



# CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST

**As of July 1, 2018**

**Together, all the way.®**



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### View your drug list online

This document was last updated 09/01/2017.\* To see a current list of the medications covered on your plan's drug list, visit:



**The myCigna® website** - Once you're registered, log in and select Estimate Health Care Costs, then select Get drug costs.



**Cigna.com/druglist** - Select your drug list name - Performance 3 Tier - from the drop down menu.



**Questions?** - Call the toll-free number on the back of your Cigna ID card. We're here to help.

\* Drug list created: originally created 04/01/2008

Last updated: 09/01/2017, for changes that were effective 01/01/2018

Next planned update: 09/01/18, for changes that will be effective 01/01/2019

## Your prescription drug list

This document shows the most commonly prescribed medications covered on the Performance Prescription Drug List as of July 1, 2018.<sup>1</sup> All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or coverage/cost levels).

**It's important to know that this is not a complete list of covered medications, and not all of the medications listed here may be covered by your specific plan.** You should log in to the **myCigna** website or app or check your plan materials to learn more about the 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 Prescription Drug List.

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

**Tier** (coverage/cost level) gives you an idea of how much you may pay for a medication

Medications are grouped by the **condition** they treat

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

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

## Tiers

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

› Tier 1 – Typically Generics	(Lower-cost medication)	\$
› Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 – Typically Non-Preferred Brands	(Higher-cost medication)	\$\$\$

## Abbreviations next to medications

Some medications on your drug list have additional requirements before they may be covered by your plan.\* 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** – The Step Therapy program encourages the use of lower-cost medications (generics and preferred brands) to treat certain conditions. Certain high-cost brand medications require Step Therapy. This means your plan requires you to try a lower-cost alternative first, before the higher-cost brand may be covered (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** – You must be within a specific age range for your plan to cover the medication.

\*This may not apply to you because not all plans require prior authorization, quantity limits and/or Step Therapy. Please log in to the myCigna website or app 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 conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (\*). Some plans may cover these medications on a specialty tier, may limit you to a 30-day supply and/or require the use of a preferred specialty pharmacy. Log in to the **myCigna** website or app 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** website or app or check your plan materials to learn more about how your plan covers preventive medications.

## Plan exclusions

Some medications shown in this drug list may not be covered by your specific plan. For example, your plan may not cover medications used for weight loss or to treat infertility. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** website or app or check your plan materials to find out if your plan excludes the medication.

## How to find your medication on the drug list

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

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

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>AIDS/HIV</b>			<b>ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)</b>		
abacavir-lamivudine*	Isentress HD*	Atripla*	desvenlafaxine 50mg		Wellbutrin SR (ST, QL)
lamivudine- zidovudine*	Isentress*	Complera*	desvenlafaxine ER 25mg, 100mg (QL)		Xanax
nevirapine ER*	Norvir*	Descovy*	diazepam		Xanax XR
nevirapine*	Prezista*	Evotaz*	duloxetine (QL)		Zoloft (ST, QL)
	Selzentry*	Genvoya*	escitalopram (QL)		
	Truvada*	Intelence*	fluoxetine (QL)		
		Odefsey*	fluoxetine DR (QL)		
		Prezcobix*	fluvoxamine (QL)		
		Reyataz*	fluvoxamine ER (QL)		
		Stribild*	lorazepam		
		Sustiva*	lorazepam intensol		
		Tivicay*	mirtazapine		
		Triumeq*	paroxetine (QL)		
		Viread*	paroxetine CR (QL)		
			paroxetine ER (QL)		
			sertraline (QL)		
			trazodone		
			venlafaxine (QL)		
			venlafaxine ER (QL)		
<b>ALLERGY/NASAL SPRAYS</b>			<b>ASTHMA/COPD/RESPIRATORY</b>		
Adyphren		Clarinx	albuterol	Advair Diskus	Adcirca* (PA)
Adyphren Amp		Clarinx-D 12 Hour	budesonide	Advair HFA	Adempas* (PA)
azelastine		EpinephrineSnap-V	ipratropium-albuterol	Anoro Ellipta	Aralast NP* (PA)
cromolyn		EPLsnap	levalbuterol HFA	Atrovent HFA	Arcapta Neohaler
cyproheptadine		Karbinal ER	montelukast	Breo Ellipta	Daliresp (QL)
desloratadine		Ryvent		Combivent	Fasenra* (PA)
epinephrine				Respimat	Glassia* (PA)
auto-injector (QL)				Incruse Ellipta	Kalydeco* (PA)
fluticasone				ProAir HFA	Letairis* (PA)
hydroxyzine				ProAir	Nucala* (PA)
ipratropium				RespiClick	Ofev* (PA)
mometasone				Pulmicort	Opsumit* (PA)
spray (QL)				Flexhaler	Orenitram ER* (PA)
olopatadine				Pulmozyme*	Orkambi* (PA)
phenergan				(PA)	Pulmicort
promethazine				QVAR	Remodulin* (PA)
				QVAR Redihaler	Revatio* (PA)
				Serevent Diskus	Tracleer* (PA)
				Spiriva	Tyvaso* (PA)
				Spiriva	Upravi* (PA)
				Respimat	
				Striverdi	
				Respimat	
				Symbicort	
				Trelegy Ellipta	
				(PA)	
				Ventolin HFA	
				Xolair* (PA)	
<b>ALZHEIMER'S DISEASE</b>					
donepezil	Mestinon	Mestinon tablet			
donepezil ODT	syrup	Namenda			
memantine	Namenda	Namenda XR			
pyridostigmine	titration pack	Namenda XR titration			
pyridostigmine ER		pack (QL)			
rivastigmine		Namzaric (QL)			
		Regonol			
<b>ANXIETY/DEPRESSION/BIPOLAR DISORDER</b>					
alprazolam		Effexor XR (ST, QL)			
alprazolam ER		Fetzima (ST, QL)			
alprazolam intensol		Forfivo XL (ST, QL)			
alprazolam ODT		Onfi			
alprazolam XR		Pristiq 50mg (ST)			
amitriptyline		Pristiq 25mg,			
bupropion (QL)		100mg (ST, QL)			
bupropion SR (QL)		Prozac (ST, QL)			
bupirone		Sarafem (ST)			
citalopram (QL)		Trintellix (ST)			
clomipramine		Viibryd (ST)			

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>			<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>		
atomoxetine dexamethylphenidate dexamethylphenidate ER dextroamphetamine-amphetamine ER dextroamphetamine-amphetamine guanfacine ER Metadate ER methylphenidate methylphenidate CD methylphenidate ER methylphenidate LA	Vyvanse	Adderall (ST) Adderall XR (ST) Adzenys ER (ST) Adzenys XR-ODT (ST) Aptensio XR (ST) Concerta (ST) Dyanavel XR (ST) Evekeo (ST) Focalin (ST) Focalin XR (ST) Methylin (ST) Quillichew ER (ST) Quillivant XR (ST) Ritalin LA 10mg Ritalin (ST) Ritalin LA (ST) Strattera	diltiazem diltiazem CD diltiazem ER Dilt-XR dofetilide (QL) doxazosin Ecotrin+ EcPirin+ enalapril flecainide hydralazine irbesartan isosorbide isosorbide ER labetalol lisinopril lisinopril-HCTZ losartan losartan-HCTZ Matzim LA metoprolol nadolol nifedipine nifedipine ER olmesartan olmesartan-amlodipine-HCTZ olmesartan-HCTZ propafenone propafenone ER propranolol propranolol ER ramipril Taztia XT telmisartan telmisartan-HCTZ tri-buffered aspirin+valsartan valsartan-HCTZ verapamil verapamil ER verapamil SR		Lotrel Micardis (ST) Nitro-Dur 0.2mg, 0.4mg, 0.6mg Nitrolingual Nitromist Nitrostat Northera* (PA) Norvasc Ranexa (ST, QL) Tiazac Tikosyn (QL) Tribenzor Vasotec (ST)
<b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>					
tranexamic acid*	Amicar 1000mg* Aranesp* (PA) Droxia Epogen* (PA) Granix* Neulasta* (PA) Procrit* (PA) Soliris* (PA) Zarxio*	Amicar 500mg, solution* Bebulin* (PA) Ceproton* Promacta* (PA)			
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>			<b>BLOOD THINNERS/ANTI-CLOTTING</b>		
Afeditab CR amlodipine amlodipine-benazepril amlodipine-olmesartan amlodipine-valsartan amlodipine-valsartan-HCTZ Aspir 81+ Aspir-Low+ atenolol atenolol-chlorthalidone benazepril benazepril-HCTZ Bufferin+ candesartan Cartia XT carvedilol clonidine Digitek Digox digoxin	Bystolic Coreg CR Corlanor* (PA) Entresto* (PA) Multaq Nitro-Dur 0.3mg, 0.8mg Tekturna Tekturna HCT	Azor Bayer Chewable Aspirin+ Benicar (ST) Benicar HCT (ST) Berinert* (PA) BiDil (QL) Cardizem LA Cinryze* (PA) Cozaar (ST) Diovan (ST) Diovan HCT (ST) Edarbi (ST) Edarbyclor (ST) Epaned (ST) Exforge Firazyr* (PA) Haegarda* (PA) Hemangeol Hyzaar (ST) Inderal LA Inderal XL Innopran XL	aspirin-dipyridamole ER clopidogrel enoxaparin* (QL) fondaparinux* (QL) Jantoven warfarin	Brilinta Effient Eliquis Fragmin* (QL) Xarelto	Coumadin Pradaxa Savaysa Zontivity

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CANCER</b>			<b>CHOLESTEROL MEDICATIONS (cont)</b>		
anastrozole bexarotene* (PA) capecitabine* (PA) exemestane imatinib* (PA) letrozole mercaptopurine methotrexate* raloxifene+ tamoxifen+ temozolomide* (PA)	Avastin* (PA) Gleostine Herceptin* (PA) Intron A* (PA) Nexavar* (PA) Revlimid* (PA) Rituxan* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Tasigna* (PA) Trexall* Valstar*	Afinitor* (PA) Alecensa* (PA) Arimidex Bosulif* (PA) Cabometyx* (PA) Cometriq* (PA) Cotellic* (PA) Erivedge* (PA) Fareston (QL) Gazyva* (PA) Gilotrif* (PA) Gleevec* (PA) Ibrance* (PA) Iclusig* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Kadcyla* (PA) Kisqali* (PA) Lenvima* (PA) Lonsurf* (PA) Lynparza* (PA) Mekinist* (PA) Ninlaro* (PA) Perjeta* (PA) Pomalyst* (PA) Purixan* Rubraca* (PA) Stivarga* (PA) Sylatron* (PA) Tafinlar* (PA) Tagrisso* (PA) Targretin* (PA) Tecentriq* (PA) Tykerb* (PA) Verzenio* (PA) Votrient* (PA) Xalkori* (PA) Xtandi* (PA) Zejula* (PA) Zelboraf* (PA) Zytiga* (PA)	lovastatin 20mg, 40mg+ niacin ER Niacor omega-3 acid ethyl esters pravastatin+ rosuvastatin rosuvastatin 5mg, 10mg+ simvastatin 5mg, 10mg, 20mg, 40 mg+ simvastatin 80mg (QL) Triko		
<b>CONTRACEPTIVE PRODUCTS</b>					
All contraceptive products may be covered if you meet specific gender requirements.					
			Aftera+ Altavera+ Alyacen+ Amethia+ Amethia Lo+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aviane+ Azurette+ Balziva+ Bekyree+ Blisovi 24 FE+ Blisovi FE+ Briellyn+ Camila+ Camrese+ Camrese Lo+ Caziant+ Chateal+ Cryselle+ Cyclafem+ Cyred+ Dasetta+ Daysee+ Deblitane+ Delyla+ desogestrel-ethinyl estradiol+ drospirenone-ethinyl estradiol+ drospirenone-ethinyl estradiol-levomefibrate+	Beyaz Lo Loestrin FE NuvaRing+ Taytulla	Caya Contoured+ Ella+ Estrostep FE FC2 Female Condom+ Femcap+ Kyleena* LoSeasonique Minastrin 24 FE Mirena* Nexplanon* Seasonique Skyla* Wide Seal Diaphragm+
<b>CHOLESTEROL MEDICATIONS</b>					
atorvastatin atorvastatin 10mg, 20mg+ ezetimibe fenofibrate fenofibric acid fluvastatin 20mg, 40mg+ fluvastatin ER 80mg+	Praluent* (PA) Repatha* (PA) Welchol	Crestor (ST) Kynamro* (PA) Livalo (ST) Vascepa Vytorin (ST) Zetia			



## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTIVE PRODUCTS (cont)</b>			<b>CONTRACEPTIVE PRODUCTS (cont)</b>		
All contraceptive products may be covered if you meet specific gender requirements.			All contraceptive products may be covered if you meet specific gender requirements.		
Econtra EZ <sup>+</sup> Elinest <sup>+</sup> Emoquette <sup>+</sup> Enpresse <sup>+</sup> Enskyce <sup>+</sup> Errin <sup>+</sup> Estarylla <sup>+</sup> ethynodiol-ethinyl estradiol <sup>+</sup> Falmina <sup>+</sup> Fayosim <sup>+</sup> Femynor <sup>+</sup> Gianvi <sup>+</sup> Gildagia <sup>+</sup> Gynol II <sup>+</sup> Heather <sup>+</sup> Introvale <sup>+</sup> Isibloom <sup>+</sup> Jencycla <sup>+</sup> Jolessa <sup>+</sup> Jolivette <sup>+</sup> Juleber <sup>+</sup> Junel <sup>+</sup> Junel FE <sup>+</sup> Junel FE 24 <sup>+</sup> Kaitlib FE <sup>+</sup> Kariva <sup>+</sup> Kelnor 1-35 <sup>+</sup> Kimidess <sup>+</sup> Kurvelo <sup>+</sup> Larin <sup>+</sup> Larin 24 FE Larin FE <sup>+</sup> Larissia <sup>+</sup> Leena <sup>+</sup> Lessina <sup>+</sup> Levonest <sup>+</sup> levonorgestrel-ethinyl estradiol <sup>+</sup> Levora-28 <sup>+</sup> Lillow <sup>+</sup> Loryna <sup>+</sup> Low-Ogestrel <sup>+</sup> Lutera <sup>+</sup> Lyza <sup>+</sup> Marlissa <sup>+</sup> medroxyprogesterone 150mg/ml <sup>+</sup> Melodetta 24 FE <sup>+</sup> Mibelas 24 FE <sup>+</sup> Microgestin <sup>+</sup> Microgestin FE <sup>+</sup>			Mono-Linyah <sup>+</sup> Mononessa <sup>+</sup> My Way <sup>+</sup> Myzila <sup>+</sup> Necon 0.5/35 <sup>+</sup> Necon 7/7/7 <sup>+</sup> Nikki <sup>+</sup> Nora-BE <sup>+</sup> norethindrone <sup>+</sup> norethin-ethinyl estradiol-ferrous fumarate <sup>+</sup> norethindrone-ethinyl estradiol <sup>+</sup> norgestimate-ethinyl estradiol <sup>+</sup> Norgestrel/ethinyl estradiol <sup>+</sup> Norlyda <sup>+</sup> Norlyroc <sup>+</sup> Nortrel <sup>+</sup> Ocella <sup>+</sup> Opcicon One-Step <sup>+</sup> Option 2 <sup>+</sup> Orsythia <sup>+</sup> Philith <sup>+</sup> Pimtrea <sup>+</sup> Pirmella <sup>+</sup> Portia <sup>+</sup> Previfem <sup>+</sup> Quasense <sup>+</sup> Rajani <sup>+</sup> Reclipsen <sup>+</sup> Rivelsa <sup>+</sup> Setlakin <sup>+</sup> Sharobel <sup>+</sup> Sprintec <sup>+</sup> Sronyx <sup>+</sup> Syeda <sup>+</sup> Tarina FE <sup>+</sup> Tilia FE <sup>+</sup> Today Contraceptive Sponge <sup>+</sup> Tri Femynor <sup>+</sup> Tri-Estarylla <sup>+</sup> Tri-Legest FE <sup>+</sup> Tri-Linyah <sup>+</sup> Tri-Lo-Estarylla <sup>+</sup> Tri-Lo-Marzia <sup>+</sup> Tri-Lo-Sprintec <sup>+</sup> Trinessa <sup>+</sup>		

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CONTRACEPTIVE PRODUCTS (cont)

All contraceptive products may be covered if you meet specific gender requirements.

Trinessa Lo+  
Tri-Previfem+  
Tri-Sprintec+  
Trivora-28+  
VCF+  
Velivet+  
Vestura+  
Vienna+  
Viorele+  
Vyfemia+  
Wera+  
Wymzya FE+  
Xulane+  
Zarah+  
Zenchent+  
Zovia 1-35e+  
Zovia 1-50e+

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### DIABETES

glimepiride	Basaglar	Cycloset
glipizide	Bydureon (QL)	Glucophage
glipizide ER	Byetta	Glucophage XR
glipizide XL	Farxiga	Korlym* (PA)
metformin	GlucaGen	Riomet
metformin ER (generic of Glucophage XR)	HypoKit (QL)	VGo
	Glucagon Emergency Kit (QL)	
	Glyxambi	
	Humalog	
	Humulin	
	Janumet	
	Janumet XR	
	Januvia	
	Jardiance	
	Kombiglyze XR	
	Levemir	
	OneTouch test strips and meters	
	Onglyza	
	QTERN	
	Soliqua	
	SymlinPen	
	Synjardy	
	Synjardy XR	
	Tresiba	
	Trulicity (QL)	
	Xigduo XR	
	Xultophy	

### COUGH/COLD MEDICATIONS

benzonatate	Flowtuss (QL)
Bromfed DM	Hycofenix (QL)
brompheniramine-pseudoephedrine-DM	Tuzistra XR (QL)
hydrocodone-chlorpheniramine ER (QL)	
hydrocodone-homatropine (QL)	
Hydromet (QL)	
promethazine-codeine (QL)	
Tussion (QL)	

### DENTAL PRODUCTS

chlorhexidine rinse	Fluorabon+	Clinpro 5000
Denta 5000 Plus	Prevident 5000	Prevident
DentaGel		Prevident 5000 Plus
doxycycline fluoride+		
Fluoridex		
Fluoritab+		
Flura-Drops+		
Ludent Fluoride+		
Oralene		
Paroex		
Peridex		
Periogard		
SF		
SF 5000 Plus		
sodium fluoride+		
triamcinolone paste		

### DIURETICS

acetazolamide	Diuril	Dyazide
chlorthalidone	Dyrenium	Lasix
eplerenone		Maxzide
furosemide		Samsca*
hydrochlorothiazide		
spironolactone		
triamterene-HCTZ		

### EAR MEDICATIONS

neomycin-polymyxin-HC	Cipro HC
ofloxacin	Ciprodex

### ERECTILE DYSFUNCTION

sildenafil (PA, QL)	Cialis (PA, QL)	Levitra (PA, ST, QL)
	Muse (PA, QL)	Staxyn (PA, ST, QL)
		Viagra (PA, ST, QL)

## Cigna Performance 3-Tier Prescription Drug List

EYE CONDITIONS			GASTROINTESTINAL/HEARTBURN (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
azelastine	Alphagan P	Acuvail	Gavilyte-G+		Kristalose
bacitracin	0.1%	Alphagan P 0.15%	Gavilyte-N+		Lialda (ST)
brimonidine	Azasite	Alrex	GentleLax+		Linzess
ciprofloxacin	Azopt	Bepreve	Glycolax+		Miralax+
dorzolamide-timolol	Betimol	Besivance	HealthyLax+		Movantik (PA)
erythromycin	Betoptic S	Bromsite	Hemmorex-HC		MoviPrep+
fluorometholone	Lotemax drops,	Combigan	hydrocortisone		Nulytely with flavor
gatifloxacin	suspension	Cosopt PF	suppository		packets+
ketorolac	Moxeza	Cystaran* (QL)	lansoprazole (QL)		Ocaliva* (PA)
latanoprost	Pazeo	Durezol	lansoprazole-		OsmoPrep+
moxifloxacin	Restasis	Eylea* (PA)	amoxicillin-		Pancreaze
neomycin-polymyxin-	Simbrinza	Illevro	clarithromycin		Pertzye
dexamethasone	Tobradex	Iluvien*	(combo pak)		Prepopik+
ofloxacin	ointment	Lotemax ointment	LaxaClear+		Prevacid (ST, QL)
olopatadine	Travatan Z	Lucentis* (PA)	mesalamine enema,		Protonix tablet,
polymyxin B sul-	Xiidra	Lumigan	1.2g tablet		suspension (ST, QL)
trimethoprim		Nevanac	metoclopramide		Protonix IV
prednisolone		Ozurdex*	metoclopramide ODT		Ravicti* (PA)
timolol		Pataday	Natura-Lax+		Rectiv
tobramycin		Patanol	omeprazole (QL)		Relistor (PA)
tobramycin-		Prolensa	ondansetron		Sancuso (PA, QL)
dexamethasone		Tobradex drops	ondansetron ODT		Sensipar*
		Tobradex ST	pantoprazole (QL)		sfRowasa
		Vigamox	PEG 3350-electrolyte+		Sucraid*
		Xalatan	PEG-Prep+		Suprep+
		Zioptan (ST, QL)	Phenadoz		Sustol (PA)
		Zirgan	Powderlax+		Symproic (PA)
		Zylet	promethazine		Transderm-Scop
			suppository		Varubi* (PA, QL)
			Promethegan		Viberzi
			Purelax+		Viokace
			rabeprazole (QL)		
			ranitidine		
			Smooth LAX+		
			sucralfate		
			TriLyte with flavor		
			packets+		
			ursodiol		

  

FEMININE PRODUCTS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
Fem pH		AVC
Gynazole 1		Relagard
miconazole 3		Terazol 7
terconazole		

  

GASTROINTESTINAL/HEARTBURN		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
Alophen+	Apriso	Aciphex (ST, QL)
alosetron*	Canasa	Aciphex Sprinkle (QL)
Anucort-HC	Carafate	Akynzeo* (PA, QL)
balsalazide	suspension	Amitiza
Bisa-Lax+	Creon	Carafate tablet
bisacodyl+	Dexilant (QL)	Cholbam* (PA)
chlordiazepoxide-	GoLYTELY	Clenpiq
clidinium	packets+	CoLyte with flavor
Clearlax+	Nexium (QL)	packets+
dicyclomine	Pentasa	Correctol+
diphenoxylate-	Zenpep	Diclegis
atropine		Donnatal
dronabinol		Dulcolax+
Ducodyl+		Entyvio* (PA)
esomeprazole (QL)		Gattex* (PA)
famotidine		Gialax+
Gavilax+		GoLYTELY solution+
Gavilyte-C+		

  

HORMONAL AGENTS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
Amabelz	Androderm	Activella
budesonide EC	(PA, QL)	Alora (QL)
cabergoline (QL)	AndroGel	AndroGel 1.0%
Covaryx	1.62% (PA,	(PA, QL)
Covaryx H.S.	QL)	Angeliq
desmopressin*	Armour	Armour Thyroid
dexamethasone	Thyroid	15mcg
dexamethasone	Cytomel	Aveed* (PA)
intensol	50mcg	Climara
EEMT	Divigel	Climara Pro
EEMT H.S.	Duavee	Combipatch
estradiol (QL)	Estring (QL)	Cytomel 5mcg,
estradiol-	Forteo*	25mcg
norethindrone	Ganirelix*	Deltasone



## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
<b>MISCELLANEOUS (cont)</b>						<b>NUTRITIONAL/DIETARY (cont)</b>					
			Naglazyme* (PA)			Prena1 Pearl			Renagel		
			NebuSal 6%			prenatal vitamin+			Renvela		
			Nuedexta (QL)			Prenatal+			Replesta NX+		
			Orfadin* (PA)			Right Step+			Replesta+		
			Strensiq* (PA)			sevelamer			Texavite LQ+		
			Syprine* (PA)			sodium fluoride+			Urosex+		
			Vimizim* (PA)			Super Daily D3+			Velphoro		
			VPRIV* (PA)			Thera-D+			Veltassa		
			Xenazine* (PA)			tri-vitamin with					
			Xeomin* (PA)			fluoride-iron+					
			Zavesca* (PA)			tri-vitamin with					
						fluoride+					
						Virt-PN DHA					
						Vitajoy Daily D+					
						vitamin D-400+					
						vitamin D2					
						vitamin D3+					
						vitamins A,C,D and					
						fluoride+					
						Zatean-PN DHA					
<b>MULTIPLE SCLEROSIS</b>						<b>OSTEOPOROSIS PRODUCTS</b>					
glatiramer* (PA)		Ampyra* (PA)		Lemtrada* (PA)		alendronate		Tymlos*		Actonel (ST)	
Glatopa* (PA)		Avonex* (PA)		Ocrevus* (PA)		alendronate 40mg(QL)				Atelvia (ST)	
		Betaseron* (PA)		Tysabri* (PA)		ibandronate*				Fosamax Plus D (ST)	
		Extavia* (PA)		Zinbryta* (PA)		raloxifene				Prolia* (PA)	
		Gilenya* (PA)				risedronate				Xgeva* (PA)	
		Plegridy* (PA)				risedronate DR					
		Rebif* (PA)									
		Tecfidera* (PA)									
<b>NUTRITIONAL/DIETARY</b>						<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>					
B-12 compliance		CitraNatal		Auryxia (QL)		acetaminophen-		Actemra* (PA)		Abstral (PA, QL)	
calcitriol		Fosrenol		Bio-D-Mulsion Forte+		codeine (PA, QL)		Cuprimine* (PA)		Actiq (PA, QL)	
calcium		powder		Bio-D-Mulsion+		acitretin		Depen* (PA)		Analpram HC	
cyanocobalamin		Klor-Con M15		CitraNatal Bloom		allopurinol		Embeda (PA, QL)		Benlysta* (PA)	
injection		K-Tab ER		Concept DHA		baclofen		Humira* (PA)		Butrans (QL)	
D3-2000+		20mEq		Escavite D+		buprenorphine (QL)		Hysingla ER (PA, QL)		Celebrex (ST, QL)	
D3-50+		Mephyton		Escavite+		butalbital-		Enbrel* (PA)		Cimzia* (PA)	
Decara+		Nestabs DHA		Feriva 21-7		acetaminophen-		Humira* (PA)		Colcrys	
Delta D3+		OB Complete		Ferralet 90		caffeine-codeine (PA, QL)		Hysingla ER (PA, QL)		Cosentyx* (PA)	
Dialyvit Vitamin D+		Prefera OB		Fosrenol tablet		butalbital-		Nucynta (PA, QL)		Duragesic (PA, QL)	
Dialyvit Vitamin D3		Prenate		Integra Plus		acetaminophen-		Otezla* (PA)		Esgic (QL)	
Max+		Tristart DHA		Irospan		caffeine (QL)		Proctofoam-HC		Euflexxa* (PA)	
D-Vi-Sol+		Vitafof		Just D+		carisoprodol		Rasuvo* (PA)		Fentora (PA, QL)	
FA-8+		VitaMedMD		K-Tab ER 8mEq,		celecoxib (QL)		Remicade* (PA)		Flector (ST, QL)	
folic acid+		One Rx		10mEq		colchicine		Savella		Gelsyn-3* (PA)	
Klor-Con		VitaPearl		Klor-Con 8, 10		cyclobenzaprine		Stelara* (PA)		Hyalgan vial*	
Klor-Con M10, M20		VP-PNV-DHA		KPN+		DermacinRx		Subsys (PA, QL)		Hyalgan syringe* (PA)	
Klor-Con Sprinkle				Maximum D3+		Empricaine		Uloric		Illaris* (PA)	
lanthanum carbonate				MVC-fluoride+		DermacinRx Prizopak				Kineret* (PA)	
levocarnitine				Nascobal		diclofenac 1% gel (QL)				Lazanda (PA, QL)	
multivitamin with				Optimal D3 M+							
fluoride+				Perry Prenatal+							
multivitamin-iron-				Phoslyra							
fluoride+				Physicians EZ Use							
Optimal D3+				B-12							
PNV-DHA				Poly-Vi-Flor With Iron+							
polyvitamins-fluoride+				Poly-Vi-Flor+							
potassium chloride				Quflora+							

# Cigna Performance 3-Tier Prescription Drug List

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

diclofenac ER	Xtampza ER (PA, QL)	Lidoderm
diclofenac-misoprostol		Maxalt (QL)
dihydroergotamine (QL)		Maxalt MLT (QL)
eletriptan (QL)		Mitigare
Endocet (PA, QL)		Monovisc* (PA)
etodolac		Nucynta ER (PA, QL)
etodolac ER		Onzetra Xsail (QL)
fenoprofen		Orencia* (PA)
Fenortho (ST)		Orthovisc* (PA)
fentanyl patch (PA, QL)		Otrexup* (PA)
Fioricet (QL)		Oxaydo (PA, QL)
frovatriptan (QL)		Pennsaid (ST)
Glydo		Percocet (PA, QL)
hydrocodone-acetaminophen (PA, QL)		Procort
hydromorphone (PA, QL)		Relpax (QL)
hydromorphone ER (PA, QL)		Simponi* (PA)
ibuprofen		Synvisc* (PA)
indomethacin		Synvisc-One* (PA)
indomethacin ER		Tremfya* (PA)
ketorolac (QL)		Voltaren (ST, QL)
leflunomide		Xeljanz XR* (PA)
lidocaine 5% ointment		Xeljanz* (PA)
lidocaine (QL)		Zebutal (QL)
lidocaine viscous		Zohydro ER (PA, QL)
lidocaine-prilocaine		
Lidopril		
Lidopril XR		
LiproZonePak		
Livixil Pak		
Lorcet (PA, QL)		
Lorcet HD (PA, QL)		
Lorcet Plus (PA, QL)		
Lortab (PA, QL)		
Medolor Pak		
meloxicam		
Metaxall		
metaxalone		
methocarbamol		
morphine (PA, QL)		
morphine ER (PA, QL)		
nabumetone		
naproxen		
naproxen DS		
oxycodone (PA, QL)		
oxycodone ER (PA, QL)		

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

oxycodone-acetaminophen (PA, QL)		
oxymorphone (PA, QL)		
oxymorphone ER (PA, QL)		
Prilolid		
Primlev (PA, QL)		
Profeno		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Verdrocet (PA, QL)		
Vicodin (PA, QL)		
Vicodin ES (PA, QL)		
Vicodin HP (PA, QL)		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		

## PARKINSON'S DISEASE

amantadine	Apokyn* (PA)	Azilect
benzotropine		Mirapex
bromocriptine		Mirapex ER
carbidopa-levodopa		Neupro
carbidopa-levodopa ER		Rytary
pramipexole		Sinemet
pramipexole ER		Sinemet CR
rasagiline		Tasmar
ropinirole		Xadago
ropinirole ER		

## SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole		Abilify Maintena (QL)
aripiprazole ODT		Aristada (QL)
chlorpromazine		Fanapt 12mg (ST)
haloperidol		Fanapt (ST, QL)
olanzapine		Invega Sustenna (QL)
olanzapine ODT		Invega Trinza (QL)
olanzapine-fluoxetine		Latuda (ST)
paliperidone ER		Rexulti (ST)
quetiapine		Saphris (ST)
quetiapine ER		Seroquel (ST)
risperidone		Seroquel XR (ST)
risperidone ODT		Vraylar (ST)
ziprasidone		

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>SEIZURE DISORDERS</b>			<b>SKIN CONDITIONS (cont)</b>		
carbamazepine carbamazepine ER clonazepam divalproex divalproex ER Epilex gabapentin lamotrigine lamotrigine ER lamotrigine ODT levetiracetam levetiracetam ER oxcarbazepine Roweepra topiramate topiramate ER 50mg	Keppra vial Lamictal Lamictal XR start kit Lyrica Vimpat tablet, solution	Aptiom Banzel (QL) Briviact Carbatrol Depakote Depakote ER Dilantin Fycompa Keppra tablet, solution Keppra XR Lamictal Lamictal ODT Lamictal XR Oxtellar XR Phenytek Qudexy XR Sabril* Spritam Tegretol Tegretol XR Topamax topiramate ER (25mg, 100mg, 150mg, 200mg) Trileptal Trokendi XR Vimpat vial	clotrimazole- betamethasone desonide doxepin econazole fluocinonide fluorouracil hydrocortisone imiquimod ketoconazole metronidazole mupirocin Myorisan (QL) Neuac gel nystatin-triamcinolone oxiconazole permethrin Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Rosadan Rosanil Scalacort lotion sulfacetamide-sulfur SSS 10-5 SulfaCleanse 8-4 tacrolimus ointment tretinoin cream, gel (PA) triamcinolone topical Triderm Zenatane (QL)		Soolantra Taclonex Taltz* (PA) Targretin* Tazorac 0.1% cream Tolak Topicort (ST) Tremfya* (PA) Tridesilon (ST) Umecta Uramaxin Veltin Xolegel
<b>SKIN CONDITIONS</b>			<b>SLEEP DISORDERS/SEDATIVES</b>		
acitretin acyclovir ointment adapalene (PA) Ala-Cort 2.5% Amnesteem (QL) AVAR cleanser AVAR-E cream BP 10-1 calcipotriene calcipotriene- betamethasone DP calcitrene Claravis (QL) Clindacin ETZ Clindacin P clindamycin clindamycin-benzoyl peroxide clindamycin-tretinoin clobetasol Clodan shampoo	Aczone 7.5% Azelex Denavir (QL) Epiduo Forte Eucrisa Exelderm Finacea Fluoroplex Naftin gel Santyl (QL) Tazorac gel, 0.05% cream	Acanya Aczone 5% Atralin (PA) Desonate (ST) Desowen (ST) Drysol Dupixent* (PA) Ecoza Efudex Elidel Enstilar Epiduo Exelderm cream Fabior Hydro 35 Hydro 40 Naftin cream Nizoral Onexton Picato Retin-A Micro (PA) Sklice	armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER	Belsomra (ST) Silenor (ST)	Rozerem (ST, QL) Xyrem* (PA)
			<b>SMOKING CESSATION</b>		
			bupropion SR (generic of Zyban)+ NicoDerm CQ+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+	Chantix Nicotrol Nicotrol NS	Nicorette+ Zyban



## Cigna Performance 3-Tier Prescription Drug List

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

buprenorphine	Bunavail	
buprenorphine- naloxone	Narcan	
naloxone	Probuphine	
naltrexone (QL)	Suboxone	
	Zubsolv	

### TRANSPLANT MEDICATIONS

azathioprine*	Prograf*	Astagraf XL*
mycophenolic acid*		Cellcept*
sirolimus*		Envarsus XR*
tacrolimus*		Myfortic*
		Neoral *
		Zortress*

### URINARY TRACT CONDITIONS

cevimeline	Cystagon*	Avodart
darifenacin ER	Elmiron	Jalyn
dutasteride	Thiola*	Procysbi* (PA)
finasteride		Pyridium
oxybutynin		Rapaflo
oxybutynin ER		
phenazopyridine		
potassium citrate ER		
tamsulosin		
tolterodine		
tolterodine ER		
tropium		
tropium ER		



## 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 the full cost of the medication. **We want you to know your plan covers other medications that offer similar health outcomes.**^^ We've listed some below. **You should call your doctor's office to talk about your options.**

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto injector
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g., fluticasone)
	QNASL Children	budesonide fluticasone triamcinolone
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil	clomipramine
	Aplenzin	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline
	Parnate	tranylcypromine
	Pexeva	paroxetine
	Tofranil	imipramine
Wellbutrin XL	bupropion XL	
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco ArmonAir RespiClick Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA	QVAR/QVAR Redihaler
	Bevespi	Anoro Ellipta
	Utibron Neohaler	Stilto Respimat
	Dulera	Advair Diskus Advair HFA Breo Ellipta
	Elixophyllin	theophylline
	Proventil HFA	ProAir HFA
	Ventolin HFA Xopenex HFA	ProAir RespiClick
	Seebri Neohaler	Spiriva
	Tudorza Pressair	Spiriva Respimat

^^ These medications require approval from Cigna before they may be covered by your plan. If your doctor feels that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ASTHMA/COPD/RESPIRATORY ( <i>cont</i> )	Zyflo	montelukast zafirlukast
	Zyflo CR	zileuton ER
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT	dexmethylphenidate ER methylphenidate ER/CD/LA
	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
	Mydayis	dextroamphetamine ER amphetamine/dextroamphetamine ER
BLOOD PRESSURE/HEART MEDICATIONS	Betapace	sotalol
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Isordil Isordil Titrados	isosorbide dinitrate
	Lanoxin	Digitek digoxin
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	IR or EC aspirin
CANCER	Nilandron	nilutamide
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Lipitor	atorvastatin
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER promethazine-codeine
DENTAL PRODUCTS	Arestin	minocycline ER
DIABETES	Accu-Chek, Contour, Freestyle, all other test strips and meters	OneTouch test strips and meters
	Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	Fortamet Glumetza metformin ER (generic Fortamet and Glumetza)	metformin ER (generic Glucophage XR)
	Invokamet Invokamet XR	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga
	Jentadueto Jentadueto XR Kazano Nesina Oseni Tadjenta	Janumet, Janumet XR
	Lantus Toujeo	Basaglar, Levemir, Tresiba
	Tanzeum Victoza	Bydureon, Byetta, Trulicity

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
DIURETICS	Edecrin	bumetanide	
	ethacrynic acid	furosemide torsemide	
GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository	
	Asacol-HD Colazal Delzicol Dipentum Giazo mesalamine 800mg tablet	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR	
	Librax	chlordiazepoxide-clidinium	
	Lotronex	alosetron	
	Marinol	dronabinol	
	Nexium	esomeprazole	
	Omeclamox-Pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)	
	OmePPI omeprazole-bicarbonate Zegerid	omeprazole	
	Pepcid	famotidine	
	Prevacid Solutab	lansoprazole	
	Rowasa	mesalamine enema	
	Syndros	dronabinol	
	Trulance	Amitiza, Linzess	
	Zofran	ondansetron	
	Zofran ODT	ondansetron ODT	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Fortesta Natesto Testim Vogelxo	AndroGel 1.62% testosterone
		Cortrosyn	cosyntropin
		DDAVP	desmopressin
Dexpak Zonacort Zodex		dexamethasone	
Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton		Humatrope (PA)	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
HORMONAL AGENTS <i>(cont)</i>	Hectorol	doxercalciferol
	Rayos	prednisone prednisone intensol
	Uceris tablet	budesonide EC
INFECTIONS	Acticlate Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule Ximino	Generic products (e.g., doxycycline, minocycline)
	Augmentin/ES/XR	amoxicillin-clavulanate ER
	Bethkis Tobi	Kitabis Pak tobramycin
	Diflucan	fluconazole
	E.E.S. 200 Eryped 400	erythromycin
	Mepron	atovaquone
	Mycobutin	rifabutin
	Onmel	itraconazole terbinafine
	Sitavig	acyclovir
	Sporanox	itraconazole
	Targadox	tobramycin
	Valcyte	valganciclovir
	Vancocin	vancomycin
	Zovirax	acyclovir
INFERTILITY	Bravelle Gonal-F	Follistim AQ (PA)
MISCELLANEOUS	Horizant	gabapentin
MULTIPLE SCLEROSIS	Copaxone	Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Rebif, Tecfidera
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Belbuca	buprenorphine
	Bupap	butalbital-acetaminophen Tencon

^^ These medications require approval from Cigna before they may be covered by your plan. If your doctor feels that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Cambia diclofenac 1.5% drops Duexis Naprelan naproxen CR naproxen ER Pennsaid Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)
	Conzip	tramadol tramadol ER
	D.H.E. 45	dihydroergotamine
	Duzallo	allopurinol, probenecid, Uloric
	Gralise	gabapentin
	Imitrex Sumavel DosePro Zembrace SymTouch	sumatriptan
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)
	Lorzone	chlorzoxazone
	Migranal	dihydroergotamine
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)
	Roxicodone	oxycodone
	Sprix	ketorolac
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	Vanatol LQ	butalbital-acetaminophen-caffeine
	Zomig	zolmitriptan sumatriptan
	Zomig ZMT	zolmitriptan ODT
PARKINSON'S DISEASE	Gocovri	amantadine
	Lodosyn	carbidopa
	Requip XL	ropinirole ER
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	Fazaclo Versacloz	clozapine clozapine ODT
	Geodon	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Mysoline	primidone

^^ These medications require approval from Cigna before they may be covered by your plan. If your doctor feels that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Ziana	tretinoin clindamycin-benzoyl peroxide
	Aldara	imiquimod cream
	Anusol-HC cream	hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC
	Bensal HP	salicylic acid
	Benzaclin Duac Neuac Kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Cutivate	Generic topical steroid (e.g. betamethasone)
	diclofenac 3% gel Solaraze	Fluoroplex fluorouracil imiquimod Picato
	Ertaczo Extina Luzu Vusion	ketoconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Locoid Locoid Lipocream	hydrocortisone
	Loprox cream, kit	ciclopirox
	Noritrate	metronidazole Rosadan
	Oxistat	clotrimazole econazole ketoconazole
	Penlac	Ciclodan ciclopirox
	Plexion	sodium sulfacetamide-sulfur
	Prudoxin Zonalon	doxepin
	Salex	salicylic acid

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS <i>(cont)</i>	Sernivo	betamethasone fluocinonide hydrocortisone
	Siliq	Enbrel (PA) Humira (PA) Remicade (PA) Stelara (PA)
	Soriatane	acitretin
	Trianex	triamcinolone Triderm
	Ultravate lotion	clobetasol
	Vanos	fluocinonide
	Verdeso Xerese	desonide acyclovir hydrocortisone
	Ziana	tretinoin clindamycin-benzoyl peroxide
	Zonalon	doxepin
	Zyclara	imiquimod
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Detrol Detrol LA Ditropan XL Enablex Gelnique Myrbetriq Oxytrol Toviaz VESIcare	darifenacin ER oxybutynin ER tolterodine ER trospium ER

^^ These medications require approval from Cigna before they may be covered by your plan. If your doctor feels that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

## Prescription drug list FAQs

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

### Why do you make changes to the drug list?

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

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1<sup>st</sup> and July 1<sup>st</sup>.
- › Adding requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

It's important to know that when a medication changes tiers or is no longer covered, you may pay a different amount to fill that medication.

### 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 isn't covered by your plan and your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

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 medications 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 medicines) may be available to you at no cost-share (\$0), depending on your plan. Log in to the **myCigna** website or app 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 on **Cigna.com/druglist**.

For more information about health care reform, visit **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 or devices covered under standard pharmacy benefit plans. We review all newly approved medications to determine if they should be covered – and if so, at what tier level.



## Prescription drug list FAQs (cont)

If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

Use the Drug Cost tool on the **myCigna** website or app to estimate how much your medication may cost<sup>2</sup> and view lower cost alternatives, if available.

### 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. Talk with your doctor to find out if one of these options may work for you.

### What's the difference between brand name and generic medications?

The FDA requires generic equivalent medications to have the same quality and performance as brand name medications. A generic medication is the same as a brand name equivalent medication in dosage form, active ingredient, strength, route of administration, quality, performance characteristics and intended use. Generics typically cost much less than brand name medications – in some cases, up to 80%–85% less.<sup>3</sup> Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

### How can I get help with my specialty medication?

Cigna Specialty Pharmacy Services<sup>SM</sup> can help you manage your health and prescription needs. Our therapy management teams, made up of pharmacists and health advocates with nursing backgrounds, provide personalized, 24/7 support. They'll help you get approval for coverage of your medication, make sure your medication is the right dose, help you work

through any side effects, make sure you have any supplies you need, set up the delivery of your medication through Cigna Specialty Pharmacy (our home delivery pharmacy) and give you information about the financial assistance programs available (if you need help paying for your medication).

Call **800.351.3606** if you have questions or need help transferring your prescription. To learn more about the services they provide, you can also go to [cigna.com/specialty-pharmacy-services](https://cigna.com/specialty-pharmacy-services).

### Can I fill my prescriptions by mail?

If you take a medication every day 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 Cigna Home Delivery Pharmacy.<sup>SM 4</sup> To get started, call **800.835.3784**. To learn more about the services they provide, go to [cigna.com/home-delivery-pharmacy](https://cigna.com/home-delivery-pharmacy).

If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Cigna Specialty Pharmacy (our home delivery pharmacy).<sup>4</sup> To get started, call **800.351.3606**. To learn more about the services they provide, go to [cigna.com/specialty-pharmacy-services](https://cigna.com/specialty-pharmacy-services).

### Where can I find more information about my prescription medication plan?

Use the online tools and resources on the **myCigna** website or app to help you better understand your pharmacy benefits. You can view your drug list or search for a specific medication, use Drug Cost tool to estimate how much your medications may cost, find an in-network pharmacy near you, review your pharmacy claims and payment history, and fill and track your home delivery orders.

## Exclusions and limitations

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:<sup>5</sup>

- › over-the-counter (OTC) medications (medications that do not require a prescription) except insulin unless state or federal law requires coverage of such drugs;
- › prescription drugs or supplies for which there is a non-prescription or OTC therapeutic alternative;
- › physician-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or authorized 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 drugs used for purposes other than those approved by the FDA unless the drug 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 drugs;
- › 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 drugs and related supplies due to loss or theft;
- › drugs 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

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved drug 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 authorized 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 require health insurance plans to cover your medications 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, your plan can't make these changes until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.
2. Prices are not guaranteed, and even though a price is displayed in the Drug Cost tool, 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. Coverage and pricing may change. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown in the Drug Cost tool.
3. U.S. Food and Drug Administration (FDA) website, "Facts About Generic Drugs." Last updated 06/28/16.
4. Plans vary, so some plans may not include Cigna Specialty Pharmacy Services or Cigna Home Delivery Pharmacy. Please check your plan materials for more information on what pharmacies are covered under your plan.
5. 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.

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