



CIGNA STANDARD 3-TIER PRESCRIPTION DRUG LIST

As of July 1, 2017

Together, all the way.®



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View your drug list online

This document was last updated 03/01/2017. To see the most current list of medications covered on your plan's drug list, visit:



myCigna.com - Once you're registered, log in and select Estimate Health Care Costs, then select Get drug costs.



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



Questions? - Call the toll-free number on the back of your Cigna ID card. We're here to help.

Your prescription drug list

This drug list includes the most commonly prescribed medications covered by your plan as of July 1, 2017.¹ These generic and brand name prescription medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers, or coverage/cost levels.

Please note that this drug list is not a complete list of covered medications, and not all of the medications listed here may be covered under your specific plan. You should take a look at your enrollment materials or view your plan's drug list on **myCigna.com** to find out what medications are covered under your plan.

How to read your drug list

Use the sample chart below to help you understand this drug list.

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

Tier (coverage/cost level) gives you an idea of the cost level you may pay for a medication

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

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

Specialty medications have an asterisk listed next to them

Brand name medications are **capitalized**

Generic medications are **lowercase**

Medications that require approval for coverage or have limits will have an **abbreviation** listed next to them

Here's more helpful information on how to read this drug list:

Tiers

Covered medications are divided into tiers, or coverage/cost levels. The tier the medication is listed in determines how much you'll pay when you fill the prescription. Typically, the higher the tier, the greater the cost of the medication.

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

Abbreviations next to medications

Certain medications may require approval to be covered under your plan. These medications will have an abbreviation listed next to them in the drug list. Here's what each of these abbreviations mean.

- | | |
|--------------|---|
| (PA) | Prior Authorization – Your doctor has to provide Cigna with information about why you need to use this medication. The medication will only be covered if your doctor requests and receives approval from Cigna. |
| (ST) | Step Therapy – Certain brand name medications are part of our Step Therapy program. In Step Therapy, you need to try the most cost-effective, appropriate medications available before your plan approves more expensive brand name medications. Typically, these are generics or lower-cost brands. |
| (QL) | Quantity Limits – You can only get coverage for this medication for a certain number of doses over a certain number of days. For example, 30mg per day for 30 days. |
| (AGE) | Age Requirements – You must be within a specific age range for this medication to be covered. |

Brand name medications are capitalized

In this drug list, brand name medications are capitalized and generic medications begin with a lowercase letter.

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 and/or require the use of a preferred specialty pharmacy. To find out how your plan covers these medications, please check your enrollment materials or log into **myCigna.com**.

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

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) depending on your plan. To find out how your plan covers these medications, please check your enrollment materials or view your plan's drug list on myCigna.com.

Plan exclusions

Some medications shown in this drug list may not be covered by your specific plan. For example, medications used for weight loss or to treat infertility may not be covered. In this drug list, these medications have a caret (^) next to them. To find out if these medications are covered under your plan, please check your enrollment materials or log into myCigna.com.

How to find your medication on the drug list

Look for your condition in the alphabetical list below. Then go to that page to see the list of covered medications used to treat the condition.

AIDS/HIV	6	EYE CONDITIONS	10, 11
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Cigna Standard 3-Tier Prescription Drug List

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

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

ALLERGY/NASAL SPRAYS

azelastine	Astepro	Clarinet/Clarinet-D
cromolyn sodium	Bactroban Nasal	
cyproheptadine		
desloratadine		
epinephrine auto- injector (QL)		
fluticasone		
hydroxyzine		
ipratropium		
levocetirizine		
mometasone		
olopatadine		
promethazine		

ALZHEIMER'S DISEASE

donepezil	Mestinon syrup	Mestinon tablet
donepezil ODT	Namenda	Namenda
memantine	titration pak	Namenda XR
pyridostigmine		Namzaric
pyridostigmine ER		
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam	Pristiq	Brisdelle (QL)
alprazolam ER		Effexor XR (ST)
alprazolam intensol		Fetzima (ST)
alprazolam ODT		Forfivo XL (ST)
alprazolam XR		Onfi
amitriptyline		Prozac (ST)
bupropion		Prozac Weekly (ST)
bupropion SR		Sarafem (ST)
bupropion XL		Trintellix (ST)
bupirone		

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

citalopram		Venlafaxine ER
clomipramine		225mg (ST)
duloxetine		Viibryd (ST)
escitalopram		Wellbutrin SR (ST)
fluoxetine		Xanax
fluoxetine DR		Xanax XR
fluvoxamine		Zoloft (ST)
fluvoxamine ER		
lorazepam		
lorazepam intensol		
paroxetine		
paroxetine CR		
paroxetine ER		
sertraline		
trazodone		
venlafaxine		
venlafaxine ER		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Adcirca* (PA)
budesonide	Advair HFA	Adempas* (PA)
ipratropium- albuterol	Anoro Ellipta	Kalydeco* (PA)
montelukast	Breo Ellipta	Letairis* (PA)
	Combivent	Ofev* (PA)
	RespiMat	Opsumit* (PA)
	ProAir HFA	Orenitram ER* (PA)
	ProAir Respiclick	Orkambi* (PA)
	Pulmicort	Pulmicort
	Flexhaler	Tracleer* (PA)
	Pulmozyme* (PA)	Tyvaso* (PA)
	QVAR	Uptravi* (PA)
	Serevent Diskus	
	Spiriva	
	Spiriva RespiMat	
	Stiolto RespiMat	
	Striverdi	
	RespiMat	
	Symbicort	
	Ventolin HFA	
	Xolair* (PA)	

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER

dexamethylphenidate	Adderall XR	Adderall (ST)
dexamethylphenidate ER	Focalin XR	Adzenys XR-ODT (ST)
dextroamphetamine-amphet ER	Ritalin LA 10mg	Aptensio XR (ST)
dextroamphetamine-amphetamine	Strattera	Concerta (ST)
guanfacine ER	Vyvanse	Daytrana (ST)
metadate ER		dextroamphetamine-amphet ER
methylphenidate		Dyanavel XR (ST)
methylphenidate CD		Focalin (ST)
methylphenidate ER		Metadate CD (ST)
methylphenidate LA		Methylin (ST)
		Quillichew ER (ST)
		Quillivant XR (ST)
		Ritalin (ST)
		Ritalin LA 20, 30, 40mg (ST)

BLOOD MODIFIERS/BLEEDING DISORDERS

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

BLOOD PRESSURE/HEART MEDICATIONS

afeditab CR	Benicar (ST)	Azor
amiodarone	Benicar HCT (ST)	BiDil
amlodipine	Bystolic	Cardizem LA
amlodipine-benazepril	Byvalson	Cozaar (ST)
amlodipine-valsartan	Coreg CR	Diovan (ST)
amlodipine-valsartan HCTZ	Corlanor (PA)	Diovan HCT (ST)
atenolol	Entresto (PA)	Edarbi (ST)
atenolol-chlorthalidone	Multaq	Edarbyclor (ST)
benazepril	Nitro-Dur 0.3, 0.8mg	Epaned
benazepril HCTZ	Tekturna	Exforge
bisoprolol HCTZ	Tekturna HCT	Exforge HCT
candesartan	Tribenzor	Firazyr* (PA)
cartia XT		Gonitro
carvedilol		Hemangeol
clonidine		Inderal LA
digitek		Inderal XL
		Innopran XL
		Lotrel

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

digoxin		Nitro-Dur 0.1, 0.2, 0.4, 0.6mg
diltiazem		Nitrolingual
diltiazem CD		Nitromist
diltiazem ER		Nitrostat
dilt-XR		Northera* (PA)
dofetilide		Norvasc
doxazosin		Ranexa (ST)
enalapril		Tiazac
flecainide		Tikosyn
hydralazine		Toprol XL
irbesartan		Vasotec (ST)
isosorbide		
isosorbide ER		
labetalol		
lisinopril		
lisinopril HCTZ		
losartan		
losartan HCTZ		
matzim LA		
metoprolol		
nadolol		
nifedipine		
nifedipine ER		
olmesartan		
olmesartan HCTZ		
Pacerone		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
taztia XT		
telmisartan		
telmisartan HCTZ		
valsartan		
valsartan HCTZ		
verapamil		
verapamil ER		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

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

Cigna Standard 3-Tier Prescription Drug List

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

anastrozole	Actimmune* (PA)	Afinitor Disperz* (PA)
bexarotene*	Gleostine	Afinitor* (PA)
capecitabine*	Intron A* ^ (PA)	Alecensa*
exemestane	Lupron	Arimidex
hydroxyurea	Depot* ^ (PA)	Bosulif* (PA)
imatinib* (PA)	Nexavar* (PA)	Cabometyx* (PA)
letrozole	Revlimid* (PA)	Cometriq* (PA)
mercaptopurine	Sprycel* (PA)	Cotellic* (PA)
methotrexate*	Sutent* (PA)	Erivedge* (PA)
tamoxifen+	Tarceva* (PA)	Fareston
temozolomide* (PA)	Trexall*	Femara
		Gilotrif* (PA)
		Gleevec* (PA)
		Ibrance* (PA)
		Iclusig* (PA)
		Imbruvica* (PA)
		Inlyta* (PA)
		Jakafi* (PA)
		Lenvima* (PA)
		Lonsurf* (PA)
		Lynparza* (PA)
		Mekinist* (PA)
		Ninlaro* (PA)
		Pomalyst* (PA)
		Purixan*
		Stivarga* (PA)
		Sylatron* (PA)
		Tafinlar* (PA)
		Tagrisso* (PA)
		Targetin*
		Tasigna* (PA)
		Votrient* (PA)
		Xalkori* (PA)
		Xtandi* (PA)
		Zelboraf* (PA)
		Zykadia* (PA)
		Zytiga* (PA)

CHOLESTEROL MEDICATIONS

amlodipine-	Praluent* (PA)	Crestor (ST)
atorvastatin	Repatha* (PA)	Korlym (PA)
atorvastatin	Welchol	Kynamro* (PA)
fenofibrate	Zetia	Livalo (ST)
fenofibric acid		Lofibra 67, 134,
lofibra 54mg		160, 200mg
niacin ER		Vascepa (ST)
omega-3 acid		Vytorin (ST)
ethyl esters		
pravastatin		
rosuvastatin		
simvastatin		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTIVE PRODUCTS

All contraceptive products may be covered if you meet specific gender requirements.

altavera+	Beyaz	Estrostep FE
alyacen+	Lo Loestrin FE	Loestrin FE
amethia lo+	LoSeasonique	Microgestin 24 FE+
amethia+	Minastrin 24 FE	Microgestin FE+
amethyst+	NuvaRing+	Skyla*
apri+	Seasonique	
aranelle+	Taytulla	
ashlyna+		
aubra+		
aviane+		
azurette+		
balziva+		
bekyree+		
blisovi 24 FE+		
blisovi FE		
briellyn+		
camila+		
camrese lo+		
camrese+		
caziant+		
chateal+		
cryselle+		
cyclafem+		
cyred+		
dasetta+		
daysee+		
delyla+		
desogestrel/ethinyl		
estradiol+		
drospirenone-ethinyl		
estradiol+		
elimest+		
emoquette+		
enpresse+		
enskyce+		
errin+		
estarylla+		
falmina+		
femynor		
gianvi+		
gildagia+		
heather+		
introvale+		
jencycla+		

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTIVE PRODUCTS (cont)

All contraceptive products may be covered if you meet specific gender requirements.

jolessa+
jolvivette+
juleber+
junel FE 24
junel FE+
junel+
kaitlib FE+
kariva+
kelnor+
kimidess+
kurvelo+
larin 24 FE
larin FE+
larin+
leena+
lessina+
levonest+
levonorgestrel and
ethinyl estradiol+
levora+
lomedica 24 FE
loryna
low-ogestrel+
lutra+
lyza+
marlissa+
medroxyprogesterone
acetate 150 MG/
ML+
microgestin FE+
mono-linyah+
mononessa+
myzilra+
necon+
nikki+
nora-be+
norethin-eth estra-
ferrous fum
norethindrone+
norgestimate-ethinyl
estradiol+
nortrel+
ocella+
orsythia+

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTIVE PRODUCTS (cont)

All contraceptive products may be covered if you meet specific gender requirements.

philith+
pimtrea+
pirmella+
portia+
previfem+
quasense+
rajani+
reclipsen+
setlakin+
sprintec+
sronyx+
syeda+
tarina FE+
tilia FE+
tri-estarylla+
tri-legest FE+
tri-linyah+
tri-lo-estarylla+
tri-lo-marzia+
tri-lo-sprintec+
tri-previfem+
tri-sprintec+
trinessa lo+
trinessa+
trivora+
velivet+
vestura+
vienva+
viorele+
vyfemla+
wera+
wymzya FE+
xulane+
zarah+
zenchent FE+
zenchent+
zovia+

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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COUGH/COLD MEDICATIONS

benzonatate		Flowtuss (QL)
bromfed DM		Hycufenix (QL)
brompheniramine- pseudoephed-DM		Tussionex (QL)
hydrocodone- chlorpheniramne ER (QL)		Tuzistra XR (QL)
hydrocodone- homatropine (QL)		
hydromet (QL)		
promethazine- codeine (QL)		
tussigon (QL)		

DENTAL PRODUCTS

chlorhexidine		Floriva ^
doxycycline		Fluorabon ^+
fluoride ^+		Fluor-a-day ^+
fluritab ^+		
flura-drops ^+		
ludent fluoride ^+		
oralone		
paroex		
peridex		
periogard		
sodium fluoride ^+		
triamcinolone		

DIABETES

BD Syringes/pen needles	Bydureon (QL) Byetta	Glucophage Glucophage XR
glimepiride	Farxiga	Riomet
glipizide	Glucagen	VGo
glipizide ER	Hypokit (QL)	
glipizide XL	Glucagon	
metformin	Emergency Kit (QL)	
metformin ER	Humalog	
NovoFine	Humulin	
NovoTwist	Humulin	
pioglitazone- metformin	Invokamet Invokamet XR Invokana Janumet Janumet XR Januvia Kombiglyze XR Lantus Lantus SoloStar Levemir	

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

	Novolin	
	Novolog	
	OneTouch test strips	
	Onglyza	
	SymlinPen	
	Toujeo SoloStar	
	Tresiba	
	Trulicity (QL)	
	Xigduo XR	

DIURETICS

acetazolamide		Aldactazide
chlorthalidone		Aldactone
eplerenone		Dyazide
furosemide		Maxzide
hydrochlorothiazide		Samsca*
spironolactone		
triamterene HCTZ		

EAR MEDICATIONS

fluocinolone oil	Cipro HC	
neomycin- polymyxin- hydrocort	Ciprodex	

ERECTILE DYSFUNCTION

	Cialis ^ (QL)	
	Muse ^ (QL)	
	Viagra ^ (QL)	

EYE CONDITIONS

brimonidine	Alphagan P 0.1%	Acuvail
ciprofloxacin drops	Azasite	Alphagan P 0.15%
dorzolamide-timolol	Azopt	Alrex
erythromycin ointment	Betimol	Bepreve
fluorometholone	Betoptic S	Besivance
gatifloxacin	Lotemax drops, gel	Bromsite
ketorolac drops	Moxeza	Combigan
latanoprost	Pataday	Cosopt PF
neomycin- polymyxin- dexameth	Patanol	Cystaran
ofloxacin drops	Pred Mild	Durezol
olopatadine	Restasis	Ilevro
polymyxin b sul-trimethoprim	Simbrinza	Lastacaft
prednisolone drops	Tobradex	Lotemax ointment
timolol	Travatan Z	Lumigan
	Vigamox	Nevanac
		Omnipred
		Pazeo

Cigna Standard 3-Tier Prescription Drug List

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

tobramycin drops		Pred Forte
tobramycin-dexamethasone		Prolensa
		Tobradex drops
		Tobradex ST
		Xiidra
		Zioptan (ST)
		Zirgan
		Zylet

FEMININE PRODUCTS

fem pH		AVC
gynazole 1		Relagard
miconazole 3		Terazol 7
terconazole		
zazole		

GASTROINTESTINAL/HEARTBURN

alosetron	Apriso	Aciphex (ST)
anucort-HC	Canasa	Aciphex Sprinkle
balsalazide	Carafate	Amitiza
chlordiazepoxide-clidinium	suspension	Carafate tablet
dicyclomine	Creon	Chenodal
diphenoxylate-atropine	Dexilant	Cholbam* (PA)
dronabinol	Emend* (QL)	Colyte+
esomeprazole	GoLytely packet+	Cortifoam
famotidine	Lialda	Diclegis
gavilyte-C+	Pentasa	Donnatal
gavilyte-G+	Zenpep	Gattex* (PA)
gavilyte-H and bisacodyl+		GoLytely solution
gavilyte-N+		Linzess
glycopyrrolate		Movantik (PA)
hemmorex-HC		Moviprep+
hydrocortisone suppository		Nexium 2.5, 5, 10mg suspension
lansoprazole		Nexium 20, 40mg suspension (ST)
lansoprazole-amoxicillin-clarithromycin (combo pak)		Nulytely with flavor packs+
mesalamine		Osmoprep+
metoclopramide		Pancreaze
metoclopramide ODT		Pertzye
omeprazole		Prepopik+
		Prevacid (ST)
		Proctocort
		Protonix suspension

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

omeprazole-sodium bicarbonate		Ravicti
ondansetron		Rectiv
ondansetron ODT		Relistor (PA)
pantoprazole		Sancuso (QL)
peg 3350 with flavor packs+		Sensipar*
peg 3350-electrolyte+		sfRowasa
peg-Prep+		Suprep+
phenadoz		Uceris foam
promethazine		Varubi* (QL)
promethegan		Viberzi
rabeprazole		Viokace
ranitidine		Zegerid (ST)
sucralfate		
trilyte with flavor packs+		
ursodiol		

HORMONAL AGENTS

amabelz	Androderm (QL)	Activella
budesonide EC	Androgel (QL)	Alora
cabergoline (QL)	Armour Thyroid	Climara
covaryx	Cytomel 50mcg	Climara Pro
covaryx H.S.	Depo-Testosterone	Combipatch
desmopressin	Divigel	Cytomel 5, 25mcg
dexamethasone	Duavee	Deltasone
dexamethasone intensol	Estring	Egrifta* (PA)
EEMT	Forteo*	Elestrin
EEMT H.S.	Ganirelix* ^	Entocort EC
estradiol	Humatrope* (PA)	Estrace
estradiol-norethindrone	Levo-t	Estrogel
estrogen & methyltestosterone	Lupron Depot* ^ (PA)	Evamist
levothyroxine	Lupron Depot-Ped* ^ (PA)	Femring
levoxyl	Premarin	Menostar
liothyronine	Premphase	Minivelle
medroxyprogesterone	Prempro	Natpara* (PA)
methylprednisolone	Serostim 4, 6mg* (PA)	Osphena
millipred		Serostim 5mg* (PA)
millipred DP		Somatuline Depot* ^ (PA)
		Striant (QL)

Cigna Standard 3-Tier Prescription Drug List

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

mimvey	Somavert* (PA)	Tirosint
mimvey LO	Synthroid	Uceris
nature-throid	Unithroid (all	Vagifem
norethindrone	except 75mcg)	Vivelle-Dot
NP thyroid		Zorbtive* (PA)
prednisolone		
prednisolone ODT		
prednisone		
prednisone intensol		
progesterone		
testosterone		
testosterone		
cypionate		
unithroid 75mcg		
westhroid		
WP thyroid		
yuvafem		

INFECTIONS

acyclovir	Albenza	Alinia
adefovir*	Baraclude	Bactrim
amoxicillin	solution*	Bactrim DS
amoxicillin-	Ceftin	Baraclude tablet*
clavulanate ER	Cipro	Cayston*
atovaquone	Daraprim (PA)	Cleocin
avidoxy	E.E.S. 400	Clindesse
azithromycin	Epclusa* (PA)	Cresemba (PA)
cefdinir	Eryped 400	Daklinza* (PA)
cefixime	Ery-Tab 333,	Difucid (PA)
cefuroxime	500mg	Diflucan
cephalexin	Harvoni* (PA)	E.E.S. 200
ciprofloxacin	Kitabis Pak*	Eryped 200
clarithromycin	Pegintron* (PA)	Ery-Tab 250mg
clarithromycin ER	Sovaldi* (PA)	Metrogel-vaginal
clindamycin	Tamiflu (QL)	Monurol
clindamycinphate	Thalomid* (PA)	Noxafil
dapsone	Uretron D-S	Nuversa
doxycycline	Valcyte solution	PCE
doxycycline IR-DR	Vibramycin syrup	Plaquenil
entecavir*		Sporanox
erythromycin		Sulfatrim
famciclovir		Suprax
fluconazole		Targadox
hydroxychloroquine		Tobi Podhaler*
itraconazole		Urelle
levofloxacin		Uribel
linezolid (PA)		Urogesic-blue
metronidazole		
minocycline		

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

minocycline ER		Uta
moderiba*		Valcyte tablet
mondoxylene NL		Valtrex
morgidox		Vibramycin
moxifloxacin		Viekira Pak* (PA)
nitrofurantoin		Viekira XR* (PA)
nystatin		Xifaxan
oseltamivirphate		Zepatier* (PA)
(QL)		Zithromax
penicillin		Zithromax Tri-pak
sulfamethoxazole-		Zmax
trimethoprim		Zovirax
terbinafine		
tetracycline		
tinidazole		
tobramycin*		
valacyclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

INFERTILITY

clomiphene	Follistim AQ* ^	Crinone ^
citrate ^	Menopur* ^	Endometrin ^
		Gonal-F RFF* ^
		Gonal-F* ^

MISCELLANEOUS

pulmosal	Cerdelga* (PA)	Addyi ^ (QL)
sodium chloride	Easivent (QL)	Esbriet* (PA)
tetrabenazine* (PA)	Orfadin*	Exjade*
	Vortex (QL)	Ferriprox
		Horizant (ST)
		Hyper-Sal
		Jadenu*
		Kuvan* (PA)
		Myalept* (PA)
		Nebusal
		Nuedexta
		Strensiq* (PA)
		Syprine* (PA)
		Xenazine* (PA)
		Zavesca* (PA)

Cigna Standard 3-Tier Prescription Drug List

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

glatopa* (PA)	Ampyra* (PA) Aubagio* (PA) Avonex* (PA) Betaseron* (PA) Copaxone* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA) Rebif* (PA) Tecfidera* (PA)	Zinbryta* (PA)
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NUTRITIONAL/DIETARY

calcitriol	CitraNatal	Auryxia
calcium	DermacinRx	Concept DHA
ciferex ^	PureFolix ^	Escavite D +
cyanocobalamin	Durachol ^	Escavite+
injection	Fosrenol	Fer-In-Sol+
folic acid+	K-Tab ER 20meq	Feriva 21-7
folixapure ^	Klor-Con M15	Ferralet 90
Klor-Con m10, m20	Mephyton	Floriva+
klor-con sprinkle	MVC-fluoride ^+	Integra Plus
multivitamin with fluoride ^	Nascobal	K-Tab ER 8, 10meq
multivitamins with fluoride-iron+	Nestabs DHA	Klor-Con 8, 10meq
ortho d ^	Nicomide ^	Phoslyra
pnv-DHA	Noxifol-d3 ^	Poly-VI-Flor with Iron+
polyvitamins with fluoride+	OB Complete	Prenatabs FA
potassium chloride	Poly-Vi-flor ^+	Quflora+
prena1 pearl	Prefera OB	Renagel
prenatal plus	Prenate	Texavite LQ+
prenatal vitamin plus low iron	Preque 10+	Velphoro
preplus	Renvela	
rulavite DHA	Revesta ^	
virt-pn DHA	Roxifol-D ^	
vitamin D2	Select-OB + DHA	
zatean-pn DHA	Tri-VI-Flor+	
zavara ^	Tristart DHA	
zolate ^	Vitafof	
	VitaMedMD	
	One Rx	
	vitaPearl	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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OSTEOPOROSIS PRODUCTS

alendronate		Actonel (ST)
ibandronate		Atelvia (ST)
raloxifene+		Evista
risedronate		
risedronate DR		

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA, QL)	Butrans (QL)	Abstral (PA, QL)
acitretin	Colchicine tablet	Actemra* (PA)
allopurinol	Colcrys	Actiq (PA, QL)
baclofen	Cuprimine* (PA)	Analpram HC
butalb- acetaminoph-caff-codein (PA, QL)	D.H.E.45 (QL)	Bayer Chewable Aspirin+
butalbital- acetaminophen-caffe (QL)	Depen* (PA)	Cambia (ST)
capacet (QL)	Enbrel* (PA)	Celebrex (ST, QL)
carisoprodol	Humira* (PA)	Cimzia* (PA)
celecoxib (QL)	Hysingla ER (PA, QL)	Colchicine capsule
cyclobenzaprine	Imitrex cartridge, vial (QL)	Cosentyx* (PA)
dermacinrx empricaine	Indocin	Duragesic (PA, QL)
dermacinrx prizopak	Nucynta (PA, QL)	Embeda (PA, QL)
diclofenac	Oxycontin (PA, QL)	Fentora (PA, QL)
diclofenac -misoprostol	Proctofoam-HC	Fexmid
diclofenac ER	Rasuvo* (PA)	Flector (ST, QL)
dihydroergotamine (QL)	Savella	Frova (QL)
endocet (PA, QL)	Subsys (PA, QL)	Gralise
etodolac	Uloric	Ilaris* ^ (PA)
etodolac ER	Xtampza ER (PA, QL)	Imitrex tablet (QL)
fentanyl (PA, QL)		Lazanda (PA, QL)
fioricet (QL)		Lidoderm
frovatriptan (QL)		Lidovex
glydo		Lorzone
hydrocodone-acetaminophen (PA, QL)		Migranal (QL)
hydromorphone (PA, QL)		Mitigare
hydromorphone ER (PA, QL)		Nucynta ER (PA, QL)
ibuprofen		Onzetra Xsail (QL)
indomethacin		Opana (PA, QL)
ketorolac (QL)		Opana ER (PA, QL)
leflunomide		Orencia* (PA)
		Otezla* (PA)
		Otrexup* (PA)
		Oxaydo (PA, QL)
		Parafon Forte DSC
		Percocet (PA, QL)
		Procort
		Relpax (QL)
		Remicade *^ (PA)
		Roxicodone (PA, QL)
		Simponi Aria* (PA)
		Simponi* (PA)

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
lidocaine		Stelara* (PA)
lidocaine (QL)		Sumavel
lidocaine viscous		Dosepro (QL)
lidocaine-prilocaine		Taltz* (PA)
lidopril		Tivorbex (ST)
lidopril XR		Vivlodex (ST)
liprozonepak		Voltaren (ST)
Livixil Pak		Xartemis XR (PA, QL)
lorcet (PA, QL)		Xeljanz XR* (PA)
lorcet HD (PA)		Xeljanz* (PA)
lorcet plus (PA, QL)		Zohydro ER (PA, QL)
lortab (PA, QL)		Zomig (QL)
LP Lite Pak		Zomig spray
medolor pak		Zomig ZMT (QL)
meloxicam		Zorvolex (ST)
metaxall		
metaxalone		
methocarbamol		
morphine (PA, QL)		
morphine ER (PA, QL)		
nabumetone		
naproxen		
naproxen DS		
oxycodone (PA, QL)		
oxycodone ER (PA, QL)		
oxycodone-acetaminophen (PA, QL)		
oxymorphone (PA, QL)		
oxymorphone ER (PA, QL)		
prilolid		
primlev (PA, QL)		
relador pak		
relador pak plus		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
vanatol LQ		
verdrocet (PA, QL)		
Vicodin (PA, QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
Vicodin ES (PA, QL)		
Vicodin HP (PA, QL)		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		
PARKINSON'S DISEASE		
benztropine	Apokyn* (PA)	Duopa*
bromocriptine	Azilect	Mirapex
carbidopa-levodopa		Mirapex ER
carbidopa-levodopa ER		Neupro
carbidopa-levodopa-entacapone		Rytary
pramipexole		Sinemet
pramipexole ER		Sinemet CR
ropinirole		
ropinirole ER		
SCHIZOPHRENIA/ANTI-PSYCHOTICS		
aripiprazole	Seroquel XR (ST)	Invega (ST)
aripiprazole ODT		Latuda (ST)
chlorpromazine		Rexulti (ST)
clozapine		Risperdal (ST)
clozapine ODT		Risperdal M-tab (ST)
Haloperidol		Saphris (ST)
olanzapine		Seroquel (ST)
olanzapine ODT		Vraylar (ST)
olanzapine-fluoxetine		
paliperidone ER		
quetiapine		
quetiapine ER		
risperidone		
risperidone ODT		
ziprasidone		
SEIZURE DISORDERS		
carbamazepine	Dilantin 30mg	Aptiom
carbamazepine ER	Keppra	Banzel
clonazepam	Lamictal	Briivact
divalproex starter kit		Carbatrol
divalproex ER	Lamictal ODT	Depakote

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SEIZURE DISORDERS (cont)

epitol	Lamictal XR	Depakote ER
gabapentin	starter kit	Depakote Sprinkle
lamotrigine	Lyrica	Dilantin 50, 100,
lamotrigine ER	Vimpat	125mg
lamotrigine ODT		Fycompa
levetiracetam		Keppra XR
levetiracetam ER		Lamictal
oxcarbazepine		Lamictal XR
roweepra		Oxtellar XR
topiramate		Phenytek
topiramate ER 50mg		Qudexy XR
		Sabril*
		Spritam
		Tegretol
		Tegretol XR
		Topamax
		Topiramate ER
		Trileptal
		Trokendi XR

SKIN CONDITIONS

acitretin	Azelex	Acanya
acyclovir ointment	Cordran (ST)	Aczone
adapalene (PA age)	Denavir	Atralin (PA age)
Ala-cort	Differin (PA age)	Avar
avar	Drysol	Avar LS
avar-E	Exelderm	Avar-E LS
avar-e green	Finacea	Avita (PA age)
bp 10-1	Fluoroplex	Cleocin T
calcipotriene	Kenalog (ST)	Clindamax
calcipotriene-	Locoid lotion	Desonate (ST)
betamethasone DP	Metrogel	Desowen (ST)
calcitrene	Naftin	Efudex
claravis (QL)	Taclonex	Elidel (ST)
clindacin ETZ	suspension	Enstilar
clindacin P	Tazorac	Epiduo
clindamycin-		Epiduo Forte
benzoyl peroxide		Evoclin
clindamycinphate		Gordo-urea
clobetasol		Hydro 35
clodan		Hydro 40
clotrimazole-		Keralac
betamethasone		Locoid cream,
cormax		ointment, solution
desonide		(ST)
diclofenac gel		Lokara
doxepin		Luzu
econazole nitrate		Metrocream
fluocinonide		Metrolotion

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SKIN CONDITIONS (cont)

fluorouracil		Nizoral
hydrocortisone		Olux (ST)
imiquimod		Onexton
ketconazole		Picato
metronidazole		Retin-A (PA age)
cream, gel		Rosula cleanser
mupirocin		Rynoderam
myorisan (QL)		Sklice
neuc		Soolantra
nystatin-		Sumadan
triamcinolone		Sumaxin
permethrin		Sumaxin TS
procto-med HC		Taclonex ointment
procto-pak		Targetin*
proctosol- HC		Temovate (ST)
proctozone- HC		Tolak
rosadan		Topicort (ST)
rosanil		Tretin-X
rosula pads		Tridesilon (ST)
scalacort		Umecta
sodium		Uramaxin
sulfacetamide-		Uramaxin GT
sulfur		Urevaz
ss 10-2		Veltin
sss 10-5		Xolegel
sulfacleanse 8-4		Ziana
tacrolimus		
tretinoin		
tretinoin cream		
(PA age)		
triamcinolone		
triderm		
zenatane (QL)		
zencia		

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	Silenor	Belsomra (ST)
eszopiclone		Nuvigil (PA)
modafinil (PA)		Xyrem* (PA)
temazepam		Zolpimist (ST)
zolpidem		
zolpidem ER		

SMOKING CESSATION

bupropion SR	Chantix ^ (QL)	Zyban ^
150mg+	Nicotrol ^ (QL)	
	Nicotrol	
	NS ^ (QL)	

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SUBSTANCE ABUSE		
buprenorphine	Bunavail	
buprenorphine-naloxone	Narcan	
naloxone vial &PFS	Suboxone	
naltrexone (QL)	Zubsolv	
TRANSPLANT MEDICATIONS		
azathioprine*	Cellcept*	Astagraf XL*
mycophenolate*	Neoral*	Envarsus XR*
mycophenolic acid*	Prograf*	Myfortic*
sirolimus*		
tacrolimus*		
URINARY TRACT CONDITIONS		
cevimeline	Cystagon*	Avodart
dutasteride	Elmiron	Detrol (ST)
finasteride	Jalyn	Detrol La (ST)
oxybutynin	Thiola	Enablex (ST)
oxybutynin ER		Procysbi* (PA)
phenazopyridine		Rapaflo
potassium citrate ER		
tamsulosin		
tolterodine		
tolterodine ER		

Medications that are not covered

The medications listed below aren't covered on your plan's drug list. If you fill a prescription for any of these medications, you'll have to pay the full cost of the medication. We've included some lower-cost generic and/or preferred brand medication choices for you to talk about with your doctor. Ask him or her which ones may be right for you.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
ALLERGY/NASAL SPRAYS	Adrenaclick EpiPen EpiPen Jr	epinephrine auto-injector	
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g., fluticasone)	
	QNASL Children	budesonide fluticasone triamcinolone	
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Aplenzin	bupropion XL	
	Ativan	lorazepam	
	Cymbalta	duloxetine	
	Lexapro	escitalopram	
	Pexeva	paroxetine/CR/ER	
	Wellbutrin XL	bupropion XL (ER 24hr tablet)	
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA	Pulmicort Flexhaler QVAR	
	Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort	
	Incruse Ellipta Tudorza Pressair	Spiriva Spiriva Respimat	
	Proventil HFA Xopenex HFA	ProAir HFA ProAir Respiclick Ventolin HFA	
	BLOOD PRESSURE/HEART MEDICATIONS	Cardizem	diltiazem
		Cardizem CD	Cartia XT diltiazem CD diltiazem ER
		Isordil Isordil Titradose	isosorbide dinitrate
Lanoxin		digitek digox digoxin	

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	Durlaza
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Lipitor	atorvastatin
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER promethazine-codeine
DIABETES	ACCU-CHEK, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio
	Afrezza Apidra Aprida SoloStar	Humalog Novolog
	alogliptin alogliptin-metformin Jentadueto Jentadueto XR Kazano Nesina Tradjenta	Janumet/Janumet XR Januvia Kombiglyze XR Onglyza
	alogliptin-pioglitazone Oseni	Janumet/Janumet XR Januvia Kombiglyze XR Onglyza Generic TZDs (e.g., pioglitazone)
	Fortamet Glumetza metformin ER (generic Fortamet and generic Glumetza)	metformin ER (generic Glucophage XR)
	Glyxambi	Invokamet/Invokamet XR/Invokana Janumet/Janumet XR Januvia Kombiglyze XR Onglyza
	Jardiance	Farxiga Invokana
	Synjardy	Invokamet/Invokamet XR
	Tanzeum Victoza	Byetta Bydureon Trulicity
	DIURETICS	Edecrin ethacrynic acid

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
GASTROINTESTINAL/HEARTBURN	Anusol-HC	anucort-HC grx hicort 25 hemmorex-HC hydrocortisone acetate	
	Asacol HD Colazal Delzicol Dipentum Giazo Mesalamine	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR	
	Librax	chlordiazepoxide-clidinium	
	Nexium capsule	esomeprazole	
	Omeclamox-pak Prevpac Pylera	lansoprazole-amoxicillin- clarithromycin pak	
	Pepcid	famotidine	
	Prevacid SoluTab	Generic prescription PPIs (e.g., lansoprazole)	
	Zegerid	omeprazole omeprazole-sodium bicarbonate	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Axiron Fortesta Natesto Testim Vogelxo	Androgel testosterone
		Dexpak	desamethasone
		Genotropin Norditropin Flexpro Nutropin AQ Omnitrope Saizen Zomacton	Humatrope (PA)
		Rayos	prednisone prednisone intensol
INFECTIONS		Acticlate Adoxa Adoxa Pak Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule	Generic products (e.g., doxycycline, minocycline)

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
INFECTIONS <i>(cont)</i>	Bethkis Tobi	Kitabis Pak tobramycin
	Onmel	itraconazole terbinafine
	Sitavig	acyclovir
INFERTILITY	Bravelle Gonal F Gonal F RFF Gonal F RFF Redi-ject	Follistim AQ (PA)
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Belbuca	Butrans
	Bupap	butalbital-acetaminophen Marten-Tab Tencon
	Capital-W codeine	acetaminophen-codeine
	Conzip	tramadol tramadol ER
	Diclofenac Duexis Klofensaid II Naprelan Naproxen CR Pennsaid Vimovo	Generic NSAIDs (e.g., celecoxib, meloxicam)
	levorphanol	Generic products (e.g., acetaminophen- codeine, hydrocodone, hydromorphone, oxycodone)
	Lidocaine Lido-K	lidocaine lidopin
	Sprix	ketorolac
	Treximet Zembrace Symtouch	Generic NSAIDs Generic triptans (e.g., sumatriptan, narat- riptan)
	Zomig ZMT	zolmitriptan ODT
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	Fazaclo Versacloz	clozapine clozapine ODT
SEIZURE DISORDERS	Mysoline	primidone

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Aldara Zyclara	imiquimod
	Anusol-HC	hydrocortisone procto-Med HC proctosol-HC proctozone-HC
	Bensal HP	Salacyn salicylic acid
	Benzaclin Duac Neuac kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol clodan
	Ertaczo Extina Oxistat Vusion	ketoconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	ciclodan ciclopirox itraconazole terbinafine
	Locoid Lipocream	hydrocortisone butyrate
	Noritate	metronidazole Rosadan
	Novacort	hydrocortisone
	Penlac	ciclodan ciclopirox
	Plexion	sodium sulfacetamide-sulfur ss 10-2 Zencia
	Prudoxin Zonalon	doxepin prudoxin
	Salex	salicylic acid
	Sernivo	clobetasol triamcinolone

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS <i>(cont)</i>	Triamex	triamcinolone triderm
	Ultravate	clobetasol
	Vanos	fluocinonide
	Verdeso	desonide
	Xerese	acyclovir hydrocortisone
	Zovirax	acyclovir
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
	Ativan	lorazepam
URINARY TRACT CONDITIONS	Myrbetriq Toviaz VESicare	darifenacin ER oxybutynin chloride ER tolterodine ER trospium chloride ER

^^ These medications aren't covered on your drug list. Your prescription drug plan requires approval from Cigna for these medications to be covered. If your doctor feels that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Prescription drug list FAQs

We want to make sure you understand your prescription drug coverage and are getting the most out of your pharmacy benefit. Below are answers to some of the most commonly asked questions about the prescription drug list.

Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes to the list of covered medications as new medications become available or are removed from the market and/or we identify medications as the preferred treatment option for a certain condition. These changes may include:¹

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a 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 or no longer covering a medication. This typically happens twice per year on January 1st and July 1st.
- › Adding requirements to a medication. For example, requiring approval from Cigna before a medication is covered or adding a quantity limit or age restriction to a medication.

Please note that when a medication changes tiers or is no longer covered, you may have to pay a different amount for that medication.

Why aren't some medications covered on my drug list?

Some high-cost medications have clinically appropriate alternatives. Meaning, they work the same or similar to another covered prescription medication or over-the-counter (available without a prescription) alternative. To help lower your overall health care costs, these high-cost medications are not covered. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

We also do not cover medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide what medications are covered?

The Cigna Prescription Drug List is developed in cooperation with Cigna's Pharmacy and Therapeutics Committee, a panel of practicing doctors and pharmacists, most of whom work outside of Cigna. Every medication available on the drug list has been approved by the FDA. The Pharmacy and Therapeutics Committee uses medical resources and references on the safety and efficacy of prescription medications, and doesn't consider finances. The committee's findings are based on clinical evidence and are shared with a separate business decision team. The business team reviews their findings and other factors when deciding the placement of the medication on the drug list. Our goal is to provide access to safe and effective medications at the lowest possible cost.

What medications are covered under the health care reform law?

The Patient Protection and Affordable Care Act, 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 medications) may be available to you at no cost-share (\$0), depending on your plan. To find out how your plan covers these medications, please check your enrollment materials or view your plan's drug list on myCigna.com. You can also view the list of these preventive medications on Cigna.com/druglist.

For more information about health care reform, visit www.informedonreform.com or Cigna.com and look for the Preventive Services section within the "Informed on Reform" link.

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

Any new medications approved by the U.S. Food and Drug Administration (FDA) that are available in the marketplace may not be covered for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices that

Prescription drug list FAQs (cont)

are covered under standard pharmacy benefit plans. Once a medication is approved by the FDA, we do a thorough review to decide if it's appropriate to cover the medication and at what tier level it should be covered. 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 new FDA-approved medication.

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

Use the Drug Cost tool on [myCigna.com](https://mycigna.com) to price a medication and see the lower-cost options available to you at your local retail pharmacy and Cigna Home Delivery Pharmacy^{SM,2}

Simply log in to [myCigna.com](https://mycigna.com) and select Estimate Health Care Costs, then select Get drug costs.

How can I save money on my prescription medications?

You may be able to save money by switching to a lower-cost medication. Talk with your doctor to see if a medication in a lower-cost tier may work for you.

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

The U.S. Food and Drug Administration (FDA) requires generic medications to have the same quality and performance as brand name medications. So, a generic medication the same as a brand name medication in dosage form, active ingredient, strength, route of administration, quality, performance characteristics and intended use. Generics typically cost much less than brand name medications – in some cases, up to 80%–85% less.³ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy Services can help you manage your health and prescription needs.² Our therapy management teams, made up of health advocates with nursing backgrounds and pharmacists are here to provide you with personalized, 24/7 support. They provide condition-specific education on medication

therapy and side effects, help manage the approval process and offer financial assistance programs if you need help paying for your specialty medication.

Can I fill my prescriptions by mail?

If you take a prescription on a regular basis, you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.² To get started, give us a call at **800.835.3784** or visit the Cigna Home Delivery Pharmacy page on [myCigna.com](https://mycigna.com).

Where can I find more information about my prescription drug plan?

You can use the pharmacy tools on [myCigna.com](https://mycigna.com) to better understand your coverage. Just log into [myCigna.com](https://mycigna.com) to search for a specific medication or view your entire drug list. You can also use the Drug Cost tool to get cost estimates for covered medications at local retail pharmacies and through Cigna Home Delivery Pharmacy.² If you have questions, you can call the toll-free number on the back of your Cigna ID card.

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:⁴

- › over-the-counter (OTC) medications (medications that do not require a prescription) except insulin unless state or federal law requires coverage of such drugs;
- › prescription drugs or supplies for which there is a non-prescription or OTC therapeutic alternative;
- › physician-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or authorized by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such drugs;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription drugs and related supplies due to loss or theft;
- › drugs which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or

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

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



1. In accordance with Texas and Louisiana state law, customers with affected benefit plans who receive coverage for medications that are removed from the prescription drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date. To find out if these state mandates apply to your plan, please call Customer Service.
2. Plans vary, so some plans may not include Cigna Specialty Pharmacy Services or Cigna Home Delivery Pharmacy. Please check your plan materials for more information on what pharmacies are covered under your plan.
3. U.S. Food and Drug Administration (FDA) website, "Understanding Generic Drugs." Updated 06/28/2016.
4. 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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