



CIGNA STANDARD 4-TIER PRESCRIPTION DRUG LIST

As of July 1, 2018

Together, all the way.®



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

916152 Standard 4-Tier w DRT Spec 03/18



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View your drug list online

This document was last updated 09/01/2017.* To see a current list of the medications covered on your plan's drug list, visit:



The myCigna® website - Once you're registered, log in and select Estimate Health Care Costs, then select Get drug costs.



Questions? - Call the toll-free number on the back of your Cigna ID card. We're here to help.

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

Last updated: 09/01/2017, for changes that were effective 01/01/2018

Next planned update: 09/01/18, for changes that will be effective 01/01/2019

Your prescription drug list

This document shows the most commonly prescribed medications covered on the Standard Prescription Drug List as of July 1, 2018.¹ All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers or (coverage/cost levels).

It's important to know that this is not a complete list of covered medications, and not all of the medications listed here may be covered by your specific plan. You should log in to the **myCigna** website or app or check your plan materials to learn more about the medications your plan covers.

How to read your drug list

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

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

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

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

Oral specialty medications have a double asterisk (**) listed next to them

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

Tiers

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

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

Abbreviations next to medications

Some medications on your drug list have additional requirements before they may be covered by your plan.* This helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation. These medications will have an abbreviation next to them in the drug list. Here's what each of the abbreviations mean.

(PA) **Prior Authorization** – Cigna will review information provided by your doctor to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.

(ST) **Step Therapy** – The Step Therapy program encourages the use of lower-cost medications (generics and preferred brands) to treat certain conditions. Certain high-cost brand medications require Step Therapy. This means your plan requires you to try a lower-cost alternative first, before the higher-cost brand may be covered (unless you receive approval from Cigna).

(QL) **Quantity Limits** – For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.

(AGE) **Age Requirements** – You must be within a specific age range for your plan to cover the medication.

*This may not apply to you because not all plans require prior authorization, quantity limits and/or Step Therapy. Please log in to the myCigna website or app or check your plan materials to find out if your plan includes these specific coverage requirements.

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Specialty medications are typically covered on Tier 4 (see page 17), but some are covered on a lower tier. In this drug list, those medications are listed alphabetically by condition. Your plan may cover oral specialty medications differently than injectable specialty medications. Your plan may also limit you to a 30-day supply and/or require the use of a preferred specialty pharmacy. Log in to the **myCigna** website or app or check your plan materials to learn more about how your plan covers specialty medications.

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

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

Plan exclusions

Some medications shown in this drug list may not be covered by your specific plan. For example, your plan may not cover medications used for weight loss or to treat infertility. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** website or app or check your plan materials to find out if your plan excludes the medication.

How to find your medication

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

Condition	Page	Condition	Page
ALLERGY/NASAL SPRAYS	6	EYE CONDITIONS	10, 11
ALZHEIMER'S DISEASE	6	FEMININE PRODUCTS	11
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	GASTROINTESTINAL/HEARTBURN	11
ASTHMA/COPD/RESPIRATORY	6	HORMONAL AGENTS	11, 12
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	INFECTIONS	12
BLOOD MODIFIERS/BLEEDING DISORDERS	7	INFERTILITY	12
BLOOD PRESSURE/HEART MEDICATIONS	7	MISCELLANEOUS	12
BLOOD THINNERS/ANTI-CLOTTING	7	NUTRITIONAL/DIETARY	12, 13
CANCER	7	OSTEOPOROSIS PRODUCTS	13
CHOLESTEROL MEDICATIONS	7, 8	PAIN RELIEF AND INFLAMMATORY DISEASE	13, 14
CONTRACEPTIVE PRODUCTS	8, 9	PARKINSON'S DISEASE	14
COUGH/COLD MEDICATIONS	10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	14
DENTAL PRODUCTS	10	SEIZURE DISORDERS	14, 15
DIABETES	10	SKIN CONDITIONS	15
DIURETICS	10	SLEEP DISORDERS/SEDATIVES	15
EAR MEDICATIONS	10	SMOKING CESSATION	15
ERECTILE DYSFUNCTION	10	SUBSTANCE ABUSE	15
		URINARY TRACT CONDITIONS	16
		WEIGHT MANAGEMENT	16

Cigna Standard 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ALLERGY/NASAL SPRAYS

azelastine		Clarinex
cromolyn		Clarinex-D 12 Hour
cyproheptadine		Karbinal ER
desloratadine		Ryvent
epinephrine auto-injector (QL)		
fluticasone		
hydroxyzine		
ipratropium		
mometasone spray (QL)		
olopatadine		
promethazine		

ALZHEIMER'S DISEASE

donepezil	Mestinon syrup	Mestinon tablet
donepezil ODT	Namenda	Namenda
memantine	titration pack	Namenda XR
pyridostigmine		Namenda XR titration pack (QL)
pyridostigmine ER		Namzaric (QL)
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Effexor XR (ST, QL)
alprazolam ER		Fetzima (ST, QL)
alprazolam intensol		Forfivo XL (ST, QL)
alprazolam ODT		Onfi
alprazolam XR		Pristiq 50mg (ST)
amitriptyline		Pristiq 25mg, 100mg (ST, QL)
bupropion (QL)		Prozac (ST, QL)
bupropion SR (QL)		Sarafem (ST)
bupropion XL (QL)		Trintellix (ST)
bupirone		Viiibryd (ST)
citalopram (QL)		Wellbutrin SR (ST, QL)
clomipramine		Xanax
desvenlafaxine 50mg		Xanax XR
desvenlafaxine ER 25mg, 100mg (QL)		Zoloft (ST, QL)
diazepam		
duloxetine (QL)		
escitalopram (QL)		
fluoxetine (QL)		
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		

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

paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Arcapta Neohaler
budesonide	Advair HFA	Daliresp (QL)
ipratropium-albuterol	Anoro Ellipta	Pulmicort
levalbuterol HFA	Atrovent HFA	
montelukast	Breo Ellipta	
	Combivent	
	RespiMat	
	Incruse Ellipta	
	ProAir HFA	
	ProAir RespiClick	
	Pulmicort	
	Flexhaler	
	QVAR	
	QVAR Redihaler	
	Serevent Diskus	
	Spiriva	
	Spiriva RespiMat	
	Stiolto RespiMat	
	Striverdi	
	RespiMat	
	Symbicort	
	Trelegy Ellipta (ST)	
	Ventolin HFA	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine	Vyvanse	Adderall (ST)
dexmethylphenidate		Adderall XR (ST)
dexmethylphenidate ER		Adzenys ER (ST)
dextroamphetamine-amphetamine ER		Adzenys XR-ODT (ST)
dextroamphetamine-guanfacine ER		Aptensio XR (ST)
Metadate ER		Concerta (ST)
methylphenidate		Dyanavel XR (ST)
methylphenidate CD		Evekeo (ST)
		Focalin (ST)
		Focalin XR (ST)
		Methylin (ST)
		Quillichew ER (ST)
		Quillivant XR (ST)
		Ritalin (ST)
		Ritalin LA 10mg

Cigna Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER *(cont)*

methylphenidate ER	Ritalin LA (ST)
methylphenidate LA	Strattera

BLOOD MODIFIERS/BLEEDING DISORDERS

Droxia

BLOOD PRESSURE/HEART MEDICATIONS

Afeditab CR	Bystolic	Azor
amlodipine	Byvalson	Bayer Chewable
amlodipine- benazepril	Corlanor (PA)	Aspirin ⁺
amlodipine- olmesartan	Entresto (PA)	Benicar (ST)
amlodipine- valsartan	Multaq	Benicar HCT (ST)
amlodipine- valsartan-HCTZ	Nitro-Dur 0.3mg, 0.8mg	BiDil (QL)
Aspir 81 ⁺	Tekturina	Cardizem LA
Aspir-Low ⁺	Tekturina HCT	Coreg CR
atenolol		Cozaar (ST)
atenolol- chlorthalidone		Diovan (ST)
benazepril		Diovan HCT (ST)
benazepril-HCTZ		Edarbi (ST)
Bufferin ⁺		Edarbyclor (ST)
candesartan		Epaned (ST)
Cartia XT		Exforge
carvedilol		Hemangeol
clonidine		Hyzaar (ST)
Digitek		Inderal LA
Digox		Inderal XL
digoxin		Innopran XL
diltiazem		Lotrel
diltiazem CD		Micardis (ST)
diltiazem ER		Nitro-Dur 0.2mg, 0.4mg, 0.6mg
Dilt-XR		Nitrolingual
dofetilide (QL)		Nitromist
doxazosin		Norvasc
Ecotrin ⁺		Ranexa (ST, QL)
EcPirin ⁺		Tiazac
enalapril		Tikosyn (QL)
flecainide		Tribenzor
hydralazine		Vasotec (ST)
irbesartan		
isosorbide		
isosorbide ER		
labetalol		
lisinopril		
lisinopril-HCTZ		

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

losartan		
losartan-HCTZ		
Matzim LA		
metoprolol		
nadolol		
nifedipine		
nifedipine ER		
olmesartan		
olmesartan- amlodipine-HCTZ		
olmesartan-HCTZ		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
Taztia XT		
telmisartan		
telmisartan-HCTZ		
tri-buffered aspirin ⁺		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

aspirin- dipyridamole ER	Brilinta	Coumadin
clopidogrel	Eliquis	Effient
Jantoven	Xarelto	Pradaxa
prasugrel		Savaysa
warfarin		Zontivity

CANCER

anastrozole	Gleostine	Arimidex
exemestane		Fareston (QL)
letrozole		
mercaptopurine		
raloxifene ⁺		
tamoxifen ⁺		

CHOLESTEROL MEDICATIONS

atorvastatin	Welchol	Crestor (ST)
atorvastatin 10mg, 20mg ⁺		Livalo (ST)
ezetimibe		Vascepa
fenofibrate		Vytorin (ST)
fenofibric acid		Zetia

Cigna Standard 4-Tier Prescription Drug List

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

fluvastatin 20mg, 40mg+		
fluvastatin ER 80mg+		
lovastatin 20mg, 40mg+		
niacin ER		
Niacor		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin		
rosuvastatin 5mg, 10mg+		
simvastatin		
simvastatin 10mg, 20mg, 40 mg+		
simvastatin 80mg (QL)		
Triko		

CONTRACEPTIVE PRODUCTS

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

Aftera+	Beyaz	Ella+
Altavera+	Lo Loestrin FE	Estrostep FE
Alyacen+	NuvaRing	LoSeasonique
Amethia Lo+	Taytulla	Microgestin+
Amethia+		Minastrin 24 FE
Amethyst+		Seasonique
Apri+		
Aranelle+		
Ashlyna+		
Aubra+		
Aviane+		
Azurette+		
Balziva+		
Bekyree+		
Blisovi 24 FE+		
Blisovi FE+		
Briellyn+		
Camila+		
Camrese Lo+		
Camrese+		
Caya Contoured+		
Caziant+		
Chateal+		
Cryelle+		
Cyclafem+		
Cyred+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTIVE PRODUCTS (cont)

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

Dasetta+		
Daysee+		
Deblitane+		
Delyla+		
desogestrel-ethinyl estradiol+		
drospirenone-ethinyl estradiol		
drospirenone- ethinyl estradiol- levomefibrate+		
Econtra EZ+		
Elinest+		
Emoquette+		
Enpresse+		
Enskyce+		
Errin+		
Estarylla+		
ethynodiol-ethinyl estradiol+		
Falmina+		
Fayosim+		
FC2 Female Condom+		
Femcap+		
Femynor+		
Gianvi+		
Gildagia+		
Gynol II+		
Heather+		
Introvale+		
Isibloom+		
Jencycla+		
Jolessa+		
Jolivette+		
Juleber+		
Junel FE 24+		
Junel FE+		
Junel+		
Kaitlib FE+		
Kariva+		
Kelnor 1-35+		
Kimidess+		
Kurvelo+		
Larin 24 FE+		
Larin FE+		
Larin+		
Larissia+		
Leena+		

Cigna Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)		
All contraceptive products may be covered if you meet specific gender requirements.		
Lessina ⁺		
Levonest ⁺		
levonorgestrel-eth estradiol		
levonorgestrel- ethinyl estradiol ⁺		
Levora-28 ⁺		
Lillow ⁺		
Loryna ⁺		
Low-Ogestrel ⁺		
Lutera ⁺		
Lyza ⁺		
Marlissa ⁺		
medroxy- progesterone 150mg/ml ⁺		
Melodetta 24 FE ⁺		
Mibelas 24 FE ⁺		
Microgestin FE ⁺		
Mono-Linyah ⁺		
Mononessa ⁺		
My Way ⁺		
Myzitra ⁺		
Necon 0.5/35 ⁺		
Necon 7/7/7 ⁺		
Nikki ⁺		
Nora-BE ⁺		
norethindrone- ethinyl estradiol- ferrous fumarate ⁺		
norethindrone- ethinyl estradiol ⁺		
norethindrone ⁺		
norgestimate- ethinyl estradiol ⁺		
Norgestrel/ethinyl estradiol ⁺		
Norlyda ⁺		
Norlyroc ⁺		
Nortrel ⁺		
Nuvaring ⁺		
Ocella ⁺		
Opcicon One-Step ⁺		
Option 2 ⁺		
Orsythia ⁺		
Philith ⁺		
Pirmella ⁺		
Portia ⁺		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)		
All contraceptive products may be covered if you meet specific gender requirements.		
Previfem ⁺		
Quasense ⁺		
Rajani ⁺		
Reclipsen ⁺		
Rivelsa ⁺		
Setlakin ⁺		
Sharobel ⁺		
Sprintec ⁺		
Sronyx ⁺		
Syeda ⁺		
Tarina FE ⁺		
Tilia FE ⁺		
Today Contraceptive Sponge ⁺		
Tri Femynor ⁺		
Tri-Estarylla ⁺		
Tri-Legest FE ⁺		
Tri-Linyah ⁺		
Tri-Lo-Estarylla ⁺		
Tri-Lo-Marzia ⁺		
Tri-Lo-Sprintec ⁺		
Tri-Previfem ⁺		
Tri-Sprintec ⁺		
Trinessa Lo ⁺		
Trinessa ⁺		
Trivora-28 ⁺		
VCF ⁺		
Velivet ⁺		
Vestura ⁺		
Vienva ⁺		
Viorele ⁺		
Vyfemia ⁺		
Wera ⁺		
Wide Seal Diaphragm ⁺		
Wymzya FE ⁺		
Xulane ⁺		
Zarah ⁺		
Zenchant ⁺		
Zovia 1-35e ⁺		
Zovia 1-50e ⁺		

Cigna Standard 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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COUGH/COLD MEDICATIONS

benzonatate		Flowtuss (QL)
Bromfed DM		Hycofenix (QL)
brompheniramine- pseudoephedrine- DM		Tuzistra XR (QL)
hydrocodone- chlorpheniramine ER (QL)		
hydrocodone- homatropine (QL)		
Hydromet (QL)		
promethazine- codeine (QL)		
Tussigon (QL)		

DENTAL PRODUCTS

chlorhexidine rinse		Fluorabon
doxycycline		
fluoride		
Fluoritab		
Flura-Drops		
Ludent Fluoride		
Oralone		
Paroex		
Peridex		
Periogard		
sodium fluoride		
triamcinolone paste		

DIABETES

BD insulin syringes/ pen needles	Basaglar	Cycloset
glimepiride	Bydureon (QL)	Glucophage
glipizide	Byetta	Glucophage XR
glipizide ER	Farxiga	Riomet
glipizide XL	GlucaGen	VGo
metformin	HypoKit (QL)	
metformin ER	Glucagon	
(generic of Glucophage XR)	Emergency Kit (QL)	
NovoFine	Glyxambi	
NovoTwist	Humalog	
	Humulin	
	Janumet	
	Janumet XR	
	Januvia	
	Jardiance	
	Kombiglyze XR	
	Levemir	
	OneTouch test strips and meters	

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

	Onglyza	
	QTERN	
	Soliqua	
	SymlinPen	
	Synjardy	
	Synjardy XR	
	Tresiba	
	Trulicity (QL)	
	Xigduo XR	
	Xultophy	

DIURETICS

acetazolamide	Diuril	Dyazide
chlorthalidone	Dyrenium	Lasix
eplerenone		Maxzide
furosemide		
hydrochlorothiazide		
spironolactone		
triamterene-HCTZ		

EAR MEDICATIONS

neomycin- polymyxin- hydrocortisone	Cipro HC	
ofloxacin	Ciprodex	

ERECTILE DYSFUNCTION

sildenafil (QL)	Cialis (QL)	Levitra (ST, QL)
	Muse (QL)	Staxyn (ST, QL)
		Viagra (ST, QL)

EYE CONDITIONS

azelastine	Alphagan P 0.1%	Acuvail
bacitracin	Azasite	Alphagan P 0.15%
brimonidine	Azopt	Alrex
ciprofloxacin	Betimol	Bepreve
dorzolamide-timolol	Betoptic S	Besivance
erythromycin	Lotemax drops, suspension	Bromsite
fluorometholone	Moxeza	Combigan
gatifloxacin	Pazeo	Cosopt PF
ketorolac	Restasis	Durezol
latanoprost	Simbrinza	Ilevro
moxifloxacin	Tobradex	Lotemax ointment
neomycin- polymyxin- dexamethasone	Tobradex ointment	Lumigan
ofloxacin	Travatan Z	Nevanac
olopatadine	Xiidra	Pataday
polymyxin B sul- trimethoprim		Patanol
		Prolensa
		Tobradex drops
		Tobradex ST
		Vigamox

Cigna Standard 4-Tier Prescription Drug List

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

prednisolone		Xalatan
timolol		Zioptan (ST, QL)
tobramycin		Zirgan
tobramycin-dexamethasone		Zylet

FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
miconazole 3		Terazol 7
terconazole		

GASTROINTESTINAL/HEARTBURN

Alophen ⁺	Apriso	Aciphex (ST, QL)
Anucort-HC	Canasa	Aciphex Sprinkle (QL)
balsalazide	Carafate	Amitiza
Bisa-Lax ⁺	suspension	Carafate tablet
bisacodyl ⁺	Creon	Clenpiq
chlordiazepoxide-clidinium	Dexilant (QL)	CoLyte with flavor packets ⁺
Clearlax ⁺	GoLYTELY packet	Correctol ⁺
dicyclomine	Pentasa	Diclegis
diphenoxylate-atropine	Transderm-Scop	Donnatal
dronabinol	Zenpep	Dulcolax ⁺
Ducodyl ⁺		Gialax ⁺
esomeprazole (QL)		GoLYTELY solution ⁺
famotidine		Kristalose
Gavilax ⁺		Lialda (ST)
Gavilyte-C ⁺		Linzess
Gavilyte-G ⁺		Miralax ⁺
Gavilyte-N ⁺		Movantik (PA)
GentleLax ⁺		MoviPrep ⁺
Glycolax ⁺		Nexium 2.5mg, 5mg, 10mg packet (QL)
HealthyLax ⁺		Nexium 20mg (ST)
Hemmorex-HC		Nexium 40mg (ST, QL)
hydrocortisone suppository		Nulytely with flavor packets ⁺
lansoprazole (QL)		OsmoPrep ⁺
lansoprazole-amoxicillin-clarithromycin (combo pak)		Pancreaze
LaxaClear ⁺		Pertzye
mesalamine enema, 1.2gm tablet		Prepopik ⁺
metoclopramide		Prevacid (ST, QL)
metoclopramide ODT		Protonix (ST, QL)
		Rectiv
		Relistor (PA)
		Sancuso (PA, QL)
		sfRowasa

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

Natura-Lax ⁺		Suprep ⁺
omeprazole (QL)		Symproic (PA)
ondansetron		Viberzi
ondansetron ODT		Viokace
pantoprazole (QL)		
PEG 3350-electrolyte ⁺		
PEG-Prep ⁺		
Phenadoz		
Powderlax ⁺		
promethazine suppository		
Promethegan		
Purelax ⁺		
rabeprazole (QL)		
ranitidine		
Smooth LAX ⁺		
sucalfate		
TriLyte with flavor packets ⁺		
ursodiol		

HORMONAL AGENTS

Amabelz	Androderm	Activella
budesonide EC	(PA, QL)	Alora (QL)
cabergoline (QL)	AndroGel	AndroGel 1.0% (PA, QL)
Covaryx	1.62%(PA, QL)	Angeliq
Covaryx H.S.	Armour Thyroid	Armour Thyroid
desmopressin	Cytomel 500mcg	15mg
dexamethasone	Divigel	Climara
dexamethasone intensol	Duavee	Climara Pro
EEMT	Estring (QL)	Combipatch
EEMT H.S.	Levo-T	Cytomel 5mcg, 25mcg
estradiol (QL)	Premarin	Deltasone
estradiol-norethindrone	Premphase	Depo-Testosterone
estrogen-methyltestosterone	Prempro	Elestrin
levothyroxine	Unithroid	Entocort EC
Levoxyl		Estrace
liothyronine		Estrogel
Locort		Evamist
medroxy-progesterone		Femring
methimazole		Menostar (QL)
methylprednisolone		Minivelle (QL)
Millipred		Osphena
Millipred DP		Royaldee
		Striant (PA, QL)
		Tirosint

Cigna Standard 4-Tier Prescription Drug List

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HORMONAL AGENTS (cont)

Mimvey		Vagifem (QL)
Mimvey Lo		Vivelle-Dot (QL)
Nature-Throid		
norethindrone		
NP Thyroid		
prednisolone		
prednisolone ODT		
prednisone		
prednisone intensol		
progesterone		
testosterone (PA, QL)		
testosterone cypionate		
Thyroid		
Unithroid 75mcg		
Westhroid		
WP Thyroid		
yuvaferm (QL)		

INFECTIONS

acyclovir	Albenza	Alinia
amoxicillin	Biltricide	Bactrim
amoxicillin- clavulanate ER	Ceftin	Bactrim DS
amoxicillin- clavulanate	Cipro	Cleocin
atovaquone	E.E.S. 400	Clindesse
Avidoxy	Ery-Tab 333mg, 500mg	Cresemba (PA)
azithromycin	Uretron D-S	Dificid (PA)
cefдинир	Vibramycin syrup	Eryped 200
cefixime		Ery-Tab 250mg
cefuroxime		Monurol
cephalexin		Noxafil
ciprofloxacin		PCE
clarithromycin		Plaquenil
clarithromycin ER		Sulfatrim
clindamycin		Suprax
Coremino		Tamiflu (QL)
dapsone		Uribel
doxycycline		Urogesic-Blue
doxycycline IR-DR		UTA
doxycycline monohydrate		Valtrex
Emverm		Vibramycin capsule, suspension
erythromycin		Xifaxan
famciclovir		Zithromax
fluconazole		Zmax
hydroxychloroquine		

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

itraconazole		
levofloxacin		
metronidazole		
minocycline		
minocycline ER		
Mondoxyme NL		
Morgidox capsule		
moxifloxacin tablet		
nitrofurantoin		
nystatin		
Okebo		
oseltamivir (QL)		
penicillin V		
sulfamethoxazole- trimethoprim		
terbinafine		
tetracycline		
tinidazole		
valacyclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

INFERTILITY

clomiphene		Crinone
		Endometrin

MISCELLANEOUS

disulfiram		Addyi (QL)
NebuSal 3%		Hyper-Sal
PulmoSal		NebuSal 6%
sodium chloride		Nuedexta (QL)
TechLITE lancets		

NUTRITIONAL/DIETARY

calcitriol	Bio-D-Mulsion ⁺	Auryxia (QL)
calcium	Bio-D-Mulsion	CitraNatal Bloom
cyanocobalamin	Forte ⁺	Concept DHA
injection	CitraNatal	Feriva 21-7
D-Vi-Sol ⁺	Escavite ⁺	Ferralet 90
D3-2000 ⁺	Escavite D ⁺	Fosrenol tablet
D3-50 ⁺	Fosrenol powder	Integra Plus
Decara ⁺	Just D ⁺	Irospan
Delta D3 ⁺	Klor-Con M15	Klor-Con 8, 10
Dialyvite Vitamin D ⁺	K-Tab ER 20mEq	K-Tab ER 8mEq, 10mEq
Dialyvite Vitamin D3 Max ⁺	Maximum D3 ⁺	KPN ⁺
FA-8 ⁺	Mephyton	Phoslyra
folic acid ⁺	MVC-fluoride ⁺	Renagel
	Nascobal	

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NUTRITIONAL/DIETARY (cont)

Klor-Con	Nestabs DHA	Renvela
Klor-con M10, M20	OB Complete	Velphoro
Klor-Con Sprinkle	Optimal D3 M+	Veltassa
lanthanum carbonate	Poly-Vi-Flor+	
levocarnitine	Prefera-OB	
multivitamin with fluoride	Prenate	
multivitamin-iron-fluoride+	Quflora+	
Optimal D3+	Replesta+	
Perry Prenatal+	Replesta NX+	
PNV-DHA	Texavite LQ+	
Poly-Vi-Flor With Iron+	Tristart DHA	
polyvitamins-fluoride+	Tri-Vi-Flor+	
potassium chloride	Urosex+	
Prena1 Pearl	Vitafof	
prenatal vitamin+	VitaMedMD One Rx	
Prenatal+	VitaPearl	
Right Step+	VP-PNV-DHA	
sevelamer		
sodium fluoride+		
Super Daily D3+		
Thera-D+		
tri-vitamin with fluoride-iron+		
tri-vitamin with fluoride+		
Virt-PN DHA		
Vitajoy Daily D+ vitamin D-400+		
vitamin D2		
vitamin D3+		
vitamins A, C, D and fluoride+		
Zatean-PN DHA		

OSTEOPOROSIS PRODUCTS

alendronate	Actonel (ST)
alendronate 40mg (QL)	Atelvia (ST)
ibandronate	Fosamax Plus D (ST)
raloxifene	
risedronate	
risedronate DR	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA, QL)	Colcrys	Abstral (PA, QL)
acitretin	Embeda (PA, QL)	Actiq (PA, QL)
allopurinol	Hysingla ER (PA, QL)	Analpram HC
baclofen	Nucynta (PA, QL)	Butrans (QL)
buprenorphine (QL)	Proctofoam-HC	Celebrex (ST, QL)
butalbital-acetaminophen-caffeine-codeine (PA, QL)	Savella	Duragesic (PA, QL)
butalbital-acetaminophen-caffeine (QL)	Subsys (PA, QL)	Esgic (QL)
carisoprodol	Uloric	Fentora (PA, QL)
celecoxib (QL)	Xtampza ER (PA, QL)	Fexmid
colchicine		Flector (ST, QL)
cyclobenzaprine		Lazanda (PA, QL)
DermacinRx Empricaine		Lidoderm
DermacinRx Prizopak		Maxalt (QL)
diclofenac 1% gel (QL)		Maxalt MLT (QL)
diclofenac ER		Mitigare
diclofenac-misoprostol		Nucynta ER (PA, QL)
dihydroergotamine (QL)		Onzetra Xsail (QL)
eletriptan (QL)		Oxaydo (PA, QL)
Endocet (PA, QL)		Pennsaid (ST)
etodolac		Percocet (PA, QL)
etodolac ER		Procort
fenoprofen		Relpax (QL)
Fenortho (ST)		Voltaren (ST, QL)
fentanyl patch (PA, QL)		Zebutal (QL)
Fioricet (QL)		Zohydro ER (PA, QL)
frovatriptan (QL)		
Glydo		
hydrocodone-acetaminophen (PA, QL)		
hydromorphone (PA, QL)		
hydromorphone ER (PA, QL)		
ibuprofen		
indomethacin		
indomethacin ER		

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

ketorolac (QL)		
leflunomide		
lidocaine 5% ointment (QL)		
lidocaine viscous		
lidocaine-prilocaine		
lidopril		
lidopril XR		
LiproZonePak		
Livixil Pak		
Lorcet (PA, QL)		
Lorcet HD (PA, QL)		
Lorcet Plus (PA, QL)		
Lortab (PA, QL)		
Medolor Pak		
meloxicam		
Metaxall		
metaxalone		
methocarbamol		
morphine (PA, QL)		
morphine ER (PA, QL)		
nabumetone		
naproxen		
naproxen DS		
oxycodone (PA, QL)		
oxycodone ER (PA, QL)		
oxycodone- acetaminophen (PA, QL)		
oxymorphone (PA, QL)		
oxymorphone ER (PA, QL)		
Prilolid		
Primlev (PA, QL)		
Profeno		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
Tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Verdrocet (PA, QL)		
Vicodin (PA, QL)		

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

Vicodin ES (PA, QL)		
Vicodin HP (PA, QL)		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		

PARKINSON'S DISEASE

amantadine	Azilect	Mirapex
benzotropine		Mirapex ER
bromocriptine		Neupro
carbidopa-levodopa		Rytary
carbidopa-levodopa ER		Sinemet
pramipexole		Sinemet CR
pramipexole ER		Tasmar
rasagiline		Xadago
ropinirole		
ropinirole ER		

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole		Fanapt 12mg (ST)
aripiprazole ODT		Fanapt (ST, QL)
chlorpromazine		Latuda (ST)
haloperidol		Rexulti (ST)
olanzapine		Saphris (ST)
olanzapine ODT		Seroquel (ST)
olanzapine- fluoxetine		Seroquel XR (ST)
paliperidone ER		Vraylar (ST)
quetiapine		
quetiapine ER		
risperidone		
risperidone ODT		
ziprasidone		

SEIZURE DISORDERS

carbamazepine	Dilantin 30mg	Aptiom
carbamazepine ER	Lamictal ODT	Banzel (QL)
clonazepam	Lamictal XR start kit	Briavact
divalproex	Lyrca	Carbatrol
divalproex ER	Vimpat	Depakote
Epitol		Depakote ER
gabapentin		Dilantin 50mg, 100mg, suspension
lamotrigine		Fycompa
lamotrigine ER		Keppra
lamotrigine ODT		Keppra XR
levetiracetam		Lamictal
levetiracetam ER		Lamictal XR

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SEIZURE DISORDERS (cont)

oxcarbazepine		Oxtellar XR
Roweepra		Phenytek
topiramate		Qudexy XR
topiramate ER 50mg capsule		Spritam
		Tegretol
		Tegretol XR
		Topamax
		topiramate ER capsule (25mg, 100mg, 150mg, 200mg)
		Trileptal
		Trokendi XR

SKIN CONDITIONS

acitretin	Aczone 7.5%	Acanya
adapalene (PA)	Azelex	Aczone 5%
Ala-Cort 2.5%	Denavir (QL)	Atralin (PA)
Amnesteem (QL)	Drysol	Desonate (ST)
AVAR cleanser	Epiduo Forte	Desowen (ST)
AVAR-E cream	Eucrisa	Ecoza
BP 10-1	Exelderm	Efudex
calcipotriene	Finacea	Elidel
calcipotriene- betamethasone DP	Fluoroplex	Enstilar
calcitrene	Naftin gel	Epiduo
Claravis (QL)	Santyl (QL)	Fabior
Clindacin ETZ	Tazorac gel, 0.05% cream	Hydro 35
Clindacin P		Hydro 40
clindamycin		Naftin cream
clindamycin- benzoyl peroxide		Nizoral
clindamycin- tretinoin		Onexton
clobetasol		Picato
Clodan shampoo		Retin-A Micro (PA)
clotrimazole- betamethasone		Sklice
desonide		Soolantra
doxepin		Taclonex ointment
econazole		Tazorac 0.1% cream
flucinonide		Tolak
fluorouracil		Topicort (ST)
hydrocortisone		Tridesilon (ST)
imiquimod		Umecta
ketoconazole		Uramaxin
metronidazole		Veltin
mupirocin		Xolegel
Myorisan (QL)		
Neuac gel		

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SKIN CONDITIONS (cont)

nystatin- triamcinolone		
oxiconazole		
Permethrin		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		
Rosadan		
Rosanil		
Scalacort lotion		
sulfacetamide-sulfur		
SSS 10-5		
SulfaCleanser 8-4		
tacrolimus ointment		
tretinoin cream, gel (PA)		
triamcinolone topical		
Triderm		
Zenatane (QL)		

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	Belsomra (ST)	Rozerem (ST, QL)
eszopiclone	Silenor (ST)	
modafinil (PA)		
temazepam		
zolpidem		
zolpidem ER		

SMOKING CESSATION

bupropion SR (generic of Zyban) ⁺	Chantix	Nicorette ⁺
NicoDerm CQ ⁺	Nicotrol	Zyban
Nicorelief ⁺	Nicotrol NS	
nicotine gum ⁺		
nicotine lozenge ⁺		
nicotine patch ⁺		
Quit 2 ⁺		
Quit 4 ⁺		

SUBSTANCE ABUSE

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

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URINARY TRACT CONDITIONS

cevimeline	Elmiron	Avodart
darifenacin ER		Jalyn
dutasteride		Pyridium
finasteride		Rapaflo
oxybutynin		
oxybutynin ER		
phenazopyridine		
potassium citrate ER		
tamsulosin		
tolterodine		
tolterodine ER		
tropium		
tropium ER		

WEIGHT MANAGEMENT

Lomaira		Belviq
phentermine		Belviq XR
		Contrave
		Qsymia
		Saxenda

Specialty medications

The medications listed below are typically covered on Tier 4. All of these medications require approval from Cigna before they may be covered by your plan.

DRUG NAME	DRUG CLASS
abacavir-lamivudine**	AIDS/HIV
Actemra* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Adcirca** (PA)	ASTHMA/COPD/RESPIRATORY
Adempas** (PA)	ASTHMA/COPD/RESPIRATORY
Afinitor** (PA)	CANCER
Akynzeo** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Alecensa** (PA)	CANCER
alosetron**	GASTROINTESTINAL/HEARTBURN
Amicar**	BLOOD MODIFIERS/BLEEDING DISORDERS
Ampyra** (PA)	MULTIPLE SCLEROSIS
Apokyn* (PA)	PARKINSON'S DISEASE
Aranesp* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Aranesp* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Astagraf XL**	TRANSPLANT MEDICATIONS
Atripla**	AIDS/HIV
Aubagio** (PA)	MULTIPLE SCLEROSIS
Avonex* (PA)	MULTIPLE SCLEROSIS
azathioprine**	TRANSPLANT MEDICATIONS
Baraclude solution*	INFECTIONS
Baraclude tablet**	INFECTIONS
Benlysta* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Betaseron* (PA)	MULTIPLE SCLEROSIS
bexarotene** (PA)	CANCER
Bosulif** (PA)	CANCER
Cabometyx** (PA)	CANCER
capecitabine** (PA)	CANCER
Carbaglu**	MISCELLANEOUS
Cayston*	INFECTIONS
Cellcept**	TRANSPLANT MEDICATIONS
Cerdelga** (PA)	MISCELLANEOUS
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN
Cimzia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cometriq** (PA)	CANCER
Complera**	AIDS/HIV
Cosentyx* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cosentyx* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cotellic** (PA)	CANCER
Cuprimine** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

DRUG NAME	DRUG CLASS
Cystagon**	URINARY TRACT CONDITIONS
Cystaran* (QL)	EYE CONDITIONS
Daraprim** (PA)	INFECTIONS
Depen** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Descovy**	AIDS/HIV
Duopa*	PARKINSON'S DISEASE
Dupixent* (PA)	SKIN CONDITIONS
Egrifta* (PA)	HORMONAL AGENTS
Emflaza** (PA)	HORMONAL AGENTS
Enbrel* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir**	INFECTIONS
Envarsus XR**	TRANSPLANT MEDICATIONS
Epclusa** (PA)	INFECTIONS
Epogen* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Erivedge** (PA)	CANCER
Esbriet** (PA)	MISCELLANEOUS
Evotaz**	AIDS/HIV
Exjade**	MISCELLANEOUS
Extavia* (PA)	MULTIPLE SCLEROSIS
Ferriprox**	MISCELLANEOUS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Follistim AQ*	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Forteo*	HORMONAL AGENTS
Fragmin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Ganirelix*	HORMONAL AGENTS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Genvoya**	AIDS/HIV
Gilenya** (PA)	MULTIPLE SCLEROSIS
Gilotrif** (PA)	CANCER
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Gleevec** (PA)	CANCER
Granix*	BLOOD MODIFIERS/BLEEDING DISORDERS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Harvoni** (PA)	INFECTIONS
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ibrance** (PA)	CANCER
Iclusig** (PA)	CANCER
Ilaris* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

DRUG NAME	DRUG CLASS
imatinib** (PA)	CANCER
Imbruvica** (PA)	CANCER
Inlyta** (PA)	CANCER
Intelence**	AIDS/HIV
Intron A* (PA)	CANCER
Isentress HD**	AIDS/HIV
Isentress**	AIDS/HIV
Jadenu**	MISCELLANEOUS
Jakafi** (PA)	CANCER
Kalydeco** (PA)	ASTHMA/COPD/RESPIRATORY
Kineret* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kisqali** (PA)	CANCER
Kitabis Pak*	INFECTIONS
Korlym** (PA)	DIABETES
Kuvan** (PA)	MISCELLANEOUS
Kynamro* (PA)	CHOLESTEROL MEDICATIONS
lamivudine-zidovudine**	AIDS/HIV
Lenvima** (PA)	CANCER
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY
Lonsurf** (PA)	CANCER
Lupron Depot* (PA)	HORMONAL AGENTS
Lynparza** (PA)	CANCER
Mavyret** (PA)	INFECTIONS
Mekinist** (PA)	CANCER
Menopur*	INFERTILITY
methotrexate*	CANCER
methotrexate**	CANCER
Myalept* (PA)	MISCELLANEOUS
mycophenolic acid**	TRANSPLANT MEDICATIONS
Myfortic**	TRANSPLANT MEDICATIONS
Natpara* (PA)	HORMONAL AGENTS
Neoral**	TRANSPLANT MEDICATIONS
Neulasta* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
nevirapine ER**	AIDS/HIV
nevirapine**	AIDS/HIV
Nexavar** (PA)	CANCER
Ninlaro** (PA)	CANCER
Nityr** (PA)	MISCELLANEOUS
Northera** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Norvir**	AIDS/HIV
Ocaliva** (PA)	GASTROINTESTINAL/HEARTBURN
Odefsey**	AIDS/HIV

DRUG NAME	DRUG CLASS
Ofev** (PA)	ASTHMA/COPD/RESPIRATORY
Opsumit** (PA)	ASTHMA/COPD/RESPIRATORY
Orencia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Orenitram ER** (PA)	ASTHMA/COPD/RESPIRATORY
Orfadin** (PA)	MISCELLANEOUS
Orkambi** (PA)	ASTHMA/COPD/RESPIRATORY
Otezla** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Pegasys* (PA)	INFECTIONS
PegIntron* (PA)	INFECTIONS
Plegridy* (PA)	MULTIPLE SCLEROSIS
Pomalyst** (PA)	CANCER
Praluent* (PA)	CHOLESTEROL MEDICATIONS
Prezcobix**	AIDS/HIV
Prezista**	AIDS/HIV
Procrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Procysbi** (PA)	URINARY TRACT CONDITIONS
Prograf**	TRANSPLANT MEDICATIONS
Promacta** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Pulmozyme** (PA)	ASTHMA/COPD/RESPIRATORY
Purixan**	CANCER
Rasuvo* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ravicti**	GASTROINTESTINAL/HEARTBURN
Rebif* (PA)	MULTIPLE SCLEROSIS
Relistor (PA)	GASTROINTESTINAL/HEARTBURN
Remicade* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Repatha* (PA)	CHOLESTEROL MEDICATIONS
Revatio** (PA)	ASTHMA/COPD/RESPIRATORY
Revlimid** (PA)	CANCER
Reyataz**	AIDS/HIV
Rubraca** (PA)	CANCER
Sabril**	SEIZURE DISORDERS
Samsca**	DIURETICS
Sandostatin LAR Depot* (PA)	HORMONAL AGENTS
Selzentry**	AIDS/HIV
Sensipar**	GASTROINTESTINAL/HEARTBURN
Serostim* (PA)	HORMONAL AGENTS
Simponi* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
Skyla*	CONTRACEPTIVE PRODUCTS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS

DRUG NAME	DRUG CLASS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Stivarga** (PA)	CANCER
Strensiq* (PA)	MISCELLANEOUS
Stribild**	AIDS/HIV
Sucraid*	GASTROINTESTINAL/HEARTBURN
Sustiva**	AIDS/HIV
Sutent** (PA)	CANCER
Sylatron** (PA)	CANCER
Syprine** (PA)	MISCELLANEOUS
tacrolimus**	TRANSPLANT MEDICATIONS
Tafinlar** (PA)	CANCER
Tagrisso** (PA)	CANCER
Taltz* (PA)	SKIN CONDITIONS
Tarceva** (PA)	CANCER
Targretin gel*	SKIN CONDITIONS
Targretin** (PA)	CANCER
Tasigna** (PA)	CANCER
Tecfidera** (PA)	MULTIPLE SCLEROSIS
temozolomide* (PA)	CANCER
tetrabenazine** (PA)	MISCELLANEOUS
Thalomid** (PA)	INFECTIONS
Thiola**	URINARY TRACT CONDITIONS
Tivicay**	AIDS/HIV
Tobi Podhaler**	INFECTIONS
tobramycin*	INFECTIONS
Tracleer** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Tremfya* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Trexall**	CANCER
Triumeq**	AIDS/HIV
Truvada**	AIDS/HIV
Tykerb** (PA)	CANCER
Tymlos*	OSTEOPOROSIS PRODUCTS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY
Upravi** (PA)	ASTHMA/COPD/RESPIRATORY
Varubi** (PA, QL)	GASTROINTESTINAL/HEARTBURN
Vemlidy**	INFECTIONS
Verzenio** (PA)	CANCER
Viread**	AIDS/HIV
Vosevi** (PA)	INFECTIONS

DRUG NAME	DRUG CLASS
Votrient** (PA)	CANCER
Xalkori** (PA)	CANCER
Xeljanz XR** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeljanz** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xenazine** (PA)	MISCELLANEOUS
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Xtandi** (PA)	CANCER
Xyrem** (PA)	SLEEP DISORDERS/SEDATIVES
Zarxio*	BLOOD MODIFIERS/BLEEDING DISORDERS
Zavesca** (PA)	MISCELLANEOUS
Zejula** (PA)	CANCER
Zelboraf** (PA)	CANCER
Zepatier** (PA)	INFECTIONS
Zinbryta* (PA)	MULTIPLE SCLEROSIS
Zorbtive* (PA)	HORMONAL AGENTS
Zortress**	TRANSPLANT MEDICATIONS
Zytiga** (PA)	CANCER

Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay the full cost of the medication. **We want you to know your plan covers other medications that offer similar health outcomes.**^^ We've listed some below. **You should call your doctor's office to talk about your options.**

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto injector	
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g., fluticasone)	
	QNASL Children	budesonide fluticasone triamcinolone	
	ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil	clomipramine
		Aplenzin	bupropion XL
		Ativan	lorazepam
		Cymbalta	duloxetine
Lexapro		escitalopram	
Pamelor		nortriptyline	
Parnate		tranylcypromine	
Pexeva		paroxetine	
Tofranil		imipramine	
Wellbutrin XL	bupropion XL		
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco ArmonAir RespiClick Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA	QVAR/QVAR Redihaler	
	Bevespi Utibron Neohaler	Anoro Ellipta	
	Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort	
	Elixophyllin	theophylline oral solution	
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA ProAir RespiClick	
	Seebri Neohaler Tudorza Pressair	Spiriva Spiriva Respimat	
	Zyflo	montelukast zafirlukast	
	Zyflo CR	zileuton ER	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT	dexamethylphenidate ER methylphenidate ER/CD/LA
	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
	Mydayis	dextroamphetamine ER amphetamine/dextroamphetamine ER
BLOOD PRESSURE/HEART MEDICATIONS	Betapace	sotalol
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Isordil Isordil Titradoso	isosorbide dinitrate
	Lanoxin	Digitex digoxin
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	IR or EC aspirin
CANCER	Nilandron	nilutamide
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Lipitor	atorvastatin
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER promethazine-codeine
DENTAL PRODUCTS	Arestin	minocycline/ER
DIABETES	Accu-Chek, Contour, Freestyle, all other test strips and meters	OneTouch test strips and meters
	Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	Fortamet Glumetza metformin ER (generic Fortamet and Glumetza)	metformin ER (generic Glucophage XR)
	Invokamet Invokamet XR	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga
	Jentadueto Jentadueto XR Kazano Nesina Oseni Tradjenta	Janumet, Janumet XR
	Lantus Toujeo SoloStar	Basaglar, Levemir, Tresiba
	Tanzeum Victoza	Byetta Bydureon Trulicity

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide	
GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository	
	Asacol-HD Colazal Delzicol Dipentum Giazo mesalamine 800mg tablet	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR	
	Librax	chlordiazepoxide-clidinium	
	Lotronex	alosetron	
	Marinol	dronabinol	
	Nexium	esomeprazole	
	Omeclamox-Pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)	
	OmePPI omeprazole-bicarbonate	omeprazole	
	Pepcid	famotidine	
	Prevacid Solutab	lansoprazole	
	Rowasa	mesalamine enema	
	Syndros	dronabinol	
	Trulance	Amitiza, Linzess	
	Zegerid	omeprazole	
	Zofran	ondansetron	
	Zofran ODT	ondansetron ODT	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Fortesta Natesto Testim Vogelxo	AndroGel 1.62% testosterone
		DDAVP	desmopressin
		Dexpak Zonacort Zodex	dexamethasone
Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton		Humatrope (PA)	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
HORMONAL AGENTS (<i>cont</i>)	Hectorol	doxercalciferol	
	Rayos	prednisone prednisone intensol	
	Uceris tablet	budesonide EC	
INFECTIONS	Acticlate Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule Ximino	Generic products (e.g., doxycycline; minocycline)	
	Augmentin/ES/XR	amoxicillin-clavulanate ER	
	Bethkis Tobi	Kitabis Pak tobramycin	
	Diflucan	fluconazole	
	E.E.S. 200 Eryped 400	erythromycin ethylsuccinate	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Onmel	itraconazole terbinafine	
	Sitavig	acyclovir	
	Sporanox	itraconazole	
	Targadox	tobramycin	
	Valcyte	valganciclovir	
	Vancocin	vancomycin	
	Zovirax	acyclovir	
	INFERTILITY	Bravelle Gonal-F	Follistim AQ (PA)
	MISCELLANEOUS	Horizant	gabapentin
MULTIPLE SCLEROSIS	Copaxone	Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Rebif, Tecfidera	
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants	
	Belbuca	buprenorphine	
	Bupap	butalbital-acetaminophen Tencon	
	Cambia diclofenac 1.5% drops Duexis Naprelan naproxen CR naproxen ER Pennsaid Tivorbex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)	
	Conzip	tramadol tramadol ER	
	D.H.E. 45	dihydroergotamine	
	Duzallo	allopurinol, probenecid, Uloric	
	Gralise	gabapentin	
	Imitrex Sumavel DosePro Zembrace SymTouch	sumatriptan	
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)	
	Lorzone	chlorzoxazone	
	Migranal	dihydroergotamine	
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)	
	Roxicodone	oxycodone	
	Sprix	ketorolac	
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)	
	Vanatol LQ	butalbital-acetaminophen-caffeine	
	Zomig	zolmitriptan sumatriptan	
	Zomig ZMT	zolmitriptan ODT	
	PARKINSON'S DISEASE	Gocovri	amantadine
		Lodosyn	carbidopa
Requip XL		ropinirole ER	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole	
	Fazaclo Versacloz	clozapine clozapine ODT	
	Geodon	ziprasidone	
	Zyprexa	olanzapine	
	Zyprexa Zydis	olanzapine ODT	
SEIZURE DISORDERS	Mysoline	primidone	
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane	
	Aldara	imiquimod cream	
	Anusol-HC cream	hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS (<i>cont</i>)	Bensal HP	salicylic acid
	Benzaclin Duac Neuac Kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Cutivate	Generic topical steroid (e.g. betamethasone)
	diclofenac 3% gel Solaraze	Fluoroplex fluorouracil imiquimod Picato
	Ertaczo Extina Luzu Vusion	ketoconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Locoid Locoid Lipocream	hydrocortisone
	Loprox cream, kit	ciclopirox
	Noritate	metronidazole Rosadan
	Oxistat	clotrimazole econazole ketoconazole
	Penlac	Ciclodan ciclopirox
	Plexion	sodium sulfacetamide-sulfur
	Prudoxin Zonalon	doxepin
	Salex	salicylic acid
	Sernivo	clobetasol triamcinolone
	Siliq	Enbrel (PA) Humira (PA) Remicade (PA) Stelara (PA)
	Soriatane	acitretin
	Trianex	triamcinolone Triderm

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS (<i>cont</i>)	Ultravate lotion	clobetasol
	Vanos	fluocinonide
	Verdeso	desonide
	Xerese	acyclovir hydrocortisone
	Zovirax cream, ointment	acyclovir
	Ziana	clindamycin-tretinoin
	Zyclara	imiquimod
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Edluar	
	Intermezzo	
	Nuvigil	armodafinil
Provigil	modafinil	
Restoril	temazepam	
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Detrol	darifenacin ER
	Detrol LA	oxybutynin ER
	Ditropan XL	tolterodine ER
	Enablex	trospium ER
	Gelnique	
	Myrbetriq	
	Oxytrol	
	Toviaz	
	VESIcare	

^^ These medications require approval from Cigna before they may be covered by your plan. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Prescription drug list FAQs

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

Why do you make changes to the drug list?

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

- 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 requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

It's important to know that when a medication changes tiers or is no longer covered, you may pay a different amount to fill that medication.

Why doesn't my plan cover certain medications?

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

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

How do you decide which medications are covered?

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

Which medications are covered under the health care reform law?

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

For more information about health care reform, visit www.informedonreform.com or Cigna.com.

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

Newly approved medications may not be covered on your drug list for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices covered under standard pharmacy benefit plans. We review all newly approved medications to determine if they should be covered – and if so, at what tier level.

Prescription drug list FAQs (cont)

If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

Use the Drug Cost tool on the **myCigna** website or app to estimate how much your medication may cost and view lower cost² alternatives, if available.

How can I save money on my prescription medications?

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

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

The FDA requires generic equivalent medications to have the same quality and performance as brand name medications. A generic equivalent medication is the same as a brand name medication in dosage form, active ingredient, strength, route of administration, quality, performance characteristics and intended use. Generics typically cost much less than brand name medications – in some cases, up to 80%–85% less.³ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy ServicesSM can help you manage your health and prescription needs. Our therapy management teams, made up of pharmacists and health advocates with nursing backgrounds, provide personalized, 24/7 support. They'll help you get approval for coverage of your medication, make sure your medication is the right dose, help you work through any side effects, make sure you have any supplies you need, set up the delivery of your medication through Cigna Specialty Pharmacy (our home delivery pharmacy) and give you information about the financial assistance programs available (if you need help paying for your medication).

Call **800.351.3606** if you have questions or need help transferring your prescription. To learn more about the services they provide, you can go to **[cigna.com/specialty-pharmacy-services](https://www.cigna.com/specialty-pharmacy-services)**.

Can I fill my prescriptions by mail?

If you take a medication every day to treat an ongoing health condition (like diabetes, high blood pressure, high cholesterol or asthma), you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.^{SM 4} To get started, call **800.835.3784**. To learn more about the services they provide, go to **[cigna.com/home-delivery-pharmacy](https://www.cigna.com/home-delivery-pharmacy)**.

If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Cigna Specialty Pharmacy (our home delivery pharmacy).⁴ To get started, call **800.351.3606**. To learn more about the services they provide, go to **[cigna.com/specialty-pharmacy-services](https://www.cigna.com/specialty-pharmacy-services)**.

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

Use the online tools and resources on the **myCigna** website or app to help you better understand your pharmacy benefits. You can view your drug list or search for a specific medication, use Drug Cost tool to estimate how much your medication may cost, find an in-network pharmacy near you, review your pharmacy claims and payment history, and fill and track your home delivery orders.

Exclusions and limitations

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁵

- › over-the-counter (OTC) medications (medications that do not require a prescription) except insulin unless state or federal law requires coverage of such drugs;
- › prescription drugs or supplies for which there is a non-prescription or OTC therapeutic alternative;
- › physician-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or authorized 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 drugs used for purposes other than those approved by the FDA unless the drug 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 drugs;
- › 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 drugs and related supplies due to loss or theft;
- › drugs 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

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved drug 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 authorized 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 require health insurance plans to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, your plan can't make these changes until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.
2. Prices are not guaranteed, and even though a price is displayed in the Drug Cost tool, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. Coverage and pricing may change. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown in the Drug Cost tool.
3. U.S. Food and Drug Administration (FDA) website, "Facts About Generic Drugs." Last updated 06/28/16.
4. Plans vary, so some plans may not include Cigna Specialty Pharmacy or Cigna Home Delivery Pharmacy. Please check your plan materials for more information on what pharmacies are covered under your plan.
5. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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