



CIGNA PERFORMANCE 4-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.



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 Legacy Prescription Drug List as of July 1, 2018.¹ 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 Legacy Prescription Drug List.

TIER 1 \$	TIER 2 \$\$
INFECTIONS	
acyclovir	Albenza
adefovir**	Baraclude solution**
amoxicillin	Ceftin
amoxicillin ER	Cipro
amoxicillin-clavulanate ER	Daklinza** (PA)
amoxicillin-clavulanate	Daraprim (PA)
atovaquone	E.E.S. 400
avidoxy	Eryped 400
azithromycin	Ery-Tab
cefdinir	Harvoni** (PA)
cefixime	Kitabis Pak*
cefprozil	Sovaldi** (PA)
cefuroxime	Stromectol
cephalexin	Tamiflu (QL)
ciprofloxacin	Thalomid** (PA)
clarithromycin	Uretron D-S
clarithromycin ER	Vibramycin
clindamycin	
doxycycline	

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

Oral specialty medications have a double asterisk (**) listed next to them

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

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

Medications that have 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 Legacy 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)	\$\$\$
› Tier 4 – Specialty Medications	(Highest-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, injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Specialty medications are typically covered on Tier 4 (see page 16), but some are covered on a lower tier. In this drug list, those medications are listed alphabetically by condition. Your plan may cover oral specialty medications differently than injectable specialty medications, 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 carat (^) 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
ALLERGY/NASAL SPRAYS	6	EYE CONDITIONS	10
ALZHEIMER'S DISEASE	6	FEMININE PRODUCTS	11
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	GASTROINTESTINAL/HEARTBURN	11
ASTHMA/COPD/RESPIRATORY	6	HORMONAL AGENTS	11, 12
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	INFECTIONS	12
BLOOD MODIFIERS/BLEEDING DISORDERS	7	INFERTILITY	12
BLOOD PRESSURE/HEART MEDICATIONS	7	MISCELLANEOUS	12
BLOOD THINNERS/ANTI-CLOTTING	7	NUTRITIONAL/DIETARY	12, 13
CANCER	7	OSTEOPOROSIS PRODUCTS	13
CHOLESTEROL MEDICATIONS	7, 8	PAIN RELIEF AND INFLAMMATORY DISEASE	13, 14
CONTRACEPTIVE PRODUCTS	8, 9	PARKINSON'S DISEASE	14
COUGH/COLD MEDICATIONS	9, 10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	14
DENTAL PRODUCTS	10	SEIZURE DISORDERS	14
DIABETES	10	SKIN CONDITIONS	14, 15
DIURETICS	10	SLEEP DISORDERS/SEDATIVES	15
EAR MEDICATIONS	10	SMOKING CESSATION	15
ERECTILE DYSFUNCTION	10	SUBSTANCE ABUSE	15
		URINARY TRACT CONDITIONS	15

Cigna Performance 4-Tier Prescription Drug List

Specialty medications covered on Tier 4 are listed on page 16.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ALLERGY/NASAL SPRAYS

Adyphren		Clarinet
Adyphren Amp		Clarinet-D 12 Hour
azelastine		EpinephrineSnap-V
cromolyn		EPIsnap
cyproheptadine		Karbinal ER
desloratadine		Ryvent
epinephrine auto-injector (QL)		
fluticasone		
hydroxyzine		
ipratropium		
mometasone spray (QL)		
olopatadine		
phenergan		
promethazine		

ALZHEIMER'S DISEASE

donepezil	Mestinon syrup	Mestinon tablet
donepezil ODT	Namenda	Namenda
memantine	titration pack	Namenda XR
pyridostigmine		Namenda XR titration pack (QL)
pyridostigmine ER		Namzaric (QL)
rivastigmine		Regonol

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Effexor XR (ST, QL)
alprazolam ER		Fetzima (ST, QL)
alprazolam intensol		Forfivo XL (ST, QL)
alprazolam ODT		Pristiq 50mg (ST)
alprazolam XR		Pristiq 25mg, 100mg (ST, QL)
amitriptyline		Prozac (ST, QL)
bupropion (QL)		Sarafem (ST)
bupropion SR (QL)		Trintellix (ST)
bupirone		Viibryd (ST)
citalopram (QL)		Wellbutrin SR (ST, QL)
clomipramine		Xanax
desvenlafaxine ER 50mg		Xanax XR
desvenlafaxine ER 25mg, 100mg (QL)		Zoloft (ST, QL)
diazepam		
duloxetine (QL)		
escitalopram (QL)		
fluoxetine (QL)		
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)

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

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Arcapta Neohaler
budesonide	Advair HFA	Daliresp (QL)
ipratropium-albuterol	Anoro Ellipta	Pulmicort
levalbuterol HFA	Atrovent HFA	
montelukast	Breo Ellipta	
	Combivent	
	Respimat	
	Incruse Ellipta	
	ProAir HFA	
	ProAir RespiClick	
	Pulmicort	
	Flexhaler	
	QVAR	
	QVAR Redihaler	
	Serevent Diskus	
	Spiriva	
	Spiriva Respimat	
	Stiolto Respimat	
	Striverdi	
	Respimat	
	Symbicort	
	Trelegy Ellipta (ST)	
	Ventolin HFA	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine	Vyvanse	Adderall (ST)
dexmethylphenidate		Adderall XR (ST)
dexmethylphenidate ER		Adzenys ER (ST)
dextroamphetamine-amphetamine ER		Adzenys XR-ODT (ST)
dextroamphetamine-amphetamine		Aptensio XR (ST)
guanfacine ER		Concerta (ST)
Metadate ER		Dyanavel XR (ST)
methylphenidate		Evekeo (ST)
		Focalin (ST)
		Focalin XR (ST)
		Methylin (ST)

Cigna Performance 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)

methylphenidate CD		Quillichew ER (ST)
methylphenidate ER		Quillivant XR (ST)
methylphenidate LA		Ritalin LA 10mg Ritalin (ST) Ritalin LA (ST) Strattera

BLOOD MODIFIERS/BLEEDING DISORDERS

Droxia		
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BLOOD PRESSURE/HEART MEDICATIONS

Afeditab CR	Bystolic	Azor
amlodipine	Byvalson	Bayer Chewable
amlodipine- benazepril	Coreg CR	Aspirin ⁺
amlodipine- olmesartan	Corlanor (PA)	Benicar (ST)
amlodipine- valsartan	Entresto (PA)	Benicar HCT (ST)
amlodipine- valsartan-HCTZ	Multaq	BiDil (QL)
Aspir 81 ⁺	Nitro-Dur 0.3mg, 0.8mg	Cardizem LA Cozaar (ST)
Aspir-Low ⁺	Tekturna	Diovan (ST)
atenolol	Tekturna HCT	Diovan HCT (ST)
atenolol- chlorthalidone		Edarbi (ST)
benazepril		Edarbyclor (ST)
benazepril-HCTZ		Epaned (ST)
Bufferin ⁺		Exforge
candesartan		Hemangeol
Cartia XT		Hyzaar (ST)
carvedilol		Inderal LA
clonidine		Inderal XL
Digitek		Innopran XL
Digox		Lotrel
digoxin		Micardis (ST)
diltiazem		Nitro-Dur 0.2mg, 0.4mg 0.6mg
diltiazem 24hr CD		Nitrolingual
diltiazem ER		Nitromist
Dilt-XR		Nitrostat
dofetilide (QL)		Norvasc
doxazosin		Ranaxa (ST, QL)
Ecotrin ⁺		Tiazac
EcPirin ⁺		Tikosyn (QL)
enalapril		Tribenzor
flecainide		Vasotec (ST)
hydralazine		
irbesartan		
isosorbide		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS (cont)

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		

BLOOD THINNERS/ANTI-CLOTTING

aspirin- dipyridamole ER	Brilinta	Coumadin
clopidogrel	Effient	Pradaxa
Jantoven	Eliquis	Savaysa
prasugrel	Xarelto	Zontivity
warfarin		

CANCER

anastrozole	Gleostine	Arimidex
exemestane		Fareston (QL)
letrozole		
mercaptopurine		
raloxifene+		
tamoxifen ⁺		

CHOLESTEROL MEDICATIONS

atorvastatin	Welchol	Crestor (ST)
atorvastatin 10mg, 20mg ⁺		Livalo (ST)
ezetimibe		Vascepa
fenofibrate		Vytorin (ST)
		Zetia

Cigna Performance 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CHOLESTEROL MEDICATIONS (cont)

fenofibric acid		
fluvastatin 20mg, 40mg+		
fluvastatin ER 80mg+		
lovastatin 20mg, 40mg+		
niacin ER		
Niacor		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin		
rosuvastatin 5mg, 10mg+		
simvastatin		
simvastatin 10mg, 20mg, 40 mg+		
simvastatin 80mg (QL)		
Triklo		

CONTRACEPTIVE PRODUCTS

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

Aftera+	Beyaz	Caya Contoured+
Altavera+	Lo Loestrin FE	Ella+
Alyacen+	NuvaRing+	Estrostep FE
Amethia Lo+	Taytulla	FC2 Female Condom+
Amethia+		Femcap+
Amethyst+		LoSeasonique
Apri+		Microgestin+
Aranelle+		Minastrin 24 FE
Ashlyna+		Seasonique
Aubra+		Wide Seal
Aviane+		Diaphragm+
Azurette+		
Balziva+		
Bekyree+		
Blisovi 24 FE+		
Blisovi FE+		
Briellyn+		
Camila+		
Camrese Lo+		
Camrese+		
Caziant+		
Chateal+		
Cryselle+		
Cyclafem+		

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.

Cyred+		
Dasetta+		
Daysee+		
Deblitane+		
Delyla+		
desogestrel-ethinyl estradiol+		
drospirenone- ethinyl estradiol		
drospirenone- ethinyl estradiol- levomefibrate+		
drospirenone- ethinyl estradiol+		
Econtra EZ+		
Elinest+		
Emoquette+		
Enpresse+		
Enskyce+		
Errin+		
Estartylia+		
ethynodiol-ethinyl estradiol+		
Falmina+		
Fayosim+		
Femynor+		
Gianvi+		
Gildagia+		
Gynol II+		
Heather+		
Introvale+		
Isibloom+		
Jencycla+		
Jolessa+		
Jolivette+		
Juleber+		
Junel FE 24+		
Junel FE+		
Junel+		
Kaitlib FE+		
Kariva+		
Kelnor 1-35+		
Kimidess+		
Kurvelo+		
Larin 24 FE+		
Larin FE+		
Larin+		

Cigna Performance 4-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.

Larissa+
 Leena+
 Lessina+
 Levonest+
 levonorgestrel-
 ethinyl estradiol+
 Levora-28+
 Lillow+
 Loryna+
 Low-Ogestrel+
 Luter+
 Lyza+
 Marlissa+
 medroxyprogesterone
 150mg/ml+
 Melodetta 24 FE+
 Mibelas 24 FE+
 Microgestin FE+
 Mono-Linyah+
 Mononessa+
 My Way+
 Myzila+
 Necon 0.5/35+
 Necon 7/7/7+
 Nikki+
 Nora-BE+
 norethin-ethinyl
 estradiol-ferrous
 fumarate+
 norethindrone-
 ethinyl estradiol+
 norethindrone+
 norgestimate-ethinyl
 estradiol+
 Norgestrel/ethinyl
 estradiol+
 Norlyda+
 Norlyroc+
 Nortrel+
 Ocella+
 Opcicon One-Step+
 Option 2+
 Orsythia+
 Philith+
 Pimtrea+
 Pirmella+
 Portia+
 Previfem+

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.

Quasense+
 Rajani+
 Reclipsen+
 Rivelsa+
 Setlakin+
 Sharobel+
 Sprintec+
 Sronyx+
 Syeda+
 Tarina FE+
 Tilia FE+
 Today Contraceptive
 Sponge+
 Tri Femynor+
 Tri-Estarylla+
 Tri-Legest FE+
 Tri-Linyah+
 Tri-Lo-Estarylla+
 Tri-Lo-Marzia+
 Tri-Lo-Sprintec+
 Tri-Previfem+
 Tri-Sprintec+
 Trinessa Lo+
 Trinessa+
 Trivora-28+
 VCF+
 Velivet+
 Vestura+
 Vienva+
 Viorele+
 Vyfemia+
 Wera+
 Wymzya FE+
 Xulane+
 Zarah+
 Zenchent+
 Zovia 1-35e+
 Zovia 1-50e+

COUGH/COLD MEDICATIONS

benzonatate	Flowtuss (QL)
Bromfed DM	Hycofenix (QL)
brompheniramine- pseudoephedrine- DM	Tuzistra XR (QL)
hydrocodone- chlorpheniramine ER (QL)	

Cigna Performance 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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COUGH/COLD MEDICATIONS (cont)

hydrocodone-
homatropine (QL)
Hydromet (QL)
promethazine-
codeine (QL)
Tussigon (QL)

DENTAL PRODUCTS

TIER 1	TIER 2	TIER 3
chlorhexidine rinse	Fluorabon	Clinpro 5000
Denta 5000 Plus	Prevident 5000	Prevident
Dentagel		Prevident 5000 Plus
doxycycline		
fluoride		
Fluoridex		
Fluoritab		
Flura-Drops		
Ludent Fluoride		
Oralone		
Paroex		
Peridex		
Periogard		
SF		
SF 5000 Plus		
sodium fluoride		
triamcinolone paste		

DIABETES

TIER 1	TIER 2	TIER 3
glimepiride	Basaglar	Cycloset
glipizide	Bydureon (QL)	Glucophage
glipizide ER	Byetta	Glucophage XR
glipizide XL	Farxiga	Riomet
metformin	GlucaGen	VGo
metformin ER (generic of Glucophage XR)	HypoKit (QL) Glucagon Emergency Kit (QL)	
	Glyxambi	
	Humalog	
	Humulin	
	Janumet	
	Janumet XR	
	Januvia	
	Jardiance	
	Kombiglyze XR	
	Levemir	
	OneTouch test strips and meters	
	Onglyza	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIABETES (cont)

QTERN
Soliqua
SymlinPen
Synjardy
Synjardy XR
Tresiba
Trulicity (QL)
Xigduo XR
Xultophy

DIURETICS

TIER 1	TIER 2	TIER 3
acetazolamide	Diuril	Dyazide
chlorthalidone	Dyrenium	Lasix
eplerenone		Maxzide
furosemide		
hydrochlorothiazide		
spironolactone		
triamterene-HCTZ		

EAR MEDICATIONS

TIER 1	TIER 2	TIER 3
neomycin- polymyxin-HC ofloxacin		Cipro HC Ciprodex

ERECTILE DYSFUNCTION

TIER 1	TIER 2	TIER 3
sildenafil (PA, QL)	Cialis (PA, QL) Muse (PA, QL)	Levitra (PA, ST, QL) Staxyn (PA, ST, QL) Viagra (PA, ST, QL)

EYE CONDITIONS

TIER 1	TIER 2	TIER 3
azelastine	Alphagan P 0.1%	Acuvail
bacitracin	Azasite	Alphagan P 0.15%
brimonidine	Azopt	Alex
ciprofloxacin	Betimol	Bepreve
dorzolamide-timolol	Betoptic S	Besivance
erythromycin	Lotemax drops, suspension	Bromsite
fluorometholone	Moxeza	Combigan
gatifloxacin	Pazeo	Cosopt PF
ketorolac	Restasis	Durezol
latanoprost	Simbrinza	Ilevro
moxifloxacin	Tobradex	Lotemax ointment
neomycin- polymyxin- dexamethasone	Tobradex ointment	Lumigan
ofloxacin	Travatan Z	Nevanac
olopatadine	Xiidra	Pataday
polymyxin B sul- trimethoprim		Patanol
prednisolone		Prolensa
timolol		Tobradex drops
tobramycin		Tobradex ST
tobramycin- dexamethasone		Vigamox
		Xalatan
		Zioptan (ST, QL)
		Zirgan
		Zylet

Cigna Performance 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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FEMININE PRODUCTS

Gynazole 1		AVC
miconazole 3		Relagard
terconazole		Terazol 7

GASTROINTESTINAL/HEARTBURN

Alophen+	Apriso	Aciphex (ST, QL)
Anucort-HC	Canasa	Aciphex Sprinkle (QL)
balsalazide	Carafate	Amitiza
Bisa-Lax+	suspension	Carafate tablet
bisacodyl+	Creon	Clenpiq
chlordiazepoxide-	Dexilant (QL)	CoLyte with flavor
clidinium	GoYTELY	packets+
Clearlax+	packets+	Correctol+
dicyclomine	Nexium (QL)	Diclegis
diphenoxylate-	Pentasa	Donnatal
atropine	Zenpep	Dulcolax+
dronabinol		Gialax+
Ducodyl+		GoLYTELY solution+
esomeprazole (QL)		Kristalose
famotidine		Lialda (ST)
Gavilax+		Linzess
Gavilyte-C+		Miralax+
Gavilyte-G+		Movantik (PA)
Gavilyte-N+		MoviPrep+
GentleLax+		Nulytely with flavor
Glycolax+		packets+
HealthyLax+		OsmoPrep+
Hemmorex-HC		Pancreaze
hydrocortisone		Pertzye
suppository		Prepopik+
lansoprazole (QL)		Prevacid (ST, QL)
lansoprazole-		Protonix IV
amoxicillin-		Protonix tablet,
clarithromycin		suspension (ST, QL)
(combo pak)		Rectiv
LaxaClear+		Relistor (PA)
mesalamine enema,		Sancuso (PA, QL)
1.2g tablet		sfRowasa
metoclopramide		Suprep+
metoclopramide		Sustol (PA)
ODT		Symproic (PA)
Natura-Lax+		Transderm-Scop
omeprazole (QL)		Viberzi
ondansetron		Viokace
ondansetron ODT		
pantoprazole (QL)		
PEG		
3350-electrolyte+		
PEG-Prep+		
Phenadoz		
Powderlax+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN (cont)

promethazine		
suppository		
Promethegan		
Purelax+		
rabeprazole (QL)		
ranitidine		
Smooth LAX+		
sucralfate		
TriLyte with flavor		
packets+		
ursodiol		

HORMONAL AGENTS

Amabelz	Androderm	Activella
budesonide EC	(PA, QL)	Alora (QL)
cabergoline (QL)	AndroGel 1.62%	AndroGel 1.0%
Covaryx	(PA, QL)	(PA, QL)
Covaryx H.S.	Armour Thyroid	Angeliq
desmopressin	Cytomel 50mcg	Armour Thyroid
dexamethasone	Divigel	15mg
dexamethasone	Duavee	Climara
intensol	Estring (QL)	Climara Pro
EEMT	Premarin	Combipatch
EEMT H.S.	Premphase	Cytomel 5mcg,
estradiol (QL)	Prempro	25mcg
estradiol-	Synthroid	Deltasone
norethindrone		Depo-Testosterone
estrogen-		Elestrin
methyltestosterone		Entocort EC
levothyroxine		Estrace
Levoxyl		Estrogel
liothyronine		Evamist
Locort		Femring
medroxyprogesterone		Levo-T
methimazole		Menostar (QL)
methylprednisolone		Minivelle (QL)
Millipred		Ospkena
Millipred DP		Royaldee
Mimvey		Striant (PA, QL)
Mimvey Lo		Testopel (PA)
Nature-Throid		Tirosint
norethindrone		Unithroid
NP Thyroid		Vagifem (QL)
prednisolone		Vivelle-Dot (QL)
prednisolone ODT		
prednisone		
prednisone intensol		
progesterone		
testosterone		
(PA, QL)		

Cigna Performance 4-Tier Prescription Drug List

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HORMONAL AGENTS (cont)

testosterone
cypionate
thyroid
Unithroid 75mcg
Westhroid
WP Thyroid
Yuvaferm (QL)

INFECTIONS

acyclovir	Albenza	Alinia
amoxicillin	Biltricide	Bactrim
amoxicillin-clavulanate ER	Ceftin 125mg	Bactrim DS
amoxicillin-clavulanate	Cipro suspension	Ceftin 250mg
atovaquone	Tamiflu	Cleocin
atovaquone-proguanil	suspension (QL)	Clindesse
Avidoxy		Cresemba (PA)
azithromycin		Dificid (PA)
cefdinir		E.E.S. 400
cefixime		Eryped 200
cefuroxime		Ery-Tab
cephalexin		Minocin
ciprofloxacin		Monurol
clarithromycin		Noxafil
clarithromycin ER		PCE
clindamycin		Plaquenil
Coremino		Sulfatrim
dapsone		Suprax
Doxy 100		Tamiflu capsule (QL)
doxycycline		Uretron D-S
doxycycline IR-DR		Uribel
Emverm		Urogesic-Blue
erythromycin		UTA
famciclovir		Valtrex
fluconazole		Vibramycin
hydroxychloroquine		Xifaxan
itraconazole		Zithromax
levofloxacin		Zmax
metronidazole		
minocycline		
minocycline ER		
Mondoxyne NL		
Morgidox capsule		
moxifloxacin tablet		
nitrofurantoin		
nystatin		
Okebo		
oseltamivir (QL)		
penicillin V		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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INFECTIONS (cont)

sulfamethoxazole-trimethoprim
terbinafine
tetracycline
tinidazole
tinidazole
valacyclovir
valganciclovir
vancomycin
vandazole
voriconazole (PA)

INFERTILITY

clomiphene	Crinone	
	Endometrin	

MISCELLANEOUS

disulfiram	TechLITE lancets	Addyi (QL)
NebuSal 3%		Hyper-Sal
PulmoSal		NebuSal 6%
sodium chloride		Nuedexta (QL)

NUTRITIONAL/DIETARY

FA-8+	CitraNatal	Auryxia (QL)
B-12 compliance	Fosrenol powder	Bio-D-Mulsion Forte+
calcitriol	Klor-Con M15	Bio-D-Mulsion+
calcium	K-Tab ER 20mEq	CitraNatal Bloom
cyanocobalamin injection	Mephyton	Concept DHA
D-Vi-Sol+	Nestabs DHA	Escavite D+
D3-2000+	OB Complete	Escavite+
D3-50+	Prefera OB	Feriva 21-7
Decara+	Prenate	Ferralet 90
Delta D3+	Tri-Vi-Flor+	Fosrenol tablet
Dialyvite Vitamin D+	Tristart DHA	Integra Plus
Dialyvite Vitamin D3 Max+	Vitafof	Irospan
folic acid+	vitaMedMD One Rx	Just D+
Klor-Con	vitaPearl	K-Tab ER 8mEq, 10mEq
Klor-Con M10, M20	VP-PNV-DHA	Klor-Con 8, 10 KPN+
Klor-Con Sprinkle		Maximum D3+
lanthanum carbonate		MVC-fluoride+
levocarnitine		Nascobal
multivitamin with fluoride		Optimal D3 M+
multivitamin-iron-fluoride+		Perry Prenatal+
Optimal D3+		Phoslyra
PNV-DHA		Physicians EZ Use B-12
polyvitamins-fluoride+		Poly-Vi-Flor With Iron+
		Poly-Vi-Flor+

Cigna Performance 4-Tier Prescription Drug List

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NUTRITIONAL/DIETARY (cont)

potassium chloride		Quflora+
Prena1 Pearl		Renagel
prenatal vitamin+		Renvela
Prenatal+		Replesta NX+
Right Step+		Replesta+
sevelamer		Texavite LQ+
sodium fluoride+		Urosex+
Super Daily D3+		Velphoro
Thera-D+		Veltassa
tri-vitamin with fluoride-iron+		
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		

OSTEOPOROSIS PRODUCTS

alendronate		Actonel (ST)
alendronate 40mg (QL)		Atelvia (ST)
ibandronate		Fosamax Plus D (ST)
raloxifene		
risedronate		
risedronate DR		

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA, QL)	Embeda (PA, QL)	Abstral (PA, QL)
acitretin	Hysingla ER (PA, QL)	Actiq (PA, QL)
allopurinol	Nucynta (PA, QL)	Analpram HC
baclofen	Proctofoam-HC	Butrans (QL)
buprenorphine (QL)	Savella	Celebrex (ST, QL)
butalbital-acetaminophen-caffeine-codeine (PA, QL)	Subsys (PA, QL)	Colcrys
butalbital-acetaminophen-caffeine (QL)	Uloric	Duragesic (PA, QL)
carisoprodol	Xtampza ER (PA, QL)	Esgic (QL)
celecoxib (QL)		Fentora (PA, QL)
colchicine		Fexmid
cyclobenzaprine		Flector (ST, QL)
		Lazanda (PA, QL)
		Lidoderm
		Maxalt (QL)
		Maxalt MLT (QL)
		Mitigare
		Nucynta ER (PA, QL)
		Onzetra Xsail (QL)
		Oxaydo (PA, QL)

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

DermacinRx		Pennsaid (ST)
Empricaine		Percocet (PA, QL)
DermacinRx		Procort
Prizopak		Relpax (QL)
diclofenac 1% gel (QL)		Voltaren (ST, QL)
diclofenac ER		Zebutal (QL)
diclofenac-misoprostol		Zohydro ER (PA, QL)
dihydroergotamine (QL)		
eletriptan (QL)		
Endocet (PA, QL)		
etodolac		
etodolac ER		
fenoprofen		
Fenortho (ST)		
fentanyl patch (PA, QL)		
Fioricet (QL)		
frovatriptan (QL)		
Glydo		
hydrocodone-acetaminophen (PA, QL)		
hydromorphone (PA, QL)		
hydromorphone ER (PA, QL)		
ibuprofen		
indomethacin		
indomethacin ER		
ketorolac (QL)		
leflunomide		
lidocaine 5% ointment (QL)		
lidocaine viscous		
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		

Cigna Performance 4-Tier Prescription Drug List

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

metaxalone		
methocarbamol		
morphine (PA, QL)		
morphine vial (QL)		
morphine ER (PA, QL)		
nabumetone		
naproxen		
naproxen DS		
oxycodone (PA, QL)		
oxycodone ER (PA, QL)		
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	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	

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

SEIZURE DISORDERS

carbamazepine	Keppra vial	Aptiom
carbamazepine ER	Lamictal	Banzel (QL)
clonazepam	Lamictal XR start kit	Briivact
divalproex	Lyrca	Carbatrol
divalproex ER	Vimpat tablet, solution	Depakote
Epitol		Depakote ER
gabapentin		Dilantin
lamotrigine		Fycompa
lamotrigine ER		Keppra tablet, solution
lamotrigine ODT		Keppra XR
levetiracetam		Lamictal
levetiracetam ER		Lamictal ODT
oxcarbazepine		Lamictal XR
Roweepra		Oxtellar XR
topiramate		Phenytek
topiramate ER 50mg		Qudexy XR
		Spritam
		Tegretol
		Tegretol XR
		Topamax
		topiramate ER (25mg, 100mg, 150mg, 200mg)
		Trileptal
		Trokendi XR
		Vimpat vial

SKIN CONDITIONS

acitretin	Aczone 7.5%	Acanya
adapalene (PA)	Azelex	Aczone 5%
Ala-Cort 2.5%	Denavir (QL)	Atralin (PA)
Amnesteem (QL)	Epiduo Forte	Desonate (ST)
AVAR cleanser	Eucrisa	Desowen (ST)
AVAR-E cream		Drysol

Cigna Performance 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)		
BP 10-1	Exelderm	Ecoza
calcipotriene	solution	Efudex
calcipotriene- betamethasone DP	Finacea	Elidel
calcitrene	Fluoroplex	Enstilar
Claravis (QL)	Naftin gel	Epiduo
Clindacin ETZ	Santyl (QL)	Exelderm cream
Clindacin P	Tazorac gel, 0.05% cream	Fabior
clindamycin		Hydro 35
clindamycin- benzoyl peroxide		Hydro 40
clindamycin- tretinoin		Naftin cream
clobetasol		Nizoral
Clodan shampoo		Onexton
clotrimazole- betamethasone		Picato
desonide		Retin-A Micro (PA)
doxepin		Sklice
econazole		Soolantra
fluocinonide		Taclonex
fluorouracil		Tazorac 0.1% cream
hydrocortisone		Tolak
imiquimod		Topicort (ST)
ketoconazole		Tridesilon (ST)
metronidazole		Umecta
mupirocin		Uramaxin
Myorisan (QL)		Veltin
Neuac gel		Xolegel
nystatin- triamcinolone		
oxiconazole		
permethrin		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HD		
Rosadan		
Rosanil		
Scalacort lotion		
sulfacetamide-sulfur		
SSS 10-5		
SulfaCleanse 8-4		
tacrolimus ointment		
tretinoin cream, gel (PA)		
triamcinolone topical		
Triderm		
Zenatane (QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SLEEP DISORDERS/SEDATIVES		
armodafinil (PA)	Belsomra (ST)	Rozerem (ST, QL)
eszopiclone	Silenor (ST)	
modafinil (PA)		
temazepam		
zolpidem		
zolpidem ER		
SMOKING CESSATION		
bupropion SR (generic of Zyban) ⁺	Chantix	Nicorette ⁺
NicoDerm CQ ⁺	Nicotrol	Zyban
Nicorelief ⁺	Nicotrol NS	
nicotine gum ⁺		
nicotine lozenge ⁺		
nicotine patch ⁺		
Quit 2 ⁺		
Quit 4 ⁺		
SUBSTANCE ABUSE		
buprenorphine	Bunavail	
buprenorphine- naloxone	Narcan	
naloxone	Probuphine	
naltrexone (QL)	Suboxone	
	Zubsolv	
URINARY TRACT CONDITIONS		
cevimeline	Elmiron	Avodart
darifenacin ER		Jalyn
dutasteride		Pyridium
finasteride		Rapaflo
oxybutynin		
oxybutynin ER		
phenazopyridine		
potassium citrate ER		
tamsulosin		
tolterodine		
tolterodine ER		
trospium		
trospium ER		

Specialty medications

The specialty medications listed below are typically covered on Tier 4. All of these medications require approval from Cigna before they may be covered by your plan.

DRUG NAME	DRUG CLASS
abacavir-lamivudine**	AIDS/HIV
Actemra* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Adcirca** (PA)	ASTHMA/COPD/RESPIRATORY
Adempas** (PA)	ASTHMA/COPD/RESPIRATORY
Afinitor** (PA)	CANCER
Akynzeo** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Alecensa** (PA)	CANCER
alosetron**	GASTROINTESTINAL/HEARTBURN
Amicar**	BLOOD MODIFIERS/BLEEDING DISORDERS
Ampyra** (PA)	MULTIPLE SCLEROSIS
Apokyn* (PA)	PARKINSON'S DISEASE
Aralast NP* (PA)	ASTHMA/COPD/RESPIRATORY
Aranesp* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Astagraf XL**	TRANSPLANT MEDICATIONS
Atripla**	AIDS/HIV
Aubagio** (PA)	MULTIPLE SCLEROSIS
Avastin* (PA)	CANCER
Aveed* (PA)	HORMONAL AGENTS
Avonex* (PA)	MULTIPLE SCLEROSIS
azathioprine**	TRANSPLANT MEDICATIONS
Baraclude**	INFECTIONS
Bebulin* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Benlysta* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Berinert* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Betaseron* (PA)	MULTIPLE SCLEROSIS
bexarotene** (PA)	CANCER
Bosulif** (PA)	CANCER
Botox* (PA)	MISCELLANEOUS
Cabometyx** (PA)	CANCER
capecitabine** (PA)	CANCER
Carbaglu**	MISCELLANEOUS
Cayston*	INFECTIONS
Cellcept**	TRANSPLANT MEDICATIONS
Ceprotin*	BLOOD MODIFIERS/BLEEDING DISORDERS
Cerdelga** (PA)	MISCELLANEOUS
Cerezyme* (PA)	MISCELLANEOUS
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN
Cimzia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cinryze* (PA)	BLOOD PRESSURE/HEART MEDICATIONS

DRUG NAME	DRUG CLASS
Cometriq** (PA)	CANCER
Complera**	AIDS/HIV
Cosentyx* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cotellic** (PA)	CANCER
Cuprimine** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cystagon**	URINARY TRACT CONDITIONS
Cystaran** (QL)	EYE CONDITIONS
Daraprim** (PA)	INFECTIONS
Depen** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Descovy**	AIDS/HIV
desmopressin*	HORMONAL AGENTS
Dupixent* (PA)	SKIN CONDITIONS
Dysport* (PA)	MISCELLANEOUS
Egrifta* (PA)	HORMONAL AGENTS
Emflaza** (PA)	HORMONAL AGENTS
Enbrel* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir**	INFECTIONS
Entyvio* (PA)	GASTROINTESTINAL/HEARTBURN
Envarsus XR**	TRANSPLANT MEDICATIONS
Epclusa** (PA)	INFECTIONS
Epogen* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Erivedge** (PA)	CANCER
Esbriet** (PA)	MISCELLANEOUS
Euflexxa* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Evotaz**	AIDS/HIV
Exjade**	MISCELLANEOUS
Extavia* (PA)	MULTIPLE SCLEROSIS
Eylea* (PA)	EYE CONDITIONS
Fasenra* (PA)	ASTHMA/COPD/RESPIRATORY
Ferriprox**	MISCELLANEOUS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Follistim AQ*	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Forteo*	HORMONAL AGENTS
Fragmin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Ganirelix*	HORMONAL AGENTS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Gazyva* (PA)	CANCER
Gelsyn-3* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Genvoya**	AIDS/HIV
Gilenya** (PA)	MULTIPLE SCLEROSIS

DRUG NAME	DRUG CLASS
Gilotrif** (PA)	CANCER
Glassia* (PA)	ASTHMA/COPD/RESPIRATORY
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Gleevec** (PA)	CANCER
Granix*	BLOOD MODIFIERS/BLEEDING DISORDERS
H.P. Acthar* (PA)	HORMONAL AGENTS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Harvoni** (PA)	INFECTIONS
Herceptin* (PA)	CANCER
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Hyalgan* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ibandronate*	OSTEOPOROSIS PRODUCTS
Ibrance** (PA)	CANCER
Iclusig** (PA)	CANCER
Ilaris* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Iluvien*	EYE CONDITIONS
imatinib** (PA)	CANCER
Imbruvica** (PA)	CANCER
Inlyta** (PA)	CANCER
Intelence**	AIDS/HIV
Intron A* (PA)	CANCER
Isentress HD**	AIDS/HIV
Isentress**	AIDS/HIV
Jadenu**	MISCELLANEOUS
Jakafi** (PA)	CANCER
Kadcyla* (PA)	CANCER
Kalydeco** (PA)	ASTHMA/COPD/RESPIRATORY
Kineret* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kisqali** (PA)	CANCER
Kitabis Pak*	INFECTIONS
Korlym** (PA)	DIABETES
Kuvan** (PA)	MISCELLANEOUS
Kyleena*	CONTRACEPTION PRODUCTS
Kynamro* (PA)	CHOLESTEROL MEDICATIONS
lamivudine-zidovudine**	AIDS/HIV
Lemtrada* (PA)	MULTIPLE SCLEROSIS
Lenvima** (PA)	CANCER
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY
Lonsurf** (PA)	CANCER
Lucentis* (PA)	EYE CONDITIONS

DRUG NAME	DRUG CLASS
Lumizyme* (PA)	MISCELLANEOUS
Lupron Depot* (PA)	HORMONAL AGENTS
Lynparza*** (PA)	CANCER
Makena* (PA)	INFERTILITY
Mavyret** (PA)	INFECTIONS
Mekinist** (PA)	CANCER
Menopur*	INFERTILITY
methotrexate**	CANCER
Mirena*	CONTRACEPTION PRODUCTS
Monovisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Myalept* (PA)	MISCELLANEOUS
mycophenolic acid**	TRANSPLANT MEDICATIONS
Myfortic**	TRANSPLANT MEDICATIONS
Naglazyme* (PA)	MISCELLANEOUS
Natpara* (PA)	HORMONAL AGENTS
Neoral**	TRANSPLANT MEDICATIONS
Neulasta* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
nevirapine ER**	AIDS/HIV
nevirapine**	AIDS/HIV
Nexavar** (PA)	CANCER
Nexplanon*	CONTRACEPTION PRODUCTS
Ninlaro** (PA)	CANCER
Nityr** (PA)	MISCELLANEOUS
Northera** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Norvir**	AIDS/HIV
Nucala* (PA)	ASTHMA/COPD/RESPIRATORY
Ocaliva** (PA)	GASTROINTESTINAL/HEARTBURN
Ocrevus* (PA)	MULTIPLE SCLEROSIS
Odefsey**	AIDS/HIV
Ofev** (PA)	ASTHMA/COPD/RESPIRATORY
Opsumit** (PA)	ASTHMA/COPD/RESPIRATORY
Orencia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Orenitram ER** (PA)	ASTHMA/COPD/RESPIRATORY
Orfadin** (PA)	MISCELLANEOUS
Orkambi** (PA)	ASTHMA/COPD/RESPIRATORY
Orthovisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otezla** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ozurdex*	EYE CONDITIONS
Pegasys* (PA)	INFECTIONS
PegIntron* (PA)	INFECTIONS
Perjeta* (PA)	CANCER
Plegridy* (PA)	MULTIPLE SCLEROSIS

DRUG NAME	DRUG CLASS
Pomalyst** (PA)	CANCER
Praluent* (PA)	CHOLESTEROL MEDICATIONS
Prezcobix**	AIDS/HIV
Prezista**	AIDS/HIV
Procrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Procysbi** (PA)	URINARY TRACT CONDITIONS
Prograf**	TRANSPLANT MEDICATIONS
Prolia* (PA)	OSTEOPOROSIS PRODUCTS
Promacta** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Pulmozyme** (PA)	ASTHMA/COPD/RESPIRATORY
Purixan**	CANCER
Rasuvo* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ravicti** (PA)	GASTROINTESTINAL/HEARTBURN
Rebif* (PA)	MULTIPLE SCLEROSIS
Remicade* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Remodulin* (PA)	ASTHMA/COPD/RESPIRATORY
Repatha* (PA)	CHOLESTEROL MEDICATIONS
Revatio* (PA)	ASTHMA/COPD/RESPIRATORY
Revlimid** (PA)	CANCER
Reyataz**	AIDS/HIV
Rituxan* (PA)	CANCER
Rubraca** (PA)	CANCER
Sabril**	SEIZURE DISORDERS
Samsca**	DIURETICS
Sandostatin LAR Depot* (PA)	HORMONAL AGENTS
Selzentry**	AIDS/HIV
Sensipar**	GASTROINTESTINAL/HEARTBURN
Serostim* (PA)	HORMONAL AGENTS
Simponi* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
Skyla*	CONTRACEPTION PRODUCTS
Soliris* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Stivarga** (PA)	CANCER
Strensiq* (PA)	MISCELLANEOUS
Stribild**	AIDS/HIV
Sucraid**	GASTROINTESTINAL/HEARTBURN
Supprelin LA* (PA)	HORMONAL AGENTS

DRUG NAME	DRUG CLASS
Sustiva**	AIDS/HIV
Sutent** (PA)	CANCER
Sylatron* (PA)	CANCER
Synagis* (PA)	INFECTIONS
Synvisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Synvisc-One* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Syprine** (PA)	MISCELLANEOUS
tacrolimus**	TRANSPLANT MEDICATIONS
Tafinlar** (PA)	CANCER
Tagrisso** (PA)	CANCER
Taltz* (PA)	SKIN CONDITIONS
Tarceva** (PA)	CANCER
Targretin** (PA)	CANCER
Tasigna** (PA)	CANCER
Tecentriq** (PA)	CANCER
Tecfidera** (PA)	MULTIPLE SCLEROSIS
temozolomide** (PA)	CANCER
tetrabenazine** (PA)	MISCELLANEOUS
Thalomid** (PA)	INFECTIONS
Thiola**	URINARY TRACT CONDITIONS
Thyrogen*	HORMONAL AGENTS
Tivicay**	AIDS/HIV
Tobi Podhaler**	INFECTIONS
tobramycin*	INFECTIONS
Tracleer** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Tremfya* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Trexall**	CANCER
Triumeq**	AIDS/HIV
Truvada**	AIDS/HIV
Tykerb** (PA)	CANCER
Tymlos*	OSTEOPOROSIS PRODUCTS
Tysabri* (PA)	MULTIPLE SCLEROSIS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY
Uptravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valstar*	CANCER
Varubi** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Vemlidy**	INFECTIONS
Verzenio** (PA)	CANCER
Vimizim* (PA)	MISCELLANEOUS
Viread**	AIDS/HIV
Vivitrol**	MISCELLANEOUS

DRUG NAME	DRUG CLASS
Vosevi** (PA)	INFECTIONS
Votrient** (PA)	CANCER
VPRIV* (PA)	MISCELLANEOUS
Xalkori** (PA)	CANCER
Xeljanz XR** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeljanz** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xenazine** (PA)	MISCELLANEOUS
Xeomin* (PA)	MISCELLANEOUS
Xgeva* (PA)	OSTEOPOROSIS PRODUCTS
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Xtandi** (PA)	CANCER
Xyrem** (PA)	SLEEP DISORDERS/SEDATIVES
Zarxio*	BLOOD MODIFIERS/BLEEDING DISORDERS
Zavesca** (PA)	MISCELLANEOUS
Zejula** (PA)	CANCER
Zelboraf** (PA)	CANCER
Zepatier** (PA)	INFECTIONS
Zinbryta* (PA)	MULTIPLE SCLEROSIS
Zorbtive* (PA)	HORMONAL AGENTS
Zortress**	TRANSPLANT MEDICATIONS
Zytiga** (PA)	CANCER

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 Utibron Neohaler	Anoro Ellipta Stilto Respimat
	Dulera	Advair Diskus Advair HFA Breo Ellipta
	Elixophyllin	theophylline oral solution
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA ProAir RespiClick

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ASTHMA/COPD/RESPIRATORY (cont)	Seebri Neohaler Tudorza Pressair	Spiriva Spiriva Respimat
	Zyflo	montelukast zafirlukast
	Zyflo CR	zileuton ER
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT	dexamethylphenidate 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

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
DIABETES (cont)	Jentadueto Jentadueto XR Kazano Nesina Oseni Tadjenta	Janumet, Janumet XR
	Lantus Toujeo	Basaglar, Levemir, Tresiba
	Tanzeum Victoza	Bydureon, Byetta, Trulicity
DIURETICS	Edecrin ethacrynic acid	bumetanide 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

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
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)	
	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 ethylsuccinate	
Mepron		atovaquone	
Mycobutin		rifabutin	
Onmel		itraconazole terbinafine	
Sitavig		acyclovir	
Sporanox		itraconazole	
Targadox		tobramycin	
Valcyte		valganciclovir	
Vancocin		vancomycin	
Zovirax		acyclovir	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
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
	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 Zomig	butalbital-acetaminophen-caffe zolmitriptan sumatriptan
	Zomig ZMT	zolmitriptan ODT

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
PARKINSON'S DISEASE	Gocovri	amantadine
	Lodosyn	carbidopa
	Requip XL	ropinirole ER
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	Fazaclo	clozapine
	Versacloz	clozapine ODT
	Geodon	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydys	olanzapine ODT
SEIZURE DISORDERS	Mysoline	primidone
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

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
SKIN CONDITIONS <i>(cont)</i>	Noritate	metronidazole Rosadan	
	Oxistat	clotrimazole econazole ketoconazole	
	Penlac	Ciclodan ciclopirox	
	Plexion	sodium sulfacetamide-sulfur	
	Prudoxin Zonalon	doxepin	
	Salex	salicylic acid	
	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:¹

- 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 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

Prescription drug list FAQs (cont)

level. 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 cost² 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 equivalent medication is the same as a brand name 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.³ 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 ServicesSM 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.

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.^{SM 4} To get started, call **800.835.3784**. To learn more about the services they provide, go to 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).⁴ To get started, call **800.351.3606**. To learn more about the services they provide, go to 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:⁵

- › 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 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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