



CIGNA PERFORMANCE 4-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

Together, all the way.®



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

891394 s Performance 4-Tier 09/20



What's inside?

About your prescription drug list	3
How to read your drug list	3
How to find your medication	5
Specialty medications	18
Medications that are not covered	25
Prescription drug list FAQs	36
Exclusions and limitations	39

View your plan's drug list online



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

Questions?

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

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

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

Next planned update: 03/01/2021, for changes starting 07/01/2021

About your prescription drug list

This document shows the most commonly prescribed medications covered on the Performance 4-Tier Prescription Drug List as of January 1, 2021.^{1,2} All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

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

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Performance 4-Tier Prescription Drug List.

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

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

This chart is just a sample. It may not show how these medications are actually covered on the Performance 4-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

Some medications on your drug list have extra extra requirements before your plan will cover them.* This helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation. These medications will have an abbreviation next to them in the drug list. Here's what each of the abbreviations mean.

(PA)	Prior Authorization - Cigna will review information provided by your doctor to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.
(ST)	Step Therapy - Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).
(QL)	Quantity Limits - For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.
(AGE)	Age Requirements - For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.

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

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, oral and injectable specialty medications are covered on Tier 4 (see page 18). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the **myCigna** App or website, or check your plan materials, to learn more about how your plan covers specialty medications.

No cost-share preventive medications are marked with a plus sign

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

Plan exclusions

Your plan excludes certain types of medications or products from coverage. This is known as a “plan (or benefit) exclusion.” This means that your plan doesn’t cover any prescription medications in the drug class or to treat the specific condition. There’s also no option to receive coverage through a medication review process. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** App or website, or check your plan materials, to find out if your plan excludes your medication from coverage.

How to find your medication on the drug list

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

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

Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

ALLERGY/NASAL SPRAYS

Adyphren		Clarinet
Adyphren AMP		Clarinet-D 12 Hour
azelastine		EpinephrineSnap
cromolyn		EMS
cyproheptadine		EpinephrineSnap-V
desloratadine		EPlsnap
desloratadine (QL)		Gastrocrom
epinephrine (QL)		Grastek (PA, QL)
fluticasone		Karbinal ER
hydroxyzine		Odactra (PA, QL)
ipratropium		Patanase
mometasone (QL)		Ragwitek (PA, QL)
olopatadine		Vistaril
Phenergan		
promethazine		

ALZHEIMER'S DISEASE

donepezil	Mestinon syrup	Aricept
donepezil ODT	Namenda	Exelon
memantine	Titration Pack	Mestinon tablet
memantine ER		Namenda
memantine ER (QL)		Namenda XR (QL)
pyridostigmine		Namzaric (QL)
pyridostigmine ER		Regonol
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

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)
amitriptyline		Paxil CR (ST, QL)
bupropion (QL)		Pristiq ER (ST, QL)
bupropion SR (QL)		Prozac (ST, QL)
bupropion XL (QL)		Remeron
buspirone		Sarafem (ST)
citalopram (QL)		Trintellix (ST, QL)
clomipramine		Viiibryd (ST, QL)
desvenlafaxine ER (QL)		Wellbutrin SR (ST, QL)
duloxetine (QL)		Xanax
escitalopram (QL)		Xanax XR
fluoxetine (QL)		Zoloft (ST, QL)
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)

lorazepam intensol		
mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair HFA	Arcapta Neohaler
albuterol HFA	Anoro Ellipta	Brovana
budesonide	Atrovent HFA	Daliresp (QL)
fluticasone-salmeterol	Bevespi	Lonhala Magnair (PA)
montelukast	Aerosphere	Perforomist (QL)
Wixela Inhub	Breo Ellipta	Pulmicort respule
	Combivent	Singulair
	Respimat	
	Dulera	
	Flovent	
	Flovent HFA	
	Incruse Ellipta	
	Pulmicort	
	Flexhaler	
	QVAR RediHaler	
	Serevent	
	Symbicort	
	Trelegy Ellipta	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine (QL)	Vyvanse (PA age, QL)	Adderall (PA age, ST)
clonidine ER		Adzenys ER (PA age, QL)
dexmethylphenidate (PA age)		Adzenys XR-ODT (PA age, QL)
dexmethylphenidate ER (PA age, QL)		Daytrana (PA age, QL)
dextroamphetamine-amphetamine (PA age)		Dyanavel XR (PA age, QL)
dextroamphetamine-amphetamine ER (PA age, QL)		Evekeo (PA age, ST)
guanfacine ER		Focalin (PA age, ST)
		Intuniv ER
		Kapvay
		Methylin (PA age)

Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)

metadate ER (PA age, QL)		QuilliChew ER (PA age, QL)
methylphenidate (PA age)		Quillivant XR (PA age, QL)
methylphenidate CD (PA age, QL)		Ritalin tablet (PA age, ST)
methylphenidate ER (PA age, QL)		Strattera (QL)
methylphenidate ER (CD) (PA age, QL)		
methylphenidate ER (LA) (PA age, QL)		
methylphenidate LA (PA age, QL)		
Relexxii (PA age, QL)		

BLOOD MODIFIERS/BLEEDING DISORDERS

Droxia	Siklos (PA)
--------	-------------

BLOOD PRESSURE/HEART MEDICATIONS

Adult Aspirin Regimen+	Bystolic (ST, QL)	Adalat CC
amiodarone	Corlanor (PA)	Altace (ST)
amlodipine	Entresto	Atacand (ST)
amlodipine-benazepril	Tekturna HCT (QL)	Atacand HCT (ST)
amlodipine-olmesartan (QL)		Avalide (ST)
amlodipine-valsartan		Avapro (ST)
amlodipine-valsartan-HCTZ		Azor (QL)
Aspirin EC+		Benicar (ST, QL)
aspirin EC+		Benicar HCT (ST, QL)
aspirin 325 mg tablet+		BiDil (QL)
Aspir-Low+		Calan SR
atenolol		Cardizem LA 120mg (QL)
bayer aspirin 325 mg tablet+		Cardura
benazepril		Catapres-TTS 1
benazepril-HCTZ		Catapres-TTS 2
candesartan		Catapres-TTS 3
diltiazem		Coreg (ST)
diltiazem 12hr ER		Coreg CR (ST, QL)
		Corgard (ST)
		Cozaar (ST)
		Diovan (ST)
		Diovan HCT (ST)
		Ecotrin+ 325 mg
		Edarbi (ST, QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

BLOOD PRESSURE/HEART MEDICATIONS (cont)

diltiazem 24hr ER		Edarbyclor (ST)
diltiazem 24hr ER (CD)		Epaned
diltiazem 24hr ER (LA)		Exforge
Dilt-XR		Exforge HCT
dofetilide (QL)		Hemangeol
doxazosin		Hyzaar (ST)
Ecotrin+		Inderal LA (ST)
Ecpirin+		Inderal XL (ST)
enalapril		InnoPran XL (ST)
flecainide		Kapsargo Sprinkle (ST)
hydralazine		Lopressor (ST)
irbesartan		Lotensin (ST)
irbesartan-HCTZ		Lotensin HCT (ST)
isosorbide		Lotrel
isosorbide ER		Micardis (ST, QL)
labetalol		Micardis HCT (ST, QL)
lisinopril		Minipress
lisinopril-HCTZ		MULTAQ
losartan		Nitrostat
losartan-HCTZ		Norvasc
Low Dose Aspirin EC+		Pacerone (PA) 100mg, 400mg
Matzim LA		Prinivil (ST)
metoprolol		Procardia
nadolol		Procardia XL
nifedipine		Ranexa (QL)
nifedipine ER		Rythmol SR (PA)
olmesartan (QL)		Tekturna (QL)
olmesartan-HCTZ (QL)		Tenormin (ST)
olmesartan-amlodipine-HCTZ		Tiazac
Pacerone 200mg		Tikosyn (PA, QL)
prazosin		Toprol XL (ST)
propafenone		Tribenzor
propafenone ER		Vasotec (ST)
propranolol		Verelan
propranolol ER		Verelan PM
ramipril		Zestoretic (ST)
ranolazine ER (QL)		Zestril (ST)
St. Joseph Aspirin+		
Taztia XT		
telmisartan (QL)		

Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

BLOOD PRESSURE/HEART MEDICATIONS (cont)

telmisartan-HCTZ (QL)
valsartan
valsartan-HCTZ
verapamil
verapamil ER
verapamil ER PM
verapamil SR

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER	Brilinta	Aggrenox
clopidogrel	Eliquis (PA)	Bayer Aspirin chewable tablet
Jantoven	Xarelto (PA)	Bevyxxa (QL)
prasugrel		Coumadin (PA)
warfarin		Effient
		Plavix
		Pradaxa (PA)
		Savaysa (PA, QL)
		Zontivity

CANCER

anastrozole	Gleostine
exemestane	Trexall
letrozole	
mercaptopurine	
methotrexate	
tamoxifen+	

CHOLESTEROL MEDICATIONS

amlodipine-atorvastatin (QL)	Repatha (PA)	Caduet (QL)
atorvastatin+	Vascepa (PA)	Crestor (ST, QL)
colesevelam		Lipofen (ST)
ezetimibe		Lovaza
ezetimibe-simvastatin		Niaspan
fenofibrate		Pravachol (ST)
fenofibric acid		TriCor (ST)
fluvastatin+		Triglide (ST)
fluvastatin ER+		Trilipix (ST)
lovastatin 10mg		Vytorin (ST)
lovastatin+ 20mg, 40mg		Welchol
niacin		Zetia
niacin ER		Zocor (ST, QL)
niacor		
omega-3 acid ethyl esters		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

CHOLESTEROL MEDICATIONS (cont)

pravastatin+
rosuvastatin+ 5mg, 10mg (QL)
rosuvastatin 20mg (QL)
simvastatin 10mg, 20mg, 40mg+
simvastatin 80mg (QL)

CONTRACEPTION PRODUCTS

Afirmelle+	Lo Loestrin FE	Anovera+
Aftera+	Taytulla	Balcoltra
Altavera+		Caya Contoured+
Alyacen+		Ella+
Amethia+		Eurostep FE
Amethyst+		FemCap+
Apri+		Layolis FE
Aranelle+		Loestrin FE
Ashlyna+		Minastrin 24 FE
Aubra+		Natazia
Aubra EQ+		NuvaRing
Aurovela+		Safyral
Aurovela FE+		Today Contraceptive
Aurovela 24 FE+		Sponge+
Aviane+		Wide Seal
Ayuna+		Diaphragm+
Azurette+		Yasmin 28
Balziva+		Yaz
Bekyree+		
Blisovi FE+		
Blisovi 24 FE+		
Briellyn+		
Camila+		
Camrese+		
Camrese Lo+		
Caziant+		
Chateal+		
Chateal EQ+		
Cryselle+		
Cyclafem+		
Cyred+		
Cyred EQ+		
Cryselle+		
Cyclafem+		
Cyred+		
Cyred EQ+		

Cigna Performance 4-Tier Prescription Drug List

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

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

Cigna Performance 4-Tier Prescription Drug List

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

CONTRACEPTION PRODUCTS (cont)			DENTAL PRODUCTS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
Setlakin+			chlorhexidine	Fluorabon+	Clinpro 5000
Sharobel+			Denta 5000 Plus	PreviDent 5000	Floriva+
Simliya+			dentagel		Fluoridex Sensitivity Relief
Simpesse+			doxycycline		PreviDent
Sprintec+			fluoride+		PreviDent 5000 Plus
Sronyx+			Fluoridex Daily		
Syeda+			Defense		
Tarina FE+			Fluoritab+		
Tarina 24 FE+			Flura-Drops+		
Tarina FE 1-20 EQ+			Ludent+		
Tri Femynor+			Oralene		
Tri-Estarylla+			Paroex		
Tri-Legest FE+			Peridex		
Tri-Linyah+			Periogard		
Tri-Lo-Estarylla+			SF 5000 Plus		
Tri-Lo-Marzia+			sodium fluoride+		
Tri-Lo-Mili+			0.25mg, 0.5mg,		
Tri-Lo-Sprintec+			1mg		
Tri-Mili+			triamcinolone		
Tri-Previfem+					
Tri-Sprintec+					
Trivora-28+					
Tri-Vylibra+					
Tri-Vylibra Lo+					
Tulana+					
Tydemy+					
Velivet+					
Vienva+					
Viorele+					
Vyfemla+					
Vylibra+					
Wera+					
Wymzya FE+					
Xulane+					
Zarah+					
Zovia+					
Zumandimine+					
COUGH/COLD MEDICATIONS			DIABETES		
benzonatate		Tessalon Perle	glimepiride	Baqsimi Pack	Amaryl
100mg, 200mg		Tuzistra XR (PA, QL)	glipizide	(QL)	Cycloset
Bromfed DM			glipizide ER	Basaglar (QL)	Glucophage
brompheniramine-			glipizide XL	Bydureon (ST, QL)	Glucophage XR
pseudoephedrine-			metformin	(QL)	NovoTwist
DM			metformin ER	Byetta (ST, QL)	Riomet
hydrocodone-			pioglitazone	Farxiga (ST, QL)	
chlorpheniramne				Freestyle Libre	
ER (PA)				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 (QL)	
				Soliqua	

Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$								
DIABETES (cont)						EYE CONDITIONS (cont)								
			Steglatro (ST, QL) SymlinPen Synjardy (QL) Synjardy XR (QL) Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (ST, QL) Xultophy						ofloxacin polymyxin B-TMP prednisolone solution timolol solution tobramycin tobramycin-dexamethasone			Tobradex eye ointment Xiidra Inveltys Istalol Lastacast Lotemax drops, ointment Maxitrol Nevanac Ocuflox Patanol Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex drops Tobradex ST Trusopt Vigamox Zirgan Zylet Zymaxid		
DIURETICS						FEMININE PRODUCTS								
acetazolamide acetazolamide ER bumetanide chlorthalidone epplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ		Diuril Dyrenium		Aldactone Dyazide Inspra Lasix Maxzide		Fem pH Gynazole 1 Miconazole 3 vaginal suppository terconazole cream, suppository			AVC					
EAR MEDICATIONS						GASTROINTESTINAL/HEARTBURN								
neomycin-polymyxin-HC ofloxacin drops		Cipro HC Ciprodex		Coly-Mycin S Cortisporin-TC Dermotic Otovel		Alophen+ Anucort-HC balsalazide bisacodyl+ Bisa-Lax+ chlordiazepoxide-clidinium cinacalcet* Clearlax+ dicyclomine capsule, solution, tablet diphenoxylate-atropine dronabinol			Amitiza Apriso Carafate suspension CLENPIQ+ Dexilant (QL) Linzess Lithostat Pancreaze Pentasa Prepik+ SUPREP+			Aciphex tablet (ST, QL) Aciphex sprinkle (QL) Actigall Akynteo (PA, QL) Bonjesta Canasa Carafate tablet Correctol+ Diclegis Donnatal Dulcolax+ Kristalose Lialda Lomotil		
ERECTILE DYSFUNCTION														
sildenafil (PA age, QL) tadalafil 2.5mg, 10mg, 20mg (PA age, QL) tadalafil 5mg (QL) vardenafil (PA age, QL)		Muse (QL)		Cialis (PA age, ST, QL) Caverject Impulse Syringe (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-polymyxin-dexamethasone		Alphagan P 0.1% Azasite Azopt Betimol Betoptic S Combigan Lotemax gel Lotemax SM Moxeza Pazeo Restasis Simbrinza		Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Cosopt Cosopt PF Durezol FML Liquifilm Ilevro										

Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS		
Ducodyl+		MiraLax+	Amabelz	Androderm (PA, QL)	Activella
esomeprazole (QL)		Movantik (PA)	budesonide EC	Crinone 4%	Alora (QL)
famotidine 40mg tablet, suspension, piggyback, vial		Prevacid DR (ST, QL)	budesonide ER (PA, QL)	Divigel	AndroGel (PA, QL)
GaviLyte-C+		Protonix (ST, QL)	cabergoline (QL)	Duavee	Angeliq
GaviLyte-G+		Protonix IV	CovARYX	Estring (QL)	Armour Thyroid
GaviLyte-N+		Rectiv	CovARYX HS	Medrol 2mg	Climara
GentleLax+		Relistor (PA)	Decadron	Orilissa (PA, QL)	Climara Pro
GlycoLax+		Sancuso (PA, QL)	desmopressin spray, solution, tablet	Premarin	CombiPatch
HealthyLax+		sfRowasa	dexamethasone	Premphase	Cytomel
Hemmorex-HC hydrocortisone		Sustol (PA)	dexamethasone intensol	Prempro	Deltasone
lansoprazole (QL)		Symproic (PA)	Dotti (QL)		Depo-Testosterone
LaxaClear+		Transderm-Scop	EEMT		Elestrin
laxative peg 3350+ laxative+		Urso	EEMT H.S.		Entocort EC
mesalamine		Urso Forte	estradiol patch, vaginal insert (QL)		Estrace
mesalamine DR		Varubi (PA, QL)	estradiol-norethindrone		EstroGel
metoclopramide		Viberzi	estrogen-methyltestosterone		Euthyrox
metoclopramide ODT		Viokace	levothyroxine		Evamist
omeprazole (QL)		Zantac	Levoxyl		Imvexxy (QL)
ondansetron			liothyronine		Intrarosa
ondansetron ODT			Lopreeza		Levo-T
pantoprazole (QL)			medroxy-progesterone		Medrol 4mg, 8mg, 16mg, 32mg
PEG3350 and Electrolytes+			methimazole		Menostar (QL)
PEG-Prep+			methylprednisolone dosepak, tablet		Minivelle (QL)
Phenadoz			Mimvey		Noctiva (PA)
polyethylene glycol 3350+			Nature-Thyroid		Osphena
PowderLax+			NP Thyroid		Prometrium
prochlorperazine suppository, tablet, vial			prednisolone		Royaldee
promethazine			prednisolone ODT		Striant (PA, QL)
Promethegan			prednisone		Synthroid
Purelax+			prednisone intensol		Testopel (PA)
QC Natura-Lax+ powder			progesterone capsule, vial		TIROSINT
rabeprazole (QL)			testosterone (PA, QL)		Triostat
ranitidine 150mg, 300mg capsules, tablets, syrup			testosterone cypionate		Unithroid
Smooth LAX+			thyroid		Vagifem (QL)
sucralfate			Westhroid		Vivelle-Dot (QL)
TriLyte With Flavor Packets+			WP Thyroid		
ursodiol			Yuvaferm (QL)		

Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
PARKINSON'S DISEASE						SEIZURE DISORDERS (cont)					
benztropine			Azilect (QL)			Subvenite (Blue, Green, Orange)			Tegretol XR (PA)		
bromocriptine			Mirapex			topiramate			VIMPAT vial		
carbidopa-levodopa			Mirapex ER (QL)			topiramate ER					
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						SKIN CONDITIONS					
aripiprazole (QL)		Latuda (QL)		Abilify Maintena		adapalene (PA age)		Eucrisa		Bryhali (ST)	
aripiprazole ODT		Zyprexa 10mg vial		Aristada		adapalene-benzoyl peroxide		Fluoroplex		Celacyn	
chlorpromazine				Aristada initio		Amnesteem (QL)		Naftin gel		Centany	
olanzapine				Fanapt (ST)		Avar Cleanser		Pramosone ointment, 1%		Cleocin T	
olanzapine ODT				Invega (ST)		Avar-E		lotion, 1%-1% cream		Cloderm (ST)	
paliperidone ER (QL)				Perseris (QL)		Avar-E Green		cream		Dovonex	
quetiapine				Rexulti (ST, QL)		azelaic acid		Promiseb		Drysol	
quetiapine ER				Risperdal (ST)		betamethasone dipropionate augmented		Santyl (QL)		Ecoza	
risperidone				Saphris (ST)		betamethasone BP 10-1				Efudex	
risperidone ODT				Seroquel (ST)		calcipotriene				Elidel	
ziprasidone				Seroquel XR (ST)		calcipotriene-betamethasone DP				Evoclin	
				Vraylar (ST, QL)		Claravis (QL)				Lotrisone	
						Clindacin ETZ pledget				Mimyx	
						Clindacin P pledget				Naftin cream	
						clindamycin-benzoyl peroxide				Nizoral	
						clindamycin phosphate				Picato	
						clindamycin-tretinoin				Pramosone 2.5%- 1% cream, lotion	
						clobetasol				Protopic	
						Clodan shampoo				Regranex (PA, QL)	
						clotrimazole-betamethasone				Temovate (ST)	
						dapson				Tolak	
						desoximetasone				Topicort (ST)	
						fluocinonide				Tri-Luma	
						fluorouracil (PA)				Xepi	
						hydrocortisone					
						imiquimod packet					
						isotretinoin (QL)					
						ketoconazole					
						metronidazole					
						MiCort HC 2.5% cream					

Cigna Performance 4-Tier Prescription Drug List

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

SKIN CONDITIONS (cont)			URINARY TRACT CONDITIONS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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)			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	Elmiron	Avodart Evoxac Flomax Proscar Pyridium Rapaflo (QL) Urocit-K
SLEEP DISORDERS/SEDATIVES			VACCINES		
armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)	Silenor (ST, QL)	Lunesta (ST) Rozerem (ST, QL)	<p>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.</p>		
bupropion SR+ NicoDerm CQ 21mg/24hr+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+	Chantix Nicotrol Nicotrol NS	NicoDerm CQ 7mg/24hr, 14mg/24hr+ Nicorette+	<p>Diphtheria and Tetanus Toxoids- ped+ TdVax+</p> <p>Act-HIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Engerix-B+ FLUAD+ FLUARIX QUADRIVALENT+ FLUBLOK Quadrivalent+ FLUCELVAX QUADRIVALENT+ FLUALVAL QUADRIVALENT+ FluMist Quad Nasal+ Fluzone High-Dose+ Fluzone Quadrivalent Pedi+ Fluzone Quadrivalent+ GARDASIL 9+ HAVRIX+ HEPLISAV-B+ Hiberix+ Infanrix DTaP+</p>		
SMOKING CESSATION			SUBSTANCE ABUSE		
buprenorphine- naloxone	Lucemyra (QL) Narcan (QL) Zubsolv	Bunavail Probuphine Suboxone			

Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

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.

IPOL+
 KINRIX+
 Menactra+
 Menveo A-C-Y-W-
 135-DIP+
 M-M-R II+
 PEDIARIX+
 PedvaxHIB+
 Pentacel+
 PNEUMOVAX 23+
 Prevnar 13+
 ProQuad+
 Quadracel DTaP-IPV+
 Recombivax HB+
 Rotarix+
 RotaTeq+
 SHINGRIX+
 TENIVAC+
 Trumenba+
 Twinrix+
 VAQTA+
 VARIVAX+
 ZOSTAVAX+

WEIGHT MANAGEMENT

Megace ES solution

Specialty medications

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

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

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

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

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

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

MEDICATION NAME	DRUG CLASS
sofosbuvir-velpatasvir** (PA)	INFECTIONS
Soliris*	BLOOD MODIFIERS/BLEEDING DISORDERS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA, QL)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq* (PA)	MISCELLANEOUS
Stribild** (PA)	AIDS/HIV
Stivarga** (PA)	CANCER
Sucraid** (PA)	GASTROINTESTINAL/HEARTBURN
Supartz FX*	PAIN RELIEF AND INFLAMMATORY DISEASE
Sutent** (PA)	CANCER
Symdeko** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Symfi**	AIDS/HIV
Symfi LO**	AIDS/HIV
Symtuza** (PA)	AIDS/HIV
Synagis*	INFECTIONS
Synvisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
Tafinlar** (PA)	CANCER
Tagrisso** (PA)	CANCER
Takhzyro* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Taltz* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Targretin** (PA)	CANCER
Tasigna** (PA)	CANCER
Tavalisse** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Tecfidera** (PA)	MULTIPLE SCLEROSIS
Temodar** (PA)	CANCER
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
tetrabenazine** (PA)	MISCELLANEOUS
Thalomid** (PA)	INFECTIONS
Thiola**	URINARY TRACT CONDITIONS
Thyrogen*	HORMONAL AGENTS
Tiglutik** (PA)	MISCELLANEOUS
Tivicay**	AIDS/HIV
TOBI Podhaler** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml ampule** (PA, QL)	INFECTIONS
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Trelstar*	CANCER

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

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 300mg 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

^^ 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.

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 Xopenex HFA	Serevent Diskus 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	dexmethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA Vyvanse
		Desoxyn	methamphetamine
		Dexedrine	dextroamphetamine
		BLOOD PRESSURE/HEART MEDICATIONS	Betapace
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	

^^ 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.

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
	alogliptin 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

^^ 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.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Invokana	Farxiga Jardiance metformin Steglatro
	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

^^ 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.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN <i>(cont)</i>	Creon Pertzye Zenpep	Pancreaze	
	Librax	chlordiazepoxide-clidinium	
	Marinol Syndros	dronabinol	
	Motegrity Trulance Zelnorm	Amitiza Linzess	
	Nexium DR 20mg, 40mg capsule	esomeprazole	
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pack)	
	OmePPI 40mg-1,100mg Zegerid packet, 40mg capsule	omeprazole	
	Pepcid 40mg tablet	famotodine	
	Rowasa	mesalamine rectal enema suspension	
	Sensipar*	cinacalcet*	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Cortrosyn	cosyntropin
		DDAVP	desmopressin
Dxevo		dexamethasone	
Fortesta Natesto Testim Vogelxo Xyosted		AndgroGel testosterone	
Genotropin* Nutropin AQ nuspin* Omnitrope* Saizen* Saizen-Saizenprep* Zomacton*		Humatrope* (PA)	
Nocdurna		desompression acetate nasal spray or tablets	
Rayos		prednisone	
TaperDex		dexamethasone 1.5mg tablet	
Uceris tablets		budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	

^^ 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.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Seysara Solodyn Targadox Vibramycin Ximino	Generic products (e.g. doxycycline; minocycline)	
	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*
	MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER*
		Aubagio*	Gilenya* Mayzent* Tecfidera*
Copaxone*		Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*	

^^ 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.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
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
	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

^^ 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.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY <i>(cont)</i>	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
	Pennsaid pump	diclofenac 1% gel
	Roxicodone	oxycodone
	Siliq*	Enbrel* Humira* Stelara*
	Soriatane	acitretin
	Sprix	ketorolac tablet
	Tivorbex	indomethacin
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine
	Vivlodex	meloxicam
	Zomig	sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	Zorvolex	diclofenac
	PARKINSON'S DISEASE	Gocovri
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 Zydis	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)	

^^ 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.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS <i>(cont)</i>	Lyrica CR	duloxetine gabapentin lidocaine 5% patch
	Mysoline	primidone
	Qudexy XR Trokendi XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Zonegran	zonisamide
SKIN CONDITIONS	Absorica	Myorisan or Zenatane
	Acanya Aczone Aktipak Altreno Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Retin-A Micro Tazorac Veltin Ziana	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aldara Zyclara	imiquimod 5% cream
	Anusol-HC cream	hydrocortisone cream
	Apexicon E Cordran diflorasone Impoyz Olux Olux-E Psorcon	betamethasone clobetasol halobetasol
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin Neuac Kit	clindamycin-benzoyl peroxide
	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

^^ 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.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Denavir Zovirax cream, ointment	acyclovir tablet famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Duobrii	halobetasol plus tazarotene cream
	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)

^^ 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.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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
	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
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	trospium ER
Procysbi*	Cystagon*	

^^ 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.

Prescription drug list FAQs

Understanding your prescription medication coverage can be confusing. Below are answers to some commonly asked questions.

Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:^{1,2}

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier. This typically happens twice a year on January 1st and July 1st.
- › Adding coverage requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

When a medication changes tiers, you may pay a different amount to fill it. It's important to know that when we make a change that affects the coverage of a medication you're taking, we let you know before it happens so you have time to talk with your doctor.

Why doesn't my plan cover certain medications?

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**.

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

Prescription drug list FAQs (cont)

for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. Log in to the **myCigna** App or website and click on "Price a Medication" to see how much your medication may cost you at the different pharmacies in your plan's network. You can also see if there are lower-cost alternatives available.³

How can I save money on my prescription medications?

You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options, may work for you.

Do generics work the same as brand name medications?

Yes. A generic medication works in the same way and provides the same clinical benefit as its brand name version.⁴ Generic and brand name medications have the same active ingredients, strength/dosage form, effectiveness, quality and safety.

Generics typically cost much less than brand name medications – in some cases, up to 85% less.⁴ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

Why do certain medications need approval before my plan will cover them?

The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

My medication needs prior approval. How do I get it?

Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at **cignaforhcp.com**.

What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?

When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your pharmacist won't be able to fill it.

What happens if I try to fill a prescription that has a quantity limit?

Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.⁵

- › If you're taking a medication on a regular basis to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home – **at no extra cost**. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call **800.835.3784**.

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).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:⁷

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription 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 medications are 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 or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, 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). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. 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).

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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).