



# CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST

**As of January 1, 2020**

**Together, all the way.®**



Offered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

927959 c Performance 3-Tier 02/20



# Table of Contents

## Getting started

About your prescription drug list	3
How to read your drug list	3
How to find your medication	5
Medications that are not covered	18
Prescription drug list FAQs	29
Exclusions and limitations	32

### View your drug list online

This document was last updated 09/01/2019.\* Here's where you can find a current list of the medications your plan covers:



**The myCigna® app or website** - Once you're registered, log in and click on Prescriptions. Then, click on Price a Medication.



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

### Questions?

Call the toll-free number on your Cigna ID card. We're here to help. If it's easier, you can also chat with us online on the **myCigna** website, Monday-Friday, 9:00 am-8:00 pm EST.

\* Drug list created: originally created 01/01/2008

Last updated: 09/01/2019, for changes starting 01/01/2020

Next planned update: 03/01/2020, for changes starting 07/01/2020

## About your prescription drug list

This document shows the most commonly prescribed medications covered on the Performance 3-Tier Prescription Drug List as of January 1, 2020.<sup>1,2</sup> All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

**The Performance 3-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers.** Also, your specific plan may not cover all of the medications in this document. You should log in to the **myCigna** app or website. To learn more about the medications your plan covers. The inclusion of a drug in this document or on myCigna or Cigna.com does not guarantee that a provider of health care will prescribe that drug for a particular medical condition. For customers in Massachusetts, please refer to pages 18–28 for categories of prescription drugs that are not covered under the Performance 3-Tier plan.

## How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Performance 3-Tier Prescription Drug List.

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

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

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

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

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

Brand name medications are **capitalized**

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

Generic medications are **lowercase**

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

## Tiers

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

- |  |                          |        |
|--|--------------------------|--------|
| › <b>Tier 1 - Typically Generics</b>             | (Lower-cost medication)  | \$     |
| › <b>Tier 2 - Typically Preferred Brands</b>     | (Medium-cost medication) | \$\$   |
| › <b>Tier 3 - Typically Non-Preferred Brands</b> | (Higher-cost medication) | \$\$\$ |

## Abbreviations next to medications

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

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

**(ST)** **Step Therapy** - Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).

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

**(AGE)** **Age Requirements** - For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.

\*These coverage requirements may not apply to your specific plan. That's because some plans don't have prior authorization, quantity limits, Step Therapy and/or age requirements. Log in to the myCigna app or website, or check your plan materials, to find out if your plan includes these specific coverage requirements.

## Brand name medications are capitalized

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

## Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (\*). Some plans may cover these medications on a specialty tier, may limit 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 website, or check your plan materials, to learn more about how your plan covers specialty medications.

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

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

## Plan exclusions

Your plan excludes certain types of medications or products from coverage. This is known as a “plan (or benefit) exclusion.” This means that your plan doesn’t cover any prescription medications in the drug class or to treat the specific condition. There’s also no option to receive coverage through a medication review process. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** app or website, or check your plan materials, to find out if your plan excludes your medication from coverage.

## How to find your medication on the drug list

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

Condition	Page	Condition	Page
AIDS/HIV	6	FEMININE PRODUCTS	12
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	12
ALZHEIMER'S DISEASE	6	HORMONAL AGENTS	12, 13
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	13, 14
ASTHMA/COPD/RESPIRATORY	6, 7	INFERTILITY	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MISCELLANEOUS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	14
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	NUTRITIONAL/DIETARY	14
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	14
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CHOLESTEROL MEDICATIONS	8, 9	PARKINSON'S DISEASE	15
CONTRACEPTION PRODUCTS	9, 10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	16
DENTAL PRODUCTS	11	SKIN CONDITIONS	16
DIABETES	11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	17
EAR MEDICATIONS	11	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	11	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	11, 12	URINARY TRACT CONDITIONS	17
		VACCINES	17



## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ASTHMA/COPD/RESPIRATORY (cont)</b>			<b>BLOOD PRESSURE/HEART MEDICATIONS</b>		
	Tracleer 32 mg tablet for suspension* (PA) Trelegy Ellipta Ventolin HFA Xolair* (PA)		amiodarone amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-HTCZ Adult Aspirin Regimen+ Aspir EC+ aspirin EC+ aspirin 325 mg tablet+ Aspir-Low+ atenolol bayer aspirin 325 mg tablet+ benazepril benazepril-HCTZ candesartan candesartan-HCTZ cartia XT carvedilol carvedilol ER (QL) Children's Aspirin+ clonidine diltiazem diltiazem 12hr ER diltiazem 24hr ER diltiazem 24hr ER (CD) diltiazem 24hr ER (LA) diltiazem 24hr ER (XR) Dilt-XR dofetilide (QL) doxazosin Ecotrin+ ecpirin+ enalapril flecainide hydralazine irbesartan irbesartan-HCTZ isosorbide mononitrate	Bystolic (ST, QL) Corlanor (PA) Entresto Multaq Tekturna 150 mg tablet (QL) Tekturna HCT (QL)	Adalat CC Altace (ST) Atacand (ST) Atacand HCT (ST) Avalide (ST) Avapro (ST) Azor (QL) Benicar (ST, QL) Benicar HCT (ST, QL) BiDil (QL) Calan Calan SR Cardizem (QL) Cardura Catapres-TTS 1 Catapres-TTS 2 Catapres-TTS 3 Coreg (ST) Coreg CR (ST, QL) Corgard (ST) Cozaar (ST) Diovan (ST) Diovan HCT (ST) Edarbi (ST, QL) Epaned Exforge Exforge HCT Firazyr* (PA) Haegarda* (PA) Hemangeol Hyzaar (ST) Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Kaspargo Sprinkle (ST) Lopressor (ST) Lotensin (ST) Lotensin HCT (ST) Lotrel Micardis (ST, QL) Micardis HCT (ST, QL) Minipress Nitrostat Northera* (PA) Norvasc Pacerone 100mg, 400mg (PA) Procardia Procardia XL
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>					
atomoxetine (QL) clonidine ER dexmethylphenidate (PA age) dexmethylphenidate ER (PA age, QL) dextroamphetamine-amphetamine ER (PA age, QL) dextroamphetamine-amphetamine (PA age) guanfacine ER metadate ER (PA age, QL) methylphenidate (PA age) methylphenidate CD (PA age, QL) methylphenidate ER (CD) (PA age, QL) methylphenidate ER (LA) (PA age, QL) methylphenidate ER (PA age, QL) methylphenidate LA (PA age, QL) Relexxii (PA age, QL)	Vyvanse (PA age, QL)	Adderall Adhansia XR Adzenys ER (PA age, QL) Adzenys XR-ODT (PA age, QL) Daytrana (PA age, QL) Dyanavel XR (PA age, QL) Evekeo ODT Focalin (PA age, ST) Intuniv Kapvay Methylin (PA age, ST) QuilliChew ER (PA age, QL) Quillivant XR (PA age, QL) Ritalin tablet Strattera (QL)			
<b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>					
aminocaproic acid* tranexamic acid*	Aranesp* (PA) Droxia Epogen* (PA) Fulphila* (PA) Granix* Neulasta* (PA) Procrit* (PA) Retacrit* (PA) Udenyca* (PA) Zarxio*	Amicar tablet, oral solution* Cyklokapron* Hemlibra* (PA) Lysteda* Neupogen* (PA) Nivestym* (PA) Promacta* (PA) Siklos (PA) Tavalisse* (PA)			

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>			<b>CANCER</b>		
isosorbide mononitrate ER		Ranexa (QL) Rythmol SR (PA)	abiraterone* (PA)	Actimmune* (PA)	Afinitor Disperz* (PA)
labetalol		Takhzyro* (PA)	anastrozole	Erivedge* (PA)	Afinitor* (PA)
lisinopril		Tekturna (QL)	capecitabine* (PA)	Gleostine	Alecensa* (PA)
lisinopril-HCTZ		Tenormin (ST)	exemestane	Ibrance* (PA)	Bosulif* (PA)
losartan		Tiazac	imatinib* (PA)	Lupron Depot* (PA)	Cabometyx* (PA)
losartan-HCTZ		Tikosyn (PA, QL)	letrozole	Nexavar* (PA)	Cometriq* (PA)
Low Dose Aspirin EC <sup>+</sup>		Toprol XL (ST)	mercaptapurine	Revlimid* (PA)	Erleada* (PA)
Matzim LA		Verelan	methotrexate	Sprycel* (PA)	Gleevec* (PA)
metoprolol		Verelan PM	tamoxifen <sup>+</sup>	Sutent* (PA)	Imbruvica* (PA)
nadolol			temozolomide* (PA)	Tasigna* (PA)	Inlyta* (PA)
nifedipine				Trexall	Jakafi* (PA)
nifedipine ER				Verzenio* (PA)	Kisqali* (PA)
olmesartan (QL)					Lenvima* (PA)
olmesartan-amlodipine-HCTZ					Lonsurf* (PA)
olmesartan-HCTZ (QL)					Lynparza* (PA)
Pacerone 200 mg					Mekinist* (PA)
prazosin					Nerlynx* (PA)
propafenone					Ninlaro* (PA)
propafenone ER					Odomzo* (PA)
propranolol					Pomalyst* (PA)
propranolol ER					Purixan*
ramipril					Rubraca* (PA)
St. Joseph Aspirin <sup>+</sup>					Stivarga* (PA)
ranolazine ER (QL)					Tafinlar* (PA)
Taztia XT					Tagrisso* (PA)
telmisartan (QL)					Targretin capsule* (PA)
telmisartan-HCTZ (QL)					Temodar* (PA)
valsartan					Trelstar*
valsartan-HCTZ					Tykerb* (PA)
verapamil					Venclexta* (PA)
verapamil ER					Votrient* (PA)
verapamil ER PM					Xalkori* (PA)
verapamil SR					Xeloda* (PA)
					Xtandi* (PA)
					Zejula* (PA)
<b>BLOOD THINNERS/ANTI-CLOTTING</b>			<b>CHOLESTEROL MEDICATIONS</b>		
aspirin-dipyridamole ER	Brilinta	Aggrenox	amlodipine-atorvastatin (QL)	Repatha (PA)	Caduet (QL)
clopidogrel	Eliquis	Arixtra* (QL)	atorvastatin <sup>+</sup>	Vascepa (PA)	Crestor (ST, QL)
enoxaparin* (QL)	Fragmin* (QL)	Bayer Aspirin chewable tablet	colesevelam		Lipofen (ST)
fondaparinux* (QL)	Lovenox vial* (QL)	Bevyxxa (QL)	ezetimibe		Lovaza
Jantoven	Xarelto	Coumadin (PA)	ezetimibe-simvastatin		Niaspan
prasugrel		Effient	fenofibrate		TriCor (ST)
warfarin		Lovenox* (QL)	fenofibric acid		Triglide (ST)
		Plavix	fluvastatin <sup>+</sup>		Trilipix (ST)
		Pradaxa			Welchol
		Savaysa (QL)			Zetia
		Zontivity			Zocor (ST, QL)



## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CHOLESTEROL MEDICATIONS (cont)</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
fluvastatin ER <sup>+</sup> lovastatin 10mg lovastatin <sup>+</sup> 20mg, 40mg niacin niacin ER niacor omega-3 acid ethyl esters pravastatin <sup>+</sup> rosuvastatin calcium (QL) rosuvastatin calcium <sup>+</sup> 5mg, 10mg (QL) simvastatin 80mg (QL) simvastatin 10mg, 20mg, 40mg <sup>+</sup>			Chateal EQ <sup>+</sup> Cryelle <sup>+</sup> Cyclafem <sup>+</sup> Cyred <sup>+</sup> Cyred EQ <sup>+</sup> Dasetta <sup>+</sup> Daysee <sup>+</sup> Deblitane <sup>+</sup> Delyla <sup>+</sup> desogestrel-ethinyl estradiol <sup>+</sup> desogestrel-ethinyl estradiol ethinyl estradiol dospirenone- ethinyl estradiol- levomefolate <sup>+</sup> drospirenone-ethinyl estradiol <sup>+</sup> Econtra EZ <sup>+</sup> Econtra One-Step <sup>+</sup> Elinest <sup>+</sup> Emoquette <sup>+</sup> Enpresse <sup>+</sup> Enskyce <sup>+</sup> Errin <sup>+</sup> Estarylla <sup>+</sup> ethynodiol-ethinyl estradiol <sup>+</sup> Falmina <sup>+</sup> Fayosim <sup>+</sup> Femynor <sup>+</sup> Gianvi <sup>+</sup> Gynol II <sup>+</sup> Hailey 24 FE <sup>+</sup> Heather <sup>+</sup> Incassia <sup>+</sup> Introvale <sup>+</sup> Isibloom <sup>+</sup> Jasmiel <sup>+</sup> Jencycla <sup>+</sup> Jolessa <sup>+</sup> Juleber <sup>+</sup> Junel <sup>+</sup> Junel FE <sup>+</sup> Junel FE 24 <sup>+</sup> Kaitlib FE <sup>+</sup> Kalliga <sup>+</sup> Kariva <sup>+</sup> Kelnor 1-35 <sup>+</sup>		
<b>CONTRACEPTION PRODUCTS</b>					
Afirmelle <sup>+</sup> Aftera <sup>+</sup> Altavera <sup>+</sup> Alyacen <sup>+</sup> Amethia <sup>+</sup> Amethia Lo <sup>+</sup> Amethyst <sup>+</sup> Apri <sup>+</sup> Aranelle <sup>+</sup> Ashlyna <sup>+</sup> Aubra <sup>+</sup> Aubra EQ <sup>+</sup> Aurovela <sup>+</sup> Aurovela FE <sup>+</sup> Aurovela 24 FE <sup>+</sup> Aviane <sup>+</sup> Ayuna <sup>+</sup> Azurette <sup>+</sup> Balziva <sup>+</sup> Bekyree <sup>+</sup> Blisovi FE <sup>+</sup> Blisovi 24 FE <sup>+</sup> Briellyn <sup>+</sup> Camila <sup>+</sup> Camrese <sup>+</sup> Camrese LO <sup>+</sup> Caziant <sup>+</sup> Chateal <sup>+</sup>	Lo Loestrin FE NuvaRing <sup>+</sup> Taytulla	Annovera <sup>+</sup> Balcoltra Caya contoured <sup>+</sup> Ella <sup>+</sup> Estrostep FE Femcap <sup>+</sup> Kyleena* Layolis FE <sup>+</sup> Loestrin FE Minastrin 24 FE Mirena* Natazia Nexplanon* Safyral Skyla* Today Contraceptive Sponge <sup>+</sup> Wide seal diaphragm <sup>+</sup> Yasmin 28 Yaz			

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTION PRODUCTS (cont)</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
Kelnor 1-50+			Pimtrea+		
Kurvelo+			Pirmella+		
Larin+			Portia+		
Larin FE+			Previfem+		
Larin 24 FE+			Reclipsen+		
Larissia+			Rivelsa tablet+		
Leena 28 tablet+			Setlakin+		
Lessina+			Sharobel+		
Levonest+			Simliya+		
levonorgestrel+			Simpesse+		
levonorgestrel-ethinyl estradiol+			Sprintec+		
levonorgestrel-ethinyl estradiol ethinyl estradiol+			Sronyx+		
Levora-28+			Syeda+		
Lillow+			Tarina 24 FE+		
Loryna+			Tarina FE 1-20 EQ+		
Low-Ogestrel+			Tilia FE 28+		
Lo-Zumandimine+			Tri Femynor+		
Lutera+			Tri-Estarylla+		
Lyza+			Tri-Legest FE+		
Marlissa+			Tri-Linyah+		
medroxyprogesterone 150mg/ml+			Tri-Lo-Estarylla+		
Melodetta 24 FE+			Tri-Lo-Marzia+		
Mibelas 24 FE+			Tri-Lo-Mili+		
Microgestin+			Tri-Lo-Sprintec+		
Microgestin FE+			Tri-Mili+		
Mili+			Tri-Previfem+		
Mono-Linyah+			Tri-Sprintec+		
My Choice+			Trivora-28+		
My Way+			Tri-Vylibra+		
Necon+			Tri-Vylibra Lo+		
Nikki+			Tulana+		
Nora-BE+			Tydemy+		
norethindrone+			VCF+ foam, gel		
norethindrone-ethinyl estradiol+			Velivet+		
norethindrone-ethinyl estradiol-iron+			Vienva+		
norgestimate-ethinyl estradiol+			Violele+		
Norlyda+			Vyfemla+		
Norlyroc+			Vylibra+		
Nortrel+			Wera+		
Ocella+			Wymzya FE+		
Option 2+			Xulane+		
Orsythia+			Zarah+		
Philith+			Zovia+		
			Zumandimine+		
			<b>COUGH/COLD MEDICATIONS</b>		
			Bromfed DM		Tessalon Perle
			brompheniramine-pseudoephedrine-DM		Tuzistra XR (PA, QL)
			hydrocodone-chlorpheniramine ER (PA)		

## Cigna Performance 3-Tier Prescription Drug List

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

### DENTAL PRODUCTS

chlorhexidine	Fluorabon <sup>+</sup>	Clinpro 5000
Denta 5000 Plus	PreviDent 5000	Floriva <sup>+</sup>
dentagel		Fluoridex Sensitivity Relief
doxycycline		PreviDent
fluoride <sup>+</sup>		PreviDent 5000 Plus
Fluoridex Daily Defense		
Fluoritab <sup>+</sup>		
Flura-Drops <sup>+</sup>		
Ludent Fluoride <sup>+</sup>		
Oralone		
Paroex		
Peridex		
Periogard		
SF 5000 Plus		
sodium fluoride <sup>+</sup> ^		
0.25mg, 0.5mg, 1mg		
triamcinolone		

### DIABETES

glimepiride	Basaglar (QL)	Amaryl
glipizide	Bydureon (ST, QL)	Cycloset
glipizide ER	Byetta (ST, QL)	Glucophage
glipizide XL	Farxiga (ST, QL)	Glucophage XR
metformin	Freestyle Libre	Korlym* (PA)
metformin ER	Sensor (PA, QL)	NovoTwist
pioglitazone	GlucaGen HypoKit (QL)	Riomet
	Glucagon	
	Emergency Kit (QL)	
	Glyxambi (ST, QL)	
	Humalog (QL)	
	Humulin (QL)	
	Janumet (QL)	
	Janumet XR (QL)	
	Januvia (ST, QL)	
	Jardiance (ST, QL)	
	Kombiglyze XR (QL)	
	Levemir (QL)	
	OneTouch test strips	
	Onglyza (ST, QL)	
	Ozempic (ST, QL)	
	QTERN (ST, QL)	
	Segluromet (QL)	
	Soliqua	
	Steglatro (ST, QL)	
	SymlinPen	
	Synjardy (QL)	
	Synjardy XR (QL)	

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

### DIABETES (cont)

	Tresiba (QL)	
	Trulicity (ST, QL)	
	V-Go	
	Victoza (ST, QL)	
	Xigduo XR (QL)	
	Xultophy	

### DIURETICS

acetazolamide	Diuril	Aldactone
acetazolamide ER	Dyrenium	Dyazide
bumetanide		Inspra
chlorthalidone		Jynarque* (PA)
eplerenone		Lasix
furosemide		Maxzide
hydrochlorothiazide		Maxzide-25 mg
spironolactone		Samsca*
triamterene-HCTZ		

### EAR MEDICATIONS

neomycin-polymyxin-HC	Cipro HC	Coly-Mycin S
ofloxacin drops	Ciprodex	Cortisporin-TC
		Dermotic
		Otovel

### ERECTILE DYSFUNCTION

sildenafil (PA age, QL) oral suspension, tablet	Muse (QL)	Cialis (PA age, ST, QL)
tadalafil 2.5mg, 10mg, 20mg (PA age, QL)		Stendra (PA age, ST, QL)
tadalafil 5mg (QL)		Viagra (PA age, ST, QL)
varденаfil (PA age, QL)		

### EYE CONDITIONS

azelastine	Alphagan P 0.1% drops	Acuvail
brimonidine	Alphagan P 0.15%	Alrex
ciprofloxacin	Azasite	Bepreve
dorzolamide	Azopt	Besivance
dorzolamide-timolol	Betimol	Bromsite
erythromycin	Betoptic s	Cequa
fluorometholone	Combigan	Cosopt
gatifloxacin	Lotemax drops, gel	Cosopt PF
latanoprost	Lotemax SM	Cystaran* (QL)
moxifloxacin	Lumigan	Durezol
neomycin-polymyxin-dexamethasone	Moxeza	Ilevro
ofloxacin	Pazeo	Inveltys
olopatadine	Restasis	Istalol
	Simbrinza	Lastacaft

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>EYE CONDITIONS (cont)</b>			<b>GASTROINTESTINAL/HEARTBURN (cont)</b>		
polymyxin B-TMP prednisolone solution timolol solution tobramycin tobramycin- dexamethasone	Tobradex eye ointment Travatan Z Xiidra	Lotemax ointment Maxitrol Nevanac Ocuflox Oxervate* (PA) Pataday Patanol Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex drops Tobradex ST Trusopt Vigamox Xalatan Zioptan (ST, QL) Zirgan Zylet Zymaxid	famotidine 40mg tablet, suspension, piggyback, vial GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ GentleLax+ GlycoLax+ HealthyLax+ Hemmorex-HC hydrocortisone lansoprazole (QL) LaxaClear+ mesalamine mesalamine DR metoclopramide metoclopramide ODT QC Natura-Lax+ omeprazole (QL) ondansetron ondansetron ODT pantoprazole tablet (QL) PEG 3350 and Electrolytes+ PEG-Prep+ Phenadoz polyethylene glycol 3350+ PowderLax+ prochlorperazine suppository, tablet, vial promethazine Promethegan rabeprazole (QL) ranitidine 150mg, 300mg capsules, tablets, syrup sucralfate TriLyte With Flavor Packets+ ursodiol		Kristalose Lomotil MiraLax+ Motegrity Movantik (PA) Ocaliva* (PA) Pancreaze Pertzye Ravicti* (PA) Rectiv Relistor (PA) Sancuso (PA, QL) Sensipar* sfRowasa Sucraid* (PA) Symproic (PA) Transderm-Scop Urso Urso Forte Varubi (PA, QL) Viberzi Viokace Xermelo* (PA) Zantac
<b>FEMININE PRODUCTS</b>					
Fem pH Gynazole 5 Miconazole 3 vaginal suppository terconazole		AVC			
<b>GASTROINTESTINAL/HEARTBURN</b>			<b>HORMONAL AGENTS</b>		
Alophen+ Anucort-HC balsalazide bisacodyl+ Bisa-Lax+ chlordiazepoxide- clidinium cinacalcet* ClearLax+ dicyclomine capsule, solution, tablet diphenoxylate- atropine dronabinol Ducodyl+ esomeprazole capsule (QL)	Amitiza Apriso Carafate suspension CLENPIQ+ Creon Dexilant (QL) Entyvio*^ (PA) Linzess Lithostat Pentasa Prepopik+ SUPREP+ Trulance Zenpep	Aciphex tablet (ST, QL) Aciphex Sprinkle (QL) Akynteo capsule (PA, QL) Bonjesta Canasa Carafate tablet Cholbam* (PA) Correctol+ Diclegis Donnatal Dulcolax+ Gattex* (PA) Gialax+	Amabelz budesonide EC budesonide ER (PA, QL) cabergoline (QL) CovARYX	Androderm (PA, QL)	Activella Alora (QL) AndroGel (PA, QL) Angeliq Armour Thyroid 15mg

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>HORMONAL AGENTS (cont)</b>			<b>INFECTIONS</b>		
CovARYX H.S.	Armour Thyroid	Climara	acyclovir capsule, suspension, tablet, vial	Baraclude* 0.05 mg/ml	Albenza
Decadron	30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg, tablet	Climara Pro	albendazole	Cipro suspension	Alinia
desmopressin solution, spray, tablet	Cetrotide*^ (PA)	CombiPatch	amoxicillin	Cleocin 75 mg capsule	Arikayce* (PA)
desmopressin* ampule, vial	Crinone 4%	Cytomel	amoxicillin- clavulanate ER	Daraprim* (PA)	Bactrim
dexamethasone	Divigel	Deltasone	amoxicillin- clavulanate	Eurax 10% cream	Bactrim DS
dexamethasone intensol	Duavee	Depo-Testosterone	atovaquone	Firvanq	Baraclude* 0.5 mg (QL)
EEMT	Estring (QL)	Egrifta* (PA)	atovaquone- proguanil	Kitabis Pak* (PA, QL)	Baxdela (PA)
EEMT H.S.	Forteo* (PA, QL)	Elestrin	Avidoxy	Ledipasvir- Sofosbuvir* (PA)	Cayston* (PA, QL)
estradiol patch, vaginal insert (QL)	Ganirelix*^ (PA)	Emflaza* (PA)	azithromycin	Mavyret* (PA)	Cipro tablet
estradiol- norethindrone	Humatrope* (PA)	Entocort EC	cefдинир	Pegasis* (PA)	Cleocin
acetate	Increlex* (PA)	Estrace	cefepodoxime	Sofosbuvir- Velpatasvir* (PA)	Clindesse
estrogen- methyltestosterone	Lupron Depot* (PA)	EstroGel	cefuroxime	Sovaldi* (PA)	Cresemba capsule (PA)
levothyroxine	Lupron Depot- PED* 7.5mg, 11.25mg, 15mg(PA)	Euthyrox	cephalexin	Thalomid* (PA)	Difcid (QL)
Levoxyl	Norditropin	Evamist	ciprofloxacin	TOBI Podhaler* (PA, QL)	Elimite
liothyronine	FlexPro* (PA)	Imvexxy (QL)	clarithromycin	Vosevi* (PA)	EryPed 200
Lopreeza	Orilissa (PA, QL)	Intrarosa	clarithromycin ER	Xifaxan 550mg (QL)	Eurax 10% lotion
medroxyprogesterone	Premarin	Levo-T	clindamycin		Flagyl
methimazole	Premphase	Lupron Depot-PED* 30mg (PA)	clindamycin phosphate		Keflex
methylprednisolone dosepak, tablet	Prempro	Medrol 4mg, 8mg, 16mg, 32mg	Coremino (QL)		Levaquin
Mimvey	Sandostatin LAR Depot* (PA)	Menostar (QL)	dapsone		Macrobid
Mimvey LO	Serostim* (PA)	Minivelle (QL)	Doxy 101		Macrodantin
Nature-Throid	Somavert* (PA)	Natpara* (PA)	doxycycline		Malarone (PA)
NP Thyroid	Synthroid	Noctiva (PA)	Emverm		MetroGel-Vaginal
prednisolone	Zorbitive* (PA)	Noctiva (PA)	entecavir* (QL)		Monurol
prednisolone ODT		Osphena	erythromycin		Natroba
prednisone		Prometrium	erythromycin ES		Noxafil suspension, tablet, vial
prednisone intensol		Royaldee	famciclovir		Nuversa
progesterone capsule, vial		Somatuline Depot* (PA)	fluconazole		Nuzyra* (PA)
TaperDex		Striant (PA, QL)	hydroxychloroquine		Oravig
testosterone (PA, QL)		Thyrogen*	itraconazole		Plaquenil (PA)
testosterone cypionate		Tirosint	levofloxacin eye drops, solution, tablet, vial		Prevymis tablet*
thyroid		Triostat	metronidazole		Priftin
Westhroid		Unithroid	minocycline		Sivextro tablet (PA)
WP Thyroid		Vagifem (QL)	minocycline ER (QL)		Sklice
Yuvaferm (QL)		Vivelle-Dot (QL)	Mondoxyne NL		Solosec
			nitrofurantoin		Sulfatrim
			Nitrofurantoin Mono- Macro		Suprax
			nystatin		Tamiflu (QL)
			Okebo		Urogesic-Blue
			oseltamivir (QL)		Valtrex
					Vemlidy*
					Vibramycin syrup, suspension
					Xofluza (QL)
					Zepatier* (PA)

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>INFECTIONS (cont)</b>			<b>NUTRITIONAL/DIETARY</b>		
penicillin V permethrin Soloxide sulfamethoxazole- TMP terbinafine tablet tetracycline capsule tobramycin ampule* (PA, QL) valacyclovir valganciclovir vancomycin bag, capsule, vial Vandazole voriconazole tablet (PA)		Zithromax packet, suspension, tablet, vial Zyvox (PA)	B-12 Compliance calcitriol calcium 667mg cyanocobalamin injection daily prenatal+ FA-8+ folic acid 1mg tablet, vial folic acid 0.4mg, 0.8mg+ Klor-Con Klor-Con 10 Klor-Con 8 Klor-Con M10 Klor-Con M20 Klor-Con Sprinkle lanthanum phytonadione potassium chloride Prena1 Pearl Prenatal+ Prenatal Vitamin+ sevelamer vitamin D2 vitamin D3 5,000 unit+	CitraNatal Klor-Con M15 OB Complete Petite Prenate Mini Prenate Pixie PrimaCare VitafoI+	Auryxia (QL) Drisdol Escavite+ Escavite D+ Floriva+ KPN+ K-Tab ER Lokelma Mephyton MVC-fluoride+ OB Complete Perry Prenatal+ Phoslyra Quflora+ Renvela Rocaltrol Urosex+ Velphoro Veltassa vitaPearl
<b>INFERTILITY</b>			<b>OSTEOPOROSIS PRODUCTS</b>		
chorionic gonadotropin 10,000 unit vial*^ (PA) clomiphene tablet^	Crinone 8% ^ Endometrin^ Gonal-F*^ (PA) Novarel*^ (PA) Ovidrel*^ (PA)	Follistim AQ*^ (PA) Menopur*^ (PA)	alendronate sodium (QL) calcitonin-salmon ibandronate raloxifene+ risedronate risedronate DR	Boniva syringe* Tymlos* (PA, QL)	Actonel (ST) Atelvia (ST) Binosto (ST) Boniva tablet (ST) Evista Fosamax (ST) Fosamax Plus D (ST)
<b>MISCELLANEOUS</b>			<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>		
disulfiram Nebusal 3% PulmoSal sodium chloride irrigation solution, inhalation vial tetrabenazine* (PA) trientine* (PA)	Cerdelga* (PA) Esbriet* (PA) Nityr* (PA) Strensiq* (PA) TechLITE Lancets Vivitrol*	Addyi (QL) Austedo* (PA) Brisdelle (QL) Exjade* (PA) Ferriprox* (PA) Galafold* (PA) Ingrezza* (PA) Jadenu* (PA) Kuvan* (PA) Myalept* (PA) Nuedexta (QL) Orfadin* (PA) Palynziq* (PA) Tiglutik* (PA) Xenazine* (PA)	acetaminophen- codeine (PA) allopurinol aprizio pak baclofen buprenorphine (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine	Actemra* (PA, QL) Aimovig (PA) Ajovy (PA) Belbuca (QL) Cosentyx* (PA, QL) Depen* (PA) Embeda (PA) Emgality(PA) Enbrel* (PA, QL) Humira* (PA, QL) Hysingla ER (PA)	Abstral (PA) Analpram HC Arava Arymo ER (PA) Benlysta* (PA) Buprenex Butrans (QL) Celebrex (ST, QL) Cimzia* (PA, QL) Colcrys Diclofenac patch (ST, QL)
<b>MULTIPLE SCLEROSIS</b>					
glatiramer* (PA) Glatopa* (PA)	Ampyra* (PA) Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya 0.5mg* (PA) Plegridy* (PA) Rebif Rebidose* (PA) Rebif* (PA) Tecfidera* (PA)	Gilenya 0.25mg			

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>			<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>		
cyclobenzaprine	Nucynta (PA)	D-Penammine* (PA)	oxycodone ER (PA)		
DermacinRx	Otezla* (PA, QL)	Dupixent* (PA)	oxycodone-		
Empricaine	Proctofoam-HC	Duragesic (PA)	acetaminophen (PA)		
DermacinRx Prizopak	Rasuvo (PA)	EC-naprosyn (ST)	Phrenilin Forte (QL)		
diclofenac (QL)	Remicade* (PA)	Esgic (QL)	Prilolid		
diclofenac ER	Savella	Fexmid	Prilovix		
EC-naproxen	Simponi Aria* (PA)	Flector (ST, QL)	Primlev (PA)		
eletriptan (QL)	Stelara* (PA, QL)	Frova (QL)	Relador Pak		
endocet (PA)	Subsys (PA)	Gablofen	Relador Pak Plus		
etodolac	Tremfya* (PA, QL)	Illaris* (PA)	rizatriptan (QL)		
etodolac ER	Uloric (QL)	Ilumya* (PA, QL)	sumatriptan (QL)		
fentanyl (PA)	Xeljanz XR* (PA, QL)	Kadian (PA)	sumatriptan-		
Fioricet (QL)	QL)	Kevzara* (PA, QL)	naproxen (QL)		
frovatriptan (QL)	Xeljanz* (PA, QL)	Kineret* (PA, QL)	tizanidine		
Glydo	Xtampza ER (PA)	Lidoderm	tramadol (QL)		
hydrocodone-	Ztlido	Mitigare	tramadol ER (QL)		
acetaminophen (PA)		Mobic (ST)	Vicodin (PA)		
hydromorphone (PA)		Morphabond ER	Vicodin ES (PA)		
hydromorphone ER (PA)		(PA)	Vicodin HP (PA)		
IBU		MS Contin (PA)			
ibuprofen tablet		Nalfon 400 mg (ST)	<b>PARKINSON'S DISEASE</b>		
indomethacin		Naprosyn (ST)	benztropine	Apokyn* (PA)	Azilect (QL)
indomethacin ER		Norco (PA)	bromocriptine		Mirapex
ketorolac (QL)		Nucynta ER (PA)	carbidopa-levodopa		Mirapex ER (QL)
leflunomide		Olumiant* (PA, QL)	carbidopa-levodopa		Neupro
lidocaine (QL)		Orencia* (PA, QL)	ER		Osmolex ER (QL)
lidocaine viscous		Otrexup (PA)	pramipexole		Parlodel
lidocaine-prilocaine		Oxaydo (PA)	pramipexole ER (QL)		Rytary
Lidopril		Percocet (PA)	rasagiline (QL)		Sinemet
Lidopril XR		Procort	ropinirole		Sinemet CR
Lido-Prilo Caine Pack		Qmiiz ODT (ST, QL)	ropinirole ER		Tasmar
Livixil Pak		Relpax (QL)			Xadago (ST)
Lorcet (PA)		Roxybond (PA)	<b>SCHIZOPHRENIA/ANTI-PSYCHOTICS</b>		
Lorcet HD (PA)		Simponi* (PA, QL)	aripiprazole (QL)	Latuda (QL)	Aristada initio
Lorcet Plus (PA)		Skelaxin	aripiprazole ODT	Zyprexa 10mg vial	Fanapt (ST, QL)
Lortab (PA)		Taltz* (PA, QL)	chlorpromazine		Invega (ST, QL)
meloxicam		Tylenol-Codeine	olanzapine		Perseris (QL)
Metaxall		No.3 (PA)	olanzapine ODT		Rexulti (ST, QL)
metaxalone		Tylenol-Codeine	paliperidone ER (QL)		Risperdal (ST)
methocarbamol		No.4 (PA)	quetiapine		Saphris (ST)
morphine (PA)		Ultram (QL)	quetiapine ER		Seroquel (ST)
morphine ER (PA)		Voltaren (ST, QL)	risperidone		Seroquel XR (ST)
nabumetone		Zanaflex	risperidone ODT		Vraylar (ST, QL)
Nalfon 600mg (ST)		Zebutal (QL)	ziprasidone		
Nalocet (PA)		Zohydro ER (PA)			
naproxen		Zyloprim			
oxycodone (PA)					





## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SMOKING CESSATION

bupropion SR <sup>+</sup> NicoDerm CQ 21mg/24hr <sup>+</sup> Nicorelief <sup>+</sup> nicotine gum <sup>+</sup> nicotine lozenge <sup>+</sup> nicotine patch <sup>+</sup> Quit 2 <sup>+</sup> Quit 4 <sup>+</sup>	Chantix Nicotrol Nicotrol NS	NicoDerm CQ 7mg/24hr, 14mg/24hr <sup>+</sup> Nicorette <sup>+</sup> Zyban
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### SUBSTANCE ABUSE

buprenorphine- naloxone	Bunavail Lucemyra (QL) NARCAN (QL) Probuphine Zubsolv	Suboxone
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### TRANSPLANT MEDICATIONS

azathioprine* mycophenolate* mycophenolic acid* sirolimus* tacrolimus* capsule	CellCept vial* Prograf 5 mg/ml ampule*	Astagraf XL* CellCept capsule, suspension, tablet* Envarsus XR* Myfortic* Prograf capsule, granule packet* Rapamune* Zortress*
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### URINARY TRACT CONDITIONS

cevimeline darifenacin ER (QL) finasteride 5mg oxybutynin oxybutynin ER phenazopyridine potassium ER silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium trospium ER	Cystagon* Elmiron Thiola*	Avodart Evoxac Flomax Procysbi* (PA) Proscar Pyridium Rapaflo (QL) Urocit-K
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### VACCINES

**For plans renewing on 2/1/20 and later, on your plan's renewal date vaccines will be covered under the pharmacy benefit.**

Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, or check your plan materials, to find out how your specific plan covers them.

Diphtheria and Tetanus Toxoids- ped <sup>+</sup> TdVax <sup>+</sup>		Act-HIB <sup>+</sup> Adacel Tdap <sup>+</sup> Afluria Quad <sup>+</sup> BEXSERO <sup>+</sup>
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### VACCINES (cont)

**For plans renewing on 2/1/20 and later, on your plan's renewal date vaccines will be covered under the pharmacy benefit.**

Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, or check your plan materials, to find out how your specific plan covers them.

		Boostrix Tdap <sup>+</sup> DAPTACEL DTaP <sup>+</sup> Engerix-B <sup>+</sup> FLUAD <sup>+</sup> FLUARIX QUADRIVALENT <sup>+</sup> FLUBLOK Quadrivalent <sup>+</sup> FLUCELVAX QUADRIVALENT <sup>+</sup> FLUALVAL QUADRIVALENT <sup>+</sup> FluMist Quad Nasal <sup>+</sup> Fluzone High-Dose <sup>+</sup> Fluzone Quadrivalent Pedi <sup>+</sup> Fluzone Quadrivalent <sup>+</sup> GARDASIL 9 <sup>+</sup> HAVRIX <sup>+</sup> HEPLISAV-B <sup>+</sup> Hiberix <sup>+</sup> Infanrix DTaP <sup>+</sup> IPOL <sup>+</sup> KINRIX <sup>+</sup> Menactra <sup>+</sup> Menveo A-C-Y-W- 135-DIP <sup>+</sup> M-M-R II <sup>+</sup> PEDIARIX <sup>+</sup> PedvaxHIB <sup>+</sup> Pentacel <sup>+</sup> PNEUMOVAX 23 <sup>+</sup> Prevnar 13 <sup>+</sup> ProQuad <sup>+</sup> Quadracel DTaP- IPV <sup>+</sup> Recombivax HB <sup>+</sup> Rotarix <sup>+</sup> RotaTeq <sup>+</sup> SHINGRIX <sup>+</sup> TENIVAC <sup>+</sup> Trumenba <sup>+</sup> Twinrix <sup>+</sup> VAQTA <sup>+</sup> VARIVAX <sup>+</sup> ZOSTAVAX <sup>+</sup>
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## Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay its full cost out-of-pocket. **Your plan covers other medications that are used to treat the same condition.**^^ We've listed some below for you and your doctor to consider. **You should call your doctor's office to talk about your options.** For customers in Massachusetts, please refer to page 28 for additional categories of prescription drugs that are not covered under the Performance 3-Tier plan.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
AIDS/HIV	Combivir*	lamivudine-zidovudine*	
	Epivir*	lamivudine*	
	Epzicom*	abacavir-lamivudine*	
	Kaletra solution*	lopinavir-ritonavir solution*	
	Lexiva tablet*	fosamprenavir*	
	Norvir tablet*	ritonavir*	
	Retrovir capsule, syrup*	zidovudine capsule, syrup*	
	Reyataz capsule*	atazanavir*	
	Sustiva*	efavirenz*	
	Trizivir*	abacavir-lamivudine-zidovudine*	
	Viramune*	nevirapine*	
	Viramune XR*	nevirapine ER*	
	Ziagen*	abacavir*	
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto-injectors	
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g. fluticasone)	
	QNASL Children's	budesonide fluticasone triamcinolone	
	RyVent carbinoxamine 6mg tablet	carbinoxamine 4mg tablet	
	ANXIETY/DEPRESSION/BIPOLAR	Anafranil	clomipramine
		Aplenzin Wellbutrin XL	bupropion XL
Ativan tablet		lorazepam	
Cymbalta		duloxetine	
Lexapro		escitalopram	
Pamelor		nortriptyline capsules	
Parnate		tranylcypromine	
Pexeva		paroxetine/CR/ER	
Tofranil		imipramine tablet	

^^ 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.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY	Advair Diskus AirDuo RespiClick	Advair HFA Breo Ellipta Dulera fluticasone-salmeterol Symbicort Wixela Inhub
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler Pulmicort Flexhaler
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	Anoro Ellipta
	Elixophyllin	theophylline oral solution
	Proventil HFA Xopenex HFA	ProAir Ventolin HFA
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Striverdi Respimat	Serevent Diskus
	Yupelri	Anoro Ellipta Incruse Ellipta Trelegy Ellipta
	Zyflo	montelukast zafirlukast zileuton ER
	ATTENTION DEFICIT HYPERACTIVITY	Adderall XR Aptensio XR Concerta Cotempla XR-ODT Mydayis Focalin XR Ritalin LA
Desoxyn		methamphetamine
Dexedrine		dextroamphetamine
BLOOD PRESSURE/HEART MEDICATIONS		Betapace
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
	Isordil	isosorbide dinitrate
	Isordil Titrados	isosorbide dinitrate digoxin
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin

^^ 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.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CANCER	Nilandron	nilutamide
	Tarceva*	erlotinib*
	Yonsa* Zytiga*	abiraterone*
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin
	Lipitor	atorvastatin
	Praluent Pen	Repatha
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
	TussiCaps	hydrocodone-chlorpheniramine ER promethazine with codeine syrup
DIABETES	Accu-Chek Aviva Plus test strips Accu-Chek Guide test strips Accu-Chek Smartview Accutrend glucose	One Touch test strips (e.g. Ultra; Verio)
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza
	Ademelog Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	alogliptin	Janumet Janumet XR Januvia Kombiglyze XR metformin Onglyza
	alogliptin-metformin	Janumet Janumet XR Januvia Kombiglyze XR metformin Onglyza
	alogliptin-pioglitazone	Janumet Janumet XR Januvia Kombiglyze XR Onglyza pioglitazone

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

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)
	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Jentadueto Jentadueto XR Kazano	Janumet Janumet XR Kombiglyze XR
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch
	Nesina Tradjenta	Januvia Janumet Janumet XR Kombiglyze XR metformin Onglyza
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia Kombiglyze XR Onglyza
	Steglujan	Glyxambi metformin QTERN
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Vyzulta	bimatoprost latanoprost Lumigan Travatan Z
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN ( <i>cont</i> )	CoLyte with Flavor Packets+ GoLyteLy+ MoviPrep+ NuLYTELY with flavor packs+ OsmoPrep+ Plenvu+	Clenpiq+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ 3550 Electrolyte+ Prepopik+ SuPrep+	
	Cortifoam Uceris foam	Prescription hydrocortisone enema, rectal cream, suppository	
	Librax	chlordiazepoxide-clidinium	
	Marinol Syndros	dronabinol	
	Nexium capsule	esomeprazole	
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pack)	
	OmePPI Zegerid packet, 40mg capsule	omeprazole	
	Pepcid	famotodine	
	Prevacid SoluTab	Generic prescription PPIs (e.g. lansoprazole)	
	Rowasa	mesalamine rectal enema suspension	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Cortrosyn	cosyntropin
		DDAVP	desmopressin
		Dxevo	dexamethasone
Fortesta Natesto Testim Vogelxo Xyosted		AndgroGel testosterone	
Genotropin* Nutropin AQ nuspin* Omnitrope* Saizen* Saizen-Saizenprep* Zomacton*		Humatrope* (PA)	
Nocdurna		desompression acetate nasal spray or tablets	
Rayos		prednisone	
Uceris tablets		budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Seysara Solodyn Targadox Vibramycin Ximino	Generic products (e.g. doxycycline; minocycline)	
	Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine quinine	
	Augmentin/ES	amoxicillin-clavulanate	
	Bethkis* Tobi	tobramycin inhalation solution*	
	Diflucan	fluconazole	
	E.E.S. 200	erythromycin granules	
	Epclusa*	sofosbuvir-velpatasvir*	
	Eryped 400	erythromycin ethylsuccinate	
	Harvoni*	ledipasvir-sofosbuvir*	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Sitavig	acyclovir tablet famciclovir tablet valacyclovir tablet	
	Sporanox Tolsura	itraconazole oral	
	Valcycte	valganciclovir	
	Vancocin	vancomycin oral capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Syprine*	Depen* penicillamine* trientine*
	MULTIPLE SCLEROSIS	Aubagio*	Gilenya* Mayzent* Tecfidera*
		Copaxone*	Aubagio* Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
NUTRITIONAL/DIETARY	Azesco	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	Amrix	cyclobenzaprine Other generic muscle relaxants
	Bupap	butalbital-acetaminophen tablets
	Cambia	Generic prescription NSAID (e.g.celecoxib, meloxicam)
	Duexis	
	Ergomar	
	Fenortho	
	Indocin	
	Naprelan	
	Treximet	
	Vimovo	
	Zipsor	
	ConZip	Tramadol Tramadol ER
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	Gralise	gabapentin
	Imitrex	sumatriptan
	Zembrace Symtouch	
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER
	Lido-Sorb	lidocaine cream, ointment
	Lidozion	
Lorzone	chlorzoxazone 500mg	
Migranal	dihydroergotamine nasal spray	
ONZETRA Xsail	Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)	
Oxycontin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER	
Pennsaid	diclofenac 1% gel	
Roxicodone	oxycodone	
Siliq*	Cosentyx* Enbrel* Humira* Stelara*	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY <i>(cont)</i>	Soriatane	acitretin
	Sprix	ketorolac tablet
	Tivorbex	indomethacin
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine
	Vivlodex	meloxicam
	Zomig	sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	Zorvolex	diclofenac
PARKINSON'S DISEASE	Gocovri	amantadine
	Lodosyn	carbidopa
	Requip XL	ropinirole extended release
	Zelapar	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Abilify MyCite	aripiprazole
	FazaClo Versacloz	clozapine clozapine ODT
	Geodon capsule	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Felbatol	felbamate
	Kepra oral solution, tablet	levetiracetam
	Kepra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (blue, green, orange)	lamotrigine ODT (blue, green, orange)
	Lamictal XR	lamotrigine ER
	Lamictal XR (blue, green, orange)	lamotrigine ER (blue, green, orange)
	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
	Qudexy XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
Topamax	topiramate	
Zonegran	zonisamide	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS	Absorica	Myorisan or Zenatane
	Acanya Aczone Aktipak Altreno Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Retin-A Micro Tazorac Veltin Ziana	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aldara Zyclara	imiquimod 5% cream
	Anusol-HC cream	hydrocortisone cream
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin Neuac Kit	clindamycin-benzoyl peroxide
	Carac	fluorouracil 0.5% cream
	Clindagel	clindamycin gel, topical solution
	Cutivate lotion	fluticasone topical lotion
	Denavir Zovirax cream, ointment	acyclovir tablet famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Duobrii	halobetasol plus tazarotene cream
	Enstilar Taclonex	calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
SKIN CONDITIONS <i>(cont)</i>	HALOG	clobetasol cream, ointment halobetasol cream, ointment	
	Jublia Kerydin	ciclopirox topical solution itraconazole capsules terbinafine tablets	
	Kenalog spray	triamcinolone acetonide aerosol spray	
	Lexette	clobetasol cream, ointment halobetasol cream, foam, ointment	
	Locoid	hydrocortisone cream, lipid cream, ointment, solution	
	Locoid Lipocream	hydrocortisone lipid cream	
	Loprox	ciclopirox cream, shampoo	
	Luzu	econazole ketoconazole cream luliconazole oxiconazole	
	Noritate	metronidazole cream	
	Oxistat	etoconazole cream	
	Penlac	ciclopirox solution	
	Prudoxin Zonalon	Generic topical steroid (e.g. topical tacrolimus)	
	Sernivo	clobetasol spray triamcinolone acetonide aerosol spray	
	Trianex	triamcinolone cream, ointment	
	Ultravate	clobetasol lotion	
	Vanos	fluocinonide 0.1% cream	
	Verdeso	desonide cream, ointment	
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet	
	SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
		Ambien CR	zolpidem ER
Ativan		lorazepam	
Edluar Intermezzo		zolpidem/ER	
Nuvigil		armodafinil	
Provigil		modafinil	
Restoril		temazepam	
Zolpimist		Belsomra eszopiclone Silenor zaleplon zolpidem/ER	
SUBSTANCE ABUSE	Evzio	narcan nasal spray	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique	darifenacin ER
	Myrbetriq	oxybutynin ER
	Toviaz	tolterodine ER
	VESIcare	tropium ER

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Other prescription drugs/medications not listed as covered in this document, and the online prescription drug lists are excluded.

**For members of Massachusetts plans:**

Your plan covers medication and non-medication treatments as alternatives to opiate products for pain management. Non-opiate medication alternatives include non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and topical anesthetics. Non-medication alternatives include chiropractic care, individual behavioral health therapy, including biofeedback and training on meditative practices to alleviate pain, and pain management injections, including trigger point and fascia injections. Please discuss the covered medication alternatives covered under the formulary with your health care provider. You can access these medications from a participating pharmacy. To find a participating pharmacy or provider near you, please call the toll-free number on your ID card, or visit Cigna.com for more information.

Medications in the following Drug Class Categories are not covered by your plan:

DRUG CLASS	COMMENTS ON EXCLUDED MEDICATIONS
Cosmetics	<b>Medications Excluded from coverage:</b> Medications used for cosmetic services are excluded.
Fertility*	<b>Medications Excluded from coverage:</b> Infertility medications listed on page 14 Fertility Stimulating Preparations Non – FSH or Follicle Stimulating Hormones
Dental	<b>Medications Excluded from coverage:</b> Fluoride Preparations Dental Products that are not denoted with a + (indicates that preventive medication may be available at no cost share to you).
Nutritional/Dietary	<b>Medications Excluded from coverage:</b> Vitamins and Dietary Supplements Nutritional Dietary medications listed on page 14 that are not denoted with a + (indicates that preventive medication may be available at no cost share to you).
Obesity/Anti-Obesity	<b>Medications Excluded from coverage:</b> Anti-Obesity Agents Anorexic Agents Weight Loss Prescriptions and Supplements
Over the Counter Medications (OTC)	<b>Medications Excluded from coverage:</b> OTC products are excluded (unless insulin or no cost-share preventive medications denoted with +)
Durable Medical Equipment	Durable medical equipment is not covered under the pharmacy benefit but may be covered under the medical plan. Please refer to your plan materials for more information.

\*Exception: Members of Our Lady of the Elms College plan have coverage for Infertility medications.

## Prescription drug list FAQs

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

### Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:<sup>1,2</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 coverage requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

When a medication changes tiers or is no longer covered, you may pay a different amount to fill that medication. It's important to know that when we make a change that affects the coverage of a medication you're taking, we let you know before it begins so you have time to talk with your doctor.

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

To help lower your overall health care costs, your plan doesn't cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication. If you're taking a medication that 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 of your medication.

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

### How do you decide which medications are covered?

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

### Which medications are covered under the health care reform law?

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

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

## Prescription drug list FAQs (cont)

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

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

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

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. You can log in to the **myCigna** app or website and click on "Price a Medication" to see how much your medication will cost you at the different pharmacies in your network. You can also see if there are lower-cost alternatives available.<sup>3</sup>

### How can I save money on my prescription medications?

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

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

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.<sup>4</sup> The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:<sup>4</sup>

- › Have the same active ingredient, strength and dosage form as the brand name medication

- › Deliver the same amount of active ingredients into the bloodstream in the same amount of time as the brand name medication
- › Be used in the same way as the brand name medication

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

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

Managing a complex condition isn't easy. As part of your Cigna-administered pharmacy benefits, you have access to Accredo.<sup>5</sup> Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo's team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your complex medical condition. They'll help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

To get started using Accredo, call **877.826.7657**. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Please 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.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to **Cigna.com/specialty**.

### Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.<sup>5</sup>

- › If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. To get started, call **800.835.3784**.

## Prescription drug list FAQs (cont)

- › If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo. Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).<sup>6</sup> To get started, call Accredo at **877.826.7657**. They're available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Please 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.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to **Cigna.com/specialty**.

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

You can use the online tools and resources on the **myCigna** app or website 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 connect to your online Accredo account to manage your specialty medication.<sup>5</sup>

## Exclusions and limitations

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:<sup>7</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, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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



## **Pharmacy Drug List Exception Process/ Prior Authorization - To be Completed by your Doctor**

- › Coverage for certain prescription drugs and related supplies requires your doctor to obtain authorization prior to prescribing. Prior authorization may include, for example, a Step Therapy determination. Step Therapy determines the specific usage progression of therapeutically equivalent drug products or supplies appropriate for treatment of a specific condition. If your doctor believes non Prescription Drug List prescription drugs or related supplies are necessary, or wishes to request coverage for prescription drugs and related supplies for which prior authorization is required, your doctor may call or complete the appropriate prior authorization form and fax it to Cigna to request a Prescription Drug List exception or prior authorization for coverage of the prescription drugs and related supplies. Your doctor should make this request before writing the prescription.
- › If the request is approved, your doctor will receive confirmation. The authorization will be processed in our claim system to allow you to have coverage for those prescription drugs and related supplies. The length of the authorization will depend on the diagnosis and prescription drugs and related supplies. When your doctor advises you that coverage for the prescription drugs and related supplies has been approved, you should contact the pharmacy to fill the prescription(s).

- › If the request is denied, your doctor and you will be notified that coverage for the prescription drugs and related supplies is not authorized. If you disagree with a coverage decision, you may appeal that decision in accordance with the provisions of the policy, by submitting a written request stating why the prescription drugs and related supplies should be covered.

Your doctor can find the exception form for the particular prescription online at:

**[www.cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/prescription](http://www.cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/prescription)**

If you have questions about a specific Prescription Drug List exception or prior authorization request, you should call Customer Service at the toll-free number on the back of your ID card.

**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. Illinois state law allows you to receive continued coverage of your medication, and at your current cost share (tier) level, if your doctor requests approval through a coverage review process. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
5. Not all plans offer home delivery and Accredo as a covered pharmacy option. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. As allowable by law.
7. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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# 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>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

## Proficiency of Language Assistance Services

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

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

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

**Vietnamese** – XIN LƯU 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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).