



# CIGNA ADVANTAGE 3-TIER PRESCRIPTION DRUG LIST

**Starting July 1, 2020**

**Together, all the way.®**



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

887152 u Advantage 3-Tier 04/20



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### Go online to find out which medications your plan covers.

This document was last updated 03/01/2020.\* You can go online to see your plan's current coverage information.



**The myCigna® app or website** - Once you log in, click on "Coverage," then select "Pharmacy" from the down menu. Under "Prescriptions," type in the medication name.



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

### 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.

## About your prescription drug list

This document shows the most commonly prescribed medications covered on the Advantage 3-Tier Prescription Drug List as of July 1, 2020.<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 Advantage 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 learn more about the medications your plan covers.

The Advantage 3-Tier Prescription Drug List also excludes from coverage prescription medications that are used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics). These medications have over-the-counter (OTC) alternatives, which are available without a prescription.

## How to read your drug list

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

- |  |                           |        |
|--|---------------------------|--------|
| › <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 provided by your doctor 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 on the drug list

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

Condition	Page	Condition	Page
AIDS/HIV	6	GASTROINTESTINAL/HEARTBURN	12
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	12
ALZHEIMER’S DISEASE	6	INFECTIONS	13
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFERTILITY	13
ASTHMA/COPD/RESPIRATORY	6	MISCELLANEOUS	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	13
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	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
CONTRACEPTION PRODUCTS	9, 10	SEIZURE DISORDERS	15
COUGH/COLD MEDICATIONS	10	SKIN CONDITIONS	15, 16
DENTAL PRODUCTS	10	SLEEP DISORDERS/SEDATIVES	16
DIABETES	11	SMOKING CESSATION	16
DIURETICS	11	SUBSTANCE ABUSE	16
EAR MEDICATIONS	11	TRANSPLANT MEDICATIONS	16
EYE CONDITIONS	11	URINARY TRACT CONDITIONS	16
FEMININE PRODUCTS	11	VACCINES	17

## Cigna Advantage 3-Tier Prescription Drug List

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

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

### ALLERGY/NASAL SPRAYS

Adyphren		Clarinet-D 12 Hour
Adyphren Amp		EpinephrineSnap-V
azelastine		EPIsnap
cromolyn		Gastrocrom
cyproheptadine		Grastek (PA, QL)
epinephrine (QL)		Karbinal ER
fluticasone		Odactra (PA, QL)
hydroxyzine		Patanase
ipratropium		Ragwitek (PA, QL)
mometasone (QL)		Vistaril
olopatadine		
Phenergan		
promethazine		

### ALZHEIMER'S DISEASE

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

### ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Celexa (ST, QL)
alprazolam ER		Effexor XR (ST, QL)
alprazolam intensol		Fetzima (ST, QL)
alprazolam ODT		Forfivo XL (ST, QL)
alprazolam XR		Paxil (ST, QL)
amitriptyline		Paxil CR (ST, QL)
bupropion (QL)		Prozac (ST, QL)
bupropion SR (QL)		Remeron
bupropion XL (QL)		Sarafem (ST)

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

bupirone		Trintellix (ST, QL)
citalopram (QL)		Viibryd (ST, QL)
clomipramine		Wellbutrin SR (ST, QL)
desvenlafaxine ER (QL)		Xanax
duloxetine (QL)		Xanax XR
escitalopram (QL)		Zoloft (ST, QL)
fluoxetine (QL)		
fluoxetine DR (QL)		
flvoxamine (QL)		
flvoxamine ER (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

### ASTHMA/COPD/RESPIRATORY

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

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>			<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>		
atomoxetine atomoxetine 40mg capsule (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)		Adderall (PA age, ST) Daytrana (PA age, QL) Evekeo 5mg, 10mg tablet (PA age, ST) Focalin (PA age, ST) Intuniv ER Kapvay Methylin (PA age) Quillivant XR (PA age, QL) Ritalin tablet (PA age, ST) Strattera Strattera 40mg capsule (QL)	amlodipine- valsartan-HCTZ Aspir EC <sup>+</sup> aspirin EC <sup>+</sup> aspirin 325 mg tablet <sup>+</sup> Aspir-Low <sup>+</sup> atenolol Bayer Aspirin 325mg tablet <sup>+</sup> benazepril benazepril-HCTZ candesartan candesartan-HCTZ cartia XT carvedilol carvedilol ER (QL) Children's Aspirin <sup>+</sup> 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 ecpirin <sup>+</sup> enalapril flecainide hydralazine irbesartan irbesartan-HCTZ isosorbide mononitrate isosorbide mononitrate ER labetalol lisinopril lisinopril-HCTZ losartan losartan-HCTZ Low Dose Aspirin EC <sup>+</sup> Matzim LA metoprolol nadolol nifedipine nifedipine ER olmesartan (QL)		Corgard (ST) Epaned Haegarda* (PA) Hemangeol Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Kapsargo Sprinkle (ST) Lopressor (ST) Minipress Multaq Nitrostat Northera* (PA) Norvasc Pacerone 100mg, 400mg (PA) Procardia Procardia XL Ranexa (QL) Rythmol SR (PA) Takhzyro* (PA) Tenormin (ST) Tiazac ER Tikosyn (PA, QL) Toprol XL (ST) Verelan Verelan PM
<b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>					
aminocaproic acid* tranexamic acid*	Aranesp* (PA) Droxia Epogen* (PA) Fulphila* (PA) Granix* Neulasta* (PA) Procrit* (PA) Retacrit* (PA) Udenyca* (PA) Zarxio*	Amicar tablet, oral solution* Cyklokapron* Hemlibra* (PA) Lysteda* Neupogen* (PA) Nivestym* (PA) Promacta* (PA) Siklos (PA) Tavalisse* (PA)			
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>					
Adult Aspirin Regimen <sup>+</sup> amiodarone amlodipine amlodipine- benazepril amlodipine- olmesartan (QL) amlodipine- valsartan	Corlanor (PA) Entresto	Adalat CC BiDil (QL) Calan SR Cardizem LA (QL) Cardura Catapres-TTS 1 Catapres-TTS 2 Catapres-TTS 3 Coreg (ST) Coreg CR (ST, QL)			

## Cigna Advantage 3-Tier Prescription Drug List

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

olmesartan-amlodipine-HCTZ		
olmesartan-HCTZ (QL)		
Pacerone 200 mg		
prazosin		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
ranolazine ER (QL)		
St. Joseph Aspirin+		
Taztia XT		
telmisartan (QL)		
telmisartan-HCTZ (QL)		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil ER PM		
verapamil SR		

### BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER	Brilinta	Aggrenox
clopidogrel	Eliquis	Arixtra* (QL)
Ecotrin+ 81mg	Lovenox* (QL)	Bevyxxa (QL)
enoxaparin* (QL)	Xarelto	Coumadin (PA)
fondaparinux* (QL)		Effient
Jantoven		Fragmin* (QL)
prasugrel		Plavix
warfarin		Pradaxa
		Savaysa (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)	Nexavar* (PA)	Cabometyx* (PA)
letrozole	Revlimid* (PA)	Cometriq* (PA)
mercaptopurine	Sprycel* (PA)	Erleada* (PA)
methotrexate	Sutent* (PA)	Gleevec* (PA)
tamoxifen+	Tasigna* (PA)	Imbruvica* (PA)
temozolomide* (PA)	Trexall	Inlyta* (PA)
	Tykerb* (PA)	Jakafi* (PA)
	Verzenio* (PA)	Kisqali* (PA)
		Lenvima* (PA)
		Lonsurf* (PA)
		Lupron Depot* (PA)
		Lynparza* (PA)
		Mekinist* (PA)

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

		Nerlynx* (PA)
		Ninlaro* (PA)
		Odomzo* (PA)
		Pomalyst* (PA)
		Purixan*
		Rubraca* (PA)
		Stivarga* (PA)
		Tafinlar* (PA)
		Tagrisso* (PA)
		Targetin capsule* (PA)
		Temodar* (PA)
		Trelstar*
		Venclexta* (PA)
		Votrient* (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		Lovaza
colesevelam		Niaspan
ezetimibe		TriCor (ST)
ezetimibe-simvastatin		Triglide (ST)
fenofibrate		Trilipix (ST)
fenofibric acid		Welchol
fluvastatin+		Zetia
fluvastatin ER+		
lovastatin 10mg		
lovastatin+ 20mg, 40mg		
niacin		
niacin ER		
niacor		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin+ 5mg, 10mg (QL)		
rosuvastatin 20mg (QL)		
rosuvastatin 40mg		
simvastatin 5mg		
simvastatin+ 10mg, 20mg, 40mg		
simvastatin 80mg (QL)		



## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTION PRODUCTS</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
Afirmelle <sup>+</sup>	Lo Loestrin FE	Annovera <sup>+</sup>	Emoquette <sup>+</sup>		
Aftera <sup>+</sup>	Taytulla	Balcoltra	Enpresse <sup>+</sup>		
Altavera <sup>+</sup>		Caya contoured <sup>+</sup>	Enskyce <sup>+</sup>		
Alyacen <sup>+</sup>		Ella <sup>+</sup>	Errin <sup>+</sup>		
Amethia <sup>+</sup>		Estrostep FE	Estarylla <sup>+</sup>		
Amethia Lo <sup>+</sup>		Femcap <sup>+</sup>	ethynodiol-ethinyl		
Amethyst <sup>+</sup>		Kyleena <sup>*</sup>	estradiol <sup>+</sup>		
Apri <sup>+</sup>		Layolis FE	etonogestrel-		
Aranelle <sup>+</sup>		Loestrin FE	ethinyl estradiol <sup>+</sup>		
Ashlyna <sup>+</sup>		Minastrin 24 FE	Falmina <sup>+</sup>		
Aubra <sup>+</sup>		Mirena <sup>*</sup>	Fayosim <sup>+</sup>		
Aubra EQ <sup>+</sup>		Natazia	Femynor <sup>+</sup>		
Aurovela <sup>+</sup>		NuvaRing	Gianvi <sup>+</sup>		
Aurovela FE <sup>+</sup>		Safyral	Gynol II <sup>+</sup>		
Aurovela 24 FE <sup>+</sup>		Skyla <sup>*</sup>	Hailey 24 FE <sup>+</sup>		
Aviane <sup>+</sup>		Today	Heather <sup>+</sup>		
Ayuna <sup>+</sup>		Contraceptive	Incassia <sup>+</sup>		
Azurette <sup>+</sup>		Sponge <sup>+</sup>	Introvale <sup>+</sup>		
Balziva <sup>+</sup>		Wide seal	Isibloom <sup>+</sup>		
Bekyree <sup>+</sup>		diaphragm <sup>+</sup>	Jasmiel <sup>+</sup>		
Blisovi FE <sup>+</sup>		Yasmin 28	Jencycla <sup>+</sup>		
Blisovi 24 FE <sup>+</sup>		Yaz	Jolessa <sup>+</sup>		
Briellyn <sup>+</sup>			Juleber <sup>+</sup>		
Camila <sup>+</sup>			Junel <sup>+</sup>		
Camrese <sup>+</sup>			Junel FE <sup>+</sup>		
Camrese Lo <sup>+</sup>			Junel FE 24 <sup>+</sup>		
Caziant <sup>+</sup>			Kaitlib FE <sup>+</sup>		
Chateal <sup>+</sup>			Kalliga <sup>+</sup>		
Chateal EQ <sup>+</sup>			Kariva <sup>+</sup>		
Cryselle <sup>+</sup>			Kelnor 1-35 <sup>+</sup>		
Cyclafem <sup>+</sup>			Kelnor 1-50 <sup>+</sup>		
Cyred <sup>+</sup>			Kurvelo <sup>+</sup>		
Cyred EQ <sup>+</sup>			Larin <sup>+</sup>		
Dasetta <sup>+</sup>			Larin FE <sup>+</sup>		
Daysee <sup>+</sup>			Larin 24 FE <sup>+</sup>		
Deblitane <sup>+</sup>			Larissia <sup>+</sup>		
Delyla <sup>+</sup>			Leena 28 tablet <sup>+</sup>		
desogestrel-ethinyl			Lessina <sup>+</sup>		
estradiol <sup>+</sup>			Levonest <sup>+</sup>		
desogestrel-ethinyl			levonorgestrel <sup>+</sup>		
estradiol ethinyl			levonorgestrel-		
estradiol			ethinyl estradiol <sup>+</sup>		
dospirenone-			levonorgestrel-		
ethinyl estradiol-			ethinyl estradiol		
levomefolate <sup>+</sup>			ethinyl estradiol <sup>+</sup>		
drosiprenone-			Levora-28 <sup>+</sup>		
ethinyl estradiol <sup>+</sup>			Lillow <sup>+</sup>		
Econtra EZ <sup>+</sup>			Loryna <sup>+</sup>		
Econtra One-Step <sup>+</sup>			Low-Ogestrel <sup>+</sup>		
Elinest <sup>+</sup>			Lo-Zumandimine <sup>+</sup>		
EluRyng Vaginal			Lutera <sup>+</sup>		
Ring			Lyza <sup>+</sup>		

## Cigna Advantage 3-Tier Prescription Drug List

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

Marlissa+		
medroxyprogesterone 150mg/ml+		
Melodetta 24 FE+		
Mibelas 24 FE+		
Microgestin+		
Microgestin FE+		
Mili+		
Mono-Linyah+		
My Choice+		
My Way+		
Necon+		
Nikki+		
Nora-BE+		
norethindrone+		
norethindrone- ethinyl estradiol+		
norethindrone- ethinyl estradiol- iron+		
norgestimate- ethinyl estradiol+		
Norlyda+		
Norlyroc+		
Nortrel+		
Ocella+		
Option 2+		
Orsythia+		
Philith+		
Pimtreea+		
Pirmella+		
Portia+		
Previfem+		
Reclipsen+		
Rivelsa tablet+		
Setlakin+		
Sharobel+		
Simliya+		
Simpesse+		
Sprintec+		
Sronyx+		
Syeda+		
Tarina 24 FE+		
Tarina FE 1-20 EQ+		
Tilia FE 28+		
Tri Femynor+		
Tri-Estarylla+		
Tri-Legest FE+		
Tri-Linyah+		
Tri-Lo-Estarylla+		
Tri-Lo-Marzia+		
Tri-Lo-Mili+		

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

Tri-Lo-Sprintec+		
Tri-Mili+		
Tri-Previfem+		
Tri-Sprintec+		
Trivora-28+		
Tri-Vylibra+		
Tri-Vylibra Lo+		
Tulana+		
Tydemy+		
VCF+ foam, gel		
Velivet+		
Vienva+		
Viorele+		
Vyfemla+		
Vylibra+		
Wera+		
Wymzya FE+		
Xulane+		
Zarah+		
Zovia+		
Zumandimine+		

### COUGH/COLD MEDICATIONS

benzonatate 100mg, 200mg		Tessalon Perle Tuzistra XR (PA, QL)
Bromfed DM		
brompheniramine- pseudoephedrine- DM		
hydrocodone- chlorpheniramine ER (PA)		

### DENTAL PRODUCTS

chlorhexidine		Clinpro 5000
Denta 5000 Plus		Floriva+
dentagel		Fluorabon+
doxycycline		Fluoridex Sensitivity Relief
fluoride+		PreviDent
Fluoridex Daily Defense		PreviDent 5000
Fluoritab+		PreviDent 5000 Plus
Flura-Drops+		
Ludent Fluoride+		
Oralene		
Paroex		
Peridex		
Periogard		
SF 5000 Plus		
sodium fluoride+		
0.25mg, 0.5mg, 1mg		
triamcinolone 0.1% paste		

## Cigna Advantage 3-Tier Prescription Drug List

DIABETES			EYE CONDITIONS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
glimepiride glipizide glipizide ER glipizide XL metformin pioglitazone	Basaglar (QL) Bydureon (ST, QL) Byetta (ST, QL) Farxiga (ST, QL) Freestyle Libre Sensor (PA, QL) GlucaGen HypoKit (QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Insulin Lispro (QL) Janumet (ST, QL) Janumet XR (ST, QL) Januvia (ST, QL) Jardiance (ST, QL) Levemir (QL) OneTouch Test Strips Ozempic (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	Amaryl Cycloset Glucophage Glucophage XR Korlym* (PA) NovoTwist Riomet	azelastine brimonidine ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin-polymyxin-dexamethasone ofloxacin polymyxin B-TMP prednisolone solution timolol solution tobramycin tobramycin-dexamethasone	Combigan Restasis Simbrinza Xiidra	Acuvail Alphagan P Alrex Azasite Azopt Besivance Betimol Betoptic S Bromsite Cequa Cosopt Cosopt PF Cystaran* (QL) Durezol Ilevro Inveltys Istalol Lotemax Lotemax ointment Lotemax SM Maxitrol Moxeza Nevanac Ocuflox Oxervate* (PA) Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex drops, ointment Tobradex ST Travatan Z Trusopt Vigamox Xalatan Zioptan (ST, QL) Zirgan Zylet Zymaxid
DIURETICS			FEMININE PRODUCTS		
acetazolamide acetazolamide ER bumetanide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ		Aldactone Diuril Dyazide Dyrenium Inspra Jynarque* (PA) Lasix Maxzide Samsca*	Fem pH Gynazole 1 miconazole 3 vaginal suppository terconazole		AVC
EAR MEDICATIONS					
neomycin-polymyxin-HC ofloxacin drops		Cipro HC Ciprodex Coly-Mycin S Cortisporin-TC Dermotic Otovel			

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>GASTROINTESTINAL/HEARTBURN</b>			<b>HORMONAL AGENTS</b>		
Alophen <sup>+</sup>	Amitiza	Actigall	Amabelz	Duavee	Activella
Anucort-HC	Apriso	Akynzeo capsule (PA, QL)	budesonide EC	Forteo* (PA, QL)	Alora (QL)
balsalazide	Carafate suspension		budesonide ER (PA, QL)	Humatrope* (PA)	Androderm (PA, QL)
bisacodyl <sup>+</sup>	CLENPIQ <sup>+</sup>	Bonjesta	cabergoline (QL)	Norditropin	AndroGel (PA, QL)
Bisa-Lax <sup>+</sup>	Creon	Canasa	CovARYX	FlexPro* (PA)	Angeliq
chlordiazepoxide- clidinium	Entyvio* (PA)	Carafate tablet	CovARYX H.S.	Orilissa (PA, QL)	Armour Thyroid
cinacalcet*	Linzess	Cholbam* (PA)	Decadron	Premarin	Cetrotide*^ (PA)
ClearLax <sup>+</sup>	Pentasa	Correctol <sup>+</sup>	desmopressin	Premphase	Climara
dicyclomine	Prepopik <sup>+</sup>	Diclegis	solution, spray, tablet	Prempro	Climara Pro
capsule, solution, tablet	SUPREP <sup>+</sup>	Donnatal	desmopressin* ampule, vial	Sandostatin LAR	CombiPatch
diphenoxylate- atropine	Trulance	Dulcolax <sup>+</sup>	dexamethasone	Depot* (PA)	Cytomel
dronabinol	Zenpep	Gattex* (PA)	dexamethasone intensol	Serostim* (PA)	Depo-Testosterone
Ducodyl <sup>+</sup>		Kristalose	Dotti (QL)	Zorbitive* (PA)	Divigel
famotidine		Lithostat	EEMT		Elestrin
suspension		Lomotil	EEMT H.S.		Emflaza* (PA)
GaviLyte-C <sup>+</sup>		MiraLax <sup>+</sup>	estradiol patch, vaginal insert (QL)		Entocort EC
GaviLyte-G <sup>+</sup>		Motegrity	estradiol- norethindrone		Estrace
GaviLyte-N <sup>+</sup>		Movantik (PA)	estrogen- methyltestosterone		Estring (QL)
GentleLax <sup>+</sup>		Ocaliva* (PA)	levothyroxine		EstroGel
GlycoLax <sup>+</sup>		Pancreaze	Levoxyl		Euthyrox
HealthyLax <sup>+</sup>		Pertzye	liothyronine		Evamist
Hemmorex-HC		Ravicti* (PA)	Lopreeza		Ganirelix*^ (PA)
hydrocortisone		Rectiv	medroxyprogesterone		Imvexxy (QL)
LaxaClear <sup>+</sup>		Relistor (PA)	methimazole		Intrarasoa
mesalamine		Sancuso (PA, QL)	methylprednisolone		Levo-T
mesalamine DR		Sensipar*	dosepak, tablet		Lupron Depot* (PA)
metoclopramide		sfRowasa	Mimvey		Lupron Depot-PED* (PA)
metoclopramide ODT		Sucraid* (PA)	Nature-Throid		Medrol
ondansetron		Sustol (PA)	NP Thyroid		Menostar (QL)
ondansetron ODT		Symproic (PA)	prednisolone		Minivelle (QL)
PEG 3350 and		Transderm-Scop	prednisolone ODT		Natpara* (PA)
Electrolytes <sup>+</sup>		Urso	prednisone		Noctiva (PA)
PEG-Prep <sup>+</sup>		Urso Forte	prednisone intensol		Osphena
Phenadoz		Varubi (PA, QL)	progesterone		Prometrium
polyethylene glycol 3350 <sup>+</sup>		Viberzi	capsule		Royaldee
PowderLax <sup>+</sup>		Viokace	progesterone vial*		Somatuline Depot* (PA)
prochlorperazine		Xermelo* (PA)	TaperDex		Somavert* (PA)
suppository, tablet, vial			testosterone (PA, QL)		Striant (PA, QL)
promethazine			testosterone cypionate		Synthroid
Promethgan			thyroid		Thyrogen*
Purelax <sup>+</sup>			Unithroid 75mcg tablet		Tirosint
QC Natura-Lax <sup>+</sup>			Westhroid		Triostat
ranitidine syrup			WP Thyroid		Unithroid
Smooth LAX <sup>+</sup>			Yuvaferm (QL)		Vagifem (QL)
sucrafate					Vivelle-Dot (QL)
TriLyte With Flavor Packets <sup>+</sup>					
ursodiol					



## Cigna Advantage 3-Tier Prescription Drug List

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

B-12 Compliance calcitriol ampule, capsule, solution calcium 667mg cyanocobalamin injection daily prenatal+ FA-8+ folic acid 1mg tablet, vial folic acid 0.4mg, 0.8mg+ Klor-Con 8 Klor-Con 10 Klor-Con M10 Klor-Con M20 Klor-Con Sprinkle lanthanum phytonadione potassium chloride Prena1 Pearl Prenatal+ Prenatal Vitamin+ sevelamer vitamin D2 50,000 unit vitamin K1 ampule	OB Complete Petite	Auryxia (QL) CitraNatal Drisdol Floriva+ Klor-Con M15 K-Tab ER Lokelma Mephyton MVC-fluoride+ OB Complete Perry Prenatal+ Phoslyra Prenate Mini Prenate Pixie PrimaCare Quflora+ Renvela Rocaltrol Velphoro Veltassa Vitafof vitaPearl
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### OSTEOPOROSIS PRODUCTS

alendronate 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)
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### PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA) allopurinol Aprizio pak baclofen buprenorphine (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine	Actemra* (PA, QL) Aimovig (PA) Belbuca (QL) Cosentyx* (PA, QL) Enbrel* (PA, QL) Humira* (PA, QL) Hysingla ER (PA) Morphabond ER (PA) Otezla* (PA, QL) Rasuvo (PA) Remicade* (PA) Simponi Aria* (PA)	Analpram HC Arava Arymo ER (PA) Benlysta* (PA) Buprenex Butrans (QL) Celebrex (ST, QL) Cimzia* (PA, QL) Colcrys Depen* (PA) diclofenac patch (ST, QL) Dupixent* (PA)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### PAIN RELIEF AND INFLAMMATORY

#### DISEASE (cont)

DermacinRx Empiricaine DermacinRx Prizopak diclofenac diclofenac ER diclofenac gel (QL) EC-naproxen eletriptan (QL) Endocet (PA) etodolac etodolac ER fenoprofen 400mg capsule, 600mg tablet fentanyl (PA) Fioricet (QL) frovatriptan (QL) Glydo hydrocodone- acetaminophen (PA) hydromorphone (PA) hydromorphone ER (PA) IBU ibuprofen tablet indomethacin indomethacin ER ketorolac (QL) leflunomide lidocaine (QL) lidocaine viscous lidocaine-prilocaine Lidopril Lidopril XR Lido-Prilo Caine Pack Livixil Pak Lorcet (PA) Lorcet HD (PA) Lorcet Plus (PA) Lortab (PA) meloxicam metaxalone methocarbamol morphine (PA) morphine ER (PA) nabumetone Nalfon 600mg (ST) Nalocet (PA) naproxen	Stelara* (PA, QL) Tremfya* (PA, QL) Xeljanz* (PA, QL) Xeljanz XR* (PA, QL) Xtampza ER (PA) Ztlido	Duragesic (PA) EC-naprosyn (ST) Ecotrin+ 325mg Esgic (QL) Fexmid Flector (ST, QL) Frova (QL) Gablofen Ilaris* (PA) Illumya* (PA, QL) Kadian (PA) Kevzara* (PA, QL) Lidoderm Mitigare Mobic (ST) MS Contin (PA) Nalfon 400 mg (ST) Naprosyn (ST) Norco (PA) Nucynta (PA) Nucynta ER (PA) Olumiant* (PA, QL) Orencia* (PA, QL) Otrexup (PA) Oxaydo (PA) Pennsaid solution packet Percocet (PA) Procort Proctofoam-HC Qmiiz ODT (ST, QL) Relpax (QL) Savella Simponi 100mg/ ml* (PA, QL) Skelaxin Taltz* (PA, QL) Tylenol-Codeine No.3 (PA) Tylenol-Codeine No.4 (PA) Uloric (QL) Ultram (QL) Voltaren (ST, QL) Zanaflex Zebutal (QL) Zohydro ER (PA) Zyloprim
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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)

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

### SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole (QL)	Latuda (QL)	Abilify Maintena ER
aripiprazole ODT	Zyprexa 10mg vial	syringe, 300mg vial (QL)
chlorpromazine		Abilify Maintena ER
olanzapine		400mg vial
olanzapine ODT		Aristada ER (QL)
paliperidone ER (QL)		Aristada Initio
quetiapine		Fanapt (ST, QL)
quetiapine ER		Invega (ST, QL)
risperidone		Perseris (QL)
risperidone ODT		Rexulti (ST, QL)
ziprasidone		Risperdal (ST)
		Risperdal Consta (QL)
		Saphris (ST)
		Seroquel (ST)
		Seroquel XR (ST)
		Vraylar (ST, QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### 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	Lyrica oral solution (PA)	Carbatrol (PA)
divalproex ER		Depakote (PA)
epitol		Depakote ER (PA)
gabapentin		Depakote Sprinkle (PA)
lamotrigine		Dilantin 50mg and 100mg (PA)
lamotrigine (blue, green, orange)		Epidiolex* (PA)
lamotrigine ER		Keppra 500 mg/5 ml vial
lamotrigine ODT		Klonopin (PA)
levetiracetam solution, tablet, vial		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)		Vimpat (PA)
topiramate		
topiramate ER		
vigabatrin*		
Vigadrone*		

### SKIN CONDITIONS

adapalene (PA age)	Eucrisa	Bryhali (ST)
adapalene-benzoyl peroxide	Fluoroplex	Celacyn
Amnesteem (QL)	Promiseb	Centany
Avar Cleanser	Soolantra	Cleocin T
Avar-E	Targretin* gel	Cloderm (ST)
Avar-E Green		Condylox
azelaic acid		Cordran (ST)
betamethasone		Drysol
betamethasone dipropionate augmented		Ecoza
BP 10-1		Efudex
calcipotriene		Elidel
calcipotriene-betamethasone DP		Evoclin
Claravis (QL)		Finacea
Clindacin ETZ pledget		Impozyz (ST)
Clindacin P pledget		Lotrisone
clindamycin-benzoyl peroxide		MetroCream
		MetroGel
		MetroLotion
		Mimyx
		Naftin
		Nizoral 2% shampoo
		Olux (ST)





## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>VACCINES</b>			<b>VACCINES (cont)</b>		
<p><b>For plans renewing on 2/1/20 and later: On your plan's renewal date, vaccines will be covered under the pharmacy benefit.</b> 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.</p>			<p><b>For plans renewing on 2/1/20 and later: On your plan's renewal date, vaccines will be covered under the pharmacy benefit.</b> 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.</p>		
Diphtheria and Tetanus Toxoids-ped+ TdVax+		Act-HIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Engerix-B+ FLUAD+ FLUARIX QUADRIVALENT+ FLUBLOK QUADRIVALENT+ FLUCELVAX QUADRIVALENT+ FLUALVAL 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+ M-M-R II+ Pediarix+ PedvaxHIB+ Pentacel+ PNEUMOVAX 23+ Prevnar 13+ ProQuad+ Quadracel DTaP-IPV+ Recombivax HB+			Rotarix+ RotaTeq+ TENIVAC+ Trumenba+ Twinrix+ VAQTA+ VARIVAX+ ZOSTAVAX+

## Medications that are not covered

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

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
AIDS/HIV	Combivir*	lamivudine-zidovudine*	
	Epivir*	lamivudine*	
	Epzicom*	abacavir-lamivudine*	
	Kaletra solution*	lopinavir-ritonavir solution*	
	Lexiva tablet*	fosamprenavir*	
	Norvir tablet*	ritonavir*	
	Retrovir capsule, syrup*	zidovudine capsule, syrup*	
	Reyataz capsule*	atazanavir*	
	Sustiva*	efavirenz*	
	Trizivir*	abacavir-lamivudine-zidovudine*	
	Viramune*	nevirapine*	
	Viramune XR*	nevirapine ER*	
	Viread 300mg tablet	tenofovir disoproxil 300mg tablet (PA)	
	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	
Pristiq		bupropion XL duloxetine	
Tofranil		imipramine tablet	

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

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ASTHMA/COPD/RESPIRATORY	Advair Diskus AirDuo RespiClick	Advair HFA Breo Ellipta Dulera fluticasone-salmeterol Symbicort Wixela Inhub	
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler	
	Arcapta neohaler	Striverdi Respimat	
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	Anoro Ellipta	
	Elixophyllin	theophylline oral solution	
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir	
	Pulmicort Flexhaler	QVAR	
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta	
	Striverdi Respimat	Serevent Diskus	
	Yupelri	Anoro Ellipta Incruse Ellipta Trelegy Ellipta	
	Zyflo	montelukast zafirlukast zileuton ER	
	ATTENTION DEFICIT HYPERACTIVITY	Adderall XR Aptensio XR Concerta Cotempla XR-ODT Focalin XR Mydayis QuilliChew ER Ritalin LA	dexmethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA
		Adzenys ER Adzenys XR-ODT	dexmethylphenidate ER methylphenidate ER/CD/LA
		Desoxyn	methamphetamine
		Dexedrine	dextroamphetamine
Dyanavel XR		methylphenidate ER/CD/LA	
Vyvanse		dexmethylphenidate 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.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand HCT	candesartan HCTZ
	Avalide	irbesartan HCTZ
	Avapro	
	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan HCTZ
	Betapace	sotalol oral
	Bystolic	Generic beta blockers (e.g. metoprolol, atenolol)
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan HCTZ
	Edarbi	Generic ARBs (e.g. losartan, cal sartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g. losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan HCTZ
	Firazyr	icatibant (PA)
	Hyzaar	losartan HCTZ
	Isordil	isosorbide dinitrate
	Isordil Titradose	isosorbide dinitrate digoxin
	Lanoxin	Digitex digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan HCTZ
	Prinvil	lisinopril
	Zestril	
	Tarka	trandolapril-verapamil
	Tekturna	Generic ACE/ARBs
	Tekturna HCT	Generic ACE/ARBs + HCTZ
	Tribenzor	olmesartan-amlodipine-HCTZ
	Twynsta	telmisartan-amlodipine
	Vaseretic	enalapril-HCTZ
	Vasotec	enalapril
Zestoretic	lisinopril HCTZ	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin	
CANCER	Nilandron	nilutamide	
	Tarceva*	erlotinib*	
	Yonsa*	abiraterone*	
	Zytiga*		
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate	
	Altoprev Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	
	Crestor	rosuvastatin	
	Lescol XL	fluvastatin	
	Lipitor	atorvastatin	
	Pravachol	pravastatin	
	Vytorin	ezetimibe-simvastatin	
	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		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
	Nesina Tradjenta	Januvia Janumet Janumet XR metformin
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia
	QTERN Steglujan	Glyxambi metformin
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn
	Bepreve Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine
	Lumigan	bimatoprost latanoprost Travatan Z
	Vyzulta	bimatoprost latanoprost Lumigan Travatan Z

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Asacol HD	Apriso
	Colazal	balsalazide
	Delzicol	mesalamine tablets or capsules
	Dipentum	Pentasa sulfasalazine
	CoLyte with Flavor Packets+	Clenpiq+
	GoLyteLy+	GaviLyte-C+
	MoviPrep+	GaviLyte-G+
	NuLYTELY with flavor packs+	GaviLyte-N+
	OsmoPrep+	3550 Electrolyte+
	Plenvu+	Prepopik+ SuPrep+
	Cortifoam	Prescription hydrocortisone enema, rectal cream, suppository
	Uceris foam	
	Librax	chlordiazepoxide-clidinium
	Marinol	dronabinol
Syndros		
Omeclamox-Pak	lansoprazole-amoxicillin-clarithromycin (combo pack)	
Pylera		
Rowasa	mesalamine rectal enema suspension	
Zofran	ondansetron	
Zuplenz	ondansetron ondansetron ODT	
HORMONAL AGENTS	Cortrosyn	cosyntropin
	DDAVP	desmopressin
	Dxevo	dexamethasone
	Fortesta	AndgroGel
	Natesto	testosterone
	Testim	
	Vogelxo	
	Xyosted	
	Genotropin*	Humatrope* (PA)
	Nutropin AQ nuspin*	
	Omnitrope*	
	Saizen*	
	Saizen-Saizenprep*	
Zomacton*		
Nocdurna	desompression acetate nasal spray or tablets	
Rayos	prednisone	
Uceris tablets	budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Seysara Solodyn Targadox Vibramycin Ximino	Generic products (e.g. doxycycline; minocycline)	
	Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine quinine	
	Augmentin/ES	amoxicillin-clavulanate	
	Bethkis* TOBI	tobramycin inhalation solution*	
	Diflucan	fluconazole	
	E.E.S. 200	erythromycin granules	
	Epclusa*	sofosbuvir-velpatasvir*	
	Eryped 400	erythromycin ethylsuccinate	
	Harvoni*	ledipasvir-sofosbuvir*	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Sitavig	acyclovir tablet famciclovir tablet valacyclovir tablet	
	Sporanox Tolsura	itraconazole oral	
	Valcycte	valganciclovir	
	Vancocin	vancomycin oral capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Syprine*	Depen* penicillamine* trientine*
		Xenazine*	tetrabenazine*
	MULTIPLE SCLEROSIS	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	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Ajovy	butalbital-acetaminophen tablets
	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	Amrix	cyclobenzaprine Other generic muscle relaxants
	Bupap	butalbital-acetaminophen tablets
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g. celecoxib, meloxicam)
	ConZip	Tramadol Tramadol ER
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	Gloperba	colchicine, probenecid-colchicine
	Gralise	gabapentin
	Imitrex Zembrace Symtouch	sumatriptan
	Kineret* Simponi*	Enbrel* (PA) Humira* (PA)
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER
	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

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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>	Siliq*	Cosentyx* Enbrel* (PA) Humira* (PA) Stelara*
	Soriatane	acitretin
	Sprix	ketorolac tablet
	Tivorbex	indomethacin
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine
	Vivlodex	meloxicam
	Zomig	sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	Zorvolex	diclofenac
	PARKINSON'S DISEASE	Gocovri
Lodosyn		carbidopa
Requip XL		ropinirole extended release
Zelapar		selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Abilify MyCite	aripiprazole
	FazaClo Versacloz	clozapine clozapine ODT
	Geodon capsule	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Felbatol	felbamate
	Keppra oral solution, tablet	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (blue, green, orange)	lamotrigine ODT (blue, green, orange)
	Lamictal XR	lamotrigine ER
	Lamictal XR (blue, green, orange)	lamotrigine ER (blue, green, orange)
	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
	Qudexy XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
Topamax	topiramate	
Zonegran	zonisamide	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS	Absorica	Myorisan or Zenatane
	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
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin Neuac Kit	clindamycin-benzoyl peroxide
	Carac	fluorouracil 0.5% cream
	Clindagel	clindamycin gel, topical solution
	Cutivate lotion	fluticasone topical lotion
	Denavir Zovirax cream, ointment	acyclovir tablet famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Dovonex	calcipotriene
	Duobrii	halobetasol plus tazarotene cream
	Enstilar Taclonex	calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
SKIN CONDITIONS <i>(cont)</i>	Exelderm	topical econazole topical ketoconazole topical oxiconazole	
	Extina	ketoconazole cream, foam	
	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	
	Sorilux	calcipotriene	
	Trianex	triamcinolone cream, ointment	
	Ultravate	clobetasol lotion	
	Vanos	fluocinonide 0.1% cream	
	Vectical	calcitriol ointment	
	Verdeso	desonide cream, ointment	
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet	
	SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
		Ambien CR	zolpidem ER
		Ativan	lorazepam
		Edluar Intermezzo	zolpidem/ER
Nuvigil		armodafinil	
Provigil		modafinil	
Restoril		temazepam	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SLEEP DISORDERS/SEDATIVES <i>(cont)</i>	Zolpimist	Belsomra 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	darifenacin ER
	Myrbetriq	oxybutynin ER
	Toviaz	tolterodine ER
VESIcare	tropium ER	

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## Prescription drug list FAQs

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

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

Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:<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 that medication. It's important to know that when we make a change that affects the coverage of a medication you're taking, we let you know before it begins so you have time to talk with your doctor.

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

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

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

- 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<sup>3</sup>).
- Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

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

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

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

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

## Prescription drug list FAQs (cont)

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

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

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

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

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

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>4</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.

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

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.<sup>5</sup> The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:<sup>5</sup>

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

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

### How can I get help with my specialty medication?

Managing a complex condition isn't easy. As part of your Cigna-administered pharmacy benefits, you have access to Accredo, a Cigna specialty pharmacy.<sup>6</sup> Accredo's team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your complex medical condition. They'll help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

To get started using Accredo, call **877.826.7657**. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. To learn more about Accredo, go to [Cigna.com/specialty](https://www.cigna.com/specialty).

## Prescription drug list FAQs (cont)

### Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.<sup>6</sup>

- › If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. To get started, 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>7</sup> To get started, call Accredo at **877.826.7657**. They're available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, go to **Cigna.com/specialty**.

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

You can use the online tools and resources on the **myCigna** app or website to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.<sup>6</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>8</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. 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 shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
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 a covered pharmacy option. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
7. As allowable by law.
8. 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.

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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>.



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

## Proficiency of Language Assistance Services

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

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

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

**Vietnamese** – XIN LƯU 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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).