



CIGNA ADVANTAGE 3-TIER PRESCRIPTION DRUG LIST

As of July 1, 2018

Together, all the way.®



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887152 k Advantage 3-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.



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



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

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

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

This chart is just a sample. It may not show how these medications are actually covered on the 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) | \$\$\$ |

Abbreviations next to medications

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

(PA) **Prior Authorization** – Cigna will review information provided by your doctor to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.

(ST) **Step Therapy** – The Step Therapy program encourages the use of lower-cost medications (generics and preferred brands) to treat certain conditions. Certain high-cost brand medications require Step Therapy. This means your plan requires you to try a lower-cost alternative first, before the higher-cost brand may be covered (unless you receive approval from Cigna).

(QL) **Quantity Limits** – For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.

(AGE) **Age Requirements** – You must be within a specific age range for your plan to cover the medication.

*This may not apply to you because not all plans require prior authorization, quantity limits and/or Step Therapy. Please log in to the myCigna website or app or check your plan materials to find out if your plan includes these specific coverage requirements.

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier, may limit you to a 30-day supply and/or require the use of a preferred specialty pharmacy. Log in to the **myCigna** website or app or check your plan materials to learn more about how your plan covers specialty medications.

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

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

Plan exclusions

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

How to find your medication on the drug list

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

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

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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AIDS/HIV

abacavir-lamivudine*	Atripla*	Complera*
lamivudine-zidovudine*	Intelence*	Descovy*
nevirapine ER*	Isentress HD*	Evotaz*
nevirapine*	Isentress*	Genvoya*
	Norvir capsule, solution*	Norvir tablet*
	Prezista*	Odefsey*
	Selzentry*	Prezcobix*
	Truvada*	Reyataz*
		Stribild*
		Sustiva*
		Tivicay*
		Triumeq*
		Viread*

ALLERGY/NASAL SPRAYS

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

ALZHEIMER'S DISEASE

donepezil		Mestinon
donepezil ODT		Namenda
memantine		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		Onfi
alprazolam XR		Prozac (ST, QL)
amitriptyline		Sarafem (ST)
bupropion (QL)		Trintellix (ST)
bupropion SR (QL)		Viibryd (ST)
bupirone		Wellbutrin SR (ST, QL)

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

citalopram (QL)		Xanax
clomipramine		Xanax XR
desvenlafaxine 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		
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	Adcirca* (PA)
budesonide	Advair HFA	Adempas* (PA)
ipratropium-albuterol	Anoro Ellipta	Aralast NP* (PA)
levalbuterol HFA	Atrovent HFA	Combivent
montelukast	Breo Ellipta	Respimat
	Incruse Ellipta	Daliresp (QL)
	ProAir HFA	Fasenra* (PA)
	ProAir RespiClick	Glassia* (PA)
	QVAR	Kalydeco* (PA)
	QVAR Redihaler	Letairis* (PA)
	Striverdi Respimat	Nucala* (PA)
	Symbicort	Ofev* (PA)
	Trelegy Ellipta (ST)	Opsumit* (PA)
		Orenitram ER* (PA)
		Orkambi* (PA)
		Pulmicort
		Pulmozyme* (PA)
		Remodulin* (PA)
		Revatio* (PA)
		Tracleer* (PA)
		Tyvaso* (PA)
		Uptravi* (PA)
		Xolair* (PA)

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

tranexamic acid*	Aranesp* (PA)	Amicar*
	Droxia	Bebulin* (PA)
	Granix*	Ceprotrin*
	Neulasta* (PA)	Epogen* (PA)
	Soliris* (PA)	Procrit* (PA)
	Zarxio*	Promacta* (PA)

BLOOD PRESSURE/HEART MEDICATIONS

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

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

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		
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
enoxaparin* (QL)	Xarelto	Fragmin* (QL)
fondaparinux* (QL)		Pradaxa
Jantoven		Savaysa
prasugrel		Zontivity
warfarin		

Cigna Advantage 3-Tier Prescription Drug List

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

anastrozole	Avastin* (PA)	Afinitor* (PA)
bexarotene* (PA)	FARESTON (QL)	Alecensa* (PA)
capecitabine* (PA)	Gleostine	Arimidex
exemestane	Herceptin* (PA)	Bosulif* (PA)
imatinib* (PA)	Intron A* (PA)	Cabometyx* (PA)
letrozole	Nexavar* (PA)	Cometriq* (PA)
mercaptopurine	Revlimid* (PA)	Cotellic* (PA)
methotrexate*	Rituxan* (PA)	Erivedge* (PA)
raloxifene+	Sprycel* (PA)	Gazyva* (PA)
tamoxifen+	Sutent* (PA)	Gilotrif* (PA)
temozolomide* (PA)	Tarceva* (PA)	Gleevec* (PA)
	Trexall*	Ibrance* (PA)
	Tykerb* (PA)	Iclusig* (PA)
	Valstar*	Imbruvica* (PA)
		Inlyta* (PA)
		Jakafi* (PA)
		Kadcyla* (PA)
		Kisqali* (PA)
		Lenvima* (PA)
		Lonsurf* (PA)
		Lynparza* (PA)
		Mekinist* (PA)
		Ninlaro* (PA)
		Perjeta* (PA)
		Pomalyst* (PA)
		Purixan*
		Rubraca* (PA)
		Stivarga* (PA)
		Sylatron* (PA)
		Tafinlar* (PA)
		Tagrisso* (PA)
		Targretin* (PA)
		Tecentriq* (PA)
		Verzenio* (PA)
		Votrient* (PA)
		Xalkori* (PA)
		Xtandi* (PA)
		Zejula* (PA)
		Zelboraf* (PA)
		Zytiga* (PA)

CHOLESTEROL MEDICATIONS

atorvastatin	Praluent* (PA)	Kynamro* (PA)
atorvastatin 10mg, 20mg+	Repatha* (PA)	Vascepa
ezetimibe		Welchol
fenofibrate		Zetia
fenofibric acid		
fluvastatin 20mg, 40mg+		

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

fluvastatin ER 80mg+		
lovastatin 20mg, 40mg+		
niacin ER		
Niacor		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin		
rosuvastatin 5mg, 10mg+		
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+	Taytulla	Estrostep FE
Amethia Lo+		FC2 Female Condom+
Amethia+		Femcap+
Amethyst+		Kyleena*
Apri+		LoSeasonique
Aranelle+		Minastrin 24 FE
Ashlyna+		Mirena*
Aubra+		NuvaRing
Aviane+		Seasonique
Azurette+		Skyla*
Balziva+		Wide Seal
Bekyree+		Diaphragm+
Blisovi 24 FE+		
Blisovi FE+		
Briellyn+		
Camila+		
Camrese Lo+		
Camrese+		
Caziant+		
Chateal+		
Cryselles+		
Cyclafem+		
Cyred+		
Dasetta+		
Daysee+		
Deblitane+		
Delyla+		

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)		
All contraceptive products may be covered if you meet specific gender requirements.		
desogestrel-ethinyl estradiol ⁺		
drospirenone- ethinyl estradiol- levomefibrate ⁺		
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 FE ⁺		
Larin ⁺		
Larissia ⁺		
Leena ⁺		
Lessina ⁺		
Levonest ⁺		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)		
All contraceptive products may be covered if you meet specific gender requirements.		
levonorgestrel- ethinyl estradiol ⁺		
Levora-28 ⁺		
Lillow ⁺		
Loryna ⁺		
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-eth 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 ⁺		
Pimtrea ⁺		
Pirmella ⁺		
Portia ⁺		
Previfem ⁺		
Quasense ⁺		
Rajani ⁺		

Cigna Advantage 3-Tier Prescription Drug List

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

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

Reclipsen+
Rivelsa+
Setlakin+
Sharobel+
Sprintec+
Sronyx+
Syeda+
Tarina FE+
Tilia FE+
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+
Vienna+
Viorele+
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)
Flowtuss (QL)
Hycofenix (QL)
Tuzistra XR (QL)

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

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

DIABETES

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

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIURETICS			GASTROINTESTINAL/HEARTBURN		
acetazolamide		Diuril	Alophen ⁺	Apriso	Akynzeo* (PA, QL)
eplerenone		Dyazide	alosetron*	Creon	Amitiza
furosemide		Dyrenium	Anucort-HC	Pentasa	Canasa
hydrochlorothiazide		Lasix	balsalazide	Zenpep	Carafate
spironolactone		Maxzide	Bisa-Lax ⁺		Cholbam* (PA)
triamterene-HCTZ		Samsca*	bisacodyl ⁺		Clenpiq
EAR MEDICATIONS			chlordiazepoxide-		CoLyte with flavor
neomycin-		Cipro HC	clidinium		packets ⁺
polymyxin-		Ciprodex	Clearlax ⁺		Correctol ⁺
hydrocortisone			dicyclomine		Diclegis
ofloxacin			diphenoxylate-		Donnatal
EYE CONDITIONS			atropine		Dulcolax ⁺
azelastine	Restasis	Acuvail	dronabinol		Entyvio* (PA)
bacitracin	Simbrinza	Alphagan P	Ducodyl ⁺		Gattex* (PA)
brimonidine	Travatan Z	Alrex	Gavilax ⁺		Gialax ⁺
ciprofloxacin	Xiidra	Azasite	Gavilyte-C ⁺		GoLYTELY ⁺
dorzolamide-timolol		Azopt	Gavilyte-G ⁺		Kristalose
erythromycin		Besivance	Gavilyte-N ⁺		Lialda (ST)
fluorometholone		Betimol	GentleLax ⁺		Linzess
gatifloxacin		Betoptic S	Glycolax ⁺		Miralax ⁺
ketorolac		Bromsite	HealthyLax ⁺		Movantik (PA)
latanoprost		Combigan	Hemmorex-HC		MoviPrep ⁺
moxifloxacin		Cosopt PF	hydrocortisone		Nulytely with flavor
neomycin-		Cystaran* (QL)	suppository		packets ⁺
polymyxin-		Durezol	lansoprazole-		Ocaliva* (PA)
dexamethasone		Eylea* (PA)	amoxicillin-		OsmoPrep ⁺
ofloxacin		Ilevro	clarithromycin		Pancreaze
olopatadine		Iluvien*	(combo pak)		Pertzye
polymyxin B sul-		Lotemax	LaxaClear ⁺		Prepopik ⁺
trimethoprim		Lucentis* (PA)	mesalamine 1.2gm		Ravicti* (PA)
prednisolone		Moxeza	tablet, enema		Rectiv
timolol		Nevanac	metoclopramide		Relistor (PA)
tobramycin		Ozurdex*	metoclopramide		Sancuso (PA, QL)
tobramycin-		Prolensa	ODT		Sensipar*
dexamethasone		Tobradex	Natura-Lax ⁺		sfRowasa
		Tobradex ST	ondansetron		Sucraid*
		Vigamox	ondansetron ODT		Suprep ⁺
		Xalatan	PEG 3350-electrolyte ⁺		Sustol (PA)
		Zioptan (ST, QL)	PEG-Prep ⁺		Symproic (PA)
		Zirgan	Phenadoz		Transderm-Scop
		Zylet	Powderlax ⁺		Varubi* (PA, QL)
			promethazine		Viberzi
			suppository		Viokace
			Promethegan		
			Purelax ⁺		
			Smooth LAX ⁺		
			sucralfate		
			TriLyte with flavor		
			packets ⁺		
			ursodiol		
FEMININE PRODUCTS					
Fem pH		AVC			
Gynazole 1		Relagard			
miconazole 3		Terazol 7			
terconazole					

Cigna Advantage 3-Tier Prescription Drug List

HORMONAL AGENTS			INFECTIONS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
Amabelz	AndroGel 1.62% (PA, QL)	Activella	acyclovir	Baraclude solution*	Albenza
budesonide EC	Duavee	Alora (QL)	amoxicillin	Epclusa* (PA)	Alinia
cabergoline (QL)	Forteo*	Androderm (PA, QL)	amoxicillin-clavulanate ER	Harvoni* (PA)	Bactrim
Covaryx	Humatrope* (PA)	AndroGel 1% (PA, QL)	amoxicillin-clavulanate	Kitabis Pak*	Bactrim DS
Covaryx H.S.	Premarin	Angeliq	atovaquone	Mavyret* (PA)	Baraclude tablet*
desmopressin*	Premphase	Armour Thyroid	atovaquone-proguanil	Pegasys* (PA)	Biltricide
dexamethasone	Prempro	Aveed* (PA)	Avidoxy	Sovaldi* (PA)	Cayston*
EEMT	Sandostatin LAR Depot* (PA)	Climara	azithromycin	Tamiflu	Ceftin
EEMT H.S.	Serostim* (PA)	Climara Pro	cefdinir	Thalomid* (PA)	Cipro
estradiol (QL)	Zorbtive* (PA)	Combipatch	cefixime	Vosevi* (PA)	Cleocin
estradiol-norethindrone		Cytomel	cefuroxime		Clindesse
estrogen-methyltestosterone		Deltasone	cephalexin		Cresemba (PA)
levothyroxine		Depo-Testosterone	ciprofloxacin		Daraprim* (PA)
Levoxyl		Divigel	clarithromycin		Dificid (PA)
liothyronine		Elestrin	clarithromycin ER		E.E.S. 400
Locort		Emflaza* (PA)	clindamycin		Eryped 200
medroxyprogesterone		Entocort EC	Coremino		Ery-Tab
methimazole		Estrace	dapsone		Minocin
methylprednisolone		Estring (QL)	Doxy 100		Monurol
Millipred		Estrogel	doxycycline		Noxafil
Millipred DP		Evamist	doxycycline IR-DR		PCE
Mimvey		Femring	Emverm		PegIntron* (PA)
Mimvey Lo		Ganirelix*	entecavir*		Plaquenil
Nature-Throid		H.P. Acthar* (PA)	erythromycin		Sulfatrim
norethindrone		Levo-T	famciclovir		Suprax
NP Thyroid		Lupron Depot* (PA)	fluconazole		Synagis* (PA)
prednisolone		Menostar (QL)	hydroxychloroquine		Tamiflu capsule (QL)
prednisolone ODT		Minivelle (QL)	itraconazole		Tobi Podhaler*
prednisone		Natpara* (PA)	levofloxacin		Uretron D-S
prednisone intensol		Osphena	metronidazole		Uribel
progesterone		Rayaldee	minocycline		Urogescic-Blue
testosterone (PA, QL)		Somatuline Depot* (PA)	minocycline ER		UTA
testosterone cypionate		Somavert* (PA)	Mondoxyne NL		Valtrex
thyroid		Striant (PA, QL)	Morgidox		Vemlidy*
Unithroid 75mg		Supprelin LA* (PA)	moxifloxacin		Vibramycin
Westhroid		Synthroid	nitrofurantoin		Xifaxan
WP Thyroid		Testopel (PA)	nystatin		Zepatier* (PA)
Yuvaferm (QL)		Thyrogen*	Okebo		Zithromax
		Tirosint	oseltamivir (QL)		Zmax
		Unithroid	penicillin V		
		Vagifem (QL)	sulfamethoxazole-trimethoprim		
		Vivelle-Dot (QL)	terbinafine		
			tetracycline		
			tinidazole		
			tobramycin*		

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)			NUTRITIONAL/DIETARY		
valacyclovir valganciclovir vancomycin vandazole voriconazole (PA)			B-12 compliance calcitriol calcium cyanocobalamin injection D-Vi-Sol+ D3-2000+ D3-50+ Decara+ Delta D3+ Dialyvite Vitamin D+ Dialyvite Vitamin D3 Max+ FA-8+ folic acid Klor-Con Klor-Con M10, M20 Klor-Con Sprinkle lanthanum carbonate levocarnitine multivitamin with fluoride multivitamin-iron- fluoride+ Optimal D3+ PNV-DHA polyvitamins- fluoride+ potassium chloride Prena1 Pearl prenatal vitamin+ Prenatal+ Right Step+ sevelamer sodium fluoride+ Super Daily D3+ Thera-D+ 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	Fosrenol powder Nestabs DHA OB Complete One Prefera OB Prenate DHA, Elite	Auryxia (QL) Bio-D-Mulsion Forte+ Bio-D-Mulsion+ CitraNatal Concept DHA Escavite D+ Escavite+ Feriva 21-7 Ferralet 90 Fosrenol tablet Integra Plus Irospan Just D+ K-Tab ER Klor-Con 10 Klor-Con 8 Klor-Con M15 KPN+ Maximum D3+ Mephyton MVC-fluoride+ Nascobal OB Complete Gold Optimal D3 M+ Perry Prenatal+ Phoslyra Physicians EZ Use B-12 Poly-Vi-Flor+ Poly-Vi-Flor With Iron+ Prenate Quflora+ Renagel Renvela Replesta NX+ Replesta+ Texavite LQ+ Tri-Vi-Flor+ Tristart DHA Urosex+ Velphoro Veltassa Vitafof vitaMedMD One Rx vitaPearl VP-PNV-DHA
INFERTILITY					
clomiphene	Follistim AQ*	Crinone Endometrin Makena* (PA) Menopur*			
MISCELLANEOUS					
disulfiram NebuSal 3% PulmoSal sodium chloride tetrabenazine* (PA)	Cerdelga* (PA) Nityr* (PA) TechLITE lancets	Addyi (QL) Botox* (PA) Carbaglu* Cerezyme* (PA) Dysport* (PA) Esbriet* (PA) Exjade* Ferriprox* HyperSal Jadenu* Kuvan* (PA) Lumizyme* (PA) Myalept* (PA) Naglazyme* (PA) NebuSal 6% Nuedexta (QL) Orfadin* (PA) Strensiq* (PA) Syprine* (PA) Vimizim* (PA) Vivitrol* VPRIV* (PA) Xenazine* (PA) Xeomin* (PA) Zavesca* (PA)			
MULTIPLE SCLEROSIS					
glatiramer* (PA) Glatopa* (PA)	Ampyra* (PA) Aubagio* (PA) Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA) Rebif* (PA) Tecfidera* (PA)	Lemtrada* (PA) Ocrevus* (PA) Tysabri* (PA) Zinbryta* (PA)			

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
OSTEOPOROSIS PRODUCTS			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
alendronate 40mg (QL)	Tymlos*	Actonel (ST)	hydrocodone-acetaminophen (PA, QL)		Synvisc-One* (PA)
alendronate		Fosamax Plus D (ST)	hydromorphone (PA, QL)		Tremfya* (PA)
ibandronate*		Prolia* (PA)	hydromorphone ER (PA, QL)		Uloric
raloxifene		Xgeva* (PA)	ibuprofen		Voltaren (ST, QL)
risedronate			indomethacin		Xeljanz XR* (PA)
risedronate DR			indomethacin ER		Xeljanz* (PA)
PAIN RELIEF AND INFLAMMATORY DISEASE			ketorolac (QL)		Zebutal (QL)
acetaminophen-codeine (PA, QL)	Actemra* (PA)	Abstral (PA, QL)	leflunomide		Zohydro ER (PA, QL)
acetaminophen-caffeine-codeine (PA, QL)	Embeda (PA, QL)	Actiq (PA, QL)	lidocaine 5% ointment (QL)		
acitretin	Enbrel* (PA)	Analpram HC	lidocaine viscous		
allopurinol	Humira* (PA)	Benlysta* (PA)	lidocaine-prilocaine		
baclofen	Hysingla ER (PA, QL)	Butrans (QL)	Lidopril		
buprenorphine (QL)	Otezla* (PA)	Celebrex (ST, QL)	Lidopril XR		
butalbital-acetaminophen	Rasuvo* (PA)	Cimzia* (PA)	LiproZonePak		
butalbital-caffeine-codeine (PA, QL)	Remicade* (PA)	Colcrys	Livixil Pak		
butalbital-acetaminophen-caffeine (QL)	Stelara* (PA)	Cosentyx* (PA)	Lorcet (PA, QL)		
carisoprodol	Xtampza ER (PA, QL)	Cuprimine* (PA)	Lorcet HD (PA, QL)		
celecoxib (QL)		Depen* (PA)	Lorcet Plus (PA, QL)		
colchicine		Duragesic (PA, QL)	Lortab (PA, QL)		
cyclobenzaprine		Esgic (QL)	Medolor Pak		
DermacinRx Empricaine		Euflexxa* (PA)	meloxicam		
DermacinRx Prizopak		Fentora (PA, QL)	Metaxall		
diclofenac gel (QL)		Fexmid	metaxalone		
diclofenac ER		Flector (ST, QL)	methocarbamol		
diclofenac-misoprostol		Gelsyn-3* (PA)	morphine (PA, QL)		
dihydroergotamine (QL)		Hyalgan* (PA)	morphine ER (PA, QL)		
eletriptan (QL)		Ilaris* (PA)	nabumetone		
Endocet (PA, QL)		Lazanda (PA, QL)	naproxen		
etodolac		Lidoderm	naproxen DS		
etodolac ER		Maxalt (QL)	oxycodone (PA, QL)		
fenoprofen		Maxalt MLT (QL)	oxycodone ER (PA, QL)		
Fenortho (ST)		Mitigare	oxycodone-acetaminophen (PA, QL)		
fentanyl patch (PA, QL)		Monovisc* (PA)	oxymorphone (PA, QL)		
Fioricet (QL)		Nucynta (PA, QL)	oxymorphone ER (PA, QL)		
frovatriptan (QL)		Nucynta ER (PA, QL)	Prilolid		
Glydo		Onzetra Xsail (QL)	Primlev (PA, QL)		
		Orencia* (PA)	Profeno		
		Orthovisc* (PA)			
		Otrexup* (PA)			
		Oxaydo (PA, QL)			
		Pennsaid (ST)			
		Percocet (PA, QL)			
		Procort			
		Proctofoam-HC			
		Relpax (QL)			
		Savella			
		Subsys (PA, QL)			
		Synvisc* (PA)			

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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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		Apokyn* (PA)
benztropine		Azilect
bromocriptine		Mirapex
carbidopa-levodopa		Mirapex ER
carbidopa-levodopa ER		Neupro
pramipexole		Rytary
pramipexole ER		Sinemet
rasagiline		Sinemet CR
ropinirole		Tasmar
ropinirole ER		Xadago

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	Dilantin 30mg	Aptiom
carbamazepine ER	Lamictal XR start	Banzel (QL)
clonazepam	kit	Briviact
divalproex	Lyrica	Carbatrol

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SEIZURE DISORDERS (cont)

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
Roweepa		Oxtellar XR
topiramate		Phenytek
topiramate ER 50mg capsule		Qudexy XR
		Sabril*
		Spritam
		Tegretol
		Tegretol XR
		Topamax
		topiramate ER (25mg, 100mg, 150mg, 200mg)
		Trileptal
		Trokendi XR
		Vimpat

SKIN CONDITIONS

acitretin	Aczone 7.5%	Aczone 5%
adapalene (PA)	Eucrisa	Denavir (QL)
Ala-Cort 2.5%	Fluoroplex	Desonate (ST)
Amnesteem (QL)	Targretin gel*	Desowen (ST)
AVAR cleanser		Drysol
AVAR-E cream		Dupixent* (PA)
BP 10-1		Ecoza
calcipotriene		Efudex
calcipotriene-betamethasone DP		Elidel
Calcitrene		Exelderm
Claravis (QL)		Finacea
Clindacin ETZ		Hydro 35
Clindacin P		Hydro 40
clindamycin		Naftin
clindamycin-benzoyl peroxide		Nizoral
clindamycin-tretinoin		Picato
clobetasol		Santyl (QL)
Clodan shampoo		Sklice
clotrimazole-betamethasone		Soolantra
		Taltz* (PA)
		Tolak
		Topicort (ST)
		Tremfya* (PA)

Cigna Advantage 3-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
desonide		Tridesilon (ST)
doxepin		Umecta
econazole		Uramaxin
fluocinonide		Xolegel
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 lotion		
sulfacetamide-sulfur		
SSS 10-5		
SulfaCleanse 8-4		
tacrolimus ointment		
tretinoin cream, gel (PA)		
triamcinolone topical		
Triderm		
Zenatane (QL)		

SLEEP DISORDERS/SEDATIVES

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
armodafinil (PA)	Belsomra (ST)	Rozerem (ST, QL)
eszopiclone	Silenor (ST)	Xyrem* (PA)
modafinil (PA)		
temazepam		
zolpidem		
zolpidem ER		

SMOKING CESSATION

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
bupropion SR ⁺		Nicorette ⁺
NicoDerm CQ ⁺		
Nicorelief ⁺		
nicotine gum ⁺		
nicotine lozenge ⁺		
nicotine patch ⁺		
Quit 2 ⁺		
Quit 4 ⁺		

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
buprenorphine	Bunavail	
buprenorphine- naloxone	Narcan	
naloxone	Probuphine	
naltrexone (QL)	Suboxone	
	Zubsolv	

TRANSPLANT MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
azathioprine*	Prograf*	Astagraf XL*
mycophenolic acid*		Cellcept*
sirolimus*		Envarsus XR*
tacrolimus*		Myfortic*
		Neoral*
		Zortress*

URINARY TRACT CONDITIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
cevimeline		Avodart
darifenacin ER		Cystagon*
dutasteride		Elmiron
finasteride		Jalyn
oxybutynin		Procysbi* (PA)
oxybutynin ER		Pyridium
phenazopyridine		Rapaflo
potassium citrate ER		Thiola*
tamsulosin		
tolterodine		
tolterodine ER		
trospium		
trospium ER		

Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay the full cost of the medication. **We want you to know your plan covers other medications that offer similar health outcomes.**^^ We've listed some below. **You should call your doctor's office to talk about your options.**

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto injector
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g., fluticasone)
	QNASL Children	budesonide fluticasone triamcinolone
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil	clomipramine
	Aplenzin	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline
	Parnate	tranylcypromine
	Pexeva	paroxetine
	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 <i>(cont)</i>	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	

^^ 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
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Edarbi	Generic ARBs (e.g., losartan, valsartan)
	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

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
DENTAL PRODUCTS	Arestin	minocycline/ER
DIABETES	Accu-Chek, Contour, Freestyle, all other test strips and meters	OneTouch test strips and meters
	Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	Fortamet Glumetza metformin ER (generic Fortamet and Glumetza)	metformin ER (generic Glucophage XR)
	Invokamet Invokamet XR	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga
	Jentadueto Jentadueto XR Kazano Nesina	Janumet, Janumet XR
	Kombiglyze XR Onglyza Oseni Tradjenta	alogliptin alogliptin-metformin Januvia, Janumet, Janumet XR
	Lantus Toujeo SoloStar	Basaglar, Levemir, Tresiba
	QTERN	Glyxambi
	Tanzeum Victoza	Trulicity
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn
	Bepreve Emadine Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine
	Elestat	epinastine
	Lumigan	bimatoprost latanoprost Travatan Z

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
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	
	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	amantadine
		Lodosyn	carbidopa
Requip XL		ropinirole ER	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole	
	Fazaclo Versacloz	clozapine clozapine ODT	
	Geodon	ziprasidone	
	Zyprexa	olanzapine	
	Zyprexa Zydis	olanzapine ODT	
	SEIZURE DISORDERS	Mysoline	primidone
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	clobetasol halobetasol
	Jublia Kerydin	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	
	Noritrate	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	
	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 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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