



CIGNA ADVANTAGE 4-TIER PRESCRIPTION DRUG LIST

As of January 1, 2019

Together, all the way.®



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

893304 k Advantage 4-Tier 10/18



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View your drug list online

This document was last updated 03/01/2018.* To see a current list of the medications covered on your plan's drug list, visit:



The myCigna® website - 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. If it's easier, you can also chat with us online on the **myCigna** website, Monday-Friday, 9:00 am-8:00 pm EST.

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

Last updated: 03/01/2018, for changes that were effective 07/01/2018

Next planned update: 03/01/2019, for changes that will be effective 07/01/2019

Your prescription drug list

This document shows the most commonly prescribed medications covered on the Advantage Prescription Drug List as of January 1, 2019.¹ All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). **It's important to know that this 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 in to the **myCigna** website or app, or check your plan materials, to learn more about the medications your plan covers.

The Advantage Prescription Drug List excludes from coverage prescription medications used to treat heartburn/stomach acid conditions (e.g., Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These medications are available over-the-counter at the pharmacy without a prescription.

How to read your drug list

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

TIER 1 \$	TIER 2 \$\$
INFECTIONS	
acyclovir	Albenza
adefovir**	Baraclude solutio **
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 Pa *
cefprozil	Sovaldi ** (PA)
cefuroxime	Stromectol
cephalexin	Tamiflu (QL)
ciprofloxacin	Thalomid ** (PA)
clarithromycin	Uretron D-S
clarithromycin ER	V ibramycin
clindamycin	
d oxycycline	

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

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

Oral specialty medications have a double asterisk (***) listed next to them

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

This chart is just a sample. It may not show how these medications are actually covered on the Advantage Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

Some medications on your drug list have extra requirements before your plan will cover them.* This helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation. These medications will have an abbreviation next to them in the drug list. Here's what each of the abbreviations mean.

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

*This may not apply to your plan because not all plans have extra coverage requirements like prior authorization, quantity limits, Step Therapy and/or age. Please log in to the myCigna website or app, or check your plan materials, to find out if your plan includes these specific coverage requirements.

Brand name medications are capitalized

In this drug list, brand name medications are capitalized and generic medications are lowercase.

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. Specialty medications are covered on Tier 4 (see page 15). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Your plan may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Please log in to the **myCigna** website or app, or check your plan materials, to learn more about how your plan covers specialty medications.

No cost-share preventive medications are marked with a plus sign

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires that most plans cover certain categories of medications and other products as preventive care services. In this drug list, medications with a plus sign (+) next to them may be available to you at no cost-share (copay, coinsurance and/or deductible). Please log in to the **myCigna** website or app, or check your plan materials, to learn more about how your plan covers preventive medications.

Plan exclusions

Your plan excludes certain types of medications or products from coverage. This is known as a “plan (or benefit) exclusion.” This means that your plan doesn’t cover any prescription medications in the drug class or to treat the specific condition. There’s also no option to receive coverage through a medication review process. In this drug list, these medications have a caret (^) next to them. Please log in to the **myCigna** website or app, or check your plan materials, to find out if your plan excludes your medication from coverage.

How to find your medication on the drug list

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

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

Cigna Advantage 4-Tier Prescription Drug List

Specialty medications covered on Tier 4 are listed on page 15.

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

Adyphren		Clarinet-D 12 Hour
Adyphren Amp		EpinephrineSnap-V
azelastine		EPIsnap
cromolyn		Karbinal ER
cyproheptadine		Ryvent
epinephrine auto-injector (QL)		Semprex-D
flunisolide		
fluticasone		
hydroxyzine		
ipratropium		
mometasone spray (QL)		
olopatadine		
Phenergan		
promethazine		

ALZHEIMER'S DISEASE

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER

amitriptyline		Effexor XR (ST, QL)
bupropion (QL)		Fetzima (ST, QL)
bupropion SR (QL)		Forfivo XL (ST, QL)
bupropion XL (QL)		Prozac (ST, QL)
bupirone		Sarafem (ST)
citalopram (QL)		Trintellix (ST)
clomipramine		Viiibryd (ST)
desvenlafaxine ER (QL)		Wellbutrin SR (ST, QL)
duloxetine (QL)		Zoloft (ST, QL)
escitalopram (QL)		
fluoxetine (QL)		
fluoxetine DR (QL)		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

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

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

BLOOD PRESSURE/HEART MEDICATIONS

Afeditab CR	Corlanor (PA)	Bayer Chewable Aspirin ⁺
amlodipine	Entresto (PA)	BiDil (QL)
amlodipine-benazepril		Cardizem LA
amlodipine-olmesartan		Coreg CR
amlodipine-valsartan		Epaned (ST)
amlodipine-valsartan-HCTZ		Hemangeol
Aspir 81 ⁺		Inderal LA
aspirin ⁺		Inderal XL
aspirin EC ⁺		Innopran XL
Aspir-Low ⁺		Multaq
atenolol		Nitro-Dur
atenolol-chlorthalidone		Nitrolingual
benazepril		Nitromist
benazepril-HCTZ		Nitrostat
bisoprolol		Norvasc
		Ranexa (ST, QL)
		Tiazac

Cigna Advantage 4-Tier Prescription Drug List

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

Bufferin ⁺		Tikosyn (QL)
candesartan		Toprol XL
Cartia XT		
carvedilol		
carvedilol ER		
clonidine		
Digitek		
Digox		
digoxin		
diltiazem		
diltiazem CD		
diltiazem ER		
Dilt-XR		
dofetilide (QL)		
doxazosin		
Ecotrin ⁺		
EcPirin ⁺		
enalapril		
flecainide		
hydralazine		
irbesartan		
isosorbide		
isosorbide ER		
labetalol		
lisinopril		
lisinopril-HCTZ		
losartan		
losartan- HCTZ		
Matzim LA		
metoprolol		
nadolol		
nifedipine		
nifedipine ER		
olmesartan		
olmesartan-amlodipine-HCTZ		
olmesartan-HCTZ		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
quinapril		
ramipril		
Taztia XT		
telmisartan		
telmisartan-HCTZ		
tri-buffered aspirin ⁺		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil SR		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD THINNERS/ANTI-CLOTTING

aspirin-	Brilinta	Bevyxxa (QL)
dipyridamole ER	Eliquis	Coumadin
clopidogrel	Xarelto	Effient
Jantoven		Pradaxa
prasugrel		Savaysa
warfarin		Zontivity

CANCER

anastrozole	Fareston (QL)	Arimidex
letrozole		
mercaptopurine		
tamoxifen ⁺		

CHOLESTEROL MEDICATIONS

atorvastatin 10mg, 20mg ⁺		Vascepa
ezetimibe		Welchol
ezetimibe-simvastatin		Zetia
fenofibrate		
fenofibric acid		
fluvastatin 20mg, 40mg ⁺		
fluvastatin ER 80mg ⁺		
lovastatin 20mg, 40mg ⁺		
niacin ER		
Niacor		
omega-3 acid ethyl esters		
pravastatin 10mg, 20mg, 40mg, 80mg ⁺		
rosuvastatin 5mg, 10mg ⁺		
simvastatin 10mg, 20mg, 40 mg ⁺ (QL)		
Triklo		

CONTRACEPTIVE PRODUCTS

Aftera ⁺	Lo Loestrin FE	Beyaz
Altavera ⁺	Taytulla	Caya Contoured ⁺
Alyacen ⁺		Ella ⁺
Amethia ⁺		Estrostep FE
Amethia Lo ⁺		FC2 Female
Amethyst ⁺		Condom ⁺
Apri ⁺		Femcap ⁺
Aranelle ⁺		Loestrin FE
Ashlyna ⁺		LoSeasonique
Aubra ⁺		Microgestin ⁺
Aviane ⁺		Minastrin 24 FE

Cigna Advantage 4-Tier Prescription Drug List

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

Azurette ⁺		NuvaRing
Balziva ⁺		Seasonique
Bekyree ⁺		Today
Blisovi 24 FE ⁺		Contraceptive
Blisovi FE ⁺		Sponge ⁺
Briellyn ⁺		Wide Seal
Camila ⁺		Diaphragm ⁺
Camrese ⁺		
Camrese Lo ⁺		
Caziant ⁺		
Chateal ⁺		
Cryselle ⁺		
Cyclafem ⁺		
Cyred ⁺		
Dasetta ⁺		
Daysee ⁺		
Deblitane ⁺		
Delyla ⁺		
desogestrel-ethinyl estradiol ⁺		
drospirenone- ethinyl estradiol- levomefibrate ⁺		
drospirenone- ethinyl estradiol ⁺		
Econtra EZ ⁺		
Econtra One-Step ⁺		
Elinest ⁺		
Emoquette ⁺		
Enpresse ⁺		
Enskyce ⁺		
Errin ⁺		
Estartylla ⁺		
ethynodiol-ethinyl estradiol ⁺		
Falmina ⁺		
Fayosim ⁺		
Femynor ⁺		
Gianvi ⁺		
Heather ⁺		
Introvale ⁺		
Isibloom ⁺		
jencycla ⁺		
Jolessa ⁺		
Jolivette ⁺		
Juleber ⁺		
Junel ⁺		
Junel FE 24 ⁺		
Junel FE ⁺		
Kaitlib FE ⁺		
Kariva ⁺		
Kelnor 1-35 ⁺		
Kelnor 1-50 ⁺		

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

Kimidess ⁺		
Kurvelo ⁺		
Larin ⁺		
Larin 24 FE ⁺		
Larin FE ⁺		
Larissia ⁺		
Leena ⁺		
Lessina ⁺		
Levonest ⁺		
levonorgestrel- ethinyl estradiol ⁺		
Levora-28 ⁺		
Lillow ⁺		
Loryna ⁺		
Low-Ogestrel ⁺		
Lutera ⁺		
Lyza ⁺		
Marlissa ⁺		
medroxy- progesterone 150mg/ml ⁺		
Melodetta 24 FE ⁺		
Mibelas 24 FE ⁺		
Microgestin FE ⁺		
Mili ⁺		
Mono-Linyah ⁺		
Mononessa ⁺		
My Choice ⁺		
My Way ⁺		
Myzilra ⁺		
Necon 0.5/35 ⁺		
Necon 7/7/7 ⁺		
Nikki ⁺		
Nora-BE ⁺		
norethindrone ⁺		
norethindrone- ethinyl estradiol ⁺		
norethindrone- ethinyl estradiol- iron ⁺		
norgestimate- ethinyl estradiol ⁺		
Norlyda ⁺		
Norlyroc ⁺		
Nortrel ⁺		
Ocella ⁺		
Opcicon One-Step ⁺		
Option 2 ⁺		
Orsythia ⁺		
Philith ⁺		
Pimtrea ⁺		
Pirmella ⁺		
Portia ⁺		
Previfem ⁺		

Cigna Advantage 4-Tier Prescription Drug List

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

Quasense ⁺		
Rajani ⁺		
Reclipsen ⁺		
Rivelsa ⁺		
Setlakin ⁺		
Sharobel		
Sprintec ⁺		
Sronyx ⁺		
Syeda ⁺		
Tarina FE ⁺		
Tilia FE ⁺		
Tri Femynor ⁺		
Tri-Estarylla ⁺		
Tri-Legest FE ⁺		
Tri-Linyah ⁺		
Tri-Lo-Estarylla ⁺		
Tri-Lo-Marzia ⁺		
Tri-Lo-Sprintec ⁺		
Tri-Mili ⁺		
Tri-Previfem		
Tri-Sprintec ⁺		
Tri-Vylibra ⁺		
Trinessa Lo ⁺		
Trinessa ⁺		
Trivora-28 ⁺		
Tulana ⁺		
Tydemy ⁺		
VCF ⁺		
Velivet		
Vienva ⁺		
Viorele ⁺		
Vyfemia ⁺		
Vylibra ⁺		
Wera ⁺		
Wymzya FE ⁺		
Xulane ⁺		
Zarah ⁺		
Zenchant ⁺		
Zovia 1-35e ⁺		
Zovia 1-50e ⁺		

COUGH/COLD MEDICATIONS

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DENTAL PRODUCTS

chlorhexidine rinse		Clinpro 5000
Denta 5000 plus		Prevident
Dentagel		Prevident 5000
doxycycline		
Fluoridex		
Oralone		
Paroex		
Peridex		
Periogard		
sodium fluoride		
SF 5000 plus		
triamcinolone paste		

DIABETES

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

DIURETICS

acetazolamide		Aldactone
chlorthalidone		Carospir
eplerenone		Diuril
furosemide		Dyrenium
hydrochlorothiazide		Lasix
spironolactone		
triamterene-HCTZ		

Cigna Advantage 4-Tier Prescription Drug List

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

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

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

FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
miconazole 3		
terconazole		

GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Bonjesta
Anucort-HC	Apriso	Canasa
balsalazide	Creon	Carafate
Bisa-Lax+	Linzess	Clenpiq
bisacodyl+	Pentasa	CoLyte With Flavor Packets+
chlordiazepoxide-clidinium	Zenpep	Correctol+
Clearlax+		Diclegis
dicyclomine		Donnatal
diphenoxylate-atropine		Dulcolax+
dronabinol		Gialax+
Ducodyl+		GoLyteLy+
		Lialda (ST)

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

Gavilax+		Miralax+
Gavilyte-C+		Movantik (PA)
Gavilyte-G+		MoviPrep+
Gavilyte-n+		Nulytely with flavor packets+
GentleLax+		OsmoPrep+
Glycolax+		Pancreaze
HealthyLax+		Pertzye
Hemmorex-HC		Prepopik+
hydrocortisone suppository		Rectiv
lansoprazole-amoxicillin-clarithromycin		Relistor (PA)
LaxaClear+		Sancuso (PA, QL)
mesalamine		sfRowasa
metoclopramide		Suprep+
metoclopramide ODT		Sustol (PA)
Natura-Lax+		Symproic (PA)
ondansetron		Transderm Scop
ondansetron ODT		Viberzi
PEG 3350-electrolytes+		Viokace
PEG-Prep+		
Phenadoz		
Powderlax+		
promethazine		
Promethegan		
Purelax+		
scopolamine		
Smooth LAX+		
sucralfate		
TriLyte with flavor packets+		
ursodiol		

HORMONAL AGENTS

Amabelz	AndroGel 1.62% (PA, QL)	Activella
budesonide EC	Duavee	Alora (QL)
cabergoline (QL)	Premarin	Androderm (PA, QL)
Covaryx	Premphase	AndroGel 1.0% (PA, QL)
Covaryx H.S.	Prempro	Angeliq
Decadron		Armour Thyroid
desmopressin*		Climara
dexamethasone		Climara Pro
dexamethasone intensol		Combipatch
EEMT		Cytomel
EEMT H.S.		Depo-Testosterone
estradiol (QL)		Divigel
estradiol-norethindrone		Elestrin

Cigna Advantage 4-Tier Prescription Drug List

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

levothyroxine		Entocort EC
Levoxyl		Estring (QL)
liothyronine		Estrogel
medroxyprogesterone		Evamist
methimazole		Femring
methylprednisolone		Intrarosa
Mimvey		Levo-T
Mimvey Lo		Menostar (QL)
Nature-Throid		Minivelle (QL)
NP Thyroid		Osphena
prednisolone		Royaldee
prednisolone ODT		Striant (PA, QL)
prednisone		Synthroid
prednisone intensol		Testopel (PA)
progesterone		Tirosint
testosterone (PA, QL)		Triostat
testosterone cypionate		Unithroid
thyroid		Vagifem (QL)
Unithroid 75mcg		Vivelle-Dot (QL)
Westhroid		
WP Thyroid		
Yuvaferm (QL)		

INFECTIONS

acyclovir		Albenza
amoxicillin		Alinia
amoxicillin-clavulanate ER		Bactrim
amoxicillin-clavulanate		Bactrim DS
atovaquone		Cipro
atovaquone-proguanil		Cleocin
Avidoxy		Clindesse
azithromycin		Cresemba vial
cefdinir		Cresemba capsule (PA)
cefixime		Dificid (QL)
cefuroxime		E.E.S. 400
cephalexin		EryPed 200
ciprofloxacin		Ery-Tab
clarithromycin		Minocin
clarithromycin ER		Monurol
clindamycin		Noxafil
Coremino		Plaquenil
dapsone		Sulfatrim
Doxy 100		Suprax
doxycycline		Tamiflu (QL)
		Uretron D-S
		Uribel

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

doxycycline IR-DR		Urogesic Blue
Emverm		Uta
erythromycin		Valtrex
famciclovir		Vibramycin
fluconazole		suspension, syrup
hydroxychloroquine		Xifaxan
itraconazole		
levofloxacin		
metronidazole		
minocycline		
minocycline ER		
Mondoxyne NL		
Morgidox		
nitrofurantoin		
Okebo		
oseltamivir (QL)		
penicillin		
Soloxide		
sulfamethoxazole-trimethoprim		
terbinafine		
tinidazole		
valacyclovir		
valganciclovir		
vancomycin		
Vandazole		
voriconazole (PA)		

INFERTILITY

clomiphene ^		Crinone^
		Endometrin^

MISCELLANEOUS

NebuSal 3%	TechLITE lancets	Addyi (QL)
PulmoSal		NebuSal 6%
sodium chloride		

NUTRITIONAL/DIETARY

B-12 compliance	OB Complete	Auryxia (QL)
calcitriol	Poly-Vi-Flor	CitraNatal
calcium	Prefera OB	Concept DHA
cyanocobalamin injection	Prenate	Escavite+
FA-8+	Tri-Vi-Flor	Escavite D+
fluoride+		Floriva+
Fluoritab+		Fluorabon+
Flura-Drops+		K-Tab ER
folic acid+		Klor-Con 10
Klor-Con		Klor-Con 8
Klor-Con M10, M20		Klor-Con M15
lanthanum		KPN+
		Mephyton

Cigna Advantage 4-Tier Prescription Drug List

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NUTRITIONAL/DIETARY (cont)

levocarnitine		MVC-fluoride ⁺
Ludent Fluoride ⁺		Nascobal
multivitamin-iron-fluoride ⁺		Perry Prenatal ⁺
PNV-DHA		Phoslyra
polyvitamins-fluoride ⁺		Physicians EZ Use B-12
potassium chloride		Poly-Vi-Flor With Iron ⁺
Prena1 Pearl		Prenate
Prenatal ⁺		Quflora ⁺
prenatal vitamin ⁺		Renagel
Right Step ⁺		Renvela
sevelamer		Tristart DHA
sodium fluoride ⁺		Urosex ⁺
tri-vitamin with fluoride ⁺		Velphoro
tri-vitamin with fluoride-iron ⁺		Veltassa
Virt-PN DHA		Vitafof
vitamin D2		vitaMedMD One Rx
Zatean-PN DHA		vitaPearl
		VP-PNV-DHA

OSTEOPOROSIS PRODUCTS

alendronate (QL)		Evista
calcitonin-salmon		Fosamax Plus D (ST)
raloxifene ⁺		
risedronate		
risedronate DR		

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA, QL)	Xtampza ER (PA, QL)	Abstral (PA, QL)
allopurinol		Actiq (PA, QL)
baclofen		Analpram HC
buprenorphine (QL)		Arymo ER (PA, QL)
butalb-acetaminophen-caffeine-codeine (PA, QL)		Buprenex
butalbital-acetaminophen-caffeine (QL)		Butrans (QL)
carisoprodol		Celebrex (ST, QL)
celecoxib (QL)		Colcrys
colchicine		Duragesic (PA, QL)
cyclobenzaprine		Fentora (PA, QL)
DermacinRx		Flector (ST, QL)
Empricaine		Kadian (PA, QL)
DermacinRx		Lazanda (PA, QL)
Prizopak		Mitigare
diclofenac (QL)		Morphabond ER (PA, QL)
diclofenac ER		MS Contin (PA, QL)
		Nucynta (PA, QL)
		Nucynta ER (PA, QL)
		Onzetra Xsail (QL)
		Oxaydo (PA, QL)
		Pennsaid (ST)
		Percocet (PA, QL)

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

dihydroergotamine (QL)		Procort
eletriptan (QL)		Proctofoam-HC
Endocet (PA, QL)		Relpax (QL)
etodolac		Savella
etodolac ER		Subsys (PA, QL)
fenoprofen		Synera
Fenortho		Uloric
fentanyl (PA, QL)		Voltaren (ST, QL)
Fioricet (QL)		Zohydro ER (PA, QL)
frovatriptan (QL)		
Glydo		
hydrocodone-acetaminophen (PA, QL)		
hydromorphone (PA, QL)		
hydromorphone ER (PA, QL)		
IBU		
ibuprofen		
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)		
naproxen		
naproxen DS		
oxycodone (PA, QL)		

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

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

PARKINSON'S DISEASE

amantadine		Azilect
benztropine		Neupro
bromocriptine		Rytary
carbidopa-levodopa		Sinemet
carbidopa-levodopa ER		Sinemet CR
pramipexole		Tasmar
pramipexole ER		Xadago
rasagiline		
ropinirole		
ropinirole ER		

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole		Abilify Maintena (QL)
aripiprazole ODT		
chlorpromazine		Aristada (QL)
haloperidol		Fanapt (ST, QL)
olanzapine		Invega Sustenna (QL)
olanzapine ODT		
paliperidone ER		Invega Trinza (QL)
quetiapine		Latuda (ST)

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SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)

quetiapine ER		Rexulti (ST)
risperidone		Saphris (ST)
risperidone ODT		Seroquel (ST)
ziprasidone		Seroquel XR (ST)
		Vraylar (ST)

SEIZURE DISORDERS

carbamazepine	Dilantin 30mg	Aptiom (PA)
carbamazepine ER	Lyrica	Banzel (PA, QL)
divalproex		Briviact (PA)
divalproex ER		Carbatrol
Epitol		Depakote
gabapentin		Depakote ER
lamotrigine		Dilantin 50mg, 100mg, susp.
lamotrigine (blue, green, orange)		Fycompa (PA)
lamotrigine ER		Keppra
lamotrigine ODT		Oxtellar XR (PA)
lamotrigine ODT (blue, green, orange)		Phenytek
levetiracetam		Spritam (PA)
levetiracetam ER		Tegretol
oxcarbazepine		Tegretol XR
Roweepra		Vimpat (PA)
Roweepra XR		
topiramate		
topiramate ER		

SKIN CONDITIONS

adapalene (PA age)	Eucrisa	Benzamycin
adapalene-benzoyl peroxide		Celacyn gel
Ala-Cort 2.5%		Desowen (ST)
Amnesteem (QL)		Drysol
Avar		Ecoza
Avar-E		Elidel
BenzePRO		Finacea
BP 10-1		Naftin
calcipotriene		Picato
calcipotriene-betamethasone DP		Santyl (QL)
Calcitrene		Sklice
Claravis (QL)		Soolantra
Clindacin ETZ		Topicort (ST)
Clindacin P		Tridesilon (ST)
clindamycin		
clindamycin-benzoyl peroxide		

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SKIN CONDITIONS (cont)

clindamycin-tretinoin		
clobetasol		
Clodan shampoo		
clotrimazole-betamethasone		
dapsone		
desonide		
fluocinonide		
fluorouracil		
flurandrenolide		
hydrocortisone		
imiquimod		
isotretinoin (QL)		
ketoconazole		
metronidazole		
mupirocin		
Myorisan (QL)		
Neuac gel		
Nolix		
nystatin-triamcinolone		
oxiconazole		
permethrin		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		
Rosadan		
Rosanil		
Scalacort		
sodium sulfacetamide-sulfur		
SSS 10-5		
SulfaCleanse 8-4		
tacrolimus		
tazarotene		
tretinoin (PA age)		
triamcinolone		
Triderm		
Zenatane (QL)		

SLEEP DISORDERS/SEDATIVES

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

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SMOKING CESSATION

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

SUBSTANCE ABUSE

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

URINARY TRACT CONDITIONS

darifenacin ER		Avodart
dutasteride		Elmiron
finasteride 5mg		K-Phos Original
oxybutynin		Pyridium
oxybutynin ER		Rapaflo
phenazopyridine		
potassium ER		
tamsulosin		
tolterodine		
tolterodine ER		
trospium		
trospium ER		

Specialty medications

The specialty medications listed below are covered on Tier 4. All of these medications require approval from Cigna before your plan will cover them.

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

MEDICATION NAME	DRUG CLASS
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN
Cimzia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cinryze* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Cometriq** (PA)	CANCER
Complera**	AIDS/HIV
Cosentyx* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cotellic** (PA)	CANCER
Cuprimine* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cystagon**	URINARY TRACT CONDITIONS
Cystaran** (QL)	EYE CONDITIONS
Daraprim** (PA)	INFECTIONS
Depen** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Descovy**	AIDS/HIV
Durolane* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Dysport* (PA)	MISCELLANEOUS
Elaprase* (PA)	MISCELLANEOUS
Embeda (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
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
Erivedge** (PA)	CANCER
Erleada** (PA)	CANCER
Esbriet** (PA)	MISCELLANEOUS
Euflexxa* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Evotaz**	AIDS/HIV
Exjade**	MISCELLANEOUS
Extavia* (PA)	MULTIPLE SCLEROSIS
Eylea* (PA)	EYE CONDITIONS
Fasenra* (PA)	ASTHMA/COPD/RESPIRATORY
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

MEDICATION NAME	DRUG CLASS
Genvoya**	AIDS/HIV
Gilenya** (PA)	MULTIPLE SCLEROSIS
Gilotrif** (PA)	CANCER
Glassia* (PA)	ASTHMA/COPD/RESPIRATORY
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Gleevec** (PA)	CANCER
Granix*	BLOOD MODIFIERS/BLEEDING DISORDERS
H.P. Acthar* (PA)	HORMONAL AGENTS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Harvoni** (PA)	INFECTIONS
Herceptin* (PA)	CANCER
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Hyalgan* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Hysingla ER (PA, QL)	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
Ingrezza* (PA)	MISCELLANEOUS
Inlyta** (PA)	CANCER
Intelence**	AIDS/HIV
Intron A* (PA)	CANCER
Isentress HD**	AIDS/HIV
Isentress**	AIDS/HIV
Jadenu**	MISCELLANEOUS
Jakafi** (PA)	CANCER
Jynarque* (PA)	DIURETICS
Kadcyla* (PA)	CANCER
Kalydeco** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Kevzara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kitabis Pak**	INFECTIONS
Korlym** (PA)	CHOLESTEROL MEDICATIONS
Kuvan** (PA)	MISCELLANEOUS
Kyleena*	CONTRACEPTION PRODUCTS
Kynamro* (PA)	CHOLESTEROL MEDICATIONS
lamivudine-zidovudine**	AIDS/HIV
Lemtrada* (PA)	MULTIPLE SCLEROSIS
Lenvima** (PA)	CANCER
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
Lonsurf** (PA)	CANCER
Lucentis* (PA)	EYE CONDITIONS
Lumizyme* (PA)	MISCELLANEOUS
Lupron Depot* (PA)	HORMONAL AGENTS
Lynparza** (PA)	CANCER
Makena* (PA)	INFERTILITY
Mavyret** (PA)	INFECTIONS
Mekinist** (PA)	CANCER
Menopur*^	INFERTILITY
methotrexate**	CANCER
Mirena*	CONTRACEPTION PRODUCTS
Monovisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
Myfortic**	TRANSPLANT MEDICATIONS
Naglazyme* (PA)	MISCELLANEOUS
Natpara* (PA)	HORMONAL AGENTS
Neoral**	TRANSPLANT MEDICATIONS
Nerlynx* (PA)	CANCER
Neulasta* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Nexavar** (PA)	CANCER
Ninlaro** (PA)	CANCER
Nityr** (PA)	MISCELLANEOUS
Northera** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Norvir**	AIDS/HIV
Nucala* (PA)	ASTHMA/COPD/RESPIRATORY
Nuedexta (QL)	MISCELLANEOUS
Ocaliva** (PA)	GASTROINTESTINAL/HEARTBURN
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
Orkambi** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Orthovisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otezla** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ozurdex*	EYE CONDITIONS
PegIntron* (PA)	INFECTIONS
Perjeta* (PA)	CANCER
Plegridy* (PA)	MULTIPLE SCLEROSIS
Pomalyst** (PA)	CANCER
Prezcobix**	AIDS/HIV

MEDICATION NAME	DRUG CLASS
Prezista**	AIDS/HIV
Procrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Procyabi** (PA)	URINARY TRACT CONDITIONS
Prograf**	TRANSPLANT MEDICATIONS
Prolia* (PA)	OSTEOPOROSIS PRODUCTS
Promacta** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Pulmozyme** (PA)	ASTHMA/COPD/RESPIRATORY
Rasuvo* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ravicti** (PA)	GASTROINTESTINAL/HEARTBURN
Rebif* (PA)	MULTIPLE SCLEROSIS
Remicade* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Remodulin* (PA)	ASTHMA/COPD/RESPIRATORY
Repatha* (PA)	CHOLESTEROL MEDICATIONS
Revlimid** (PA)	CANCER
Reyataz**	AIDS/HIV
ritonavir**	AIDS/HIV
Rituxan* (PA)	CANCER
Samsca**	DIURETICS
Sandostatin LAR Depot* (PA)	HORMONAL AGENTS
Selzentry**	AIDS/HIV
Sensipar**	GASTROINTESTINAL/HEARTBURN
Serostim* (PA)	HORMONAL AGENTS
Sinuva* (PA)	ALLERGY/NASAL SPRAYS
sirolimus**	TRANSPLANT MEDICATIONS
Skyla*	CONTRACEPTION PRODUCTS
Soliris* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Stivarga** (PA)	CANCER
Strensiq* (PA)	MISCELLANEOUS
Stribild**	AIDS/HIV
Sublocade*	SUBSTANCE ABUSE
Sucraid**	GASTROINTESTINAL/HEARTBURN
Supprelin LA* (PA)	HORMONAL AGENTS
Sutent** (PA)	CANCER
Sylatron** (PA)	CANCER
Symdeko* (PA, QL)	ASTHMA/COPD/RESPIRATORY
Synagis* (PA)	INFECTIONS
Synvisc* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
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
Targretin** (PA)	CANCER
Tasigna** (PA)	CANCER
Tecentriq** (PA)	CANCER
Tecfidera** (PA)	MULTIPLE SCLEROSIS
temozolomide** (PA)	CANCER
tenofovir**	AIDS/HIV
tetrabenazine** (PA)	MISCELLANEOUS
Thalomid** (PA)	INFECTIONS
Thiola**	URINARY TRACT CONDITIONS
Thyrogen*	HORMONAL AGENTS
Tivicay**	AIDS/HIV
Tobi Podhaler**	INFECTIONS
tobramycin**	INFECTIONS
Tracleer** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Tremfya* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Trexall*	CANCER
Triumeq**	AIDS/HIV
Truvada**	AIDS/HIV
Tymlos*	OSTEOPOROSIS PRODUCTS
Tysabri* (PA)	MULTIPLE SCLEROSIS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY
Upravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valstar*	CANCER
Varubi** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Vemlidy**	INFECTIONS
Verzenio** (PA)	CANCER
Vimizim* (PA)	MISCELLANEOUS
Viread**	AIDS/HIV
Vivitrol**	MISCELLANEOUS
Vosevi** (PA)	INFECTIONS
Votrient** (PA)	CANCER
VPRIV* (PA)	MISCELLANEOUS
Xalkori** (PA)	CANCER

MEDICATION NAME	DRUG CLASS
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
Zelboraf** (PA)	CANCER
Zepatier* (PA)	INFECTIONS
Zorbtive* (PA)	HORMONAL AGENTS
Zortress**	TRANSPLANT MEDICATIONS
Zytiga** (PA)	CANCER

Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay its full cost out-of-pocket. **We want you to know your plan covers other medications that are used to treat the same condition.**^^ We've listed some below for you and your doctor to consider. **You should call your doctor's office to talk about your options.**

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

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

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
	Edarbi	Generic ARBs (e.g., losartan, valsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g., losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Hyzaar	losartan-HCTZ
	Isordil Isordil Titradose	isosorbide dinitrate
	Lanoxin	Digitek digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril-HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil Zestril	lisinopril
	Tarka	trandolapril-verapamil 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	
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	IR or EC aspirin
CANCER	Nilandron	nilutamide
CHOLESTEROL MEDICATIONS	Altoprev	atorvastatin
		fluvastatin
		lovastatin
		pravastatin
		rosuvastatin
		simvastatin
	Antara Fenoglide	fenofibrate
Crestor	rosuvastatin	
FloLipid Zocor	simvastatin	
Lescol XL 80mg	fluvastatin	
Lipitor	atorvastatin	

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CHOLESTEROL MEDICATIONS <i>(cont)</i>	Livalo	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin
	Vytorin	ezetimibe-simvastatin
	Pravachol	pravastatin
	Zypitamag	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin
	COUGH/COLD MEDICATIONS	Tussicaps
DIABETES	Accu-Chek, Contour, Freestyle, all other test strips and meters	OneTouch test strips and meters
	Adlyxin Tanzeum	Byetta Bydureon Ozempic Trulicity Victoza
	Admelog Afrezza Apridra Apridra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	Fortamet Glumetza metformin ER (generic Fortamet and Glumetza)	metformin ER (generic Glucophage XR)
	Invokamet Invokamet XR Segluromet	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga Jardiance
	Jentadueto Jentadueto XR Kazano Kombiglyze XR	alogliptin-metformin Janumet, Janumet XR
	Nesina Onglyza Tradjenta	alogliptin Januvia
	Oseni	alogliptin-pioglitazone Januvia + pioglitazone

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (<i>cont</i>)	Lantus Toujeo SoloStar	Basaglar, Levemir, Tresiba
	QTERN	Glyxambi
	Steglatro	Farxiga Jardiance
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn
	Bepreve Elestat Emadine Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine
	Lumigan Vyzulta	bimatoprost latanoprost Travatan Z
GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository
	Asacol-HD Colazal Delzicol Dipentum Giazo mesalamine 800mg tablet	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR
	Librax	chlordiazepoxide-clidinium
	Lotronex	alosetron
	Marinol	dronabinol
	Omeclamox-Pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)
	Pepcid	famotidine
	Rowasa	mesalamine enema
	Syndros	dronabinol
	Trulance	Amitiza, Linzess
	Zofran	ondansetron
	Zofran ODT	ondansetron ODT
	Zuplenz	ondansetron ondansetron ODT

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
HORMONAL AGENTS	Cortrosyn	cosyntropin	
	DDAVP	desmopressin	
	Dexpak TaperDex	dexamethasone	
	Fortesta Natesto Testim Vogelxo	AndroGel 1.62% testosterone	
	Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton	Humatrope (PA)	
	Hectorol	doxercalciferol	
	Rayos	prednisone prednisone intensol	
	Uceris tablet	dexamethasone hydrocortisone methylprednisolone prednisone prednisolone	
	INFECTIONS	Acticlate Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule Ximino	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	
Mycobutin		rifabutin	
Onmel		itraconazole terbinafine	
Sitavig		acyclovir (oral) famciclovir valacyclovir	
Sporanox		itraconazole	
Targadox		doxycycline	
Valcyte		valganciclovir	

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS (<i>cont</i>)	Vancocin	vancomycin
	Zovirax	acyclovir (oral)
INFERTILITY	Gonal-F	Follistim AQ (PA)
MULTIPLE SCLEROSIS	Copaxone	Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Rebif, Tecfidera
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Belbuca	buprenorphine
	Bupap	butalbital-acetaminophen tablet Tencon
	Cambia diclofenac 1.5% solution Duexis Naprelan naproxen CR naproxen ER Pennsaid Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)
	Conzip	tramadol tramadol ER
	D.H.E. 45	dihydroergotamine
	Duzallo	allopurinol, probenecid
	Gralise	gabapentin
	Imitrex Zembrace SymTouch	sumatriptan
	Kineret	Actemra (PA) Enbrel (PA) Humira (PA) Remicade (PA)
	Simponi Simponi Aria	Actemra (PA) Enbrel (PA) Entyvio (PA) Humira (PA) Remicade (PA) Stelara (PA)
	Siliq	Enbrel (PA) Humira (PA) Remicade (PA) Stelara (PA)
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Lorzone	chlorzoxazone
	Migranal	dihydroergotamine
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)
	Roxicodone	oxycodone
	Soriatane	acitretin
	Sprix	ketorolac
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	Vanatol LQ	butalbital-acetaminophen-caffeine
	Zomig	zolmitriptan sumatriptan
	Zomig ZMT	zolmitriptan ODT
PARKINSON'S DISEASE	Gocovri	amantadine
	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	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Acanya Atralin Avita Azelex Differin Epiduo Epiduo Forte Fabior Onexton Retin-A Tazorac Tretin-X Veltin Ziana	Generic products (e.g. adapalene, tretinoin, clindamycin-benzoyl peroxide)

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Aldara	imiquimod cream
	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)
	diclofenac 3% gel	Fluoroplex fluorouracil imiquimod Picato (NPB)
	Dovonex Sorilux	calcipotriene
	Enstilar Taclonex	calcipotriene-betamethasone DP
	Ertaczo Extina Vusion	ketoconazole
	Luzu	luliconazole econazole ketoconazole cream oxiconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Locoid Locoid Lipocream	hydrocortisone
	Loprox cream, kit	ciclopirox
	Noritate	metronidazole Rosadan
	Oxistat	clotrimazole econazole ketoconazole
	Penlac	Ciclodan ciclopirox

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (<i>cont</i>)	Prudoxin Zonalon	Generic topical steroid (e.g., betamethasone) tacrolimus (topical)
	Sernivo	betamethasone fluocinonide hydrocortisone
	Siliq	Enbrel (PA) Humira (PA)
	Soriatane	acitretin
	Trianex	triamcinolone Triderm
	Ultravate lotion	clobetasol
	Vanos	fluocinonide
	Vectical	calcitriol ointment
	Verdeso	desonide
	Xerese	acyclovir (oral) + hydrocortisone famciclovir + hydrocortisone valacyclovir + hydrocortisone
	Zyclara	imiquimod
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Detrol Detrol LA Ditropan XL Enablex Gelnique Myrbetriq Oxytrol Toviaz VESIcare	darifenacin ER oxybutynin ER tolterodine ER trospium ER

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Prescription drug list FAQs

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

Why do you make changes to the drug list?

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

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

When a medication changes tiers or is no longer covered, you may pay a different amount to fill that medication. It's important to know that when we make a change that affects the coverage of a medication you're taking, we let you know before it begins so you have time to talk with your doctor.

Why doesn't my plan cover certain medications?

To help lower your overall health care costs, your plan doesn't cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication. If you're taking a medication that your plan doesn't cover and your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes:

- › Medications that are available over-the-counter, without a prescription. These include medications commonly used to treat heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and allergies (ex. Allegra, Clarinex, Xyzal and any generics).
- › Medications used to treat lifestyle conditions (like infertility, weight loss, erectile dysfunction, smoking cessation²).
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals medications about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Pharmacy Management[®] Business Decision Team then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

Which medications are covered under the health care reform law?

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter medicines) may be available to you at no cost-share (\$0), depending on your plan. Please log in to the

Prescription drug list FAQs (cont)

myCigna website or app, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list on [Cigna.com/druglist](https://www.cigna.com/druglist).

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

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

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

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

You can use the Drug Cost tool on the **myCigna** website or app to estimate how much your medication may cost³ 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 medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options, may work for you.

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

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.⁴ The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:⁴

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

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

How can I get help with my specialty medication?

Cigna Specialty Pharmacy can help you manage your health and prescription needs.⁵ Their team of medical condition experts provide personalized, 24/7 support. They'll help you get approval for coverage of your medication, answer any questions you have about your medication and its cost, help you work through any side effects and make sure you have any supplies you need (at no extra cost). They'll also help you set up home delivery of your medication and give you information about financial assistance programs (if you need help paying for your medication). To learn more about the services they provide, please call **800.351.3606** or go to [Cigna.com/specialty-pharmacyservices](https://www.cigna.com/specialty-pharmacyservices).

Can I fill my prescriptions by mail?

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

- ▶ If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.SM To learn more, call **800.835.3784** or go to [Cigna.com/home-delivery-pharmacy](https://www.cigna.com/home-delivery-pharmacy).
- ▶ If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Cigna Specialty Pharmacy (our home delivery pharmacy). To learn more, call **800.351.3606** or go to [Cigna.com/specialty-pharmacy-services](https://www.cigna.com/specialty-pharmacy-services).

Prescription drug list FAQs (cont)

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

You can use the online tools and resources on the **myCigna** website or app to help you better understand and manage your pharmacy benefits. You can view your drug list or search for a specific medication, use the Drug Cost tool to estimate how much your medications may cost, find an in-network pharmacy near you, review your pharmacy claims and payment history, and track Cigna Home Delivery Pharmacy⁵ orders and request refills.

Exclusions and limitations

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁶

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

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

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



1. State laws in Texas and Louisiana may require your plan to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.
2. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
3. Prices are not guaranteed, and even though a price is displayed in the Drug Cost tool, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. Coverage and pricing may change. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown in the Drug Cost tool.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
5. Not all plans are the same, so some plans may not include Cigna Home Delivery Pharmacy or Cigna Specialty Pharmacy. Please log in to the myCigna website or app, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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