



# **CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST**

**Coverage as of January 1, 2023**



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

969074 Value 4-Tier 10/22



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This document was last updated on 08/01/2022.\* You can go online to see the current list of medications your plan covers.

**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.

\* Drug list created: originally created 10/01/2011

Last updated: 08/01/2022, for changes starting 01/01/2023

Next planned update: 03/01/2023, for changes starting 07/01/2023

## 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, 2023.<sup>3,4</sup> 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 \$\$\$
<b>INFECTIONS</b>		
acyclovir capsule, suspension, tablet amoxicillin amoxicillin-clavulanate ER amoxicillin-clavulanate atovaquone AVIDOXY tablet azithromycin packet, suspension, tablet cefdinir cefixime cefuroxime tablet cephalixin ciprofloxacin clarithromycin clarithromycin ER clindamycin COREMINO (QL) dapsone doxycycline capsule, suspension, tablet doxycycline IR-DR EMVERM entecavir** (QL) erythromycin famciclovir fluconazole hydroxychloroquine	ALBENZA BARACLUDE solution** CIPRO DARAPRIM** (PA) E.E.S. 400 EPCLUSA** (PA) ERY-TAB 333, 500mg HARVONI** (PA) KITABIS PAK* MAVYRET** (PA) SOVALDI** (PA) THALOMID** (PA) URETRON D-S VIBRAMYCIN syrup VOSEVI** (PA)	ALINIA BACTRIM BACTRIM DS BARACLUDE tablet* (QL) CAYSTON* CLEOCIN CLINDESSE CRESEMBA (PA) DIFICID (QL) ERYPED 200 ERY-TAB 250mg MONUROL NOXAFIL suspension, tab PLAQUENIL SULFATRIM SUPRAX TAMIFLU (QL) TOBI Podhaler** URIBEL UROGESIC-BLUE UTA VALTRES VEMLIDY** VIBRAMYCIN suspension XIFAXAN ZEPATIER** (PA)

**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

**Oral specialty medications** have an asterisk (\*) listed next to them; **Injectable specialty medications** are listed on tier 4 (pages 17-19).

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

Medications that have extra coverage requirements 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 - Injectable 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.

## Oral specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, injectable medications are covered on Tier 4 (listed on pages 17-19). Oral medications are covered on a lower tier (tiers 1-3). They're listed alphabetically by the condition they treat, and have an asterisk (\*) next to them.

## 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.

## Some plans may cover certain non-covered medications

Plans can choose to offer coverage of certain medications/products and/or drug classes that aren't typically covered. In this drug list, these medications/products have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com** to see if your plan covers them.

## How to find your medication

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

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



## Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 17–19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ASTHMA/COPD/RESPIRATORY (cont)</b>			<b>BLOOD MODIFIERS/BLEEDING DISORDERS (cont)</b>		
	SPIRIVA RESPIMAT (QL) STIOLTO RESPIMAT (QL) SYMBICORT (QL) TRACLEER 32 MG TABLET FOR SUSPENSION* (PA) TRELEGY ELLIPTA (QL) UPTRAVI* (PA))			NOVOEIGHT^ (PA) DROXIA	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>5</sup></b>			<b>BLOOD PRESSURE/HEART MEDICATIONS</b>		
amphetamine (PA) atomoxetine (QL) dexmethylp-henidate (PA,QL) dexmethylp-henidate er (PA, QL) dextroamphetamine-amphetamine (PA,QL) dextroamphetamine er (PA, QL) guanfacine er (QL) methylphenidate (PA,QL) methylphenidate er (la) (PA, QL) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate la (PA, QL) procentra (PA,QL) zenzedi (PA,ST,QL)		ADDERALL (PA,ST,QL) DAYTRANA (PA, QL) FOCALIN (PA,QL,ST) INTUNIV (QL) METHYLIN (PA,QL) QUILLIVANT XR (PA, QL) RITALIN (PA,QL,ST) STRATTERA (QL) zenzedi 5 mg, 10 mg tablet (PA, ST)	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) droxidopa* enalapril flecainide hydralazine tablet icatibant* (PA) irbesartan labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol tablet nadolol nebivolol (QL) nifedipine nifedipine er olmesartan (QL) olmesartan-amlodipine-hctz olmesartan-hctz (QL)	CORLANOR (PA) ENTRESTO (QL)	ADALAT BERINERT*^ (PA) BIDIL (QL) CALAN SR CARDIZEM LA 120MG (QL) CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 CINRYZE*^ (PA) CORGARD (ST) EPANED HEMANGEOL INDERAL LA (ST) INDERAL XL (ST) KAPSPARGO SPRINKLE (ST) KATERZIA (QL) LOPRESSOR (ST) MINIPRESS NITROSTAT NORTHERA* (PA) NORVASC ORLADEYO* (PA, QL) PROCARDIA XL RANEXA (QL) TENORETIC 50 (ST) TENORETIC 100 (ST) TENORMIN (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) VERELAN VERELAN PM ZIAC (ST)
<b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>					
aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg*	DYNOVATE^ (PA) AFSTYLA^ (PA) ELOCTATE^ (PA) ESPEROCT^ (PA) JIVI^ (PA) KOGENATE FS^ (PA) KOVALTRY^ (PA)	ADVATE^ (PA) DOPTELET* (PA) LYSTEDA* PROMACTA* (PA) SIKLOS (PA) TAVALISSE* (PA)			

## Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 17-19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>			<b>CANCER (cont)</b>		
prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) tazia xt telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan valsartan-hctz verapamil tablet verapamil er verapamil er pm verapamil sr					ODOMZO* (PA) ORGOVYX* (PA) POMALYST* (PA,QL) ROZLYTREK* (PA) STIVARGA* (PA,QL) SUTENT* (PA,QL) TAFINLAR* (PA,QL) TAGRISSO* (PA) TALZENNA* (PA,QL) TASIGNA* (PA,QL) TEMODAR CAPSULE* (PA) TUKYSA* (PA) VENCLEXTA STARTING PACK* (PA) VENCLEXTA* (PA) VITRAKVI* (PA) VIZIMPRO* (PA) XALKORI* (PA,QL) XELODA* (PA) XOSPATA* (PA) ZEJULA* (PA,QL)
<b>BLOOD THINNERS/ANTI-CLOTTING</b>			<b>CHOLESTEROL MEDICATIONS</b>		
clopidogrel jantoven prasugrel warfarin	BRILINTA ELIQUIS (PA) XARELTO (PA)	EFFIENT PLAVIX PRADAXA (PA) ZONTIVITY	atorvastatin+ colesevelam ezetimibe fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin+ omega-3 acid ethyl esters pravastatin+ rosuvastatin+ (QL) simvastatin tablet+ (QL)	REPATHA (PA) VASCEPA (PA)	CADUET (QL) LIPOFEN (ST) ROSZET TRICOR (ST) TRILIPIX (ST) WELCHOL ZETIA
<b>CANCER</b>			<b>COUGH/COLD MEDICATIONS</b>		
abiraterone* (PA) anastrozole+ capecitabine* (PA) everolimus* (PA,QL) exemestane+ imatinib* (QL) letrozole methotrexate tamoxifen+ temozolomide* (PA)	ALECENSA* (PA,QL) CABOMETYX* (PA) CALQUENCE* (PA) ERIVEDGE* (PA) ERLEADA* (PA) GLEOSTINE IBRANCE* (PA,QL) IMBRUVICA* (PA,QL) LYNPARZA* (PA,QL) NUBEQA* (PA) REVLIMID* (PA,QL) RUBRACA* (PA,QL) SPRYCEL* (PA,QL) TREXALL VERZENIO* (PA) XTANDI* (PA)	AFINITOR 2.5 MG TABLET* (PA) AFINITOR 5 MG TABLET* (PA) AFINITOR 7.5 MG TABLET* (PA) ALUNBRIG* (PA,QL) AYVAKIT* (PA, QL) BOSULIF* (PA,QL) BRAFTOVI* (PA) BRUKINSA* (PA,QL) COMETRIQ* (PA,QL) EXKIVITY* (PA) ICLUSIG* (PA,QL) INLYTA* (PA) JAKAFI* (PA,QL) KISQALI* (PA) KISQALI FEMARA CO-PACK* (PA) LUMAKRAS* (PA, QL) LENVIMA* (PA) LONSURF* (PA) LORBENA* (PA,QL) MEKINIST* (PA,QL) MEKTOVI* (PA,QL) NERLYNX* (PA) NINLARO* (PA,QL)	bromphen-iramine- pseudoephed-dm promethazine-dm		HYCODAN (PA, QL) TUXARIN ER (PA, QL) TUZISTRA XR (PA, QL)
<b>DENTAL PRODUCTS</b>					
			chlorhexidine DENTA 5000 PLUS DENTAGEL		CLINPRO 5000 FLORIVA+^



## Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 17-19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DENTAL PRODUCTS (cont)</b>			<b>DIABETES (cont)</b>		
doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone acetamide		FLUORIDEX SENSITIVITY RELIEF PERIDEX PREVIDENT 5000 DRY MOUTH	INSULIN SYRINGE INSULIN SYRINGE U-500 metformin metformin er MICROLET NEXT LANCING DEVICE MULTI-LANCET NANO 2ND GEN PEN NEEDLE NOVOFINE PARADIGM TECHLITE TRUE METRIX CONTROL SOULTION TRUEPLUS PEN NEEDLE TRUEPLUS SYRINGE ULTRA-FINE MICRO PEN NEEDLE VEO INSULIN SYRINGE	OMNIPOD DASH KITS, PODS (GEN 3,4,5) (PA,QL) ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP OZEMPIC (PA, QL) RYBELSUS (PA, QL) SOLIQUA 100-33 SYMLINPEN SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRESIBA (QL) TRIJARDY XR (ST, QL) TRULICITY (PA, QL) V-GO 20 V-GO 30 V-GO 40 VICTOZA (PA, QL) XIGDUO XR (QL, ST) XULTOPHY ZEGALOGUE (QL)	
<b>DIABETES</b>			<b>DIURETICS</b>		
ACCU-CHEK LANCETS ACCU-CHEK SMARTVIEW CONTRL SOLUTION ACCUTREND GLUCOSE CONTROL AUTOSHIELD DUO PEN NEEDLE BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE CONTOUR SOLUTION DROPLET DROPSAFE glimepiride glipizide glipizide er glipizide xl GLUCOCARD EXPRESSION METER KIT (QL) GLUCOCARD EXPRESSION METER (QL) GLUCOCARD SHINE METER KIT (QL) GLUCOCARD SHINE METER (QL) GUARDIAN RT CHARGER GUARDIAN TEST PLUG INPEN	BAQSIMI (QL) BASAGLAR (QL) BYDUREON BCISE (PA, QL) BYETTA (PA, QL) DEXCOM G6 (PA, QL) FARXIGA (QL, ST) FREESTYLE LIBRE 2 SENSOR (PA, QL) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE READER (PA, QL) GLYXAMBI (QL, ST) HUMALOG (QL) HUMULIN (QL) HUMULIN R INSULIN LISPRO (QL) JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LEVEMIR (QL) LYUMJEV	ACCU-CHEK SMARTVIEW TEST STRIP CEQR CONTOUR NEXT TEST STRIP CONTOUR TEST STRIP CYCLOSET GLUCOCARD EXPRESSION TEST STRIPS GLUCOCARD SHINE TEST STRIPS GLUCAGON EMERGENCY KIT (QL) KORLYM* (PA) PRECISION XTRA KETONE-GLUC KIT RIOMET	acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochloro- thiazide spironolactone torsemide triamterene-hctz	KERENDIA (PA, QL)	TRIAMTERENE-HCTZ CAROSPIR DIURIL JYNARQUE* (PA) LASIX MAXZIDE

## Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 17-19).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
<b>EAR MEDICATIONS</b>						<b>EYE CONDITIONS (cont)</b>					
ciprofloxacin-dexamethasone						CIPRODEX			TIMOPTIC		
neomycin-polymyxin b-hydrocortisone						CIPROFLOXACIN-FLUOCINOLONE			TIMOPTIC-XE		
ofloxacin						CIPRO HC			TOBRADEX		
						CORTISPORIN-TC			TOBRADEX ST		
						DERMOTIC			TIMOPTIC OCUDOSE		
						OTOVEL			VIGAMOX		
									ZIRGAN		
									ZYLET		
<b>ERECTILE DYSFUNCTION</b>						<b>FEMININE PRODUCTS</b>					
sildenafil^ (QL)						CIALIS^ (QL, ST)			GYNAZOLE 1		
TADALAFIL^ (QL)						MUSE^ (PA, QL)			miconazole 3 200 mg		
vardenafil^ (QL)						STENDRA^ (QL, ST)			terconazole		
						VIAGRA^ (QL, ST)					
<b>EYE CONDITIONS</b>						<b>GASTROINTESTINAL/HEARTBURN</b>					
BIMATOPROST (QL)		CEQUA		ACUVAIL		alosetron*		AMITIZA		APRISO	
brimonidine		COMBIGAN		ALPHAGAN P		ANUCORT-HC		CLENPIQ+		BONJESTA	
brinzolamide		EYSUVIS (QL)		ALREX		balsalazide		LINZESS		CANASA	
ciprofloxacin		SIMBRINZA		AZASITE		cinacalcet*		NEXIUM DR 2.5 MG PACKET (QL)		CARAFATE	
difluprednate		XIIDRA		AZOPT		dicyclomine capsule, solution, tablet		NEXIUM DR 5 MG PACKET (QL)		CHOLBAM* (PA)	
dorzolamide-timolol				BESIVANCE		esomeprazole 20 mg capsule, 40 mg capsule, packets^ (QL)		PANCREAZE		DICLEGIS	
erythromycin				BETIMOL		famotidine 40 mg/5 ml suspension		PENTASA		LITHOSTAT	
fluorome-tholone				BETOPTIC S		GAVILYTE-C+		SUPREP+		MOTOFEN	
latanoprost				BROMSITE		GAVILYTE-G+		SUTAB+		MOVANTIK (PA)	
loteprednol				COSOPT		GAVILYTE-N+		VIBERZI		NEXIUM DR 10 MG PACKET (QL)	
moxifloxacin eye drops				COSOPT PF		GENTLE LAXATIVE TABLET+				NEXIUM DR 20 MG CAPSULE (QL)	
neomycin-polymyxin b-dexamethasone				CYSTADROPS* (PA, QL)		HEMMOREX-HC				NEXIUM DR 20 MG PACKET (QL)	
ofloxacin				CYSTARAN* (PA, QL)		hydrocortisone				NEXIUM DR 40 MG CAPSULE (QL)	
polymyxin b sulfate-trimethoprim				DUREZOL		lansoprazole^ (QL)				NEXIUM DR 40 MG PACKET (QL)	
prednisolone				FLAREX		mesalamine				OCALIVA* (PA)	
timolol				FML FORTE 0.25% EYE DROPS		mesalamine dr				RAVICTI* (PA)	
tobramycin-dexamethasone				FML LIQUIFILM 0.1% EYE DROP		mesalamine er				RECTIV	
travoprost				FML S.O.P. 0.1% OINTMENT		metoclopramide solution, tablet				RELISTOR (PA)	
				ILEVRO		metoclopramide odt				SALIVAMAX	
				INVELTYS		OMEPRAZOLE^ (QL)				SANCUSO (PA, QL)	
				ISTALOL		ondansetron				SFROWASA	
				LOTEMAX		ondansetron odt				SUCRAID* (PA)	
				LOTEMAX SM		pantoprazole ^ (QL)				SYMPROIC (PA)	
				MAXITROL		peg 3350-electrolyte+				TRANSDERM-SCOP URSO	
				OCUFLOX						URSO FORTE	
				OXERVATE* (PA)						VARUBI (PA, QL)	
				POLYTRIM						VIOKACE	
				PRED FORTE							
				PROLENSA							
				RHOPRESSA							
				ROCKLATAN							

## Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 17-19).

GASTROINTESTINAL/HEARTBURN (cont)			INFECTIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+ PEG-PREP+ prochlorperazine tablet rabeprazole tablet^ (QL) scopolamine sucralfate			amoxicillin-clavulanate er amoxicillin-clavulanate cream atovaquone atovaquone-proguanil AVIDOXY azithromycin packet, suspension, tablets cefdinir cefuroxime tablets cephalixin ciprofloxacin clindamycin COREMINO ER QL dapson doxycycline monohydrate EMVERM entecavir* (QL) erythromycin erythromycin ethylsuccinate famciclovir fluconazole hydroxychloroquine ivermectin (PA) levofloxacin solution, tablet metronidazole gel, capsule, tablet minocycline minocycline er tablet (QL) mondoxyne nl nitazoxanide nitrofurantoin nitrofurantoin monohydrate-macrocrystal nystatin suspension, tablet oseltamivir (QL) penicillin v potassium posaconazole tablet ribavirin*	EPCLUSA* (PA, QL) EURAX 10% CREAM HARVONI* (PA, QL) LAGEVRIO (EUA) (QL) LEDIPASVIR-SOFOSBUVIR* (PA,QL) MAVYRET* (PA, QL) MOLNUPIRAVIR (QL) NUZYRA VIAL PAXLOVID (QL) SIVEXTRO VIAL SOFOSBUVIR-VELPATASVIR* (PA,QL) SOVALDI* (PA, QL) TOBI PODHALER* (PA,QL) VEMLIDY* VOSEVI* (PA,QL) XIFAXAN (QL)	BAXDELA 450 MG TABLET (PA) CAYSTON* (PA, QL) CIPRO CLEOCIN CLINDESSE CRESEMBA CAPSULE (PA) DARAPRIM* (PA) DIFICID* (PA, QL) E.E.S. 400 ELIMITE ERYPED 200 ERY-TAB DR EURAX 10% LOTION FLAGYL KITABIS PAK* (PA, QL) MACROBID MACRODANTIN MALARONE (PA) NUVESSA NUZYRA TABLET* (PA, QL) PLAQUENIL (PA) POSACONAZOLE SUSPENSION PREVYMIS TABLET* PRIFTIN SIVEXTRO TABLET (PA) SKLICE SOLOSEC STROMEKTOL (PA) SULFATRIM TAMIFLU (QL) URIBEL VALTRESX XENLETA 600MG TABLET (PA, QL) XOFLUZA (QL) ZEPATIER* (PA,QL) ZITHROMAX ZITHROMAX TRI-PAK ZYVOX SUSPENSION, TABLET (PA)
HORMONAL AGENTS			INFECTIONS		
AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) CABERGOLINE (QL) DECADRON desmopressin dexamethasone intensol DOTTI (QL) estradiol (QL) LEVOXYL	COMBIPATCH DUAVEE ESTRING (QL) ESTROGEL FORTEO* (PA, QL) MYFEMBREE (PA, QL) ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO	ACTIVELLA ALORA (QL) ANDRODERM (PA, QL) ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA BYNFEZIA* (PA) CRINONE 4% GEL CYTOMEL DEPO-TESTOSTERONE EMFLAZA* (PA) ESTRACE EVAMIST INTRAROSA (QL) ISTURISA* (PA, QL) LUPANETA PACK*^ (PA) MEDROL MENOSTAR (QL) MYFEMBREE (QL) OSPHENA (QL) PROMETRIUM RAYALDEE UNITHROID	acyclovir capsule, suspension, tablet albendazole amoxicillin	BARACLUDE SOLUTION* BAXDELA 300 MG VIAL	AEMCOLO (QL) ALINIA ARIKAYCE* (PA) BACTRIM BACTRIM DS

## Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 17-19).

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

### INFECTIONS (cont)

sulfamethoxazole-trimethoprim suspension, tablet		
terbinafine		
tetracycline		
tobramycin ampule* (PA, QL)		
valacyclovir		
valganciclovir		
vancomycin capsule, solution		
vandazole		

### MISCELLANEOUS

ACCU-CHEK	ACE AEROSOL	ADDYI^ (PA, QL)
deferiprone 500mg* (PA)	CLOUD	AUSTEDO* (PA)
disulfiram	ENHANCER (QL)	EVRYSDI* (PA)
DROPLET LANCETS	AEROCHAMBER	INGREZZA* (PA)
KETONE CARE TEST STRIP	MINI (QL)	INGREZZA
KETONE TEST STRIP	AEROCHAMBER	INITIATION PACK* (PA, QL)
KETOSTIX REAGENT MICROLET	MV (QL)	NUEDEXTA (QL)
ONETOUCH LANCETS	AEROCHAMBER	ORFADIN* (PA)
POGO AUTOMATIC TEST CARTRIDGE	PLUS FLOW-VU (QL)	TIGLUTIK* (PA)
PRECISION XTRA	AEROCHAMBER	VYNDAMAX* (PA, QL)
sapropterin* (PA)	Z-STAT PLUS (QL)	
sodium chloride inhalation vial, irrigation solution, vial	AEROTRACH PLUS (QL)	
TECHLITE LANCETS	AEROVENT PLUS (QL)	
TRUEPLUS KETONE TEST STRIP	BREATHRITE (QL)	
	CERDELGA* (PA)	
	CLEVER CHOICE HOLDING CHAMBER (QL)	
	COMPACT SPACE CHAMBER (QL)	
	EASIVENT (QL)	
	ESBRIET* (PA)	
	FLEXICHAMBER (QL)	
	INSPIRACHAMBER (QL)	
	MICROCHAMBER (QL)	
	MICROSPACER (QL)	

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

### MISCELLANEOUS (cont)

	NITYR* (PA)	
	OPTICHAMBER	
	DIAMOND (QL)	
	POCKET	
	CHAMBER (QL)	
	PRO COMFORT	
	SPACER WITH MASK (QL)	
	PROCARE SPACER WITH CHILD MASK (QL)	
	RITFLO (QL)	
	SPACE CHAMBER (QL)	
	SPACE CHAMBER-MEDIUM MASK (QL)	
	SPACE CHAMBER-SMALL MASK (QL)	
	STRENSIQ* (PA)	
	VORTEX (QL)	

### MULTIPLE SCLEROSIS

dalfampridine er* (PA)	AUBAGIO* (PA)	FIRDAPSE* (PA,QL)
dimethyl fumarate* (PA)	BAFIERTAM* (PA)	MAVENCLAD* (PA)
	GILENYA* (PA)	
	MAYZENT* (PA)	
	PONVORY* (PA)	
	VUMERITY* (PA)	
	ZEPOSIA* (PA)	

### NUTRITIONAL/DIETARY

betaine anhydrous*	DRISDOL^	ACCRUFER^
calcitriol capsule, solution^	FLORIVA	AURYXIA (QL)
	CHEWABLE	CITRANATAL 90 DHA
cyanocobalamin	TABLET+	CITRANATAL ASSURE
dodex	LOKELMA	CITRANATAL
fluoride+^	NEEVO DHA^	B-CALM
folic acid+^	OB COMPLETE	CITRANATAL BLOOM
klor-con	PREMIER	TABLET^
KLOR-CON 8 MEQ TABLET	OB COMPLETE	CITRANATAL DHA
KLOR-CON 10 MEQ TABLET	PREMIER	CITRANATAL
potassium chloride 10%, capsule, packet, tablet	POLY-VI-FLOR WITH IRON+	HARMONY
	POLY-VI-FLOR+	DRISDOL^
	PRENATE^	K-TAB ER
		MEPHYTON^
		MULTI-VIT-FLOR+

## Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 17–19).

NUTRITIONAL/DIETARY (cont)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)					
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$			
sevelamer carbonate vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+	QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+ QUFLORA PEDIATRIC 0.25 MG/ML DROP+ QUFLORA PEDIATRIC 0.5 MG/ML DROP+ TRI-VI-FLOR+ VELPHORO VELTASSA	OB COMPLETE^ PHOSLYRA PRENATE PRIMACARE REVELA ROCALTROL^	IBU ibuprofen indomethacin indomethacin er ketorolac tromethamine (QL) leflunomide lidocaine 5% ointment (QL) lidocaine 5% patch (QL) lidocaine viscous (QL) meloxicam tablet metaxalone methocarbamol morphine (PA) morphine er (PA) oxycodone (PA) oxycodone er (PA) oxycodone- acetaminophen (PA) penicillamine* (PA,QL) PROLATE TABLET (PA) rizatriptan (QL) sumatriptan (QL) tramadol 50 mg tablet (QL) tramadol er (QL) VANADOM					
OSTEOPOROSIS PRODUCTS			PAIN RELIEF AND INFLAMMATORY DISEASE					
alendronate ibandronate 150 mg tablet raloxifene + risedronate risedronate dr	FOSAMAX PLUS D (ST)	ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) EVISTA FOSAMAX (ST)	ACETAMINOPHEN- CODEINE (PA) allopurinol tablet baclofen tablet buprenorphine patch (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol CELECOXIB (QL) colchicine colchicine 0.6 mg tablet cyclobenzaprine DICLOFENAC 1% GEL (QL) diclofenac dr diclofenac ec EC-NAPROXEN ECOTRIN EC 81 MG TABLET+ eletriptan (QL) ENDOCET (PA) FEBUXOSTAT (QL) GLYDO hydrocodone- acetaminophen (PA)	AIMOVIG (PA) AJOVY (PA) BELBUCA (QL) EMGALITY (PA) HYSINGLA ER (PA) MITIGARE NURTEC ODT (PA, QL) ORENCIA 250 MG VIAL OTEZLA* (PA, QL) OTREXUP (PA) QULIPTA (PA,QL) RASUVO (PA) REDITREX (PA) RINVOQ* (PA, QL) TRUDHESA (PA, QL) UBRELVY (PA, QL) XELJANZ* (PA, QL) XELJANZ XR* (PA, QL) XTAMPZA ER (PA) ZTLIDO	ARAVA BUTRANS (QL) CELEBREX (QL, ST) COLCHICINE 0.6 MG CAPSULE DEPEN* (PA,QL)EC- NAPROSYN (ST) ESGIC (QL) FEXMID FIORICET (QL) MITIGARE NAPROSYN (ST) NUCYNTA (PA) NUCYNTA ER (PA) OLUMIANT* (PA, QL) OTREXUP (PA) OXAYDO (PA) PERCOCET (PA) PROCTOFOAM-HC RASUVO (PA) ROXYBOND (PA) SAVELLA ULTRAM 50 MG TABLET (QL) ZANAFLEX ZEBUTAL (QL) ZOHYDRO ER (PA)	benztropine tablet carbidopa-levodopa carbidopa-levodopa er pramipexole (QL) PRAMIPEXOLE ER (QL) RASAGILINE (QL) ROPINIROLE ER ROPINIROLE	KYNMOBI (PA)	AZILECT (QL) DUOPA* INBRIJA* (PA) MIRAPEX ER (QL) NEUPRO NOURIANZ* (PA, QL) OSMOLEX ER (QL) RYTARY SINEMET 10-100 SINEMET 25-100 TASMAR XADAGO (ST)

## Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 17-19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>5</sup></b>			<b>SEIZURE DISORDERS (cont)</b>		
ARIPIRAZOLE (QL) aripiprazole odt asenapine chlorpromazine tablet olanzapine tablet olanzapine odt PALIPERIDONE ER (QL) quetiapine quetiapine er risperidone risperidone odt ziprasidone tablet	LATUDA (QL)	FANAPT (QL, ST) INVEGA (QL, ST) REXULTI (QL, ST) RISPERDAL (ST) SAPHRIS (ST) SECUADO (ST) SEROQUEL (ST) SEROQUEL XR (ST) VRAYLAR (QL, ST)	vigabatrin* vigadrone*		
<b>SEIZURE DISORDERS</b>			<b>SKIN CONDITIONS</b>		
carbamazepine carbamazepine er clonazepam divalproex divalproex er EPITOL gabapentin lamotrigine lamotrigine (blue) lamotrigine (green) lamotrigine (orange) lamotrigine er lamotrigine er lamotrigine odt lamotrigine odt (blue) lamotrigine odt (green) lamotrigine odt (orange) levetiracetam solution, tablet levetiracetam er oxcarbazepine pregabalin capsule, solution ROWEEPPRA rufinamide (PA,QL) SUBVENITE SUBVENITE (BLUE) SUBVENITE (GREEN) SUBVENITE (ORANGE) topiramate topiramate er	BRIVIACT VIAL (PA) DILANTIN 30 MG CAPSULE (PA) FYCOMPA (PA, QL) NAYZILAM (PA, QL) VIMPAT VIMPAT SOLUTION, VIAL	APTiom (PA, QL) BANZEL (PA, QL) BRIVIACT ORAL SOLUTION, TABLET (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DIASTAT (PA) DILANTIN 100 MG CAPSULE (PA) DILANTIN 50 MG INFATAB (PA) EPIDIOLEX* (PA) FINTEPLA* (PA) KLONOPIN (PA) LYRICA ORAL SOLUTION (PA) NEURONTIN (PA) OXTELLAR XR (PA) PHENYTEK (PA) SPRITAM (PA) TEGRETOL (PA) TEGRETOL XR (PA) VALTOCO (PA, QL) VIMPAT TABLET XCOPRI (PA, QL)	ACCUTANE ADAPALENE (PA) adapalene-benzoyl peroxide AMNESTEEM AVAR CLEANSER azelaic acid BP 10-1 AVAR CLEANSER azelaic acid betamethasone augmented betamethasone dipropionate BP 10-1 calcipotriene cream, ointment, solution calcipotriene- betamethasone CLARAVIS CLINDACIN ETZ 1% PLEDGET clindamycin 1% foam, gel, lotion, pledget, solution clindamycin-benzoyl peroxoxide clindamycin- tretinoin clobetasol CLODAN clotrimazole- betamethasone dapson gel fluocinonide fluorouracil cream, topical solution isotretinoin ketoconazole KETODAN metronidazole MYORISAN NEUAC GEL pimecrolimus ROSADAN	CIBINQO* (PA,QL) EUCRISA (ST)	ANALPRAM HC 2.5%-1% LOTION AVAR 9.5-5% CLEANSING PADS BRYHALI (ST) calcipotriene foam CAPEX SHAMPOO (ST) CLEOCIN T CLINDACIN ETZ KIT CLINDACIN PAC KIT CLODERM (ST) DESOWEN (ST) DRYSOL EFUDEX EVOCLIN NAFTIN OPZELURA (PA) PICATO PRAMOSONE REGRANEX (PA,QL) SANTYL (QL) TEMOVATE (ST) VALCHLOR* XENLETA 600 MG TABLET (PA, QL) XEPI

## Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 17–19).

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

### SKIN CONDITIONS (cont)

sodium sulfacetamide-sulfur		
SSS 10-5		
SULFACLEANSE 8-4		
tacrolimus ointment		
tazarotene 0.1% cream		
TRETINOIN (PA)		
TRIDERM		
ZENATANE		

### SLEEP DISORDERS/SEDATIVES

eszopiclone	DAYVIGO (QL, ST)	HETLIOZ LQ* (PA)
MODAFINIL (PA)	SUNOSI (PA, QL)	HETLIOZ* (PA)
zolpidem		LUNESTA (ST)
ZOLPIDEM ER (QL)		WAKIX* (PA, QL)
		XYREM* (PA, QL)
		XYWAV* (PA, QL)

### SMOKING CESSATION<sup>5</sup>

bupropion sr 150 mg tablet+^		APO-VARENICLINE TABLET^
varenicline tablet+ varenicline+^		NICODERM CQ+ NICORETTE+ NICOTROL NS+^ NICOTROL+^ VARENICLINE TARTRATE^

### SUBSTANCE ABUSE

buprenorphine-naloxone	KLOXXADO (QL)	SUBOXONE
	LUCEMYRA (QL)	ZIMHI (QL)
	NARCAN (QL)	
	ZUBSOLV	

### TRANSPLANT MEDICATIONS

everolimus 0.25 mg tablet*		ASTAGRAF XL*
everolimus 0.5 mg tablet*		CELLCEPT ORAL SUSPENSION, TABLET*
mycophenolate mofetil*		ENVARBUS XR*
mycophenolic acid*		MYFORTIC*
sirolimus*		NEORAL*
tacrolimus capsule*		PROGRAF 0.2 MG GRANULE PACKET*
		PROGRAF 0.5 MG CAPSULE*
		PROGRAF 1 MG CAPSULE*
		PROGRAF 1 MG GRANULE PACKET*

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

### TRANSPLANT MEDICATIONS (cont)

		PROGRAF 5 MG CAPSULE*
		RAPAMUNE*
		REZUROCK* (PA)
		ZORTRESS*

### URINARY TRACT CONDITIONS

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

### VACCINES

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.

	BEXSERO+	NOVAVAX COVID-19 VACC,ADJ (EUA)+
	BOOSTRIX TDAP+	QUADRACEL DTAP-IPV SYRINGE+
	COMIRNATY+	
	DAPTACEL DTAP+	
	DENGVAIXIA+	
	DIPHThERIA-TETANUS TOXOIDS-PED+	
	GARDASIL 9+	
	HEPLISAV-B+	
	HIBERIX+	
	INFANRIX DTAP+	
	IPOL+	
	ANSSN COVID-19 VACCINE (EUA)+	
	KINRIX+	
	MENACTRA+	
	JMENQUADFI+	
	MENVEO A-C-Y-W-135-DIP+	
	M-M-R II VACCINE+	

## Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 17–19).

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

### VACCINES (cont)

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.

MODERNA  
 COVID-19  
 BOOSTER  
 (EUA)+  
 MODERNA COVID  
 (12Y UP) VAC  
 (EUA)+  
 MODERNA COVID  
 (6M-5Y) VACC  
 (EUA)+  
 PEDIARIX+  
 PEDVAXHIB+  
 PENTACEL+  
 PFIZER COVID  
 (12Y UP)  
 VAC(EUA)+  
 PFIZER COVID (5-  
 11Y) VAC (EUA)+  
 PFIZER COVID  
 (6M-4Y)  
 VACC(EUA)+  
 PFIZER COVID-19  
 VACCINE (EUA)+  
 PNEUMOVAX 23+  
 PREHEVBRIO+  
 PREVNAR 13+  
 PREVNAR 20+  
 PROQUAD+  
 QUADRACEL  
 DTAP-IPV VIAL+  
 RECOMBIVAX  
 HB+  
 SHINGRIX+ (QL)  
 SPIKEVAX COVID  
 (18Y UP) VACC+  
 TDVAX+  
 TENIVAC+  
 TRUMENBA+  
 TWINRIX+  
 VARIVAX  
 VACCINE+  
 VAXELIS+  
 VAXNEUVANCE+

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

### WEIGHT MANAGEMENT

megestrol suspension phentermine ^	WEGOVY^ (PA, QL)	CONTRAVE^ (PA) QSYMIA^ (PA) SAXENDA^ (PA)
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## Injectable Specialty Medications

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

MEDICATION NAME	DRUG CLASS
ACTEMRA SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPEN* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTIMMUNE (PA)	CANCER
ADBRY (PA)	SKIN CONDITIONS
ARANESP^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARCALYST (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
AUBAGIO*	MULTIPLE SCLEROSIS
AVONEX (PA)	MULTIPLE SCLEROSIS
AVSOLA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BENLYSTA AUTO-INJECTOR SYRINGE (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON (PA)	MULTIPLE SCLEROSIS
BYNFEZIA (PA)	HORMONAL AGENTS
CABENUVA^ (PA)	AIDS/HIV
CABLIVI^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
CETROTIDE^ (PA)	HORMONAL AGENTS
CIMZIA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
DUPIXENT (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EGRIFTA (PA)	HORMONAL AGENTS
EMPAVELI (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ENBREL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ENTYVIO^ (PA)	GASTROINTESTINAL/HEARTBURN
EPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EXTAVIA (PA)	MULTIPLE SCLEROSIS
FASENRA PEN (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI^ (PA)	HORMONAL AGENTS
FRAGMIN* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FULPHILA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
GANIRELIX^ (PA)	HORMONAL AGENTS
GATTEX (PA)	GASTROINTESTINAL/HEARTBURN
glatiramer (PA)	MULTIPLE SCLEROSIS
GLATOPA (PA)	MULTIPLE SCLEROSIS
GRANIX^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HEMLIBRA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HUMATROPE (PA)	HORMONAL AGENTS
HUMIRA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILARIS^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
INCRELEX (PA)	HORMONAL AGENTS
INFLECTRA^(PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
KALBITOR^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KESIMPTA (PA)	MULTIPLE SCLEROSIS
KEVZARA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
LANREOTIDE^ (PA)	HORMONAL AGENTS
MAVYRET*	INFECTIONS
MYALEPT (PA)	MISCELLANEOUS
NATPARA (PA)	HORMONAL AGENTS
NEULASTA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEULASTA ONPRO^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NINLARO (PA,QL)	CANCER
NIVESTYM^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPRO (PA)	HORMONAL AGENTS
NUCALA AUTO-INJECTOR, SYRINGE (PA)	ASTHMA/COPD/RESPIRATORY
NYVEPRIA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ORENCIA SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OTEZLA*	PAIN RELIEF AND INFLAMMATORY DISEASE
PALYNZIQ (PA)	MISCELLANEOUS
PEGASYS (PA)	INFECTIONS
PLEGRIDY (PA)	MULTIPLE SCLEROSIS
PROCRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REBIF (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE (PA)	MULTIPLE SCLEROSIS
REMICADE^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
RUCONEST^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
sajazir (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SANDOSTATIN^ (PA)	HORMONAL AGENTS
SANDOSTATIN LAR DEPOT^ (PA)	HORMONAL AGENTS
SEROSTIM (PA)	HORMONAL AGENTS
SILIQ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI 100MG/ML (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYRIZI (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYTROFA (PA)	HORMONAL AGENTS
SOMATULINE DEPOT^ (PA)	HORMONAL AGENTS
SOMAVERT (PA)	HORMONAL AGENTS
STELARA SYRINGE, 45MG/0.5ML VIAL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STRENSIQ (PA)	MISCELLANEOUS
TAKHZYRO (PA)	BLOOD PRESSURE/HEART MEDICATIONS

MEDICATION NAME	DRUG CLASS
TALTZ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TEGSEDI (PA)	MISCELLANEOUS
TEZSPIRE (PA)	ASTHMA/COPD/RESPIRATORY
TREMFYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TYMLOS (PA, QL)	OSTEOPOROSIS PRODUCTS
UDENYCA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
VYLEESI^ (PA, QL)	MISCELLANEOUS
XOLAIR (PA)	ASTHMA/COPD/RESPIRATORY
ZARXIO^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZIEXTENZO (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZORBTIVE (PA)	HORMONAL AGENTS

## Medications that aren't covered - and their covered alternative(s)

These medications aren't covered on the Cigna Value 3-Tier Prescription Drug List.<sup>^^</sup> **However, there are other medications available that are used to treat the same condition.** They're listed below.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	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)
	EPINEPHRINE 0.15 MG, 0.3 MG AUTO-INJECTOR	Generic EPIPEN (also called epinephrine)
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 LOREEV XR	lorazepam
	bupropion xl 450mg tablet FORFIVO XL	bupropion xl 150mg tablets
	CITALOPRAM HBR	citalopram tablet
	CYMBALTA	desvenlafaxine ER duloxetine escitalopram

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	DRIZALMA SPRINKLE	duloxetine dr capsules	
	LEXAPRO	escitalopram	
	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 RESPICLICK BREO ELLIPTA	DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB
		ALBUTEROL HFA levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	Generic PROAIR or PROVENTIL (albuterol hfa)
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		ANORO ELLIPTA STIOLTO RESPIMAT	
BROVANA		arformoterol	
budesonide-formoterol		SYMBICORT	
ELIXOPHYLLIN		theophylline er theophylline oral solution	
PERFOROMIST		formoterol	
TUDORZA PRESSAIR		INCRUSE ELLIPTA SPIRIVA RESPIMAT	

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ASTHMA/COPD/RESPIRATORY (cont)	YUPELRI	ANORO ELLIPTA BREZTRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA	
	ZYFLO	montelukast zafirlukast zileuton er	
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR ADZENYS ER ADZENYS XR-ODT APTENSIO XR AZSTARYS 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)	

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
BLOOD PRESSURE/HEART MEDICATIONS (cont)	CARDIZEM	diltiazem	
	CARDIZEM CD	diltiazem CD	
	CONJUPRI	amlodipine felodipine er nicardipine nifedipine	
	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 ISORDIL TITRADOSE	isosorbide dinitrate	
	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	
	TEKTURNA	aliskiren	
	TEKTURNA HCT	generic ACE inhibitor + HCT (e.g. benazepril-HCT)	
	TRIBENZOR	olmesartan-amlodipine-hctz	
	VASERETIC	enalapril-hctz	
	VASOTEC	enalapril	
	ZESTORETIC	lisinopril-hctz	
	BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole YOSPRALA	aspirin or enteric aspirin

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CANCER	BESREMIŞ*	hydroxyurea capsule	
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*	
	NILANDRON	nilutamide	
	TARCEVA*	erlotinib	
	YONSA*	abiraterone	
	ZYTIGA*		
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 ROSUVASTATIN-EZETIMIBE ROSZET	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+	
	COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
		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 EASY TALK PLUS II TEST STRIPS FREESTYLE TEST STRIPS RELION TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)	

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	ADLYXIN	BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA
	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART INSULIN GLARGINE NOVOLOG RIGHTEST GT333 TEST STRIPS	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 OSENI	JANUMET JANUMET XR JANUVIA pioglitazone
	FORTAMET GLUMETZA metformin er gastric metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)
	GLUCAGEN HYPOKIT GVOKE	BAQSIMI glucagon emergency kit (generic) ZEGALOGUE
	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR
	INVOKANA STEGLATRO	FARXIGA JARDIANCE metformin

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR LEVEMIR TRESIBA FLEXTOUCH
	NOVOLIN	HUMULIN
	QTERN STEGLUJAN	GLYXAMBI metformin TRIJARDY XR
	EDECRIN ethacrynic acid	bumetanide furosemide torsemide
DIURETICS	THALITONE	chlorthalidone
	ALOCRIL ALOMIDE	cromolyn
EYE CONDITIONS	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost
	RESTASIS RESTASIS MULTIDOSE	cyclosporine 0.05% eye emulsion XIIDRA
	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository
	ASACOL HD COLAZAL DELZICOL DIPENTUM	balsalazide mesalamine tablets or capsules PENTASA sulfasalazine
GASTROINTESTINAL/HEARTBURN	BYLVAY* LIVMARLI*	cholestyramine powder/packet rifampin ursodiol tablet
	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone
	CREON PERTZYE ZENPEP	PANCREAZE
	DARTISLA glycopyrrolate 1.5mg tablet ROBINUL, ROBINUL FORTE	glycopyrrolate 1mg tablet glycopyrrolate 2mg tablet
	GIMOTI*	metoclopramide oral solution or tablet
	GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+	CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+

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GASTROINTESTINAL/HEARTBURN (cont)	KRISTALOSE lactulose 10gm packet	CONSTULOSE ENULOSE lactulose oral solution
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	lubiprostone	AMITIZA
	MARINOL SYNDROS	dronabinol
	MOTEGRITY TRULANCE ZELNORM	AMITIZA LINZESS
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK PYLERA TALICIA	lansoprazole-amoxicillin-clarithromycin pak
	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet
	ursodiol 200 mg, 400 mg capsule	ursodiol 300mg capsule ursodiol tablet
	ZOFRAN	ondansetron
	ZUPLENZ	ondansetron ondansetron odt
	HORMONAL AGENTS	ALKINDI SPRINKLE
DDAVP NOCDURNA		desmopressin nasal spray or tablets
DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DXEVO HIDEX TAPERDEX ZCORT		dexamethasone 1.5mg tablet
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

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
HORMONAL AGENTS (cont)	RAYOS	methylprednisolone prednisone
	LEVOTHYROXINE CAPSULE SYNTHROID TIROSINT TIROSINT-SOL	levothyroxine tablet
	THYQUIDITY	EUTHYROX LEVO-T levothyroxine tablet LEVOXYL
	UCERIS 9MG ER TABLET	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone
	ARMOUR THYROID WP THYROID	np thyroid
INFECTIONS	ACTICLATE DORYX DORYX MPC MINOCIN 50MG PEL CAPSULE MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER MONODOX SEYSARA SOLODYN soloxide 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*
	BREXAFEMME DIFLUCAN	fluconazole
	doxycycline hyclate dr 80mg tablet	generic products (e.g. minocycline)
	DOXYCYCLINE IR-DR LYMEPAK ORACEA	doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg
	E.E.S. 200 ERYPED 400	erythromycin granules erythromycin
	HUMATIN	paromomycin

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS (cont)	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	
VANCOCIN	vancomycin oral solution or capsule		
ZOVIRAX	acyclovir		
MISCELLANEOUS	EXSERVAN*	riluzole*	
		TIGLUTIK*	
	HORIZANT	gabapentin	
	KUVAN*	sapropterin tablet & powder packet*	
	SYPRINE*		penicillamine*
		trientine*	
XENAZINE*	tetrabenazine*		
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*	
	COPAXONE*	AVONEX*	
		BETASERON*	
EXTAVIA*			
glatiramer*			
GLATOPA*			
KESIMPTA*			
TECFIDERA*	AUBAGIO*		
	BAFIERTAM*		
	dimethyl*		
	GILENYA*		
	MAYZENT*		
	PONVORY*		
	VUMERITY*		
NUTRITIONAL/DIETARY	AZESCHEW	Any generic prenatal vitamin	
	AZESCO		
	DERMACINRX PRENATRIX		
	DERMACINRX PRENATRYL		
	PNV TABS 20-1		
	PREGEN DHA		
	PREGENNA		
	TRINAZ		
	ZALVIT		
NASCOBAL	cyanocobalamin injection		

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
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
	BACLOFEN	baclofen tablet
	CAMBIA DUEXIS ELYXYB fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO ibuprofen-famotidine INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE 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)
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg chlorzoxazone 750mg	methocarbamol 500mg
	CONZIP	tramadol tramadol er
	COSENTYX*	ENBREL* HUMIRA* OTEZLA* STELARA 45MG, 90MG* TALTZ*

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	CUPRIMINE*	penicillamine* trientine*
	D.H.E.45	dihydroergotamine injection
	diclofenace 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
	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
	LIDODERM	lidocaine 5% patch
	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

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	PROLATE SOLUTION	oxycodone-acetaminophen tablet	
	QDOLO	tramadol 50mg tablet	
	QULIPTA	NURTEC ODT	
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY	
	ROXICODONE	oxycodone	
	SIMPONI* 50MG/0.5ML	ACTEMRA* ENBREL* HUMIRA* STELARA 45MG, 90MG* TALTZ* XELJANZ/XR*	
	SORIATANE	acitretin	
	SUBSYS	fentanyl lozenge or buccal tablet	
	tizanidine 2 mg, 4 mg, 6 mg capsule	tizanidine 2mg tablet tizanidine 4mg tablet	
	TOSYMRA	sumatriptan	
	tramadol 100mg	tramadol	
	TREXIMET	sumatriptan-naproxen	
	vtol lq	butalbital-acetaminophen-caffeine capsule or tablets phenilin forte	
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan	
	ZOMIG ZMT	zolmitriptan odt	
	PARKINSON'S DISEASE	DHIVY	carbidopa/levodopa
		GOCOVRI	amantadine
LODOSYN		carbidopa	
ONGENTYS		entacapone	
ZELAPAR		selegiline tablets or capsules	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone	
	CAPLYTA LYBALVI	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone	

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)	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	levetiracetam er
	EPRONTIA	topiramate sprinkle capsule topiramate tablet
	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
	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
ZONEGRAN	zonisamide	
SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN 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	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
	BENZA CLIN 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) dapsone 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	CONDYLOX VEREGEN	imiquimod 5% cream packet podoflox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethason fluocinolone fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	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
	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

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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
	mupirocin 2% cream	mupirocin 2% ointment
	NORITATE	azelaic acid metronidazole cream metronidazole gel
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment
	OPZELURA	EUCRISA pimecrolimus tacrolimus ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	aldometasone desonide triamcinolone
	ULTRAVATE LOTION ULTRAVATE X	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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	AZASAN* azathioprine 75 mg, 100 mg tablet*	azathioprine 50mg tablet*
	LUPKYNIS*	BENLYSTA* tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine
	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS (cont)	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

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## 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. These changes may include:<sup>3,4</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 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. We try to give you many options to choose from to treat your health condition.

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

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

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

- › 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, erectile dysfunction, smoking cessation.<sup>6</sup>
- › 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 approval depending on the amount you're filling. If it has **(AGE)** next

## Frequently Asked Questions (FAQs) (cont)

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 of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at [cignaforhcp.com](http://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. You can also log in to [myCigna.com](http://myCigna.com) or the **myCigna** app to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

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)?**

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



## Frequently Asked Questions (FAQs) (cont)

### **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 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/PDL**.

For more information about health care reform, go to **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.<sup>7</sup>

### **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.<sup>8</sup> 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.<sup>8</sup> 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.

## Frequently Asked Questions (FAQs) *(cont)*

**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.

## 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:<sup>12</sup>

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility<sup>13</sup>, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation<sup>13</sup>, 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. The downloading and use of the **myCigna** App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual App features available may vary depending on your plan and individual security profile.
2. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
3. State laws in **Connecticut, Louisiana, New York, and Texas** 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.
4. 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.
5. 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.
6. 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.
7. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
8. 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>.
9. 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.
10. Standard shipping costs are included as part of your prescription plan.
11. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
12. 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.
13. 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.

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](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



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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).