



CIGNA LEGACY (PERFORMANCE) 3-TIER PRESCRIPTION DRUG LIST

As of January 1, 2019

Together, all the way.®



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

891393 g Legacy (Performance) 3-Tier 08/18



Table of Contents

Getting started

| | |
|-----------------------------|----|
| Your prescription drug list | 3 |
| How to read your drug list | 3 |
| How to find your medication | 5 |
| Prescription drug list FAQs | 17 |
| Exclusions and limitations | 19 |

View your drug list online

This document was last updated 03/01/2018.* 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 – Legacy Performance 3 Tier – from the drop down menu.



Questions? – Call the toll-free number on the back of your Cigna ID card. We’re here to help. If it’s easier, you can also chat with us online on the **myCigna** website, Monday–Friday, 9:00 am–8:00 pm EST.

* Drug list created: originally created 07/01/2016

Last updated: 03/01/2018, for changes that were effective 07/01/2018

Next planned update: 03/01/2019, for changes that will be effective 07/01/2019

Your prescription drug list

This document shows the most commonly prescribed medications covered on the Legacy (Performance) Drug List as of January 1, 2019.¹ All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (cost-share levels).

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

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Legacy (Performance) 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 (cost-share 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 extra 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 Legacy (Performance) Prescription Drug List.

Tiers

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

| | | |
|--|--------------------------|--------|
| › Tier 1 – Typically Generics | (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 extra requirements before your plan will cover them.* 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 – Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (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. Some medications aren't considered clinically appropriate for individuals who aren't within that age range. |

*This may not apply to your plan because not all plans have extra coverage requirements like prior authorization, quantity limits, Step Therapy and/or age. 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 coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Please 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). Please 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

Your plan excludes certain types of medications or products from coverage. This is known as a “plan (or benefit) exclusion.” This means that your plan doesn’t cover any prescription medications in the drug class or to treat the specific condition. There’s also no option to receive coverage through a medication review process. In this drug list, these medications have a caret (^) next to them. Please log in to the **myCigna** website or app, or check your plan materials, to find out if your plan excludes your medication from coverage.

How to find your medication on the drug list

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

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

Cigna Legacy (Performance) 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

AIDS/HIV

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------------------|--|------------------|
| abacavir- lamivudine* | Atripla* | Complera* |
| atazanavir* | Biktarvy* | Evotaz* |
| ritonavir* | Descovy* | Norvir tablet* |
| tenofovir* | Genvoya* | Odefsey* |
| | Intelence* | Prezcobix* |
| | Isentress HD* | Reyataz capsule* |
| | Isentress* | Stribild* |
| | Norvir capsule, solution, powder* | Viread 300mg* |
| | Prezista* | |
| | Reyataz packet* | |
| | Selzentry* | |
| | Tivicay* | |
| | Triumeq* | |
| | Truvada* | |
| | Viread 150, 200, 250mg tablet; powder* | |

ALLERGY/NASAL SPRAYS

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|------------------------------------|----------------|--------------------|
| Adyphren | | Auvi-Q (PA, QL) |
| Adyphren Amp | | Beconase AQ (ST) |
| azelastine | | Clarinet-D 12 Hour |
| cromolyn | | Dymista (ST) |
| cyproheptadine | | EpinephrineSnap-V |
| desloratadine | | EpiPen (PA, QL) |
| epinephrine auto- injector (QL) | | EpiPen Jr (PA, QL) |
| flunisolide | | EPLsnap |
| fluticasone | | Karbinal ER |
| hydroxyzine | | Nasonex (ST, QL) |
| ipratropium | | Omnaris (ST) |
| mometasone spray (QL) | | QNASL (ST) |
| olopatadine spray | | QNASL Children |
| Phenergan | | Ryvent |
| promethazine | | Semprex-D |
| | | Sinuva* (PA) |
| | | Zetonna (ST) |

ALZHEIMER'S DISEASE

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|-------------------|----------------|------------------|
| donepezil | Mestinon syrup | Mestinon tablet |
| donepezil ODT | Namenda | Namenda |
| memantine | Titration Pak | Namenda XR (QL) |
| memantine ER | | Namzaric (QL) |
| pyridostigmine | | Regonol |
| pyridostigmine ER | | |
| rivastigmine | | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

ANXIETY/DEPRESSION/BIPOLAR DISORDER

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---------------------------|----------------|------------------------|
| amitriptyline | | Aplenzin (ST, QL) |
| bupropion (QL) | | Ativan |
| bupropion SR (QL) | | Cymbalta (ST, QL) |
| bupropion XL (QL) | | Effexor XR (ST, QL) |
| buspirone | | Fetzima (ST, QL) |
| citalopram (QL) | | Forfivo XL (ST, QL) |
| clomipramine | | Lexapro (ST, QL) |
| desvenlafaxine ER (QL) | | Pristiq (ST, QL) |
| duloxetine (QL) | | Prozac (ST, QL) |
| escitalopram (QL) | | Sarafem (ST) |
| fluoxetine (QL) | | Trintellix (ST) |
| fluoxetine DR (QL) | | Viibryd (ST) |
| paroxetine (QL) | | Wellbutrin SR (ST, QL) |
| paroxetine CR (QL) | | Zoloft (ST, QL) |
| paroxetine ER (QL) | | |
| sertraline (QL) | | |
| trazodone | | |
| venlafaxine (QL) | | |
| venlafaxine ER (QL) | | |

ASTHMA/COPD/RESPIRATORY

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---------------------------|-------------------------|-----------------------------|
| albuterol | Advair Diskus | Adcirca* (PA) |
| budesonide | Advair HFA | Adempas* (PA) |
| inhalation | Anoro Ellipta | AirDuo RespiClick (ST) |
| ipratropium- albuterol | Asmanex | Aralast NP* (PA) |
| montelukast | Atrovent HFA | Arcapta Neohaler |
| | Breo Ellipta | ArmonAir RespiClick (ST) |
| | Combivent Respimat | Arnuity Ellipta (ST) |
| | Flovent Diskus | Daliresp (QL) |
| | Flovent HFA | Dulera (ST) |
| | Incruse Ellipta | Fasenra* (PA) |
| | ProAir HFA | Glassia* (PA) |
| | ProAir RespiClick | Kalydeco* (PA, QL) |
| | Pulmicort | Letairis* (PA) |
| | Flexhaler | Nucala* (PA) |
| | Pulmozyme* (PA) | Ofev* (PA) |
| | QVAR RediHaler | Opsumit* (PA) |
| | Serevent Diskus | Orenitram ER* (PA) |
| | Spiriva | Orkambi* (PA, QL) |
| | Stiolto Respimat | Proventil HFA |
| | Striverdi | Pulmicort |
| | Respimat | Remodulin* (PA) |
| | Symbicort | Symdeko* (PA, QL) |
| | Trelegy Ellipta (ST) | Tracleer* (PA) |
| | Ventolin HFA | Tudorza Pressair (ST) |
| | Xolair* (PA) | Tyvaso* (PA) |
| | | Upravi* (PA) |
| | | Xopenex HFA |

Cigna Legacy (Performance) 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

ATTENTION DEFICIT HYPERACTIVITY DISORDER

| | | |
|--------------------------------|--------------|----------------------|
| atomoxetine | Vyvanse (PA) | Adderall (ST) |
| dexmethyl-phenidate | | Adderall XR (ST) |
| dexmethyl-phenidate ER | | Adzenys ER (PA) |
| dextroamphetamine-phenidate ER | | Adzenys XR-ODT (PA) |
| dextroamphetamine ER | | Aptensio XR (ST) |
| dextroamphetamine-phenidate ER | | Concerta (ST) |
| guanfacine ER | | Cotempla XR-ODT (PA) |
| Metadate ER | | Daytrana (PA) |
| methylphenidate CD | | Dyanavel XR (PA) |
| methylphenidate ER | | Evekeo (ST) |
| methylphenidate LA | | Focalin (ST) |
| | | Focalin XR (ST) |
| | | Methylin (ST) |
| | | Mydayis (ST) |
| | | Quillichew ER (PA) |
| | | Quillivant XR (PA) |
| | | Ritalin (ST) |
| | | Ritalin LA (ST) |

BLOOD MODIFIERS/BLEEDING DISORDERS

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

BLOOD PRESSURE/HEART MEDICATIONS

| | | |
|---------------------------|----------------------|-------------------------------------|
| Afeditab CR | Bystolic | Azor |
| amlodipine | Corlanor (PA) | Bayer Chewable Aspirin ⁺ |
| amlodipine-benazepril | Entresto (PA) | Benicar (ST) |
| amlodipine-olmesartan | Multaq | Benicar HCT (ST) |
| amlodipine-valsartan | Nitro-Dur 0.3, 0.8mg | Berinert* (PA) |
| amlodipine-valsartan-HCTZ | Tekturna | BiDil (QL) |
| Aspirin 81 ⁺ | Tekturna HCT | Cardizem |
| Aspirin-Low ⁺ | | Cardizem CD |
| aspirin EC ⁺ | | Cardizem LA |
| aspirin ⁺ | | Cinryze* (PA) |
| atenolol | | Coreg CR |
| atenolol-chlorthalidone | | Cozaar (ST) |
| benazepril | | Diovan (ST) |
| benazepril-HCTZ | | Diovan HCT (ST) |
| bisoprolol | | Edarbi (ST) |
| | | Edarbyclor (ST) |
| | | Epaned (ST) |
| | | Firazyr* (PA) |
| | | GoNitro |
| | | Haegarda* (PA) |
| | | Hemangeol |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

BLOOD PRESSURE/HEART MEDICATIONS (cont)

| | | |
|-----------------------------------|--|--------------------------------|
| Bufferin ⁺ | | Inderal LA |
| candesartan | | Inderal XL |
| Cartia XT | | Innopran XL |
| carvedilol | | Nitro-Dur 0.1, 0.2, 0.4, 0.6mg |
| carvedilol ER | | Nitrolingual |
| clonidine | | Nitromist |
| Digitek | | Nitrostat |
| Digox | | Northera* (PA) |
| digoxin | | Norvasc |
| Dilt-XR | | Ranexa (ST, QL) |
| diltiazem | | Tiazac |
| diltiazem CD | | Tikosyn (QL) |
| diltiazem ER | | Toprol XL |
| dofetilide (QL) | | Tribenzor |
| doxazosin | | Vasotec (ST) |
| 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 | | |
| quinapril | | |
| ramipril | | |
| Taztia XT | | |
| telmisartan | | |
| telmisartan-HCTZ | | |
| tri-buffered aspirin ⁺ | | |
| valsartan | | |
| valsartan-HCTZ | | |
| verapamil | | |
| verapamil ER | | |
| verapamil SR | | |

Cigna Legacy (Performance) 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

BLOOD THINNERS/ANTI-CLOTTING

| | | |
|-----------------------------|---------------|--------------|
| aspirin- dipyridamole ER | Brilinta | Bevyxxa (QL) |
| clopidogrel | Eliquis | Coumadin |
| enoxaparin* (QL) | Fragmin* (QL) | Effient |
| fondaparinux* (QL) | Xarelto | Pradaxa |
| Jantoven | | Savaysa |
| prasugrel | | Zontivity |
| warfarin | | |

CANCER

| | | |
|------------------------|-----------------|------------------------|
| anastrozole | Actimmune* | Afinitor Disperz* (PA) |
| bexarotene* (PA) | (PA) | Afinitor* (PA) |
| capecitabine* (PA) | Avastin* (PA) | Alecensa* (PA) |
| imatinib* (PA) | Herceptin* (PA) | Arimidex |
| letrozole | Intron A* (PA) | Bosulif* (PA) |
| mercaptopurine | Nexavar* (PA) | Cabometyx* (PA) |
| methotrexate* | Revlimid* (PA) | Cometriq* (PA) |
| tamoxifen ⁺ | Rituxan* (PA) | Cotellic* (PA) |
| temozolomide* (PA) | Sprycel* (PA) | Erivedge* (PA) |
| | Sutent* (PA) | Erleada* (PA) |
| | Tarceva* (PA) | Fareston (QL) |
| | Tasigna* (PA) | Gazyva* (PA) |
| | Trexall* | Gilotrif* (PA) |
| | Valstar* | Gleevec* (PA) |
| | | Ibrance* (PA) |
| | | Iclusig* (PA) |
| | | Imbruvica* (PA) |
| | | Inlyta* (PA) |
| | | Jakafi* (PA) |
| | | Kadcyla* (PA) |
| | | Lenvima* (PA) |
| | | Lonsurf* (PA) |
| | | Lynparza* (PA) |
| | | Mekinist* (PA) |
| | | Nerlynx* (PA) |
| | | Ninlaro* (PA) |
| | | Perjeta* (PA) |
| | | Pomalyst* (PA) |
| | | Stivarga* (PA) |
| | | Sylatron* (PA) |
| | | Tafinlar* (PA) |
| | | Tagrisso* (PA) |
| | | Targretin* (PA) |
| | | Tecentriq* (PA) |
| | | Verzenio* (PA) |
| | | Votrient* (PA) |
| | | Xalkori* (PA) |
| | | Xtandi* (PA) |
| | | Zelboraf* (PA) |
| | | Zytiga* (PA) |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CHOLESTEROL MEDICATIONS

| | | |
|---|---------------|----------------|
| atorvastatin 10mg, 20mg ⁺ | Repatha* (PA) | Crestor (ST) |
| ezetimibe | | Korlym* (PA) |
| ezetimibe- simvastatin | | Kynamro* (PA) |
| fenofibrate | | Lipitor (ST) |
| fenofibric acid | | Livalo (ST) |
| fluvastatin 20mg, 40mg ⁺ | | Praluent* (PA) |
| fluvastatin ER 80mg ⁺ | | Vascepa |
| lovastatin 20mg, 40mg ⁺ | | Vytorin (ST) |
| niacin ER | | Zetia |
| Niacor | | |
| omega-3 acid ethyl esters | | |
| pravastatin 10mg, 20mg, 40mg, 80mg ⁺ | | |
| rosuvastatin 5mg, 10mg ⁺ | | |
| simvastatin 10mg, 20mg, 40 mg ⁺ (QL) | | |
| Triкло | | |

CONTRACEPTIVE PRODUCTS

| | | |
|----------------------------|----------------|--|
| Aftera ⁺ | Lo Loestrin FE | Bayaz |
| Altavera ⁺ | NuvaRing | Caya Contoured ⁺ |
| Alyacen ⁺ | Taytulla | Ella ⁺ |
| Amethia Lo ⁺ | | Estrostep FE |
| Amethia ⁺ | | FC2 Female Condom ⁺ |
| Amethyst ⁺ | | Femcap ⁺ |
| Apri ⁺ | | Kyleena* |
| Aranelle ⁺ | | Loestrin FE |
| Ashlyna ⁺ | | LoSeasonique |
| Aubra ⁺ | | Microgestin ⁺ |
| Aviane ⁺ | | Minastrin 24 FE |
| Azurette ⁺ | | Mirena* |
| Balziva ⁺ | | Nexplanon* |
| Bekyree ⁺ | | Seasonique |
| Blisovi 24 FE ⁺ | | Skyla* |
| Blisovi FE ⁺ | | Today Contraceptive Sponge ⁺ |
| Briellyn ⁺ | | Wide Seal Diaphragm ⁺ |
| Camila ⁺ | | |
| Camrese Lo ⁺ | | |
| Camrese ⁺ | | |
| Caziant ⁺ | | |
| Chateal ⁺ | | |
| Cryselle ⁺ | | |
| Cyclafem ⁺ | | |

Cigna Legacy (Performance) 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CONTRACEPTIVE PRODUCTS (cont)

| | | |
|---|--|--|
| Cyred+ | | |
| Dasetta+ | | |
| Daysee+ | | |
| Deblitane+ | | |
| Delyla+ | | |
| desogestrel- ethinyl estradiol+ | | |
| drospirenone- ethinyl estradiol- levomefibrate+ | | |
| drospirenone- ethinyl estradiol+ | | |
| Econtra EZ+ | | |
| Econtra One-Step+ | | |
| Elinest+ | | |
| Emoquette+ | | |
| Enpresse+ | | |
| Enskyce+ | | |
| Errin+ | | |
| Estaylla+ | | |
| ethynodiol- ethinyl estradiol+ | | |
| Falmina+ | | |
| Fayosim+ | | |
| Femynor+ | | |
| Gianvi+ | | |
| Heather+ | | |
| Introvale+ | | |
| Isibloom+ | | |
| jencycla+ | | |
| Jolessa+ | | |
| Jolivette+ | | |
| Juleber+ | | |
| Junel FE 24+ | | |
| Junel FE+ | | |
| Junel+ | | |
| Kaitlib FE+ | | |
| Kariva+ | | |
| Kelnor 1-35+ | | |
| Kelnor 1-50+ | | |
| Kimidess+ | | |
| Kurvelo+ | | |
| Larin 24 FE+ | | |
| Larin FE+ | | |
| Larin+ | | |
| Larissia+ | | |
| Leena+ | | |
| Lessina+ | | |
| Levonest+ | | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CONTRACEPTIVE PRODUCTS (cont)

| | | |
|---|--|--|
| levonorgestrel- ethinyl estradiol+ | | |
| Levora-28+ | | |
| Lillow+ | | |
| Loryna+ | | |
| Low-Ogestrel+ | | |
| Lutera+ | | |
| Lyza+ | | |
| Marlissa+ | | |
| medroxy- progesterone 150mg/ml+ | | |
| Melodetta 24 FE+ | | |
| Mibelas 24 FE+ | | |
| Microgestin FE+ | | |
| Mili+ | | |
| Mono-Linyah+ | | |
| Mononessa+ | | |
| My Choice+ | | |
| My Way+ | | |
| Myzilra+ | | |
| Necon 0.5/35+ | | |
| Necon 7/7/7+ | | |
| Nikki+ | | |
| Nora-BE+ | | |
| norethindrone- ethinyl estradiol+ | | |
| norethindrone- ethinyl estradiol- iron+ | | |
| norethindrone+ | | |
| norgestimate- ethinyl estradiol | | |
| Norlyda+ | | |
| Norlyroc+ | | |
| Nortrel+ | | |
| Ocella+ | | |
| Opcicon One-Step+ | | |
| Option 2+ | | |
| Orsythia+ | | |
| Philith+ | | |
| Pimtrea+ | | |
| Pirmella+ | | |
| Portia+ | | |
| Previfem+ | | |
| Quasense+ | | |
| Rajani+ | | |
| Reclipsen+ | | |
| Rivelsa+ | | |

Cigna Legacy (Performance) 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CONTRACEPTIVE PRODUCTS (cont)

| | | |
|-------------------|--|--|
| 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-Mili+ | | |
| Tri-Previfem+ | | |
| Tri-Sprintec+ | | |
| Tri-Vylibra+ | | |
| Trinessa Lo+ | | |
| Trinessa+ | | |
| Trivora-28+ | | |
| Tulana+ | | |
| Tydemy+ | | |
| VCF+ | | |
| Velivet+ | | |
| Vienva+ | | |
| Viorele+ | | |
| Vyfemia+ | | |
| Vylibra+ | | |
| Wera+ | | |
| Wymzya FE+ | | |
| Xulane+ | | |
| Zarah+ | | |
| Zenchant+ | | |
| Zovia 1-35e+ | | |
| Zovia 1-50e+ | | |

COUGH/COLD MEDICATIONS

| | | |
|---|----------------|------------------|
| benzonatate | Tussicaps (QL) | Tessalon Perle |
| Bromfed DM | | Tussionex (QL) |
| brompheniramine- pseudoephedrine- DM | | Tuzistra XR (QL) |
| hydrocodone- chlorpheniramine ER (QL) | | |
| hydrocodone- homatropine (QL) | | |
| Hydromet (QL) | | |
| Tussigon (QL) | | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

DENTAL PRODUCTS

| | | |
|---------------------|----------------|----------------|
| chlorhexidine rinse | Prevident 5000 | Clinpro 5000 |
| Denta 5000 plus | paste, gel | Prevident |
| Dentagel | | Prevident 5000 |
| doxycycline | | cream |
| Fluoridex | | |
| Oralone | | |
| Paroex | | |
| Peridex | | |
| Periogard | | |
| sodium fluoride | | |
| SF 5000 plus | | |
| triamcinolone paste | | |

DIABETES

| | | |
|--------------|-------------------|----------------------|
| glimepiride | Accu-Chek test | Admelog |
| glipizide | strips and meters | Admelog SoloStar |
| glipizide ER | Basaglar | Afrezza (PA) |
| glipizide XL | Bydureon (QL) | Apidra |
| metformin | Byetta (QL) | Apidra SoloStar |
| metformin ER | Farxiga | Fortamet |
| | GlucaGen | Glucophage |
| | HypoKit (QL) | Glucophage XR |
| | Glucagon | Glumetza |
| | Emergency Kit | Lantus (PA) |
| | (QL) | Lantus SoloStar (PA) |
| | Glyxambi | Riomet |
| | Humalog | Tanzeum (QL) |
| | Humulin | Toujeo Max SoloStar |
| | Invokamet | (PA) |
| | Invokamet XR | Toujeo SoloStar (PA) |
| | Invokana | VGo |
| | Janumet | |
| | Janumet XR | |
| | Januvia | |
| | Jardiance | |
| | Kombiglyze XR | |
| | Levemir | |
| | Novolin | |
| | Novolog | |
| | OneTouch | |
| | test strips | |
| | and meters | |
| | Onglyza | |
| | QTERN | |
| | Soliqua | |
| | SymLinPen | |
| | Synjardy | |
| | Synjardy XR | |
| | Tresiba | |
| | Trulicity (QL) | |
| | Victoza (QL) | |
| | Xigduo XR | |
| | Xultophy | |

Cigna Legacy (Performance) 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

DIURETICS

| | | |
|---------------------|----------|----------------|
| acetazolamide | Diuril | Aldactone |
| chlorthalidone | Dyrenium | Carospir |
| eplerenone | | Edecrin |
| furosemide | | Jynarque* (PA) |
| hydrochlorothiazide | | Lasix |
| spironolactone | | Samsca* |
| triamterene-HCTZ | | |

EAR MEDICATIONS

| | | |
|---------------------------------------|----------------------|------------------------------------|
| neomycin-polymyxin-HC ofloxacin drops | Cipro HC Ciprodex | Coly-Mycin S Dermotic Otovel |
|---------------------------------------|----------------------|------------------------------------|

ERECTILE DYSFUNCTION

| | | |
|---------------------|----------------------------------|---------------------|
| sildenafil (PA, QL) | Cialis (PA, QL) Muse (PA, QL) | Viagra (PA, ST, QL) |
|---------------------|----------------------------------|---------------------|

EYE CONDITIONS

| | | |
|---|-----------------------|------------------|
| azelastine | Alphagan P 0.1% | Acuvail |
| brimonidine | Azasisite | Alphagan P 0.15% |
| ciprofloxacin drops | Azopt | Alrex |
| dorzolamide-timolol | Betimol | Bepreve |
| erythromycin ointment | Betoptic S | Besivance |
| fluorometholone | Lotemax drops, gel | Bromsite |
| gatifloxacin | Moxeza | Combigan |
| ketorolac solution | Pazeo | Cosopt PF |
| latanoprost | Restasis | Cystaran* (QL) |
| moxifloxacin drops | Simbrinza | Durezol |
| neomycin-polymyxin-dexamethasone ointment | Tobradex | Eylea* (PA) |
| ofloxacin drops | Travatan Z | Ilevro |
| olopatadine drops | Xiidra | Iluvien* |
| polymyxin B-TMP | | Lotemax ointment |
| prednisolone drops | | Lucentis* (PA) |
| timolol | | Lumigan |
| tobramycin drops | | Nevanac |
| tobramycin-dexamethasone | | Ozurdex* |
| | | Pataday |
| | | Patanol |
| | | Prolensa |
| | | Tobradex drops |
| | | Tobradex ST |
| | | Vigamox |
| | | Vyzulta |
| | | Zioptan (ST, QL) |
| | | Zirgan |
| | | Zylet |

FEMINE PRODUCTS

| | | |
|--------------|--|----------|
| Fem pH | | AVC |
| Gynazole 1 | | Relagard |
| miconazole 3 | | |
| terconazole | | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

GASTROINTESTINAL/HEARTBURN

| | | |
|---|---------------|--------------------------------|
| Alophen+ | Amitiza | Aciphex (ST, QL) |
| alosetron* | Apriso | Aciphex Sprinkle (QL) |
| Anucort-HC | Canasa | Akynzeo* (PA, QL) |
| balsalazide | Carafate | Asacol HD (ST) |
| Bisa-Lax+ | suspension | Bonjesta |
| bisacodyl+ | Creon | Carafate tablet |
| chlordiazepoxide-clidinium | Dexilant (QL) | Cholbam* (PA) |
| Clearlax+ | Entyvio* (PA) | Clenpiq |
| dicyclomine | GoLyte powder | CoLyte With Flavor Packets+ |
| diphenoxylate-atropine | Linzees | Correctol+ |
| dronabinol | Pentasa | Cortifoam |
| Ducodyl+ | Zenpep | Delzicol (ST) |
| esomeprazole (QL) | | Diclegis |
| famotidine | | Donnatal |
| Gavilax+ | | Dulcolax+ |
| Gavilyte-C+ | | Gattex* (PA) |
| Gavilyte-G+ | | Gialax+ |
| Gavilyte-n+ | | GoLyte solution+ |
| GentleLax+ | | Lialda (ST) |
| Glycolax+ | | mesalamine 800mg (ST) |
| HealthyLax+ | | Miralax+ |
| Hemmorex-HC | | Movantik (PA) |
| hydrocortisone suppository | | MoviPrep+ |
| lansoprazole (QL) | | Nexium (ST, QL) |
| lansoprazole-amoxicillin-clarithromycin | | Nulyte with flavor packets+ |
| LaxaClear+ | | Ocaliva* (PA) |
| mesalamine 1.2g tablet, enema | | OsmoPrep+ |
| metoclopramide | | Pancreaze |
| metoclopramide ODT | | Pertzye |
| Natura-Lax+ | | Prepopik+ |
| omeprazole (QL) | | Prevacid (ST, QL) |
| ondansetron | | Ravicti* (PA) |
| ondansetron ODT | | Rectiv |
| pantoprazole (QL) | | Relistor (PA) |
| PEG 3350-electrolyte+ | | Sancuso (PA, QL) |
| PEG-Prep+ | | Sensipar* |
| Pepcid tablet | | sfRowasa |
| Phenadoz | | Sucraid* |
| Powderlax+ | | Suprep+ |
| promethazine | | Sustol (PA) |
| Promethegan | | Symproic (PA) |
| | | Transderm Scop |
| | | Trulance (ST) |
| | | Uceris |
| | | Varubi* (PA, QL) |
| | | Viberzi |
| | | Viokace |

Cigna Legacy (Performance) 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

GASTROINTESTINAL/HEARTBURN (cont)

| | | |
|---------------------------------|--|--|
| Purelax+ rabeprazole (QL) | | |
| ranitidine | | |
| scopolamine | | |
| Smooth LAX+ | | |
| sucralfate | | |
| TriLyte with flavor packets+ | | |
| ursodiol | | |

HORMONAL AGENTS

| | | |
|----------------------------------|--------------------------------|------------------------|
| Amabelz | Androderm (PA, QL) | Activella |
| budesonide EC | | Alora (QL) |
| cabergoline (QL) | AndroGel 1.62% (PA, QL) | AndroGel 1.0% (PA, QL) |
| Covaryx | | Angeliq |
| Covaryx H.S. | Armour Thyroid | Aveed* (PA) |
| Decadron | Cytomel 50mcg | Climara |
| desmopressin* | Divigel | Climara Pro |
| dexamethasone | Duavee | Combipatch |
| dexamethasone intensol | Estring (QL) | Cytomel 5, 25mcg |
| EEMT | Forteo* | Depo-Testosterone |
| EEMT H.S. | Ganirelix*^ | Egrifta* (PA) |
| estradiol (QL) | Humatrope* (PA) | Elestrin |
| estradiol- norethindrone | Lupron Depot* (PA) | Emflaza* (PA) |
| estrogen-methyl- testosterone | Premarin | Entocort EC |
| levothyroxine | Premphase | Estrace |
| Levoxyl | Prempro | Estrogel |
| liothyronine | Saizen* (PA) | Evamist |
| medroxy- progesterone | Sandostatin LAR Depot* (PA) | Femring |
| methimazole | Serostim* (PA) | Fortesta (PA, QL) |
| methyl- prednisolone | Somavert* (PA) | Genotropin* (PA) |
| Mimvey | Synthroid | H.P. Acthar* (PA) |
| Mimvey Lo | Zorbtive* (PA) | Intrarosa |
| Nature-Throid | | Levo-T |
| NP Thyroid | | Menostar (QL) |
| prednisolone | | Minivelle (QL) |
| prednisolone ODT | | Natesto (PA, QL) |
| prednisone | | Natpara* (PA) |
| prednisone intensol | | Norditropin * (PA) |
| progesterone | | Nutropin AQ * (PA) |
| TaperDex | | Omnitrope* (PA) |
| testosterone (PA, QL) | | Osphena |
| testosterone cypionate | | Royaldee |
| thyroid | | Saizen* (PA) |
| | | Somatuline Depot* (PA) |
| | | Striant (PA, QL) |
| | | Supprelin LA* (PA) |
| | | Testim (PA, QL) |
| | | Testopel (PA) |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

HORMONAL AGENTS (cont)

| | | |
|-----------------|--|------------------|
| Unithroid 75mcg | | Thyrogen* |
| Westhroid | | Tirosint |
| WP Thyroid | | Triostat |
| Yuvaferm (QL) | | Unithroid |
| | | Vagifem (QL) |
| | | Vivelle-Dot (QL) |
| | | Vogelxo (PA, QL) |
| | | Zomacton* (PA) |

INFECTIONS

| | | |
|--------------------------------|----------------|-------------------|
| acyclovir | Albenza | Acticlate (ST) |
| amoxicillin | Baraclude | Alinia |
| amoxicillin- clavulanate ER | solution* | Bactrim |
| amoxicillin- clavulanate | Cipro | Bactrim DS |
| atovaquone | Daraprim* (PA) | Baraclude tablet* |
| atovaquone- proguanil | Epclusa* (PA) | Bethkis* |
| Avidoxy | Harvoni* (PA) | Cayston* |
| azithromycin | Kitabis Pak* | Cleocin |
| cefdirin | Mavyret* (PA) | Clindesse |
| cefixime | Sovaldi* (PA) | Cresemba (PA) |
| cefuroxime | Thalomid* (PA) | Dificid (QL) |
| cephalexin | Vosevi* (PA) | Doryx |
| ciprofloxacin | | Doryx MPC |
| clarithromycin | | E.E.S. 200 |
| clarithromycin ER | | E.E.S. 400 |
| clindamycin | | EryPed 200 |
| Coremino | | EryPed 400 |
| dapsone | | Ery-Tab |
| Doxy 100 | | Minocin |
| doxycycline | | Monurol |
| doxycycline IR-DR | | Noxafil |
| Emverm | | Oracea |
| entecavir* | | PegIntron* (PA) |
| erythromycin | | Plaquenil |
| famciclovir | | Solodyn (ST) |
| fluconazole | | Sulfatrim |
| hydroxychloroquine | | Suprax |
| itraconazole | | Synagis* (PA) |
| levofloxacin | | Tamiflu (QL) |
| metronidazole | | Targadox |
| minocycline | | Tobi Podhaler* |
| minocycline ER | | Tobi* |
| Mondoxylene NL | | Uretron D-S |
| Morgidox | | Uribel |
| nitrofurantoin | | Urogesic Blue |
| Okebo | | UTA |
| | | Valtrex |
| | | Vemlidy* |
| | | Vibramycin |

Cigna Legacy (Performance) 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

INFECTIONS (cont)

| | | |
|-----------------------------------|--|----------------|
| oseltamivir (QL) | | Xifaxan |
| penicillin | | Ximino (ST) |
| Soloxide | | Zepatier* (PA) |
| sulfamethoxazole- trimethoprim | | |
| terbinafine | | |
| tinidazole | | |
| tobramycin* | | |
| valacyclovir | | |
| valganciclovir | | |
| vancomycin | | |
| Vandazole | | |
| voriconazole (PA) | | |

INFERTILITY

| | | |
|--------------|----------------|--------------|
| clomiphene ^ | Crinone^ | Makena* (PA) |
| | Endometrin^ | Menopur*^ |
| | Follistim AQ*^ | |

MISCELLANEOUS

| | | |
|---------------------|------------------|-----------------|
| NebuSal 3% | Cerdelga* (PA) | Addyi (QL) |
| PulmoSal | Elaprase* (PA) | Austedo* (PA) |
| sodium chloride | Nityr* (PA) | Botox* (PA) |
| tetrabenazine* (PA) | TechLITE lancets | Cerezyme* (PA) |
| | Vivitrol* | Dysport* (PA) |
| | | Esbriet* (PA) |
| | | Exjade* |
| | | Horizant (ST) |
| | | Ingrezza* (PA) |
| | | Jadenu* |
| | | Kuvan* (PA) |
| | | Lumizyme* (PA) |
| | | Naglazyme* (PA) |
| | | NebuSal 6% |
| | | Nuedexta (QL) |
| | | Strensiq* (PA) |
| | | Syprine* (PA) |
| | | Vimizim* (PA) |
| | | VPRIV* (PA) |
| | | Xenazine* (PA) |
| | | Xenazine* (PA) |
| | | Xeomin* (PA) |

MULTIPLE SCLEROSIS

| | | |
|------------------|-----------------|----------------|
| glatiramer* (PA) | Ampyra* (PA) | Copaxone* (PA) |
| Glatopa* (PA) | Aubagio* (PA) | Lemtrada* (PA) |
| | Avonex* (PA) | Ocrevus* (PA) |
| | Betaseron* (PA) | Tysabri* (PA) |
| | Extavia* (PA) | |
| | Gilenya* (PA) | |
| | Plegridy* (PA) | |
| | Rebif* (PA) | |
| | Tecfidera* (PA) | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

NUTRITIONAL/DIETARY

| | | |
|--------------------|---------------|-------------------|
| B-12 Compliance | CitraNatal | Auryxia (QL) |
| calcitriol | Klor-Con M15 | Concept DHA |
| calcium | OB Complete | Escavite D+ |
| cyanocobalamin | Poly-Vi-Flor+ | Escavite+ |
| injection | Prefera OB | Floriva+ |
| FA-8+ | Prenate | Fluorabon+ |
| fluoride+ | Tristart DHA | K-Tab ER |
| Fluoritab+ | Tri-Vi-Flor+ | Klor-Con 10 |
| Flura-Drops+ | Vitafol | Klor-Con 8 |
| folic acid+ | vitaMedMD One | KPN+ |
| Klor-Con | Rx | Mephyton |
| Klor-Con M10 | vitaPearl | MVC-fluoride+ |
| Klor-Con M20 | VP-PNV-DHA | Nascobal |
| lanthanum | | Perry Prenatal+ |
| levocarnitine | | Phoslyra |
| Ludent Fluoride+ | | Physicians EZ Use |
| multivitamin-iron- | | B-12 |
| fluoride+ | | Poly-Vi-Flor With |
| PNV-DHA | | Iron+ |
| polyvitamins- | | Quflora+ |
| fluoride+ | | Renagel |
| potassium chloride | | Renvela |
| Prena1 Pearl | | Urosex+ |
| prenatal vitamin+ | | Velphoro |
| Prenatal+ | | Veltassa |
| Right Step+ | | |
| sevelamer | | |
| sodium fluoride+ | | |
| tri-vitamin with | | |
| fluoride-iron+ | | |
| tri-vitamin with | | |
| fluoride+ | | |
| Virt-PN DHA | | |
| vitamin D2 | | |
| Zatean-PN DHA | | |

OSTEOPOROSIS PRODUCTS

| | | |
|-------------------|---------|---------------------|
| alendronate (QL) | Tymlos* | Evista |
| calcitonin-salmon | | Fosamax Plus D (ST) |
| ibandronate* | | Prolia* (PA) |
| raloxifene+ | | Xgeva* (PA) |
| risedronate | | |
| risedronate DR | | |

Cigna Legacy (Performance) 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

PAIN RELIEF AND INFLAMMATORY DISEASE

| | | |
|---|----------------------|------------------------|
| acetaminophen-codeine (PA, QL) | Actemra* (PA) | Abstral (PA, QL) |
| allopurinol | Cuprimine* (PA) | Actiq (PA, QL) |
| baclofen | Depen* (PA) | Analpram HC |
| buprenorphine (QL) | Embeda (PA, QL) | Arymo ER (PA, QL) |
| butalbital-acetaminophen-caffeine-codeine (PA, QL) | Enbrel* (PA) | Belbuca (QL) |
| butalbital-acetaminophen-caffeine (QL) | Humira* (PA) | Benlysta* (PA) |
| carisoprodol | Hysingla ER (PA, QL) | Buprenex |
| celecoxib (QL) | Nucynta (PA, QL) | Butrans (QL) |
| colchicine | Otezla* (PA) | Cambia (ST) |
| cyclobenzaprine | Proctofoam-HC | Celebrex (ST, QL) |
| DermacinRx | Rasuvo* (PA) | Cimzia* (PA) |
| DermacinRx | Remicade* (PA) | Colcrys |
| Empricaine | Savella | Cosentyx* (PA) |
| DermacinRx | Stelara* (PA) | Duexis (ST) |
| Prizopak | Subsys (PA, QL) | Duragesic (PA, QL) |
| diclofenac (QL) | Uloric | Durolane* (PA) |
| diclofenac ER | Xtampza ER (PA, QL) | Euflexxa* (PA) |
| dihydroergotamine (QL) | | Fentora (PA, QL) |
| eletriptan (QL) | | Flector (ST, QL) |
| Endocet (PA, QL) | | Gelsyn-3* (PA) |
| etodolac | | Gralise |
| etodolac ER | | Hyalgan* (PA) |
| fenoprofen | | Ilaris* (PA) |
| Fenortho | | Imitrex (QL) |
| fentanyl (PA, QL) | | Kadian (PA, QL) |
| Fioricet (QL) | | Kevzara* (PA) |
| frovatriptan (QL) | | Kineret* (PA) |
| Glydo | | Lazanda (PA, QL) |
| hydrocodone-acetaminophen tablet, solution (PA, QL) | | Lorzone |
| hydromorphone syringe, vial (PA, QL) | | Migranal (QL) |
| hydromorphone ER (PA, QL) | | Mitigare |
| IBU | | Monovisc* (PA) |
| ibuprofen | | Morphabond ER (PA, QL) |
| indomethacin | | MS Contin (PA, QL) |
| indomethacin ER | | Nucynta ER (PA, QL) |
| ketorolac (QL) | | Onzetra Xsail (QL) |
| leflunomide | | Orencia* (PA) |
| levorphanol (PA, QL) | | Orthovisc* (PA) |
| | | Otrexup* (PA) |
| | | Oxaydo (PA, QL) |
| | | OxyContin (PA, QL) |
| | | Pennsaid (ST) |
| | | Percocet (PA, QL) |
| | | Procort |
| | | Relpax (QL) |
| | | Roxicodone (PA, QL) |
| | | Siliq* (PA) |
| | | Simponi* (PA) |
| | | Synera |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

| | | |
|----------------------------------|--|------------------------|
| lidocaine (QL) | | Synvisc* (PA) |
| lidocaine viscous | | Synvisc-One* (PA) |
| lidocaine-prilocaine | | Taltz* (PA) |
| Lidopril | | Tremfya* (PA) |
| Lidopril XR | | Treximet (QL) |
| Lido-Prilo Caine Pack | | Vimovo (ST, QL) |
| LiproZonePak | | Voltaren (ST, QL) |
| Livixil Pak | | Xeljanz XR* (PA) |
| Lorcet (PA, QL) | | Xeljanz* (PA) |
| Lorcet HD (PA, QL) | | Zembrace SymTouch (QL) |
| Lorcet Plus (PA, QL) | | Zohydro ER (PA, QL) |
| Lortab (PA, QL) | | Zomig (QL) |
| Medolor pak | | Zomig ZMT (QL) |
| meloxicam | | |
| Metaxall | | |
| metaxalone | | |
| methocarbamol | | |
| morphine (PA, QL) | | |
| morphine ER (PA, QL) | | |
| naproxen | | |
| naproxen CR | | |
| naproxen DS | | |
| naproxen ER | | |
| oxycodone (PA, QL) | | |
| oxycodone ER (PA, QL) | | |
| oxycodone-acetaminophen (PA, QL) | | |
| oxycodone-acetaminophen (PA, QL) | | |
| oxymorphone (PA, QL) | | |
| oxymorphone ER (PA, QL) | | |
| Phrenilin Forte (QL) | | |
| Prilolid | | |
| Primlev (PA, QL) | | |
| Profeno | | |
| Relador Pak | | |
| Relador Pak Plus | | |
| rizatriptan (QL) | | |
| sumatriptan (QL) | | |
| sumatriptan-naproxen (QL) | | |

Cigna Legacy (Performance) 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

tizanidine
tramadol (QL)
tramadol ER (QL)
Verdrocet (PA, QL)
Vicodin (PA, QL)
Vicodin ES (PA, QL)
Vicodin HP (PA, QL)

PARKINSON'S DISEASE

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

SCHIZOPHRENIA/ANTI-PSYCHOTICS

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|------------------|----------------|-----------------------|
| aripiprazole | | Abilify (ST) |
| aripiprazole ODT | | Abilify Maintena (QL) |
| chlorpromazine | | Aristada (QL) |
| haloperidol | | Fanapt (ST, QL) |
| olanzapine | | Invega Sustenna (QL) |
| olanzapine ODT | | Invega Trinza (QL) |
| paliperidone ER | | Latuda (ST) |
| quetiapine | | Rexulti (ST) |
| quetiapine ER | | Saphris (ST) |
| risperidone | | Seroquel (ST) |
| risperidone ODT | | Seroquel XR (ST) |
| ziprasidone | | Vraylar (ST) |

SEIZURE DISORDERS

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---------------------------------------|------------------------------|--------------------------------|
| carbamazepine | Keppra vial | Aptiom (PA) |
| carbamazepine ER | Lamictal XR dose pack | Banzel (PA, QL) |
| divalproex | | Briviact (PA) |
| divalproex ER | Lyrica | Carbatrol |
| Epitol | Vimpat tablet, solution (PA) | Depakote |
| gabapentin | | Depakote ER |
| lamotrigine | | Dilantin |
| lamotrigine (blue, green, orange) | | Fycompa (PA) |
| lamotrigine ER | | Keppra tablet, solution |
| lamotrigine ODT | | Keppra XR |
| lamotrigine ODT (blue, green, orange) | | Lamictal |
| levetiracetam | | Lamictal (blue, green, orange) |
| | | Lamictal ODT |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

SEIZURE DISORDERS (cont)

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|------------------|----------------|------------------------------------|
| levetiracetam ER | | Lamictal ODT (blue, green, orange) |
| oxcarbazepine | | Lamictal XR |
| Roweepra | | Lamictal XR (blue, green, orange) |
| Roweepra XR | | Mysoline |
| topiramate | | Oxtellar XR (PA) |
| topiramate ER | | Phenytek |
| | | Qudexy XR |
| | | Sabril* |
| | | Spritam (PA) |
| | | Tegretol |
| | | Tegretol XR |
| | | Topamax |
| | | Trileptal |
| | | Trokendi XR |
| | | Vimpat vial |

SKIN CONDITIONS

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------------------------|--------------------------|------------------------|
| acyclovir (QL) | Aczone 7.5% | Absorica (ST, QL) |
| adapalene (PA age) | Azelex | Acanya |
| adapalene-benzoyl peroxide | Epiduo Forte | Aczone 5% |
| Ala-Cort 2.5% | Eucrisa | Aktipak |
| Amnesteem (QL) | Finacea | Atralin (PA age) |
| Anusol-HC | Naftin gel | Benzacilin |
| Avar | Santyl (QL) | Benzamycin |
| Avar-E | Tazorac gel, 0.05% cream | Carac |
| BenzePrO | | Celacyn |
| BP 10-1 | | Denavir (QL) |
| calcipotriene | | Desonate (ST) |
| calcipotriene-betamethasone DP | | Desowen (ST) |
| calcitrene | | Dovonex |
| Claravis (QL) | | Drysol |
| Clindacin ETZ | | Duac |
| Clindacin P | | Ecoza |
| clindamycin | | Elidel |
| clindamycin-benzoyl peroxide | | Enstilar |
| clindamycin-tretinoin | | Epiduo |
| clobetasol | | Exelderm |
| Clodan shampoo | | Fabior |
| clotrimazole-betamethasone | | Jublia (ST) |
| dapsone | | Locoid (ST) |
| desonide | | Luzu |
| diclofenac | | Naftin cream |
| doxepin (QL) | | Onexton |
| | | Picato |
| | | Retin-A Micro (PA age) |
| | | Sklice |
| | | Soolantra |

Cigna Legacy (Performance) 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

SKIN CONDITIONS (cont)

| | | |
|--------------------|--|--------------------|
| fluocinonide | | Sorilux |
| fluorouracil | | Taclonex |
| flurandrenolide | | Targretin* |
| hydrocortisone | | Tazorac 0.1% cream |
| imiquimod | | Topicort (ST) |
| isotretinoin (QL) | | Tridesilon (ST) |
| ketoconazole | | Veltin |
| metronidazole | | Verdeso (ST) |
| mupirocin | | Ziana |
| Myorisan (QL) | | Zovirax (QL) |
| Neuac gel | | |
| Nolix | | |
| nystatin- | | |
| triamcinolone | | |
| oxiconazole | | |
| permethrin | | |
| Procto-Med HC | | |
| Procto-Pak | | |
| Proctosol-HC | | |
| Proctozone-HC | | |
| Rosadan | | |
| Rosanil | | |
| Scalacort | | |
| sodium | | |
| sulfacetamide- | | |
| sulfur | | |
| SSS 10-5 | | |
| SulfaCleanse 8-4 | | |
| tacrolimus | | |
| tazarotene | | |
| tretinoin (PA age) | | |
| triamcinolone | | |
| Trianex | | |
| Triderm | | |
| Zenatane (QL) | | |

SLEEP DISORDERS/SEDATIVES

| | | |
|------------------|---------------|------------------|
| armodafinil (PA) | Belsomra (ST) | Ativan |
| eszopiclone | Silenor (ST) | Nuvigil (PA) |
| modafinil (PA) | | Rozerem (ST, QL) |
| zolpidem | | Xyrem* (PA) |
| zolpidem ER | | |

SMOKING CESSATION

| | | |
|------------------------------------|----------|------------------------|
| bupropion SR ⁺ 150mg | Chantix | Nicorette ⁺ |
| NicoDerm CQ ⁺ | Nicotrol | Zyban |
| Nicorelief ⁺ | | |
| nicotine gum ⁺ | | |
| nicotine lozenge ⁺ | | |
| nicotine patch ⁺ | | |
| Quit 2 ⁺ | | |
| Quit 4 ⁺ | | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

SUBSTANCE ABUSE

| | | |
|----------------------------|------------|----------------|
| buprenorphine | Bunavail | Evzio (PA, QL) |
| buprenorphine- naloxone | Narcan | Sublocade* |
| naloxone | Probuphine | |
| naltrexone (QL) | Suboxone | |
| | Zubsolv | |

TRANSPLANT MEDICATIONS

| | | |
|--------------------|----------|---------------------------------|
| azathioprine* | Prograf* | Astagraf XL* |
| mycophenolate* | | Cellcept capsule, suspension |
| mycophenolic acid* | | tablet* |
| sirolimus* | | Envarsus XR* |
| tacrolimus* | | Myfortic* |
| | | Neoral* |
| | | Zortress* |

URINARY TRACT CONDITIONS

| | | |
|-----------------|-----------------|----------------|
| darifenacin ER | Cystagon* | Avodart |
| dutasteride | Elmiron | Myrbetriq (ST) |
| finasteride 5mg | K-Phos Original | Procysbi* (PA) |
| oxybutynin | Thiola* | Pyridium |
| oxybutynin ER | Toviaz | Rapaflo |
| phenazopyridine | | VESIcare (ST) |
| potassium ER | | |
| tamsulosin | | |
| tolterodine | | |
| tolterodine ER | | |
| trospium | | |
| trospium ER | | |

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. 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.

When a medication changes tiers, you may pay a different amount to fill that medication. It's important to know that when we make a change that affects the coverage of a medication you're taking, we let you know before it begins so you have time to talk with your doctor.

Why doesn't my plan cover certain medications?

Your plan may exclude certain medications or products from coverage. This is known as a “plan (or benefit) exclusion.” For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA). Please log into the **myCigna** website or app, or check your plan materials, to find out which medications your specific plan excludes.

How do you decide which medications are covered?

The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group

of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals medications about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Pharmacy Management® Business Decision Team then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

Which medications are covered under the health care reform law?

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter medicines) may be available to you at no cost-share (\$0), depending on your plan. Please 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.

Prescription drug list FAQs (cont)

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

You can use the Drug Cost tool on the **myCigna** website to estimate how much your medication may cost² and view lower cost alternatives, if available.

How can I save money on my prescription medications?

You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should 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 medications to provide the same clinical benefit as its brand name versions.³ The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:³

- › Have the same active ingredient, strength and dosage form as the brand name medication
- › Deliver the same amount of active ingredients into the bloodstream in the same amount of time as the brand name medication
- › Be used in the same way as the brand name medication

Generics typically cost much less than brand name medications – in some cases, up to 85% less.³ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy can help you manage your health and prescription needs.⁴ Their team of medical condition experts provide personalized, 24/7 support. They'll help you get approval for coverage of your medication, answer any questions you have about your medication and its cost, help you work through

any side effects and make sure you have any supplies you need (at no extra cost). They'll also help you set up home delivery of your medication and give you information about financial assistance programs (if you need help paying for your medication). To learn more about the services they provide, please call **800.351.3606** or go to **Cigna.com/specialty-pharmacyservices**.

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.⁴

- › If you're taking 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 To learn more, call **800.835.3784** or 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). To learn more, call **800.351.3606** or go to **Cigna.com/specialty-pharmacy-services**.

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

You can use the online tools and resources on the **myCigna** website or app to help you better understand your pharmacy benefits. You can view your drug list or search for a specific medication, use the 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 track Cigna Home Delivery Pharmacy⁴ orders and request refills.

Exclusions and limitations

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

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

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medication or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna as medically necessary.

Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.



1. State laws in Texas and Louisiana may require your plan to cover your 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, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.
2. Prices are not guaranteed, and even though a price is displayed in the Drug Cost tool, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. Coverage and pricing may change. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown in the Drug Cost tool.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
4. Not all plans are the same, so some plans may not include Cigna Home Delivery Pharmacy or Cigna Specialty Pharmacy. Please log in to the myCigna website or app, or check your plan materials, to learn more about the pharmacies in your plan's network.
5. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., Tel-Drug, Inc., and Tel-Drug of Pennsylvania, L.L.C. "Cigna Specialty Pharmacy" refers to the specialty drug division of Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., doing business as Cigna Home Delivery Pharmacy. Policy forms: OK - HP-APP-1 et al (CHLIC); OR - HP-POL38 02-13 (CHLIC); TN - HP-POL43/HC-CER1V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.