



# CIGNA PERFORMANCE 3-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

932539 b Performance 3-Tier 09/20



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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.<sup>1,2</sup> 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.

TIER 1 \$	TIER 2 \$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>	
afeditab CR	Berinert* (PA)
amlodipine besylate	Bidil
amlodipine besylate-benazepril	Bystolic
amlodipine-valsartan	Cinryze* (PA)
amlodipine-valsartan-HCTZ	Coreg CR
atenolol	Cozaar (ST)
atenolol-chlorthalidone	Diovan (ST)
benazepril	Diovan HCT (ST)
benazepril-HCTZ	Edarbi (ST)
candesartan cilexetil	Edarbyclor (ST)
cartia XT	Exforge
carvedilol	Exforge HCT
clonidine	Firazy* (PA)
digitek	Hemangeol
digox	Inderal LA
digoxin	Inderal XL
diltiazem ER	Innopran XL
diltiazem CD	Lotrel
diltiazem	Micardis (ST)
dilt-XR	Multaq
enalapril	Nitro-dur
flecainide acetate	Nitrolingual
hydralazine	NitroMist
irbesartan	Nitronal
isosorbide mononitrat	Nitrostat
	Northera* (PA)
	Norvasc
	Ranexa (ST)
	Tekturna
	Tekturna HCT

**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.

- |  |                           |        |
|--|---------------------------|--------|
| › <b>Tier 1 – Typically Generics</b>             | (Lowest-cost medication)  | \$     |
| › <b>Tier 2 – Typically Preferred Brands</b>     | (Medium-cost medication)  | \$\$   |
| › <b>Tier 3 – Typically Non-Preferred Brands</b> | (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.

- |              |  |
|--------------|--|
| <b>(PA)</b>  | <b>Prior Authorization</b> – 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.   |
| <b>(ST)</b>  | <b>Step Therapy</b> – 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). |
| <b>(QL)</b>  | <b>Quantity Limits</b> – 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.  |
| <b>(AGE)</b> | <b>Age Requirements</b> – 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.

Condition	Page	Condition	Page
AIDS/HIV	6	FEMININE PRODUCTS	12
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	12
ALZHEIMER'S DISEASE	6	HORMONAL AGENTS	12, 13
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	13, 14
ASTHMA/COPD/RESPIRATORY	6, 7	INFERTILITY	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MISCELLANEOUS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	14
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	NUTRITIONAL/DIETARY	14
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	14
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CHOLESTEROL MEDICATIONS	8, 9	PARKINSON'S DISEASE	15
CONTRACEPTION PRODUCTS	9, 10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	16
DENTAL PRODUCTS	11	SKIN CONDITIONS	16
DIABETES	11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	17
EAR MEDICATIONS	11	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	11	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	11, 12	URINARY TRACT CONDITIONS	17
		VACCINES	17
		WEIGHT MANAGEMENT	17

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>AIDS/HIV</b>			<b>ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)</b>		
abacavir-lamivudine* (PA)	Atripla* (PA)	Cimduo* (PA)	amitriptyline		Paxil CR (ST, QL)
atazanavir* (PA)	Biktarvy*	Complera* (PA)	bupropion (QL)		Pristiq ER (ST, QL)
ritonavir*	Descovy*	Evotaz* (PA)	bupropion SR (QL)		Prozac (ST, QL)
tenofovir* (PA)	Genvoya*	Intelence* (PA)	bupropion XL (QL)		Remeron
	Isentress*	Juluca* (PA)	buspirone		Sarafem (ST)
	Isentress HD* (PA)	Odefsey* (PA)	citalopram (QL)		Trintellix (ST, QL)
	Prezista*	Prezcobix* (PA)	clomipramine		Viibryd (ST, QL)
	Selzentry* (PA)	Stribild* (PA)	desvenlafaxine ER (QL)		Wellbutrin SR (ST, QL)
	Symfi*		duloxetine (QL)		Xanax
	Symfi Lo*		escitalopram (QL)		Xanax XR
	Symtuza*		fluoxetine (QL)		Zoloft (ST, QL)
	Tivicay*		fluoxetine DR (QL)		
	Triumeq*		fluvoxamine (QL)		
	Truvada*		fluvoxamine ER (QL)		
	Viread 150 mg, 200mg, 250mg tablet, powder* (PA)		lorazepam		
			lorazepam intensol		
			mirtazapine		
			paroxetine (QL)		
			paroxetine CR (QL)		
			paroxetine ER (QL)		
			sertraline (QL)		
			trazodone		
			venlafaxine (QL)		
			venlafaxine ER (QL)		
<b>ALLERGY/NASAL SPRAYS</b>			<b>ASTHMA/COPD/RESPIRATORY</b>		
Adyphren		Clarinx	albuterol	Advair HFA	Adcirca* (PA)
Adyphren Amp		Clarinx-D 12 Hour	albuterol HFA	Anoro Ellipta	Adempas* (PA)
azelastine		EpinephrineSnap-EMS	Alyq* (PA)	Atrovent HFA	Arcapta Neohaler
cromolyn		EpinephrineSnap-V	budesonide	Bevespi	Brovana
cyproheptadine		EPIsnap	fluticasone-salmeterol	Aerosphere	Daliresp (QL)
desloratadine (QL)		Gastrocrom	montelukast	Breo Ellipta	Kalydeco* (PA, QL)
epinephrine (QL)		Grastek (PA, QL)	tadalafil 20mg* (PA)	Combivent	Letairis* (PA)
fluticasone		Karbinal ER	Wixela Inhub	Respimat	Lonhala Magnair (PA)
hydroxyzine		Odactra (PA, QL)		Dulera	Nucala auto-injector, syringe* (PA)
ipratropium		Patanase		Flovent	Orenitram ER* (PA)
mometasone (QL)		Ragwitek (PA, QL)		Flovent HFA	Orkambi* (PA, QL)
olopatadine		Vistaril		Increase Ellipta	Perforomist (QL)
Phenergan				OFEV* (PA)	Pulmicort respule
promethazine				Opsumit* (PA)	Revatio oral suspension, tablet* (PA)
				Pulmicort	Singular
				Flexhaler	Symdeko* (PA, QL)
				Pulmozyme* (PA)	Tracleer tablet* (PA)
				QVAR RediHaler	Tyvaso* (PA)
				Serevent	
				Symbicort	
<b>ALZHEIMER'S DISEASE</b>					
donepezil	Mestinon syrup	Aricept			
donepezil ODT	Namenda	Exelon			
memantine	Titration Pack	Mestinon tablet			
memantine ER (QL)		Namenda tablet			
pyridostigmine		Namenda XR (QL)			
pyridostigmine ER		Namzaric (QL)			
rivastigmine		Regonol			
<b>ANXIETY/DEPRESSION/BIPOLAR DISORDER</b>					
alprazolam		Celexa (ST, QL)			
alprazolam ER		Effexor XR (ST, QL)			
alprazolam intensol		Fetzima (ST, QL)			
alprazolam ODT		Forfivo XL (ST, QL)			
alprazolam XR		Paxil (ST, QL)			

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ASTHMA/COPD/RESPIRATORY (cont)</b>			<b>BLOOD PRESSURE/HEART MEDICATIONS</b>		
	Tracleer 32 mg tablet for suspension* (PA) Trelegy Ellipta Xolair* (PA)	Upravi* (PA)	Adult Aspirin Regimen+ amiodarone amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-HCTZ 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 dofetilide (QL) doxazosin Ecotrin+ Ecpirin+ enalapril flecainide hydralazine irbesartan irbesartan-HCTZ isosorbide isosorbide ER labetalol lisinopril	Bystolic (ST, QL) Corlanor (PA) Entresto Tekturna HCT (QL)	Adalat CC Altace (ST) Atacand (ST) Atacand HCT (ST) Avalide (ST) Avapro (ST) Azor (QL) Benicar (ST, QL) Benicar HCT (ST, QL) BiDil (QL) Calan SR Cardizem LA 120 mg (QL) Cardura Catapres-TTS 1 Catapres-TTS 2 Catapres-TTS 3 Coreg (ST) Coreg CR (ST, QL) Corgard (ST) Cozaar (ST) Diovan (ST) Diovan HCT (ST) Edarbi (ST, QL) Epaned Exforge Exforge HCT Haegarda* (PA) Hemangeol Hyzaar (ST) Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Kapspargo 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
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>					
atomoxetine (QL) clonidine ER dexmethylphenidate (PA age) dexmethylphenidate ER (PA age, QL) dextroamphetamine-amphetamine (PA age) dextroamphetamine-amphetamine ER (PA age, QL) guanfacine ER metadate ER (PA age, QL) methylphenidate (PA age) methylphenidate CD (PA age, QL) methylphenidate ER (PA age, QL) methylphenidate ER (CD) (PA age, QL) methylphenidate ER (LA) (PA age, QL) methylphenidate LA (PA age, QL) Relexxii (PA age, QL)	Vyvanse (PA age, QL)	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 Kapvay Methylin (PA age) QuilliChew ER (PA age, QL) Quillivant XR (PA age, QL) Ritalin tablet (PA age, ST) Strattera (QL)			
<b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>					
aminocaproic acid* tranexamic acid*	Aranesp* (PA) Droxia Epogen* (PA) Fulphila* (PA) Granix* Neulasta* (PA) Procrit* (PA) Retacrit* (PA) Udenyca* (PA) Zarxio*	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 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>			<b>CANCER</b>		
lisinopril-HCTZ losartan losartan-HCTZ Low Dose Aspirin EC+ Matzim LA metoprolol nadolol 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) Takhzyro* (PA) Tekturna (QL) Tenormin (ST) Tiazac Tikosyn (PA, QL) Toprol XL (ST) Tribenzor Vasotec (ST) Verelan Verelan PM Zestoretic (ST) Zestril (ST)	abiraterone* (PA) anastrozole capecitabine* (PA) exemestane imatinib* (PA) letrozole mercaptopurine methotrexate tamoxifen+ temozolomide* (PA)	Actimmune* (PA) Eriedge* (PA) Gleostine Ibrance* (PA) Lupron Depot* (PA) Nexavar* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tasigna* (PA) Trexall Verzenio* (PA)	Afinitor Disperz* (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) Ninlaro* (PA) Odomzo* (PA) Pomalyst* (PA) Purixan* Rubraca* (PA) Stivarga* (PA) Tafinlar* (PA) Tagrisso* (PA) Targretin capsule* (PA) Temodar* (PA) Trelstar* Tykerb* (PA) Venclexta* (PA) Votrient* (PA) Xalkori* (PA) Xeloda* (PA) Xtandi* (PA) Zejula* (PA)
<b>BLOOD THINNERS/ANTI-CLOTTING</b>			<b>CHOLESTEROL MEDICATIONS</b>		
aspirin-dipyridamole ER clopidogrel enoxaparin* (QL) fondaparinux* (QL) Jantoven prasugrel warfarin	Brilinta 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	amlodipine-atorvastatin (QL) atorvastatin+ colesevelam ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin+	Repatha (PA) Vascepa (PA)	Caduet (QL) Crestor (ST, QL) Lipofen (ST) Lovaza Niaspan TriCor (ST) Triglide (ST) Trilipix (ST) Vytorin (ST) Welchol



## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CHOLESTEROL MEDICATIONS (cont)</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
fluvastatin ER <sup>+</sup> lovastatin 10mg lovastatin <sup>+</sup> 20mg, 40mg niacin niacin ER niacor omega-3 acid ethyl esters pravastatin <sup>+</sup> rosuvastatin <sup>+</sup> 5mg, 10mg (QL) rosuvastatin 20mg (QL) simvastatin 10mg, 20mg, 40mg <sup>+</sup> simvastatin 80mg (QL)		Zetia Zocor (ST, QL)	Cryselle <sup>+</sup> Cyclafem <sup>+</sup> Cyred <sup>+</sup> Cyred EQ <sup>+</sup> Dasetta <sup>+</sup> Daysee <sup>+</sup> Deblitane <sup>+</sup> desogestrel-ethinyl estradiol <sup>+</sup> desogestrel-ethinyl estradiol ethinyl estradiol dospirenone- ethinyl estradiol- levomefolate <sup>+</sup> dospirenone-ethinyl estradiol <sup>+</sup> Econtra EZ <sup>+</sup> Econtra One-Step <sup>+</sup> Elinest <sup>+</sup> EluRyng Vaginal Ring <sup>+</sup> Emoquette <sup>+</sup> Enpresse <sup>+</sup> Enskyce <sup>+</sup> Errin <sup>+</sup> Estarylla <sup>+</sup> ethynodiol-ethinyl estradiol <sup>+</sup> etonogestrel-ethinyl estradiol Vaginal Ring <sup>+</sup> Falmina <sup>+</sup> Fayosim <sup>+</sup> Femynor <sup>+</sup> Gianvi <sup>+</sup> Gynol II <sup>+</sup> Hailey 24 FE <sup>+</sup> Heather <sup>+</sup> Incassia <sup>+</sup> Introvale <sup>+</sup> Isibloom <sup>+</sup> Jasmiel <sup>+</sup> Jencycla <sup>+</sup> Jolesa <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>		
<b>CONTRACEPTION PRODUCTS</b>					
Afirmelle <sup>+</sup> Aftera <sup>+</sup> Altavera <sup>+</sup> Alyacen <sup>+</sup> Amethia <sup>+</sup> Amethia Lo <sup>+</sup> Amethyst <sup>+</sup> Apri <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> Balziva <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* Layolis FE Loestrin FE Minastrin 24 FE Mirena* Natazia Nexplanon* NuvaRing Safyral Skyla* Today Contraceptive Sponge <sup>+</sup> Wide seal diaphragm <sup>+</sup> Yasmin 28 Yaz			

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTION PRODUCTS (cont)</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
Kelnor 1-50 <sup>+</sup>			Pirmella <sup>+</sup>		
Kurvelo <sup>+</sup>			Portia <sup>+</sup>		
Larin <sup>+</sup>			Previfem <sup>+</sup>		
Larin FE <sup>+</sup>			Reclipsen <sup>+</sup>		
Larin 24 FE <sup>+</sup>			Rivelsa tablet <sup>+</sup>		
Larissia <sup>+</sup>			Setlakin <sup>+</sup>		
Leena 28 tablet <sup>+</sup>			Sharobel <sup>+</sup>		
Lessina <sup>+</sup>			Simliya <sup>+</sup>		
Levonest <sup>+</sup>			Simpesse <sup>+</sup>		
levonorgestrel <sup>+</sup>			Sprintec <sup>+</sup>		
levonorgestrel-ethinyl estradiol <sup>+</sup>			Sronyx <sup>+</sup>		
levonorgestrel-ethinyl estradiol ethinyl estradiol <sup>+</sup>			Syeda <sup>+</sup>		
Levora-28 <sup>+</sup>			Tarina 24 FE <sup>+</sup>		
Lillow <sup>+</sup>			Tarina FE 1-20 EQ <sup>+</sup>		
Loryna <sup>+</sup>			Tilia FE 28 <sup>+</sup>		
Low-Ogestrel <sup>+</sup>			Tri Femynor <sup>+</sup>		
Lo-Zumandimine <sup>+</sup>			Tri-Estarylla <sup>+</sup>		
Lutera <sup>+</sup>			Tri-Legest FE <sup>+</sup>		
Lyza <sup>+</sup>			Tri-Linyah <sup>+</sup>		
Marlissa <sup>+</sup>			Tri-Lo-Estarylla <sup>+</sup>		
medroxyprogesterone 150mg/ml <sup>+</sup>			Tri-Lo-Marzia <sup>+</sup>		
Melodetta 24 FE <sup>+</sup>			Tri-Lo-Mili <sup>+</sup>		
Mibelas 24 FE <sup>+</sup>			Tri-Lo-Sprintec <sup>+</sup>		
Microgestin <sup>+</sup>			Tri-Mili <sup>+</sup>		
Microgestin FE <sup>+</sup>			Tri-Previfem <sup>+</sup>		
Mili <sup>+</sup>			Tri-Sprintec <sup>+</sup>		
Mono-Linyah <sup>+</sup>			Trivora-28 <sup>+</sup>		
My Choice <sup>+</sup>			Tri-Vylibra <sup>+</sup>		
My Way <sup>+</sup>			Tri-Vylibra Lo <sup>+</sup>		
Necon <sup>+</sup>			Tulana <sup>+</sup>		
Nikki <sup>+</sup>			Tydemy <sup>+</sup>		
Nora-BE <sup>+</sup>			VCF <sup>+</sup> foam, gel		
norethindrone <sup>+</sup>			Velivet <sup>+</sup>		
norethindrone-ethinyl estradiol <sup>+</sup>			Vienva <sup>+</sup>		
norethindrone-ethinyl estradiol-iron <sup>+</sup>			Viorele <sup>+</sup>		
norgestimate-ethinyl estradiol <sup>+</sup>			Vyfemla <sup>+</sup>		
Norlyda <sup>+</sup>			Vylibra <sup>+</sup>		
Norlyroc <sup>+</sup>			Wera <sup>+</sup>		
Nortrel <sup>+</sup>			Wymzya FE <sup>+</sup>		
Ocella <sup>+</sup>			Xulane <sup>+</sup>		
Option 2 <sup>+</sup>			Zarah <sup>+</sup>		
Orsythia <sup>+</sup>			Zovia <sup>+</sup>		
Philith <sup>+</sup>			Zumandimine <sup>+</sup>		
Pimtrea <sup>+</sup>					
			<b>COUGH/COLD MEDICATIONS</b>		
			benzonatate 100mg, 200mg		Tessalon Perle
			Bromfed DM		Tuzistra XR (PA, QL)
			brompheniramine-pseudoephedrine-DM		
			hydrocodone-chlorpheniramine ER (PA)		

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DENTAL PRODUCTS</b>			<b>DIABETES (cont)</b>		
chlorhexidine Denta 5000 Plus dentagel doxycycline fluoride+ Fluoridex Daily Defense Fluoritab+ Flura-Drops+ Ludent+ Oralene Paroex Peridex Periogard SF 5000 Plus sodium fluoride+ 0.25mg, 0.5mg, 1mg triamcinolone	Fluorabon+ PreviDent 5000	Clinpro 5000 Floriva+ Fluoridex Sensitivity Relief PreviDent PreviDent 5000 Plus		Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (QL) Xultophy	
<b>DIABETES</b>			<b>DIURETICS</b>		
glimepiride glipizide glipizide ER glipizide XL metformin metformin ER pioglitazone	Baqsimi 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	acetazolamide acetazolamide ER bumetanide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ	Diuril Dyrenium	Aldactone Dyazide Inspra Jynarque* (PA) Lasix Maxzide Samsca*
<b>DIABETES</b>			<b>EAR MEDICATIONS</b>		
			neomycin- polymyxin-HC ofloxacin drops	Cipro HC Ciprodex	Coly-Mycin S Cortisporin-TC Dermotic Otovel
<b>DIABETES</b>			<b>ERECTILE DYSFUNCTION</b>		
			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)
<b>DIABETES</b>			<b>EYE CONDITIONS</b>		
			azelastine brimonidine ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin- polymyxin- dexamethasone ofloxacin polymyxin B-TMP	Alphagan P 0.1% drops Azasite Azopt Betimol Betoptic s Combigan Lotemax gel Lotemax SM Moxeza Pazeo Restasis Simbrinza Tobradex eye ointment	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Cosopt Cosopt PF Cystaran* (QL) Durezol FML Liquifilm Ilevro Inveltys Istalol Lastacast

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>EYE CONDITIONS (cont)</b>			<b>GASTROINTESTINAL/HEARTBURN (cont)</b>		
prednisolone solution timolol solution tobramycin tobramycin-dexamethasone	Xiidra	Lotemax drops, ointment Maxitrol Nevanac Ocuflax Oxervate* (PA) Patanol Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex drops Tobradex ST Trusopt Vigamox Zirgan Zylet Zymaxid	GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ GentleLax+ 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+ Phenadoz 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	Ocaliva* (PA) Prevacid DR (ST, QL) Protonix (ST, QL) Protonix IV Ravicti* (PA) Rectiv Relistor (PA) Sancuso (PA, QL) sfRowasa Sucraid* (PA) Sustol (PA) Symproic (PA) Transderm-Scop Urso Urso Forte Varubi (PA, QL) Viberzi Viokace Xermelo* (PA) Zantac	
<b>FEMININE PRODUCTS</b>					
Fem pH Gynazole 1 Miconazole 3 vaginal suppository terconazole		AVC			
<b>GASTROINTESTINAL/HEARTBURN</b>			<b>HORMONAL AGENTS</b>		
Alophen+ Anucort-HC balsalazide bisacodyl+ Bisa-Lax+ chlordiazepoxide-clidinium cinacalcet* ClearLax+ dicyclomine capsule, solution, tablet diphenoxylate-atropine dronabinol Ducodyl+ esomeprazole capsule (QL) famotidine 40mg tablet, suspension, piggyback, vial	Amitiza Apriso Carafate suspension CLENPIQ+ Dexilant (QL) Entyvio*^ (PA) Linzess Lithostat Pancreaze Pentasa Prepopik+ SUPREP+	Aciphex tablet (ST, QL) Aciphex Sprinkle (QL) Actigall Akynzeo capsule (PA, QL) Bonjesta Canasa Carafate tablet Cholbam* (PA) Correctol+ Diclegis Donnatal Dulcolax+ Gattex* (PA) Kristalose Lialda Lomotil MiraLax+ Movantik (PA)	Amabelz budesonide EC budesonide ER (PA, QL) cabergoline (QL) CovARYX	Androderm (PA, QL) Cetrotide*^ (PA) Crinone 4% Divigel Duavee	Activella Alora (QL) AndroGel (PA, QL) Angeliq Armour Thyroid

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>HORMONAL AGENTS (cont)</b>			<b>INFECTIONS</b>		
CovARYX H.S.	Estring (QL)	Climara	acyclovir capsule, suspension, tablet, vial	Baraclude solution*	Albenza
Decadron	Forteo* (PA, QL)	Climara Pro	albendazole	Cipro suspension	Alinia
desmopressin solution, spray, tablet	Ganirelix*^ (PA)	CombiPatch	amoxicillin	Cleocin 75 mg capsule	Arikayce* (PA)
desmopressin* ampule, vial	Humatrope* (PA)	Cytomel	amoxicillin-clavulanate	Daraprim* (PA)	Bactrim
dexamethasone	Increlex* (PA)	Deltasone	amoxicillin-clavulanate ER	Eplclusa* (PA)	Bactrim DS
dexamethasone intensol	Lupron Depot* (PA)	Depo-Testosterone	atovaquone	Firvanq	Baxdela (PA)
Dotti (QL)	Lupron Depot-PED* 7.5mg, 11.25mg, 15mg (PA)	Egrifta* (PA)	atovaquone-proguanil	Harvoni* (PA, QL)	Cayston* (PA, QL)
EEMT	Medrol 2mg	Elestrin	Avidoxy	Ledipasvir-Sofosbuvir* (PA)	Cipro tablet
EEMT H.S.	Norditropin	Emflaza* (PA)	azithromycin	Mavyret* (PA)	Cleocin
estradiol patch, vaginal insert (QL)	FlexPro* (PA)	Entocort EC	cefdinir	Pegasys* (PA)	Clindesse
estradiol-norethindrone acetate	Orilissa (PA, QL)	Estrace	cefepodoxime	Sofosbuvir-Velpatasvir* (PA)	Cresemba capsule (PA)
estrogen-methyltestosterone	Premarin	EstroGel	cephalexin	Sovaldi* (PA, QL)	Dificid (QL)
levothyroxine	Premphase	Euthyrox	ciprofloxacin	Thalomid* (PA)	Elimite
Levoxyl	Prempro	Evamist	clarithromycin	TOBI Podhaler* (PA, QL)	EryPed 200
liothyronine	Sandostatin LAR Depot* (PA)	Imvexxy (QL)	clarithromycin ER	Vosevi* (PA)	Flagyl
Lopreeza	Serostim* (PA)	Intrarosa	clindamycin	Xifaxan 550mg (QL)	Keflex
medroxyprogesterone	Somavert* (PA)	Levo-T	clindamycin phosphate		Kitabis Pak* (PA, QL)
methimazole	Zorbtive* (PA)	Lupron Depot-PED* 30mg (PA)	clindamycin phosphate		Levaquin
methylprednisolone dosepak, tablet		Medrol 4mg, 8mg, 16mg, 32mg	Coremino (QL)		Macrobid
Mimvey		Menostar (QL)	dapsone		Macrochantin
Nature-Throid		Minivelle (QL)	Doxy 101		Malarone (PA)
NP Thyroid		Natpara* (PA)	doxycycline		Minocin 100 vial
prednisolone		Noctiva (PA)	Emverm		Monurol
prednisolone ODT		Osphena	entecavir* (QL)		Natroba
prednisone		Prometrium	erythromycin		Noxafil suspension, vial
prednisone intensol		Royaldee	erythromycin ES		Nuessa
progesterone		Somatuline Depot* (PA)	famciclovir		Nuzyra* (PA)
capsule, vial		Striant (PA, QL)	fluconazole		Oravig
testosterone (PA, QL)		Synthroid	hydroxychloroquine		Plaquenil (PA)
testosterone cypionate		Testopel (PA)	itraconazole		Prevymis tablet*
thyroid		Thyrogen*	levofloxacin eye drops, solution, tablet, vial		Priftin
Westhroid		TIROSINT	metronidazole		Sivextro tablet (PA)
WP Thyroid		Triostat	minocycline		Sklice
Yuvaferm (QL)		Unithroid	minocycline ER (QL)		Solosec
		Vagifem (QL)	Mondoxyne NL		Sulfatrim
		Vivelle-Dot (QL)	Morgidox capsule		Suprax
			nitrofurantoin		Tamiflu (QL)
			nitrofurantoin mono-macro		Urogesic-Blue
			nystatin		Valtrex
			Okebo		Vemlidy*
			oseltamivir (QL)		Vfend (PA)
					Vfend IV
					Vibramycin syrup, suspension
					Xofluza (QL)
					Zepatier* (PA)

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>INFECTIONS (cont)</b>			<b>NUTRITIONAL/DIETARY</b>		
penicillin V permethrin sulfamethoxazole- TMP terbinafine tablet tetracycline tobramycin ampule* (PA, QL) valacyclovir valganciclovir vancomycin bag, capsule, vial Vandazole voriconazole tablet (PA)		Zithromax Zyvox (PA)	B-12 Compliance calcitriol calcium 667mg cyanocobalamin injection daily 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	CitraNatal Klor-Con M15 OB Complete Petite Prenate Mini Prenate Pixie PrimaCare Vitafo1+	Auryxia (QL) Drisdol Floriva+ KPN+ K-Tab ER Lokelma Mephyton MVC-fluoride+ OB Complete Perry Prenatal+ Phoslyra Quflora+ Renvela Rocaltrol Velphoro Veltassa vitaPearl
<b>INFERTILITY</b>			<b>OSTEOPOROSIS PRODUCTS</b>		
chorionic gonadotropin 10,000 unit vial*^ (PA) clomiphene tablet^	Crinone 8% ^ Endometrin^ Gonal-F*^ (PA) Novarel*^ (PA) Ovidrel*^ (PA)	Follistim AQ*^ (PA) Menopur*^ (PA)	alendronate (QL) calcitonin-salmon ibandronate raloxifene+ risedronate risedronate DR	Boniva syringe* Tymlos* (PA, QL)	Actonel (ST) Atelvia (ST) Binosto (ST) Boniva tablet (ST) Evista Fosamax (ST) Fosamax Plus D (ST)
<b>MISCELLANEOUS</b>			<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>		
disulfiram Nebusal 3% PulmoSal sodium chloride irrigation solution, inhalation vial tetrabenazine* (PA) trientine* (PA)	Cerdelga* (PA) Esbriet* (PA) Nityr* (PA) Strensiq* (PA) TechLITE Lancets Vivitrol*	Addyi (QL) Austedo* (PA) Brisdelle (QL) Exjade* (PA) Ferriprox* (PA) Galafold* (PA) Ingrezza* (PA) Jadenu* (PA) Kuvan* (PA) Myalept* (PA) Nuedexta (QL) Orfadin* (PA) Palynziq* (PA) Tiglutik* (PA)	acetaminophen- codeine (PA) allopurinol Aprizio pak baclofen buprenorphine (QL) butalbital- acetaminophen 50-325mg tablet butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL)	Actemra* (PA, QL) Aimovig (PA) Ajovy (PA) Belbuca (QL) Depen* (PA) Emgality(PA) Enbrel* (PA, QL) Humira* (PA, QL) Hysingla ER (PA) MORPHA Bond 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)
<b>MULTIPLE SCLEROSIS</b>					
glatiramer* (PA) Glatopa* (PA)	Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA) Rebif* (PA) Rebif Rebidose* (PA) Tecfidera* (PA)				

## Cigna Performance 3-Tier Prescription Drug List

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

colchicine	Proctofoam-HC	Dupixent* (PA)
cyclobenzaprine	Rasuvo (PA)	Duragesic (PA)
DermacinRx	Remicade* (PA)	EC-naprosyn (ST)
Empricaine	Savella	Esgic (QL)
DermacinRx Prizopak	Simponi Aria* (PA)	Fexmid
diclofenac 1% gel (QL)	Stelara* (PA, QL)	Flector (PA, QL)
diclofenac ER tablets	Taltz* (PA, QL)	Gablofen
EC-naproxen	Tremfya* (PA, QL)	Ilaris* (PA)
eletriptan (QL)	Uloric (QL)	Ilumya* (PA, QL)
endocet (PA)	Xeljanz XR* (PA, QL)	Kadian (PA)
etodolac	Xeljanz* (PA, QL)	Kevzara* (PA, QL)
etodolac ER	Xtampza ER (PA)	Kineret* (PA, QL)
fentanyl (PA)	Ztlido	Lidoderm
Fioricet (QL)		Mitigare
frovatriptan (QL)		Mobic (ST)
Glydo		MS Contin (PA)
hydrocodone-acetaminophen (PA)		Nalfon 400 mg (ST)
hydromorphone (PA)		Naprosyn (ST)
hydromorphone ER (PA)		Norco (PA)
IBU		Nucynta ER (PA)
ibuprofen tablet		Olumiant* (PA, QL)
indomethacin		Orencia* (PA, QL)
indomethacin ER		Otrexup (PA)
ketorolac (QL)		Oxaydo (PA)
leflunomide		Pennsaid packet
lidocaine (QL)		Percocet (PA)
lidocaine viscous		Procort
lidocaine-prilocaine		Qmiiz ODT (ST, QL)
Lidopril		Simponi* (PA, QL)
Lidopril XR		Skelaxin
Lido-Prilo Caine Pack		Tylenol-Codeine No.3 (PA)
Livixil Pak		Tylenol-Codeine No.4 (PA)
Lorcet (PA)		Ultram (QL)
Lorcet HD (PA)		Voltaren (PA, QL)
Lorcet Plus (PA)		Zanaflex
Lortab (PA)		Zebutal (QL)
meloxicam		Zohydro ER (PA)
metaxalone		Zyloprim
methocarbamol		
morphine (PA)		
morphine ER (PA)		
nabumetone		
Nalfon 600mg (ST)		
Nalocet (PA)		
naproxen		
oxycodone (PA)		
oxycodone ER (PA)		

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

oxycodone-acetaminophen (PA)		
Prilolid		
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

benztropine	Apokyn* (PA)	Azilect (QL)
bromocriptine		Mirapex
carbidopa-levodopa		Mirapex ER (QL)
carbidopa-levodopa ER		Neupro
pramipexole		Osmolex ER (QL)
pramipexole ER (QL)		Parlodol
rasagiline (QL)		Rytary
ropinirole		Sinemet
ropinirole ER		Sinemet CR
		Tasmar
		Xadago (ST)

### SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole (QL)	Latuda (QL)	Abilify Maintena
aripiprazole ODT	Zyprexa 10mg vial	Aristada
chlorpromazine		Aristada initio
olanzapine		Fanapt (ST, QL)
olanzapine ODT		Invega (ST, QL)
paliperidone ER (QL)		Perseris (QL)
quetiapine		Rexulti (ST, QL)
quetiapine ER		Risperdal (ST)
risperidone		Saphris (ST)
risperidone ODT		Seroquel (ST)
ziprasidone		Seroquel XR (ST)
		Vraylar (ST, QL)





## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SMOKING CESSATION

bupropion SR <sup>+</sup> NicoDerm CQ 21mg/24hr <sup>+</sup> Nicorelief <sup>+</sup> nicotine gum <sup>+</sup> nicotine lozenge <sup>+</sup> nicotine patch <sup>+</sup> Quit 2 <sup>+</sup> Quit 4 <sup>+</sup>	Chantix Nicotrol Nicotrol NS	NicoDerm CQ 7mg/24hr, 14mg/24hr <sup>+</sup> Nicorette <sup>+</sup>
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### SUBSTANCE ABUSE

buprenorphine- naloxone	Lucemyra (QL) Narcan (QL) Zubsolv	Bunavail Probuphine Suboxone
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### TRANSPLANT MEDICATIONS

azathioprine* mycophenolate* mycophenolic acid* sirolimus* tacrolimus* capsule	CellCept vial* Prograf 5 mg/ml ampule*	Astagraf XL* CellCept capsule, suspension, tablet* Envarsus XR* Myfortic* Prograf capsule, granule packet* Rapamune* Zortress*
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### URINARY TRACT CONDITIONS

cevimeline darifenacin ER (QL) finasteride 5mg oxybutynin oxybutynin ER phenazopyridine potassium citrate ER silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium trospium ER	Cystagon* Elmiron Thiola* Thiola EC*	Avodart Evoxic Flomax Proscar Pyridium Rapaflo (QL) Urocit-K
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### 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 <sup>+</sup> TdVax <sup>+</sup>		Act-HIB <sup>+</sup> Adacel Tdap <sup>+</sup> Afluria Quad <sup>+</sup> BEXSERO <sup>+</sup> Boostrix Tdap <sup>+</sup> DAPTACEL DTaP <sup>+</sup>
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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.**

		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> Hiberix <sup>+</sup> Infanrix DTaP <sup>+</sup> IPOL <sup>+</sup> KINRIX <sup>+</sup> Menactra <sup>+</sup> Menveo 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>
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### WEIGHT MANAGEMENT

		Megace ES solution
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## 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.

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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ASTHMA/COPD/RESPIRATORY	Advair Diskus AirDuo RespiClick	Advair HFA Breo Ellipta Dulera fluticasone-salmeterol Symbicort Wixela Inhub	
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler Pulmicort Flexhaler	
	Stiolto Respimat Utibron Neohaler	Anoro Ellipta	
	Elixophyllin	theophylline oral solution	
	ProAir HFA ProAir RespiClick Proventil HFA Ventolin HFA	albuterol HFA	
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta	
	Striverdi Respimat	Serevent Diskus	
	Xopenex HFA	albuterol HFA levalbuterol HFA	
	Yupelri	Anoro Ellipta Incruse Ellipta Trelegy Ellipta	
	Zyflo	montelukast zafirlukast zileuton ER	
	ATTENTION DEFICIT HYPERACTIVITY	Adderall XR Adhansia XR Aptensio XR Concerta Cotempla XR-ODT Mydayis Focalin XR Ritalin LA	dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA Vyvanse
		Desoxyn	methamphetamine
		Dexedrine	dextroamphetamine
BLOOD PRESSURE/HEART MEDICATIONS		Betapace	sotalol oral
		Cardizem	diltiazem
		Cardizem CD	diltiazem CD
		Firazyr*	icatibant* (PA)
		Isordil	isosorbide dinitrate
		Isordil Titradose	isosorbide dinitrate digoxin
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
CANCER	Nilandron	nilutamide	
	Tarceva*	erlotinib*	
	Yonsa*	abiraterone*	
	Zytiga*		
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate	
	Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	
	Lipitor	atorvastatin	
	Praluent Pen	Repatha	
	COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
		TussiCaps	hydrocodone-chlorpheniramine ER promethazine with codeine syrup
DIABETES	Accu-Chek Aviva Plus test strips Accu-Chek Guide test strips Accu-Chek Smartview Accutrend glucose	One Touch test strips (e.g. Ultra; Verio)	
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza	
	Ademelog Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin	
	alogliptan alogliptin-metformin Kombiglyze Onglyza	metformin Janumet Janumet XR Januvia	
	alogliptin-pioglitazone	Janumet Janumet XR Januvia pioglitazone	
	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)	
	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR	
	Invokana	Farxiga Jardiance metformin Steglatro	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Jentadueto Jentadueto XR Kazano	Janumet Janumet XR
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch
	Nesina Tradjenta	Januvia Janumet Janumet XR metformin
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia
	Steglujan	Glyxambi metformin QTERN
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Lumigan TRAVATAN Z Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
	Vyzulta	bimatoprost latanoprost
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine
	CoLyte with Flavor Packets+ GoLyteLy+ MoviPrep+ NuLYTELY with flavor packs+ OsmoPrep+ Plenvu+	Clenpiq+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ 3550 Electrolyte+ Prepopik+ SuPrep+
	Cortifoam Uceris foam	Prescription hydrocortisone enema, rectal cream, suppository
	Creon Pertzye Zenpep	Pancreaze
	Librax	chlordiazepoxide-clidinium
	Marinol Syndros	dronabinol

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN <i>(cont)</i>	Motegrity	Amitiza
	Trulance	Linzess
	Zelnorm	
	Nexium capsule	esomeprazole
	Omeclamox-Pak	lansoprazole-amoxicillin-clarithromycin (combo pack)
	Pylera	
	OmePPI	omeprazole
	Zegerid packet, 40mg capsule	
	Pepcid	famotodine
	Prevacid SoluTab	Generic prescription PPIs (e.g. lansoprazole)
	Rowasa	mesalamine rectal enema suspension
	Sensipar*	cinacalcet*
	Zofran	ondansetron
Zuplenz	ondansetron ondansetron ODT	
HORMONAL AGENTS	Cortrosyn	cosyntropin
	DDAVP	desmopressin
	Dxevo	dexamethasone
	Fortesta	AndgroGel
	Natesto	testosterone
	Testim	
	Vogelxo	
	Xyosted	
	Genotropin*	Humatrope* (PA)
	Nutropin AQ nuspin*	
	Omnitrope*	
	Saizen*	
	Saizen-Saizenprep*	
	Zomacton*	
	Nocdurna	desompression acetate nasal spray or tablets
	Rayos	prednisone
	TaperDex	dexamethasone 1.5mg tablet
Uceris tablets	budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	
INFECTIONS	Acticlate	Generic products (e.g. doxycycline; minocycline)
	Doryx	
	Doryx MPC	
	Minocin capsule	
	Minolira ER	
	Oracea	
	Seysara	
	Solodyn	
	Targadox	
	Vibramycin	
	Ximino	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS (cont)	Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine quinine	
	Augmentin/ES	amoxicillin-clavulanate	
	Baraclude tablet*	entecavir*	
	Bethkis* TOBI*	tobramycin inhalation solution*	
	Diflucan	fluconazole	
	E.E.S. 200	erythromycin granules	
	Eryped 400	erythromycin ethylsuccinate	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Noxafil tablet	posaconazole DR 100mg tablet	
	Sitavig	acyclovir tablet famciclovir tablet valacyclovir tablet	
	Sporanox Tolsura	itraconazole oral	
	Valcycte	valganciclovir	
	Vancocin	vancomycin oral capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Syprine*	Depen* penicillamine* trientine*
Xenazine*		tetrabenazine*	
MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER*	
	Aubagio*	Gilenya* Mayzent* Tecfidera*	
	Copaxone*	Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*	
NUTRITIONAL/DIETARY	Azesco PreGenna Trinaz	Any generic prenatal vitamin	
	Nascobal	cyanocobalamin injection	
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen 50-325mg tablet butalbital-acetaminophen-caffeine capsules and tablets	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY	Amerge Frova Maxalt Maxalt-MLT RELPAX	Generic triptans (e.g. naratriptan; sumatriptan)
	Amrix	cyclobenzaprine Other generic muscle relaxants
	BUPAP butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g. celecoxib, meloxicam)
	Cosentyx*	Enbrel* Humira* Otezla* Stelara* Taltz*
	ConZip	Tramadol Tramadol ER
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	Gralise	gabapentin
	Imitrex Zembrace Symtouch	sumatriptan
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER
	Lido-Sorb Lidozion	lidocaine cream, ointment
	Lorzone	chlorzoxazone 500mg
	Migranal	dihydroergotamine nasal spray
	ONZETRA Xsail	Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)
	Oxycontin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY <i>(cont)</i>	Pennsaid pump	diclofenac 1% gel	
	Roxicodone	oxycodone	
	Siliq*	Enbrel* Humira* Stelara*	
	Soriatane	acitretin	
	Sprix	ketorolac tablet	
	Subsys	fentanyl lozenge (PA) or buccal tablet (PA)	
	Tivorbex	indomethacin	
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine	
	Vivlodex	meloxicam	
	Zomig	sumatriptan zolmitriptan	
	Zomig ZMT	zolmitriptan ODT	
	Zorvolex	diclofenac	
	PARKINSON'S DISEASE	Gocovri	amantadine
		Lodosyn	carbidopa
Requip XL		ropinirole extended release	
Zelapar		selegiline tablets or capsules	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Abilify MyCite	aripiprazole	
	FazaClo Versacloz	clozapine clozapine ODT	
	Geodon capsule	ziprasidone	
	Zyprexa	olanzapine	
	Zyprexa Zydys	olanzapine ODT	
SEIZURE DISORDERS	Felbatol	felbamate	
	Keppra oral solution, tablet	levetiracetam	
	Keppra XR	levetiracetam ER	
	Lamictal	lamotrigine	
	Lamictal (Blue, Green, Orange)	lamotrigine (blue, green, orange)	
	Lamictal ODT	lamotrigine ODT	
	Lamictal ODT (Blue, Green, Orange)	lamotrigine ODT (blue, green, orange)	
	Lamictal XR	lamotrigine ER	
	Lamictal XR (Blue, Green, Orange)	lamotrigine ER (blue, green, orange)	
	Lyrica CR	duloxetine gabapentin lidocaine 5% patch	
	Mysoline	primidone	
	Qudexy XR Trokendi XR	topiramate ER	
	Sabril*	vigabatrin*	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS <i>(cont)</i>	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Zonegran	zonisamide
SKIN CONDITIONS	Absorica	Myorisan or Zenatane
	Acanya	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aczone	
	Aktipak	
	Altreno	
	Atralin	
	Avita	
	Azelex	
	Differin	
	Duac	
	Epiduo	
	Epiduo Forte	
	Fabior	
	Onexton	
	Retin-A	
	Retin-A Micro	
	Tazorac	
	Veltin	
	Ziana	
	Aldara	imiquimod 5% cream
	Zyclara	
	Anusol-HC cream	hydrocortisone cream
	Apexicon E	betamethasone clobetasol halobetasol
	Cordran	
	diflorasone	
	Impoyz	
	Olux	
	Olux-E	
	Psorcon	
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin	clindamycin-benzoyl peroxide
	Neuac Kit	
	Carac	fluorouracil 0.5% cream
Clindagel	clindamycin gel, topical solution	
Condylox	imiquimod 5% cream packet podofilox 0.5% topical solution	
Cutivate lotion	fluticasone topical lotion	
Denavir	acyclovir tablet	
Zovirax cream, ointment	famciclovir tablet valacyclovir tablet	
diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil	
Duobrii	halobetasol plus tazarotene cream	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Enstilar Taclonex	calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam
	Finacea foam, gel MetroGel MetroCream MetroLotion Soolantra	azelaic acid topical metronidazole
	flurandrenolide topical hydrocortisone butyrate lipid cream hydrocortisone butyrate lotion Pandel	betamethasone fluocinolone fluticasone
	HALOG	clobetasol cream, ointment halobetasol cream, ointment
	Jublia Kerydin	ciclopirox topical solution itraconazole capsules terbinafine tablets
	Kenalog spray	triamcinolone acetonide aerosol spray
	Lexette	clobetasol cream, ointment halobetasol cream, foam, ointment
	Locoid	hydrocortisone cream, ointment, solution
	Locoid Lipocream	hydrocortisone cream
	Loprox	ciclopirox cream, shampoo
	Luzu	econazole ketoconazole cream luliconazole oxiconazole
	Noritate	metronidazole cream
	Oxistat	etoconazole cream
	Penlac	ciclopirox solution
	Prudoxin Zonalon	Generic topical steroid (e.g. topical tacrolimus)
	Sernivo	clobetasol spray triamcinolone acetonide aerosol spray
	Sorilux	topical calcipotriene calcitriol tazarotene
	Trianex	triamcinolone cream, ointment
	Tridesilon	alclometasone desonide triamcinolone
	Ultravate	clobetasol lotion
	Vanos	fluocinonide 0.1% cream

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Verdeso	desonide cream, ointment
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet
	Xolegel	Ciclopirox gel 0.77% Ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam Selenium lotion 2.5% Sodium Sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Ativan	lorazepam
	Belsomra	Dayvigo
	Edluar Intermezzo	zolpidem/ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
	Zolpimist	eszopiclone Silenor zaleplon zolpidem/ER
SUBSTANCE ABUSE	Evzio	narcan nasal spray
URINARY TRACT CONDITIONS	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique	darifenacin ER
	Myrbetriq	oxybutynin ER
	Toviaz	tolterodine ER
	VESIcare	tropium ER
Procysbi*	Cystagon*	

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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:<sup>1,2</sup>

- › 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 1<sup>st</sup> and July 1<sup>st</sup>.
- › 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.

### 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**.

## Prescription drug list FAQs (cont)

### 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.<sup>3</sup>

### 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.<sup>4</sup> 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.<sup>4</sup> 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](http://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.<sup>5</sup>

- 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**.

## Prescription drug list FAQs (cont)

- › 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).<sup>6</sup> 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.<sup>5</sup>

## 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:<sup>7</sup>

- › 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.**



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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Accredo Health Group, Inc., Express Scripts, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. "Accredo" refers to Accredo Health Group, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, "Together, all the way," and "myCigna" are trademarks of Cigna Intellectual Property, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, Inc. All pictures are used for illustrative purposes only.

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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