



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

**Coverage as of July 1, 2022**



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

893304 w Advantage 4-Tier 03/22



## What's inside?

About this drug list	3
How to read this drug list	3
How to find your medication	5
Specialty medications	17
Medications that aren't covered - and their covered alternatives	25
Frequently Asked Questions (FAQs)	42
Exclusions and limitations for coverage	46

### View the drug list online

This document was last updated on 03/01/2022.\* You can go online to see the current list of medications your plan covers.



**myCigna® App or myCigna.com.** Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



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

#### Questions?

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

\* Drug list created: originally created 01/01/2004

Last updated: 03/01/2022, for changes starting 07/01/2022

Next planned update: 08/01/2022, for changes starting 01/01/2023

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Advantage 4-Tier Prescription Drug List as of July 1, 2022.<sup>1,2</sup> Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). The drug list is updated often so it isn't a complete list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

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

## How to read this drug list

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

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

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

Medications are grouped by the **condition** they treat; Speciality medications are listed on Tier 4 (pages 17-24)

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

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

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

Generic medications are in all **lowercase letters**

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

## Tiers

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

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

## Abbreviations next to medications

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

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

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

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

## Brand-name medications are in all capital letters

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

## Specialty medications are covered on Tier 4

Specialty medications are used to treat complex medical conditions. In this drug list, all specialty medications are covered on Tier 4 (see pages 17-24). Injectable specialty medications are marked with an asterisk (\*) and oral specialty medications are marked with a double asterisk (\*\*).

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

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

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

## Plan/benefit exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. This means there's no option to receive coverage through Cigna's review process by showing that you need the medication or product for your treatment. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

## How to find your medication

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

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

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 17-25).

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

### ALLERGY/NASAL SPRAYS

azelastine		EPINEPHRINE
azelastine- fluticasone		PROFESSIONAL
cromolyn oral concentrate		GASTROCROM
desloratadine^ (QL)		GRASSTEK (PA, QL)
epinephrine (QL)		KARBINAL ER
fluticasone^		ODACTRA (PA, QL)
hydroxyzine hcl solution, syrup, tablet		ORALAIR (PA, QL)
hydroxyzine pamoate		PATANASE
ipratropium		RAGWITEK (PA, QL)
levocetirizine^		regonol
mometasone^ (QL)		VISTARIL
olopatadine		
promethazine solution, syrup, tablet		

### ALZHEIMER'S DISEASE

donepezil		ARICEPT
donepezil odt		EXELON
memantine		MESTINON
memantine er (QL)		NAMENDA
pyridostigmine 60 mg/5 ml, 60 mg		NAMENDA XR (QL)
pyridostigmine er		NAMZARIC (QL)
rivastigmine		

### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>3</sup>

alprazolam		CELEXA (QL, ST)
alprazolam er		DESVENLAFAXINE
alprazolam intensol		ER (QL, ST)
alprazolam odt		EFFEXOR XR (QL, ST)
alprazolam xr		FETZIMA (QL, ST)
amitriptyline		PAXIL (QL, ST)
bupropion (QL)		PAXIL CR (QL, ST)
bupropion sr (QL)		PROZAC (QL, ST)
bupropion xl 150 mg tablet (QL)		REMERON
bupropion xl 300 mg tablet (QL)		TRINTELLIX (QL, ST)
buspiron		VIIBRYD (QL, ST)
citalopram (QL)		WELLBUTRIN SR (QL, ST)
clomipramine		XANAX
duloxetine (QL)		XANAX XR
escitalopram (QL)		ZOLOFT (QL, ST)
fluoxetine dr (QL)		
fluoxetine (QL)		
fluvoxamine (QL)		
fluvoxamine er (QL)		

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

### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>3</sup>

(cont)

lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine cr (QL)		
paroxetine er (QL)		
paroxetine (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine er (QL)		

### ASTHMA/COPD/RESPIRATORY

albuterol	ANORO ELLIPTA	AIRDUO DIGIHALER (ST)
albuterol hfa (QL)	ATROVENT HFA	ARALAST NP (PA)
budesonide	BREZTRI	COMBIVENT
fluticasone- salmeterol	AEROSPHERE	RESPIMAT
ipratropium- albuterol	DULERA	FLOVENT DISKUS
montelukast	FLOVENT HFA	DALIRESP (QL)
wixela inhub	INCRUSE ELLIPTA	LONHALA
	QVAR REDHALER	MAGNAIR (PA)
	SEREVENT DISKUS	PULMICORT
	SPIRIVA	RESPULE
	SPIRIVA RESPIMAT	SINGULAIR
	STIOLTO RESPIMAT	
	SYMBICORT	
	TRELEGY ELLIPTA	

### ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>3</sup>

amphetamine (PA)		ADDERALL (PA,ST)
atomoxetine (QL)		DAYTRANA (PA, QL)
dexmethylp- henidate (PA)		FOCALIN (PA,ST)
dexmethylp- henidate er (PA, QL)		INTUNIV
dextroamp hetamin -e -amphetamine (PA)		METHYLIN (PA)
dextroamp- hetamine-amphet er (PA, QL)		QUILLIVANT XR (PA, QL)
guanfacine er		RITALIN (PA,ST)
methylphenidate er (la) (PA, QL)		STRATTERA (QL)
methylphenidate er (PA, QL)		ZENZEDI (PA,ST)
methylphenidate cd (PA, QL)		
methylphenidate er (cd) (PA, QL)		
methylphenidate la (PA, QL)		
procentra (PA)		

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 17-25).

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

### BLOOD MODIFIERS/BLEEDING DISORDERS

	DROXIA	SIKLOS (PA)
--	--------	-------------

### BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	CORLANOR (PA)	ADALAT CC
amlodipine- benazepril	ENTRESTO	BIDIL (QL)
amlodipine- olmesartan (QL)		CALAN SR
amlodipine- valsartan		CARDIZEM LA 120MG (QL)
atenolol		CATAPRES-TTS 1
benazepril		CATAPRES-TTS 2
bisoprolol		CATAPRES-TTS 3
bisoprolol-hctz		COREG (ST)
candesartan		CORGARD (ST)
cartia xt		EPANED
carvedilol		HEMANGEOL
carvedilol er (QL)		INDERAL LA (ST)
clonidine		INDERAL XL (ST)
diltiazem 12hr er		INNOPRAN XL (ST)
diltiazem 24hr er		KAPSPARGO
diltiazem 24hr er (cd)		SPRINKLE (ST)
diltiazem 24hr er (la)		KATERZIA (QL)
diltiazem 24hr er (xr)		LOPRESSOR (ST)
diltiazem		MINIPRESS
DILT-XR		NITROSTAT
dofetilide (QL)		NORVASC
enalapril		PROCARDIA XL
flecainide		RANEXA (QL)
guanfacine		TENORETIC 50 (ST)
hydralazine tablet		TENORETIC 100 (ST)
irbesartan		TENORMIN (ST)
labetalol tablet		TIAZAC
lisinopril		TIKOSYN (PA, QL)
lisinopril-hctz		TOPROL XL (ST)
losartan		VERELAN
losartan-hctz		VERELAN PM
matzim la		ZIAC (ST)
metoprolol		
succinate		
metoprolol tablet		
nadolol		
nebivolol (QL)		
nifedipine		
nifedipine er		
olmesartan (QL)		
olmesartan- amlodipine-hctz		
olmesartan-hctz (QL)		

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

### BLOOD PRESSURE/HEART MEDICATIONS

(cont)

prazosin		
propranolol tablet		
propranolol er		
ramipril		
ranolazine er (QL)		
taztia xt		
telmisartan (QL)		
telmisartan-hctz (QL)		
tiadylt er		
valsartan		
valsartan-hctz		
verapamil er		
verapamil er pm		
verapamil tablet		
verapamil sr		

### BLOOD THINNERS/ANTI-CLOTTING

clopidogrel	BRILINTA	BAYER CHEWABLE
jantoven	ELIQUIS (PA)	ASPIRIN+
prasugrel	XARELTO (PA)	EFFIENT
warfarin		PLAVIX
		PRADAXA (PA)

### CANCER

anastrozole+	GLEOSTINE	
exemestane+	TREXALL	
letrozole		
methotrexate		
tamoxifen+		

### CHOLESTEROL MEDICATIONS

atorvastatin+	REPATHA (PA)	CADUET (QL)
colesevelam	VASCEPA (PA)	LIPOFEN (ST)
ezetimibe		ROSZET
fenofibrate		TRICOR (ST)
fenofibric acid		TRILIPIX (ST)
fluvastatin er+		WELCHOL
fluvastatin+		ZETIA
icosapent ethyl		
lovastatin+		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin+ (QL)		
simvastatin tablet+ (QL)		

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 17-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTION PRODUCTS</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
AFIRMELLE+	LO LOESTRIN FE	BEYAZ	etonogestrel-		
ALTAVERA+		CAYA	ethinyl estradiol+		
ALYACEN+		CONTOURED+	FALMINA+		
AMETHIA+		ELLA+	FEMYNOR+		
AMETHYST+		ESTROSTEP FE	GEMMILY+		
APRI+		FEMCAP+	HAILEY+		
ARANELLE+		LAYOLIS FE+	HAILEY FE+		
ASHLYNA+		LOESTRIN FE	HAILEY 24 FE+		
AUBRA+		MICROGESTIN 24	HEATHER+		
AUBRA EQ+		FE	ICLEVIA+		
AUROVELA FE+		MINASTRIN 24 FE	INCASSIA+		
AUROVELA 24 FE+		NEXTSTELLIS	ISIBLOOM+		
AVIANE+		NUVARING	JAIMIESS+		
AYUNA+		SAFYRAL	JASMIEL+		
AZURETTE+		TWIRLA+	JENCYCLA+		
BALZIVA+		wide seal	JOLESSA+		
BLISOVI FE+		diaphragm+	JULEBER+		
BLISOVI 24 FE+		YASMIN 28	JUNEL+		
BRIELLYN+		YAZ	JUNEL FE+		
CAMILA+			JUNEL FE 24+		
CAMRESE+			KAITLIB FE+		
CAMRESE LO+			KALLIGA+		
CAYA			KARIVA+		
CONTOURED+			KELNOR 1-35+		
CAZIAN+			KELNOR 1-50+		
CHARLOTTE 24 FE+			KURVELO+		
CHATEAL+			LARIN+		
CHATEAL EQ+			LARIN FE+		
CRYSSELLE+			LARIN 24 FE+		
CYCLAFEM+			LARISSIA+		
CYRED+			LEENA+		
CYRED EQ+			LESSINA+		
DASETTA+			LEVONEST+		
DAYSEE+			levonorgestrel-		
DEBLITANE+			ethinyl estradiol+		
desogestrel-ethinyl			levonorgestrel-		
estradiol+			ethinyl estradiol		
desogestrel-ethinyl			ethinyl estradiol+		
estradiol - ethinyl			LEVORA+		
estradiol+			LILLOW+		
DOLISHALE+			LOJAIMIESS+		
drospirenone-			LORYNA+		
ethinyl estradiol-			LOW-OGESTREL+		
levomefolate+			LO-		
drospirenone-			ZUMANDIMINE+		
ethinyl estradiol+			LUTERA+		
ELINEST+			LYLEQ+		
ELURYNG+			LYZA+		
ENPRESSE+			MARLISSA+		
ENSKYCE+			medroxy-		
ERRIN+			progesterone+		
ESTARYLLA+			125mg/ml		
ethynodiol-ethinyl			MERZEE+		
estradiol+			MICROGESTIN+		



## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 17-25).

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

### CONTRACEPTION PRODUCTS (cont)

MICROGESTIN FE+		
MILI+		
MONO-LINYAH+		
NECON+		
NIKKI+		
NORA-BE+		
norethindrone+		
norethindrone- ethinyl estradiol- iron+		
norethindrone- ethinyl estradiol+		
norethindrone- ethinyl estradiol- ferrous fumarate		
norgestimate- ethinyl estradiol+		
NORLYDA+		
NORTREL+		
NYLIA+		
NYMYO+		
OCELLA+		
ORSYTHIA+		
PHILITH+		
PIMTREA+		
PIRMELLA+		
PORTIA+		
PREVIFEM+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		
SHAROBEL+		
SIMLIYA+		
SIMPESSE+		
SPRINTEC+		
SRONYX+		
SYEDA+		
TARINA FE+		
TARINA FE 1-20 EQ+		
TARINA 24 FE+		
taysofy+		
TILIA FE+		
TRI FEMYNOR+		
TRI-ESTARYLLA+		
TRI-LEGEST FE+		
TRI-LINYAH+		
TRI-LO-ESTARYLLA+		
TRI-LO-MARZIA+		
TRI-LO-MILI+		
TRI-LO-SPRINTEC+		
TRI-MILI+		
TRI-NYMYO+		
TRI-PREVIFEM+		
TRI-SPRINTEC+		

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

### CONTRACEPTION PRODUCTS (cont)

TRIVORA+		
TRI-VYLIBRA LO+		
TRI-VYLIBRA+		
TULANA+		
TYDEMY+		
VELIVET+		
VESTURA+		
VIENVA+		
VIORELE+		
VOLNEA+		
VYFEMLA+		
VYLIBRA+		
WERA+		
WYMZYA FE+		
XULANE+		
ZAFEMY+		
ZOVIA 1-35+		
ZOVIA 1-35E+		
ZUMANDIMINE+		

### COUGH/COLD MEDICATIONS

brompheniramine- pseudoephed-dm		HYCODAN (PA, QL)
hydrocodone- homatropine (PA,QL)		TUXARIN ER (PA, QL)
promethazine-dm		TUZISTRA XR (PA, QL)

### DENTAL PRODUCTS

chlorhexidine		CLINPRO 5000
DENTA 5000 PLUS		FLORIVA+
DENTAGEL		FLUORIDEX
doxycycline hyclate		SENSITIVITY RELIEF
FLUORIDEX DAILY DEFENSE 1.1%		PREVIDENT 5000 DRY MOUTH
ORALONE		
PERIDEX		
PERIOGARD		
SF 1.1% GEL		
SF 5000 PLUS		
sodium fluoride		
sodium fluoride 5000 dry mouth		
sodium fluoride 5000 plus		
triamcinolone		

### DIABETES

glimepiride	BAQSIMI (QL)	ACCU-CHEK
glipizide	BASAGLAR (QL)	SMARTVIEW
glipizide er	BD LANCETS	CONTRL
glipizide xl	BD PEN NEEDLE	SOLUTION
metformin	BYDUREON BCISE (PA,QL)	
metformin er	BYETTA (PA,QL)	

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 17-25).

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

### DIABETES (cont)

	DEXCOM G6 (PA, QL)	ACCUTREND GLUCOSE
	DROPLET	CONTROL
	DROPSAFE	AUTOSHIELD DUO
	FARXIGA (QL, ST)	PEN NEEDLE
	FREESTYLE LIBRE 14 DAY SENSOR (PA, QL)	CEQR
	FREESTYLE LIBRE 2 SENSOR (PA, QL)	CONTOUR NEXT TEST STRIP
	GLYXAMBI (QL, ST)	CONTOUR TEST STRIP
	JANUMET (QL, ST)	CYCLOSET SENSOR KIT
	JANUMET XR (QL, ST)	FREESTYLE FREEDOM LITE
	JANUVIA (QL, ST)	GLUCAGON
	JARDIANCE (QL, ST)	EMERGENCY KIT (QL)
	HUMALOG (QL)	GLUCOCARD
	HUMULIN (QL)	INPEN
	INSULIN LISPRO (QL)	PARADIGM
	INSULIN SYRINGE	POGO AUTOMATIC
	LEVEMIR (QL)	BLOOD GLUCOSE SYSTEM
	LYUMJEV (QL)	PRECISION XTRA
	MICROLET NEXT LANCING DEVICE	KETONE-GLUC KIT
	MULTI-LANCET	RIOMET
	NANO 2ND GEN PEN NEEDLE	TRUE METRIX
	NOVOFINE	
	NOVOTWIST	
	OMNIPOD DASH (PA, QL)	
	ONETOUCH ULTRA TEST STRIP	
	ONETOUCH ULTRAMINI	
	ONETOUCH VERIO FLEX METER	
	ONETOUCH VERIO IQ METER	
	ONETOUCH VERIO METER	
	ONETOUCH VERIO REFLECT METER	
	ONETOUCH VERIO TEST STRIP	
	OZEMPIC (PA, QL)	
	RYBELSUS (PA, QL)	
	SOLIQUA 100-33	
	SYMLINPEN	
	SYNJARDY (QL, ST)	
	SYNJARDY XR (QL, ST)	
	TECHLITE	
	TRESIBA (QL)	

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

### DIABETES (cont)

	TRIJARDY XR (ST, QL)	
	TRUEPLUS SYRINGE	
	TRULICITY (PA, QL)	
	ULTRA-FINE PEN NEEDLE	
	V-GO 20	
	V-GO 30	
	V-GO 40	
	VEO INSULIN SYRINGE	
	VICTOZA (PA, QL)	
	XIGDUO XR (QL, ST)	
	XULTOPHY	
	ZEGALOGUE (QL)	

### DIURETICS

acetazolamide tablet	KERENDIA (PA, QL)	ALDACTONE
acetazolamide er capsule		CAROSPIR
bumetanide tablet		DIURIL
chlorthalidone		INSPIRA
eplerenone		LASIX
furosemide solution, tablet		MAXZIDE
hydrochlorot- hiazide		
spironolactone		
toremide		
triamterene-hctz		

### EAR MEDICATIONS

ciprofloxacin- dexamethasone		CIPRO HC
neomycin- polymyxin		CIPRODEX
b-hydrocortisone		CIPRODEX
ofloxacin		CIPROFLOXACIN- FLUOCINOLONE
		DERMOTIC
		OTOVEL

### EYE CONDITIONS

bimatoprost (QL)	COMBIGAN	ACUVAIL
brimonidine	EYSUVIS (QL)	ALPHAGAN P
brinzolamide	RESTASIS	ALREX
ciprofloxacin	SIMBRINZA	AZASITE
difluprednate	XIIDRA	AZOPT
dorzolamide- timolol		BESIVANCE
erythromycin		BETIMOL
fluorometholone		BETOPTIC S
latanoprost		BROMSITE
loteprednol		CEQUA
moxifloxacin eye drops		COSOPT
		COSOPT PF
		DUREZOL

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 17-25).

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

### EYE CONDITIONS (cont)

neomycin-polymyxin b-dexamethasone		FLAREX
ofloxacin		FML FORTE 0.25% EYE DROPS
polymyxin b sulfate-trimethoprim		FML LIQUIFILM 0.1% EYE DROP
prednisolone		FML S.O.P. 0.1% OINTMENT
timolol		ILEVRO
tobramycin-dexamethasone		INVELTYS
travoprost		ISTALOL
		LOTEMAX
		LOTEMAX SM
		MAXITROL
		OCUFLOX
		POLYTRIM
		PRED FORTE
		PROLENSA
		RHOPRESSA
		ROCKLATAN
		TIMOPTIC
		TIMOPTIC-XE
		TOBRADEX
		TOBRADEX ST
		VIGAMOX
		ZIRGAN
		ZYLET

### FEMININE PRODUCTS

GYNAZOLE 1		
miconazole 3 200 mg		
terconazole		

### GASTROINTESTINAL/HEARTBURN

ANUCORT-HC	AMITIZA	APRISO
balsalazide	CLENPIQ+	BONJESTA
dicyclomine	LINZESS	CANASA
capsule, solution, tablet	NEXIUM DR 2.5 MG PACKET (QL)	CARAFATE
esomeprazole (QL)	NEXIUM DR 5 MG PACKET (QL)	DICLEGIS
famotidine	PANCREAZE	MOVANTIK (PA)
40 mg/5 ml suspension	PENTASA	RECTIV
GAVILYTE-C+	SUPREP+	RELISTOR (PA)
GAVILYTE-G+	SUTAB+	SANCUSO (PA, QL)
GAVILYTE-N+	VIBERZI	SFROWASA
GENTLE LAXATIVE TABLET+		SYMPROIC (PA)
glycopyrrolate tablet		TRANSDERM-SCOP
HEMMOREX-HC		URSO
hydrocortisone		URSO FORTE
lansoprazole^ (QL)		VARUBI (PA, QL)
		VIOKACE

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

### GASTROINTESTINAL/HEARTBURN (cont)

mesalamine		
mesalamine dr		
mesalamine er		
metoclopramide solution, tablet		
metoclopramide odt		
omeprazole^ (QL)		
ondansetron		
ondansetron odt		
pantoprazole ^ (QL)		
peg		
3350-electrolyte+		
peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+		
PEG-PREP+		
prochlorperazine tablet		
rabeprazole tablet^ (QL)		
scopolamine		
sucrafate		

### HORMONAL AGENTS

AMABELZ	DUAVEE	ACTIVELLA
budesonide dr	MYFEMBREE (PA, QL)	ALORA (QL)
budesonide ec	ORIAHNN (PA, QL)	ANDRODERM (PA, QL)
budesonide er (PA, QL)	ORILISSA (PA, QL)	ANDROGEL (PA, QL)
cabergoline (QL)	PREMARIN TABLET, VAGINAL CREAM	ANGELIQ
DECADRON	APPLICATOR	AYGESTIN
dexamethasone intensol	PREMPHASE	BIJUVA
DOTTI (QL)	PREMPRO	CLIMARA
estradiol (once weekly)		CLIMARA PRO
estradiol 10mcg vaginal insert (QL)		COMBIPATCH
estradiol (twice weekly) (QL)		CRINONE 4% GEL
estradiol-norethindrone acetat		CYTOMEL
EUTHYROX		DEPO-TESTOSTERONE
LEVO-T		DIVIGEL
levothyroxine tablet		ELESTRIN
LEVOXYL		ESTRACE
		ESTRING (QL)
		ESTROGEL
		EVAMIST
		IMVEXXY (QL)
		INTRAROSA

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 17-25).

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

### HORMONAL AGENTS (cont)

liothyronine LYLLANA (QL)		levothyroxine capsule (PA)
medroxyprog- esterone		MEDROL
methylpredn- isolone		MENOSTAR (QL)
MIMVEY		MINIVELLE (QL)
norethindrone		MYFEMBREE (QL)
NP THYROID		OSPHENA
prednisone		PROMETRIUM
prednisone intensol		RAYALDEE
progesterone tablet		TIROSINT-SOL (PA)
testosterone cypionate		TRIOSTAT
WESTHROID		UNITHROID
YUVAFEM		VAGIFEM (QL)
		VIVELLE-DOT (QL)

### INFECTIONS

acyclovir capsule, suspension, tablet	EURAX 10% CREAM	AEMCOLO (QL)
albendazole	MOLNUPIRAVIR (QL)	ALBENZA
amoxicillin	PAXLOVID (QL)	ALINIA
amoxicillin- clavulanate er	XIFAXAN (QL)	BACTRIM
amoxicillin- clavulanate		BACTRIM DS
atovaquone		BAXDELA TABLET (PA)
atovaquone- proguanil		CIPRO
AVIDOXY		CLEOCIN
azithromycin packet, suspension, tablet		CLINDESSE
cefдинир		CRESEMBA
cefuroxime tablet		CAPSULE (PA)
cephalexin		DIFICID (QL)
ciprofloxacin		e.e.s. 400
clindamycin		ELIMITE
COREMINO ER (QL)		ERYPED 200
dapsone		ERY-TAB DR
doxycycline monohydrate		EURAX 10% LOTION
EMVERM		FLAGYL
erythromycin		MACROBID
erythromycin ethylsuccinate		MACRODANTIN
famciclovir		MALARONE (PA)
fluconazole		NUVESSA
hydroxychloro- quine		PLAQUENIL
ivermectin		
levofloxacin solution, tablet		

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

### INFECTIONS (cont)

metronidazole gel, capsule, tablet		POSACONAZOLE SUSPENSION
minocycline		PREVYMIS TABLET
minocycline er tablet (QL)		PRIFTIN
mondoxylene nl		ORAVIG
nitazoxanide		PLAQUENIL (PA)
nitrofurantoin		POSACONAZOLE SUSPENSION
nitrofurantoin monohydrate- macrocrystal		PRIFTIN
nystatin		SIVEXTRO TABLET (PA)
suspension, tablet		SKLICE
oseltamivir (QL)		SOLOSEC
penicillin v potassium		STROMECTOL (PA)
posaconazole tablet		sulfatrim
sulfamethoxazole- trimethoprim		TAMIFLU (QL)
suspension, tablet		URIBEL
terbinafine		VALTREX
tetracycline		XENLETA 600mg tablet (PA, QL)
valganciclovir		XOFLUZA (QL)
valganciclovir capsule, solution		ZITHROMAX
vandazole		ZITHROMAX TRI- PAK
		ZYVOX SUSPENSION, TABLET (PA)

### INFERTILITY

clomiphene ^		CRINONE^ ENDOMETRIN^
--------------	--	-------------------------

### MISCELLANEOUS

disulfiram	ACCU-CHEK	KETONE CARE TEST STRIP
sodium chloride inhalation vial, irrigation solution, vial	DROPLET LANCETS MICROLET ONETOUCH PRECISION XTRA TECHLITE LANCETS	KETONE TEST STRIP KETOSTIX REAGENT NUEDEXTA (QL) POGO AUTOMATIC TEST CARTRIDGE PRECISION XTR B-KETONE STRIP TRUEPLUS KETONE TEST STRIP

### NUTRITIONAL/DIETARY

calcitriol capsule, solution^	LOKELMA PETITE	ACCRUFER AURYXIA (QL)
cyanocobalamin fluoride+	OB COMPLETE VELTASSA	CITRANATAL BLOOM
folic acid^+		CITRANATAL 90 DHA
klor-con 8		
klor-con 10		

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 17-25).

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

### NUTRITIONAL/DIETARY (cont)

MULTI-VITAMIN W-FLUORIDE- IRON+		CITRANATAL ASSURE
MULTIVITAMIN WITH FLUORIDE+		CITRANATAL B-CALM
MULTIVITAMIN- IRON-FLUORIDE		CITRANATAL DHA
potassium chloride		CITRANATAL HARMONY
10%, capsule, packet, tablet		CITRANATAL RX
sevelamer		DRISDOL
carbonate		FLORIVA+
sodium fluoride+		K-TAB ER
TRI-VITE WITH		MEPHYTON
FLUORIDE+		NEEVO DHA
vitamin d2 1.25 mg		OB COMPLETE
(50,000 unit)^		PHOSLYRA
VITAMINS A,C,D		POLY-VI-FLOR WITH
AND FLUORIDE+		IRON+
		POLY-VI-FLOR+
		PRENATE
		PRIMACARE
		QUFLORA
		PEDIATRIC 1
		MG CHEWABLE
		TABLET+
		QUFLORA
		PEDIATRIC 0.25
		MG/ML DROP+
		QUFLORA
		PEDIATRIC 0.5
		MG/ML DROP+
		REVELA
		ROCALTROL
		TRI-VI-FLOR+
		VELPHORO

### OSTEOPOROSIS PRODUCTS

alendronate		ACTONEL (ST)
raloxifene +		ATELVIA (ST)
risedronate dr		BINOSTO (ST)
		EVISTA
		FOSAMAX (ST)

### PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA)	AIMOVIG (PA)	ARAVA
allopurinol tablet	AJOVY (PA)	BUPRENEX
baclofen tablet	BELBUCA (QL)	BUTRANS (QL)
buprenorphine	EMGALITY (PA)	CELEBREX (QL, ST)
patch (QL)	HYSINGLA ER (PA)	COLCRYS
butalbital-	NURTEC ODT (PA, QL)	EC-NAPROSYN (ST)
acetaminophen-	RASUVO (PA)	ESGIC (QL)
caffeine (QL)	REDITREX (PA)	FEXMID
buprenorphine (QL)		GABLOFEN
		GELSYN-3 (PA)

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

### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

butalbital-	TRUDHESA (PA,QL)	MITIGARE
acetaminophen-	UBRELVY (PA, QL)	MOBIC (ST)
caffe (QL)	XTAMPZA ER (PA)	NAPROSYN (ST)
carisoprodol	ZTLIDO	NUCYNTA (PA)
celecoxib (QL)		NUCYNTA ER (PA)
colchicine		OTREXUP (PA)
cyclobenzaprine		OXAYDO (PA)
diclofenac 1% gel		PERCOCET (PA)
(QL)		PROCTOFOAM-HC
diclofenac dr		SAVELLA
diclofenac ec		SKELAXIN
EC-NAPROXEN		ULORIC (QL)
ECOTRIN EC 81 MG		ULTRAM 50 MG
TABLET+		TABLET (QL)
eletriptan (QL)		ZANAFLEX
ENDOCET (PA)		ZEBUTAL (QL)
febuxostat (QL)		ZOHYDRO ER (PA)
FIORICET (QL)		ZYLOPRIM
GLYDO		
hydrocodone-		
acetaminophen		
(PA)		
IBU		
ibuprofen		
indomethacin		
indomethacin er		
ketorolac		
tromethamine		
(QL)		
leflunomide		
lidocaine 5%		
ointment (QL)		
meloxicam tablet		
metaxalone		
methocarbamol		
morphine (PA)		
morphine er (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-		
acetaminophen		
(PA)		
PROLATE TABLET		
(PA)		
rizatriptan (QL)		
sumatriptan (QL)		
tramadol 50 mg		
tablet (QL)		
tramadol er (QL)		
VANADOM		

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 17-25).

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

### PARKINSON'S DISEASE

benztropine tablet	KYNMOBI (PA)	AZILECT (QL)
carbidopa-levodopa		MIRAPEX ER (QL)
carbidopa-levodopa er		NEUPRO
pramipexole		OSMOLEX ER (QL)
pramipexole er (QL)		RYTARY
rasagiline (QL)		SINEMET 10-100
ropinirole er		SINEMET 25-100
ropinirole		TASMAR
		XADAGO (ST)

### SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>3</sup>

aripiprazole (QL)	LATUDA (QL)	ARISTADA (QL)
aripiprazole odt		FANAPT (QL, ST)
asenapine		INVEGA (QL, ST)
chlorpromazine tablet		PERSERIS (QL)
olanzapine tablet		REXULTI (QL, ST)
olanzapine odt		RISPERDAL (ST)
paliperidone er (QL)		SAPHRIS (ST)
quetiapine		SECUADO (ST)
quetiapine er		SEROQUEL (ST)
risperidone		SEROQUEL XR (ST)
risperidone odt		VRAYLAR (QL, ST)
ziprasidone tablet		

### SEIZURE DISORDERS

carbamazepine	DILANTIN 30 MG CAPSULE (PA)	APTIOM (PA, QL)
carbamazepine er		BANZEL (PA, QL)
clonazepam	FYCOMPA (PA, QL)	BRIVIACT ORAL SOLUTION, TABLET (PA)
divalproex	NAYZILAM (PA, QL)	CARBATROL (PA)
divalproex er	VIMPAT SOLTUIION, TABLET (PA)	DEPAKOTE (PA)
EPITOL		DEPAKOTE ER (PA)
gabapentin		DEPAKOTE SPRINKLE (PA)
lamotrigine		DIASTAT (PA)
lamotrigine (blue)		DILANTIN 100 MG CAPSULE (PA)
lamotrigine (green)		DILANTIN 50 MG INFATAB (PA)
lamotrigine (orange)		KLONOPIN (PA)
lamotrigine er		LYRICA ORAL SOLUTION (PA)
lamotrigine odt		NEURONTIN (PA)
lamotrigine odt (blue)		OXTELLAR XR (PA)
lamotrigine odt (green)		PHENYTEK (PA)
lamotrigine odt (orange)		SPRITAM (PA)
levetiracetam solution, tablet		TEGRETOL (PA)
levetiracetam er		TEGRETOL XR (PA)
oxcarbazepine		VALTOCO (PA, QL)
pregabalin capsule, solution		
ROWEEPPRA		
rufinamide (PA, QL)		

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

### SEIZURE DISORDERS(cont)

SUBVENITE		VIMPAT 200 MG/20 ML VIAL
SUBVENITE (BLUE)		XCOPRI (PA, QL)
SUBVENITE (GREEN)		
SUBVENITE (ORANGE)		
topiramate		
topiramate er		

### SKIN CONDITIONS

ACUTANE	EUCRISA	ANALPRAM HC 2.5%-1% LOTION
adapalene (PA)		AVAR 9.5-5% CLEANSING PADS
adapalene-benzoyl peroxide		BRYHALI (ST)
AMNESTEEM		calcipotriene foam
AVAR CLEANSER		CAPEX SHAMPOO (ST)
azelaic acid BP 10-1		CLEOCIN T
CLARAVIS		CLINDACIN ETZ KIT
CLINDACIN ETZ 1% PLEDGET		CLINDACIN PAC KIT
CLINDACIN P 1% PLEDGETS		CLINDAMYCIN 1% foam, gel, lotion, pledget, solution
clindamycin 1% foam, gel, lotion, pledget, solution		clindamycin-benzoyl peroxide
clindamycin-benzoyl peroxide		clindamycin-tretinoin
clindamycin-tretinoin		clobetasol
CLODAN		CLODAN
clotrimazole-betamethasone		dapsone gel
dapsone gel		fluocinonide
fluocinonide		fluorouracil cream, topical solution
fluorouracil cream, topical solution		isotretinoin
isotretinoin		ketoconazole
ketoconazole		KETODAN
KETODAN		metronidazole
metronidazole		MYORISAN
MYORISAN		NEUAC GEL
NEUAC GEL		pimecrolimus
pimecrolimus		ROSADAN
ROSADAN		sodium sulfacetamide-sulfur
sodium sulfacetamide-sulfur		SSS 10-5
SSS 10-5		SULFACLEANSE 8-4
SULFACLEANSE 8-4		tacrolimus ointment
tacrolimus ointment		

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 17-25).

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

### SKIN CONDITIONS (cont)

tazarotene 0.1% cream		
tretinoin (PA)		
TRIDERM		
ZENATANE		

### SLEEP DISORDERS/SEDATIVES

doxepin (QL)	DAYVIGO (QL, ST)	LUNESTA (ST)
eszopiclone	SUNOSI (PA, QL)	SILENOR (QL, ST)
modafinil (PA)		
zolpidem		
zolpidem er (QL)		

### SUBSTANCE ABUSE

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

### URINARY TRACT CONDITIONS

alfuzosin er		AVODART
cevimeline		ELMIRON
dutasteride		EVOXAC
finasteride		FLOMAX
oxybutynin		K-PHOS ORIGINAL
oxybutynin er		PROSCAR
phenazopyridine		PYRIDIUM
potassium er		RAPAFLO (QL)
silodosin (QL)		UROKIT-K
solifenacin (QL)		UROXATRAL
tamsulosin		
tolterodine		
tolterodine er (QL)		

### VACCINES

Vaccines are now covered under the Cigna pharmacy benefit.

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

RECOMBIVAX HB+	ENGERIX-B ADULT+	AFLURIA QUAD
SHINGRIX+ (QL)	ENGERIX-B	2021-22 (6-
TDVAX+	PEDIATRIC-	35MO)+
TENIVAC+	ADOLESCENT+	BEXSERO+
TRUMENBA+		BOOSTRIX TDAP+
TWINRIX+		DAPTACEL DTAP+
VARIVAX VACCINE+		DENGVAIXIA+
VAXELIS+		DIPHThERIA-
VAXNEUVANCE+		TETANUS
		TOXOIDS-PED+
		FLUAD QUAD
		2021-2022+
		FLUARIX QUAD
		2021-2022+

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

### VACCINES

Vaccines are now covered under the Cigna pharmacy benefit.

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

		FLUBLOK QUAD
		2021-2022+
		FLUCELVAX QUAD
		2021-2022+
		FLULAVAL QUAD
		2021-2022+
		FLULAVAL QUAD
		2021-2022+
		FLUZONE HIGH-DOSE QUAD
		2021-22+
		FLUZONE QUAD
		2021-2022+
		GARDASIL 9+
		HEPLISAV-B+
		HIBERIX+
		INFANRIX DTAP+
		IPOL+
		ANSSEN COVID-19 VACCINE (EUA)+
		KINRIX+
		MENACTRA+
		MENQUADFI+
		MENVEO A-C-Y-W-135-DIP+
		M-M-R II VACCINE+
		MODERNA COVID-19 VACCINE (EUA)+
		PEDIARIX+
		PEDVAXHIB+
		PENTACEL+
		PFIZER COVID (12Y UP) VAC(EUA)+
		PFIZER COVID (5-11Y) VAC (EUA)+
		PFIZER COVID-19 VACCINE (EUA)+
		PNEUMOVAX 23+
		PREHEVBRIO+
		PREVNAR 13+
		PREVNAR 20+
		PROQUAD+
		QUADRACEL DTAP-IPV VIAL+

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 17-25).

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

### VACCINES

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

RECOMBIVAX HB+		
SHINGRIX+ (QL)		
TDVAX+		
TENIVAC+		
TRUMENBA+		
TWINRIX+		
VARIVAX VACCINE+		
VAXELIS+		
VAXNEUVANCE+		

### WEIGHT MANAGEMENT

megestrol suspension		
----------------------	--	--



## Specialty medications

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

MEDICATION NAME	DRUG CLASS
abacavir-lamivudine** (PA)	AIDS/HIV
abiraterone** (PA)	CANCER
ACTEMRA SYRINGE* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPEN* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTIMMUNE* (PA)	CANCER
ADCIRCA** (PA)	ASTHMA/COPD/RESPIRATORY
ADEMPAS** (PA)	ASTHMA/COPD/RESPIRATORY
AFINITOR** (PA)	CANCER
AFINITOR DISPERZ** (PA)	CANCER
ALECENSA** (PA)	CANCER
ALUNBRIG** (PA)	CANCER
ALYQ** (PA)	ASTHMA/COPD/RESPIRATORY
AMICAR**	BLOOD MODIFIERS/BLEEDING DISORDERS
aminocaproic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
APOKYN* (PA)	PARKINSON'S DISEASE
ARALAST NP** (PA)	ASTHMA/COPD/RESPIRATORY
ARANESP* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARCALYST* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ARIKAYCE** (PA)	INFECTIONS
ARIXTRA* (QL)	BLOOD THINNERS/ANTI-CLOTTING
atazanavir** (PA)	AIDS/HIV
ATRIPLA** (PA)	AIDS/HIV
ASTAGRAF XL**	TRANSPLANT MEDICATIONS
AUSTEDO** (PA)	MISCELLANEOUS
AVEED*	HORMONAL AGENTS
AVONEX* (PA)	MULTIPLE SCLEROSIS
AVSOLA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
AYVAKIT** (PA,QL)	CANCER
azathioprine**	TRANSPLANT MEDICATIONS
BAFIERTAM* (PA)	MULTIPLE SCLEROSIS
BARACLUDE SOLUTION**	INFECTIONS
BENLYSTA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BERINERT*	BLOOD PRESSURE/HEART MEDICATIONS
BETASERON* (PA)	MULTIPLE SCLEROSIS
BIKTARVY**	AIDS/HIV
BONIVA**	OSTEOPOROSIS PRODUCTS
BOSULIF** (PA)	CANCER
BOTOX*(PA)	MISCELLANEOUS

MEDICATION NAME	DRUG CLASS
BRONCHITOL** (PA)	ASTHMA/COPD/RESPIRATORY
BYNFEZIA* (PA)	HORMONAL AGENTS
CABENUVA* (PA)	AIDS/HIV
CABOMETYX** (PA)	CANCER
capecitabine** (PA)	CANCER
CAYSTON** (PA, QL)	INFECTIONS
CELLCEPT**	TRANSPLANT MEDICATIONS
CELLCEPT VIAL*	TRANSPLANT MEDICATIONS
CERDELGA** (PA)	MISCELLANEOUS
CEREZYME* (PA)	MISCELLANEOUS
CETROTIDE*^ (PA)	HORMONAL AGENTS
CHOLBAM** (PA)	GASTROINTESTINAL/HEARTBURN
chorionic gonadotropin*^ (PA)	INFERTILITY
cinacalcet**	GASTROINTESTINAL/HEARTBURN
CIMDUO** (PA)	AIDS/HIV
CIMZIA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
CINRYZE* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
COMETRIQ** (PA)	CANCER
COMPLERA** (PA)	AIDS/HIV
CYKLOKAPRON*	BLOOD MODIFIERS/BLEEDING DISORDERS
CYSTAGON**	URINARY TRACT CONDITIONS
CYSTARAN** (PA, QL)	EYE CONDITONS
DARAPRIM** (PA)	INFECTIONS
DEPEN** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
DESCOVY**+(PA)	AIDS/HIV
desmopressin ampule, vial*	HORMONAL AGENTS
dimethy** (PA)	MULTIPLE SCLEROSIS
DOVATO**	AIDS/HIV
DUOPA**	PARKINSON'S DISEASE
DUPIXENT* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
DUROLANE* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
DYSPORT* (PA)	MISCELLANEOUS
ELAPRASE* (PA)	MISCELLANEOUS
ELIGARD*	CANCER
EMFLAZA** (PA)	HORMONAL AGENTS
EMPAVELI* (PA)	MISCELLANEOUS
emtricitabine-tenofovir disop**	AIDS/HIV
ENBREL* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir** (QL)	INFECTIONS
ENTYVIO* (PA)	GASTROINTESTINAL/HEARTBURN
ENVARUS XR**	TRANSPLANT MEDICATIONS
EPCLUSA** (PA, QL)	INFECTIONS

MEDICATION NAME	DRUG CLASS
EPIDIOLEX** (PA)	SEIZURE DISORDERS
EPOGEN* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ERIVEDGE** (PA)	CANCER
ERLEADA** (PA)	CANCER
ESBRIET** (PA)	MISCELLANEOUS
etravirine**	AIDS/HIV
EUFLEXXA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EVOTAZ** (PA)	AIDS/HIV
EXJADE** (PA)	MISCELLANEOUS
EXTAVIA* (PA)	MULTIPLE SCLEROSIS
FASENRA* (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI* (PA)	HORMONAL AGENTS
FERRIPROX** (PA)	MISCELLANEOUS
FIRDAPSE** (PA, QL)	MULTIPLE SCLEROSIS
fluorouracil bottle, vial* (PA)	CANCER
FOLLISTIM AQ*^ (PA)	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FORTEO* (PA, QL)	HORMONAL AGENTS
FRAGMIN* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FULPHILA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
GALAFOLD** (PA)	MISCELLANEOUS
GANIRELIX*^ (PA)	HORMONAL AGENTS
GATTEX* (PA)	GASTROINTESTINAL/HEARTBURN
GEL-ONE* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
GELSYN-3* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
GENVOYA**	AIDS/HIV
GILENYA** (PA)	MULTIPLE SCLEROSIS
GLASSIA*(PA)	ASTHMA/COPD/RESPIRATORY
glatiramer* (PA)	MULTIPLE SCLEROSIS
GLATOPA* (PA)	MULTIPLE SCLEROSIS
GLEEVEC** (PA)	CANCER
GONAL-F*^ (PA)	INFERTILITY
GONAL-F RFF*^ (PA)	INFERTILITY
GRANIX* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HARVONI** (PA, QL)	INFECTIONS
HEMLIBRA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HERCEPTIN* (PA)	CANCER
HERCEPTIN HYLECTA* (PA)	CANCER
HETLIOZ** (PA)	SLEEP DISORDERS/SEDATIVES
HUMATROPE* (PA)	HORMONAL AGENTS
HUMIRA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
HYALGAN* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
HYMOVIS* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
hydroxyprogesterone*	INFERTILITY
ibandronate syringe, vial *	OSTEOPOROSIS PRODUCTS
IBRANCE** (PA)	CANCER
ILARIS* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
imatinib** (PA)	CANCER
Imbruvica** (PA)	CANCER
INBRIJA** (PA)	PARKINSON'S DISEASE
INFLECTRA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
INLYTA** (PA)	CANCER
INTELENCE** (PA)	AIDS/HIV
ISENTRESS**	AIDS/HIV
ISENTRESS HD** (PA)	AIDS/HIV
JADENU** (PA)	MISCELLANEOUS
JADENU SPRINKLE** (PA)	MISCELLANEOUS
JAKAFI** (PA)	CANCER
JULUCA**	AIDS/HIV
JYNARQUE** (PA)	DIURETICS
KALBITOR* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KALYDECO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
KANJINTI* (PA)	CANCER
KESIMPTA PEN* (PA)	MULTIPLE SCLEROSIS
KEVZARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KISQALI** (PA)	CANCER
KITABIS PAK** (PA, QL)	INFECTIONS
KORLYM** (PA)	DIABETES
KYLEENA**+	CONTRACEPTION PRODUCTS
LANREOTIDE* (PA)	HORMONAL AGENTS
ledipasvir-sofosbuvir** (PA)	INFECTIONS
LENVIMA** (PA)	CANCER
LETAIRIS** (PA)	ASTHMA/COPD/RESPIRATORY
LONSURF** (PA)	CANCER
LORBRENA** (PA)	CANCER
LOVENOX* (QL)	BLOOD THINNERS/ANTI-CLOTTING
LUMAKRAS** (PA,QL)	CANCER
LUMIZYME* (PA)	MISCELLANEOUS
LUPANETA PACK** (PA)	HORMONAL AGENTS
LUPRON DEPOT* (PA)	CANCER
LUPRON DEPOT-PED* (PA)	HORMONAL AGENTS
LYNPARZA** (PA)	CANCER
LYSTEDA**	BLOOD MODIFIERS/BLEEDING DISORDERS
MAKENA* (PA)	INFERTILITY
MAVENCLAD** (PA)	MULTIPLE SCLEROSIS
MAVYRET** (PA)	INFECTIONS

MEDICATION NAME	DRUG CLASS
MAYZENT** (PA)	MULTIPLE SCLEROSIS
MEKINIST** (PA)	CANCER
MENOPUR*^ (PA)	INFERTILITY
MIRENA**+	CONTRACEPTION PRODUCTS
MONOVISC* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
MVASI* (PA)	CANCER
MYALEPT* (PA)	MISCELLANEOUS
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
MYFORTIC**	TRANSPLANT MEDICATIONS
NATPARA* (PA)	HORMONAL AGENTS
NERLYNX** (PA)	CANCER
NEULASTA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEXAVAR** (PA)	CANCER
NEXPLANON**+	CONTRACEPTION PRODUCTS
NINLARO** (PA)	CANCER
NITYR** (PA)	MISCELLANEOUS
NIVESTYM*	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPRO* (PA)	HORMONAL AGENTS
NORTHERA** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
NOURIANZ** (PA, QL)	PARKINSON'S DISEASE
NOVAREL*^ (PA)	INFERTILITY
NUBEQA** (PA)	CANCER
NUCALA* (PA)	ASTHMA/COPD/RESPIRATORY
NUPLAZID** (PA)	ANXIETY/DEPRESSION/BIPOLAR DISORDER
NUZYRA** (PA, QL)	INFECTIONS
NYVEPRIA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
OCALIVA** (PA)	GASTROINTESTINAL/HEARTBURN
OCREVUS* (PA)	MULTIPLE SCLEROSIS
ODEFSEY** (PA)	AIDS/HIV
ODOMZO** (PA)	CANCER
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY
OGIVRI* (PA)	CANCER
OLUMIANT** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ONTRUZANT*	CANCER
OPSUMIT** (PA)	ASTHMA/COPD/RESPIRATORY
ORENCIA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ORENITRAM ER** (PA)	ASTHMA/COPD/RESPIRATORY
ORFADIN** (PA)	MISCELLANEOUS
ORGOVYX** (PA)	CANCER
ORKAMBI** (PA, QL)	ASTHMA/COPD/RESPIRATORY
ORTHOVISC* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
OTEZLA** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
OVIDREL*^ (PA)	INFERTILITY
OXERVATE** (PA)	EYE CONDITIONS
PALYNZIQ* (PA)	MISCELLANEOUS
PEGASYS* (PA)	INFECTIONS
PLEGRIDY* (PA)	MULTIPLE SCLEROSIS
POMALYST** (PA)	CANCER
PONVORY** (PA)	MULTIPLE SCLEROSIS
PREVYMIS**	INFECTIONS
PREVYMIS VIAL*	INFECTIONS
PREZCOBIX** (PA)	AIDS/HIV
PREZISTA**	AIDS/HIV
PROCRIT* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
progesterone vial*	HORMONAL AGENTS
PROGRAF**	TRANSPLANT MEDICATIONS
PROGRAF VIAL*	TRANSPLANT MEDICATIONS
PROLASTIN C* (PA)	ASTHMA/COPD/RESPIRATORY
PROLIA* (PA)	OSTEOPOROSIS PRODUCTS
PROMACTA** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PULMOZYME** (PA)	ASTHMA/COPD/RESPIRATORY
PURIXAN**	CANCER
RAPAMUNE**	TRANSPLANT MEDICATIONS
RAVICTI** (PA)	GASTROINTESTINAL/HEARTBURN
REBIF* (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE* (PA)	MULTIPLE SCLEROSIS
REMODULIN* (PA)	ASTHMA/COPD/RESPIRATORY
RENFLIXIS* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REVATIO** (PA)	ASTHMA/COPD/RESPIRATORY
REVATIO VIAL* (PA)	ASTHMA/COPD/RESPIRATORY
REVLIMID** (PA)	CANCER
REZUROCK** (PA)	TRANSPLANT MEDICATIONS
RINVOQ ER** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ritonavir**	AIDS/HIV
ROZLYTREK** (PA)	CANCER
RUBRACA** (PA)	CANCER
RUCONEST* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
RUXIENCE* (PA)	CANCER
sajazir* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SAMSCA**	DIURETICS
SANDOSTATIN LAR DEPOT* (PA)	HORMONAL AGENTS
sapropterin** (PA)	MISCELLANEOUS
SELZENTRY** (PA)	AIDS/HIV

MEDICATION NAME	DRUG CLASS
SEROSTIM* (PA)	HORMONAL AGENTS
SILIQ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI 100MG* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
SKYLA**+	CONTRACEPTION PRODUCTS
SKYRIZI* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYTROFA* (PA)	HORMONAL AGENTS
sofosbuvir-velpatasvir** (PA)	INFECTIONS
SOLIRIS* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
SOMATULINE DEPOT* (PA)	HORMONAL AGENTS
SOMAVERT* (PA)	HORMONAL AGENTS
SOVALDI** (PA, QL)	INFECTIONS
SPRYCEL ** (PA)	CANCER
STELARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STIVARGA** (PA)	CANCER
STRENSIQ* (PA)	MISCELLANEOUS
STRIBILD** (PA)	AIDS/HIV
SUBLOCADE*	SUBSTANCE ABUSE
SUCRAID** (PA)	GASTROINTESTINAL/HEARTBURN
SUPARTZ FX* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
SUPPRELIN LA** (PA)	HORMONAL AGENTS
SUTENT** (PA)	CANCER
SYMDEKO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
SYMFI**	AIDS/HIV
SYMFI LO**	AIDS/HIV
SYMTUZA**	AIDS/HIV
SYNAGIS* (PA)	INFECTIONS
SYNVISC* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
TAFINLAR** (PA)	CANCER
TAGRISSO** (PA)	CANCER
TAKHZYRO* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALZENNA** (PA)	CANCER
TARGRETIN** (PA)	CANCER
TASIGNA** (PA)	CANCER
TAVALISSE** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
TEGSEDI* (PA)	MISCELLANEOUS
TEMIXYS** (PA)	AIDS/HIV
TEMODAR** (PA)	CANCER

MEDICATION NAME	DRUG CLASS
TEMODAR* (PA)	CANCER
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
teriparatide* (PA, QL)	HORMONAL AGENTS
tetrabenazine** (PA)	MISCELLANEOUS
THALOMID** (PA)	INFECTIONS
THIOLA**	URINARY TRACT CONDITIONS
THYROGEN*	HORMONAL AGENTS
TIGLUTIK** (PA)	MISCELLANEOUS
TIVICAY**	AIDS/HIV
TOBI PODHALER** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml ampule** (PA, QL)	INFECTIONS
TRACLEER** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
TRAZIMERA* (PA)	CANCER
TRELSTAR*	CANCER
TREMFYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
treprostinil* (PA)	ASTHMA/COPD/RESPIRATORY
trientine** (PA)	MISCELLANEOUS
TRILURON* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
TRIPTODUR* (PA)	HORMONAL AGENTS
TRIUMEQ**	AIDS/HIV
TRIVISC* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
TYKERB** (PA)	CANCER
TYMLOS* (PA, QL)	OSTEOPOROSIS PRODUCTS
TYSABRI* (PA)	MULTIPLE SCLEROSIS
TYVASO** (PA)	ASTHMA/COPD/RESPIRATORY
UDENYCA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UKONIQ** (PA, QL)	CANCER
UPTRAVI** (PA)	ASTHMA/COPD/RESPIRATORY
VALCHLOR**	SKIN CONDITIONS
VEMLIDY**	INFECTIONS
VENCLEXTA** (PA)	CANCER
VERZENIO** (PA)	CANCER
VITRAKVI** (PA)	CANCER
VIREAD** (PA)	AIDS/HIV
vigabatrin**	SEIZURE DISORDERS
VIGADRONE**	SEIZURE DISORDERS
VISCO-3* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
VIVITROL*	MISCELLANEOUS
VIZIMPRO** (PA)	CANCER
VOSEVI** (PA)	INFECTIONS



MEDICATION NAME	DRUG CLASS
VOTRIENT** (PA)	CANCER
VUMERITY** (PA)	MULTIPLE SCLEROSIS
WAKIX** (PA, QL)	SLEEP DISORDERS/SEDATIVES
XALKORI** (PA)	CANCER
XELJANZ** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELJANZ XR** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELODA** (PA)	CANCER
XERMELO** (PA)	GASTROINTESTINAL/HEARTBURN
XGEVA* (PA)	OSTEOPOROSIS PRODUCTS
XIAFLEX* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
XOLAIR* (PA)	ASTHMA/COPD/RESPIRATORY
XTANDI** (PA)	CANCER
XYREM** (PA)	SLEEP DISORDERS/SEDATIVES
ZARXIO*	BLOOD MODIFIERS/BLEEDING DISORDERS
ZEJULA** (PA)	CANCER
ZEPATIER** (PA)	INFECTIONS
ZEPOSIA** (PA)	MULTIPLE SCLEROSIS
ZIEXTENZO* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZIRABEV* (PA)	CANCER
ZORBTIVE* (PA)	HORMONAL AGENTS
ZORTRESS**	TRANSPLANT MEDICATIONS

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

These medications aren't covered on the Cigna Advantage 4-Tier Prescription Drug List.^^ **However, there are other medications available that are used to treat the same condition.** They're listed below.

DRUG CLASS	MEDICATION NAME^^ (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	ATRIPLA*	efavirenz-emtricitabine-tenofovir*
	COMBIVIR*	lamivudine-zidovudine*
	EMTRIVA*	emtricitabine*
	EPIVIR*	lamivudine*
	EPZICOM*	abacavir-lamivudine*
	INTELENCE 100MG, 200MG TABLET*	etravirine*
	KALETRA*	lopinavir-ritonavir*
	LEXIVA 700MG TABLET*	fosamprenavir 700mg tablet*
	NORVIR 100MG TABLET*	ritonavir 100mg tablet*
	RETROVIR CAPSULE, SYRUP*	zidovudine capsule, syrup*
	REYATAZ CAPSULE*	atazanavir capsules*
	SUSTIVA*	efavirenz*
	SYMFI* SYMFI LO*	efavirenz-lamivudine-tenofovir*
	TRIZIVIR*	abacavir-lamivudine-zidovudine tablet*
	TRUVADA*	emtricitabine-tenofovir*
	VIRAMUNE*	nevirapine*
	VIRAMUNE XR*	nevirapine ER*
	VIREAD 300MG TABLET*	tenofovir 300mg tablet*
ZIAGEN*	abacavir*	
ALLERGY/NASAL SPRAYS	AUVI-Q EPIPEN EPIPEN JR SYMJEPI	epinephrine auto-injectors
	carbinoxamine 6mg tablet RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine RYCLORA	carbinoxamine oral solution cyproheptadine syrup hydroxyzine syrup
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)
ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)	pyridostigmine 60mg tablet
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL	clomipramine
	APLENZIN	bupropion XL 150, 300 mg tablets
	ATIVAN TABLET LOREEV XR	lorazepam
	bupropion xl 450mg tablet FORFIVO XL	bupropion xl 150mg tablets
	CYMBALTA	desvenlafaxine ER duloxetine escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram
	PAMELOR	nortriptyline capsules

^^ This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	PARNATE	tranylcypromine
	PEXEVA	paroxetine paroxetine cr
	PRISTIQ	desvenlafaxine succinate er bupropion sr duloxetine escitalopram sertraline venlafaxine er
	TOFRANIL	imipramine
	WELLBUTRIN XL	bupropion xl escitalopram fluoxetine
ASTHMA/COPD/RESPIRATORY	ADVAIR HFA ADVAIR DISKUS AIRDUO RESPICLICK BREO ELLIPTA	DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB
	ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA PULMICORT FLEXHALER	FLOVENT DISKUS FLOVENT HFA QVAR
	ARCAPTA NEOHALER STRIVERDI RESPIMAT	SEREVENT DISKUS
	BEVESPI AEROSPHERE DUAKLIR PRESSAIR	ANORO ELLIPTA STIOLTO RESPIMAT
	BROVANA	arformoterol
	budesonide-formoterol	SYMBICORT
	ELIXOPHYLLIN	theophylline er theophylline oral solution
	ALBUTEROL HFA levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	Generic PROAIR or PROVENTIL (albuterol hfa)
	PERFORMIST	formoterol
	SEEBRI NEOHALER TUDORZA PRESSAIR	INCRUSE ELLIPTA SPIRIVA RESPIMAT
	YUPELRI	ANORO ELLIPTA BREZTRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA
	ZYFLO	montelukast zafirlukast zileuton er

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR ADZENYS ER ADZENYS XR-ODT APTENSIO XR AZSTARYS CONCERTA COTEMPLA XR-ODT DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER RITALIN LA VYVANSE	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er
	EVEKEO ODT	amphetamine dexmethylphenidate dextroamphetamine methamphetamine methylphenidate
	methylphenidate er 72mg tablet RELEXXII	methylphenidate er 36mg tablet
	QELBREE	atomoxetine
BLOOD PRESSURE/HEART MEDICATIONS	ACCUPRIL	quinapril
	ACCURETIC	quinapril-hctz
	ALTACE	ramipril
	ATACAND	candesartan
	ATACAND HCT	candesartan-hctz
	AVALIDE	irbesartan-hctz
	AVAPRO	irbesartan-hctz
	AZOR	amlodipine-olmesartan
	BENICAR	olmesartan
	BENICAR HCT	olmesartan-hctz
	BETAPACE	sotalol
	BYSTOLIC	generic beta blockers (e.g. metoprolol; atenolol)
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CONJUPRI	amlodipine felodipine er nicardipine nifedipine
	CONSENSI	amlodipine celecoxib
	COZAAR	losartan
	DIOVAN	valsartan

<sup>^^</sup> This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	DIOVAN HCT	valsartan-hctz
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	EXFORGE	amlodipine-valsartan
	EXFORGE HCT	amlodipine-valsartan hctz
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	HYZAAR	losartan-hctz
	ISORDIL ISORDIL TITRADOSE	isosorbide dinitrate
	LANOXIN	digoxin
	LOTENSIN	benazepril
	LOTENSIN HCT	benazepril-hctz
	LOTREL	amlodipine-benazepril
	MICARDIS	telmisartan
	MICARDIS HCT	telmisartan-hctz
	MULTAQ	amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af
	PRINIVIL ZESTRIL	lisinopril
	TEKTURNA	aliskiren
	TEKTURNA HCT	generic ACE inhibitor + HCT (e.g. benazepril-HCT) generic ARB + HCT (e.g. losartan-HCT)
	TRIBENZOR	olmesartan-amlodipine-hctz
VASERETIC	enalapril-hctz	
VASOTEC	enalapril	
ZESTORETIC	lisinopril-hctz	
BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole YOSPRALA	aspirin or enteric aspirin
CANCER	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*
	NILANDRON	nilutamide
	TARCEVA*	erlotinib
	YONSA* ZYTIGA*	abiraterone
CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE	fenofibrate
	ALTOPREV	lovastatin+ atorvastatin+ simvastatin+ rosuvastatin+
	CRESTOR	rosuvastatin+

<sup>^^</sup> This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CHOLESTEROL MEDICATIONS (cont)	EZALLOR SPRINKLE FLOLIPID LIVALO SIMVASTATIN 20mg/5ml SUSPENSION NEXLIZET	generic statins (e.g. atorvastatin; simvastatin)
	JUXTAPID* PRALUENT	REPATHA
	LESCOL XL	fluvastatin er+
	LIPITOR	atorvastatin+ ezetimibe-simvastatin rosuvastatin+
	NEXLETOL ROSUVASTATIN-EZETIMIBE ROSZET	generic statins (e.g. atorvastatin; simvastatin) ezetimibe-simvastatin
	niacin 500mg tablet NIACOR	niacin er
	PRAVACHOL	pravastatin+
	VYTORIN	ezetimibe-simvastatin
	ZYPITAMAG	atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+
	CONTRACEPTION PRODUCTS	BALCOLTRA NATAZIA NEXTSTELLIS SLYND TAYTULLA TWIRLA
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
	TUSSICAPS	hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup
DIABETES	ACCU-CHEK TEST STRIPS CVS TEST STRIPS ADVOCATE TEST STRIPS ASSURE TEST STRIPS CONTOUR TEST STRIPS EASY TALK PLUS II FREESTYLE TEST STRIPS RELION TEST STRIPS RIGHTTEST GT333 TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
	ADLYXIN	BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART NOVOLOG	HUMALOG LYUMJEV
	AFREZZA	HUMALOG HUMULIN R LYUMJEV
	alogliptin alogliptin-metformin JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA	JANUMET JANUMET XR JANUVIA metformin
	alogliptin-pioglitazone OSENI	JANUMET JANUMET XR JANUVIA pioglitazone
	FORTAMET GLUMETZA metformin er gastric metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)
	GLUCAGEN HYPOKIT GVOKE	glucagon emergency kit (generic) BAQSIMI ZEGALOGUE
	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR
	INVOKANA STEGLATRO	FARXIGA JARDIANCE metformin
	LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR LEVEMIR TRESIBA FLEXTOUCH
	NOVOLIN	HUMULIN
	QTERN STEGLUJAN	GLYXAMBI metformin TRIJARDY XR

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
DIURETICS	EDECIN ethacrynic acid	bumetanide furosemide torsemide	
	THALITONE	chlorthalidone	
EYE CONDITIONS	ALOCRI ALOMIDE	cromolyn	
	RESTASIS MULTIDOSE	RESTASIS	
	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost	
	TYRVAYA	cyclosporine 0.05% eye emulsion XIIDRA	
	GASTROINTESTINAL/HEARTBURN	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository
		ASACOL HD COLAZAL DELZICOL DIPENTUM	balsalazide mesalamine tablets or capsules PENTASA sulfasalazine
BYLVAY* LIVMARLI*		cholestyramine powder/packet rifampin ursodiol tablet	
CORTIFOAM UCERIS 2MG RECTAL FOAM		COLOCORT hydrocortisone	
CREON PERTZYE ZENPEP		PANCREAZE	
GIMOTI*		metoclopramide oral solution or tablet	
glycopyrrolate 1.5mg tablet		glycopyrrolate 1mg tablet glycopyrrolate 2mg tablet	
GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+		CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+	
KRISTALOSE lactulose 10gm packet		CONSTULOSE ENULOSE lactulose oral solution	
LIBRAX		chlordiazepoxide	
LOTRONEX*		alosetron*	
lubiprostone		AMITIZA	
MARINOL SYNDROS		dronabinol	
MOTEGRITY TRULANCE ZELNORM		AMITIZA LINZESS	

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.



DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK PYLERA TALICIA	lansoprazole-amoxicillin-clarithromycin pak
	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet
	URSODIOL 200 MG, 400 MG CAPSULE	ursodiol 300mg capsule ursodiol tablet
	ZOFRAN	ondansetron
	ZUPLENZ	ondansetron ondansetron odt
HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet
	ARMOUR THYROID WP THYROID	np thyroid
	CORTROSYN	cosyntropin
	DDAVP NOCDURNA	desmopressin nasal spray or tablets
	DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DXEVO HIDEX TAPERDEX ZCORT	dexamethasone 1.5mg tablet
	FORTESTA JATENZO NATESTO TESTIM VOGELXO XYOSTED	generic topical testosterone
	GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*	HUMATROPE* NORDITROPIN*
	HEMADY	dexamethasone 5mg tablet
	LEVOTHYROXINE CAPSULE SYNTHROID TIROSINT TIROSINT-SOL	Generic SYNTHROID (also called levothyroxine)
	MYCAPSSA*	BYNFEZIA*
	ORTIKOS	budesonide capsule
	RAYOS	methylprednisolone prednisone

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
HORMONAL AGENTS (cont)	THYQUIDITY	EUTHYROX LEVO-T levothyroxine LEVOXYL
	UCERIS 9MG ER TABLET	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone
INFECTIONS	ACTICLATE DORYX DORYX MPC LYMEPAK MINOCIN 50MG PEL CAPSULE MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER MONODOX SEYSARA SOLODYN soloxide TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO	Generic products (e.g. doxycycline; minocycline)
	ARAKODA	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine
	AUGMENTIN AUGMENTIN XR	amoxicillin/clavulanate
	BARACLUDGE TABLET*	entecavir tablet*
	BETHKIS* TOBI*	tobramycin inhalation solution*
	BREXAFEMME DIFLUCAN	fluconazole
	doxycycline hyclate dr 80mg tablet	generic products (e.g. minocycline)
	DOXYCYCLINE IR-DR ORACEA	doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg
	E.E.S. 200 ERYPED 400	erythromycin granules erythromycin
	HUMATIN	paromomycin
	MEPRON	atovaquone
	MYCOBUTIN	rifabutin
	nitrofurantoin 25mg/5ml suspension	nitrofurantoin capsule sulfamethoxazole-trimethoprim suspension
	NOXAFIL DR 100MG TABLET	posaconazole dr 100mg tablet
	SITAVIG	acyclovir tablet famciclovir tablet valacyclovir tablet
	SPORANOX	itraconazole
	TOLSURA	oral itraconazole

<sup>^^</sup> This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INCETIONS (cont)	VALCYTE	valganciclovir
	VANCOGIN	vancomycin oral solution or capsule
	ZOVIRAX	acyclovir
MISCELLANEOUS	EXSERVAN*	riluzole* TIGLUTIK*
	HORIZANT	gabapentin
	KUVAN*	sapropterin tablet & powder packet*
	SYPRINE*	penicillamine* trientine*
	XENAZINE*	tetrabenazine*
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*
	COPAXONE*	AVONEX* BETASERON* EXTAVIA* glatiramer* GLATOPA* KESIMPTA* PLEGRIDY* REBIF*
	TECFIDERA*	AUBAGIO* BAFIERTAM* dimethyl* GILENYA* MAYZENT* PONVORY* VUMERITY*
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT	Any generic prenatal vitamin
	NASCOBAL	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY DISEASE	ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets	butalbital-acetaminophen 50-325mg tablet
	AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAX	generic triptans (e.g. sumatriptan; naratriptan)
	AMRIX cyclobenzaprine er	carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets methocarbamol orphenadrine er metaxalone

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	CAMBIA DUEXIS fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO ibuprofen-famotidine INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr naproxen sodium er naproxen-esomeprazole mag RELAFEN RELAFEN DS TIVORBEX VIMOVO VIVLODEX ZIPSOR ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg chlorzoxazone 750mg	methocarbamol 500mg
	CONZIP	tramadol tramadol er
	COSENTYX*	ENBREL* HUMIRA* OTEZLA* STELARA* TALTZ*
	CUPRIMINE*	penicillamine* trientine*
	D.H.E.45	dihydroergotamine injection
	diclofenac 1.3% patch diclofenac 1.5% solution diclofenac 35mg capsule FLECTOR LICART PENNSAID VOLTAREN 1% GEL	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	GLOPERBA	colchicine probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE IMITREX PEN INJECTOR	dihydroergotamine sumatriptan
	IMITREX TABLET	dihydroergotamine eletriptan rizatriptan sumatriptan tablets
	INFLIXIMAB*	AVSOLA* INFLECTRA*
	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	KINERET*	ACTEMRA* ENBREL* HUMIRA* XELJANZ/XR*
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	LIDODERM	lidocaine 5% patch
	LORZONE	chlorzoxazone 500mg cyclobenzaprine tablet
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER
	OZOBAX	baclofen tablet
	PROLATE SOLUTION	oxycodone-acetaminophen tablet
	QDOLO	tramadol 50mg tablet
	QULIPTA	NURTEC ODT
	REMICADE*	AVSOLA* INFLECTRA*
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	ROXICODONE	oxycodone

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	SIMPONI* 50MG/0.5ML	ACTEMRA* ENBREL* HUMIRA* STELARA* TALTZ* XELJANZ/XR*
	SORIATANE	acitretin
	SUBSYS	fentanyl lozenge or buccal tablet
	tizanidine 2 mg, 4 mg, 6 mg capsule	tizanidine 2mg, 4mg tablet
	TOSYMRA	sumatriptan
	tramadol 100mg	tramadol
	TREXIMET	sumatriptan-naproxen
	vtol lq	butalbital-acetaminophen-caffeine capsule or tablets phrenilin forte
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan
ZOMIG ZMT	zolmitriptan odt	
PARKINSON'S DISEASE	GOCOVRI	amantadine
	LODOSYN	carbidopa
	ONGENTYS	entacapone
	ZELAPAR	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone
	CAPLYTA LYBALVI	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone
	GEODON CAPSULE	aripiprazole paliperidone er ziprasidone
	VERSACLOZ	clozapine clozapine odt
	ZYPREXA	aripiprazole olanzapine tablets paliperidone er
	ZYPREXA ZYDIS	aripiprazole olanzapine olanzapine odt
	SEIZURE DISORDERS	ELEPSIA XR KEPPRA XR
FELBATOL		felbamate
KEPPRA SOLUTION, TABLET		levetiracetam
LAMICTAL		lamotrigine
LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)		lamotrigine starter kit (blue, green, orange)
LAMICTAL ODT		lamotrigine odt

<sup>^^</sup> This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS (cont)	LAMICTAL ODT KIT (BLUE, GREEN, ORANGE)	lamotrigine odt starter kit (blue, green orange)
	LAMICTAL XR LAMICTAL XR KIT (BLUE, GREEN, ORANGE)	lamotrigine er
	LYRICA LYRICA CR pregabalin er	duloxetine gabapentin lidocaine 5% topical patch pregabalin
	MYSOLINE	primidone
	QUDEXY XR TROKENDI XR	topiramate er
	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
	ZONEGRAN	zonisamide
	SKIN CONDITIONS	ABSORICA ABSORICA LD
ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN		Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
EPIDUO FORTE FABIOR ONEXTON RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC TRETIN-X VELTIN WINLEVI ZIANA		Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
acyclovir cream, ointment DENA VIR ZOVIRAX		acyclovir tablet famciclovir tablet valacyclovir tablet
adapalene swab		adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	ALDARA imiquimod 3.75% ZYCLARA	imiquimod 5% cream
	ANUSOL-HC 2.5% CREAM	hydrocortisone 2.5% rectal cream
	APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone PSORCON	betamethasone cream, ointment clobetasol halobetasol cream, ointment
	BENZACLIN NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene foam	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution
	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapson 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX VEREGEN	imiquimod 5% cream packet podofilox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethason fluocinolone fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	DAPSONE 7.5% GEL PUMP	generic topical acne products (e.g. tretinoin; clindamycin-benzoyl peroxide)
	diclofenac 3% gel KLISYRI	FLUOROPLEX fluorouracil imiquimod 5% cream
	DOVONEX	calcipotriene cream
	doxepin 5% cream PRUDOXIN ZONALON	generic topical steroid (e.g. betamethasone) topical tacrolimus
	DUOBRII	halobetasol plus tazarotene cream
	ENSTILAR TACLONEX	calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream topical betamethasone
	ERTACZO	ketoconazole cream
	EXELDERM oxiconazole OXISTAT SULCONAZOLE	econazole cream ketoconazole cream naftifine cream

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.



DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	EXTINA	ketoconazole cream ketoconazole foam
	FINACEA METROCREAM METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone 1% lotion	betamethasone fluocinolone fluticasone
	halobetasol foam LEXETTE	augmented betamethasone dipropionate betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	HALOG SOLUTION	clobetasol cream, ointment halobetasol cream, ointment
	IMPEKLO	betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	IMPOYZ	clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment
	JUBLIA KERYDIN tavaborole	ciclopirox topical solution itraconazole capsules terbinafine tablets
	KENALOG 0.147MG/GM SPRAY triamcinolone ointment triamcinolone spray	desoximetasone 0.05% cream, ointment fluocinolone 0.025% ointment flurandrenolide 0.05% ointment hydrocortisone 0.2% ointment mometasone 0.1% cream
	LOCOID	betamethasone lotion fluocinolone cream fluticasone cream hydrocortisone ointment prednicarbate ointment triamcinolone cream
	LOCOID LIPOCREAM nolix PANDEL	betamethasone cream fluocinolone cream fluticasone cream
	LOPROX 0.77% CREAM 1% SHAMPOO	ciclopirox cream, shampoo
	LUZU	econazole cream ketoconazole cream luliconazole
	NORITATE	azelaic acid metronidazole cream metronidazole gel
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment

<sup>^^</sup> This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	OPZELURA	EUCRISA pimecrolimus tacrolimus ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	alclometasone desonide triamcinolone
	ULTRAVATE LOTION ULTRAVATE X	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream
	VECTICAL	calcitriol ointment calcipotriene ointment tazarotene cream
	VERDESO	desonide cream desonide ointment
	WYNZORA	betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream
	XERESE	acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet
	XOLEGEL	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo
	SLEEP DISORDERS/SEDATIVES	AMBIEN
AMBIEN CR		zolpidem er
ATIVAN TABLET		lorazepam
BELSOMRA		DAYVIGO
EDLUAR		zolpidem or zolpidem er
NUVIGIL		armodafinil
PROVIGIL		modafinil
RESTORIL		temazepam

<sup>^^</sup> This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME** (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SLEEP DISORDERS/SEDATIVES	ZOLPIMIST	doxepin eszopiclone zaleplon zolpidem zolpidem ER
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector NARCAN
	AZASAN* azathioprine 75 mg, 100 mg tablet*	azathioprine 50mg tablet*
TRANSPLANT MEDICATIONS	LUPKYNIS*	BENLYSTA* tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine
	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er
	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE LS	darifenacin er oxybutynin er tolterodine er trospium er
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium
	PROCYSBI*	CYSTAGON*
	THIOLA* THIOLA EC*	tiopronin*
	VESICARE	darifenacin er oxybutynin er solifenacin tolterodine er trospium er

## Frequently Asked Questions (FAQs)

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

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

**A.** Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:<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 1st and July 1st.
- › Adding extra coverage requirements to a medication.

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

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

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

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

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

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

- › Medications used to treat lifestyle conditions like infertility, weight loss, erectile dysfunction, smoking cessation.<sup>4</sup>
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

### **Q. How do you decide which medications to cover?**

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

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

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

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

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

## Frequently Asked Questions (FAQs) (cont)

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

### **Q. What types of medications typically need approval?**

**A.** Medications that:

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

### **Q. What types of medications typically have quantity limits?**

**A.** Medications that:

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

### **Q. What types of medications require Step Therapy?**

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

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

### **Q. Why does my medication have an age requirement?**

**A.** Some medications are only considered clinically appropriate for people of a certain age.

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

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

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

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

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

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

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

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

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

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

**A.** Newly approved medications may not be covered on your drug list for the first six months after they receive approval from the U.S. Food and Drug Administration (FDA). These include, but are not limited to, medications, medical supplies and/or devices covered under standard

## Frequently Asked Questions (FAQs) (cont)

pharmacy benefit plans. We review all newly approved medications to see if they should be covered - and if so, on what tier. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

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

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

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

**A.** When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.<sup>5</sup>

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

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

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

**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.<sup>6</sup> Generic and brand-name medications have the same active ingredients, strength, dosage, form, effectiveness, quality, and safety.

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

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

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.<sup>6</sup> Just because generics cost less than brands, doesn't mean they're lower-quality medications.

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

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

### **Q. Can I fill my prescriptions by mail?**

**A.** Yes, as long as your plan offers home delivery.<sup>7</sup>

### **Home delivery with Express Scripts® Pharmacy**

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

- Easily order, manage, track, and pay for your medications on your phone or online
- Standard shipping at no extra cost<sup>8</sup>

## Frequently Asked Questions (FAQs) (cont)

- › Automatic refills or refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

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

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

- 2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,
- 3. Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

### Accredo®, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).<sup>9</sup> They'll also provide you with the personalized care and support you need to

manage your therapy – at no extra cost. To learn more, go to **Cigna.com/specialty**.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost
- › Easy refills and free reminders
- › 24/7 access to specialty-trained pharmacists and nurses
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

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

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

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

## Exclusions and limitations for coverage

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:<sup>10</sup>

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility<sup>11</sup>, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation<sup>11</sup>, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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



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



1. 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. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your Cigna ID card.
4. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
5. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
6. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
7. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
8. Standard shipping costs are included as part of your prescription plan.
9. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
10. 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.
11. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.

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

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Accredo Health Group, Inc., Express Scripts, Inc., ESI Mail Pharmacy Service, Inc, Express Scripts Pharmacy, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., (CHC-TN), and Cigna HealthCare of Texas, Inc. "Accredo" refers to Accredo Health Group, Inc. "Express Scripts Pharmacy" refers to ESI Mail Pharmacy, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, "Together all the way," and "myCigna" are trademarks of Cigna Intellectual Property, Inc. "Accredo" and "Express Scripts Pharmacy" are trademarks of Express Scripts Strategic Development, Inc.

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



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

## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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