



# **CIGNA LEGACY (PERFORMANCE) 4-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

891395 g Legacy (Performance) 4-Tier 08/18



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### 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.



**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.<sup>1</sup> All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (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 \$\$
<b>INFECTIONS</b>	
acyclovir	Albenza
adefovir**	Baraclude solution**
amoxicillin	Ceftin
amoxicillin ER	Cipro
amoxicillin-clavulanate ER	Daklinza** (PA)
amoxicillin-clavulanate	Daraprim (PA)
atovaquone	E.E.S. 400
avidoxy	Eryped 400
azithromycin	Ery-Tab
cefdinir	Harvoni** (PA)
cefixime	Kitabis Pak*
cefprozil	Sovaldi** (PA)
cefuroxime	Stromectol
cephalexin	Tamiflu (QL)
ciprofloxacin	Thalomid** (PA)
clarithromycin	Uretron D-S
clarithromycin ER	Vibramycin
clindamycin	
doxycycline	

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

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

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

This chart is just a sample. It may not show how these medications are actually covered on the Legacy (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)	\$\$\$
› Tier 4 - Specialty Medications	(Highest-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)	<b>Prior Authorization</b> - 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)	<b>Step Therapy</b> - 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)	<b>Quantity Limits</b> - 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)	<b>Age Requirements</b> - 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. Specialty medications are covered on Tier 4 (see page 16). Injectable specialty medications are marked with an asterisk (\*) and oral specialty medications are marked with a double asterisk (\*\*).

Your plan 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
ALLERGY/NASAL SPRAYS	6	FEMININE PRODUCTS	10
ALZHEIMER’S DISEASE	6	GASTROINTESTINAL/HEARTBURN	10, 11
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	HORMONAL AGENTS	11
ASTHMA/COPD/RESPIRATORY	6	INFECTIONS	11, 12
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6	INFERTILITY	12
BLOOD PRESSURE/HEART MEDICATIONS	7	MISCELLANEOUS	12
BLOOD THINNERS/ANTI-CLOTTING	7	NUTRITIONAL/DIETARY	12
CANCER	7	OSTEOPOROSIS PRODUCTS	12
CHOLESTEROL MEDICATIONS	7, 8	PAIN RELIEF AND INFLAMMATORY DISEASE	12, 13
CONTRACEPTIVE PRODUCTS	8, 9	PARKINSON’S DISEASE	13
COUGH/COLD MEDICATIONS	9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	13
DENTAL PRODUCTS	9	SEIZURE DISORDERS	14
DIABETES	9, 10	SKIN CONDITIONS	14
DIURETICS	10	SLEEP DISORDERS/SEDATIVES	15
EAR MEDICATIONS	10	SMOKING CESSATION	15
ERECTILE DYSFUNCTION	10	SUBSTANCE ABUSE	15
EYE CONDITIONS	10	URINARY TRACT CONDITIONS	15

## Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

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

Adyphren		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		EPIsnap
fluticasone		Karbinal ER
hydroxyzine		Nasonex (ST, QL)
ipratropium		Omnaris (ST)
mometasone spray (QL)		QNASL (ST)
olopatadine spray		QNASL Children
Phenergan		Ryvent
promethazine		Semprex-D
		Zetonna (ST)

### ALZHEIMER'S DISEASE

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

### ANXIETY/DEPRESSION/BIPOLAR DISORDER

amitriptyline		Aplenzin (ST, QL)
bupropion (QL)		Ativan
bupropion SR (QL)		Cymbalta (ST, QL)
bupropion XL (QL)		Effexor XR (ST, QL)
bupirone		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)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	AirDuo RespiClick (ST)
budesonide inhalation	Advair HFA	Arcapta Neohaler
ipratropium-albuterol	Anoro Ellipta	ArmonAir RespiClick (ST)
montelukast	Asmanex	Arnuity Ellipta (ST)
	Atrovent HFA	Daliresp (QL)
	Breo Ellipta	Dulera (ST)
	Combivent	Proventil HFA
	Respimat	Pulmicort
	Flovent Diskus	Tudorza Pressair (ST)
	Flovent HFA	Xopenex HFA
	Incruse Ellipta	
	ProAir HFA	
	ProAir RespiClick	
	Pulmicort	
	Flexhaler	
	QVAR RediHaler	
	Serevent Diskus	
	Spiriva	
	Stiolto Respimat	
	Striverdi	
	Respimat	
	Symbicort	
	Trelegy Ellipta (ST)	
	Ventolin HFA	

### ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine	Vyvanse (PA)	Adderall (ST)
dexmethylphenidate		Adderall XR (ST)
dexmethylphenidate ER		Adzenys ER (PA)
dextroamphetamine-phenidate ER		Adzenys XR-ODT (PA)
dextroamphetamine-phenidate ER		Aptensio XR (ST)
dextroamphetamine-phenidate ER		Concerta (ST)
dextroamphetamine-phenidate ER		Cotempla XR-ODT (PA)
dextroamphetamine-phenidate ER		Daytrana (PA)
dextroamphetamine-phenidate ER		Dyanavel XR (PA)
dextroamphetamine-phenidate ER		Evekeo (ST)
dextroamphetamine-phenidate ER		Focalin (ST)
dextroamphetamine-phenidate ER		Focalin XR (ST)
dextroamphetamine-phenidate ER		Methylin (ST)
dextroamphetamine-phenidate ER		Mydayis (ST)
dextroamphetamine-phenidate ER		Quillichew ER (PA)
dextroamphetamine-phenidate ER		Quilivant XR (PA)
dextroamphetamine-phenidate ER		Ritalin (ST)
dextroamphetamine-phenidate ER		Ritalin LA (ST)

## Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

Afeditab CR	Bystolic	Azor
amlodipine	Corlanor (PA)	Bayer Chewable
amlodipine- benazepril	Entresto (PA)	Aspirin+
amlodipine- olmesartan	Multaq	Benicar (ST)
amlodipine- valsartan	Nitro-Dur 0.3, 0.8mg	Benicar HCT (ST)
amlodipine- valsartan-HCTZ	Tekturna	BiDil (QL)
Aspirin 81	Tekturna HCT	Cardizem
Aspirin-Low		Cardizem CD
aspirin		Cardizem LA
aspirin EC		Coreg CR
atenolol		Cozaar (ST)
atenolol- chlorthalidone		Diovan (ST)
benazepril		Diovan HCT (ST)
benazepril- HCTZ		Edarbi (ST)
bisoprolol		Edarbyclor (ST)
Bufferin		Epaned (ST)
candesartan		GoNitro
Cartia XT		Hemangeol
carvedilol		Inderal LA
carvedilol ER		Inderal XL
clonidine		Innopran XL
Digitek		Nitro-Dur 0.1, 0.2, 0.4, 0.6mg
Digox		Nitrolingual
digoxin		Nitromist
Dilt-XR		Nitrostat
diltiazem		Norvasc
diltiazem CD		Ranexa (ST, QL)
diltiazem ER		Tiazac
dofetilide (QL)		Tikosyn (QL)
doxazosin		Toprol XL
Ecotrin		Tribenzor
EcPirin		Vasotec (ST)
enalapril		
flecainide		
hydralazine		
irbesartan		
isosorbide		
isosorbide ER		
labetalol		
lisinopril		
lisinopril-HCTZ		
losartan		
losartan-HCTZ		
Matzim LA		

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

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		

### BLOOD THINNERS/ANTI-CLOTTING

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

### CANCER

anastrozole		Arimidex
letrozole		Fareston (QL)
mercaptopurine		
tamoxifen+		

### CHOLESTEROL MEDICATIONS

atorvastatin 10mg, 20mg+		Crestor (ST)
ezetimibe		Lipitor (ST)
ezetimibe- simvastatin		Livalo (ST)
fenofibrate		Vascepa
fenofibric acid		Vytorin (ST)
fluvastatin 20mg, 40mg+		Zetia
fluvastatin ER 80mg+		
lovastatin 20mg, 40mg+		

## Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

niacin ER		
Niacor		
omega-3 acid ethyl esters		
pravastatin 10mg, 20mg, 40mg, 80mg <sup>+</sup>		
rosuvastatin 5mg, 10mg <sup>+</sup>		
simvastatin 10mg, 20mg, 40 mg <sup>+</sup> (QL)		
Triklo		

### CONTRACEPTIVE PRODUCTS

Aftera <sup>+</sup>	Lo Loestrin FE	Beyaz
Altavera <sup>+</sup>	NuvaRing	Caya Contoured <sup>+</sup>
Alyacen <sup>+</sup>	Taytulla	Ella <sup>+</sup>
Amethia Lo <sup>+</sup>		Estrostep FE
Amethia <sup>+</sup>		FC2 Female Condom <sup>+</sup>
Amethyst <sup>+</sup>		Femcap <sup>+</sup>
Apri <sup>+</sup>		Loestrin FE
Aranelle <sup>+</sup>		LoSeasonique
Ashlyna <sup>+</sup>		Microgestin <sup>+</sup>
Aubra <sup>+</sup>		Minastrin 24 FE
Aviane <sup>+</sup>		Seasonique
Azurette <sup>+</sup>		Today Contraceptive Sponge <sup>+</sup>
Balziva <sup>+</sup>		Wide Seal
Bekyree <sup>+</sup>		Diaphragm <sup>+</sup>
Blisovi 24 FE <sup>+</sup>		
Blisovi FE <sup>+</sup>		
Briellyn <sup>+</sup>		
Camila <sup>+</sup>		
Camrese Lo <sup>+</sup>		
Camrese <sup>+</sup>		
Caziant <sup>+</sup>		
Chateal <sup>+</sup>		
Cryelle <sup>+</sup>		
Cyclafem <sup>+</sup>		
Cyred <sup>+</sup>		
Dasetta <sup>+</sup>		
Daysee <sup>+</sup>		
Deblitane <sup>+</sup>		
Delya <sup>+</sup>		
desogestrel- ethinyl estradiol <sup>+</sup>		
drospirenone- ethinyl estradiol- levomefibrate <sup>+</sup>		
drospirenone-ethinyl estradiol <sup>+</sup>		
Econtra EZ <sup>+</sup>		
Econtra One-Step <sup>+</sup>		
Elinest <sup>+</sup>		
Emoquette <sup>+</sup>		
Enpresse <sup>+</sup>		

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

Enskyce <sup>+</sup>		
Errin <sup>+</sup>		
Estarylla <sup>+</sup>		
ethynodiol- ethinyl estradiol <sup>+</sup>		
Falmina <sup>+</sup>		
Fayosim <sup>+</sup>		
Femynor <sup>+</sup>		
Gianvi <sup>+</sup>		
Heather <sup>+</sup>		
Introvale <sup>+</sup>		
iron <sup>+</sup>		
Isibloom <sup>+</sup>		
jencycla <sup>+</sup>		
Jolessa <sup>+</sup>		
Jolivet <sup>+</sup>		
Juleber <sup>+</sup>		
Junel FE 24 <sup>+</sup>		
Junel FE <sup>+</sup>		
Junel <sup>+</sup>		
Kaitlib FE <sup>+</sup>		
Kariva <sup>+</sup>		
Kelnor 1-35 <sup>+</sup>		
Kelnor 1-50 <sup>+</sup>		
Kimidess <sup>+</sup>		
Kurvelo <sup>+</sup>		
Larin 24 FE <sup>+</sup>		
Larin FE <sup>+</sup>		
Larin <sup>+</sup>		
Larissia <sup>+</sup>		
Leena <sup>+</sup>		
Lessina <sup>+</sup>		
Levonest <sup>+</sup>		
levonorgestrel- ethinyl estradiol <sup>+</sup>		
Levora-28 <sup>+</sup>		
Lillow <sup>+</sup>		
Loryna <sup>+</sup>		
Low-Ogestrel <sup>+</sup>		
Lutera <sup>+</sup>		
Lyza <sup>+</sup>		
Marlissa <sup>+</sup>		
medroxy progesterone 150mg/ml <sup>+</sup>		
Melodetta 24 FE <sup>+</sup>		
Mibelas 24 FE <sup>+</sup>		
Microgestin FE <sup>+</sup>		
Mili <sup>+</sup>		
Mono-Linyah <sup>+</sup>		
Mononessa <sup>+</sup>		
My Choice <sup>+</sup>		
My Way <sup>+</sup>		



## Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

Myzila <sup>+</sup>		
Necon 0.5/35 <sup>+</sup>		
Necon 7/7/7 <sup>+</sup>		
Nikki <sup>+</sup>		
Nora-BE <sup>+</sup>		
norethindrone-ethinyl estradiol <sup>+</sup>		
norethindrone-ethinyl estradiol-norethindrone <sup>+</sup>		
norgestimate-ethinyl estradiol <sup>+</sup>		
Norlyda <sup>+</sup>		
Norlyroc <sup>+</sup>		
Nortrel <sup>+</sup>		
Ocella <sup>+</sup>		
Opcicon One-Step <sup>+</sup>		
Option 2 <sup>+</sup>		
Orsythia <sup>+</sup>		
Philith <sup>+</sup>		
Pimtrea <sup>+</sup>		
Pirmella <sup>+</sup>		
Portia <sup>+</sup>		
Previfem <sup>+</sup>		
Quasense <sup>+</sup>		
Rajani <sup>+</sup>		
Reclipsen <sup>+</sup>		
Rivelsa <sup>+</sup>		
Setlakin <sup>+</sup>		
Sharobel <sup>+</sup>		
Sprintec <sup>+</sup>		
Sronyx <sup>+</sup>		
Syeda <sup>+</sup>		
Tarina FE <sup>+</sup>		
Tilia FE <sup>++</sup>		
Tri Femynor <sup>+</sup>		
Tri-Estarylla <sup>+</sup>		
Tri-Legest FE <sup>+</sup>		
Tri-Linyah <sup>+</sup>		
Tri-Lo-Estarylla <sup>+</sup>		
Tri-Lo-Marzia <sup>+</sup>		
Tri-Lo-Sprintec <sup>+</sup>		
Tri-Mili <sup>+</sup>		
Tri-Previfem <sup>+</sup>		
Tri-Sprintec <sup>+</sup>		
Tri-Vylibra <sup>+</sup>		
Trinessa Lo <sup>+</sup>		
Trinessa <sup>+</sup>		
Trivora-28 <sup>+</sup>		
Tulana <sup>+</sup>		
Tydemyl <sup>+</sup>		
VCF <sup>+</sup>		
Velivet <sup>+</sup>		

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

Vienva <sup>+</sup>		
Viorele <sup>+</sup>		
Vyfemia <sup>+</sup>		
Vylibra <sup>+</sup>		
Wera <sup>+</sup>		
Wymzya FE <sup>+</sup>		
Xulane <sup>+</sup>		
Zarah <sup>+</sup>		
Zenchant <sup>+</sup>		
Zovia 1-35e <sup>+</sup>		
Zovia 1-50e <sup>+</sup>		

### 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)		

### DENTAL PRODUCTS

chlorhexidine rinse	Prevident 5000 paste, gel	Clinpro 5000
Denta 5000 plus		Prevident
Dentagel		Prevident 5000 cream
doxycycline		
Fluoridex		
Oralene		
Paroex		
Peridex		
Periogard		
SF 5000 plus		
triamcinolone paste		

### DIABETES

glimepiride	Accu-Chek test strips	Admelog
glipizide	and meters	Admelog SoloStar
glipizide ER	Basaglar	Afrezza (PA)
glipizide XL		Apidra
metformin		Apidra SoloStar
metformin ER		Fortamet
		Glucophage
		Glucophage XR
		Glumetza
		Lantus (PA)
		Lantus SoloStar (PA)

## Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

Bydureon (QL)	Riomet	
Byetta (QL)	Tanzeum (QL)	
Farxiga	Toujeo Max SoloStar (PA)	
GlucaGen	Toujeo SoloStar (PA)	
HypoKit (QL)	VGo	
Glucagon Emergency Kit (QL)		
Glyxambi		
Humalog		
Humulin		
Invokamet		
Invokamet XR		
Invokana		
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		

### DIURETICS

acetazolamide	Diuril	Aldactone
chlorthalidone	Dyrenium	Carospir
epplerenone		Edecrin
furosemide		Lasix
hydrochlorothiazide		
spironolactone		
triamterene-HCTZ		

### EAR MEDICATIONS

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ERECTILE DYSFUNCTION

sildenafil (PA, QL)	Cialis (PA, QL) Muse (PA, QL)	Viagra (PA, ST, QL)
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### EYE CONDITIONS

azelastine	Alphagan P 0.1%	Acuvail
brimonidine	Azasite	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	Durezol
moxifloxacin drops	Simbrinza	Ilevro
neomycin- polymyxin- dexamethasone	Tobradex ointment	Lotemax ointment
ofloxacin drops	Travatan Z	Lumigan
olopatadine drops	Xiidra	Nevanac
polymyxin B-TMP		Pataday
prednisolone drops		Patanol
timolol		Prolensa
tobramycin drops		Tobradex drops
tobramycin- dexamethasone		Tobradex ST
		Vigamox
		Vyzulta
		Zioptan (ST, QL)
		Zirgan
		Zylet

### FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
miconazole 3		
terconazole		

### GASTROINTESTINAL/HEARTBURN

Alophen <sup>+</sup>	Amitiza	Aciphex (ST, QL)
Anucort-HC	Apriso	Aciphex Sprinkle (QL)
balsalazide	Canasa	Asacol HD (ST)
Bisa-Lax <sup>+</sup>	Carafate	Bonjesta
bisacodyl <sup>+</sup>	suspension	Carafate tablet
chlordiazepoxide- clidinium	Creon	Clenpiq
Clearlax <sup>+</sup>	Dexilant (QL)	CoLyte With Flavor <sup>+</sup>
dicyclomine	GoLyteLy powder	Packets
diphenoxylate- atropine	Linzess	Correctol <sup>+</sup>
dronabinol	Pentasa	Cortifoam
Ducodyl <sup>+</sup>	Zenpep	Delzicol (ST)
esomeprazole (QL)		Diclegis
famotidine		Donnatal
Gavilax <sup>+</sup>		Dulcolax <sup>+</sup>
		Gialax <sup>+</sup>
		GoLyteLy solution <sup>+</sup>

## Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

Gavilyte-C+		Lialda (ST)
Gavilyte-G+		mesalamine 800mg (ST)
Gavilyte-n+		Miralax+
GentleLax+		Nulytely with flavor packets+
Glycolax+		Movantik (PA)
HealthyLax+		MoviPrep+
Hemmorex-HC hydrocortisone		Nexium (ST, QL)
lansoprazole (QL)		OsmoPrep+
lansoprazole-amoxicillin-clarithromycin		Pancreaze
LaxaClear+		Pertzye
mesalamine 1.2g tablet, enema		Prepopik+
metoclopramide		Prevacid (ST, QL)
metoclopramide ODT		Rectiv
Natura-Lax+		Relistor (PA)
omeprazole (QL)		Sancuso (PA, QL)
ondansetron		sfRowasa
ondansetron ODT		Suprep+
pantoprazole (QL)		Sustol (PA)
PEG 3350-electrolyte		Symproic (PA)
PEG 3350-electrolytes+		Transderm Scop
PEG-Prep+		Trulance (ST)
Pepcid tablet		Uceris
Phenadoz		Viberzi
Powderlax+		Viokace
promethazine		
Promethegan		
Purelax+		
rabeprazole (QL)		
ranitidine		
scopolamine		
Smooth LAX+		
sucralfate		
TriLyte with flavor packets+		
ursodiol		

### HORMONAL AGENTS

Amabelz	Androderm (PA, QL)	Activella
budesonide EC	AndroGel 1.62% (PA, QL)	Alora (QL)
cabergoline (QL)	Armour Thyroid	AndroGel 1.0% (PA, QL)
Covaryx	Cytomel 50mcg	Angeliq
Covaryx H.S.	Divigel	Climara
Decadron	Duavee	Climara Pro
desmopressin	Estring (QL)	Combipatch
dexamethasone		Cytomel 5, 25mcg
dexamethasone intensol		

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

EEMT	Premarin	Depo-Testosterone
EEMT H.S.	Premphase	Elestrin
estradiol (QL)	Prempro	Entocort EC
estradiol-norethindrone	Synthroid	Estrace
estrogen-methyltestosterone		Estrogel
levothyroxine		Evamist
Levoxyl		Femring
liothyronine		Fortesta (PA, QL)
medroxy-progesterone		Intrarosa
methimazole		Levo-T
methylprednisolone		Menostar (QL)
Mimvey		Minivelle (QL)
Mimvey Lo		Natesto (PA, QL)
Nature-Thyroid		Osphena
NP Thyroid		Royaldee
prednisolone		Striant (PA, QL)
prednisolone ODT		Testim (PA, QL)
prednisone		Testopel (PA)
prednisone intensol		Tirosint
progesterone		Triostat
TaperDex		Unithroid
testosterone (PA, QL)		Vagifem (QL)
testosterone cypionate		Vivelle-Dot (QL)
thyroid		Vogelxo (PA, QL)
Unithroid 75mcg		
Westhroid		
WP Thyroid		
Yuvaferm (QL)		

### INFECTIONS

acyclovir	Albenza	Acticlate (ST)
amoxicillin	Cipro	Alinia
amoxicillin-clavulanate ER		Bactrim
amoxicillin-clavulanate		Bactrim DS
atovaquone		Cleocin
atovaquone-proguanil		Clindesse
Avidoxy		Cresemba (PA)
azithromycin		Dificid (QL)
cefdinir		Doryx
cefixime		Doryx MPC
cefuroxime		E.E.S. 200
cephalexin		E.E.S. 400
ciprofloxacin		EryPed 200
clarithromycin		EryPed 400
clarithromycin ER		Ery-Tab
		Minocin
		Monurol
		Noxafil

## Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

clindamycin		Oracea
Coremino		Plaquenil
dapsone		Solodyn (ST)
Doxy 100		Sulfatrim
doxycycline		Suprax
doxycycline IR-DR		Tamiflu (QL)
Emverm		Targadox
erythromycin		Uretron D-S
famciclovir		Uribel
fluconazole		Urogesic Blue
hydroxychloroquine		UTA
itraconazole		Valtrex
levofloxacin		Vibramycin
metronidazole		Xifaxan
minocycline		Ximino (ST)
minocycline ER		
Mondoxyne NL		
Morgidox		
nitrofurantoin		
Okebo		
oseltamivir (QL)		
penicillin		
Soloxide		
sulfamethoxazole- trimethoprim		
terbinafine		
tinidazole		
valacyclovir		
valganciclovir		
vancomycin		
Vandazole		
voriconazole (PA)		

### INFERTILITY

clomiphene citrate <sup>^</sup>	Crinone <sup>^</sup> Endometrin <sup>^</sup>	
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### MISCELLANEOUS

NebuSal 3%	TechLITE lancets	Addyi (QL)
PulmoSal		Horizant (ST)
sodium chloride		Ingrezza* (PA)
		NebuSal 6%
		Nuedexta (QL)

### NUTRITIONAL/DIETARY

B-12 Compliance	CitraNatal	Auryxia (QL)
calcitriol	Klor-Con M15	Concept DHA
calcium	OB Complete	Escavite D <sup>+</sup>
cyanocobalamin injection	Poly-Vi-Flor <sup>+</sup> Prefera OB	Escavite <sup>+</sup> Floriva <sup>+</sup>
FA-8 <sup>+</sup>	Prenate	Fluorabon <sup>+</sup>
fluoride <sup>+</sup>	Tristart DHA	K-Tab ER
Fluoritab <sup>+</sup>	Tri-Vi-Flor <sup>+</sup>	Klor-Con 10
Flura-Drops <sup>+</sup>	Vitafof	Klor-Con 8

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### NUTRITIONAL/DIETARY (cont)

folic acid <sup>+</sup>	vitaMedMD One Rx	KPN <sup>+</sup>
Klor-Con	vitaPearl	Mephyton
Klor-Con M10	VP-PNV-DHA	MVC-fluoride <sup>+</sup>
Klor-Con M20		Nascobal
lanthanum		Perry Prenatal <sup>+</sup>
levocarnitine		Phoslyra
Ludent Fluoride <sup>+</sup>		Physicians EZ Use B-12
multivitamin-iron- fluoride <sup>+</sup>		Poly-Vi-Flor With Iron <sup>+</sup>
PNV-DHA		Quflora <sup>+</sup>
polyvitamins- fluoride <sup>+</sup>		Renagel
potassium chloride		Renvela
Prena1 Pearl		Urosex <sup>+</sup>
prenatal vitamin <sup>+</sup>		Velphoro
Prenatal <sup>+</sup>		Veltassa
Right Step <sup>+</sup>		
sevelamer		
sodium fluoride <sup>+</sup>		
tri-vitamin with fluoride-iron <sup>+</sup>		
tri-vitamin with fluoride <sup>+</sup>		
Virt-PN DHA		
vitamin D2		
Zatean-PN DHA		

### OSTEOPOROSIS PRODUCTS

alendronate (QL)		Evista
calcitonin-salmon		Fosamax Plus D (ST)
raloxifene <sup>+</sup>		
risedronate		
risedronate DR		

### PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA, QL)	Embeda (PA, QL)	Abstral (PA, QL)
acetaminophen- codeine (QL)	Hysingla ER (PA, QL)	Actiq (PA, QL)
allopurinol	Nucynta (PA, QL)	Analpram HC
baclofen	Proctofoam-HC	Arymo ER (PA, QL)
buprenorphine (QL)	Savella	Belbuca (QL)
butalbital- acetaminophen- caffeine-codeine (PA, QL)	Subsys (PA, QL)	Buprenex
butalbital- acetaminophen- caffeine (QL)	Uloric	Butrans (QL)
carisoprodol	Xtampza ER (PA, QL)	Cambia (ST)
celecoxib (QL)		Celebrex (ST, QL)
colchicine		Colcrys
cyclobenzaprine		Duexis (ST)
		Duragesic (PA, QL)
		Fentora (PA, QL)
		Flector (ST, QL)
		Gralise
		Imitrex (QL)
		Kadian (PA, QL)
		Lazanda (PA, QL)

## Cigna Legacy (Performance) 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>		
DermacinRx Empricaine DermacinRx Prizopak diclofenac (QL) diclofenac ER dihydroergotamine (QL) eletriptan (QL) Endocet (PA, QL) etodolac etodolac ER fenoprofen Fenortho fentanyl (PA, QL) Fioricet (QL) frovatriptan (QL) Glydo hydrocodone-acetaminophen (PA, QL) hydromorphone (PA, QL) hydromorphone ER (PA, QL) IBU ibuprofen indomethacin indomethacin ER ketorolac (QL) leflunomide levorphanol (PA, QL) lidocaine (QL) lidocaine viscous lidocaine-prilocaine Lidopril Lidopril XR Lido-Prilo Caine Pack LiproZonePak Livixil Pak Lorcet (PA, QL) Lorcet HD (PA, QL) Lorcet Plus (PA, QL) Lortab (PA, QL) Medolor pak meloxicam Metaxall metaxalone methocarbamol morphine (PA, QL) morphine ER (PA, QL) naproxen naproxen CR		Lorzone Migranal (QL) Mitigare Morphabond ER (PA, QL) MS Contin (PA, QL) Nucynta ER (PA, QL) Onzetra Xsail (QL) Oxaydo (PA, QL) OxyContin (PA, QL) Pennsaid (ST) Percocet (PA, QL) Procort Relpax (QL) Roxicodone (PA, QL) Synera Treximet (QL) Vimovo (ST, QL) Voltaren (ST, QL) Zembrace SymTouch (QL) Zohydro ER (PA, QL) Zomig (QL) Zomig ZMT (QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>		
naproxen DS naproxen ER oxycodone (PA, QL) oxycodone ER (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) tizanidine tramadol (QL) tramadol ER (QL) Verdrocet (PA, QL) Vicodin (PA, QL) Vicodin ES (PA, QL) Vicodin HP (PA, QL)		

### PARKINSON'S DISEASE

amantadine bromocriptine carbidopa-levodopa carbidopa-levodopa ER pramipexole pramipexole ER rasagiline ropinirole ropinirole ER		Azilect Neupro Rytary Sinemet Sinemet CR Tasmar Xadago
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### SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole aripiprazole ODT chlorpromazine haloperidol olanzapine olanzapine ODT paliperidone ER quetiapine quetiapine ER risperidone risperidone ODT ziprasidone		Abilify (ST) Abilify Maintena (QL) Aristada (QL) Fanapt (ST, QL) Invega Sustenna (QL) Invega Trinza (QL) Latuda (ST) Rexulti (ST) Saphris (ST) Seroquel (ST) Seroquel XR (ST) Vraylar (ST)
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## Cigna Legacy (Performance) 4-Tier Prescription Drug List

SEIZURE DISORDERS			SKIN CONDITIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
carbamazepine	Keppra vial	Aptiom (PA)	clindamycin-		Fabior
carbamazepine ER	Lamictal XR dose	Banzel (PA, QL)	benzoyl peroxide		Jublia (ST)
divalproex	pack	Briviact (PA)	clindamycin-		Locoid (ST)
divalproex ER	Lyrica	Carbatrol	tretinoin		Luzu
Epitol	Vimpat tablet,	Depakote	clobetasol		Naftin cream
gabapentin	solution (PA)	Depakote ER	Clodan shampoo		Onexton
lamotrigine		Dilantin	clotrimazole-		Picato
lamotrigine (blue,		Fycompa (PA)	betamethasone		Retin-A Micro (PA
green, orange)		Keppra tablet,	dapsone		age)
lamotrigine ER		solution	desonide		Sklice
lamotrigine ODT		Keppra XR	diclofenac		Soolantra
lamotrigine ODT		Lamictal	doxepin (QL)		Sorilux
(blue, green,		Lamictal (blue, green,	fluocinonide		Taclonex
orange)		orange)	fluorouracil		Tazorac 0.1% cream
levetiracetam		Lamictal ODT	flurandrenolide		Topicort (ST)
levetiracetam ER		Lamictal ODT (blue,	hydrocortisone		Tridesilon (ST)
oxcarbazepine		green, orange)	imiquimod		Veltin
Roweepra		Lamictal XR	isotretinoin (QL)		Verdeso (ST)
Roweepra XR		Lamictal XR (blue,	ketoconazole		Ziana
topiramate		green, orange)	metronidazole		Zovirax (QL)
topiramate ER		Mysoline	mupirocin		
		Oxtellar XR (PA)	Myorisan (QL)		
		Phenytek	Neuac gel		
		Qudexy XR	Nolix		
		Spritam (PA)	nystatin-		
		Tegretol	triamcinolone		
		Tegretol XR	oxiconazole		
		Topamax	permethrin		
		Trileptal	Procto-Med HC		
		Trokendi XR	Procto-Pak		
		Vimpat vial	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)		

### SKIN CONDITIONS

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	Benzaclin
Avar	Santyl (QL)	Benzamycin
Avar-E	Tazorac gel,	Carac
BenzePrO	0.05% cream	Celacyn
BP 10-1		Denavir (QL)
calcipotriene		Desonate (ST)
calcipotriene-		Desowen (ST)
betamethasone DP		Dovonex
calcitrene		Drysol
Claravis (QL)		Duac
Clindacin ETZ		Ecoza
Clindacin P		Elidel
clindamycin		Enstilar
		Epiduo
		Exelderm

## Cigna Legacy (Performance) 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>SLEEP DISORDERS/SEDATIVES</b>		
armodafinil (PA) eszopiclone modafinil (PA) zolpidem zolpidem ER	Belsomra (ST) Silenor (ST)	Ativan Nuvigil (PA) Rozerem (ST, QL)
<b>SMOKING CESSATION</b>		
bupropion SR+ 150mg NicoDerm CQ+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+	Chantix Nicotrol	Nicorette+ Zyban
<b>SUBSTANCE ABUSE</b>		
buprenorphine buprenorphine- naloxone naloxone naltrexone (QL)	Bunavail Narcan Probuphine Suboxone Zubsolv	Evzio (PA, QL)
<b>URINARY TRACT CONDITIONS</b>		
darifenacin ER dutasteride finasteride 5mg oxybutynin oxybutynin ER phenazopyridine potassium ER tamsulosin tolterodine tolterodine ER trospium trospium ER	Elmiron K-Phos Original Toviaz	Avodart Myrbetriq (ST) Procysbi* (PA) Pyridium Rapaflo VESIcare (ST)

## Specialty medications

The specialty medications listed below are covered on Tier 4. All of these medications require approval from Cigna before your plan will cover them.

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



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

MEDICATION NAME	DRUG CLASS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Gazyva* (PA)	CANCER
Gelsyn-3* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Genotropin* (PA)	HORMONAL AGENTS
Genvoya**	AIDS/HIV
Gilenya** (PA)	MULTIPLE SCLEROSIS
Gilotrif** (PA)	CANCER
Glassia* (PA)	ASTHMA/COPD/RESPIRATORY
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Gleevec** (PA)	CANCER
Granix*	BLOOD MODIFIERS/BLEEDING DISORDERS
H.P. Acthar* (PA)	HORMONAL AGENTS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Harvoni** (PA)	INFECTIONS
Herceptin* (PA)	CANCER
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Hyalgan* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ibandronate*	OSTEOPOROSIS PRODUCTS
Ibrance** (PA)	CANCER
Iclusig** (PA)	CANCER
Ilaris* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
imatinib** (PA)	CANCER
Imbruvica** (PA)	CANCER
Ingrezza* (PA)	MISCELLANEOUS
Inlyta** (PA)	CANCER
Intelence**	AIDS/HIV
Intron A* (PA)	CANCER
Isentress HD**	AIDS/HIV
Isentress**	AIDS/HIV
Jadenu**	MISCELLANEOUS
Jakafi* (PA)	CANCER
Jynarque* (PA)	DIURETICS
Kadcyla* (PA)	CANCER
Kalydeco** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Kevzara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kineret* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kitabis Pak*	INFECTIONS
Korlym** (PA)	CHOLESTEROL MEDICATIONS
Kuvan** (PA)	MISCELLANEOUS
Kyleena*	CONTRACEPTION PRODUCTS
Kynamro* (PA)	CHOLESTEROL MEDICATIONS

MEDICATION NAME	DRUG CLASS
Lemtrada* (PA)	MULTIPLE SCLEROSIS
Lenvima** (PA)	CANCER
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY
Lonsurf** (PA)	CANCER
Lucentis* (PA)	EYE CONDITIONS
Lumizyme* (PA)	MISCELLANEOUS
Lupron Depot* (PA)	HORMONAL AGENTS
Lynparza** (PA)	CANCER
Makena* (PA)	INFERTILITY
Mavyret** (PA)	INFECTIONS
Mekinist** (PA)	CANCER
Menopur*^	INFERTILITY
methotrexate*	CANCER
Mirena*	CONTRACEPTION PRODUCTS
Monovisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
Myfortic**	TRANSPLANT MEDICATIONS
Naglazyme* (PA)	MISCELLANEOUS
Natpara* (PA)	HORMONAL AGENTS
Neoral**	TRANSPLANT MEDICATIONS
Nerlynx* (PA)	CANCER
Neulasta* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Nexavar** (PA)	CANCER
Nexplanon*	CONTRACEPTION PRODUCTS
Ninlaro** (PA)	CANCER
Nityr** (PA)	MISCELLANEOUS
Norditropin* (PA)	HORMONAL AGENTS
Northera** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Norvir**	AIDS/HIV
Nucala* (PA)	ASTHMA/COPD/RESPIRATORY
Nutropin AQ* (PA)	HORMONAL AGENTS
Ocaliva** (PA)	GASTROINTESTINAL/HEARTBURN
Ocrevus* (PA)	MULTIPLE SCLEROSIS
Odefsey**	AIDS/HIV
Ofev** (PA)	ASTHMA/COPD/RESPIRATORY
Omnitrope* (PA)	HORMONAL AGENTS
Opsumit** (PA)	ASTHMA/COPD/RESPIRATORY
Orencia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Orenitram ER** (PA)	ASTHMA/COPD/RESPIRATORY
Orkambi** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Orthovisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otezla** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ozurdex*	EYE CONDITIONS
PegIntron* (PA)	INFECTIONS
Perjeta* (PA)	CANCER
Plegridy* (PA)	MULTIPLE SCLEROSIS
Pomalyst** (PA)	CANCER
Praluent* (PA)	CHOLESTEROL MEDICATIONS
Prezcobix**	AIDS/HIV
Prezista**	AIDS/HIV
Procrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Procysbi** (PA)	URINARY TRACT CONDITIONS
Prograf**	TRANSPLANT MEDICATIONS
Prolia* (PA)	OSTEOPOROSIS PRODUCTS
Promacta** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Pulmozyme** (PA)	ASTHMA/COPD/RESPIRATORY
Rasuvo* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ravicti** (PA)	GASTROINTESTINAL/HEARTBURN
Rebif* (PA)	MULTIPLE SCLEROSIS
Remicade* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Remodulin* (PA)	ASTHMA/COPD/RESPIRATORY
Repatha* (PA)	CHOLESTEROL MEDICATIONS
Revlimid** (PA)	CANCER
Reyataz**	AIDS/HIV
ritonavir**	AIDS/HIV
Rituxan* (PA)	CANCER
Sabril**	SEIZURE DISORDERS
Saizen* (PA)	HORMONAL AGENTS
Samsca**	DIURETICS
Sandostatin LAR Depot* (PA)	HORMONAL AGENTS
Selzentry**	AIDS/HIV
Sensipar**	GASTROINTESTINAL/HEARTBURN
Serostim* (PA)	HORMONAL AGENTS
Siliq* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Simponi* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Sinuva* (PA)	ALLERGY/NASAL SPRAYS
sirolimus**	TRANSPLANT MEDICATIONS
Skyla*	CONTRACEPTION PRODUCTS
Soliris* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
Stivarga** (PA)	CANCER
Strensiq* (PA)	MISCELLANEOUS
Stribild**	AIDS/HIV
Sublocade*	SUBSTANCE ABUSE
Sucraid*	GASTROINTESTINAL/HEARTBURN
Supprelin LA* (PA)	HORMONAL AGENTS
Sutent** (PA)	CANCER
Sylatron* (PA)	CANCER
Symdeko* (PA, QL)	ASTHMA/COPD/RESPIRATORY
Synagis* (PA)	INFECTIONS
Synvisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Synvisc-One* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Syprine** (PA)	MISCELLANEOUS
tacrolimus**	TRANSPLANT MEDICATIONS
Tafinlar** (PA)	CANCER
Tagrisso** (PA)	CANCER
Taltz* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Tarceva** (PA)	CANCER
Targretin**	SKIN CONDITIONS
Targretin** (PA)	CANCER
Tasigna** (PA)	CANCER
Tecentriq* (PA)	CANCER
Tecfidera** (PA)	MULTIPLE SCLEROSIS
temozolomide** (PA)	CANCER
tenofovir **	AIDS/HIV
tetrabenazine** (PA)	MISCELLANEOUS
Thalomid** (PA)	INFECTIONS
Thiola**	URINARY TRACT CONDITIONS
Thyrogen*	HORMONAL AGENTS
Tivicay*	AIDS/HIV
Tobi Podhaler**	INFECTIONS
Tobi**	INFECTIONS
tobramycin**	INFECTIONS
Tracleer** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Tremfya* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Trexall**	CANCER
Triumeq**	AIDS/HIV
Truvada**	AIDS/HIV
Tymlos*	OSTEOPOROSIS PRODUCTS
Tysabri* (PA)	MULTIPLE SCLEROSIS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
Upravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valstar*	CANCER
Varubi** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Vemlidy**	INFECTIONS
Verzenio** (PA)	CANCER
Vimizim* (PA)	MISCELLANEOUS
Viread**	AIDS/HIV
Vivitrol*	MISCELLANEOUS
Vosevi** (PA)	INFECTIONS
Votrient** (PA)	CANCER
Vpriv* (PA)	MISCELLANEOUS
Xalkori** (PA)	CANCER
Xeljanz XR** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeljanz** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xenazine** (PA)	MISCELLANEOUS
Xeomin* (PA)	MISCELLANEOUS
Xgeva* (PA)	OSTEOPOROSIS PRODUCTS
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Xtandi** (PA)	CANCER
Xyrem** (PA)	SLEEP DISORDERS/SEDATIVES
Zarxio*	BLOOD MODIFIERS/BLEEDING DISORDERS
Zelboraf** (PA)	CANCER
Zepatier** (PA)	INFECTIONS
Zomacton* (PA)	HORMONAL AGENTS
Zorbtive* (PA)	HORMONAL AGENTS
Zortress**	TRANSPLANT MEDICATIONS
Zytiga** (PA)	CANCER

## Prescription drug list FAQs

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

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

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

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier. This typically happens twice a year on January 1<sup>st</sup> and July 1<sup>st</sup>.
- › Adding requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

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<sup>®</sup> 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 cost<sup>2</sup> and view lower cost alternatives, if available.

### How can I save money on my prescription medications?

You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. 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.<sup>3</sup> 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:<sup>3</sup>

- › 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.<sup>3</sup> Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

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

Cigna Specialty Pharmacy can help you manage your health and prescription needs.<sup>4</sup> 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.<sup>4</sup>

- › 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.<sup>SM</sup> 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 Pharmacy<sup>4</sup> 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:<sup>5</sup>

- › 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.

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