



CIGNA ADVANTAGE 4-TIER PRESCRIPTION DRUG LIST

As of January 1, 2018

Together, all the way.®



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893304 e Advantage 4-Tier w DRT 08/17



Table of Contents

Getting started

Your prescription drug list	3
How to read your drug list	3
How to find your medication	5
Specialty medications	16
Medications that are not covered	22
Prescription drug list FAQs	32
Exclusions and limitations	34

View your drug list online

This document was last updated 09/01/2017.* To see a current list of the medications covered on your plan's drug list, visit:



myCigna.com - Once you're registered, log in and select Estimate Health Care Costs, then select Get drug costs.



Questions? - Call the toll-free number on the back of your Cigna ID card. We're here to help.

* Drug list created: originally created 03/01/2011

Last updated: 05/15/2017, for changes that were effective 07/01/2017

Next planned update: 09/01/17, for changes that will be effective 01/01/2018

Your prescription drug list

This drug list includes the most commonly prescribed medications covered by your plan as of January 1, 2018.¹ These generic and brand name prescription 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 coverage/cost levels.

The Advantage Prescription Drug List excludes medications in two drug classes that are available over-the-counter without a prescription. These include medications commonly used to treat:

- › Heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and
- › Allergies (ex. Allegra, Clarinex, Xyzal and any generics)

This drug list is not a complete list of covered medications, and not all of the medications listed here may be covered by your specific plan. You should log into **myCigna.com** 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.

TIER 1 \$	TIER 2 \$\$
INFECTIONS	
acyclovir	Albenza
adefovir**	Baraclude solution**
amoxicillin	Ceftin
amoxicillin ER	Cipro
amoxicillin-clavulanate ER	Daklinza** (PA)
amoxicillin-clavulanate	Daraprim (PA)
atovaquone	E.E.S. 400
avidoxy	Eryped 400
azithromycin	Ery-Tab
cefdinir	Harvoni** (PA)
cefixime	Kitabis Pak*
cefprozil	Sovaldi** (PA)
cefuroxime	Stromectol
cephalexin	Tamiflu (QL)
ciprofloxacin	Thalomid** (PA)
clarithromycin	Uretron D-S
clarithromycin ER	Vibramycin
clindamycin	
doxycycline	

Tier (coverage/cost level) gives you an idea of the cost level you may pay for a medication

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

Oral specialty medications have a double asterisk listed next to them

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

Specialty injectable medications have an asterisk listed next to them

Medications that require approval for coverage or have limits will have an **abbreviation** listed next to them

Brand name medications are **capitalized**

Generic medications are **lowercase**

Here's more helpful information on how to read this drug list:

Tiers

Covered medications are divided into tiers, or coverage/cost levels. The tier the medication is listed in determines how much you'll pay when you fill the prescription. Typically, the higher the tier, the greater the cost of the medication.

› 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 special requirements before they may be covered by your plan. 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 - Your doctor has to provide Cigna with information about why you need to use this medication. The medication will only be covered if your doctor requests and receives approval from Cigna.
(ST)	Step Therapy - Certain high-cost brand name medications are part of the Step Therapy program. These medications aren't covered unless your doctor requests and receives approval from Cigna. Step Therapy encourages the use of lower-cost, clinically appropriate medications to treat your condition. These are typically generics or preferred brands. You have to try these medications first before your plan covers higher-cost brands.
(QL)	Quantity Limits - For some medications, your plan only covers up to a certain amount over a certain number of days. 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 - You must be within a specific age range for this medication to be covered.

Brand name medications are capitalized

In this drug list, brand name medications are capitalized and generic medications begin with a lowercase letter.

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Injectable specialty medications are typically covered on Tier 4. These medications are listed on page 16. Some specialty medications are covered on a lower tier. In this drug list, those medications are listed alphabetically by condition. Your plan may cover oral specialty medications differently than injectable specialty medications. Log into [myCigna.com](https://mycigna.com) 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 into **myCigna.com** or check your plan materials to learn more about how your plan covers preventive medications.

Plan exclusions

Some medications shown in this drug list may not be covered by your specific plan. For example, medications used for weight loss or to treat infertility may not be covered. In this drug list, these medications have a carat (^) next to them. Log into **myCigna.com** or check your plan materials to learn more about how your plan covers these medications.

How to find your medication on the drug list

Look for your condition in the alphabetical list below. Then go to that page to see the list of covered medications available to treat the condition.

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

Cigna Advantage 4-Tier Prescription Drug List

Injectable specialty medications covered on Tier 4 are listed on page 16.

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

azelastine		Astepro
cromolyn		Bactroban Nasal
cyproheptadine		EpinephrineSnap-v
epinephrine auto-injector (QL)		
fluticasone		
hydroxyzine		
ipratropium		
mometasone (QL)		
olopatadine		
phenergan		
promethazine		

ALZHEIMER'S DISEASE

donepezil		Mestinon
donepezil ODT		Namenda
memantine		Namenda XR
pyridostigmine		Namenda XR titration pack (QL)
pyridostigmine ER		Namzaric (QL)
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Brisdelle (QL)
alprazolam ER		Effexor XR (ST)
alprazolam intensol		Fetzima (ST)
alprazolam ODT		Forfivo XL (ST)
alprazolam XR		Onfi
amitriptyline		Prozac (ST)
bupropion		Sarafem (ST)
bupropion SR		Trintellix (ST)
bupropion XL		Viibryd (ST)
bupirone		Wellbutrin SR (ST)
citalopram		Xanax
clomipramine		Xanax XR
duloxetine		Zoloft (ST)
escitalopram		
fluoxetine		
fluoxetine DR		
fluvoxamine		
fluvoxamine ER		
lorazepam		
lorazepam intensol		
paroxetine		
paroxetine CR		
paroxetine ER		
sertraline		
trazodone		

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

venlafaxine	Advair Diskus	Combivent Respimat
venlafaxine ER	Advair HFA	Pulmicort Respules
albuterol	Anoro Ellipta	
budesonide	Breo Ellipta	
fluticasone-salmeterol	Incruse Ellipta	
ipratropium-albuterol	ProAir HFA	
montelukast	ProAir RespiClick	
	QVAR	
	Striverdi	
	Respimat	
	Symbicort	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

dexamethylphenidate		Adderall (ST)
dexamethylphenidate ER		Adderall XR (ST)
dextroamphetamine-amphetamine ER		Aptensio XR (ST)
dextroamphetamine-amphetamine		Concerta ER (ST)
guanfacine ER		Focalin (ST)
metadate ER		Focalin XR (ST)
methylphenidate		Methylin (ST)
methylphenidate CD		Mydayis ER
methylphenidate ER		Quillichew ER (ST)
methylphenidate LA		Quillivant XR (ST)
		Ritalin (ST)
		Ritalin LA (ST)
		Strattera

BLOOD MODIFIERS/BLEEDING DISORDERS

	Droxia	
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BLOOD PRESSURE/HEART MEDICATIONS

Afeditab CR	Corlanor (PA)	Bayer chewable aspirin+
amiodarone	Entresto (PA)	BiDil (QL)
amlodipine		Cardizem LA
amlodipine-benazepril		Coreg CR
amlodipine-valsartan		Ecotrin+
amlodipine-valsartan-HCTZ		Hemangeol
Aspir 81+		Inderal LA
aspirin 81mg, 325mg+		Inderal XL
aspirin EC 81mg+		Innopran XL
Aspir-Low+		Multaq
atenolol		Nitro-Dur
		Nitrolingual
		Nitromist
		Nitrostat
		Norvasc

Cigna Advantage 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont)		
atenolol- chlorthalidone		Ranexa (ST, QL)
benazepril		Tiazac
bisoprolol-HCTZ		Tikosyn (QL)
candesartan		Toprol XL
Cartia XT		
carvedilol		
children's aspirin+		
clonidine		
Digitek		
Digox		
digoxin		
diltiazem		
diltiazem CD		
diltiazem ER		
Dilt-XR		
dofetilide (QL)		
doxazosin		
EcPirin+		
enalapril		
flecainide		
hydralazine		
irbesartan		
isosorbide		
isosorbide ER		
labetalol		
lisinopril		
lisinopril-HCTZ		
losartan		
losartan-HCTZ		
low-dose aspirin EC+		
Matzim LA		
metoprolol		
nadolol		
nifedipine		
nifedipine ER		
nisoldipine		
olmesartan		
olmesartan-HCTZ		
Pacerone		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
Taztia XT		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont)		
telmisartan		
telmisartan-HCTZ		
tri-buffered aspirin+		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil SR		
BLOOD THINNERS/ANTI-CLOTTING		
aspirin-dipyridamole ER	Brilinta	Effient
clopidogrel	Eliquis	Pradaxa
Jantoven	Xarelto	Savaysa
warfarin		
CANCER		
anastrozole	Fareston (QL)	Arimidex
exemestane	Gleostine	Femara
hydroxyurea		
letrozole		
mercaptopurine		
raloxifene+		
tamoxifen+		
CHOLESTEROL MEDICATIONS		
amlodipine-		Korlym (PA)
atorvastatin		Vascepa
atorvastatin		Welchol
atorvastatin 10mg, 20mg+		Zetia
fenofibrate		
fenofibric acid		
fluvastatin 20mg, 40mg+		
fluvastatin ER		
80mg+		
lovastatin 20mg, 40mg+		
niacin ER		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin		
rosuvastatin 5mg, 10mg+		
simvastatin		
simvastatin 10mg, 20mg, 40mg+		

Cigna Advantage 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTIVE PRODUCTS

Aftera+	Beyaz	Caya Contoured+
Altavera+	Lo Loestrin FE	Conceptrol+
Alyacen+	LoSeasonique	Ella+
Amethia+	Minastrin 24 FE	Estrostep FE
Amethia LO+	Seasonique	FC2 female condom+
Apri+	Taytulla	Femcap+
Aranelle+		Layolis FE+
Ashlyna+		Loestrin FE
Aubra+		Microgestin+
Aviane+		Microgestin 24 FE+
Azurette+		Microgestin FE+
Balziva+		NuvaRing+
Bekyree+		Rivelsa+
Blisovi 24 FE+		Take Action+
Blisovi FE+		Trinessa Lo+
Briellyn+		Today Contraceptive
Camila+		Sponge+
Camrese+		VCF+
Camrese LO+		Wide seal
Caya Contoured+		diaphragm+
Caziant+		
Chateal+		
Cryselle+		
Cyclafem+		
Cyred+		
Dasetta+		
Daysee+		
Deblitane+		
Delyla+		
desogestr-eth estrad		
eth estra+		
drosiprenone-eth		
estra-levomef+		
drosiprenone-ethinyl		
estradiol+		
Econtra EZ+		
Elinest+		
Emoquette+		
Enpresse+		
Enskyce+		
Errin+		
Estarylla+		
ethynodiol-ethinyl		
estradiol+		
Fallback Solo+		
Falmina+		
Fayosim+		

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

FC2 Female		
Condom+		
Femcap+		
Femynor+		
Gianvi+		
Gildagia+		
Gynol II+		
Heather+		
Introvale+		
Jencycla+		
Jolessa+		
Jolivette+		
Juleber+		
Junel+		
Junel FE+		
Junel FE 24+		
Kaitlib FE+		
Kariva+		
Kelnor 1-35+		
Kimidess+		
Kurvelo+		
Larin+		
Larin 24 FE+		
Larin FE+		
Larissia+		
Leena+		
Lessina+		
Levonest+		
levonorgestrel+		
levonorgestrel-eth		
estradiol+		
levonorg-eth estrad		
eth estrad+		
Levora+		
Lomedia 24 FE+		
Loryna+		
Low-Ogestrel+		
Lutera+		
Lyza+		
Marlissa+		
Mibelas 24 FE+		
Mono-Linyah+		
Mononessa+		
My Way+		
Myzilra+		
Necon+		

Cigna Advantage 4-Tier Prescription Drug List

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

Next Choice One		
Dose+		
Nikki+		
Nora-Be+		
norethindrone+		
norethindron-ethinyl		
estradiol+		
norethin-eth estro-		
ferrous+		
norgestimate-ethinyl		
estradiol+		
Norlyda+		
Norlyroc+		
Nortrel+		
Ocella+		
Opcicon One-Step+		
Option 2+		
Orsythia+		
Philith+		
Pimtrea+		
Pirmella+		
Portia+		
Previfem+		
Quasense+		
Rajani+		
React+		
Reclipsen+		
Rivelsa+		
Setlakin+		
Sharobel+		
Sprintec+		
Sronyx+		
Syeda+		
Tarina FE+		
Tilia FE+		
Tri Femynor+		
Tri-Estarylla+		
Tri-Legest FE+		
Tri-Linyah+		
Tri-LO-Estarylla+		
Tri-LO-Marzia+		
Tri-LO-Sprintec+		
Trinessa+		
Tri-Previfem+		
Tri-Sprintec+		
Velivet+		
Vestura+		

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

Vienva+		
Viorele+		
Vyfemla+		
Wera+		
Wide Seal		
Diaphragm+		
Wymzya FE+		
Xulane+		
Zarah+		
Zenchant+		
Zenchant FE+		
Zovia+		

COUGH/COLD MEDICATIONS

benzonatate		Flowtuss (QL)
Bromfed DM		Hycufenix (QL)
brompheniramine-		Tussionex (QL)
pseudoephedrine-		Tuzistra XR (QL)
DM		
hydrocodone BT-		
homatropine (QL)		
hydrocodone-		
chlorpheniramne		
ER (QL)		
Hydromet (QL)		
promethazine-		
codeine (QL)		
Tussigon (QL)		

DENTAL PRODUCTS

chlorhexidine		Clinpro 5000
Denta 5000 Plus		Floriva+
Dentagel		Fluorabon+
doxycycline		Fluor-a-Day+
fluoride 0.25mg,		Prevident
0.5mg+		Prevident 5000
fluoride 1mg		Prevident 5000 Plus
Fluoridex		
Fluoritab 0.5mg+		
Fluoritab 1mg		
Flura-Drops+		
Ludent fluoride		
0.25mg, 0.5mg+		
Ludent fluoride 1mg		
Oralone		
Paroex		
Peridex		
Periogard		

Cigna Advantage 4-Tier Prescription Drug List

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

SF SF 5000 Plus sodium fluoride+ triamcinolone		
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DIABETES

glimepiride	Basaglar	Cycloset
glipizide	Bydureon (QL)	Glucagon Emergency Kit (QL)
glipizide ER	Byetta	Glucophage
glipizide XL	Farxiga	Glucophage XR
metformin	Glucagen	Riomet
metformin ER	HypoKit (QL)	VGo
	Glyxambi	
	Humalog	
	Humulin	
	Janumet	
	Janumet XR	
	Januvia	
	Jardiance	
	Levemir	
	OneTouch test strips and meters	
	Soliqua	
	SymLinPen	
	Synjardy	
	Synjardy XR	
	TechLite lancets	
	Tresiba	
	Trulicity (QL)	
	Xigduo XR	

DIURETICS

acetazolamide	Aldactazide
chlorthalidone	Aldactone
eplerenone	Dyazide
furosemide	Maxzide
hydrochlorothiazide	
spironolactone	
triamterene-HCTZ	

EAR MEDICATIONS

fluocinolone oil	Cipro HC
neomycin- polymyxin-HC	Ciprodex

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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EYE CONDITIONS

brimonidine	Restasis	Acuvail
ciprofloxacin	Simbrinza	Alphagan P
dorzolamide-timolol	Travatan Z	Alex
erythromycin	Xiidra	Azasite
fluorometholone		Azopt
gatifloxacin		Besivance
latanoprost		Betimol
neomycin- polymyxin- dexameth		Betoptic S
ofloxacin		Bromsite
olopatadine		Combigan
polymyxin B sul- trimethoprim		Cosopt PF
prednisolone		Cystaran (QL)
timolol		Durezol
tobramycin		Ilevro
tobramycin- dexamethasone		Lotemax
		Moxeza
		Nevanac
		Omnipred
		Ozurdex
		Pred Forte
		Pred Mild
		Prolensa
		Tobradex
		Tobradex ST
		Vigamox
		Zioptan (ST, QL)
		Zirgan
		Zylet

FEMININE PRODUCTS

Fem pH	AVC
Gynazole 1	Relagard
miconazole 3	Terazol 7
terconazole	

GASTROINTESTINAL/HEARTBURN

Alophen+	Apriso	Amitiza
alosetron	Creon	Canasa
Anucort-HC	Lialda	Carafate
balsalazide	Pentasa	Chenodal
bisacodyl+	Zenpep	Colyte With Flavor Packets+
Bisa-lax+		Correctol+
chlordiazepoxide- clidinium		Diclegis
Clearlax+		Donnatal
dicyclomine		Dulcolax+
diphenoxylate- atropine		Gialax+
		GoLyte+

Cigna Advantage 4-Tier Prescription Drug List

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

dronabinol		Linzess
Ducodyl+		Miralax+
Gavilax+		Movantik (PA)
Gavilyte-C+		Moviprep+
Gavilyte-G+		NuLytely with flavor
Gavilyte-N+		packs+
Gentle laxative+		Osmoprep+
Glycolax+		Pancreaze
Healthylax+		Pertzye
Hemmorex-HC		Prepopik+
hydrocortisone		Procart
lansoprazole-		Proctofoam-HC
amoxicillin-		Ravicti (PA)
clarithromycin		Rectiv
(combo pak)		Relistor (PA)
Laxaclear+		Sancuso (PA, QL)
laxative tablet+		sfRowasa
mesalamine		Suprep+
metoclopramide		Sustol (PA)
metoclopramide		Viberzi
ODT		Viokace
ondansetron		
ondansetron ODT		
peg 3350+		
peg 3350-electrolyte		
peg 3350 with		
flavor packs+		
peg-prep		
Phenadoz		
Powderlax+		
promethazine		
promethegan		
Purelax+		
Smoothlax+		
sucralfate		
TriLyte with flavor		
packets+		
ursodiol		

HORMONAL AGENTS

Amabelz	Androgel (PA, QL)	Activella
budesonide EC	Duavee	Alora (QL)
cabergoline (QL)	Premarin	Androderm (PA, QL)
Covaryx	Premphase	Armour Thyroid
Covaryx H.S.	Prempro	Aveed (PA)
desmopressin		Climara
dexamethasone		Climara Pro

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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HORMONAL AGENTS (cont)

dexamethasone		Combipatch
intensol		Cytomel
EEMT		Deltasone
EEMT H.S.		Depo-Testosterone
estradiol		Divigel
estradiol (QL)		Elestrin
estradiol-		Entocort EC
norethindrone		Estrace
estrogen &		Estring (QL)
methyltestosterone		Estrogel
levothyroxine		Evamist
Levoxyl		Femring
liothyronine		Levo-T
Locort		Menostar (QL)
medroxyprogesterone		Minivelle (QL)
methylprednisolone		Ospkena
Millipred		Royaldee
Millipred DP		Striant (PA, QL)
Mimvey		Synthroid
Mimvey LO		Testopel (PA)
Nature-Throid		Tirosint
norethindrone		Triostat
NP Thyroid		Unithroid
prednisolone		Vagifem (QL)
prednisolone ODT		Vivelle-Dot (QL)
prednisone		
prednisone intensol		
progesterone		
testosterone (PA)		
testosterone		
cypionate		
Westhroid		
WP Thyroid		
Yuvaferm (QL)		

INFECTIONS

acyclovir	Tamiflu	Albenza
amoxicillin	suspension (QL)	Alinia
amoxicillin-		Bactrim
clavulanate ER		Bactrim DS
amoxicillin-		Ceftin
clavulanate		Cipro
atovaquone		Cleocin
atovaquone-		Clindesse
proguanil		Cresemba (PA)
Avidoxy		Daraprim (PA)
azithromycin		Dificid (PA)

Cigna Advantage 4-Tier Prescription Drug List

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

cefдинir		E.E.S. 400
cefіxіme		Eryped 200
cefuroxime		Ery-Tab
cephalexin		Metrogel-vaginal
ciprofloxacin		Minocin
clarithromycin		Monurol
clarithromycin ER		Noxafil
clindamycin		Nuessa
dapsone		PCE
Doxy 100		Plaquenil
doxycycline		Sulfatrim
doxycycline IR-DR		Suprax
erythromycin		Tamiflu capsule (QL)
famciclovir		Uretron D-S
fluconazole		Uribel
hydroxychloroquine		Urogesic-blue
itraconazole		Uta
levofloxacin		Valtrex
linezolid (PA)		vibramycin
metronidazole		Xifaxan
minocycline		Zithromax
minocycline ER		Zmax
mondoxyne NL		
Morgidox		
moxifloxacin		
nitrofurantoin		
nitrofurantoin mono-macro		
nystatin		
oseltamivir (QL)		
penicillin		
sulfamethoxazole-trimethoprim		
terbinafine		
tetracycline		
tinidazole		
valacyclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

INFERTILITY

clomiphene ^		Crinone 8%^ Endometrin ^ Makena (PA)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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MISCELLANEOUS

disulfiram		Addyi (QL)
NebuSal 3%		Ferriprox
PulmoSal		Hyper-Sal
		NebuSal 6%
		Nuedexta (QL)

NUTRITIONAL/DIETARY

B-12 compliance	Fosrenol	Auryxia (QL)
Baby D Drops+	Nestabs DHA	CitraNatal
Baby Vitamin D3+	OB Complete	Concept DHA
calcitriol	Prefera OB	D3-50+
calcium	Prenate DHA	Decara+
children's iron+	Renvela	Dialyvitte vitamin D+
cyanocobalamin injection	Select-OB + DHA	Escavite+
D3-2000+		Escavite D+
daily prenatal+		Fer-in-sol+
D Drops+		Feriva 21-7
Delta D3+		Ferralet 90
Dialyvitte Vitamin D3 Max+		Floriva+
D-vi-sol+		icar+
D-vita+		Integra Plus
FA-8+		Ironup+
fer-iron+		Just D+
folic acid+		Klor-Con 8, 10meq
Folixapure		Klor-Con M15
Klor-Con M10, M20		KPN+
Klor-Con Sprinkle		K-Tab ER
levocarnitine		Maximum D3+
multivitamin with fluoride+		Mephyton
multivitamin-iron-fluoride+		MVC-fluoride+
One Daily prenatal+		Nascobal
Optimal D3+		Novoferrum+
PNV-DHA		OB Complete Gold
polyvitamin with iron+		Optimum D3 M+
polyvitamin-fluoride+		Perry Prenatal+
potassium chloride		Phoslyra
Prena1 Pearl		Physicians EZ Use B-12
Prenatal +		Poly-Vi-Flor+
Prenatal Complete+		Poly-Vi-Flor FS+
Prenatal Formula+		Poly-Vi-Flor With Iron+
Prenatal Multi + DHA+		Poly-vi-sol With Iron+
		Prenate
		Quflora+
		Renagel
		Texavite LQ+

Cigna Advantage 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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NUTRITIONAL/DIETARY (cont)

prenatal multivitamin+		Tristart DHA
prenatal multivitamin-DHA+		Tri-vi-flor+
Prenatal Plus		Urosex+
prenatal vitamin plus low iron		Velphoro
PrePlus		Vitafof
Virt-PN DHA		vitaMedMD One Rx
vitamin D2+		vitaPearl
Vitajoy daily D+		
vitamins A, C, D and fluoride+		
vitamin D+		
vitamin D3+		
vitamin D-400+		
Wee care+		
Zatean-PN DHA		
Zavara		

OSTEOPOROSIS PRODUCTS

alendronate		Actonel (ST)
calcitonin-salmon		Atelvia (ST)
ibandronate		
raloxifene		
risedronate		
risedronate DR		

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA, QL)	Embeda (PA, QL)	Abstral (PA, QL)
acitretin	Hysingla ER (PA, QL)	Actiq (PA, QL)
allopurinol	Xtampza ER (PA, QL)	Analpram HC
baclofen		Arymo ER (PA, ST, QL)
butalb-acetaminoph-caff-codeine (PA, QL)		Buprenex
butalbital-acetaminophen-caff (QL)		Butrans (QL)
Capacet (QL)		Celebrex (ST, QL)
carisoprodol		colchicine
celecoxib (QL)		Colcrys
cyclobenzaprine		Duragesic (PA, QL)
DermacinRx Empricaine		Fentora (PA, QL)
DermacinRx Prizopak		Fexmid
		Flector (ST, QL)
		Frova (QL)
		Indocin
		Lazanda (PA, QL)
		Lidoderm
		Mitigare

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

diclofenac 0.1% gel (QL)		Morphabond ER (PA, ST, QL)
diclofenac ER		Nucynta (PA, QL)
diclofenac-misoprostol		Nucynta ER (PA, QL)
dihydroergotamine (QL)		Onzetra Xsail (QL)
Endocet (PA, QL)		Oxaydo (PA, QL)
etodolac		Parafon Forte DSC
etodolac ER		Pennsaid (ST)
fentanyl (PA, QL)		Percocet (PA, QL)
frovatriptan (QL)		Relpax (QL)
Glydo		Savella
hydrocodone-acetaminophen (PA)		Subsys (PA, QL)
hydromorphone (PA, QL)		Uloric
hydromorphone ER (PA, QL)		Voltaren (ST, QL)
ibuprofen		Zohydro ER (PA, QL)
indomethacin		
indomethacin ER		
ketorolac (QL)		
leflunomide		
lidocaine (QL)		
lidocaine viscous		
lidocaine-prilocaine		
Lidopril		
Lidopril XR		
Lido-Prilo Caine Pack		
LiproZonePak		
Livixil Pak		
Lorcet (PA, QL)		
Lorcet HD (PA, QL)		
Lorcet Plus (PA, QL)		
Lortab (PA, QL)		
Medolor Pak		
meloxicam		
Metaxall		
metaxalone		
methocarbamol		
morphine (PA, QL)		
morphine ER (PA, QL)		
nabumetone		

Cigna Advantage 4-Tier Prescription Drug List

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

naproxen		
naproxen DS		
oxycodone (PA, QL)		
oxycodone ER (PA, QL)		
oxycodone-acetaminophen (PA, QL)		
oxymorphone (PA, QL)		
oxymorphone ER (PA, QL)		
Prilolid		
Primlev (PA, QL)		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Verdrocet (PA, QL)		
Vicodin (PA, QL)		
Vicodin ES (PA, QL)		
Vicodin HP (PA, QL)		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		

PARKINSON'S DISEASE

benztropine	Azilect	Mirapex
bromocriptine		Mirapex ER
carbidopa-levodopa		Neupro
carbidopa-levodopa ER		Rytary
carbidopa-levodopa-entacapone		Sinemet
pramipexole		Sinemet CR
pramipexole ER		Tasmar
ropinirole		
ropinirole ER		

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole		Abilify Maintena (QL)
aripiprazole ODT		Aristada (QL)
chlorpromazine		Invega (ST)
clozapine		Invega Sustenna (QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)

clozapine ODT		Invega Trinza (QL)
haloperidol		Latuda (ST)
olanzapine		Rexulti (ST)
olanzapine ODT		Risperdal (ST)
olanzapine-fluoxetine		Risperdal M-tab (ST)
paliperidone ER		Saphris (ST)
quetiapine		Seroquel (ST)
quetiapine ER		Seroquel XR (ST)
risperidone		Vraylar (ST)
risperidone ODT		
ziprasidone		

SEIZURE DISORDERS

carbamazepine	Dilantin 30mg	Aptiom
carbamazepine ER	Lamictal ODT	Banzel (QL)
clonazepam	Lamictal XR (blue)	Briivact
divalproex	Lyrca	Carbatrol
divalproex ER		Depakote
Epitol		Depakote ER
gabapentin		Depakote Sprinkle
lamotrigine		Dilantin 50mg, 100mg, susp.
lamotrigine ER		Fycompa
lamotrigine ODT		Keppra
levetiracetam		Keppra XR
levetiracetam ER		Lamictal
oxcarbazepine		Lamictal XR
Roweepra		Oxtellar XR
topiramate		Phenytek
		Qudexy XR
		Spritam
		Tegretol
		Tegretol XR
		Topamax
		topiramate ER
		Trileptal
		Trokendi XR
		Vimpat

SKIN CONDITIONS

acitretin	Aczone	Avar pads
acyclovir	Eucrisa	Avar LS
adapalene (PA age)	Fluoroplex	Cleocin T
Ala-Cort		Cordran (ST)
Amnesteem (QL)		Denavir (QL)
Avar cleanser		Desonate (ST)
Avar-E		Drysol

Cigna Advantage 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)		
bpBP0-1		Efudex
calcipotriene		Elidel
calcipotriene- betamethasone DP		Evoclin
calcitrene		Exelderm
Claravis (QL)		Finacea
Clindacin ETZ		Metrocream
Clindacin P		Metrogel
clindamycin		Metrolotion
clindamycin-benzoyl peroxide		Naftin
clobetasol		Nizoral
Clodan		Olux (ST)
clotrimazole- betamethasone		Picato
Cormax		Sklice
desonide		Soolantra
diclofenac 0.3% gel		Temovate (ST)
doxepin		Tolak
econazole		Topicort (ST)
fluocinonide		Tridesilon (ST)
fluorouracil		Xolegel
hydrocortisone		
imiquimod		
ketoconazole		
metronidazole		
mupirocin		
Myorisan (QL)		
Neuac gel		
nystatin- triamcinolone		
permethrin		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		
Rosadan		
Rosanil		
Scalacort		
sodium sulfacetamide- sulfur		
SS 10-2		
SSS 10-5		
SulfaCleanse 8-4		
tacrolimus		
tretinoin (PA age)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)		
tretinoin		
microsphere (PA age)		
triamcinolone		
Triderm		
Zenatane (QL)		
SLEEP DISORDERS/SEDATIVES		
armodafinil (PA)	Belsomra (ST)	Zolpimist (ST)
eszopiclone	Silenor (ST)	
modafinil (PA)		
temazepam		
zolpidem		
zolpidem ER		
SUBSTANCE ABUSE		
buprenorphine		Bunavail
buprenorphine- naloxone		Narcan
naloxone		Probuphine
naltrexone (QL)		Suboxone
		Zubsolv
URINARY TRACT CONDITIONS		
cevimeline		Avodart
dutasteride		Elmiron
finasteride		Jalyn
oxybutynin		Rapaflo
oxybutynin ER		Thiola
phenazopyridine		
potassium ER		
tamsulosin		
tolterodine		
tolterodine ER		

Specialty medications

The injectable medications listed below are typically covered on Tier 4. All of these medications require approval from Cigna before they're covered by your plan.

DRUG NAME	DRUG CLASS
Actemra* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Actimmune* (PA)	CANCER
Adcirca** (PA)	ASTHMA/COPD/RESPIRATORY
adefovir**	INFECTIONS
Adempas** (PA)	ASTHMA/COPD/RESPIRATORY
Afinitor Disperz** (PA)	CANCER
Afinitor** (PA)	CANCER
Akynzeo** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Alecensa** (PA)	CANCER
Amicar**	BLOOD MODIFIERS/BLEEDING DISORDERS
Ampyra** (PA)	MULTIPLE SCLEROSIS
Apokyn* (PA)	PARKINSON'S DISEASE
Aralast NP*	ASTHMA/COPD/RESPIRATORY
Aranesp* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Astagraf XL**	TRANSPLANT MEDICATIONS
Atripla**	AIDS/HIV
Aubagio** (PA)	MULTIPLE SCLEROSIS
Avastin* (PA)	CANCER
Avonex* (PA)	MULTIPLE SCLEROSIS
azathioprine**	TRANSPLANT MEDICATIONS
Baraclude*	INFECTIONS
Bebulin* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Benlysta* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Berinert* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Betaseron* (PA)	MULTIPLE SCLEROSIS
bexarotene*	CANCER
Bosulif** (PA)	CANCER
Botox* (PA)	MISCELLANEOUS
Cabometyx** (PA)	CANCER
capecitabine**	CANCER
Cayston*	INFECTIONS
Cellcept**	TRANSPLANT MEDICATIONS
Ceprotin*	BLOOD MODIFIERS/BLEEDING DISORDERS
Cerdelga** (PA)	MISCELLANEOUS
Cerezyme* (PA)	MISCELLANEOUS
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN
Cimzia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cinryze* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Cometriq* (PA)	CANCER

DRUG NAME	DRUG CLASS
Complera**	AIDS/HIV
Copaxone* (PA)	MULTIPLE SCLEROSIS
Cosentyx* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cotellic** (PA)	CANCER
Cuprimine** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cystagon**	URINARY TRACT CONDITIONS
Daklinza** (PA)	INFECTIONS
Depen** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Descovy**	AIDS/HIV
desmopressin*	HORMONAL AGENTS
Dysport*	MISCELLANEOUS
Emend** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Emflaza** (PA)	HORMONAL AGENTS
Enbrel* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir**	INFECTIONS
Entyvio* (PA)	GASTROINTESTINAL/HEARTBURN
Envarsus XR**	TRANSPLANT MEDICATIONS
Epclusa** (PA)	INFECTIONS
Epogen* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Epzicom**	AIDS/HIV
Erivedge** (PA)	CANCER
Esbriet** (PA)	MISCELLANEOUS
Exjade**	MISCELLANEOUS
Extavia* (PA)	MULTIPLE SCLEROSIS
Eylea* (PA)	EYE CONDITIONS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Follistim AQ* ^	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Forteo*	HORMONAL AGENTS
Fragmin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Ganirelix* ^	HORMONAL AGENTS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Gazyva* (PA)	CANCER
Gelsyn-3* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Genvoya**	AIDS/HIV
Gilenya** (PA)	MULTIPLE SCLEROSIS
Gilotrif** (PA)	CANCER
Glassia* (PA)	ASTHMA/COPD/RESPIRATORY
Glatopa* (PA)	MULTIPLE SCLEROSIS
Gleevec** (PA)	CANCER
Gonal-F* ^	INFERTILITY
Granix*	BLOOD MODIFIERS/BLEEDING DISORDERS

DRUG NAME	DRUG CLASS
H.P. Acthar* (PA)	HORMONAL AGENTS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Harvoni** (PA)	INFECTIONS
Herceptin* (PA)	CANCER
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ibandronate *	OSTEOPOROSIS PRODUCTS
Ibrance** (PA)	CANCER
Iclusig** (PA)	CANCER
Ilaris* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Iluvien*	EYE CONDITIONS
imatinib** (PA)	CANCER
Imbruvica** (PA)	CANCER
Inlyta** (PA)	CANCER
Intelence**	AIDS/HIV
Intron A* (PA)	CANCER
Isentress HD**	AIDS/HIV
Isentress**	AIDS/HIV
Jadenu**	MISCELLANEOUS
Jakafi** (PA)	CANCER
Kadcyla* (PA)	CANCER
Kaletra**	AIDS/HIV
Kalydeco** (PA)	ASTHMA/COPD/RESPIRATORY
Kitabis Pak*	INFECTIONS
Kuvan** (PA)	MISCELLANEOUS
Kyleena*	CONTRACEPTION PRODUCTS
Kynamro* (PA)	CHOLESTEROL MEDICATIONS
lamivudine**	AIDS/HIV
lamivudine-zidovudine**	AIDS/HIV
Lemtrada* (PA)	MULTIPLE SCLEROSIS
Lenvima** (PA)	CANCER
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY
Lonsurf** (PA)	CANCER
Lucentis* (PA)	EYE CONDITIONS
Lumizyme* (PA)	MISCELLANEOUS
Lupron Depot* (PA)	HORMONAL AGENTS
Lupron Depot-Ped* (PA)	HORMONAL AGENTS
Lynparza** (PA)	CANCER
Mekinist** (PA)	CANCER
Menopur* ^	INFERTILITY
methotrexate**	CANCER
Mirena*	CONTRACEPTION PRODUCTS
Moderiba**	INFECTIONS
Monovisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

DRUG NAME	DRUG CLASS
Myalept* (PA)	MISCELLANEOUS
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
Myfortic**	TRANSPLANT MEDICATIONS
Naglazyme* (PA)	MISCELLANEOUS
Natpara* (PA)	HORMONAL AGENTS
Neoral**	TRANSPLANT MEDICATIONS
Neulasta* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Neupogen* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
nevirapine ER**	AIDS/HIV
nevirapine**	AIDS/HIV
Nexavar** (PA)	CANCER
Ninlaro** (PA)	CANCER
Northera** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Norvir**	AIDS/HIV
Nucala* (PA)	ASTHMA/COPD/RESPIRATORY
Ocrevus* (PA)	MULTIPLE SCLEROSIS
Odefsey**	AIDS/HIV
Ofev** (PA)	ASTHMA/COPD/RESPIRATORY
Opsumit** (PA)	ASTHMA/COPD/RESPIRATORY
Orencia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Orenitram ER** (PA)	ASTHMA/COPD/RESPIRATORY
Orfadin**	MISCELLANEOUS
Orkambi** (PA)	ASTHMA/COPD/RESPIRATORY
Orthovisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otezla** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
PegIntron* (PA)	INFECTIONS
Perjeta* (PA)	CANCER
Plegridy* (PA)	MULTIPLE SCLEROSIS
Pomalyst** (PA)	CANCER
Praluent* (PA)	CHOLESTEROL MEDICATIONS
Prezcobix**	AIDS/HIV
Prezista**	AIDS/HIV
Procrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Procysbi** (PA)	URINARY TRACT CONDITIONS
Prograf**	TRANSPLANT MEDICATIONS
Prolia* (PA)	OSTEOPOROSIS PRODUCTS
Promacta** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Pulmozyme* (PA)	ASTHMA/COPD/RESPIRATORY
Purixan**	CANCER
Rasuvo* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Rebif* (PA)	MULTIPLE SCLEROSIS
Remicade* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Remodulin* (PA)	ASTHMA/COPD/RESPIRATORY

DRUG NAME	DRUG CLASS
Repatha* (PA)	CHOLESTEROL MEDICATIONS
Revlimid** (PA)	CANCER
Reyataz**	AIDS/HIV
Rituxan* (PA)	CANCER
Sabril**	SEIZURE DISORDERS
Saizen-saizenprep* (PA)	HORMONAL AGENTS
Samsca**	DIURETICS
Selzentry**	AIDS/HIV
Sensipar**	GASTROINTESTINAL/HEARTBURN
Serostim* (PA)	HORMONAL AGENTS
sirolimus**	TRANSPLANT MEDICATIONS
Skyla*	CONTRACEPTION PRODUCTS
Soliris* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Stivarga** (PA)	CANCER
Strensiq* (PA)	MISCELLANEOUS
Stribild**	AIDS/HIV
Supprelin LA*	HORMONAL AGENTS
Sustiva**	AIDS/HIV
Sutent** (PA)	CANCER
Sylatron* (PA)	CANCER
Synagis* (PA)	INFECTIONS
Synvisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Synvisc-One* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Syprine** (PA)	MISCELLANEOUS
tacrolimus**	TRANSPLANT MEDICATIONS
Tafinlar** (PA)	CANCER
Tagrisso** (PA)	CANCER
Taltz* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Tarceva** (PA)	CANCER
Targretin**	SKIN CONDITIONS
Tasigna** (PA)	CANCER
Tecentriq* (PA)	CANCER
Tecfidera** (PA)	MULTIPLE SCLEROSIS
temozolomide** (PA)	CANCER
tetrabenazine** (PA)	MISCELLANEOUS
Thalomid** (PA)	INFECTIONS
Thyrogen*	HORMONAL AGENTS

DRUG NAME	DRUG CLASS
Tivicay**	AIDS/HIV
Tobi Podhaler**	INFECTIONS
tobramycin*	INFECTIONS
Tracleer** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Trexall**	CANCER
Triumeq**	AIDS/HIV
Truvada**	AIDS/HIV
Tysabri* (PA)	MULTIPLE SCLEROSIS
Tyvaso* (PA)	ASTHMA/COPD/RESPIRATORY
Uptravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valstar*	CANCER
Varubi*** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Viekira Pak** (PA)	INFECTIONS
Viekira XR** (PA)	INFECTIONS
Vimizim* (PA)	MISCELLANEOUS
Viread**	AIDS/HIV
Vivitrol*	MISCELLANEOUS
Votrient** (PA)	CANCER
VPRIV* (PA)	MISCELLANEOUS
Xalkori** (PA)	CANCER
Xatmep**	CANCER
Xeljanz XR** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeljanz** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xenazine** (PA)	MISCELLANEOUS
Xeomin* (PA)	MISCELLANEOUS
Xgeva* (PA)	OSTEOPOROSIS PRODUCTS
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Xtandi** (PA)	CANCER
Xyrem** (PA)	SLEEP DISORDERS/SEDATIVES
Zarxio*	BLOOD MODIFIERS/BLEEDING DISORDERS
Zavesca** (PA)	MISCELLANEOUS
Zelboraf** (PA)	CANCER
Zepatier** (PA)	INFECTIONS
Zinbryta* (PA)	MULTIPLE SCLEROSIS
Zorbtive* (PA)	HORMONAL AGENTS
Zykadia** (PA)	CANCER
Zytiga** (PA)	CANCER

Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ If you fill a prescription for any of these medications, you'll have to pay the full cost of the medication. You should think about switching to a covered alternative.^^ We've listed some alternatives below for you to talk about with your doctor.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ALLERGY/NASAL SPRAYS	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g., fluticasone)
	Auvi-Q EpiPen EpiPen Jr	epinephrine auto-injector
	QNASL Children	budesonide fluticasone triamcinolone spray
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil	clomipramine
	Aplenzin	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortripyline
	Parnate	tranylcypromine
	Pexeva	paroxetine
	Pristiq	bupropion SR/XL duloxetine venlafaxine ER all generic SSRIs
	Tofranil Wellbutrin XL	imipramine bupropion XL (ER 24hr tablet)
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat
	Bevespi	Anoro Ellipta

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ASTHMA/COPD/RESPIRATORY (<i>cont</i>)	AirDuo RespiClick Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA ProAir RespiClick
	Seebri Neohaler Spirva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Stiolto Respimat Utibron Neohaler	Anoro Ellipta
	Zyflo	zileuton ER montelukast zafirlukast
	Zyflo CR	zileuton ER
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Desoxyn
Dexedrine		dextroamphetamine ER
Vyvanse		dexmethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/LA
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand-HCTZ	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Azor	amlodipine-olmesartan
	Benicar	Generic ACE/ARBs
	Benicar HCT	Generic ACE/ARBs + HCTZ
	Betapace	sotalol
	Bystolic	Generic beta blockers (e.g., metoprolol, atenolol)
	Byvalson	Generic ARBs + generic beta blockers
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
Edarbi	Generic ARBs (e.g., losartan, valsartan)	

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Edarbyclor	Generic ARBs + HCTZ (e.g., losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Hyzaar	losartan-HCTZ
	Isordil Isordil Titradoso	isosorbide
	Lanoxin	Digitek digoxin
	Lotensin	benazapril
	Lotensin HCT	benazepril-HCTZ
	Lotrel	amlodipine-benazepril
	Mavik	trandolapril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil Zestril	lisinopril
	Tarka	trandolapril-verapamil ER
	Tekturna	Generic ACE/ARBs
	Tekturna HCT	Generic ACE/ARBs + HCTZ
	Tribenzor	olmesartan-amlodipine-HCTZ
	Twynsta	telmisartan-amlodipine
	Vaseretic	enalapril-HCTZ
	Vasotec	enalapril
Zestoretic	lisinopril-HCTZ	
CANCER	Nilandron	nilutamide
CHOLESTEROL MEDICATIONS	Altoprev	atorvastatin lovastatin rosuvastatin simvastatin
	Antara Fenoglide	fenofibrate
	Crestor	rosuvastatin
	Lescol XL	fluvastatin ER
	Lipitor	atorvastatin
	Livalo	atorvastatin rosuvastatin simvastatin
	Pravachol	pravastatin
	Vytorin	atorvastatin rosuvastatin simvastatin
	Zocor	simvastatin

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER promethazine-codeine
DENTAL PRODUCTS	Arestin	minocycline
DIABETES	Accu-Chek, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio
	Afrezza Apidra Apidra SoloStar	Humalog
	Fortamet Glumetza metformin ER (generic Fortamet and generic Glumetza)	metformin ER (generic Glucophage XR)
	Invokamet Invokamet XR	Synjardy, Synjardy XR Xigduo XR
	Invokana	Farxiga
	Jentadueto Jentadueto XR Kazano Nesina	Janumet, Janumet XR
	Kombiglyze XR Onglyza Oseni Tadjenta	alogliptin alogliptin-metformin Januvia, Janumet, Janumet XR
	Lantus Toujeo SoloStar	Basaglar Levemir Tresiba
	Novolin, Novolog	Humalog, Humulin
	Tanzeum Victoza	Trulicity
	DIURETICS	Edecrin ethacrynic acid
EYE CONDITIONS	Alocril Alomide	cromolyn eye drops
	Bepreve Emadine Lastacaft Pataday Patanol Pazeo	azelastine eye drops epinastine eye drops olopatadine eye drops
	Elestat	epinastine eye drops
	Lumigan	bimatoprost latanoprost Travatan Z

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository	
	Asacol-HD Colazal Delzicol Dipentum Giazo mesalamine tablet	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR	
	Librax	chlordiazepoxide-clidinium	
	Lotronex	alosetron	
	Marinol	dronabinol	
	Omeclamox-pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin pak	
	Pepcid	famotidine	
	Proctocort	Hemmorex-HC hydrocortisone suppository Procto-Pak	
	Rowasa	mesalamine enema	
	Trulance	Amitiza, Linzess	
	Zofran	ondansetron	
	Zofran ODT	ondansetron ODT	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Axiron Fortesta Natesto Testim Vogelxo	Androgel testosterone
		Cortrosyn	cosyntropin
		DDAVP	desmopressin
		Dexpak Zonacort	dexamethasone
Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton		Humatrope (PA)	
Hectorol		doxercalciferol	

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
HORMONAL AGENTS (<i>cont</i>)	Rayos	prednisone prednisone intensol	
	Uceris tablet	budesonide EC	
INFECTIONS	Acticlate Doryx Minocin capsule Monodox Oracea Solodyn vibramycin capsule	Generic products (e.g., doxycycline; minocycline)	
	Augmentin/ES/XR	amoxicillin-clavulanate ER	
	Bethkis Tobi	Kitabis Pak tobramycin	
	Diflucan	fluconazole	
	E.E.S. 200 Eryped 400	erythromycin ethylsuccinate	
	Mepron	atovaquone	
	Onmel	itraconazole terbinafine	
	Sitavig	acyclovir	
	Sporanox	itraconazole	
	Targadox	tobramycin	
	Valcyte	valganciclovir	
	Vancocin	vancomycin	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
	PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
Belbuca		buprenorphine	
Bupap		butalbital-acetaminophen Marten-Tab Tencon	
Cambia diclofenac drops Duexis Klofensaid II Naprelan naproxen CR naproxen ER Pennsaid Tivorbex Vimovo		Generic prescription NSAIDs (e.g., celecoxib, meloxicam)	

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
PAIN RELIEF AND INFLAMMATORY DISEASE <i>(cont)</i>	Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)	
	Conzip	tramadol tramadol ER	
	D.H.E 45	dihydroergotamine	
	Gralise	gabapentin	
	Imitrex Sumavel DosePro Zembrace SymTouch	sumatriptan	
	Kineret Simponi Simponi Aria	Enbrel (PA) Humira (PA)	
	levorphanol Lido-K	Generic products (e.g., acetaminophen- codeine, hydromorphone, oxycodone)	
	Lorzone	chlorzoxazone	
	Migranal	dihydroergotamine	
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)	
	Roxicodone	oxycodone	
	Sprix	ketorolac	
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)	
	Vanatol LQ	butalbital-acetaminophen-caffe	
	Zomig	zolmitriptan sumitriptan	
	Zomig ZMT	zolmitriptan ODT	
	PARKINSON'S DISEASE	Lodosyn	carbidopa
		Requip XL	ropinirole ER
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole	
	Fazaclo Versacloz	clozapine clozapine ODT	
	Geodon	ziprasidone	
	Zyprexa	olanzapine	
	Zyprexa Zydis	olanzapine ODT	
SEIZURE DISORDERS	Mysoline	primidone	
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane	

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS (<i>cont</i>)	Acanya Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Tazorac Tretin-X Veltin Ziana	tretinoin clindamycin-benzoyl peroxide
	Anusol-HC cream	hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC
	Bensal HP	salicylic acid
	Benzaclin Duac Neuac kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Cutivate	Generic topical steroid (e.g. betamethasone)
	Dovonex Sorilux	calcipotriene
	Enstilar Taclonex	calcipotriene-betamethasone DP
	Ertaczo Extina Luzu Vusion	ketoconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS <i>(cont)</i>	Locoid Locoid Lipocream	hydrocortisone
	Loprox	ciclopirox
	Noritate	metronidazole Rosadan
	Oxistat	clotrimazole econazole ketoconazole
	Penlac	Ciclodan ciclopirox
	Plexion	sodium sulfacetamide-sulfur SS 10-2
	Prudoxin Zonalon	doxepin
	Salex	salicylic acid
	Sernivo	betamethasone fluocinonide hydrocortisone
	Siliq	Humira, Cosentyx
	Soriatane	acitretin
	Trianex	triamcinolone Triderm
	Ultravate	clobetasol
	Vanos	fluocinonide
	Vectical	calcitriol ointment
	Verdeso Xerese	desonide acyclovir hydrocortisone
	Zyclara	imiquimod
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
SUBSTANCE ABUSE	Evzio	Narcan

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
URINARY TRACT CONDITIONS	Detrol Detrol LA Ditropan XL Enablex Gelnique Myrbetriq Oxytrol Toviaz VESIcare	darifenacin ER oxybutynin ER tolterodine ER trospium ER

^^ These medications require approval from Cigna before they're covered by your plan. If your doctor feels that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Prescription drug list FAQs

We want to make sure you understand your prescription drug coverage so you can get the most from your pharmacy benefit. Below are answers to some of the most commonly asked questions about the Cigna Prescription Drug List.

Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make updates to the drug list for many reasons, like when new generics become available, medications are no longer available or when medication prices change. For example, the price of a brand name medication may increase much more than other medications that treat the same condition. When that happens, we may try to find lower-cost generic or “preferred brand” alternatives that are just as safe and effective as the higher-cost brand. These changes may include:¹

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a 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 or no longer covering a medication. This typically happens twice per year on January 1st and July 1st.
- › Adding requirements to a medication. For example, requiring approval from Cigna before a medication is covered or adding a quantity limit to a medication.

When a medication changes tiers or is no longer covered, you may have to pay a different amount to fill that medication.

What medications aren't covered on this drug list?

- › Medications that have over-the-counter alternatives, specifically, medications that treat heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and allergies (ex. Allegra, Clarinex, Xyzal and any generics).
- › Medications used to treat lifestyle conditions (such as infertility, weight loss, erectile dysfunction, smoking cessation²).

- › Certain high-cost brand medications that have lower-cost, therapeutically equivalent alternatives.³

Why aren't some medications covered on my drug list?

Some high-cost medications have clinically appropriate alternatives. Meaning, they work the same or similar to another covered prescription medication or over-the-counter (available without a prescription) alternative. To help lower your overall health care costs, these high-cost medications are not covered. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

We also do not cover medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide what medications are covered?

The Cigna Prescription Drug List is developed in cooperation with Cigna's Pharmacy and Therapeutics Committee, a panel of practicing doctors and pharmacists, most of whom work outside of Cigna. Every medication available on the drug list has been approved by the FDA. The Pharmacy and Therapeutics Committee uses medical resources and references on the safety and efficacy of prescription medications, and doesn't consider finances. The committee's findings are based on clinical evidence and are shared with a separate business decision team. The business team reviews their findings and other factors when deciding the placement of the medication on the drug list. Our goal is to provide access to coverage for safe, clinically effective and low-cost medications.

What medications are covered under the health care reform law?

The Patient Protection and Affordable Care Act, 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 into myCigna.com or check your plan materials to learn more

Prescription drug list FAQs (cont)

about how your plan covers preventive medications. You can also view the No Cost-Share Preventive Medications drug list on [Cigna.com/druglist](https://www.cigna.com/druglist).

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

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

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

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

Use the Drug Cost tool on [myCigna.com](https://www.cigna.com/myCigna.com) to learn how much your medication may cost and view lower cost alternatives, if available.

How can I save money on my prescription medications?

You may be able to save money by switching to a lower-cost medication or by filling a 90-day supply, if your plan allows. Talk with your doctor to see if a lower-cost medication, or 90-day supply, may work for you.

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

The FDA requires generic medications to have the same quality and performance as brand name medications. A generic medication is the same as a brand name medication in dosage form, active ingredient, strength, route of administration, quality, performance characteristics and intended use. Generics typically cost much less than brand name

medications – in some cases, up to 80%–85% less.⁴ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy ServicesSM can help you manage your health and prescription needs.⁵ Our therapy management teams, made up of health advocates with nursing backgrounds and pharmacists, provide personalized, 24/7 support. They offer condition-specific education on medication therapy and side effects, help manage the approval process and offer financial assistance programs if you need help paying for your specialty medication.

Call us at **800.351.3606** if you have questions or need help transferring your prescription. You can also go to [cigna.com/specialty-pharmacy-services](https://www.cigna.com/specialty-pharmacy-services) to learn more.

Can I fill my prescriptions by mail?

If you take a medication every day to treat an ongoing health condition, you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.^{SM 5} To get started, call us at **800.835.3784** or go to [cigna.com/home-delivery-pharmacy](https://www.cigna.com/home-delivery-pharmacy).

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

Use the online tools and resources on [myCigna.com](https://www.cigna.com) or the [myCigna app](https://www.cigna.com/myCigna-app)⁶ to help you better understand and manage your pharmacy benefits. You can view your drug list or search for a specific medication, use Drug Cost tool to estimate how much your medications may cost, find a pharmacy in your network and review your pharmacy claims and payment history.

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) medications (medications that do not require a prescription) except insulin unless state or federal law requires coverage of such drugs;
- › prescription drugs or supplies for which there is a non-prescription or OTC therapeutic alternative;
- › physician-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or authorized 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 drugs used for purposes other than those approved by the FDA unless the drug 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 drugs;
- › 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 drugs and related supplies due to loss or theft;
- › drugs 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

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved drug 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 authorized 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 require your plan to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, your plan can't make these changes until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.
2. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
3. These medications require approval from Cigna before they're covered by your plan. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.
4. U.S. Food and Drug Administration (FDA) website, "Understanding Generic Drugs." Retrieved 08/01/2017.
5. Plans vary, so some plans may not include Cigna Specialty Pharmacy Services or Cigna Home Delivery Pharmacy. Please check your plan materials for more information on what pharmacies are covered under your plan.
6. The downloading and use of the myCigna app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
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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