



CIGNA STANDARD 3-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2021

Together, all the way.®



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

595200 n Standard 3-Tier 06/21



What's inside?

About this drug list	3
How to read this drug list	3
How to find your medication	5
Medications that aren't covered	20
Frequently Asked Questions (FAQs)	36
Exclusions and limitations for coverage	40

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.



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 Standard 3 Tier** from the drop down menu. Then type in your medication name or view the full list.

Questions?

- › **Click to chat:** **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 Standard 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).

The 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.

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 Standard 3-Tier Prescription Drug List.

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

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

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

Tiers

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

› Tier 1 – Typically Generics	(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/or **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 and/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 and **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, 14
ALZHEIMER'S DISEASE	6	INFECTIONS	14
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFERTILITY	14
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	14, 15
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, 17
CHOLESTEROL MEDICATIONS	9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	17
CONTRACEPTION PRODUCTS	9-11	SEIZURE DISORDERS	17
COUGH/COLD MEDICATIONS	11	SKIN CONDITIONS	17, 18
DENTAL PRODUCTS	11	SLEEP DISORDERS/SEDATIVES	18
DIABETES	11	SMOKING CESSATION	18
DIURETICS	11	SUBSTANCE ABUSE	18
EAR MEDICATIONS	11, 12	TRANSPLANT MEDICATIONS	18
ERECTILE DYSFUNCTION	12	URINARY TRACT CONDITIONS	18
EYE CONDITIONS	12	VACCINES	19
FEMININE PRODUCTS	12	WEIGHT MANAGEMENT	19

Cigna Standard 3-Tier Prescription Drug List

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

AIDS/HIV

abacavir-lamivudine* (PA)	Biktarvy*	Atripla* (PA)
atazanavir* (PA)	Descovy**+(PA)	CIMDUO* (PA)
ritonavir*	Dovato*	Complera* (PA)
tenofovir* (PA)	Genvoya*	Evotaz* (PA)
	Isentress*	Intelence* (PA)
	Isentress HD* (PA)	Odefsey* (PA)
	Juluca*	Prezcobix* (PA)
	Selzentry* (PA)	Stribild* (PA)
	SYMFI*	Temixys* (PA)
	SYMFI LO*	
	Symtuza*	
	Tivicay*	
	Triumeq*	
	Viread 150mg, 200mg, 250mg tablet, powder* (PA)	

ALLERGY/NASAL SPRAYS

azelastine speay		Clarinet
cromolyn oral conc		Clarinet-D 12 Hour
cyproheptadine		Gastrocrom
desloratadine (QL)		GRASSTK (PA, QL)
epinephrine (QL)		Karbinal ER
fluticasone		ODACTRA (PA, QL)
hydroxyzine		Oralair (PA, QL)
ipratropium spray		Patanase
mometasone (QL)		RAGWITEK (PA, QL)
olopatadine		Vistaril
promethazine solution, syrup, tablet		

ALZHEIMER'S DISEASE

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER

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

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)

bupropion XL (QL)		Prozac (ST, QL)
buspirone		Remeron
citalopram (QL)		Sarafem (ST)
clomipramine		Trintellix (ST, QL)
desvenlafaxine ER (QL)		Viibryd (ST, QL)
duloxetine (QL)		Wellbutrin SR (ST, QL)
escitalopram (QL)		Xanax
fluoxetine (QL)		Xanax XR
fluoxetine DR (QL)		Zoloft (ST, QL)
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
mirtazapine ODT		
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 (QL)	ANORO ELLIPTA	Adempas* (PA)
Alyq* (PA)	Atrovent HFA	Arcapta Neohaler
budesonide	BEVESPI	Brovana
fluticasone-salmeterol	AEROSPHERE	Daliresp (QL)
ipratropium	BREO ELLIPTA	Kalydeco* (PA, QL)
montelukast	BREZTRI	Letairis* (PA)
tadalafil 20mg* (PA)	AEROSPHERE	Lonhala Magnair (PA)
Wixela Inhub	Combivent	Orenitram ER* (PA)
	Respimat	Orkambi* (PA, QL)
	Dulera	Perforomist (QL)
	Fasenra Pen* (PA)	Pulmicort Respule
	Flovent	Revatio suspension, tablet* (PA)
	Flovent HFA	Singulair
	INCRUSE ELLIPTA	Symdeko* (PA, QL)
	Nucala auto-injector, syringe* (PA)	Tracleer tablet* (PA)
	OFEV* (PA)	Tyvaso* (PA)
	Opsumit* (PA)	
	Pulmicort Flexhaler	
	Pulmozyme* (PA)	
	QVAR RediHaler	

Cigna Standard 3-Tier Prescription Drug List

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

ASTHMA/COPD/RESPIRATORY (cont)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	Tracleer* 32mg tablet for suspension	
	Serevent Diskus	
	Symbicort	
	TRELEGY ELLIPTA	
	Upravi* (PA)	
	Xolair* (PA)	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
atomoxetine (QL)	Vyvanse (PA age, QL)	Adderall (PA age, ST)
clonidine ER		Adzenys ER (PA age, QL)
dexmethylphenidate (PA age)		Adzenys XR-ODT (PA age, QL)
dexmethylphenidate ER (PA age, QL)		Daytrana (PA age, QL)
dextroamphetamine-amphetamine (PA age)		Dyanavel XR (PA age, QL)
dextroamphetamine-amphetamine ER (PA age, QL)		Evekeo (PA age, ST)
guanfacine ER		Evekeo ODT (PA age)
methylphenidate (PA age)		Focalin (PA age, ST)
methylphenidate CD (PA age, QL)		Intuniv ER
methylphenidate ER (PA age, QL)		Kapvay ER
methylphenidate LA (PA age, QL)		Methylin (PA age)
Relexxii (PA age, QL)		QuilliChew ER (PA age, QL)
		Quillivant XR (PA age, QL)
		Ritalin (PA age, ST)
		Strattera (QL)

BLOOD MODIFIERS/BLEEDING DISORDERS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
aminocaproic acid*	Aranesp*^ (PA)	Amicar*
tranexamic acid*	Droxia	Fulphila*^ (PA)
	Epogen*^ (PA)	Granix*^ (PA)
	Neulasta* (PA)	Hemlibra* (PA)
	Neulasta ONPRO*^ (PA)	Lysteda*
	Nivestym*^	Neupogen*^ (PA)
	Nyvepria* (PA)	Promacta* (PA)
	PROCRI*^ (PA)	Siklos (PA)
	Retacrit*^ (PA)	Tavalisse* (PA)
	UDENYCA* (PA)	Ziextenzo* (PA)
	Zarxio*^	

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

BLOOD PRESSURE/HEART MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
Adult Aspirin Regimen+	Bystolic (ST, QL)	Adalat CC
amiodarone	Corlanor (PA)	Altace (ST)
amlodipine	Entresto	Atacand (ST)
amlodipine-benazepril	Tekturna HCT (QL)	Atacand HCT (ST)
amlodipine-olmesartan (QL)		Avalide (ST)
amlodipine-valsartan		Avapro (ST)
amlodipine-valsartan-HCTZ		Azor (QL)
Aspir EC+		Benicar (ST, QL)
Aspir-Low+		Benicar HCT (ST, QL)
aspirin EC 81mg+		BiDil (QL)
atenolol		Calan SR
atenolol-chlorthalidone		Cardizem LA (QL)
benazepril		Cardura
benazepril-HCTZ		Catapres
candesartan		Catapres-TTS 1
candesartan-HCTZ		Catapres-TTS 2
cartia XT		Catapres-TTS 3
carvedilol		Coreg (ST)
carvedilol ER (QL)		Coreg CR (ST, QL)
clonidine		Corgard (ST)
diltiazem		Cozaar (ST)
diltiazem 12HR ER		Diovan (ST)
diltiazem 24HR ER		Diovan HCT (ST)
diltiazem 24HR ER (CD)		Edarbi (ST, QL)
diltiazem 24HR ER (LA)		Edarbyclor (ST)
diltiazem 24HR ER (XR)		Epaned
Dilt-XR		Exforge
dofetilide (QL)		Exforge HCT
doxazosin		HAEGARDA* (PA)
Ecotrin EC 81mg+		Hemangeol
enalapril		Hyzaar (ST)
enalapril-HCTZ		Inderal LA (ST)
flecainide		Inderal XL (ST)
guanfacine		InnoPran XL (ST)
hydralazine tablet		KALBITOR*^ (PA)
irbesartan		Kapspargo Sprinkle (ST)
irbesartan-HCTZ		Lopressor (ST)
isosorbide		Lotensin (ST)
isosorbide ER		Lotensin HCT (ST)
labetalol tablet		Lotrel
lisinopril		Micardis (ST, QL)
		Micardis HCT (ST, QL)
		Minipress
		MULTAQ
		Nitrostat
		Norpace CR 150mg
		Northera* (PA)
		Norvasc

Cigna Standard 3-Tier Prescription Drug List

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

BLOOD PRESSURE/HEART MEDICATIONS (cont)

lisinopril-HCTZ		Pacerone 100mg, 400mg (PA)
losartan		Prinivil (ST)
losartan-HCTZ		Procardia
Low Dose Aspirin EC+		Procardia XL
Matzim LA		Ranexa (QL)
metoprolol tablet		Ruconest*^ (PA)
metoprolol ER		Rythmol SR (PA)
metoprolol-HCTZ		TAKHZYRO* (PA)
nadolol		Tekturna (QL)
nifedipine		Tenoretic 50 (ST)
nifedipine ER		Tenoretic 100 (ST)
olmesartan (QL)		Tenormin (ST)
olmesartan- amlodipine-HCTZ		Tiazac ER
olmesartan-HCTZ (QL)		Tikosyn (PA, QL)
Pacerone 200mg		Toprol XL (ST)
prazosin		Tribenzor
propafenone		Vasotec (ST)
propafenone ER		Verelan
propranolol		Verelan PM
solution, tablet		Zestoretic (ST)
propranolol ER		Zestril (ST)
ramipril		
ranolazine ER (QL)		
St. Joseph Aspirin+		
Taztia XT		
telmisartan (QL)		
telmisartan-HCTZ (QL)		
timolol tablet		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil ER PM		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

aspirin-	BRILINTA	Aggrenox
dipyridamole ER	Eliquis (PA)	Arixtra* (QL)
clopidogrel	Fragmin* (QL)	Bevyxxa (QL)
enoxaparin* (QL)	Xarelto (PA)	Coumadin (PA)
fondaparinux* (QL)		Effient
Jantoven		Lovenox* (QL)
prasugrel		Plavix
warfarin		Pradaxa (PA)

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

BLOOD THINNERS/ANTI-CLOTTING (cont)

Savaysa (PA, QL)
Zontivity

CANCER

abiraterone* (PA)	Actimmune* (PA)	Afinitor* (PA)
anastrozole+	Erivedge* (PA)	Afinitor Disperz* (PA)
capecitabine* (PA)	Erleada* (PA)	ALECENSA* (PA)
exemestane	Gleostine	Alunbrig* (PA)
imatinib* (PA)	IBRANCE* (PA)	Bosulif* (PA)
letrozole	Lupron Depot*^ (PA)	CABOMETYX* (PA)
mercaptopurine	Nexavar* (PA)	COMETRIQ* (PA)
methotrexate	Revlimid* (PA)	Gleevec* (PA)
tamoxifen+	SPRYCEL* (PA)	Imbruvica* (PA)
temozolomide* (PA)	Sutent* (PA)	Inlyta* (PA)
	Tasigna* (PA)	Jakafi* (PA)
	Trexall	Kisqali* (PA)
	Verzenio* (PA)	Kisqali Femara* (PA)
		Lenvima* (PA)
		Lonsurf* (PA)
		Lorbrena* (PA)
		Lynparza* (PA)
		Mekinist* (PA)
		Nerlynx* (PA)
		NINLARO* (PA)
		NUBEQA* (PA)
		Odomzo* (PA)
		Pomalyst* (PA)
		Purixan*
		Rubraca* (PA)
		Stivarga* (PA)
		Tabloid
		Tafinlar* (PA)
		Tagrisso* (PA)
		Talzenna* (PA)
		Targretin capsule* (PA)
		Temodar capsule* (PA)
		Tykerb* (PA)
		Venclexta* (PA)
		VIZIMPRO* (PA)
		Votrient* (PA)
		XALKORI* (PA)
		Xeloda* (PA)
		Xtandi* (PA)
		Zejula* (PA)

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CHOLESTEROL MEDICATIONS		
amlodipine-atorvastatin (QL) atorvastatin 10mg, 20mg+ atorvastatin 40mg, 80mg colesevelam ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin+ fluvastatin ER+ lovastatin 10mg lovastatin 20mg, 40mg+ niacin niacin ER Niacor omega-3 aethyl esters pravastatin+ rosuvastatin 5mg, 10mg+ (QL) rosuvastatin 20mg, 40mg (QL) simvastatin 10mg, 20mg, 40mg+ simvastatin 80mg (QL)	NEXLETOL (PA, QL) NEXLIZET (PA, QL) Repatha (PA) Vascepa (PA)	Caduet (QL) CRESTOR (ST, QL) Lipofen (ST) Lovaza Niaspan ER Pravachol (ST) TriCor (ST) Triglide (ST) Trilipix (ST) Vytorin (ST) Welchol Zetia Zocor (ST, QL)

CONTRACEPTION PRODUCTS		
Afirmelle+ Aftera+ Altavera+ Alyacen+ Amethia+ Amethia Lo+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aubra EQ+ Aurovela 24 FE+ Aurovela+ Aviane+	Lo Loestrin FE	Annovera Balcoltra Beyaz Ella+ Estrostep FE Kyleena*+ Layolis FE Loestrin FE+ Loestrin Microgestin 24 FE Minastrin 24 FE Mirena*+ Natazia NuvaRing SAFYRAL

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)		
Ayuna+ Azurette+ Balziva+ Bekyree+ Blisovi 24 FE+ Blisovi FE+ Briellyn+ Camila+ Camrese+ Camrese Lo+ Caya Contoured+ Caziant+ Chateal+ Chateal EQ+ Cryelle+ Cyclafem+ Cyred+ Cyred EQ+ Dasetta+ Daysee+ Deblitane+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol ethinyl estradiol dospirenone-ethinyl estradiol-levomefolate+ drospirenone-ethinyl estradiol+ Econtra EZ+ Econtra One-Step+ Elinest+ EluRyng vaginal ring+ Emoquette+ Enpresse+ Enskyce+ Errin+ Estarylla+ ethynodiol-ethinyl estradiol+ etonogestrel-EE vaginal ring+ Falmina+ Fayosim+ FemCap+ Femynor+ Gianvi+ Gynol II+	Skyla*+ Slynd Taytulla Today contraceptive Sponge+ VCF film+ Yasmin 28 YAZ	

Cigna Standard 3-Tier Prescription Drug List

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

CONTRACEPTION PRODUCTS (cont)

Hailey+		
Hailey FE+		
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 FE 24+		
Larissia+		
Leena 28 tablet+		
Lessina+		
Levonest+		
levonorgestrel+		
levonorgestrel- ethinyl estradiol+		
levonorgestrel- ethinyl estradiol- ethinyl estradiol+		
Levora-28+		
Lillow+		
Loryna+		
Low-Ogestrel+		
Lo-Zumandimine+		
Lutera+		
Lyza+		
Marlissa+		
Melodetta 24 FE+		
Mibelas 24 FE+		
Microgestin+		
Microgestin FE+		
Mili+		
Mono-Linyah+		
My Choice+		
My Way+		
Necon+		
Nikki+		
Nora-BE+		

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

CONTRACEPTION PRODUCTS (cont)

norethindrone+		
norethindrone- ethinyl estradiol+		
norethindrone- ethinyl estradiol- FE+		
norgestimate- ethinyl estradiol+		
Norlyda+		
Nortrel+		
Ocella+		
Option 2+		
Orsythia+		
Philith+		
Pimtrea+		
Pirmella+		
Portia+		
Previfem+		
Reclipsen+		
Rivelsa+		
Setlakin+		
Sharobel+		
Simliya+		
Simpesse+		
Sprintec+		
Sronyx+		
Syeda+		
Tarina FE+		
Tarina FE 1-20 EQ+		
Tarina 24 FE+		
Tilia FE 28+		
Tri Femynor+		
Tri-Estarylla+		
Tri-Legest FE+		
Tri-Linyah+		
Tri-Lo-Estarylla+		
Tri-Lo-Marzia+		
Tri-Lo-Mili+		
Tri-Lo-Sprintec+		
Tri-Mili+		
Tri-Previfem+		
Tri-Sprintec+		
Trivora-28+		
Tri-Vylibra+		
Tri-Vylibra Lo+		
Tulana+		
Tydemyl+		
VCF foam, gel+		
Velivet+		
Vienna+		
Viorele+		
Vyfemla+		
Vylibra+		

Cigna Standard 3-Tier Prescription Drug List

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

CONTRACEPTION PRODUCTS (cont)

Wera+		
Wide Seal Diaphragm+		
Wymzya FE+		
Xulane+		
Zarah+		
Zovia+		
Zumandimine+		

COUGH/COLD MEDICATIONS

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

DENTAL PRODUCTS

chlorhexidine doxycycline 20mg fluoride+^		Floriva+^ Fluorabon+^
Fluoritab+^		
Oralone		
Paroex		
Peridex		
Periogard		
sodium fluoride+^		
triamcinolone 0.1% paste		

DIABETES

Accu-Chek	Baqsimi (QL)	Amaryl
AutoShield Duo pen needle	BASAGLAR (QL)	CeQur Simplicity
Contour	Bydureon (ST, QL)	CYCLOSET
Droplet Syringe and Needles	Byetta (ST, QL)	Glucagon
Freestyle Control solution	Farxiga (ST, QL)	Emergency Kit (QL)
Freestyle Precision	Freestyle Libre (PA, QL)	Glucophage
glimpiride	Dexcom G6 (PA, QL)	Glucophage XR
glipizide	GlucaGen HypoKit (QL)	Gvoke (QL)
glipizide ER	Glyxambi (ST, QL)	Korlym* (PA)
glipizide XL		Precision Xtra
glipizide- metformin		Ketone-Glucose Kit
GLUCOCARD 01		Riomet
CONTROL		Riomet ER
GLUCOCARD Expression		

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

DIABETES (cont)

GLUCOCARD Shine	Humalog (QL)	
Guardian test plus, transmitter tape	Humulin (QL)	
Guardian RT charger, monitor, test plug	Insulin Aspart (QL)	
Guardian Real Time starter kit	Invokamet (ST, QL)	
InPen	Invokamet XR (ST, QL)	
Insulin Syringe	Invokana (ST, QL)	
Insulin Syringe U-500	Janumet (ST, QL)	
metformin	Janumet XR	
metformin ER	(ST, QL)	
Microlet 2 lancing device	Januvia (ST, QL)	
Microlet Next lancing device	Jardiance (ST, QL)	
Minimed Reservoir	Levemir (QL)	
Multi-Lancet	LYUMJEV (QL)	
NovoFine	Omnipod DASH (PA, QL)	
NovoTwist	OneTouch test strips	
OneTouch Delica lancing device	Ozempic (ST, QL)	
OneTouch Ultra control solution	QTERN (ST, QL)	
OneTouch Verio control solution	RYBELSUS (ST, QL)	
Paradigm Reservoir	Segluromet (ST, QL)	
Paradigm Remote Control	SOLIQUA 100-33	
pioglitazone- metformin	Steglatro (ST, QL)	
TechLITE pen needle, syringe	SymLinPen	
TRUEPlus pen needle, syringe	Synjardy (ST, QL)	
Ultra-Fine Micro pen needle	Synjardy XR (ST, QL)	
Ultra-Fine Mini pen needle	TRESIBA (QL)	
Ultra-Fine Nano pen needle	Trijardy XR (ST, QL)	
Veo Insulin Syringe	Trulicity (ST, QL)	
	V-Go	
	Victoza (ST, QL)	
	Xigduo XR (ST, QL)	
	Xultophy	

Cigna Standard 3-Tier Prescription Drug List

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

DIURETICS

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

EAR MEDICATIONS

ciprofloxacin solution	Cipro HC	Ciprodex
neomycin-polymyxin-HC		Cortisporin-TC
ofloxacin drops		Dermotic
		OTOVEL

ERECTILE DYSFUNCTION

sildenafil^ (PA age, QL)	MUSE^ (PA, QL)	Caverject^ (PA, QL)
tadalafil^ 2.5mg, 5mg, 10mg (QL)		Cialis^ (ST, QL)
tadalafil^ 20mg (PA, QL)		STENDRA^ (ST, QL)
vardeafil^ (QL)		VIAGRA^ (ST, QL)

EYE CONDITIONS

azelastine	Alphagan P 0.1% drops	ACUVAIL
brimonidine		Alphagan P 0.15% drops
ciprofloxacin 3% drops	AzaSite	Alrex
dexamethasone drops	BETIMOL	Azopt
diclofenac drop	Betoptic S	BEPREVE
dorzolamide	Ciloxan ointment	Besivance
dorzolamide-timolol	Combigan	BromSite
erythromycin ointment	Eysuvis (QL)	Cequa
fluorometholone	Flarex	Ciloxan drops
gatifloxacin	LOTEMAX SM	Cosopt
ketorolac solution	Pazeo	Cosopt PF
latanoprost	Restasis	Cystaran* (PA, QL)
levofloxacin drops	Restasis MultiDose	DUREZOL
moxifloxacin drops	Simbrinza	ILEVRO
neomycin-polymyxin-HC drops	TobraDex eye ointment	INVELTYS
	Xiidra	Istalol
	ZERVIAE	LASTACFT
		LOTEMAX
		Maxitrol
		Moxeza
		Nevanac

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

EYE CONDITIONS (cont)

neomycin-polymyxin-dexamethasone		Ocuflox
ofloxacin drops		Oxervate* (PA)
polymyxin B-TMP		Patanol
prednisolone drops, solution		Polytrim
timolol drops, solution		Pred Forte
tobramycin drops, suspension		PROLENSA
tobramycin-dexamethasone		Rhopressa
		Rocklatan
		TIMOPTIC
		TIMOPTIC-XE
		TobraDex drops
		TobraDex ST
		Trusopt
		Vigamox
		Zirgan
		Zylet
		Zymaxid

FEMININE PRODUCTS

Fem pH		AVC
GYNAZOLE 1		
miconazole 3 suppository		
terconazole		

GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Aciphex (ST, QL)
alosetron*	CLENPIQ+	Aciphex Sprinkle (QL)
Anucort-HC	DEXILANT (QL)	Akynzeo capsule (PA, QL)
balsalazide	Entyvio*^ (PA)	Apriso ER
bisacodyl+	Linzees	Bonjesta ER
Bisa-Lax+	LITHOSTAT	Canasa
chlordiazepoxide-clidinium	Nexium DR 2.5mg, 5mg packet	Carafate tablet
cinacalcet*	Pancreaze	Cholbam* (PA)
ClearLax+	Pentasa	Diclegis
dicyclomine	Prepopik+	Donnatal
diphenoxylate-atropine	SUPREP+	Dulcolax EC+
dronabinol	SUTAB+	Gattex* (PA)
Ducodyl+	Viberzi	Kristalose
Dulcolax		Lialda
esomeprazole capsule DR (QL)		Lomotil
famotidine suspension, tablet		MiraLax+
GaviLax+		Motofen
GaviLyte-C+		Movantik (PA)
		Ocaliva* (PA)

Cigna Standard 3-Tier Prescription Drug List

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

GASTROINTESTINAL/HEARTBURN (cont)

Gavilyte-G ⁺		Prevacid DR (ST, QL)
Gavilyte-N ⁺		Protonix
GentleLax ⁺		suspension (ST, QL)
GlycoLax ⁺		Protonix DR (ST, QL)
HealthyLax ⁺		Ravicti* (PA)
Hemmorex-HC hydrocortisone suppository		RECTIV
lansoprazole DR (QL)		RELISTOR (PA)
lansoprazole ODT (QL)		SANCUSO (PA, QL)
lansoprazole-amoxicillin-clarithromycin		sfRowasa
LaxaClear ⁺		Sucraid* (PA)
mesalamine		Symproic (PA)
mesalamine DR		Transderm-Scop
mesalamine ER		Urso
metoclopramide solution, tablet		Urso Forte
metoclopramide ODT		VARUBI (PA, QL)
omeprazole DR capsule (QL)		Viokace
ondansetron		Xermelo* (PA)
ondansetron ODT		
pantoprazole tablet (QL)		
PEG		
3350-Electrolyte ⁺		
PEG-Prep ⁺		
Phenadoz		
polyethylene glycol 3350 ⁺		
prochlorperazine suppository, tablet		
promethazine suppository		
Promethgan		
QC Natura-Lax ⁺		
rabeprazole (QL)		
ranitidine capsules, syrup, tablet		
SmoothLAX ⁺		
sucralfate		
TriLyte With Flavor Packets ⁺		
ursodiol		
Women's Gentle Laxative ⁺		
Women's Laxative ⁺		

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

HORMONAL AGENTS

Amabelz	ANDRODERM (PA, QL)	Activella
budesonide EC		Alora (QL)
budesonide ER (PA, QL)	Cetrotide* [^] (PA)	AndroGel (PA, QL)
cabergoline (QL)	Divigel	Angeliq
CovARYX	Duavee	Armour Thyroid
CovARYX HS	Estring (QL)	Bijuva
Decadron	Euthyrox	Bynfezia* (PA)
desmopressin solution, spray, tablet	FORTEO* (PA, QL)	Climara
dexamethasone	Ganirelix* [^] (PA)	Climara Pro
dexamethasone intensol	Humatrope* (PA)	CombiPatch
Dotti (QL)	Increlex* (PA)	Crinone 4%
EEMT D.S.	LUPRON DEPOT* [^] (PA)	Cytomel
EEMT H.S.	LUPRON DEPOT-PED* [^] (PA)	Depo-Testosterone
estradiol (QL)	Medrol 2mg	Egriftra* (PA)
estradiol-norethindrone	Norditropin	Elestrin
estrogen-methyltestosterone	FlexPro* (PA)	Emflaza* (PA)
hydrocortisone tablet	Oriahnn (PA, QL)	Entocort EC
Levo-T	Orilissa (PA, QL)	Estrace
levothyroxine tablet	Premarin cream, tablet	EstroGel
Levoxyl	PREMPHASE	Evamist
liothyronine tablet	PREMPRO	Fensolvi* [^] (PA)
Lopreeza	Sandostatin LAR Depot* [^] (PA)	levothyroxine capsule
medroxy-progesterone	Serostim* (PA)	Lupaneta Pack* [^] (PA)
methimazole	Somavert* (PA)	Imvexxy (QL)
methylprednisolone dosepak, tablet	Zorbtive* (PA)	Intrasa
Mimvey		Medrol 4mg, 8mg, 16mg, 32mg
norethindrone 5mg		Menostar (QL)
norethindrone-ethinyl estradiol 0.5mg-2.5mcg, 1mg-5mcg		Minivelle (QL)
Nature-Thyroid		Natpara* (PA)
NP Thyroid		Noctiva (PA)
prednisolone solution, tablet		Osphena
prednisolone ODT		Prometrium
prednisone		Royaldee
prednisone intensol		Sandostatin* [^]
		Somatuline Depot* [^] (PA)
		Synthroid
		teriparatide* (PA, QL)
		Tirosint
		Tirosin-Sol
		Unithroid
		Vagifem (QL)
		Vivelle-Dot (QL)

Cigna Standard 3-Tier Prescription Drug List

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

HORMONAL AGENTS (cont)

progesterone capsule		
testosterone (PA, QL)		
testosterone - cypionate		
thyroid		
Westhroid		
WP Thyroid		
Yuvaferm (QL)		

INFECTIONS

acyclovir capsule, suspension, tablet	Baraclude solution*	Aemcolo DR (QL)
albendazole	Cipro suspension	Albenza
amoxicillin	Cleocin 75mg capsule	Alinia
amoxicillin-clavulanate	DARAPRIM* (PA)	ARIKAYCE* (PA)
amoxicillin-clavulanate ER	EPCLUSA* (PA, QL)	Bactrim
atovaquone	Eurax cream	Bactrim DS
atovaquone-proguanil	Firvanq	Baxdela tablet (PA)
Avidoxy	HARVONI* (PA, QL)	Cayston* (PA, QL)
azithromycin (QL)	ledipasvir- sofosbuvir* (PA)	Cipro tablet
cefpodoxime	MAVYRET* (PA)	Cleocin
cefuroxime	Pegasys* (PA)	Clindesse
cephalexin	sofosbuvir- velpatasvir* (PA)	Cresemba capsule (PA)
ciprofloxacin	Solosec	DIFICID (QL)
suspension, tablet	SOVALDI* (PA, QL)	Elimite
ciprofloxacin XR	Thalomid* (PA)	EryPed 200
clarithromycin	TOBI Podhaler* (PA, QL)	Eurax lotion
clarithromycin ER	Vibramycin syrup	Flagyl
clindamycin	VOSEVI* (PA)	Keflex
clotrimazole troche	Xifaxan (QL)	Kitabis Pak* (PA, QL)
Coremino (QL)		Levaquin
dapsone tablet		Macrobid
doxycycline		Macrochantin
Emverm		Malarone (PA)
entecavir* (QL)		Monurol
erythromycin		Natroba
erythromycin DR		Noxafil suspension
famciclovir		Nuessa
fluconazole		NUZYRA tablet* (QL)
hydroxychloroquine (QL)		Oravig
		Plaquenil (QL)
		Prevymis tablet*
		Priftin
		Sivextro tablet (PA)
		Sklice

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

INFECTIONS (cont)

itraconazole		Sulfatrim
ketoconazole tablet		Suprax
levofloxacin		Tamiflu (QL)
solution, tablet		Urogesic-Blue
metronidazole		Valtrex
minocycline		Vemlidy*
minocycline ER (QL)		Vfend suspension, tablet (PA)
Mondoxylene NL		Vibramycin suspension
Morgidox capsule		Xenleta tablet (PA, QL)
moxifloxacin tablet		Xofluza (QL)
neomycin tablet		ZEPATIER* (PA)
nitrofurantoin		Zithromax packet, suspension, tablet (QL)
nitrofurantoin mono-macro		ZYVOX suspension, tablet (PA)
nystatin		
ofloxacin tablet		
Okebo		
oseltamivir (QL)		
penicillin V		
permethrin		
sulfamethoxazole-TMP suspension, tablet		
terbinafine tablet		
tetracycline		
tobramycin ampule* (PA, QL)		
valganciclovir		
valganciclovir		
vancomycin capsule, solution		
Vandazole		
voriconazole suspension, tablet (PA)		

INFERTILITY

chorionic gonadotropin*^ (PA)	GONAL-f*^ (PA)	Crinone 8%^
clomiphene^	GONAL-f RFF*^ (PA)	Endometrin^
	Menopur*^ (PA)	Follistim AQ*^ (PA)
	Novarel*^ (PA)	
	OVIDREL *^ (PA)	

MISCELLANEOUS

Accu-Chek lancets	Cerdelga* (PA)	Addyi^ (PA, QL)
disulfiram	Esbriet* (PA)	Austedo* (PA)
Droplet lancets	GlucaGen vial	Brisdelle (QL)

Cigna Standard 3-Tier Prescription Drug List

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

MISCELLANEOUS (cont)

Fingerstix	Nityr* (PA)	Exjade* (PA)
Freestyle lancets	Strensiq* (PA)	Ferriprox* (PA)
Microlet lancets		Galafold* (PA)
Nebusal 3%		Jadenu* (PA)
OneTouch lancets		Jadenu Sprinkle* (PA)
OneTouch Suresoft lancing device		Myalept* (PA)
Precision Xtra B-Ketone strips		Nebusal 6%
PULMOSAL		NUEDEXTA (QL)
Single-Let sodium chloride inhalation vial		Orfadin* (PA)
TechLITE lancets		Palynziq* (PA)
tetrabenazine* (PA)		Tegsedi* (PA)
trientine* (PA)		Tiglutik* (PA)
TRUEPlus keytone test strips, lancets		Vyleesi*^ (PA, QL)

MULTIPLE SCLEROSIS

glatiramer* (PA)	AVONEX* (PA)	FIRDAPSE* (PA, QL)
Glatopa* (PA)	Bafiertam DR* (PA)	MAVENCLAD* (PA)
	BETASERON* (PA)	
	EXTAVIA* (PA)	
	GILENYA* (PA)	
	Kesimpta Pen* (PA)	
	MAYZENT* (PA)	
	Plegridy* (PA)	
	Rebif* (PA)	
	Rebif Rebidose* (PA)	
	VUMERITY* (PA)	
	ZEPOSIA* (PA)	

NUTRITIONAL/DIETARY

calcitriol capsule, solution	CitraNatal	Auryxia (QL)
calcium 667mg	Drisdol^	CitraNatal BLOOM^
cyanocobalamin injection	Floriva+	Fosrenol chew
Daily Prenatal+	Fosrenol packet	K-Tab ER
FA-8+	Klor-Con M15	Lokelma
Fluoritab+^	Mephyton^	OB Complete caplet^
Flura-Drops+^	MVC-Fluoride+	Phoslyra
folic acid 1mg^	OB Complete	Prenatal softgel+
folic acid 0.4mg, 0.8mg+	NeevoDHA^	Renvela
Klor-Con 8	Perry Prenatal+	Veltassa
Klor-Con 10	PrimaCare	VitaPearl
Klor-Con M10	Quflora FE	
	Quflora Ped 1mg chew, drops+	

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

NUTRITIONAL/DIETARY (cont)

Klor-Con M20 lanthanum	Rocaltrol^	
Ludent+^	Tri-Vi-Flor+	
phytonadione tablet	VELPHORO	
potassium chloride capsule, packet, solution, tablet		
Prena1 Pearl		
Prenatal+		
prenatal vitamin+ sevelamer		
sodium fluoride drops+^		
vitamin D2		

OSTEOPOROSIS PRODUCTS

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

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA)	ACTEMRA ActPen* (PA, QL)	Analpram HC
allopurinol tablet	ACTEMRA syringe* (PA, QL)	Arava
aspirin 325mg tablet+	Aimovig (PA)	Arymo ER (PA)
aspirin EC 325mg, 500mg, 650mg+	AJOVY(PA)	Benlysta* (PA)
baclofen tablet	AVSOLA*^ (PA)	Butrans (QL)
Bayer Aspirin 325mg tablet+	BELBUCA (QL)	CELEBREX (ST, QL)
buprenorphine patch, sublingual, tablet (QL)	Cimzia* (PA, QL)	COLCRYST
butalbital-acetaminophen-caffeine (QL)	Emgality (PA)	Depen* (PA)
carisoprodol	Enbrel* (PA, QL)	diclofenac patch (PA, QL)
celecoxib (QL)	HUMIRA* (PA, QL)	DUPIXENT* (PA)
colchicine	Hysingla ER (PA)	Duragesic (PA)
cyclobenzaprine	Inflectra*^ (PA)	EC-Naprosyn (ST)
diclofenac gel (QL)	Morphabond ER (PA)	Ecotrin 325mg+
diclofenac DR	NUCYNTA (PA)	Esgic (QL)
diclofenac EC	Nurtec ODT (PA, QL)	Fexmid
	Otezla* (PA, QL)	Flector (PA, QL)
	proctofoam-HC	Illaris*^ (PA)
		ILUMYA* (PA, QL)
		Kadian (PA)
		KEVZARA* (PA, QL)
		Kineret* (PA, QL)
		Licart (PA, QL)

Cigna Standard 3-Tier Prescription Drug List

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

PAIN RELIEF AND INFLAMMATORY DISEASE

diclofenac ER	Rasuvo (PA)	Lidoderm
EC-Naproxen	RediTrex (PA)	Mitigare
EcPirin+	RINVOQ ER* (PA, QL)	Mobic (ST)
eletriptan (QL)	Savella	MS Contin ER (PA)
Endocet (PA)	Simponi 100mg/mL* (PA, QL)	Nalfon 400 mg (ST)
etodolac	Simponi Aria* (PA)	Naprosyn (ST)
etodolac ER	Skyrizi* (PA, QL)	Norco (PA)
fentanyl patch (PA)	Stelara	NUCYNTA ER (PA)
Fioricet (QL)	45mg/0.5ml, 90mg/ml* (PA, QL)	Olumiant* (PA, QL)
frovatriptan (QL)	Taltz* (PA, QL)	ORENCIA syringe* (PA, QL)
Glydo	Tremfya* (PA, QL)	ORENCIA ClickJect* (PA, QL)
hydrocodone-acetaminophen (PA)	UBRELVY (PA, QL)	Otrexup (PA)
hydromorphone solution, suppository, tablet (PA)	Uloric (QL)	Oxaydo (PA)
hydromorphone ER (PA)	XELJANZ* (PA, QL)	Percocet (PA)
IBU 400mg, 600mg, 800mg	XELJANZ XR* (PA, QL)	Procort
ibuprofen suspension, 400mg, 600mg, 800mg tablet	Xtampza ER (PA)	Qmiiz ODT (ST, QL)
indomethacin 25mg capsule	ZTlido	Remicade*^ (PA)
indomethacin ER		Simponi 50mg/0.5mL* (PA, QL)
ketorolac syringe, tablet, vial (QL)		Skelaxin
leflunomide		Tylenol-Codeine No.3 (PA)
lidocaine-hydrocortisone 3-05%, 3-1%cream, cream kit, gel		Ultram (QL)
lidocaine viscous		Voltaren (PA, QL)
lidocaine-prilocaine		Zanaflex
Lorcet (PA)		Zebutal (QL)
Lorcet HD (PA)		Zohydro ER (PA)
Lorcet Plus (PA)		Zyloprim
Lortab (PA)		
meloxicam tablet		
metaxalone		
methocarbamol tablet		

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

PAIN RELIEF AND INFLAMMATORY DISEASE

(cont)

morphine solution, suppository, tablet (PA)		
morphine ER (PA)		
morphine IR (PA)		
nabumetone		
Nalfon 600mg (ST)		
Nalocet (PA)		
naproxen		
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)		
tizanidine		
tramadol 50mg (QL)		
tramadol ER (QL)		
tramadol-acetaminophen (QL)		

PARKINSON'S DISEASE

benztropine tablet	Apokyn* (PA)	Azilect (QL)
bromocriptine	KYNMOBI (PA)	Duopa*
carbidopa-levodopa		Inbrija* (PA)
carbidopa-levodopa ER		Mirapex
pramipexole		Mirapex ER (QL)
pramipexole (QL)		Neupro
rasagiline (QL)		NOURIANZ* (PA, QL)
ropinirole		Osmolex ER (QL)
ropinirole ER		Parlodol
		RYTARY
		Sinemet

Cigna Standard 3-Tier Prescription Drug List

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

PARKINSON'S DISEASE (cont)

		Tasmar XADAGO (ST)
--	--	-----------------------

SCHIZOPHRENIA/ANTI-PSYCHOTICS

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

SEIZURE DISORDERS

carbamazepine	Dilantin 30 mg capsule (PA)	Aptiom (PA, QL)
carbamazepine ER	Fycompa (PA, QL)	Banzel (PA, QL)
clonazepam	Nayzilam (PA, QL)	BRIVIACT
clonazepam ODT	VIMPAT solution, tablet (PA)	Carbatrol (PA)
divalproex		Depakote (PA)
divalproex DR		Depakote DR (PA)
divalproex ER		Depakote ER (PA)
Epitol		Dilantin 50mg, 100mg (PA)
gabapentin		Epidiolex* (PA)
lamotrigine		Klonopin (PA)
lamotrigine (blue, green, orange)		Lyrica oral solution (PA)
lamotrigine ER		Neurontin (PA)
lamotrigine ODT		Onfi (PA)
levetiracetam		Oxtellar XR (PA)
levetiracetam solution, tablet		Phenytek (PA)
levetiracetam ER		Spritam (PA)
oxcarbazepine		Tegretol (PA)
Roweepra		Tegretol XR (PA)
Subvenite		VALTOCO (PA, QL)
Subvenite (Blue, Green, Orange)		XCOPRI (PA, QL)
topiramate		
topiramate ER		
vigabatrin*		
Vigadrone*		

SKIN CONDITIONS

adapalene (PA age)	Drysol	BRYHALI (ST)
adapalene-benzoyl peroxide	Eucrisa Fluoroplex	Capex Shampoo (ST)

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

SKIN CONDITIONS (cont)

Amnesteem (QL)	NAFTIN	Celacyn
Avar	Pramosone 1%-1%	Centany
Avar-E	cream, 1% lotion,	Cleocin T
Avar-E Green	1%-1% ointment,	Clindacin Pak Kit
azelaic acid	2.5%-1% ointment	Clindacin ETZ kit
betamethasone	Picato	Clodan kit (ST)
BP 10-1	SANTYL (QL)	Cloderm (ST)
calcipotriene		DesOwen (ST)
calcipotriene-		Dovonex
betamethasone		Ecoza
DP		EFUDEX
calcitriol ointment (QL)		Elidel
Claravis (QL)		Evoclin
Clindacin ETZ		Lotrisone
pledget		Mimyx
Clindacin P pledget		Pramosone 2.5%- 1% cream, lotion
clindamycin-		Protopic
benzoyl peroxide		REGGANEX (PA, QL)
clindamycin		Targetin gel*
phosphate		Temovate (ST)
clindamycin-		Tolak
tretinoin		Topicort (ST)
clobetasol		Ultravate 0.05% cream, ointment (ST)
Clodan shampoo		Valchlor*
clotrimazole-		Vectical (QL)
betamethasone		Xepi
dapsone 5% gel		
desoximetasone		
erythromycin		
erythromycin-		
benzoyl peroxide		
fluocinonide		
fluocinonide-E		
fluorouracil cream, topical solution		
halobetasol		
hydrocortisone		
hydrocortisone-		
iodoquinol		
isotretinoin (QL)		
ketoconazole		
lidocaine-		
hydrocortisone		
3-0.5% cream		

Cigna Standard 3-Tier Prescription Drug List

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

SKIN CONDITIONS (cont)

metronidazole		
mupirocin		
Myorisan (QL)		
Neuac gel		
Nolix		
nystatin cream, ointment, powder		
nystatin- triamcinolone		
oxiconazole		
pimecrolimus		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		
Rosadan		
sodium sulfacetamide- sulfur		
SSS 10-5		
Sulfacleanse 8-4		
tacrolimus ointment		
tazarotene cream		
tretinoin (PA age)		
triamcinolone cream, lotion, ointment, spray		
Triderm		
Zenatane (QL)		

SLEEP DISORDERS/SEDATIVES

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

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

SMOKING CESSATION

bupropion SR 150mg+	CHANTIX^	NicoDerm CQ
NicoDerm CQ	Nicotrol^	7mg/24hr, 14mg/24hr+
21mg/24hr+	Nicotrol NS^	Nicorette+
Nicorelief+		
nicotine gum+		
nicotine lozenge+		
nicotine patch+		
Quit 2+		
Quit 4+		

SUBSTANCE ABUSE

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

TRANSPLANT MEDICATIONS

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

URINARY TRACT CONDITIONS

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

Cigna Standard 3-Tier Prescription Drug List

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

VACCINES

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

	ActHIB ⁺	FluMist Quad
	Adacel Tdap ⁺	Nasal ⁺
	Afluria Quad ⁺	Rotarix ⁺
	BEXSERO ⁺	RotaTeq ⁺
	Boostrix Tdap ⁺	
	DAPTACEL DTaP ⁺	
	Diphtheria and Tetanus Toxoids-ped ⁺	
	Engerix-B ⁺	
	FLUAD ⁺	
	FLUARIX	
	QUADRIVALENT ⁺	
	FLUBLOK	
	QUADRIVALENT ⁺	
	FLUCELVAX	
	QUADRIVALENT ⁺	
	FLULAVAL	
	QUADRIVALENT ⁺	
	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 ⁺	
	Prenar 13 ⁺	
	ProQuad ⁺	
	Quadracel DTaP-IPV ⁺	
	Recombivax HB ⁺	
	SHINGRIX ⁺	

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

VACCINES (cont)

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

	TdVax ⁺	
	Tenivac ⁺	
	Trumenba ⁺	
	Twinrix ⁺	
	VAQTA ⁺	
	VARIVAX ⁺	
	ZOSTAVAX ⁺	

WEIGHT MANAGEMENT

Lomaira [^]		Contrave [^] (PA)
phentermine [^]		Megace ES solution
		Qsymia [^] (PA)
		Saxenda [^] (PA)

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*
	Viramune*	nevirapine*
	Viramune XR*	nevirapine ER*
	Viread 300mg tablet*	tenofovir 300mg tablet*
	Ziagen*	abacavir*
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr SYMJEPI	epinephrine auto-injectors
	Beconase AQ Nasonex Omnaris QNASL XHANCE Zetonna	fluticasone flunisolide mometasone
	DYMISTA	azelastine-fluticasone fluticasone flunisolide mometasone
	QNASL Children's	budesonide fluticasone triamcinolone
	RyVent carbinoxamine 6mg tablet	carbinoxamine 4mg tablet
ALZHEIMER'S DISEASE	pyridostigmine BR 30mg tablet (QL)	pyridostigmine 60mg tablet
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil	clomipramine
	Aplenzin Wellbutrin XL	bupropion XL
	Ativan tablet	lorazepam
	Cymbalta Drizalma Sprinkle	duloxetine

^.^ 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)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	Lexapro	escitalopram
	Pamelor	nortriptyline capsules
	Parnate	tranylcypromine
	Pexeva	paroxetine/CR/ER
	Tofranil	imipramine tablet
ASTHMA/COPD/RESPIRATORY	ADVAIR Diskus	ADVAIR HFA
	AirDuo Digihaler	BREO ELLIPTA
	AirDuo RespiClick	Dulera fluticasone-salmeterol Symbicort Wixela Inhub
	Alvesco	Flovent Diskus
	ARNUITY ELLIPTA	Flovent HFA
	ArmonAir Digihaler	Pulmicort Flexhaler
	Asmanex	QVAR
	Asmanex HFA	QVAR RediHaler
	Budesonide-Formoterol	Symbicort
	Duaklir Pressair	ANORO ELLIPTA
	Stiolto Respimat	BEVESPI AEROSPHERE
	Utibron Neohaler	
	Elixophyllin	theophylline oral solution
	ProAir Digihaler	albuterol HFA
	ProAir HFA	
	ProAir RespiClick	
	Proventil HFA	
	Ventolin HFA	
	Seebri Neohaler	INCRUSE ELLIPTA
	Spiriva	
	Spiriva Respimat	
	Tudorza Pressair	
	Striverdi Respimat	Serevent Diskus
Xopenex HFA	albuterol HFA levalbuterol HFA	
YUPELRI	ANORO ELLIPTA BEVESPI AEROSPHERE BREZTRI AEROSPHERE INCRUSE ELLIPTA TRELEGY ELLIPTA	
Zyflo	montelukast zafirlukast zileuton 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.

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ATTENTION DEFICIT HYPERACTIVITY	Adderall XR ADHANSIA XR Aptensio XR Concerta Cotempla XR-ODT Focalin XR Jornay PM Mydayis Ritalin LA	dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA Vyvanse	
	Desoxyn	methamphetamine	
	Dexedrine	dexamethylphenidate ER dextroamphetamine ER dextroamphetamine-amphetamine ER	
	BLOOD PRESSURE/HEART MEDICATIONS	Betapace	sotalol oral
		Cardizem	diltiazem
		Cardizem CD	diltiazem 24HR ER diltiazem 24HR CD
		Consensi	amlodipine celecoxib
		Conjupri	amlodipine felodipine nicardipine nifedipine
		Firazyr*	icatibant*
		Isordil isosorbide dinitrate 40mg tablet Isordil Titrados	isosorbide dinitrate 5mg, 10mg, 20mg, 30mg tablet
Lanoxin		digoxin	
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin aspirin EC	
CANCER	Nilandron	nilutamide	
	Tarceva*	erlotinib*	
	Yonsa*	abiraterone*	
	Zytiga*		
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate	
	Ezallor Sprinkle FloLipid Livalo	atorvastatin fluvastatin fluvastatin ER lovastatin pravastatin simvastatin	
	Lipitor	atorvastatin ezetimibe-simvastatin rosuvastatin	
	Praluent Pen	Repatha	

^^ 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)
CHOLESTEROL MEDICATIONS (cont)	Zypitamag	atorvastatin lovastatin pravastatin simvastatin
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
	TussiCaps	hydrocodone-chlorpheniramine ER promethazine with codeine syrup
DIABETES	Accu-Chek Aviva Plus test strips	OneTouch Ultra Blue test strips
	Accu-Chek Compact Plust test strips	OneTouch Verio 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	
	GLUCOCARD 01 Sensor test strips	
	GLUCOCARD Expression test strips	
	GLUCOCARD Shine test strips	
	GLUCOCARD Vital Sensor test strips	
	Precision PCX Plus test strips	
	Precision Point of Care test strips	
Precision Q-I-D test strips		
Precision Xtra test strips		
TRUE METRIX test strips		
TRUEtrack test strips		
Adlyxin	Bydureon Byetta metformin Ozempic Trulicity Victoza	
Admelog	Humalog	
Afrezza	Lyumjev	
Apidra		
Apidra SoloStar		
Fiasp		
Insulin Lispro		
Novolog		
alogliptin, alogliptin-metformin	Janumet	
Kombiglyze XR	Janumet XR	
Nesina	Januvia	
Onglyza	metformin	
Tradjenta		
alogliptin-pioglitazone	Janumet Janumet XR Januvia pioglitazone	

^^ 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)
DIABETES (cont)	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)
	Jentaduetto Jentaduetto XR Kazano	Janumet Janumet XR Januvia metformin
	Lantus Semglee Toujeo SoloStar	BASAGLAR Levemir TRESIBA
	Novolin Oseni	Humulin Janumet Janumet XR Januvia pioglitazone
	Steglujan	Glyxambi metformin QTERN Trijardy XR
	Edecrin ethacrynic acid	bumetanide furosemide torsemide
	LUMIGAN TRAVATAN Z VYZULTA Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository	hydrocortisone suppository
	Asacol HD Colazal Delzicol Dipentum	balsalazide mesalamine tablets or capsules Pentasa sulfasalazine
	CoLyte with Flavor Packets+ GoLyteLy+ MoviPrep+ NuLYTELY with flavor packs+ OsmoPrep+ PLENVU+	CLENPIQ+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ PEG 3550 Electrolyte+ Prepopik+ SuPrep+
	Cortifoam UCERIS foam	Colocort hydrocortisone
	CREON Pertzye DR Zenpep	Pancreaze

^^ 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)	
GASTROINTESTINAL/HEARTBURN (cont)	Helidac Omeclamox-Pak PYLERA Talicia	lansoprazole-amoxicillin-clarithromycin (combo pack)	
	Librax	chlordiazepoxide-clidinium	
	Lotronex*	alosetron*	
	lubiprostone	Amitiza	
	Marinol SYNDROS	dronabinol	
	Motegrity Trulance Zelnorm	Amitiza Linzess	
	Nexium DR capsule	Dexilant esomeprazole omeprazole	
	Nexium DR packet	esomeprazole	
	OmePPI omeprazole-bicarbonate Zegerid packet	omeprazole	
	Pepcid	famotodine	
	Prevacid SoluTab	Dexilant esomeprazole lansoprazole pantoprazole rabeprazole	
	Reltone	ursodiol	
	Rowasa	mesalamine rectal enema suspension	
	Sensipar*	cinacalcet*	
	Zegerid capsule	Dexilant lansoprazole omeprazole	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Alkindi Sprinkle	hydrocortisone
		DDAVP solution, spray, tablet	desmopressin
		Dexabliss DexPak Dxevo Hemady HiDex TaperDex ZCort	dexamethasone

^^ 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)	
HORMONAL AGENTS (cont)	Fortesta JATENZO Natesto Testim Vogelxo XYOSTED	AndroGel testosterone	
	Genotropin* Nutropin AQ NuSpin* Omnitrope* Saizen*, Saizen-Saizenprep* ZOMACTON*	Humatrope* Norditropin*	
	Nocdurna	desompression acetate nasal spray or tablets	
	Rayos	methylprednisolone prednisone	
	ORTIKOS	budesonide EC	
	Thyquidity	levothyroxine Levoxyl Levo-T Unithroid Euthyrox	
	Uceris tablets	budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	
	INFECTIONS	Acticlate Doryx Doryx MPC doxycycline IR-DR 40mg capsule doxycycline 80mg tablet Minocin capsule Minolira ER Seysara Solodyn TargaDOX Vibramycin Ximino	doxycycline minocycline tetracycline
		Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine
		Augmentin Augmentin XR	amoxicillin-clavulanate-potassium amoxicillin-clavulanate-potassium ER
Baraclude tablet*		entecavir tablet*	
BETHKIS*		Kitabis Pak tobramycin inhalation solution*	
Diflucan		fluconazole	

^^ 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)	
INFECTIONS (cont)	E.E.S. 200	erythromycin granules	
	Eryped 400	erythromycin ethylsuccinate	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Noxafil DR	posaconazole DR 100mg tablet	
	ORACEA	doxycycline minocycline ER	
	Sitavig	acyclovir tablet famciclovir tablet valacyclovir tablet	
	Sporanox TOLSURA	itraconazole	
	TOBI*	tobramycin inhalation solution*	
	Valcyte	valganciclovir	
	Vancocin	vancomycin capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Ingrezza*	Austedo*
KUVAN*		sapropterin*	
SYPRINE*		penicillamine* trientine*	
Xenazine*		tetrabenazine*	
MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER*	
	AUBAGIO* Tecfidera*	dimethyl fumarate* GILENYA* MAYZENT* VUMERITY* ZEPOSIA*	
	COPAXONE*	BETASERON* glatiramer* Glatopa* Extavia* Kesimpta* Plegridy* Rebif*	
NUTRITIONAL/DIETARY	Azescio PreGenna Trinaz Zalvit	Any generic prenatal vitamin	
	NASCOBAL	cyanocobalamin injection	
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen tablets	

^^ 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)
PAIN RELIEF AND INFLAMMATORY (cont)	Amerge ERGOMAR Frova Maxalt Maxalt MLT RELPAX	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan zolmitriptan
	Amrix	carisoprodol chlorzoxazone cyclobenzaprine methocarbamol orphenadrine ER
	BUPAP	butalbital-acetaminophen tablets
	butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
	CAMBIA Fenortho Indocin NAPRELAN Vimovo Zipsor	celecoxib diclofenac ibuprofen indomethacin meloxicam naproxen
	ConZip	Tramadol Tramadol ER
	Cosentyx*	Enbrel* HUMIRA* Otezla* Skyrizi* Stelara* Taltz*
	Cuprimine*	penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	DUEXIS	celecoxib diclofenac famotidine ibuprofen indomethacin meloxicam naproxen
	GLOPERBA	colchicine, probenecid-colchicine
	Gralise	gabapentin
	Imitrex Sumavel DosePro Tosymra Zembrace SYMTOUCH	dihydroergotamine eletriptan sumatriptan
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen Hysingla (PA) oxycodone with acetaminophen MorphaBond ER, tramadol, Xtampza 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.

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY (cont)	Lorzone	chlorzoxazone 500mg
	MIGRANAL	dihydroergotamine nasal spray
	ONZETRA Xsail	dihydroergotamine sumatriptan
	OxyContin	Hysingla ER MorphaBond ER Xtampza ER
	PENNSAID	diclofenac 1% gel
	Relafen Relafen DS	celecoxib diclofenac diclofenac ER ibuprofen indomethacin meloxicam naproxen
	REYVOW	almotriptan eletriptan frovatriptan naratriptan sumatriptan Nurtec ODT Ubrelvy
	Roxicodone	oxycodone
	SILIQ*	Enbrel* HUMIRA* Skyrizi* Stelara
	Soriatane	acitretin
	SPRIX	ketorolac tablet
	SUBSYS	fentanyl lozenge or buccal tablet
	Tivorbex	indomethacin
	Treximet	diclofenac eletriptan ibuprofen naproxen rizatriptan sumatriptan sumatriptan-naproxen
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine
	Vivlodex	meloxicam
	Zembrace SYMTOUCH	sumatriptan, dihydroergotamine
	Zomig	sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	Zorvolex	diclofenac

^^ 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)	
PARKINSON'S DISEASE	Gocovri	amantadine	
	Lodosyn	carbidopa	
	Ongentys	entacapone	
	Requip XL	ropinirole ER	
	Zelapar	selegiline	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole	
	Abilify MyCite	paliperidone ER	
	Geodon capsules	risperidone	
	Caplyta	aripiprazole olanzapine paliperidone ER quetiapine quetiapine ER risperidone ziprasidone	
	FazaClo	clozapine	
	Versacloz	clozapine ODT	
	Zyprexa	aripiprazole olanzapine paliperidone ER	
	Zyprexa Zydis	aripiprazole olanzapine ODT	
	SEIZURE DISORDERS	Felbatol	felbamate
		Kepra oral solution, tablet	levetiracetam
Kepra 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		duloxetine gabapentin lidocaine 5% topical patch pregabalin pregabalin 20mg/mL oral solution	
Lyrica CR		duloxetine gabapentin lidocaine 5% topical patch pregabalin	
Mysoline		primidone	
Qudexy XR		topiramate ER	
Trokendi XR			

^^ 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)
SEIZURE DISORDERS (cont)	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Zonegran	zonisamide
SKIN CONDITIONS	Absorica Absorica LD	Claravis isotretinoin Myorisan Zenatane
	Acanya	clindamycin-benzoyl peroxide erythromycin-benzoyl peroxide
	Aczone AKLIEF Altreno Amzeeq ARAZLO Atralin Avita Dapsone 7.5% gel Epiduo EPDUO FORTE ONEXTON RETIN-A MICRO RETAN-A MICRO PUMP Tretin X	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide dapsone sodium sulfacetamide-sulfer tretinoin
	acyclovir cream, ointment	acyclovir tablet famciclovir tablet valacyclovir tablet
	Aktipak	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide dapsone erythromycin-benzoyl peroxide sodium sulfacetamide-sulfer
	Aldara	imiquimod 5% cream
	Anusol-HC	hydrocortisone
	Apexicon E diflorasone Impoyz Olux Olux-E Psorcon Ultavate lotion	betamethasone clobetasol halobetasol
	Azelex	adapalene, adapalene-benzoyl peroxide azelaic, clindamycin, clindamycin-benzoyl peroxide, dapsone ,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 6% cream, cream kit, gel, lotion
	BenzaClin	clindamycin-benzoyl peroxide
	Duac	
	Neuac Kit	
	calcipotriene 0.005% foam	calcipotriene cream, ointment, scalp solution
	Carac	fluorouracil 0.5% cream
	Clindagel	clindamycin gel, topical solution
	Clobex	clobetasol
	Condylox	imiquimod 5% cream packet podofilox 0.5% topical solution
	Cordran	betamethasone clobetasol fluocinolone halobetasol
	Cutivate lotion	betamethasone betamethasone DP fluocinolone fluticasone triamcinolone
	Differen 0.1% cream, lotion, 3% gel	adapalene adapalene-benzoyl peroxide clindamycin-benzoyl peroxide dapson tretinoin
	Denavir ZOVIRAX	acyclovir tablet famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Duobrii	halobetasol tazarotene cream
	Enstilar Taclonex	calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	ERTACZO	ketoconazole cream
	Exelderm Sulconazole	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam

^^ 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)	Fabior	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide dapsons tazarotene tretinoin
	Finacea MetroCream MetroGel Soolantra	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone butyrate lotion, Pandel	betamethasone fluocinolone fluticasone
	HALOG	clobetasol cream, ointment halobetasol cream, ointment
	Impeklo	clobetasol lotion
	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, solu- tion
	Locoid Lipocream	hydrocortisone lipid cream
	Loprox	ciclopirox cream, shampoo
	LUZU	econazole ketoconazole luliconazole oxiconazole
	Noritate	metronidazole cream
	Oxistat	etoconazole cream ketoconazole cream
	Penlac	ciclopirox solution
	Prudoxin Zonalon	clobetasol desonide fluocinonide mometasone tacrolimus triamcinolone
	Sernivo	clobetasol spray triamcinolone acetonide aerosol spray
	Sorilux	calcipotriene cream, ointment, scalp solu- tion, calcitriol ointment, tazarotene cream

^^ 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)	Tavaborole	ciclopirox topical solution itraconazole capsules terbinafine tablets
	Tazorac	adapalene, adapalene-benzoyl peroxide clindamycin, clindamycin-benzoyl peroxide dapson, tazarotene
	Trianex	itraconazole capsules
	Tridesilon	terbinafine tablet
	Ultravate X	clobetasol cream, ointment halobetasol cream, ointment
	Vanos	fluocinonide 0.1% cream
	VELTIN	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-tretinoin clindamycin-benzoyl peroxide dapson sodium sulfacetamide-sulfer tretinoin
	Verdeso	desonide cream, ointment
	Winlevi 1% cream	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Wynzora	betamethasone DP calcipotriene calcipotriene-betamethasone DP fluocinolone fluticasone mometasone triamcinolone
	XERESE	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet
	Xolegel	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium 2.5% lotion sodium sulfacetamide 10% shampoo
	Ziana	adapalene clindamycin clindamycin-tretinoin tretinoin
	Zilxi	azelaic acid topical metronidazole

^^ 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)
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Belsomra	DAYVIGO
	Edluar	zolpidem/ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
	ZolpiMIST	doxepin eszopiclone zaleplon zolpidem/ER
SUBSTANCE ABUSE	Evzio	naloxone narcan
URINARY TRACT CONDITIONS	Detrol	darifenacin ER oxybutynin tolterodine
		Detrol LA
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gemtesa VESlare	darifenacin ER oxybutynin oxybutynin ER tolterodine tolterodine ER trospium

^^ 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." For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA). With excluded medications, there's no option to receive coverage through Cigna's coverage review process.

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.

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.

Frequently Asked Questions (FAQs) (cont)

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.³

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.⁴ 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.

Frequently Asked Questions (FAQs) (cont)

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

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?

A. To receive in-network coverage under your plan, you'll need to switch to a pharmacy in your plan's network. If your plan offers out-of-network coverage, you'll pay out-of-network costs to fill a prescription there.

Q. Can I fill my prescriptions by mail?

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

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 cost⁶
- › 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).⁷ 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 costs³
- › Easily switch your prescription from your retail pharmacy to our home delivery pharmacy
- › Manage your home delivery medications⁵
- › 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:⁸

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

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

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



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

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Accredo Health Group, Inc., Express Scripts, Inc., ESI Mail Pharmacy Service, Inc, Express Scripts Pharmacy, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., (CHC-TN), and Cigna HealthCare of Texas, Inc. "Accredo" refers to Accredo Health Group, Inc. "Express Scripts Pharmacy" refers to ESI Mail Pharmacy, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, "Together all the way," and "myCigna" are trademarks of Cigna Intellectual Property, Inc. "Accredo" and "Express Scripts Pharmacy" are trademarks of Express Scripts Strategic Development, Inc.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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 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).