CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

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

932539 b Performance 3-Tier 11/20

What's inside?

About your prescription drug list	3
How to read your drug list	3
How to find your medication	5
Medications that are not covered	18
Prescription drug list FAQs	29
Exclusions and limitations	32

View your plan's drug list online

This document was last updated on 09/01/2020.* You can go online to see a more current list of medications your plan covers.

The myCigna® App or website – Log in and click on the "Find Care & Costs" tab. Select "Price a Medication," then type in your medication name.

Cigna.com/druglist – Select your drug list name – **Performance 3 Tier** – from the drop down menu. Then type in your medication name or view the full list.

Questions?

Call the toll-free number on your Cigna ID card. We're here to help. 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 01/01/2004

Last updated: 09/01/2020, for changes starting 01/01/2021

Next planned update: 03/01/2021, for changes starting 07/01/2021

About your prescription drug list

This document shows the most commonly prescribed medications covered on the Performance 3-Tier Prescription Drug List as of January 1, 2021.[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 Performance 3-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. Log in to the **myCigna** App or website, or check your plan materials, to see which medications your plan covers.

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Performance 3-Tier Prescription Drug List.

Tier (cost-share level) gives you an idea of how much you may pay for a medication

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

Medications are grouped by the **condition** they treat

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

Specialty medications have an asterisk (*) listed next to them

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

This chart is just a sample. It may not show how these medications are actually covered on the Performance 3-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**	(Lowest-cost medication)	**$**
› **Tier 2 – Typically Preferred Brands**	(Medium-cost medication)	**$$**
› **Tier 3 – Typically Non-Preferred Brands**	(Highest-cost medication)	**$$$**

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 medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier, 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
AIDS/HIV	6
ALLERGY/NASAL SPRAYS	6
ALZHEIMER'S DISEASE	6
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6
ASTHMA/COPD/RESPIRATORY	6, 7
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7
BLOOD MODIFIERS/BLEEDING DISORDERS	7
BLOOD PRESSURE/HEART MEDICATIONS	7, 8
BLOOD THINNERS/ANTI-CLOTTING	8
CANCER	8
CHOLESTEROL MEDICATIONS	8, 9
CONTRACEPTION PRODUCTS	9, 10
COUGH/COLD MEDICATIONS	10
DENTAL PRODUCTS	11
DIABETES	11
DIURETICS	11
EAR MEDICATIONS	11
ERECTILE DYSFUNCTION	11
EYE CONDITIONS	11, 12

Condition	Page
FEMININE PRODUCTS	12
GASTROINTESTINAL/HEARTBURN	12
HORMONAL AGENTS	12, 13
INFECTIONS	13, 14
INFERTILITY	14
MISCELLANEOUS	14
MULTIPLE SCLEROSIS	14
NUTRITIONAL/DIETARY	14
OSTEOPOROSIS PRODUCTS	14
PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
PARKINSON'S DISEASE	15
SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
SEIZURE DISORDERS	16
SKIN CONDITIONS	16
SLEEP DISORDERS/SEDATIVES	16
SMOKING CESSATION	17
SUBSTANCE ABUSE	17
TRANSPLANT MEDICATIONS	17
URINARY TRACT CONDITIONS	17
VACCINES	17
WEIGHT MANAGEMENT	17

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
AIDS/HIV		
abacavir-lamivudine* (PA)	Atripla* (PA)	Cimduo* (PA)
atazanavir* (PA)	Biktarvy*	Complera* (PA)
ritonavir*	Descovy*	Evotaz* (PA)
tenofovir* (PA)	Genvoya*	Intelence* (PA)
	Isentress*	Juluca* (PA)
	Isentress HD* (PA)	Odefsey* (PA)
	Prezista*	Prezcobix* (PA)
	Selzentry* (PA)	Stribild* (PA)
	Symfi*	
	Symfi Lo*	
	Symtuza*	
	Tivicay*	
	Triumeq*	
	Truvada*	
	Viread 150 mg, 200mg, 250mg tablet, powder* (PA)	
ALLERGY/NASAL SPRAYS		
Adyphren		Clarinex
Adyphren Amp		Clarinex-D 12 Hour
azelastine		EpinephrineSnap-EMS
cromolyn		EpinephrineSnap-V
cyproheptadine		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	Mestinon syrup	Aricept
donepezil ODT	Namenda Titration Pack	Exelon
memantine		Mestinon tablet
memantine ER (QL)		Namenda tablet
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)

TIER 1 $	TIER 2 $$	TIER 3 $$$
ANXIETY/DEPRESSION/ BIPOLAR DISORDER *(cont)*		
amitriptyline		Paxil CR (ST, QL)
bupropion (QL)		Pristiq ER (ST, QL)
bupropion SR (QL)		Prozac (ST, QL)
bupropion XL (QL)		Remeron
buspirone		Sarafem (ST)
citalopram (QL)		Trintellix (ST, QL)
clomipramine		Viibryd (ST, QL)
desvenlafaxine ER (QL)		Wellbutrin SR (ST, QL)
duloxetine (QL)		Xanax
escitalopram (QL)		Xanax XR
fluoxetine (QL)		Zoloft (ST, QL)
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		
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	Adcirca* (PA)
albuterol HFA	Anoro Ellipta	Adempas* (PA)
Alyq* (PA)	Atrovent HFA	Arcapta Neohaler
budesonide	Bevespi Aerosphere	Brovana
fluticasone-salmeterol	Breo Ellipta	Daliresp (QL)
montelukast	Combivent Respimat	Kalydeco* (PA, QL)
tadalafil 20mg* (PA)	Dulera	Letairis* (PA)
Wixela Inhub	Flovent	Lonhala Magnair (PA)
	Flovent HFA	Nucala auto-injector, syringe* (PA)
	Incruse Ellipta	Orenitram ER* (PA)
	OFEV* (PA)	Orkambi* (PA, QL)
	Opsumit* (PA)	Perforomist (QL)
	Pulmicort Flexhaler	Pulmicort respule
	Pulmozyme* (PA)	Revatio oral suspension, tablet* (PA)
	QVAR RediHaler	Singulair
	Serevent	Symdeko* (PA, QL)
	Symbicort	Tracleer tablet* (PA)
		Tyvaso* (PA)

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
ASTHMA/COPD/RESPIRATORY *(cont)*		
	Tracleer 32 mg tablet for suspension* (PA) Trelegy Ellipta Xolair* (PA)	Uptravi* (PA)
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
atomoxetine (QL) clonidine ER dexmethylphenidate (PA age) dexmethylphenidate ER (PA age, QL) dextroamphetamine-amphetamine (PA age) dextroamphetamine-amphetamine ER (PA age, QL) guanfacine ER metadate ER (PA age, QL) methylphenidate (PA age) methylphenidate CD (PA age, QL) methylphenidate ER (PA age, QL) methylphenidate ER (CD) (PA age, QL) methylphenidate ER (LA) (PA age, QL) methylphenidate LA (PA age, QL) Relexxii (PA age, QL)	Vyvanse (PA age, QL)	Adderall (PA age, ST) Adzenys ER (PA age, QL) Adzenys XR-ODT (PA age, QL) Daytrana (PA age, QL) Dyanavel XR (PA age, QL) Evekeo (PA age, ST) Focalin (PA age, ST) Intuniv ER Kapvay Methylin (PA age) QuilliChew ER (PA age, QL) Quillivant XR (PA age, QL) Ritalin tablet (PA age, ST) Strattera (QL)
BLOOD MODIFIERS/BLEEDING DISORDERS		
aminocaproic acid* tranexamic acid*	Aranesp* (PA) Droxia Epogen* (PA) Fulphila* (PA) Granix* Neulasta* (PA) Procrit* (PA) Retacrit* (PA) Udenyca* (PA) Zarxio*	Amicar* Cyklokapron* Hemlibra* (PA) Lysteda* Neupogen* (PA) Nivestym* (PA) Promacta* (PA) Siklos (PA) Tavalisse* (PA)

TIER 1 $	TIER 2 $$	TIER 3 $$$
BLOOD PRESSURE/HEART MEDICATIONS		
Adult Aspirin Regimen+ amiodarone amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-HTCZ Aspir EC+ aspirin EC+ aspirin 325 mg tablet+ Aspir-Low+ atenolol bayer aspirin 325 mg tablet+ benazepril benazepril-HCTZ candesartan candesartan-HCTZ cartia XT carvedilol carvedilol ER (QL) Children's Aspirin+ clonidine diltiazem diltiazem 12hr ER diltiazem 24hr ER diltiazem 24hr ER (CD) diltiazem 24hr ER (LA) Dilt-XR dofetilide (QL) doxazosin Ecotrin+ Ecpirin+ enalapril flecainide hydralazine irbesartan irbesartan-HCTZ isosorbide isosorbide ER labetalol lisinopril	Bystolic (ST, QL) Corlanor (PA) Entresto Tekturna HCT (QL)	Adalat CC Altace (ST) Atacand (ST) Atacand HCT (ST) Avalide (ST) Avapro (ST) Azor (QL) Benicar (ST, QL) Benicar HCT (ST, QL) BiDil (QL) Calan SR Cardizem LA 120 mg (QL) Cardura Catapres-TTS 1 Catapres-TTS 2 Catapres-TTS 3 Coreg (ST) Coreg CR (ST, QL) Corgard (ST) Cozaar (ST) Diovan (ST) Diovan HCT (ST) Edarbi (ST, QL) Epaned Exforge Exforge HCT Haegarda* (PA) Hemangeol Hyzaar (ST) Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Kapspargo Sprinkle (ST) Lopressor (ST) Lotensin (ST) Lotensin HCT (ST) Lotrel Micardis (ST, QL) Micardis HCT (ST, QL) Minipress MULTAQ Nitrostat Northera* (PA) Norvasc Pacerone 100mg, 400mg (PA) Prinivil (ST) Procardia

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
BLOOD PRESSURE/HEART MEDICATIONS *(cont)*		
lisinopril-HCTZ		Procardia XL
losartan		Ranexa (QL)
losartan-HCTZ		Rythmol SR (PA)
Low Dose Aspirin EC+		Takhzyro* (PA)
Matzim LA		Tekturna (QL)
metoprolol		Tenormin (ST)
nadolol		Tiazac
nifedipine		Tikosyn (PA, QL)
nifedipine ER		Toprol XL (ST)
olmesartan (QL)		Tribenzor
olmesartan-HCTZ (QL)		Vasotec (ST)
olmesartan-amlodipine-HCTZ		Verelan
Pacerone 200 mg		Verelan PM
prazosin		Zestoretic (ST)
propafenone		Zestril (ST)
propafenone ER		
propranolol		
propranolol ER		
ramipril		
ranolazine ER (QL)		
St. Joseph Aspirin+		
Taztia XT		
telmisartan (QL)		
telmisartan-HCTZ (QL)		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil ER PM		
verapamil SR		
BLOOD THINNERS/ANTI-CLOTTING		
aspirin-dipyridamole ER	Brilinta	Aggrenox
clopidogrel	Eliquis (PA)	Arixtra* (QL)
enoxaparin* (QL)	Fragmin* (QL)	Bayer Aspirin chewable tablet
fondaparinux* (QL)	Lovenox vial* (QL)	Bevyxxa (QL)
Jantoven	Xarelto (PA)	Coumadin (PA)
prasugrel		Effient
warfarin		Lovenox* (QL)
		Plavix
		Pradaxa (PA)
		Savaysa (PA, QL)
		Zontivity

TIER 1 $	TIER 2 $$	TIER 3 $$$
CANCER		
abiraterone* (PA)	Actimmune* (PA)	Afinitor Disperz* (PA)
anastrozole	Erivedge* (PA)	Afinitor* (PA)
capecitabine* (PA)	Gleostine	Alecensa* (PA)
exemestane	Ibrance* (PA)	Bosulif* (PA)
imatinib* (PA)	Lupron Depot* (PA)	Cabometyx* (PA)
letrozole	Nexavar* (PA)	Cometriq* (PA)
mercaptopurine	Revlimid* (PA)	Erleada* (PA)
methotrexate	Sprycel* (PA)	Gleevec* (PA)
tamoxifen+	Sutent* (PA)	Imbruvica* (PA)
temozolomide* (PA)	Tasigna* (PA)	Inlyta* (PA)
	Trexall	Jakafi* (PA)
	Verzenio* (PA)	Kisqali* (PA)
		Lenvima* (PA)
		Lonsurf* (PA)
		Lynparza* (PA)
		Mekinist* (PA)
		Nerlynx* (PA)
		Ninlaro* (PA)
		Odomzo* (PA)
		Pomalyst* (PA)
		Purixan*
		Rubraca* (PA)
		Stivarga* (PA)
		Tafinlar* (PA)
		Tagrisso* (PA)
		Targretin capsule* (PA)
		Temodar* (PA)
		Trelstar*
		Tykerb* (PA)
		Venclexta* (PA)
		Votrient* (PA)
		Xalkori* (PA)
		Xeloda* (PA)
		Xtandi* (PA)
		Zejula* (PA)
CHOLESTEROL MEDICATIONS		
amlodipine-atorvastatin (QL)	Repatha (PA)	Caduet (QL)
atorvastatin+	Vascepa (PA)	Crestor (ST, QL)
colesevelam		Lipofen (ST)
ezetimibe		Lovaza
ezetimibe-simvastatin		Niaspan
fenofibrate		TriCor (ST)
fenofibric acid		Triglide (ST)
fluvastatin+		Trilipix (ST)
		Vytorin (ST)
		Welchol

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
CHOLESTEROL MEDICATIONS *(cont)*		
fluvastatin ER+		Zetia
lovastatin 10mg		Zocor (ST, QL)
lovastatin+ 20mg, 40mg		
niacin		
niacin ER		
niacor		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin+ 5mg, 10mg (QL)		
rosuvastatin 20mg (QL)		
simvastatin 10mg, 20mg, 40mg+		
simvastatin 80mg (QL)		
CONTRACEPTION PRODUCTS		
Afirmelle+	Lo Loestrin FE	Annovera
Aftera+	Taytulla	Balcoltra
Altavera+		Caya contoured+
Alyacen+		Ella+
Amethia+		Estrostep FE
Amethia Lo+		Femcap+
Amethyst+		Kyleena*
Apri+		Layolis FE
Aranelle+		Loestrin FE
Ashlyna+		Minastrin 24 FE
Aubra+		Mirena*
Aubra EQ+		Natazia
Aurovela+		Nexplanon*
Aurovela FE+		NuvaRing
Aurovela 24 FE+		Safyral
Aviane+		Skyla*
Ayuna+		Today Contraceptive Sponge+
Azurette+		Wide seal diaphragm+
Balziva+		Yasmin 28
Bekyree+		Yaz
Blisovi FE+		
Blisovi 24 FE+		
Briellyn+		
Camila+		
Camrese+		
Camrese LO+		
Caziant+		
Chateal+		
Chateal EQ+		

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
Cryselle+		
Cyclafem+		
Cyred+		
Cyred EQ+		
Dasetta+		
Daysee+		
Deblitane+		
desogestrel-ethinyl estradiol+		
desogestrel-ethinyl estradiol ethinyl estradiol		
dospirenone-ethinyl estradiol-levomefolate+		
drospirenone-ethinyl estradiol+		
Econtra EZ+		
Econtra One-Step+		
Elinest+		
EluRyng Vaginal Ring+		
Emoquette+		
Enpresse+		
Enskyce+		
Errin+		
Estarylla+		
ethynodiol-ethinyl estradiol+		
etonogestrel-ethinyl estradiol Vaginal Ring+		
Falmina+		
Fayosim+		
Femynor+		
Gianvi+		
Gynol II+		
Hailey 24 FE+		
Heather+		
Incassia+		
Introvale+		
Isibloom+		
Jasmiel+		
Jencycla+		
Jolessa+		
Juleber+		
Junel+		
Junel FE+		
Junel FE 24+		
Kaitlib FE+		
Kalliga+		
Kariva+		
Kelnor 1-35+		

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
Kelnor 1-50+		
Kurvelo+		
Larin+		
Larin FE+		
Larin 24 FE+		
Larissia+		
Leena 28 tablet+		
Lessina+		
Levonest+		
levonorgestrel+		
levonorgestrel-ethinyl estradiol+		
levonorgestrel-ethinyl estradiol ethinyl estradiol+		
Levora-28+		
Lillow+		
Loryna+		
Low-Ogestrel+		
Lo-Zumandimine+		
Lutera+		
Lyza+		
Marlissa+		
medroxyprogesterone 150mg/ml+		
Melodetta 24 FE+		
Mibelas 24 FE+		
Microgestin+		
Microgestin FE+		
Mili+		
Mono-Linyah+		
My Choice+		
My Way+		
Necon+		
Nikki+		
Nora-BE+		
norethindrone+		
norethindrone-ethinyl estradiol+		
norethindrone-ethinyl estradiol-iron+		
norgestimate-ethinyl estradiol+		
Norlyda+		
Norlyroc+		
Nortrel+		
Ocella+		
Option 2+		
Orsythia+		
Philith+		
Pimtrea+		

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
Pirmella+		
Portia+		
Previfem+		
Reclipsen+		
Rivelsa tablet+		
Setlakin+		
Sharobel+		
Simliya+		
Simpesse+		
Sprintec+		
Sronyx+		
Syeda+		
Tarina 24 FE+		
Tarina FE 1-20 EQ+		
Tilia FE 28+		
Tri Femynor+		
Tri-Estarylla+		
Tri-Legest FE+		
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+		
VCF+ foam, gel		
Velivet+		
Vienva+		
Viorele+		
Vyfemla+		
Vylibra+		
Wera+		
Wymzya FE+		
Xulane+		
Zarah+		
Zovia+		
Zumandimine+		
COUGH/COLD MEDICATIONS		
benzonatate 100mg, 200mg		Tessalon Perle
Bromfed DM		Tuzistra XR (PA, QL)
brompheniramine-pseudoephedrine-DM		
hydrocodone-chlorpheniramne ER (PA)		

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
DENTAL PRODUCTS		
chlorhexidine Denta 5000 Plus dentagel doxycycline fluoride+ Fluoridex Daily Defense Fluoritab+ Flura-Drops+ Ludent+ Oralone Paroex Peridex Periogard SF 5000 Plus sodium fluoride+ 0.25mg, 0.5mg, 1mg triamcinolone	Fluorabon+ PreviDent 5000	Clinpro 5000 Floriva+ Fluoridex Sensitivity Relief PreviDent PreviDent 5000 Plus
DIABETES		
glimepiride glipizide glipizide ER glipizide XL metformin metformin ER pioglitazone	Baqsimi Pack (QL) Basaglar (QL) Bydureon (ST, QL) Byetta (ST, QL) Farxiga (ST, QL) Freestyle Libre Sensor (PA, QL) GlucaGen HypoKit (QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Janumet (ST, QL) Janumet XR (ST, QL) Januvia (ST, QL) Jardiance (ST, QL) Levemir (QL) OneTouch test strips Ozempic (ST, QL) QTERN (ST, QL) Segluromet (ST, QL) Soliqua Steglatro (ST, QL) SymlinPen Synjardy (ST, QL) Synjardy XR (ST, QL)	Amaryl Cycloset Glucophage Glucophage XR Korlym* (PA) NovoTwist Riomet

TIER 1 $	TIER 2 $$	TIER 3 $$$
DIABETES *(cont)*		
	Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (QL) Xultophy	
DIURETICS		
acetazolamide acetazolamide ER bumetanide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ	Diuril Dyrenium	Aldactone Dyazide Inspra Jynarque* (PA) Lasix Maxzide Samsca*
EAR MEDICATIONS		
neomycin-polymyxin-HC ofloxacin drops	Cipro HC Ciprodex	Coly-Mycin S Cortisporin-TC Dermotic Otovel
ERECTILE DYSFUNCTION		
sildenafil (PA age, QL) tadalafil 2.5mg, 10mg, 20mg (PA age, QL) tadalafil 5mg (QL) vardenafil (PA age, QL)	Muse (QL)	Caverject Impulse Syringe (QL) Cialis (PA age, ST, QL) Stendra (PA age, ST, QL) Viagra (PA age, ST, QL)
EYE CONDITIONS		
azelastine brimonidine ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin-polymyxin-dexamethasone ofloxacin polymyxin B-TMP	Alphagan P 0.1% drops Azasite Azopt Betimol Betoptic s Combigan Lotemax gel Lotemax SM Moxeza Pazeo Restasis Simbrinza Tobradex eye ointment	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Cosopt Cosopt PF Cystaran* (QL) Durezol FML Liquifilm Ilevro Inveltys Istalol Lastacaft

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
EYE CONDITIONS *(cont)*		
prednisolone solution	Xiidra	Lotemax drops, ointment
timolol solution		Maxitrol
tobramycin		Nevanac
tobramycin-dexamethasone		Ocuflox
		Oxervate* (PA)
		Patanol
		Polytrim
		Pred Forte
		Prolensa
		Rhopressa
		Timoptic
		Timoptic-XE
		Tobradex drops
		Tobradex ST
		Trusopt
		Vigamox
		Zirgan
		Zylet
		Zymaxid
FEMININE PRODUCTS		
Fem pH		AVC
Gynazole 1		
Miconazole 3 vaginal suppository		
terconazole		
GASTROINTESTINAL/HEARTBURN		
Alophen+	Amitiza	Aciphex tablet (ST, QL)
Anucort-HC	Apriso	Aciphex Sprinkle (QL)
balsalazide	Carafate suspension	Actigall
bisacodyl+	CLENPIQ+	Akynzeo capsule (PA, QL)
Bisa-Lax+	Dexilant (QL)	Bonjesta
chlordiazepoxide-clidinium	Entyvio*^ (PA)	Canasa
cinacalcet*	Linzess	Carafate tablet
ClearLax+	Lithostat	Cholbam* (PA)
dicyclomine capsule, solution, tablet	Pancreaze	Correctol+
diphenoxylate-atropine	Pentasa	Diclegis
dronabinol	Prepopik+	Donnatal
Ducodyl+	SUPREP+	Dulcolax+
esomeprazole capsule (QL)		Gattex* (PA)
famotidine 40mg tablet, suspension, piggyback, vial		Kristalose
		Lialda
		Lomotil
		MiraLax+
		Movantik (PA)

TIER 1 $	TIER 2 $$	TIER 3 $$$
GASTROINTESTINAL/HEARTBURN *(cont)*		
GaviLyte-C+		Ocaliva* (PA)
GaviLyte-G+		Prevacid DR (ST, QL)
GaviLyte-N+		Protonix (ST, QL)
GentleLax+		Protonix IV
GlycoLax+		Ravicti* (PA)
HealthyLax+		Rectiv
Hemmorex-HC		Relistor (PA)
hydrocortisone		Sancuso (PA, QL)
lansoprazole (QL)		sfRowasa
LaxaClear+		Sucraid* (PA)
mesalamine		Sustol (PA)
mesalamine DR		Symproic (PA)
metoclopramide		Transderm-Scop
metoclopramide ODT		Urso
omeprazole (QL)		Urso Forte
ondansetron		Varubi (PA, QL)
ondansetron ODT		Viberzi
pantoprazole tablet (QL)		Viokace
PEG 3350 and Electrolytes+		Xermelo* (PA)
PEG-Prep+		Zantac
Phenadoz		
polyethylene glycol 3350+		
PowderLax+		
prochlorperazine suppository, tablet, vial		
promethazine		
Promethegan		
Purelax+		
QC Natura-Lax+ powder		
rabeprazole (QL)		
ranitidine 150mg, 300mg capsules, tablets, syrup		
sucralfate		
TriLyte With Flavor Packets+		
ursodiol		
HORMONAL AGENTS		
Amabelz	Androderm (PA, QL)	Activella
budesonide EC	Cetrotide*^ (PA)	Alora (QL)
budesonide ER (PA, QL)	Crinone 4%	AndroGel (PA, QL)
cabergoline (QL)	Divigel	Angeliq
CovARYX	Duavee	Armour Thyroid

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
HORMONAL AGENTS *(cont)*		
CovARYX H.S.	Estring (QL)	Climara
Decadron	Forteo* (PA, QL)	Climara Pro
desmopressin solution, spray, tablet	Ganirelix*^ (PA)	CombiPatch
desmopressin* ampule, vial	Humatrope* (PA)	Cytomel
dexamethasone	Increlex* (PA)	Deltasone
dexamethasone intensol	Lupron Depot* (PA)	Depo-Testosterone
Dotti (QL)	Lupron Depot-PED* 7.5mg, 11.25mg, 15mg(PA)	Egrifta* (PA)
EEMT	Medrol 2mg	Elestrin
EEMT H.S.	Norditropin FlexPro* (PA)	Emflaza* (PA)
estradiol patch, vaginal insert (QL)	Orilissa (PA, QL)	Entocort EC
estradiol-norethindrone acetate	Premarin	Estrace
estrogen-methyltestosterone	Premphase	EstroGel
levothyroxine	Prempro	Euthyrox
Levoxyl	Sandostatin LAR Depot* (PA)	Evamist
liothyronine	Serostim* (PA)	Imvexxy (QL)
Lopreeza	Somavert* (PA)	Intrarosa
medroxyprogesterone	Zorbtive* (PA)	Levo-T
methimazole		Lupron Depot-PED* 30mg (PA)
methylprednisolone dosepak, tablet		Medrol 4mg, 8mg, 16mg. 32mg
Mimvey		Menostar (QL)
Nature-Throid		Minivelle (QL)
NP Thyroid		Natpara* (PA)
prednisolone		Noctiva (PA)
prednisolone ODT		Osphena
prednisone		Prometrium
prednisone intensol		Rayaldee
progesterone capsule, vial		Somatuline Depot* (PA)
testosterone (PA, QL)		Striant (PA, QL)
testosterone cypionate		Synthroid
thyroid		Testopel (PA)
Westhroid		Thyrogen*
WP Thyroid		TIROSINT
Yuvafem (QL)		Triostat
		Unithroid
		Vagifem (QL)
		Vivelle-Dot (QL)

TIER 1 $	TIER 2 $$	TIER 3 $$$
INFECTIONS		
acyclovir capsule, suspension, tablet, vial	Baraclude solution*	Albenza
albendazole	Cipro suspension	Alinia
amoxicillin	Cleocin 75 mg capsule	Arikayce* (PA)
amoxicillin-clavulanate	Daraprim* (PA)	Bactrim
amoxicillin-clavulanate ER	Epclusa* (PA)	Bactrim DS
atovaquone	Firvanq	Baxdela (PA)
atovaquone-proguanil	Harvoni* (PA, QL)	Cayston* (PA, QL)
Avidoxy	Ledipasvir-Sofosbuvir* (PA)	Cipro tablet
azithromycin	Mavyret* (PA)	Cleocin
cefdinir	Pegasys* (PA)	Clindesse
cefpodoxime	Sofosbuvir-Velpatasvir* (PA)	Cresemba capsule (PA)
cefuroxime	Sovaldi* (PA, QL)	Dificid (QL)
cephalexin	Thalomid* (PA)	Elimite
ciprofloxacin	TOBI Podhaler* (PA, QL)	EryPed 200
clarithromycin	Vosevi* (PA)	Flagyl
clarithromycin ER	Xifaxan 550mg (QL)	Keflex
clindamycin		Kitabis Pak* (PA, QL)
clindamycin phosphate		Levaquin
Coremino (QL)		Macrobid
dapsone		Macrodantin
Doxy 101		Malarone (PA)
doxycycline		Minocin 100 vial
Emverm		Monurol
entecavir* (QL)		Natroba
erythromycin		Noxafil suspension, vial
erythromycin ES		Nuvessa
famciclovir		Nuzyra* (PA)
fluconazole		Oravig
hydroxychloroquine		Plaquenil (PA)
itraconazole		Prevymis tablet*
levofloxacin eye drops, solution, tablet, vial		Priftin
metronidazole		Sivextro tablet (PA)
minocycline		Sklice
minocycline ER (QL)		Solosec
Mondoxyne NL		Sulfatrim
Morgidox capsule		Suprax
nitrofurantoin		Tamiflu (QL)
nitrofurantoin mono-macro		Urogesic-Blue
nystatin		Valtrex
Okebo		Vemlidy*
oseltamivir (QL)		Vfend (PA)
		Vfend IV
		Vibramycin syrup, suspension
		Xofluza (QL)
		Zepatier* (PA)

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
INFECTIONS *(cont)*		
penicillin V permethrin sulfamethoxazole-TMP terbinafine tablet tetracycline tobramycin ampule* (PA, QL) valacyclovir valganciclovir vancomycin bag, capsule, vial Vandazole voriconazole tablet (PA)		Zithromax Zyvox (PA)
INFERTILITY		
chorionic gonadotropin 10,000 unit vial*^ (PA) clomiphene tablet^	Crinone 8% ^ Endometrin^ Gonal-F*^ (PA) Novarel*^ (PA) Ovidrel*^ (PA)	Follistim AQ*^ (PA) Menopur*^ (PA)
MISCELLANEOUS		
disulfiram Nebusal 3% PulmoSal sodium chloride irrigation solution, inhalation vial tetrabenazine* (PA) trientine* (PA)	Cerdelga* (PA) Esbriet* (PA) Nityr* (PA) Strensiq* (PA) TechLITE Lancets Vivitrol*	Addyi (QL) Austedo* (PA) Brisdelle (QL) Exjade* (PA) Ferriprox* (PA) Galafold* (PA) Ingrezza* (PA) Jadenu* (PA) Kuvan* (PA) Myalept* (PA) Nuedexta (QL) Orfadin* (PA) Palynziq* (PA) Tiglutik* (PA)
MULTIPLE SCLEROSIS		
glatiramer* (PA) Glatopa* (PA)	Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA) Rebif* (PA) Rebif Rebidose* (PA) Tecfidera* (PA) Zeposia* (PA)	

TIER 1 $	TIER 2 $$	TIER 3 $$$
NUTRITIONAL/DIETARY		
B-12 Compliance calcitriol calcium 667mg cyanocobalamin injection daily prenatal+ FA-8+ folic acid 0.4mg, 0.8mg+ folic acid 1mg tablet, vial Klor Con 8 Klor Con 10 Klor-Con M10 Klor-Con M20 Klor-Con Sprinkle lanthanum phytonadione potassium chloride Prena1 Pearl Prenatal+ Prenatal Vitamin+ sevelamer vitamin D2 1.25mg (50,000 unit) vitamin D3 5,000 unit+ vitamin K1 ampule	CitraNatal Klor-Con M15 OB Complete Petite Prenate Mini Prenate Pixie PrimaCare Vitafol+	Auryxia (QL) Drisdol Floriva+ KPN+ K-Tab ER Lokelma Mephyton MVC-fluoride+ OB Complete Perry Prenatal+ Phoslyra Quflora+ Renvela Rocaltrol Velphoro Veltassa vitaPearl
OSTEOPOROSIS PRODUCTS		
alendronate (QL) calcitonin-salmon ibandronate raloxifene+ risedronate risedronate DR	Boniva syringe* Tymlos* (PA, QL)	Actonel (ST) Atelvia (ST) Binosto (ST) Boniva tablet (ST) Evista Fosamax (ST) Fosamax Plus D (ST)
PAIN RELIEF AND INFLAMMATORY DISEASE		
acetaminophen-codeine (PA) allopurinol Aprizio pak baclofen buprenorphine (QL) butalbital-acetaminophen 50-325mg tablet butalbital-acetaminophen-caffeine (QL) carisoprodol celecoxib (QL)	Actemra* (PA, QL) Aimovig (PA) Ajovy (PA) Belbuca (QL) Depen* (PA) Emgality(PA) Enbrel* (PA, QL) Humira* (PA, QL) Hysingla ER (PA) MorphaBond ER (PA) Nucynta (PA) Otezla* (PA, QL)	Abstral (PA) Analpram HC Arava Arymo ER (PA) Benlysta* (PA) Buprenex Butrans (QL) Celebrex (ST, QL) Cimzia* (PA, QL) Colcrys diclofenac epolamine 1.3% patch (PA, QL)

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
PAIN RELIEF AND INFLAMMATORY DISEASE *(cont)*		
colchicine	Proctofoam-HC	Dupixent* (PA)
cyclobenzaprine	Rasuvo (PA)	Duragesic (PA)
DermacinRx Empricaine	Remicade* (PA)	EC-naprosyn (ST)
DermacinRx Prizopak	Savella	Esgic (QL)
diclofenac 1% gel (QL)	Simponi Aria* (PA)	Fexmid
diclofenac ER tablets	Stelara* (PA, QL)	Flector (PA, QL)
EC-naproxen	Taltz* (PA, QL)	Gablofen
eletriptan (QL)	Tremfya* (PA, QL)	Ilaris* (PA)
endocet (PA)	Uloric (QL)	Ilumya* (PA, QL)
etodolac	Xeljanz XR* (PA, QL)	Kadian (PA)
etodolac ER	Xeljanz* (PA, QL)	Kevzara* (PA, QL)
fentanyl (PA)	Xtampza ER (PA)	Kineret* (PA, QL)
Fioricet (QL)	Ztlido	Lidoderm
frovatriptan (QL)		Mitigare
Glydo		Mobic (ST)
hydrocodone-acetaminophen (PA)		MS Contin (PA)
hydromorphone (PA)		Nalfon 400 mg (ST)
hydromorphone ER (PA)		Naprosyn (ST)
IBU		Norco (PA)
ibuprofen tablet		Nucynta ER (PA)
indomethacin		Olumiant* (PA, QL)
indomethacin ER		Orencia* (PA, QL)
ketorolac (QL)		Otrexup (PA)
leflunomide		Oxaydo (PA)
lidocaine (QL)		Percocet (PA)
lidocaine viscous		Procort
lidocaine-prilocaine		Qmiiz ODT (ST, QL)
Lidopril		Simponi* (PA, QL)
Lidopril XR		Skelaxin
Lido-Prilo Caine Pack		Tylenol-Codeine No.3 (PA)
Livixil Pak		Tylenol-Codeine No.4 (PA)
Lorcet (PA)		Ultram (QL)
Lorcet HD (PA)		Voltaren (PA, QL)
Lorcet Plus (PA)		Zanaflex
Lortab (PA)		Zebutal (QL)
meloxicam		Zohydro ER (PA)
metaxalone		Zyloprim
methocarbamol		
morphine (PA)		
morphine ER (PA)		
nabumetone		
Nalfon 600mg (ST)		
Nalocet (PA)		
naproxen		
oxycodone (PA)		
oxycodone ER (PA)		

TIER 1 $	TIER 2 $$	TIER 3 $$$
PAIN RELIEF AND INFLAMMATORY DISEASE *(cont)*		
oxycodone-acetaminophen (PA)		
Prilolid		
Prilovix		
Primlev (PA)		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan-naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Vicodin HP (PA)		
PARKINSON'S DISEASE		
benztropine	Apokyn* (PA)	Azilect (QL)
bromocriptine		Mirapex
carbidopa-levodopa		Mirapex ER (QL)
carbidopa-levodopa ER		Neupro
pramipexole		Osmolex ER (QL)
pramipexole ER (QL)		Parlodel
rasagiline (QL)		Rytary
ropinirole		Sinemet
ropinirole ER		Sinemet CR
		Tasmar
		Xadago (ST)
SCHIZOPHRENIA/ANTI-PSYCHOTICS		
aripiprazole (QL)	Latuda (QL)	Abilify Maintena
aripiprazole ODT	Zyprexa 10mg vial	Aristada
chlorpromazine		Aristada initio
olanzapine		Fanapt (ST, QL)
olanzapine ODT		Invega (ST, QL)
paliperidone ER (QL)		Perseris (QL)
quetiapine		Rexulti (ST, QL)
quetiapine ER		Risperdal (ST)
risperidone		Saphris (ST)
risperidone ODT		Seroquel (ST)
ziprasidone		Seroquel XR (ST)
		Vraylar (ST, QL)

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
SEIZURE DISORDERS		
carbamazepine	Fycompa (PA, QL)	Aptiom (PA, QL)
carbamazepine ER	Keppra 500 mg/ 5 ml vial	Banzel (PA, QL)
clonazepam	VIMPAT solution, tablet (PA)	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)		Epidiolex* (PA)
lamotrigine ER		Klonopin (PA)
lamotrigine ODT		Lyrica oral solution (PA)
levetiracetam		Neurontin (PA)
levetiracetam ER		Onfi (PA)
oxcarbazepine		Oxtellar XR (PA)
Roweepra		Phenytek (PA)
Roweepra XR		Tegretol (PA)
Subvenite		Tegretol XR (PA)
Subvenite (Blue, Green, Orange)		VIMPAT vial
topiramate		
topiramate ER		
vigabatrin*		
Vigadrone*		
SKIN CONDITIONS		
adapalene (PA age)	Eucrisa	Bryhali (ST)
adapalene-benzoyl peroxide	Fluoroplex	Celacyn
Amnesteem (QL)	Naftin gel	Centany
Avar Cleanser	Pramosone ointment, 1% lotion, 1%-1% cream	Cleocin T
Avar-E	Promiseb	Cloderm (ST)
Avar-E Green	Santyl (QL)	Dovonex
azelaic acid		Drysol
betamethasone dipropionate augmented		Ecoza
betamethasone		Efudex
BP 10-1		Elidel
calcipotriene		Evoclin
calcipotriene-betamethasone DP		Lotrisone
Claravis (QL)		Mimyx
Clindacin ETZ pledget		Naftin cream
Clindacin P pledget		Nizoral
clindamycin-benzoyl peroxide		Picato
clindamycin phosphate		Pramosone 2.5%-1% cream, lotion
		Protopic
		Regranex (PA, QL)
		Targretin* gel
		Temovate (ST)
		Tolak
		Topicort (ST)

TIER 1 $	TIER 2 $$	TIER 3 $$$
SKIN CONDITIONS *(cont)*		
clindamycin-tretinoin		Tri-Luma
clobetasol		Valchlor*
Clodan shampoo		Xepi
clotrimazole-betamethasone		
dapsone		
desoximetasone		
fluocinonide		
fluorouracil (PA)		
hydrocortisone		
imiquimod packet		
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		
Rosadan cream, gel		
sodium sulfacetamide-sulfur		
SSS 10-5		
Sulfacleanse 8-4		
tacrolimus ointment		
tazarotene		
tretinoin (PA age)		
tretinoin microsphere (PA age)		
triamcinolone		
Triderm		
Zenatane (QL)		
SLEEP DISORDERS/SEDATIVES		
armodafinil (PA)	Silenor (ST, QL)	Hetlioz* (PA)
eszopiclone		Lunesta (ST)
modafinil (PA)		Rozerem (ST, QL)
temazepam		Xyrem* (PA)
zolpidem		
zolpidem ER (QL)		

Cigna Performance 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
SMOKING CESSATION		
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+
SUBSTANCE ABUSE		
buprenorphine-naloxone	Lucemyra (QL) Narcan (QL) Zubsolv	Bunavail Probuphine Suboxone
TRANSPLANT MEDICATIONS		
azathioprine* mycophenolate* mycophenolic acid* sirolimus* tacrolimus* capsule	CellCept vial* Prograf 5 mg/ml ampule*	Astagraf XL* CellCept capsule, suspension, tablet* Envarsus XR* Myfortic* Prograf capsule, granule packet* Rapamune* Zortress*
URINARY TRACT CONDITIONS		
cevimeline darifenacin ER (QL) finasteride 5mg oxybutynin oxybutynin ER phenazopyridine potassium citrate ER silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium trospium ER	Cystagon* Elmiron Thiola* Thiola EC*	Avodart Evoxac Flomax Proscar Pyridium Rapaflo (QL) Urocit-K
VACCINES		
For plans renewing on 2/1/20 and later: Starting on the date your new plan year begins, vaccines will be covered under your 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+ TdVax+		Act-HIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+

TIER 1 $	TIER 2 $$	TIER 3 $$$
VACCINES *(cont)*		
For plans renewing on 2/1/20 and later: Starting on the date your new plan year begins, vaccines will be covered under your 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.		
		Engerix-B+ 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+ SHINGRIX+ TENIVAC+ Trumenba+ Twinrix+ VAQTA+ VARIVAX+ ZOSTAVAX+
WEIGHT MANAGEMENT		
		Megace ES solution

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 and the cost can't be applied to your annual deductible or out-of-pocket maximum. **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*
	Viread 300 mg tablet*	tenofovir disoproxil 300mg tablet* (PA)
	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
	Tofranil	imipramine tablet

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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 Pulmicort Flexhaler
	Stiolto Respimat Utibron Neohaler	Anoro Ellipta
	Elixophyllin	theophylline oral solution
	ProAir HFA ProAir RespiClick Proventil HFA Ventolin HFA	albuterol HFA
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Striverdi Respimat	Serevent Diskus
	Xopenex HFA	albuterol HFA levalbuterol HFA
	Yupelri	Anoro Ellipta Incruse Ellipta Trelegy Ellipta
	Zyflo	montelukast zafirlukast zileuton ER
ATTENTION DEFICIT HYPERACTIVITY	Adderall XR Adhansia XR Aptensio XR Concerta Cotempla XR-ODT Mydayis Focalin XR Ritalin LA	dexmethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA Vyvanse
	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
BLOOD PRESSURE/HEART MEDICATIONS	Betapace	sotalol oral
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
	Firazyr*	icatibant* (PA)
	Isordil	isosorbide dinitrate
	Isordil Titradose	isosorbide dinitrate digoxin
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CANCER	Nilandron	nilutamide
	Tarceva*	erlotinib*
	Yonsa* Zytiga*	abiraterone*
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin
	Lipitor	atorvastatin
	Praluent Pen	Repatha
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
	alogliptan alogliptin-metformin Kombiglyze Onglyza	metformin Janumet Janumet XR Januvia
	alogliptin-pioglitazone	Janumet Janumet XR Januvia pioglitazone
	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)
	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES *(cont)*	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
	Steglujan	Glyxambi metformin QTERN
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Lumigan TRAVATAN Z Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
	Vyzulta	bimatoprost latanoprost
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
	Creon Pertzye Zenpep	Pancreaze
	Librax	chlordiazepoxide-clidinium
	Marinol Syndros	dronabinol

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN *(cont)*	Motegrity Trulance Zelnorm	Amitiza Linzess
	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
	Sensipar*	cinacalcet*
	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
	Rayos	prednisone
	TaperDex	dexamethasone 1.5mg tablet
	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)

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS *(cont)*	Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine quinine
	Augmentin/ES	amoxicillin-clavulanate
	Baraclude tablet*	entecavir*
	Bethkis* TOBI*	tobramycin inhalation solution*
	Diflucan	fluconazole
	E.E.S. 200	erythromycin granules
	Eryped 400	erythromycin ethylsuccinate
	Mepron	atovaquone
	Mycobutin	rifabutin
	Noxafil tablet	posaconazole DR 100mg tablet
	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*
	Xenazine*	tetrabenazine*
MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER*
	Aubagio*	Gilenya* Mayzent* Tecfidera*
	Copaxone*	Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*
NUTRITIONAL/DIETARY	Azesco PreGenna Trinaz	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen 50-325mg tablet butalbital-acetaminophen-caffeine capsules and tablets

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY *(cont)*	Amerge Frova Maxalt Maxalt-MLT RELPAX	Generic triptans (e.g. naratriptan; sumatriptan)
	Amrix	cyclobenzaprine Other generic muscle relaxants
	BUPAP butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g.celecoxib, meloxicam)
	Cosentyx*	Enbrel* Humira* Otezla* Stelara* Taltz*
	ConZip	Tramadol Tramadol ER
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	Gralise	gabapentin
	Imitrex Zembrace Symtouch	sumatriptan
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER
	Lido-Sorb Lidozion	lidocaine cream, ointment
	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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY *(cont)*	Pennsaid pump	diclofenac 1% gel
	Roxicodone	oxycodone
	Siliq*	Enbrel* Humira* Stelara*
	Soriatane	acitretin
	Sprix	ketorolac tablet
	Subsys	fentanyl lozenge (PA) or buccal tablet (PA)
	Tivorbex	indomethacin
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine
	Vivlodex	meloxicam
	Zomig	sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	Zorvolex	diclofenac
PARKINSON'S DISEASE	Gocovri	amantadine
	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	lamotrigine ER
	Lamictal XR (Blue, Green, Orange)	lamotrigine ER (blue, green, orange)
	Lyrica CR	duloxetine gabapentin lidocaine 5% patch
	Mysoline	primidone
	Qudexy XR Trokendi XR	topiramate ER
	Sabril*	vigabatrin*

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS *(cont)*	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
	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
	Apexicon E Cordran diflorasone Impoyz Olux Olux-E Psorcon	betamethasone clobetasol halobetasol
	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
	Condylox	imiquimod 5% cream packet podofilox 0.5% 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
	Duobrii	halobetasol plus tazarotene cream

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS *(cont)*	Enstilar Taclonex	calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam
	Finacea foam, gel MetroGel MetroCream MetroLotion Soolantra	azelaic acid topical metronidazole
	flurandrenolide topical hydrocortisone butyrate lipid cream hydrocortisone butyrate lotion Pandel	betamethasone fluocinolone fluticasone
	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, ointment, solution
	Locoid Lipocream	hydrocortisone 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	topical calcipotriene calcitriol tazarotene
	Trianex	triamcinolone cream, ointment
	Tridesilon	alclometasone desonide triamcinolone
	Ultravate	clobetasol lotion
	Vanos	fluocinonide 0.1% cream

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS *(cont)*	Verdeso	desonide cream, ointment
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet
	Xolegel	Ciclopirox gel 0.77% Ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam Selenium lotion 2.5% Sodium Sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Ativan	lorazepam
	Belsomra	Dayvigo
	Edluar Intermezzo	zolpidem/ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
	Zolpimist	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 Toviaz VESIcare	darifenacin ER oxybutynin ER tolterodine ER trospium ER
	Procysbi*	Cystagon*

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Prescription drug list FAQs

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

Why do you make changes to the drug list?

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

- 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 and/or no longer covering a medication. 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 or is no longer covered, you may pay a different amount to fill it. 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 happens 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.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals 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.

How do I request approval for a non-covered medication?

Ask your doctor's office to contact Cigna to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at **cignaforhcp.com**.

Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. We'll send you and your doctor a letter with our decision and next steps. If you meet guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

Prescription drug list FAQs *(cont)*

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 products) 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 at **Cigna.com/druglist**.

For more information about health care reform, go to **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 and/or devices covered under standard pharmacy benefit plans. We review all newly approved medications to see if they should be covered – and if so, on what tier. 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. Log in to the **myCigna** App or website and click on "Price a Medication" to see how much your medication may cost you at the different pharmacies in your plan's 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.

Do generics work the same as brand name medications?

Yes. A generic medication works in the same way and provides the same clinical benefit as its brand name version.[4] Generic and brand name medications have the same active ingredients, strength/dosage form, effectiveness, quality and safety.

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.

Why do certain medications need approval before my plan will cover them?

The review process 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.

My medication needs prior approval. How do I get it?

Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at **cignaforhcp.com**.

What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?

When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your pharmacist won't be able to fill it.

What happens if I try to fill a prescription that has a quantity limit?

Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

Prescription drug list FAQs *(cont)*

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.[5]

- If you're taking a medication on a regular basis 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. Avoid the pharmacy lines and get your medication shipped to your home – **at no extra cost**. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call **800.835.3784**.
- If you're taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).6 Their team of specialty trained pharmacists and nurses can also help you manage your complex medical condition – **at no extra cost**. To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. **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**. To learn more about Accredo, go to **Cigna.com/specialty**.

Where can I find more information about my pharmacy benefits?

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 manage your home delivery prescription orders.[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 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. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. 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 06/01/18.
5. Not all plans offer home delivery and Accredo as covered pharmacy options. 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. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
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.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

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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 LƯU 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 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

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 ناشنوایان: شماره 711 را شماره‌گیری کنید).