



# CIGNA ADVANTAGE 4-TIER PRESCRIPTION DRUG LIST

**As of January 1, 2020**

**Together, all the way.®**



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

893304 r Advantage 4-Tier 10/19



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### View your drug list online

This document was last updated 09/01/2019.\* 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 Prescriptions. Then, click on Price a Medication.

### Questions?

Call the toll-free number on 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

## About 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, 2020.<sup>1,2</sup> All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (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 in this document. 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 that are used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics). These medications have over-the-counter (OTC) alternatives, which are available 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 \$\$\$
<b>HORMONAL AGENTS</b>		
Amabelz	Androderm (PA, QL)	Activella
budesonide EC	AndroGel 1.62% (PA, QL)	Alora (QL)
cabergoline (QL)	Armour Thyroid	AndroGel 1.0% (PA, QL)
Covaryx	Cytomel 50mcg	Angeliq
Covaryx H.S.	Divigel	Climara
Decadron	Duavee	Climara Pro
desmopressin	Estring (QL)	Combipatch
dexamethasone	Premarin	Cytomel 5, 25mcg
estradiol-norethindrone	Premphase	Depo-Testosterone
estrogen-methyltestosterone	Prempro	Elestrin
levothyroxine	Synthroid	Ertocort EC
Levoxyl		Estrace
liothyronine		Estrogel
medroxy-progesterone		Evamist
methimazole		Femring
methylprednisolone		Intrarosa
Mimvey		Levo-T
Mimvey Lo		Menostar (QL)
Nature-Thyroid		Minivelle (QL)
NP Thyroid		Osphena
prednisolone		Tirosint
prednisolone ODT		Unithroid
prednisone		Vagifem (QL)
prednisone intensol		Vivelle-Dot (QL)
progesterone		

**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)	<b>Prior Authorization</b> – Cigna will review information provided by your doctor to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.
(ST)	<b>Step Therapy</b> – Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).
(QL)	<b>Quantity Limits</b> – For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.
(AGE)	<b>Age Requirements</b> – 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.

\*These coverage requirements may not apply to your specific plan. That's because some plans don't have prior authorization, quantity limits, Step Therapy and/or age requirements. 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 18). 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. 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). 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. 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, 12
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	HORMONAL AGENTS	12
ASTHMA/COPD/RESPIRATORY	6	INFECTIONS	12, 13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	MISCELLANEOUS	13
BLOOD PRESSURE/HEART MEDICATIONS	7	NUTRITIONAL/DIETARY	13
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	13
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	13, 14
CHOLESTEROL MEDICATIONS	8	PARKINSON’S DISEASE	14
CONTRACEPTION PRODUCTS	8–10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	15
DENTAL PRODUCTS	10	SKIN CONDITIONS	15, 16
DIABETES	10	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	16
EAR MEDICATIONS	11	SUBSTANCE ABUSE	16
EYE CONDITIONS	11	URINARY TRACT CONDITIONS	16
		VACCINES	16, 17

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

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

Adyphren		Astepro
Adyphren AMP		Clarinet-D 12 Hour
azelastine		Epinephrinesnap-
cromolyn		EMS
cyproheptadine		EpinephrineSnap-V
desloratadine		EPIsnap
desloratadine (QL)		Gastrocrom
epinephrine (QL)		Grastek (PA, QL)
fluticasone		Karbinal ER
hydroxyzine		Odactra (PA, QL)
ipratropium		Patanase
mometasone (QL)		Ragwitek (PA, QL)
olopatadine		Vistaril
Phenergan		
promethazine		

### ALZHEIMER'S DISEASE

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

### 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		Paxil (ST, QL)
amitriptyline		Paxil CR (ST, QL)
bupropion (QL)		Prozac (ST, QL)
bupropion SR (QL)		Remeron
bupropion XL (QL)		Sarafem (ST)
bupirone		Trintellix (ST, QL)
citalopram (QL)		Viibryd (ST, QL)
clomipramine		Wellbutrin SR (ST, QL)
desvenlafaxine ER (QL)		Xanax
duloxetine (QL)		Xanax XR
escitalopram (QL)		Zoloft (ST, QL)
fluoxetine (QL)		
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		
lorazepam intensol		

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

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

### ASTHMA/COPD/RESPIRATORY

albuterol	Advair HFA	Brovana
albuterol HFA	Anoro Ellipta	Combivent
budesonide	Atrovent HFA	Respimat
fluticasone-salmeterol	Breo Ellipta	Daliresp (QL)
montelukast	Dulera	Lonhala Magnair (PA)
Wixela Inhub	Flovent	Perforomist (QL)
	Flovent HFA	Pulmicort respule
	Incruse Ellipta	Singulair
	ProAir HFA	
	ProAir RespiClick	
	QVAR RediHaler	
	Serevent	
	Symbicort	
	Trelegy Ellipta	

### ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine (QL)		Adderall
clonidine ER		Adhansia XR
dexmethylphenidate (PA age)		Daytrana (PA age, QL)
dexmethylphenidate ER (PA age, QL)		Evekeo (PA, ST)
dextroamphetamine-amphetamine ER (PA age, QL)		Focalin (PA, ST)
dextroamphetamine-amphetamine (PA age)		Intuniv
guanfacine ER		Kapvay
metadate ER (PA age, QL)		Methylin (PA)
methylphenidate (PA age)		Quillivant XR (PA age, QL)
methylphenidate CD (PA age, QL)		Ritalin tablet
methylphenidate ER (CD) (PA age, QL)		Strattera (QL)

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

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

methylphenidate ER (LA) (PA age, QL)  
methylphenidate ER (PA age, QL)  
methylphenidate LA (PA age, QL)  
Relexxii (PA age, QL)

### BLOOD MODIFIERS/BLEEDING DISORDERS

Droxia

### BLOOD PRESSURE/HEART MEDICATIONS

amiodarone	Corlanor (PA)	Adalat CC
amlodipine	Entresto	BiDil (QL)
amlodipine-benazepril		Calan
amlodipine-olmesartan (QL)		Calan SR
amlodipine-valsartan		Cardizem LA (QL)
amlodipine-valsartan-HCTZ		Cardura
Adult Aspirin Regimen <sup>+</sup>		Catapres-TTS 1
Aspirin EC <sup>+</sup>		Catapres-TTS 2
aspirin EC <sup>+</sup>		Catapres-TTS 3
Aspirin-Low <sup>+</sup>		Coreg (ST)
atenolol		Coreg CR (ST, QL)
Bayer Aspirin 325 mg tablet <sup>+</sup>		Corgard (ST)
benazepril		Ecotrin 325mg <sup>+</sup>
benazepril-HCTZ		Epaned
candesartan		Hemangeol
candesartan-HCTZ		Inderal LA (ST)
cartia XT		Inderal XL (ST)
carvedilol		InnoPran XL (ST)
carvedilol ER (QL)		Kaspargo Sprinkle (ST)
Children's Aspirin <sup>+</sup>		Lopressor (ST)
clonidine		Minipress
diltiazem		Multaq
diltiazem 12hr ER		Nitrostat
diltiazem 24hr ER		Norvasc
diltiazem 24hr ER (CD)		Pacerone (PA) 100mg, 400mg
diltiazem 24hr ER (LA)		Procardia
diltiazem 24hr ER (XR)		Procardia XL
Dilt-XR		Ranexa (QL)
dofetilide (QL)		Rythmol SR (PA)
doxazosin		Tenormin (ST)
		Tiazac
		Tikosyn (PA, QL)
		Toprol XL (ST)
		Verelan
		Verelan PM

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

Ecpirin<sup>+</sup>  
Ecotrin<sup>+</sup> 81 mg  
enalapril  
flecainide  
hydralazine  
irbesartan  
irbesartan-HCTZ  
isosorbide mononitrate  
isosorbide mononitrate ER  
labetalol  
lisinopril  
lisinopril-HCTZ  
losartan  
losartan-HCTZ  
Low Dose Aspirin EC<sup>+</sup>  
Matzim LA  
metoprolol  
nadolol  
nifedipine  
nifedipine ER  
olmesartan medoxomil (QL)  
olmesartan-amlodipine-HCTZ  
olmesartan-HCTZ (QL)  
Pacerone 200mg  
prazosin  
propafenone  
propafenone ER  
propranolol  
propranolol ER  
ramipril  
ranolazine ER (QL)  
St. Joseph Aspirin<sup>+</sup>  
Taztia XT  
telmisartan (QL)  
telmisartan-HCTZ (QL)  
valsartan  
valsartan-HCTZ  
verapamil  
verapamil ER  
verapamil ER PM  
verapamil SR

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$											
<b>BLOOD THINNERS/ANTI-CLOTTING</b>						<b>CONTRACEPTION PRODUCTS</b>											
aspirin- dipyridamole ER clopidogrel Jantoven prasugrel warfarin			Brilinta Eliquis Xarelto			Aggrenox Bevyxxa (QL) Coumadin (PA) Effient Plavix Pradaxa Savaysa (QL) Zontivity			Afirmelle+ Aftera+ Altavera+ Alyacen+ Amethia+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aubra EQ+ Aurovela+ Aurovela FE+ Aurovela 24 FE+ Aviane+ Ayuna+ Azurette+ Balziva+ Bekyree+ Blisovi FE+ Blisovi 24 FE+ Briellyn+ Camila+ Camrese+ Camrese Lo+ Caziant+ Chateal+ Chateal EQ+ Cryselle+ Cyclafem+ Cyred+ Cyred EQ+ Dasetta+ Daysee+ Deblitane+ Delyla+ desogestrel-ethinyl estradiol+ dospirenone- ethinyl estradiol- levomefolate+ drospirenone- ethinyl estradiol+ Econtra EZ+ Econtra One-Step+ Elinest+ Emoquette+ Enpresse+			Lo Loestrin FE NuvaRing+ Taytulla			Annovera+ Balcoltra Caya Contoured+ Ella+ Estrostep FE FemCap+ Layolis FE Loestrin FE Minastrin 24 FE Natazia Safyral Today Contraceptive Sponge+ Wide Seal Diaphragm+ Yasmin 28 Yaz		
<b>CANCER</b>																	
anastrozole exemestane letrozole mercaptopurine methotrexate tamoxifen+			Gleostine Trexall														
<b>CHOLESTEROL MEDICATIONS</b>																	
amlodipine- atorvastatin (QL) atorvastatin+ colesevelam ezetimibe ezetimibe- simvastatin fenofibrate fenofibric acid fluvastatin+ fluvastatin ER+ lovastatin 10mg lovastatin+ 20mg, 40mg niacin niacin ER niacor omega-3 acid ethyl esters pravastatin+ rosuvastatin 20mg, 40mg (QL) rosuvastatin+ 5mg, 10mg (QL) simvastatin 80mg (QL) simvastatin 10mg, 20mg, 40mg+			Repatha (PA) Vascepa (PA)			Caduet (QL) Lipofen (ST) Lovaza Niaspan TriCor (ST) Triglide (ST) Trilipix (ST) Welchol Zetia											



## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTION PRODUCTS (cont)</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
Enskyce <sup>+</sup>			Marlissa <sup>+</sup>		
Errin <sup>+</sup>			medroxy- progesterone 150mg/ml <sup>+</sup>		
Estartylla <sup>+</sup>			Melodetta 24 FE <sup>+</sup>		
ethynodiol-ethinyl estradiol <sup>+</sup>			Mibelas 24 FE <sup>+</sup>		
Falmina <sup>+</sup>			Mili <sup>+</sup>		
Fayosim <sup>+</sup>			Mono-Linyah <sup>+</sup>		
Femynor <sup>+</sup>			My Choice <sup>+</sup>		
Gianvi <sup>+</sup>			Necon <sup>+</sup>		
Gynol II <sup>+</sup>			New Day <sup>+</sup>		
Hailey 24 FE <sup>+</sup>			Nikki <sup>+</sup>		
Heather <sup>+</sup>			Nora-BE <sup>+</sup>		
Incassia <sup>+</sup>			norethindrone <sup>+</sup>		
Introvale <sup>+</sup>			norethindrone- ethinyl estradiol <sup>+</sup>		
Isibloom <sup>+</sup>			norethindrone- ethinyl estradiol- iron <sup>+</sup>		
Jasmiel <sup>+</sup>			norgestimate- ethinyl estradiol <sup>+</sup>		
Jencycla <sup>+</sup>			Norlyda <sup>+</sup>		
Jolessa <sup>+</sup>			Norlyroc <sup>+</sup>		
Juleber <sup>+</sup>			Nortrel <sup>+</sup>		
Junel <sup>+</sup>			Ocella <sup>+</sup>		
Junel FE <sup>+</sup>			Opcicon One-Step <sup>+</sup>		
Junel FE 24 <sup>+</sup>			Option 2 <sup>+</sup>		
Kaitlib FE <sup>+</sup>			Orsythia <sup>+</sup>		
Kalliga <sup>+</sup>			Philith <sup>+</sup>		
Kariva <sup>+</sup>			Pimtrea <sup>+</sup>		
Kelnor 1-35 <sup>+</sup>			Pirmella <sup>+</sup>		
Kelnor 1-50 <sup>+</sup>			Portia <sup>+</sup>		
Kurvelo <sup>+</sup>			Previfem <sup>+</sup>		
Larin <sup>+</sup>			Reclipsen <sup>+</sup>		
Larin FE <sup>+</sup>			Setlakin <sup>+</sup>		
Larin 24 FE <sup>+</sup>			Sharobel <sup>+</sup>		
Larissia <sup>+</sup>			Simliya <sup>+</sup>		
Lessina <sup>+</sup>			Simpesse <sup>+</sup>		
Levonest <sup>+</sup>			Sprintec <sup>+</sup>		
levonorgestrel <sup>+</sup>			Sronyx <sup>+</sup>		
levonorgestrel- ethinyl estradiol <sup>+</sup>			Syeda <sup>+</sup>		
levonorgestrel- ethinyl estradiol ethinyl estradiol <sup>+</sup>			Tarina FE <sup>+</sup>		
Levora-28 <sup>+</sup>			Tarina 24 FE <sup>+</sup>		
Lillow <sup>+</sup>			Tarina FE 1-20 EQ <sup>+</sup>		
Loryna <sup>+</sup>			Tri Femynor <sup>+</sup>		
Low-Ogestrel <sup>+</sup>			Tri-Estartylla <sup>+</sup>		
Lo-Zumandimine <sup>+</sup>			Tri-Legest FE <sup>+</sup>		
Lutera <sup>+</sup>					
Lyza <sup>+</sup>					

# Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

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

Tri-Linyah <sup>+</sup>		
Tri-Lo-Estarylla <sup>+</sup>		
Tri-Lo-Marzia <sup>+</sup>		
Tri-Lo-Mili <sup>+</sup>		
Tri-Lo-Sprintec <sup>+</sup>		
Tri-Mili <sup>+</sup>		
Tri-Previfem <sup>+</sup>		
Tri-Sprintec <sup>+</sup>		
Trivora-28 <sup>+</sup>		
Tri-Vylibra <sup>+</sup>		
Tri-Vylibra Lo <sup>+</sup>		
Tulana <sup>+</sup>		
Tydemy <sup>+</sup>		
Velivet <sup>+</sup>		
Vienva <sup>+</sup>		
Viorele <sup>+</sup>		
Vyfemla <sup>+</sup>		
Vylibra <sup>+</sup>		
Wera <sup>+</sup>		
Wymzya FE <sup>+</sup>		
Xulane <sup>+</sup>		
Zarah <sup>+</sup>		
Zovia <sup>+</sup>		
Zumandimine <sup>+</sup>		

## COUGH/COLD MEDICATIONS

benzonatate 100mg, 200mg		Tessalon Perle
Bromfed DM		Tuzistra XR (PA, QL)
brompheniramine- pseudoephedrine- DM		
hydrocodone- chlorpheniramine ER (PA)		

## DENTAL PRODUCTS

chlorhexidine		Clinpro 5000
Denta 5000 Plus		Floriva <sup>+</sup>
dentagel		Fluorabon <sup>+</sup>
doxycycline fluoride <sup>+</sup>		Fluoridex
Fluoridex Daily		Sensitivity Relief
Defense		PreviDent 0.2%
Fluoritab <sup>+</sup>		Rinse
Flura-Drops <sup>+</sup>		PreviDent 1.1% Gel
Ludent Fluoride <sup>+</sup>		PreviDent 5000,
Oralone		PreviDent 5000 Plus

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

Paroex		
Peridex		
Periogard		
SF		
SF 5000 Plus		
sodium fluoride		
5000 plus		
sodium fluoride <sup>+</sup>		
0.25mg, 0.5mg,		
1mg		
triamcinolone		

## DIABETES

glimepiride	Basaglar (QL)	Amaryl
glipizide	Bydureon (ST, QL)	Cycloset
glipizide ER	Byetta (ST, QL)	Freestyle Libre
glipizide XL	Farxiga (ST, QL)	Sensor (PA, QL)
metformin	GlucaGen HypoKit	Glucophage
metformin ER	(QL)	Glucophage XR
pioglitazone	Glucagon	Korlym* (PA)
	Emergency Kit	NovoTwist
	(QL)	Riomet
	Glyxambi (ST, QL)	
	Humalog (QL)	
	Humulin (QL)	
	Insulin Lispro (QL)	
	Janumet (QL)	
	Janumet XR (QL)	
	Januvia (ST, QL)	
	Jardiance (ST, QL)	
	Levemir (QL)	
	OneTouch Test	
	Strips	
	Ozempic (ST, QL)	
	Segluromet (QL)	
	Soliqua	
	Steglatro (ST, QL)	
	SymLinPen	
	Synjardy (QL)	
	Synjardy XR (QL)	
	Tresiba (QL)	
	Trulicity (ST, QL)	
	V-Go	
	Victoza (ST, QL)	
	Xigduo XR (QL)	
	Xultophy	

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### DIURETICS

acetazolamide		Aldactone
acetazolamide ER		Diuril
bumetanide		Dyazide
chlorthalidone		Dyrenium
eplerenone		Inspira
furosemide		Lasix
hydrochlorothiazide		Maxzide
spironolactone		
triamterene-HCTZ		

### EAR MEDICATIONS

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

### EYE CONDITIONS

azelastine	Combigan	Acuvail
brimonidine	Restasis	Alphagan P 0.1%
ciprofloxacin	Simbrinza	Alphagan P 0.15%
dorzolamide	Travatan Z	Alrex
dorzolamide-timolol	Xiidra	Azasite
erythromycin		Azopt
fluorometholone		Besivance
gatifloxacin		Betimol
latanoprost		Betoptic S
moxifloxacin		Bromsite
neomycin-polymyxin-dexamethasone		Cequa
ofloxacin		Cosopt
olopatadine		Cosopt PF
polymyxin B-TMP		Cystaran* (QL)
prednisolone solution		Durezol
timolol solution		FML liquifilm, forte, ointment
tobramycin		Ilevro
tobramycin-dexamethasone		Inveltys
		Istalol
		Lotemax ointment, drops, gel
		Lotemax SM
		Maxitrol
		Moxeza
		Nevanac
		Ocuflox
		Oxervate* (PA)
		Polytrim
		Pred Forte

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

		Prolensa
		Rhopressa
		Timoptic
		Timoptic-XE
		Tobradex drops, ointment
		Tobradex ST
		Trusopt
		Vigamox
		Xalatan
		Zioptan (ST, QL)
		Zirgan
		Zylet
		Zymaxid

### FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		
Miconazole 3 vaginal suppository		
terconazole cream, suppository		

### GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Actigall
Anucort-HC	Apriso	Akynzeo (PA, QL)
balsalazide	Carafate	Bonjesta
bisacodyl+ suspension		Canasa
Bisa-Lax+	CLENPIQ+	Carafate tablet
chlordiazepoxide-clidinium	Creon	Correctol+
cinacalcet*	Entyvio*^ (PA)	Diclegis
ClearLax+	Linzess	Donnatal
dicyclomine capsule, solution, tablet	Pentasa	Dulcolax+
diphenoxylate-atropine	Prepopik+	Gialax+
dronabinol	SUPREP+	Kristalose
Ducodyl+	Trulance	Lialda
famotidine suspension	Zenpep	Lithostat
GaviLax+		Lomotil
GaviLyte-C+		MiraLax+
GaviLyte-G+		Motegrity
GaviLyte-N+		Movantik (PA)
GentleLax+		Pancreaze
GlycoLax+		Pertzye
HealthyLax+		Protonix IV
		Rectiv
		Relistor (PA)
		Sancuso (PA, QL)
		sfRowasa
		Sustol (PA)

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
Hemmorex-HC hydrocortisone LaxaClear+ laxative peg 3350+ laxative+ mesalamine mesalamine DR metoclopramide metoclopramide ODT QC Natura-Lax+ ondansetron ondansetron ODT PEG-3350 and Electrolytes+ PEG-Prep+ Phenadoz polyethylene glycol 3350+ PowderLax+ prochlorperazine promethazine Promethegan Purelax+ ranitidine syrup Smooth LAX+ sucralfate TriLyte With Flavor Packets+ ursodiol		Symproic (PA) Transderm-Scop Urso Urso Forte Varubi (PA, QL) Viberzi Viokace	estradiol- norethindrone estrogen-methyl- testosterone levothyroxine Levoxyl liothyronine Lopreeza medroxy- progesterone methimazole methylprednisolone dosepak, tablet Mimvey Mimvey LO Nature-Throid NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone capsule TaperDex testosterone (PA, QL) testosterone cypionate thyroid Unithroid 75mcg tablet Westhroid WP Thyroid Yuvafem (QL)		Estrace Estring (QL) EstroGel Euthyrox Evamist Imvexxy (QL) Intraraso Levo-T Medrol Menostar (QL) Minivelle (QL) Noctiva (PA) Osphena Prometrium Rayaldee Striant (PA, QL) Synthroid Testopel (PA) Tirosint Triostat Unithroid Vagifem (QL) Vivelle-Dot (QL)
HORMONAL AGENTS			INFECTIONS		
Amabelz budesonide EC budesonide ER (PA, QL) cabergoline (QL) CovARYX CovARYX HS Decadron desmopressin spray, solution, tablet dexamethasone dexamethasone intensol Dotti (QL) EEMT EEMT H.S. estradiol (QL)	Duavee Orilissa (PA, QL) Premarin Premphase Prempro	Activella Alora (QL) Androderm (PA, QL) AndroGel (PA, QL) Angeliq Armour Thyroid Climara Climara Pro CombiPatch Crinone 8% gel^ Cytomel Deltasone Depo-Testosterone Divigel Elestrin Entocort EC	acyclovir capsule, suspension, tablet, vial albendazole amoxicillin amoxicillin- clavulanate amoxicillin- clavulanate ER atovaquone Avidoxy azithromycin cefdinir	Firvanq Xifaxan (QL)	Albenza Alinia Bactrim Bactrim DS Baxdela (PA) Cipro Cleocin Clindesse Cresemba (PA) Difcid (QL) Elimite EryPed 200

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>INFECTIONS (cont)</b>			<b>MISCELLANEOUS</b>		
cefpodoxime		Eurax	disulfiram	TechLITE Lancets	Brisdelle (QL)
cefuroxime		Flagyl	Nebusal 3%		
cephalexin		Keflex	PULMOSAL		
ciprofloxacin		Levaquin	sodium chloride		
clarithromycin		Macrobid	<b>MULTIPLE SCLEROSIS</b>		
clarithromycin ER		Macrodantin	Gilenya 0.25mg		
clindamycin		Malarone (PA)	<b>NUTRITIONAL/DIETARY</b>		
clindamycin phosphate		MetroGel-Vaginal	B-12 Compliance	OB Complete Petite	Auryxia (QL)
Coremino (QL)		Minocin 100 vial	calcitriol capsule, solution		CitraNatal
dapsone		Monurol	calcium 667mg		Drisdol
Doxy 100		Natroba	cyanocobalamin injection		Escavite D <sup>+</sup>
doxycycline		Noxafil	FA-8 <sup>+</sup>		Escavite <sup>+</sup>
Emverm		Nuessa	folic acid 1mg		Floriva <sup>+</sup>
erythromycin		Oravig	folic acid 0.4mg, 0.8mg <sup>+</sup>		Klor-Con M15
erythromycin ES		Plaquenil (PA)	Klor-Con		KPN <sup>+</sup>
famciclovir		Priftin	Klor-Con 8		K-Tab ER
fluconazole		Sivextro (PA)	Klor-Con 10		Mephyton
fluconazole		Sklice	Klor-Con M10		OB Complete caplet
hydroxychloroquine		Solosec	Klor-Con M20		Phoslyra
itraconazole		Sulfatrim	Klor-Con Sprinkle		Prenate Mini
levofloxacin		Suprax	lanthanum		Quflora <sup>+</sup>
metronidazole		Tamiflu (QL)	phytonadione		Renvela
minocycline		Urogesic-Blue	potassium chloride		Rocaltrol
minocycline ER (QL)		Valtrex	Prenatal <sup>+</sup>		Velphoro
Mondoxyne NL		Vfend (PA)	Prenatal Vitamin <sup>+</sup>		Veltassa
Morgidox capsule		Vfend IV	sevelamer		Vitafol
nitrofurantoin		Vibramycin	vitamin D2		vitaPearl
Nitrofurantoin Mono-Macro		suspension, syrup	vitamin D3 5,000 unit <sup>+</sup>		
nystatin		Xofluza (QL)	vitamin K1 ampule		
Okebo		Zithromax	<b>OSTEOPOROSIS PRODUCTS</b>		
oseltamivir (QL)		Zyvox (PA)	alendronate (QL)	Tymlos* (PA, QL)	Actonel (ST)
penicillin			calcitonin-salmon		Atelvia (ST)
permethrin			ibandronate tablet		Binosto (ST)
Soloxide			raloxifene <sup>+</sup>		Boniva tablet (ST)
sulfamethoxazole-TMP			risedronate		Evista
terbinafine tablet			risedronate DR		Fosamax (ST)
tetracycline					Fosamax Plus D (ST)
valacyclovir			<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>		
valganciclovir			acetaminophen-codeine (PA)	Aimovig	Abstral (PA)
vancomycin bag, capsule, vial			allopurinol	Autoinjector (PA)	Analpram HC
Vandazole			Aprizio Pak	Belbuca (QL)	Arava
voriconazole (PA)			baclofen	Embeda (PA)	Arymo ER (PA)
				Hysingla ER (PA)	Buprenex

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

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

buprenorphine (QL)	Nucynta (PA)	Butrans (QL)
butalbital-acetaminophen-caffeine (QL)	Proctofoam-HC	Celebrex (ST, QL)
carisoprodol	Rasuvo (PA)	Colcrys
celecoxib (QL)	Savella	diclofenac patch (ST, QL)
colchicine	Xtampza ER (PA)	Duragesic (PA)
cyclobenzaprine	Ztlido	EC-Naprosyn (ST)
DermacinRx Empricaine		Esgic (QL)
DermacinRx Prizopak		Fexmid
diclofenac (QL)		Flector (ST, QL)
diclofenac ER		Frova (QL)
EC-naproxen		Gablofen
eletriptan (QL)		Kadian (PA)
Endocet (PA)		Lidoderm
etodolac		Mitigare
etodolac ER		Mobic (ST)
fenoprofen		Morphabond ER (PA)
fentanyl (PA)		MS Contin (PA)
Fioricet (QL)		Nalfon 400mg
frovatriptan (QL)		Naprosyn (ST)
Glydo		Norco (PA)
hydrocodone-acetaminophen (PA)		Nucynta ER (PA)
hydromorphone (PA)		Otrexup (PA)
hydromorphone ER (PA)		Oxaydo (PA)
IBU		Pennsaid
ibuprofen tablet		Percocet (PA)
indomethacin		Procort
indomethacin ER		Proctofoam-HC
ketorolac (QL)		Qmiiz ODT (ST, QL)
leflunomide		Relpax (QL)
lidocaine (QL)		Roxybond (PA)
lidocaine viscous		Savella
lidocaine-prilocaine		Skelaxin
Lidopril		Subsys (PA)
Lidopril XR		Tylenol-codeine No.3 (PA)
Lido-Prilo Caine Pack		Tylenol-codeine No.4 (PA)
Livixil Pak		Uloric (QL)
Lorcet (PA)		Ultram (QL)
Lorcet HD (PA)		Voltaren (ST, QL)
Lorcet Plus (PA)		Zanaflex
		Zebutal (QL)
		Zohydro ER (PA)
		Zyloprim

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

Lortab (PA)		
meloxicam		
Metaxall		
metaxalone		
methocarbamol		
morphine (PA)		
morphine ER (PA)		
nabumetone		
Nalfon 600mg		
Nalocet (PA)		
naproxen		
oxycodone (PA)		
oxycodone ER (PA)		
oxycodone-acetaminophen (PA)		
Phrenilin Forte (QL)		
Prilolid		
Prilovix		
Primlev (PA)		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan-naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Vicodin (PA)		
Vicodin ES (PA)		
Vicodin HP (PA)		

### PARKINSON'S DISEASE

benztropine	Azilect (QL)
bromocriptine	Mirapex
carbidopa-levodopa	Mirapex ER (QL)
carbidopa-levodopa ER	Neupro
pramipexole	Osmolex ER (QL)
pramipexole ER (QL)	Parlodol
rasagiline (QL)	Rytary
ropinirole	Sinemet
ropinirole ER	Sinemet CR
	Tasmar
	Xadago (ST)

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

SCHIZOPHRENIA/ANTI-PSYCHOTICS			SKIN CONDITIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
aripiprazole (QL)	Latuda (QL)	Abilify Maintena	azelaic acid		Cordran 0.025% cream
aripiprazole ODT	Zyprexa 10mg vial	Aristada	betamethasone dipropionate augmented		Dermasorb ta (ST)
chlorpromazine		Aristada initio	betamethasone BP 10-1		Drysol
olanzapine		Fanapt (ST)	calcipotriene		Ecoza
olanzapine ODT		Invega (ST)	calcipotriene-betamethasone DP		Efudex
paliperidone ER (QL)		INVEGA SUSTENNA	calcitrene		Elidel
quetiapine		INVEGA TRINZA	Claravis (QL)		Evoclin
quetiapine ER		Perseris (QL)	Clindacin ETZ		Finacea gel
risperidone		Rexulti (ST, QL)	Clindacin P		Impoyz (ST)
risperidone ODT		Risperdal (ST)	clindamycin-benzoyl peroxide		Lotrisone
ziprasidone		Risperdal Consta	clindamycin phosphate		MetroCream
		Saphris (ST)	clindamycin-tretinoin		MetroGel
		Seroquel (ST)	clobetasol		MetroLotion
		Seroquel XR (ST)	Clodan shampoo		MiCort-HC 2.5% cream (ST)
		Vraylar (ST, QL)	clotrimazole-betamethasone		Mimyx
			dapsone		Naftin
			desoximetasone		Nizoral
			diflorasone diacetate		Olux (ST)
			fluocinonide		Picato
			fluorouracil (PA)		Pramosone
			flurandrenolide		Protopic
			hydrocortisone		Regranex (PA, QL)
			imiquimod		Santyl (QL)
			isotretinoin (QL)		Temovate (ST)
			ketoconazole		Tolak
			metronidazole		Topicort (ST)
			MiCort HC 2.5% cream		Tri-Luma
			mupirocin		Ultravate 0.05% cream, 0.05% ointment (ST)
			Myorisan (QL)		Xepi
			Neuac gel		Xolegel
			Nolix		
			oxiconazole		
			pimecrolimus		
			Procto-Med HC		
			Procto-Pak		
			Proctosol-HC		
			Proctozone-HC		

### SEIZURE DISORDERS

carbamazepine	Dilantin 30 mg capsule (PA)	Aptiom (PA, QL)
carbamazepine ER	Fycompa (PA)	Banzel (PA, QL)
clonazepam	Lyrica oral solution	Briviact solution, tablet (PA)
divalproex		Carbatrol (PA)
divalproex ER		Depakote (PA)
epitol		Depakote ER (PA)
gabapentin		Depakote Sprinkle (PA)
lamotrigine		Dilantin (PA)
lamotrigine (blue, green, orange)		Keppra 500 mg/5 ml vial
lamotrigine ER		Klonopin (PA)
lamotrigine ODT		Neurontin (PA)
levetiracetam solution, tablet		Onfi (PA)
levetiracetam ER		Oxtellar XR (PA)
oxcarbazepine		Phenytek (PA)
Roweepra		Tegretol (PA)
Roweepra XR subvenite		Tegretol XR (PA)
subvenite (blue, green, orange)		Vimpat (PA)
topiramate		
topiramate ER		

### SKIN CONDITIONS

adapalene (PA age)	Eucrisa	Bryhali (ST)
adapalene-benzoyl peroxide	Finacea foam	Celacyn
Amnesteem (QL)	Fluoroplex	Centany
Avar Cleanser	Promiseb	Cleocin T
Avar-E	Soolantra	Cloderm (ST)
Avar-E Green		Condylox
		Cordran (ST)

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

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

Psorcon		
Rosadan sodium sulfacetamide-sulfur		
SSS 10-5		
Sulfacleanse 8-4		
tacrolimus ointment		
tazarotene		
tretinoin (PA age)		
tretinoin microsphere (PA age)		
triamcinolone		
Triderm		

### SLEEP DISORDERS/SEDATIVES

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

### SMOKING CESSATION

bupropion SR <sup>+</sup>		NicoDerm CQ
NicoDerm CQ 21mg/24hr <sup>+</sup>		7mg/24hr, 14mg/24hr <sup>+</sup>
Nicorelief <sup>+</sup>		Nicorette <sup>+</sup>
nicotine gum <sup>+</sup>		Nicotrol
nicotine lozenge <sup>+</sup>		Nicotrol NS
nicotine patch <sup>+</sup>		Zyban
Quit 2 <sup>+</sup>		
Quit 4 <sup>+</sup>		

### SUBSTANCE ABUSE

buprenorphine-naloxone	Bunavail	Suboxone
	Lucemyra (QL)	
	Narcan (QL)	
	Probuphine	
	Zubsolv	

### URINARY TRACT CONDITIONS

cevimeline		Avodart
darifenacin ER (QL)		Elmiron
finasteride 5mg		Evoxic
oxybutynin chloride		Flomax
oxybutynin chloride ER		Proscar
		Pyridium

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### URINARY TRACT CONDITIONS (cont)

phenazopyridine potassium citrate ER		Rapaflo (QL)
silodosin (QL)		Urocit-K
solifenacin (QL)		
tamsulosin		
tolterodine		
tolterodine ER (QL)		
trospium chloride		
trospium chloride ER		

### VACCINES

For plans renewing on 2/1/20 and later, on your plan's renewal date vaccines will be covered under the pharmacy benefit.

Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, or check your plan materials, to find out how your specific plan covers them.

Diphtheria and Tetanus Toxoids-ped <sup>+</sup>		Act-HIB <sup>+</sup>
TdVax <sup>+</sup>		Adacel Tdap <sup>+</sup>
		Afluria Quad <sup>+</sup>
		BEXSERO <sup>+</sup>
		Boostrix Tdap <sup>+</sup>
		DAPTACEL DTaP <sup>+</sup>
		Enerix-B <sup>+</sup>
		FLUAD <sup>+</sup>
		FLUARIX
		QUADRIVALENT <sup>+</sup>
		FLUBLOK
		QUADRIVALENT <sup>+</sup>
		FLUCELVAX
		QUADRIVALENT <sup>+</sup>
		FLUALVAL
		QUADRIVALENT <sup>+</sup>
		FluMist Quad
		Nasal <sup>+</sup>
		Fluzone High-Dose <sup>+</sup>
		Fluzone
		Quadrivalent Pedi <sup>+</sup>
		Fluzone
		Quadrivalent <sup>+</sup>
		GARDASIL 9 <sup>+</sup>
		HAVRIX <sup>+</sup>
		HEPLISAV-B <sup>+</sup>
		Hiberix <sup>+</sup>
		Infanrix DTaP <sup>+</sup>
		IPOL <sup>+</sup>
		KINRIX <sup>+</sup>
		Menactra <sup>+</sup>



## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

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

For plans renewing on 2/1/20 and later, on your plan's renewal date vaccines will be covered under the pharmacy benefit.

Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, or check your plan materials, to find out how your specific plan covers them.

		Menveo A-C-Y-W-135-DIP <sup>+</sup>
		M-M-R II <sup>+</sup>
		Pediarix <sup>+</sup>
		PedvaxHIB <sup>+</sup>
		Pentacel <sup>+</sup>
		PNEUMOVAX 23 <sup>+</sup>
		Prevnar 13 <sup>+</sup>
		ProQuad <sup>+</sup>
		Quadracel DTaP-IPV <sup>+</sup>
		Recombivax HB <sup>+</sup>
		Rotarix <sup>+</sup>
		RotaTeq <sup>+</sup>
		TENIVAC <sup>+</sup>
		TENIVAC <sup>+</sup>
		Trumenba <sup>+</sup>
		Twinrix <sup>+</sup>
		VAQTA <sup>+</sup>
		VARIVAX <sup>+</sup>
		ZOSTAVAX <sup>+</sup>

## 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** (PA)	AIDS/HIV
abiraterone** (PA)	CANCER
Actemra* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Actimmune* (PA)	CANCER
Adcirca** (PA)	ASTHMA/COPD/RESPIRATORY
Adempas** (PA)	ASTHMA/COPD/RESPIRATORY
Afinitor** (PA)	CANCER
Afinitor Disperz** (PA)	CANCER
Alecensa** (PA)	CANCER
Alyq** (PA)	ASTHMA/COPD/RESPIRATORY
Amicar**	BLOOD MODIFIERS/BLEEDING DISORDERS
aminocaproic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Ampyra** (PA)	MULTIPLE SCLEROSIS
Apokyn* (PA)	PARKINSON'S DISEASE
Aranesp* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Arikayce** (PA)	INFECTIONS
Arixtra* (QL)	BLOOD THINNERS/ANTI-CLOTTING
atazanavir** (PA)	AIDS/HIV
Atripla** (PA)	AIDS/HIV
Astagraf XL**	TRANSPLANT MEDICATIONS
Austedo** (PA)	MISCELLANEOUS
Aveed*	HORMONAL AGENTS
Avonex* (PA)	MULTIPLE SCLEROSIS
azathioprine**	TRANSPLANT MEDICATIONS
Baraclude**	INFECTIONS
Benlysta* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Berinert*	BLOOD PRESSURE/HEART MEDICATIONS
Betaseron* (PA)	MULTIPLE SCLEROSIS
Biktarvy**	AIDS/HIV
Boniva**	OSTEOPOROSIS PRODUCTS
Bosulif** (PA)	CANCER
Botox*	MISCELLANEOUS
Cabometyx** (PA)	CANCER
capecitabine** (PA)	CANCER
Cayston** (PA, QL)	INFECTIONS
Cellcept**	TRANSPLANT MEDICATIONS
Cerdelga** (PA)	MISCELLANEOUS
Cerezyme*	MISCELLANEOUS
Cetrotide* ^ (PA)	HORMONAL AGENTS

MEDICATION NAME	DRUG CLASS
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN
chorionic gonadotropin*^ (PA)	INFERTILITY
Cimduo** (PA)	AIDS/HIV
Cimzia* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cinryze*	BLOOD PRESSURE/HEART MEDICATIONS
Cometriq** (PA)	CANCER
Complera** (PA)	AIDS/HIV
Cosentyx* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cyklokapron*	BLOOD MODIFIERS/BLEEDING DISORDERS
Cystagon**	URINARY TRACT CONDITIONS
Daraprim** (PA)	INFECTIONS
Depen** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Descovy** (PA)	AIDS/HIV
desmopressin ampule, vial*	HORMONAL AGENTS
Dupixent* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Durolane*	PAIN RELIEF AND INFLAMMATORY DISEASE
Dysport*	MISCELLANEOUS
Egrifta* (PA)	HORMONAL AGENTS
Elaprase*	MISCELLANEOUS
Emflaza** (PA)	HORMONAL AGENTS
Enbrel* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
entecavir** (QL)	INFECTIONS
Envarsus XR**	TRANSPLANT MEDICATIONS
Epidiolex** (PA)	SEIZURE DISORDERS
Epogen* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Erivedge** (PA)	CANCER
Erleada** (PA)	CANCER
Esbriet** (PA)	MISCELLANEOUS
Euflexxa*	PAIN RELIEF AND INFLAMMATORY DISEASE
Evotaz** (PA)	AIDS/HIV
Exjade** (PA)	MISCELLANEOUS
Extavia* (PA)	MULTIPLE SCLEROSIS
Ferriprox** (PA)	MISCELLANEOUS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Follistim AQ*^ (PA)	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Forteo* (PA, QL)	HORMONAL AGENTS
Fragmin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Fulphila* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Galafold** (PA)	MISCELLANEOUS
Ganirelix*^ (PA)	HORMONAL AGENTS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Gelsyn-3*	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
Genvoya**	AIDS/HIV
Gilenya 0.5mg** (PA)	MULTIPLE SCLEROSIS
Glassia*	ASTHMA/COPD/RESPIRATORY
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Gleevec** (PA)	CANCER
Gonal-F*^ (PA)	INFERTILITY
Granix*	BLOOD MODIFIERS/BLEEDING DISORDERS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Hemlibra* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Hetlioz** (PA)	SLEEP DISORDERS/SEDATIVES
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Hyalgan*	PAIN RELIEF AND INFLAMMATORY DISEASE
Hymovis*	PAIN RELIEF AND INFLAMMATORY DISEASE
hydroxyprogesterone caproate*	INFERTILITY
ibandronate syringe, vial *	OSTEOPOROSIS PRODUCTS
Ibrance** (PA)	CANCER
Ilaris* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ilumya* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
imatinib** (PA)	CANCER
Imbruvica** (PA)	CANCER
Increlex* (PA)	HORMONAL AGENTS
Inflectra*	PAIN RELIEF AND INFLAMMATORY DISEASE
Ingrezza** (PA)	MISCELLANEOUS
Inlyta** (PA)	CANCER
Intelence** (PA)	AIDS/HIV
Isentress**	AIDS/HIV
Isentress HD** (PA)	AIDS/HIV
Jadenu** (PA)	MISCELLANEOUS
Jadenu Sprinkle** (PA)	MISCELLANEOUS
Jakafi** (PA)	CANCER
Juluca** (PA)	AIDS/HIV
Jynarque** (PA)	DIURETICS
Kalbitor*	BLOOD PRESSURE/HEART MEDICATIONS
Kalydeco** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Kevzara* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kisqali** (PA)	CANCER
Kitabis Pak** (PA, QL)	INFECTIONS
Kuvan** (PA)	MISCELLANEOUS
Kyleena**	CONTRACEPTION PRODUCTS
ledipasvir-sofosbuvir** (PA)	INFECTIONS
Lenvima** (PA)	CANCER
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
Lonsurf** (PA)	CANCER
Lovenox* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Lumizyme*	MISCELLANEOUS
Lupron Depot* (PA)	CANCER
Lynparza** (PA)	CANCER
Lysteda**	BLOOD MODIFIERS/BLEEDING DISORDERS
Makena*	INFERTILITY
Mavyret** (PA)	INFECTIONS
Mekinist** (PA)	CANCER
Menopur*^ (PA)	INFERTILITY
Mirena**	CONTRACEPTION PRODUCTS
Monovisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Myalept* (PA)	MISCELLANEOUS
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
Myfortic**	TRANSPLANT MEDICATIONS
Natpara* (PA)	HORMONAL AGENTS
Nerlynx** (PA)	CANCER
Neulasta* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Neupogen* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Nexavar** (PA)	CANCER
Nexplanon*	CONTRACEPTION PRODUCTS
Ninlaro** (PA)	CANCER
Nityr** (PA)	MISCELLANEOUS
Nivestym* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Norditropin Flexpro* (PA)	HORMONAL AGENTS
Northera** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Novarel*^ (PA)	INFERTILITY
Nucala* (PA)	ASTHMA/COPD/RESPIRATORY
Nuzyra** (PA)	INFECTIONS
Ocaliva** (PA)	GASTROINTESTINAL/HEARTBURN
Ocrevus*	MULTIPLE SCLEROSIS
Odefsey** (PA)	AIDS/HIV
Odomzo** (PA)	CANCER
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY
Olumiant** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Opsumit** (PA)	ASTHMA/COPD/RESPIRATORY
Orencia* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Orenitram ER** (PA)	ASTHMA/COPD/RESPIRATORY
Orfadin** (PA)	MISCELLANEOUS
Orkambi** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Orthovisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Otezla** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ovidrel*^ (PA)	INFERTILITY

MEDICATION NAME	DRUG CLASS
Palynziq* (PA)	MISCELLANEOUS
Pegasys* (PA)	INFECTIONS
Plegridy* (PA)	MULTIPLE SCLEROSIS
Pomalyst** (PA)	CANCER
Prevymis**	INFECTIONS
Prezcobix** (PA)	AIDS/HIV
Prezista**	AIDS/HIV
Procrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Procysbi** (PA)	URINARY TRACT CONDITIONS
Prolia*	OSTEOPOROSIS PRODUCTS
Promacta** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Pulmozyme** (PA)	ASTHMA/COPD/RESPIRATORY
Purixan**	CANCER
Rapamune**	TRANSPLANT MEDICATIONS
Ravicti** (PA)	GASTROINTESTINAL/HEARTBURN
Rebif* (PA)	MULTIPLE SCLEROSIS
Remicade* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Remodulin*	ASTHMA/COPD/RESPIRATORY
Renflexis*	PAIN RELIEF AND INFLAMMATORY DISEASE
Retacrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Revatio** (PA)	ASTHMA/COPD/RESPIRATORY
Revlimid** (PA)	CANCER
ritonavir**	AIDS/HIV
Rubraca** (PA)	CANCER
Ruconest*	BLOOD PRESSURE/HEART MEDICATIONS
Samsca**	DIURETICS
Sandostatin LAR Depot* (PA)	HORMONAL AGENTS
Selzentry** (PA)	AIDS/HIV
Sensipar**	GASTROINTESTINAL/HEARTBURN
Serostim* (PA)	HORMONAL AGENTS
Simponi Aria* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
Skyla**	CONTRACEPTION PRODUCTS
sofosbuvir-velpatasvir** (PA)	INFECTIONS
Soliris*	BLOOD MODIFIERS/BLEEDING DISORDERS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq* (PA)	MISCELLANEOUS
Stribild** (PA)	AIDS/HIV

MEDICATION NAME	DRUG CLASS
Stivarga** (PA)	CANCER
Sucraid** (PA)	GASTROINTESTINAL/HEARTBURN
Supartz FX*	PAIN RELIEF AND INFLAMMATORY DISEASE
Sutent** (PA)	CANCER
Symdeko** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Symfi**	AIDS/HIV
Symfi LO**	AIDS/HIV
Symtuza** (PA)	AIDS/HIV
Synagis*	INFECTIONS
Synvisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
Tafinlar** (PA)	CANCER
Tagrisso** (PA)	CANCER
Takhzyro* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Taltz* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Targretin** (PA)	CANCER
Tasigna** (PA)	CANCER
Tavalisse** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Tecfidera** (PA)	MULTIPLE SCLEROSIS
Temodar** (PA)	CANCER
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
tetrabenazine** (PA)	MISCELLANEOUS
Thalomid** (PA)	INFECTIONS
Thiola**	URINARY TRACT CONDITIONS
Thyrogen*	HORMONAL AGENTS
Tiglutik** (PA)	MISCELLANEOUS
Tivicay**	AIDS/HIV
TOBI podhaler** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml ampule** (PA, QL)	INFECTIONS
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Trelstar*	CANCER
Tremfya* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
trientine** (PA)	MISCELLANEOUS
Triptodur*	HORMONAL AGENTS
Triumeq**	AIDS/HIV
Trivisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Truvada**	AIDS/HIV
Tykerb** (PA)	CANCER
Tymlos* (PA, QL)	OSTEOPOROSIS PRODUCTS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
Udenyca* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Uptravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valchlor**	SKIN CONDITIONS
Vemlidy**	INFECTIONS
Venclexta** (PA)	CANCER
Verzenio** (PA)	CANCER
Viread** (PA)	AIDS/HIV
vigabatrin**	SEIZURE DISORDERS
vigadrone**	SEIZURE DISORDERS
Visco-3*	PAIN RELIEF AND INFLAMMATORY DISEASE
Vivitrol*	MISCELLANEOUS
Vosevi** (PA)	INFECTIONS
Votrient** (PA)	CANCER
Xalkori** (PA)	CANCER
Xeljanz** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeljanz XR** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeloda** (PA)	CANCER
Xenazine** (PA)	MISCELLANEOUS
Xermelo** (PA)	GASTROINTESTINAL/HEARTBURN
XGEVA*	OSTEOPOROSIS PRODUCTS
Xiaflex*	PAIN RELIEF AND INFLAMMATORY DISEASE
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Xtandi** (PA)	CANCER
Xyrem** (PA)	SLEEP DISORDERS/SEDATIVES
Zarxio*	BLOOD MODIFIERS/BLEEDING DISORDERS
Zejula** (PA)	CANCER
Zepatier** (PA)	INFECTIONS
Zorbitive* (PA)	HORMONAL AGENTS
Zortress**	TRANSPLANT MEDICATIONS



## 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. **Your plan covers other medications that are used to treat the same condition.**^^ They're listed below.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
AIDS/HIV	Combivir*	lamivudine-zidovudine*	
	Epivir*	lamivudine*	
	Epzicom*	abacavir-lamivudine*	
	Kaletra solution*	lopinavir-ritonavir solution*	
	Lexiva tablet*	fosamprenavir*	
	Norvir tablet*	ritonavir*	
	Retrovir capsule, syrup*	zidovudine capsule, syrup*	
	Reyataz capsule*	atazanavir*	
	Sustiva*	efavirenz*	
	Trizivir*	abacavir-lamivudine-zidovudine*	
	Viramune*	nevirapine*	
	Viramune XR*	nevirapine ER*	
	Ziagen*	abacavir*	
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto-injectors	
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g. fluticasone)	
	QNASL Children's	budesonide fluticasone triamcinolone	
	RyVent carbinoxamine 6mg tablet	carbinoxamine 4mg tablet	
	ANXIETY/DEPRESSION/BIPOLAR	Anafranil	clomipramine
		Aplenzin Wellbutrin XL	bupropion XL
Ativan tablet		lorazepam	
Cymbalta		duloxetine	
Lexapro		escitalopram	
Pamelor		nortriptyline capsules	
Parnate		tranylcypromine	
Pexeva		paroxetine/CR/ER	
Pristiq		bupropion XL duloxetine	
Tofranil		imipramine tablet	

^^ 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 THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY	Advair Diskus AirDuo RespiClick	Advair HFA Breo Ellipta Dulera fluticasone-salmeterol Symbicort Wixela Inhub
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler
	Arcapta neohaler	Striverdi Respimat
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	Anoro Ellipta
	Elixophyllin	theophylline oral solution
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir
	Pulmicort Flexhaler	QVAR
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Striverdi Respimat	Serevent Diskus
	Yupelri	Anoro Ellipta Incruse Ellipta Trelegy Ellipta
	Zyflo	montelukast zafirlukast zileuton ER
	ATTENTION DEFICIT HYPERACTIVITY	Adderall XR Aptensio XR Concerta Cotempla XR-ODT Focalin XR Mydayis QuilliChew ER Ritalin LA
Adzenys ER Adzenys XR-ODT		dexamethylphenidate ER methylphenidate ER/CD/LA
Desoxyn		methamphetamine
Dexedrine		dextroamphetamine
Dyanavel XR		methylphenidate ER/CD/LA
Vyvanse		dexamethylphenidate ER

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand HCT	candesartan HCTZ
	Avalide	irbesartan HCTZ
	Avapro	
	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan HCTZ
	Betapace	sotalol oral
	Bystolic	Generic beta blockers (e.g. metoprolol, atenolol)
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan HCTZ
	Edarbi	Generic ARBs (e.g. losartan, calsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g. losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan HCTZ
	Hyzaar	losartan HCTZ
	Isordil	isosorbide dinitrate
	Isordil Titradose	isosorbide dinitrate digoxin
	Lanoxin	Digitex digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan HCTZ
	Prinivil	lisinopril
	Zestril	
	Tarka	trandolapril-verapamil
	Tekturna	Generica ACE/ARBs
Tekturna HCT	Generica ACE/ARBs + HCTZ	
Tribenzor	olmesartan-amlodipine-HCTZ	
Twynsta	telmisartan-amlodipine	
Vaseretic	enalapril-HCTZ	
Vasotec	enalapril	
Zestoretic	lisinopril HCTZ	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin	
CANCER	Nilandron	nilutamide	
	Tarceva*	erlotinib*	
	Yonsa*	abiraterone*	
	Zytiga*		
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate	
	Altoprev Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	
	Crestor	rosuvastatin	
	Lescol XL	fluvastatin	
	Lipitor	atorvastatin	
	Pravachol	pravastatin	
	Vytorin	ezetimibe-simvastatin	
	COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
		TussiCaps	hydrocodone-chlorpheniramine ER promethazine with codeine syrup
DIABETES	Accu-Chek Aviva Plus test strips Accu-Chek Guide test strips Accu-Chek Smartview Accutrend glucose	One Touch test strips (e.g. Ultra; Verio)	
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza	
	Ademelog Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin	
	alogliptin alogliptin-metformin	Janumet Janumet XR Januvia metformin	
	alogliptin-pioglitazone	Janumet Janumet XR Januvia pioglitazone	
	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Jentadueto Jentadueto XR Kazano	Janumet Janumet XR
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir FlexTouch Tresiba FlexTouch
	Nesina Tradjenta	Januvia Janumet Janumet XR metformin
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia
	QTERN Steglujan	Glyxambi metformin
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn
	Bepreve Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine
	Lumigan	bimatoprost latanoprost Travatan Z
	Vyzulta	bimatoprost latanoprost Lumigan Travatan Z

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository	
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine	
	CoLyte with Flavor Packets GoLyteLy MoviPrep NuLYTELY with flavor packs OsmoPrep Plenvu	Clenpiq+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ 3550 Electrolyte+ Prepopik+ SuPrep+	
	Cortifoam Uceris foam	Prescription hydrocortisone enema, rectal cream, suppository	
	Librax	chlordiazepoxide-clidinium	
	Marinol Syndros	dronabinol	
	Nexium capsule	esomeprazole	
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pack)	
	OmePPI Zegerid packet, 40mg capsule	omeprazole	
	Pepcid	famotodine	
	Prevacid SoluTab	Generic prescription PPIs (e.g. lansoprazole)	
	Rowasa	mesalamine rectal enema suspension	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Cortrosyn	cosyntropin
		DDAVP	desmopressin
		Dxevo	dexamethasone
		Fortesta Natesto Testim Vogelxo Xyosted	AndgroGel testosterone
Genotropin* Nutropin AQ nuspin* Omnitrope* Saizen* Saizen-Saizenprep* Zomacton*		Humatrope* (PA)	
Nocdurna		desompression acetate nasal spray or tablets	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
HORMONAL AGENTS ( <i>cont</i> )	Rayos	prednisone	
	Uceris tablets	budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Seysara Solodyn Targadox Vibramycin Ximino	Generic products (e.g. doxycycline; minocycline)	
	Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine quinine	
	Augmentin/ES	amoxicillin-clavulanate	
	Bethkis* Tobi	tobramycin inhalation solution*	
	Diflucan	fluconazole	
	E.E.S. 200	erythromycin granules	
	Epclusa*	sofosbuvir-velpatasvir*	
	Eryped 400	erythromycin ethylsuccinate	
	Harvoni*	ledipasvir-sofosbuvir*	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Sitavig	acyclovir tablet famciclovir tablet valacyclovir tablet	
	Sporanox Tolsura	itraconazole oral	
	Valcycte	valganciclovir	
	Vancocin	vancomycin oral capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Syprine*	Depen* penicillamine* trientine*

^^ 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 THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS	Aubagio*	Gilenya* Mayzent* Tecfidera*
	Copaxone*	Aubagio* Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*
NUTRITIONAL/DIETARY	Azesco	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Ajovy	butalbital-acetaminophen tablets
	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	Amrix	cyclobenzaprine Other generic muscle relaxants
	Bupap	butalbital-acetaminophen tablets
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g.celecoxib, meloxicam)
	ConZip	Tramadol Tramadol ER
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	Gralise	gabapentin
	Imitrex Zembrace Symtouch	sumatriptan
	Kineret* Simponi*	Enbrel* (PA) Humira* (PA)
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY ( <i>cont</i> )	Lorzone	chlorzoxazone 500mg
	Migranal	dihydroergotamine nasal spray
	ONZETRA Xsail	Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)
	Oxycontin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER
	Pennsaid	diclofenac 1% gel
	Roxicodone	oxycodone
	Siliq*	Cosentyx* Enbrel* (PA) Humira* (PA) Stelara*
	Soriatane	acitretin
	Sprix	ketorolac tablet
	Tivorbex	indomethacin
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine
	Vivlodex	meloxicam
	Zomig	sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	Zorvolex	diclofenac
	PARKINSON'S DISEASE	Gocovri
Lodosyn		carbidopa
Requip XL		ropinirole extended release
Zelapar		selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Abilify MyCite	aripiprazole
	FazaClo Versacloz	clozapine clozapine ODT
	Geodon capsule	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Felbatol	felbamate
	Keppra oral solution, tablet	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (blue, green, orange)	lamotrigine ODT (blue, green, orange)
	Lamictal XR Lamictal XR (blue, green, orange)	lamotrigine ER lamotrigine ER (blue, green, orange)

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS <i>(cont)</i>	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
	Qudexy XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
	Zonegran	zonisamide
SKIN CONDITIONS	Absorica	Myorisan or Zenatane
	Acanya Aczone Aktipak Altreno Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Retin-A Micro Tazorac Veltin Ziana	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aldara Zyclara	imiquimod 5% cream
	Anusol-HC cream	hydrocortisone cream
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin Neuac Kit	clindamycin-benzoyl peroxide
	Carac	fluorouracil 0.5% cream
	Clindagel	clindamycin gel, topical solution
	Cutivate lotion	fluticasone topical lotion
	Denavir Zovirax cream, ointment	acyclovir tablet famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Dovonex	calcipotriene

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Duobrii	halobetasol plus tazarotene cream
	Enstilar Taclonex	calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam
	HALOG	clobetasol cream, ointment halobetasol cream, ointment
	Jublia Kerydin	ciclopirox topical solution itraconazole capsules terbinafine tablets
	Kenalog spray	triamcinolone acetonide aerosol spray
	Lexette	clobetasol cream, ointment halobetasol cream, foam, ointment
	Locoid	hydrocortisone cream, lipid cream, ointment, solution
	Locoid Lipocream	hydrocortisone lipid cream
	Loprox	ciclopirox cream, shampoo
	Luzu	econazole ketoconazole cream luliconazole oxiconazole
	Noritate	metronidazole cream
	Oxistat	etoconazole cream
	Penlac	ciclopirox solution
	Prudoxin Zonalon	Generic topical steroid (e.g. topical tacrolimus)
	Sernivo	clobetasol spray triamcinolone acetonide aerosol spray
	Sorilux	calcipotriene
	Trianex	triamcinolone cream, ointment
	Ultravate	clobetasol lotion
	Vanos	fluocinonide 0.1% cream
	Vectical	calcitriol ointment
	Verdeso	desonide cream, ointment
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Ativan	lorazepam
	Edluar Intermezzo	zolpidem/ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
	Zolpimist	Belsomra eszopiclone Silenor zaleplon zolpidem/ER
SUBSTANCE ABUSE	Evzio	narcan nasal spray
URINARY TRACT CONDITIONS	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique Myrbetriq	darifenacin ER oxybutynin ER
	Toviaz	tolterodine ER
	VESIcare	trospium ER

^^ 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.

## Prescription drug list FAQs

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

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

Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:<sup>1,2</sup>

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1<sup>st</sup> and July 1<sup>st</sup>.
- › Adding coverage 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 cessation<sup>3</sup>).
- › 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. Log in to the **myCigna**

## Prescription drug list FAQs (cont)

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](https://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 fill 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.<sup>4</sup>

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

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

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

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.<sup>5</sup> The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:<sup>5</sup>

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

Generics typically cost much less than brand name medications – in some cases, up to 85% less.<sup>5</sup> Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

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

Managing a complex condition isn't easy. As part of your Cigna-administered pharmacy benefits, you have access to Accredo.<sup>6</sup> Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo's team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your complex medical condition. They'll help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

To get started using Accredo, call **877.826.7657**. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Please be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to [Cigna.com/specialty](https://www.cigna.com/specialty).

## Prescription drug list FAQs (cont)

### Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.<sup>6</sup>

- › If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. To get started, call **800.835.3784**.
- › 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 Accredo. Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).<sup>7</sup> To get started, call Accredo at **877.826.7657**. They're available Monday-Friday, 7:00 am-10:00 pm CST and on Saturdays, 7:00 am-4:00 pm CST. **Please be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to **Cigna.com/specialty**.

### 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 coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also connect to your online Accredo account to manage your specialty medication.<sup>6</sup>



## Exclusions and limitations

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:<sup>8</sup>

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription 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 medication 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 from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. **Illinois** state law allows you to receive continued coverage of your medication, and at your current cost share (tier) level, if your doctor requests approval through a coverage review process. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. 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.
4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
5. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
6. Not all plans offer home delivery and Accredo as a covered pharmacy option. 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.
7. As allowable by law.
8. 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., Accredo Health Group, Inc., Express Scripts, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. "Accredo" refers to Accredo Health Group, Inc. Policy forms: OK - HP-APP-1 et al (CHLIC), OR - HP-POL38 02-13 (CHLIC), TN - HP-POL43/HC-CER1V1 et al (CHLIC), GSA-COVER, et al (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, 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](mailto: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](mailto: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).