



CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2021

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

876398 x Value 4-Tier 06/21



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View the drug list online

This document was last updated on 06/01/2021.* You can go online to see the current list of medications your plan covers.



The myCigna® App and/or myCigna.com – Click on the “Find Care & Costs” tab and select “Price a Medication.” Then type in your medication name to see how it’s covered.



Cigna.com/PDL – Scroll down until you see a pdf of the **Cigna Value 4-Tier Prescription Drug List (injectable specialty medications covered on Tier 4).**

Questions?

- › **Click to chat: myCigna.com**, Monday-Friday, 9:00 am-8:00 pm EST.
- › **By phone:** Call the toll-free number on your Cigna ID card. We're here 24/7/365.

* Drug list created: originally created 10/01/2011

Last updated: 06/01/2021, for changes starting 07/01/2021

Next planned update: 10/01/2021, for changes starting 01/01/2022

About this prescription drug list

This is a list of the most commonly prescribed medications covered on the Value 4-Tier Prescription Drug List as of July 1, 2021.^{1,2} Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

This drug list is updated often so it isn't a complete list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Log into the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

Prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics) aren't covered on the Value 4-Tier Prescription Drug List. These medications are considered plan (or benefit) exclusions. You can get over-the-counter (OTC) versions of these medications at the pharmacy without a prescription.

How to this drug list

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS		
acyclovir capsule, suspension, tablet	Albenza	Alinia
amoxicillin	Baraclude solution**	Bactrim
amoxicillin-clavulanate ER	Cipro	Bactrim DS
amoxicillin-clavulanate	Daraprim** (PA)	Baraclude tablet* (QL)
atovaquone	E.E.S. 400	Cayston*
Avidoxy tablet	Epclusa** (PA)	Cleocin
azithromycin packet, suspension, tablet	Ery-Tab 333, 500mg	Clindesse
cefdinir	Harvoni** (PA)	Cresemba (PA)
cefixime	Kitabis Pak*	Dificid (QL)
cefuroxime tablet	Mavyret** (PA)	EryPed 200
cephalexin	Sovaldi** (PA)	Ery-Tab 250mg
ciprofloxacin	Thalomid** (PA)	Monurol
clarithromycin	Uretron D-S	Noxafil suspension, tablet
clarithromycin ER	Vibramycin syrup	Plaquenil
clindamycin	Vosevi** (PA)	Sulfatrim
Coremino (QL)		Suprax
dapsone		Tamiflu (QL)
doxycycline capsule, suspension, tablet		TOBI Podhaler**
doxycycline IR-DR		Uribel
Emverm		Urogesic-Blue
entecavir** (QL)		UTA
erythromycin		Valtrex
famciclovir		Vemlidy**
fluconazole		Vibramycin suspension
hydroxychloroquine		Xifaxan
		Zepatier** (PA)

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

Oral specialty medications have an asterisk (*) listed next to them; **Injectable specialty medications** are listed on tier 4 (pages 19 and 20).

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 Cigna Value 4-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

In this drug list, medications that have limits and/or extra coverage requirements have an abbreviation listed next to them.* Here's what they mean.

(PA)	Prior Authorization - Certain medications need approval from Cigna before your plan will cover them. These medications have a (PA) next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.
(QL)	Quantity Limits - Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a (QL) next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.
(ST)	Step Therapy - Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a (ST) next to them. You have many covered options to choose from, and they're used to treat the same condition.
(AGE)	Age Requirements - Certain medications will only be covered if you're within a specific age range. These medications have (AGE) next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna.

* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy and/or age requirements.

** If your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Brand-name medications are capitalized

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

Specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. In this drug list, injectable specialty medications are covered on Tier 4 (listed on page 19). Oral specialty medications are covered on a lower tier (tiers 1-3). They are listed alphabetically by the condition they treat, and have an asterisk (*) next to them.

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

No cost-share preventive medications have a plus sign next to them

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0) to you. In this drug list, these medications have a plus sign (+) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

Plan/benefit exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. This means there's no option to receive coverage through Cigna's review process by showing that you need the medication for your treatment. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

How to find your medication

First, look for 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	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	16
COUGH/COLD MEDICATIONS	11	SEIZURE DISORDERS	16
DENTAL PRODUCTS	11	SKIN CONDITIONS	16, 17
DIABETES	11	SLEEP DISORDERS/SEDATIVES	17
DIURETICS	11	SMOKING CESSATION	17
EAR MEDICATIONS	11	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	11	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	12	URINARY TRACT CONDITIONS	17
		VACCINES	17, 18
		WEIGHT MANAGEMENT	18

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

ASTHMA/COPD/RESPIRATORY (cont)			BLOOD PRESSURE/HEART MEDICATIONS		
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$
	Tracleer 32mg tablet for suspension* (PA)		amiodarone tablet	Corlanor (PA)	Adalat CC
	TRELEGY ELLIPTA		amlodipine	Entresto	BiDil (QL)
	Uptravi* (PA)		amlodipine-benazepril		Calan SR
			amlodipine-olmesartan (QL)		Cardizem LA (QL)
			amlodipine-valsartan		Cardura
			amlodipine-valsartan-HCTZ		Catapres
			Adult Aspirin Regimen+		Catapres-TTS 1
			Aspirin EC+		Catapres-TTS 2
			aspirin EC+		Catapres-TTS 3
			aspirin 325 mg tablet+		Coreg (ST)
			Aspir-Low+		Coreg CR (ST, QL)
			atenolol		Corgard (ST)
			Bayer Aspirin 325mg tablet+		Ecotrin EC 325mg tablet+
			benazepril		Epaned
			benazepril-HCTZ		Hemangeol
			candesartan		Inderal LA (ST)
			candesartan-HCTZ		Inderal XL (ST)
			cartia XT		InnoPran XL (ST)
			carvedilol		Kapsargo Sprinkle (ST)
			carvedilol ER (QL)		Lopressor (ST)
			Children's Aspirin+		Minipress
			clonidine		MULTAQ
			diltiazem		Nitrostat
			diltiazem 12HR ER		Northera* (PA)
			diltiazem 24HR ER		Norvasc
			diltiazem 24HR ER (CD)		Pacerone 100mg, 400mg (PA)
			diltiazem 24HR ER (LA)		Procardia
			diltiazem 24HR ER (XR)		Procardia XL
			dofetilide (QL)		Ranexa (QL)
			doxazosin		Rythmol SR (PA)
			Ecotrin EC 81 mg tablet+		Tenoretic 50 (ST)
			Ecpirin EC+		Tenoretic 100 (ST)
			enalapril		Tenormin (ST)
			flecainide		Tiazac
			hydralazine tablet		Tikosyn (PA, QL)
			irbesartan		Toprol XL (ST)
			irbesartan-HCTZ		Verelan
			isosorbide		Verelan PM
			mononitrate		

ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine (QL)		Adderall (PA age, ST)
clonidine ER		Daytrana (PA age, QL)
dexmethylphenidate (PA age)		Evekeo (PA age, ST)
dexmethylphenidate ER (PA age, QL)		Focalin (PA age, ST)
dextroamphetamine-amphetamine (PA age)		Intuniv ER
dextroamphetamine-amphetamine ER (PA age, QL)		Kapvay ER
guanfacine ER		Methylin (PA age)
methylphenidate (PA age)		Quillivant XR (PA age, QL)
methylphenidate CD (PA age, QL)		Ritalin tablet (PA age, ST)
methylphenidate ER (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	Amicar*
		Endari
		Lysteda*
		Promacta* (PA)
		Siklos (PA)
		Tavalisse* (PA)

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

BLOOD PRESSURE/HEART MEDICATIONS (cont)			BLOOD THINNERS/ANTI-CLOTTING (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
isosorbide mononitrate ER			Jantoven		Effient
labetalol tablet			prasugrel		Plavix
lisinopril			warfarin		Pradaxa (PA)
lisinopril-HCTZ					Savaysa (PA, QL)
losartan					Zontivity
losartan-HCTZ					
Low Dose Aspirin EC+					
Matzim LA					
metoprolol					
metoprolol ER					
nadolol					
nifedipine					
nifedipine ER					
olmesartan (QL)					
olmesartan-amlodipine-HCTZ					
olmesartan-HCTZ (QL)					
Pacerone 200mg tablet					
prazosin					
propafenone					
propafenone ER					
propranolol solution, tablet					
propranolol ER					
ramipril					
St. Joseph Aspirin+					
ranolazine ER (QL)					
Taztia XT					
telmisartan (QL)					
telmisartan-HCTZ (QL)					
valsartan					
valsartan-HCTZ					
verapamil capsule, tablet					
verapamil ER					
verapamil ER PM					
verapamil SR					
BLOOD THINNERS/ANTI-CLOTTING			CANCER		
aspirin-dipyridamole ER	BRILINTA	Aggrenox	abiraterone* (PA)	Afinitor 10mg* (PA)	Afinitor 2.5mg, 5mg, 7.5mg* (PA)
clopidogrel	Eliquis (PA)	Bevyxxa (QL)	anastrozole+	Erivedge* (PA)	Afinitor Disperz* (PA)
	Xarelto (PA)	Coumadin (PA)	capecitabine* (PA)	Erleada* (PA)	ALECENSA* (PA)
			exemestane+	Gleostine	Alunbrig* (PA)
			imatinib* (PA)	IBRANCE* (PA)	Bosulif* (PA)
			letrozole	Nexavar* (PA)	CABOMETYX* (PA)
			mercaptopurine	Revlimid* (PA)	COMETRIQ* (PA)
			methotrexate	SPRYCEL* (PA)	Gleevec* (PA)
			tamoxifen+	Sutent* (PA)	Imbruvica* (PA)
			temozolomide* (PA)	Tasigna* (PA)	Inlyta* (PA)
				Trexall	Jakafi* (PA)
				Tykerb* (PA)	Kisqali* (PA)
				Verzenio* (PA)	Lenvima* (PA)
					Lonsurf* (PA)
					LOBRENA* (PA)
					Lynparza* (PA)
					Mekinist* (PA)
					Nerlynx* (PA)
					NINLARO* (PA)
					NUBEQA* (PA)
					Odomzo* (PA)
					Pomalyst* (PA)
					Purixan*
					Rubraca* (PA)
					Stivarga* (PA)
					Tafinlar* (PA)
					Tagrisso* (PA)
					Talzenna* (PA)
					Targetin capsule* (PA)
					Temodar capsule* (PA)
					Tykerb* (PA)
					Venclexta* (PA)
					VIZIMPRO* (PA)
					Votrient* (PA)
					XALKORI* (PA)
					Xeloda* (PA)
					Xtandi* (PA)
					Zejula* (PA)

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

CHOLESTEROL MEDICATIONS			CONTRACEPTION PRODUCTS (cont)		
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$
atorvastatin ⁺	Repatha (PA)	Caduet (QL)	Chateal EQ ⁺		
ezetimibe	Vascepa (PA)	Lipofen (ST)	Cryselle ⁺		
ezetimibe-		Lovaza	Cyclafem ⁺		
simvastatin		Niaspan	Cyred ⁺ Cyred EQ ⁺		
fenofibrate		TriCor (ST)	Dasetta ⁺		
fenofibric acid		Triglide (ST)	Daysee ⁺		
fluvastatin ⁺		Trilipix (ST)	Deblitane ⁺		
fluvastatin ER ⁺		Welchol	desogestrel-ethinyl		
lovastatin ⁺		Zetia	estradiol ⁺		
niacin 500mg tablet			desogestrel-ethinyl		
niacin ER			estradiol ethinyl		
omega-3 ethyl esters			estradiol ⁺		
pravastatin ⁺			drospirenone-		
rosuvastatin ⁺			ethinyl estradiol-		
simvastatin ⁺			levomefolate ⁺		
			drospirenone-ethinyl		
			estradiol ⁺		
			Econtra EZ ⁺		
			Econtra One-Step ⁺		
			Elinest ⁺		
			Eluryng vaginal ring ⁺		
			Emoquette ⁺		
			Enpresse ⁺		
			Enskyce ⁺		
			Errin ⁺		
			Estarylla ⁺		
			ethynodiol-ethinyl		
			estradiol ⁺		
			etonogestrel-ethinyl		
			estradiol vaginal		
			ring ⁺		
			Falmina ⁺		
			Fayosim ⁺		
			FemCap ⁺		
			Femynor ⁺		
			Gianvi ⁺		
			Gynol II ⁺		
			Hailey+		
			Hailey FE+		
			Hailey 24 FE+		
			Heather ⁺		
			Incassia ⁺		
			Introvale ⁺		
			Isibloom ⁺		
			Jasmiel ⁺		
			Jencycla ⁺		
			Jolessa ⁺		
			Juleber ⁺		
			Junel ⁺		
			Junel FE ⁺		

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)		
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$
Junel FE 24 ⁺			norgestimate-ethinyl estradiol ⁺		
Katlib FE ⁺			Norlyda ⁺		
Kalliga ⁺			Nortrel ⁺		
Kariva ⁺			Ocella ⁺		
Kelnor 1-35 ⁺			Option 2 ⁺		
Kelnor 1-50 ⁺			Orsythia ⁺ Philith ⁺		
Kurvelo ⁺			Pimtrea ⁺		
Larin ⁺			Pirmella ⁺		
Larin FE ⁺			Portia ⁺		
Larin 24 FE ⁺			Previfem ⁺		
Larissia ⁺			Reclipsen ⁺		
Leena 28 tablet ⁺			Rivelsa ⁺		
Lessina ⁺			Setlakin ⁺		
Levonest ⁺			Sharobel ⁺		
levonorgestrel ⁺			Simliya ⁺		
levonorgestrel- ethinyl estradiol ⁺			Simpesse ⁺ Sprintec ⁺		
levonorgestrel-ethinyl estradiol ethinyl estradiol ⁺			Sronyx ⁺		
Levora-28 ⁺			Syeda ⁺		
Lillow ⁺			Tarina 24 FE ⁺		
Loryna ⁺			Tarina FE 1-20 EQ ⁺		
Low-Ogestrel ⁺			Tilia FE 28 ⁺		
Lo-Zumandimine ⁺			Tri Femynor ⁺		
Lutera ⁺			Tri-Estarylla ⁺		
Lyza ⁺			Tri-Legest FE ⁺		
Marlissa ⁺			Tri-Linyah ⁺		
medroxyprogesterone 150mg/ml ⁺			Tri-Lo-Estarylla ⁺		
Melodetta 24 FE ⁺			Tri-Lo-Marzia ⁺		
Mibelas 24 FE ⁺			Tri-Lo-Mili ⁺		
Microgestin ⁺			Tri-Lo-Sprintec ⁺		
Microgestin FE ⁺			Tri-Mili ⁺		
Mili ⁺			Tri-Previfem ⁺		
Mono-Linyah ⁺			Tri-Sprintec ⁺		
My Choice ⁺			Trivora-28 ⁺		
My Way ⁺			Tri-Vylibra ⁺		
Necon ⁺			Tri-Vylibra Lo ⁺		
Nikki ⁺			Tulana ⁺		
Nora-BE ⁺			Tydemy ⁺		
norethindrone ⁺			VCF Contraceptive ⁺		
norethindrone- ethinyl estradiol ⁺			Velivet ⁺		
norethindrone- ethinyl estradiol-FE ⁺			Vienva ⁺		
			Viorele ⁺		
			Vyfemla ⁺		
			Vylibra ⁺		
			Wera		
			Wide Seal		
			Diaphragm ⁺		

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
CONTRACEPTION PRODUCTS (cont)						DIABETES (cont)					
Wymzya FE ⁺						GLUCOCARD			Janumet XR (ST, QL)		
Xulane ⁺						Expression control solution			Januvia (ST, QL)		
Zarah ⁺						GLUCOCARD Shine control solution			Jardiance (ST, QL)		
Zovia ⁺						Guardian test plug			Levemir (QL)		
Zumandimine ⁺						Guardian RT charger, monitor, test plug			LYUMJEV (QL)		
COUGH/COLD MEDICATIONS											
Bromfed DM						InPen (for Humalog)			MiniMed Reservoir		
brompheniramine-pseudoephedrine-DM						Insulin syringe metformin metformin ER			Omnipod DASH (PA, QL)		
hydrocodone-chlorpheniramine ER (PA)			Tessalon Perle Tuzistra XR (PA, QL)			Microlet 2 lancing device Microlet Next lancing device			OneTouch test strips		
DENTAL PRODUCTS											
chlorhexidine rinse						Multi-Lancet			Ozempic (ST, QL)		
doxycycline hyclate 20mg tablet						NovoFine			RYBELSUS (ST, QL)		
fluoride ⁺ ^			Floriva ⁺ ^			NovoTwist			Segluromet (ST, QL)		
Fluoritab ⁺ ^			Fluorabon ⁺ ^			OneTouch solution			SOLIQUA 100-33		
Flura-Drops ⁺ ^						Paradigm remote control, reservoir			Steglatro (ST, QL)		
Ludent Fluoride ⁺ ^						pioglitazone TechLite pen needle, syringe			SymlinPen		
Oralone						TRUEplus pen needle, syringe			Synjardy (ST, QL)		
Paroex						Ultra-Fine Micro pen needle			Synjardy XR (ST, QL)		
Peridex						Ultra-Fine Mini pen needle			TRESIBA (QL)		
Periogard						Ultra-Fine Nano pen needle			Trijardy XR (ST, QL)		
sodium fluoride+^						Veo insulin syringe			Trulicity (ST, QL)		
triamcinolone 0.1% paste											
DIABETES						DIURETICS					
ACCU-CHEK			Baqsimi (QL)			Amaryl			Aldactone		
AutoShield Duo pen needle			BASAGLAR (QL)			CeQur Simplicity			CaroSpir		
Contour solution			Bydureon (ST, QL)			CYCLOSET			Diuril		
Contour Next Control solution			Byetta (ST, QL)			Glucagon Emergency Kit (QL)			Dyazide		
Droplet insulin syringe, pen needle			Dexcom G6 sensor (PA, QL)			Glucophage			Dyrenium		
DropSafe pen needle			Farxiga (ST, QL)			Glucophage XR			Inspra		
glimepiride			Freestyle Libre (PA, QL)			Korlym* (PA)			JYNARQUE* (PA)		
glipizide			Glyxambi (ST, QL)			Precision Xtra Ktone-Glucose kit			Lasix		
glipizide ER			Humalog (QL)			Riomet			Maxzide		
glipizide XL			Humulin (QL)								
GLUCOCARD 01 control solution			Insulin Lispro (QL)								
			Janumet (ST, QL)								
						acetazolamide			Aldactone		
						acetazolamide ER			CaroSpir		
						bumetanide tablet			Diuril		
						chlorthalidone			Dyazide		
						eplerenone			Dyrenium		
						furosemide solution, tablet			Inspra		
						hydrochlorothiazide			JYNARQUE* (PA)		
						spironolactone			Lasix		
						triamterene-HCTZ			Maxzide		
EAR MEDICATIONS											
neomycin-polymyxin-HC						Cipro HC			Cipro HC		
ofloxacin drops						Ciprodex			Cortisporin-TC		
						Dermotic			Dermotic		
						OTOVEL			OTOVEL		

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
ERECTILE DYSFUNCTION						FEMININE PRODUCTS					
sildenafil tablet^ (QL)			Caverject^ (PA, QL)			Fem pH			AVC		
tadalafil mg^ (PA, QL)			Cialis^ (ST, QL)			GYNAZOLE 1					
vardenafil^ (QL)			MUSE^ (PA, QL)			miconazole 3 vaginal suppository					
			STENDRA^ (ST, QL)			terconazole					
			VIAGRA^ (ST, QL)								
EYE CONDITIONS						GASTROINTESTINAL/HEARTBURN					
azelastine^		Combigan		ACUVAIL		Alophen+		Amitiza		Akynzeo capsule (PA, QL)	
brimonidine		EYsuVIS (QL)		Alphagan P		Anucort-HC		CLENPIQ+			
ciprofloxacin		Restasis		Alrex		balsalazide		Nexium DR		Apriso	
dorzolamide		Simbrinza		AzaSite		bisacodyl+		2.5mg, 5mg packet (QL)		Bonjesta	
dorzolamide-timolol				Azopt		Bisa-Lax+		Pancreaze DR		Canasa	
epinastine^				Besivance		chlordiazepoxide-clidinium		Pentasa		Carafate	
erythromycin				BETIMOL		cinacalcet*		Prepopik+		Cholbam* (PA)	
fluorometholone				Betoptic S		ClearLax+		SUPREP+		Correctol+	
gatifloxacin				BromSite		dicyclomine capsule, solution, tablet		SUTAB+		Diclegis	
latanoprost				Ciloxan		diphenoxylate-atropine		Viberzi		Donnatal	
moxifloxacin				Cosopt		dronabinol				Dulcolax EC+	
neomycin-polymyxin B-dexamethasone				Cosopt PF		Ducodyl+				Kristalose	
ofloxacin				Cystaran* (PA, QL)		famotidine suspension				Lialda	
polymyxin B-TMP				DUREZOL		GaviLyte-C+				LITHOSTAT	
prednisolone				Flarex		GaviLyte-G+				Lomotil	
timolol				ILEVRO		GaviLyte-N+				MiraLax+	
tobramycin				INVELTYS		GentleLax+				Motofen	
tobramycin-dexamethasone				Istalol		GlycoLax+				Movantik (PA)	
				LOTEMAX		HealthyLax+				MuGard	
				LOTEMAX ointment		Hemmorex-HC				NeutraSal 538mg packet	
				LOTEMAX SM		hydrocortisone				Ocaliva* (PA)	
				Maxitrol		LaxaClear+				Ravicti* (PA)	
				Moxeza		mesalamine				RECTIV	
				Nevanac		mesalamine DR				RELISTOR (PA)	
				Ocuflux		metoclopramide solution, tablet				SalivaMAX	
				Oxervate* (PA)		metoclopramide ODT				SANCUSO (PA, QL)	
				Polytrim		ondansetron				sfRowasa	
				Pred Forte		ondansetron ODT				Sucraid* (PA)	
				PROLENSA		PEG 3350 and Electrolytes+				Symproic (PA)	
				Rhopressa		PEG-Prep+				Transderm-Scop	
				Rocklatan		Phenadoz				Urso	
				TIMOPTIC		polyethylene glycol 3350+				Urso Forte	
				TIMOPTIC-XE		PowderLax+				VARUBI (PA, QL)	
				TobraDex		prochlorperazine suppository, tablet				Viokace	
				TobraDex ST						Xermelo* (PA)	
				Trusopt							
				Vigamox							
				Zirgan							
				Zylet							
				Zymaxid							

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS (cont)		
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$
promethazine			testosterone		Royaldee
Promethegan			cypionate		Synthroid
ranitidine syrup			thyroid		teriparatide* (PA, QL)
sucralfate			Westhroid		Tirosint (PA)
TriLyte With Flavor			WP Thyroid		Tirosint-SOL (PA)
Packets+			Yuvaferm (QL)		Unithroid
ursodiol					Vagifem (QL)
					Vivelle-Dot (QL)
HORMONAL AGENTS			INFECTIONS		
Amabelz	Duavee	Activella	acyclovir capsule,	Baraclude sol*	Aemcolo DR (QL)
budesonide EC	Oriahnn (PA, QL)	Alora (QL)	suspension, tablet	EPCLUSA* (PA,	Albenza
budesonide ER	Orilissa (PA, QL)	ANDRODERM (PA,	albendazole	QL)	Alinia
(PA, QL)	Premarin cream,	QL)	amoxicillin	Firvanq	ARIKAYCE* (PA)
cabergoline (QL)	tablet	AndroGel (PA, QL)	amoxicillin-	HARVONI* (PA,	Bactrim
CovARYX	PREMPHASE	Angeliq	clavulanate	QL)	Bactrim DS
CovARYX HS	PREMPRO	Armour Thyroid	amoxicillin-	ledipasvir-	Baxdela tablet (PA)
Decadron		Bijuva	clavulanate ER	sofosbuvir* (PA)	Cayston* (PA, QL)
desmopressin		Climara	atovaquone	MAVYRET* (PA)	Cipro suspension,
solution, spray,		Climara Pro	atovaquone-	Sofosbuvir-	tablet
tablet		CombiPatch	proguanil	Velpatasvir* (PA)	Cleocin capsule,
dexamethasone		Crinone 4%	Avidoxy	SOVALDI* (PA,	vaginal cream,
elixir, liquid, tablet		Cytomel	azithromycin	QL)	vaginal ovule
dexamethasone		Depo-Testosterone	suspension, tablet	Thalomid* (PA)	Cleocin Pediatric
intensol		Divigel	(QL)	TOBI Podhaler*	Clindesse
EEMT		Elestrin	cefdirinir	(PA, QL)	Cresemba capsule
EEMT H.S.		Emflaza* (PA)	cefepodoxime	VOSEVI* (PA)	(PA)
estradiol (QL)		Entocort EC	cefuroxime tablet	Xifaxan (QL)	DARAPRIM* (PA)
estradiol-		Estrace	cephalexin		DIFICID (QL)
norethindrone		Estring (QL)	ciprofloxacin tablet		Elimite
estrogen-		EstroGel	clarithromycin		EryPed 200
methyltestosterone		Euthyrox	clarithromycin ER		Eurax
levothyroxine tablet		Evamist	clindamycin		Flagyl
Levo-T		Imvexxy (QL)	Coremino (QL)		Keflex
Levoxyl		Intrarosa	dapsone tablet		Kitabis Pak* (PA, QL)
liothyronine tablet		levothyroxine	doxycycline		Levaquin
Lopreeza		capsule (PA)	Emverm		Macrobid
medroxyprogesterone		Lupaneta Pack*^	entecavir* (QL)		Macrochantin
methimazole		(PA)	erythromycin		Malarone (PA)
methylprednisolone		Medrol	erythromycin ES		MetroGel-Vaginal
dosepak, tablet		Menostar (QL)	famciclovir		Monurol
Mimvey		Minivelle (QL)	fluconazole		Natroba
Mimvey LO		Noctiva (PA)	hydroxychloroquine		Noxafil suspension
Nature-Throid		Osphena	(QL)		Nuessa
NP Thyroid		Prometrium	itraconazole		NUZYRA tablet* (QL)
prednisolone					
prednisolone ODT					
prednisone					
prednisone intensol					
progesterone					
capsule					
testosterone (PA, QL)					

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

INFECTIONS (cont)			MISCELLANEOUS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
levofloxacin solution, tablet		Oravig	Freestyle lancets		Ferriprox* (PA)
metronidazole		Plaquenil (QL)	Microlet lancets		Galafold* (PA)
minocycline		Prevymis tablet*	Nebusal 3%		Jadenu* (PA)
minocycline ER tablet (QL)		Priftin	OneTouch lancets		Nebusal 6%
Mondoxyne NL		Sivextro tablet (PA)	Precision Xtra		NUEDEXTA (QL)
nitrofurantoin		Sklice	B-Ketone strips		Orfadin* (PA)
nitrofurantoin mono-macro		Solosec	PulmoSal		Tiglutik* (PA)
nystatin		Sulfatrim	Single-Let		
Okebo		Suprax	sodium chloride inhalation vial		
oseltamivir (QL)		Tamiflu (QL)	TechLITE lancets		
penicillin V		Urogesic-Blue	tetrabenazine* (PA)		
permethrin		Valtrex	trientine* (PA)		
sulfamethoxazole-TMP suspension, tablet		Vemlidy*	TRUEplus Ketone test strips		
terbinafine tablet		Vibramycin syrup, suspension	TRUEplus lancets		
tetracycline capsule		XENLETA tablet (PA, QL)			
tobramycin*^ ampule, vial (PA, QL)		Xofluza (QL)			
tobramycin pak*^ (PA, QL)		ZEPATIER* (PA)			
valacyclovir		Zithromax packet, suspension, tablet (QL)			
valganciclovir		ZYVOX (PA)			
vancomycin capsule, solution					
Vandazole					
voriconazole suspension, tablet (PA)					
INFERTILITY			MULTIPLE SCLEROSIS		
clomiphene tablet^		Crinone 8%^	Bafiertam DR* (PA)	FIRDAPSE* (PA, QL)	MAVENCLAD* (PA)
		Endometrin^	GILENYA* (PA)	MAYZENT starter pack* (PA)	
			MAYZENT tablet* (PA)		
			VUMERITY* (PA)		
			ZEPOSIA* (PA)		
MISCELLANEOUS			NUTRITIONAL/DIETARY		
ACCU-CHEK lancets	Cerdelga* (PA)	Addyi^ (PA, QL)	calcitriol capsule, solution^	Drisdol^	Auryxia (QL)
disulfiram	Esbriet* (PA)	Austedo* (PA)	calcium 667mg daily prenatal+	Floriva+	CitraNatal^
Droplet lancets	Nityr* (PA)	Brisdelle (QL)	FA-8+	Mephyton^	CitraNatal Bloom^
Fingerstix		Exjade* (PA)	folic acid 0.4mg, 0.8mg, 1mg+	NeevoDHA^	Klor-Con 8
			Klor-Con 20 MEQ packet	OB Complete	Klor-Con 10
			Klor-Con M10	Quflora+	Klor-Con M15
			Klor-Con M20	Rocaltrol^	KPN+
			lanthanum		K-Tab ER
					Lokelma
					OB Complete^
					Perry Prenatal+
					Phoslyra
					Prenate

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

NUTRITIONAL/DIETARY (cont)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
phytonadione tablet^		PrimaCare Renvela	hydromorphone solution, suppository, tablet (PA)	UBRELVY (PA, QL) XELJANZ* (PA, QL) XELJANZ XR* (PA, QL) XTAMPZA ER (PA) ZTlido	Otrexup (PA) Oxaydo (PA) Percocet (PA) Procort proctofoam-HC Qmiiz ODT (ST, QL) Roxybond (PA) Savella Skelaxin Tylenol-Codeine No.#3 (PA) Uloric (QL) Ultram (QL) Zanaflex Zebutal (QL) Zohydro ER (PA) Zyloprim
potassium chloride capsule, packet, tablet		VELPHORO Veltassa VitafoI+ VitaPearl	hydromorphone ER (PA) IBU ibuprofen 400mg, 600mg, 800mg suspension, tablet		
Prena1 Pearl Prenatal+ Prenatal Vitamin+ sevelamer vitamin D2^			indomethacin capsule indomethacin ER ketorolac (QL) leflunomide lidocaine (QL) lidocaine-prilocaine Lorcet (PA) Lorcet HD (PA) Lorcet Plus (PA) Lortab (PA) meloxicam Metaxall metaxalone methocarbamol tablet morphine concentrate, solution, suppository (PA) morphine ER (PA) nabumetone Nalfon 600mg (ST) Nalocet (PA) naproxen oxycodone (PA) oxycodone ER (PA) oxycodone- acetaminophen (PA) Phrenilin Forte (QL) Primlev (PA) rizatriptan (QL) sumatriptan (QL) sumatriptan- naproxen (QL) tizanidine		
OSTEOPOROSIS PRODUCTS			PAIN RELIEF AND INFLAMMATORY DISEASE		
alendronate (QL) calcitonin-salmon ibandronate tablet raloxifene+ risedronate risedronate DR	Fosamax Plus D (ST)	Actonel (ST) Atelvia (ST) Binosto (ST) Boniva tablet (ST) Evista Fosamax (ST)	acetaminophen- codeine (PA) allopurinol baclofen tablet buprenorphine (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine DermacinRx Empricaine DermacinRx Prizopak diclofenac (QL) diclofenac ER EC-Naproxen eletriptan (QL) endocet (PA) etodolac etodolac ER fentanyl (PA) Fioricet (QL) frovatriptan (QL) Glydo hydrocodone- acetaminophen (PA)	AJOVY (PA) Aimovig (PA) BELBUCA (QL) Emgality (PA) Hysingla ER (PA) Morphabond ER (PA) Nuretec ODT (PA, QL) OTEZLA* (PA, QL) Rasuvo (PA) RediTrex (PA) RINVOQ ER* (PA, QL)	Abstral (PA) Analpram HC Arava Arymo ER (PA) Butrans (QL) CELEBREX (ST, QL) COLCRYS Depen* (PA) Duragesic (PA) EC-Naprosyn (ST) Esgic (QL) Fexmid Kadian (PA) Lidoderm Mitigare Mobic (ST) MS Contin (PA) Nalfon 400 mg (ST) Naprosyn (ST) Norco (PA) NUCYNTA (PA) NUCYNTA ER (PA) Olumiant* (PA, QL)

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

PAIN RELIEF AND INFLAMMATORY DISEASE (cont)			SEIZURE DISORDERS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
tramadol 50mg tablet (QL) tramadol ER (QL)			oxcarbazepine Roweepira Subvenite Subvenite (Blue, Green, Orange) topiramate topiramate ER vigabatrin* Vigadrone*		Neurontin (PA) Onfi (PA) Oxtellar XR (PA) Phenytek (PA) Spritam (PA) Tegretol (PA) Tegretol XR (PA) VALTOCO (PA, QL) XCOPRI (PA, QL)
PARKINSON'S DISEASE			SKIN CONDITIONS		
benztropine tablet bromocriptine carbidopa-levodopa carbidopa-levodopa ER pramipexole pramipexole ER (QL) rasagiline (QL) ropinirole ropinirole ER	KYNMOBI (PA)	Azilect (QL) Duopa* Inbrija* (PA) Mirapex Mirapex ER (QL) Neupro NOURIANZ* (PA, QL) Osmolex ER (QL) Parlodel RYTARY Sinemet Tasmar XADAGO (ST)	adapalene (PA age) adapalene-benzoyl peroxide (PA age) Amnesteem (QL) Avar Cleanser Avar-E Avar-E Green azelaic acid betamethasone dipropionate augmented betamethasone BP 10-1 calcipotriene cream ointment, solution calcipotriene- betamethasone DP Claravis (QL) Clindacin ETZ pledget Clindacin P pledget clindamycin-benzoyl peroxide clindamycin clindamycin- tretinoin clobetasol Clodan shampoo clotrimazole- betamethasone dapsone 5% gel desoximetasone fluocinonide fluorouracil cream, topical solution halobetasol hydrocortisone 2.5% isotretinoin (QL)	Eucrisa Fluoroplex Targretin gel*	BRYHALI (ST) Capex (ST) Celacyn Centany Cleocin T Cloderm (ST) Dermasorb TA (ST) DesOwen (ST) Drysol Ecoza EFUDEX Elidel Evoclin Lotrisone Mimyx NAFTIN Nizoral Picato Pramosone Protopic REGRANEX (PA, QL) SANTYL (QL) Temovate (ST) Tolak Topicort (ST) Ultravate cream, ointment (ST) Valchlor* Xepi
SCHIZOPHRENIA/ANTI-PSYCHOTICS					
aripiprazole (QL) aripiprazole ODT chlorpromazine tablet olanzapine tablet olanzapine ODT paliperidone ER (QL) quetiapine quetiapine ER risperidone risperidone ODT ziprasidone capsule	Latuda (QL)	Fanapt (ST, QL) INVEGA (ST, QL) REXULTI (ST, QL) Risperdal (ST) Saphris (ST) Secuado (ST) Seroquel (ST) Seroquel XR (ST) Vraylar (ST, QL)			
SEIZURE DISORDERS					
carbamazepine carbamazepine ER clonazepam divalproex divalproex ER epitol gabapentin lamotrigine lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT levetiracetam solution, tablet levetiracetam ER	Dilantin 30 mg (PA) Fycompa (PA, QL) Nayzilam (PA, QL) VIMPAT solution, tablet (PA)	Aptiom (PA, QL) Banzel (PA, QL) BRIVIACT solution, tablet (PA) Carbatrol (PA) Depakote (PA) Depakote ER (PA) Depakote Sprinkle (PA) Dilantin 50mg, 100mg, 125mg/ml (PA) Epidiolex* (PA) Klonopin (PA) Lyrica oral solution (PA)			

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SKIN CONDITIONS (cont)

ketoconazole		
metronidazole		
mupirocin Myorisan (QL)		
Neuac gel		
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 cream		
tretinoin (PA age)		
tretinoin microsphere (PA age)		
triamcinolone		
Triderm		
Zenatane (QL)		

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	DAYVIGO (ST, QL)	Hetlioz* (PA)
eszopiclone	SUNOSI (PA, QL)	Lunesta (ST)
modafinil (PA)		Rozerem (ST, QL)
temazepam		Silenor (ST, QL)
zolpidem		Wakix* (PA, QL)
zolpidem ER (QL)		XYREM* (PA)

SMOKING CESSATION

bupropion SR ⁺		CHANTIX [^]
NicoDerm CQ 21mg/24hr ⁺		NicoDerm CQ 7mg/24hr, 14mg/24hr ⁺
Nicorelief ⁺		Nicorette ⁺
nicotine gum ⁺		Nicotrol ⁺ ^
nicotine lozenge ⁺		Nicotrol NS ⁺ ^
nicotine patch ⁺		Zyban [^]
Quit 2 ⁺		
Quit 4 ⁺		

SUBSTANCE ABUSE

buprenorphine-naloxone	Lucemyra (QL) NARCAN (QL) Zubsolv	Bunavail Suboxone
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TRANSPLANT MEDICATIONS

azathioprine tablet*		Astagraf XL*
mycophenolate capsule, suspension, tablet*		Cellcept capsule, suspension, tablet*
mycophenolic acid*		Envarsus XR*
sirolimus*		Myfortic*
tacrolimus capsule*		Prograf capsule, granule packet*
		Rapamune*
		Zortress*

URINARY TRACT CONDITIONS

cevimeline	Cystagon*	Avodart
darifenacin ER (QL)		Elmiron
finasteride 5mg		Evoxac
oxybutynin		Flomax
oxybutynin ER		Proscar
phenazopyridine		Pyridium
potassium ER		RAPAFLO (QL)
silodosin (QL)		Thiola*
solifenacin (QL)		Thiola EC*
tamsulosin		Urocit-K
tolterodine		
tolterodine ER (QL)		
tropium		
tropium ER		

VACCINES

Vaccines are now covered under your pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

	ActHIB ⁺	FluMist Quad Nasal ⁺
	Adacel Tdap ⁺	Rotarix ⁺
	Afluria Quad ⁺	RotaTeq ⁺
	BEXSERO ⁺	
	Boostrix Tdap ⁺	
	DAPTACEL DTaP ⁺	
	Diphtheria and Tetanus Toxoids-sped ⁺	
	Engerix-B ⁺	
	FLUAD+FLUARIX QUADRIVALENT ⁺	
	FLUBLOK QUADRIVALENT ⁺	
	FLUCELVAX QUADRIVALENT ⁺	
	FLULAVAL QUADRIVALENT ⁺	

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 19).

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

VACCINES

Vaccines are now covered under your pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

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

WEIGHT MANAGEMENT

Lomaira [^]		Contrave [^] (PA)
phentermine [^]		Qsymia [^] (PA)
		Saxenda [^] (PA)

Injectable specialty medications

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

MEDICATION NAME	DRUG CLASS
ACTEMRA syringe (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPen* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Actimmune (PA)	CANCER
Apokyn (PA)	PARKINSON'S DISEASE
Aranesp^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Arixtra (QL)	BLOOD THINNERS/ANTI-CLOTTING
AVONEX (PA)	MULTIPLE SCLEROSIS
AVSOLA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Benlysta auto-injector syringe (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON (PA)	MULTIPLE SCLEROSIS
Bynfezia (PA)	HORMONAL AGENTS
Cetrotide^ (PA)	HORMONAL AGENTS
chorionic gonadotropin^ (PA)	INFERTILITY
Cimzia (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
DUPIXENT (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Egrifta (PA)	HORMONAL AGENTS
Enbrel (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin (QL)	BLOOD THINNERS/ANTI-CLOTTING
Entyvio^ (PA)	GASTROINTESTINAL/HEARTBURN
Epogen^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EXTAVIA (PA)	MULTIPLE SCLEROSIS
Fasenra Pen (PA)	ASTHMA/COPD/RESPIRATORY
Fensolvi^ (PA)	HORMONAL AGENTS
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
Ganirelix^ (PA)	HORMONAL AGENTS
Gattex (PA)	GASTROINTESTINAL/HEARTBURN
glatiramer (PA)	MULTIPLE SCLEROSIS
Glatopa (PA)	MULTIPLE SCLEROSIS
Gonal-f^ (PA)	INFERTILITY
Gonal-f RFF^ (PA)	INFERTILITY
Granix^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Hemlibra (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Humatrope (PA)	HORMONAL AGENTS

MEDICATION NAME	DRUG CLASS
HUMIRA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ilaris^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Increlex (PA)	HORMONAL AGENTS
Inflectra^(PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kalbitor^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Kesimpta (PA)	MULTIPLE SCLEROSIS
KEVZARA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Lovenox (QL)	BLOOD THINNERS/ANTI-CLOTTING
Lupron Depot^ (PA)	HORMONAL AGENTS
LUPRON DEPOT-PED^ (PA)	HORMONAL AGENTS
Menopur^ (PA)	INFERTILITY
Myalept (PA)	MISCELLANEOUS
Natpara (PA)	HORMONAL AGENTS
Neulasta^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Neulasta Onpro^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Neupogen^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Nivestym^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Norditropin FlexPro (PA)	HORMONAL AGENTS
Novarel^ (PA)	INFERTILITY
Nucala auto-injector, syringe (PA)	ASTHMA/COPD/RESPIRATORY
Nyvepria (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ORENCIA syringe (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ovidrel^ (PA)	INFERTILITY
Palynziq (PA)	MISCELLANEOUS
Pegasys (PA)	INFECTIONS
Plegridy (PA)	MULTIPLE SCLEROSIS
PROCRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Rebif (PA)	MULTIPLE SCLEROSIS
Rebif Rebidose (PA)	MULTIPLE SCLEROSIS
Remicade^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Retacrit^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Ruconest^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Sandostatin^ (PA)	HORMONAL AGENTS
Sandostatin LAR Depot^ (PA)	HORMONAL AGENTS
Serostim (PA)	HORMONAL AGENTS
Simponi 100mg/ml (PA, QL) PAIN RELIEF	PAIN RELIEF AND INFLAMMATORY DISEASE
Simponi Aria* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Skyrizi (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Somatuline Depot^ (PA)	HORMONAL AGENTS
Somavert (PA)	HORMONAL AGENTS
Stelara syringe, 45mg/0.5ml vial (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
Strensiq (PA)	MISCELLANEOUS
Takhzyro (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Taltz (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Tegsedi (PA)	MISCELLANEOUS
teriparatide (PA, QL)	HORMONAL AGENTS
Tremfya (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TYMLOS (PA, QL)	OSTEOPOROSIS PRODUCTS
UDENYCA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Vyleesi^ (PA, QL)	MISCELLANEOUS
Xolair (PA)	ASTHMA/COPD/RESPIRATORY
Zarxio^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZIEXTENZO (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Zorbtive (PA)	HORMONAL AGENTS

Medications that aren't covered

Your plan covers other medications that are used to treat the same condition.^^ They're listed below.

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Combivir*	lamivudine-zidovudine*
	Epivir*	lamivudine*
	Epzicom*	abacavir-lamivudine*
	Kaletra solution*	lopinavir-ritonavir*
	Lexiva tablet*	fosamprenavir*
	Norvir tablet*	ritonavir*
	Retrovir capsule, syrup*	zidovudine*
	Reyataz capsule*	atazanavir*
	Sustiva*	efavirenz*
	Trizivir*	abacavir-lamivudine-zidovudine*
	Truvada*	emtricitabine-tenofovir*
	Viramune*	nevirapine*
	Viramune XR*	nevirapine ER*
	Viread* 300mg tablet	tenofovir*
Ziagen*	abacavir*	
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr SYMJEPI	epinephrine
	DYMISTA	azelastine-fluticasone
	RyVent carbinoxamine 6mg tablet	carbinoxamine 4mg tablet
ALZHEIMER'S DISEASE	pyridostigmine 30 mg tablet	pyridostigmine
ANXIETY/DEPRESSION/BIPOLAR	Anafranil	clomipramine
	Aplenzin	bupropion XL
	Ativan tablet	lorazepam
	Cymbalta	duloxetine
	Drizalma Sprinkle DR	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline
	Parnate	tranylcypromine
	Pexeva	paroxetine/CR/ER
	Pristiq	bupropion XL duloxetine
	Tofranil	imipramine
	Wellbutrin XL	bupropion XL, fluoxetine
ASTHMA/COPD/RESPIRATORY	ADVAIR DISKUS ADVAIR HFA AirDuo RespiClick BREO ELLIPTA	Dulera fluticasone-salmeterol Symbicort Wixela Inhub

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	Alvesco ARNUITY ELLIPTA Asmanex Asmanex HFA Pulmicort Flexhaler	Flovent QVAR
	Arcapta Neohaler	Serevent Diskus
	ArmonAir Digihaler	Flovent Diskus Flovent HFA QVAR Redihaler
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	ANORO ELLIPTA
	Elixophyllin	theophylline
	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 Adzenys ER Adzenys XR-ODT Aptensio XR Concerta ER Cotempla XR-ODT Dynavel XR Focalin XR Jornay PM Mydayis QuilliChew ER Ritalin LA Vyvanse
Desoxyn		methamphetamine
Dexedrine		dexmethylphenidate ER, dextroamphetamine ER, dextroamphetamine-amphetamine ER
Evekeo ODT		amphetamine dexmethylphenidate dextroamphetamine methamphetamine methylphenidate

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan-HCTZ
	Betapace	sotalol
	Bystolic	atenolol, bisoprolol, carvedilol, labetalol, metoprolol succinate, metoprolol tartrate
	Cardizem	diltiazem
	Cardizem CD	diltiazem ER diltiazem ER (CD)
	Conjupri	amlodipine, felodipine, nifedipine, nicardipine
	Consensi	amlodipine celecoxib
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
	Edarbi	candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	Edarbyclor	candesartan-HCTZ, irbesartan-HCTZ, losartan-HCTZ, olmesartan-HCTZ, telmisartan-HCTZ, valsartan-HCTZ
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Firazyr*	icatibant*
	Hyzaar	losartan-HCTZ
	Isordil	isosorbide dinitrate
	Isordil Titrados	isosorbide dinitrate
	Lanoxin tablet	digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril-HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Micardis HCT	telmisartan-HCTZ	
	Prinivil Zestril	lisinopril	
	Tarka	trandolapril-verapamil ER	
	Tekturna	aliskiren, enalapril, irbesartan, lisinopril, losartan, olmesartan, ramipril, valsartan	
	Tekturna HCT	benazepril-HCTZ, irbesartan-HCTZ, lisinopril-HCTZ, losartan-HCTZ, olmesartan-HCTZ, telmisartan-HCTZ, valsartan-HCTZ	
	Tribenzor	olmesartan-amlodipine-HCTZ	
	Vaseretic	enalapril-HCTZ	
	Vasotec	enalapril	
	Zestoretic	lisinopril-HCTZ	
BLOOD THINNERS/ANTI-CLOTTING	Yospala	aspirin, enteric aspirin	
CANCER	Nilandron	nilutamide	
	Tarceva*	erlotinib*	
	Yonsa* Zytiga*	abiraterone*	
	CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
Altoprev Ezallor Sprinkle FloLipid Livalo Nexletol Nexlizet Zypitamag		atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+	
Crestor Lipitor		atorvastatin+ ezetimibe-simvastatin rosuvastatin+	
Lescol XL		fluvastatin ER+	
Nexletol		Generic statins (e.g. atorvastatin, simvastatin) ezetimibe	
Pravachol		pravastatin+	
Vytorin		ezetimibe-simvastatin	
CONTRACEPTION PRODUCTS		Balcoltra Natazia Taytulla	desogestrel-ethinyl estradiol ethinyl estradiol+ drospirenone-ethinyl estradiol+ drospirenone-ethinyl estradiol-levomefolate+
		Slynd	norethindrone+
		COUGH/COLD MEDICATIONS	benzonatate 150mg
	TussiCaps		hydrocodone-chlorpheniramine ER promethazine-codeine

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES	Accu-Chek test strips, Accutrend glucose, Contour test strips, Glucogard test strips, Precision Xtra test strips, True Metrix test strips, Truetrack test strips	One Touch test strips (e.g. Ultra; Verio)
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza
	Admelog, Afrezza Apidra, Apidra SoloStar Fiasp Jentadueto Jentadueto XR Kazano Insulin Aspart,Novolog	Humalog Humulin Lyumjev
	alogliptin alogliptin-metformin Onglyza Nesina Tadjenta	Janumet Janumet XR Januvia metformin
	alogliptin-pioglitazone Kombiglyze XR Oseni	Janumet Janumet XR Januvia pioglitazone
	Fortamet ER Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER
	GlucaGen HypoKit Gvoke	Baqsimi Glucagon Emergency Kit
	Invokamet Invokamet XR	metformin Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Lantus Semglee Toujeo SoloStar	BASAGLAR Levemir TRESIBA
	Novolin	Humulin
	QTERN Steglujan	Glyxambi metformin Trijardy XR

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn
	Cequa Restasis MultiDose Xiidra	Restasis
	LUMIGAN Travatan Z VYZULTA Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone
	Asacol HD Colazal Delzicol Dipentum	balsalazide mesalamine mesalamine DR mesalamine ER Pentasa sulfasalazine sulfasalazine DR
	CoLyte with Flavor Packets ⁺ GoLyteLy ⁺ MoviPrep ⁺ NuLYTELY with flavor packs ⁺ OsmoPrep ⁺ PLENVU ⁺	Clenpiq ⁺ GaviLyte-C ⁺ GaviLyte-G ⁺ GaviLyte-N ⁺ PEG-3550 and Electrolyte+ Prepopik ⁺ SuPrep ⁺
	Cortifoam UCERIS foam	Colocort hydrocortisone
	CREON Pertzye Zenpep	Pancrease

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	Librax	chlordiazepoxide-clidinium
	Linzess lubiprostone Motegrity Trulance Zelnorm	Amitiza
	Marinol SYNDROS	dronabinol
	Nexium DR 10mg, 20mg, 40mg packet	esomeprazole
	Omeclamox-Pak PYLERA Taliaia	lansoprazole-amoxicillin-clarithromycin
	Reltone	ursodiol
	Rowasa	mesalamine
	Sensipar*	cinacalcet*
	Zofran	ondansetron
	Zuplenz	ondansetron ondansetron ODT
	HORMONAL AGENTS	Alkindi Sprinkle
DDAVP nasal spray, solution, tablet		desmopressin
Dxevo TaperDex		dexamethasone
Fortesta Natesto Testim Vogelxo XYOSTED		testosterone testosterone cypionate testosterone enanthate
Genotropin* Nutropin AQ Nuspun* Omnitrope* Saizen* Saizen-Saizenprep* ZOMACTON*		Humatrope* Norditropin Flexpro*
JATENZO		testosterone
Nocdurna		desompression
Ortikos ER		budesonide EC
Rayos		methylprednisolone, prednisone
THYQUIDITY		Euthyrox, Levo-T, levothyroxine, levoxyl, Uni-throid
Uceris tablets		budesonide ER dexamethasone hydrocortisone methylprednisolone prednisolone prednisone

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Seysara Solodyn TargaDOX Vibramycin capsule Ximino	doxycycline hyclate doxycycline monohydrate minocycline minocycline ER tetracycline	
	Arakoda	atovaquone-proguanil doxycycline hyclate doxycycline monohydrate hydroxychloroquine mefloquine quinine	
	Augmentin	amoxicillin-clavulanate amoxicillin-clavulanate ER	
	Baraclude tablet*	entecavir tablet	
	BETHKIS* TOBI	Kitabis Pak tobramycin	
	Diflucan	fluconazole	
	E.E.S. 200 Eryped 400	erythromycin ethylsuccinate	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Noxafil tablet	posaconazole	
	ORACEA	doxycycline hyclate doxycycline monohydrate minocycline ER	
	Sitavig	acyclovir famciclovir valacyclovir	
	Sporanox TOLSURA	itraconazole	
	Vancocin	vancomycin	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Ingrezza*	Austedo*
		KUVAN*	sapropterin*
		SYPRINE*	penicillamine* trientine*
Xenazine*		tetraabenazine*	

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER*
	AUBAGIO*	bafiertam* dimethyl* Gilenya* Mayzent* Vumerity* Zeposia*
	COPAXONE*	Betaseron* Extavia* glatiramer* Glatopa* Kesimpta* Plegridy* Rebif*
	Tecfidera*	Gilenya* Mayzent* Vumerity* Zeposia*
NUTRITIONAL/DIETARY	Azesco PreGenna Trinaz	Any generic prenatal vitamin
	NASCOBAL	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital BUPAP	butalbital-acetaminophen
	Amerge Ergomar Frova Maxalt Maxalt MLT RELPAX	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan
	Amrix	carisoprodol chlorzoxazone cyclobenzaprine methocarbamol orphenadrine ER
	CAMBIA DUEXIS Fenortho Indocin NAPRELAN Tivorbex Vimovo Vivlodex Zipsor Zorvolex	celecoxib diclofenac sodium ibuprofen indomethacin meloxicam naproxen
	ConZip	Tramadol Tramadol ER

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY (cont)	ConZip	Tramadol Tramadol ER
	Cosentyx*	Enbrel* HUMIRA* Otezla* Skyrizi* Stelara* Taltz*
	Cuprimine*	penicillamine* trientine*
	D.H.E. 45	dihydroergotamine
	diclofenac 1.3% patch diclofenac 1.5% solution Flector 1.3% patch PENNSAID Voltaren 1% gel	celecoxib diclofenac sodium ibuprofen meloxicam naproxen
	Gralise	gabapentin
	Imitrex	dihydroergotamine eletriptan rizatriptan sumatriptan
	ketorolac nasal spray Sprix	ketorolac
	Kineret*	Actemra* Actemra ACTPen* Enbrel* Humira (CF) Pediatric Crohn's* Humira (CF) Pen* Xeljanz* Xeljanz XR*
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen Hysingla Morphabond ER oxycodone with acetaminophen Tramadol Xtampza ER
	Licart	celecoxib diclofenac sodium ibuprofen meloxicam naproxen
	Lorzone	chlorzoxazone cyclobenzaprine
	MIGRANAL ONZETRA Xsail	dihydroergotamine sumatriptan
	OxyContin	Hysingla ER Morphabond ER Xtampza ER

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY (cont)	REYVOW	almotriptan eletriptan frovatriptan naratriptan sumatriptan succinate Nurtec ODT Ubrelvy	
	Roxicodone	oxycodone	
	Siliq*	Enbrel* HUMIRA (CF) Pen* Stelara* Taltz* Tremfya*	
	Simponi* 50mg/0.5ml	Actemra ACTPen* Enbrel* Humira (CF) Pen* Stelara* Taltz* Xeljanz*	
	Soriatane	acitretin	
	SUBSYS	fentanyl	
	Tosymra	sumatriptan	
	tramadol 100mg	tramadol	
	Treximet	diclofenac sodium eletriptan ibuprofen naproxen rizatriptan sumatriptan sumatriptan-naproxen	
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine	
	Zembrace SYMTOUCH	dihydroergotamine sumatriptan succinate	
	Zomig	rizatriptan sumatriptan succinate zolmitriptan	
	Zomig nasal spray	dihydroergotamine sumatriptan	
	Zomig ZMT	zolmitriptan ODT	
	PARKINSON'S DISEASE	Gocovri	amantadine
		Lodosyn	carbidopa
		Ongentys	entacapone
Requip XL		ropinirole ER	
Zelapar		selegiline	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole	
	Abilify MyCite	paliperidone ER	
	Geodon capsule	risperidone	
	FazaClo	clozapine	
	Versacloz	clozapine ODT	

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SCHIZOPHRENIA/ANTI-PSYCHOTICS CONT	Zyprexa	aripiprazole olanzapine paliperidone ER
	Zyprexa Zydis	aripiprazole olanzapine 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)
	Lamictal XR	lamotrigine ER
	Lamictal XR (Blue, Green, Orange)	lamotrigine ER
	Lyrica	duloxetine
	Lyrica CR	gabapentin lidocaine pregabalin
	Mysoline	primidone
	Qudexy XR	topiramate ER
	Trokendi XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
Trileptal	oxcarbazepine	
Zonegran	zonisamide	
SKIN CONDITIONS	Acanya	clindamycin-benzoyl peroxid
	Aczone	adapalene
	AKLIEF	adapalene-benzoyl peroxide
	Altreno	clindamycin
	Atralin	clindamycin-benzoyl peroxide
	Amzeeq	dapsone
	Avita	sodium sulfacetamide-sulfur
	dapsone 7.5% gel	retinoin
	EPIDUO FORTE	
	ONEXTON	
	RETIN-A	
	RETIN-A MICRO	
	Aktipak	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide dapsone erythromycin-benzoyl peroxide sodium sulfacetamide-sulfur
	Aldara	imiquimod 5%
	Zyclara	

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Anusol-HC cream	hydrocortisone
	Apexicon E diflorasone Impoyz Psorcon	betamethasone clobetasol propionate halobetasol
	Arazlo Fabior Tazorac	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide dapsone tazarotene tretinoin
	Azelex	adapalene adapalene-benzoyl peroxide azelaic acid clindamycin clindamycin-benzoyl peroxide dapsone tretinoin
	Bensal HP	salicylic acid
	BenzaClin Neuac Kit	clindamycin-benzoyl peroxide
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Condylox	imiquimod podofilox
	Cordran	betamethasone dipropionate betamethasone valerate clobetasol fluocinolone fluticasone halobetasol
	Cutivate lotion	betamethasone fluticasone triamcinolone
	Denavir ZOVIRAX cream, ointment	acyclovir famciclovir valacyclovir
	diclofenac 3% gel	Fluoroplex fluorouracil imiquimod Picato
	DIFFERIN	adapalene adapalene-benzoyl peroxide clindamycin-benzoyl peroxide dapsone tretinoin

^^ 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. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Dovonex	calcipotriene
	Duobrii	halobetasol tazarotene
	Enstilar Taclonex	betamethasone dipropionate augmented betamethasone valerate calcipotriene calcipotriene-betamethasone DP tazarotene
	ERTACZO Extina	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Finacea MetroCream MetroGel Noritate Soolantra Zilxi	azelaic acid, topical metronidazole
	flurandrenolide hydrocortisone butyrate lipid cream, lotion Locoid Lipocream Pandel	betamethasone valerate fluocinolone fluticasone
	HALOG LEXETTE Ultravate X	clobetasol halobetasol
	Impeklo	topical betamethasone (augmented) 0.05%, clobetasol 0.05%, fluocinolide 0.1%, halobetasol 0.05%
	JUBLIA Kerydin	ciclopirox itraconazole terbinafine
	Kenalog spray	triamcinolone
	Locoid	betamethasone valerate fluocinolone fluticasone hydrocortisone butyrate prednicarbate triamcinolone
	Loprox cream, shampoo	ciclopirox
	LUZU	econazole ketoconazole cream luliconazole oxiconazole
	Olux Olux-E	betamethasone clobetasol emulsion clobetasol propionate halobetasol

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Oxistat	ketoconazole oxiconazole
	Prudoxin Zonalon	clobetasol desonide fluocinonide mometasone tacrolimus triamcinolone
	Sernivo	clobetasol triamcinolone
	Sorilux	calcipotriene calcitriol tazarotene
	Trianex	triamcinolone
	Tridesilon	alclometasone desonide triamcinolone
	Ultravate lotion	betamethasone dipropionate augmented clobetasol halobetasol
	Vanos	clobetasol fluocinonide halobetasol
	Vectical	calcitriol calcipotriene tazarotene
	VELTIN	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide clindamycin-tretinoin dapsone tretinoin
	Wynzora	betamethasone DP, calcipotriene, calci- potriene-betamethasone DP, fluocinolone, fluticasone, mometasone, trimacinolone
	XERESE	acyclovir famciclovir hydrocortisone valacyclovir
	Xolegel	ciclopirox ketoconazole selenium sodium sulfacetamide
	Ziana	adapalene clindamycin clindamycin-tretinoin tretinoin

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem	
	Ambien CR	zolpidem ER	
	Ativan tablet	lorazepam	
	Belsomra	DAYVIGO	
	Edluar	zolpidem zolpidem ER	
	Nuvigil	armodafinil	
	Provigil	modafinil	
	Restoril	temazepam	
	ZolpiMiST	doxepin eszopiclone zaleplon zolpidem zolpidem ER	
SUBSTANCE ABUSE	Evzio	naloxone Narcan	
URINARY TRACT CONDITIONS	Detrol	darifenacin ER oxybutynin tolterodine	
		Detrol LA	darifenacin ER oxybutynin ER tolterodine ER
		Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER	
	Gelnique Myrbetriq Toviaz	darifenacin ER oxybutynin ER tolterodine ER trospium ER	
	Procysbi*	Cystagon*	
		VESIcare	darifenacin ER oxybutynin ER solifenacin tolterodine ER trospium 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. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

Frequently Asked Questions (FAQs)

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

Q. Why do you make changes to the drug list?

A. 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 and/or no longer covering a medication. This typically happens twice a year on January 1st and July 1st.
- › Adding extra coverage requirements to a medication.

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options.

Q. Why doesn't my plan cover certain medications?

A. 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." With excluded medications, there's no option to receive coverage through Cigna's coverage review process.

For example, your plan excludes:

- › Prescription medications used to treat heartburn/stomach acid conditions (e.g., Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.
- › Medications used to treat lifestyle conditions like infertility, weight loss, erectile dysfunction, smoking cessation.³
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

A. 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.

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

A. 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

Frequently Asked Questions (FAQs) (cont)

Q. How do I know if I'm taking a medication that needs approval?

A. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a (PA) or (ST) next to it, your medication needs approval before your plan will cover it. If it has a (QL) next to it, you may need approval depending on the amount you're filling. If it has (AGE) next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

- › May be unsafe when combined with other medications
- › Have lower-cost, equally effective alternatives available
- › Should only be used for certain health conditions
- › Are often misused or abused

Q. What types of medications typically have quantity limits?

A. Medications that:

- › Are often taken in amounts larger than, or for longer than, may be appropriate
- › Are often misused or abused

Q. What types of medications require Step Therapy?

A. Medications that are used to treat many conditions, including, but not limited to:

- › ADD/ADHD
- › Allergies
- › Bladder problems
- › Breathing problems
- › Depression
- › High blood pressure
- › High cholesterol
- › Osteoporosis
- › Pain
- › Skin Conditions
- › Sleep disorders

Q. Why does my medication have an age requirement?

A. Some medications are only considered clinically appropriate if you're within a certain age range.

Q. How do I get approval (prior authorization) for my medication?

A. 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 of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at **cignaforhcp.com**.

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. If you meet guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

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

A. 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 plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna to start the coverage review process. Or, you can choose to pay its full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

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

A. 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.

Frequently Asked Questions (FAQs) (cont)

Q. Are all of the medications on this drug list approved by the U.S. Food and Drug Administration (FDA)?

A. Yes. All medications are approved by the FDA.

Q. Are medications newly approved by the FDA covered on my drug list?

A. Newly approved medications may not be covered on your drug list for the first six months after they receive approval from the U.S. Food and Drug Administration (FDA). 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.

Q. Which medications are covered under the health care reform law?

A. 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 **myCigna.com**, 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**.

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

A. When you and your doctor are considering

the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.⁴

Q. How can I save money on my prescription medications?

A. 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.

Q. Do generics work the same as brand-name medications?

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁵ Generic and brand-name medications have the same active ingredients, strength, dosage, form, effectiveness, quality and safety.

Q. What are the differences between generic and brand-name medications?

A. The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand-name, but they're just as safe and effective.

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.⁵ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

Frequently Asked Questions (FAQs) (cont)

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁶

Home delivery with Express Scripts® Pharmacy

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe and saves you trips to the pharmacy.

- › Easily order, manage and track your medications on your phone or online
- › Standard shipping at no extra cost⁷
- › Automatic refills and refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

1. Go to my.cigna.com/choosehomedelivery.

Follow the online instructions for how to move your prescription(s).

2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery.

3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Accredo, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁸ They'll also provide you with the personalized care and support you need to manage your therapy - at no extra cost.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost
- › Easy refills and free reminders
- › 24/7 access to specialty-trained pharmacists and nurses
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

To get started using Accredo, call **877.826.7657**, Monday-Friday, 7:00 am-10:00 pm CST and Saturdays, 7:00 am-10:00 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**.

Q. Where can I find more information about my pharmacy benefits?

A. The best place to start is with the **myCigna** App or **myCigna.com**. It's your "go-to" place for everything you need to know about your plan's coverage.

- › See which medications your plan covers
- › Compare your medication costs⁴
- › Easily switch your prescription from your retail pharmacy to our home delivery pharmacy
- › Manage your home delivery medications⁶
- › Find an in-network retail pharmacy
- › View your plan information (claims, coverage details, and more)
- › Ask a pharmacist a question

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:⁹

- › 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. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, 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.
4. Prices are not guaranteed, and even though a price is displayed, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown. Coverage and pricing may change.
5. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
6. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
7. Standard shipping costs are included as part of your prescription plan.
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
9. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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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>.



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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 LƯU 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).

MEDICATION NAME	DRUG CLASS
Kesimpta (PA)	MULTIPLE SCLEROSIS
KEVZARA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Lupron Depot^ (PA)	CANCER
Myalept (PA)	MISCELLANEOUS
Natpara (PA)	HORMONAL AGENTS
Neulasta^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Neupogen^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Nivestym^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Norditropin FlexPro (PA)	HORMONAL AGENTS
Novarel^ (PA)	INFERTILITY
Nucala (PA)	ASTHMA/COPD/RESPIRATORY
Nyvepria (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ORENCIA syringe (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ovidrel^ (PA)	INFERTILITY
Palynziq (PA)	MISCELLANEOUS
Pegasys (PA)	INFECTIONS
Plegridy (PA)	MULTIPLE SCLEROSIS
PROCRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Rebif (PA)	MULTIPLE SCLEROSIS
Remicade^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Retacrit^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Ruconest^ (PA)	INFERTILITY
Serostim (PA)	HORMONAL AGENTS
Simponi ARIA (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Simponi (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Skyrizi (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Somatuline Depot^ (PA)	HORMONAL AGENTS
Somavert (PA)	HORMONAL AGENTS
Stelara syringe, 45mg/0.5ml vial (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq (PA)	MISCELLANEOUS
Takhtzyro (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Taltz (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Tegsedi (PA)	MISCELLANEOUS
teriparatide (PA, QL)	HORMONAL AGENTS
Tremfya syringe (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TYMLOS (PA, QL)	OSTEOPOROSIS PRODUCTS
UDENYCA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Vyleesi^ (PA, QL)	MISCELLANEOUS
Xolair (PA)	ASTHMA/COPD/RESPIRATORY
Zarxio^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZIEXTENZO (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Zorbtive (PA)	HORMONAL AGENTS