



CIGNA ADVANTAGE 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

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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 03/01/2011

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 Advantage 4-Tier 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). **The Advantage 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.

The Advantage 4-Tier Prescription Drug List also 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 medicines 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 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 Ertocort 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 16-22)

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

Cigna Advantage 4-Tier Prescription Drug List

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

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

Adyphren		Clarinet-D 12 Hour
Adyphren Amp		EpinephrineSnap-V
azelastine		EPLsnap
cromolyn		Karbinal ER
cyproheptadine		Ryvent (PA)
epinephrine auto-injector (QL)		Semprex-D
flunisolide		
fluticasone		
hydroxyzine		
ipratropium		
mometasone (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)
bupirone		Sarafem (ST)
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)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

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

albuterol	Advair Diskus	Combivent
budesonide inhalation	Advair HFA	Respimat
ipratropium-albuterol	Anoro Ellipta	Daliresp (QL)
montelukast	Atrovent HFA	Pulmicort
	Breo Ellipta	
	Incruse Ellipta	
	ProAir HFA	
	ProAir RespiClick	
	QVAR RediHaler	
	Striverdi Respimat	
	Symbicort	
	Trelegy Ellipta (ST)	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine		Adderall (ST)
dexmet-hylphenidate		Daytrana (PA)
dexmet-hylphenidate ER		Evekeo (ST)
dextroamphetamine-amphetamine ER		Focalin (ST)
dextroamphetamine-amphetamine		Methylin (ST)
dextroamphetamine-amphetamine ER		Quillivant XR (PA)
dextroamphetamine-amphetamine		Ritalin (ST)
guanfacine ER		
Metadate ER		
methylphenidate		
methylphenidate CD		
methylphenidate ER		
methylphenidate LA		

BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	Corlanor (PA)	Bayer Chewable
amlodipine-benazepril	Entresto	Aspirin ⁺
amlodipine-olmesartan		BiDil (QL)
amlodipine-valsartan		Cardizem LA
amlodipine-valsartan-HCTZ		Coreg CR
Aspirin 81 ⁺		Epaned
aspirin EC ⁺		Hemangeol
aspirin ⁺		Inderal LA
		Inderal XL
		Innopran XL
		Multaq
		Nitro-Dur

Cigna Advantage 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont)		
Aspir-Low ⁺		Nitrolingual
atenolol		Nitromist
atenolol- chlorthalidone		Nitrostat
benazepril		Norvasc
benazepril-HCTZ		Ranexa (ST, QL)
Bufferin ⁺		Tiazac
candesartan		Tikosyn (QL)
Cartia XT		
carvedilol		
carvedilol ER		
clonidine		
Digitek		
Digox		
digoxin		
diltiazem		
diltiazem CD		
diltiazem ER		
Dilt-XR		
dofetilide (QL)		
doxazosin		
Ecotrin ⁺		
EcPirin ⁺		
enalapril		
flecainide		
hydralazine		
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		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont)		
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		Savaysa
prasugrel		Zontivity
warfarin		
CANCER		
anastrozole		
exemestane		
letrozole		
mercaptopurine		
tamoxifen ⁺		
CHOLESTEROL MEDICATIONS		
atorvastatin 10mg, 20mg ⁺		Vascepa
atorvastatin 40mg, 80mg		Welchol
ezetimibe		Zetia
fenofibrate		
fenofibric acid		
fluvastatin ⁺		
fluvastatin ER ⁺		
lovastatin 10mg		
lovastatin 20mg, 40mg ⁺		
niacin ER		
Niacor		
omega-3 acid ethyl esters		
pravastatin ⁺		
rosuvastatin 5mg, 10mg ⁺		

Cigna Advantage 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
CHOLESTEROL MEDICATIONS (cont)						CONTRACEPTIVE PRODUCTS (cont)					
rosuvastatin 20mg, 40mg simvastatin 10mg, 20mg, 40mg+ simvastatin 80mg (QL)						Enskyce+ Errin+ Estarylla+ ethynodiol-ethinyl estradiol+ Falmina+ Fayosim+ Gianvi+ Heather+ Introvale+ Isibloom+ Jencycla+ Jolessa+ Jolivette+ Juleber+ Junel+ Junel FE+ Junel FE 24+ Kaitlib FE+ Kariva+ Kelnor 1-35+ Kelnor 1-50+ Kurvelo+ Larin+ Larin FE+ Larin FE 24+ 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+					
CONTRACEPTIVE PRODUCTS											
Altavera+		Lo Loestrin FE		Beyaz							
Alyacen+		Taytulla		Ella+							
Amethia Lo+				Estrostep FE							
Amethyst+				FC2 Female							
Apri+				Condom+							
Aranelle+				Loestrin FE							
Ashlyna+				LoSeasonique							
Aubra+				Microgestin FE							
Aviane+				Minastrin 24 FE							
Azurette+				NuvaRing							
Balziva+				Tilia FE							
Bekyree+				Today							
Blisovi 24 FE+				Contraceptive							
Blisovi FE+				Sponge+							
Briellyn+				Wide Seal							
Camila+				Diaphragm+							
Camrese+											
Camrese Lo+											
Caziant+											
Chateal+											
Cryselle+											
Cyclafem+											
Cyred+											
Dasetta+											
Daysee+											
Deblitane+											
Delyla+											
desogestrel-ethinyl estradiol+											
drospirenone-ethinyl estradiol-levomefolate+											
drospirenone-ethinyl estradiol+											
Econtra EZ+											
Econtra One-Step+											
Elinest+											
Emoquette+											
Enpresse+											

Cigna Advantage 4-Tier Prescription Drug List

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

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

Mono-Linyah ⁺		
Mononessa ⁺		
My Choice ⁺		
My Way ⁺		
Myzitra ⁺		
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 ⁺		
Option 2 ⁺		
Orsythia ⁺		
Philith ⁺		
Pimtrea ⁺		
Pirmella ⁺		
Portia ⁺		
Previfem ⁺		
Reclipsen ⁺		
Rivelsa ⁺		
Setlakin ⁺		
Sharobel		
Sprintec ⁺		
Sronyx ⁺		
Syeda ⁺		
Tarina FE ⁺		
Tilia FE ⁺		
Tri Femynor ⁺		
Tri-Estarylla ⁺		
Tri-Legest FE ⁺		
Tri-Linyah ⁺		
Tri-Lo-Estarylla ⁺		
Tri-Lo-Marzia ⁺		
Tri-Lo-Sprintec ⁺		
Tri-Mili ⁺		
Tri-Previfem		

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

Tri-Sprintec ⁺		
Tri-Vylibra ⁺		
Trivora-28 ⁺		
Tulana ⁺		
Tydemyl ⁺		
VCF ⁺		
Velivet		
Vienva ⁺		
Viorele ⁺		
Vyfemla ⁺		
Vylibra ⁺		
Wera ⁺		
Wymzya FE ⁺		
Xulane ⁺		
Zarah ⁺		
Zovia 1-35E ⁺		

COUGH/COLD MEDICATIONS

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

DENTAL PRODUCTS

chlorhexidine		Clinpro 5000
Denta 5000 plus		Escavite ⁺
Dentagel		Escavite D ⁺
fluoride ⁺		Floriva ⁺
doxycycline		Fluorabon ⁺
Fluoridex		MVC-Fluoride ⁺
Fluoritab ⁺		Poly-Vi-Flor with Iron ⁺
Flura-Drops ⁺		Prevident
Ludent Fluoride ⁺		Prevident 5000
multivitamin-iron- fluoride ⁺		Quflora ⁺
Oralene		
Paroex		
Peridex		
SF		
SF 5000 plus		
sodium fluoride ⁺		

Cigna Advantage 4-Tier Prescription Drug List

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

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

triamcinolone Tri-Vitamin with Fluoride+		
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DIABETES

glimepiride	Basaglar	Cycloset
glipizide	Bydureon (QL)	Glucophage
glipizide ER	Byetta (QL)	GlucophageXR
glipizide XL	Dexcom G6 sensors (PA, QL)	Riomet
metformin	Farxiga	
metformin ER	FreeStyle Libre sensors (PA, QL)	
	GlucaGen HypoKit (QL)	
	Glucagon Emergency Kit (QL)	
	Glyxambi	
	Humalog	
	Humulin	
	Janumet	
	Janumet XR	
	Januvia	
	Jardiance	
	Levemir	
	OneTouch test strips	
	Ozempic (QL)	
	Soliqua	
	SymLinPen	
	Synjardy	
	Synjardy XR	
	Tresiba	
	Trulicity (QL)	
	Victoza	
	Xigduo XR	
	Xultophy	

DIURETICS

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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EAR MEDICATIONS

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

azelastine	Restasis	Acuvail
bacitracin	Simbrinza	Alphagan P
bimatoprost (QL)	Travatan Z	Alrex
brimonidine	Xiidra	Azasite
ciprofloxacin		Azopt
dorzolamide- timolol		Besivance
erythromycin		Betimol
fluorometholone		Betoptic S
gatifloxacin		Bromsite
ketorolac		Combigan
latanoprost		Cosopt PF
moxifloxacin		Durezol
neomycin- polymyxin- dexamethasone		Ilevro
ofloxacin		Inveltys
olopatadine		Lotemax
polymyxin B-TMP		Moxeza
prednisolone		Nevanac
timolol		Prolensa
tobramycin		Tobradex
tobramycin- dexamethasone		Tobradex ST
		Vigamox
		Zioptan (ST, QL)
		Zirgan
		Zylet

FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
Miconazole 3		
terconazole		

GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Bonjesta
Anucort-HC	Apriso	Canasa
balsalazide	Creon	Carafate
bisacodyl tablet+	Linzess	Clenpiq
chlordiazepoxide- clidinium	Pentasa	CoLyte with flavor packets+
Clearlax+	Zenpep	Correctol+
dicyclomine		Diclegis
diphenoxylate- atropine		Donnatal
dronabinol		Dulcolax tablet+
		Gialax+

Cigna Advantage 4-Tier Prescription Drug List

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

GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
Ducodyl+		GoLYTELY+	dexamethasone		Climara Pro
Gavilax+		Lialda (ST)	dexamethasone intensol		CombiPatch
GaviLyte-C+		Miralax+	EEMT		Cytomel
Gavilyte-G+		Movantik (PA)	EEMT H.S.		Depo-Testosterone
GaviLyte-N+		MoviPrep+	estradiol (QL)		Divigel
GentleLax+		NuLYTELY with Flavor Packets+	estradiol- norethindrone		Elestrin
GlycoLax+		OsmoPrep+	levothyroxine		Entocort EC
HealthyLax+		Pancreaze	Levoxyl		Estring (QL)
Hemmorex-HC hydrocortisone		Pertzye	liothyronine		Estrogel
lansoprazole- amoxicillin- clarithromycin (combo pak)		Prepopik+	medroxy- progesterone		Evamist
LaxaClear+		Rectiv	methimazole		Femring
mesalamine tablet, suppository, enema		Relistor (PA)	methyl- prednisolone		Intrarosa
metoclopramide		Sancuso (PA, QL)	Mimvey		Levo-T
metoclopramide ODT		sfRowasa	Mimvey LO		Menostar (QL)
Natura-Lax+		Suprep+	Nature-Throid		Minivelle (QL)
ondansetron		Sustol (PA)	NP Thyroid		Osphena
ondansetron ODT		Symproic (PA)	prednisolone		Prometrium
PEG		Transderm-Scop	prednisolone ODT		Royaldee
3350-Electrolytes+		Viberzi	prednisone		Striant (PA, QL)
PEG-Prep+		Viokace	prednisone intensol		Synthroid
Phenadoz			progesterone		Testopel (PA)
Powderlax+			testosterone (PA, QL)		Tirosint
promethazine			testosterone cypionate		Triostat
Promethegan			thyroid		Unithroid
Purelax+			Westhroid		Vagifem (QL)
Smooth LAX+			WP Thyroid		Vivelle-Dot (QL)
sucralfate			Yuvaferm (QL)		
TriLyte with Flavor Packets+					
ursodiol					

HORMONAL AGENTS

Amabelz	AndroGel 1% (5gm) (PA, QL)	Activella
budesonide ER (PA, QL)	Duavee	Alora (QL)
cabergoline (QL)	Premarin	Androderm (PA, QL)
Covaryx	Premphase	AndroGel 1% (2.5gm), 1.62% (PA, QL)
Covaryx H.S.	Prempro	Angeliq
Decadron		Armour Thyroid
desmopressin tablet, solution, vial		Climara

INFECTIONS

acyclovir	Albenza
amoxicillin	Alinia
amoxicillin- clavulanate ER	Bactrim
amoxicillin- clavulanate	Bactrim DS
atovaquone	Cipro
atovaquone- proguanil	Cleocin
Avidoxy	Clindesse
azithromycin	Cresemba vial
cefdinir	Cresemba capsule (PA)
cefixime	Difcid (QL)
	E.E.S. 400
	EryPed 200

Cigna Advantage 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)			MISCELLANEOUS		
cefuroxime		Ery-Tab	NebuSal 3%	TechLITE lancets	
cephalexin		Minocin vial	PulmoSal		
ciprofloxacin		Monurol	sodium chloride		
clarithromycin		Noxafil	NUTRITIONAL/DIETARY		
clarithromycin ER		Plaquenil	B-12 Compliance	OB Complete Petite	Auryxia (QL)
clindamycin		Sulfatrim	calcitriol		CitraNatal
Coremino		Suprax	calcium		Klor-Con 10
dapsone		Tamiflu (QL)	cyanocobalamin		Klor-Con 8
Doxy 100		Uretron D-S	injection		Klor-Con M15
doxycycline		Uribel	FA-8+		KPN+
doxycycline IR-DR		Urogesic-Blue	folic acid vial, 1mg		K-Tab ER
Emverm		UTA	folic acid+ 0.4mg, 0.8mg+		Mephyton
erythromycin		Valtrex	Klor-Con		Nascobal
erythromycin ES		Vibramycin	Klor-Con M10		Perry Prenatal+
famciclovir		suspension, syrup	Klor-Con m20		Phoslyra
fluconazole		Xifaxan	Klor-Con Sprinkle		Physicians EZ Use B-12
hydroxy- chloroquine			lanthanum		Prenate
itraconazole			potassium chloride		Renagel
levofloxacin			potassium chloride		Renvela
metronidazole			proamp		Urosex+
minocycline			Prena1 Pearl		Velphoro
minocycline ER			Prenatal Vitamin+		Veltassa
Mondoxyne NL			Prenatal+		Vitafof
Morgidox			sevelamer		VitaMedMD One Rx
nitrofurantoin			Vitamin D2		VitaPearl
nitrofurantoin mono-macro					
nystatin			OSTEOPOROSIS PRODUCTS		
Okebo			alendronate (QL)		Evista
oseltamivir (QL)			calcitonin-salmon		Fosamax Plus D (ST)
penicillin			ibandronate tablet		
permethrin			raloxifene+		
Soloxide			risedronate		
sulfamethoxazole- TMP			risedronate DR		
terbinafine			PAIN RELIEF AND INFLAMMATORY DISEASE		
tetracycline			acetaminophen- codeine (PA)	Xtampza ER (PA)	Abstral (PA)
tinidazole			allopurinol		Actiq (PA)
valacyclovir			baclofen		Analpram HC
valganciclovir			buprenorphine (QL)		Arymo ER (PA)
vancomycin			butalbital- acetaminophen- caffeine-codeine (PA)		Buprenex
Vandazole			butalbital- acetaminophen- caffeine (QL)		Butrans (QL)
voriconazole (PA)					Celebrex (ST, QL)
INFERTILITY					Colcrys
clomiphene^		Crinone^			Duragesic (PA)
		Endometrin^			Fentora (PA)

Cigna Advantage 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
carisoprodol		Flector (ST, QL)	meloxicam		
celecoxib (QL)		Kadian (PA)	Metaxall		
chlorzoxazone		Lazanda (PA)	metaxalone		
colchicine		Mitigare	methocarbamol		
cyclobenzaprine		MorphaBond ER (PA)	morphine vial, syringe		
DermacinRx		Ms Contin (PA)	morphine (PA)		
Empricaine		Nucynta (PA)	morphine ER (PA)		
DermacinRx		Nucynta ER (PA)	nabumetone		
prizopak		Oxaydo (PA)	Nalfon 600mg (ST)		
diclofenac (QL)		Pennsaid	Nalocet (PA)		
diclofenac ER		solution(ST)	naproxen		
dihydroergotamine (QL)		Percocet (PA)	naproxen DS		
eletriptan (QL)		Procort	oxycodone (PA)		
Endocet (PA)		Proctofoam-HC	oxycodone ER (PA)		
etodolac		Relpax (QL)	oxycodone-acetaminophen (PA)		
etodolac ER		Savella	oxymorphone (PA)		
fenoprofen tablet, 400mg capsule		Subsys (PA)	oxymorphone ER (PA)		
fentanyl (PA)		Uloric	Phrenilin Forte (QL)		
Fioricet (QL)		Voltaren (ST, QL)	Prikaan		
frovatriptan (QL)		Zohydro ER (PA)	Prikaan Lite		
Glydo			Prilolid		
hydrocodone-acetaminophen (PA)			Prilovix		
hydromorphone (PA)			Primlev (PA)		
hydromorphone ER (PA)			ProFeno		
IBU			Relador Pak		
ibuprofen			Relador Pak Plus		
indomethacin			rizatriptan (QL)		
indomethacin ER			sumatriptan (QL)		
ketorolac (QL)			sumatriptan - naproxen (QL)		
leflunomide			tizanidine		
lidocaine (QL)			tramadol (QL)		
lidocaine viscous			tramadol ER (QL)		
lidocaine-prilocaine			Verdrocet (PA)		
Lidopril			Vicodin (PA)		
lidopril XR			Vicodin ES (PA)		
Lido-Prilo Caine Pack			Vicodin HP (PA)		
Livixil Pak					
Lorcet (PA)			PARKINSON'S DISEASE		
Lorcet HD (PA)			amantadine		Azilect
Lorcet Plus (PA)			benztropine		Neupro
Lortab (PA)			bromocriptine		Rytary
			carbidopa-levodopa		Sinemet

Cigna Advantage 4-Tier Prescription Drug List

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

PARKINSON'S DISEASE (cont)			SKIN CONDITIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PARKINSON'S DISEASE (cont) carbidopa-levodopa ER pramipexole pramipexole ER rasagiline ropinirole ropinirole ER			SKIN CONDITIONS (cont) Amnesteem (QL) Avar Avar-E betamethasone dipropionate 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 cream, solution flurandrenolide hydrocortisone imiquimod 5% cream isotretinoin (QL) ketoconazole metronidazole mupirocin Myorisan (QL) Neuac gel Nolix nystatin-triamcinolone oxiconazole Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Rosadan Rosanil		
SKIZOPHRENIA/ANTI-PSYCHOTICS aripiprazole aripiprazole ODT chlorpromazine haloperidol olanzapine olanzapine ODT olanzapine-fluoxetine paliperidone ER quetiapine quetiapine ER risperidone risperidone ODT ziprasidone			Elidel Finacea Naftin Picato Santyl (QL) Soolantra Topicort (ST) Tridesilon (ST)		
SEIZURE DISORDERS carbamazepine carbamazepine ER clonazepam divalproex divalproex ER Epitol gabapentin lamotrigine lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT levetiracetam levetiracetam ER oxcarbazepine Roweepra Roweepra XR topiramate topiramate ER			Dilantin 30mg Lyrica Aptiom (PA) Banzel (PA, QL) Briviact (PA) Carbatrol Depakote Depakote ER Dilantin Fycompa (PA) Keppra vial Oxtellar XR (PA) Phenytek Spritam (PA) Tegretol Tegretol XR Vimpat (PA)		
SKIN CONDITIONS adapalene (PA age) adapalene-benzoyl peroxide Ala-Cort			Eucrisa Celacyn Desowen (ST) Drysol Ecoza		

Cigna Advantage 4-Tier Prescription Drug List

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

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

sodium sulfacetamide-sulfur		
SSS 10-5		
SulfaCleanse 8-4		
tacrolimus		
tazarotene		
tretinoin (PA age)		
triamcinolone		
Triderm		
Zenatane (QL)		

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	Belsomra (ST)	Rozerem (ST, QL)
eszopiclone	Silenor (ST)	
modafinil (PA)		
zolpidem		
zolpidem ER		

SMOKING CESSATION

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

SUBSTANCE ABUSE

buprenorphine	Bunavail	
buprenorphine-naloxone	Narcan	
	Probuphine	
	Suboxone	
	Zubsolv	

URINARY TRACT CONDITIONS

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

Specialty medications

The oral and injectable 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
Ceprotin* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Cerdelga** (PA)	MISCELLANEOUS
Cerezyme* (PA)	MISCELLANEOUS
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN

MEDICATION NAME	DRUG CLASS
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
Dupilixent* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Durolane* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Dysport* (PA)	MISCELLANEOUS
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
Epclusa** (PA)	INFECTIONS
Epogen* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Erivedge** (PA)	CANCER
Erleada** (PA)	CANCER
Esbriet** (PA)	MISCELLANEOUS
Euflexxa* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Evotaz**	AIDS/HIV
Exjade**	MISCELLANEOUS
Extavia* (PA)	MULTIPLE SCLEROSIS
Eylea* (PA)	EYE CONDITIONS
Fasenra* (PA)	ASTHMA/COPD/RESPIRATORY
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
Ganirelix*^	HORMONAL AGENTS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Gazyva* (PA)	CANCER

MEDICATION NAME	DRUG CLASS
Gelsyn-3* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Genvoya**	AIDS/HIV
Gilenya** (PA)	MULTIPLE SCLEROSIS
Glassia* (PA)	ASTHMA/COPD/RESPIRATORY
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Gleevec** (PA)	CANCER
Granix*	BLOOD MODIFIERS/BLEEDING DISORDERS
H.P. Acthar* (PA)	HORMONAL AGENTS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Harvoni** (PA)	INFECTIONS
Hemlibra* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Herceptin* (PA)	CANCER
Hetlio** (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
Kitabis Pak**	INFECTIONS
Korlym** (PA)	CHOLESTEROL MEDICATIONS
Kuvan** (PA)	MISCELLANEOUS
Kyleena**	CONTRACEPTION PRODUCTS
Lemtrada* (PA)	MULTIPLE SCLEROSIS
Lenvima** (PA)	CANCER

MEDICATION NAME	DRUG CLASS
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY
Lonsurf** (PA)	CANCER
Lucentis* (PA)	EYE CONDITIONS
Lumizyme* (PA)	MISCELLANEOUS
Lupron Depot* (PA)	HORMONAL AGENTS
Lynparza** (PA)	CANCER
Makena* (PA)	INFERTILITY
Mavyret** (PA)	INFECTIONS
Mekinist** (PA)	CANCER
Menopur*^	INFERTILITY
methotrexate**	CANCER
Mirena**	CONTRACEPTION PRODUCTS
Monovisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
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
Ninlaro** (PA)	CANCER
Nityr** (PA)	MISCELLANEOUS
Northera** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Nucala* (PA)	ASTHMA/COPD/RESPIRATORY
Ocaliva** (PA)	GASTROINTESTINAL/HEARTBURN
Ocrevus* (PA)	MULTIPLE SCLEROSIS
Odefsey**	AIDS/HIV
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY
Omnitrope* (PA)	HORMONAL AGENTS
Opsumit** (PA)	ASTHMA/COPD/RESPIRATORY
Orencia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Orenitram ER** (PA)	ASTHMA/COPD/RESPIRATORY
Orkambi** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Orthovisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otezla** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ozurdex*	EYE CONDITIONS
Pegasys* (PA)	INFECTIONS
PegIntron* (PA)	INFECTIONS
Perjeta* (PA)	CANCER
Plegridy* (PA)	MULTIPLE SCLEROSIS

MEDICATION NAME	DRUG CLASS
Pomalyst** (PA)	CANCER
Prevymis**	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
ritonavir**	AIDS/HIV
Rituxan* (PA)	CANCER
Samsca**	DIURETICS
Sandostatin LAR Depot* (PA)	HORMONAL AGENTS
Selzentry**	AIDS/HIV
Sensipar**	GASTROINTESTINAL/HEARTBURN
Serostim* (PA)	HORMONAL AGENTS
Sinuva** (PA)	ALLERGY/NASAL SPRAYS
sirolimus**	TRANSPLANT MEDICATIONS
Skyla**	CONTRACEPTION PRODUCTS
Soliris* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
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

MEDICATION NAME	DRUG CLASS
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**	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
Truvada**	AIDS/HIV
Tymlos*	OSTEOPOROSIS PRODUCTS
Tysabri* (PA)	MULTIPLE SCLEROSIS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY
Upravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valstar*	CANCER
Varubi* (PA)	GASTROINTESTINAL/HEARTBURN
Varubi** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Vemlidy**	INFECTIONS
Verzenio** (PA)	CANCER
Vimizim* (PA)	MISCELLANEOUS
Viread**	AIDS/HIV
Vivitrol*	MISCELLANEOUS

MEDICATION NAME	DRUG CLASS
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
Zorbtive* (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)
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto inject
	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 Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR RediHaler
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat
	Dulera	Advair HFA Advair Diskus Breo Ellipta
	Elixophyllin	theophylline oral solution

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DRUG CLASS	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (<i>cont</i>)	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	dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA
	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
	Mydayis	dextroamphetamine-amphetamine ER
	Vyvanse	dexamethylphenidate ER methylphenidate ER/CD/LA
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan-HCTZ
	Betapace	sotalol
	Bystolic	Generic beta blockers (e.g. metoprolol; atenolol)
	Byvalson	Generic ARBs + generic beta blockers
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
	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	

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DRUG CLASS	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/ HEART MEDICATIONS (<i>cont</i>)	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
	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
	CANCER	Nilandron ^{**}
Yonsa ^{**}		Zytiga ^{**}
CHOLESTEROL MEDICATIONS	Altoprev	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin
	Antara Fenoglide	fenofibrate
	Crestor	rosuvastatin
	FloLipid Zocor	simvastatin
	Lescol XL 80mg	fluvastatin
	Lipitor	atorvastatin
	Livalo	Generic statins (e.g. atorvastatin; simvastatin)
	Pravachol	pravastatin
	Vytorin	ezetimibe-simvastatin
	Zypitamag	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin

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DRUG CLASS	MEDICATIONS NOT COVERED ^{^^}	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
COUGH/COLD MEDICATIONS	TussiCaps	hydrocodone-chlorpheniramine ER
DIABETES	Accu-Chek, Contour, Freestyle, all other test strips and meters	OneTouch test strips and meters
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza
	Admelog Afrezza Apidra Apidra Solostar Fiasp Novolog, Novolin	Humalog Humulin
	Fortamet Glumetza metformin ER (generic Fortamet and Glumetza)	metformin ER (generic Glucophage XR)
	Segluromet Invokamet Invokamet XR	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga Jardiance
	Jentadueto Jentadueto XR Kazano Kombiglyze XR	alogliptin-metformin Janumet Janumet XR
	Nesina Onglyza Tadjenta	alogliptin Januvia
	Oseni	alogliptin-pioglitazone Januvia + pioglitazone
	Lantus Toujeo	Basaglar, Levemir, Tresiba
	QTERN Steglatro	Glyxambi Farxiga Jardiance
	DIURETICS	Edecrin ethacrynic acid
EYE CONDITIONS	Alocril Alomide	cromolyn

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DRUG CLASS	MEDICATIONS NOT COVERED ^{^^}	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
EYE CONDITIONS (<i>cont</i>)	Bepreve Elestat Emadine Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine	
	Lumigan Vyzulta	bimatoprost latanoprost Travatan Z	
GASTROINTESTINAL/HEARTBURN	Anusol-HC Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository	
	Colazal Delzicol Dipentum mesalamine 800mg	Apriso balsalazide Lialda Pentasa sulfasalazine	
	Librax	chlordiazepoxide-clidinium	
	Lotronex	alosetron	
	Marinol Syndros	dronabinol	
	Omeclamox-pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)	
	Rowasa	mesalamine enema	
	Trulance	Amitiza Linzess	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Fortesta Natesto Testim Vogelxo	AndroGel 1.62% testosterone
		Genotropin* Norditropin* Nutropin AQ* Omnitrope* Saizen* Zomacton*	Humatrope* (PA)
Hectorol		doxercalciferol	
Rayos		prednisone	
Uceris tablet		budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisone prednisolone	

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DRUG CLASS	MEDICATIONS NOT COVERED^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Solodyn Vibramycin 100mg Ximino	Generic products (e.g. doxycycline; minocycline)
	Augmentin/ES	amoxicillin-clavulanate ER
	Bethkis** TOBI**	Kitabis** tobramycin**
	Diflucan	fluconazole
	E.E.S. 200 Eryped 400	erythromycin ES
	Mepron	atovaquone
	Mycobutin	rifabutin
	nitrofurantoin suspension	nitrofurantoin capsule sulfamethoxazole-TMP suspension
	Sitavig	acyclovir famciclovir valacyclovir
	Sporanox	itraconazole
	Targadox	doxycycline
	Valcyte	valganciclovir
	Zovirax	acyclovir
	INFERTILITY	Gonal-F*
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
	Cambia diclofenac 1.5% Duexis Naprelan naproxen CR/ER Pennsaid 2% pump Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic NSAIDs (e.g. celecoxib; meloxicam)

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DRUG CLASS	MEDICATIONS NOT COVERED ^{^^}	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	ConZip	tramadol	
	D.H.E. 45	dihydroergotamine	
	Ergomar	Generic triptans (e.g. sumatriptan; naratriptan)	
	Gralise	gabapentin	
	Imitrex Zembrace SymTouch	sumatriptan	
	Kineret* Simponi* Simponi Aria*	Enbrel* (PA) Humira* (PA)	
	Siliq*	Enbrel* (PA) Humira* (PA) Remicade* (PA) Stelara* (PA)	
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)	
	Lorzone	chlorzoxazone	
	Migranal	dihydroergotamine	
	OxyContin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER (PA)	
	Roxicodone	oxycodone	
	Soriatane	acitretin	
	SPRIX	ketorolac	
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)	
	Vanatol LQ	butalbital-acetaminophen-caffeine	
	Zomig	sumatriptan zolmitriptan	
	Zomig ZMT	zolmitriptan ODT	
	PARKINSON'S DISEASE	Gocovri	amantadine
		Lodosyn	carbidopa
Requip XL		ropinirole ER	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole	
	FazaClo Versacloz	clozapine	
	Geodon	ziprasidone	
	Zyprexa	olanzapine	
	Zyprexa Zydis	olanzapine ODT	

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DRUG CLASS	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS	Felbatol	felbamate
	Keppra tablet, solution	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal XR	lamotrigine ER
	Lamictal ODT	lamotrigine ODT
	Lyrica CR	duloxetine gabapentin lidocaine 5% topical patch Lyrica
	Mysoline	primidone
	Qudexy XR Trokendi XR	topiramate ER
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Sabril**	vigabatrin**
	Zonegran	zonisamide
	SKIN CONDITIONS	Absorica
Acanya Aczone Aktipak Altreno Atralin Avita Azelex Differin Epiduo Epiduo Forte Fabior Onexton Retin-A Tazorac Veltrin Ziana		Generic products (e.g., adapalene, tretinoin, clindamycin-benzoyl peroxide)
Aldara		imiquimod 5% cream
Anusol-HC		hydrocortisone
Bensal HP		salicylic acid
Benzaclin Duac Neuac Kit		clindamycin-benzoyl peroxide Neuac gel
Carac		fluorouracil
Clindagel		clindamycin
Clobex		clobetasol Clodan shampoo

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DRUG CLASS	MEDICATIONS NOT COVERED ^{^^}	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (<i>cont</i>)	Cutivate	fluticasone
	Denavir	acyclovir famciclovir valacyclovir
	diclofenac 3% gel	Fluoroplex fluorouracil imiquimod 5% cream Picato
	Dovonex Sorilux	calcipotriene
	Enstilar Taclonex	calcipotriene-betamethasone DP
	Ertaczo Extina Exelderm	ketoconazole
	Luzu	luliconazole econazole ketoconazole cream oxiconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia	Ciclodan solution
	Kerydin	ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Lexette	clobetasol halobetasol
	Locoid Locoid Lipocream	hydrocortisone
	Loprox shampoo, cream	ciclopirox
	Noritate	metronidazole
	Oxistat	ketoconazole
	Penlac	Ciclodan ciclopirox
	Prudoxin Zonalon	Generic topical steroid (e.g. betamethasone) tacrolimus (topical)
	Sernivo	clobetasol spray triamcinolone spray
	Trianex	triamcinolone Triderm
Ultravate lotion	clobetasol	
Vanos	fluocinonide	
Vectical	calcitriol ointment	

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DRUG CLASS	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (<i>cont</i>)	Verdeso	desonide
	Xerese	acyclovir (oral) + hydrocortisone famciclovir + hydrocortisone valacyclovir + hydrocortisone
	Zyclara	imiquimod 5% cream
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 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

Prescription drug list FAQs (cont)

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](https://www.cigna.com/druglist).

For more information about health care reform, visit www.informedonreform.com or [Cigna.com](https://www.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?

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.³

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](https://www.cigna.com/specialty-pharmacyservices).

Prescription drug list FAQs (cont)

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**.

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 and manage 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 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, 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.
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 app or website, 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.

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

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>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, 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). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. 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).

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).