



CIGNA ADVANTAGE 3-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2021

Together, all the way.®



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

887152 w Advantage 3-Tier 06/21



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View the drug list online

This document was last updated on 06/01/2021.* You can go online to see the current list of medications your plan covers.



The myCigna® App and myCigna.com – Click on the “Find Care & Costs” tab and select “Price a Medication.” Then type in your medication name to see how it's covered.



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

Questions?

- › **Click to chat:** [myCigna.com](https://mycigna.com), Monday-Friday, 9:00 am-8:00 pm EST.
- › **By phone:** Call the toll-free number on your Cigna ID card. We're here 24/7/365.

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Advantage 3-Tier Prescription Drug List as of July 1, 2021.^{1,2} Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

This drug list is updated often so it isn't a complete list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App and **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

Prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics) aren't covered on the Cigna Advantage 3-Tier Prescription Drug List. These medications are considered plan (or benefit) exclusions. You can get over-the-counter (OTC) versions of these medications at the pharmacy without a prescription.

How to read this drug list

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

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

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

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

Tiers

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

- | | | |
|---|---------------------------|--------|
| › Tier 1 – Typically Generics | (Lowest-cost medication) | \$ |
| › Tier 2 – Typically Preferred Brands | (Medium-cost medication) | \$\$ |
| › Tier 3 – Typically Non-Preferred Brands | (Highest-cost medication) | \$\$\$ |

Abbreviations next to medications

In this drug list, medications that have limits and/or extra coverage requirements have an abbreviation listed next to them.* Here's what they mean.

- | | |
|--------------|--|
| (PA) | Prior Authorization – Certain medications need approval from Cigna before your plan will cover them. These medications have a (PA) next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna. |
| (QL) | Quantity Limits – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a (QL) next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna. |
| (ST) | Step Therapy – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a (ST) next to them. You have many covered options to choose from, and they're used to treat the same condition. |
| (AGE) | Age Requirements – Certain medications will only be covered if you're within a specific age range. These medications have (AGE) next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna. |

* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy and/or age requirements.

** If your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Brand-name medications are capitalized

In this drug list, brand-name medications are capitalized. Generic medications are lowercase.

Specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. In this drug list, specialty medications have an asterisk (*) next to them. Some plans 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 and **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

No cost-share preventive medications have a plus sign next to them

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0) to you. In this drug list, these medications have a plus sign (+) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

Plan/benefit exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. This means there's no option to receive coverage through Cigna's review process by showing that you need the medication for your treatment. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

How to find your medication

First, look for 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, 13
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	13
ALZHEIMER'S DISEASE	6	INFECTIONS	14
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFERTILITY	14
ASTHMA/COPD/RESPIRATORY	6	MISCELLANEOUS	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	15
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	15
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	OSTEOPOROSIS PRODUCTS	15
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	15, 16
CANCER	8	PARKINSON'S DISEASE	16
CHOLESTEROL MEDICATIONS	8	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
CONTRACEPTION PRODUCTS	9, 10	SEIZURE DISORDERS	16, 17
COUGH/COLD MEDICATIONS	10, 11	SKIN CONDITIONS	17
DENTAL PRODUCTS	11	SLEEP DISORDERS/SEDATIVES	18
DIABETES	11, 12	SMOKING CESSATION	18
DIURETICS	12	SUBSTANCE ABUSE	18
EAR MEDICATIONS	12	TRANSPLANT MEDICATIONS	18
EYE CONDITIONS	12	URINARY TRACT CONDITIONS	18
FEMININE PRODUCTS	12	VACCINES	19

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine (QL)		Adderall (PA age, ST)
clonidine ER		Daytrana (PA age, QL)
dexmethylphenidate (PA age)		Evekeo (PA age, ST)
dexmethylphenidate ER (PA age, QL)		Focalin (PA age, ST)
dextroamphetamine-amphetamine (PA age)		Intuniv ER
dextroamphetamine-amphetamine ER (PA age, QL)		Kapvay
guanfacine ER		Methylin (PA age)
methylphenidate (PA age)		Quillivant XR (PA age, QL)
methylphenidate CD (PA age, QL)		Ritalin (PA age, ST)
methylphenidate ER (PA age, QL)		Strattera (QL)
methylphenidate ER (CD) (PA age, QL)		
methylphenidate ER (LA) (PA age, QL)		
methylphenidate LA (PA age, QL)		
Relexxii (PA age, QL)		

BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid*	Aranesp* (PA)	Cyklokapron*
tranexamic acid*	Droxia	Fulphila* (PA)
	Epogen* (PA)	Granix* (PA)
	Neulasta* (PA)	Hemlibra* (PA)
	Nivestym*	Lysteda*
	Nyvepria* (PA)	Neupogen* (PA)
	PROCRIT* (PA)	Promacta* (PA)
	Retacrit* (PA)	Siklos (PA)
	UDENYCA* (PA)	Tavalisse* (PA)
	Zarxio*	Ziextenzo* (PA)

BLOOD PRESSURE/HEART MEDICATIONS

amiodarone	Corlanor (PA)	Adalat CC
amlodipine	Entresto	BiDil (QL)
amlodipine-benazepril		Calan SR
amlodipine-olmesartan (QL)		Cardizem LA (QL)
amlodipine-valsartan		Cardura
		Catapres
		Catapres-TTS 1
		Catapres-TTS 2
		Catapres-TTS 3
		Coreg (ST)
		Coreg CR (ST, QL)

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

amlodipine-valsartan-HCTZ		Corgard (ST)
atenolol		Epaned
atenolol-chlorthalidone		HAEGARDA* (PA)
benazepril		Hemangeol
benazepril-HCTZ		Inderal LA (ST)
candesartan		Inderal XL (ST)
candesartan-HCTZ		InnoPran XL (ST)
cartia XT		KALBITOR* (PA)
carvedilol		Kapsargo Sprinkle (ST)
carvedilol ER (QL)		Lopressor (ST)
clonidine		Minipress
diltiazem		MULTAQ
diltiazem 12HR ER		Nitrostat
diltiazem 24HR ER		Northera* (PA)
diltiazem 24HR ER (CD)		Norvasc
diltiazem 24HR ER (LA)		Pacerone 100mg, 400mg (PA)
diltiazem 24HR ER (XR)		Procardia
Dilt-XR		Procardia XL
dofetilide (QL)		Ranexa (QL)
doxazosin		Ruconest* (PA)
enalapril		Rythmol SR (PA)
flecainide		TAKHZYRO* (PA)
guanfacine		Tenoretic 50 (ST)
hydralazine		Tenoretic 100 (ST)
irbesartan		Tenormin (ST)
irbesartan-HCTZ		Tiazac ER
isosorbide dinitrate		Tikosyn (PA, QL)
isosorbide mononitrate		Toprol XL (ST)
isosorbide mononitrate ER		Verelan
labetalol		Verelan PM
lisinopril		
lisinopril-HCTZ		
losartan		
losartan-HCTZ		
Matzim LA		
metoprolol		
nadolol		
nifedipine		
nifedipine ER		
olmesartan (QL)		
olmesartan-HCTZ (QL)		
Pacerone 200 mg		
prazosin		
propafenone		
propafenone ER		
propranolol		

Cigna Advantage 3-Tier Prescription Drug List

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

propranolol ER		
ramipril		
ranolazine ER (QL)		
Taztia XT		
telmisartan (QL)		
telmisartan-HCTZ (QL)		
telmisartan-amlodipine (QL)		
timolol tablet		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil ER PM		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

Adult Aspirin Regimen+	BRILINTA	Aggrenox
Aspirin EC+	Eliquis (PA)	Arixtra* (QL)
Aspirin-Low+	Lovenox* (QL)	Bevyxxa (QL)
aspirin EC+ 81mg tablet	Xarelto (PA)	Coumadin (PA)
aspirin-dipyridamole ER		Effient
Bayer Aspirin+ 81mg chewable tablet		Fragmin* (QL)
Children's Aspirin+ clopidogrel		Plavix
Ecotrin+ 81mg		Pradaxa (PA)
enoxaparin* (QL)		Savaysa (PA, QL)
fondaparinux* (QL)		Zontivity
Low Dose Aspirin EC+		
Jantoven		
prasugrel		
St. Joseph Aspirin+ warfarin		

CANCER

abiraterone* (PA)	Actimmune* (PA)	Afinitor* (PA)
anastrozole+	Erivedge* (PA)	ALECENSA* (PA)
capecitabine* (PA)	Erleada* (PA)	Alunbrig* (PA)
exemestane+	Gleostine	Bosulif* (PA)
fluorouracil vial (PA)	IBRANCE* (PA)	CABOMETYX* (PA)
imatinib* (PA)	Kanjinti* (PA)	COMETRIQ* (PA)
letrozole	LUPRON DEPOT* (PA)	Eligard*
mercaptopurine	MVASI* (PA)	Gleevec* (PA)
methotrexate	Nexavar* (PA)	Herceptin* (PA)
tamoxifen+	Revlimid* (PA)	Herceptin Hylecta* (PA)
temozolomide* (PA)	Ruxience* (PA)	Imbruvica* (PA)

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

tretinoin capsule (PA)	SPRYCEL* (PA)	Inlyta* (PA)
	Sutent* (PA)	Jakafi* (PA)
	Tasigna* (PA)	Kisqali* (PA)
	Trazimera* (PA)	Lenvima* (PA)
	Trexall	Lonsurf* (PA)
	Verzenio* (PA)	Lorbrena* (PA)
	Zirabev* (PA)	Lynparza* (PA)
		Mekinist* (PA)
		Nerlynx* (PA)
		NINLARO* (PA)
		NUBEQA* (PA)
		Odomzo* (PA)
		Ogivri* (PA)
		Pomalyst* (PA)
		Purixan*
		Rubraca* (PA)
		Stivarga* (PA)
		Tafinlar* (PA)
		Tagrisso* (PA)
		Talzenna* (PA)
		Targretin capsule* (PA)
		Temodar* (PA)
		Trelstar*
		Tykerb* (PA)
		Venclexta* (PA)
		Votrient* (PA)
		VIZIMPRO* (PA)
		XALKORI* (PA)
		Xeloda* (PA)
		Xtandi* (PA)
		Zejula* (PA)

CHOLESTEROL MEDICATIONS

amlodipine-atorvastatin (QL)	Repatha (PA)	Caduet (QL)
atorvastatin+ 10mg, 20mg tablet+	Vascepa (PA)	Lipofen (ST)
atorvastatin 40mg, 80mg tablet		Niaspan ER
ezetimibe		TriCor (ST)
ezetimibe-simvastatin		Trilipix (ST)
fenofibrate		Welchol
fluvastatin+		Zetia
fluvastatin ER+		
lovastatin 10mg		
lovastatin+ 20mg, 40mg		
niacin 500mg tablet		
niacin ER		
niacor		

Cigna Advantage 3-Tier Prescription Drug List

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

omega-3 ethyl esters pravastatin+ rosuvastatin+ 5mg, 10mg (QL) rosuvastatin 20mg (QL) rosuvastatin 40mg simvastatin 5mg simvastatin+ 10mg, 20mg, 40mg simvastatin 80mg (QL)		
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CONTRACEPTION PRODUCTS

Afirmelle+ Aftera+ Altavera+ Alyacen+ Amethia+ Amethia Lo+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aubra EQ+ Aurovela+ Aurovela FE+ Aurovela 24 FE+ Aviane+ Ayuna+ Azurette+ Balziva+ Bekyree+ Blisovi FE+ Blisovi 24 FE+ Briellyn+ Camila+ Camrese+ Camrese Lo+ Caziant+ Chateal+ Chateal EQ+ Cryselle+ Cyclafem+ Cyred+ Cyred EQ+ Dasetta+ Daysee+ Deblitane+	Lo Loestrin FE	Annovera Beyaz Caya Ella+ Estrostep FE Femcap+ Kyleena** Layolis FE Loestrin FE microgestin 24 FE Minastrin 24 FE Mirena** NuvaRing SAFYRAL Skyla** Today Contraceptive Sponge+ VCF film+ Wide seal diaphragm+ Yasmin 28 YAZ
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTION PRODUCTS (cont)

desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol ethinyl estradiol+ drospirenone-ethinyl estradiol+ Econtra EZ+ Econtra One-Step+ Elinest+ EluRyng Vaginal Ring+ Emoquette+ Enpresse+ Enskyce+ Errin+ Estarylla+ ethynodiol-ethinyl estradiol+ etonogestrel-ethinyl estradiol+ Falmina+ Fayosim+ Femynor+ Gianvi+ Gynol II+ Hailey 24 FE+ Heather+ Incassia+ Introvale+ Isibloom+ Jasmiel+ Jencycla+ Jolessa+ Juleber+ Junel+ Junel FE+ Junel FE 24+ Kaitlib FE+ Kalliga+ Kariva+ Kelnor 1-35+ Kelnor 1-50+ Kurvelo+ Larin+ Larin FE+ Larin 24 FE+ Larissia+ Leena 28 tablet+ Lessina+ Levonest+		
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Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)		
levonorgestrel ⁺			Simliya ⁺		
levonorgestrel-ethinyl estradiol ⁺			Simpesse ⁺		
levonorgestrel-ethinyl estradiol ⁺			Sprintec ⁺		
Levora-28 ⁺			Sronyx ⁺		
Lillow ⁺			Syeda ⁺		
Loryna ⁺			Tarina 24 FE ⁺		
Low-Ogestrel ⁺			Tarina FE 1-20 EQ ⁺		
Lo-Zumandimine ⁺			Tilia FE 28 ⁺		
Lutera ⁺			Tri Femynor ⁺		
Lyza ⁺			Tri-Estarylla ⁺		
Marlissa ⁺			Tri-Legest FE ⁺		
medroxyprogesterone 150mg/ml ⁺			Tri-Linyah ⁺		
Melodetta 24 FE ⁺			Tri-Lo-Estarylla ⁺		
Mibelas 24 FE ⁺			Tri-Lo-Marzia ⁺		
Microgestin ⁺			Tri-Lo-Mili ⁺		
Microgestin FE ⁺			Tri-Lo-Sprintec ⁺		
Mili ⁺			Tri-Mili ⁺		
Mono-Linyah ⁺			Tri-Previfem ⁺		
My Choice ⁺			Tri-Sprintec ⁺		
My Way ⁺			Trivora-28 ⁺		
Necon ⁺			Tri-Vylibra ⁺		
Nikki ⁺			Tri-Vylibra Lo ⁺		
Nora-BE ⁺			Tulana ⁺		
norethindrone 0.35mg ⁺			Tydemy ⁺		
norethindrone-ethinyl estradiol 1-0.02mg, 1.5-0.03mg ⁺			VCF ⁺ foam, gel		
norethindrone-ethinyl estradiol-FE ⁺			Velivet ⁺		
norgestimate-ethinyl estradiol ⁺			Vienva ⁺		
Norlyda ⁺			Violele ⁺		
Nortrel ⁺			Vyfemla ⁺		
Ocella ⁺			Vylibra ⁺		
Option 2 ⁺			Wera ⁺		
Orsythia ⁺			Wymzya FE ⁺		
Philith ⁺			Xulane ⁺		
Pimtrea ⁺			Zarah ⁺		
Pirmella ⁺			Zovia ⁺		
Portia ⁺			Zumandimine ⁺		
Previfem ⁺					
Reclipsen ⁺					
Rivelsa ⁺					
Setlakin ⁺					
Sharobel ⁺					
			COUGH/COLD MEDICATIONS		
			benzonatate 100mg, 200mg		Tessalon Perle
			Bromfed DM		Tuzistra XR (PA, QL)
			brompheniramine-pseudoephedrine-DM		
			hydrocodone-chlorpheniramine ER (PA)		
			hydrocodone-homatropine (PA, QL)		
			hydrocodone-guaifenesin		

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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COUGH/COLD MEDICATIONS (cont)

promethazine DM		
promethazine PE (PA, QL)		
promethazine VC (PA, QL)		
promethazine-codeine (PA, QL)		

DENTAL PRODUCTS

chlorhexidine rinse		Clinpro 5000
Denta 5000 Plus		Floriva drops ⁺
Dentagel		Fluorabon ⁺
doxycycline 20mg tablet		Fluoridex Sensitivity Relief
Fluoridex Daily Defense		PreviDent
Fluoritab ⁺		PreviDent 5000
Flura-Drops ⁺		PreviDent 5000 Plus
Ludent Fluoride ⁺		
Oralone		
Paroex		
Peridex		
Periogard		
SF 5000 Plus		
Sodium Fluoride cream, gel		
Sodium Fluoride 5000		
Sodium Fluoride Sensitive 5000		
triamcinolone 0.1% paste		

DIABETES

glimepiride	Accu-Chek FastClix lancets	Accu-Chek Aviva Plus meter, solution
glipizide	Accu-Chek Multiclix lancets	Accu-Chek Compact Plus control solution
glipizide ER	Accu-Chek Softclix lancets	Accu-Chek Guide monitor, control solution
glipizide XL	Baqsimi (QL)	Accu-Chek Nano SmartView meter
glipizide-metformin	BASAGLAR (QL)	Accu-Chek SmartView control solution
Insulin Syringe	Bydureon (ST, QL)	Amaryl
metformin	Byetta (ST, QL)	AutoShield Duo pen needle
Microlet 2 lancing device	Dexcom G6 Sensor (PA, QL)	
Microlet Next lancing device	DropSafe	
pioglitazone	Farxiga (ST, QL)	
	FreeStyle Libre (PA, QL)	

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

	FreeStyle Precision syringe	CeQur Simplicity Contour meter, solution
	Glyxambi (ST, QL)	Contour Next Link
	Humalog (QL)	Contour Next One
	Humulin (QL)	CYCLOSET
	Insulin Lispro (QL)	Dexcom G4
	Insulin Syringe	Dexcom G5
	Janumet (ST, QL)	Enlite
	Janumet XR (ST, QL)	FreeStyle control solution, kit
	Januvia (ST, QL)	FreeStyle Freedom
	Jardiance (ST, QL)	FreeStyle Flash
	Levemir (QL)	FreeStyle Insulinx meter
	LYUMJEV (QL)	FreeStyle Lite meter
	Microlet lancets	FreeStyle Navigator
	Microlet 2 lancing device	FreeStyle Precision Neo meter
	Microlet Next lancing device	FreeStyle Sidekick II
	NovoFine	GLUCOCARD 01 Control meter, control solution
	NovoTwist	GLUCOCARD Expression meter, control solution
	Omnipod DASH (PA, QL)	GLUCOCARD Shine meter, control solution
	OneTouch Delica	GLUCOCARD Vital meter
	OneTouch Ultra2	Glucagon Emergency Kit (QL)
	OneTouch Ultra Blue test strips	Glucophage
	OneTouch UltraMini	Glucophage XR
	OneTouch Verio meter	Guardian
	RYBELSUS (ST, QL)	Guardian Connect
	Segluromet (ST, QL)	Guardian Link
	SOLIQUA 100-33	Guardian RT
	Steglatro (ST, QL)	InPen (for Humalog)
	SymLinPen	InPen (for Novolog or Fiasp)
	Synjardy (ST, QL)	Korlym* (PA)
	Synjardy XR (ST, QL)	MiniMed Guardian
	TechLite pen needle, syringe	MiniMed Reservoir
	TRESIBA (QL)	MiniMed Quick-Serter
	TRUEPlus needle, syringe	OneTouch Ultra control solution
	Trulicity (ST, QL)	
	Ultra-Fine insulin syringe	
	Ultra-Fine Micro pen needle	
	Ultra-Fine Mini pen needle	

Cigna Advantage 3-Tier Prescription Drug List

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

	Ultra-Fine Nano pen needle	OneTouch Verio control solution
	Ultra-Fine Original pen needle	Paradigm Reservoir
	Ultra-Fine Short pen needle	Paradigm Remote Control
	V-Go	Precision Xtra monitor
	Veo	Precision Xtra B-Ketone kit
	Victoza (ST, QL)	Riomet
	Xigduo XR (ST, QL)	Riomet ER
	Xultophy	TRUE MEXTRIX meter, solution
		TRUEtrack system

DIURETICS

acetazolamide		Aldactone
acetazolamide ER		CaroSpir
bumetanide		Dyrenium
eplerenone		Inspra
furosemide		JYNARQUE* (PA)
hydrochlorothiazide		Lasix
spironolactone		Maxzide
spironolactone-HCTZ		Samsca*
triamterene		
triamterene-HCTZ		

EAR MEDICATIONS

ciprofloxacin 0.2% solution		Cipro HC
neomycin-polymyxin HC solution, syrup		OTOVEL
ofloxacin 0.3% ear drops		

EYE CONDITIONS

azelastine drops^	Combigan	ACUVAIL
brimonidine	EysuVIS (QL)	Alphagan P
ciprofloxacin 0.3% eye drops	Restasis	Alrex
cromolyn drops	Simbrinza	AzaSite
dexamethasone 0.1%		Azopt
diclofenac drops		Besivance
dorzolamide		BETIMOL
dorzolamide-timolol		Betoptic S
epinastine^		BromSite
erythromycin ointment		Ciloxan
		Cosopt PF
		Cystaran* (PA, QL)
		DUREZOL

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

fluorometholone		Flarex
gatifloxacin		ILEVRO
latanoprost		INVELTYS
levofloxacin drops		Istalol
moxifloxacin drops, vial		LOTEMAX
neomycin-bacitracin-polymyxin		LOTEMAX SM
neomycin-polymyxin-gramicidin		Maxitrol
neomycin-polymyxin-HC drops		Moxeza
ofloxacin 0.3% eye drops		Nevanac
polymyxin B-TMP drops		Ocuflox
prednisolone drops		Oxervate* (PA)
timolol solution		Polytrim
tobramycin drops		Pred Forte
tobramycin-dexamethasone		PROLENSA
		Rhopressa
		Rocklatan
		TIMOPTIC
		TIMOPTIC-XE
		TobraDex
		TobraDex ST
		Trusopt
		Vigamox
		Zirgan
		Zylet
		Zymaxid

FEMININE PRODUCTS

Fem pH		AVC
GYNAZOLE 1		
miconazole 3		

GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Actigall
Anucort-HC	CLENPIQ+	Akynzeo capsule (PA, QL)
balsalazide	Entyvio* (PA)	Apriso
bisacodyl EC tablet+	Nexium DR 2.5mg, 5mg packet	Bonjesta
Bisa-Lax+	Pancreaze DR	Canasa
chlordiazepoxide-clidinium	Pentasa	Carafate
cinacalcet*	Prepopik+	Cholbam* (PA)
ClearLax+	SUPREP+	Correctol+
dicyclomine	SUTAB+	Diclegis
diphenoxylate-atropine	Viberzi	Donnatal
doxylamine-pyridoxine		Dulcolax+
dronabinol		Gattex* (PA)
Ducodyl+		Kristalose
famotidine suspension		Lialda
		LITHOSTAT
		Lomotil
		MiraLax+

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS		
GaviLyte-C+		Motofen	dexamethasone	Sandostatin LAR	Depo-Testosterone
GaviLyte-G+		Movantik (PA)	intensol	Depot* (PA)	Divigel
GaviLyte-N+		Ocaliva* (PA)	Dotti (QL)	Serostim* (PA)	Elestrin
GentleLax+		Phenergan	EEMT DS	Zorbitive* (PA)	Emflaza* (PA)
GlycoLax+		suppository	EEMT H.S.		Entocort EC
HealthyLax+		Ravicti* (PA)	estradiol (QL)		Estrace
Hemmorex-HC		RECTIV	estradiol-		Estring (QL)
hydrocortisone		RELISTOR (PA)	norethindrone		EstroGel
suppository		SANCUSO (PA, QL)	estrogen-		Evamist
LaxaClear+		sfRowasa	methyltestosterone		Fensolvi* (PA)
mesalamine		Sucraid* (PA)	hydrocortisone		Ganirelix*^ (PA)
mesalamine DR		Sustol (PA)	tablet		Imvexxy (QL)
metoclopramide		Symproic (PA)	levothyroxine		Intrarosa
metoclopramide		Transderm-Scop	Levo-T		Lupaneta Pack* (PA)
ODT		Urso	Levoxyl		Minivelle (QL)
ondansetron		Urso Forte	liothyronine		Natpara* (PA)
ondansetron ODT		VARUBI (PA, QL)	Lopreeza		Noctiva (PA)
PEG 3350 and		Viokace	medroxyprogesterone		Osphena
Electrolytes+		Xermelo* (PA)	tablet		Prometrium
PEG-Prep+			methimazole		Royaldee
Phenadoz			methylprednisolone		Somatuline Depot*
polyethylene glycol			dosepak, tablet,		(PA)
3350+			vial		Somavert* (PA)
PowderLax+			methyltestosterone		SUPPRELIN LA* (PA)
prochlorperazine			Mimvey		Synthroid
promethazine			Nature-Throid		teriparatide* (PA,
Promethegan			norethindrone+		QL)
Purelax+			5mg		Thyrogen*
QC Natura-Lax+			norethindrone-		Tirosint(PA)
ranitidine capsule,			ethinyl estradiol+		Tirosint-SOL (PA)
syrup, tablet			0.5-2.5,		Triostat
sucralfate			1mg-5mcg		Triptodur* (PA)
TriLyte With Flavor			NP Thyroid		Unithroid
Packets+			prednisolone		Vagifem (QL)
ursodiol			prednisolone ODT		Vivelle-Dot (QL)
			prednisone		
			prednisone intensol		
			progesterone		
			capsule		
			progesterone vial*		
			testosterone (PA, QL)		
			testosterone		
			cypionate		
			thyroid		
			triamcinolone		
			Westhroid		
			WP Thyroid		
			Yuvafem (QL)		
HORMONAL AGENTS					
Amabelz	Duavee	Alora (QL)			
budesonide EC	FORTEO* (PA, QL)	ANDRODERM (PA,			
budesonide ER (PA,	Humatrope* (PA)	QL)			
QL)	LUPRON DEPOT	AndroGel (PA, QL)			
cabergoline (QL)	3.75mg, 11.25mg*	Angeliq			
CovARYX	(PA)	Armour Thyroid			
CovARYX H.S.	LUPRON DEPOT-	Bijuva			
Decadron	PED* (PA)	Bynfezia* (PA)			
desmopressin	Norditropin	Cetrotide*^ (PA)			
solution, spray,	FlexPro* (PA)	Climara			
tablet	ORIAHNN (PA, QL)	Climara Pro			
desmopressin	Orilissa (PA, QL)	CombiPatch			
ampule, vial*	Premarin	Crinone 4%			
dexamethasone	PREMPHASE	Cytomel			
	PREMPRO	Depo-Estradiol			

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS		
acyclovir capsule, suspension, tablet, vial	Baraclude* solution	Aemcolo DR (QL)
albendazole	Epclusa* (PA, QL)	Albenza
amoxicillin	Firvanq	Alinia
amoxicillin-clavulanate	HARVONI* (PA, QL)	Arikayce* (PA)
amoxicillin-clavulanate ER	ledipasvir-sofosbuvir* (PA)	Bactrim
atovaquone	MAVYRET* (PA)	Bactrim DS
atovaquone-proguanil	Pegasys* (PA)	Baxdela (PA)
Avidoxy	sofosbuvir-velpatasvir* (PA)	Cayston* (PA, QL)
azithromycin (QL)	SOVALDI* (PA, QL)	Cipro
cefdinir	Thalomid* (PA)	Cleocin
cefpodoxime	TOBI Podhaler* (PA, QL)	Clindesse
cefuroxime	VOSEVI* (PA)	Cresemba
cephalexin	Xifaxan (QL)	DARAPRIM* (PA)
ciprofloxacin		DIFICID (QL)
clarithromycin		EryPed 200
clarithromycin ER		Eurax
clindamycin		Flagyl
Coremino (QL)		Keflex
dapsone tablet		Kitabis Pak* (PA, QL)
Doxy 100		Levaquin
doxycycline		Macrobid
Emverm		Macrodantin
entecavir* (QL)		Malarone (PA)
erythromycin		MetroGel 0.75%
erythromycin ES		Minocin vial
famciclovir		Monurol
fluconazole		Natroba
hydroxychloroquine (QL)		Noxafil
itraconazole		Nuessa
levofloxacin solution, tablet, vial		NUZYRA* (QL)
metronidazole		Oravig
minocycline		Plaquenil (PA)
minocycline ER (QL)		Prevymis*
Mondoxyne NL		Priftin
moxifloxacin bag, tablet		Sivextro (PA)
neomycin tablet		Sklice
nitrofurantoin		Solosec
nitrofurantoin mono-macro		Sulfatrim
nystatin suspension		Suprax
ofloxacin tablet		Tamiflu (QL)
		Urogesic-Blue
		Valtrex
		Vemlidy*
		Vfend (PA)
		Vfend IV
		Vibramycin suspension, syrup
		Xenleta (PA, QL)
		Xofluza (QL)
		ZEPATIER* (PA)
		Zithromax QL
		ZYVOX (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)		
Okebo		
oseltamivir (QL)		
penicillin		
permethrin		
sulfamethoxazole-TMP		
polymyxin B-TMP vial		
terbinafine tablet		
tetracycline		
tobramycin ampule* (PA, QL)		
valacyclovir		
valganciclovir		
vancomycin bag, capsule, vial		
Vandazole		
voriconazole (PA)		
INFERTILITY		
chorionic gonadotropin*^ (PA)	GONAL-f*^ (PA)	Crinone 8%^
clomiphene tablet^	GONAL-f RFF*^ (PA)	Endometrin^
		Follistim AQ*^ (PA)
		Makena* (PA)
		Menopur*^ (PA)
		Novarel*^ (PA)
		OVIDREL*^ (PA)
MISCELLANEOUS		
disulfram	ACCU-Chek lancets	Austedo* (PA)
glucagon vial	Cerdelga* (PA)	Cerezyme* (PA)
Nebusal 3%	Droplet lancets	Dysport* (PA)
paroxetine capsule	Esbriet* (PA)	Ferriprox* (PA)
PulmoSal	Fingerstix lancets	Galafold* (PA)
sodium chloride irrigation solution, inhalation vial	FreeStyle lancets	GLUCAGEN
tetrabenazine* (PA)	Microlet lancets	Jadenu* (PA)
trientine* (PA)	Nityr* (PA)	Myalept* (PA)
	OneTouch lancets	Nebusal 6%
	Single-Let lancets	NUEDEXTA (QL)
	Strensiq* (PA)	Orfadin* (PA)
	TechLITE lancets	Palynziq* (PA)
	TRUEPlus lancets	Precision Xtra B-Ketone test strips
	Ultra-Fine lancets	Tegsedi* (PA)
		Tiglutik* (PA)
		TRUEPlus Ketone test strips
		Vivitrol*

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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MULTIPLE SCLEROSIS

glatiramer* (PA) Glatopa* (PA)	AVONEX* (PA) Bafiertam* (PA) BETASERON* (PA) EXTAVIA* (PA) GILENYA * (PA) Kesimpta* (PA) MAYZENT tablet* (PA) Plegridy* (PA) Rebif* (PA) Rebif Rebidose* (PA) VUMERITY* (PA) ZEPOSIA* (PA)	FIRDAPSE* (PA, QL) MAVENCLAD* (PA) MAYZENT starter pack* (PA) OCREVUS* (PA) TYSABRI* (PA)
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NUTRITIONAL/DIETARY

B-12 Compliance calcitriol ampule, capsule, solution calcium 667mg cyanocobalamin Daily Prenatal+ FA-8+ fluoride+ folic acid 1mg tablet, vial folic acid 0.4mg, 0.8mg+ Klor-Con 8, 10 Klor-Con M10, M20 Klor-Con 20 MEQ packet Klor-Con EF 25 MEQ phytonadione potassium chloride Prena1 Pearl Prenatal+ Prenatal Vitamin+ vitamin D2 1.25mg	OB Complete softgel, tablet Vitafol-OB caplet	Auryxia (QL) CitraNatal Floriva chewable tablet+ Floriva Plus Klor-Con M15 K-Tab ER Lokelma Mephyton MVC-fluoride+ NeevoDHA Perry Prenatal+ Phoslyra Prena1 chewabale tablet Prenate PrimaCare Quflora Quflora PED drops, 1 mg chewable tablet Quflora PED 0.25mg, 0.5ng chewable tablet Quflora FE PED Renvela Rocaltrol VELPHORO Veltassa Vitafol vitaPearl
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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OSTEOPOROSIS PRODUCTS

alendronate (QL) calcitonin-salmon ibandronate syringe, vial* ibandronate tablet raloxifene+ risedronate risedronate DR	TYMLOS* (PA, QL)	Actonel (ST) Atelvia (ST) Binosto (ST) Boniva tablet (ST) Boniva syringe* Evista Fosamax (ST) Fosamax Plus D (ST) Prolia* (PA)
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PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA) allopurinol aspirin EC+ 325mg tablet baclofen Bayer Aspirin+ 325mg tablet buprenorphine (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine clonidine vial cyclobenzaprine diclofenac 1% gel, tablet (QL) diclofenac DR diclofenac EC diclofenac ED EC-naproxen ecpirin+ eletriptan (QL) etodolac etodolac ER fenopropfen 400mg capsule, 600mg tablet fentanyl (PA) Fioricet (QL) frovatriptan (QL) Gel-One* (PA) Glydo hydrocodone- acetaminophen (PA) hydrocodone- ibuprofen (PA) hydromorphone (PA)	ACTEMRA* (PA, QL) Aimovig (PA) AJOVY (PA) AVSOLA* (PA) BELBUCA (QL) Cimzia* (PA, QL) Emgality (PA) Enbrel* (PA, QL) HUMIRA* (PA, QL) Hysingla ER (PA) Infectra* (PA) Morphabond ER (PA) Nurtec ODT (PA, QL) Otezla* (PA, QL) Rasuvo (PA) RediTrex (PA) RINVOQ ER* (PA, QL) Simponi 100mg/ ml* (PA, QL) Simponi ARIA* (PA) Skyrizi* (PA, QL) Stelara* (PA, QL) Taltz* (PA, QL) Tremfya* (PA, QL) UBRELVY (PA, QL) XELJANZ* (PA, QL) XELJANZ XR* (PA, QL) Xtampza ER (PA) ZTlido	Analpram HC Arava Arymo ER (PA) Benlysta* (PA) Buprenex Butrans (QL) CELEBEX (ST, QL) COLCRYS Depen* (PA) DUPIXENT* (PA) Duragesic (PA) DUROLANE* (PA) EC-naprosyn (ST) Ecotrin+ 325mg Esgic (QL) Euflexxa* (PA) Fexmid Gablofen GELSYN-3* (PA) HYALGAN* (PA) Hymovis* (PA) Ilaris* (PA) ILUMYA* (PA, QL) Kadian (PA) KEVZARA* (PA, QL) Lidoderm Mitigare Mobic (ST) MONOVISC* (PA) MS Contin (PA) Nalfon 400 mg (ST) Naprosyn (ST) Norco (PA) NUCYNTA (PA) NUCYNTA ER (PA) Olumiant* (PA, QL) ORENCIA* (PA, QL) ORTHOVISC* (PA) Otrexup (PA) Oxaydo (PA) Percocet (PA)
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Cigna Advantage 3-Tier Prescription Drug List

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

hydromorphone ER (PA)		Procort
IBU		proctofoam-HC
ibuprofen 400mg, 600mg, 800mg tablet		Qmiiz ODT (ST, QL)
indomethacin		RENFLEXIS* (PA)
indomethacin ER		Savella
ketorolac (QL)		SYNVISC* (PA)
leflunomide		SYNVISC ONE* (PA)
lidocaine (QL)		Skelaxin
lidocaine viscous		TriLURON* (PA)
lidocaine-prilocaine		Tylenol-Codeine No.3 (PA)
Lorcet (PA)		Uloric (QL)
Lorcet HD (PA)		Ultram (QL)
Lorcet Plus (PA)		Zanaflex
Lortab (PA)		Zebutal (QL)
meloxicam		Zohydro ER (PA)
metaxalone		Zyloprim
methocarbamol		
morphine (PA)		
morphine ER (PA)		
nabumetone		
Nalfon 600mg (ST)		
Nalocet (PA)		
naproxen		
naproxen DR		
naproxen DS		
oxycodone (PA)		
oxycodone ER (PA)		
oxycodone-acetaminophen (PA)		
oxycodone-aspirin (PA)		
oxycodone-ibuprofen (PA)		
Primlev (PA)		
rizatriptan (QL)		
rizatriptan ODT (QL)		
sumatriptan (QL)		
sumatriptan-naproxen (QL)		
SUPARTZ FX* (PA)		
tizanidine		
tramadol 50mg (QL)		
tramadol ER (QL)		
tramadol-acetaminophen VISCO-3* (PA)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PARKINSON'S DISEASE

benztropine	KYNMOBI (PA)	Azilect (QL)
bromocriptine		Inbrija* (PA)
carbidopa-levodopa		Neupro
carbidopa-levodopa ER		NOURIANZ* (PA, QL)
carbidopa-levodopa ODT		Osmolex ER (QL)
carbidopa-levodopa-entacapone		Parlodel
pramipexole		RYTARY
pramipexole ER (QL)		Sinemet
rasagiline (QL)		Tasmar
ropinirole		XADAGO (ST)
ropinirole ER		

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole (QL)	Latuda (QL)	Abilify Maintena ER (QL)
aripiprazole ODT	Zyprexa vial	Aristada ER (QL)
chlorpromazine		ARISTADA INITIO
olanzapine		Fanapt (ST, QL)
olanzapine ODT		INVEGA (ST, QL)
olanzapine-fluoxetine		PERSERIS (QL)
paliperidone ER (QL)		REXULTI (ST, QL)
quetiapine		Risperdal (ST)
quetiapine ER		Risperdal Consta (QL)
risperidone		Saphris (ST)
risperidone ODT		Secuado (ST)
ziprasidone		Seroquel (ST)
		Seroquel XR (ST)
		Vraylar (ST, QL)

SEIZURE DISORDERS

carbamazepine	Dilantin 30 mg capsule (PA)	Aptiom (PA, QL)
carbamazepine ER	Fycompa (PA, QL)	Banzel (PA, QL)
clonazepam	Nayzilam (PA, QL)	Briviact (PA)
clonazepam ODT	VIMPAT solution, tablet (PA)	Carbatrol (PA)
divalproex		Depakote (PA)
divalproex DR		Depakote ER (PA)
divalproex ER		Depakote DR (PA)
epitol		Dilantin 50mg, 100mg, 125/5ml (PA)
gabapentin		Epidiolex* (PA)
lamotrigine		Keppra vial
lamotrigine (blue, green, orange)		Klonopin (PA)
lamotrigine ER		Lyrica oral solution (PA)
lamotrigine ODT		
levetiracetam		

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SEIZURE DISORDERS (cont)

levetiracetam ER		Neurontin (PA)
oxcarbazepine		Onfi (PA)
Rowepra		Oxtellar XR (PA)
Subvenite		Phenytek (PA)
Subvenite (Blue, Green, Orange)		Spritam (PA)
topiramate		Tegretol (PA)
topiramate ER		Tegretol XR (PA)
vigabatrin*		VALTOCO (PA, QL)
Vigadrone*		VIMPAT vial
		XCOPRI (PA, QL)

SEIZURE DISORDERS (cont)

ladapalene (PA age)	Eucrisa	Analpram HC lotion
adapalene-benzoyl peroxide	Fluoroplex	Avar cleansing pads
Amnesteem (QL)	Promiseb cream	Avar LS
Avar cleanser	Targretin* gel	BRYHALI (ST)
Avar-E		Capex (ST)
Avar-E Green		Centany
azelaic acid		Cleocin T
betamethasone		Clindacin EZT kit
betamethasone augmented		Clindacin P kit
BP 10-1		Clodan kit (ST)
calcipotriene		Cloderm (ST)
calcipotriene-betamethasone DP		DesOwen (ST)
calcitriol ointment (QL)		Drysol
Claravis (QL)		Ecoza
Clindacin ETZ pledget		EFUDEX
Clindacin P pledget		Elidel
clindamycin foam, gel, solution		Evoclin
clindamycin-benzoyl peroxide		Lotrisone
clindamycin-tretinoin		Mimyx
clobetasol		NAFTIN
Clodan shampoo		Nizoral 2% shampoo
clotrimazole-betamethasone		Picato
dapsone 5% gel		Pramosone
desoximetasone		Protopic
erythromycin gel, pledgets, solution		REGRANEX (PA, QL)
		SANTYL (QL)
		Temovate (ST)
		Tolak
		Topicort (ST)
		Ultravate cream, ointment (ST)
		Valchlor*
		Xepi
		Zyprexa Relprevv (QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SKIN CONDITIONS

erythromycin-benzoyl peroxide gel		
fluocinonide		
fluocinonide E		
fluorouracil cream, solution		
halobetasol		
hydrocortisone 2.5% cream, ointment		
hydrocortisone butyrate		
hydrocortisone-iodoquinol		
isotretinoin (QL)		
ketoconazole		
metronidazole		
mupirocin		
Myorisan (QL)		
Neuac gel		
nystatin cream, ointment, powder		
nystatin-triamcinolone		
oxiconazole		
pimecrolimus		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		
Rosadan cream, gel		
sodium sulfacetamide-sulfur		
SSS 10-5		
Sulfacleanse 8-4		
tacrolimus ointment		
tretinoin (PA age)		
tretinoin microsphere (PA age)		
triamcinolone		
Triderm		
Zenatane (QL)		

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	DAYVIGO (ST, QL)	Hetlioz* (PA)
eszopiclone	Silenor (ST, QL)	Lunesta (ST)
lorazepam vial	SUNOSI (PA, QL)	Rozerem (ST, QL)
modafinil (PA)		Wakix* (PA, QL)
temazepam		XYREM* (PA)
zolpidem		
zolpidem ER (QL)		

SMOKING CESSATION

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

SUBSTANCE ABUSE

buprenorphine	Lucemyra (QL)	Bunavail
film, sublingual,	NARCAN (QL)	Probuphine
tablet	Zubsolv	Sublocade*
buprenorphine-		Suboxone
naloxone		

TRANSPLANT MEDICATIONS

azathioprine*	CellCept vial*	Astagraf XL*
mycophenolate*	Prograf 5 mg/ml	CellCept capsule,
mycophenolic	ampule*	suspension,
acid*		tablet*
sirolimus*		Envarsus XR*
tacrolimus* capsule		Myfortic*
		Prograf capsule,
		granule packet*
		Rapamune*
		Zortress*

URINARY TRACT CONDITIONS

cevimeline	Cystagon*	Avodart
darifenacin ER (QL)		Elmiron
dutasteride-		Evoxac
tamsulosin		Flomax
finasteride 5mg		Proscar
oxybutynin		Pyridium
oxybutynin CL		RAPAFLO (QL)
oxybutynin ER		Thiola*
phenazopyridine		Urocit-K
potassium citrate ER		
silodosin (QL)		
solifenacin (QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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URINARY TRACT CONDITIONS (cont)

tamsulosin		
tolterodine		
tolterodine ER (QL)		
trospium		
trospium ER		

VACCINES

Vaccines are now covered under your pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

		ActHIB+
		Adacel Tdap+
		Afluria Quad+
		BEXSERO+
		Boostrix Tdap+
		DAPTACEL DTaP+
		Diphtheria and
		Tetanus Toxoids-
		ped+
		Engerix-B+
		FLUAD+
		FLUARIX
		QUADRIVALENT+
		FLUBLOK
		QUADRIVALENT+
		FLUCELVAX
		QUADRIVALENT+
		FLUIALVAL
		QUADRIVALENT+
		FluMist Quad
		Nasal+
		Fluzone High-
		Dose+
		Fluzone
		Quadrivalent Pedi+
		Fluzone
		Quadrivalent+
		GARDASIL 9+
		HAVRIX+
		HEPLISAV-B+
		Hiberix+
		Infanrix DTaP+
		IPOL+
		KINRIX+
		Menactra+
		Menveo A-C-Y-W-
		135-DIP+

Cigna Advantage 3-Tier Prescription Drug List

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

Vaccines are now covered under your pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the **myCigna** App or myCigna.com, or check your plan materials, to find out how your specific plan covers them.

		M-M-R II+ Pediarix+ PedvaxHIB+ Pentacel+ PNEUMOVAX 23+ Prevnar 13+ ProQuad+ Quadracel DTaP- IPV+ Recombivax HB+Rotarix+ RotaTeq+ TdVax+ TENIVAC+ Trumenba+ Twinrix+ VAQTA+ VARIVAX+ ZOSTAVAX+
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Medications that aren't covered

Your plan covers other medications that are used to treat the same condition.^ They're listed below.

DRUG CLASS	MEDICATION NAME^^	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*
	Truvada*	emtricitabine-tenofovir DF 200-300mg*
	Viramune*	nevirapine*
	Viramune XR*	nevirapine ER*
	Viread 300mg tablet	tenofovir disoproxil 300mg tablet (PA)
	Ziagen*	abacavir*
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr SYMJEPI	epinephrine auto-injectors
	DYMISTA	azelastine-fluticasone fluticasone flunisolide mometasone
	RyVent carbinoxamine 6mg tablet	carbinoxamine 4mg tablet
ALZHEIMER'S DISEASE	pyridostigmine BR 30mg tablet (QL)	pyridostigmine 60mg tablet
ANXIETY/DEPRESSION/BIPOLAR	Anafranil	clomipramine
	Aplenzin Wellbutrin XL	bupropion XL
	Ativan tablet	lorazepam
	Cymbalta	desvenlafaxine ER duloxetine escitalopram
	Drizalma Sprinkle	duloxetine DR
	Lexapro	escitalopram
	Pamelor	nortriptyline
	Parnate	tranylcypromine
	Pexeva	paroxetine, paroxetine ER
	Pristiq	bupropion SR, bupropion XL desvenlafaxine ER, escitalopram
	Tofranil	imipramine
	Wellbutrin XL	bupropion XL escitalopram fluoxetine

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ASTHMA/COPD/RESPIRATORY	ADVAIR DISKUS ADVAIR HFA AirDuo Digihaler AirDuo RespiClick BREQ ELLIPTA	Dulera fluticasone-salmeterol Symbicort Wixela Inhub	
	Alvesco ARNUITY ELLIPTA Asmanex, Asmanex HFA Pulmicort Flexhaler	Flovent QVAR QVAR RediHaler	
	ArmonAir Digihaler	Flovent HFA Flovent Diskus QVAR RediHaler	
	Arcapta Neohaler Striverdi Respimat	Serevent Diskus	
	BEVESPI AEROSPHERE Stiolto Respimat Utibron Neohaler	ANORO ELLIPTA	
	Elixophyllin	theophylline oral solution	
	Proventil HFA	albuterol HFA	
	ProAir HFA ProAir RespiClick Ventolin HFA Xopenex HFA	albuterol HFA levalbuterol HFA	
	Seebri Neohaler SPIRIVA SPIRIVA RESPIMAT Tudorza Pressair	INCRUSE ELLIPTA	
	YUPELRI	ANORO ELLIPTA BREZTRI AEROSPHERE INCRUSE ELLIPTA TRELEGY ELLIPTA	
	Zyflo	montelukast zafirlukast zileuton ER	
	ATTENTION DEFICIT HYPERACTIVITY	Adderall XR ADHANSIA XR Adzenys ER Adzenys XR-ODT Aptensio XR Concerta ER Cotempla XR-ODT Dyanavel XR Focalin XR Jornay PM Mydayis QuilliChew ER Ritalin LA Vyvanse	dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA
		Desoxyn	methamphetamine

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ATTENTION DEFICIT HYPERACTIVITY (cont)	Dexedrine	dexamethylphenidate ER dextroamphetamine ER dextroamphetamine-amphetamine ER
	Evekeo ODT	amphetamine dexamethylphenidate dextroamphetamine methamphetamine methylphenidate
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 oral
	Bystolic	atenolol bisoprolol carvedilol labetalol metoprolol
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD diltiazem ER
	Conjupri	amlodipine elodipine nifedipine nicardipine
	Consensi	amlodipine celecoxib
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan HCTZ
	Edarbi	candesartan eprosartan irbesartan losartan olmesartan telmisartan valsartan

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Edarbyclor	candesartan HCTZ irbesartan HCTZ losartan HCTZ olmesartan HCTZ telmisartan HCTZ valsartan HCTZ
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Firazyr	icatibant
	Hyzaar	losartan-HCTZ
	Isordil Isordil Titrados	isosorbide dinitrate
	Lanoxin tablet	digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	NEXLIZET	atorvastatin fluvastatin fluvastatin ER lovastatin pravastatin rosuvastatin simvastatin
	Prinivil Zestril	lisinopril
	Tarka	trandolapril-verapamil ER
	Tekturna	aliskiren enalapril irbesartan lisinopril losartan olmesartan ramipril valsartan
	Tekturna HCT	benazepril HCTZ irbesartan HCTZ lisinopril HCTZ losartan HCTZ olmesartan HCTZ telmisartan HCTZ valsartan HCTZ

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Tribenzor	olmesartan-amlodipine HCTZ
	Vaseretic	enalapril-HCTZ
	Vasotec	enalapril
	Zestoretic	lisinopril HCTZ
BLOOD THINNERS/ANTI-CLOTTING	Yospira	aspirin aspirin EC
CANCER	Nilandron	nilutamide
	Tarceva*	erlotinib*
	Yonsa* Zytiga*	abiraterone*
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Altoprev Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin
	CRESTOR LIPITOR	atorvastatin ezetimibe-simvastatin rosuvastatin
	Ezallor Sprinkle FloLipid Livalo	atorvastatin fluvastatin fluvastatin ER lovastatin pravastatin rosuvastatin simvastatin
	Lescol XL	fluvastatin ER
	NEXETOL	atorvastatin ezetimibe fluvastatin lovastatin pravastatin rosuvastatin simvastatin
	Pravachol	pravastatin
	Vytorin	ezetimibe-simvastatin
	CONTRACEPTION PRODUCTS	Balcoltra Natazia Taytulla
Slynd		norethindrone

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES	Accu-Chek Aviva Plus test strips Accu-Chek Compact Plus test strips Accu-Chek Guide test strips Accu-Chek SmartView test strips Accutrend Glucose test strips Contour test strips Contour Next test strips FreeStyle test strips FreeStyle Insulinx test strips FreeStyle Lite test strips FreeStyle Precision Neo test strips GLUCOCARD 01 Sensor test strips GLUCOCARD Expression test strips GLUCOCARD Shine test strips GLUCOCARD Vital test strips Precision test strips Precision PCX Plus test strips Precision Point of Care test strips Precision Q-I-D test strips Precision Xtra test strips	OneTouch Ultra Blue test strips OneTouch Verio test strips
	Adlyxin	Byetta Bydureon metformin Ozempic Trulicity Victoza
	Admelog Apidra, Apidra SoloStar Fiasp Insulin Aspart Novolog	Humalog LYUMJEV
	Afreeza	Humalog Humulin LYUMJEV
	alogliptin alogliptin-metformin	Janumet Janumet XR Januvia metformin
	alogliptin-pioglitazone Oseni	Janumet Janumet XR Januvia pioglitazone
	Fortamet ER Glumetza	metformin ER

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)
	GlucaGen HypoKit Gvoke	Baqsimi Glucagon Emergency Kit
	Invokamet Invokamet XR	metformin Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Lantus Toujeo SoloStar Semglee	BASAGLAR Levemir vial or Levemir FlexTouch TRESIBA FlexTouch
	Jentadueto Jentadueto XR Kazano Kombiglyze XR Nesina Onglyza Trajenta	Janumet Janumet XR Januvia metformin
	Novolin	Humulin
	QTERN Steglujan	Glyxambi metformin Trijardy XR
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn
	Cequa Restasis MultiDose Xiidra	Restasis
	LUMIGAN Travatan Z Zioptan VYZULTA	bimatoprost latanoprost travoprost
	Xalatan Xelpros	bimatoprost latanoprost timolol travoprost

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository	
	Asacol HD Colazal Delzicol Dipentum	balsalazide mesalamine mesalamine DR mesalamine ER Pentasa sulfasalazine sulfasalazine DR	
	CoLyte with Flavor Packets+ GoLyteLyte+ MoviPrep+ NuLYTELY with flavor packs+ OsmoPrep+ PLENVU+	CLENPIQ+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ PEG-3550 Electrolyte+ Prepopik+ SUPREP+	
	Cortifoam UCERIS foam	Colocort hydrocortisone hydrocortisone butyrate	
	CREON DR Pertzye Zenpep	Pancreaze	
	Linzess lubiprostone Motegrity Trulance Zelnorm	Amitiza	
	Librax	chlordiazepoxide-clidinium	
	Marinol SYNDROS	dronabinol	
	Nexium DR 10mg, 20mg, 40mg packet	esomeprazole packet	
	Omeclamox-Pak PYLERA Talia	lansoprazole-amoxicillin-clarithromycin (combo pack)	
	Reltone	ursodiol	
	Rowasa	mesalamine enema, suppository	
	Sensipar*	cinacalcet*	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Alkindi Sprinkle	hydrocortisone 5mg tablet
		Cortrosyn	cosyntropin
		DDAVP	desmopressin
		Dxevo TaperDex	dexamethasone 1.5mg tablet

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
HORMONAL AGENTS (cont)	Fortesta Natesto Testim Vogelxo XYOSTED	testosterone testosterone enanthate testosterone cypionate	
	Genotropin* Nutropin AQ NuSpin* Omnitrope* Saizen* Saizen-Saizenprep* ZOMACTON*	Humatrope* Norditropin FlexPro*	
	JATENZO	testosterone	
	Nocdurna	desmopressin nasal spray, tablet	
	ORTIKOS ER	budesonide EC	
	Rayos	prednisone methylprednisolone	
	THYQUIDITY	Euthyrox, Levo-T, levothyroxine, Levoxyl, Unithroid	
	UCERIS tablets	budesonide ER dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	
	INFECTIONS	Acticlate doxycycline 80mg tablet Doryx Doryx MPC Minocin capsule Minolira ER Seysara Solodyn TargaDOX Vibramycin capsule Ximino	doxycycline minocycline minocycline ER tetracycline
		Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine
Augmentin		amoxicillin-clavulanate-potassium	
Augmentin XR		amoxicillin-clavulanate-potassium ER	
Baraclude tablet*		entecavir tablet*	
BETHKIS* TOBI solution		Kitabis Pak* tobramycin inhalation solution*	
Diflucan		fluconazole	
E.E.S. 200		erythromycin	
Eryped 400		erythromycin suspension	

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS (cont)	Mepron	atovaquone
	Mycobutin	rifabutin
	Noxafil DR	posaconazole DR 100mg tablet
	ORACEA	doxycycline minocycline ER
	Sitavig Zovirax	acyclovir tablet famciclovir tablet valacyclovir tablet
	Sporanox TOLSURA	itraconazole
	Valcyte	valganciclovir
	Vancocin	vancomycin oral capsule
MISCELLANEOUS	Horizant	gabapentin
	INGREZZA*	Austedo*
	KUVAN*	sapropterin powder packet, tablet*
	SYPRINE*	penicillamine* trientine*
	Xenazine*	tetrabenazine*
MULTIPLE SCLEROSIS	Ampyra ER* AUBAGIO* Tecfidera*	dalfampridine ER* dimethyl* BAFIERTAM* GILENYA* MAYZENT* VUMERITY* ZEPOSIA*
	COPAXONE*	BETASERON* EXTAVIA* glatiramer* Glatopa* Kesimpta* Plegridy* Rebif*
NUTRITIONAL/DIETARY	Azesco PreGenna Trinaz	Any generic prenatal vitamin
	NASCOBAL	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen
	Amerge Frova Maxalt Maxalt MLT RELPAX	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan zolmitriptan

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY (cont)	Amrix cyclobenzaprine ER	carisoprodol chlorzoxazone cyclobenzaprine methocarbamol orphenadrine ER
	BUPAP butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
	CAMBIA diclofenac 35mg capsule diclofenac epolamine 1.3% patch DUEXIS fenoprofen 200mg capsule Fenortho Flector 1.3% patch Indocin indomethacin 20mg capsule Licart meloxicam capsule NAPRELAN naproxen CR naproxen ER naproxen-esomeprazole DR Treximet TIVORBEX Vimovo Vivlodex Zipsor Zorvolex	celecoxib diclofenac ibuprofen indomethacin meloxicam naproxen
	ConZip	tramadol 50mg tramadol ER
	Cosentyx*	Enbrel* Humira* Otezla* Skyrizi* Stelara* Taltz*
	Cuprimine*	penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	Ergomar	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan zolmitriptan
	GLOPERBA	colchicine, probenecid-colchicine
	Gralise	gabapentin

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY (cont)	Imitrex Tosymra Zembrace SYMTOUCH	dihydroergotamine, eletriptan rizatriptan, sumatriptan
	ketorolac nasal spray SPRIX	ketorolac tablet
	Kineret*	Actemra* Enbrel* HUMIRA* Xeljanz* Xeljanz XR*
	levorphanol	acetaminophen-codeine hydrocodone-acetaminophen Hysingla oxycodone-acetaminophen tramadol 50mg Xtampza ER
	Lorzone	chlorzoxazone 500mg, cyclobenzaprine
	MIGRANAL ONZETRA XSail	dihydroergotamine nasal spray sumatriptan
	OxyContin	Embeda ER Hysingla ER Xtampza ER
	PENNSAID Voltaren 1% gel	celecoxib diclofenac ibuprofen meloxicam naproxen
	QDOLO	tramadol
	Remicade*	Avsola* Inflectra*
	REYVOW	almotriptan eletriptan frovatriptan naratriptan Nurtec ODT sumatriptan Ubrelvy
	Roxicodone	oxycodone
	SILIQ*	Enbrel* Humira* Otezla* Stelara* Taltz*
	Simponi 50mg/0.5ml*	Actemra* Enbrel* HUMIRA* Stelara* Taltz* Xeljanz*

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY (cont)	Soriatane	acitretin
	SUBSYS	fentanyl
	tramadol 100mg	tramadol 50mg
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine
	Zomig	dihydroergotamine rizatriptan sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	PARKINSON'S DISEASE	Gocovri
Lodosyn		carbidopa
Ongentys		entacapone
Requip XL		ropinirole extended ER
Zelapar		selegiline
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Abilify MyCite	aripiprazole paliperidone ER risperidone
	FazaClo Versacloz	clozapine clozapine ODT
	Geodon capsule	aripiprazole paliperidone ER ziprasidone
	Zyprexa	aripiprazole olanzapine paliperidone ER
	Zyprexa Zydis	aripiprazole olanzapine 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
	Lyrica Lyrica CR	duloxetine gabapentin lidocaine 5% patch pregabalin
	Mysoline	primidone
	Qudexy XR Trokendi XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
Zonegran	zonisamide	

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS	Absorica Absorica LD	Claravis isotretinoin Myorisan Zenatane
	Acanya	clindamycin-benzoyl peroxide erythromycin-benzoyl peroxide
	Aczone dapson 7.5% gel	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide sodium sulfacetamide-sulfur tretinoin
	AKLIEF Altreno Amzeeq Atralin Avita Epiduo EPIDUO FORTE ONEXTON Retin-A RETIN-A MICRO	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide dapson 5% sodium sulfacetamide-sulfur tretinoin
	Aktipak	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide dapson 5% erythromycin-benzoyl peroxide sodium sulfacetamide-sulfur tretinoin
	Aldara Zyclara	imiquimod 5% cream
	Anusol-HC cream	hydrocortisone cream
	Apexicon E diflorasone Impoyz Psorcon	betamethasone clobetasol halobetasol
	Azelex	adapalene adapalene-benzoyl peroxide azelaic acid clindamycin clindamycin-benzoyl peroxide dapson 5% tretinoin

^^ 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. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Bensal HP	salicylic acid
	BenzaClin DUAC Neuac Kit	clindamycin-benzoyl peroxide
	Carac	fluorouracil
	calcipotriene 0.005% foam Sorilux	calcipotriene calcitriol tazarotene
	Clindagel	clindamycin
	Condylox	imiquimod 5% podofilox
	Cordran	betamethasone clobetasol fluocinolone fluticasone halobetasol triamcinolone
	Cutivate lotion	betamethasone fluocinolone fluticasone triamcinolone
	Denavir ZOVIRAX	acyclovir tablet famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex fluorouracil imiquimod 5% cream Picato
	DIFFERIN	adapalene adapalene-benzoyl peroxide clindamycin-benzoyl peroxide dapsone 5%
	Dovonex	calcipotriene
	Duobrii	halobetasol tazarotene
	Enstilar Taclonex	betamethasone calcipotriene calcipotriene-betamethasone DP tazarotene
	ERTACZO	ketoconazole
	Exelderm	econazole ketoconazole oxiconazole

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Fabior Tazorac	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide dapsons 5% tazarotene tretinoin
	Finacea MetroCream MetroGel MetroLotion Soolantra	azelaic acid metronidazole
	flurandrenolide hydrocortisone lipid cream hydrocortisone lotion Nolix Pandel	betamethasone fluocinolone fluticasone
	HALOG LEXETTE Ultravate X	clobetasol halobetasol
	JUBLIA Kerydin	ciclopirox itraconazole
	Kenalog spray	triamcinolone
	Locoid	betamethasone hydrocortisone fluocinolone fluticasone prednicarbate triamcinolone
	Locoid Lipocream	betamethasone fluocinolone hydrocortisone
	Loprox	ciclopirox
	LUZU	econazole ketoconazole luliconazole oxiconazole
	Noritate	azelaic acid metronidazole
	Olux Olux-E	betamethasone clobetasol clobetasol emulsion halobetasol

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Oxistat	ketoconazole oxiconazole
	Penlac	ciclopirox
	Prudoxin Zonalon	clobetasol desonide fluocinonide mometasone tacrolimus triamcinolone
	Sernivo	clobetasol triamcinolone
	Trianex	triamcinolone
	Tridesilon	alclometasone desonide triamcinolone
	Ultravate	betamethasone clobetasol halobetasol
	Vanos	clobetasol fluocinonide halobetasol
	Vectical	calcitriol calcipotriene tazarotene
	VELTIN	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide clindamycin-tretinoin dapsons 5% tretinoin
	Verdeso	desonide
	XERESE	acyclovir famciclovir hydrocortisone valacyclovir
	Xolegel	ciclopirox ketoconazole selenium sodium sulfacetamide
	Wynzora	betamethasone DP calcipotriene calcipotriene-betamethasone DP fluocinolone fluticasone mometasone triamcinolone

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	ZIANA	adapalene clindamycin clindamycin-tretinoin tretinoin
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Ativan	lorazepam
	Belsomra	DAYVIGO
	Edluar	zolpidem zolpidem ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
	ZolpiMiST	doxepin eszopiclone zaleplon zolpidem zolpidem ER
SUBSTANCE ABUSE	Evzio	naloxone Narcan
URINARY TRACT CONDITIONS	Detrol	darifenacin ER oxybutynin tolterodine
	Detrol LA	darifenacin ER oxybutynin ER tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique Myrbetriq Toviaz	darifenacin ER oxybutynin ER tolterodine ER trospium ER
	ProcySbi*	Cystagon*
	VESIcare	darifenacin ER oxybutynin ER solifenacin tolterodine 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. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

Frequently Asked Questions (FAQs)

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

Q. Why do you make changes to the drug list?

A. Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:^{1,2}

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1st and July 1st.
- › Adding extra coverage requirements to a medication.

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options.

Q. Why doesn't my plan cover certain medications?

A. 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." With excluded medications, there's no option to receive coverage through Cigna's coverage review process.

For example, your plan excludes:

- › 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 are available over-the-counter without a prescription.
- › Medications used to treat lifestyle conditions like infertility, weight loss, erectile dysfunction, smoking cessation.³
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

A. 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® 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.

Q. Why do certain medications need approval before my plan will cover them?

A. 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

Frequently Asked Questions (FAQs) (cont)

Q. How do I know if I'm taking a medication that needs approval?

A. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a (PA) or (ST) next to it, your medication needs approval before your plan will cover it. If it has a (QL) next to it, you may need approval depending on the amount you're filling. If it has (AGE) next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

- › May be unsafe when combined with other medications
- › Have lower-cost, equally effective alternatives available
- › Should only be used for certain health conditions
- › Are often misused or abused

Q. What types of medications typically have quantity limits?

A. Medications that:

- › Are often taken in amounts larger than, or for longer than, may be appropriate
- › Are often misused or abused

Q. What types of medications require Step Therapy?

A. Medications that are used to treat many conditions, including, but not limited to:

- › ADD/ADHD
- › Allergies
- › Bladder problems
- › Breathing problems
- › Depression
- › High blood pressure
- › High cholesterol
- › Osteoporosis
- › Pain
- › Skin Conditions
- › Sleep disorders

Q. Why does my medication have an age requirement?

A. Some medications are only considered clinically appropriate if you're within a certain age range.

Q. How do I get approval (prior authorization) for my medication?

A. 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 of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at **cignaforhcp.com**.

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. 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.

Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?

A. 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 plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna to start the coverage review process. Or, you can choose to pay its full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

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

A. 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.

Frequently Asked Questions (FAQs) (cont)

Q. Are all of the medications on this drug list approved by the U.S. Food and Drug Administration (FDA)?

A. Yes. All medications are approved by the FDA.

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

A. Newly approved medications may not be covered on your drug list for the first six months after they receive approval from the U.S. Food and Drug Administration (FDA). 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.

Q. Which medications are covered under the health care reform law?

A. 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 **myCigna.com**, 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**.

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

A. When you and your doctor are considering

the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.⁴

Q. How can I save money on my prescription medications?

A. 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.

Q. Do generics work the same as brand-name medications?

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁵ Generic and brand-name medications have the same active ingredients, strength, dosage, form, effectiveness, quality and safety.

Q. What are the differences between generic and brand-name medications?

A. The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand-name, but they're just as safe and effective.

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.⁵ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

Frequently Asked Questions (FAQs) (cont)

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁶

Home delivery with Express Scripts® Pharmacy

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe and saves you trips to the pharmacy.

- › Easily order, manage and track your medications on your phone or online
- › Standard shipping at no extra cost⁷
- › Automatic refills and refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

1. Go to my.cigna.com/choosehomedelivery.

Follow the online instructions for how to move your prescription(s).

2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery.

3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Accredo, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁸ They'll also provide you with the personalized care and support you need to manage your therapy - at no extra cost.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost
- › Easy refills and free reminders
- › 24/7 access to specialty-trained pharmacists and nurses
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

To get started using Accredo, call **877.826.7657**, Monday-Friday, 7:00 am-10:00 pm CST and Saturdays, 7:00 am-10:00 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**.

Q. Where can I find more information about my pharmacy benefits?

A. The best place to start is with the **myCigna** App or **myCigna.com**. It's your "go-to" place for everything you need to know about your plan's coverage.

- › See which medications your plan covers
- › Compare your medication costs⁴
- › Easily switch your prescription from your retail pharmacy to our home delivery pharmacy
- › Manage your home delivery medications⁶
- › Find an in-network retail pharmacy
- › View your plan information (claims, coverage details, and more)
- › Ask a pharmacist a question

Exclusions and limitations for coverage

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:⁹

- › 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. 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.
4. Prices are not guaranteed, and even though a price is displayed, 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. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown. Coverage and pricing may change.
5. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
6. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
7. Standard shipping costs are included as part of your prescription plan.
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
9. 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 or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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