolyn oral		EpiPen (PA, QL)						
concentrate		EpiPen JR (PA, QL)						
cyproheptadine		EPIsnap						
desloratadine		Gastrocrom						
desloratadine (QL)		Grastek (PA, QL)						
epinephrine (QL)		Karbinal ER						
fluticasone		Odactra (PA, QL)						
hydroxyzine		Patanase						
ipratropium		QNASL children						
mometasone (QL)		Ragwitek (PA, QL)						
olopatadine		RyVent (PA)						
Phenergan		Symjepi (PA, QL)						
promethazine		Vistaril						
ALZHEIMER'S DISEASE								
donepezil	Mestinon syrup	Aricept						
donepezil ODT	Namenda Titration	Exelon						
memantine	Pack	Mestinon tablet						
memantine ER (QL)		Namenda tablet						
pyridostigmine		Namenda XR (QL)						
pyridostigmine ER		Namzaric (QL)						
rivastigmine		Regonol						
ANXIETY/DEPRESSION/BIPOLAR DISORDER								
alprazolam		Anafranil (PA)						
alprazolam ER		Aplenzin (PA, QL)						
alprazolam intensol		Ativan (PA)						
alprazolam ODT		Celexa (ST, QL)						
alprazolam XR		Cymbalta (PA, QL)						
amitriptyline		Effexor XR (ST, QL)						
bupropion (QL)		Fetzima ER (ST, QL)						
bupropion SR (QL)		Forfivo XL (ST, QL)						
bupropion XL (QL)		Lexapro (PA, QL)						
buspirone		Pamelor (PA)						
citalopram (QL)		Parnate (PA)						
clomipramine		Paxil (ST, QL)						
desvenlafaxine ER		Paxil CR (ST, QL)						
(QL)		Pexeva (PA, QL)						
duloxetine (QL)		Pristiq ER (ST, QL)						
escitalopram (QL)		Prozac (ST, QL)						
fluoxetine (QL)		Remeron						
fluoxetine DR (QL)		Sarafem (ST)						
fluvoxamine (QL)		Trintellix (ST, QL)						
fluvoxamine ER		Viibryd (ST, QL)						
(QL)								
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)								
lorazepam		Wellbutrin XL (PA,						
lorazepam intensol		QL)						
mirtazapine		Wellbutrin SR (ST,						
paroxetine (QL)		QL)						
paroxetine CR (QL)		Xanax						
paroxetine ER (QL)		Xanax XR						
sertraline (QL)		Zoloft (ST, QL)						
trazodone								
venlafaxine (QL)								
venlafaxine ER (QL)								
ASTHMA/COPD/RESPIRATORY								
albuterol	Advair HFA	Arcapta Neohaler						
albuterol HFA	Anoro Ellipta	Brovana						
budesonide	Asmanex	Daliresp (QL)						
fluticasone-	Asmanex HFA	Elixophyllin (PA)						
salmeterol	Atrovent HFA	Lonhala Magnair						
montelukast	Bevespi	(PA)						
Wixela Inhub	Breo Ellipta	Perforomist (QL)						
	Combivent	ProAir HFA (PA, QL)						
	RespiMat	ProAir RespiClick						
	Dulera	(PA, QL)						
	Flovent	Proventil HFA (PA,						
	Flovent HFA	QL)						
	Incruse Ellipta	Pulmicort respule						
	Pulmicort Flexhaler	Singulair						
	QVAR RediHaler	Ventolin HFA (PA,						
	Serevent	QL)						
	Symbicort	Xopenex HFA						
	Trelegy Ellipta	Zyflo (PA)						
ATTENTION DEFICIT HYPERACTIVITY DISORDER								
atomoxetine (QL)	Vyvanse (PA age,	Adderall (PA age, ST)						
clonidine ER	QL)	Adhansia XR (PA						
dexmethylphenidate		age, ST, QL)						
(PA age)		Adzenys ER (PA						
dexmethylphenidate		age, QL)						
ER (PA age, QL)		Adzenys XR-ODT						
dextroamphetamine-		(PA age, QL)						
amphetamine (PA		Daytrana (PA age,						
age)		QL)						
dextroamphetamine-		Desoxyn (PA)						
amphetamine ER		Dexedrine (PA, QL)						
(PA age, QL)		Dyanavel XR (PA						
guanfacine ER		age, QL)						
metadate ER (PA		Evekeo ODT (PA						
age, QL)		age)						
methylphenidate		Focalin (PA, ST)						
(PA age)		Intuniv ER						
		Kapvay ER						

Cigna Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$								
ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)						BLOOD PRESSURE/HEART MEDICATIONS (cont)								
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) Relexxi ER (PA age, QL)						Methylin (PA age) QuilliChew ER (PA age, QL) Quillivant XR (PA age, QL) Ritalin tablet (PA age, ST) Stratterra (QL)			diltiazem 24hr ER (CD) diltiazem 24hr ER (LA) Dilt-XR dofetilide (QL) doxazosin Ecotrin EC 81mg+ Ecpirin+ enalapril flecainide hydralazine irbesartan irbesartan-HCTZ isosorbide isosorbide ER labetalol lisinopril lisinopril-HCTZ losartan losartan-HCTZ Low Dose Aspirin EC+ Matzim LA metoprolol nadolol nifedipine nifedipine ER olmesartan (QL) olmesartan-amlodipine-HCTZ olmesartan-HCTZ (QL) Pacerone 200mg prazosin propafenone propafenone ER propranolol propranolol ER ramipril ranolazine ER (QL) St. Joseph Aspirin+ Taztia XT telmisartan (QL) telmisartan-HCTZ (QL) valsartan valsartan-HCTZ			Exforge HCT GoNitro Hemangeol Hyzaar (ST) Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Isordil (PA) Isordil Titradoso (PA) Kapspargo Sprinkle (ST) Lanoxin (PA) Lopressor (ST) Lotensin (ST) Lotensin HCT (ST) Lotrel Micardis (ST, QL) Micardis HCT (ST, QL) Minipress MULTAQ Nitrostat Norvasc Pacerone (PA) 100mg, 400mg Prinivil (ST) Procardia Procardia XL Ranexa ER (QL) Rythmol SR (PA) Tekturna (QL) Tenormin (ST) Tiazac ER Tikosyn (PA, QL) Toprol XL (ST) Tribenzor Vasotec (ST) Verelan Verelan PM Zestoretic (ST) Zestril (ST)		
BLOOD MODIFIERS/BLEEDING DISORDERS														
			Droxia			Siklos (PA)								
BLOOD PRESSURE/HEART MEDICATIONS														
Adult Aspirin Regimen+ amiodarone amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-HCTZ Aspir EC+ Aspir-Low+ aspirin EC+ aspirin 325mg tablet+ atenolol Bayer Aspirin 325mg tablet+ benazepril benazepril-HCTZ candesartan candesartan-HCTZ cartia XT carvedilol carvedilol ER (QL) Children's Aspirin+ clonidine diltiazem diltiazem 12hr ER diltiazem 24hr ER			Bystolic (ST, QL) Corlanor (PA) Entresto Tekturna HCT (QL) Tekturna tablet (QL)			Adalat CC Altace (ST) Atacand (ST) Atacand HCT (ST) Avalide (ST) Avapro (ST) Azor (QL) Benicar (ST, QL) Benicar HCT (ST, QL) Betapace (PA) BiDil (QL) Calan SR Cardizem (PA) Cardizem CD (PA) Cardizem LA (QL) 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 325mg+ Edarbi (ST, QL) Edarbyclor (ST) Epaned Exforge								

Cigna Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont)			CHOLESTEROL MEDICATIONS (cont)		
verapamil verapamil ER verapamil ER PM verapamil SR			rosuvastatin 20mg, 40mg (QL) simvastatin 10mg, 20mg, 40mg+ simvastatin 80mg (QL)		
BLOOD THINNERS/ANTI-CLOTTING			CONTRACEPTION PRODUCTS		
aspirin- dipyridamole ER clopidogrel Jantoven prasugrel warfarin	Brilinta Eliquis (PA) Xarelto (PA)	Aggrenox Bayer Aspirin chewable tablet+ Bevyxxa (QL) Coumadin (PA) Effient Plavix Pradaxa (PA) Savaysa (PA, QL) Yosprala (PA) Zontivity	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+ Caziant+ Chateal+ Chateal EQ+ Cryselle+ Cyclafem+ Cyred+ Cyred EQ+ Dasetta+ Daysee+ Deblitane+ Delyla+ desogestrel-ethinyl estradiol+ dospirenone- ethinyl estradiol- levomefolate+ drospirenone- ethinyl estradiol+	Lo Loestrin FE Taytulla	Annovera+ Balcoltra Caya Contoured+ Ella+ Estrostep FE FemCap+ Layolis FE Loestrin FE Minastrin 24 FE Natazia NuvaRing Safyral Today Contraceptive Sponge+ Wide Seal Diaphragm+ Yasmin 28 Yaz
CANCER					
anastrozole exemestane letrozole mercaptopurine methotrexate tamoxifen+	Gleostine Trexall	Nilandron (PA, QL)			
CHOLESTEROL MEDICATIONS					
amlodipine- atorvastatin (QL) atorvastatin 10mg, 20mg+ atorvastatin 40mg, 80mg colesevelam ezetimibe ezetimibe- simvastatin fenofibrate fenofibric acid fluvastatin+ fluvastatin ER+ lovastatin 10mg lovastatin+ 20mg, 40mg niacin niacin ER niacor omega-3 acid ethyl esters pravastatin+ rosuvastatin 5mg, 10mg+	Repatha (PA) Vascepa (PA)	Antara (PA) Caduet (QL) Crestor (ST, QL) Fenoglide (PA) Lipitor (PA) Lipofen (ST) Lovaza Niaspan Pravachol (ST) TriCor (ST) Triglide (ST) Trilipix (ST) Vytorin (ST) Welchol Zetia Zocor (ST, QL)			

Cigna Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)		
Econtra EZ ⁺			Lillow ⁺		
Econtra One-Step ⁺			Loryna ⁺		
Elinest ⁺			Low-Ogestrel ⁺		
EluRyng vaginal ring ⁺			Lo-Zumandimine ⁺		
Emoquette ⁺			Lutera ⁺		
Enpresse ⁺			Lyza ⁺		
Enskyce ⁺			Marlissa ⁺		
Errin ⁺			medroxyprogesterone 150mg/ml ⁺		
Estarylla ⁺			Melodetta 24 FE ⁺		
ethynodiol-ethinyl estradiol ⁺			Mibelas 24 FE ⁺		
etonogestrel-ethinyl estradiol vaginal ring ⁺			Mili ⁺		
Falmina ⁺			Mono-Linyah ⁺		
Fayosim ⁺			My Choice ⁺		
Femynor ⁺			Necon ⁺		
Gianvi ⁺			New Day ⁺		
Gynol II ⁺			Nikki ⁺		
Hailey 24 FE ⁺			Nora-BE ⁺		
Heather ⁺			norethindrone ⁺		
Incassia ⁺			norethindrone-ethinyl estradiol ⁺		
Introvale ⁺			norethindrone-ethinyl estradiol-iron ⁺		
Isibloom ⁺			norgestimate-ethinyl estradiol ⁺		
Jasmiel ⁺			Norlyda ⁺		
Jencycla ⁺			Norlyroc ⁺		
Jolessa ⁺			Nortrel ⁺		
Juleber ⁺			Ocella ⁺		
Junel ⁺			Opicon One-Step ⁺		
Junel FE ⁺			Option 2 ⁺		
Junel FE 24 ⁺			Orsythia ⁺		
Kaitlib FE ⁺			Philith ⁺		
Kalliga ⁺			Pimtrea ⁺		
Kariva ⁺			Pirmella ⁺		
Kelnor 1-35 ⁺			Portia ⁺		
Kelnor 1-50 ⁺			Previfem ⁺		
Kurvelo ⁺			Reclipsen ⁺		
Larin ⁺			Setlakin ⁺		
Larin FE ⁺			Sharobel ⁺		
Larin 24 FE ⁺			Simliya ⁺		
Larissia ⁺			Simpesse ⁺		
Lessina ⁺			Sprintec ⁺		
Levonest ⁺			Sronyx ⁺		
levonorgestrel ⁺			Syeda ⁺		
levonorgestrel-ethinyl estradiol ⁺			Tarina FE ⁺		
levonorgestrel-ethinyl estradiol-ethinyl estradiol ⁺			Tarina 24 FE ⁺		
Levora-28 ⁺			Tarina FE 1-20 EQ ⁺		
			Tri Femynor ⁺		
			Tri-Estarylla ⁺		
			Tri-Legest FE ⁺		

Cigna Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
CONTRACEPTION PRODUCTS (cont)						DENTAL PRODUCTS (cont)					
Tri-Linyah+ Tri-Lo-Estarylla+ Tri-Lo-Marzia+ Tri-Lo-Mili+ Tri-Lo-Sprintec+ Tri-Mili+ Tri-Previfem+ Tri-Sprintec+ Trivora-28+ Tri-Vylibra+ Tri-Vylibra Lo+ Tulana+ Tydemy+ Velivet+ Vienva+ Viorele+ Vyfemla+ Vylibra+ Wera+ Wymzya FE+ Xulane+ Zarah+ Zovia+ Zumandimine+						SF 5000 Plus sodium fluoride 5000 plus sodium fluoride 0.25mg, 0.5mg, 1mg+^ triamcinolone 0.1% paste					
						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) Fiasp (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) Janumet XR (ST, QL) Januvia (ST, QL) Jardiance (ST, QL) Levemir (QL) Novolin (QL) Novolog (QL) OneTouch test strips Ozempic (ST, QL) QTERN (ST, QL) Segluromet (ST, QL) Soliqua Steglatro (ST, QL) SymlinPen Synjardy (ST, QL) Synjardy XR (ST, QL) Tresiba (QL)		Admelog (QL) Agamatrix AMP test strips Amaryl Apidra (QL) Apidra SoloStar (QL) Cycloset Fortamet (PA) Glucophage Glucophage XR Glumetza (PA) Kombiglyze XR (PA, QL) Onglyza (PA, QL) Riomet	
COUGH/COLD MEDICATIONS											
benzonatate (PA) Bromfed DM brompheniramine- pseudoephedrine- DM hydrocodone- chlorpheniramine ER (PA)		TussiCaps (PA)		Tessalon Perle Tuzistra XR (PA, QL)							
DENTAL PRODUCTS											
chlorhexidine Denta 5000 Plus dentagel doxycycline fluoride+ Fluoridex Daily Defense Fluoritab+ Flura-Drops+ Ludent+ Oralone Paroex Peridex Periogard		Fluorabon+ PreviDent 5000		Clinpro 5000 Floriva+ Fluoridex Sensitivity Relief PreviDent PreviDent 5000 Plus							

Cigna Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$								
DIABETES (cont)						EYE CONDITIONS (cont)								
			Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (ST, QL) Xultophy			timolol solution tobramycin tobramycin- dexamethasone			Maxitrol Nevanac Ocuflox Patanol Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex drops Tobradex ST TRAVATAN Z (PA) Trusopt Vigamox Vyzulta (PA) Xalatan (PA) Xelpros (PA) Zioptan (PA, QL) Zirgan Zylet Zymaxid					
DIURETICS														
acetazolamide acetazolamide ER bumetanide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ		Diuril Dyrenium		Aldactone Dyazide Edecrin (PA) Inspra Lasix Maxzide										
EAR MEDICATIONS														
neomycin- polymyxin-HC ofloxacin drops		Cipro HC Ciprodex		Coly-Mycin S Cortisporin-TC Dermotic Otovel										
ERECTILE DYSFUNCTION														
sildenafil (PA age, QL) tadalafil 2.5mg, 10mg, 20mg (PA age, QL) tadalafil 5mg (QL) vardenafil (PA age, QL)		Muse (QL)		Caverject Impulse Syringe (QL) Cialis (PA age, ST, QL) Stendra (PA age, ST, QL) Viagra (PA age, ST, QL)										
EYE CONDITIONS						FEMININE PRODUCTS								
azelastine brimonidine ciprofloxacin dorzolamide dorzolamide- timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin- polymyxin- dexamethasone ofloxacin polymyxin B-TMP prednisolone solution			Alphagan P 0.1% Azasite Azopt Betimol Betoptic S Combigan Lotemax gel Lotemax SM Moxeza Pazeo Restasis Simbrinza Tobradex eye ointment Xiidra			Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Cosopt Cosopt PF Durezol FML liquifilm Ilevro Inveltys Istalol Lastacaft Lotemax drops, ointment Lumigan			Fem pH Gynazole 1 miconazole 3 vaginal suppository terconazole cream, suppository			AVC		
GASTROINTESTINAL/HEARTBURN														
Alophen+ Anucort-HC balsalazide bisacodyl tablet+ Bisa-Lax+ chlordiazepoxide- clidinium cinacalcet* ClearLax+ dicyclomine capsule, solution, tablet diphenoxylate- atropine dronabinol Ducodyl+ esomeprazole (QL)		Amitiza Apriso ER (ST) Carafate suspension CLENPIQ+ Dexilant (QL) Linzess Lithostat Nexium DR 2.5mg, 5mg packet (QL) Pancreaze DR Pentasa Prepopik+ SUPREP+		Aciphex (ST, QL) Aciphex Sprinkle (QL) Actigall Akynzeo (PA, QL) Anusol-HC suppository (PA) Bonjesta Canasa Carafate tablet Correctol+ Cortifoam (PA) Creon (PA) Diclegis Donnatal Dulcolax tablet+ Kristalose										

Cigna Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS		
famotidine 20mg, 40mg		Lialda (ST)	Amabelz	Androderm (PA, QL)	Activella
GaviLax+		Librax (PA)	budesonide EC		Alora (QL)
GaviLyte-C+		Lomotil	budesonide ER (PA, QL)	Crinone 8% gel^	AndroGel (PA, QL)
GaviLyte-G+		Marinol (PA)	cabergoline (QL)	Divigel	Angeliq
GaviLyte-N+		MiraLax+	CovARYX	Duavee	Armour Thyroid
GentleLax+		Motegrity (PA)	CovARYX HS	Estring (QL)	Climara
GlycoLax+		Movantik (PA)	Decadron	Medrol 2mg	Climara Pro
HealthyLax+		Nexium DR capsule (PA, QL)	desmopressin solution, spray, tablet	Orilissa (PA, QL)	CombiPatch
Hemmorex-HC hydrocortisone lansoprazole (QL)		Nexium DR 10mg, 20mg packet (PA, QL)	dexamethasone	Premarin	Cytomel
LaxaClear+		Omeclamox-Pak (PA)	dexamethasone intensol	Premphase	DDAVP nasal spray, solution, tablet (PA)
mesalamine		Pertzye (PA)	Dotti (QL)	Prempro	Depo-Testosterone
mesalamine DR		Prevacid DR (ST, QL)	EEMT		Elestrin
metoclopramide		Prevacid SoluTab (PA, QL)	EEMT H.S.		Entocort EC
metoclopramide ODT		Protonix (ST, QL)	estradiol (QL)		Estrace
omeprazole DR (QL)		Protonix IV	estradiol-norethindrone		EstroGel
omeprazole-sodium bicarbonate (PA, QL)		Pylera (PA)	estrogen-methyltestosterone		Euthyrox
ondansetron		Rectiv	HiDex		Evamist
ondansetron ODT		Relistor (PA)	levothyroxine		ForTesta (PA, QL)
pantoprazole DR (QL)		Rowasa (PA)	Levoxyl		Imvexxy (QL)
PEG 3350 and Electrolytes+		Sancuso (PA, QL)	liothyronine		Intrarosa
PEG-Prep+		sfRowasa	Lopreeza		Levo-T
Pepcid 20mg, 40mg (PA)		Sustol (PA)	medroxy-progesterone		Medrol 4mg, 8mg, 16mg, 32mg
Phenadoz		Symproic (PA)	methimazole		Menostar (QL)
polyethylene glycol 3350+		Transderm-Scop	methylprednisolone dosepak, tablet		Minivelle (QL)
PowderLax+		Trulance	Mimvey		Natesto (PA, QL)
prochlorperazine		UCERIS foam (PA, QL)	Nature-Thyroid		Noctiva (PA)
promethazine		Urso	NP Thyroid		Osphena
Promethegan		Urso Forte	prednisolone		Prometrium
Purelax+		Varubi (PA, QL)	prednisolone ODT		Royaldee ER
QC Natura-Lax+		Viberzi	prednisone		Rayos DR (PA)
rabeprazole (QL)		Viokace	prednisone intensol		Striant (PA, QL)
ranitidine 150mg, 300mg capsules, tablets, syrup, vial		Zantac	progesterone capsule		Synthroid
Smooth LAX+		Zegerid (PA, QL)	TaperDex (PA)		Testim (PA, QL)
sucralfate		Zelnorm (PA)	testosterone (PA, QL)		Testopel (PA)
TriLyte With Flavor Packets+		Zenpep (PA)	testosterone cypionate		Tirosint
ursodiol		Zofran (PA)	thyroid		Triostat
		Zuplenz (PA, QL)	Westhroid		UCERIS tablet (PA, QL)
			WP Thyroid		Unithroid
			Yuvaferm (QL)		Vagifem (QL)
					Vivelle-Dot (QL)
					Vogelxo (PA, QL)

Cigna Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS			INFECTIONS (cont)		
acyclovir capsule, suspension, tablet, vial	Cipro suspension	Albenza	tetracycline		Vancocin (PA)
albendazole	Cleocin 75mg	Alinia	valacyclovir		Vfend (PA)
amoxicillin	Firvanq	Augmentin (PA)	valganciclovir		Vfend IV
amoxicillin-clavulanate	Xifaxan (QL)	Augmentin ES-600 (PA)	vancomycin bag, capsule, vial		Vibramycin (PA)
amoxicillin-clavulanate ER		Bactrim	Vandazole		Xofluza (QL)
atovaquone		Bactrim DS	voriconazole tablet (PA)		Zithromax
Avidoxy		Baxdela (PA)			Zovirax (PA)
azithromycin		Cipro tablet			Zyvox (PA)
cefdinir		Cleocin	MISCELLANEOUS		
cefpodoxime		Clindesse	disulfiram		Addyi (QL)
cefuroxime		Cresemba (PA)	Nebusal 3%		Brisdelle (QL)
cephalexin		Dificid (QL)	PULMOSAL		Horizant (PA)
ciprofloxacin		Diflucan (PA)	sodium chloride inhalation vial, irrigation solution		Nuedexta (QL)
clarithromycin		Doryx (PA)			
clarithromycin ER		E.E.S. 200mg/5ml (PA)	MULTIPLE SCLEROSIS		
clindamycin		Elimite	Gilenya 0.25mg		
clindamycin phosphate		EryPed 200	NUTRITIONAL/DIETARY		
Coremino (QL)		EryPed 400 (PA)	B-12 Compliance	CitraNatal	Auryxia (QL)
dapsone		Flagyl	calcitriol ampule, capsule, solution	Klor-Con M15	Drisdol
Doxy 100		Keflex	calcium 667mg	Mephyton	Floriva+
doxycycline		Levaquin	cyanocobalamin injection	OB Complete Petite	KPN
Emverm		Macrobid	daily prenatal+ FA-8+	Prenate Mini	K-Tab ER
erythromycin		Macrodantin	folic acid 0.4mg, 0.8mg+	Prenate Pixie	Lokelma
erythromycin ES		Malarone (PA)	folic acid 1mg tablet, vial	PrimaCare	Mephyton
famciclovir		Meproin (PA)	Klor-Con 8	Vitafof+	MVC-Fluoride+
fluconazole		Minocin	Klor-Con 10		Perry Prenatal+
hydroxychloroquine		Monurol	Klor-Con M10		Phoslyra
itraconazole		Mycobutin (PA)	Klor-Con M20		PreGenna (PA)
levofloxacin solution, tablet, vial		Natroba	Klor-Con Sprinkle		Quflora+
metronidazole		Noxafil (PA)	lanthanum		Renvela
minocycline		Nuessa	phytonadione		Rocaltrol
minocycline ER (QL)		Oracea (PA)	potassium chloride		Trinaz (PA)
Mondoxyne NL		Oravig	Prena1 Pearl		Velphoro
Morgidox capsule (ST)		Plaquenil (PA)	Prenatal+		Veltassa
nitrofurantoin		Priftin	Prenatal Vitamin+		vitaPearl
nitrofurantoin mono-macro		Sitavig (PA, QL)	sevelamer		
nystatin		Sivextro (PA)	vitamin D2 1.25mg		
Okebo		Sklice	vitamin D3 5,000 unit+		
oseltamivir (QL)		Solodyn (PA)	vitamin K1 ampule		
penicillin V		Solosec			
permethrin		Sporanox (PA)			
sulfamethoxazole-TMP		Sulfatrim			
terbinafine tablet		Suprax			
		Tamiflu (QL)			
		Targadox (PA)			
		Urogesic-Blue			
		Valcyte (PA)			
		Valtrex			
			OSTEOPOROSIS PRODUCTS		
			alendronate (QL)		Actonel (ST)
			calcitonin-salmon		Atelvia (ST)
			ibandronate tablet		Binosto (ST)

Cigna Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
OSTEOPOROSIS PRODUCTS (cont)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
raloxifene+ risedronate risedronate DR		Boniva tablet (ST) Evista Fosamax (ST) Fosamax Plus D (ST)	hydromorphone (PA) hydromorphone ER (PA) IBU 400mg, 600mg, 800mg ibuprofen 400mg, 600mg, 800mg tablet indomethacin indomethacin ER ketorolac (QL) leflunomide levorphanol (PA) lidocaine 5% ointment (QL) lidocaine viscous lidocaine-prilocaine Lidopril Lidopril XR Lido-Prilo Caine Pack Livixil Pak Lorcet (PA) Lorcet HD (PA) Lorcet Plus (PA) Lortab (PA) meloxicam metaxalone methocarbamol morphine (PA) morphine ER (PA) nabumetone Nalfon 600mg Nalocet (PA) naproxen naproxen CR (PA) oxycodone (PA) oxycodone ER (PA) oxycodone-acetaminophen (PA) Prilolid Prilovix Primlev (PA) Relador Pak Relador Pak Plus rizatriptan (QL) sumatriptan (QL)	Nucynta ER (PA) ONZETRA Xsail (PA, QL) Otrexup (PA) Oxaydo (PA) Oxycontin (PA) PENNSAID (PA, ST) Percocet (PA) Procort Qmiiz ODT (ST, QL) RELPAX (PA, QL) Roxicodone (PA) Skelaxin Soriatane (PA) Sprix (PA, QL) SUBSYS (PA) Tivorbex (PA) Treximet (PA, QL) Tylenol-codeine No.3 (PA) Tylenol-codeine No.4 (PA) Ultram (QL) Vanatol LQ (PA) Vanatol S (PA) Vimovo (PA, QL) Vivlodex (PA, QL) Voltaren (PA, QL) Zanaflex Zebutal (QL) Zembrace SYMTOUCH (PA, QL) Zipsor (PA) Zohydro ER (PA) Zomig (PA, QL) Zomig ZMT (PA, QL) Zorvolex (PA) Zyloprim	
PAIN RELIEF AND INFLAMMATORY DISEASE					
acetaminophen-codeine (PA) allopurinol Aprizio Pak baclofen BUPAP (PA) buprenorphine (QL) butalbital-acetaminophen (PA) butalbital-acetaminophen-caffeine (QL) carisoprodol celecoxib (QL) chlorzoxazone (PA) colchicine cyclobenzaprine cyclobenzaprine ER (QL) DermacinRx Empricaine DermacinRx Prizopak diclofenac (QL) diclofenac topical solution (PA) diclofenac ER EC-naproxen eletriptan (QL) Endocet (PA) etodolac etodolac ER fenoprofen (PA) Fenortho (PA) fentanyl (PA) Fioricet (QL) frovatriptan (QL) Glydo hydrocodone-acetaminophen (PA)	Aimovig Autoinjector (PA) Ajovy (PA) Belbuca (QL) Emgality (PA) Hysingla ER (PA) MorphoBond ER (PA) Nucynta (PA) Proctofoam-HC Rasuvo (PA) Savella Uloric (QL) Xtampza ER (PA) Ztlido	Allzital (PA) Amerge (PA, QL) Amrix (PA, QL) Analpram HC Arava Arymo ER (PA) Buprenex Butrans (QL) Cambia (PA) Celebrex (ST, QL) Colcrys ConZip (PA, QL) D.H.E 45 (PA, QL) diclofenac epolamine patch (PA, QL) Duexis (PA) Duragesic (PA) EC-Naprosyn (ST) Ergomar (PA) Esgic (QL) Fexmid Flector (PA, QL) Frova (PA, QL) Gablofen Gralise (PA) Imitrex (PA, QL) INDOCIN (PA) Kadian ER (PA) Lidoderm Lorzone (PA) Maxalt (PA, QL) Maxalt MLT (PA, QL) MIGRANAL (PA, QL) Mitigare Mobic (ST) MS Contin (PA) Nalfon 400mg Naprelan (PA) Naprosyn (ST) Norco (PA)			

Cigna Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

sumatriptan-
naproxen (QL)
tizanidine
tramadol (QL)
tramadol ER (QL)
Vicodin HP (PA)

PARKINSON'S DISEASE

benztropine		Azilect (QL)
bromocriptine		Gocovri
carbidopa- levodopa		Lodosyn (PA)
carbidopa- levodopa ER		Mirapex
pramipexole		Mirapex ER (QL)
pramipexole ER (QL)		Neupro
rasagiline (QL)		Osmolex ER (QL)
ropinirole		Parlodel
ropinirole ER		REQUIP XL (PA)
		Rytary
		Sinemet
		Sinemet CR
		Tasmar
		Xadago (ST)
		Zelapar (PA)

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole (QL)	Latuda (QL)	Abilify Maintena
aripiprazole ODT		Aristada
chlorpromazine		Aristada Initio
olanzapine		Geodon (PA)
olanzapine ODT		Fanapt (ST)
paliperidone ER (QL)		Invega ER (ST, QL)
quetiapine		Perseris ER (QL)
quetiapine ER		Rexulti (ST, QL)
risperidone		Risperdal (ST)
risperidone ODT		Saphris (ST)
ziprasidone		Seroquel (ST)
		Seroquel XR (ST)
		Versacloz (PA)
		Vraylar (ST, QL)
		ZYPREXA tablet (PA)
		ZYPREXA ZYDIS (PA)

SEIZURE DISORDERS

carbamazepine	Fycompa (PA, QL)	Aptiom (PA, QL)
carbamazepine ER	Keppra 500mg/5ml vial	Banzel (PA, QL)
clonazepam		Briviact solution, tablet (PA)
divalproex		

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

divalproex ER	Vimpat solution, tablet (PA)	Carbatrol ER (PA)
epitol		Depakote (PA)
gabapentin		Depakote ER (PA)
lamotrigine		Depakote Sprinkle (PA)
lamotrigine (blue, green, orange)		Dilantin (PA)
lamotrigine ER		Keppra solution, tablet (PA)
lamotrigine ODT		Klonopin (PA)
levetiracetam		Lamictal (PA)
levetiracetam ER		Lamictal (Blue, Green, Orange) (PA)
oxcarbazepine		Lamictal XR (PA)
Roweepra		Lyrical (PA)
Roweepra XR		Lyrical CR
Subvenite		Mysoline (PA)
Subvenite (Blue, Green, Orange)		Neurontin (PA)
topiramate		Onfi (PA)
topiramate ER		Oxtellar XR (PA)
		Phenytek (PA)
		Qudexy XR (PA)
		Tegretol (PA)
		Tegretol XR (PA)
		Trokendi XR (PA, QL)
		Vimpat vial

SKIN CONDITIONS

adapalene (PA age)	Aczone 7.5% gel	Acanya
adapalene-benzoyl peroxide	pump	Aczone 5% gel
Amnesteem (QL)	Epiduo Forte	Aldara (PA)
Anusol-HC cream (PA)	Eucrisa	Atralin (PA age)
Apexicon E (PA)	Fluoroplex	Avita (PA age)
Avar Cleanser	Naftin gel	Benzaclin (PA)
Avar-E	Oxistat lotion (PA)	Bryhali (ST)
Avar-E Green	Pramosone 1%	Carac (PA)
azelaic acid	lotion	Celacyn
Bensal HP (PA)	Pramosone 1%-1% cream, ointment	Centany
betamethasone	Pramosone 2.5%- 1% ointment	Cleocin T
dipropionate	Promiseb	Clindagel (PA)
augmented	Santyl (QL)	Clobex (PA)
betamethasone BP 10-1	Tazorac gel, 0.05% cream	Cloderm (ST)
calcipotriene		Condylox (PA)
		Cordran (PA)
		Cutivate (PA)
		Denavir (QL)

Cigna Legacy (Performance) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

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

buprenorphine-naloxone	Lucemyra (QL) NARCAN (QL) Zubsolv	Bunavail Evzio (PA, QL) Probuphine Suboxone
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URINARY TRACT CONDITIONS

cevimeline	Elmiron	Avodart
darifenacin ER (QL)	Toviaz (QL)	Evoxic
finasteride 5mg		Flomax
oxybutynin		Proscar
oxybutynin ER		Pyridium
phenazopyridine		Rapaflo (QL)
potassium citrate ER		Urocit-K
silodosin (QL)		
solifenacin (QL)		
tamsulosin		
tolterodine		
tolterodine ER (QL)		
tropium		
tropium ER		

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.

Diphtheria and Tetanus Toxoids-ped+ TdVax+		Act-HIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Engerix-B+ FLUAD+ FLUARIX QUADRIVALENT+ FLUBLOK QUADRIVALENT+ FLUCELVAX QUADRIVALENT+ FLUALVAL QUADRIVALENT+ FluMist Quad Nasal+ Fluzone High-Dose+ Fluzone Quadrivalent Pedi+ Fluzone Quadrivalent+
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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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.

		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+ Rotarix+ RotaTeq+ TENIVAC+ Trumenba+ Twinrix+ VAQTA+ VARIVAX+ ZOSTAVAX+
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Specialty medications

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

MEDICATION NAME	DRUG CLASS
abacavir-lamivudine** (PA)	AIDS/HIV
abiraterone** (PA)	CANCER
Actemra* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Actimmune* (PA)	CANCER
Adcirca** (PA)	ASTHMA/COPD/RESPIRATORY
Adempas** (PA)	ASTHMA/COPD/RESPIRATORY
Afinitor** (PA)	CANCER
Afinitor Disperz** (PA)	CANCER
Alecensa** (PA)	CANCER
Alyq** (PA)	ASTHMA/COPD/RESPIRATORY
aminocaproic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Ampyra** (PA)	MULTIPLE SCLEROSIS
Apokyn* (PA)	PARKINSON'S DISEASE
Aranesp^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Arikayce** (PA)	INFECTIONS
Arixtra* (QL)	BLOOD THINNERS/ANTI-CLOTTING
atazanavir** (PA)	AIDS/HIV
Atripla** (PA)	AIDS/HIV
Astagraf XL**	TRANSPLANT MEDICATIONS
Austedo** (PA)	MISCELLANEOUS
Aveed*	HORMONAL AGENTS
Avonex* (PA)	MULTIPLE SCLEROSIS
azathioprine**	TRANSPLANT MEDICATIONS
Baraclude** (PA)	INFECTIONS
Benlysta* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Berinert*	BLOOD PRESSURE/HEART MEDICATIONS
Betaseron* (PA)	MULTIPLE SCLEROSIS
Biktarvy**	AIDS/HIV
Boniva**	OSTEOPOROSIS PRODUCTS
Bosulif** (PA)	CANCER
Botox*	MISCELLANEOUS
Cabometyx** (PA)	CANCER
capecitabine** (PA)	CANCER
Cayston** (PA, QL)	INFECTIONS
Cellcept**	TRANSPLANT MEDICATIONS
Cerdelga** (PA)	MISCELLANEOUS
Cerezyme*	MISCELLANEOUS
Cetrotide^ (PA)	HORMONAL AGENTS
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN

MEDICATION NAME	DRUG CLASS
chorionic gonadotropin*^ (PA)	INFERTILITY
Cimduo** (PA)	AIDS/HIV
Cimzia* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cinryze*	BLOOD PRESSURE/HEART MEDICATIONS
Cometriq** (PA)	CANCER
Complera** (PA)	AIDS/HIV
Cosentyx* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cyklokapron*	BLOOD MODIFIERS/BLEEDING DISORDERS
Cystagon**	URINARY TRACT CONDITIONS
Cystaran** (QL)	EYE CONDITIONS
Daraprim** (PA)	INFECTIONS
DDAVP ampule, vial* (PA)	HORMONAL AGENTS
Depen** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Descovy**	AIDS/HIV
desmopressin ampule, vial*	HORMONAL AGENTS
Duopa**	PARKINSON'S DISEASE
Dupixent* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Durolane*	PAIN RELIEF AND INFLAMMATORY DISEASE
Dysport*	MISCELLANEOUS
Egrifta* (PA)	HORMONAL AGENTS
Elaprase*	MISCELLANEOUS
Emflaza** (PA)	HORMONAL AGENTS
Enbrel* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
entecavir** (QL)	INFECTIONS
Entyvio* (PA)	GASTROINTESTINAL/HEARTBURN
Envarsus XR**	TRANSPLANT MEDICATIONS
Epclusa** (PA)	INFECTIONS
Epidiolex** (PA)	SEIZURE DISORDERS
Epogen*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Erivedge** (PA)	CANCER
Erleada** (PA)	CANCER
Esbriet** (PA)	MISCELLANEOUS
Euflexxa*	PAIN RELIEF AND INFLAMMATORY DISEASE
Evotaz** (PA)	AIDS/HIV
Exjade** (PA)	MISCELLANEOUS
Extavia* (PA)	MULTIPLE SCLEROSIS
Ferriprox** (PA)	MISCELLANEOUS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Follistim AQ*^ (PA)	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Forteo* (PA, QL)	HORMONAL AGENTS
Fragmin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Fulphila*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS

MEDICATION NAME	DRUG CLASS
Galafold** (PA)	MISCELLANEOUS
Ganirelix*^ (PA)	HORMONAL AGENTS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Gelsyn-3*	PAIN RELIEF AND INFLAMMATORY DISEASE
Genvoya**	AIDS/HIV
Gilenya 0.5mg** (PA)	MULTIPLE SCLEROSIS
Glassia*	ASTHMA/COPD/RESPIRATORY
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Gleevec** (PA)	CANCER
Gonal-F*^ (PA)	INFERTILITY
Granix*^	BLOOD MODIFIERS/BLEEDING DISORDERS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Harvoni** (PA, QL)	INFECTIONS
Hemlibra* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Hetlioz** (PA)	SLEEP DISORDERS/SEDATIVES
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Hyalgan*	PAIN RELIEF AND INFLAMMATORY DISEASE
Hymovis*	PAIN RELIEF AND INFLAMMATORY DISEASE
hydroxyprogesterone caproate*	INFERTILITY
ibandronate syringe, vial *	OSTEOPOROSIS PRODUCTS
Ibrance** (PA)	CANCER
Ilaris*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ilumya* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
imatinib** (PA)	CANCER
Imbruvica** (PA)	CANCER
Increlex* (PA)	HORMONAL AGENTS
Inflectra*	PAIN RELIEF AND INFLAMMATORY DISEASE
Ingrezza** (PA)	MISCELLANEOUS
Inlyta** (PA)	CANCER
Intelence** (PA)	AIDS/HIV
Isentress**	AIDS/HIV
Isentress HD** (PA)	AIDS/HIV
Jadenu** (PA)	MISCELLANEOUS
Jadenu Sprinkle** (PA)	MISCELLANEOUS
Jakafi** (PA)	CANCER
Juluca** (PA)	AIDS/HIV
Jynarque** (PA)	DIURETICS
Kalbitor*	BLOOD PRESSURE/HEART MEDICATIONS
Kalydeco** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Kevzara* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kineret* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
Kisqali** (PA)	CANCER
Kitabis Pak** (PA, QL)	INFECTIONS
Korlym** (PA)	DIABETES
Kuvan** (PA)	MISCELLANEOUS
Kyleena**	CONTRACEPTION PRODUCTS
ledipasvir-sofosbuvir** (PA)	INFECTIONS
Lenvima** (PA)	CANCER
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY
Lonsurf** (PA)	CANCER
Lotronex** (PA)	GASTROINTESTINAL/HEARTBURN
Lovenox* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Lumizyme*	MISCELLANEOUS
Lupron Depot*^ (PA)	CANCER
Lynparza** (PA)	CANCER
Lysteda**	BLOOD MODIFIERS/BLEEDING DISORDERS
Makena*	INFERTILITY
Mavyret** (PA)	INFECTIONS
Mekinist** (PA)	CANCER
Menopur*^ (PA)	INFERTILITY
Mirena**	CONTRACEPTION PRODUCTS
Monovisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Myalept* (PA)	MISCELLANEOUS
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
Myfortic**	TRANSPLANT MEDICATIONS
Natpara* (PA)	HORMONAL AGENTS
Nerlynx** (PA)	CANCER
Neulasta*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Neupogen*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Nexavar** (PA)	CANCER
Nexplanon*	CONTRACEPTION PRODUCTS
Ninlaro** (PA)	CANCER
Nityr** (PA)	MISCELLANEOUS
Nivestym*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Norditropin Flexpro* (PA)	HORMONAL AGENTS
Northera** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Novarel*^ (PA)	INFERTILITY
Nucala* (PA)	ASTHMA/COPD/RESPIRATORY
Nuzyra** (PA)	INFECTIONS
Ocaliva** (PA)	GASTROINTESTINAL/HEARTBURN
Ocrevus*	MULTIPLE SCLEROSIS
Odefsey** (PA)	AIDS/HIV
Odomzo** (PA)	CANCER

MEDICATION NAME	DRUG CLASS
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY
Olumiant** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Opsumit** (PA)	ASTHMA/COPD/RESPIRATORY
Orencia* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Orenitram ER** (PA)	ASTHMA/COPD/RESPIRATORY
Orfadin** (PA)	MISCELLANEOUS
Orkambi** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Orthovisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Otezla** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ovidrel*^ (PA)	INFERTILITY
Oxervate** (PA)	EYE CONDITIONS
Palynziq* (PA)	MISCELLANEOUS
Pegasys* (PA)	INFECTIONS
Plegridy* (PA)	MULTIPLE SCLEROSIS
Pomalyst** (PA)	CANCER
Prevymis**	INFECTIONS
Prezcobix** (PA)	AIDS/HIV
Prezista**	AIDS/HIV
Procrit*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Procysbi** (PA)	URINARY TRACT CONDITIONS
Prograf**	TRANSPLANT MEDICATIONS
Prolia*	OSTEOPOROSIS PRODUCTS
Promacta** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Pulmozyme** (PA)	ASTHMA/COPD/RESPIRATORY
Purixan**	CANCER
Rapamune**	TRANSPLANT MEDICATIONS
Ravicti** (PA)	GASTROINTESTINAL/HEARTBURN
Rebif* (PA)	MULTIPLE SCLEROSIS
Rebif Rebidose* (PA)	MULTIPLE SCLEROSIS
Remicade*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Remodulin*	ASTHMA/COPD/RESPIRATORY
Renflexis*	PAIN RELIEF AND INFLAMMATORY DISEASE
Retacrit*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Revatio** (PA)	ASTHMA/COPD/RESPIRATORY
Revlimid** (PA)	CANCER
ritonavir**	AIDS/HIV
Rubraca** (PA)	CANCER
Ruconest*	BLOOD PRESSURE/HEART MEDICATIONS
Sabril** (PA)	SEIZURE DISORDERS
Samsca**	DIURETICS
Sandostatin LAR Depot*^ (PA)	HORMONAL AGENTS
Selzentry** (PA)	AIDS/HIV
Sensipar** (PA)	GASTROINTESTINAL/HEARTBURN

MEDICATION NAME	DRUG CLASS
Serostim* (PA)	HORMONAL AGENTS
Simponi* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Simponi Aria* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
Skyla**	CONTRACEPTION PRODUCTS
sofosbuvir-velpatasvir** (PA)	INFECTIONS
Soliris*	BLOOD MODIFIERS/BLEEDING DISORDERS
Somatuline Depot*^ (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq* (PA)	MISCELLANEOUS
Stribild** (PA)	AIDS/HIV
Stivarga** (PA)	CANCER
Sucraid** (PA)	GASTROINTESTINAL/HEARTBURN
Supartz FX*	PAIN RELIEF AND INFLAMMATORY DISEASE
Sutent** (PA)	CANCER
Symdeko** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Symfi**	AIDS/HIV
Symfi LO**	AIDS/HIV
Symtuza** (PA)	AIDS/HIV
Synagis*	INFECTIONS
Synvisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
Tafinlar** (PA)	CANCER
Tagrisso** (PA)	CANCER
Takhzyro* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Taltz* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Targretin** (PA)	CANCER
Tasigna** (PA)	CANCER
Tavalisse** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Tecfidera** (PA)	MULTIPLE SCLEROSIS
Temodar** (PA)	CANCER
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
tetrabenazine** (PA)	MISCELLANEOUS
Thalomid** (PA)	INFECTIONS
Thiola**	URINARY TRACT CONDITIONS
Thyrogen*	HORMONAL AGENTS
Tiglutik** (PA)	MISCELLANEOUS
Tivicay**	AIDS/HIV

MEDICATION NAME	DRUG CLASS
TOBI podhaler** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml ampule** (PA, QL)	INFECTIONS
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Trelstar*	CANCER
Tremfya* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
trientine** (PA)	MISCELLANEOUS
Triptodur*	HORMONAL AGENTS
Triumeq**	AIDS/HIV
Trivisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Truvada**	AIDS/HIV
Tykerb** (PA)	CANCER
Tymlos* (PA, QL)	OSTEOPOROSIS PRODUCTS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY
Udenyca*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Uptravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valchlor**	SKIN CONDITIONS
Vemlidy**	INFECTIONS
Venclexta** (PA)	CANCER
Verzenio** (PA)	CANCER
vigabatrin**	SEIZURE DISORDERS
vigadrone**	SEIZURE DISORDERS
Visco-3*	PAIN RELIEF AND INFLAMMATORY DISEASE
Vivitrol*	MISCELLANEOUS
Vosevi** (PA)	INFECTIONS
Votrient** (PA)	CANCER
Xalkori** (PA)	CANCER
Xeljanz** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeljanz XR** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeloda** (PA)	CANCER
Xenazine** (PA)	MISCELLANEOUS
Xermelo** (PA)	GASTROINTESTINAL/HEARTBURN
XGEVA*	OSTEOPOROSIS PRODUCTS
Xiaflex*	PAIN RELIEF AND INFLAMMATORY DISEASE
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Xtandi** (PA)	CANCER
Xyrem** (PA)	SLEEP DISORDERS/SEDATIVES
Zarxio*^	BLOOD MODIFIERS/BLEEDING DISORDERS
Zejula** (PA)	CANCER
Zepatier** (PA)	INFECTIONS
Zorbtive* (PA)	HORMONAL AGENTS
Zortress**	TRANSPLANT MEDICATIONS

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:^{1,2}

- › 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 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.

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**.

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.

Prescription drug list FAQs (cont)

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

Prescription prices can vary by pharmacy. Before fill up 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, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).⁶ 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**.

Prescription drug list FAQs (cont)

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.⁵

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:⁷

- › 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 medication 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.



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
5. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
7. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

Product availability may vary by location and plan type and is subject to change. All group 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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Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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