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View your plan’s drug list online

This document was last updated on 09/01/2020.* You can go online to see a more current list of medications your plan covers.

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

**Cigna.com/druglist** – Select your drug list name – **Performance 3 Tier** – from the drop down menu. Then type in your medication name or view the full list.

**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 Performance 3-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 Performance 3-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 Performance 3-Tier Prescription Drug List.

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

**BLOOD PRESSURE/HEART MEDICATIONS**

- afeditab CR
- amlodipine besylate
- amlodipine besylate-benazepril
- amlodipine-valsartan
- amlodipine-valsartan-HCTZ
- atenolol
- atenolol-chlorthalidone
- benazepril
- benazepril-HCTZ
- candesartan cilexetil
- cartia XT
- carvedilol
- clonidine
- digitek
- digox
- digoxin
- diltiazem ER
- diltiazem CD
- diltiazem
- dilt-XR
- enalapril
- flecainide acetate
- hydralazine
- irbesartan
- isosorbide mononitrat

- Berinert* (PA)
- Bidil
- Bystolic
- Cinryze* (PA)
- Coreg CR
- Cozaar (ST)
- Diovan (ST)
- Diovan HCT (ST)
- Edarbi (ST)
- Edarbyclor (ST)
- Exforge
- Exforge HCT
- Firazy* (PA)
- Hemangeol
- Inderal LA
- Inderal XL
- Innopran XL
- Lorat
- Micardis (ST)
- Multaq
- Nitro-dur
- Nitrolingual
- NitroMist

**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.

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

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

Brand name medications are **capitalized**.

Generic medications are **lowercase**.

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

This chart is just a sample. It may not show how these medications are actually covered on the Performance 3-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.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Typically Generics (Lowest-cost medication)</td>
<td>$</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Typically Preferred Brands (Medium-cost medication)</td>
<td>$$</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Typically Non-Preferred Brands (Highest-cost medication)</td>
<td>$$$</td>
</tr>
</tbody>
</table>

**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, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier, 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.

<table>
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<tr>
<th>Condition</th>
<th>Page</th>
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<tr>
<td>AIDS/HIV</td>
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</tr>
<tr>
<td>ALLERGY/NASAL SPRAYS</td>
<td>6</td>
</tr>
<tr>
<td>ALZHEIMER’S DISEASE</td>
<td>6</td>
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<tr>
<td>ANXIETY/DEPRESSION/BIPOLAR DISORDER</td>
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<tr>
<td>ASTHMA/COPD/RESPIRATORY</td>
<td>6,7</td>
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<tr>
<td>ATTENTION DEFICIT HYPERACTIVITY DISORDER</td>
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<tr>
<td>BLOOD MODIFIERS/BLEEDING DISORDERS</td>
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<tr>
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<td>CANCER</td>
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<tr>
<td>CONTRACEPTION PRODUCTS</td>
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<td>DENTAL PRODUCTS</td>
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<td>DIABETES</td>
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<table>
<thead>
<tr>
<th>Condition</th>
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<tr>
<td>FEMININE PRODUCTS</td>
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<td>MISCELLANEOUS</td>
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<td>MULTIPLE SCLEROSIS</td>
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<tr>
<td>NUTRITIONAL/DIETARY</td>
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<tr>
<td>OSTEOPOROSIS PRODUCTS</td>
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<td>PAIN RELIEF AND INFLAMMATORY DISEASE</td>
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<td>SCHIZOPHRENIA/ANTI-PSYCHOTICS</td>
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<td>URINARY TRACT CONDITIONS</td>
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<td>VACCINES</td>
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<td>TIER 1</td>
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</tbody>
</table>

### AIDS/HIV
- abacavir-lamivudine* (PA)
- atazanavir* (PA)
- ritonavir* (PA)
- tenofovir* (PA)
- Atripla* (PA)
- Biktarvy* (PA)
- Descovy* (PA)
- Genvoya* (PA)
- Isentress* (PA)
- Isentress HD* (PA)
- Juluca* (PA)
- Prezista* (PA)
- Selzentry* (PA)
- Symf* (PA)
- Symf Lo* (PA)
- Symtuza* (PA)
- Tivicay* (PA)
- Triumeq* (PA)
- Truvada* (PA)
- Viread 150 mg, 200mg, 250mg tablet, powder* (PA)
- Cimduo* (PA)
- Complera* (PA)
- Evotaz* (PA)
- Intelence* (PA)
- Odessey* (PA)
- Prezcofib* (PA)
- Striibl* (PA)

### ANXIETY/DEPRESSION/BIPOLAR DISORDER
- alprazolam
- alprazolam ER
- alprazolam intensol
- alprazolam ODT
- alprazolam XR
- Celexa (ST, QL)
- Effexor XR (ST, QL)
- Fetzima (ST, QL)
- Forfivo XL (ST, QL)
- Paxil (ST, QL)

### ASTHMA/COPD/RESPIRATORY
- albuterol
- albuterol HFA
- Alyq* (PA)
- budesonide
- fluticasone-salmeterol
- montelukast

### ALLERGY/NASAL SPRAYS
- Adyphren
- Adyphren Amp
- azelastine
- cromolyn
- cyproheptadine
- desloratadine (QL)
- epinephrine
- fluticasone hydroxyzine
- ipratropium olopatadine
- Phenergan promethazine
- Clarinex
- Clarinex-D 12 Hour
- EpinephrineSnap-EMS
- EpinephrineSnap-VEPISnap
- Gastrocrom
- Grastek (PA, QL)
- KARBINER
- Odactra (PA, QL)
- Patanase
- RAGWITK
- Vistaril

### ALZHEIMER’S DISEASE
- donepezil
- donepezil ODT
- memantine
- memantine ER (QL)
- pyridostigmine
- pyridostigmine ER
- rivastigmine
- Aricept
- Exelon
- Mestinon syrup
- Namenda
- Namenda tablet
- Namenda XR (QL)
- Namzaric (QL)
- Regonol

### ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)
- amitriptyline
- bupropion (QL)
- bupropion SR (QL)
- bupropion XL (QL)
- buspirone
- citalopram (QL)
- clomipramine
- clomipramine desvenlafaxine ER (QL)
- duloxetine (QL)
- escitalopram (QL)
- fluoxetine (QL)
- fluoxetine DR (QL)
- fluvoxamine (QL)
- fluvoxamine ER (QL)
- lorazepam
- lorazepam intensol mirtazapine
- paroxetine (QL)
- paroxetine CR (QL)
- paroxetine ER (QL)
- sertraline (QL)
- trazodone
- venlafaxine (QL)
- venlafaxine ER (QL)
- Paxil CR (ST, QL)
- Pristiq ER (ST, QL)
- Prozac (ST, QL)
- Remeron
- Sarafem (ST)
- Trintellix (ST, QL)
- Viibryd (ST, QL)
- Xanax
- Xanax XR
- Zoloft (ST, QL)
# Cigna Performance 3-Tier Prescription Drug List

<table>
<thead>
<tr>
<th><strong>TIER 1</strong></th>
<th><strong>TIER 2</strong></th>
<th><strong>TIER 3</strong></th>
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## ASHMA/COPD/RESPIRATORY (cont)

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

- Tracleer 32 mg tablet for suspension* (PA)
- Trelegy Ellipta
- Xolair* (PA)
- Uptravi* (PA)

## ATTENTION DEFICIT HYPERACTIVITY DISORDER

- atomoxetine (QL)
- clonidine ER (PA age)
- dextroamphetamine-ER (PA age)
- dextroamphetamine-amphetamine (PA age)
- guanfacine 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 (PA age, QL)
- Vyvanse (PA age, QL)

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

- Adderall (PA age, ST)
- Adzenys ER (PA age, QL)
- Adzenys XR-ODT (PA age, QL)
- Daytrana (PA age, QL)
- Dyanavel XR (PA age, QL)
- Evekeo (PA age, ST)
- Focalin (PA age, ST)
- Intuniv ER (PA age, ST)
- Kapvay (PA age)
- Methylin (PA age)
- QuilliChew ER (PA age, QL)
- Quillivant XR (PA age, QL)
- Ritalin tablet (PA age, ST)
- Strattera (QL)

## BLOOD PRESSURE/HEART MEDICATIONS

- Adult Aspirin Regimen*
- amiodarone
- amlodipine
- amlodipine-benazepril
- amlodipine-olmesartan (QL)
- amlodipine-valsartan
- Aspir EC+
- aspirin EC+
- aspirin 325 mg tablet*
- Aspir-Low*
- atenolol
- bayer aspirin 325 mg tablet*
- benazepril
- benazepril-HCTZ
- candesartan
- candesartan-HCTZ
- cartia XT
- carvedilol
- carvedilol ER (QL)
- Children’s Aspirin+
- clonidine
- diltiazem
- diltiazem 12hr ER
- diltiazem 24hr ER
- diltiazem 24hr ER (CD)
- diltiazem 24hr ER (LA)
- Dilt-XR
- doxazosin
- Enohep (PA)
- Eptil* (PA)
- Exforge
- Exforge HCT
- Haegarda* (PA)
- Hemangeol
- Hyzaar (ST)
- Inderal LA (ST)
- Inderal XL (ST)
- InnoPran XL (ST)
- KapSparg in Sprinkle (ST)
- Lopressor (ST)
- Lotensin (ST)
- Lotensin HCT (ST)
- Lotrel
- Micardis (ST, QL)
- Micardis HCT (ST, QL)
- Minipress
- MULTAQ
- Nitrostat
- Northera* (PA)
- Norvasc
- Pacerone 100mg, 400mg (PA)
- Prinivil (ST)
- Procardia

## BLOOD MODIFIERS/BLEEDING DISORDERS

- aminocaproic acid*
- tranexamic acid*
- Aranesp* (PA)
- Droxia
- Epogen* (PA)
- Fulphila* (PA)
- Granix*
- Neulasta* (PA)
- Procrit* (PA)
- Retacrit* (PA)
- Udenyca* (PA)
- Zaxio*
- Amicar*
- Cyklokapron*
- Hemlibra* (PA)
- Lysteda*
- Neupogen* (PA)
- Nivestym* (PA)
- Promacta* (PA)
- Siklos (PA)
- Tavalisse* (PA)
# Cigna Performance 3-Tier Prescription Drug List

## TIER 1 $  
## TIER 2 $$  
## TIER 3 $$$

### BLOOD PRESSURE/HEART MEDICATIONS (cont)

- lisinopril-HCTZ
- losartan
- losartan-HCTZ
- Low Dose Aspirin EC*
- Matzim LA
- metoprolol
- nifedipine
- nifedipine ER
- olmesartan (QL)
- olmesartan-HCTZ (QL)
- olmesartan-amlodipine-HCTZ
- Pacerone 200 mg prazosin
- propafenone
- propafenone ER
- propranolol
- propranolol ER
- ramipril
- ranolazine ER (QL)
- St. Joseph Aspirin*
- Taztia XT
- telmisartan (QL)
- telmisartan-HCTZ (QL)
- valsartan
- valsartan-HCTZ
- verapamil
- verapamil ER
- verapamil ER PM
- verapamil SR
- Procardia XL
- Ranexa (QL)
- Rythmol SR (PA)
- Takhzaro* (PA)
- Tekturna (QL)
- Tenormin (ST)
- Tiazac
- Tikosyn (PA, QL)
- Toprol XL (ST)
- Tribenzor
- Vasotec (ST)
- Verelan
- Verelan PM
- Zestoretic (ST)
- Zestril (ST)

### CANCER

- abiraterone* (PA)
- anastrozole
- capecitabine* (PA)
- exemestane
- imatinib* (PA)
- letrozole
- mercaptopurine
- methotrexate
- tamoxifen*
- temozolomide* (PA)
- Actimmune* (PA)
- Erivedge* (PA)
- Gleostine
- Ibrance* (PA)
- Lupron Depot* (PA)
- Nexavar* (PA)
- Revlimid* (PA)
- Sprycel* (PA)
- Sutent* (PA)
- Tasigna* (PA)
- Trexall
- Verzenio* (PA)
- Afinitor Disperzer* (PA)
- Afinitor* (PA)
- Alecensa* (PA)
- Bosulif* (PA)
- Cabometyx* (PA)
- Cometriq* (PA)
- Erleada* (PA)
- Gleevec* (PA)
- Imbruvica* (PA)
- Inlyta* (PA)
- Jakafi* (PA)
- Kisqali* (PA)
- Lenvima* (PA)
- Lonsurf* (PA)
- Lynparza* (PA)
- Mekinist* (PA)
- Nerlynx* (PA)
- Nibraro* (PA)
- Odomzo* (PA)
- Pomalyst* (PA)
- Purixan*
- Rubraca* (PA)
- Stivarga* (PA)
- Tafinlar* (PA)
- Tagrisso* (PA)
- Targetin capsule* (PA)
- Temodar* (PA)
- Trelstar*
- Tykerb* (PA)
- Venclexta* (PA)
- Votrient* (PA)
- Xalkori* (PA)
- Xeloda* (PA)
- Xtandi* (PA)
- Zejula* (PA)

### BLOOD THINNERS/ANTI-CLOTTING

- aspirin-dipyridamole ER
- clopidogrel
- enoxaparin* (QL)
- fondaparinux* (QL)
- Jantoven
- prasugrel
- warfarin
- Brillinta
- Eliquis (PA)
- Fragmin* (QL)
- Lovenox vial* (QL)
- Xarelto (PA)
- Aggrenox
- Arixtra* (QL)
- Bayer Aspirin chewable tablet
- Bevyxxa (QL)
- Coumadin (PA)
- Effient
- Lovenox* (QL)
- Plavix
- Pradaxa (PA)
- Savaysa (PA, QL)
- Zontivity

### CHOLESTEROL MEDICATIONS

- amlodipine-atorvastatin (QL)
- atorvastatin+
- colesevelam
- ezetimibe
- ezetimibe-simvastatin
- fenofibrate
- fenofibr acid
- fluvastatin*
- Repatha (PA)
- Vascepa (PA)
- Caduet (QL)
- Crestor (ST, QL)
- Lipofen (ST)
- Lovaza
- Niaspan
- Tricor (ST)
- Triglide (ST)
- Trilipix (ST)
- Vytorin (ST)
- Welchol
### CHOLESTEROL MEDICATIONS (cont)

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TIER 2</th>
<th>TIER 3</th>
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- fluvastatin ER<sup>+<sup>
- lovastatin 10mg
- lovastatin 20mg, 40mg
- niacin
- niacin ER
- niacor
- omega-3 acid ethyl esters
- pravastatin<sup>+</sup>
- rosuvastatin 5mg, 10mg (QL)
- rosuvastatin 20mg (QL)
- simvastatin 10mg, 20mg, 40mg<sup>+</sup>
- simvastatin 80mg (QL)

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- Zetia
- Zocor (ST, QL)

### CONTRACEPTION PRODUCTS (cont)

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- Cryselle<sup>*</sup>
- Cycrafem<sup>*</sup>
- Cyred<sup>+</sup>
- Cyred EQ<sup>*</sup>
- Dasetta<sup>*</sup>
- Dayspee<sup>*</sup>
- Deblitane<sup>*</sup>
- desogestrel-ethinyl estradiol<sup>+</sup>
- desogestrel-ethinyl estradiol ethinyl estradiol
- drospirenone-ethinyl estradiol-levomefolate<sup>*</sup>
- drospirenone-ethinyl estradiol<sup>+</sup>
- Econtra EZ<sup>*</sup>
- Econtra One-Step<sup>*</sup>
- Elinest<sup>*</sup>
- EluRynq Vaginal Ring<sup>+</sup>
- Emoquette<sup>*</sup>
- Enpresse<sup>*</sup>
- Enskyce<sup>*</sup>
- Errin<sup>*</sup>
- Estarylla<sup>*</sup>
- ethinodiol-ethinyl estradiol<sup>+</sup>
- etonogestrel-ethinyl estradiol Vaginal Ring<sup>+</sup>
- Falmina<sup>*</sup>
- Fawosim<sup>*</sup>
- Femynor<sup>+</sup>
- Gianvi<sup>+</sup>
- Gynol II<sup>+</sup>
- Hailey 24 FE<sup>+</sup>
- Heather<sup>*</sup>
- Incassia<sup>*</sup>
- Introval<sup>*</sup>
- Isibloom<sup>+</sup>
- Jasmiel<sup>+</sup>
- Jencycla<sup>+</sup>
- Jolessa<sup>*</sup>
- Juleber<sup>*</sup>
- Junel<sup>+</sup>
- Junel FE<sup>+</sup>
- Junel FE 24<sup>+</sup>
- Kaitlib FE<sup>+</sup>
- Kalliga<sup>*</sup>
- Kariva<sup>*</sup>
- Kelnor 1-35<sup>+</sup>

### CONTRACEPTION PRODUCTS

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- Afirmelle<sup>*</sup>
- Aftera<sup>+</sup>
- Altavera<sup>+</sup>
- Alyacent<sup>*</sup>
- Amethia<sup>+</sup>
- Amethia Lo<sup>+</sup>
- Amethyst<sup>+</sup>
- Apr<sup>+</sup>
- Aranelle<sup>+</sup>
- Ashlyna<sup>+</sup>
- Aubra<sup>+</sup>
- Aubra EQ<sup>+</sup>
- Aurovela<sup>+</sup>
- Aurovela FE<sup>+</sup>
- Aurovela 24 FE<sup>+</sup>
- Aviane<sup>+</sup>
- Ayuna<sup>+</sup>
- Azurette<sup>+</sup>
- Balzia<sup>+</sup>
- Bekyree<sup>+</sup>
- Blisovi FE<sup>+</sup>
- Blisovi 24 FE<sup>+</sup>
- Briellyn<sup>+</sup>
- Camila<sup>+</sup>
- Camrese<sup>+</sup>
- Camrese LO<sup>+</sup>
- Caziant<sup>+</sup>
- Chateal<sup>+</sup>
- Chateal EQ<sup>+</sup>
- Lo Loestrin FE
- Taytulla
- Annovera
- Balcoltra
- Caya contoured<sup>+</sup>
- Ella<sup>+</sup>
- Estrostep FE
- Femcap<sup>+</sup>
- Kyleena<sup>*</sup>
- Layolis FE
- Loestrin FE
- Minastrin 24 FE
- Mirena<sup>*</sup>
- Natazia
- Nexplanon<sup>*</sup>
- NuvaRing
- Safyral
- Skyla<sup>*</sup>
- Today
- Contraceptive Sponge<sup>+</sup>
- Wide seal diaphragm<sup>+</sup>
- Yasmin 28
- Yaz
### Cigna Performance 3-Tier Prescription Drug List

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#### CONTRACEPTION PRODUCTS (cont)

- Kelnor 1-50
- Kurvelo
- Larin
- Larin FE
- Larin 24 FE
- Larissia
- Leena 28 tablet
- Lessina
- Levonest
- levonorgestrel
- levonorgestrel-ethinyl estradiol
- levonorgestrel-ethinyl estradiol-ethinyl estradiol
- Levora-28
- Lillow
- Loryna
- Low-Ogestrel
- Lo-Zumandimine
- Lutera
- Lyza
- Marlissa
- medroxyprogesterone 150mg/ml
- Melodetta 24 FE
- Mibelas 24 FE
- Microgestin
- Microgestin FE
- Mili
- Mono-Linyah
- My Choice
- My Way
- Necon
- Nikki
- Nora-BE
- norethindrone
- norethindrone-ethinyl estradiol
- norethindrone-ethinyl estradiol-iron
- norgestimate-ethinyl estradiol
- Norlyda
- Norlyroc
- Nortrel
- Ocella
- Option 2
- Orsythia
- Philith
- Pimtrean

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#### CONTRACEPTION PRODUCTS (cont)

- Pirmella
- Portia
- Previsfem
- Reclipsen
- Rivelsa tablet
- Setlakín
- Sharobel
- Simliya
- Simpessè
- Sprintec
- Sronym
- Syeda
- Tarina 24 FE
- Tarina FE 1-20 EQ
- Tilia FE 28
- Tri Femynor
- Tri-Éstarylla
- Tri-Legest FE
- Tri-Linyah
- Tri-Lo-Éstarylla
- Tri-Lo-Marzia
- Tri-Lo-Mili
- Tri-Lo-Sprintec
- Tri-Mili
- Tri-Previfem
- Tri-Sprintec
- Trivora-28
- Tri-Vylibra
- Tri-Vylibra Lo
- Tulana
- Tydemy
- VCF foam, gel
- Velivet
- Vierva
- Viorele
- Vyfemla
- Vylibra
- Wera
- Wymzya FE
- Xulane
- Zarah
- Zovia
- Zumandimine

#### COUGH/COLD MEDICATIONS

- benzonatate 100mg, 200mg
- Bromfed DM
- brompheniramine-pseudoephedrine-DM
- hydrocodone-chlorpheniramine ER (PA)
- Tessalon Perle
- Tuzistra XR (PA, QL)
### Cigna Performance 3-Tier Prescription Drug List

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#### Dental Products
- Chlorhexidine
- Denta 5000 Plus
- Doxycycline
- Fluoride
- Fluoride Daily Defense
- Fluoritab
- Flura-Drops
- Ludent
- Oralone
- Paroex
- Periogard
- SF 5000 Plus
- Sodium Fluoride (0.25mg, 0.5mg, 1mg triamcinolone)
- Fluorabon
- PreviDent
- Clinpro 5000
- Floriva
- Fluoride Sensitivity Relief
- PreviDent
- PreviDent 5000 Plus

#### Diabetes
- Glimepiride
- Glipizide
- Glipizide ER
- Glipizide XL
- Metformin
- Metformin ER
- Pioglitazone
- Baqimi Pack (QL)
- Basaglar (QL)
- Bydureon (ST, QL)
- Byetta (ST, QL)
- Farxiga (ST, QL)
- Freestyle Libre
- Sensor (PA, QL)
- GlucaGen HypoKit (QL)
- Glucagon Emergency Kit (QL)
- Glyxambi (ST, QL)
- Humalog (QL)
- Humulin (QL)
- Janumet (ST, QL)
- Janumet XR (ST, QL)
- Januvia (ST, QL)
- Jardiance (ST, QL)
- Levemir (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)
- Amaryl
- Cycloset
- Glucophage
- Glucophage XR
- Korlym (PA)
- NovoTwist
- Riomet

#### Diuretics
- Acetazolamide
- Acetazolamide ER
- Bumetanide
- Chlorthalidone
- Eplerenone
- Furosemide
- Hydrochlorothiazide
- Spironolactone
- Triamterene-HCTZ
- Diuril
- Dyrenium
- Aldactone
- Dyazide
- Inspra
- Jynarque (PA)
- Lasix
- Maxzide
- Samsca

#### Ear Medications
- Neomycin-polymer-HC
- Ofloxacin drops
- Cipro HC
- Ciprodex
- Colymycin 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
- Azelastine
- Brimonidine
- Ciprofloxacin
- Dorzolamide
- Dorzolamide-Timolol
- Erythromycin
- Fluorometholone
- Gatifloxacin
- Latanoprost
- Moxifloxacin
- Neomycin-polymer-HC
- Ofloxacin
- Polymyxin B-TMP
- Alphagan P 0.1% drops
- Azasite
- Azopt
- Betimol
- Betoptic s
- Combigan
- Lotemax gel
- Lotemax SM
- Moxea
- Pazeo
- Restasis
- Simbrinza
- TobraDex eye ointment
- Acuvail
- Alphagan P 0.15% drops
- Alrex
- Bepreve
- Besivance
- Bromsite
- Cequa
- Cosopt
- Cosopt PF
- Cystarant (QL)
- Durezol
- FML Liquifilm
- Illovo
- Inveltys
- Istalol
- Lastacaft
### Cigna Performance 3-Tier Prescription Drug List

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#### EYE CONDITIONS (cont)

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- prednisolone solution
- timolol solution
- tobramycin
- tobramycin-dexamethasone
- Xiidra
- Lotemax drops, ointment
- Maxitrol
- Nevanac
- Ocuflex
- Oxervate* (PA)
- Patanol
- Polytrim
- Pred Forte
- Prolensa
- Rhopressa
- Timoptic
- Timoptic-XE
- Tobralex drops
- Tobralex ST
- Trusopt
- Vigamox
- Zirgan
- Zylet
- Zymaxid

#### GASTROINTESTINAL/HEARTBURN (cont)

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- GentileLax* 
- GlycoLax* 
- HealthyLax* 
- Hemmorex-HC 
- hydrocortisone 
- lansoprazole (QL) 
- LaxaClear* 
- mesalamine 
- mesalamine DR 
- metoclopramide 
- metoclopramide ODT 
- omeprazole (QL) 
- ondansetron 
- ondansetron ODT 
- pantoprazole tablet (QL) 
- PEG 3350 and Electrolytes* 
- PEG-Prep* 
- Phenazoz 
- polyethylene glycol 3350* 
- PowderLax* 
- prochlorperazine suppository, tablet, vial 
- promethazine 
- Promethegan 
- Purelax* 
- QC Natura-Lax* 
- powder 
- rabeprazole (QL) 
- ranitidine 150mg, 300mg capsules, tablets, syrup 
- sucralfate 
- Trilyte With Flavor Packets* 
- Ursodiol

#### FEINININE PRODUCTS

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- Fem pH
- Gynazole 1
- Miconazole 3 vaginal suppository
- terconazole
- AVC

#### GASTROINTESTINAL/HEARTBURN

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- Alophen* 
- Anucort-HC 
- balsalazide 
- bisacodyl* 
- Bisa-Lax* 
- chlordiazepoxide-clidinium 
- cinacalcet* 
- ClearLax* 
- dicyclomine capsule, solution, tablet 
- diphenoxylate-atropine 
- dronabinol 
- Ducdyl* 
- esomeprazole capsule (QL) 
- famotidine 40mg tablet, suspension, piggyback, vial 
- Amitiza 
- Apriso 
- Carafate suspension 
- CLENPIQ* 
- Dexilant (QL) 
- Entvyio**^ (PA) 
- Linzess 
- Lithostat 
- Pancreaze 
- Pentasa 
- Prepopik* 
- SUPREP* 
- Aciphex tablet (ST, QL) 
- Aciphex Sprinkle (QL) 
- Actigall 
- Akynezo capsule (PA, QL) 
- Bonjesta 
- Canasa 
- Carafate tablet 
- Cholbam* (PA) 
- Correctol+ 
- Diclegis 
- Donnatal 
- Dulcolax+ 
- Gattex* (PA) 
- Kristalose 
- Lialda 
- Lomotil 
- MiraLax* 
- Movantik (PA) 
- Androderm (PA, QL) 
- Cetrotide**^ (PA) 
- Crinone 4% 
- Divigel 
- Duavee 
- Activella 
- Alora (QL) 
- AndroGel (PA, QL) 
- Angeliqu 
- Armour Thyroid

#### HORMONAL AGENTS
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**HORMONAL AGENTS (cont)**

- CovARYX H.S.
- Decadron
- desmopressin solution, spray, tablet
- desmopressin* ampule, vial
dexamethasone
dexamethasone intensol
- Dotti (QL)
- EEMT
- EEMT H.S.
- estradiol patch, vaginal insert (QL)
estradiol-norethindrone acetate
- estrogen-methyltestosterone levothyroxine
- Levoxyl
- liothyronine
- Lopreeza
- medroxyprogesterone methimazole
- methylprednisolone dosepak, tablet
- Minvaxy
- Nature-Throid
- NP Thyroid
- prednisolone
- prednisolone ODT
- prednisone
- prednisone intensol progesterone capsule, vial
testosterone (PA, QL)
testosterone cyponate
- thyroid
- Westhroid
- WP Thyroid
- Yuvalafem (QL)

- Estrin (QL)
- Forteoi (PA, QL)
- Ganirelix*^ (PA)
- Humatrope* (PA)
- Increlex* (PA)
- Lupron Depot* (PA)
- Lupron Depot-PED* 7.5 mg
  - 11.25 mg
  - 15 mg (PA)
- Medrol 2 mg
- Norditropin
- FlexPro* (PA)
- Orilissa (PA, QL)
- Premarin
- Premphase
- Prempro
- Sandostatin LAR Depot* (PA)
- Seronin* (PA)
- Somavert* (PA)
- Zorbtive* (PA)
- Climaq
- Climara
- Climara Pro
- CombiPatch
- Cytomel
- Deltasone
- Depo-Testosterone Egrifta* (PA)
- Elestrin
- Emflaza* (PA)
- Entocort EC
- Estrace
- Estrogel
- Euthyrox
- Evamist
- Imvexxy (QL)
- Intraarosa
- Levo-T
- Lupron Depot-PED* 30 mg (PA)
- Medrol 4 mg, 8 mg, 16 mg, 32 mg
- Menostar (QL)
- Minivelle (QL)
- Natpara* (PA)
- Noctiva (PA)
- Osphena
- Prometrium
- Rayaldee
- Somatuline Depot* (PA)
- Striant (PA, QL)
- Synthroid
- Testopel (PA)
- Thyrogen* TIROSINT
- Triostat
- Unithroid
- Vagifem (QL)
- Vivele-Dot (QL)

**INFECTIONS**

- acyclovir capsule, suspension, tablet, vial
- albendazole
- amoxicillin
- amoxicillin-clavulanate
- amoxicillin-clavulanate ER
- atovaquone
- atovaquone-proguanil
- Avidox
- azithromycin
- ceftin
- ceftin
- cefuroxime
- cephalexin
- ciprofloxacin
- clarithromycin
- clarithromycin ER
- clindamycin
- clindamycin phosphate
- Coremo (QL)
- dapsone
- Doxy 101
- doxycycline
- Emverm
- entecavir* (QL)
- erythromycin
- erythromycin ES
- famciclovir
- fluconazole
- hydroxychloroquine
- itraconazole
- levofloxacin eye drops, solution, tablet, vial
- metronidazole
- minocycline
- minocycline ER (QL)
- Monodoxine NL
- Morgidox capsule nitrofurantoin nitrofurantoin monomacro
- nystatin
- Okebo
- oseltamivir (QL)

- Baraclude solution*
- Cipro suspension
- Cleoeo 75 mg capsule
- Daraprim* (PA)
- Eclusa* (PA)
- Efnar* (PA)
- Harvoni* (PA, QL)
- Ledipasvir-Sofosbuvir* (PA)
- Mavryret* (PA)
- Mavyret* (PA)
- Pegasis* (PA)
- Sofosbuvir-Velpatasvir* (PA)
- Sovaldi* (PA, QL)
- Thalomid* (PA)
- TOBI Podhaler* (PA, QL)
- Vosevi* (PA)
- Xifanax 550 mg (QL)

- Albenza
- Alinia
- Arikayce* (PA)
- Bactrim
- Bactrim DS
- Baxdela (PA)
- Cayston* (PA, QL)
- Cipro tablet
- Cleocin
- Clindesse
- Cresemb capsule (PA)
- Difcid (QL)
- Elimite
- EryPed 200
- Flagyl
- Keflex
- Kitabis Pak* (PA, QL)
- Levaquin
- Macrobid
- Macrodantin
- Malaron (PA)
- Minocin 100 vial
- Monoal
- Natroba
- Oxaxil suspension, vial
- Nuveessa
- Nuzyra* (PA)
- Oravig
- Plaquenil (PA)
- Preveym tablet*
- Priftin
- Silextra tablet (PA)
- Sklice
- Solosec
- Sulphafurim
- Suprax
- Tamiflu (QL)
- Ursosic-Blue
- Valtrex
- Vemlidy*
- Vfend (PA)
- Vfend IV
- Vibramycin syrup, suspension
- Xofluza (QL)
- Zepatier* (PA)
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### INFECTIONS (cont)

- penicillin V
- permethrin
- sulfamethoxazole-TMP
- terbinafine tablet
tetracycline
tobramycin ampule* (PA, QL)
valacyclovir
valganciclovir
vancomycin bag, capsule, vial
Vandazole
voriconazole tablet (PA)

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### INFERTILITY

- chorionic gonadotropin 10,000 unit vial*^ (PA)
- clomiphene tablet^
- Follistim AQ*^ (PA)
- Menopur*^ (PA)
- Ovidrel*^ (PA)
- Repronex*^ (PA)

### MISCELLANEOUS

- disulfiram
- Nebusal 3%
PulmoSal
sodium chloride irrigation solution, inhalation vial
tetrabenzine* (PA)
trientine* (PA)

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### MULTIPLE SCLEROSIS

- glatiramer* (PA)
- Glatopa* (PA)
- Avonex* (PA)
- Betaseron* (PA)
- Extavia* (PA)
- Gilenya* (PA)
- Plegridy* (PA)
- Rebif* (PA)
- Rebif Rebifose* (PA)
- Tecfidera* (PA)
- Zeposia* (PA)

### NUTRITIONAL/DIETARY

- B-12 Compliance
- calcitriol
calcium 667mg
cyanocobalamin injectiondaily prenatal*FA-8*folic acid 0.4mg, 0.8mg^folic acid 1mg tablet, vial
Klor Con 8
Klor Con 10
Klor-Con M10
Klor-Con M20
Klor-Con Sprinkle lanthanum phytonadione potassium chloride Prena1 Pearl
Prenatal^ Prenatal Vitamin^ sevelamer vitamin D2 1.25mg (50,000 unit) vitamin D3 5,000 unit^ vitamin K1 ampule

### OSTEOPOROSIS PRODUCTS

- alendronate (QL)
calcitonin-salmon ibandronate raloxifene^ risedronate risedronate DR

### PAIN RELIEF AND INFLAMMATORY DISEASE

- acetaminophen-codeine (PA)
- allopurinol
- Aprizol pak baclofen buprenorphine (QL) butalbital-acetaminophen 50-325mg tablet butalbital-acetaminophen-cefeine (QL) carisoprodol celecoxib (QL)
- Actemra* (PA, QL)
- Aimovig (PA)
- Ajovy (PA)
- Belbuca (QL)
- Dipein* (PA)
- Enbrel* (PA, QL)
- Humira* (PA, QL)
- Hysingla ER (PA)
- MorphaBond ER (PA)
- Nucynta (PA)
- Otezla* (PA, QL)
- Abstral (PA)
- Analpram HC
- Arava
- Arymo ER (PA)
- Benlysta* (PA)
- Buprenex Butrans (QL) Celebrex (ST, QL) Cimzia* (PA, QL)
- Colcrys diclofenac epolamine 1.3% patch (PA, QL)
# Cigna Performance 3-Tier Prescription Drug List

<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>

## PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

- colchicine
- cyclobenzaprine
- DermaclinRx
- Empircaine
- DermaclinRx Prizopak
diclofenac 1% gel (QL)
diclofenac ER tablets
EC-naproxen
eletriptan (PA)
etodolac
etodolac ER
fentanyl (PA)
Fioricet (QL)
frovatriptan (QL)
Glydo
hydrocodone-acetaminophen (PA)
ydromorphine (PA)
ydromorphine ER (PA)
IBU
ibuprofen tablet
indomethacin
indomethacin ER
ketorolac (QL)
leflunomide
lidocaine (QL)
lidocaine viscous
lidocaine-prilocaine
Lidopril
Lidopril XR
Lido-Prillo 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 (ST)
Nalocet (PA)
naproxen
oxycodone (PA)
oxycodone ER (PA)
Proctofoam-HC
Rasuvo (PA)
Remicade* (PA)
Savella
Simponi Aria* (PA)
Skyrizi* (PA, QL)
Stelara* (PA, QL)
Taltz* (PA, QL)
Tremfya* (PA, QL)
Ulorig (QL)
Xeljanz XR* (PA, QL)
Xeljanz* (PA, QL)
Ztildro

## PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

- oxycodone-acetaminophen (PA)
- Prilodil
- Prilovix
- Primlev (PA)
- Relador Pak
- Relador Pak Plus
- rizatriptan (QL)
sumatriptan (QL)
sumatriptan-naproxen (QL)
tizanidine
tramadol (QL)
tramadol ER (QL)
Vicodin HP (PA)

## PARKINSON’S DISEASE

- benztrapine
- bromocriptine
carbidopa-levodopa
carbidopa-levodopa ER
pramipexole
pramipexole ER (QL)
rasagline (QL)
ropinirole
ropinirole ER

## SCHIZOPHRENIA/ANTI-PSYCHOTICS

- aripiprazole (QL)
- aripiprazole ODT
- chlorpromazine
- olanzapine
- olanzapine ODT
- paliperidone ER (QL)
- quetiapine
- quetiapine ER
- risperidone
- risperidone ODT
- ziprasidone

## LATUDATA (QL)

- Zyprexa 10mg vial

- Abilify Maintena
- Aristada
- Aristada initio
- Fanapt (ST, QL)
- Invega (ST, QL)
- Perseris (QL)
- Rexulti (ST, QL)
- Risperdal (ST)
- Saphris (ST)
- Seroquel (ST)
- Seroquel XR (ST)
- Vraylar (ST, QL)
<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TIER 2</th>
<th>TIER 3</th>
</tr>
</thead>
<tbody>
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<td>$$</td>
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</tr>
</tbody>
</table>

**SEIZURE DISORDERS**
- carbamazepine
- carbamazepine ER
- clonazepam
- divalproex
- divalproex ER
- epitol
- gabapentin
- lamotrigine
- lamotrigine (blue, green, orange)
- lamotrigine ER
- lamotrigine ODT
- levetiracetam
- levetiracetam ER
- oxcarbazepine
- Roweepra
- Roweepra XR
- Subvenite
- Subvenite (Blue, Green, Orange)
- topiramate
- topiramate ER
- vigabatrin*
- Vigadrone*
- Fycompa (PA, QL)
- Keppra 500 mg/5 ml vial
- VIMPAT solution, tablet (PA)
- Aptiom (PA, QL)
- Banzel (PA, QL)
- Briviact solution, tablet (PA)
- Carbamol (PA)
- Depakote (PA)
- Depakote ER (PA)
- Depakote Sprinkle (PA)
- Dilantin (PA)
- Epidiolex* (PA)
- Klonopin (PA)
- Lyrica oral solution (PA)
- Neurontin (PA)
- Onfi (PA)
- Oxtellar XR (PA)
- Phenytek (PA)
- Tegretol (PA)
- Tegretol XR (PA)
- VIMPAT vial

**SKIN CONDITIONS**
- adapalene (PA age)
- adapalene-benzoyl peroxide
- Amnesteem (QL)
- Avar Cleanser
- Avar-E
- Avar-E Green azelaic acid
- betamethasone dipropionate
- augmented betamethasone BP 10-1
- calcipotriene
- calcipotriene-betamethasone DP
- Claravis (QL)
- Clindacin ETZ pledget
- Clindacin P pledget
- clindamycin-benzoyl peroxide
- clindamycin phosphate
- Eucrisa
- Fluoroplex
- Naftin gel
- Pramosone ointment, 1% lotion, 1%-1% cream
- Promiseb
- Santyl (QL)
- Bryhali (ST)
- Celacyn
- Centany
- Cleocin T
- Cloderm (ST)
- Dovonex
- Drysol
- Ecoza
- Efudex
- Eldel
- Evoclin
- Lotrisone
- Mymyx
- Naftin cream
- Nizoral
- Picato
- Pramosone 2.5%-1% cream, lotion
- Protopic
- Regranex (PA, QL)
- Targretin* gel
- Temovate (ST)
- Tolak
- Topicort (ST)

**SLEEP DISORDERS/SEDATIVES**
- armodafinil (PA)
- eszopiclone
- modafinil (PA)
- temazepam
- zolpidem
- zolpidem ER (QL)
- Silenor (ST, QL)
- Hetlioz* (PA)
- Lunesta (ST)
- Rozerem (ST, QL)
- Xyrem* (PA)

**SKIN CONDITIONS (cont)**
- clindamycin-tretinoin clobetasol
- Clodan shampoo
- clotrimazole-betamethasone dapsone
desoxyimetasone fluocinonide fluorouracil (PA)
hydrocortisone imiquimod packet isotretinoin (QL)
- ketoconazole metronidazole Micort HC 2.5% cream
- mupirocin Myorisan (QL)
- Neuac gel Nolix oxiconazole pimecrolimus Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Rosadan cream, gel sodium sulfacetamide-sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus ointment tazarotene tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone Triderm Zenatane (QL)
- Tri-Luma
- Valchlor*
- Xepi
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<td>$$$$</td>
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</tbody>
</table>

### SMOKING CESSATION
- **TIER 1**
  - bupropion SR®
  - NicoDerm CQ 21mg/24hr<sup>*</sup>
  - Nicorelief®
  - nicotine gum<sup>*</sup>
  - nicotine lozenge<sup>*</sup>
  - nicotine patch<sup>*</sup>
  - Quit 2<sup>+</sup>
  - Quit 4<sup>+</sup>
- **TIER 2**
  - Chantix
  - Nicotrol
  - Nicotrol NS
- **TIER 3**
  - NicoDerm CQ 7mg/24hr,
  - 14mg/24hr<sup>+</sup>
  - Nicorette<sup>+</sup>

### SUBSTANCE ABUSE
- buprenorphine-naloxone
- Lucemyra (QL)
- Narcan (QL)
- Zubssolv
- Bunavail
- Probuphine
- Suboxone

### TRANSPLANT MEDICATIONS
- azathioprine<sup>*</sup>
- mycophenolate<sup>*</sup>
- mycophenolic acid<sup>*</sup>
- sirolimus<sup>*</sup>
- tacrolimus<sup>*</sup> capsule
- CellCept vial<sup>*</sup>
- Prograf 5 mg/ml ampule<sup>*</sup>
- Astagraf XL<sup>*</sup>
- CellCept capsule, suspension, tablet<sup>*</sup>
- Envarsus XR<sup>*</sup>
- Myfortic<sup>*</sup>
- Prograf capsule, granule packet<sup>*</sup>
- Rapamune<sup>*</sup>
- Zortress<sup>*</sup>

### URINARY TRACT CONDITIONS
- cevimeline
- darifenacn ER (QL)
- finasteride 5mg
- oxybutynin
- oxybutynin ER
- phenazopyridine
- potassium citrate ER
- silodosin (QL)
- solifenacin (QL)
- tamsulosin
- tolterodine
- tolterodine ER (QL)
- trospium
- trospium ER
- Cystagon<sup>*</sup>
- Elmiron
- Thiola<sup>*</sup>
- Thiola EC<sup>*</sup>
- Avodart
- Evoxac
- Flomax
- Proscar
- Pyridium
- Rapaflo (QL)
- Urocit-K

### 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.
- Engerix-B<sup>+</sup>
- FLUAD<sup>+</sup>
- FLUARIX QUADRIVALENT<sup>+</sup>
- FLUBLOK
- Quadrivalent<sup>+</sup>
- FLUCELVAX QUADRIVALENT<sup>+</sup>
- FLUALVAL QUADRIVALENT<sup>+</sup>
- FluMist Quad Nasal<sup>+</sup>
- Fluzone High-Dose<sup>+</sup>
- Fluzone Quadrivalent Pedi<sup>+</sup>
- Fluzone Quadrivalent<sup>+</sup>
- GARDASIL 9<sup>+</sup>
- HAVRIX<sup>+</sup>
- HEPLISAV-B<sup>+</sup>
- Hibrix<sup>+</sup>
- Infanrix DTaP<sup>+</sup>
- IPOL<sup>+</sup>
- KINRIX<sup>+</sup>
- Menactra<sup>+</sup>
- Menevo A-C-Y-W-135-DIP<sup>+</sup>
- M-M-R II<sup>+</sup>
- PEDIARIX<sup>+</sup>
- PedvaxHIB<sup>+</sup>
- Pentacel<sup>+</sup>
- PNEUMOVAX 23<sup>+</sup>
- Prevnar 13<sup>+</sup>
- ProQuad<sup>+</sup>
- Quadracel DTaP-IPV<sup>+</sup>
- Recombivax HB<sup>+</sup>
- Rotarix<sup>+</sup>
- RotaTeq<sup>+</sup>
- SHINGRIX<sup>+</sup>
- TENIVAC<sup>+</sup>
- Trumenba<sup>+</sup>
- Twinrix<sup>+</sup>
- VAQTA<sup>+</sup>
- VARIVAX<sup>+</sup>
- ZOSTAVAX<sup>+</sup>

### WEIGHT MANAGEMENT
- Megace ES solution
**Medications that are not covered**

The medications listed below aren’t covered on your plan’s drug list. This means that if you fill a prescription for any of these medications, you'll pay its full cost out-of-pocket and the cost can’t be applied to your annual deductible or out-of-pocket maximum. **Your plan covers other medications that are used to treat the same condition.** They’re listed below.

<table>
<thead>
<tr>
<th>DRUG CLASS</th>
<th>MEDICATIONS THAT ARE NOT COVERED**</th>
<th>GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS/HIV</td>
<td>Combivir*</td>
<td>lamivudine-zidovudine*</td>
</tr>
<tr>
<td></td>
<td>Epivir*</td>
<td>lamivudine*</td>
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<tr>
<td></td>
<td>Epzicom*</td>
<td>abacavir-lamivudine*</td>
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<tr>
<td></td>
<td>Kaletra solution*</td>
<td>lopinavir-ritonavir solution*</td>
</tr>
<tr>
<td></td>
<td>Lexiva tablet*</td>
<td>fosamprenavir</td>
</tr>
<tr>
<td></td>
<td>Norvir tablet*</td>
<td>ritonavir*</td>
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<tr>
<td></td>
<td>Retrovir capsule, syrup*</td>
<td>zidovudine capsule, syrup*</td>
</tr>
<tr>
<td></td>
<td>Reyataz capsule*</td>
<td>atazanavir*</td>
</tr>
<tr>
<td></td>
<td>Sustiva*</td>
<td>efavirenz*</td>
</tr>
<tr>
<td></td>
<td>Trizivir*</td>
<td>abacavir-lamivudine-zidovudine*</td>
</tr>
<tr>
<td></td>
<td>Viramune*</td>
<td>nevirapine*</td>
</tr>
<tr>
<td></td>
<td>Viramune XR*</td>
<td>nevirapine ER*</td>
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<tr>
<td></td>
<td>Viread 300 mg tablet*</td>
<td>tenofovir disoproxil 300mg tablet* (PA)</td>
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<tr>
<td></td>
<td>Ziagen*</td>
<td>abacavir*</td>
</tr>
<tr>
<td>ALLERGY/NASAL SPRAYS</td>
<td>Auvi-Q EpiPen, EpiPen Jr</td>
<td>epinephrine auto-injectors</td>
</tr>
<tr>
<td></td>
<td>Beconase AQ</td>
<td>Generic nasal steroids (e.g. fluticasone)</td>
</tr>
<tr>
<td></td>
<td>Dymista</td>
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<td></td>
<td>Nasonex</td>
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<td>Omnaris</td>
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<td>QNASL</td>
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<td>Zetonna</td>
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<td>QNASL Children's</td>
<td>budesonide</td>
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<td>fluticasone</td>
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<tr>
<td></td>
<td></td>
<td>triamcinolone</td>
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<td>RyVent carboxinoxamine 6mg tablet</td>
<td>carboxinoxamine 4mg tablet</td>
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<td>ANXIETY/DEPRESSION/BIPOLAR</td>
<td>Anafranil</td>
<td>clomipramine</td>
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<td>Aplenzin Wellbutrin XL</td>
<td>bupropion XL</td>
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<td>Ativan tablet</td>
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<td>Cymbalta</td>
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<td>Lexapro</td>
<td>escitalopram</td>
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<td>Pamelor</td>
<td>nortriptyline capsules</td>
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<td></td>
<td>Parnate</td>
<td>tranylcypromine</td>
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<td>Pexeva</td>
<td>paroxetine/CR/ER</td>
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<tr>
<td></td>
<td>Tofranil</td>
<td>imipramine tablet</td>
</tr>
</tbody>
</table>

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**Note:** These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn’t right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don’t get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy and the cost can’t be applied to your annual deductible or out-of-pocket maximum.
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</tr>
</thead>
<tbody>
<tr>
<td>ASTHMA/COPD/RESPIRATORY</td>
<td>Advair Diskus</td>
<td>Advair HFA</td>
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<tr>
<td></td>
<td>AirDuo RespiClick</td>
<td>Breo Ellipta</td>
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<td>Dulera</td>
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<tr>
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<td></td>
<td>fluticasone-salmeterol</td>
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<tr>
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<td>Symbicort</td>
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<td>Wixela Inhub</td>
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<td>Alvesco</td>
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<td>Seebri Neohaler</td>
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<td>Spiriva Respimat</td>
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<td>Tudorza Pressair</td>
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<td>Striverdi Respimat</td>
<td>Serevent Diskus</td>
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<td>Xopenex HFA</td>
<td>albuterol HFA</td>
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<td>levalbuterol HFA</td>
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<td>montelukast</td>
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<td>ATTENTION DEFICIT HYPERACTIVITY</td>
<td>Adderal XR</td>
<td>dexamethasone ER</td>
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<tr>
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<td>Adhansia XR</td>
<td>dextroamphetamine-amphetamine ER</td>
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<td>Aptensio XR</td>
<td>methylphenidate ER/CD/LA</td>
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<td>Concerta</td>
<td>Vyvanse</td>
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<td>Focalin XR</td>
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<td>Ritalin LA</td>
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<td></td>
<td>Desoxyn</td>
<td>methamphetamine</td>
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<td>Dexedrine</td>
<td>dextroamphetamine</td>
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<tr>
<td>BLOOD PRESSURE/HEART MEDICATIONS</td>
<td>Betapace</td>
<td>sotalol oral</td>
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<tr>
<td></td>
<td>Cardizem</td>
<td>diltiazem</td>
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<tr>
<td></td>
<td>Cardizem CD</td>
<td>diltiazem CD</td>
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<tr>
<td></td>
<td>Firazyr*</td>
<td>icatibant* (PA)</td>
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<td></td>
<td>Isordil</td>
<td>isosorbide dinitrate</td>
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<td>Isordil Titradose</td>
<td>isosorbide dinitrate</td>
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<td>digoxin</td>
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<tr>
<td>BLOOD THINNERS/ANTI-CLOTTING</td>
<td>Yosprala</td>
<td>aspirin or enteric aspirin</td>
</tr>
</tbody>
</table>

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<th>DRUG CLASS</th>
<th>MEDICATIONS THAT ARE NOT COVERED**</th>
<th>GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANCER</td>
<td>Nilandron nilutamide</td>
<td>Tarceva* erlotinib*</td>
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<td>Yonsa* Zytiga* abiraterone*</td>
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<td>CHOLESTEROL MEDICATIONS</td>
<td>Antara Fenoglide</td>
<td>fenofibrate</td>
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<td></td>
<td>Ezallor Sprinkle Livalo Zypitamag</td>
<td>atorvastatin lovastatin pravastatin rosuvastatin simvastatin</td>
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<td>Praluent Pen</td>
<td>Repatha</td>
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<td>COUGH/COLD MEDICATIONS</td>
<td>benzonate 150mg</td>
<td>benzonate 100mg, 200mg</td>
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<td>TussiCaps</td>
<td>hydrocodone-chlorpheniramine ER promethazine with codeine syrup</td>
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<td>DIABETES</td>
<td>Accu-Chek Aviva Plus test strips Accu-Chek Guide test strips Accu-Chek Smartview Accutrend glucose</td>
<td>One Touch test strips (e.g. Ultra; Verio)</td>
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<td></td>
<td>Adlyxin</td>
<td>Byetta Bydureon Ozempic Trulicity Victoza</td>
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<tr>
<td></td>
<td>Ademelog Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog</td>
<td>Humalog Humulin</td>
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<td>metformin Janumet Janumet XR Januvia</td>
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<td>Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)</td>
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<td>Invokamet Invokamet XR</td>
<td>Segluromet Synjardy Synjardy XR Xigduo XR</td>
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<tr>
<td></td>
<td>Invokana</td>
<td>Farxiga Jardiance metformin Steglatro</td>
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</thead>
</table>
| DIABETES (cont) | Jentadueto  
Jentadueto XR  
Kazano  
Lantus  
Toujeo SoloStar  
Nesina  
Tradjenta  
Oseni  
Steglujan | Janumet  
Janumet XR  
Basaglar  
Levemir vial or Levemir Flextouch  
Tresiba FlexTouch  
Januvia  
Janumet  
Janumet XR  
metformin  
Generic TZDs (e.g. pioglitazone)  
Janumet  
Janumet XR  
Januvia  
Glyxambi  
metformin  
QTERN |
| DIURETICS | Edecrin  
ethacrynic acid | bumetanide  
furosemide  
torsemide |
| EYE CONDITIONS | Lumigan  
TRAVATAN Z  
Xalatan  
Xelpros  
Zioptan | bimatoprost  
latanoprost  
travoprost |
| GASTROINTESTINAL/HEARTBURN | Anusol HC suppository | hydrocortisone suppository |
| | Asacol HD  
Colazal  
Delzicol  
Dipentum  
CoLYte with Flavor Packets*  
GoLytely*  
MoviPrep*  
NULYTELY with flavor packs*  
OsmoPrep*  
Plenvu* | Apriso  
balsalazine  
mesalamine tablets or capsules  
Pentasa  
sulfasalazine |
| | Cortifoam  
Uceris foam  
Creon  
Pertzye  
Zenpep | Prescription hydrocortisone enema, rectal cream, suppository  
Pancreaze |
| | Librax  
Marinol  
Syndros | chlordiazepoxide–clidinium  
dronabinol |

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<td>Omeclamox-Pak</td>
<td>lansoprazole-amoxicillin-clarithromycin</td>
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<td>Pylera</td>
<td>(combo pack)</td>
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<td></td>
<td>OmePPI</td>
<td>omeprazole</td>
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<td></td>
<td>Zegerid packet, 40mg capsule</td>
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<td>Pepcid</td>
<td>famotidine</td>
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<td>Prevacid SoluTab</td>
<td>Generic prescription PPIs (e.g. lansoprazole)</td>
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<td></td>
<td>Rowasa</td>
<td>mesalamine rectal enema suspension</td>
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<td></td>
<td>Sensipar*</td>
<td>cinacalcet*</td>
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<td>ondansetron</td>
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<td>ondansetron ODT</td>
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<td>Cortrosyn</td>
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<td>Nocdurna</td>
<td>desompression acetate nasal spray or tablets</td>
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<td>INFECTIONS</td>
<td>Acticlate</td>
<td>Generic products (e.g. doxycycline; minocycline)</td>
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<td>Minolira ER</td>
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<tbody>
<tr>
<td>INFECTIONS (cont)</td>
<td>Arakoda atovaquone-proguanil doxycycline hydroxychloroquine quinine</td>
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<td></td>
<td>Bethkis* TOBI* tobramycin inhalation solution*</td>
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<td></td>
<td>Diflucan fluconazole</td>
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<td>Eryped 400 erythromycin ethylsuccinate</td>
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<td>Noxafil tablet posaconazole DR 100mg tablet</td>
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<td>Sitavig acyclovir tablet famciclovir tablet valacyclovir tablet</td>
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<td></td>
<td>Sporanox Tolisu intraconazole oral</td>
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<td></td>
<td>Valcyte valganciclovir</td>
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<td>Zovirax acyclovir</td>
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<td>MISCELLANEOUS</td>
<td>Horizant gabapentin</td>
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<tr>
<td></td>
<td>Syprine* Depen* penicillamine* trientine*</td>
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<td>Xenazine* tetrabenazine*</td>
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<td>MULTIPLE SCLEROSIS</td>
<td>Ampyra ER* dalfampridine ER*</td>
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<td>Aubagio* Gilenya* Mayzent* Tecfidera*</td>
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<td>Copaxone* Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegidy* Rebi* Tecfidera*</td>
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<td>Azesco PreGenna Trinaz</td>
<td>Any generic prenatal vitamin</td>
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<td>Nascobal cyanocobalamin injection</td>
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<tr>
<td>PAIN RELIEF AND INFLAMMATORY</td>
<td>Allzital butalbital-acetaminophen 50-325mg tablet butalbital-acetaminophen-caffeine capsules and tablets</td>
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</tbody>
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<td>Generic triptans (e.g. naratriptan; sumatriptan)</td>
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<td></td>
<td>Maxalt</td>
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<td>Amrix</td>
<td>cyclobenzaprine</td>
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<td>Other generic muscle relaxants</td>
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<td>Zipsor</td>
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<td>Cosentyx*</td>
<td>Enbrel*</td>
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<td>Otezla*</td>
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<td>Skyrizi*</td>
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</tbody>
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<td>Pennsaid pump</td>
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<td>Humira*</td>
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<td>Skyrizi*</td>
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<td>Stelara*</td>
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<td>Soriatane</td>
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<td>Zorvolex</td>
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<td>PARKINSON’S DISEASE</td>
<td>Gocovri</td>
<td>amantadine</td>
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<td>Lodosyn</td>
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<td>Requip XL</td>
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<td>Zelapar</td>
<td>selegiline tablets or capsules</td>
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<td>SCHIZOPHRENIA/ANTI-PSYCHOTICS</td>
<td>Abilify</td>
<td>aripiprazole</td>
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<td>Abilify MyCite</td>
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<td>Zyprexa</td>
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<td>Zyprexa Zydis</td>
<td>olanzapine ODT</td>
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<td>SEIZURE DISORDERS</td>
<td>Felbatol</td>
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<td></td>
<td>Keppra oral solution, tablet</td>
<td>levetiracetam</td>
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<td>Keppra XR</td>
<td>levetiracetam ER</td>
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<td>Lamictal</td>
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<td>Lamictal (Blue, Green, Orange)</td>
<td>lamotrigine (blue, green, orange)</td>
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<td>Lamictal ODT</td>
<td>lamotrigine ODT</td>
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<td>Lamictal ODT (Blue, Green, Orange)</td>
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<td>Lamictal XR (Blue, Green, Orange)</td>
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<td>Lyrica CR</td>
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<td>Mysoline</td>
<td>primidone</td>
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<td>Qudexy XR</td>
<td>topiramate ER</td>
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<td>Trokendi XR</td>
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<tr>
<td></td>
<td>Sabril*</td>
<td>vigabatrin*</td>
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</tbody>
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<tr>
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<th>GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)</th>
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</thead>
<tbody>
<tr>
<td>SEIZURE DISORDERS (cont)</td>
<td>Sympazan</td>
<td>clobazam</td>
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<tr>
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<td>Topamax</td>
<td>topiramate</td>
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<td>Trileptal</td>
<td>oxcarbazepine</td>
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<tr>
<td></td>
<td>Zonegran</td>
<td>zonisamide</td>
</tr>
<tr>
<td>SKIN CONDITIONS</td>
<td>Absorica</td>
<td>Myorisan or Zenatane</td>
</tr>
<tr>
<td></td>
<td>Acanya</td>
<td>Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)</td>
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<tr>
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<td>Aczone</td>
<td></td>
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<td></td>
<td>Aktipak</td>
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<td></td>
<td>Altreno</td>
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<td>Atralin</td>
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<td>Avita</td>
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<td>Azelex</td>
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<td></td>
<td>Differin</td>
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<td>Duac</td>
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<td>Epiduo Forte</td>
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<td>Onexton</td>
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<td>Retin-A</td>
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<td>Retin-A Micro</td>
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<td></td>
<td>Tazorac</td>
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<td></td>
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<td>Aldara</td>
<td>imiquimod 5% cream</td>
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<tr>
<td></td>
<td>Zyclara</td>
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<tr>
<td></td>
<td>Anusol-HC cream</td>
<td>hydrocortisone cream</td>
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<tr>
<td></td>
<td>Apexicon E</td>
<td>betamethasone</td>
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<tr>
<td></td>
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<td>dflorasone</td>
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<td>Olux</td>
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<td>Olux-E</td>
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<td></td>
<td>Psorcon</td>
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<td>Bensal HP</td>
<td>salicylic acid 6% cream, cream kit, gel, lotion</td>
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<td></td>
<td>Benzaclin</td>
<td>clindamycin-benzoyl peroxide</td>
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<td>Neuac Kit</td>
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<td>Carac</td>
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<td>Clindagel</td>
<td>clindamycin gel, topical solution</td>
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<td>Condylox</td>
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<td>Cutivate lotion</td>
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<td>valacyclovir tablet</td>
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<td>diclofenac 3% gel</td>
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<td>imiquimod 5% cream</td>
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<td></td>
<td>topical fluorouracil</td>
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<tr>
<td></td>
<td>Duobrii</td>
<td>halobetasol plus tazarotene breath</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>SKIN CONDITIONS (cont)</td>
<td>Enstilar</td>
<td>calcipotriene</td>
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<td></td>
<td>Taclonex</td>
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<td>Ertaczo</td>
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<td>Exelderm</td>
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<td>Extina</td>
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<td>Finacea foam, gel</td>
<td>azelaic acid</td>
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<td>betamethasone</td>
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<td>hydrocortisone butyrate lipid cream</td>
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<td>hydrocortisone butyrate lotion</td>
<td>fluticasone</td>
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<td>Pandel</td>
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<td>HALOG</td>
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<td></td>
<td>halobetasol cream, foam, ointment</td>
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<td>Locoid Lipocream</td>
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<td>Penlac</td>
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<td>Prudoxin</td>
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<td>Zonalon</td>
<td>Generic topical steroid (e.g. topical tacrolimus)</td>
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<td>Sernivo</td>
<td>clobetasol spray</td>
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<tr>
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</tr>
<tr>
<td></td>
<td>Vanos</td>
<td>fluocinonide 0.1% cream</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>SKIN CONDITIONS (cont)</td>
<td>Verdeso desonide cream, ointment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Xereese acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet</td>
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<tr>
<td></td>
<td>Xolegel Ciclopirox gel 0.77% Ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam Selenium lotion 2.5% Sodium Sulfacetamide 10% shampoo</td>
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</tr>
<tr>
<td>SLEEP DISORDERS/SEDATIVES</td>
<td>Ambien zolpidem</td>
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<td>Ambien CR zolpidem ER</td>
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<tr>
<td></td>
<td>Ativan lorazepam</td>
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<tr>
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<td>Belsomra Dayvigo</td>
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<td>Edluar zolpidem/ER</td>
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<td></td>
<td>Intermezzo</td>
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<td>Nuvigil armodafinil</td>
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<td>Provigil modafinil</td>
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<td>Restoril temazepam</td>
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<td>Zolpimist eszopiclone Silenor zaleplon zolpidem/ER</td>
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<td>SUBSTANCE ABUSE</td>
<td>Evzio narcan nasal spray</td>
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<td>URINARY TRACT CONDITIONS</td>
<td>Detrol tolterodine</td>
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<td>Gelnique darifenacin ER</td>
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<td>Myrbetriq oxybutynin ER</td>
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<td>Toviaz tolterodine ER</td>
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<td>VESicare trospium ER</td>
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</tr>
<tr>
<td></td>
<td>Procysbi* Cystagon*</td>
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</tbody>
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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 and/or no longer covering a medication. 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 or is no longer covered, you may pay a different amount to fill it. It’s important to know that when we make a change that affects the coverage of a medication you’re taking, we let you know before it happens so you have time to talk with your doctor.

Why doesn’t my plan cover certain medications?

To help lower your overall health care costs, your plan doesn’t cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication. If you’re taking a medication that your plan doesn’t cover and your doctor feels an alternative isn’t right for you, he or she can ask Cigna to consider approving coverage.

Your plan may also exclude certain medications or products from coverage. This is known as a “plan (or benefit) exclusion.” For example, your plan excludes medications that aren’t approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

The 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.

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 cignaforthcp.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.
Prescription drug list FAQs (cont)

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.

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.²

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.³ 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.³ 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.
Prescription drug list FAQs (cont)

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.

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:

- 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.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)

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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 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주세요. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711) 번으로 전화해주세요.


**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 على بطاقة الشخصية. أو اتصل ب 1.800.244.6224 (TTY: 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 شماره‌ی کد در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه تامین شده: شماره 711 را شماره‌گیری کنید).