



# CIGNA STANDARD 3-TIER PRESCRIPTION DRUG LIST

**Starting January 1, 2021**

**Together, all the way.®**



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

595200 m Standard 3-Tier 09/20



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### View your plan's drug list online

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



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



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

### Questions?

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

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

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

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

## About your prescription drug list

This document shows the most commonly prescribed medications covered on the Standard 3-Tier Prescription Drug List as of January 1, 2021.<sup>1,2</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).

**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. Log in to the **myCigna** App or website, or check your plan materials, to see which medications your plan covers.

## How to read your drug list

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

TIER 1 \$	TIER 2 \$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>	
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.

› <b>Tier 1 - Typically Generics</b>	(Lowest-cost medication)	\$
› <b>Tier 2 - Typically Preferred Brands</b>	(Medium-cost medication)	\$\$
› <b>Tier 3 - Typically Non-Preferred Brands</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> - For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.

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

## Brand name medications are capitalized

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

## Specialty medications are marked with an asterisk

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

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

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

## Plan exclusions

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

## How to find your medication

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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### ASTHMA/COPD/RESPIRATORY (cont)

		Tracleer tablet* (PA) Tyvaso* (PA) Upravi* (PA)
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### ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

aminocaproic acid* tranexamic acid*	Aranesp*^ (PA) Droxia Epogen*^ (PA) Fulphila*^ (PA) Granix*^ Neulasta*^ (PA) Procrit*^ (PA) Retacrit*^ (PA) Udenyca*^ (PA) Zarxio*^	Amicar* Hemlibra* (PA) Lysteda* Neupogen*^ (PA) Nivestym*^ (PA) Promacta* (PA) Siklos (PA) Tavalisse* (PA)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### BLOOD PRESSURE/HEART MEDICATIONS

Adult Aspirin Regimen+ amiodarone amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-hctz Aspir EC+ Aspir-Low+ aspirin EC+ aspirin 325mg tablet+ atenolol Bayer Aspirin 325mg tablet+ benazepril benazepril-HCTZ candesartan candesartan-HCTZ cartia XT carvedilol carvedilol ER (QL) Children's Aspirin+ clonidine diltiazem diltiazem 12hr ER diltiazem 24hr ER diltiazem 24hr ER (CD) diltiazem 24hr ER (LA) diltiazem 24hr ER (XR) Dilt-XR dofetilide (QL) doxazosin Ecotrin+ Ecpirin+ enalapril flecainide hydralazine irbesartan irbesartan-HCTZ isosorbide isosorbide ER	Bystolic (ST, QL) Corlanor (PA) Entresto Tekturna HCT (QL)	Adalat CC Altace (ST) Atacand (ST) Atacand HCT (ST) Avalide (ST) Avapro (ST) Azor (QL) Benicar (ST, QL) Benicar HCT (ST, QL) BiDil (QL) Calan SR Cardizem LA (QL) Cardura Catapres-TTS 1 Catapres-TTS 2 Catapres-TTS 3 Coreg (ST) Coreg CR (ST, QL) Corgard (ST) Cozaar (ST) Diovan (ST) Diovan HCT (ST) Edarbi (ST, QL) Edarbyclor (ST) Epaned Exforge Exforge HCT Firazyr* (PA) Haegarda* (PA) Hemangeol Hyzaar (ST) Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Kapspargo Sprinkle (ST) Lopressor (ST) Lotensin (ST) Lotensin HCT (ST) Lotrel Micardis (ST, QL) Micardis HCT (ST, QL) Minipress Multaq Nitrostat Norpace CR 150mg Northera* (PA) Norvasc Pacerone 100mg, 400mg (PA)
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## Cigna Standard 3-Tier Prescription Drug List

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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 ER
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		
ranolazine ER (QL)		
St. Joseph Aspirin+		
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 (PA)	Arixtra* (QL)
enoxaparin* (QL)	Fragmin* (QL)	Bevyxxa (QL)
fondaparinux* (QL)	Xarelto (PA)	Coumadin (PA)
Jantoven		Effient
prasugrel		Lovenox* (QL)
warfarin		Plavix
		Pradaxa (PA)

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

		Savaysa (PA, QL)
		Zontivity

### CANCER

abiraterone* (PA)	Actimmune* (PA)	Afinitor* (PA)
anastrozole	Erivedge* (PA)	Afinitor Disperz* (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)
		Tabloid
		Tafinlar* (PA)
		Tagrisso* (PA)
		Targetin 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 10mg, 20mg+	Vascepa (PA)	Crestor (ST, QL)
atorvastatin 40mg, 80mg		Lipofen (ST)
colesevelam		Lovaza
ezetimibe		Niaspan ER
		Pravachol (ST)
		TriCor (ST)
		Triglide (ST)



## Cigna Standard 3-Tier Prescription Drug List

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### CHOLESTEROL MEDICATIONS (cont)

ezetimibe-simvastatin		Trilipix (ST)
fenofibrate		Vytorin (ST)
fenofibric acid		Welchol
fluvastatin <sup>+</sup>		Zetia
fluvastatin ER <sup>+</sup>		Zocor (ST, QL)
lovastatin 10mg		
lovastatin 20mg, 40mg <sup>+</sup>		
niacin		
niacin ER		
Niacor		
omega-3 acid ethyl esters		
pravastatin <sup>+</sup>		
rosuvastatin 5mg, 10mg <sup>+</sup> (QL)		
rosuvastatin 20mg, 40mg (QL)		
simvastatin 10mg, 20mg, 40mg <sup>+</sup>		
simvastatin 80mg (QL)		

### CONTRACEPTION PRODUCTS

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

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

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

## Cigna Standard 3-Tier Prescription Drug List

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

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

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

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

## 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 20mg fluoride+^ Fluoritab+^ Flura-Drops+^ Ludent+^ Oralene Paroex Peridex Periogard sodium fluoride+^ triamcinolone 0.1% paste		Floriva+^ Fluorabon+^
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### DIABETES

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

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

acetazolamide acetazolamide ER bumetanide tablet chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ	Diuril Dyrenium	Aldactone Dyazide Inspra Jynarque* (PA) Lasix Maxzide 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^ (PA age, QL) tadalafil^ 2.5mg, 10mg, 20mg (PA age, QL) tadalafil^ 5mg (PA, QL) vardenafil^ (PA age, QL)	Muse^ (PA, QL)	Caverject Impulse Syringe^ (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 gel	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Cosopt Cosopt PF
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## Cigna Standard 3-Tier Prescription Drug List

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### EYE CONDITIONS (cont)

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

### FEMININE PRODUCTS

Fem pH gynazole 1 miconazole 3 suppository terconazole		AVC
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### GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Aciphex (ST, QL)
alosetron*	Apriso ER	Aciphex Sprinkle (QL)
Anucort-HC	Carafate suspension	Akynzeo capsule (PA, QL)
balsalazide	CLENPIQ+	Bonjesta
bisacodyl+	Dexilant (QL)	Canasa
Bisa-Lax+	Entyvio*^	Carafate tablet
chlordiazepoxide- clidinium	Linzess	Cholbam* (PA)
cinacalcet*	Lithostat	Correctol+
ClearLax+	Pancreaze	Diclegis
dicyclomine	Pentasa	Donnatal
diphenoxylate- atropine	Prepopik+	Dulcolax+
dronabinol	SUPREP+	Gattex* (PA)

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

Ducodyl+		Kristalose
esomeprazole capsule (QL)		Lomotil
famotidine suspension, tablets		MiraLax+
GaviLax+		Movantik (PA)
GaviLyte-C+		Ocaliva* (PA)
GaviLyte-G+		Prevacid DR (ST, QL)
GaviLyte-N+		Protonix suspension, tablet (ST, QL)
GentleLax+		Ravicti* (PA)
GlycoLax+		Rectiv
HealthyLax+		Relistor (PA)
Hemmorex-HC hydrocortisone suppository		Sancuso (PA, QL)
lansoprazole (QL)		sfRowasa
LaxaClear+		Sucraid* (PA)
mesalamine		Symproic (PA)
mesalamine DR		Transderm-Scop
metoclopramide solution, tablet		Urso
metoclopramide ODT		Urso Forte
omeprazole (QL)		Varubi (PA, QL)
ondansetron		Viberzi
ondansetron ODT		Viokace
pantoprazole tablet (QL)		Xermelo* (PA)
PEG 3350-Electrolyte+		
PEG-Prep+		
Phenadoz		
polyethylene glycol 3350+		
prochlorperazine suppository, tablet		
promethazine solution, syrup, tablet		
Promethegan		
QC Natura-Lax+		
rabeprazole (QL)		
ranitidine capsules, tablets, syrup		
SmoothLAX+		
sucalfate		
TriLyte With Flavor Packets+		
ursodiol		
Women's Gentle Laxative+		
Women's Laxative+		

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### HORMONAL AGENTS

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### INFECTIONS

acyclovir capsule, suspension, tablet	Baraclude solution*	Albenza
albendazole	Cipro suspension	Alinia
amoxicillin	Cleocin 75mg capsule	Arikayce* (PA)
amoxicillin-clavulanate	Daraprim* (PA)	Bactrim
amoxicillin-clavulanate ER	Epclusa* (PA)	Bactrim DS
atovaquone	Firvanq	Baxdela (PA)
atovaquone-proguanil	Harvoni* (PA, QL)	Cayston* (PA, QL)
Avidoxy	Ledipasvir-Sofosbuvir* (PA)	Cipro tablet
azithromycin	Mavyret* (PA)	Cleocin
cefdinir	Pegasys* (PA)	Clindesse
cefepodoxime	Sofosbuvir-Velpatasvir* (PA)	Cresemba capsule (PA)
cefuroxime	Sovaldi* (PA, QL)	Difucid (QL)
cephalexin	Thalomid* (PA)	Elimite
ciprofloxacin	TOBI Podhaler* (PA, QL)	EryPed 200
clarithromycin	Vibramycin syrup	Flagyl
clarithromycin ER	Vosevi* (PA)	Keflex
clindamycin	Xifaxan (QL)	Kitabis Pak* (PA, QL)
Coremino (QL)		Levaquin
dapsone		Macrobid
doxycycline		Macrodantin
Emverm		Malarone (PA)
entecavir* (QL)		Monurol
erythromycin		Natroba
famciclovir		Noxafil suspension
fluconazole		Nuessa
hydroxychloroquine		Nuzyra* (PA)
itraconazole		Oravig
levofloxacin solution, tablet		Plaquenil (PA)
metronidazole		Prevymis tablet*
minocycline		Priftin
minocycline ER (QL)		Sivextro tablet (PA)
Mondoxyne NL		Sklice
Morgidox capsule		Solosec
nitrofurantoin		Sulfatrim
nitrofurantoin mono-macro		Suprax
nystatin		Tamiflu (QL)
Okebo		Urogesic-Blue
oseltamivir (QL)		Valtrex
penicillin V		Vemlidy*
		Vfend suspension, tablet (PA)
		Vibramycin suspension
		Xofluza (QL)
		Zepatier* (PA)
		Zithromax packet, suspension, tablet
		Zyvox (PA)

## Cigna Standard 3-Tier Prescription Drug List

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### INFECTIONS (cont)

permethrin		
sulfamethoxazole-TMP suspension, tablet		
terbinafine tablet		
tetracycline		
tobramycin ampule* (PA, QL)		
valacyclovir		
valganciclovir		
vancomycin capsule		
Vandazole		
voriconazole suspension, 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)
		Jadenu Sprinkle* (PA)
		Kuvan* (PA)
		Myalept* (PA)
		Nuedexta (QL)
		Orfadin* (PA)
		Palynziq* (PA)
		Tiglutik* (PA)

### MULTIPLE SCLEROSIS

glatiramer* (PA)	Avonex* (PA)	
Glatopa* (PA)	Betaseron* (PA)	
	Extavia* (PA)	
	Gilenya* (PA)	
	Plegridy* (PA)	
	Rebif* (PA)	
	Rebif Rebidose* (PA)	
	Tecfidera* (PA)	

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### NUTRITIONAL/DIETARY

calcitriol capsule, solution	CitraNatal	Auryxia (QL)
calcium 667mg	Drisdol	Fosrenol chew
cyanocobalamin injection	Floriva+	K-Tab ER
Daily Prenatal+	Fosrenol packet	Lokelma
FA-8+	Klor-Con M15	Phoslyra
folic acid 1mg	Mephyton	Renvela
folic acid 0.4mg, 0.8mg+	MVC-Fluoride+	Velphoro
Klor-Con 8	OB Complete	Veltassa
Klor-Con 10	Perry Prenatal+	VitaPearl
Klor-Con M10	Prenate Mini	
Klor-Con M20	Prenate Pixie	
lanthanum	PrimaCare	
phytonadione tablet	Quflora Ped 1mg chew, drops+	
potassium chloride capsule, packet, solution, tablet	Rocaltrol	
Prena1 Pearl	Tri-Vi-Flor+	
Prenatal+		
prenatal vitamin+		
sevelamer		
vitamin D2		
vitamin D3		

### 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)	Analpram HC
allopurinol	Aimovig (PA)	Arava
aprizio pak	Ajovy (PA)	Arymo ER (PA)
baclofen tablet	Belbuca (QL)	Benlysta* (PA)
buprenorphine patch, tablet (QL)	Depen* (PA)	Butrans (QL)
butalbital-	Emgality(PA)	Celebrex (ST, QL)
acetaminophen-	Enbrel* (PA, QL)	Cimzia* (PA, QL)
caffeine (QL)	Humira* (PA, QL)	Colcrys
carisoprodol (PA)	Hysingla ER (PA)	Diclofenac patch (PA, QL)
celecoxib (QL)	Morphabond ER (PA)	Dupixent* (PA)
	Nucynta (PA)	Duragesic (PA)
		EC-Naprosyn (ST)

## Cigna Standard 3-Tier Prescription Drug List

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### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

colchicine	Otezla* (PA, QL)	Esgic (QL)
cyclobenzaprine	Proctofoam-HC	Fexmid
DermacinRx	Rasuvo (PA)	Flector (PA, QL)
Empricaine	Remicade*^ (PA)	Ilaris*^ (PA)
DermacinRx	Savella	Ilumya* (PA, QL)
Prizopak	Simponi Aria* (PA)	Kadian (PA)
diclofenac (QL)	Stelara	Kevzara* (PA, QL)
diclofenac ER	45mg/0.5ml,	Kineret* (PA, QL)
EC-naproxen	90mg/ml* (PA, QL)	Lidoderm
eletriptan (QL)	Taltz* (PA, QL)	Mitigare
Endocet (PA)	Tremfya* (PA, QL)	Mobic (ST)
etodolac	Uloric (QL)	MS Contin (PA)
etodolac ER	Xeljanz* (PA, QL)	Nalfon 400 mg (ST)
fentanyl (PA)	Xeljanz XR* (PA, QL)	Naprosyn (ST)
Fioricet (QL)	Xtampza ER (PA)	Norco (PA)
frovatriptan (QL)	Ztlido	Nucynta ER (PA)
Glydo		Olumiant* (PA, QL)
hydrocodone- acetaminophen (PA)		Orencia syringe* (PA, QL)
hydromorphone solution, suppository, tablet (PA)		Otrexup (PA)
hydromorphone ER (PA)		Oxaydo (PA)
IBU		Percocet (PA)
ibuprofen 400mg, 600mg, 800mg		Procort
indomethacin capsule		Qmiiz ODT (ST, QL)
indomethacin ER		Simponi* (PA, QL)
ketorolac (QL)		Skelaxin
leflunomide		Tylenol-Codeine No.3 (PA)
lidocaine (QL)		Tylenol-Codeine No.4 (PA)
lidocaine viscous		Ultram (QL)
lidocaine-prilocaine		Voltaren (PA, QL)
Lidopril		Zanaflex
Lidopril XR		Zebutal (QL)
Lido-Prilo Caine Pack		Zohydro ER (PA)
Livixil Pak		Zyloprim
Lorcet (PA)		
Lorcet HD (PA)		
Lorcet Plus (PA)		
Lortab (PA)		

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

meloxicam		
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)		
Prilolid		
Prilovix		
Primlev (PA)		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan- naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Vicodin HP (PA)		

### PARKINSON'S DISEASE

benztropine	Apokyn* (PA)	Azilect (QL)
bromocriptine		Duopa*
carbidopa- levodopa		Mirapex
carbidopa- levodopa ER		Mirapex ER (QL)
pramipexole		Neupro
pramipexole ER (QL)		Osmolex ER (QL)
rasagiline (QL)		Parlodol
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, 100mg (PA)
lamotrigine (blue, green, orange)		Epidiolex* (PA)
lamotrigine ER		Klonopin (PA)
lamotrigine ODT		Lyrica oral solution (PA)
levetiracetam solution, tablet		Neurontin (PA)
levetiracetam ER		Onfi (PA)
oxcarbazepine		Oxtellar XR (PA)
Roweepra		Phenytek (PA)
Roweepra XR		Tegretol (PA)
subvenite		Tegretol XR (PA)
subvenite (Blue, Green, Orange)		
topiramate		
topiramate ER		
vigabatrin*		
Vigadrone*		

### SKIN CONDITIONS

adapalene (PA age)	Drysol	Bryhali (ST)
adapalene-benzoyl peroxide	Eucrisa	Celacyn
Amnesteem (QL)	Fluoroplex	Centany
Avar	Naftin gel	Cleocin T
Avar-E		Cloderm (ST)
Avar-E Green		Dovonex
azelaic acid		Ecoza
		Efudex

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

betamethasone BP 10-1	Pramosone 1%-1% cream and 1% lotion, 1%-1% ointment, 2.5%-1% ointment	Elidel
calcipotriene		Evoclin
calcipotriene-betamethasone DP	Santyl (QL)	Lotrisone
Claravis (QL)		MiCort-HC 2.5% cream (ST)
Clindacin ETZ		Mimyx
pledget		Naftin cream
Clindacin P pledget		Nizoral
clindamycin-benzoyl peroxide		Picato
clindamycin phosphate		Pramosone 2.5%-1% cream, lotion
clindamycin-tretinoin		Protopic
clobetasol		Regranex (PA, QL)
Clodan shampoo		Targretin gel*
clotrimazole-betamethasone		Temovate (ST)
dapsone		Tolak
desoximetasone		Topicort (ST)
fluocinonide		Valchlor*
fluorouracil cream, topical solution		Xepi
hydrocortisone		
isotretinoin (QL)		
ketoconazole		
metronidazole		
Micort HC 2.5% cream		
mupirocin		
Myorisan (QL)		
Neuac gel		
Nolix		
oxiconazole		
pimecrolimus		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		
Rosadan		
sodium sulfacetamide-sulfur		



## Cigna Standard 3-Tier Prescription Drug List

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### SKIN CONDITIONS (cont)

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

### SLEEP DISORDERS/SEDATIVES

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

### SMOKING CESSATION

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

### SUBSTANCE ABUSE

buprenorphine-naloxone	Lucemyra (QL) NARCAN (QL) Zubsolv	Bunavail Suboxone
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### TRANSPLANT MEDICATIONS

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

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### URINARY TRACT CONDITIONS

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

### VACCINES

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

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

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### VACCINES (cont)

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

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) Megace ES solution 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 and the cost can't be applied to your annual deductible or out-of-pocket maximum. **Your plan covers other medications that are used to treat the same condition.**^ ^ They're listed below.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^ ^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Combivir*	lamivudine-zidovudine*
	Epivir*	lamivudine*
	Epzicom*	abacavir-lamivudine*
	Kaletra solution*	lopinavir-ritonavir solution*
	Lexiva tablet*	fosamprenavir*
	Norvir tablet*	ritonavir*
	Retrovir capsule, syrup*	zidovudine capsule, syrup*
	Reyataz capsule*	atazanavir*
	Sustiva*	efavirenz*
	Trizivir*	abacavir-lamivudine-zidovudine*
	Viramune*	nevirapine*
	Viramune XR*	nevirapine ER*
	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 and the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ASTHMA/COPD/RESPIRATORY	Advair Diskus AirDuo RespiClick	Advair HFA Breo Ellipta Dulera fluticasone-salmeterol Symbicort Wixela Inhub	
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler Pulmicort Flexhaler	
	Stiolto Respimat Utibron Neohaler	Anoro Ellipta	
	Elixophyllin	theophylline oral solution	
	ProAir HFA ProAir RespiClick Proventil HFA Ventolin HFA Xopenex HFA	albuterol 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 Adhansia XR Aptensio XR Concerta Cotempla XR-ODT Mydayis Focalin XR Ritalin LA	dexmethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA Vyvanse
		Desoxyn	methamphetamine
		Dexedrine	dextroamphetamine
		BLOOD PRESSURE/HEART MEDICATIONS	Betapace
Cardizem			diltiazem
Cardizem CD			diltiazem CD
Firazyr*	icatibant		
Isordil	isosorbide dinitrate		
Isordil Titradose	isosorbide dinitrate digoxin		
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CANCER	Nilandron	nilutamide
	Tarceva*	erlotinib*
	Yonsa*	abiraterone*
	Zytiga*	
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 alogliptin-metformin Kombiglyze XR Nesina Onglyzi Tradjenta	Janumet Janumet XR Januvia metformin
	alogliptin-pioglitazone	Janumet Janumet XR Januvia pioglitazone
	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Jentadueto Jentadueto XR Kazano	Janumet Janumet XR
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia
	Steglujan	Glyxambi metformin QTERN
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Lumigan TRAVATAN Z Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
	Vyzulta	bimatoprost latanoprost
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine
	CoLyte with Flavor Packets+ GoLyteLy+ MoviPrep+ NuLYTELY with flavor packs+ OsmoPrep+ Plenvu+	Clenpiq+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ 3550 Electrolyte+ Prepopik+ SuPrep+
	Cortifoam Uceris foam	Prescription hydrocortisone enema, rectal cream, suppository

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN ( <i>cont</i> )	Creon Pertzye Zenpep	Pancreaze
	Librax	chlordiazepoxide-clidinium
	Marinol Syndros	dronabinol
	Motegrity Trulance Zelnorm	Amitiza Linzess
	Nexium capsule	esomeprazole
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pack)
	OmePPI Zegerid packet, 40mg capsule	omeprazole
	Pepcid	famotodine
	Prevacid SoluTab	Generic prescription PPIs (e.g. lansoprazole)
	Rowasa	mesalamine rectal enema suspension
	Sensipar*	cinacalcet*
	Zofran	ondansetron
	Zuplenz	ondansetron ondansetron ODT
	HORMONAL AGENTS	Cortrosyn
DDAVP		desmopressin
Dxevo TaperDex		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	
	Baraclude tablet*	entecavir tablet*	
	Bethkis* Tobi	tobramycin inhalation solution*	
	Diflucan	fluconazole	
	E.E.S. 200	erythromycin granules	
	Eryped 400	erythromycin ethylsuccinate	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Noxafil tablet	posaconazole DR 100mg tablet	
	Sitavig	acyclovir tablet famciclovir tablet valacyclovir tablet	
	Sporanox Tolsura	itraconazole oral	
	Valcycte	valganciclovir	
	Vancocin	vancomycin oral capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Syprine*	Depen* penicillamine* trientine*
		Xenazine*	tetrabenazine*
	MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER*
Aubagio*		Gilenya* Mayzent* Tecfidera*	
Copaxone*		Avonex*	
		Betaseron*	
	Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*		

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
NUTRITIONAL/DIETARY	Azesco PreGenna Trinaz	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	Amerge Frova Maxalt Maxalt MLT Relpax	generic triptans (e.g. naratriptan; sumatriptan)
	Amrix	cyclobenzaprine Other generic muscle relaxants
	Bupap	butalbital-acetaminophen tablets
	butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g. celecoxib, meloxicam)
	ConZip	Tramadol Tramadol ER
	Cosentyx*	Enbrel* Humira* Otezla* Stelara* Taltz*
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	Gloperba	colchicine, probenecid-colchicine
	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

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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>	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*	Enbrel* Humira* Stelara*
	Soriatane	acitretin
	Sprix	ketorolac tablet
	SUBSYS	fentanyl lozenge or buccal tablet
	Tivorbex	indomethacin
	Vanatol LQ	butalbital-acetaminophen-caffeine
	Vanatol S	
	Vivlodex	meloxicam
	Zomig	sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	Zorvolex	diclofenac
	PARKINSON'S DISEASE	Gocovri
Lodosyn		carbidopa
Requip XL		ropinirole extended release
Zelapar		selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Abilify MyCite	aripiprazole
	FazaClo	clozapine
	Versacloz	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	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS <i>(cont)</i>	Qudexy XR Trokendi XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Zonegran	zonisamide
	SKIN CONDITIONS	Absorica
Acanya Aczone Aktipak Altreno Amzeeq Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Retin-A Micro Tazorac Veltin Ziana		Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
Aldara Zyclara		imiquimod 5% cream
Anusol-HC cream		hydrocortisone cream
Apexicon E Cordran diflorasone Impoyz Olux Olux-E Psorcon		betamethasone clobetasol halobetasol
Bensal HP		salicylic acid 6% cream, cream kit, gel, lotion
Benzaclin Neuac Kit		clindamycin-benzoyl peroxide
Carac		fluorouracil 0.5% cream
Clindagel		clindamycin gel, topical solution
Condylox		imiquimod 5% cream packet podofilox 0.5% topical solution
Cutivate lotion		fluticasone topical lotion
Denavir Zovirax cream, ointment		acyclovir tablet famciclovir tablet valacyclovir tablet

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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
	Finacea Foam Finacea Gel MetroCream MetroGel MetroLotion Soolantra	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone butyrate lipid cream, lotion, Pandel	betamethasone fluocinolone fluticasone
	HALOG	clobetasol cream, ointment halobetasol cream, ointment
	Jublia Kerydin	ciclopirox topical solution itraconazole capsules terbinafine tablets
	Kenalog spray	triamcinolone acetonide aerosol spray
	Lexette	clobetasol cream, ointment halobetasol cream, foam, ointment
	Locoid	hydrocortisone cream, 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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Sorilux	calcitriol calcipotriene tazarotene
	Trianex	triamcinolone cream, ointment
	Tridesilon	alclometasone desonide triamcinolone
	Ultravate	clobetasol lotion
	Vanos	fluocinonide 0.1% cream
	Verdeso	desonide cream, ointment
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet
	Xolegel	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium 2.5% lotion sodium sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Ativan	lorazepam
	Belsomra	Dayvigo
	Edluar Intermezzo	zolpidem/ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
	Zolpimist	eszopiclone Silenor zaleplon zolpidem/ER
SUBSTANCE ABUSE	Evzio	narcan nasal spray
URINARY TRACT CONDITIONS	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique Myrbetriq	darifenacin ER oxybutynin ER
	Toviaz	tolterodine ER
	VESIcare	trospium ER
	Procysbi*	Cystagon*

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## Prescription drug list FAQs

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

### Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:<sup>1,2</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 coverage requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

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

### Why doesn't my plan cover certain medications?

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

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

### How do you decide which medications are covered?

The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Pharmacy Management<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.

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

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

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

## Prescription drug list FAQs (cont)

### **Which medications are covered under the health care reform law?**

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

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

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

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

### **How can I find out how much I’ll pay for a specific medication?**

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. Log in to the **myCigna** App or website and click on “Price a Medication” to see how much your medication may cost you at the different pharmacies in your plan’s network. You can also see if there are lower-cost alternatives available.<sup>3</sup>

### **How can I save money on my prescription medications?**

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

### **Do generics work the same as brand name medications?**

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

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

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

The review process helps to make sure you’re receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

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

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

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

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

## Prescription drug list FAQs (cont)

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

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

### 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 on a regular basis to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home - **at no extra cost**. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call **800.835.3784**.
- › If you're taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship

your medication to your home (or location of your choice).<sup>6</sup> Their team of specialty trained pharmacists and nurses can also help you manage your complex medical condition - **at no extra cost**. To get started using Accredo, call **877.826.7657**, Monday-Friday, 7:00 am-10:00 pm CST and Saturdays, 7:00 am-4:00 pm CST. **Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office**. To learn more about Accredo, go to **Cigna.com/specialty**.

### Where can I find more information about my pharmacy benefits?

You can use the online tools and resources on the **myCigna** App or website to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.<sup>5</sup>



## 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>7</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 medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
5. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
7. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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

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# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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