



CIGNA LEGACY (PERFORMANCE) 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

891395 p Legacy (Performance) 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 07/01/2016

Last updated: 09/01/2019, for changes starting 01/01/2020

Next planned update: 03/01/2020, for changes starting 07/01/2020

About your prescription drug list

This document shows the most commonly prescribed medications covered on the Legacy (Performance) 4-Tier Prescription Drug List as of January 1, 2020.^{1,2} 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 Legacy (Performance) 4-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers. Also, your specific plan may not cover all of the medications 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.

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Legacy (Performance) 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS		
Amabelz	Androderm (PA, QL)	Activella
budesonide EC	AndroGel 1.62% (PA, QL)	Alora (QL)
cabergoline (QL)	Armour Thyroid	AndroGel 1.0% (PA, QL)
Covaryx	Cytomel 50mcg	Angeliq
Covaryx H.S.	Divigel	Climara
Decadron	Duavee	Climara Pro
desmopressin	Estring (QL)	Combipatch
dexamethasone	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 17-23)

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

This chart is just a sample. It may not show how these medications are actually covered on the Legacy (Performance) 4-Tier Prescription Drug List.

Tiers

Covered medications are divided into tiers, or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

› Tier 1 - Typically Generics	(Lower-cost medication)	\$
› Tier 2 - Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 - Typically Non-Preferred Brands	(Higher-cost medication)	\$\$\$
› Tier 4 - Specialty Medications	(Highest-cost medication)	\$\$\$\$

Abbreviations next to medications

Some medications on your drug list have extra 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.

*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
HORMONAL AGENTS	3	EYE CONDITIONS	11
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	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	MISCELLANEOUS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	13
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	NUTRITIONAL/DIETARY	13
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	13, 14
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14
CHOLESTEROL MEDICATIONS	8	PARKINSON’S DISEASE	15
CONTRACEPTION PRODUCTS	8–10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	15
DENTAL PRODUCTS	10	SKIN CONDITIONS	15, 16
DIABETES	10, 11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	16
EAR MEDICATIONS	11	SUBSTANCE ABUSE	16
ERECTILE DYSFUNCTION	11	URINARY TRACT CONDITIONS	16
		VACCINES	16, 17

Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

TIER 1 \$		TIER 2 \$\$		TIER 3 \$\$\$	
ALLERGY/NASAL SPRAYS					
Adyphren				Astepro	
Adyphren AMP				Clarinex	
azelastine				Clarinex-D 12 Hour	
cromolyn				Epinephrinesnap-	
cyproheptadine				EMS	
desloratadine				Epinephrinesnap-V	
desloratadine (QL)				EPIsnap	
epinephrine (QL)				Gastrocrom	
fluticasone				Grastek (PA, QL)	
hydroxyzine				Karbinal ER	
ipratropium				Odoactra (PA, QL)	
mometasone (QL)				Patanase	
olopatadine				QNASL children	
Phenergan				Ragwitek (PA, QL)	
promethazine				Symjepi (PA, QL)	
				Vistaril	
ALZHEIMER'S DISEASE					
donepezil	Mestinon syrup			Aricept	
donepezil ODT	Namenda Titration			Exelon	
memantine	Pack			Mestinon tablet	
memantine ER				Namenda	
memantine ER (QL)				Namenda XR (QL)	
pyridostigmine				Namzaric (QL)	
pyridostigmine ER				Regonol	
rivastigmine					
ANXIETY/DEPRESSION/BIPOLAR DISORDER					
alprazolam				Anafranil	
alprazolam ER				Ativan	
alprazolam intensol				Celexa (ST, QL)	
alprazolam ODT				Effexor XR (ST, QL)	
alprazolam XR				Fetzima (ST, QL)	
amitriptyline				Forfivo XL (ST, QL)	
bupropion (QL)				Pamelor	
bupropion SR (QL)				Paxil (ST, QL)	
bupropion XL (QL)				Paxil CR (ST, QL)	
bupirone				Pristiq (ST, QL)	
citalopram (QL)				Prozac (ST, QL)	
clomipramine				Remeron	
desvenlafaxine ER (QL)				Sarafem (ST)	
duloxetine (QL)				Tofranil	
escitalopram (QL)				Trintellix (ST, QL)	
fluoxetine (QL)				Viibryd (ST, QL)	
fluoxetine DR (QL)				Wellbutrin SR (ST, QL)	
fluvoxamine (QL)				Xanax	
fluvoxamine ER (QL)				Xanax XR	
lorazepam				Zoloft (ST, QL)	
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)					
lorazepam intensol					
mirtazapine					
paroxetine (QL)					
paroxetine CR (QL)					
paroxetine ER (QL)					
sertraline (QL)					
trazodone					
venlafaxine (QL)					
venlafaxine ER (QL)					
ASTHMA/COPD/RESPIRATORY					
albuterol	Advair HFA			Arcapta Neohaler	
albuterol HFA	Anoro Ellipta			Brovana	
budesonide	Asmanex			Daliresp (QL)	
fluticasone-salmeterol	Asmanex HFA			Lonhala Magnair (PA)	
montelukast	Atrovent HFA			Perforomist (QL)	
Wixela Inhub	Breo Ellipta			Proventil HFA	
	Combivent			Pulmicort respule	
	RespiMat			Singulair	
	Dulera			Xopenex HFA	
	Flovent				
	Flovent HFA				
	Incruse Ellipta				
	ProAir HFA				
	ProAir RespiClick				
	Pulmicort Flexhaler				
	QVAR RediHaler				
	Serevent				
	Symbicort				
	Trelegy Ellipta				
	Ventolin HFA				
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
atomoxetine (QL)	Vyvanse (PA age, QL)			Adderall	
clonidine ER				Adhansia XR	
dexmethylphenidate (PA age)				Adzenys ER (PA age, QL)	
dexmethylphenidate ER (PA age, QL)				Adzenys XR-ODT (PA age, QL)	
dextroamphetamine-amphetamine ER (PA age, QL)				Daytrana (PA age, QL)	
dextroamphetamine-amphetamine (PA age)				Dyanavel XR (PA age, QL)	
guanfacine ER				Evekeo (PA, ST)	
metadate ER (PA age, QL)				Focalin (PA, ST)	
methylphenidate (PA age)				Intuniv	
				Kapvay	
				Methylin (PA)	
				QuilliChew ER (PA age, QL)	

Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)			BLOOD PRESSURE/HEART MEDICATIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
methylphenidate CD (PA age, QL)		Quillivant XR (PA age, QL)	diltiazem 24hr ER (XR)		Hemangeol
methylphenidate ER (CD) (PA age, QL)		Ritalin tablet	Dilt-XR		Hyzaar (ST)
methylphenidate ER (LA) (PA age, QL)		Strattera (QL)	dofetilide (QL)		Inderal LA (ST)
methylphenidate ER (PA age, QL)			doxazosin		Inderal XL (ST)
methylphenidate LA (PA age, QL)			Ecpirin ⁺		InnoPran XL (ST)
Relexxii (PA age, QL)			Ecotrin ⁺		Kapsargo Sprinkle (ST)
			enalapril		Lopressor (ST)
			flecainide		Lotensin (ST)
			hydralazine		Lotensin HCT (ST)
			irbesartan		Lotrel
			irbesartan-HCTZ		Micardis (ST, QL)
			isosorbide mononitrate		Micardis HCT (ST, QL)
			isosorbide mononitrate ER		Minipress
			labetalol		Nitrostat
			lisinopril		Norvasc
			lisinopril-HCTZ		Pacerone (PA) 100mg, 400mg
			losartan		Prinivil (ST)
			losartan-HCTZ		Procardia
			Low Dose Aspirin EC ⁺		Procardia XL
			Matzim LA		Ranexa (QL)
			metoprolol		Rythmol SR (PA)
			nadolol		Tekturna (QL)
			nifedipine		Tenormin (ST)
			nifedipine ER		Tiazac
			olmesartan (QL)		Tikosyn (PA, QL)
			olmesartan-amlodipine-HCTZ		Toprol XL (ST)
			olmesartan-HCTZ (QL)		Tribenzor
			Pacerone 200mg		Vasotec (ST)
			prazosin		Verelan
			propafenone		Verelan PM
			propafenone ER		Zestoretic (ST)
			propranolol		Zestril (ST)
			propranolol ER		
			ramipril		
			ranolazine ER (QL)		
			St. Joseph Aspirin ⁺		
			Taztia XT		
			telmisartan (QL)		
			telmisartan-HCTZ (QL)		
			valsartan		
			valsartan-HCTZ		

Cigna Legacy (Performance) 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 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont)			CHOLESTEROL MEDICATIONS (cont)		
verapamil verapamil ER verapamil ER PM verapamil SR			simvastatin 80mg (QL) simvastatin 10mg, 20mg, 40mg ⁺		
BLOOD THINNERS/ANTI-CLOTTING			CONTRACEPTION PRODUCTS		
aspirin-dipyridamole ER clopidogrel Jantoven prasugrel warfarin	Brilinta Eliquis Xarelto	Aggrenox Bevyxxa (QL) Coumadin (PA) Effient Plavix Pradaxa Savaysa (QL) Yosprala 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 ⁺	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
CANCER					
anastrozole exemestane letrozole mercaptopurine methotrexate tamoxifen ⁺	Gleostine Trexall				
CHOLESTEROL MEDICATIONS					
amlodipine-atorvastatin (QL) atorvastatin ⁺ colesevelam ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin ER ⁺ fluvastatin ⁺ lovastatin 10mg lovastatin ⁺ 20mg, 40mg niacin niacin ER niacor omega-3 acid ethyl esters pravastatin ⁺ rosuvastatin 20mg, 40mg (QL) rosuvastatin ⁺ 5mg, 10mg (QL)	Repatha (PA) Vascepa (PA)	Caduet (QL) Crestor (ST, QL) Fenofibrate 160mg tablet (PA) Lipofen (ST) Lovaza Niaspan Pravachol (ST) TriCor (ST) Triglide (ST) Trilipix (ST) Vytorin (ST) Welchol Zetia Zocor (ST, QL)			

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

Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$											
CONTRACEPTION PRODUCTS (cont)						DENTAL PRODUCTS (cont)											
Tri-Linyah+ Tri-Lo-Estarylla+ Tri-Lo-Marzia+ Tri-Lo-Mili+ Tri-Lo-Sprintec+ Tri-Mili+ Tri-Previfem+ Tri-Sprintec+ Trivora-28+ Tri-Vylibra+ Tri-Vylibra Lo+ Tulana+ Tydemy+ Velivet+ Vienva+ Viorele+ Vyfemla+ Vylibra+ Wera+ Wymzya FE+ Xulane+ Zarah+ Zovia+ Zumandimine+						SF SF 5000 Plus sodium fluoride 5000 plus sodium fluoride+ 0.25mg, 0.5mg, 1mg triamcinolone											
COUGH/COLD MEDICATIONS						DIABETES											
benzonatate (PA) Bromfed DM brompheniramine- pseudoephedrine- DM hydrocodone- chlorpheniramine ER (PA)						glimepiride glipizide glipizide ER glipizide XL metformin metformin ER pioglitazone						Accu-Chek test strips Accutrend Glucose test strips Basaglar (QL) Bydureon (ST, QL) Byetta (ST, QL) Farxiga (ST, QL) Fiasp (QL) GlucaGen HypoKit (QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Insulin Lispro (QL) Invokamet (QL) Invokamet XR (QL) Janumet (QL) Janumet XR (QL) Januvia (ST, QL) Jardiance (ST, QL) Kombiglyze XR (QL) Levemir (QL) Novolin (QL) Novolog (QL) Novolog FlexPen (QL) OneTouch test strips Onglyza (ST, QL) Ozempic (ST, QL) QTERN (ST, QL) Segluromet (QL) Soliqua Steglatro (ST, QL) SymlinPen Synjardy (QL) Synjardy XR (QL) Tresiba (QL)					
DENTAL PRODUCTS																	
chlorhexidine Denta 5000 Plus dentagel doxycycline fluoride+ Fluoridex Daily Defense Fluoritab+ Flura-Drops+ Ludent Fluoride+ Oralone Paroex Peridex Periogard						Fluorabon+ PreviDent 5000 Clinpro 5000 Floriva+ Fluoridex Sensitivity Relief PreviDent 0.2% Rinse PreviDent 1.1% Gel PreviDent 5000 Plus											

Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
DIABETES (cont)						EYE CONDITIONS (cont)					
			Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (QL) Xultophy			timolol solution tobramycin tobramycin- dexamethasone			Ocuflox Oxervate* (PA) Pataday Patanol Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex drops Tobradex ST Trusopt Vigamox Vyzulta Xalatan Zioptan (ST, QL) Zirgan Zylet Zymaxid		
DIURETICS											
acetazolamide acetazolamide ER bumetanide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ		Diuril Dyrenium		Aldactone Dyazide Edocrin Inspra Lasix Maxzide							
EAR MEDICATIONS											
neomycin- polymyxin-HC ofloxacin drops		Cipro HC Ciprodex		Coly-Mycin S Cortisporin-TC Dermotic Otovel							
ERECTILE DYSFUNCTION						FEMININE PRODUCTS					
sildenafil^ (PA age, QL) oral suspension, tablet tadalafil^ 2.5mg, 10mg, 20mg (PA age, QL) tadalafil^ 5mg (QL) vardenafil^ (PA age, QL)		Muse (QL)		Cialis^ (PA, ST, QL) Stendra^ (PA age, ST, QL) Viagra^ (PA age, ST, QL)		Fem pH Gynazole 1 Miconazole 3 vaginal suppository terconazole cream, suppository			AVC		
EYE CONDITIONS						GASTROINTESTINAL/HEARTBURN					
azelastine brimonidine ciprofloxacin dorzolamide dorzolamide- timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin- polymyxin- dexamethasone ofloxacin olopatadine polymyxin B-TMP prednisolone solution		Alphagan P 0.1% Azasite Azopt Betimol Betoptic S Combigan Lotemax drops, gel Lotemax SM Lumigan Moxeza Pazeo Restasis Simbrinza Tobradex eye ointment Travatan Z Xiidra		Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Cosopt Cosopt PF Cystaran* (QL) Durezol FML liquifilm Ilevro Inveltys Istalol Lastacaft Lotemax ointment Maxitrol Nevanac		Alophen+ Anucort-HC balsalazide bisacodyl+ Bisa-Lax+ chlordiazepoxide- clidinium cinacalcet* ClearLax+ dicyclomine capsule, solution, tablet diphenoxylate- atropine dronabinol Ducodyl+ esomeprazole (QL) famotidine 40mg tablet, suspension, piggyback, vial		Amitiza Apriso Carafate suspension CLENPIQ+ Creon Dexilant (QL) Entyvio* (PA) Linzess Lithostat Pentasa Prepopik+ SUPREP+ Trulance Zenpep		Aciphex (ST, QL) Aciphex Sprinkle (QL) Actigall Akyneo (PA, QL) Anusol-HC suppository Bonjesta Canasa Carafate tablet Correctol+ Cortifoam Diclegis Donnatal Dulcolax+ Gialax+ Kristalose Lialda Librax	

Cigna Legacy (Performance) 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 \$\$\$
GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS (cont)		
Gavilax+		Lomotil	CovARYX	Duavee	Climara
Gavilyte-C+		Marinol	CovARYX HS	Estring (QL)	Climara Pro
Gavilyte-G+		MiraLax+	Decadron	Medrol 2mg	CombiPatch
Gavilyte-N+		Motegrity	desmopressin	Orilissa (PA, QL)	Cytomel
GentleLax+		Movantik (PA)	solution, spray, tablet	Premarin	DDAVP nasal spray, solution, tablet
GlycoLax+		Nexium (ST,QL)	dexamethasone	Premphase	Deltasone
HealthyLax+		capsule	dexamethasone	Prempro	Depo-Testosterone
Hemmorex-HC		Pancreaze	intensol	Synthroid	Elestrin
hydrocortisone		Pertzye	Dotti (QL)		Entocort EC
lansoprazole (QL)		Prevacid solutab, DR 30mg capsule	EEMT		Estrace
LaxaClear+		(ST, QL)	EEMT H.S.		EstroGel
laxative peg 3350+		Protonix (ST, QL)	estradiol (QL)		Euthyrox
laxative+		Protonix IV	estradiol- norethindrone		Evamist
mesalamine		Pylera	estrogen- methyltestosterone		ForTesta (PA, QL)
mesalamine DR		Rectiv	HiDex		Imvexxy (QL)
metoclopramide		Relistor (PA)	levothyroxine		Intrarosa
metoclopramide ODT		Sancuso (PA, QL)	Levoxyl		Levo-T
QC Natura-Lax+		sfRowasa	liothyronine		Medrol 4mg, 8mg, 16mg, 32mg
omeprazole (QL)		Sustol (PA)	Lopreeza		Menostar (QL)
ondansetron		Symproic (PA)	medroxy- progesterone		Minivelle (QL)
ondansetron ODT		Transderm-Scop	methimazole		Natesto (PA, QL)
pantoprazole (QL)		Urso	methylprednisolone		Noctiva (PA)
PEG-3350 and Electrolytes+		Urso Forte	dosepak, tablet		Osphena
PEG-Prep+		Varubi (PA, QL)	Mimvey		Prometrium
Pepcid 40mg		Viberzi	Mimvey Lo		Royaldee
Phenadoz		Viokace	Nature-Throid		Striant (PA, QL)
polyethylene glycol 3350+		Zantac	NP Thyroid		Testim (PA, QL)
PowderLax+		Zofran	prednisolone		Testopel (PA)
prochlorperazine			prednisolone ODT		Tirosint
promethazine			prednisone		Triostat
Promethegan			prednisone intensol		Unithroid
Purelax+			progesterone		Vagifem (QL)
rabeprazole (QL)			capsule		Vivelle-Dot (QL)
ranitidine			TaperDex		Vogelxo (PA, QL)
Smooth LAX+			testosterone (PA, QL)		
sucralfate			testosterone cypionate		
TriLyte With Flavor Packets+			thyroid		
ursodiol			Unithroid 75mcg tablet		
			Westhroid		
			WP Thyroid		
			Yuvaferm (QL)		
HORMONAL AGENTS					
Amabelz	Androderm (PA, QL)	Activella			
budesonide EC	Armour Thyroid	Alora (QL)			
budesonide ER (PA, QL)	Crinone 8% gel^	AndroGel (PA, QL)			
cabergoline (QL)	Divigel	Angeliq			
		Armour Thyroid 15mg tablet			

Cigna Legacy (Performance) 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 \$\$\$
INFECTIONS			INFECTIONS (cont)		
acyclovir	Cipro suspension	Albenza	terbinafine tablet		Vfend (PA)
albendazole	Cleocin 75mg	Alinia	tetracycline		Vfend IV
amoxicillin	Eurax cream	Augmentin	valacyclovir		Vibramycin (ST)
amoxicillin- clavulanate	Firvanq	125-31.25mg/5ml	valganciclovir		Xofluza (QL)
amoxicillin- clavulanate ER	Xifaxan (QL)	Augmentin 250-62.5mg/5ml	vancomycin bag, capsule, vial		Zithromax
atovaquone		Augmentin 500- 125 tablet	Vandazole		Zovirax
Avidoxy		Augmentin ES-600	voriconazole (PA)		Zyvox (PA)
azithromycin		Bactrim	MISCELLANEOUS		
cefдинir		Bactrim DS	disulfiram	TechLITE lancets	Addyi (QL)
cefepodoxime		Baxdela (PA)	Nebusal 3%		Brisdelle (QL)
cefuroxime		Cipro tablet	PULMOSAL		
cephalexin		Cleocin	sodium chloride		
ciprofloxacin		Clindesse	MULTIPLE SCLEROSIS		
clarithromycin		Cresemba (PA)			Gilenya 0.25mg
clarithromycin ER		Dificid (QL)	NUTRITIONAL/DIETARY		
clindamycin		Diflucan	B-12 Compliance	CitraNatal	Auryxia (QL)
clindamycin phosphate		E.E.S. 200	calcitriol capsule, solution	Klor-Con M15	Drisdol
Coremino (QL)		Elimite	calcium 667mg	Mephyton	Escavite D ⁺
dapsone		EryPed 200, 400	cyanocobalamin injection	MVC-fluoride ⁺	Escavite ⁺
Doxy 100		Eurax lotion	FA-8 ⁺	OB Complete Petite	Floriva ⁺
doxycycline		Flagyl	folic acid 1mg	Prenate Mini	KPN ⁺
Emverm		Keflex	folic acid 0.4mg, 0.8mg ⁺	Vitafof	K-Tab ER
erythromycin		Levaquin	Klor-Con		Mephyton
erythromycin ES		Macrobid	Klor-Con 8		OB Complete caplet
famciclovir		Macrochantin	Klor-Con 10		Phoslyra
fluconazole		Malarone (PA)	Klor-Con M10		Quflora ⁺
hydroxychloroquine		Mepron	Klor-Con M20		Renvela
itraconazole		MetroGel-Vaginal	Klor-Con Sprinkle		Velphoro
levofloxacin		Minocin (ST)	lanthanum		vitaPearl
metronidazole		Monurol	phytonadione		
minocycline		Natroba	potassium chloride		
minocycline ER (QL)		Noxafil	Prenatal ⁺		
Mondoxyne NL		Nuessa	Prenatal Vitamin ⁺		
Morgidox capsule (ST)		Oravig	sevelamer		
nitrofurantoin		Plaquenil (PA)	vitamin D2		
Nitrofurantoin Mono-Macro		Priftin	vitamin D3 5,000 unit ⁺		
nystatin		Sivextro (PA)	vitamin K1 ampule		
Okebo		Sklice	OSTEOPOROSIS PRODUCTS		
oseltamivir (QL)		Solosec	alendronate (QL)	Tymlos* (PA, QL)	Actonel (ST)
penicillin		Sporanox	calcitonin-salmon		Atelvia (ST)
permethrin		Sulfatrim	ibandronate tablet		Binosto (ST)
Soloxide		Suprax	raloxifene ⁺		Boniva tablet (ST)
sulfamethoxazole- TMP		Tamiflu (QL)			
		Urogesic-Blue			
		Valcyte			
		Valtrex			
		Vancocin			

Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

OSTEOPOROSIS PRODUCTS (cont)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
risedronate risedronate DR		Evista Fosamax (ST) Fosamax Plus D (ST)	indomethacin ER ketorolac (QL) leflunomide levorphanol (PA) lidocaine (QL) lidocaine viscous lidocaine-prilocaine Lidopril Lidopril XR Lido-Prilo Caine Pack Livixil Pak Lorcet (PA) Lorcet HD (PA) Lorcet Plus (PA) Lortab (PA) meloxicam Metaxall metaxalone methocarbamol morphine (PA) morphine ER (PA) nabumetone Nalfon 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)		Roxicodone (PA) Roxybond (PA) Skelaxin Sprix (QL) Treximet (QL) Tylenol-codeine No.3 (PA) Tylenol-codeine No.4 (PA) Ultram (QL) Vanatol LQ Vanatol S Voltaren (ST, QL) Zanaflex Zebutal (QL) Zembrace SymTouch (QL) Zohydro ER (PA) Zomig (QL) Zomig ZMT (QL) Zyloprim
PAIN RELIEF AND INFLAMMATORY DISEASE					
acetaminophen- codeine (PA) allopurinol Aprizio Pak baclofen buprenorphine (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine cyclobenzaprine ER (QL) DermacinRx Empricaine DermacinRx Prizopak diclofenac (QL) diclofenac ER EC-naproxen eletriptan (QL) Endocet (PA) etodolac etodolac ER fenoprofen fentanyl (PA) Fioricet (QL) frovatriptan (QL) Glydo hydrocodone- acetaminophen (PA) hydromorphone (PA) hydromorphone ER (PA) IBU ibuprofen tablet indomethacin	Aimovig Autoinjector (PA) Ajovy (PA) Belbuca (QL) Embeda (PA) Emgality (PA) Hysingla ER (PA) Nucynta (PA) Proctofoam-HC Rasuvo (PA) Savella Subsys (PA) Uloric (QL) Xtampza ER (PA) Ztlido	Abstral (PA) Amrix (QL) Analpram HC Arava Arymo ER (PA) Buprenex Butrans (QL) Celebrex (ST, QL) Colcrys Conzip (QL) diclofenac patch (ST, QL) Duragesic (PA) EC-Naprosyn (ST) Esgic (QL) Fexmid Flector (ST, QL) Frova (QL) Gablofen Gralise Imitrex (QL) Kadian (PA) Lidoderm Lorzone Migranal (QL) Mitigare Mobic (ST) Morphabond ER (PA) MS Contin (PA) Nalfon 400mg Naprosyn (ST) Norco (PA) Nucynta ER (PA) Otrexup (PA) Oxaydo (PA) Oxycontin (PA) Pennsaid Percocet (PA) Procort Qmiiz ODT (ST, QL) Relpax (QL)			

Cigna Legacy (Performance) 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
PARKINSON'S DISEASE						SEIZURE DISORDERS (cont)					
benztropine			Azilect (QL)			levetiracetam ER			Klonopin (PA)		
bromocriptine			Gocovri			oxcarbazepine			Lyrica CR		
carbidopa-			Mirapex			Roweepra			Neurontin (PA)		
levodopa			Mirapex ER (QL)			Roweepra XR			Onfi (PA)		
carbidopa-			Neupro			subvenite			Oxtellar XR (PA)		
levodopa ER			Osmolex ER (QL)			subvenite (blue, green, orange)			Phenytek (PA)		
pramipexole			Parlodel			topiramate			Qudexy XR		
pramipexole ER			Requip XL			topiramate ER			Tegretol (PA)		
(QL)			Rytary						Tegretol XR (PA)		
rasagiline (QL)			Sinemet						Trokendi XR		
ropinirole			Sinemet CR						Trokendi XR (QL)		
ropinirole ER			Tasmar						Vimpat vial		
			Xadago (ST)								
			Zelapar								
SCHIZOPHRENIA/ANTI-PSYCHOTICS						SKIN CONDITIONS					
aripiprazole (QL)		Latuda (QL)		Abilify Maintena		adapalene (PA age)		Epiduo Forte		Acanya	
aripiprazole ODT		Zyprexa 10 mg vial		Aristada		adapalene-benzoyl peroxide		Eucrisa		Aczone 5% gel	
chlorpromazine				Aristada Initio		amnesteam (QL)		Finacea foam		Aldara	
olanzapine				Fanapt (ST)		Anusol-HC cream		Fluoroplex		Atralin (PA age)	
olanzapine ODT				Invega (ST)		Avar Cleanser		Naftin gel		Avita (PA age)	
paliperidone ER				INVEGA SUSTENNA		Avar-E		Pramosone 1% lotion		Benzaclin	
(QL)				INVEGA TRINZA		Avar-E Green		Pramosone 1%-1% cream, ointment		Bryhali (ST)	
quetiapine				Perseris (QL)		azelaic acid		Pramosone 2.5%- 1% ointment		Carac	
quetiapine ER				Rexulti (ST, QL)		betamethasone		Promiseb		Celacyn	
risperidone				Risperdal (ST)		dipropionate		Santyl (QL)		Centany	
risperidone ODT				Risperdal Consta		augmented		Soolantra		Cleocin T	
ziprasidone				Saphris (ST)		betamethasone		Tazorac 0.05% cream		Clindagel	
				Seroquel (ST)		BP 10-1		Tazorac 0.05% gel		Cloderm (ST)	
				Seroquel XR (ST)		calcipotriene		Tazorac 0.1% gel		Condylox	
				Vraylar (ST, QL)		calcipotriene- betamethasone				Cordran (ST)	
				Zyprexa tablet (ST)		DP				Cordran 0.05% cream, lotion, ointment, tape (ST)	
SEIZURE DISORDERS						SKIN CONDITIONS					
carbamazepine		Dilantin 30mg		Aptiom (PA, QL)		calcitrene				Cordran 0.025% cream	
carbamazepine ER		capsule (PA)		Banzel (PA, QL)		Claravis (QL)				Denavir (QL)	
clonazepam		Fycompa (PA)		Briviact solution, tablet (PA)		Clindacin ETZ				Dermasorb TA (ST)	
divalproex		Keppra 500mg/5ml		Carbatrol (PA)		Clindacin P				Differin cream, lotion, gel pump (PA age)	
divalproex ER		vial		Depakote (PA)		clindamycin- benzoyl peroxide				Dovonex	
epitol		Lamictal XR (Blue, Green, Orange)		Depakote ER (PA)		clindamycin				Drysol	
gabapentin		Lyrica oral solution		Depakote Sprinkle (PA)		phosphate				Duac	
lamotrigine		Vimpat solution, tablet (PA)		Dilantin (PA)		clindamycin- tretinoin				Duobrii	
lamotrigine (blue, green, orange)				Dilantin 100mg, 50mg		clobetasol				Ecoza	
lamotrigine ER				Keppra solution, tablet (PA)		Clodan shampoo				Efudex	
lamotrigine ODT						clotrimazole- betamethasone				Elidel	
levetiracetam						dapson				Epiduo	
solution, tablet						desoximetasone				Ertaczo	
										Evoclin	
										Exelderm	

Cigna Legacy (Performance) 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 \$\$\$
SKIN CONDITIONS (cont)			SMOKING CESSATION		
diflorasone diacetate fluocinonide fluorouracil (PA) flurandrenolide hydrocortisone imiquimod isotretinoin (QL) ketoconazole metronidazole MiCort HC 2.5% cream mupirocin Myorisan (QL) Neuac gel Nolix oxiconazole pimecrolimus Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Psorcon Rosadan sodium sulfacetamide-sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus ointment tazarotene tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone Trianex Triderm		Extina Fabior Finacea gel Impozyz (ST) Lotrisone Luzu MetroCream MetroGel MetroLotion MiCort-HC 2.5% cream (ST) Mimyx Naftin cream Nizoral Noritate Olux (ST) Onexton Oxistat cream Picato Pramosone 2.5%-1% cream Pramosone 2.5%-1% lotion Protopic Qbrexza Regranex (PA, QL) Retin-A (PA age) Sorilux Tazorac 0.1% cream Temovate (ST) Tolak Topicort (ST) Tri-Luma Ultravate (ST) Veltin Xepi Xerese (QL) Xolegel Ziana Zovirax (QL)	bupropion SR ⁺ NicoDerm CQ 21mg/24hr ⁺ Nicorelief ⁺ nicotine gum ⁺ nicotine lozenge ⁺ nicotine patch ⁺ Quit 2 ⁺ Quit 4 ⁺	Chantix [^] Nicotrol [^] Nicotrol NS [^]	NicoDerm CQ 7mg/24hr, 14mg/24hr ⁺ Nicorette ⁺ Zyban [^]
			SUBSTANCE ABUSE		
			buprenorphine-naloxone	Bunavail Lucemyra (QL) Narcan (QL) Probuphine Zubsolv	Suboxone
			URINARY TRACT CONDITIONS		
			cevimeline darifenacin ER (QL) finasteride 5mg oxybutynin chloride oxybutynin chloride ER phenazopyridine potassium citrate ER silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium chloride trospium chloride ER	Elmiron Toviaz (QL)	Avodart Evoxac Flomax Proscar Pyridium Rapaflo (QL) Urocit-K
			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.		
SLEEP DISORDERS/SEDATIVES					
armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)	Belsomra (ST) Silenor (ST, QL)	Lunesta (ST) Restoril Rozerem (ST, QL)	Diphtheria and Tetanus Toxoids-ped ⁺ TdVax ⁺		
			Act-HIB ⁺ Adacel Tdap ⁺ Afluria Quad ⁺ BEXSERO ⁺ Boostrix Tdap ⁺ DAPTACEL DTaP ⁺ Engerix-B ⁺		

Cigna Legacy (Performance) 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.

FLUAD+
 FLUARIX
 QUADRIVALENT+
 FLUBLOK
 QUADRIVALENT+
 FLUCELVAX
 QUADRIVALENT+
 FLUALVAL
 QUADRIVALENT+
 FluMist Quad Nasal+
 Fluzone High-Dose+
 Fluzone
 Quadrivalent Pedi+
 Fluzone
 Quadrivalent+
 GARDASIL 9+
 HAVRIX+
 HEPLISAV-B+
 Hiberix+
 Infanrix DTaP+
 IPOL+
 KINRIX+
 Menactra+
 Menveo A-C-Y-W-
 135-DIP+
 M-M-R II+
 Pediarix+
 PedvaxHIB+
 Pentacel+
 PNEUMOVAX 23+
 Prevnar 13+
 ProQuad+
 Quadracel DTaP-
 IPV+
 Recombivax HB+
 Rotarix+
 RotaTeq+
 TENIVAC+
 Trumenba+
 Twinrix+
 VAQTA+
 VARIVAX+
 ZOSTAVAX+

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
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
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN

MEDICATION NAME	DRUG CLASS
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
Duopa**	PARKINSON'S DISEASE
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
Entyvio*^ (PA)	GASTROINTESTINAL/HEARTBURN
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

MEDICATION NAME	DRUG CLASS
Gelsyn-3*	PAIN RELIEF AND INFLAMMATORY DISEASE
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
Kineret* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kisqali** (PA)	CANCER
Kitabis Pak** (PA, QL)	INFECTIONS
Kuvan** (PA)	MISCELLANEOUS
Kyleena**	CONTRACEPTION PRODUCTS

MEDICATION NAME	DRUG CLASS
ledipasvir-sofosbuvir** (PA)	INFECTIONS
Lenvima** (PA)	CANCER
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY
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

MEDICATION NAME	DRUG CLASS
Orkambi** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Orthovisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Otezla** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ovidrel*^ (PA)	INFERTILITY
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
Prograf**	TRANSPLANT MEDICATIONS
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* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
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

MEDICATION NAME	DRUG CLASS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq* (PA)	MISCELLANEOUS
Stribild** (PA)	AIDS/HIV
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
Takhyzro* (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

MEDICATION NAME	DRUG CLASS
Trivisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Truvada**	AIDS/HIV
Tykerb** (PA)	CANCER
Tymlos* (PA, QL)	OSTEOPOROSIS PRODUCTS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY
Udenyca*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Uptravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valchlor**	SKIN CONDITIONS
Vemlidy**	INFECTIONS
Venclexta** (PA)	CANCER
Verzenio** (PA)	CANCER
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
Zorbtive* (PA)	HORMONAL AGENTS
Zortress**	TRANSPLANT MEDICATIONS

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:^{1,2}

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier. This typically happens twice a year on January 1st and July 1st.
- › Adding 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, you may pay a different amount to fill that medication. It's important to know that when we make a change that affects the coverage of a medication you're taking, we let you know before it begins so you have time to talk with your doctor.

Why doesn't my plan cover certain medications?

Your plan may exclude certain medications or products from coverage. This is known as a “plan (or benefit) exclusion.” For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA). Log in to the **myCigna** app or website, or check your plan materials, to find out which medications your specific plan excludes.

How do you decide which medications are covered?

The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group

of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals medications about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Pharmacy Management® 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** app or website, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list on **Cigna.com/druglist**.

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

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

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

Prescription drug list FAQs (cont)

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

Prescription prices can vary by pharmacy. Before fill 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?

Managing a complex condition isn't easy. As part of your Cigna-administered pharmacy benefits, you have access to Accredo.⁵ 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**.

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 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).⁶ 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**.

Prescription drug list FAQs (cont)

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

You can use the online tools and resources on the **myCigna** 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.⁵

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:⁷

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medication or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna as medically necessary.

Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.



1. State laws in **Texas** and **Louisiana** may require your plan to cover your 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. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
5. 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.
6. As allowable by law.
7. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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