



CIGNA ADVANTAGE 4-TIER PRESCRIPTION DRUG LIST

As of July 1, 2018

Together, all the way.®



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

893304 g Advantage 4-Tier w DRT 03/18



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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 03/01/2011

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 Advantage Prescription Drug List as of July 1, 2018.¹ All of these medications are approved by the U.S. Food and Drug Administration (FDA). The Advantage Prescription Drug List excludes medications in two drug classes that are available over-the-counter without a prescription. These include medications commonly used to treat:

- › Heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and
- › Allergies (ex. Allegra, Clarinex, Xyzal and any generics)

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 Advantage Prescription Drug List.

TIER 1 \$	TIER 2 \$\$
INFECTIONS	
acyclovir	Albenza
adefovir**	Baraclude solutio **
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 Pa *
cefprozil	Sovaldi ** (PA)
cefuroxime	Stromectol
cephalexin	Tamiflu (QL)
ciprofloxacin	Thalomid ** (PA)
clarithromycin	Uretron D-S
clarithromycin ER	V ibramycin
clindamycin	
d oxycycline	

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 Advantage 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 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
ALLERGY/NASAL SPRAYS	6	EAR MEDICATIONS	10
ALZHEIMER'S DISEASE	6	EYE CONDITIONS	10
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	FEMININE PRODUCTS	10
ASTHMA/COPD/RESPIRATORY	6	GASTROINTESTINAL/HEARTBURN	10, 11
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6	HORMONAL AGENTS	11
BLOOD MODIFIERS/BLEEDING DISORDERS	6	INFECTIONS	11, 12
BLOOD PRESSURE/HEART MEDICATIONS	6, 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	SCHIZOPHRENIA/ANTI-PSYCHOTICS	14
DENTAL PRODUCTS	10	SEIZURE DISORDERS	14
DIABETES	10	SKIN CONDITIONS	14, 15
DIURETICS	10	SLEEP DISORDERS/SEDATIVES	15
		SUBSTANCE ABUSE	15
		URINARY TRACT CONDITIONS	15

Cigna Advantage 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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
Adyphren		Clarinet-D 12 Hour
Adyphren Amp		EpinephrineSnap-V
azelastine		EPInap
cromolyn		Karbinal ER
cyproheptadine		Ryvent
epinephrine auto-injector (QL)		
fluticasone		
hydroxyzine		
ipratropium		
mometasone spray (QL)		
olopatadine		
Phenergan		
promethazine		

ALZHEIMER'S DISEASE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
donepezil		Mestinon
donepezil ODT		Namenda
memantine		Namenda XR
pyridostigmine		Namenda XR
pyridostigmine ER		titration pack (QL)
rivastigmine		Namzaric (QL)
		Regonol

ANXIETY/DEPRESSION/BIPOLAR DISORDER

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
alprazolam		Effexor XR (ST, QL)
alprazolam ER		Fetzima (ST, QL)
alprazolam intensol		Forfivo XL (ST, QL)
alprazolam ODT		Onfi
alprazolam XR		Prozac (ST, QL)
amitriptyline		Sarafem (ST)
bupropion (QL)		Trintellix (ST)
bupropion SR (QL)		Viiibryd (ST)
buspirone		Wellbutrin SR (ST, QL)
citalopram (QL)		Xanax
clomipramine		Xanax XR
desvenlafaxine ER 50mg		Zoloft (ST, QL)
desvenlafaxine ER 25mg, 100mg (QL)		
diazepam		
duloxetine (QL)		
escitalopram (QL)		
fluoxetine (QL)		
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
lorazepam intensol		
mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

ASTHMA/COPD/RESPIRATORY

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
albuterol	Advair Diskus	Combivent Respimat
budesonide	Advair HFA	Daliresp (QL)
ipratropium-albuterol	Anoro Ellipta	Pulmicort
levalbuterol HFA	Atrovent HFA	
montelukast	Breo Ellipta	
	Incruse Ellipta	
	ProAir HFA	
	ProAir RespiClick	
	QVAR	
	QVAR Redihaler	
	Striverdi	
	Respimat	
	Symbicort	
	Trelegy Ellipta (ST)	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
atomoxetine		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)
methylphenidate CD		Focalin (ST)
methylphenidate ER		Focalin XR (ST)
methylphenidate LA		Methylin (ST)
		Quillichew ER (ST)
		Quillivant XR (ST)
		Ritalin (ST)
		Ritalin LA (ST)
		Strattera

BLOOD MODIFIERS/BLEEDING DISORDERS

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

Cigna Advantage 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS

Afeditab CR	Corlanor (PA)	Bayer Chewable
amlodipine	Entresto (PA)	Aspirin ⁺
amlodipine- benazepril		BiDil (QL)
amlodipine- olmesartan		Cardizem LA
amlodipine- valsartan		Coreg CR
amlodipine- valsartan-HCTZ		Epaned (ST)
Aspir 81 ⁺		Hemangeol
Aspir-Low ⁺		Inderal LA
atenolol		Inderal XL
atenolol- chlorthalidone		Innopran XL
benazepril		Multaq
benazepril-HCTZ		Nitro-Dur
Bufferin ⁺		Nitrolingual
candesartan		Nitromist
Cartia XT		Nitrostat
carvedilol		Norvasc
clonidine		Ranexa (ST, QL)
Digitek		Tiazac
Digox		Tikosyn (QL)
Digoxin		
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		

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

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	Eliquis	Effient
Jantoven	Xarelto	Pradaxa
prasugrel		Savaysa
warfarin		Zontivity

CANCER

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

CHOLESTEROL MEDICATIONS

atorvastatin		Vascepa
atorvastatin 10mg, 20mg ⁺		Welchol
ezetimibe		Zetia
fenofibrate		
fenofibric acid		
fluvastatin 20mg, 40mg ⁺		
fluvastatin ER 80mg ⁺		
lovastatin 20mg, 40mg ⁺		
niacin ER		
Niacor		
omega-3 acid ethyl esters		

Cigna Advantage 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CHOLESTEROL MEDICATIONS

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

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

Aftera ⁺ Altavera ⁺ Alyacen ⁺ Amethia Lo ⁺ Amethia ⁺ Amethyst ⁺ Apri ⁺ Aranelle ⁺ Ashlyna ⁺ Aubra ⁺ Aviane ⁺ Azurette ⁺ Balziva ⁺ Bekyree ⁺ Blisovi 24 FE ⁺ Blisovi FE ⁺ Briellyn ⁺ Camila ⁺ Camrese Lo ⁺ Camrese ⁺ Caziant ⁺ Chateal ⁺ Cryselle ⁺ Cyclafem ⁺ Cyred ⁺ Dasetta ⁺ Daysee ⁺ Deblitane ⁺ Delyla ⁺ desogestrel-ethinyl estradiol ⁺ drospirenone- ethinyl estradiol- levomefibrate ⁺	Beyaz Lo Loestrin FE Taytulla	Caya Contoured ⁺ Ella ⁺ Estrostep FE FC2 Female Condom ⁺ Femcap ⁺ LoSeasonique Minastrin 24 FE NuvaRing Seasonique Wide Seal Diaphragm ⁺
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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.

drospirenone- ethinyl estradiol ⁺ Econtra EZ ⁺ Elinest ⁺ Emoquette ⁺ Enpresse ⁺ Enskyce ⁺ Errin ⁺ Estarylla ⁺ ethynodiol-ethinyl estradiol ⁺ Falmina ⁺ Fayosim ⁺ Femynor ⁺ Gianvi ⁺ Gildagia ⁺ Gynol II ⁺ Heather ⁺ Introvale ⁺ Isibloom ⁺ Jencycla ⁺ Jolessa ⁺ Jolivette ⁺ Juleber ⁺ Junel FE ⁺ Junel FE 24 ⁺ Junel ⁺ Kaitlib FE ⁺ Kariva ⁺ Kelnor 1-35 ⁺ Kimidess ⁺ Kurvelo ⁺ Larin 24 FE Larin 24 FE ⁺ Larin FE ⁺ Larin ⁺ Larissia ⁺ Leena ⁺ Lessina ⁺ Levonest ⁺ levonorgestrel- ethinyl estradiol ⁺ Levora-28 ⁺ Lillow ⁺ Loryna ⁺		
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Cigna Advantage 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.

Low-Ogestrel⁺
Lutera⁺
Lyza⁺
Marlissa⁺
medroxyprogesterone
150mg/ml⁺
Melodetta 24 FE⁺
Mibelas 24 FE⁺
Microgestin FE⁺
Mono-Linyah⁺
Mononessa⁺
My Way⁺
Myzilra⁺
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⁺
Nuvaring⁺
Ocella⁺
Opcicon One-Step⁺
Option 2⁺
Orsythia⁺
Philith⁺
Pimtreea⁺
Pirmella⁺
Portia⁺
Previfem⁺
Quasense⁺
Rajani⁺
Reclipsen⁺
Rivelsa⁺
Setlakin⁺
Sharobel⁺

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.

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⁺
Trinessa Lo⁺
Trivora-28⁺
VCF⁺
Velivet⁺
Vestura⁺
Vienva⁺
Violele⁺
Vyfemia⁺
Wera⁺
Wymzya FE⁺
Xulane⁺
Zarah⁺
Zenchent⁺
Zovia 1-35e⁺
Zovia 1-50e⁺

COUGH/COLD MEDICATIONS

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

Cigna Advantage 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DENTAL PRODUCTS

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

DIABETES

glimepiride	Basaglar	Cycloset
glipizide	Bydureon (QL)	Glucagon
glipizide ER	Byetta	Emergency Kit (QL)
glipizide XL	Farxiga	Glucophage
metformin (generic of Glucophage SR)	GlucaGen	Glucophage XR
metformin ER	Hypokit (QL)	Riomet
	Glyxambi	VGo
	Humalog	
	Humulin	
	Janumet	
	Janumet XR	
	Januvia	
	Jardiance	
	Levemir	
	OneTouch test strips and meters	
	Soliqua	
	SymLinPen	
	Synjardy	
	Synjardy XR	
	Tresiba	
	Trulicity (QL)	
	Xigduo XR	
	Xultophy	

DIURETICS

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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EAR MEDICATIONS

neomycin-polymyxin-hydrocortisone		Cipro HC
ofloxacin		Ciprodex

EYE CONDITIONS

azelastine	Restasis	Acuvail
bacitracin	Simbrinza	Alphagan P
brimonidine	Travatan Z	Alrex
ciprofloxacin	Xiidra	Azasite
dorzolamide-timolol		Azopt
erythromycin		Besivance
fluorometholone		Betimol
gatifloxacin		Betoptic S
ketorolac		Bromsite
latanoprost		Combigan
moxifloxacin		Cosopt PF
neomycin-polymyxin-dexamethasone		Durezol
ofloxacin		Ilevro
olopatadine		Lotemax
polymyxin B sul-trimethoprim		Moxeza
prednisolone		Nevanac
timolol		Prolensa
tobramycin		Tobradex
tobramycin-dexamethasone		Tobradex ST
		Vigamox
		Xalatan
		Zioptan (ST, QL)
		Zirgan
		Zylet

FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
miconazole 3		Terazol 7
terconazole		

GASTROINTESTINAL/HEARTBURN

Alophen+	Apriso	Amitiza
Anucort-HC	Creon	Canasa
balsalazide	Pentasa	Carafate
Bisa-Lax+	Zenpep	Clenpiq
bisacodyl+		CoLyte with flavor packets+
chlordiazepoxide-clidinium		Correctol+
Clearlax+		Diclegis
dicyclomine		Donnatal
diphenoxylate-atropine		Dulcolax+
		Gialax+

Cigna Advantage 4-Tier Prescription Drug List

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

dronabinol		GoLYTELY
Ducodyl ⁺		Kristalose
Gavilax ⁺		Lialda (ST)
Gavilyte-C ⁺		Linzess
Gavilyte-G ⁺		Miralax ⁺
Gavilyte-N ⁺		Movantik (PA)
GentleLax ⁺		MoviPrep ⁺
Glycolax ⁺		Nulytely with flavor packets ⁺
GoLyteLy ⁺		OsmoPrep ⁺
HealthyLax ⁺		Pancreaze
Hemmorex-HC		Pertzye
hydrocortisone suppository		Prepopik ⁺
lansoprazole-amoxicillin-clarithromycin (combo pak)		Rectiv
LaxaClear ⁺		Relistor (PA)
mesalamine 1.2gm tablet, enema		Sancuso (PA, QL)
metoclopramide		sfRowasa
metoclopramide ODT		Suprep ⁺
Natura-Lax ⁺		Sustol (PA)
ondansetron		Symproic (PA)
ondansetron ODT		Transderm-Scop
PEG		Viberzi
3350-electrolytes ⁺		Viokace
PEG-Prep ⁺		
Phenadoz		
Powderlax ⁺		
promethazine suppository		
Promethegan		
Purelax ⁺		
Smooth LAX ⁺		
sucralfate		
TriLyte with flavor packets ⁺		
ursodiol		

HORMONAL AGENTS

Amabelz	AndroGel 1.62% (PA, QL)	Activella
budesonide EC		Alora (QL)
cabergoline (QL)	Duavee	Androderm (PA, QL)
Covaryx	Premarin	AndroGel 1% (PA, QL)
Covaryx H.S.	Premphase	
desmopressin	Prempro	Angeliq

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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HORMONAL AGENTS (cont)

dexamethasone		Armour Thyroid
dexamethasone intensol		Climara
EEMT		Climara Pro
EEMT H.S.		Combipatch
estradiol (QL)		Cytomel
estradiol-norethindrone		Deltasone
estrogen-methyltestosterone		Depo-Testosterone
levothyroxine		Divigel
Levoxyl		Elestrin
liothyronine		Entocort EC
Locort		Estrace
medroxyprogesterone		Estring (QL)
methimazole		Estrogel
methylprednisolone		Evamist
Millipred		Femring
Millipred DP		Levo-T
Mimvey		Menostar (QL)
Mimvey Lo		Minivelle (QL)
Nature-Throid		Osphena
norethindrone		Royaldee
NP Thyroid		Striant (PA, QL)
prednisolone		Synthroid
prednisolone ODT		Testopel (PA)
prednisone		Tirosint
prednisone intensol		Unithroid
progesterone		Vagifem (QL)
testosterone (PA, QL)		Vivelle-Dot (QL)
testosterone cypionate		
thyroid		
Unithroid 75mcg		
Westhroid		
WP Thyroid		
Yuvaferm (QL)		

INFECTIONS

acyclovir	Tamiflu	Albenza
amoxicillin	suspension(QL)	Alinia
amoxicillin-clavulanate ER		Bactrim
amoxicillin-clavulanate		Bactrim DS
atovaquone		Biltricide
atovaquone-proguanil		Ceftin
Avidoxy		Cipro
		Cleocin
		Clindesse
		Cresemba (PA)

Cigna Advantage 4-Tier Prescription Drug List

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INFECTIONS (cont)

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		
moxifloxacin		
nitrofurantoin		
nystatin		
Okebo		
oseltamivir (QL)		
penicillin V		
sulfamethoxazole- trimethoprim		
terbinafine		
tinidazole		
valacyclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

MISCELLANEOUS

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

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NUTRITIONAL/DIETARY

FA-8+	Fosrenol powder	Auryxia (QL)
B-12 compliance	Nestabs DHA	Bio-D-Mulsion Forte+
calcitriol	OB Complete	Bio-D-Mulsion+
calcium	One	CitraNatal
cyanocobalamin	Prefera OB	Concept DHA
injection	Prenate DHA, Elite	Escavite D+
D-Vi-Sol+		Escavite+
D3-2000+		Feriva 21-7
D3-50+		Ferralet 90
Decara+		Fosrenol tablet
Delta D3+		Integra Plus
Dialyvite Vitamin D+		Irospan
Dialyvite Vitamin D3 Max+		Just D+
folic acid+		K-Tab ER
Klor-Con		Klor-Con 8, 10
Klor-Con M10, M20		Klor-Con M15
Klor-Con Sprinkle		KPN+
lanthanum carbonate		Maximum D3+
levocarnitine		Mephyton
multivitamin with fluoride		MVC-fluoride+
multivitamin-iron- fluoride+		Nascobal
Optimal D3+		OB Complete Gold
PNV-DHA		Optimal D3 M+
polyvitamins- fluoride+		Perry Prenatal+
potassium chloride		Phoslyra
Prena1 Pearl		Physicians EZ Use B-12
prenatal vitamin+		Poly-Vi-Flor With Iron+
Prenatal+		Poly-Vi-Flor+
Right Step+		Prenate
sevelamer		Quflora+
sodium fluoride+		Renagel
Super Daily D3+		Renvela
Thera-D+		Replesta NX+
tri-vitamin with fluoride-iron+		Replesta+
tri-vitamin with fluoride+		Texavite LQ+
VirtPN DHA		Tri-Vi-Flor+
Vitajoy Daily D+		Tristart DHA
vitamin D-400+		Urosex+
vitamin D2		Velphoro
vitamin D3+		Veltassa
vitamins A,C,D and fluoride+		Vitafof
Zatean-PN DHA		vitaMedMD One Rx
		vitaPearl
		VP-PNV-DHA

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OSTEOPOROSIS PRODUCTS

alendronate 40mg (QL)		Actonel (ST)
alendronate		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	Xtampza ER (PA, QL)	Analpram HC
baclofen		Butrans (QL)
buprenorphine (QL)		Celebrex (ST, QL)
butalbital-caffeine-acetaminophen-codeine (PA, QL)		Colcrys
butalbital-acetaminophen-caffeine (QL)		Duragesic (PA, QL)
carisoprodol		Esgic (QL)
celecoxib (QL)		Fentora (PA, QL)
colchicine		Fexmid
cyclobenzaprine		Flector (ST, QL)
DermacinRx		Lazanda (PA, QL)
Empricaine		Lidoderm
DermacinRx		Maxalt (QL)
Prizopak		Maxalt MLT (QL)
diclofenac tablets, solution		Mitigare
diclofenac gel (QL)		Nucynta (PA, QL)
diclofenac ER		Nucynta ER (PA, QL)
diclofenac -misoprostol		Onzetra Xsail (QL)
dihydroergotamine (QL)		Oxaydo (PA, QL)
eletriptan (QL)		Pennsaid (ST)
Endocet (PA, QL)		Percocet (PA, QL)
etodolac		Procort
etodolac ER		Proctofoam-HC
fenoprofen		Relpax (QL)
Fenortho (ST)		Savella
fentanyl patch (PA, QL)		Subsys (PA, QL)
Fioricet (QL)		Uloric
frovatriptan (QL)		Voltaren (ST, QL)
Glydo		Zebutal (QL)
		Zohydro ER (PA, QL)

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

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		
metaxalone		
methocarbamol		
morphine (PA, 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		

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

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
benztropine		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
aripiprazole ODT		400mg vial
chlorpromazine		Abilify Maintena (QL)
haloperidol		Aristada
olanzapine		1064mg/3.9ml
olanzapine ODT		Aristada (QL)
olanzapine-fluoxetine		Fanapt 12mg (ST)
paliperidone ER		Fanapt (ST, QL)
quetiapine		Invega Sustenna (QL)
quetiapine ER		Invega Trinza (QL)
risperidone		Latuda (ST)
risperidone ODT		Rexulti (ST)
ziprasidone		Saphris (ST)
		Seroquel (ST)
		Seroquel XR (ST)
		Vraylar (ST)

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SEIZURE DISORDERS

carbamazepine	Dilantin 30mg	Aptiom
carbamazepine ER	Lamictal XR start	Banzel (QL)
clonazepam	kit	Briviact
divalproex	Lyrica	Carbatrol
divalproex ER		Depakote
Epitol		Depakote ER
gabapentin		Dilantin 50mg, 100mg, suspension
lamotrigine		Fycompa
lamotrigine ER		Keppra
lamotrigine ODT		Keppra XR
levetiracetam		Lamictal
levetiracetam ER		Lamictal ODT
oxcarbazepine		Lamictal XR tablet
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

SKIN CONDITIONS

acitretin	Aczone 7.5%	Aczone 5%
acyclovir ointment	Eucrisa	Denavir (QL)
adapalene (PA)	Fluoroplex	Desonate (ST)
Ala-Cort 2.5%		Desowen (ST)
Amnesteem (QL)		Drysol
AVAR cleanser		Ecoza
AVAR-E cream		Efudex
BP 10-1		Elidel
calcipotriene		Exelderm
calcipotriene-betamethasone DP		Finacea
calcitrene		Hydro 35
Claravis (QL)		Hydro 40
Clindacin ETZ		Naftin
Clindacin P		Nizoral
clindamycin		Picato
clindamycin-benzoyl peroxide		Santyl (QL)
clindamycin-tretinoin		Sklice
		Soolantra
		Tolak

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SKIN CONDITIONS (cont)

clobetasol		Topicort (ST)
Clodan shampoo		Tridesilon (ST)
clotrimazole-		Umecta
betamethasone		Uramaxin
desonide		Xolegel
doxepin		
econazole		
fluocinonide		
fluorouracil		
hydrocortisone		
imiquimod		
ketoconazole		
metronidazole		
mupirocin		
Myorisan (QL)		
Neuac gel		
nystatin-		
triamcinolone		
oxiconazole nitrate		
permethrin		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		
Rosadan		
Rosanil		
Scalacort		
sodium		
sulfacetamide-		
sulfur		
SSS 10-5		
SulfaCleanse 8-4		
tacrolimus ointment		
tretinoin cream, gel (PA)		
triamcinolone		
topical		
Triderm		
Zenatane (QL)		

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	Belsomra (ST)	Rozerem (ST, QL)
eszopiclone	Silenor (ST)	
modafinil (PA)		
temazepam		
zolpidem		
zolpidem ER		

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SMOKING CESSATION

bupropion SR+		Nicorette+
NicoDerm CQ+		
Nicorelief+		
nicotine gum+		
nicotine lozenge+		
nicotine patch+		
Quit 2+		
Quit 4+		

SUBSTANCE ABUSE

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

URINARY TRACT CONDITIONS

cevimeline		Avodart
darifenacin ER		Elmiron
dutasteride		Jalyn
finasteride		Pyridium
oxybutynin		Rapaflo
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
Ceprotrin*	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
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
Gilotrif** (PA)	CANCER
Glassia* (PA)	ASTHMA/COPD/RESPIRATORY

DRUG NAME	DRUG CLASS
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 vial*	PAIN RELIEF AND INFLAMMATORY DISEASE
Hyalgan syringe* (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
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
Lumizyme* (PA)	MISCELLANEOUS
Lupron Depot* (PA)	HORMONAL AGENTS
Lynparza** (PA)	CANCER
Makena* (PA)	INFERTILITY

DRUG NAME	DRUG CLASS
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
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
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ozurdex*	EYE CONDITIONS
Pegasys* (PA)	INFECTIONS
PegIntron* (PA)	INFECTIONS
Perjeta* (PA)	CANCER
Plegridy* (PA)	MULTIPLE SCLEROSIS
Pomalyst** (PA)	CANCER
Praluent* (PA)	CHOLESTEROL MEDICATIONS
Prezcobix**	AIDS/HIV
Prezista**	AIDS/HIV
Procrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Procysbi** (PA)	URINARY TRACT CONDITIONS

DRUG NAME	DRUG CLASS
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
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
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

DRUG NAME	DRUG CLASS
tacrolimus**	TRANSPLANT MEDICATIONS
Tafinlar** (PA)	CANCER
Tagrisso** (PA)	CANCER
Taltz* (PA)	SKIN CONDITIONS
Tarceva** (PA)	CANCER
Targretin capsule**	SKIN CONDITIONS
Targretin gel** (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
Upravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valstar*	CANCER
Varubi** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Vemlidy**	INFECTIONS
Verzenio** (PA)	CANCER
Vimizim* (PA)	MISCELLANEOUS
Viread**	AIDS/HIV
Vivitrol**	MISCELLANEOUS
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

DRUG NAME	DRUG CLASS
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
	Pristiq	bupropion SR/XL duloxetine venlafaxine ER All generic SSRIs
	Tofranil	imipramine
	Wellbutrin XL	bupropion XL
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco ArmonAir RespiClick Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR/QVAR Redihaler
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat
	Bevespi Stiolto Respimat Utibron Neohaler	Anoro Ellipta

^^ 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 (cont)	Dulera	Advair Diskus Advair HFA Breo Ellipta
	Elixophyllin	theophylline oral solution
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA ProAir RespiClick
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Zyflo	montelukast zafirlukast
	Zyflo CR	zileuton ER
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT
Desoxyn		methamphetamine
Dexedrine		dextroamphetamine
Mydayis		dextroamphetamine ER amphetamine/dextroamphetamine ER
Vyvanse		dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/LA
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand-HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan-HCTZ
	Betapace	sotalol
	Bystolic	Generic beta blockers (e.g., metoprolol, atenolol)
	Byvalson	Generic ARBs + generic beta blockers
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
Edarbi	Generic ARBs (e.g., losartan, valsartan)	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Edarbyclor	Generic ARBs + HCTZ (e.g., losartan-HCTZ)	
	Exforge	amlodipine-valsartan	
	Exforge HCT	amlodipine-valsartan-HCTZ	
	Hyzaar	losartan-HCTZ	
	Isordil Isordil Titradoso	isosorbide dinitrate	
	Lanoxin	Digitek digoxin	
	Lotensin	benazepril	
	Lotensin HCT	benazepril-HCTZ	
	Lotrel	amlodipine-benazepril	
	Micardis	telmisartan	
	Micardis HCT	telmisartan-HCTZ	
	Prinivil Zestril	lisinopril	
	Tarka	trandolapril-verapamil ER	
	Tekturna	Generic ACE/ARBs	
	Tekturna HCT	Generic ACE/ARBs + HCTZ	
	Tribenzor	olmesartan-amlodipine-HCTZ	
	Twynsta	telmisartan-amlodipine	
	Vaseretic	enalapril-HCTZ	
	Vasotec	enalapril	
Zestoretic	lisinopril-HCTZ		
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	IR or EC aspirin	
CANCER	Nilandron	nilutamide	
CHOLESTEROL MEDICATIONS	Altoprev	atorvastatin lovastatin rosuvastatin simvastatin	
		Antara Fenoglide	fenofibrate
		Crestor	rosuvastatin
		Flolipid Zocor	simvastatin
	Lescol XL 80mg	fluvastatin ER	
	Lipitor	atorvastatin	
	Livalo Vytorin	atorvastatin rosuvastatin simvastatin	
	Pravachol	pravastatin	
	COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER promethazine-codeine
DENTAL PRODUCTS	Arestin	minocycline/ER	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
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	Janumet, Janumet XR
	Kombiglyze XR Onglyza Oseni Tadjenta	alogliptin alogliptin-metformin Januvia, Janumet, Janumet XR
	Lantus Toujeo SoloStar	Basaglar, Levemir, Tresiba
	QTERN	Glyxambi
	Tanzeum Victoza	Trulicity
	DIURETICS	Edecrin ethacrynic acid
EYE CONDITIONS	Alocril Alomide	cromolyn
	Bepreve Emadine Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine
	Elestat	epinastine
	Lumigan	bimatoprost latanoprost Travatan Z
	GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository Cortifoam Uceris foam

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
GASTROINTESTINAL/HEARTBURN <i>(cont)</i>	Asacol-HD Colazal Delzicol Dipentum Giazo mesalamine 800mg tablet	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR	
	Librax	chlordiazepoxide-clidinium	
	Lotronex	alosetron	
	Marinol	dronabinol	
	Omeclamox-Pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)	
	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)	
Hectorol		doxercalciferol	
Rayos		prednisone prednisone intensol	
Uceris tablet		budesonide EC	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
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
	INFERTILITY	Bravelle Gonal-F
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)

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Conzip	tramadol tramadol ER
	D.H.E. 45	dihydroergotamine
	Duzallo	allopurinol, probenecid
	Gralise	gabapentin
	Imitrex Sumavel DosePro Zembrace SymTouch	sumatriptan
	Kineret Simponi Simponi Aria	Enbrel (PA) Humira (PA) Remicade (PA) Stelara (PA)
	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
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
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS (<i>cont</i>)	Acanya Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Tazorac Tretin-X Veltin 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
	Dovonex Sorilux	calcipotriene
	Enstilar Taclonex	calcipotriene-betamethasone DP
	Ertaczo Extina Luzu Vusion	ketoconazole
	Halog Ultravate X Jublia Kerydin	clobetasol halobetasol Ciclodan ciclopirox itraconazole terbinafine

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
SKIN CONDITIONS (<i>cont</i>)	Kenalog	triamcinolone	
	Locoid Locoid Lipocream	hydrocortisone	
	Loprox	ciclopirox	
	Noritate	metronidazole Rosadan	
	Oxistat	clotrimazole econazole ketoconazole	
	Penlac	Ciclodan ciclopirox	
	Prudoxin Zonalon	doxepin	
	Sernivo	betamethasone fluocinonide hydrocortisone	
	Siliq	Enbrel (PA) Humira (PA) Remicade (PA) Stelara (PA)	
	Soriatane	acitretin	
	Trianex	triamcinolone Triderm	
	Ultravate lotion	clobetasol	
	Vanos	fluocinonide	
	Vectical	calcitriol ointment	
	Verdeso Xerese	desonide acyclovir hydrocortisone	
	Zovirax	acyclovir	
	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

^^ 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 are available over-the-counter, without a prescription. These include medications commonly used to treat heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and allergies (ex. Allegra, Clarinex, Xyzal and any generics).
- › Medications used to treat lifestyle conditions (like infertility, weight loss, erectile dysfunction, smoking cessation²).
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Why aren't some medications covered on my drug list?

Some high-cost medications have clinically appropriate alternatives. Meaning, they work the same or similar to another covered prescription medication or over-the-counter (available without a prescription) alternative. To help lower your overall health care costs, these high-cost medications are not covered. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

We also do not cover 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

Prescription drug list FAQs (cont)

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. 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 cost³ 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.⁴ 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.

Prescription drug list FAQs (cont)

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 5} 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).⁵ 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 and manage 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:⁶

- › 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. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
3. 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.
4. U.S. Food and Drug Administration (FDA) website, "Facts About Generic Drugs." Last updated 06/28/16.
5. 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.
6. 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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