



# CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST

**Starting July 1, 2020**

**Together, all the way.®**



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

939892 Performance 3-Tier 05/20



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### Go online to find out which medications your plan covers.

This document was last updated 05/01/2020.\* You can go online to see your plan's current coverage information.



**The myCigna® app or website** – Once you log in, click on “Coverage,” then select “Pharmacy” from the drop down menu. Under “Prescriptions,” type in the medication name.



**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. 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 01/01/2004

Last updated: 05/01/2020, for changes starting 07/01/2020

Next planned update: 09/01/2020, for changes starting 01/01/2021

## About your prescription drug list

This document shows the most commonly prescribed medications covered on the Performance 3-Tier Prescription Drug List as of July 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. Log in to the **myCigna** app or website, or check your plan materials, to learn more about the medications your plan covers.

## How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the 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	Cinryze* (PA)
amlodipine-valsartan-HCTZ	Coreg CR
atenolol	Cozaar (ST)
atenolol-chlorthalidone	Diovan (ST)
benazepril	Diovan* HCT (ST)
benazepril-HCTZ	Edarbi (ST)
candesartan cilexetil	Edarbyclor (ST)
cartia XT	Exforge
carvedilol	Exforge HCT
clonidine	Firazy* (PA)
digitek	Hemangeol
digox	Inderal LA
digoxin	Inderal XL
diltiazem ER	Innopran XL
diltiazem CD	Lotrel
diltiazem	Micardis (ST)
dilt-XR	Multaq
enalapril	Nitro-dur
flecainide acetate	Nitrolingual
hydralazine	NitroMist
irbesartan	Nitronal
isosorbide mononitrat	Nitrostat
	Northera* (PA)
	Norvasc
	Ranexa (ST)
	Tekturna
	Tekturna HCT

**Tier** (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**

Generic medications are **lowercase**

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

This chart is just a sample. It may not show how these medications are actually covered on the 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>             | (Lowest-cost medication)  | \$     |
| › <b>Tier 2 - Typically Preferred Brands</b>     | (Medium-cost medication)  | \$\$   |
| › <b>Tier 3 - Typically Non-Preferred Brands</b> | (Highest-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 medical 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, 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>AIDS/HIV</b>			<b>ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)</b>		
abacavir-lamivudine* (PA)	Atripla* (PA)	Cimduo* (PA)	amitriptyline		Paxil CR (ST, QL)
atazanavir* (PA)	Biktarvy*	Complera* (PA)	bupropion (QL)		Pristiq ER (ST, QL)
ritonavir*	Descovy*	Evotaz* (PA)	bupropion SR (QL)		Prozac (ST, QL)
tenofovir* (PA)	Genvoya*	Juluca* (PA)	bupropion XL (QL)		Remeron
	Intelence* (PA)	Odefsey* (PA)	buspirone		Sarafem (ST)
	Isentress*	Prezcobix* (PA)	citalopram (QL)		Trintellix (ST, QL)
	Isentress HD* (PA)	Stribild* (PA)	clomipramine		Viibryd (ST, QL)
	Prezista*		desvenlafaxine ER (QL)		Wellbutrin SR (ST, QL)
	Selzentry* (PA)		duloxetine (QL)		Xanax
	Symfi*		escitalopram (QL)		Xanax XR
	Symfi Lo*		fluoxetine (QL)		Zoloft (ST, QL)
	Symtuza*		fluoxetine DR (QL)		
	Tivicay*		fluvoxamine (QL)		
	Triumeq*		fluvoxamine ER (QL)		
	Truvada*		lorazepam		
	Viread 150 mg, 200mg, 250mg tablet, powder* (PA)		lorazepam intensol		
<b>ALLERGY/NASAL SPRAYS</b>			<b>ASTHMA/COPD/RESPIRATORY</b>		
Adyphren		Clarinet	albuterol	Advair HFA	Adcirca* (PA)
Adyphren Amp		Clarinet-D 12 Hour	albuterol HFA	Anoro Ellipta	Adempas* (PA)
azelastine		EpinephrineSnap-EMS	Alyq* (PA)	Atrovent HFA	Arcapta Neohaler
cromolyn		EpinephrineSnap-V	budesonide	Breo Ellipta	Brovana
cyproheptadine		EPIsnap	fluticasone-salmeterol	Combivent Respimat	Daliresp (QL)
desloratadine (QL)		Gastrocrom	montelukast	Dulera	Kalydeco* (PA, QL)
epinephrine (QL)		Grastek (PA, QL)	tadalafil 20mg* (PA)	Flovent	Letairis* (PA)
fluticasone		Karbinal ER	Wixela Inhub	Flovent HFA	Lonhala Magnair (PA)
hydroxyzine		Odactra (PA, QL)		Incruse Ellipta	Nucala auto-injector, syringe* (PA)
ipratropium		Patanase		OFEV* (PA)	Orenitram ER* (PA)
mometasone (QL)		Ragwitek (PA, QL)		Opsumit* (PA)	Orkambi* (PA, QL)
olopatadine		Vistaril		ProAir HFA	Perforomist (QL)
Phenergan				ProAir RespiClick	Pulmicort respule
promethazine				Pulmicort Flexhaler	Revatio oral suspension, tablet* (PA)
<b>ALZHEIMER'S DISEASE</b>			<b>ANXIETY/DEPRESSION/BIPOLAR DISORDER</b>		
donepezil	Mestinon syrup	Aricept	alprazolam		Celexa (ST, QL)
donepezil ODT	Namenda	Exelon	alprazolam ER		Effexor XR (ST, QL)
memantine	Titration Pack	Mestinon tablet	alprazolam intensol		Fetzima (ST, QL)
memantine ER (QL)		Namenda tablet	alprazolam ODT		Forfivo XL (ST, QL)
pyridostigmine		Namenda XR (QL)	alprazolam XR		Paxil (ST, QL)
pyridostigmine ER		Namzarcic (QL)			
rivastigmine		Regonol			

## 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>		
	Trelegy Ellipta Ventolin HFA Xolair* (PA)		Adult Aspirin Regimen+ amiodarone amlodipine amlodipine- benazepril amlodipine- olmesartan (QL) amlodipine-valsartan amlodipine- valsartan-HTCZ Aspirin 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) Dilt-XR dofetilide (QL) doxazosin Ecotrin+ Ecpirin+ enalapril flecainide hydralazine irbesartan irbesartan-HCTZ isosorbide isosorbide ER labetalol lisinopril	Bystolic (ST, QL) Corlanor (PA) Entresto Multaq 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 SR Cardizem LA 120 mg (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 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) Prinivil (ST) Procardia Procardia XL
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>					
atomoxetine (QL) clonidine ER dexmethylphenidate (PA age) dexmethylphenidate ER (PA age, QL) dextroamphetamine- amphetamine (PA age) dextroamphetamine- amphetamine ER (PA age, QL) guanfacine ER metadate ER (PA age, QL) methylphenidate (PA age) methylphenidate CD (PA age, QL) methylphenidate ER (PA age, QL) methylphenidate ER (CD) (PA age, QL) methylphenidate ER (LA) (PA age, QL) methylphenidate LA (PA age, QL) Relexxii (PA age, QL)	Vyvanse (PA age, QL)	Adderall (PA age, ST) Adzenys ER (PA age, QL) Adzenys XR-ODT (PA age, QL) Daytrana (PA age, QL) Dyanavel XR (PA age, QL) Evekeo (PA age, ST) Focalin (PA age, ST) Intuniv ER Kapvay Methylin (PA age) QuilliChew ER (PA age, QL) Quillivant XR (PA age, QL) Ritalin tablet (PA age, ST) 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* 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>		
lisinopril-HCTZ		Ranexa (QL)	abiraterone* (PA)	Actimmune* (PA)	Afinitor Disperz* (PA)
losartan		Rythmol SR (PA)	anastrozole	Erivedge* (PA)	Afinitor* (PA)
losartan-HCTZ		Takhyzo* (PA)	capecitabine* (PA)	Gleostine	Alecensa* (PA)
Low Dose Aspirin EC <sup>+</sup>		Tekturna (QL)	exemestane	Ibrance* (PA)	Bosulif* (PA)
Matzim LA		Tenormin (ST)	imatinib* (PA)	Lupron Depot* (PA)	Cabometyx* (PA)
metoprolol		Tiazac	letrozole	Nexavar* (PA)	Cometriq* (PA)
nadolol		Tikosyn (PA, QL)	mercaptapurine	Revlimid* (PA)	Erleada* (PA)
nifedipine		Toprol XL (ST)	methotrexate	Sprycel* (PA)	Gleevec* (PA)
nifedipine ER		Tribenzor	tamoxifen <sup>+</sup>	Sutent* (PA)	Imbruvica* (PA)
olmesartan (QL)		Vasotec (ST)	temozolomide* (PA)	Tasigna* (PA)	Inlyta* (PA)
olmesartan-HCTZ (QL)		Verelan		Trexall	Jakafi* (PA)
olmesartan-amlodipine-HCTZ		Verelan PM		Verzenio* (PA)	Kisqali* (PA)
Pacerone 200 mg		Zestoretic (ST)			Lenvima* (PA)
prazosin		Zestril (ST)			Lonsurf* (PA)
propafenone					Lynparza* (PA)
propafenone ER					Mekinist* (PA)
propranolol					Nerlynx* (PA)
propranolol ER					Ninlaro* (PA)
ramipril					Odomzo* (PA)
ranolazine ER (QL)					Pomalyst* (PA)
St. Joseph Aspirin <sup>+</sup>					Purixan*
Taztia XT					Rubraca* (PA)
telmisartan (QL)					Stivarga* (PA)
telmisartan-HCTZ (QL)					Tafinlar* (PA)
valsartan					Tagrisso* (PA)
valsartan-HCTZ					Targretin capsule* (PA)
verapamil					Temodar* (PA)
verapamil ER					Trelstar*
verapamil ER PM					Tykerb* (PA)
verapamil SR					Venclexta* (PA)
					Votrient* (PA)
					Xalkori* (PA)
					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			Vytorin (ST)
		Savaysa (QL)			Welchol
		Zontivity			



## 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 <sup>+</sup> 5mg, 10mg (QL) rosuvastatin 20mg (QL) simvastatin 10mg, 20mg, 40mg <sup>+</sup> simvastatin 80mg (QL)		Zetia Zocor (ST, QL)	Cryselle <sup>+</sup> Cyclafem <sup>+</sup> Cyred <sup>+</sup> Cyred EQ <sup>+</sup> Dasetta <sup>+</sup> Daysee <sup>+</sup> Deblitane <sup>+</sup> desogestrel-ethinyl estradiol <sup>+</sup> desogestrel-ethinyl estradiol ethinyl estradiol drospirenone- ethinyl estradiol- levomefolate <sup>+</sup> drospirenone-ethinyl estradiol <sup>+</sup> Econtra EZ <sup>+</sup> Econtra One-Step <sup>+</sup> Elinest <sup>+</sup> EluRyng Vaginal Ring <sup>+</sup> Emoquette <sup>+</sup> Enpresse <sup>+</sup> Enskyce <sup>+</sup> Errin <sup>+</sup> Estarylla <sup>+</sup> ethynodiol-ethinyl estradiol <sup>+</sup> etonogestrel-ethinyl estradiol Vaginal Ring <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> Chateal EQ <sup>+</sup>	Lo Loestrin FE Taytulla	Annovera Balcoltra Caya contoured <sup>+</sup> Ella <sup>+</sup> Estrostep FE Femcap <sup>+</sup> Kyleena* Layolis FE Loestrin FE Minastrin 24 FE Mirena* Natazia Nexplanon* NuvaRing 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+			Pirmella+		
Kurvelo+			Portia+		
Larin+			Previfem+		
Larin FE+			Reclipsen+		
Larin 24 FE+			Rivelsa tablet+		
Larissia+			Setlakin+		
Leena 28 tablet+			Sharobel+		
Lessina+			Simliya+		
Levonest+			Simpesse+		
levonorgestrel+			Sprintec+		
levonorgestrel-ethinyl estradiol+			Sronyx+		
levonorgestrel-ethinyl estradiol ethinyl estradiol+			Syeda+		
Levora-28+			Tarina 24 FE+		
Lillow+			Tarina FE 1-20 EQ+		
Loryna+			Tilia FE 28+		
Low-Ogestrel+			Tri Femynor+		
Lo-Zumandimine+			Tri-Estarylla+		
Lutera+			Tri-Legest FE+		
Lyza+			Tri-Linyah+		
Marlissa+			Tri-Lo-Estarylla+		
medroxyprogesterone 150mg/ml+			Tri-Lo-Marzia+		
Melodetta 24 FE+			Tri-Lo-Mili+		
Mibelas 24 FE+			Tri-Lo-Sprintec+		
Microgestin+			Tri-Mili+		
Microgestin FE+			Tri-Previfem+		
Mili+			Tri-Sprintec+		
Mono-Linyah+			Trivora-28+		
My Choice+			Tri-Vylibra+		
My Way+			Tri-Vylibra Lo+		
Necon+			Tulana+		
Nikki+			Tydemy+		
Nora-BE+			VCF+ foam, gel		
norethindrone+			Velivet+		
norethindrone-ethinyl estradiol+			Vienva+		
norethindrone-ethinyl estradiol-iron+			Viorele+		
norgestimate-ethinyl estradiol+			Vyfemla+		
Norlyda+			Vylibra+		
Norlyroc+			Wera+		
Nortrel+			Wymzya FE+		
Ocella+			Xulane+		
Option 2+			Zarah+		
Orsythia+			Zovia+		
Philith+			Zumandimine+		
Pimtrea+					
			<b>COUGH/COLD MEDICATIONS</b>		
			benzonatate 100mg, 200mg		Tessalon Perle
			Bromfed DM		Tuzistra XR (PA, QL)
			brompheniramine-pseudoephedrine-DM		
			hydrocodone-chlorpheniramine ER (PA)		

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### DENTAL PRODUCTS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
chlorhexidine Denta 5000 Plus dentagel doxycycline fluoride+ Fluoridex Daily Defense Fluoritab+ Flura-Drops+ Ludent+ Oralene Paroex Peridex Periogard SF 5000 Plus sodium fluoride+ 0.25mg, 0.5mg, 1mg triamcinolone	Fluorabon+ PreviDent 5000	Clinpro 5000 Floriva+ Fluoridex Sensitivity Relief PreviDent PreviDent 5000 Plus

### DIABETES

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
glimepiride glipizide glipizide ER glipizide XL metformin metformin ER pioglitazone	Basaglar (QL) Bydureon (ST, QL) Byetta (ST, QL) Farxiga (ST, QL) Freestyle Libre Sensor (PA, QL) GlucaGen HypoKit (QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Janumet (ST, QL) Janumet XR (ST, QL) Januvia (ST, QL) Jardiance (ST, QL) Kombiglyze XR (ST, QL) Levemir (QL) OneTouch test strips Onglyza (ST, QL) Ozempic (ST, QL) QTERN (ST, QL) Segluromet (ST, QL) Soliqua Steglatro (ST, QL) SymlinPen Synjardy (ST, QL)	Amaryl Cycloset Glucophage Glucophage XR Korlym* (PA) NovoTwist Riomet

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	Synjardy XR (ST, QL) Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (QL) Xultophy	

### DIURETICS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
acetazolamide acetazolamide ER bumetanide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ	Diuril Dyrenium	Aldactone Dyazide Inspra Jynarque* (PA) Lasix Maxzide Samsca*

### EAR MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
neomycin- polymyxin-HC ofloxacin drops	Cipro HC Ciprodex	Coly-Mycin S Cortisporin-TC Dermotic Otovel

### ERECTILE DYSFUNCTION

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
sildenafil (PA age, QL) tadalafil 2.5mg, 10mg, 20mg (PA age, QL) tadalafil 5mg (QL) vardenafil (PA age, QL)	Muse (QL)	Cialis (PA age, ST, QL) Stendra (PA age, ST, QL) Viagra (PA age, ST, QL)

### EYE CONDITIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
azelastine brimonidine ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin- polymyxin- dexamethasone ofloxacin polymyxin B-TMP	Alphagan P 0.1% drops Azasite Azopt Betimol Betoptic s Combigan Lotemax drops, gel Lotemax SM Lumigan Moxeza Pazeo Restasis Simbrinza	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Cosopt Cosopt PF Cystaran* (QL) Durezol FML Liquifilm Ilevro Inveltys Istalol Lastacast

## 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>		
prednisolone solution	Tobradex eye ointment	Lotemax ointment	famotidine 40mg tablet, suspension, piggyback, vial		Lomotil
timolol solution	Xiidra	Maxitrol	GaviLyte-C+		MiraLax+
tobramycin		Nevanac	GaviLyte-G+		Motegrity
tobramycin-dexamethasone		Ocuflox	GaviLyte-N+		Movantik (PA)
		Oxervate* (PA)	GentleLax+		Ocaliva* (PA)
		Patanol	GlycoLax+		Pancreaze
		Polytrim	HealthyLax+		Pertzye
		Pred Forte	Hemmorex-HC		Prevacid DR (ST, QL)
		Prolensa	hydrocortisone		Protonix (ST, QL)
		Rhopressa	lansoprazole (QL)		Protonix IV
		Timoptic	LaxaClear+		Ravicti* (PA)
		Timoptic-XE	mesalamine		Rectiv
		Tobradex drops	mesalamine DR		Relistor (PA)
		Tobradex ST	metoclopramide		Sancuso (PA, QL)
		Travatan Z	metoclopramide ODT		Sensipar*
		Trusopt	omeprazole (QL)		sfRowasa
		Vigamox	ondansetron		Sucraid* (PA)
		Xalatan	ondansetron ODT		Sustol (PA)
		Zioptan (ST, QL)	pantoprazole tablet (QL)		Symproic (PA)
		Zirgan	PEG 3350 and Electrolytes+		Transderm-Scop
		Zylet	PEG-Prep+		Urso
		Zymaxid	Phenadoz		Urso Forte
<b>FEMININE PRODUCTS</b>			polyethylene glycol 3350+		Varubi (PA, QL)
Fem pH		AVC	PowderLax+		Viberzi
Gynazole 1			prochlorperazine suppository, tablet, vial		Viokace
Miconazole 3 vaginal suppository			promethazine		Xermelo* (PA)
terconazole			Promethegan		Zantac
			Purelax+		
<b>GASTROINTESTINAL/HEARTBURN</b>			QC Natura-Lax+ powder		
Alophen+	Amitiza	Aciphex tablet (ST, QL)	rabeprazole (QL)		
Anucort-HC	Apriso	Aciphex Sprinkle (QL)	ranitidine 150mg, 300mg capsules, tablets, syrup		
balsalazide	Carafate suspension	Actigall	sucralfate		
bisacodyl+	CLENPIQ+	Akynzeo capsule (PA, QL)	TriLyte With Flavor Packets+		
Bisa-Lax+	Creon	Bonjesta	ursodiol		
chlordiazepoxide-clidinium	Dexilant (QL)	Canasa			
cinacalcet*	Entyvio*^ (PA)	Carafate tablet			
ClearLax+	Linzess	Cholbam* (PA)			
dicyclomine capsule, solution, tablet	Lithostat	Correctol+			
diphenoxylate-atropine	Pentasa	Diclegis			
dronabinol	Prepopik+	Donnatal			
Ducodyl+	SUPREP+	Dulcolax+			
esomeprazole capsule (QL)	Trulance	Gattex* (PA)			
	Zenpep	Kristalose			
		Lialda			
			<b>HORMONAL AGENTS</b>		
			Amabelz	Androderm (PA, QL)	Activella
			budesonide EC	Armour Thyroid 30mg, 60mg,	Alora (QL)
			budesonide ER (PA, QL)	90mg, 120mg,	AndroGel (PA, QL)
			cabergoline (QL)	180mg, 240mg,	Angeliq
			CovARYX	300mg, tablet	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.	Cetrotide*^ (PA)	Climara	acyclovir capsule, suspension, tablet, vial	Baraclude solution*	Albenza
Decadron	Crinone 4%	Climara Pro	albendazole	Cipro suspension	Alinia
desmopressin solution, spray, tablet	Divigel	CombiPatch	amoxicillin	Cleocin 75 mg capsule	Arikayce* (PA)
desmopressin* ampule, vial	Duavee	Cytomel	amoxicillin-clavulanate	Daraprim* (PA)	Bactrim
dexamethasone	Estring (QL)	Deltasone	amoxicillin-clavulanate ER	Firvanq	Bactrim DS
dexamethasone intensol	Forteo* (PA, QL)	Depo-Testosterone	atovaquone	Kitabis Pak* (PA, QL)	Baraclude tablet* (QL)
Dotti (QL)	Ganirelix*^ (PA)	Egrifta* (PA)	atovaquone-proguanil	Ledipasvir-Sofosbuvir* (PA)	Baxdela (PA)
EEMT	Humatrope* (PA)	Elestrin	Avidoxy	Mavyret* (PA)	Cayston* (PA, QL)
EEMT H.S.	Increlex* (PA)	Emflaza* (PA)	azithromycin	Pegasys* (PA)	Cipro tablet
estradiol patch, vaginal insert (QL)	Lupron Depot* (PA)	Entocort EC	cefdinir	Sofosbuvir-Velpatasvir* (PA)	Cleocin
estradiol-norethindrone	Lupron Depot-PED* 7.5mg, 11.25mg, 15mg(PA)	Estrace	cefepodoxime	Sovaldi* (PA, QL)	Clindesse
acetate	Medrol 2mg	EstroGel	cefuroxime	Thalomid* (PA)	Cresemba capsule (PA)
estrogen-methyltestosterone	Norditropin FlexPro* (PA)	Euthyrox	cephalexin	TOBI Podhaler* (PA, QL)	Dificid (QL)
levothyroxine	Orilissa (PA, QL)	Evamist	ciprofloxacin	Vosevi* (PA)	Elimite
Levoxyl	Premarin	Imvexxy (QL)	clarithromycin	Xifaxan 550mg (QL)	EryPed 200
liothyronine	Premphase	Intrarosa	clarithromycin ER		Flagyl
Lopreeza	Prempro	Levo-T	clindamycin		Keflex
medroxyprogesterone	Sandostatin LAR Depot* (PA)	Lupron Depot-PED* 30mg (PA)	clindamycin phosphate		Levaquin
methimazole	Serostim* (PA)	Medrol 4mg, 8mg, 16mg. 32mg	Coremino (QL)		Macrobid
methylprednisolone dosepak, tablet	Somavert* (PA)	Menostar (QL)	dapsone		Macrodantin
Mimvey	Synthroid	Minivelle (QL)	Doxy 101		Malarone (PA)
Nature-Throid	Zorbitive* (PA)	Natpara* (PA)	doxycycline		Minocin 100 vial
NP Thyroid		Noctiva (PA)	Emverm		Monurol
prednisolone		Osphena	entecavir* (QL)		Natroba
prednisolone ODT		Osphena	erythromycin		Noxafil suspension, tablet, vial
prednisone		Prometrium	erythromycin ES		Nuessa
prednisone intensol		Royaldee	famciclovir		Nuzyra* (PA)
progesterone capsule, vial		Somatuline Depot* (PA)	fluconazole		Oravig
TaperDex		Striant (PA, QL)	hydroxychloroquine		Plaquenil (PA)
testosterone (PA, QL)		Testopel (PA)	itraconazole		Prevymis tablet*
testosterone cypionate		Thyrogen*	levofloxacin eye drops, solution, tablet, vial		Priftin
thyroid		Tirosint	metronidazole		Sivextro tablet (PA)
Unithroid 75mcg tablet		Triostat	minocycline		Sklice
Westhroid		Unithroid	minocycline ER (QL)		Solosec
WP Thyroid		Vagifem (QL)	Mondoxyne NL		Sulfatrim
Yuvaferm (QL)		Vivelle-Dot (QL)	Morgidox capsule		Suprax
			nitrofurantoin		Tamiflu (QL)
			nitrofurantoin mono-macro		Urogesic-Blue
			nystatin		Valtrex
			Okebo		Vemlidy*
			oseltamivir (QL)		Vfend (PA)
					Vfend IV
					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 sulfamethoxazole- TMP terbinafine tablet tetracycline tobramycin ampule* (PA, QL) valacyclovir valganciclovir vancomycin bag, capsule, vial Vandazole voriconazole tablet (PA)		Zithromax Zyvox (PA)	B-12 Compliance calcitriol calcium 667mg cyanocobalamin injection daily prenatal+ FA-8+ folic acid 0.4mg, 0.8mg+ folic acid 1mg tablet, vial Klor Con 8 Klor Con 10 Klor-Con M10 Klor-Con M20 Klor-Con Sprinkle lanthanum phytonadione potassium chloride Prena1 Pearl Prenatal+ Prenatal Vitamin+ sevelamer vitamin D2 1.25mg (50,000 unit) vitamin D3 5,000 unit+ vitamin K1 ampule	CitraNatal Klor-Con M15 OB Complete Petite Prenate Mini Prenate Pixie PrimaCare Vitafof+	Auryxia (QL) Drisdol Floriva+ KPN+ K-Tab ER Lokelma Mephyton MVC-fluoride+ OB Complete Perry Prenatal+ Phoslyra Quflora+ Renvela Rocaltrol 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 (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)	acetaminophen- codeine (PA) allopurinol Aprizio pak baclofen buprenorphine (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine	Actemra* (PA, QL) Aimovig (PA) Ajovy (PA) Belbuca (QL) Cosentyx* (PA, QL) Depen* (PA) Emgality(PA) Enbrel* (PA, QL) Humira* (PA, QL) Hysingla ER (PA) MorphaBond 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) Dupixent* (PA)
<b>MULTIPLE SCLEROSIS</b>					
glatiramer* (PA) Glatopa* (PA)	Ampyra* (PA) Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA) Rebif* (PA) Rebif Rebidose* (PA) Tecfidera* (PA)				

## Cigna Performance 3-Tier Prescription Drug List

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

DermacinRx	Nucynta (PA)	Duragesic (PA)
Empricaine	Otezla* (PA, QL)	EC-naprosyn (ST)
DermacinRx Prizopak	Proctofoam-HC	Esgic (QL)
diclofenac (QL)	Rasuvo (PA)	Fexmid
diclofenac ER	Remicade* (PA)	Flector (ST, QL)
EC-naproxen	Savella	Frova (QL)
eletriptan (QL)	Simponi Aria* (PA)	Gablofen
endocet (PA)	Stelara* (PA, QL)	Ilaris* (PA)
etodolac	Tremfya* (PA, QL)	Ilumya* (PA, QL)
etodolac ER	Uloric (QL)	Kadian (PA)
fentanyl (PA)	Xeljanz XR* (PA, QL)	Kevzara* (PA, QL)
Fioricet (QL)	QL	Kineret* (PA, QL)
frovatriptan (QL)	Xeljanz* (PA, QL)	Lidoderm
Glydo	Xtampza ER (PA)	Mitigare
hydrocodone- acetaminophen (PA)	Ztlido	Mobic (ST)
hydromorphone (PA)		MS Contin (PA)
hydromorphone ER (PA)		Nalfon 400 mg (ST)
IBU		Naprosyn (ST)
ibuprofen tablet		Norco (PA)
indomethacin		Nucynta ER (PA)
indomethacin ER		Olumiant* (PA, QL)
ketorolac (QL)		Orencia* (PA, QL)
leflunomide		Otrexup (PA)
lidocaine (QL)		Oxaydo (PA)
lidocaine viscous		Pennsaid packet
lidocaine-prilocaine		Percocet (PA)
Lidopril		Procort
Lidopril XR		Qmiiz ODT (ST, QL)
Lido-Prilo Caine Pack		Relpax (QL)
Livixil Pak		Simponi* (PA, QL)
Lorcet (PA)		Skelaxin
Lorcet HD (PA)		Taltz* (PA, QL)
Lorcet Plus (PA)		Tylenol-Codeine No.3 (PA)
Lortab (PA)		Tylenol-Codeine No.4 (PA)
meloxicam		Ultram (QL)
metaxalone		Voltaren (ST, QL)
methocarbamol		Zanaflex
morphine (PA)		Zebutal (QL)
morphine ER (PA)		Zohydro ER (PA)
nabumetone		Zyloprim
Nalfon 600mg (ST)		
Nalocet (PA)		
naproxen		
oxycodone (PA)		
oxycodone ER (PA)		

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

oxycodone- acetaminophen (PA)		
Prilolid		
Prilovix		
Primlev (PA)		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan- naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Vicodin HP (PA)		

### PARKINSON'S DISEASE

benztropine	Apokyn* (PA)	Azilect (QL)
bromocriptine		Mirapex
carbidopa-levodopa		Mirapex ER (QL)
carbidopa-levodopa ER		Neupro
pramipexole		Osmolex ER (QL)
pramipexole ER (QL)		Parlodol
rasagiline (QL)		Rytary
ropinirole		Sinemet
ropinirole ER		Sinemet CR
		Tasmar
		Xadago (ST)

### SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole (QL)	Latuda (QL)	Abilify Maintena
aripiprazole ODT	Zyprexa 10mg vial	Aristada
chlorpromazine		Aristada initio
olanzapine		Fanapt (ST, QL)
olanzapine ODT		Invega (ST, QL)
paliperidone ER (QL)		Perseris (QL)
quetiapine		Rexulti (ST, QL)
quetiapine ER		Risperdal (ST)
risperidone		Saphris (ST)
risperidone ODT		Seroquel (ST)
ziprasidone		Seroquel XR (ST)
		Vraylar (ST, QL)

## Cigna Performance 3-Tier Prescription Drug List

TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$
<b>SEIZURE DISORDERS</b>			<b>SKIN CONDITIONS (cont)</b>		
carbamazepine	Fycompa (PA, QL)	Aptiom (PA, QL)	clindamycin-tretinoin		Pramosone 2.5%-1% cream, lotion
carbamazepine ER	Keppra 500 mg/5 ml vial	Banzel (PA, QL)	clobetasol		Protopic
clonazepam	Lyrica oral solution	Briviact solution, tablet (PA)	Clodan shampoo		Regranex (PA, QL)
divalproex	Lyrica oral solution	Carbatrol (PA)	clotrimazole-betamethasone		Sorilux
divalproex ER	Vimpat solution, tablet (PA)	Depakote (PA)	dapsone		Targretin* gel
epitol		Depakote ER (PA)	desoximetasone		Temovate (ST)
gabapentin		Depakote Sprinkle (PA)	diflorasone		Tolak
lamotrigine		Dilantin (PA)	fluocinonide		Topicort (ST)
lamotrigine (blue, green, orange)		Epidiolex* (PA)	fluorouracil (PA)		Tri-Luma
lamotrigine ER		Klonopin (PA)	flurandrenolide		Valchlor*
lamotrigine ODT		Neurontin (PA)	hydrocortisone		Xepi
levetiracetam		Onfi (PA)	imiquimod packet		Xolegel
levetiracetam ER		Oxtellar XR (PA)	isotretinoin (QL)		
oxcarbazepine		Phenytek (PA)	ketoconazole		
Roweepra		Tegretol (PA)	metronidazole		
Roweepra XR		Tegretol XR (PA)	Micort HC 2.5% cream		
Subvenite		Vimpat vial	mupirocin		
Subvenite (Blue, Green, Orange)			Myorisan (QL)		
topiramate			Neuac gel		
topiramate ER			Nolix		
vigabatrin*			oxiconazole		
Vigadrone*			pimecrolimus		
			Procto-Med HC		
			Procto-Pak		
			Proctosol-HC		
			Proctozone-HC		
			Psorcon		
			Rosadan sodium		
			sulfacetamide-sulfur		
			SSS 10-5		
			Sulfacleanse 8-4		
			tacrolimus ointment		
			tazarotene		
			tretinoin (PA age)		
			tretinoin microsphere (PA age)		
			triamcinolone		
			Triderm		
			Zenatane (QL)		
<b>SKIN CONDITIONS</b>			<b>SLEEP DISORDERS/SEDATIVES</b>		
adapalene (PA age)	Eucrisa	Bryhali (ST)	armodafinil (PA)	Belsomra (ST)	Hetlioz* (PA)
adapalene-benzoyl peroxide	Finacea 15% foam	Celacyn	eszopiclone	Silenor (ST, QL)	Lunesta (ST)
Amnesteam (QL)	Fluoroplex	Centany	modafinil (PA)		Rozerem (ST, QL)
Avar Cleanser	Naftin gel	Cleocin T	temazepam		Xyrem* (PA)
Avar-E	Pramosone ointment, 1%	Cloderm (ST)	zolpidem		
Avar-E Green	lotion, 1%-1% cream	Condylox	zolpidem ER (QL)		
azelaic acid	Promiseb	Cordran (ST)			
betamethasone dipropionate augmented	Santyl (QL)	Dovonex			
betamethasone BP 10-1	Soolantra	Drysol			
calcipotriene		Ecoza			
calcipotriene-betamethasone DP		Efudex			
Claravis (QL)		Elidel			
Clindacin ETZ pledget		Evoclin			
Clindacin P pledget		Finacea gel			
clindamycin-benzoyl peroxide		Impoyz (ST)			
clindamycin phosphate		Lotrisone			
		MetroCream			
		MetroGel			
		MetroLotion			
		Mimyx			
		Naftin cream			
		Nizoral			
		Olux (ST)			
		Picato			



## 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>
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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 citrate ER silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium trospium ER	Cystagon* Elmiron Thiola* Thiola EC*	Avodart Evoxic Flomax Procysbi* (PA) Proscar Pyridium Rapaflo (QL) Urocit-K
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### VACCINES

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> Boostrix Tdap <sup>+</sup> DAPTACEL DTaP <sup>+</sup>
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### VACCINES (cont)

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.

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>

## 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.**^^ They're listed below.

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*	
	Viread 300 mg tablet*	tenofovir disoproxil 300mg tablet* (PA)	
	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	

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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 Adhansia 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	
Firazyr*	icatibant* (PA)	
Isordil	isosorbide dinitrate	
Isordil Titradose	isosorbide dinitrate digoxin	
BLOOD THINNERS/ANTI-CLOTTING	Yospala	aspirin or enteric aspirin

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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
	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

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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* Kitabis	
	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*
		Xenazine*	tetrabenazine*
	MULTIPLE SCLEROSIS	Aubagio*	Gilenya* Mayzent* Tecfidera*
Copaxone*		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 pump	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
	Subsys	fentanyl lozenge (PA) or buccal tablet (PA)
	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
Keppra oral solution, tablet		levetiracetam
Keppra 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	

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

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## 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. Log in to the **myCigna** app or website and click on "Price a Medication" to see how much your medication may cost you at the different pharmacies in your plan's 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, a Cigna specialty pharmacy.<sup>5</sup> 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. To learn more about Accredo, 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**.
- › If you're taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, 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. **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, go to **Cigna.com/specialty**.

## Prescription drug list FAQs (cont)

### 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 manage your home delivery prescription orders.<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.





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



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. 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 06/01/18.
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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