



# CIGNA STANDARD 3-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.

595200 b Standard 3-Tier w DRT 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.



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



**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.<sup>1</sup> All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers or (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 \$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>	
afeditab CR	Berinert* (PA)
amlodipine besylate	Bidil
amlodipine besylate-benazepril	Bystolic
amlodipine-valsartan	Cinryze* (PA)
amlodipine-valsartan-HCTZ	Coreg CR
atenolol	Cozaar (ST)
atenolol-chlorthalidone	Diovan (ST)
benazepril	Diovan HCT (ST)
benazepril-HCTZ	Edarbi (ST)
candesartan cilexetil	Edarbyclor (ST)
cartia XT	Exforge
carvedilol	Exforge HCT
clonidine	Firazy* (PA)
digitek	Hemangeol
digox	Inderal LA
digoxin	Inderal XL
diltiazem ER	Innopran XL
diltiazem CD	Lotrel
diltiazem	Micardis (ST)
dilt-XR	Multaq
enalapril	Nitro-dur
flecainide acetate	Nitrolingual
hydralazine	Nitromist
irbesartan	Nitronal
isosorbide mononitrat	Nitrostat
	Northera* (PA)
	Norvasc
	Ranexa (ST)
	Tekturna
	Tekturna HCT

**Tier** (coverage/cost 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 coverage requirements will have an **abbreviation** listed next to them

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

- |  |                          |        |
|--|--------------------------|--------|
| › <b>Tier 1 – Typically Generics</b>             | (Lower-cost medication)  | \$     |
| › <b>Tier 2 – Typically Preferred Brands</b>     | (Medium-cost medication) | \$\$   |
| › <b>Tier 3 – Typically Non-Preferred Brands</b> | (Higher-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, specialty medications are marked with an asterisk (\*). Some plans may cover these medications on a specialty tier, may 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
AIDS/HIV	6	FEMININE PRODUCTS	11
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	11, 12
ALZHEIMER'S DISEASE	6	HORMONAL AGENTS	12
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	12, 13
ASTHMA/COPD/RESPIRATORY	6	INFERTILITY	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MISCELLANEOUS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	13
BLOOD PRESSURE/HEART MEDICATIONS	7	NUTRITIONAL/DIETARY	13, 14
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	14
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CHOLESTEROL MEDICATIONS	8	PARKINSON'S DISEASE	15
CONTRACEPTIVE PRODUCTS	8–10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	15
DENTAL PRODUCTS	10	SKIN CONDITIONS	15, 16
DIABETES	10, 11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	16
EAR MEDICATIONS	11	SUBSTANCE ABUSE	16
ERECTILE DYSFUNCTION	11	TRANSPLANT MEDICATIONS	16
EYE CONDITIONS	11	URINARY TRACT CONDITIONS	16, 17
		WEIGHT MANAGEMENT	17

## Cigna Standard 3-Tier Prescription Drug List

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

abacavir-lamivudine*	Isentress HD*	Atripla*
lamivudine-zidovudine*	Isentress*	Complera*
nevirapine ER*	Norvir*	Descovy*
nevirapine*	Prezista*	Evotaz*
	Selzentry*	Genvoya*
	Truvada*	Intelence*
		Odefsey*
		Prezcobix*
		Reyataz*
		Stribild*
		Sustiva*
		Tivicay*
		Triumeq*
		Viread*

### ALLERGY/NASAL SPRAYS

azelastine		Clarinet
cromolyn		Clarinet-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		

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

citalopram (QL)		Viibryd (ST)
clomipramine		Wellbutrin SR (ST, QL)
desvenlafaxine 50mg		Xanax 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)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

### ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Adcirca* (PA)
budesonide	Advair HFA	Adempas* (PA)
ipratropium-albuterol	Anoro Ellipta	Arcapta Neohaler
levulbuterol HFA	Atrovent HFA	Daliresp (QL)
montelukast	Breo Ellipta	Kalydeco* (PA)
	Combivent	Letairis* (PA)
	Respimat	Ofev* (PA)
	Incruse Ellipta	Opsumit* (PA)
	ProAir HFA	Orenitram ER* (PA)
	ProAir RespiClick	Orkambi* (PA)
	Pulmicort	Pulmicort
	Flexhaler	Revatio* (PA)
	Pulmozyme* (PA)	Tracleer* (PA)
	QVAR	Tyvaso* (PA)
	QVAR Redihaler	Uptravi* (PA)
	Serevent Diskus	
	Spiriva	
	Spiriva Respimat	
	Striverdi	
	Respimat	
	Symbicort	
	Trelegy Ellipta (ST)	
	Ventolin HFA	
	Xolair* (PA)	

## Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### 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-amphetamine guanfacine ER		Aptensio XR (ST)
Metadate ER		Concerta (ST)
methylphenidate		Dyanavel XR (ST)
methylphenidate CD		Evekeo (ST)
methylphenidate ER		Focalin (ST)
methylphenidate LA		Focalin XR (ST)
		Methylin (ST)
		Quillichew ER (ST)
		Quillivant XR (ST)
		Ritalin (ST)
		Ritalin LA 10mg
		Ritalin LA (ST)
		Strattera

### BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid*	Amicar*	Promacta* (PA)
	Aranesp* (PA)	
	Droxia	
	Epogen* (PA)	
	Granix*	
	Neulasta* (PA)	
	Procrit* (PA)	
	Zarxio*	

### BLOOD PRESSURE/HEART MEDICATIONS

Afeditab CR	Bystolic	Azor
amlodipine	Corlanor (PA)	Bayer Chewable
amlodipine-benzazepril	Entresto (PA)	Aspirin <sup>+</sup>
amlodipine-olmesartan	Multaq	Benicar (ST)
amlodipine-valsartan	Nitro-Dur 0.3mg, 0.8mg	Benicar HCT (ST)
amlodipine-valsartan-HCTZ	Tekturna	BiDil (QL)
Aspirin 81 <sup>+</sup>	Tekturna HCT	Cardizem LA
Aspirin-Low <sup>+</sup>		Coreg CR
atenolol		Cozaar (ST)
atenolol-chlorthalidone		Diovan (ST)
benazepril		Diovan HCT (ST)
benazepril-HCTZ		Edarbi (ST)
Bufferin <sup>+</sup>		Edarbyclor (ST)
		Epaned (ST)
		Exforge
		Firazyr* (PA)
		Haegarda* (PA)
		Hemangeol

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

candesartan		Hyzaar (ST)
Cartia XT		Inderal LA
carvedilol		Inderal XL
clonidine		Innopran XL
Digitek		Lotrel
Digox		Micardis (ST)
digoxin		Nitro-Dur 0.2mg, 0.4mg, 0.6mg
Dilt-XR		Nitrolingual
diltiazem		Nitromist
diltiazem CD		Nitrostat
diltiazem ER		Northera* (PA)
dofetilide (QL)		Norvasc
doxazosin		Ranexa (ST, QL)
Ecotrin <sup>+</sup>		Tiazac
EcPirin <sup>+</sup>		Tikosyn (QL)
enalapril		Tribenzor
flecainide		Vasotec (ST)
hydralazine		
irbesartan		
isosorbide		
isosorbide ER		
labetalol		
lisinopril		
lisinopril-HCTZ		
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 <sup>+</sup>		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil SR		

## Cigna Standard 3-Tier Prescription Drug List

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

aspirin- dipyridamole ER	Brilinta	Coumadin
clopidogrel	Eliquis	Effient
enoxaparin* (QL)	Fragmin* (QL)	Pradaxa
fondaparinux* (QL)	Xarelto	Savaysa
Jantoven		Zontivity
prasugrel		
warfarin		

### CANCER

anastrozole	Gleostine	Afinitor* (PA)
bexarotene* (PA)	Intron A* (PA)	Alecensa* (PA)
capecitabine* (PA)	Nexavar* (PA)	Arimidex
exemestane	Revlimid* (PA)	Bosulif* (PA)
imatinib* (PA)	Sprycel* (PA)	Cabometyx* (PA)
letrozole	Sutent* (PA)	Cometriq* (PA)
mercaptopurine	Tarceva* (PA)	Cotellic* (PA)
methotrexate*	Tasigna* (PA)	Erivedge* (PA)
raloxifene+	Trexall*	Fareston (QL)
tamoxifen+		Gilotrif* (PA)
temozolomide* (PA)		Gleevec* (PA)
		Ibrance* (PA)
		Iclusig* (PA)
		Imbruvica* (PA)
		Inlyta* (PA)
		Jakafi* (PA)
		Kisqali* (PA)
		Lenvima* (PA)
		Lonsurf* (PA)
		Lynparza* (PA)
		Mekinist* (PA)
		Ninlaro* (PA)
		Pomalyst* (PA)
		Purixan*
		Rubraca* (PA)
		Stivarga* (PA)
		Sylatron* (PA)
		Tafinlar* (PA)
		Tagrisso* (PA)
		Targretin* (PA)
		Tykerb* (PA)
		Verzenio* (PA)
		Votrient* (PA)
		Xalkori* (PA)
		Xtandi* (PA)
		Zejula* (PA)
		Zelboraf* (PA)
		Zytiga* (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CHOLESTEROL MEDICATIONS

atorvastatin	Praluent* (PA)	Crestor (ST)
atorvastatin 10mg, 20mg+	Repatha* (PA)	Kynamro* (PA)
ezetimibe	Welchol	Livalo (ST)
fenofibrate		Vascepa
fenofibric acid		Vytorin (ST)
fluvastatin 20mg, 40mg+		Zetia
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)		
Triкто		

### 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	Minastrin 24 FE
Amethia+		Seasonique
Amethyst+		Skyla*
Apri+		
Aranelle+		
Ashlyna+		
Aubra+		
Aviane+		
Azurette+		
Balziva+		
Bekyree+		
Blisovi 24 FE+		
Blisovi FE+		
Briellyn+		
Camila+		
Camrese Lo+		
Camrese+		
Caya Contoured+		
Caziant+		



## Cigna Standard 3-Tier Prescription Drug List

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.

Chateal+  
 Cryselle+  
 Cyclofem+  
 Cyred+  
 Dasetta+  
 Daysee+  
 Deblitane+  
 Delyla+  
 desogestrel-ethinyl  
 estradiol+  
 drospirenone-  
 ethinyl estradiol-  
 levomefibrate+  
 drospirenone-  
 ethinyl estradiol+  
 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+

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.

Larissia+  
 Leena+  
 Lessina+  
 Levonest+  
 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+  
 Myzilra+  
 Necon 0.5/35+  
 Necon 7/7/7+  
 Nikki+  
 Nora-BE+  
 norethin-ethinyl  
 estradiol-ferrous  
 fumarate  
 norethindrone-  
 ethinyl estradiol-  
 ferrous fumarate+  
 norethindrone-  
 ethinyl estradiol+  
 norethindrone+  
 norgestimate-  
 ethinyl estradiol+  
 Norgestrel/ethinyl  
 estradiol+  
 Norlyda+  
 Norlyroc+  
 Nortrel+  
 Nuvaring+  
 Ocella+  
 Opcon One-Step+  
 Option 2+  
 Orsythia+  
 Philith+  
 Pimtrea+  
 Pirmella+  
 Portia+

## Cigna Standard 3-Tier Prescription Drug List

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.

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+  
 Zenchent+  
 Zovia 1-35e+  
 Zovia 1-50e+

### COUGH/COLD MEDICATIONS

benzonatate  
 Bromfed DM  
 brompheniramine-  
 pseudoephedrine-  
 DM  
 Flowtuss (QL)  
 Hycofenix (QL)  
 Tuzistra XR (QL)

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

hydrocodone-  
 chlorpheniramine  
 ER (QL)  
 hydrocodone-  
 homatropine (QL)  
 Hydromet (QL)  
 promethazine-  
 codeine (QL)  
 Tussigon (QL)

### DENTAL PRODUCTS

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

### DIABETES

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

## Cigna Standard 3-Tier Prescription Drug List

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

	SymlinPen	
	Synjardy	
	Synjardy XR	
	Tresiba	
	Trulicity (QL)	
	Xigduo XR	
	Xultophy	

### DIURETICS

acetazolamide	Diuril	Dyazide
chlorthalidone	Dyrenium	Lasix
eplerenone		Maxzide
furosemide		Samsca*
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,	Bromsite
fluorometholone	suspension	Combigan
gatifloxacin	Moxeza	Cosopt PF
ketorolac	Pazeo	Cystaran* (QL)
latanoprost	Restasis	Durezol
moxifloxacin	Simbrinza	Ilevro
neomycin-polymyxin-dexamethasone	Tobradex ointment	Lotemax ointment
ofloxacin	Travatan Z	Lumigan
olopatadine	Xiidra	Nevanac
polymyxin B sul-trimethoprim		Pataday
prednisolone		Patanol
timolol		Prolensa
tobramycin		Tobradex drops
		Tobradex ST
		Vigamox
		Xalatan

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

tobramycin-dexamethasone		Zioptan (ST, QL)
		Zirgan
		Zylet

### FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
miconazole 3		Terazol 7
terconazole		

### GASTROINTESTINAL/HEARTBURN

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

## Cigna Standard 3-Tier Prescription Drug List

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

omeprazole (QL)		Rectiv
ondansetron		Relistor (PA)
ondansetron ODT		Sancuso (PA, QL)
pantoprazole (QL)		Sensipar*
PEG		sfRowasa
3350-electrolyte+		Sucraid*
PEG-Prep+		Suprep+
Phenadoz		Symproic (PA)
Powderlax+		Varubi* (PA, QL)
promethazine		Viberzi
suppository		Viokace
Promethegan		
Purelax+		
rabeprazole (QL)		
ranitidine		
Smooth LAX+		
sucralfate		
TriLyte with flavor		
packets+		
ursodiol		

### HORMONAL AGENTS

Amabelz	Androderm (PA, QL)	Activella
budesonide EC		Alora (QL)
cabergoline (QL)	AndroGel 1.62% (PA, QL)	AndroGel 1% (PA, QL)
Covaryx		Angeliq
Covaryx H.S.	Armour Thyroid	Armour Thyroid
desmopressin	Cytomel 50mcg	15mcg
dexamethasone	Divigel	Climara
dexamethasone	Duavee	Climara Pro
intensol	Estring (QL)	Combipatch
EEMT	Forteo*	Cytomel 5mcg,
EEMT H.S.	Ganirelix*	25mcg
estradiol (QL)	Humatrope* (PA)	Deltasone
estradiol-	Levo-T	Depo-Testosterone
norethindrone	Lupron Depot* (PA)	Egrifta* (PA)
estrogen-		Elestrin
methyltestosterone	Premarin	Emflaza* (PA)
levothyroxine	Premphase	Entocort EC
Levoxyl	Prempro	Estrace
liothyronine	Sandostatin LAR	Estrogel
Locort	Depot* (PA)	Evamist
medroxy-	Serostim* (PA)	Femring
progesterone	Somavert* (PA)	Menostar (QL)
methimazole	Synthroid	Minivelle (QL)
methylprednisolone	Unithroid	Natpara* (PA)
Millipred	Zorbtive* (PA)	Osphena
Millipred DP		Royaldee

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### HORMONAL AGENTS (cont)

Mimvey		Somatuline Depot* (PA)
Mimvey Lo		Striant (PA, QL)
Nature-Throid		Tirosint
norethindrone		Vagifem (QL)
NP Thyroid		Vivelle-Dot (QL)
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	Baraclude	Bactrim
amoxicillin-clavulanate ER	solution*	Bactrim DS
amoxicillin-clavulanate	Biltricide	Baraclude tablet*
atovaquone	Ceftin	Cayston*
Avidoxy	Cipro	Cleocin
azithromycin	Daraprim* (PA)	Clindesse
cefdinir	E.E.S. 400	Cresemba (PA)
cefixime	Eplclusa* (PA)	Dificid (PA)
cefuroxime	Ery-Tab 333mg, 500mg	Eryped 200
cephalexin	Harvoni* (PA)	Ery-Tab 250mg
ciprofloxacin	Kitabis Pak*	Monuroil
clarithromycin	Mavyret* (PA)	Noxafil
clarithromycin ER	Pegasys* (PA)	PCE
clindamycin	PegIntron* (PA)	Plaquenil
Coremino	Sovaldi* (PA)	Sulfatrim
dapsone	Thalomid* (PA)	Suprax
doxycycline	Uretron D-S	Tamiflu (QL)
doxycycline IR-DR	Vibramycin syrup	Tobi Podhaler*
doxycycline monohydrate	Vosevi* (PA)	Uribel
Emverm		Urogesic-Blue
entecavir*		UTA
erythromycin		Valtrex
famciclovir		Vemlidy*
		Vibramycin capsule, suspension
		Xifaxan

## Cigna Standard 3-Tier Prescription Drug List

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

fluconazole		Zepatier* (PA)
hydroxychloroquine		Zithromax
itraconazole		Zmax
levofloxacin		
metronidazole		
minocycline		
minocycline ER		
Mondoxyne NL		
Morgidox capsule		
moxifloxacin tablet		
nitrofurantoin		
nystatin		
Okebo		
oseltamivir (QL)		
penicillin V		
sulfamethoxazole- trimethoprim		
terbinafine		
tetracycline		
tinidazole		
tobramycin*		
valganciclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

### INFERTILITY

clomiphene	Follistim AQ* Menopur*	Crinone Endometrin
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### MISCELLANEOUS

disulfiram	Cerdelga* (PA)	Addyi (QL)
NebuSal 3%	Nityr* (PA)	Carbaglu*
PulmoSal		Esbriet* (PA)
sodium chloride		Exjade*
TechLITE lancets		Ferriprox*
tetrabenazine* (PA)		Hyper-Sal
		Jadenu*
		Kuvan* (PA)
		Myalept* (PA)
		NebuSal 6%
		Nuedexta (QL)
		Orfadin* (PA)
		Strensiq* (PA)
		Syprine* (PA)
		Xenazine* (PA)
		Zavesca* (PA)

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

glatiramer* (PA)	Ampyra* (PA)	Zinbryta* (PA)
Glatopa* (PA)	Aubagio* (PA)	
	Avonex* (PA)	
	Betaseron* (PA)	
	Extavia* (PA)	
	Gilenya* (PA)	
	Plegridy* (PA)	
	Rebif* (PA)	
	Tecfidera* (PA)	

### 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
Klor-Con	Nascobal	Renvela
Klor-Con M10, M20	Nestabs DHA	Velphoro
Klor-Con Sprinkle	OB Complete	Veltassa
lanthanum carbonate	Optimal D3 M+	
levocarnitine	Perry Prenatal+	
multivitamin with fluoride	Poly-Vi-Flor	
multivitamin-iron- fluoride+	Poly-Vi-Flor With Iron+	
Optimal D3+	Prefera OB	
PNV-DHA	Prenate	
Poly-Vi-Flor+	Quflora+	
polyvitamins- fluoride+	Replesta+	
potassium chloride	Replesta NX+	
Prena1 Pearl	Texavite LQ+	
prenatal vitamin+	Tristart DHA	
Prenatal+	Tri-Vi-Flor+	
Right Step+	Urosex+	
sevelamer	Vitafof	
sodium fluoride+	VitaMedMD One Rx	
	VitaPearl	
	VP-PNV-DHA	

## Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### NUTRITIONAL/DIETARY (cont)

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		
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### OSTEOPOROSIS PRODUCTS

alendronate alendronate 40mg (QL) ibandronate raloxifene risedronate risedronate DR	Tymlos*	Actonel (ST) Atelvia (ST) Fosamax Plus D (ST)
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### PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA, QL)	Actemra* (PA)	Abstral (PA, QL)
acitretin	Colcrys	Actiq (PA, QL)
allopurinol	Cuprimine* (PA)	Analpram HC
baclofen	Depen* (PA)	Benlysta* (PA)
buprenorphine (QL)	Embeda (PA, QL)	Butrans (QL)
butalbital- acetaminophen- caffeine- codeine (PA, QL)	Enbrel* (PA)	Celebrex (ST, QL)
butalbital- acetaminophen- caffeine (QL)	Humira* (PA)	Cimzia* (PA)
carisoprodol	Hysingla ER (PA, QL)	Cosentyx* (PA)
celecoxib (QL)	Nucynta (PA, QL)	Duragesic (PA, QL)
colchicine	Otezla* (PA)	Esgic (QL)
cyclobenzaprine	Proctofoam-HC	Fentora (PA, QL)
DermacinRx	Rasuvo* (PA)	Fexmid
Empricaine	Remicade* (PA)	Flector (ST, QL)
DermacinRx	Savella	Ilaris* (PA)
Prizopak	Stelara* (PA)	Kineret* (PA)
diclofenac 1% gel (QL)	Subsys (PA, QL)	Lazanda (PA, QL)
diclofenac ER	Uloric	Lidoderm
	Xtampza ER (PA, QL)	Maxalt (QL)
		Maxalt MLT (QL)
		Mitigare
		Nucynta ER (PA, QL)
		Onzetra Xsail (QL)
		Orencia* (PA)
		Otrexup* (PA)

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

diclofenac- misoprostol dihydroergotamine (QL) eletriptan (QL) Endocet (PA, QL) etodolac etodolac ER fenoprofen Fenortho (ST) fentanyl patch (PA, QL) Fioricet (QL) frovatriptan (QL) Glydo hydrocodone- acetaminophen (PA, QL) hydromorphone (PA, QL) hydromorphone ER (PA, QL) ibuprofen indomethacin indomethacin ER 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		Oxaydo (PA, QL) Pennsaid (ST) Percocet (PA, QL) Procort Rasuvo 30mg/0.6ml* (PA) Relpax (QL) Simponi* (PA) Tremfya* (PA) Voltaren (ST, QL) Xeljanz XR* (PA) Xeljanz* (PA) Zebutal (QL) Zohydro ER (PA, QL)
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## Cigna Standard 3-Tier Prescription Drug List

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

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

### PARKINSON'S DISEASE

amantadine	Apokyn* (PA)	Duopa*
benztropine	Azilect	Mirapex
bromocriptine		Mirapex ER
carbidopa-levodopa		Neupro
carbidopa-levodopa ER		Rytary
pramipexole		Sinemet
pramipexole ER		Sinemet CR
rasagiline		Tasmar
ropinirole		Xadago
ropinirole ER		

### SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole		Fanapt 12mg (ST)
aripiprazole ODT		Fanapt (ST, QL)
chlorpromazine		Latuda (ST)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)

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

### SKIN CONDITIONS

acitretin	Aczone 7.5%	Acanya
acyclovir ointment	Azelex	Aczone 5%
adapalene (PA)	Denavir (QL)	Atralin (PA)
Ala-Cort 2.5%	Drysol	Desonate (ST)
Amnesteem (QL)	Epiduo Forte	Desowen (ST)
AVAR cleanser	Eucrisa	Dupixent* (PA)
AVAR-E cream	Exelderm	Ecoza
BP 10-1	Finacea	Efudex
calcipotriene	Fluoroplex	Elidel



## Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>SKIN CONDITIONS (cont)</b>		
calcipotriene- betamethasone DP	Naftin gel	Enstilar
calcitrene	Santyl (QL)	Epiduo
Claravis (QL)	Tazorac gel, 0.05% cream	Fabior
Clindacin ETZ		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		Taltz* (PA)
fluocinonide		Targretin gel*
fluorouracil		Tazorac 0.1% cream
hydrocortisone		Tolak
imiquimod		Topicort (ST)
ketoconazole		Tremfya* (PA)
metronidazole		Tridesilon (ST)
mupirocin		Umecta
Myorisan (QL)		Uramaxin
Neuc gel		Veltin
nystatin- triamcinolone		Xolegel
oxiconazole		
permethrin		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		
Rosadan		
Rrosanil		
Scalacort lotion		
sulfacetamide-sulfur		
SSS 10-5		
SulfaCleanse 8-4		
tacrolimus ointment		
tretinoin cream, gel (PA)		
triamcinolone topical		
armodafinil (PA)		
eszopiclone		
Triderm		
Zenatane (QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>SLEEP DISORDERS/SEDATIVES (cont)</b>		
armodafinil (PA)	Belsomra (ST)	Rozerem (ST, QL)
eszopiclone	Silenor (ST)	Xyrem* (PA)
modafinil (PA)		
temazepam		
zolpidem		
zolpidem ER		
<b>SMOKING CESSATION</b>		
bupropion SR+	Chantix	Nicorette+
NicoDerm CQ+	Nicotrol	Zyban
Nicorelieft+	Nicotrol NS	
nicotine gum+		
nicotine lozenge+		
nicotine patch+		
Quit 2+		
Quit 4+		
<b>SUBSTANCE ABUSE</b>		
buprenorphine	Bunavail	
buprenorphine- naloxone	Narcan	
naloxone	Suboxone	
naltrexone (QL)	Zubsolv	
<b>TRANSPLANT MEDICATIONS</b>		
azathioprine*	Cellcept*	Astagraf XL*
mycophenolic acid*	Prograf*	Envarsus XR*
sirolimus*		Myfortic*
tacrolimus*		Neoral*
		Zortress*
<b>URINARY TRACT CONDITIONS</b>		
cevimeline	Cystagon*	Avodart
darifenacin ER	Elmiron	Jalyn
dutasteride	Thiola*	Procysbi* (PA)
finasteride		Pyridium
oxybutynin		Rapaflo
oxybutynin ER		
phenazopyridine		
potassium citrate ER		
tamsulosin		
tolterodine		
tolterodine ER		
tropium		
tropium ER		
<b>WEIGHT MANAGEMENT</b>		
Lomaira		Belviq
phentermine		Belviq XR
		Contrave
		Qsymia
		Saxenda



## 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	epinephrine auto-injector
	EpiPen, EpiPen Jr	
	Beconase AQ	Generic nasal steroids (e.g., fluticasone)
	Dymista	
	Nasonex	
	Omnaris	
	QNASL	
	Zetonna	
	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	QVAR/QVAR Redihaler
	Alvesco	
	ArmonAir RespiClick	
	Arnuity Ellipta	
	Asmanex	
	Asmanex HFA	
	Flovent Diskus	
	Flovent HFA	
	Bevespi	Anoro Ellipta
	Utibron Neohaler	
	Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort
	Elixophyllin	theophylline oral solution
	Proventil HFA	ProAir HFA
	Ventolin HFA	ProAir RespiClick
Xopenex HFA		
Seebri Neohaler	Spiriva	
Tudorza Pressair	Spiriva Respimat	
Zyflo	montelukast zafirlukast	
Zyflo CR	zileuton ER	

^^ 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.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT	dexmethylphenidate 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 Titrados	isosorbide dinitrate
	Lanoxin	Digitek 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
DIABETES	Accu-Chek, Contour, Freestyle, all other test strips and meters	OneTouch test strips and meters
	Afrezza	Humalog
	Apidra	Humulin
	Apidra SoloStar	
	Fiasp	
	Novolin, Novolog	
	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	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Cambia diclofenac 1.5% drops Duexis Naprelan naproxen CR naproxen ER Pennsaid Tivorbex 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	clozapine	
	Versacloz	clozapine ODT	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)	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
	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

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

^^ 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:<sup>1</sup>

- Moving a medication to a lower cost tier. This can happen at any time during the year.
- Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1<sup>st</sup> and July 1<sup>st</sup>.
- Adding 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](http://Cigna.com/druglist).

For more information about health care reform, visit [www.informedonreform.com](http://www.informedonreform.com) or [Cigna.com](http://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 cost<sup>2</sup> 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.<sup>3</sup> Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

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

Cigna Specialty Pharmacy Services<sup>SM</sup> 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://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.<sup>SM 4</sup> To get started, call **800.835.3784**. To learn more about the services they provide, go to **[cigna.com/home-delivery-pharmacy](https://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).<sup>4</sup> To get started, call **800.351.3606**. To learn more about the services they provide, go to **[cigna.com/specialty-pharmacy-services](https://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:<sup>5</sup>

- › 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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