



# CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

**As of January 1, 2019**

**Together, all the way.®**



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

916154 a Value 4-Tier O/I SRx 08/18



# Table of Contents

## Getting started

Your prescription drug list	3
How to read your drug list	3
How to find your medication	5
Specialty medications	17
Medications that are not covered	23
Prescription drug list FAQs	33
Exclusions and limitations	36

### 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 10/01/2011

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 Value Prescription Drug List as of January 1, 2019.<sup>1</sup> 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 Value 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 Value Prescription Drug List.

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

**Tier** (cost-share level) gives you an idea of the 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 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 Value 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.

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

<b>(PA)</b>	<b>Prior Authorization</b> – 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.
<b>(ST)</b>	<b>Step Therapy</b> – 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).
<b>(QL)</b>	<b>Quantity Limits</b> – 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.
<b>(AGE)</b>	<b>Age Requirements</b> – 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. Oral and injectable specialty medications are covered on Tier 4 (see page 17). 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	11
ALZHEIMER’S DISEASE	6	GASTROINTESTINAL/HEARTBURN	11
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	HORMONAL AGENTS	11, 12
ASTHMA/COPD/RESPIRATORY	6	INFECTIONS	12
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6	INFERTILITY	12
BLOOD PRESSURE/HEART MEDICATIONS	6, 7	MISCELLANEOUS	12
BLOOD THINNERS/ANTI-CLOTTING	7	NUTRITIONAL/DIETARY	13
CANCER	7	OSTEOPOROSIS PRODUCTS	13
CHOLESTEROL MEDICATIONS	7, 8	PAIN RELIEF AND INFLAMMATORY DISEASE	13, 14
CONTRACEPTIVE PRODUCTS	8, 9	PARKINSON’S DISEASE	14
COUGH/COLD MEDICATIONS	10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	14
DENTAL PRODUCTS	10	SEIZURE DISORDERS	14, 15
DIABETES	10	SKIN CONDITIONS	15
DIURETICS	10	SLEEP DISORDERS/SEDATIVES	15
EAR MEDICATIONS	10	SMOKING CESSATION	16
ERECTILE DYSFUNCTION	10	SUBSTANCE ABUSE	16
EYE CONDITIONS	10, 11	URINARY TRACT CONDITIONS	16
		WEIGHT MANAGEMENT	16

## Cigna Value 4-Tier Prescription Drug List

Specialty medications covered on Tier 4 are listed on page 17.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ALLERGY/NASAL SPRAYS</b>			<b>ASTHMA/COPD/RESPIRATORY</b>		
azelastine		Clarinet-D 12 Hour	albuterol	Advair Diskus	Combivent
cromolyn solution		Karbinal ER	budesonide	Advair HFA	Respimat
cyproheptadine		Ryvent	inhalation	Anoro Ellipta	Daliresp (QL)
epinephrine auto-injector (PA, QL)		Semprex-D	ipratropium-albuterol	Atrovent HFA	Pulmicort
flunisolide			montelukast	Breo Ellipta	
fluticasone				Incruse Ellipta	
hydroxyzine capsule, solution, syrup, tablet				ProAir HFA	
ipratropium				ProAir RespiClick	
mometasone spray (QL)				QVAR RediHaler	
olopatadine spray				Striverdi Respimat	
promethazine syrup, tablet				Symbicort	
				Trelegy Ellipta (ST)	
<b>ALZHEIMER'S DISEASE</b>			<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
donepezil		Mestinon	atomoxetine (QL)		Adderall (ST)
donepezil ODT		Namenda	dexmethylphenidate		Daytrana (PA age)
memantine		Namenda XR (QL)	dexmethylphenidate ER (QL)		Evekeo (ST)
memantine ER (QL)		Namzaric (QL)	dextroamphetamine-amphetamine ER (QL)		Focalin (ST)
pyridostigmine			dextroamphetamine-amphetamine		Methylin (ST)
pyridostigmine ER			guanfacine ER		Quillivant XR (PA age)
rivastigmine			Metadate ER		Ritalin (ST)
			methylphenidate		
			methylphenidate CD (QL)		
			methylphenidate ER (QL)		
			methylphenidate LA (QL)		
<b>ANXIETY/DEPRESSION/BIPOLAR DISORDER</b>			<b>BLOOD PRESSURE/HEART MEDICATIONS</b>		
amitriptyline		Effexor XR (ST, QL)	Afeditab CR	Corlanor (PA)	Bayer Chewable Aspirin <sup>+</sup>
bupropion (QL)		Fetzima (ST, QL)	amlodipine	Entresto (PA)	BiDil (QL)
bupropion SR (QL)		Forfivo XL (ST, QL)	amlodipine-benazepril		Cardizem LA (QL)
bupirone		Prozac (ST, QL)	amlodipine-olmesartan (QL)		Coreg CR 80mg
citalopram (QL)		Sarafem (ST)	amlodipine-valsartan		Coreg CR 10, 20, 40mg (QL)
clomipramine		Trintellix (ST, QL)	amlodipine-valsartan-HCTZ		Epaned (ST)
desvenlafaxine ER (QL)		Viibryd (ST, QL)	Aspir 81 <sup>+</sup>		Hemangeol
duloxetine (QL)		Wellbutrin SR (ST, QL)	Aspir-Low <sup>+</sup>		Inderal LA
escitalopram (QL)		Zolofl (ST, QL)	aspirin EC <sup>+</sup>		Inderal XL
fluoxetine (QL)			aspirin <sup>+</sup>		Innopran XL
fluoxetine DR (QL)					Multaq
paroxetine (QL)					Nitro-Dur
paroxetine CR (QL)					
paroxetine ER (QL)					
sertraline (QL)					
trazodone					
venlafaxine (QL)					
venlafaxine ER (QL)					

## Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>			<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>		
atenolol		Nitrolingual	propafenone ER		
atenolol- chlorthalidone		Nitromist	propranolol ER		
benazepril		Nitrostat	propranolol tablet, solution		
benazepril-HCTZ		Norvasc	quinapril		
bisoprolol		Ranexa (ST, QL)	ramipril		
Bufferin <sup>+</sup>		Tiazac	Taztia XT		
candesartan		Tikosyn (QL)	telmisartan (QL)		
Cartia XT		Toprol XL	telmisartan-HCTZ (QL)		
carvedilol			tri-buffered aspirin <sup>+</sup>		
carvedilol ER (QL)			valsartan		
clonidine patch, tablet			valsartan-HCTZ		
Digitek			verapamil ER		
Digox			verapamil SR		
digoxin solution, tablet			verapamil tablet, capsule		
Dilt-XR					
diltiazem CD			<b>BLOOD THINNERS/ANTI-CLOTTING</b>		
diltiazem ER			aspirin-dipyridamole ER	Brilinta	Bevyxxa (QL)
diltiazem tablet			clopidogrel	Eliquis	Coumadin
dofetilide (QL)			Jantoven	Xarelto	Effient
doxazosin			prasugrel		Pradaxa
Ecotrin <sup>+</sup>			warfarin		Savaysa (QL)
EcPirin <sup>+</sup>					Zontivity
enalapril					
flecainide			<b>CANCER</b>		
hydralazine tablet			anastrozole	Fareston (QL)	Arimidex
irbesartan			letrozole		
isosorbide			mercaptopurine		
isosorbide ER			tamoxifen <sup>+</sup>		
labetalol tablet			<b>CHOLESTEROL MEDICATIONS</b>		
lisinopril			atorvastatin 10mg, 20mg <sup>+</sup>		Vascepa
lisinopril-HCTZ			ezetimibe		Welchol
losartan			ezetimibe- simvastatin		Zetia
losartan-HCTZ			fenofibrate		
Matzim LA			fenofibric acid		
metoprolol tablet			fluvastatin 20mg, 40mg <sup>+</sup>		
nadolol			fluvastatin ER 80mg <sup>+</sup>		
nifedipine			lovastatin 20mg, 40mg <sup>+</sup>		
nifedipine ER			niacin ER 500, 750, 1000mg tablet		
olmesartan (QL)			Niacor		
olmesartan- amlodipine-HCTZ					
olmesartan-HCTZ (QL)					
propafenone					

## Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

### CHOLESTEROL MEDICATIONS (cont)

omega-3 acid ethyl esters		
pravastatin 10mg, 20mg, 40mg, 80mg <sup>+</sup>		
rosuvastatin 5mg, 10mg (QL) <sup>+</sup>		
simvastatin 10mg, 20mg, 40 mg (QL) <sup>+</sup>		
Triklo		

### CONTRACEPTIVE PRODUCTS

All contraceptive products may be covered if you meet specific gender requirements.

Aftera <sup>+</sup>	Lo Loestrin FE	Beyaz
Altavera <sup>+</sup>	Taytulla	Ella <sup>+</sup>
Alyacen <sup>+</sup>		Estrostep FE
Amethia Lo <sup>+</sup>		Loestrin FE
Amethia <sup>+</sup>		LoSeasonique
Amethyst <sup>+</sup>		Microgestin <sup>+</sup>
Apri <sup>+</sup>		Minastrin 24 FE
Aranelle <sup>+</sup>		NuvaRing
Ashlyna <sup>+</sup>		Seasonique
Aubra <sup>+</sup>		Today
Aviane <sup>+</sup>		Contraceptive
Azurette <sup>+</sup>		Sponge <sup>+</sup>
Balziva <sup>+</sup>		
Bekyree <sup>+</sup>		
Blisovi 24 FE <sup>+</sup>		
Blisovi FE <sup>+</sup>		
Briellyn <sup>+</sup>		
Camila <sup>+</sup>		
Camrese Lo <sup>+</sup>		
Camrese <sup>+</sup>		
Caya Contoured <sup>+</sup>		
Caziant <sup>+</sup>		
Chateal <sup>+</sup>		
Cryselle <sup>+</sup>		
Cyclafem <sup>+</sup>		
Cyred <sup>+</sup>		
Dasetta <sup>+</sup>		
Daysee <sup>+</sup>		
Deblitane <sup>+</sup>		
Delyla <sup>+</sup>		
desogestrel-ethinyl estradiol <sup>+</sup>		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

### CONTRACEPTIVE PRODUCTS (cont)

All contraceptive products may be covered if you meet specific gender requirements.

drospirenone-ethinyl estradiol-levomefibrate <sup>+</sup>		
drospirenone-ethinyl estradiol <sup>+</sup>		
Econtra EZ <sup>+</sup>		
Econtra One-Step <sup>+</sup>		
Elinest <sup>+</sup>		
Emoquette <sup>+</sup>		
Enpresse <sup>+</sup>		
Enskyce <sup>+</sup>		
Errin <sup>+</sup>		
Estarylla <sup>+</sup>		
ethynodiol-ethinyl estradiol <sup>+</sup>		
Falmina <sup>+</sup>		
Fayosim <sup>+</sup>		
FC2 Female Condom <sup>+</sup>		
Femcap <sup>+</sup>		
Femynor <sup>+</sup>		
Gianvi <sup>+</sup>		
Heather <sup>+</sup>		
Introvale <sup>+</sup>		
Isibloom <sup>+</sup>		
jencycla <sup>+</sup>		
Jolessa <sup>+</sup>		
Jolivette <sup>+</sup>		
Juleber <sup>+</sup>		
Junel FE 24 <sup>+</sup>		
Junel FE <sup>+</sup>		
Junel <sup>+</sup>		
Kaitlib FE <sup>+</sup>		
Kariva <sup>+</sup>		
Kelnor 1-35 <sup>+</sup>		
Kelnor 1-50 <sup>+</sup>		
Kimidess <sup>+</sup>		
Kurvelo <sup>+</sup>		
Larin 24 FE <sup>+</sup>		
Larin FE <sup>+</sup>		
Larin <sup>+</sup>		
Larissia <sup>+</sup>		
Leena <sup>+</sup>		
Lessina <sup>+</sup>		
Levonest <sup>+</sup>		



## Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTIVE PRODUCTS (cont)</b>			<b>CONTRACEPTIVE PRODUCTS (cont)</b>		
All contraceptive products may be covered if you meet specific gender requirements.			All contraceptive products may be covered if you meet specific gender requirements.		
levonorgestrel-ethinyl estradiol+ Levora-28+ Lillow+ Loryna+ Low-Ogestrel+ Luteru+ Lyza+ Marlissa+ medroxyprogesterone 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-ethinyl estradiol-iron+ norethindrone-ethinyl estradiol+ norethindrone+ norgestimate-ethinyl estradiol+ Norlyda+ Norlyroc+ Nortrel+ Ocella+ Opcon One-Step+ Option 2+ Orsythia+ Philith+ Pimtrea+ Pirmella+ Portia+ Previfem+			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+ Wide Seal Diaphragm+ Wymzya FE+ Xulane+ Zarah+ Zenchent+ Zovia 1-35e+ Zovia 1-50e+		

## Cigna Value 4-Tier Prescription Drug List

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
<b>COUGH/COLD MEDICATIONS</b>						<b>DIABETES (cont)</b>					
benzonatate						Tessalon Perle					
Bromfed DM						Tussionex (QL)					
brompheniramine- pseudoephedrine- DM						Tuzistra XR (QL)					
hydrocodone- chlorpheniramne ER (QL)											
hydrocodone- homatropine (QL)											
Hydromet (QL)											
Tussion (QL)											
<b>DENTAL PRODUCTS</b>						<b>DIURETICS</b>					
chlorhexidine rinse						Fluorabon^					
doxycycline											
fluoride^											
Fluoritab^											
Flura-Drops^											
Ludent Fluoride^											
Oralone											
Paroex											
Peridex											
Periogard											
sodium fluoride^											
triamcinolone paste											
<b>DIABETES</b>						<b>EAR MEDICATIONS</b>					
glimepiride		Basaglar		Cycloset		neomycin- polymyxin-HC				Cipro HC	
glipizide		Bydureon (QL)		Glucophage		ofloxacin drops				Ciprodex	
glipizide ER		Byetta (QL)		Glucophage XR						Coly-Mycin S	
glipizide XL		Farxiga (QL)		Riomet						Dermotic	
metformin		GlucaGen		VGo						Otovel	
metformin ER		HypoKit (QL)									
NovoTwist		Glucagon Emergency Kit (QL)									
		Glyxambi									
		Humalog									
		Humulin									
		Janumet									
		Janumet XR									
		Januvia (QL)									
		Jardiance									
		Levemir									
		OneTouch test strips and meters									
		Soliqua									
						<b>ERECTILE DYSFUNCTION</b>					
sildenafil ^ (QL)				Cialis^ (QL)		Muse^ (QL)				Viagra^ (ST, QL)	
						<b>EYE CONDITIONS</b>					
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				Combigan	
neomycin- polymyxin- dexamethasone				Cosopt PF		ofloxacin drops				Durezol	
olopatadine drops				Durezol						Ilevro	
				Ilevro						Lotemax	
				Lotemax						Moxeza	
				Moxeza						Nevanac	
				Nevanac							

## Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

### EYE CONDITIONS (cont)

polymyxin B-TMP		Prolensa
prednisolone drops		Tobradex
timolol drops, gel, solution		Tobradex ST
tobramycin drops		Vigamox
tobramycin-dexamethasone		Zioptan (ST, QL)
		Zirgan
		Zylet

### FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
miconazole 3		
terconazole		

### GASTROINTESTINAL/HEARTBURN

Anucort-HC	Amitiza	Bonjesta
balsalazide	Apriso	Canasa
chlordiazepoxide-clidinium	Creon	Carafate
dicyclomine capsule, solution, tablet	Linzess	Clenpiq
diphenoxylate-atropine	Pentasa	CoLyte With Flavor
dronabinol	Zenpep	Packets+
famotidine suspension, tablet		Diclegis
Gavilyte-C+		Donnatal
Gavilyte-G+		GoLyteLy+
Hemmorex-HC		Lialda (ST)
hydrocortisone suppository		Movantik (PA)
lansoprazole-amoxicillin-clarithromycin		MoviPrep+
mesalamine enema, kit, 1.2g tablet		OsmoPrep+
metoclopramide solution, tablet		Pancreaze
metoclopramide ODT		Pertzye
ondansetron		Prepopik+
ondansetron ODT		Rectiv
PEG-3350 and electrolytes		Sancuso (PA, QL)
Phenadoz		sfRowasa
promethazine suppository		Suprep+
Promethegan		Symproic (PA)
		Transderm Scop
		Viberzi
		Viokace
		Correctol+
		Dulcolax+
		Gialax+
		Miralax+
		Nulytely with flavor packets+

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

### GASTROINTESTINAL/HEARTBURN (cont)

ranitidine capsule, syrup, tablet		
scopolamine		
sucralfate		
ursodiol		
Alophen+		
bisacodyl+		
Bisa-Lax+		
Clearlax+		
Ducodyl+		
Gavilax+		
Gavilyte-n+		
GentleLax+		
Glycolax+		
HealthyLax+		
LaxaClear+		
Natura-Lax+		
PEG 3350-electrolytes+		
PEG-Prep+		
Powderlax+		
Purelax+		
Smooth LAX+		
TriLyte with flavor packets+		

### HORMONAL AGENTS

Amabelz	AndroGel 1.62% (PA, QL)	Activella
budesonide EC capsule, tablet	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 solution, spray, tablet		Climara
dexamethasone elixir, liquid, tablet		Climara Pro
dexamethasone intensol		Combipatch
EEMT		Cytomel
EEMT H.S.		Depo-Testosterone
estradiol patch (QL)		Divigel
estradiol-norethindrone		Elestrin
		Entocort EC
		Estrace
		Estring (QL)
		EstroGel
		Evamist
		Femring

## Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>HORMONAL AGENTS (cont)</b>			<b>INFECTIONS (cont)</b>		
estrogen-methyltestosterone levothyroxine tablet Levoxyl liothyronine tablet medroxyprogesterone methimazole methylprednisolone dose pack, tablet Mimvey Mimvey Lo Nature-Throid NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone capsule testosterone gel (PA, QL) thyroid Unithroid 75mcg Westhroid WP Thyroid Yuvaferm (QL)		Intrarosa Levo-T Menostar (QL) Minivelle (QL) Osphena Rayaldee Striant (PA, QL) Synthroid Tirosint Unithroid Vagifem (QL) Vivelle-Dot (QL)	clarithromycin ER clindamycin Coremino (QL) dapson doxycycline capsule, suspension, tablet doxycycline IR-DR Emverm erythromycin famciclovir fluconazole hydroxychloroquine itraconazole levofloxacin solution, tablet metronidazole capsule, tablet minocycline minocycline ER (QL) Mondoxyne NL Morgidox capsule nitrofurantoin Okebo oseltamivir (QL) penicillin soloxide sulfamethoxazole- trimethoprim suspension, tablet terbinafine tablet tinidazole valacyclovir valganciclovir vancomycin capsule vandazole voriconazole suspension, tablet (PA)		Suprax Tamiflu (QL) Uretron D-S Uribel Urogesic Blue UTA Valtrex Vibramycin suspension, syrup Xifaxan
<b>INFECTIONS</b>			<b>INFERTILITY</b>		
acyclovir capsule, suspension, tablet amoxicillin amoxicillin- clavulanate ER amoxicillin- clavulanate atovaquone atovaquone- proguanil (PA) Avidoxy tablet azithromycin packet, suspension, tablet cefdinir cefixime cefuroxime tablet cephalexin ciprofloxacin clarithromycin		Albenza Alinia Bactrim Bactrim DS Cipro Cleocin capsule, granules Clindesse Cresemba capsule (PA) Dificid (QL) E.E.S. 400 EryPed 200 Ery-Tab Monurol Noxafil suspension, tablet Plaquenil Sulfatrim	<b>MISCELLANEOUS</b>		
			clomiphene <sup>^</sup>		Crinone 8% gel <sup>^</sup> Endometrin <sup>^</sup>
			NebuSal 3% pulmosal sodium chloride inhalation TechLITE lancets		Addyi <sup>^</sup> (QL) NebuSal 6% Nuedexta (QL)

## Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>NUTRITIONAL/DIETARY</b>			<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>		
calcitriol capsule, solution	Escavite D <sup>+</sup>	Auryxia (QL)	acetaminophen-codeine (PA, QL)	Embeda (PA, QL)	Abstral (PA, QL)
calcium capsule	Escavite <sup>+</sup>	CitraNatal 90	allopurinol	Hysingla ER (PA, QL)	Actiq (PA, QL)
cyanocobalamin	Floriva <sup>+</sup>	Concept DHA	baclofen	Xtampza ER (PA, QL)	Analpram HC
FA-8 <sup>+</sup>	Mephyton	Fluorabon <sup>+</sup>	buprenorphine patch (QL)		Arymo ER (PA, QL)
fluoride <sup>+</sup>	MVC-fluoride <sup>+</sup>	K-Tab ER	butalbital-acetaminophen-caffeine-codeine (PA, QL)		Butrans (QL)
Fluoritab <sup>+</sup>	Nascobal	Klor-Con 8, 10	butalbital-acetaminophen-caffeine (QL)		Celebrex (QL)
Flura-Drops <sup>+</sup>	Perry Prenatal <sup>+</sup>	Klor-Con M15	carisoprodol		Colcrys
folic acid 1mg <sup>+</sup>	Poly-Vi-Flor With Iron <sup>+</sup>	KPN <sup>+</sup>	celecoxib (QL)		Duragesic (PA, QL)
Klor-Con	Poly-Vi-Flor <sup>+</sup>	OB Complete	colchicine		Fentora (PA, QL)
Klor-Con M10, M20	Prefera OB	Phoslyra	cyclobenzaprine		Flector (QL)
lanthanum	Quflora <sup>+</sup>	Prenate	DermacinRx		Kadian (PA, QL)
levocarnitine solution	Tri-Vi-Flor <sup>+</sup>	Renagel	Empricaine		Lazanda (PA, QL)
Ludent Fluoride <sup>+</sup>	Urosex <sup>+</sup>	Renvela	Dermacinrx Prizopak		Mitigare
multivitamin-iron-fluoride <sup>+</sup>		Tristart DHA	diclofenac 1% gel (QL)		Morphabond ER (PA, QL)
PNV-DHA		Velphoro	diclofenac ER		MS Contin (PA, QL)
polyvitamins-fluoride <sup>+</sup>		Veltassa	dihydroergotamine (QL)		Nucynta (PA, QL)
potassium capsule, packet, tablet		Vitafol	eletriptan (QL)		Nucynta ER (PA, QL)
Prena1 Pearl		vitamedMD One Rx	Endocet (PA, QL)		Onzetra Xsail (QL)
prenatal vitamin <sup>+</sup>		vitaPearl	etodolac		Oxaydo (PA, QL)
Prenatal <sup>+</sup>		VP-PNV-DHA	etodolac ER		Pennsaid solution
Right Step <sup>+</sup>			fenoprofen		Percocet (PA, QL)
sevelamer			Fenortho		Procort
sodium fluoride <sup>+</sup>			fentanyl patch (PA, QL)		Proctofoam-HC
tri-vitamin with fluoride-iron <sup>+</sup>			Fioricet (QL)		Relpax (QL)
tri-vitamin with fluoride <sup>+</sup>			frovatriptan (QL)		Savella
Virt-PN DHA			Glydo		Subsys (PA, QL)
vitamin D2 1.25mg			hydrocodone-acetaminophen (PA, QL)		Synera
Zatean-PN DHA			hydromorphone (PA, QL)		Uloric (QL)
			hydromorphone ER (PA, QL)		Voltaren (QL)
			IBU		Zohydro ER (PA, QL)
			ibuprofen 400, 600, 800mg		
<b>OSTEOPOROSIS PRODUCTS</b>					
alendronate (QL)	Fosamax Plus D (ST)	Evista			
calcitonin-salmon					
ibandronate tablet					
raloxifene <sup>+</sup>					
risedronate					
risedronate DR					

## Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>			<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>		
indomethacin capsule			sumatriptan succinaproxen (QL)		
indomethacin ER			tizanidine		
ketorolac (QL)			tramadol (QL)		
leflunomide			tramadol ER (QL)		
lidocaine (QL)			Verdrocet (PA, QL)		
lidocaine viscous			Vicodin (PA, QL)		
lidocaine-prilocaine			Vicodin ES (PA, QL)		
Lidopril			Vicodin HP (PA, QL)		
Lidopril XR					
Lido-Prilo Caine Pack			<b>PARKINSON'S DISEASE</b>		
LiproZonePak			amantadine		Azilect (QL)
Livixil Pak			benztropine tablet		Neupro
Lorcet (PA, QL)			bromocriptine		Rytary
Lorcet HD (PA, QL)			carbidopa-levodopa		Sinemet
Lorcet Plus (PA, QL)			carbidopa-levodopa ER		Sinemet CR
Lortab (PA, QL)			pramipexole		Tasmar
Medolor pak			pramipexole ER (QL)		Xadago
meloxicam			rasagiline (QL)		
Metaxall			ropinirole		
metaxalone			ropinirole ER		
methocarbamol tablet			<b>SCHIZOPHRENIA/ANTI-PSYCHOTICS</b>		
morphine (PA, QL)			aripiprazole (QL)		Fanapt (QL)
morphine ER (PA, QL)			aripiprazole ODT		Latuda (QL)
naproxen			chlorpromazine tablet		Rexulti (QL)
naproxen DS			haloperidol concentrate, tablet		Saphris
oxycodone (PA, QL)			olanzapine		Seroquel
oxycodone ER (PA, QL)			olanzapine ODT tablet		Seroquel XR
oxycodone-acetaminophen (PA, QL)			paliperidone ER (QL)		Vraylar (QL)
oxymorphone (PA, QL)			quetiapine		
oxymorphone ER (PA, QL)			quetiapine ER		
Phrenilin Forte (QL)			risperidone		
Prilolid			risperidone ODT		
Primlev (PA, QL)			ziprasidone		
Profeno			<b>SEIZURE DISORDERS</b>		
Relador Pak			carbamazepine	Dilantin 30mg	Aptiom (PA, QL)
Relador Pak Plus			carbamazepine ER	Lyrica	Banzel (PA, QL)
rizatriptan (QL)			divalproex		Briviact (PA)
sumatriptan (QL)			divalproex ER		Carbatrol
			Epitol		Depakote
			gabapentin		Depakote ER
			lamotrigine		

## Cigna Value 4-Tier Prescription Drug List

SEIZURE DISORDERS (cont)			SKIN CONDITIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT lamotrigine ODT (blue, green, orange) levetiracetam levetiracetam ER oxcarbazepine Roweepra Roweepra XR topiramate topiramate ER		Dilantin 50mg, 100mg, susp. Fycompa (PA, QL) Oxtellar XR (PA) Phenytek Spritam (PA) Tegretol Tegretol XR Vimpat tablet, solution (PA)	desonide fluocinonide fluorouracil cream, solution flurandrenolide hydrocortisone imiquimod isotretinoin (QL) ketoconazole metronidazole cream, gel mupirocin Myorisan (QL) Neuac gel Nolix nystatin-triamcinolone oxiconazole permethrin Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Rosadan cream, gel Rosanil Scalacort lotion sodium sulfacetamide-sulfur SSS 10-5 SulfaCleanse 8-4 tacrolimus tazarotene tretinoin cream, gel (PA age) triamcinolone Triderm Zenatane (QL)		
SKIN CONDITIONS			SLEEP DISORDERS/SEDATIVES		
adapalene cream, lotion, 0.3% gel (PA age) adapalene-benzoyl peroxide Ala-Cort 2.5% Amnesteem (QL) Avar cleanser Avar-E BenzePrO wash BP 10-1 BPO gel calcipotriene calcipotriene-betamethasone DP Calcitrene Claravis (QL) Clindacin ETZ pledget Clindacin P clindamycin clindamycin-benzoyl peroxide clindamycin-tretinoin clobetasol Clodan solution, cream, shampoo clotrimazole-betamethasone dapsone	Eucrisa	Benzamycin Celacyn gel Desonate (ST) Drysol Ecoza Elidel Finacea Naftin Picato Santyl (QL) Sklice Soolantra Topicort (ST) Tridesilon (ST)	armodafinil (PA) eszopiclone modafinil (PA) zolpidem zolpidem ER (QL)	Belsomra (ST) Silenor (ST, QL)	Rozerem (ST, QL)

## Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

### SMOKING CESSATION

bupropion SR 150mg		Chantix^
NicoDerm CQ+		Nicorette+
Nicorelief+		Nicotrol^
nicotine gum+		Zyban^
nicotine lozenge+		
nicotine patch+		
Quit 2+		
Quit 4+		

### SUBSTANCE ABUSE

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

### URINARY TRACT CONDITIONS

darifenacin ER 7.5 mg(QL)		Avodart
dutasteride		Elmiron
finasteride 5mg		K-Phos Original
oxybutynin		Pyridium
oxybutynin ER		Rapaflo (QL)
phenazopyridine 100mg, 200mg		
potassium ER		
tamsulosin		
tolterodine 2mg		
tolterodine ER (QL)		
tropium		
tropium ER		

### WEIGHT MANAGEMENT

Lomaira^		Belviq XR^
phentermine^		Belviq^
		Contrave^
		Qsymia^
		Saxenda^



## Specialty medications

The injectable medications listed below are typically 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 capsule** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Alecensa** (PA)	CANCER
alosetron**	GASTROINTESTINAL/HEARTBURN
Ampyra** (PA)	MULTIPLE SCLEROSIS
Apokyn* (PA)	PARKINSON'S DISEASE
Aranesp*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Astagraf XL**	TRANSPLANT MEDICATIONS
atazanavir**	AIDS/HIV
Atripla**	AIDS/HIV
Aubagio** (PA)	MULTIPLE SCLEROSIS
Austedo** (PA)	MISCELLANEOUS
Avonex* (PA)	MULTIPLE SCLEROSIS
azathioprine**	TRANSPLANT MEDICATIONS
Baraclude 0.5mg** (QL)	INFECTIONS
Baraclude solution**	INFECTIONS
Benlysta* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Betaseron* (PA)	MULTIPLE SCLEROSIS
bexarotene** (PA)	CANCER
Biktarvy**	AIDS/HIV
Bosulif** (PA)	CANCER
Cabometyx** (PA)	CANCER
capecitabine** (PA)	CANCER
Cayston*	INFECTIONS
Cellcept**	TRANSPLANT MEDICATIONS
Cerdelga** (PA)	MISCELLANEOUS
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN
Cimzia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
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
Duopa*	PARKINSON'S DISEASE
Egrifta* (PA)	HORMONAL AGENTS
Emflaza* (PA)	HORMONAL AGENTS
Enbrel* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir** (QL)	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
Evotaz**	AIDS/HIV
Exjade**	MISCELLANEOUS
Extavia* (PA)	MULTIPLE SCLEROSIS
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
Genvoya**	AIDS/HIV
Gilenya** (PA)	MULTIPLE SCLEROSIS
Gilotrif** (PA)	CANCER
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS

MEDICATION NAME	DRUG CLASS
Gleevec** (PA)	CANCER
Granix*^	BLOOD MODIFIERS/BLEEDING DISORDERS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Harvoni** (PA)	INFECTIONS
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ibrance** (PA)	CANCER
Iclusig** (PA)	CANCER
Ilaris*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
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
Kalydeco** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Kevzara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kitabis Pak**	INFECTIONS
Korlym** (PA)	CHOLESTEROL MEDICATIONS
Kuvan** (PA)	MISCELLANEOUS
Kynamro* (PA)	CHOLESTEROL MEDICATIONS
Lenvima** (PA)	CANCER
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY
Lonsurf** (PA)	CANCER
Lupron Depot*^ (PA)	HORMONAL AGENTS
Lynparza** (PA)	CANCER
Mavyret** (PA)	INFECTIONS
Mekinist** (PA)	CANCER
Menopur*^	INFERTILITY
methotrexate*	CANCER
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
Myfortic**	TRANSPLANT MEDICATIONS

MEDICATION NAME	DRUG CLASS
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
Ocaliva** (PA)	GASTROINTESTINAL/HEARTBURN
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
Otezla** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
PegIntron* (PA)	INFECTIONS
Plegridy* (PA)	MULTIPLE SCLEROSIS
Pomalyst** (PA)	CANCER
Prezcobix**	AIDS/HIV
Prezista**	AIDS/HIV
Procrit*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Procysbi** (PA)	URINARY TRACT CONDITIONS
Prograf 0.5mg, 5mg **	TRANSPLANT MEDICATIONS
Prograf 1mg**	TRANSPLANT MEDICATIONS
Promacta** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Pulmozyme** (PA)	ASTHMA/COPD/RESPIRATORY
Rasuvo* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Rasuvo* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ravicti**	GASTROINTESTINAL/HEARTBURN
Rebif* (PA)	MULTIPLE SCLEROSIS
Relistor (PA)	GASTROINTESTINAL/HEARTBURN
Remicade*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Remicade*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Repatha* (PA)	CHOLESTEROL MEDICATIONS
Revlimid** (PA)	CANCER

MEDICATION NAME	DRUG CLASS
Reyataz**	AIDS/HIV
ritonavir**	AIDS/HIV
Samsca**	DIURETICS
Sandostatin LAR Depot*^ (PA)	HORMONAL AGENTS
Selzentry**	AIDS/HIV
Sensipar**	GASTROINTESTINAL/HEARTBURN
Serostim* (PA)	HORMONAL AGENTS
sirolimus**	TRANSPLANT MEDICATIONS
Skyla*	CONTRACEPTIVE PRODUCTS
Somatuline Depot*^ (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Stivarga** (PA)	CANCER
Strensiq* (PA)	MISCELLANEOUS
Stribild**	AIDS/HIV
Sucraid**	GASTROINTESTINAL/HEARTBURN
Sutent** (PA)	CANCER
Sylatron* (PA)	CANCER
Symdeko** (PA, QL)	ASTHMA/COPD/RESPIRATORY
tacrolimus**	TRANSPLANT MEDICATIONS
Tafinlar** (PA)	CANCER
Tagrisso** (PA)	CANCER
Taltz* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Tarceva** (PA)	CANCER
Targretin capsule** (PA)	CANCER
Targretin gel**	SKIN CONDITIONS
Tasigna** (PA)	CANCER
Tecfidera** (PA)	MULTIPLE SCLEROSIS
temozolomide** (PA)	CANCER
tenofovir**	AIDS/HIV
tetrabenazine** (PA)	MISCELLANEOUS
Thalomid** (PA)	INFECTIONS
Thiola**	URINARY TRACT CONDITIONS
Tivicay**	AIDS/HIV
Tobi Podhaler**	INFECTIONS

MEDICATION NAME	DRUG CLASS
tobramycin*	INFECTIONS
Tracleer** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid tablet**	BLOOD MODIFIERS/BLEEDING DISORDERS
Tremfya* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Trexall**	CANCER
Triumeq**	AIDS/HIV
Truvada**	AIDS/HIV
Tymlos*	OSTEOPOROSIS PRODUCTS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY
Upravi** (PA)	ASTHMA/COPD/RESPIRATORY
Varubi tablet** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Vemlidy**	INFECTIONS
Verzenio** (PA)	CANCER
Viread 300mg**	AIDS/HIV
Viread powder, 150, 200, 250mg**	AIDS/HIV
Vosevi** (PA)	INFECTIONS
Votrient** (PA)	CANCER
Xalkori** (PA)	CANCER
Xeljanz XR** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeljanz** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xenazine** (PA)	MISCELLANEOUS
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

^^ 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	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	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	dexmethylphenidate ER methylphenidate ER/CD/LA dextroamphetamine-amphetamine ER
	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
	Mydayis	dextroamphetamine-amphetamine ER dexmethylphenidate ER methylphenidate ER/CD/LA
Vyvanse	dexmethylphenidate 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
Diovan	valsartan	

^^ 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	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/ HEART MEDICATIONS (cont)	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 Titradoso	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

^^ 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	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	
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER	
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 Glucophage XR)	
	Invokamet Invokamet XR Segluromet	Synjardy, Synjardy XR, Xigduo XR	
	Invokana	Farxiga Jardiance	
	Jentaduetto Jentaduetto XR Kazano Kombiglyze XR	alogliptin-metformin Janumet, Janumet XR	
	Onglyza Tradjenta	alogliptin Januvia	
	Oseni	alogliptin-pioglitazone Januvia + pioglitazone	
	Lantus Toujeo SoloStar	Basaglar, Levemir, Tresiba	
	QTERN	Glyxambi	
	Steglatro	Farxiga Jardiance	
	DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide

^^ 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	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
EYE CONDITIONS	Alocril Alomide	cromolyn	
	Bepreve Elestat Emadine Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine drops	
	Lumigan Vyzulta	bimatoprost latanoprost Travatan Z	
GASTROINTESTINAL/HEARTBURN	Anusol-HC Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone	
	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	
	HORMONAL AGENTS	Cortrosyn	cosyntropin
		DDAVP	desmopressin
		Dexpak TaperDex	dexamethasone
Fortesta Natesto Testim Vogelxo		AndroGel 1.62% testosterone	

^^ 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	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
HORMONAL AGENTS <i>(cont)</i>	Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton	Humatrope (PA)	
	Hectorol	doxercalciferol	
	Rayos	prednisone prednisone intensol	
	Uceris tablet	dexamethasone hydrocortisone methylprednisolone prednisone prednisolone	
INFECTIIONS	Acticlate Doryx Minocin Monodox Oracea Solodyn Vibramycin 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	
	Vancocin	vancomycin	
	Zovirax	acyclovir (oral) famciclovir valacyclovir	
	INFERTILITY	Bravelle Gonal-F	Follistim AQ (PA)
	MULTIPLE SCLEROSIS	Copaxone	Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Rebif, Tecfidera

^^ 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	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
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)
	Lorzone	chlorzoxazone
	Migranal	dihydroergotamine
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)
	Roxicodone	oxycodone
	Soriatane	acitretin

^^ 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	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	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 Zydys	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)
	Aldara	imiquimod cream
	Anusol-HC cream	hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC
	Bensal HP	salicylic acid

^^ 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	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	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
	Prudoxin Zonalon	Generic topical steroid (e.g., betamethasone) tacrolimus (topical)
	Sernivo	betamethasone fluocinonide hydrocortisone
	Soriatane	acitretin

^^ 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	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Triamex	triamcinolone Triderm
	Ultravate lotion	clobetasol
	Vanos	fluocinonide
	Vectical	calcitriol ointment
	Xerese	acyclovir (oral) + hydrocortisone famciclovir + hydrocortisone valcyclovir + hydrocortisone
	Verdeso	desonide
	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

^^ 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.



## 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:<sup>1</sup>

- › 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 1<sup>st</sup> and July 1<sup>st</sup>.
- › 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 cessation<sup>2</sup>).
- › 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<sup>®</sup> 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 **myCigna** website or app, or check your plan materials, to learn more about how your plan covers preventive medications. You can also

## Prescription drug list FAQs (cont)

view the PPACA No Cost-Share Preventive Medications drug list on [Cigna.com/druglist](http://Cigna.com/druglist).

For more information about health care reform, visit [www.informedonreform.com](http://www.informedonreform.com) or [Cigna.com](http://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](http://myCigna) website or app to estimate how much your medication may cost<sup>3</sup> 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.<sup>4</sup> 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:<sup>4</sup>

- › 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.<sup>4</sup> 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.<sup>5</sup> 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](http://Cigna.com/specialty-pharmacyservices).

### Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.<sup>5</sup>

- › 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.<sup>SM</sup> To learn more, call **800.835.3784** or go to [Cigna.com/home-delivery-pharmacy](http://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](http://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 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 medication may cost, find an in-network pharmacy near you, review your pharmacy claims and payment history, and track Cigna Home Delivery Pharmacy<sup>5</sup> 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:<sup>6</sup>

- › 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., 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. "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), GSA-COVER, et al (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.