



CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

Coverage as of January 1, 2022

Together, all the way.®



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

916154 j Value 4-Tier O/I SRx 08/21



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View the drug list online

This document was last updated on 08/01/2021.* You can go online to see the current list of medications your plan covers.



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



Cigna.com/PDL. Scroll down until you see a pdf of the **Cigna Value 4-Tier Prescription Drug List (all specialty medications covered on Tier 4).**

Questions?

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

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Value 4-Tier Prescription Drug List as of January 1, 2022.^{1,2} Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

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

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

How to read this drug list

Use the chart below to help you read this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Cigna Value 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS		
AMABELZ	ANDRODERM (PA, QL)	ACTIVELLA
budesonide EC	ANDROGEL 1.62% (PA, QL)	ALORA (QL)
cabergoline (QL)	ARMOUR THYROID	ANDROGEL 1.0% (PA, QL)
COVARYX	CYTOMEL 50MCG	ANGELIQ
COVARYX H.S.	DIVIGEL	CLIMARA
DECADRON	DUAVEE	CLIMARA PRO
desmopressin	ESTRING (QL)	COMBIPATCH
dexamethasone	PREMARIN	CYTOMEL 5, 25mcg
estradiol-norethindrone	PREMPHASE	DEPO-TESTOSTERONE
estrogen-	PREMPRO	ELESTRIN
methyltestosterone	SYNTHROID	ENTOCORT EC
levothyroxine		ESTRACE
LEVOXYL		ESTROGEL
liothyronine		EVAMIST
medroxy-progesterone		FEMRING
methimazole		INTRAROSA
methylprednisolone		LEVO-T
MIMVEY		MENOSTAR (QL)
MIMVEY LO		MINIVELLE (QL)
NATURE-THROID		OSPHENA
NP THYROID		TIROSINT
prednisolone		UNITHROID
prednisolone ODT		VAGIFEM (QL)
prednisone		VIVELLE-DOT (QL)
prednisone intensol		
progesterone		

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

Medications are grouped by the **condition** they treat; Speciality medications are listed on Tier 4 (pages 18-24)

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

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

Brand-name medications are in all **capital letters**

Generic medications are in all **lowercase letters**

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Value 4-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

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

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

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

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

Brand-name medications are in all capital letters

In this drug list, generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. In this drug list, oral and injectable specialty medications are covered on Tier 4 (see pages 18-24). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to learn more about how your plan covers specialty medications.

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

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

Plan/benefit exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. **For example, your plan excludes prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics).** With excluded medications, there's no option to receive coverage through Cigna's review process by showing that you need the medication or product for your treatment. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

How to find your medication

First, look for your condition in the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition.

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

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ATTENTION DEFICIT HYPERACTIVITY DISORDER⁴ <i>(cont)</i>			BLOOD PRESSURE/HEART MEDICATIONS (cont)		
methylphenidate er (PA, QL) methylphenidate (PA) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate la (PA, QL)			losartan-hctz matzim la metoprolol succinate metoprolol tablet nadolol nifedipine nifedipine er olmesartan (QL) olmesartan-amlodipine-hctz olmesartan-hctz (QL) prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) taztia xt telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan valsartan-hctz verapamil er verapamil er pm verapamil tablet verapamil sr		
BLOOD MODIFIERS/BLEEDING DISORDERS			BLOOD THINNERS/ANTI-CLOTTING		
DROXIA ZIENTENZO (PA)			adult aspirin regimen+ aspirin ec+ aspirin+ aspirin-dipyridamole er children's aspirin+ clopidogrel jantoven low dose aspirin ec+ prasugrel st. joseph aspirin ec+ st. joseph aspirin+ warfarin		
BLOOD PRESSURE/HEART MEDICATIONS			CANCER		
amlodipine amlodipine-benazepril AMLODIPINE-OLMESARTAN (QL) amlodipine-valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol CARVEDILOL ER (QL) clonidine diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la) diltiazem 24hr er (xr) diltiazem DILT-XR DOFETILIDE (QL) doxazosin enalapril flecainide hydralazine tablet irbesartan labetalol tablet lisinopril lisinopril-hctz losartan			BRILINTA ELIQUIS (PA) XARELTO (PA) BAYER CHEWABLE ASPIRIN+ EFFIENT PLAVIX PRADAXA (PA) SAVAYSA (PA, QL) ZONTIVITY GLEOSTINE TREXALL anastrozole+ exemestane+ hydroxyurea letrozole methotrexate tamoxifen+		
CORLANOR (PA) ENTRESTO			BIDIL (QL) CALAN SR CARDIZEM LA 120MG (QL) CARDURA CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 COREG (ST) CORGARD (ST) EPANED HEMANGEOL INDERAL LA (ST) INDERAL XL (ST) INNOPRAN XL (ST) KAPSPARGO SPRINKLE (ST) KATERZIA (QL) LOPRESSOR (ST) MINIPRESS NITROSTAT NORVASC PROCARDIA XL RANEXA (QL) TENORETIC 100 (ST) TENORETIC 50 (ST) TENORMIN (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) VERELAN VERELAN PM ZIAC (ST)		

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CANCER (cont)			CONTRACEPTION PRODUCTS (cont)		
temozolomide* (PA)			CRYSSELLE+		
CHOLESTEROL MEDICATIONS			CYCLAFEM+		
atorvastatin+	VASCEPA (PA)	CADUET (QL)	CYRED+		
colesevelam		LIPOFEN (ST)	CYRED EQ+		
ezetimibe		NIASPAN	DASETTA+		
ezetimibe-		ROSZET	DAYSEE+		
simvastatin		TRICOR (ST)	DEBLITANE+		
fenofibrate		TRILIPIX (ST)	desogestrel-ethinyl		
fenofibric acid		WELCHOL	estradiol+		
fluvastatin er+		ZETIA	desogestrel-ethinyl		
fluvastatin+			estradiol - ethinyl		
icosapent ethyl			estradiol+		
lovastatin+			DOLISHALE+		
omega-3 acid ethyl esters			drosiprenone-		
pravastatin+			ethinyl estradiol-		
rosuvastatin+ (QL)			levomefolate+		
simvastatin tablet+ (QL)			drosiprenone-ethinyl		
CONTRACEPTION PRODUCTS			estradiol+		
AFIRMELLE+	LO LOESTRIN FE	BEYAZ	ECONTRA EZ+		
AFTERA+		ELLA+	ECONTRA ONE-		
ALTAVERA+		ESTROSTEP FE	STEP+		
ALYACEN+		LAYOLIS FE+	ELINEST+		
AMETHIA+		LOESTRIN FE	ELURYNG+		
AMETHYST+		MICROGESTIN 24 FE	EMOQUETTE+		
APRI+		MINASTRIN 24 FE	ENPRESSE+		
ARANELLE+		NEXTSTELLIS	ENSKYCE+		
ASHLYNA+		NUVARING	ERRIN+		
AUBRA+		SAFYRAL	ESTARYLLA+		
AUBRA EQ+		TODAY	ethynodiol-ethinyl		
AUROVELA+		CONTRACEPTIVE	estradiol+		
AUROVELA FE+		SPONGE+	etonogestrel-ethinyl		
AUROVELA 24 FE+		TWIRLA+	estradiol+		
AVIANE+		VCF	FALMINA+		
AYUNA+		CONTRACEPTIVE	FAYOSIM+		
AZURETTE+		FILM+	FEMCAP+		
BALZIVA+		YASMIN 28	FEMYNOR+		
BLISOVI FE+		YAZ	GEMMILY+		
BLISOVI 24 FE+			GYNOL II+		
BRIELLYN+			HAILEY+		
CAMILA+			HAILEY FE+		
CAMRESE+			HAILEY 24 FE+		
CAMRESE LO+			HEATHER+		
CAYA CONTOURED+			ICLEVIA+		
CAZIAN+			INCASSIA+		
CHARLOTTE 24 FE+			ISIBLOOM+		
CHATEAL+			JAIMIESS+		
CHATEAL EQ+			JASMIEL+		
			JENCYCLA+		
			JOLESSA+		

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)		
JULEBER+			norethindrone-		
JUNEL+			ethinyl estradiol+		
JUNEL FE+			norethindrone-		
JUNEL FE 24+			ethinyl estradiol-		
KAITLIB FE+			ferrous fumarate		
KALLIGA+			norgestimate-ethinyl		
KARIVA+			estradiol+		
KELNOR 1-35+			NORLYDA+		
KELNOR 1-50+			NORTREL+		
KURVELO+			NYLIA+		
LARIN+			NYMYO+		
LARIN FE+			OCELLA+		
LARIN 24 FE+			OPCICON ONE-		
LARISSIA+			STEP+		
LEENA+			OPTION 2+		
LESSINA+			ORSYTHIA+		
LEVONEST+			PHILITH+		
levonorgestrel+			PIMTREA+		
levonorgestrel-			PIRMELLA+		
ethinyl estradiol+			PORTIA+		
levonorgestrel-			PREVIFEM+		
ethinyl estradiol			RECLIPSEN+		
ethinyl estradiol+			RIVELSA+		
LEVORA+			SETLAKIN+		
LILLOW+			SHAROBEL+		
LOJAIMIESS+			SIMLIYA+		
LORYNA+			SIMPESE+		
LOW-OGESTREL+			SPRINTEC+		
LO-ZUMANDIMINE+			SRONYX+		
LUTERA+			SYEDA+		
LYLEQ+			TAKE ACTION+		
LYZA+			TARINA FE+		
MARLISSA+			TARINA FE 1-20 EQ+		
MERZEE+			TARINA 24 FE+		
MICROGESTIN+			TILIA FE+		
MICROGESTIN FE+			TRI FEMYNOR+		
MILI+			TRI-ESTARYLLA+		
MONO-LINYAH+			TRI-LEGEST FE+		
MY CHOICE+			TRI-LINYAH+		
MY WAY+			TRI-LO-ESTARYLLA+		
NECON+			TRI-LO-MARZIA+		
NEW DAY+			TRI-LO-MILI+		
NIKKI+			TRI-LO-SPRINTEC+		
NORA-BE+			TRI-MILI+		
norethindrone+			TRI-NYMYO+		
norethindrone-			TRI-PREVIFEM+		
ethinyl estradiol-			TRI-SPRINTEC+		
iron+			TRIVORA+		
			TRI-VYLIBRA LO+		

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			DENTAL PRODUCTS (cont)		
TRI-VYLIBRA+			sodium fluoride 5000 plus triamcinolone acetonide		
TULANA+					
TYDEMY+					
VCF CONTRACEPTIVE FOAM+					
VCF CONTRACEPTIVE GEL+					
VELIVET+					
VESTURA+					
VIENVA+					
VIORELE+					
VOLNEA+					
VYFEMLA+					
VYLIBRA+					
WERA+					
wide seal diaphragm+					
WYMZYA FE+					
XULANE+					
ZAFEMY+					
ZARAH+					
ZOVIA 1-35+					
ZOVIA 1-35E+					
ZUMANDIMINE+					
COUGH/COLD MEDICATIONS			DIABETES		
bromphen-iramine- pseudoephed -dm		HYCODAN (PA, QL) TESSALON PERLE TUZISTRA XR (PA, QL)	ACCU-CHEK SMARTVIEW CONTRL SOLUTION ACCUTREND GLUCOSE CONTROL BD LANCETS BD PEN NEEDLE CONTOUR SOLUTION DROPLET DROPSAFE glimepiride glipizide glipizide er glipizide xl metformin metformin er NOVOTWIST TECHLITE TRUE METRIX CONTROL SOULTION TRUEPLUS SYRINGE	BAQSIMI (QL) BASAGLAR DEXCOM G6 (PA, QL) FARXIGA (QL, ST) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE 2 SENSOR (PA, QL) GLYXAMBI (QL, ST) HUMULIN JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LYUMJEV OMNIPOD DASH ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP RYBELSUS (PA, QL) SOLIQUA 100-33 SYMLINPEN SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRIJARDY XR (ST, QL) V-GO 20 V-GO 30 V-GO 40 VICTOZA (PA, QL)	AMARYL CEQUR CONTOUR NEXT TEST STRIP CONTOUR TEST STRIP CYCLOSET PRECISION XTRA KETONE-GLUC KIT RIOMET
hydrocodone- homatropine (PA,QL)					
promethazine-dm					
DENTAL PRODUCTS					
chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIDEX PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth		CLINPRO 5000 FLORIVA+^ FLUORIDEX SENSITIVITY RELIEF PREVIDENT			

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont)			EYE CONDITIONS (cont)		
	XIGDUO XR (QL, ST) XULTOPHY		prednisolone timolol tobramycin-dexamethasone travoprost		FML S.O.P. 0.1% OINTMENT ILEVRO INVELTYS ISTALOL LOTEMAX LOTEMAX SM MAXITROL MOXEZA NEVANAC OCUFLOX PRED FORTE PROLENSA RHOPRESSA ROCKLATAN TIMOPTIC TIMOPTIC-XE TOBRADEX TOBRADEX ST TRUSOPT VIGAMOX ZIRGAN ZYLET
DIURETICS					
acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochloro-thiazide spironolactone triamterene-hctz		TRIAMTERENE-HCTZ CAROSPIR DIURIL INSPRA KERENDIA LASIX MAXZIDE			
EAR MEDICATIONS					
ciprofloxacin-dexamethasone neomycin-polymyxin b-hydrocortisone ofloxacin		CIPRODEX CIPRO HC CORTISPORIN-TC DERMOTIC OTOVEL			
ERECTILE DYSFUNCTION			FEMININE PRODUCTS		
SILDENAFIL^ (QL) TADALAFIL^ (QL) VARDENAFIL^ (QL)		CIALIS^ (QL, ST) MUSE^ (PA, QL) STENDRA^ (QL, ST) VIAGRA^ (QL, ST)	FEM PH GYNAZOLE 1 miconazole 3 200 mg terconazole		
EYE CONDITIONS			GASTROINTESTINAL/HEARTBURN		
BIMATOPROST (QL) brimonidine brinzolamide ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorome-tholone ketorolac latanoprost loteprednol moxifloxacin eye drops neomycin-polymyxin b-dexamethasone ofloxacin olopatadine^ polymyxin b sulfate-trimethoprim	COMBIGAN EYSUVIS (QL) RESTASIS SIMBRINZA	ACULAR ACULAR LS ACUVAIL ALPHAGAN P ALREX AZASITE AZOPT BESIVANCE BETIMOL BETOPTIC S BROMSITE COSOPT COSOPT PF DUREZOL FLAREX FML FORTE 0.25% EYE DROPS FML LIQUIFILM 0.1% EYE DROP	ALOPHEN PILLS+ ANUCORT-HC balsalazide bisacodyl tablet+ CLEARLAX+ CONSTULOSE dicyclomine capsule, solution, tablet esomeprazole 20 mg capsule, 40 mg capsule, packets^ (QL) famotidine 40 mg/5 ml suspension GAVILAX+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+	AMITIZA CLENPIQ+ LINZESS NEXIUM DR 2.5 MG PACKET (QL) NEXIUM DR 5 MG PACKET (QL) PANCREAZE PENTASA SUPREP+ SUTAB+ VIBERZI	AKYNZEO 300-0.5 MG CAPSULE BONJESTA CANASA CARAFATE CORRECTOL+ CUVPOSA DICLEGIS DONNATAL DULCOLAX EC 5 MG TABLET+ LITHOSTAT MIRALAX+ MOVANTIK (PA) RECTIV* RELISTOR (PA) SANCUSO (PA, QL) SFROWASA

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

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

	BREATHRITE (QL)	
	CLEVER CHOICE HOLDING CHAMBER (QL)	
	COMPACT SPACE CHAMBER (QL)	
	EASIVENT (QL)	
	ESBRIET* (PA)	
	FLEXICHAMBER (QL)	
	INSPIRACHAMBER (QL)	
	MICROCHAMBER (QL)	
	OPTICHAMBER DIAMOND (QL)	
	POCKET CHAMBER (QL)	
	PRO COMFORT SPACER WITH MASK (QL)	
	PROCARE SPACER WITH CHILD MASK (QL)	
	RITEFLO (QL)	
	SPACE CHAMBER (QL)	
	SPACE CHAMBER-MEDIUM MASK (QL)	
	SPACE CHAMBER-SMALL MASK (QL)	
	VORTEX (QL)	
	VORTEX VHC FROG MASK (QL)	
	VORTEX VHC LADYBUG MASK (QL)	

NUTRITIONAL/DIETARY (cont)

KLOR-CON M10 TABLET	FOSRENOL 750 MG POWDER PACKET	CITRANATAL DHA
MULTI-VITAMIN W-FLUORIDE-IRON+	MEPHYTON^	CITRANATAL HARMONY
MULTIVITAMIN WITH FLUORIDE+	NEEVO DHA^	CITRANATAL RX
MULTIVITAMIN-IRON-FLUORIDE	OB COMPLETE PREMIER	CLASSIC PRENATAL+ EXPECTA
ONE DAILY PRENATAL+ potassium chloride 10%, capsule, packet, tablet	OB COMPLETE PREMIER	PRENATAL+ FOSRENOL 1,000 MG TABLET CHEW
prenatal complete+ PRENATAL GUMMIES+	POLY-VI-FLOR WITH IRON+	FOSRENOL 500 MG TABLET CHEW
PRENATAL MULTI+ prenatal multi-dha+ PRENATAL MULTIVITAMIN+ PRENATAL MULTIVITAMIN-DHA+	POLY-VI-FLOR+ PRENATE^	FOSRENOL 750 MG TABLET CHEW
PRENATAL ONE DAILY+ PRENATAL VITAMIN + DHA+	QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+	K-TAB ER
PRENATAL VITAMIN+ PRENATAL VITAMINS+ PRENATAL+ sevelamer carbonate	QUFLORA PEDIATRIC 0.25 MG/ML DROP+	LOKELMA
TRI-VITE WITH FLUORIDE+ vitamin d2 1.25 mg (50,000 unit)^	QUFLORA PEDIATRIC 0.5 MG/ML DROP+	MINI PRENATAL+ OB COMPLETE^
VITAMINS A,C,D AND FLUORIDE+	ROCALTROL^ TRI-VI-FLOR+	ONE A DAY WOMEN'S PRENATAL DHA+ ONE-A-DAY PRENATAL-1+ PERRY PRENATAL+ PHOSLYRA
		PRENATAL FORMULA-DHA+ PRIMACARE RENVELA SIMILAC PRENATAL+ STUART ONE+ ULTRA PRENATAL PLUS DHA+ VELPHORO VELTASSA

NUTRITIONAL/DIETARY

calcitriol capsule, solution^	DRISDOL^	ALIVE PRENATAL+ AURYXIA (QL)
FA-8+	FLORIVA CHEWABLE	BRAINSTRONG
folic acid^+	TABLET+	PRENATAL+
klor-con	FOSRENOL 1,000 MG POWDER	CITRANATAL 90 DHA
KLOR-CON 8 MEQ TABLET	PACK	CITRANATAL ASSURE
KLOR-CON 10 MEQ TABLET		CITRANATAL B-CALM

OSTEOPOROSIS PRODUCTS

alendronate	FOSAMAX PLUS D (ST)	ACTONEL (ST)
ibandronate 150 mg tablet		ATELVIA (ST)
raloxifene + risedronate		BINOSTO (ST)
risedronate dr		BONIVA 150 MG TABLET (ST)
		EVISTA
		FOSAMAX (ST)

PAIN RELIEF AND INFLAMMATORY DISEASE

	AIMOVIG (PA)	
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Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

SEIZURE DISORDERS			SKIN CONDITIONS (cont)		
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$
carbamazepine	DILANTIN 30 MG	APTIOM (PA, QL)	CLARAVIS		EVOCLIN
carbamazepine er	CAPSULE (PA)	BRIVIACT ORAL	CLINDACIN ETZ 1% PLEDGET		NAFTIN
clonazepam	FYCOMPA (PA, QL)	SOLUTION, TABLET (PA)	CLINDACIN P 1% PLEDGETS		PRAMOSONE
divalproex	NAYZILAM (PA, QL)	CARBATROL (PA)	clindamycin 1% foam, gel, lotion, pledget, solution		PROTOPIC
divalproex er	VIMPAT	DEPAKOTE (PA)	clindamycin-benzoyl peroxoxide		REGRANEX (PA, QL)
EPITOL	SOLTUIION, TABLET (PA)	DEPAKOTE ER (PA)			SANTYL (QL)
gabapentin		DEPAKOTE SPRINKLE (PA)			TEMOVATE (ST)
lamotrigine		DILANTIN 100 MG CAPSULE (PA)			XEPI
lamotrigine (blue)		DILANTIN 50 MG INFATAB (PA)			
lamotrigine (green)		KLONOPIN (PA)			
lamotrigine (orange)		LYRICA ORAL SOLUTION (PA)			
lamotrigine er		NEURONTIN (PA)			
lamotrigine odt		OXTELLAR XR (PA)			
lamotrigine odt (blue)		PHENYTEK (PA)			
lamotrigine odt (green)		SPRITAM (PA)			
lamotrigine odt (orange)		TEGRETOL (PA)			
levetiracetam solution, tablet		TEGRETOL XR (PA)			
levetiracetam er		VALTOCO (PA, QL)			
oxcarbazepine		XCOPRI (PA, QL)			
pregabalin capsule, solution					
ROWEEPRA					
SUBVENITE					
SUBVENITE (BLUE)					
SUBVENITE (GREEN)					
SUBVENITE (ORANGE)					
topiramate					
topiramate er					
SKIN CONDITIONS			SLEEP DISORDERS/SEDATIVES		
ACUTANE	EUCRISA	ANALPRAM HC 2.5%-1% LOTION	ARMODAFINIL (PA)	DAYVIGO (QL, ST)	LUNESTA (ST)
ADAPALENE (PA)		AVAR 9.5-5% CLEANSING PADS	eszopiclone	SUNOSI (PA, QL)	SILENOR (QL, ST)
adapalene-benzoyl peroxide		BRYHALI (ST)	MODAFINIL (PA)		
AMNESTEEM		calcipotriene foam	temazepam		
AVAR CLEANSER		CAPEX SHAMPOO (ST)	zolpidem		
azelaic acid		CLEOCIN T	ZOLPIDEM ER (QL)		
betamethasone augmented		CLINDACIN ETZ KIT			
betamethasone dipropionate		CLINDACIN PAC KIT			
BP 10-1		CLODERM (ST)			
calcipotriene cream, ointment, solution		DESOWEN (ST)			
calcipotriene- betamethasone		DRYSOL			
		EFUDEX			
		ELIDEL			

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SMOKING CESSATION⁴

bupropion sr+^		CHANTIX^
NICODERM CQ 21 MG/24HR PATCH+		NICODERM CQ 14 MG/24HR PATCH+
nicotine gum+		NICODERM CQ 7
nicotine lozenge+		MG/24HR PATCH+
nicotine patch+		NICORETTE+
QUIT 2+		NICOTROL NS+^
QUIT 4+		NICOTROL+^
STOP SMOKING AID+		

SUBSTANCE ABUSE

buprenorphine- naloxone	LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	BUNAVAIL KLOXXADO (QL) SUBOXONE
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URINARY TRACT CONDITIONS

alfuzosin er		AVODART
cevimeline		ELMIRON
DARIFENACIN ER (QL)		EVOXAC
finasteride		FLOMAX
oxybutynin		K-PHOS ORIGINAL
oxybutynin er		PROSCAR
phenazopyridine		PYRIDIUM
potassium er		RAPAFLO (QL)
SILODOSIN (QL)		UROCIT-K
SOLIFENACIN (QL)		UROXATRAL
tamsulosin		
tolterodine		
TOLTERODINE ER (QL)		

VACCINES

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

		ROTARIX+ ROTATEQ+
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WEIGHT MANAGEMENT

megestrol suspension	WEGOVIY^ (PA, QL)	CONTRAVE^ (PA) QSYMIA^ (PA)
phentermine ^		

Specialty medications

The oral and injectable specialty medications listed below are covered on Tier 4 and need approval from Cigna before your plan will cover them.

MEDICATION NAME	DRUG CLASS
abacavir-lamivudine** (PA)	AIDS/HIV
abiraterone** (PA)	CANCER
ACTEMRA SYRINGE* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPEN* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTIMMUNE* (PA)	CANCER
ADCIRCA** (PA)	ASTHMA/COPD/RESPIRATORY
ADEMPAS** (PA)	ASTHMA/COPD/RESPIRATORY
AFINITOR** (PA)	CANCER
AFINITOR DISPERZ** (PA)	CANCER
ALECENSA** (PA)	CANCER
ALUNBRIG** (PA)	CANCER
ALYQ** (PA)	ASTHMA/COPD/RESPIRATORY
AMICAR**	BLOOD MODIFIERS/BLEEDING DISORDERS
aminocaproic acid 0.25 gram/ml, tablets **	BLOOD MODIFIERS/BLEEDING DISORDERS
APOKYN* (PA)	PARKINSON'S DISEASE
ARANESP*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARIKAYCE** (PA)	INFECTIONS
ARIXTRA* (QL)	BLOOD THINNERS/ANTI-CLOTTING
atazanavir** (PA)	AIDS/HIV
ATRIPLA** (PA)	AIDS/HIV
ASTAGRAF XL**	TRANSPLANT MEDICATIONS
AUSTEDO** (PA)	MISCELLANEOUS
AVONEX* (PA)	MULTIPLE SCLEROSIS
AVSOLA*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
azathioprine tablet**	TRANSPLANT MEDICATIONS
BAFIERTAM** (PA)	MULTIPLE SCLEROSIS
BARACLUDE SOLUTION**	INFECTIONS
BENLYSTA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON* (PA)	MULTIPLE SCLEROSIS
BIKTARVY**	AIDS/HIV
BOSULIF** (PA)	CANCER
BYNFEZIA* (PA)	HORMONAL AGENTS
CABOMETYX** (PA)	CANCER
capecitabine** (PA)	CANCER
CAYSTON** (PA, QL)	INFECTIONS
CELLCEPT**	TRANSPLANT MEDICATIONS
CERDELGA** (PA)	MISCELLANEOUS
CETROTIDE*^ (PA)	HORMONAL AGENTS

MEDICATION NAME	DRUG CLASS
CHOLBAM** (PA)	GASTROINTESTINAL/HEARTBURN
chorionic gonadotropin*^ (PA)	INFERTILITY
CIMDUO** (PA)	AIDS/HIV
CIMZIA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
COMETRIQ** (PA)	CANCER
COMPLERA** (PA)	AIDS/HIV
CYSTAGON**	URINARY TRACT CONDITIONS
CYSTARAN** (PA, QL)	EYE CONDITIONS
DARAPRIM** (PA)	INFECTIONS
DEPEN** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
DESCOVY**+(PA)	AIDS/HIV
DOVATO**	AIDS/HIV
DUOPA**	PARKINSON'S DISEASE
DUPIXENT* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EGRIFTA* (PA)	HORMONAL AGENTS
EMFLAZA** (PA)	HORMONAL AGENTS
ENBREL* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir** (QL)	INFECTIONS
ENTYVIO*^ (PA)	GASTROINTESTINAL/HEARTBURN
ENVARUS XR**	TRANSPLANT MEDICATIONS
EPCLUSA** (PA, QL)	INFECTIONS
EPIDIOLEX** (PA)	SEIZURE DISORDERS
EPOGEN*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ERIVEDGE** (PA)	CANCER
ERLEADA** (PA)	CANCER
ESBRIET** (PA)	MISCELLANEOUS
EVOTAZ** (PA)	AIDS/HIV
EXJADE** (PA)	MISCELLANEOUS
EXTAVIA* (PA)	MULTIPLE SCLEROSIS
FASENRA PEN* (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI*^ (PA)	HORMONAL AGENTS
FERRIPROX** (PA)	MISCELLANEOUS
FIRDAPSE** (PA, QL)	MULTIPLE SCLEROSIS
FOLLISTIM AQ*^ (PA)	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Forteo* (PA, QL)	HORMONAL AGENTS
FRAGMIN* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FULPHILA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
GALAFOLD** (PA)	MISCELLANEOUS
GANIRELIX*^ (PA)	HORMONAL AGENTS
GATTEX* (PA)	GASTROINTESTINAL/HEARTBURN

MEDICATION NAME	DRUG CLASS
GENVOYA**	AIDS/HIV
GILENYA** (PA)	MULTIPLE SCLEROSIS
glatiramer* (PA)	MULTIPLE SCLEROSIS
GLATOPA* (PA)	MULTIPLE SCLEROSIS
GLEEVEC** (PA)	CANCER
GONAL-F*^ (PA)	INFERTILITY
GONAL-F RFF*^ (PA)	INFERTILITY
GONAL F RFF REDI-JECT*^ (PA)	INFERTILITY
GRANIX*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HARVONI** (PA, QL)	INFECTIONS
HEMLIBRA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HETLIOZ** (PA)	SLEEP DISORDERS/SEDATIVES
HUMATROPE* (PA)	HORMONAL AGENTS
HUMIRA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
IBRANCE** (PA)	CANCER
ILARIS*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
imatinib** (PA)	CANCER
IMBRUVICA** (PA)	CANCER
INBRIJA** (PA)	PARKINSON'S DISEASE
INCRELEX* (PA)	HORMONAL AGENTS
INFLECTRA*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
INGREZZA** (PA)	MISCELLANEOUS
INLYTA** (PA)	CANCER
INTELENCE** (PA)	AIDS/HIV
ISENTRESS**	AIDS/HIV
ISENTRESS HD** (PA)	AIDS/HIV
JADENU** (PA)	MISCELLANEOUS
JADENU SPRINKLE** (PA)	MISCELLANEOUS
JAKAFI** (PA)	CANCER
JULUCA**	AIDS/HIV
JYNARQUE** (PA)	DIURETICS
KALBITOR*^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KALYDECO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
KESIMPTA* (PA)	MULTIPLE SCLEROSIS
KEVZARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KISQALI** (PA)	CANCER
KITABIS PAK** (PA, QL)	INFECTIONS
KORLYM** (PA)	DIABETES
KUVAN** (PA)	MISCELLANEOUS
KYLEENA**+	CONTRACEPTION PRODUCTS

MEDICATION NAME	DRUG CLASS
ledipasvir-sofosbuvir** (PA)	INFECTIONS
LENVIMA** (PA)	CANCER
LETAIRIS** (PA)	ASTHMA/COPD/RESPIRATORY
LONSURF** (PA)	CANCER
LORBRENA** (PA)	CANCER
LOVENOX* (QL)	BLOOD THINNERS/ANTI-CLOTTING
LUPANETA PACK**^ (PA)	HORMONAL AGENTS
LUPRON DEPOT*^ (PA)	CANCER
LUPRON DEPOT-PED*^ (PA)	CANCER
LYNPARZA** (PA)	CANCER
LYSTEDA**	BLOOD MODIFIERS/BLEEDING DISORDERS
MAVENCLAD** (PA)	MULTIPLE SCLEROSIS
MAVYRET** (PA)	INFECTIONS
MAYZENT** (PA)	MULTIPLE SCLEROSIS
MEKINIST** (PA)	CANCER
MENOPUR*^ (PA)	INFERTILITY
MIRENA**+	CONTRACEPTION PRODUCTS
MYALEPT* (PA)	MISCELLANEOUS
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
MYFORTIC**	TRANSPLANT MEDICATIONS
NATPARA* (PA)	HORMONAL AGENTS
NERLYNX** (PA)	CANCER
NEULASTA*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEULASTA ONPRO*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEXAVAR** (PA)	CANCER
NINLARO** (PA)	CANCER
NITYR** (PA)	MISCELLANEOUS
NIVESTYM*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPRO* (PA)	HORMONAL AGENTS
NORTHERA** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
NOURIANZ** (PA, QL)	PARKINSON'S DISEASE
NOVAREL*^ (PA)	INFERTILITY
NUBEQA** (PA)	CANCER
NUCALA* (PA)	ASTHMA/COPD/RESPIRATORY
NUZYRA** (PA)	INFECTIONS
NYVEPRIA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
OCALIVA** (PA)	GASTROINTESTINAL/HEARTBURN
ODEFSEY** (PA)	AIDS/HIV
ODOMZO** (PA)	CANCER
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
OLUMIANT** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OPSUMIT** (PA)	ASTHMA/COPD/RESPIRATORY
ORENCIA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ORENITRAM ER** (PA)	ASTHMA/COPD/RESPIRATORY
ORFADIN** (PA)	MISCELLANEOUS
ORKAMBI** (PA, QL)	ASTHMA/COPD/RESPIRATORY
OTEZLA** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OVIDREL*^ (PA)	INFERTILITY
OXERVATE** (PA)	EYE CONDITIONS
PALYNZIQ* (PA)	MISCELLANEOUS
PEGASYS* (PA)	INFECTIONS
PLEGRIDY* (PA)	MULTIPLE SCLEROSIS
POMALYST** (PA)	CANCER
PREVYMIS**	INFECTIONS
PREZCOBIX** (PA)	AIDS/HIV
PREZISTA**	AIDS/HIV
PROCRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PROGRAF**	TRANSPLANT MEDICATIONS
PROMACTA** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PULMOZYME** (PA)	ASTHMA/COPD/RESPIRATORY
PURIXAN**	CANCER
RAPAMUNE**	TRANSPLANT MEDICATIONS
RAVICTI** (PA)	GASTROINTESTINAL/HEARTBURN
REBIF* (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE* (PA)	MULTIPLE SCLEROSIS
REMICADE*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REVATIO** (PA)	ASTHMA/COPD/RESPIRATORY
REVLIMID** (PA)	CANCER
RINVOQ ER** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ritonavir**	AIDS/HIV
RUBRACA** (PA)	CANCER
RUCONEST*^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SAMSCA**	DIURETICS
SANDOSTATIN*^ (PA)	HORMONAL AGENTS
SANDOSTATIN LAR DEPOT*^ (PA)	HORMONAL AGENTS
SELZENTRY** (PA)	AIDS/HIV
SEROSTIM* (PA)	HORMONAL AGENTS
SIMPONI* 100MG/ML (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
SKYLA**+	CONTRACEPTION PRODUCTS

MEDICATION NAME	DRUG CLASS
SKYRIZI* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
sofosbuvir-velpatasvir** (PA)	INFECTIONS
SOMATULINE DEPOT*^ (PA)	HORMONAL AGENTS
SOMAVERT* (PA)	HORMONAL AGENTS
SOVALDI** (PA, QL)	INFECTIONS
SPRYCEL** (PA)	CANCER
STELARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STRENSIQ* (PA)	MISCELLANEOUS
STRIBILD** (PA)	AIDS/HIV
STIVARGA** (PA)	CANCER
SUCRAID** (PA)	GASTROINTESTINAL/HEARTBURN
SUTENT** (PA)	CANCER
SYMDEKO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
SYMFI**	AIDS/HIV
SYMFI LO**	AIDS/HIV
SYMTUZA**	AIDS/HIV
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
TAFINLAR** (PA)	CANCER
TAGRISSO** (PA)	CANCER
TAKHZYRO* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALZENNA** (PA)	CANCER
TARGRETIN GEL** (PA)	SKIN CONDITIONS
TASIGNA** (PA)	CANCER
TAVALISSE** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
TECFIDERA** (PA)	MULTIPLE SCLEROSIS
TEGSEDI* (PA)	MISCELLANEOUS
TEMODAR** (PA)	CANCER
TEMIXYS** (PA)	AIDS/HIV
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
teriparatide* (PA, QL)	HORMONAL AGENTS
tetrabenazine** (PA)	MISCELLANEOUS
THALOMID** (PA)	INFECTIONS
THIOLA**	URINARY TRACT CONDITIONS
THIOLA EC**	URINARY TRACT CONDITIONS
TIGLUTIK** (PA)	MISCELLANEOUS
TIVICAY**	AIDS/HIV
TOBI PODHALER** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml ampule** (PA, QL)	INFECTIONS
TRACLEER** (PA)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
TREMFYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
trientine** (PA)	MISCELLANEOUS
TRIUMEQ**	AIDS/HIV
TYKERB** (PA)	CANCER
TYMLOS* (PA, QL)	OSTEOPOROSIS PRODUCTS
TYVASO** (PA)	ASTHMA/COPD/RESPIRATORY
UDENYCA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UPTRAVI** (PA)	ASTHMA/COPD/RESPIRATORY
VALCHLOR**	SKIN CONDITIONS
VEMLIDY**	INFECTIONS
VENCLEXTA** (PA)	CANCER
VERZENIO** (PA)	CANCER
VIREAD** (PA)	AIDS/HIV
vigabatrin**	SEIZURE DISORDERS
VIGADRONE**	SEIZURE DISORDERS
VIZIMPRO** (PA)	CANCER
VOSEVI** (PA)	INFECTIONS
VOTRIENT** (PA)	CANCER
VUMERITY** (PA)	MULTIPLE SCLEROSIS
VYLEESI*^ (PA, QL)	MISCELLANEOUS
WAKIX** (PA, QL)	SLEEP DISORDERS/SEDATIVES
XALKORI** (PA)	CANCER
XELJANZ** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELJANZ XR** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELODA** (PA)	CANCER
XERMELO** (PA)	GASTROINTESTINAL/HEARTBURN
XOLAIR* (PA)	ASTHMA/COPD/RESPIRATORY
XTANDI** (PA)	CANCER
XYREM** (PA)	SLEEP DISORDERS/SEDATIVES
ZARXIO*^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZEJULA** (PA)	CANCER
ZEPATIER** (PA)	INFECTIONS
ZEPOSIA** (PA)	MULTIPLE SCLEROSIS
ZIEXTENZO* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZORBTIVE* (PA)	HORMONAL AGENTS
ZORTRESS**	TRANSPLANT MEDICATIONS

Medications that aren't covered

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

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	ATRIPLA*	efavirenz-emtricitabine-tenofovir*
	COMBIVIR*	lamivudine-zidovudine*
	EMTRIVA*	emtricitabine*
	EPIVIR*	lamivudine*
	EPZICOM*	abacavir-lamivudine*
	INTELENCE 100MG, 200MG TABLET*	etravirine*
	KALETRA*	lopinavir-ritonavir*
	LEXIVA 700MG TABLET*	fosamprenavir 700mg tablet*
	NORVIR 100MG TABLET*	ritonavir 100mg tablet*
	RETROVIR CAPSULE, SYRUP*	zidovudine capsule, syrup*
	REYATAZ CAPSULE*	atazanavir capsules*
	SUSTIVA*	efavirenz*
	SYMFI* SYMFI LO*	efavirenz-lamivudine-tenofovir*
	TRIZIVIR*	abacavir-lamivudine-zidovudine tablet*
	TRUVADA*	emtricitabine-tenofovir*
	VIRAMUNE*	nevirapine*
	VIRAMUNE XR*	nevirapine ER*
	VIREAD 300MG TABLET*	tenofovir 300mg tablet*
ZIAGEN*	abacavir*	
ALLERGY/NASAL SPRAYS	AUVI-Q EPIPEN EPIPEN JR SYMJEPI	epinephrine auto-injectors
	carbinoxamine 6mg tablet RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine RYCLORA	carbinoxamine oral solution cyproheptadine syrup hydroxyzine syrup
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)
ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)	pyridostigmine 60mg tablet
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL	clomipramine
	APLENZIN	bupropion XL 150, 300 mg tablets
	ATIVAN TABLET	lorazepam
	bupropion xl 450mg tablet FORFIVO XL	bupropion xl 150mg tablets
	CYMBALTA	desvenlafaxine ER duloxetine escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram

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

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	PAMELOR	nortriptyline capsules
	PARNATE	tranylcypromine
	PEXEVA	paroxetine paroxetine cr
	PRISTIQ	desvenlafaxine succinate er bupropion sr duloxetine escitalopram sertraline venlafaxine er
	TOFRANIL	imipramine
	WELLBUTRIN XL	bupropion xl escitalopram fluoxetine
	ASTHMA/COPD/RESPIRATORY	ADVAIR HFA ADVAIR DISKUS AIRDUO DIGIHALER AIRDUO RESPICLICK BREO ELLIPTA
ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA PULMICORT FLEXHALER		FLOVENT DISKUS FLOVENT HFA QVAR
ARCAPTA NEOHALER STRIVERDI RESPIMAT		SEREVENT DISKUS
BEVESPI AEROSPHERE DUAKLIR PRESSAIR UTIBRON NEOHALER		ANORO ELLIPTA STIOLTO RESPIMAT
BROVANA		arformoterol
budesonide-formoterol		SYMBICORT
ELIXOPHYLLIN		theophylline er theophylline oral solution
levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA		albuterol hfa
PERFOROMIST		formoterol
SEEBRI NEOHALER TUDORZA PRESSAIR		INCRUSE ELLIPTA SPIRIVA RESPIMAT
YUPELRI		ANORO ELLIPTA BREZTRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	ZYFLO	montelukast zafirlukast zileuton er
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR ADZENYS ER ADZENYS XR-ODT APTENSIO XR CONCERTA COTEMPLA XR-ODT DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER RITALIN LA VYVANSE	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er
	EVEKEO ODT	amphetamine dexmethylphenidate dextroamphetamine methamphetamine methylphenidate
	methylphenidate er 72mg tablet RELEXXII	methylphenidate er 36mg tablet
	QELBREE	atomoxetine
BLOOD PRESSURE/HEART MEDICATIONS	ACCUPRIL	quinapril
	ACCURETIC	quinapril-hctz
	ALTACE	ramipril
	ATACAND	candesartan
	ATACAND HCT	candesartan-hctz
	AVALIDE	irbesartan-hctz
	AVAPRO	irbesartan-hctz
	AZOR	amlodipine-olmesartan
	BENICAR	olmesartan
	BENICAR HCT	olmesartan-hctz
	BETAPACE	sotalol
	BYSTOLIC	generic beta blockers (e.g. metoprolol; atenolol)
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CONJUPRI	amlodipine felodipine er nicardipine nifedipine

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	CONSENSI	amlodipine celecoxib
	COZAAR	losartan
	DIOVAN	valsartan
	DIOVAN HCT	valsartan-hctz
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	EXFORGE	amlodipine-valsartan
	EXFORGE HCT	amlodipine-valsartan hctz
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	HYZAAR	losartan-hctz
	ISORDIL	isosorbide dinitrate
	ISORDIL TITRADOSE	
	LANOXIN	digoxin
	LOTENSIN	benazepril
	LOTENSIN HCT	benazepril-hctz
	LOTREL	amlodipine-benazepril
	MICARDIS	telmisartan
	MICARDIS HCT	telmisartan-hctz
	MULTAQ	amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af
	PRINIVIL ZESTRIL	lisinopril
	TARKA	trandolapril-verapamil
	TEKTURNA	aliskiren
	TEKTURNA HCT	generic ACE inhibitor + HCT (e.g. benazepril-HCT) generic ARB + HCT (e.g. losartan-HCT)
	TRIBENZOR	olmesartan-amlodipine-hctz
	VASERETIC	enalapril-hctz
	VASOTEC	enalapril
	ZESTORETIC	lisinopril-hctz
BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole YOSPRALA	aspirin or enteric aspirin
CANCER	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*
	NILANDRON	nilutamide
	TARCEVA*	erlotinib
	YONSA* ZYTIGA*	abiraterone

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE	fenofibrate	
	ALTOPREV	lovastatin+ atorvastatin+ simvastatin+ rosuvastatin+	
	CRESTOR	rosuvastatin+	
	EZALLOR SPRINKLE FLOLIPID LIVALO SIMVASTATIN 20mg/5ml SUSPENSION NEXLIZET	generic statins (e.g. atorvastatin; simvastatin)	
	JUXTAPID* PRALUENT	REPATHA	
	LESCOL XL	fluvastatin er+	
	LIPITOR	atorvastatin+ ezetimibe-simvastatin rosuvastatin+	
	NEXLETOL	generic statins (e.g. atorvastatin; simvastatin) ezetimibe-simvastatin	
	niacin 500mg tablet NIACOR	niacin er	
	PRAVACHOL	pravastatin+	
	VYTORIN	ezetimibe-simvastatin	
	ZYPITAMAG	atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+	
	CONTRACEPTION PRODUCTS	BALCOLTRA NATAZIA SLYND TAYTULLA TWIRLA	generic oral contraceptives
		COUGH/COLD MEDICATIONS	benzonatate 150mg
TUSSICAPS			hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup
DIABETES		ACCU-CHEK TEST STRIPS CVS TEST STRIPS ADVOCATE TEST STRIPS ASSURE TEST STRIPS CONTOUR TEST STRIPS FREESTYLE TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
		ADLYXIN	BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
DIABETES (cont)	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART NOVOLOG	HUMALOG LYUMJEV	
	AFREZZA	HUMALOG HUMULIN R LYUMJEV	
	alogliptin alogliptin-metformin JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA	JANUMET JANUMET XR JANUVIA metformin	
	alogliptin-pioglitazone OSENİ	JANUMET JANUMET XR JANUVIA pioglitazone	
	FORTAMET GLUMETZA metformin er gastric metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)	
	GLUCAGEN HYPOKIT GVOKE	glucagon emergency kit (generic) BAQSİMİ ZEGALOGUE	
	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX	
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR	
	INVOKANA STEGLATRO	FARXİGA JARDİANCE metformin	
	LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR LEVEMİR TRESİBA FLEXTOUCH	
	NOVOLIN	HUMULIN	
	QTERN STEGLUJAN	GLYXAMBI metformin TRIJARDY XR	
	DIURETICS	EDECİRİN ethacrynic acid	bumetanide furosemide torsemide

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EYE CONDITIONS	ALOCRI ALOMIDE	cromolyn
	CEQUA RESTASIS MULTIDOSE XIIDRA	RESTASIS
	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost
GASTROINTESTINAL/HEARTBURN	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository
	ASACOL HD COLAZAL DELZICOL DIPENTUM	balsalazide mesalamine tablets or capsules PENTASA sulfasalazine
	COLYTE WITH FLAVOR PACKETS+ GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+	CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+
	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone
	CREON PERTZYE ZENPEP	PANCREAZE
	GIMOTI*	metoclopramide oral solution or tablet
	HELIDAC	bismuth subsalicylate lansoprazole-amoxicillin-clarithromycin pak metronidazole tetracycline
	KRISTALOSE lactulose 10gm packet	CONSTULOSE ENULOSE lactulose oral solution
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	lubiprostone	AMITIZA
	MARINOL SYNDROS	dronabinol
	MOTTEGRITY TRULANCE ZELNORM	AMITIZA LINZESS
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK PYLERA TALICIA	lansoprazole-amoxicillin-clarithromycin pak

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN (cont)	RELTONE	ursodiol	
	ROWASA	mesalamine rectal enema suspension	
	SENSIPAR*	cinacalcet	
	ZOFRAN	ondansetron	
	ZUPLENZ	ondansetron ondansetron odt	
HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet	
	DDAVP NOCDURNA	desmopressin nasal spray or tablets	
	DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets	dexamethasone 1.5mg tablet	
	DEXPAK DXEVO HIDEX TAPERDEX ZCORT		
	FORTESTA JATENZO NATESTO TESTIM VOGELXO XYOSTED	generic topical testosterone	
	GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*	HUMATROPE* NORDITROPIN*	
	HEMADY	dexamethasone 5mg tablet	
	MYCAPSSA*	BYNFEZIA*	
	ORTIKOS	budesonide capsule	
	RAYOS	methylprednisolone prednisone	
	SYNTHROID	levothyroxine	
	THYQUIDITY	EUTHYROX LEVO-T levothyroxine LEVOXYL	
	UCERIS 9MG ER TABLET	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	
	INFECTIONS	ACTICLATE DORYX DORYX MPC MINOCIN 50MG PEL CAPSULE	generic products (e.g. doxycycline; minocycline)

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS (cont)	MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER MONODOX SEYSARA SOLODYN TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO	generic products (e.g. doxycycline; minocycline)	
	ARAKODA	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine	
	AUGMENTIN AUGMENTIN XR	amoxicillin/clavulanate	
	BARACLUDE TABLET*	entecavir tablet*	
	BETHKIS* TOBI*	tobramycin inhalation solution*	
	DIFLUCAN	fluconazole	
	doxycycline hyclate dr 80mg tablet	generic products (e.g. minocycline)	
	DOXYCYCLINE IR-DR ORACEA	doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg	
	E.E.S. 200 ERYPED 400	erythromycin granules erythromycin	
	HUMATIN	paromomycin	
	MEPRON	atovaquone	
	MYCOBUTIN	rifabutin	
	nitrofurantoin 25mg/5ml suspension	nitrofurantoin capsule sulfamethoxazole-trimethoprim suspension	
	NOXAFIL DR 100MG TABLET	posaconazole dr 100mg tablet	
	SITAVIG	acyclovir tablet famciclovir tablet valacyclovir tablet	
	SPORANOX	itraconazole	
	TOLSURA	oral itraconazole	
	VALCYTE	valganciclovir	
	VANCOGIN	vancomycin oral solution or capsule	
	ZOVIRAX	acyclovir	
	MISCELLANEOUS	HORIZANT	gabapentin
		KUVAN*	sapropterin tablet & powder packet*
		SYPRINE*	penicillamine* trientine*
		XENAZINE*	tetrabenazine*
	MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*

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MULTIPLE SCLEROSIS (cont)	COPAXONE*	AVONEX* BETASERON* EXTAVIA* glatiramer* GLATOPA* KESIMPTA* PLEGRIDY* REBIF*
	TECFIDERA*	AUBAGIO* BAFIERTAM* dimethyl* GILENYA* MAYZENT* PONVORY* VUMERITY*
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT	Any generic prenatal vitamin
	NASCOBAL	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY DISEASE	ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets	butalbital-acetaminophen 50-325mg tablet
	AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAX	generic triptans (e.g. sumatriptan; naratriptan)
	AMRIX cyclobenzaprine er	carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets methocarbamol orphenadrine er metaxalone
	CAMBIA DUEXIS fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE	Generic NSAID (e.g. celecoxib; meloxicam)

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr naproxen sodium er naproxen-esomeprazole mag RELAFEN RELAFEN DS TIVORBEX VIMOVO VIVLODEX ZIPSOR ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	CAPITAL WITH CODEINE	acetaminophen-codeine
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg chlorzoxazone 750mg	methocarbamol 500mg
	CONZIP	tramadol tramadol er
	COSENTYX*	ENBREL* HUMIRA* OTEZLA* STELARA* TALTZ*
	CUPRIMINE*	penicillamine* trientine*
	D.H.E.45	dihydroergotamine injection
	diclofenac 1.3% patch diclofenac 1.5% solution diclofenac 35mg capsule FLECTOR LICART PENNSAID VOLTAREN 1% GEL	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray
	GLOPERBA	colchicine probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE IMITREX PEN INJECTOR	dihydroergotamine sumatriptan
	IMITREX TABLET	dihydroergotamine eletriptan rizatriptan sumatriptan tablets

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	KINERET*	ACTEMRA* ENBREL* HUMIRA* XELJANZ/XR*
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	LORZONE	chlorzoxazone 500mg cyclobenzaprine tablet
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER
	OZOBAX	baclofen tablet
	PROLATE SOLUTION	oxycodone-acetaminophen tablet
	QDOLO	tramadol 50mg tablet
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	ROXICODONE	oxycodone
	SILIQ*	ENBREL* HUMIRA* STELARA* TALTZ* TREMIFYA*
	SIMPONI* 50MG/0.5ML	ACTEMRA* ENBREL* HUMIRA* STELARA* TALTZ* XELJANZ/XR*
	SORIATANE	acitretin
	SUBSYS	fentanyl lozenge or buccal tablet
	SUMAVEL DOSEPRO TOSYMRA	sumatriptan
	tramadol 100mg	tramadol
	TREXIMET	sumatriptan-naproxen
	VANATOL LQ VANATOL S	butalbital-acetaminophen-caffeine capsule or tablets

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan
	ZOMIG ZMT	zolmitriptan odt
PARKINSON'S DISEASE	GOCOVRI	amantadine
	LODOSYN	carbidopa
	ONGENTYS	entacapone
	REQUIP XL	ropinirole er
	ZELAPAR	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone
	CAPLYTA	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone
	GEODON CAPSULE	aripiprazole paliperidone er ziprasidone
	VERSACLOZ	clozapine clozapine odt
	ZYPREXA	aripiprazole olanzapine tablets paliperidone er
	ZYPREXA ZYDIS	aripiprazole olanzapine olanzapine odt
	SEIZURE DISORDERS	ELEPSIA XR KEPPRA XR
FELBATOL		felbamate
KEPPRA SOLUTION, TABLET		levetiracetam
LAMICTAL		lamotrigine
LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)		lamotrigine starter kit (blue, green, orange)
LAMICTAL ODT		lamotrigine odt
LAMICTAL ODT KIT (BLUE, GREEN, ORANGE)		lamotrigine odt starter kit (blue, green orange)
LAMICTAL XR LAMICTAL XR KIT (BLUE, GREEN, ORANGE)		lamotrigine er
LYRICA LYRICA CR pregabalin er		duloxetine gabapentin lidocaine 5% topical patch pregabalin
MYSOLINE		primidone
QUDEXY XR TROKENDI XR		topiramate er

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS (cont)	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
	ZONEGRAN	zonisamide
SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE
	ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN DUAC EPIDUO FORTE FABIOR ONEXTON RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC TRETIN-X VELTIN WINLEVI ZIANA	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	acyclovir cream, ointment DENA VIR ZOVIRAX	acyclovir tablet famciclovir tablet valacyclovir tablet
	adapalene swab PLIXDA	adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel
	ALDARA imiquimod 3.75% ZYCLARA	imiquimod 5% cream
	ANUSOL-HC 2.5% CREAM	hydrocortisone 2.5% rectal cream
	APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone PSORCON	betamethasone cream, ointment clobetasol halobetasol cream, ointment

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SKIN CONDITIONS (cont)	BENZACLIN NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene foam	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution
	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapson 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX	imiquimod 5% cream packet podoflox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethason fluocinolone fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	DAPSONE 7.5% GEL PUMP	generic topical acne products (e.g. tretinoin; clindamycin-benzoyl peroxide)
	diclofenac 3% gel KLISYRI	FLUOROPLEX fluorouracil imiquimod 5% cream
	DOVONEX	calcipotriene cream
	doxepin 5% cream PRUDOXIN ZONALON	generic topical steroid (e.g. betamethasone) topical tacrolimus
	DUOBRII	halobetasol plus tazarotene cream
	ENSTILAR TACLONEX	calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream topical betamethasone
	ERTACZO	ketoconazole cream
	EXELDERM oxiconazole OXISTAT SULCONAZOLE	econazole cream ketoconazole cream naftifine cream
	EXTINA	ketoconazole cream ketoconazole foam
	FINACEA METROCREAM METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone 1% lotion	betamethasone fluocinolone fluticasone

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

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	halobetasol foam LEXETTE	augmented betamethasone dipropionate betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	HALOG SOLUTION	clobetasol cream, ointment halobetasol cream, ointment
	IMPEKLO	betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	IMPOYZ	clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment
	JUBLIA KERYDIN tavaborole	ciclopirox topical solution itraconazole capsules terbinafine tablets
	KENALOG 0.147MG/GM SPRAY triamcinolone ointment triamcinolone spray	desoximetasone 0.05% cream, ointment fluocinolone 0.025% ointment flurandrenolide 0.05% ointment hydrocortisone 0.2% ointment mometasone 0.1% cream
	LOCOID	betamethasone lotion fluocinolone cream fluticasone cream hydrocortisone ointment prednicarbate ointment triamcinolone cream
	LOCOID LIPOCREAM nolix PANDEL	betamethasone cream fluocinolone cream fluticasone cream
	LOPROX 0.77% CREAM 1% SHAMPOO	ciclopirox cream, shampoo
	LUZU	econazole cream ketoconazole cream luliconazole
	NORITATE	azelaic acid metronidazole cream metronidazole gel
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	alclometasone desonide triamcinolone

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	ULTRAVATE LOTION ULTRAVATE X	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream
	VECTICAL	calcitriol ointment calcipotriene ointment tazarotene cream
	VERDESO	desonide cream desonide ointment
	WYNZORA	betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream
	XERESE	acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet
	XOLEGEL	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	AMBIEN	zolpidem
	AMBIEN CR	zolpidem er
	ATIVAN TABLET	lorazepam
	BELSOMRA	DAYVIGO
	EDLUAR	zolpidem or zolpidem er
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	RESTORIL	temazepam
ZOLPIMIST	doxepin eszopiclone zaleplon zolpidem zolpidem ER	
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector NARCAN
TRANSPLANT MEDICATIONS	LUPKYNIS*	BENLYSTA* tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine

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

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS (cont)	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er
	ENABLEX	darifenacin er
	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE LS	darifenacin er oxybutynin er tolterodine er trospium er
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium
	PROCYSBI*	CYSTAGON*
	THIOLA* THIOLA EC*	tiopronin*
	VESICARE	darifenacin er oxybutynin er solifenacin tolterodine er trospium er

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

Frequently Asked Questions (FAQs)

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

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

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

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

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

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

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

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." With excluded medications, there's no option to get coverage through Cigna's coverage review process.

For example, your plan excludes:

- › Prescription medications used to treat heartburn/stomach acid conditions (e.g.,

Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.

- › Medications used to treat lifestyle conditions like infertility, weight loss, erectile dysfunction, smoking cessation.⁵
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

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

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

A. The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

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

A. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a (PA) or (ST) next to it, your medication needs approval before your plan will cover it. If it has a (QL) next to it, you may need

Frequently Asked Questions (FAQs) (cont)

approval depending on the amount you're filling. If it has (AGE) next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that:

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

Q. What types of medications require Step Therapy?

A. The Step Therapy program includes medications that are used to treat many conditions, including, but not limited to:

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

Q. Why does my medication have an age requirement?

A. Some medications are only considered

clinically appropriate for people of a certain age.

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

A. Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at cignaforhcp.com.

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. If you meet guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

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

A. When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna to start the coverage review process. Or, you can choose to pay its full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

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

A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

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

Frequently Asked Questions (FAQs) (cont)

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

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

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

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

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

For more information about health care reform, go to **www.informedonreform.com** or **Cigna.com**.

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

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

your doctor's office.⁶

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

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

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

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁷ Generic and brand-name medications have the same active ingredients, strength, dosage, form, effectiveness, quality, and safety.

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

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

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.⁷ Just because generics cost less than brands, doesn't mean they're lower-quality medications.

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

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

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁸

Frequently Asked Questions (FAQs) (cont)

Home delivery with Express Scripts® Pharmacy

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

- › Easily order, manage and track your medications on your phone or online
- › Standard shipping at no extra cost⁹
- › Automatic refills and refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

1. Log in to the myCigna App or myCigna.com to move your prescription electronically.

Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s).

2. Call your doctor's office.

Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery.

3. Call Express Scripts® Pharmacy at 800.835.3784.

They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Accredo, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).¹⁰ They'll also provide you with the personalized care and support you need to manage your therapy - at no extra cost.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost

- › Easy refills and free reminders
- › 24/7 access to specialty-trained pharmacists and nurses
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

To get started using Accredo, call **877.826.7657**, Monday-Friday, 7:00 am-10:00 pm CST and Saturdays, 7:00 am-4:00 pm CST. Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office. To learn more about Accredo, go to **Cigna.com/specialty**.

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

A. You can use the online tools and resources on the **myCigna** App or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.

Exclusions and limitations for coverage

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:¹¹

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility³, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation³, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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

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



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.
4. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your Cigna ID card.
5. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
6. Prices are not guaranteed, and even though a price is displayed, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown. Coverage and pricing may change.
7. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
8. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
9. Standard shipping costs are included as part of your prescription plan.
10. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
11. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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