



CIGNA PERFORMANCE 4-TIER PRESCRIPTION DRUG LIST

As of July 1, 2019

Together, all the way.®



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

891394 n Performance 4-Tier 05/19



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View your drug list online

This document was last updated 03/01/2019.* Here’s where you can find a current list of the medications your plan covers:



The myCigna® app or website - Once you’re registered, log in and click on “Coverage”. Then select “Pharmacy” 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 04/01/2008

Last updated: 03/01/2019, for changes starting 07/01/2019

Next planned update: 09/01/2019, for changes starting 01/01/2020

Your prescription drug list

This document shows the most commonly prescribed medications covered on the Performance 4-Tier Prescription Drug List as of July 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).

The Performance 4-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers. Also, your specific plan may not cover all of the medications on this list. You should log in to the **myCigna** app or website, 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 Performance 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS		
Amabelz budesonide EC cabergoline (QL) Covaryx Covaryx H.S. Decadron desmopressin dexamethasone estradiol- norethindrone estrogen- methyltestosterone levothyroxine Levoxyl liothyronine medroxy-progesterone methimazole methylprednisolone Mimvey Mimvey Lo Nature-Throid NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone	Androderm (PA, QL) AndroGel 1.62% (PA, QL) Armour Thyroid Cytomel 50mcg Divigel Duavee Estring (QL) Premarin Premphase Prempro Synthroid	Activella Alora (QL) AndroGel 1.0% (PA, QL) Angeliq Climara Climara Pro Combipatch Cytomel 5, 25mcg Depo-Testosterone Elestrin Entocort EC Estrace Estrogel Evamist Femring Intrarosa Levo-T Menostar (QL) Minivelle (QL) Osphena Tirosint Unithroid Vagifem (QL) Vivelle-Dot (QL)

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; Speciality medications are listed on Tier 4 (pages 17-23)

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

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 Performance 4-Tier 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 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 - For certain medications, you must be within a specific age range for your plan to cover them. This is because 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 app or website, 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. On this drug list, oral and injectable specialty medications are covered on Tier 4 (see page 17). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Your plan may also 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** app or website, 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** app or website, 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** app or website, 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	11
ALZHEIMER’S DISEASE	6	GASTROINTESTINAL/HEARTBURN	11
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	HORMONAL AGENTS	11, 12
ASTHMA/COPD/RESPIRATORY	6	INFECTIONS	12, 13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	INFERTILITY	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MISCELLANEOUS	13
BLOOD PRESSURE/HEART MEDICATIONS	7	MULTIPLE SCLEROSIS	13
BLOOD THINNERS/ANTI-CLOTTING	7	NUTRITIONAL/DIETARY	13
CHOLESTEROL MEDICATIONS	8	OSTEOPOROSIS PRODUCTS	13
CONTRACEPTIVE PRODUCTS	8, 9	PAIN RELIEF AND INFLAMMATORY DISEASE	13, 14
COUGH/COLD MEDICATIONS	9, 10	PARKINSON’S DISEASE	14
DENTAL PRODUCTS	10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	14
DIABETES	10	SEIZURE DISORDERS	14, 15
DIURETICS	10	SKIN CONDITIONS	15
EAR MEDICATIONS	10	SLEEP DISORDERS/SEDATIVES	15
ERECTILE DYSFUNCTION	10	SMOKING CESSATION	16
EYE CONDITIONS	10, 11	SUBSTANCE ABUSE	16
		URINARY TRACT CONDITIONS	16

Cigna Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 17).

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

Adyphren		Astepro
Adyphren amp		Clarinet-D 12 Hour
azelastine		EpinephrineSnap-V
cromolyn		EPIsnap
cyproheptadine		Karbinal ER
desloratadine		Semprex-D
epinephrine (QL)		
flunisolide		
fluticasone		
hydroxyzine		
ipratropium		
mometasone (QL)		
olopatadine		
Phenergan		
promethazine		

ALZHEIMER'S DISEASE

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Celexa (ST, QL)
alprazolam ER		Effexor XR (ST, QL)
alprazolam intensol		Fetzima (ST, QL)
alprazolam ODT		Forfivo XL (ST, QL)
alprazolam XR		Pristiq (ST, QL)
amitriptyline		Prozac (ST, QL)
bupropion (QL)		Sarafem (ST)
bupropion SR (QL)		Trintellix (ST)
bupropion XL (QL)		Viibryd (ST)
bupirone		Wellbutrin SR (ST, QL)
citalopram (QL)		Xanax
clomipramine		Xanax XR
desvenlafaxine ER (QL)		Zoloft (ST, QL)
duloxetine (QL)		
escitalopram (QL)		
fluoxetine (QL)		
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		

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

paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Arcapta Neohaler
budesonide	Advair HFA	Daliresp (QL)
ipratropium-	Anoro Ellipta	Pulmicort
albuterol	Atrovent HFA	
montelukast	Breo Ellipta	
	Combivent	
	Respimat	
	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)
dexmet-		Adzenys ER (PA)
hylphenidate		Adzenys XR-ODT (PA)
dexmet-		Daytrana (PA)
hylphenidate ER		Dyanavel XR (PA)
dextroam-		Evekeo (ST)
phetamine-		Focalin (ST)
amphetamine ER		Methylin (ST)
dextroam-		QuillChew ER (PA)
phetamine-		Quillivant XR (PA)
amphetamine		Ritalin (ST)
guanfacine ER		
Metadate ER		
methylphenidate		

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Specialty medications are covered on Tier 4 (listed on page 17).

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

methylphenidate CD
methylphenidate ER
methylphenidate LA
Relexxii

BLOOD MODIFIERS/BLEEDING DISORDERS

Droxia Siklos (PA)

BLOOD PRESSURE/HEART MEDICATIONS

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

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

irbesartan
irbesartan-HCTZ
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 ER PM
verapamil SR

BLOOD THINNERS/ANTI-CLOTTING

aspirin-	Brilinta	Bevyxxa (QL)
dipyridamole ER	Eliquis	Coumadin
clopidogrel	Xarelto	Pradaxa
Jantoven	Gleostine	Savaysa
prasugrel		Zontivity
warfarin		Fareston (QL)
CANCER		
anastrozole		
exemestane		
letrozole		
mercaptopurine		
tamoxifen+		

Cigna Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 17).

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

Kelnor 1-50+		
Kurvelo+		
Larin FE 24+		
Larin FE+		
Larin+		
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+		
Myzilra+		
Necon 0.5/35+		
Nikki+		
Nora-BE+		
norethindrone+		
norethindrone- ethinyl estradiol+		
norethindrone- ethinyl estradiol-iron+		
norgestimate- ethinyl estradiol+		
Norlyda+		
Norlyroc+		
Nortrel+		
Ocella+		
Opcicon One-Step+		

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

Option 2+		
Orsythia+		
Philith+		
Pimtrea+		
Pirmella+		
Portia+		
Previfem+		
Reclipsen+		
Rivelsa+		
Setlakin+		
Sprintec+		
Sronyx+		
Syeda+		
Tarina FE 1-20 EQ+		
Tarina FE+		
Tilia FE+		
Tri Femynor+		
Tri-Estarylla+		
Tri-Legest FE+		
Tri-Linyah+		
Tri-Lo-Estarylla+		
Tri-Lo-Marzia+		
Tri-Lo-Sprintec+		
Tri-Mili+		
Tri-Previfem		
Tri-Sprintec+		
Trivora-28+		
Tri-Vylibra+		
Tulana+		
Tydemy+		
VCF+		
Vienva+		
Viorele+		
Vyfemla+		
VyLibra+		
Wera+		
Wymzya FE+		
Xulane+		
Zarah+		
Zovia 1-35E+		

COUGH/COLD MEDICATIONS

benzonatate	Tessalon Perle
Bromfed DM	Tussionex
	Tuzistra XR (QL)

Cigna Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 17).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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COUGH/COLD MEDICATIONS (cont)

brompheniramine- pseudoephedrine- DM		
hydrocodone- chlorpheniramine ER		
hydrocodone- homatropine (QL)		
Hydromet (QL)		

DENTAL PRODUCTS

chlorhexidine	Fluorabon ⁺	Clinpro 5000
Denta 5000 Plus	PreviDent 5000	Escavite ⁺
DentaGel		Escavite D ⁺
doxycycline		Floriva ⁺
fluoride ⁺		MVC-Fluoride ⁺
Fluoridex		Poly-Vi-Flor with Iron
Fluoritab ⁺		PreviDent
Flura-Drops ⁺		PreviDent 5000 Plus
Ludent Fluoride ⁺		Quflora ⁺
multivitamin-iron- fluoride ⁺		
Oralone		
Paroex		
Peridex		
SF		
SF 5000 Plus		
sodium fluoride ⁺		
triamcinolone		
Tri-Vitamin with Fluoride ⁺		

DIABETES

glimepiride	Accu-Chek	Cycloset
glipizide	test strips and meters	NovoTwist
glipizide ER	Basaglar	
glipizide XL	Bydureon (QL)	
metformin	Byetta (QL)	
metformin ER	Dexcom G6 sensors (PA, QL)	
	Farxiga	
	FreeStyle Libre sensors (PA, QL)	
	GlucaGen	
	HypoKit (QL)	
	Glucagon	
	Emergency Kit (QL)	
	Glyxambi	

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

	Humalog	
	Humulin	
	Janumet	
	Janumet XR	
	Januvia	
	Jardiance	
	Kombiglyze XR	
	Levemir	
	OneTouch test strips and meters	
	Onglyza	
	Ozempic (QL)	
	Qtern	
	Soliqua	
	SymLinPen	
	Synjardy	
	Synjardy XR	
	Tresiba	
	Trulicity (QL)	
	Victoza (QL)	
	Xigduo XR	
	Xultophy	

DIURETICS

acetazolamide	Diuril	Aldactone
bumetanide	Dyrenium	Carospir
chlorthalidone		Lasix
eplerenone		
furosemide		
hydrochlorothiazide		
spironolactone		
triamterene-HCTZ		

EAR MEDICATIONS

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

ERECTILE DYSFUNCTION

sildenafil (PA age, QL)	Muse (QL)	Cialis (PA age, ST, QL)
tadalafil (PA age, QL)		Viagra (PA age, ST, QL)
vardefafil (PA age, QL)		

EYE CONDITIONS

azelastine	Alphagan P 0.1%	Acuvail
bacitracin	Azasite	Alphagan P 0.15%
bimatoprost (QL)	Azopt	Alex

Cigna Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 17).

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

brimonidine	Betimol	Bepreve
ciprofloxacin	Betoptic S	Besivance
dorzolamide-timolol	Lotemax drops,	Bromsite
erythromycin	gel	Cequa
fluorometholone	Moxeza	Combigan
gatifloxacin	Pazeo	Cosopt PF
ketorolac	Pred Mild	Durezol
latanoprost	Restasis	Ilevro
moxifloxacin	Simbrinza	Inveltys
neomycin-	Tobradex	Lotemax ointment
polymyxin-	ointment	Lumigan
dexamethasone	Travatan Z	Nevanac
ofloxacin	Xiidra	Omnipred
olopatadine		Pataday
polymyxin B-TMP		Patanol
prednisolone		Pred Forte
timolol		Prolensa
tobramycin		Tobradex drops
tobramycin-		Tobradex ST
dexamethasone		Vigamox
		Zioptan (ST, QL)
		Zirgan
		Zylet

FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
Miconazole 3		
terconazole		

GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Aciphex (ST, QL)
Anucort-HC	Apriso	Bonjesta
balsalazide	Canasa	Carafate tablet
bisacodyl+	Carafate	Clenpiq
chlordiazepoxide-	suspension	CoLyte with Flavor
clidinium	Creon	Packets+
Clearlax+	Dexilant (QL)	Correctol+
dicyclomine	GoLyteLy packet	Diclegis
diphenoxylate-	Linzess	Donnatal
atropine	Pentasa	Dulcolax tablet+
dronabinol	Zenpep	Gialax+
Ducodyl+		GoLyteLy+ solution
esomeprazole (QL)		Lialda (ST)
famotidine		MiraLAX+
Gavilax+		Movantik (PA)
Gavilyte-C+		MoviPrep+
Gavilyte-G+		NulyteLy with Flavor
Gavilyte-N+		Packets+

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

GentleLax+		OsmoPrep+
Glycolax+		Pancreaze
HealthyLax+		Pertzye
hemmorex-HC		Prepopik+
hydrocortisone		Prevacid (ST, QL)
lansoprazole (QL)		Rectiv
lansoprazole-		Relistor (PA)
amoxicillin-		Sancuso (PA, QL)
clarithromycin		sfRowasa
(combo pak)		Suprep+
LaxaClear+		Sustol (PA)
mesalamine		Symproic (PA)
metoclopramide		Transderm-Scop
metoclopramide		Viberzi
ODT		Viokace
Natura-Lax+		
omeprazole (QL)		
ondansetron		
ondansetron ODT		
pantoprazole		
pantoprazole (QL)		
PEG		
3350-electrolytes+		
peg-3350 and		
electrolytes		
PEG-Prep+		
phenadoz		
Powderlax+		
promethazine		
promethegan		
Purelax+		
rabeprazole(QL)		
ranitidine		
Smooth LAX+		
sucralfate		
TriLyte with Flavor		
Packets+		
ursodiol		

HORMONAL AGENTS

amabelz	Androderm (PA,	Activella
budesonide ER (PA,	QL)	Alora (QL)
QL)	AndroGel 1%	AndroGel (PA, QL)
cabergoline (QL)	(PA, QL) 1%	1.62%
Covaryx	Armour Thyroid	Angeliq
Covaryx H.S.	Crinone	Armour Thyroid
Decadron	Cytomel 50mcg	15mg tablet
desmopressin	Divigel	Climara
tablet, spray,	Duavee	Climara Pro
solution	Estring (QL)	CombiPatch

Cigna Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 17).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
HORMONAL AGENTS (cont)						INFECTIONS (cont)					
desmopressin* vial, ampule, powder	Premarin	Cytomel 5mcg, 25mcg	amoxicillin- clavulanate		Cleocin						
dexamethasone	Premphase	Deltasone	atovaquone		Clindesse						
dexamethasone intensol	Prempro	Depo-Testosterone	atovaquone- proguanil		Cresemba (PA)						
EEMT	Synthroid	Elestrin	Avidoxy		Dificid (QL)						
EEMT H.S.		Entocort EC	azithromycin		E.E.S. 400						
estradiol patch		Estrace	cefdinir		EryPed 200						
estradiol- norethindrone acetate		EstroGel	cefexime		Ery-Tab						
estrogen- methyltestosterone		Euthyrox	cefuroxime		Firvanq						
levothyroxine		Evamist	cephalexin		MetroGel-Vaginal						
Levoxyl		Femring	ciprofloxacin		Minocin						
liothyronine		Intrarosa	clarithromycin		Monurol						
medroxy- progesterone		Levo-T	clarithromycin ER		Natropa						
Methergine		Menostar (QL)	clindamycin		Noxafil						
methimazole		Minivelle (QL)	Coremino		Nuversa						
methylergonovine		Osphena	dapsone		Plaquenil						
methyl- prednisolone		Prometrium	doxy 100		Sivextro (PA)						
Mimvey		Royaldee	doxycycline		Sklice						
Mimvey LO		Striant (PA, QL)	doxycycline IR-DR		Solosec						
Nature-Throid		Testopel (PA)	Emverm		Sulfatrim						
NP thyroid		Tirosint	erythromycin		Suprax						
prednisolone		Triostat	erythromycin ES		Tamiflu (QL)						
prednisolone sodium ODT		Unithroid	famciclovir		Uretron D-S						
prednisolone ODT		Vagifem (QL)	fluconazole		Uribel						
prednisone		Vivelle-Dot (QL)	hydroxychloroquine		Urogessic-Blue UTA						
prednisone intensol			itraconazole		Valtrex						
progesterone			levofloxacin		Vibramycin						
testosterone (PA, QL)			metronidazole		Xifaxan						
testosterone cypionate			minocycline								
thyroid			minocycline ER								
Unithroid 75mcg			Mondoxyne NL								
Westhroid			Morgidox								
WP thyroid			nitrofurantoin								
yuvaferm (QL)			nitrofurantoin mono-macro								
			nystatin								
			Okebo								
			oseltamivir (QL)								
			penicillin								
			permethrin								
			Soloxide								
			sulfamethoxazole- TMP								
			terbinafine								
			tetracycline								
INFECTIONS											
acyclovir	Cipro	Albenza									
amoxicillin		Alinia									
amoxicillin- clavulanate ER		Bactrim									
		Bactrim DS									

Cigna Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 17).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$		
INFECTIONS (cont)								
tinidazole								
valacyclovir								
valganciclovir								
vancomycin								
Vandazole								
voriconazole (PA)								
INFERTILITY								
clomiphene ^			Crinone^					
			Endometrin^					
MISCELLANEOUS								
disulfiram			TechLITE lancets			Brisdelle (QL)		
Nebusal3%						Nuedexta (QL)		
Pulmosal								
sodium chloride								
MULTIPLE SCLEROSIS								
						Gilenya 0.25mg		
NUTRITIONAL/DIETARY								
B-12 Compliance			CitraNatal			Auryxia (QL)		
calcitriol			Klor-Con M15			Klor-Con 10		
calcium			OB Complete			Klor-Con 8		
cyanocobalamin			Petite			KPN+		
injection			Prenate Mini			K-Tab ER		
FA-8+			Vitafof			Mephyton		
folic acid 1mg			vitaMedMD			Nascobal		
folic acid+ 0.4mg,			One Rx			Ob Complete		
0.8mg			vitaPearl			Perry Prenatal+		
Klor-Con						Phoslyra		
Klor-Con M10						Physicians EZ Use		
Klor-Con M20						B-12		
Klor-Con Sprinkle						Renagel		
lanthanum						Renvela		
carbonate						Urosex+		
potassium chloride						Velphoro		
Prena1 Pearl						Veltassa		
prenatal vitamin+								
Prenatal+								
Right Step+								
sevelamer								
Vitamin D2								
OSTEOPOROSIS PRODUCTS								
alendronate (QL)						Evista		
calcitonin-salmon						Fosamax Plus D (ST)		
ibandronate tablet								
raloxifene+								
risedronate								
risedronate DR								
PAIN RELIEF AND INFLAMMATORY DISEASE								
acetaminophen-			Belbuca (QL)			Abstral (PA)		
codeine (PA)			Embeda (PA)			Actiq (PA)		
allopurinol			Hysingla ER (PA)			Analpram HC		
baclofen			Nucynta (PA)			Arymo ER (PA)		
buprenorphine (QL)			Proctofoam-HC			Buprenex		
butalbital-			Savella			Butrans (QL)		
acetaminophen-			Subsys (PA)			Celebrex (ST, QL)		
caffeine-codeine			Uloric			Colcrys		
(PA)			Xtampza ER (PA)			Duragesic (PA)		
butalbital-						Fentora (PA)		
acetaminophen-						Flector (ST, QL)		
caffeine (QL)						Kadian (PA)		
carisoprodol						Lazanda (PA)		
celecoxib (QL)						Mitigare		
chlorzoxazone						Morphabond ER (PA)		
colchicine						MS Contin (PA)		
cyclobenzaprine						Nucynta ER (PA)		
DermacinRx						Oxaydo (PA)		
Empricaine						Pennsaid (ST)		
DermacinRx						Percocet (PA)		
Prizopak						Procort		
diclofenac						Relpax (QL)		
diclofenac (QL) gel						Roxybond (PA)		
diclofenac ER						Voltaren (ST, QL)		
dihydroergotamine						Zohydro ER (PA)		
(QL)								
eletriptan (QL)								
Endocet (PA)								
etodolac								
etodolac ER								
fenoprofen								
fentanyl (PA)								
Fioricet (QL)								
frovatriptan (QL)								
Glydo								
hydrocodone-								
acetaminophen								
(PA)								
hydromorphone								
vial, syringe								
hydromorphone								
tablet, solution								
(PA)								
hydromorphone ER								
(PA)								
IBU								
ibuprofen								
indomethacin								

Cigna Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 17).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

indomethacin ER		
ketorolac carpuject		
ketorolac (QL)		
leflunomide		
lidocaine		
lidocaine (QL)		
ointment		
Lidocaine Viscous		
lidocaine-prilocaine		
Lidopril		
Lidopril XR		
Lido-Prilo Caine Pack		
Livixil Pak		
Lorcet (PA)		
Lorcet HD (PA)		
Lorcet Plus (PA)		
Lortab (PA)		
meloxicam		
Metaxall		
metaxalone		
methocarbamol		
morphine (PA)		
morphine ER (PA)		
nabumetone		
Nalfon (ST)		
Nalocet (PA)		
naproxen		
naproxen DS		
oxycodone (PA)		
oxycodone ER (PA)		
oxycodone-acetaminophen (PA)		
oxymorphone (PA)		
oxymorphone ER (PA)		
Phrenilin Forte (QL)		
Prikaan		
Prikaan Lite		
Prilolid		
Prilovix		
Primlev (PA)		
Profeno		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

sumatriptan-naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Verdrocet (PA)		
Vicodin (PA)		
Vicodin ES (PA)		
Vicodin HP (PA)		

PARKINSON'S DISEASE

amantadine		Azilect
benztropine		Neupro
bromocriptine		Rytary
carbidopa-levodopa		Sinemet
carbidopa-levodopa ER		Sinemet CR
pramipexole		Tasmar
pramipexole ER		Xadago
rasagiline		
ropinirole		
ropinirole ER		

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole		Abilify Maintena (QL)
aripiprazole ODT		Aristada (QL)
chlorpromazine		Fanapt (ST)
haloperidol		Invega Sustenna (QL)
olanzapine		Invega Trinza (QL)
olanzapine ODT		Latuda (ST)
olanzapine-fluoxetine		Rexulti (ST)
paliperidone ER		Saphris (ST)
quetiapine		Seroquel (ST)
quetiapine ER		Seroquel XR (ST)
risperidone		Vraylar (ST)
risperidone ODT		
ziprasidone		

SEIZURE DISORDERS

carbamazepine	Keppra vial	Aptiom (PA)
carbamazepine ER	Lyrica	Banzel (PA, QL)
clonazepam	Vimpat (PA)	Brievact
divalproex	tablet, solution	Brievact (PA)
divalproex ER		Carbatrol
divalproex sodium ER		Depakote
Epitol		Depakote ER
epitol		Dilantin
		Fycompa (PA)

Cigna Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 17).

SEIZURE DISORDERS (cont)			SKIN CONDITIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SEIZURE DISORDERS (cont) gabapentin lamotrigine lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT levetiracetam levetiracetam ER oxcarbazepine Roweepra Roweepra XR Subvenite Subvenite (blue, green, orange) topiramate topiramate ER			SKIN CONDITIONS (cont) desonide diflorasone diacetate fluocinonide fluorouracil flurandrenolide hydrocortisone imiquimod 5% cream isotretinoin (QL) ketoconazole metronidazole mupirocin Myorisan (QL) Neuac Nolix nystatin-triamcinolone oxiconazole nitrate Plixida (PA age) Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Psorcon Rosadan rosanil sodium sulfacetamide-sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus tazarotene tretinoin tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone Triderm Zenatane (QL)		
SKIN CONDITIONS adapalene (PA age) adapalene-benzoyl peroxide Ala-Cort Amnesteem (QL) Avar Avar-E Avar-E Green betamethasone dipropionate augmented betamethasone dipropionate BP 10-1 calcipotriene calcipotriene-betamethasone DP Calcitrene Claravis (QL) clindacin ETZ Clindacin P clindamycin clindamycin-benzoyl peroxide clindamycin-tretinoin clobetasol Clodanshampoo clotrimazole-betamethasone dapsone			Eucrisa Finacea Naftin gel Santyl (QL) Benzamycin Celacyn Desonate (ST) Desowen (ST) Dovonex Drysol Ecoza Elidel Enstilar Impoyz (ST) Naftin cream Nizoral Olux (ST) Picato Soolantra Sorilux Taclonex Temovate (ST) Topicort (ST) Tridesilon (ST) Xolegel		
			SLEEP DISORDERS/SEDATIVES		
			armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER	Belsomra (ST) Silenor (ST)	Lunesta (ST) Rozerem (ST, QL)

Cigna Performance 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 17).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SMOKING CESSATION

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

SUBSTANCE ABUSE

buprenorphine buprenorphine- naloxone	Bunavail Narcan Probuphine Suboxone Zubsolv	
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URINARY TRACT CONDITIONS

darifenacin ER dutasteride finasteride oxybutynin oxybutynin ER phenazopyridine potassium ER tamsulosin tolterodine tolterodine ER	Elmiron	Avodart Pyridium Rapaflo
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Specialty medications

The oral and injectable specialty medications listed below are covered on Tier 4. All of these medications need 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** (PA)	CANCER
Akynzeo** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Alecensa** (PA)	CANCER
alosetron**	GASTROINTESTINAL/HEARTBURN
Amicar**	BLOOD MODIFIERS/BLEEDING DISORDERS
Ampyra** (PA)	MULTIPLE SCLEROSIS
Apokyn* (PA)	PARKINSON'S DISEASE
Aralast NP* (PA)	ASTHMA/COPD/RESPIRATORY
Aranesp* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Astagraf XL**	TRANSPLANT MEDICATIONS
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
Benlysta* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Berinert* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Betaseron* (PA)	MULTIPLE SCLEROSIS
bexarotene** (PA)	CANCER
Biktarvy**	AIDS/HIV
Bosulif** (PA)	CANCER
Botox* (PA)	MISCELLANEOUS
Cabometyx** (PA)	CANCER
capecitabine** (PA)	CANCER
Cayston**	INFECTIONS
Cellcept*	TRANSPLANT MEDICATIONS
Cellcept**	TRANSPLANT MEDICATIONS
Ceprotin* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Cerdelga** (PA)	MISCELLANEOUS

MEDICATION NAME	DRUG CLASS
Cerezyme* (PA)	MISCELLANEOUS
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN
chorionic gonadotropin*^ (PA)	INFERTILITY
Cimzia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cinryze* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Cometriq** (PA)	CANCER
Complera**	AIDS/HIV
Cosentyx* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cotellic** (PA)	CANCER
Cuprimine** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cystagon**	URINARY TRACT CONDITIONS
Cystaran** (QL)	EYE CONDITIONS
Daraprim** (PA)	INFECTIONS
Depen** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Descovy**	AIDS/HIV
desmopressin*	HORMONAL AGENTS
Dupixent* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Durolane* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Dysport* (PA)	MISCELLANEOUS
Egrifta* (PA)	HORMONAL AGENTS
Elaprase* (PA)	MISCELLANEOUS
Enbrel* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir**	INFECTIONS
Entyvio* (PA)	GASTROINTESTINAL/HEARTBURN
Envarsus XR**	TRANSPLANT MEDICATIONS
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
Ferriprox**	MISCELLANEOUS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Follistim AQ*^	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Forteo*	HORMONAL AGENTS
Fragmin* (QL)	BLOOD THINNERS/ANTI-CLOTTING

MEDICATION NAME	DRUG CLASS
Ganirelix*^	HORMONAL AGENTS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Gazyva* (PA)	CANCER
Gelsyn-3* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Genvoya**	AIDS/HIV
Gilenya 0.5mg** (PA)	MULTIPLE SCLEROSIS
Glassia* (PA)	ASTHMA/COPD/RESPIRATORY
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Gleevec** (PA)	CANCER
Granix*	BLOOD MODIFIERS/BLEEDING DISORDERS
HP Acthar* (PA)	HORMONAL AGENTS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Harvoni** (PA)	INFECTIONS
Hemlibra* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Herceptin* (PA)	CANCER
Hetlioz** (PA)	SLEEP DISORDERS/SEDATIVES
Humatrope* (PA)	HORMONAL AGENTS
Humira*(PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Hyalgan* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
hydroxyprogesterone * (PA)	INFERTILITY
ibandronate*	OSTEOPOROSIS PRODUCTS
Ibrance** (PA)	CANCER
Iclusig** (PA)	CANCER
Ilaris* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Iluvien*	EYE CONDITIONS
imatinib** (PA)	CANCER
Imbruvica** (PA)	CANCER
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
Juluca**	AIDS/HIV
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

MEDICATION NAME	DRUG CLASS
Kitabis Pak**	INFECTIONS
Korlym** (PA)	CHOLESTEROL MEDICATIONS
Kuvan** (PA)	MISCELLANEOUS
Kyleena**	CONTRACEPTIVE PRODUCTS
ledispavir-sofosbuvir** (PA)	INFECTIONS
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**	CONTRACEPTIVE PRODUCTS
Monovisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Myalept* (PA)	MISCELLANEOUS
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*	CONTRACEPTIVE PRODUCTS
Ninlaro** (PA)	CANCER
Nityr** (PA)	MISCELLANEOUS
Northera** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Norvir**	AIDS/HIV
Nucala* (PA)	ASTHMA/COPD/RESPIRATORY
Ocaliva** (PA)	GASTROINTESTINAL/HEARTBURN
Ocrevus* (PA)	MULTIPLE SCLEROSIS
Odefsey**	AIDS/HIV
Ofev** (PA)	ASTHMA/COPD/RESPIRATORY
Opsumit** (PA)	ASTHMA/COPD/RESPIRATORY
Orencia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
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
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ozurdex*	EYE CONDITIONS
Pegasys* (PA)	INFECTIONS
PegIntron* (PA)	INFECTIONS
Perjeta* (PA)	CANCER
Plegridy* (PA)	MULTIPLE SCLEROSIS
Pomalyst** (PA)	CANCER
Prevyimis**	INFECTIONS
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
Revatio** (PA)	ASTHMA/COPD/RESPIRATORY
Revlimid** (PA)	CANCER
Reyataz**	AIDS/HIV
ritonavir**	AIDS/HIV
Rituxan* (PA)	CANCER
Samsca**	DIURETICS
Sandostatin LAR Depot* (PA)	HORMONAL AGENTS
Selzentry**	AIDS/HIV
Sensipar**	GASTROINTESTINAL/HEARTBURN
Serostim* (PA)	HORMONAL AGENTS
Simponi* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Sinuva** (PA)	ALLERGY/NASAL SPRAYS
sirolimus**	TRANSPLANT MEDICATIONS
Skyla**	CONTRACEPTIVE PRODUCTS
sofosbuvir-velpatasvir** (PA)	INFECTIONS
Soliris* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS

MEDICATION NAME	DRUG CLASS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Stivarga** (PA)	CANCER
Strensiq* (PA)	MISCELLANEOUS
Stribild**	AIDS/HIV
Sucraid** (PA)	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 gel**	SKIN CONDITIONS
Targretin capsule** (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
tobramycin** ampule	INFECTIONS
Tracleer** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Tremfya* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Trexall**	CANCER
trientine** (PA)	MISCELLANEOUS
Triumeq**	AIDS/HIV

MEDICATION NAME	DRUG CLASS
Truvada**	AIDS/HIV
Tymlos*	OSTEOPOROSIS PRODUCTS
Tysabri* (PA)	MULTIPLE SCLEROSIS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY
Upravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valstar*	CANCER
Varubi** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Vemlidy**	INFECTIONS
Verzenio** (PA)	CANCER
Vimizim* (PA)	MISCELLANEOUS
Viread**	AIDS/HIV
Vivitrol*	MISCELLANEOUS
Vosevi** (PA)	INFECTIONS
Votrient** (PA)	CANCER
VPRIV* (PA)	MISCELLANEOUS
Xalkori** (PA)	CANCER
Xeljanz XR** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeljanz** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xenazine** (PA)	MISCELLANEOUS
Xeomin* (PA)	MISCELLANEOUS
Xermelo** (PA)	GASTROINTESTINAL/HEARTBURN
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
Zorbitive* (PA)	HORMONAL AGENTS
Zortress**	TRANSPLANT MEDICATIONS
Zytiga** (PA)	CANCER

Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay 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	MEDICATIONS NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
AIDS/HIV	Kaletra solution*	lopinavir-ritonavir*	
	Norvir tablet*	ritonavir*	
	Reyataz capsule*	atazanavir*	
	Sustiva*	efavirenz*	
	Videx EC*	didanosine*	
	Viramune tablet*	nevirapine*	
	Viramune XR*	nevirapine ER*	
	Zerit*	stavudine*	
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's	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	
Tofranil		imipramine	
ASTHMA/COPD/RESPIRATORY	Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA	QVAR RediHaler Pulmicort Flexhaler	
	Bevespi Utibron Neohaler	Anoro Ellipta Stiolto Respimat	

^^ 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	MEDICATIONS 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 Xopenex HFA	ProAir HFA ProAir RespiClick Ventolin
	Seebri Neohaler Tudorza Pressair	Incruse Ellipta Spiriva
	Zyflo	montelukast zafirlukast
	Zyflo CR	zileuton ER
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT	dexmethylphenidate ER methylphenidate ER/CD/LA dextroamphetamine-amphetamine ER Vyvanse
	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
	Mydayis	dextroamphetamine-amphetamine ER Vyvanse
BLOOD PRESSURE/HEART MEDICATIONS	Betapace	sotalol
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Isordil Isordil Titrados	isosorbide dinitrate
	Lanoxin tablet	Digitek digoxin
CANCER	Nilandron*	nilutamide*
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Lipitor	atorvastatin
	Zypitamag	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin
	COUGH/COLD MEDICATIONS	TussiCaps
DIABETES	Accu-Chek, Contour, FreeStyle all other test strips and meters	OneTouch test strips and meters

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DRUG CLASS	MEDICATIONS NOT COVERED ^{^^}	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Adlyxin	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
	Jentaduetto Jentaduetto XR Kazano	alogliptin-metformin Janumet, Janumet XR Kombiglyze XR
	Nesina Tradjenta	alogliptin Januvia Onglyza
	Oseni	alogliptin-pioglitazone Januvia + pioglitazone
	Lantus Toujeo SoloStar	Basaglar, Levemir, Tresiba
	Steglatro	Farxiga Jardiance
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Vyzulta	bimatoprost latanoprost Travatan Z
GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository
	Asacol-HD Colazal Delzicol Dipentum mesalamine 800mg	Apriso balsalazide Lialda Pentasa sulfasalazine

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DRUG CLASS	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN <i>(cont)</i>	Librax	chlordiazepoxide-clidinium	
	Lotronex	alosetron	
	Marinol	dronabinol	
	Nexium	esomeprazole	
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)	
	OmePPI	omeprazole	
	Pepcid	famotidine	
	Prevacid SoluTab	lansoprazole	
	Rowasa	mesalamine enema	
	Syndros	dronabinol	
	Trulance	Amitiza, Linzess	
	Zegerid	omeprazole	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
HORMONAL AGENTS	Cortrosyn	cosyntropin	
	DDAVP	desmopressin	
	DexPak TaperDex	dexamethasone	
	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	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisone prednisolone	
	INFECTIONS	Acticlate	Generic products (e.g., doxycycline; minocycline)
		Doryx	
Minocin capsule			
Oracea			
Solodyn			
Vibramycin capsule			
Ximino			

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DRUG CLASS	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS (<i>cont</i>)	Augmentin/ES	amoxicillin-clavulanate ER
	Bethkis*	Kitabis Pak*
	Tobi*	tobramycin*
	Diflucan	fluconazole
	E.E.S. 200 Eryped 400	erythromycin ES
	Mepron	atovaquone
	Mycobutin	rifabutin
	Sitavig	acyclovir (oral) famciclovir valacyclovir
	Sporanox	itraconazole
	Targadox	doxycycline
	Valcyte	valganciclovir
	Vancocin	vancomycin
	Zovirax	acyclovir (oral) famciclovir valacyclovir
INFERTILITY	Bravelle* [^] Gonal-F* [^]	Follistim AQ* [^] (PA)
MISCELLANEOUS	Horizant	gabapentin
MULTIPLE SCLEROSIS	Copaxone*	Aubagio*, Avonex*, Betaseron*, Extavia*, Gilenya*, glatiramer*, Glatopa*, Plegridy*, Rebif*, Tecfidera*
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Bupap	butalbital-acetaminophen tablet Tencon
	Cambia diclofenac 1.5% solution Duexis Naprelan naproxen CR naproxen ER Pennsaid 2% pump Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)
	ConZip	tramadol tramadol ER
	D.H.E. 45	dihydroergotamine
	Gralise	gabapentin

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DRUG CLASS	MEDICATIONS NOT COVERED ^{^^}	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE <i>(cont)</i>	Imitrex Zembrace SymTouch	sumatriptan
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)
	Lidozion	lidocaine cream
	Lorzone	chlorzoxazone
	Migranal	dihydroergotamine
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)
	Roxicodone	oxycodone
	Siliq	Enbrel (PA) Humira (PA) Remicade (PA) Stelara (PA)
	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
Lodosyn		carbidopa
Requip XL		ropinirole ER
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	FazaClo	clozapine
	Versacloz	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	Myorisan Zenatane
	Aldara	imiquimod 5% cream

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DRUG CLASS	MEDICATIONS 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	fluticasone
	diclofenac 3% gel	Fluoroplex fluorouracil imiquimod 5% cream Picato
	Ertaczo Extina Luzu Vusion	ketoconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan solution ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Locoid Locoid Lipocream	hydrocortisone
	Loprox cream, shampoo	ciclopirox
	Noritate	metronidazole Rosadan
	Oxistat	ketoconazole
	Penlac	Ciclodan solution ciclopirox
	Prudoxin Zonalon	Generic topical steroid (e.g., betamethasone tacrolimus (topical))
	Sernivo	clobetasol spray triamcinolone spray
	Soriatane	acitretin
	Trianex	triamcinolone Triderm
	Ultravate lotion	clobetasol

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DRUG CLASS	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (<i>cont</i>)	Vanos	fluocinonide
	Verdeso	desonide
	Xerese	acyclovir (oral) + hydrocortisone famciclovir + hydrocortisone valacyclovir + hydrocortisone
	Ziana	clindamycin-tretinoin gel
	Zyclara	imiquimod 5% cream
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Edluar	
	Intermezzo	
	Nuvigil	armodafinil
	Provigil	modafinil
Restoril	temazepam	
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Detrol	darifenacin ER
	Detrol LA	oxybutynin ER
	Ditropan XL	tolterodine ER
	Enablex	tropium ER
	Gelnique	
	Myrbetriq	
	Oxytrol	
	Toviaz	
	VESIcare	

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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. This typically happens twice a year on January 1st and July 1st.
- › Adding requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

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

Why doesn't my plan cover certain medications?

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 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** app or website, 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

Prescription drug list FAQs (cont)

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?

Prescription prices can vary by pharmacy. Before you pick up your prescription, compare your costs online. You can log in to the **myCigna** app or website and click on "Price A Medication" to see how much your medication will cost you at the different pharmacies in your network. You can also see if there are lower-cost alternatives available.²

How can I save money on my prescription medications?

You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options, may work for you.

What's the difference between brand name and generic medications?

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.³ The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:³

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

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

How can I get help with my specialty medication?

Cigna Specialty Pharmacy can help you manage your health and prescription needs.⁴ Their team of medical condition experts provide personalized, 24/7 support. They'll help you get approval for coverage of your medication, answer any questions you have about your medication and its cost, help you work through any side effects and make sure you have any supplies you need (at no extra cost). They'll also help you set up home delivery of your medication and give you information about financial assistance programs (if you need help paying for your medication). To learn more about the services they provide, please call **800.351.3606** or go to **Cigna.com/specialty-pharmacy-services**.

Can I fill my prescriptions by mail?

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

- › If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.SM To learn more, call **800.835.3784** or go to **Cigna.com/home-delivery-pharmacy**.
- › If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Cigna Specialty Pharmacy (our home delivery pharmacy). To learn more, call **800.351.3606** or go to **Cigna.com/specialty-pharmacy-services**.

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

You can use the online tools and resources on the **myCigna** app or website to help you better understand your pharmacy benefits. You can view your drug list or search for a specific medication, price a medication, find an in-network pharmacy near you, review your pharmacy claims and payment history, and track Cigna Home Delivery Pharmacy⁴ orders and request refills.

Exclusions and limitations

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

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

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription 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 medications are 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, 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. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown. Coverage and pricing may change.
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 app or website, 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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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

Vietnamese – XIN LỜI Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

Portuguese – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

Japanese – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

Italian – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

German – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).