



CIGNA STANDARD 3-TIER PRESCRIPTION DRUG LIST

As of January 1, 2020

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

595200 h Standard 3-Tier 09/19



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View your drug list online

This document was last updated 09/01/2019.* Here's where you can find a current list of the medications your plan covers:



The myCigna® app or website - Once you're registered, log in and click on Prescriptions. Then, click on Price a Medication.



Cigna.com/druglist - Select your drug list name - Standard 3 Tier - from the drop down menu.

Questions?

Call the toll-free number on your Cigna ID card. We're here to help. If it's easier, you can also chat with us online on the **myCigna** website, Monday-Friday, 9:00 am-8:00 pm EST.

* Drug list created: originally created 01/01/2004

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

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

About your prescription drug list

This document shows the most commonly prescribed medications covered on the Standard 3-Tier Prescription Drug List as of January 1, 2020.^{1,2} All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

The Standard 3-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers. Also, your specific plan may not cover all of the medications in this document. You should log in to the **myCigna** app or website, or check your plan materials, to learn more about the medications your plan covers.

How to read your drug list

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

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

This chart is just a sample. It may not show how these medications are actually covered on the Standard 3-Tier Prescription Drug List.

Tiers

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

› Tier 1 - Typically Generics	(Lower-cost medication)	\$
› Tier 2 - Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 - Typically Non-Preferred Brands	(Higher-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 your doctor provides to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.
(ST)	Step Therapy - Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).
(QL)	Quantity Limits - For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.
(AGE)	Age Requirements - For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.

*These coverage requirements may not apply to your specific plan. That's because some plans don't have prior authorization, quantity limits, Step Therapy and/or age requirements. Log in to the myCigna app or website, or check your plan materials, to find out if your plan includes these specific coverage requirements.

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier, may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the **myCigna** app or website, or check your plan materials, to learn more about how your plan covers specialty medications.

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

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

Plan exclusions

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

How to find your medication

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
AIDS/HIV	6	GASTROINTESTINAL/HEARTBURN	12
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	13
ALZHEIMER’S DISEASE	6	INFECTIONS	13, 14
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFERTILITY	14
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	14
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	OSTEOPOROSIS PRODUCTS	14
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CANCER	8	PARKINSON’S DISEASE	15
CHOLESTEROL MEDICATIONS	8, 9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
CONTRACEPTION PRODUCTS	9, 10	SEIZURE DISORDERS	16
COUGH/COLD MEDICATIONS	11	SKIN CONDITIONS	16, 17
DENTAL PRODUCTS	11	SLEEP DISORDERS/SEDATIVES	17
DIABETES	11	SMOKING CESSATION	17
DIURETICS	11	SUBSTANCE ABUSE	17
EAR MEDICATIONS	11	TRANSPLANT MEDICATIONS	17
ERECTILE DYSFUNCTION	11	URINARY TRACT CONDITIONS	17
EYE CONDITIONS	11, 12	VACCINES	17, 18
FEMININE PRODUCTS	12	WEIGHT MANAGEMENT	18

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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AIDS/HIV

abacavir-lamivudine* (PA)	Atripla* (PA)	Cimduo* (PA)
atazanavir* (PA)	Biktarvy*	Complera* (PA)
ritonavir*	Descovy* (PA)	Evotaz* (PA)
tenofovir* (PA)	Genvoya*	Juluca* (PA)
	Intelence* (PA)	Odefsey* (PA)
	Isentress*	Prezcobix* (PA)
	Isentress HD* (PA)	Stribild* (PA)
	Prezista*	Symtuza* (PA)
	Selzentry* (PA)	
	Symfi*	
	Symfi Lo*	
	Tivicay*	
	Triumeq*	
	Truvada*	
	Viread 150mg, 200mg, 250mg tablet, powder* (PA)	

ALLERGY/NASAL SPRAYS

azelastine		Astepro
cromolyn		Clarinet
cyproheptadine		Clarinet-D 12 Hour
desloratadine (QL)		Gastrocrom
epinephrine (QL)		Grastek (PA, QL)
fluticasone		Karbinal ER
hydroxyzine capsule, solution, tablet		Odactra (PA, QL)
ipratropium		Patanase
mometasone (QL)		Ragwitek (PA, QL)
olopatadine		Vistaril
promethazine		

ALZHEIMER'S DISEASE

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Celexa (ST, QL)
alprazolam ER		Effexor XR (ST, QL)
alprazolam intensol		Fetzima (ST, QL)
alprazolam ODT		Forfivo XL (ST, QL)
alprazolam XR		Paxil (ST, QL)
amitriptyline		Paxil CR (ST, QL)

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

bupropion (QL)		Pristiq (ST, QL)
bupropion SR (QL)		Prozac (ST, QL)
bupropion XL (QL)		Remeron
bupropion XL (QL)		Sarafem (ST)
buspirone		Trintellix (ST, QL)
citalopram (QL)		Viibryd (ST, QL)
clomipramine		Wellbutrin SR (ST, QL)
desvenlafaxine ER (QL)		Xanax
duloxetine (QL)		Xanax XR
escitalopram (QL)		Zoloft (ST, QL)
fluoxetine (QL)		
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair HFA	Adcirca* (PA)
albuterol HFA	Anoro Ellipta	Adempas* (PA)
Alyq* (PA)	Atrovent HFA	Arcapta Neohaler
budesonide	Breo Ellipta	Brovana
fluticasone-salmeterol	Combivent RespiMat	Daliresp (QL)
montelukast	Dulera	Kalydeco* (PA, QL)
tadalafil 20mg* (PA)	Flovent	Letairis* (PA)
Wixela Inhub	Flovent HFA	Lonhala Magnair (PA)
	Incruse Ellipta	Nucala auto-injector, syringe* (PA)
	Ofev* (PA)	Orenitram ER* (PA)
	Opsumit* (PA)	Orkambi* (PA, QL)
	ProAir HFA	Perforomist (QL)
	ProAir RespiClick	Pulmicort respule
	Pulmicort Flexhaler	Revatio oral suspension, tablet* (PA)
	Pulmozyme* (PA)	Singular
	QVAR RediHaler	Symdeko* (PA, QL)
	Serevent	
	Symbicort	
	Tracleer 32mg tablet for suspension* (PA)	

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ASTHMA/COPD/RESPIRATORY (cont)

	Trelegy Ellipta	Tracleer tablet* (PA)
	Ventolin HFA	Tyvaso* (PA)
	Xolair* (PA)	Upravi* (PA)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid*	Amicar oral	Amicar tablet*
tranexamic acid*	solution*	Hemlibra* (PA)
	Aranesp*^ (PA)	Lysteda*
	Droxia	Neupogen*^ (PA)
	Epogen*^ (PA)	Nivestym*^ (PA)
	Fulphila*^ (PA)	Promacta* (PA)
	Granix*^	Siklos (PA)
	Neulasta*^ (PA)	Tavalisse* (PA)
	Procrit*^ (PA)	
	Retacrit*^ (PA)	
	Udenyca*^ (PA)	
	Zarxio*^	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS

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

Cigna Standard 3-Tier Prescription Drug List

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

labetalol		Prinivil (ST)
lisinopril		Procardia
lisinopril-HCTZ		Procardia XL
losartan		Ranexa (QL)
losartan-HCTZ		Rythmol SR (PA)
Low Dose Aspirin EC+		Takhzyro* (PA)
Matzim LA		Tekturna (QL)
metoprolol		Tenormin (ST)
nadolol		Tiazac
nifedipine		Tikosyn (PA, QL)
nifedipine ER		Toprol XL (ST)
olmesartan (QL)		Tribenzor
olmesartan-amlodipine-HCTZ		Vasotec (ST)
olmesartan-HCTZ (QL)		Verelan
Pacerone 200mg		Verelan PM
prazosin		Zestoretic (ST)
propafenone		Zestril (ST)
propafenone ER		
propranolol solution, tablet		
propranolol ER		
ramipril		
St. Joseph Aspirin+		
ranolazine ER (QL)		
Taztia XT		
telmisartan (QL)		
telmisartan-HCTZ (QL)		
valsartan		
valsartan-HCTZ		
verapamil capsule, tablet		
verapamil ER		
verapamil ER PM		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER	Brilinta	Aggrenox
clopidogrel	Eliquis	Arixtra* (QL)
enoxaparin* (QL)	Fragmin* (QL)	Bayer Aspirin chewable tablet
fondaparinux* (QL)	Xarelto	Bevyxxa (QL)
Jantoven		Coumadin (PA)
prasugrel		Effient
warfarin		Lovenox* (QL)

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

		Plavix
		Pradaxa
		Savaysa (QL)
		Zontivity

CANCER

abiraterone* (PA)	Actimmune* (PA)	Afinitor Disperz* (PA)
anastrozole	Erivedge* (PA)	Afinitor* (PA)
capecitabine* (PA)	Gleostine	Alecensa* (PA)
exemestane	Ibrance* (PA)	Bosulif* (PA)
imatinib* (PA)	Lupron Depot*^ (PA)	Cabometyx* (PA)
letrozole	Nexavar* (PA)	Cometriq* (PA)
mercaptopurine	Revlimid* (PA)	Erleada* (PA)
methotrexate	Sprycel* (PA)	Gleevec* (PA)
tamoxifen+	Sutent* (PA)	Imbruvica* (PA)
temozolomide* (PA)	Tasigna* (PA)	Inlyta* (PA)
	Trexall	Jakafi* (PA)
	Verzenio* (PA)	Kisqali* (PA)
		Lenvima* (PA)
		Lonsurf* (PA)
		Lynparza* (PA)
		Mekinist* (PA)
		Nerlynx* (PA)
		Ninlaro* (PA)
		Odomzo* (PA)
		Pomalyst* (PA)
		Purixan*
		Rubraca* (PA)
		Stivarga* (PA)
		Tafinlar* (PA)
		Tagrisso* (PA)
		Targretin capsule* (PA)
		Temodar capsule* (PA)
		Tykerb* (PA)
		Venclexta* (PA)
		Votrient* (PA)
		Xalkori* (PA)
		Xeloda* (PA)
		Xtandi* (PA)
		ZeJula* (PA)

CHOLESTEROL MEDICATIONS

amlodipine-atorvastatin (QL)	Repatha (PA)	Caduet (QL)
atorvastatin+	Vascepa (PA)	Crestor (ST, QL)
colestevlam		Lipofen (ST)
ezetimibe		Lovaza
		Niaspan

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CHOLESTEROL MEDICATIONS (cont)

ezetimibe- simvastatin		Pravachol (ST)
fenofibrate		TriCor (ST)
fenofibric acid		Triglide (ST)
fluvastatin ⁺		Trilipix (ST)
fluvastatin ER ⁺		Vytorin (ST)
lovastatin 10mg		Welchol
lovastatin 20mg, 40mg ⁺		Zetia
niacin		Zocor (ST, QL)
niacin ER		
niacor		
omega-3 acid ethyl esters		
pravastatin ⁺		
rosuvastatin (QL)		
rosuvastatin 5mg, 10mg ⁺ (QL)		
simvastatin 80mg (QL)		
simvastatin 10mg, 20mg, 40mg ⁺		

CONTRACEPTION PRODUCTS

Afirmelle ⁺	Lo Loestrin FE	Annovera ⁺
Aftera ⁺	NuvaRing ⁺	Balcoltra
Altavera ⁺	Taytulla	Ella ⁺
Alyacen ⁺		Estrostep FE
Amethia ⁺		Layolis FE ⁺
Amethia Lo ⁺		Loestrin FE
Amethyst ⁺		Minastrin 24 FE
Apri ⁺		Natazia
Aranelle ⁺		Safyral
Ashlyna ⁺		Skyla*
Aubra ⁺		Today
Aubra EQ ⁺		Contraceptive Sponge ⁺
Aurovela 24 FE ⁺		Yasmin 28
Aurovela FE ⁺		Yaz
Aurovela ⁺		
Aviane ⁺		
Ayuna ⁺		
Azurette ⁺		
Balziva ⁺		
Bekyree ⁺		
Blisovi 24 FE ⁺		
Blisovi FE ⁺		
Briellyn ⁺		
Camila ⁺		
Camrese ⁺		

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

Camrese Lo ⁺		
Caya Contoured ⁺		
Caziant ⁺		
Chateal ⁺		
Chateal EQ ⁺		
Cryselle ⁺		
Cyclafem ⁺		
Cyred ⁺		
Cyred EQ ⁺		
Dasetta ⁺		
Daysee ⁺		
Deblitane ⁺		
Delyla ⁺		
desogestrel-ethinyl estradiol ⁺		
desogestrel-ethinyl estradiol ethinyl estradiol		
dospirenone- ethinyl estradiol- levomefolate ⁺		
drosiprenone- ethinyl estradiol ⁺		
Econtra EZ ⁺		
Econtra One-Step ⁺		
Elinest ⁺		
Emoquette ⁺		
Enpresse ⁺		
Enskyce ⁺		
Errin ⁺		
Estarylla ⁺		
ethynodiol-ethinyl estradiol ⁺		
Falmina ⁺		
Fayosim ⁺		
FemCap ⁺		
Femynor ⁺		
Gianvi ⁺		
Gynol II ⁺		
Hailey 24 FE ⁺		
Heather ⁺		
Incassia ⁺		
Introvale ⁺		
Isibloom ⁺		
Jasmiel ⁺		
Jencycla ⁺		

Cigna Standard 3-Tier Prescription Drug List

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

Jolessa ⁺		
Juleber ⁺		
Junel ⁺		
Junel FE ⁺		
Junel FE 24 ⁺		
Kaitlib FE ⁺		
Kalliga ⁺		
Kariva ⁺		
Kelnor 1-35 ⁺		
Kelnor 1-50 ⁺		
Kurvelo ⁺		
Larin ⁺		
Larin FE ⁺		
Larin FE 24 ⁺		
Larissia ⁺		
Leena 28 tablet ⁺		
Lessina ⁺		
Levonest ⁺		
levonorgestrel ⁺		
levonorgestrel- ethinyl estradiol ⁺		
levonorgestrel- ethinyl estradiol- ethinyl estradiol ⁺		
Levora-28 ⁺		
Lillow ⁺		
Loryna ⁺		
Low-Ogestrel ⁺		
Lo-Zumandimine ⁺		
Lutera ⁺		
Lyza ⁺		
Marlissa ⁺		
medroxyprogesterone 150mg/ml ⁺		
Melodetta 24 FE ⁺		
Mibelas 24 FE ⁺		
Microgestin ⁺		
Microgestin FE ⁺		
Mili ⁺		
Mono-Linyah ⁺		
My Choice ⁺		
My Way ⁺		
Necon ⁺		
Nikki ⁺		
Nora-BE ⁺		
norethindrone ⁺		
norethindrone- ethinyl estradiol ⁺		
norethindrone- ethinyl estradiol- iron ⁺		
norgestimate- ethinyl estradiol ⁺		

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

Norlyda ⁺		
Norlyroc ⁺		
Nortrel ⁺		
Ocella ⁺		
Option 2 ⁺		
Orsythia ⁺		
Philith ⁺		
Pimtrea ⁺		
Pirmella ⁺		
Portia ⁺		
Previfem ⁺		
Reclipsen ⁺		
Rivelsa tablet ⁺		
Setlakin ⁺		
Sharobel ⁺		
Simliya ⁺		
Simpesse ⁺		
Sprintec ⁺		
Sronyx ⁺		
Syeda ⁺		
Tarina FE ⁺		
Tarina FE 1-20 EQ ⁺		
Tilia FE 28 ⁺		
Tri Femynor ⁺		
Tri-Estarylla ⁺		
Tri-Legest FE ⁺		
Tri-Linyah ⁺		
Tri-Lo-Estarylla ⁺		
Tri-Lo-Marzia ⁺		
Tri-Lo-Mili ⁺		
Tri-Lo-Sprintec ⁺		
Tri-Mili ⁺		
Tri-Previfem ⁺		
Tri-Sprintec ⁺		
Trivora-28 ⁺		
Tri Vylibra ⁺		
Tri Vylibra Lo ⁺		
Tulana ⁺		
Tydemyl ⁺		
VCF foam, gel ⁺		
Velivet ⁺		
Vienva ⁺		
Viorele ⁺		
Vyfemla ⁺		
Vylibra ⁺		
Wera ⁺		
Wide Seal Diaphragm ⁺		
Wymzya FE ⁺		
Xulane ⁺		
Zarah ⁺		
Zovia ⁺		
Zumandimine ⁺		

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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COUGH/COLD MEDICATIONS

Bromfed DM brompheniramine- pseudoephedrine- DM hydrocodone- chlorpheniramine ER (PA)		Tessalon Perle Tuzistra XR (PA, QL)
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DENTAL PRODUCTS

chlorhexidine doxycycline fluoride+^ Fluoritab+^ Flura-Drops+^ Ludent Fluoride+^ Oralene Paroex Peridex Periogard sodium fluoride 0.25mg, 0.5mg, 1mg+^ triamcinolone		Floriva+^ Fluorabon+^
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DIABETES

glimepiride glipizide glipizide ER glipizide XL metformin metformin ER NovoTwist pioglitazone	Basaglar (QL) Bydureon (ST, QL) Byetta (ST, QL) Farxiga (ST, QL) Freestyle Libre Sensor (PA, QL) GlucaGen HypoKit (QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Janumet (QL) Janumet XR (QL) Januvia (ST, QL) Jardiance (ST, QL) Kombiglyze XR (QL) Levemir (QL) OneTouch test strips Onglyza (ST, QL) Ozempic (ST, QL) QTERN (ST, QL)	Amaryl Cycloset Glucophage Glucophage XR Korlym* (PA) Riomet
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIABETES (cont)

	Segluromet (QL) Soliqua Steglatro (ST, QL) SymlinPen Synjardy (QL) Synjardy XR (QL) Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (QL) Xultophy	
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DIURETICS

acetazolamide acetazolamide ER bumetanide tablet chlorthalidone eplerenone furosemide tablet, solution hydrochlorothiazide spironolactone triamterene-HCTZ	Diuril Dyrenium	Aldactone Dyazide Inspra Jynarque* (PA) Lasix Maxzide Maxzide-25 mg Samsca*
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EAR MEDICATIONS

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

sildenafil oral suspension, tablet^ (PA age, QL) tadalafil^ 2.5mg, 10mg, 20mg (PA age, QL) tadalafil^ 5mg (PA, QL) vardenafil^ (PA age, QL)	Muse^ (PA, QL)	Cialis^ (PA age, ST, QL) Stendra^ (PA age, ST, QL) Viagra^ (PA age, ST, QL)
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EYE CONDITIONS

azelastine brimonidine ciprofloxacin dorzolamide dorzolamide- timolol erythromycin fluorometholone gatifloxacin	Alphagan P 0.1% drops Azasite Azopt Betimol Betoptic S Combigan Lotemax drops, gel Lotemax SM	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Cosopt Cosopt PF
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
EYE CONDITIONS (cont)

latanoprost	Lumigan	Cystaran* (QL)
moxifloxacin	Moxeza	Durezol
neomycin-	Pazeo	Ilevro
polymyxin-	Restasis	Inveltys
dexamethasone	Simbrinza	Istalol
ofloxacin	Tobradex eye	Lastacaft
olopatadine	ointment	Lotemax ointment
polymyxin B-TMP	Travatan Z	Maxitrol
prednisolone	Xiidra	Nevanac
solution		Ocuflox
timolol solution		Oxervate* (PA)
tobramycin		Pataday
tobramycin-		Patanol
dexamethasone		Polytrim
		Pred Forte
		Prolensa
		Rhopressa
		Timoptic
		Timoptic-XE
		Tobradex drops
		Tobradex ST
		Trusopt
		Vigamox
		Xalatan
		Zioptan (ST, QL)
		Zirgan
		Zylet
		Zymaxid

FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		
Miconazole		
3 vaginal		
suppository		
terconazole		

GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Aciphex tablet (ST, QL)
alosetron*	Apriso	
Anucort-HC	Carafate	Aciphex Sprinkle (QL)
balsalazide	suspension	
bisacodyl+	CLENPIQ+	Akynzeo capsule (PA, QL)
Bisa-Lax+	Creon Dexcelant (QL)	Bonjesta
chlordiazepoxide-	Entyvio+ 	Canasa
clidinium	Linzess	Carafate tablet
cinacalcet*	Lithostat	Cholbam* (PA)
ClearLax+	Pentasa	Correctol+
dicyclomine	Prepopik+	Diclegis
capsule, solution, tablet	SUPREP+	

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

diphenoxylate-atropine	Trulance	Donnatal
dronabinol	Zenpep	Dulcolax+
Ducodyl+		Gattex* (PA)
esomeprazole capsule (QL)		Gialax+
famotidine suspension, tablets		Kristalose
GaviLyte-C+		Lomotil
GaviLyte-G+		MiraLax+
GaviLyte-N+		Motegrity
GentleLax+		Movantik (PA)
GlycoLax+		Ocaliva* (PA)
HealthyLax+		Pancreaze
Hemmorex-HC		Pertzye
hydrocortisone		Ravicti* (PA)
lansoprazole (QL)		Rectiv
LaxaClear+		Relistor (PA)
mesalamine		Sancuso (PA, QL)
mesalamine DR		Sensipar*
metoclopramide		sfRowasa
metoclopramide ODT		Sucraid* (PA)
QC Natura-Lax+		Symproic (PA)
omeprazole (QL)		Transderm-Scop
ondansetron		Urso
ondansetron ODT		Urso Forte
pantoprazole tablet (QL)		Varubi (PA, QL)
PEG 3350 and Electrolytes+		Viberzi
PEG-Prep+		Viokace
Phenadoz		Xermelo* (PA)
polyethylene glycol 3350+		Zantac
PowderLax+		
prochlorperazine suppository, tablet		
promethazine		
Promethegan		
rabeprazole (QL)		
ranitidine 150mg, 300mg capsules, tablets, syrup		
sucralfate		
TriLyte With Flavor		
Packets+		
ursodiol		

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HORMONAL AGENTS		
Amabelz	Androderm (PA, QL)	Activella
budesonide EC		Alora (QL)
budesonide ER (PA, QL)	Armour Thyroid	AndroGel (PA, QL)
cabergoline (QL)	Cetrotide*^ (PA)	Angeliq
CovARYX	Divigel	Climara
CovARYX HS	Duavee	Climara Pro
Decadron	Estring (QL)	CombiPatch
desmopressin solution, spray, tablet	Euthyrox	Crinone 4%
dexamethasone	Forteo* (PA, QL)	Cytomel
dexamethasone intensol	Ganirelix*^ (PA)	Deltasone
EEMT	Humatrope* (PA)	Depo-Testosterone
EEMT H.S.	Increlex* (PA)	Egrifta* (PA)
estradiol patch, vaginal insert (QL)	Levo-T	Elestrin
estradiol-norethindrone	Lupron Depot*^ (PA)	Emflaza* (PA)
estrogen-methyltestosterone	Lupron Depot-PED*^ (PA)	Entocort EC
levothyroxine	Medrol 2mg	Estrace
Levoxyl	Norditropin	EstroGel
liothyronine	FlexPro* (PA)	Evamist
Lopreeza	Orilissa (PA, QL)	Imvexy (QL)
medroxy-progesterone	Premarin tablet	Intramosa
methimazole	Premphase	Medrol 4mg, 8mg, 16mg, 32mg
methylprednisolone dosepak, tablet	Prempro	Menostar (QL)
Mimvey	Sandostatin LAR Depot*^ (PA)	Minivelle (QL)
Mimvey LO	Serostim* (PA)	Natpara* (PA)
Nature-Thyroid	Somavert* (PA)	Noctiva (PA)
NP Thyroid	Synthroid	Osphena
prednisolone	Zorbtive* (PA)	Prometrium
prednisolone ODT		Royaldee
prednisone		Somatuline Depot*^ (PA)
prednisone intensol		Striant (PA, QL)
progesterone capsule		Tirosint
TaperDex		Vagifem (QL)
testosterone (PA, QL)		Vivelle-Dot (QL)
testosterone - cypionate		
thyroid		
Westhroid		
WP Thyroid		
Yuvaferm (QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS		
acyclovir capsule, suspension, tablet	Baraclude 0.05mg/ml*	Albenza
albendazole	Cipro suspension	Alinia
amoxicillin	Cleocin 75mg capsule	Arikayce* (PA)
amoxicillin clavulanate	Daraprim* (PA)	Bactrim
amoxicillin clavulanate ER	Eurax 10% cream	Bactrim DS
atovaquone	Firvanq	Baraclude 0.5mg* ²
atovaquone-proguanil	Kitabis Pak* (PA, QL)	Baxdela (PA)
Avidoxy	Ledipasvir-Sofosbuvir* (PA)	Cayston* (PA, QL)
azithromycin	Mavyret* (PA)	Cipro tablet
cefdinir	Pegasys* (PA)	Cleocin
cefpodoxime	Sofosbuvir-Velpatasvir* (PA)	Clindesse
cefuroxime	Sovaldi* (PA)	Cresemba capsule (PA)
cephalexin	Thalomid* (PA)	Dificid (QL)
ciprofloxacin	TOBI Podhaler* (PA, QL)	Elimite
clarithromycin	Vibramycin 50mg/5ml	EryPed 200
clarithromycin ER	Vosevi* (PA)	Eurax 10% lotion
clindamycin	Xifaxan 550mg (QL)	Flagyl
clindamycin phosphate		Keflex
Coremino (QL)		Levaquin
dapsone		Macrobid
doxycycline		Macrodantin
Emverm		Malarone (PA)
entecavir* (QL)		MetroGel-Vaginal
erythromycin		Monurol
erythromycin ES		Natroba
famciclovir		Noxafil suspension, tablet
fluconazole		Nuessa
hydroxychloroquine		Nuzyra* (PA)
itraconazole		Oravig
levofloxacin eye drops, solution, tablet		Plaquenil (PA)
metronidazole		Prevymis tablet*
minocycline		Priftin
minocycline ER (QL)		Sivextro tablet (PA)
Mondoxylene NL		Sklice
nitrofurantoin		Solosec
Nitrofurantoin Mono-Macro		Sulfatrim
nystatin		Suprax
Okebo		Tamiflu (QL)
oseltamivir (QL)		Urogesic-Blue
penicillin V		Valtrex
		Vemlidy*
		Vibramycin suspension
		Xofluza (QL)
		Zepatier* (PA)
		Zithromax packet, suspension, tablet
		Zyvox (PA)

Cigna Standard 3-Tier Prescription Drug List

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

permethrin		
Soloxide		
sulfamethoxazole-TMP		
terbinafine tablet		
tetracycline capsule		
tobramycin ampule* (PA, QL)		
valacyclovir		
valganciclovir		
vancomycin capsule		
Vandazole		
voriconazole tablet (PA)		

INFERTILITY

chorionic gonadotropin 10,000 unit vial*^ (PA)	Gonal-F*^ (PA)	Crinone 8%^
clomiphene tablet^	Menopur*^ (PA)	Endometrin^
	Novarel*^ (PA)	Follistim AQ*^ (PA)
	Ovidrel*^ (PA)	

MISCELLANEOUS

disulfiram	Cerdelga* (PA)	Addyi^ (PA, QL)
Nebusal 3%	Esbriet* (PA)	Austedo* (PA)
PulmoSal	Nityr* (PA)	Brisdelle (QL)
sodium chloride inhalation vial	Strensiq* (PA)	Exjade* (PA)
TechLITE Lancets		Ferriprox* (PA)
tetrabenazine* (PA)		Galafold* (PA)
trientine* (PA)		Ingrezza* (PA)
		Jadenu* (PA)
		Kuvan* (PA)
		Myalept* (PA)
		Nuedexta (QL)
		Orfadin* (PA)
		Palynziq* (PA)
		Tiglutik* (PA)
		Xenazine* (PA)

MULTIPLE SCLEROSIS

glatiramer* (PA)	Ampyra* (PA)	Gilenya 0.25mg
Glatopa* (PA)	Avonex* (PA)	
	Betaseron* (PA)	
	Extavia* (PA)	
	Gilenya 0.5mg* (PA)	
	Plegridy* (PA)	
	Rebif* (PA)	
	Rebif Rebidose* (PA)	
	Tecfidera* (PA)	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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NUTRITIONAL/DIETARY

calcitriol capsule, solution	CitraNatal	Auryxia (QL)
calcium 667mg	Drisdol	KPN+
cyanocobalamin injection	Escavite+	K-Tab ER
daily prenatal+	Escavite D+	Lokelma
FA-8+	Floriva+	OB Complete
folic acid 1mg	Klor-Con M15	Phoslyra
folic acid 0.4mg, 0.8mg+	Mephyton	Renvela
Klor-Con	OB Complete Petite	Velphoro
Klor-Con 10	Perry Prenatal+	Veltassa
Klor-Con 8	Prenate Mini	vitaPearl
Klor-Con M10	Prenate Pixie	
Klor-Con M20	PrimaCare	
Klor-Con Sprinkle	Quflora+	
lanthanum	Rocaltrol	
phytonadione tablet	Urosex+	
potassium chloride capsule, packet, solution, tablet	VitafoI+	
Prena1 Pearl		
Prenatal+		
Prenatal Vitamin+ sevelamer		
vitamin D2		
vitamin D3 5,000 unit+		

OSTEOPOROSIS PRODUCTS

alendronate (QL)	Tymlos* (PA, QL)	Actonel (ST)
calcitonin-salmon		Atelvia (ST)
ibandronate tablet		Binosto (ST)
raloxifene+		Boniva tablet (ST)
risedronate		Evista
risedronate DR		Fosamax (ST)
		Fosamax Plus D (ST)

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA)	Actemra* (PA, QL)	Abstral (PA)
allopurinol	Aimovig (PA)	Analpram HC
aprizio pak	Ajovy (PA)	Arava
baclofen tablet	Belbuca (QL)	Arymo ER (PA)
buprenorphine (QL)	Cosentyx* (PA, QL)	Benlysta* (PA)
butalbital-acetaminophen-caffeine (QL)	Depen* (PA)	Butrans (QL)
	Embeda (PA)	Celebrex (ST, QL)
	Emgality(PA)	Cimzia* (PA, QL)
	Enbrel* (PA, QL)	Colcrys
	Humira* (PA, QL)	

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

carisoprodol	Hysingla ER (PA)	Diclofenac patch (ST, QL)
celecoxib (QL)	Nucynta (PA)	D-Penamamine* (PA)
colchicine	Otezla* (PA, QL)	Dupixent* (PA)
cyclobenzaprine	Proctofoam-HC	Duragesic (PA)
DermacinRx	Rasuvo (PA)	EC-naprosyn (ST)
Empricaine	Remicade*^ (PA)	Esgic (QL)
DermacinRx	Savella	Fexmid
Prizopak	Simponi Aria* (PA)	Flector (ST, QL)
diclofenac (QL)	Stelara	Frova (QL)
diclofenac ER	45mg/0.5ml,	Ilaris*^ (PA)
EC-naproxen	90mg/ml* (PA, QL)	Ilumya* (PA, QL)
eletriptan (QL)	Subsys (PA)	Kadian (PA)
endocet (PA)	Tremfya* (PA, QL)	Kevzara* (PA, QL)
etodolac	Uloric (QL)	Kineret* (PA, QL)
etodolac ER	Xeljanz* (PA, QL)	Lidoderm
fentanyl (PA)	Xeljanz XR* (PA, QL)	Mitigare
Fioricet (QL)	Xtampza ER (PA)	Mobic (ST)
frovatriptan (QL)	Ztlido	Morphabond ER (PA)
Glydo		MS Contin (PA)
hydrocodone- acetaminophen (PA)		Nalfon 400 mg (ST)
hydromorphone solution, suppository, tablet (PA)		Naprosyn (ST)
hydromorphone ER (PA)		Norco (PA)
IBU		Nucynta ER (PA)
ibuprofen tablet		Olumiant* (PA, QL)
indomethacin capsule		Orencia syringe* (PA, QL)
indomethacin ER		Otrexup (PA)
ketorolac (QL)		Oxaydo (PA)
leflunomide		Percocet (PA)
lidocaine (QL)		Procort
lidocaine viscous		Qmiiz ODT (ST, QL)
lidocaine-prilocaine		Relpax (QL)
Lidopril		Roxybond (PA)
Lidopril XR		Simponi* (PA, QL)
Lido-Prilo Caine Pack		Skelaxin
Livixil Pak		Taltz* (PA, QL)
Lorcet (PA)		Tylenol-Codeine No.3 (PA)
Lorcet HD (PA)		Tylenol-Codeine No.4 (PA)
Lorcet Plus (PA)		Ultram (QL)
Lortab (PA)		Voltaren (ST, QL)
meloxicam		Zanaflex
Metaxall		Zebutal (QL)
		Zohydro ER (PA)
		Zyloprim

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

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

PARKINSON'S DISEASE

benztropine	Apokyn* (PA)	Azilect (QL)
bromocriptine		Duopa*
carbidopa-levodopa		Mirapex
carbidopa-levodopa ER		Mirapex ER (QL)
pramipexole (QL)		Neupro
pramipexole ER (QL)		Osmolex ER (QL)
rasagiline (QL)		Parlodel
ropinirole		Rytary
ropinirole ER		Sinemet
		Sinemet CR
		Tasmar
		Xadago (ST)

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SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole (QL)	Latuda (QL)	Fanapt (ST, QL)
aripiprazole ODT		Invega (ST, QL)
chlorpromazine tablet		Rexulti (ST, QL)
olanzapine tablet		Risperdal (ST)
olanzapine ODT		Saphris (ST)
paliperidone ER (QL)		Seroquel (ST)
quetiapine		Seroquel XR (ST)
quetiapine ER		Vraylar (ST, QL)
risperidone		
risperidone ODT		
ziprasidone		

SEIZURE DISORDERS

carbamazepine	Dilantin 30 mg capsule (PA)	Aptiom (PA, QL)
carbamazepine ER		Banzel (PA, QL)
clonazepam	Fycompa (PA, QL)	Briviact solution, tablet (PA)
divalproex	Vimpat solution, tablet (PA)	Carbatrol (PA)
divalproex ER		Depakote (PA)
epitol		Depakote ER (PA)
gabapentin		Depakote Sprinkle (PA)
lamotrigine		Dilantin 50mg and 100mg (PA)
lamotrigine (blue, green, orange)		Epidiolex* (PA)
lamotrigine ER		Klonopin (PA)
lamotrigine ODT		Neurontin (PA)
levetiracetam solution, tablet		Onfi (PA)
levetiracetam ER		Oxtellar XR (PA)
oxcarbazepine		Phenytek (PA)
Roweepra		Tegretol (PA)
Roweepra XR		Tegretol XR (PA)
Subvenite		
Subvenite (Blue, Green, Orange)		
topiramate		
topiramate ER		
vigabatrin*		
Vigadrone*		

SKIN CONDITIONS

adapalene (PA age)	Cordran 0.025% cream	Bryhali (ST)
adapalene-benzoyl peroxide	Drysol	Celacyn
Amnesteem (QL)	Eucrisa	Centany
Avar Cleanser	Finacea 15% foam	Cleocin T
Avar-E	Fluoroplex	Cloderm (ST)
Avar-E Green	Naftin gel	Condylox
azelaic acid		

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

betamethasone dipropionate augmented	Pramosone 1% lotion	Cordran 0.05% cream, lotion, ointment, tape (ST)
betamethasone BP 10-1	Pramosone 1%-1% cream	Dermasorb TA (ST)
calcipotriene	Pramosone 1%-1% ointment	Dovonex
calcipotriene-betamethasone DP	Pramosone 2.5%-1% ointment	Ecoza
Calcitrene	Santyl (QL)	Efudex
Claravis (QL)	Soolantra	Elidel
Clindacin ETZ pledget		Evoclin
Clindacin P pledget		Finacea gel
clindamycin-benzoyl peroxide		Impoyz (ST)
clindamycin phosphate		Lotrisone
clindamycin-tretinoin		MetroCream
clobetasol		MetroGel
Clodan shampoo		MetroLotion
clotrimazole-betamethasone		MiCort-HC 2.5% cream (ST)
dapsone		Mimyx
desoximetasone		Naftin cream
diflorasone		Nizoral
fluocinonide		Olux (ST)
fluorouracil cream, topical solution		Picato
flurandrenolide		Pramosone 2.5%-1% cream, lotion
hydrocortisone		Protopic
isotretinoin (QL)		Regranex (PA, QL)
ketoconazole		Sorilux
metronidazole		Targretin gel*
Micort HC 2.5% cream		Temovate (ST)
mupirocin		Tolak
Myorisan (QL)		Topicort (ST)
Neuac gel		Ultravate cream, ointment (ST)
Nolix		Valchlor*
oxiconazole nitrate		Xepi
pimecrolimus		Xolegel
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		
Psorcon		
Rosadan		

Cigna Standard 3-Tier Prescription Drug List

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

sodium sulfacetamide-sulfur SSS 10-5		
Sulfacleanse 8-4		
tacrolimus ointment		
tazarotene		
tretinoin (PA age)		
tretinoin microsphere (PA age)		
triamcinolone		
triderm		
Zenatane (QL)		

SLEEP DISORDERS/SEDATIVES

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

SMOKING CESSATION

bupropion SR ⁺	Chantix [^]	NicoDerm CQ
NicoDerm CQ 21mg/24hr ⁺	Nicotrol [^]	7mg/24hr,
Nicorelief ⁺	Nicotrol NS [^]	14mg/24hr ⁺
nicotine gum ⁺		Nicorette ⁺
nicotine lozenge ⁺		Zyban [^]
nicotine patch ⁺		
Quit 2 ⁺		
Quit 4 ⁺		

SUBSTANCE ABUSE

buprenorphine-naloxone	Bunavail	Suboxone
	Lucemyra (QL)	
	NARCAN (QL)	
	Zubsolv	

TRANSPLANT MEDICATIONS

azathioprine tablet*		Astagraf XL*
mycophenolate capsule, suspension, tablet*		Cellcept capsule, suspension, tablet*
mycophenolic acid*		Envarsus XR*
sirolimus*		Myfortic*
tacrolimus capsule*		Prograf capsule, granule packet*
		Rapamune*
		Zortress*

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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URINARY TRACT CONDITIONS

cevimeline	Cystagon*	Avodart
darifenacin ER (QL)	Elmiron	Evoxac
finasteride 5mg	Thiola*	Flomax
oxybutynin		Procysbi* (PA)
oxybutynin ER		Proscar
phenazopyridine		Pyridium
potassium ER		Rapaflo (QL)
silodosin (QL)		Urocit-K
solifenacin (QL)		
tamsulosin		
tolterodine		
tolterodine ER (QL)		
trospium		
trospium ER		

VACCINES

For plans renewing on 2/1/20 and later, vaccines will be covered under the pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, or check your plan materials, to find out how your specific plan covers them.

Diphtheria and Tetanus Toxoids-ped ⁺	ActHIB ⁺	Rotarix ⁺
TdVax ⁺	Adacel Tdap ⁺	RotaTeq ⁺
	Afluria Quad ⁺	
	BEXSERO ⁺	
	Boostrix Tdap ⁺	
	DAPTACEL DTaP ⁺	
	Engerix-B ⁺	
	FLUAD ⁺	
	FLUARIX	
	QUADRIVALENT ⁺	
	FLUBLOK	
	QUADRIVALENT ⁺	
	FLUCELVAX	
	QUADRIVALENT ⁺	
	FLUALVAL	
	QUADRIVALENT ⁺	
	Fluzone High-dose ⁺	
	Fluzone	
	Quadrivalent Pedi ⁺	
	Fluzone	
	Quadrivalent ⁺	
	GARDASIL 9 ⁺	
	HAVRIX ⁺	
	HEPLISAV-B ⁺	
	Hiberix ⁺	
	Infanrix DTaP ⁺	
	IPOL ⁺	
	KINRIX ⁺	

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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VACCINES

For plans renewing on 2/1/20 and later, vaccines will be covered under the pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, or check your plan materials, to find out how your specific plan covers them.

Menactra+
 Menveo A-C-Y-W-
 135-DIP+
 M-M-R II+
 PEDIARIX+
 PedvaxHIB+
 Pentacel+
 PNEUMOVAX 23+
 Prevnar 13+
 ProQuad+
 Quadracel DTaP-
 IPV+
 Recombivax HB+
 SHINGRIX+
 Tenivac+
 Trumenba+
 Twinrix+
 VAQTA+
 VARIVAX+
 ZOSTAVAX+

WEIGHT MANAGEMENT

Lomaira^ phentermine^	Belviq^ (PA) Belviq XR^ (PA) Contrave^ (PA) Qsymia^ (PA) Saxenda^ (PA)
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Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay its full cost out-of-pocket. **Your plan covers other medications that are used to treat the same condition.**^^ They're listed below.

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

^^ These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ASTHMA/COPD/RESPIRATORY	Advair Diskus AirDuo RespiClick	Advair HFA Breo Ellipta Dulera fluticasone-salmeterol Symbicort Wixela Inhub	
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler Pulmicort Flexhaler	
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	Anoro Ellipta	
	Elixophyllin	theophylline oral solution	
	Proventil HFA Xopenex HFA	ProAir Ventolin HFA	
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta	
	Striverdi Respimat	Serevent Diskus	
	Yupelri	Anoro Ellipta Incruse Ellipta Trelegy Ellipta	
	Zyflo	montelukast zafirlukast zileuton ER	
	ATTENTION DEFICIT HYPERACTIVITY	Adderall XR Aptensio XR Concerta Cotempla XR-ODT Mydayis Focalin XR Ritalin LA	dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA Vyvanse
		Desoxyn	methamphetamine
Dexedrine		dextroamphetamine	
BLOOD PRESSURE/HEART MEDICATIONS		Betapace	sotalol oral
		Cardizem	diltiazem
	Cardizem CD	diltiazem CD	
Isordil	isosorbide dinitrate		
Isordil Titradose	isosorbide dinitrate digoxin		
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin	
CANCER	Nilandron	nilutamide	
	Tarceva*	erlotinib*	
	Yonsa*	abiraterone*	
	Zytiga*		

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin
	Lipitor	atorvastatin
	Praluent Pen	Repatha
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
	TussiCaps	hydrocodone-chlorpheniramine ER promethazine with codeine syrup
DIABETES	Accu-Chek Aviva Plus test strips Accu-Chek Guide test strips Accu-Chek Smartview Accutrend glucose	One Touch test strips (e.g. Ultra; Verio)
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza
	Ademelog Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	alogliptin	Janumet Janumet XR Januvia Kombiglyze XR metformin Onglyza
	alogliptin-metformin	Janumet Janumet XR Januvia Kombiglyze XR metformin Onglyza
	alogliptin-pioglitazone	Janumet Janumet XR Januvia Kombiglyze XR Onglyza pioglitazone

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED ^{^^}	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES <i>(cont)</i>	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)
	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Jentadueto Jentadueto XR Kazano	Janumet Janumet XR Kombiglyze XR
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch
	Nesina Tradjenta	Januvia Janumet Janumet XR Kombiglyze XR metformin Onglyza
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia Kombiglyze XR Onglyza
	Steglujan	Glyxambi metformin QTERN
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Vyzulta	bimatoprost latanoprost Lumigan Travatan Z
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine

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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Seysara Solodyn Targadox Vibramycin Ximino	Generic products (e.g. doxycycline; minocycline)	
	Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine quinine	
	Augmentin/ES	amoxicillin-clavulanate	
	Bethkis* Tobi	tobramycin inhalation solution*	
	Diflucan	fluconazole	
	E.E.S. 200	erythromycin granules	
	Epclusa*	sofosbuvir-velpatasvir*	
	Eryped 400	erythromycin ethylsuccinate	
	Harvoni*	ledipasvir-sofosbuvir*	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Sitavig	acyclovir tablet famciclovir tablet valacyclovir tablet	
	Sporanox Tolsura	itraconazole oral	
	Valcycte	valganciclovir	
	Vancocin	vancomycin oral capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Syprine*	Depen* penicillamine* trientine*
	MULTIPLE SCLEROSIS	Aubagio*	Gilenya* Mayzent* Tecfidera*
		Copaxone*	Aubagio* Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
NUTRITIONAL/DIETARY	Azesco	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	Amrix	cyclobenzaprine Other generic muscle relaxants
	Bupap	butalbital-acetaminophen tablets
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g. celecoxib, meloxicam)
	ConZip	Tramadol Tramadol ER
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	Gralise	gabapentin
	Imitrex Zembrace Symtouch	sumatriptan
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER
	Lido-Sorb Lidozion	lidocaine cream, ointment
	Lorzone	chlorzoxazone 500mg
	Migranal	dihydroergotamine nasal spray
	ONZETRA Xsail	Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)
	Oxycontin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER
	Pennsaid	diclofenac 1% gel
	Roxicodone	oxycodone
	Siliq*	Cosentyx* Enbrel* Humira* Stelara*

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY <i>(cont)</i>	Soriatane	acitretin
	Sprix	ketorolac tablet
	Tivorbex	indomethacin
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine
	Vivlodex	meloxicam
	Zomig	sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	Zorvolex	diclofenac
PARKINSON'S DISEASE	Gocovri	amantadine
	Lodosyn	carbidopa
	Requip XL	ropinirole extended release
	Zelapar	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Abilify MyCite	aripiprazole
	FazaClo Versacloz	clozapine clozapine ODT
	Geodon capsule	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Felbatol	felbamate
	Keppra oral solution, tablet	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (blue, green, orange)	lamotrigine ODT (blue, green, orange)
	Lamictal XR	lamotrigine ER
	Lamictal XR (blue, green, orange)	lamotrigine ER (blue, green, orange)
	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
	Qudexy XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
Topamax	topiramate	
Zonegran	zonisamide	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS	Absorica Acanya Aczone Aktipak Altreno Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Retin-A Micro Tazorac Veltin Ziana	Myorisan or Zenatane Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aldara Zyclara	imiquimod 5% cream
	Anusol-HC cream	hydrocortisone cream
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin Neuac Kit	clindamycin-benzoyl peroxide
	Carac	fluorouracil 0.5% cream
	Clindagel	clindamycin gel, topical solution
	Cutivate lotion	fluticasone topical lotion
	Denavir Zovirax cream, ointment	acyclovir tablet famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Duobrii	halobetasol plus tazarotene cream
	Enstilar Taclonex	calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
SKIN CONDITIONS <i>(cont)</i>	HALOG	clobetasol cream, ointment halobetasol cream, ointment	
	Jublia Kerydin	ciclopirox topical solution itraconazole capsules terbinafine tablets	
	Kenalog spray	triamcinolone acetonide aerosol spray	
	Lexette	clobetasol cream, ointment halobetasol cream, foam, ointment	
	Locoid	hydrocortisone cream, lipid cream, ointment, solution	
	Locoid Lipocream	hydrocortisone lipid cream	
	Loprox	ciclopirox cream, shampoo	
	Luzu	econazole ketoconazole cream luliconazole oxiconazole	
	Noritate	metronidazole cream	
	Oxistat	etoconazole cream	
	Penlac	ciclopirox solution	
	Prudoxin Zonalon	Generic topical steroid (e.g. topical tacrolimus)	
	Sernivo	clobetasol spray triamcinolone acetonide aerosol spray	
	Trianex	triamcinolone cream, ointment	
	Ultravate	clobetasol lotion	
	Vanos	fluocinonide 0.1% cream	
	Verdeso	desonide cream, ointment	
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet	
	SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
		Ambien CR	zolpidem ER
Ativan		lorazepam	
Edluar Intermezzo		zolpidem/ER	
Nuvigil		armodafinil	
Provigil		modafinil	
Restoril		temazepam	
Zolpimist		Belsomra eszopiclone Silenor zaleplon zolpidem/ER	
SUBSTANCE ABUSE	Evzio	narcan nasal spray	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique	darifenacin ER
	Myrbetriq	oxybutynin ER
	Toviaz VESicare	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:^{1,2}

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

When a medication changes tiers or is no longer covered, you may pay a different amount to fill 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 aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

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

Which medications are covered under the health care reform law?

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter medicines) may be available to you at no cost-share (\$0), depending on your plan. Log in to the **myCigna** app or website, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list on **Cigna.com/druglist**.

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

Prescription drug list FAQs (cont)

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

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

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

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. You can log in to the **myCigna** app or website and click on "Price a Medication" to see how much your medication will cost you at the different pharmacies in your network. You can also see if there are lower-cost alternatives available.³

How can I save money on my prescription medications?

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

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

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

- › Have the same active ingredient, strength and dosage form as the brand name medication

- › Deliver the same amount of active ingredients into the bloodstream in the same amount of time as the brand name medication
- › Be used in the same way as the brand name medication

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

How can I get help with my specialty medication?

Managing a complex condition isn't easy. As part of your Cigna-administered pharmacy benefits, you have access to Accredo.⁵ Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo's team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your complex medical condition. They'll help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

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

Can I fill my prescriptions by mail?

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

- › If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. To get started, call **800.835.3784**.

Prescription drug list FAQs (cont)

- › If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo. Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).⁶ To get started, call Accredo at **877.826.7657**. They're available Monday-Friday, 7:00 am-10:00 pm CST and on Saturdays, 7:00 am-4:00 pm CST. **Please be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to **Cigna.com/specialty**.

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

You can use the online tools and resources on the **myCigna** app or website to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also connect to your online Accredo account to manage your specialty medication.⁵

Exclusions and limitations

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁷

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

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

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



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. **Illinois** state law allows you to receive continued coverage of your medication, and at your current cost share (tier) level, if your doctor requests approval through a coverage review process. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
5. Not all plans offer home delivery and Accredo as a covered pharmacy option. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. As allowable by law.
7. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., Accredo Health Group, Inc., Express Scripts, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. "Accredo" refers to Accredo Health Group, Inc. Policy forms: OK - HP-APP-1 et al (CHLIC), OR - HP-POL38 02-13 (CHLIC), TN - HP-POL43/HC-CER1V1 et al (CHLIC), GSA-COVER, et al (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, Inc.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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