



CIGNA ADVANTAGE 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

887152 m Advantage 3-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.



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



Questions? - Call the toll-free number on the back of your Cigna ID card. We’re here to help. 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 03/01/2011

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 Advantage Prescription 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 (or 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.

The Advantage Prescription Drug List excludes from coverage prescription medications used to treat heartburn/stomach acid conditions (e.g., Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These medications are available over-the-counter at the pharmacy without a prescription.

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Advantage Prescription Drug List.

TIER 1 \$	TIER 2 \$\$
BLOOD PRESSURE/HEART MEDICATIONS	
afeditab CR	Beriner [*] (PA)
amlodipine besylate	Bidil
amlodipine besylate-benazepril	Bystolic
amlodipine-valsartan	Cinryze [*] (PA)
amlodipine-valsartan-HCTZ	Coreg CR
atenolol	Cozaar (ST)
atenolol-chlorthalidone	Diovan (ST)
benazepril	Diovan HCT (ST)
benazepril-HCTZ	Edarbi (ST)
candesartan cilexetil	Edarbyclor (ST)
cartia XT	Exforge
carvedilol	Exforge HCT
clonidine	Firazy [*] (PA)
digitek	Hemangeol
digox	Inderal LA
digoxin	Inderal XL
diltiazem ER	Innopran XL
diltiazem CD	Lotrel
diltiazem	Micardis (ST)
dilt-XR	Multaq
enalapril	Nitro-dur
flecainide acetate	Nitrolingual
hydralazine	Nitromist
irbesartan	Nitronal
isosorbide mononitrat	Nitrostat
	Northera [*] (PA)
	Norvasc
	Ranexa (ST)
	Tekturna
	Tekturna HCT

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

Cigna Advantage 3-Tier Prescription Drug List

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

abacavir-lamivudine*	Atripla*	Complera*
atazanavir*	Biktarvy*	Evotaz*
ritonavir*	Descovy*	Odefsey*
tenofovir *	Genvoya*	Prezcobix*
	Intelence*	Stribild*
	ISENTRESS HD*	Viread 300mg*
	ISENTRESS*	
	Norvir packet, capsule, solution*	
	Prezista*	
	Reyataz packet*	
	Selzentry*	
	Tivicay*	
	Triumeq*	
	Truvada*	
	Viread powder, 150, 200, 250mg*	

ALLERGY/NASAL SPRAYS

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

ALZHEIMER'S DISEASE

donepezil		Mestinon
donepezil ODT		Namenda
memantine		Namenda XR (QL)
memantine ER		Namzaric (QL)
pyridostigmine		Regonol
pyridostigmine ER		
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

amitriptyline		Effexor XR (ST, QL)
bupropion (QL)		Fetzima (ST, QL)
bupropion SR (QL)		Forfivo XL (ST, QL)
bupropion XL (QL)		Prozac (ST, QL)
bupropion XL (QL)		Sarafem (ST)

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

citalopram (QL)		Trintellix (ST)
clomipramine		Viibryd (ST)
desvenlafaxine ER (QL)		Wellbutrin SR (ST, QL)
duloxetine (QL)		Zoloft (ST, QL)
escitalopram (QL)		
fluoxetine (QL)		
fluoxetine DR (QL)		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Adcirca* (PA)
budesonide inhalation	Advair HFA	Adempas* (PA)
ipratropium-albuterol	Anoro Ellipta	Aralast NP* (PA)
montelukast	Atrovent HFA	Combivent Respimat
	Breo Ellipta	Daliresp (QL)
	Incruse Ellipta	Fasenra* (PA)
	ProAir HFA	Glassia* (PA)
	ProAir RespiClick	Kalydeco* (PA, QL)
	QVAR RediHaler	Letairis* (PA)
	Striverdi Respimat	Nucala* (PA)
	Symbicort	Ofev* (PA)
	Trelegy Ellipta (ST)	Opsumit* (PA)
		Orenitram ER* (PA)
		Orkambi* (PA, QL)
		Pulmicort
		Pulmozyme* (PA)
		Remodulin* (PA)
		Symdeko* (PA, QL)
		Tracleer* (PA)
		Tyvaso* (PA)
		Uptravi* (PA)
		Xolair* (PA)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine		Adderall (ST)
dexmethylphenidate		Daytrana (PA)
dexmethylphenidate ER		Evekeo (ST)
dextroamphetamine-amphetamine ER		Focalin (ST)
dextroamphetamine-amphetamine		Methylin (ST)
guanfacine ER		Quillivant XR (PA)
		Ritalin (ST)

Cigna Advantage 3-Tier Prescription Drug List

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

Metadate ER
methylphenidate
methylphenidate CD
methylphenidate ER
methylphenidate LA

BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid*	Aranesp* (PA) Granix* Neulasta* (PA) Soliris* (PA) Zarxio*	Bebulin* (PA) Ceprotin* (PA) Epogen* (PA) Procrit* (PA) Promacta* (PA)
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BLOOD PRESSURE/HEART MEDICATIONS

Aspirin 81+ Afeditab CR amlodipine amlodipine-benazepril amlodipine-olmesartan amlodipine-valsartan amlodipine-valsartan-HCTZ Aspirin-Low+ aspirin+ aspirin EC+ atenolol atenolol-chlorthalidone benazepril benazepril-HCTZ bisoprolol Bufferin+ candesartan Cartia XT carvedilol carvedilol ER clonidine Digitek Digox digoxin Dilt-XR diltiazem diltiazem CD diltiazem ER dofetilide (QL) doxazosin	Corlanor (PA) Entresto (PA)	Bayer Chewable Aspirin+ Berinert* (PA) BiDil (QL) Cardizem LA Cinryze* (PA) Coreg CR Epaned (ST) Firazyr* (PA) Haegarda* (PA) Hemangeol Inderal LA Inderal XL Innopran XL Multaq Nitro-Dur Nitrolingual Nitromist Nitrostat Northera* (PA) Norvasc Ranexa (ST, QL) Tiazac Tikosyn (QL) Toprol XL
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS (cont)

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

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER clopidogrel enoxaparin* (QL) fondaparinux* (QL) Jantoven prasugrel warfarin	Brilinta Eliquis Xarelto	Bevyxxa (QL) Coumadin Effient Fragmin* (QL) Pradaxa Savaysa Zontivity
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Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CANCER			CHOLESTEROL MEDICATIONS (cont)		
anastrozole bexarotene* (PA) capecitabine* (PA) imatinib* (PA) letrozole mercaptopurine methotrexate* tamoxifen+ temozolomide* (PA)	Actimmune* (PA) Avastin* (PA) Fareston (QL) Herceptin* (PA) Intron A* (PA) Nexavar* (PA) Revlimid* (PA) Rituxan* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Tasigna* (PA) Trexall* Valstar*	Afinitor Disperz* (PA) Afinitor* (PA) Alecensa* (PA) Arimidex Bosulif* (PA) Cabometyx* (PA) Cometriq* (PA) Cotellic* (PA) Erivedge* (PA) Erleada* (PA) Gazyva* (PA) Gilotrif* (PA) Gleevec* (PA) Ibrance* (PA) Iclusig* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Kadcyca* (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)	fluvastatin ER 80mg+ lovastatin 20mg, 40mg+ niacin ER Niacor omega-3 acid ethyl esters pravastatin 10mg, 20mg, 40mg, 80mg+ rosuvastatin 5mg, 10mg+ simvastatin 10mg, 20mg, 40 mg+ (QL) Triklo		
CHOLESTEROL MEDICATIONS			CONTRACEPTIVE PRODUCTS		
atorvastatin 10mg, 20mg+ ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin 20mg, 40mg+	Repatha* (PA)	Korlym* (PA) Kynamro* (PA) Vascepa Welchol Zetia	Aftera+ Altavera+ Alyacen+ Amethia+ Amethia Lo+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aviane+ Azurette+ Balziva+ Bekyree+ Blisovi 24 FE+ Blisovi FE+ Briellyn+ Camila+ Camrese+ Camrese Lo+ Caziant+ Chateal+ Cryelle+ Cyclafem+ Cyred+ Dasetta+ Daysee+ Deblitane+ Delyla+ desogestrel-ethinyl estradiol+ drospirenone-ethinyl estradiol-levomefibrate+	Lo Loestrin FE Taytulla	Beyaz Caya Contoured+ Ella+ Estrostep FE FC2 Female Condom+ Femcap+ Kyleena* Loestrin FE LoSeasonique Microgestin+ Minastrin 24 FE Mirena* NuvaRing Seasonique Skyla* Today Contraceptive Sponge+ Wide Seal Diaphragm+

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)			CONTRACEPTIVE PRODUCTS (cont)		
drospirenone- ethinyl estradiol ⁺ Econtra EZ ⁺ Econtra One-Step ⁺ Elinest ⁺ Emoquette ⁺ Enpresse ⁺ Enskyce ⁺ Errin ⁺ Estarylla ⁺ ethynodiol-ethinyl estradiol ⁺ Falmina ⁺ Fayosim ⁺ Femynor ⁺ Gianvi ⁺ Heather ⁺ Introvale ⁺ Isibloom ⁺ jencycla ⁺ Jolessa ⁺ Jolivette ⁺ Juleber ⁺ Junel ⁺ Junel FE ⁺ Junel FE 24 ⁺ Kaitlib FE ⁺ Kariva ⁺ Kelnor 1-35 ⁺ Kelnor 1-50 ⁺ Kimidess ⁺ Kurvelo ⁺ Larin ⁺ Larin 24 FE ⁺ Larin FE ⁺ Larissia ⁺ Leena ⁺ Lessina ⁺ Levonest ⁺ 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 ⁺ Myzila ⁺ Necon 0.5/35 ⁺ Necon 7/7/7 ⁺ Nikki ⁺ Nora-BE ⁺ norethindrone ⁺ norethindrone- ethinyl estradiol ⁺ norethindrone- ethinyl estradiol- iron ⁺ norgestimate- ethinyl estradiol ⁺ Norlyda ⁺ Norlyroc ⁺ Nortrel ⁺ Ocella ⁺ Opcicon One-Step ⁺ Option 2 ⁺ Orsythia ⁺ Philith ⁺ Pimtrea ⁺ Pirmella ⁺ Portia ⁺ Previfem ⁺ Quasense ⁺ Rajani ⁺ Reclipsen ⁺ Rivelsa ⁺ Setlakin ⁺ Sharobel ⁺ Sprintec ⁺ Sronyx ⁺ Syeda ⁺ Tarina FE ⁺ Tilia FE ⁺ Tri Femynor ⁺ Tri-Estarylla ⁺ Tri-Legest FE ⁺		

Cigna Advantage 3-Tier Prescription Drug List

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

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

DENTAL PRODUCTS

chlorhexidine rinse		Clinpro 5000
Denta 5000 plus		Prevident
Dentagel		Prevident 5000
doxycycline		
Fluoridex		
Oralene		
Paroex		
Peridex		
Periogard		
sodium fluoride		
SF 5000 plus		
triamcinolone paste		

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

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

DIURETICS

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

EAR MEDICATIONS

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

EYE CONDITIONS

azelastine	Restasis	Acuvail
brimonidine	Simbrinza	Alphagan P
ciprofloxacin drops	Travatan Z	Alrex
dorzolamide- timolol	Xiidra	Azasisite
erythromycin ointment		Azopt
fluorometholone		Besivance
gatifloxacin		Betimol
		Betoptic S
		Bromsite
		Combigan

Cigna Advantage 3-Tier Prescription Drug List

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

ketorolac solution		Cosopt PF
latanoprost		Cystaran* (QL)
moxifloxacin drops		Durezol
neomycin-polymyxin-dexamethasone		Eylea* (PA)
ofloxacin drops		Ilevro
olopatadine drops		Iluvien*
polymyxin B-TMP		Lotemax
prednisolone drops		Lucentis* (PA)
timolol		Moxeza
tobramycin drops		Nevanac
tobramycin-dexamethasone		Ozurdex*
		Prolensa
		Tobradex
		Tobradex ST
		Vigamox
		Zioptan (ST, QL)
		Zirgan
		Zylet

FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
miconazole 3		
terconazole		

GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Akynzeo* (PA, QL)
alosetron*	Apriso	Bonjesta
Anucort-HC	Creon	Canasa
balsalazide	Entyvio* (PA)	Carafate
Bisa-Lax+	Linzess	Cholbam* (PA)
bisacodyl+	Pentasa	Clenpiq
chlordiazepoxide-clidinium	Zenpep	Colyte With Flavor Packets+
Clearlax+		Correctol+
dicyclomine		Diclegis
diphenoxylate-atropine		Donnatal
dronabinol		Dulcolax+
Ducodyl+		Gattex* (PA)
Gavilax+		Gialax+
Gavilyte-C+		GoLytely+
Gavilyte-G+		Lialda (ST)
Gavilyte-n+		Miralax+
GentleLax+		Movantik (PA)
Glycolax+		MoviPrep+
HealthyLax+		Nulytely with flavor packets+
Hemmorex-HC		Ocaliva* (PA)
hydrocortisone suppository		OsmoPrep+
		Pancreaze
		Pertzye

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

lansoprazole-amoxicillin-clarithromycin		Prepopik+
LaxaClear+		Ravicti* (PA)
mesalamine		Rectiv
metoclopramide		Relistor (PA)
metoclopramide ODT		Sancuso (PA, QL)
Natura-Lax+		Sensipar*
ondansetron		sfRowasa
ondansetron ODT		Sucraid*
PEG 3350-electrolyte+		Suprep+
PEG-Prep+		Sustol (PA)
Phenadoz		Symproic (PA)
Powderlax+		Transderm Scop
promethazine suppository		Varubi* (PA, QL)
Promethegan		Viberzi
Purelax+		Viokace
scopolamine		
Smooth LAX+		
sucralfate		
TriLyte with flavor packets+		
ursodiol		

HORMONAL AGENTS

Amabelz	AndroGel 1.62% (PA, QL)	Activella
budesonide EC	Duavee	Alora (QL)
cabergoline (QL)	Forteo*	Androderm (PA, QL)
Covaryx	Humatrope* (PA)	AndroGel 1.0% (PA, QL)
Covaryx H.S.	Premarin	Angeliq
Decadron	Premphase	Armour Thyroid
desmopressin*	Prempro	Aveed* (PA)
dexamethasone	Sandostatin LAR Depot* (PA)	Climara
dexamethasone intensol	Serostim* (PA)	Climara Pro
EEMT	Zorbitive* (PA)	Combipatch
EEMT H.S.		Cytomel
estradiol (QL)		Depo-Testosterone
estradiol-norethindrone		Divigel
levothyroxine		Elestrin
Levoxyl		Emflaza* (PA)
liothyronine		Entocort EC
medroxyprogesterone		Estring (QL)
methimazole		Estrogel
methylprednisolone		Evamist
Mimvey		Femring
Mimvey Lo		Ganirelix*^
		H.P. Acthar* (PA)

Cigna Advantage 3-Tier Prescription Drug List

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

Nature-Throid		Intrarosa
NP Thyroid		Levo-T
prednisolone		Lupron Depot* (PA)
prednisolone ODT		Menostar (QL)
prednisone		Minivelle (QL)
prednisone intensol		Natpara* (PA)
progesterone		Osphena
testosterone (PA, QL)		Royaldee
testosterone cypionate		Somatuline Depot* (PA)
thyroid		Somavert* (PA)
Unithroid 75mcg		Striant (PA, QL)
Westhroid		Supprelin LA* (PA)
WP Thyroid		Synthroid
Yuvaferm (QL)		Testopel (PA)
		Thyrogen*
		Tirosint
		Triostat
		Unithroid
		Vagifem (QL)
		Vivelle-Dot (QL)

INFECTIONS

acyclovir	Baraclude solution*	Albenza
amoxicillin	Epclusa* (PA)	Alinia
amoxicillin-clavulanate ER	Harvoni* (PA)	Bactrim
amoxicillin-clavulanate	Kitabis Pak*	Bactrim DS
atovaquone	Mavyret* (PA)	Baraclude tablet*
atovaquone-proguanil	Sovaldi* (PA)	Cayston*
Avidoxy	Thalomid* (PA)	Cipro
azithromycin	Vosevi* (PA)	Cleocin
cefdinir		Clindesse
cefixime		Cresemba vial
cefuroxime		Cresemba capsule (PA)
cephalexin		Daraprim* (PA)
ciprofloxacin		Difcid (QL)
clarithromycin		E.E.S. 400
clarithromycin ER		EryPed 200
clindamycin		Ery-Tab
Coremino		Minocin
dapsone		Monurol
Doxy 100		Noxafil
doxycycline		PegIntron* (PA)
doxycycline IR-DR		Plaquenil
Emverm		Sulfatrim
entecavir*		Suprax
erythromycin		Synagis* (PA)
famciclovir		Tamiflu (QL)
		Tobi Podhaler*
		Uretron D-S

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

fluconazole		Uribel
hydroxychloroquine		Urogesic Blue
itraconazole		Uta
levofloxacin		Valtrex
metronidazole		Vemlidy*
minocycline		Vibramycin suspension, syrup
minocycline ER		Xifaxan
minocycline ER		Zepatier* (PA)
Mondoxyne NL		
Morgidox		
nitrofurantoin		
Okebo		
oseltamivir (QL)		
penicillin		
Soloxide		
sulfamethoxazole-trimethoprim		
terbinafine		
tinidazole		
tobramycin*		
valacyclovir		
valganciclovir		
vancomycin		
Vandazole		
voriconazole (PA)		

INFERTILITY

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

MISCELLANEOUS

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

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
MULTIPLE SCLEROSIS			PAIN RELIEF AND INFLAMMATORY DISEASE		
glatiramer* (PA) Glatopa* (PA)	Ampyra* (PA) Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA) Rebif* (PA) Tecfidera* (PA)	Lemtrada* (PA) Ocrevus* (PA) Tysabri* (PA)	acetaminophen- codeine (PA, QL) allopurinol baclofen buprenorphine (QL) butalb ital- acetaminophen- caffeine-codeine (PA, QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine 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 lidocaine (QL) lidocaine viscous	Actemra* (PA) Embeda (PA, QL) Enbrel* (PA) Humira* (PA) Hysingla ER (PA, QL) Otezla* (PA) Rasuvo* (PA) Remicade* (PA) Stelara* (PA) Xtampza ER (PA, QL)	Abstral (PA, QL) Actiq (PA, QL) Analpram HC Arymo ER (PA, QL) Benlysta* (PA) Buprenex Butrans (QL) Celebrex (ST, QL) Cimzia* (PA) Colcrys Cosentyx* (PA) Cuprimine* (PA) Depen* (PA) Duragesic (PA, QL) Durolane* (PA) Euflexxa* (PA) Fentora (PA, QL) Flector (ST, QL) Gelsyn-3* (PA) Hyalgan* (PA) Illaris* (PA) Kadian (PA, QL) Kevzara* (PA) Lazanda (PA, QL) Mitigare Monovisc* (PA) Morphabond ER (PA, QL) MS Contin (PA, QL) Nucynta (PA, QL) Nucynta ER (PA, QL) Onzetra Xsail (QL) Orencia* (PA) Orthovisc* (PA) Otrexup* (PA) Oxaydo (PA, QL) Pennsaid (ST) Percocet (PA, QL) Procort Proctofoam-HC Relpax (QL) Savella Subsys (PA, QL) Synera Synvisc* (PA) Synvisc-One* (PA) Taltz* (PA) Tremfya* (PA) Uloric
NUTRITIONAL/DIETARY					
B-12 Compliance calcitriol calcium cyanocobalamin injection FA-8+ fluoride+ Fluoritab+ Flura-Drops+ folic acid+ Klor-Con Klor-Con M10, M20 lanthanum levocarnitine Ludent Fluoride+ multivitamin-iron- fluoride+ PNV-DHA polyvitamins- fluoride+ potassium chloride Prena1 Pearl Prenatal+ prenatal vitamin+ Right Step+ sevelamer sodium fluoride+ tri-vitamin with fluoride+ tri-vitamin with fluoride-iron+ Virt-PN DHA vitamin D2 1.25mg Zatean-PN DHA	OB Complete Poly-Vi-Flor+ Prefera OB Prenate Tri-Vi-Flor+	Auryxia (QL) CitraNatal Concept DHA Escavite+ Escavite D+ Floriva+ Fluorabon+ K-Tab ER Klor-Con 10 Klor-Con 8 Klor-Con M15 KPN+ Mephyton MVC-fluoride+ Nascobal Perry Prenatal+ Phoslyra Physicians EZ Use B-12 Poly-Vi-Flor With Iron+ Prenate Quflora+ Renagel Renvela Tristart DHA Urosex+ Velphoro Veltassa Vitafof vitaMedMD One Rx vitaPearl VP-PNV-DHA			
OSTEOPOROSIS PRODUCTS					
alendronate (QL) calcitonin-salmon ibandronate* raloxifene+ risedronate risedronate DR	Tymlos*	Evista Fosamax Plus D (ST) Prolia* (PA) Xgeva* (PA)			

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
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 syringe, vial (QL) morphine ER (PA, QL) naproxen naproxen DS 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)		Voltaren (ST, QL) Xeljanz XR* (PA) Xeljanz* (PA) Zohydro ER (PA, QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PARKINSON'S DISEASE		
amantadine benzotropine bromocriptine carbidopa-levodopa carbidopa-levodopa ER pramipexole pramipexole ER rasagiline ropinirole ropinirole ER		Apokyn* (PA) Azilect Neupro Rytary Sinemet Sinemet CR Tasmar Xadago
SCHIZOPHRENIA/ANTI-PSYCHOTICS		
aripiprazole aripiprazole ODT chlorpromazine haloperidol olanzapine olanzapine ODT paliperidone ER quetiapine quetiapine ER risperidone risperidone ODT ziprasidone		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)
SEIZURE DISORDERS		
carbamazepine carbamazepine ER divalproex divalproex ER Epitol gabapentin lamotrigine lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT lamotrigine ODT (blue, green, orange) levetiracetam levetiracetam ER oxcarbazepine Roweepira Roweepira XR topiramate topiramate ER	Dilantin 30mg Lyrica	Aptiom (PA) Banzel (PA, QL) Briviact (PA) Carbatrol Depakote Depakote ER Dilantin 50mg, 100mg, susp. Fycompa (PA) Keppra vial Oxtellar XR (PA) Phenytek Spritam (PA) Tegretol Tegretol XR Vimpat (PA)

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS			SKIN CONDITIONS (cont)		
adapalene (PA age) adapalene-benzoyl peroxide Ala-Cort 2.5% Amnesteem (QL) Avar Avar-E BenzePrO BP 10-1 calcipotriene calcipotriene- betamethasone DP Calcitrene Claravis (QL) Clindacin ETZ Clindacin P clindamycin clindamycin- benzoyl peroxide clindamycin- tretinoin clobetasol Clodan shampoo clotrimazole- betamethasone dapsons desonide fluocinonide fluorouracil flurandrenolide hydrocortisone imiquimod isotretinoin (QL) ketoconazole metronidazole mupirocin Myorisan (QL) Neuac gel Nolix nystatin- triamcinolone oxiconazole permethrin Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Rosadan Rosanil Scalacort sodium sulfacetamide- sulfur	Eucrisa Targretin*	Benzamycin Celacyn gel Desowen (ST) Drysol Ecoza Elidel Finacea Naftin Picato Santyl (QL) Sklice Soolantra Topicort (ST) Tridesilon (ST)	SSS 10-5 SulfaCleanse 8-4 tacrolimus tazarotene tretinoin (PA age) triamcinolone Triderm Zenatane (QL)		
			SLEEP DISORDERS/SEDATIVES		
			armodafinil (PA) eszopiclone modafinil (PA) zolpidem zolpidem ER	Belsomra (ST) Silenor (ST)	Rozerem (ST, QL) Xyrem* (PA)
			SMOKING CESSATION		
			bupropion SR+ NicoDerm CQ+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+		Nicorette+
			SUBSTANCE ABUSE		
			buprenorphine buprenorphine- naloxone naloxone naltrexone (QL)	Bunavail Narcan Probuphine Suboxone Zubsolv	Sublocade*
			TRANSPLANT MEDICATIONS		
			azathioprine* mycophenolate* mycophenolic acid* sirolimus* tacrolimus*	Prograf*	Astagraf XL* Cellcept* Envarsus XR* Myfortic* Neoral* Zortress*
			URINARY TRACT CONDITIONS		
			darifenacin ER dutasteride finasteride 5mg oxybutynin oxybutynin ER phenazopyridine potassium ER tamsulosin tolterodine tolterodine ER trospium trospium ER		Avodart Cystagon* Elmiron K-Phos Original Procysbi* (PA) Pyridium Rapaflo Thiola*

Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay its full cost out-of-pocket. **We want you to know your plan covers other medications that are used to treat the same condition.**^^ We've listed some below for you and your doctor to consider. **You should call your doctor's office to talk about your options.**

DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto-injector
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g., fluticasone)
	QNASL Children	budesonide fluticasone triamcinolone
ANXIETY/DEPRESSION/ BIPOLAR DISORDER	Anafranil	clomipramine
	Aplenzin Wellbutrin XL	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline
	Parnate	tranylcypromine
	Pexeva	paroxetine/CR/ER
	Pristiq	bupropion SR/XL duloxetine venlafaxine ER All generic SSRIs
Tofranil	imipramine	
ASTHMA/COPD/RESPIRATORY	Alvesco ArmonAir RespiClick Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR RediHaler
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat
	Bevespi Stiolto Respimat Utibron Neohaler	Anoro Ellipta

^^ These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (<i>cont</i>)	Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort
	Elixophyllin	theophylline oral solution
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA ProAir RespiClick
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Zyflo	montelukast zafirlukast
	Zyflo CR	zileuton ER
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT
Desoxyn		methamphetamine
Dexedrine		dextroamphetamine
Mydayis		dextroamphetamine-amphetamine ER dexamethylphenidate ER methylphenidate ER/CD/LA
Vyvanse		dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/LA/CD
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand-HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan-HCTZ
	Betapace	sotalol
	Bystolic	Generic beta blockers (e.g., metoprolol, atenolol)
	Byvalson	Generic ARBs + generic beta blockers
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Cozaar	losartan
Diovan	valsartan	

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Diovan HCT	valsartan-HCTZ
	Edarbi	Generic ARBs (e.g., losartan, valsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g., losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Hyzaar	losartan-HCTZ
	Isordil Isordil Titradose	isosorbide dinitrate
	Lanoxin	Digitek digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril-HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil Zestril	lisinopril
	Tarka	trandolapril-verapamil ER
	Tekturna	Generic ACE/ARBs
	Tekturna HCT	Generic ACE/ARBs + HCTZ
	Tribenzor	olmesartan-amlodipine-HCTZ
	Twynsta	telmisartan-amlodipine
	Vaseretic	enalapril-HCTZ
Vasotec	enalapril	
Zestoretic	lisinopril-HCTZ	
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	IR or EC aspirin
CANCER	Nilandron	nilutamide
CHOLESTEROL MEDICATIONS	Altoprev	atorvastatin
		fluvastatin
		lovastatin
		pravastatin
		rosuvastatin
	simvastatin	
	Antara Fenoglide	fenofibrate
Crestor	rosuvastatin	
FloLipid Zocor	simvastatin	
Lescol XL 80mg	fluvastatin	
Lipitor	atorvastatin	

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CHOLESTEROL MEDICATIONS <i>(cont)</i>	Livalo	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin
	Vytorin	ezetimibe-simvastatin
	Pravachol	pravastatin
	Zypitamag	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER
DIABETES	Accu-Chek, Contour, Freestyle, all other test strips and meters	OneTouch test strips and meters
	Adlyxin Tanzeum	Byetta Bydureon Ozempic Trulicity Victoza
	Admelog Afrezza Apridra Apridra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	Fortamet Glumetza metformin ER (generic Fortamet and Glumetza)	metformin ER (generic Glucophage XR)
	Invokamet Invokamet XR Segluromet	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga Jardiance
	Jentadueto Jentadueto XR Kazano Kombiglyze XR	alogliptin-metformin Janumet, Janumet XR
	Nesina Onglyza Tradjenta	alogliptin Januvia
	Oseni	alogliptin-pioglitazone Januvia + pioglitazone
	Lantus Toujeo SoloStar	Basaglar, Levemir, Tresiba

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
DIABETES (cont)	QTERN	Glyxambi	
	Steglatro	Farxiga Jardiance	
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide	
EYE CONDITIONS	Alocril Alomide	cromolyn	
	Bepreve Elestat Emadine Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine	
	Lumigan Vyzulta	bimatoprost latanoprost Travatan Z	
GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository	
	Asacol-HD Colazal Delzicol Dipentum Giazo mesalamine 800mg tablet	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR	
	Librax	chlordiazepoxide-clidinium	
	Lotronex	alosetron	
	Marinol	dronabinol	
	Omeclamox-Pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)	
	Pepcid	famotidine	
	Rowasa	mesalamine enema	
	Syndros	dronabinol	
	Trulance	Amitiza, Linzess	
	Zofran	ondansetron	
	Zofran ODT	ondansetron ODT	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Cortrosyn	cosyntropin
		DDAVP	desmopressin
		Dexpak TaperDex	dexamethasone

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
HORMONAL AGENTS <i>(cont)</i>	Fortesta Natesto Testim Vogelxo	AndroGel 1.62% testosterone	
	Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton	Humatrope (PA)	
	Hectorol	doxercalciferol	
	Rayos	prednisone prednisone intensol	
	Uceris tablet	dexamethasone hydrocortisone methylprednisolone prednisone prednisolone	
	INFECTIONS	Acticlate Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule Ximino	Generic products (e.g., doxycycline; minocycline)
		Augmentin/ES/XR	amoxicillin-clavulanate ER
		Bethkis Tobi	Kitabis Pak tobramycin
		Diflucan	fluconazole
		E.E.S. 200 Eryped 400	erythromycin ethylsuccinate
Mepron		atovaquone	
Mycobutin		rifabutin	
Onmel		itraconazole terbinafine	
Sitavig		acyclovir (oral) famciclovir valacyclovir	
Sporanox		itraconazole	
Targadox		doxycycline	
Valcyte		valganciclovir	
Vancocin		vancomycin	
Zovirax		acyclovir (oral)	
INFERTILITY		Gonal-F	Follistim AQ (PA)

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS	Copaxone	Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Rebif, Tecfidera
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Belbuca	buprenorphine
	Bupap	butalbital-acetaminophen tablet Tencon
	Cambia diclofenac 1.5% solution Duexis Naprelan naproxen CR naproxen ER Pennsaid Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)
	Conzip	tramadol tramadol ER
	D.H.E. 45	dihydroergotamine
	Duzallo	allopurinol, probenecid
	Gralise	gabapentin
	Imitrex Zembrace SymTouch	sumatriptan
	Kineret	Actemra (PA) Enbrel (PA) Humira (PA) Remicade (PA)
	Simponi Simponi Aria	Actemra (PA) Enbrel (PA) Entyvio (PA) Humira (PA) Remicade (PA) Stelara (PA)
	Siliq	Enbrel (PA) Humira (PA) Remicade (PA) Stelara (PA)
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)
	Lorzone	chlorzoxazone
	Migranal	dihydroergotamine

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE <i>(cont)</i>	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)
	Roxicodone	oxycodone
	Soriatane	acitretin
	Sprix	ketorolac
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	Vanatol LQ	butalbital-acetaminophen-caffeine
	Zomig	zolmitriptan sumatriptan
	Zomig ZMT	zolmitriptan ODT
PARKINSON'S DISEASE	Gocovri	amantadine
	Lodosyn	carbidopa
	Requip XL	ropinirole ER
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	Fazaclo Versacloz	clozapine clozapine ODT
	Geodon	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Acanya Atralin Avita Azelex Differin Epiduo Epiduo Forte Fabior Onexton Retin-A Tazorac Tretin-X Veltin Ziana	Generic products (e.g. adapalene, tretinoin, clindamycin-benzoyl peroxide)
	Aldara	imiquimod cream

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Anusol-HC cream	hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC
	Bensal HP	salicylic acid
	Benzaclin Duac Neuac Kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Cutivate	Generic topical steroid (e.g. betamethasone)
	diclofenac 3% gel	Fluoroplex fluorouracil imiquimod Picato (NPB)
	Dovonex Sorilux	calcipotriene
	Enstilar Taclonex	calcipotriene-betamethasone DP
	Ertaczo Extina Vusion	ketoconazole
	Luzu	luliconazole econazole ketoconazole cream oxiconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Locoid Locoid Lipocream	hydrocortisone
	Loprox cream, kit	ciclopirox
	Noritate	metronidazole Rosadan
	Oxistat	clotrimazole econazole ketoconazole
	Penlac	Ciclodan ciclopirox
	Prudoxin Zonalon	Generic topical steroid (e.g., betamethasone) tacrolimus (topical)

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Sernivo	betamethasone fluocinonide hydrocortisone
	Siliq	Enbrel (PA) Humira (PA)
	Soriatane	acitretin
	Trianex	triamcinolone Triderm
	Ultravate lotion	clobetasol
	Vanos	fluocinonide
	Vectical	calcitriol ointment
	Verdeso	desonide
	Xerese	acyclovir (oral) + hydrocortisone famciclovir + hydrocortisone valacyclovir + hydrocortisone
	Zyclara	imiquimod
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Detrol Detrol LA Ditropan XL Enablex Gelnique Myrbetriq Oxytrol Toviaz VESicare	darifenacin ER oxybutynin ER tolterodine ER trospium ER

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Prescription drug list FAQs

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

Why do you make changes to the drug list?

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

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1st and July 1st.
- › Adding requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

When a medication changes tiers or is no longer covered, 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?

To help lower your overall health care costs, your plan doesn't cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication. If you're taking a medication that your plan doesn't cover and your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes:

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

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

Prescription drug list FAQs (cont)

materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list on Cigna.com/druglist.

For more information about health care reform, visit www.informedonreform.com or Cigna.com.

Are medications newly approved by the FDA covered on my drug list?

Newly approved medications may not be covered on your drug list for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices covered under standard pharmacy benefit plans. We review all newly approved medications to determine if they should be covered – and if so, at what tier level. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

You can use the Drug Cost tool on the myCigna website or app to estimate how much your medication may cost³ and view lower cost alternatives, if available.

How can I save money on my prescription medications?

You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. 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.⁴ 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:⁴

- 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.⁴ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy can help you manage your health and prescription needs.⁵ 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.⁵

- 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.

Prescription drug list FAQs (cont)

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 and manage 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 Pharmacy⁵ 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:⁶

- › 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 medications 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. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
3. Prices are not guaranteed, and even though a price is displayed in the Drug Cost tool, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. Coverage and pricing may change. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown in the Drug Cost tool.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
5. 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.
6. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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