



CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST

As of January 1, 2019

Together, all the way.®



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

827293 v Performance 3-Tier 08/18



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View your drug list online

This document was last updated 03/01/2018.* To see a current list of the medications covered on your plan’s drug list, visit:



The myCigna® website – Once you’re registered, log in and select Estimate Health Care Costs, then select Get drug costs.



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



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

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

Last updated: 03/01/2018, for changes that were effective 07/01/2018

Next planned update: 03/01/2019, for changes that will be effective 07/01/2019

Your prescription drug list

This document shows the most commonly prescribed medications covered on the Performance Prescription Drug List as of January 1, 2019.¹ All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

It's important to know that this is not a complete list of covered medications, and not all of the medications listed here may be covered by your specific plan. You should log in to the **myCigna** website or app, or check your plan materials, to learn more about the medications your plan covers.

How to read your drug list

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

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

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

This chart is just a sample. It may not show how these medications are actually covered on the Performance 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 | (Lower-cost medication) | \$ |
| › Tier 2 – Typically Preferred Brands | (Medium-cost medication) | \$\$ |
| › Tier 3 – Typically Non-Preferred Brands | (Higher-cost medication) | \$\$\$ |

Abbreviations next to medications

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

- | | |
|--------------|--|
| (PA) | Prior Authorization – Cigna will review information provided by your doctor to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication. |
| (ST) | Step Therapy – Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna). |
| (QL) | Quantity Limits – For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna. |
| (AGE) | Age Requirements – You must be within a specific age range for your plan to cover the medication. Some medications aren't considered clinically appropriate for individuals who aren't within that age range. |

* This may not apply to your plan because not all plans have extra coverage requirements like prior authorization, quantity limits, Step Therapy and/or age. Please log in to the myCigna website or app, or check your plan materials, to find out if your plan includes these specific coverage requirements.

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier, may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Please log in to the **myCigna** website or app, or check your plan materials, to learn more about how your plan covers specialty medications.

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

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

Plan exclusions

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

How to find your medication on the drug list

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

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

Cigna Performance 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|------------------------------------|---|--------------------|--|-------------------------|------------------------|
| AIDS/HIV | | | ANXIETY/DEPRESSION/BIPOLAR DISORDER | | |
| abacavir-lamivudine* | Atripla* | Complera* | amitriptyline | | Effexor XR (ST, QL) |
| atazanavir* | Biktarvy* | Evotaz* | bupropion (QL) | | Fetzima (ST, QL) |
| ritonavir* | Descovy* | Odefsey* | bupropion SR (QL) | | Forfivo XL (ST, QL) |
| tenofovir * | Genvoya* | Prezcobix* | bupropion XL (QL) | | Prozac (ST, QL) |
| | Intelence* | Stribild* | buspirone | | Sarafem (ST) |
| | Isentress HD* | Viread 300mg* | citalopram (QL) | | Trintellix (ST) |
| | Isentress* | | clomipramine | | Viibryd (ST) |
| | Norvir packet, capsule, solution* | | desvenlafaxine ER (QL) | | Wellbutrin SR (ST, QL) |
| | Prezista* | | duloxetine (QL) | | Zoloft (ST, QL) |
| | Reyataz packet* | | escitalopram (QL) | | |
| | Selzentry* | | fluoxetine (QL) | | |
| | Tivicay* | | fluoxetine DR (QL) | | |
| | Triumeq* | | paroxetine (QL) | | |
| | Truvada* | | paroxetine CR (QL) | | |
| | Viread powder, 150, 200 250mg* | | paroxetine ER (QL) | | |
| | | | sertraline (QL) | | |
| | | | trazodone | | |
| | | | venlafaxine (QL) | | |
| | | | venlafaxine ER (QL) | | |
| ALLERGY/NASAL SPRAYS | | | ASTHMA/COPD/RESPIRATORY | | |
| Adyphren | | Clarinet-D 12 Hour | albuterol | Advair Diskus | Adcirca* (PA) |
| Adyphren Amp | | EpinephrineSnap-V | budesonide inhalation | Advair HFA | Adempas* (PA) |
| azelastine | | EPIsnap | ipratropium-albuterol | Anoro Ellipta | Aralast NP* (PA) |
| cromolyn | | Karbinal ER | montelukast | Atrovent HFA | Arcapta Neohaler |
| cyproheptadine | | Ryvent | | Breo Ellipta | Daliresp (QL) |
| desloratadine | | Semprex-D | | Combivent | Fasenra* (PA) |
| epinephrine auto- injector (QL) | | Sinuva* (PA) | | Respimat | Glassia* (PA) |
| flunisolide | | | | Incruse Ellipta | Kalydeco* (PA, QL) |
| fluticasone | | | | ProAir HFA | Letairis* (PA) |
| hydroxyzine | | | | ProAir | Nucala* (PA) |
| ipratropium | | | | RespiClick | Ofev* (PA) |
| mometasone spray (QL) | | | | Pulmicort | Opsumit* (PA) |
| olopatadine spray | | | | Flexhaler | Orenitram ER* (PA) |
| Phenergan | | | | Pulmozyme* (PA) | Orkambi* (PA, QL) |
| promethazine | | | | QVAR | Pulmicort |
| | | | | RediHaler | Remodulin* (PA) |
| | | | | Serevent | Symdeko* (PA, QL) |
| | | | | Diskus | Tracleer* (PA) |
| | | | | Spiriva | Tyvaso* (PA) |
| | | | | Stiolto | Uptravi* (PA) |
| | | | | Respimat | |
| | | | | Striverdi | |
| | | | | Respimat | |
| | | | | Symbicort | |
| | | | | Trelegy Ellipta (ST) | |
| | | | | Ventolin HFA | |
| | | | | Xolair* (PA) | |
| ALZHEIMER'S DISEASE | | | | | |
| donepezil | Mestinon | Mestinon tablet | | | |
| donepezil ODT | syrup | Namenda | | | |
| memantine | Namenda | Namenda XR (QL) | | | |
| memantine ER | Titration Pak | Namzaric (QL) | | | |
| pyridostigmine | | Regonol | | | |
| pyridostigmine ER | | | | | |
| rivastigmine | | | | | |

Cigna Performance 3-Tier Prescription Drug List

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

| | | |
|----------------------------------|--------------|---------------------|
| atomoxetine | Vyvanse (PA) | Adderall (ST) |
| dexmethylphenidate | | Adzenys ER (PA) |
| dexmethylphenidate ER | | Adzenys XR-ODT (PA) |
| dextroamphetamine-amphetamine ER | | Daytrana (PA) |
| dextroamphetamine-amphetamine | | Dyanavel XR (PA) |
| guanfacine ER | | Evekeo (ST) |
| Metadate ER | | Focalin (ST) |
| methylphenidate | | Methylin (ST) |
| methylphenidate CD | | Quillichew ER (PA) |
| methylphenidate ER | | Quillivant XR (PA) |
| methylphenidate LA | | Ritalin (ST) |

BLOOD MODIFIERS/BLEEDING DISORDERS

| | | |
|------------------|----------------|-----------------|
| tranexamic acid* | Aranesp* (PA) | Bebulin* (PA) |
| | Epogen* (PA) | Ceprotrin* (PA) |
| | Granix* | Promacta* (PA) |
| | Neulasta* (PA) | |
| | Procrit* (PA) | |
| | Soliris* (PA) | |
| | Zarxio* | |

BLOOD PRESSURE/HEART MEDICATIONS

| | | |
|---------------------------|----------------------|--------------------------------|
| amlodipine-benazepril | Bystolic | Azor |
| amlodipine-olmesartan | Byvalson | Bayer Chewable |
| amlodipine-valsartan | Corlanor (PA) | Aspirin+ |
| amlodipine-valsartan-HCTZ | Entresto (PA) | Benicar (ST) |
| Aspir 81+ | Multaq | Benicar HCT (ST) |
| Aspir-Low+ | Nitro-Dur 0.3, 0.8mg | Berinert* (PA) |
| aspirin EC+ | Tekturna | BiDil (QL) |
| aspirin+ | Tekturna HCT | Cardizem LA |
| atenolol | | Cinryze* (PA) |
| atenolol-chlorthalidone | | Coreg CR |
| benazepril | | Cozaar (ST) |
| benazepril-HCTZ | | Diovan (ST) |
| bisoprolol | | Diovan HCT (ST) |
| Bufferin+ | | Edarbi (ST) |
| candesartan | | Edarbyclor (ST) |
| Cartia XT | | Epaned (ST) |
| carvedilol | | Firazyr* (PA) |
| carvedilol ER | | Haegarda* (PA) |
| clonidine | | Hemangeol |
| Digitek | | Inderal LA |
| Digox | | Inderal XL |
| digoxin | | Innopran XL |
| Dilt-XR | | Nitro-Dur 0.1, 0.2, 0.4, 0.6mg |
| diltiazem | | Nitrolingual |
| diltiazem CD | | |
| diltiazem ER | | |

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

BLOOD PRESSURE/HEART MEDICATIONS (cont)

| | | |
|----------------------------|--|-----------------|
| dofetilide (QL) | | Nitromist |
| doxazosin | | Nitrostat |
| Ecotrin+ | | Northera* (PA) |
| EcPirin+ | | Norvasc |
| enalapril | | Ranexa (ST, QL) |
| flecainide | | Tiazac |
| hydralazine | | Tikosyn (QL) |
| irbesartan | | Toprol XL |
| isosorbide | | Tribenzor |
| isosorbide ER | | Vasotec (ST) |
| labetalol | | |
| lisinopril | | |
| lisinopril-HCTZ | | |
| losartan | | |
| losartan-HCTZ | | |
| Matzim LA | | |
| metoprolol | | |
| nadolol | | |
| nifedipine | | |
| nifedipine ER | | |
| olmesartan | | |
| olmesartan-amlodipine-HCTZ | | |
| olmesartan-HCTZ | | |
| propafenone | | |
| propafenone ER | | |
| propranolol | | |
| propranolol ER | | |
| quinapril | | |
| ramipril | | |
| Taztia XT | | |
| telmisartan | | |
| telmisartan-HCTZ | | |
| tri-buffered aspirin+ | | |
| valsartan | | |
| valsartan-HCTZ | | |
| verapamil | | |
| verapamil ER | | |
| verapamil SR | | |

BLOOD THINNERS/ANTI-CLOTTING

| | | |
|-------------------------|---------------|--------------|
| aspirin-dipyridamole ER | Brilinta | Bevyxxa (QL) |
| clopidogrel | Eliquis | Coumadin |
| enoxaparin* (QL) | Fragmin* (QL) | Effient |
| fondaparinux (QL) | Xarelto | Pradaxa |
| Jantoven | | Savaysa |
| prasugrel | | Zontivity |
| warfarin | | |

CANCER

| | | |
|--------------------|-----------------|------------------------|
| anastrozole | Actimmune* (PA) | Afinitor Disperz* (PA) |
| bexarotene* (PA) | Avastin* (PA) | Afinitor* (PA) |
| capecitabine* (PA) | | Alecensa* (PA) |

Cigna Performance 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|--|---|---|--|--|
| CANCER (cont) | | | CHOLESTEROL MEDICATIONS (cont) | | |
| imatinib* (PA) letrozole mercaptopurine methotrexate* tamoxifen+ temozolomide* (PA) | Herceptin* (PA) Intron A* (PA) Nexavar* (PA) Revlimid* (PA) Rituxan* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Tasigna* (PA) Trexall* Valstar* | Arimidex Bosulif* (PA) Cabometyx* (PA) Cometriq* (PA) Cotellic* (PA) Erivedge* (PA) Erleada* (PA) FARESTON (QL) Gazyva* (PA) Gilotrif* (PA) Gleevec* (PA) Ibrance* (PA) Iclusig* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Kadcyca* (PA) Lenvima* (PA) Lonsurf* (PA) Lynparza* (PA) Mekinist* (PA) Nerlynx* (PA) Ninlaro* (PA) Perjeta* (PA) Pomalyst* (PA) Stivarga* (PA) Sylatron* (PA) Tafenlar* (PA) Tagrisso* (PA) Targretin* (PA) Tecentriq* (PA) Verzenio* (PA) Votrient* (PA) Xalkori* (PA) Xtandi* (PA) Zelboraf* (PA) Zytiga* (PA) | pravastatin 10mg, 20mg, 40mg, 80mg+ rosuvastatin 5mg, 10mg+ simvastatin 10mg, 20mg, 40 mg+ (QL) TriKlo | | |
| CHOLESTEROL MEDICATIONS | | | CONTRACEPTIVE PRODUCTS | | |
| atorvastatin 10mg, 20mg+ ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin 20mg, 40mg+ fluvastatin ER 80mg+ lovastatin 20mg, 40mg+ niacin ER Niacor omega-3 acid ethyl esters | Repatha* (PA) | Crestor (ST) Korlym* (PA) Kynamro* (PA) Vascepa Vytorin (ST) Zetia | Aftera+ Altavera+ Alyacen+ Amethia Lo+ Amethia+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aviane+ Azurette+ Balziva+ Bekyree+ Blisovi 24 FE+ Blisovi FE+ Briellyn+ Camila+ Camrese Lo+ Camrese+ Caziant+ Chateal+ Cryselle+ Cyclofem+ Cyred+ Dasetta+ Daysee+ Deblitane+ Delyla+ desogestrel-ethinyl estradiol+ drospirenone- ethinyl estradiol- levomefibrate+ drospirenone-ethinyl estradiol+ Econtra EZ+ Econtra One-Step+ Elinest+ Emoquette+ Enpresse+ | Lo Loestrin FE NuvaRing Taytulla | Beyaz Caya Contoured+ Ella+ Estrostep FE FC2 Female Condom+ Femcap+ Kyleena* Loestrin FE LoSeasonique Microgestin+ Minastrin 24 FE Mirena* Nexplanon* Seasonique Skyla* Today Contraceptive Sponge+ Wide Seal Diaphragm+ |

Cigna Performance 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|----------------|------------------|--|----------------|------------------|
| CONTRACEPTIVE PRODUCTS (cont) | | | CONTRACEPTIVE PRODUCTS (cont) | | |
| Enskyce ⁺ | | | My Choice ⁺ | | |
| Errin ⁺ | | | My Way ⁺ | | |
| Estartylla ⁺ | | | Myzitra ⁺ | | |
| ethynodiol-ethinyl estradiol ⁺ | | | Necon 0.5/35 ⁺ | | |
| Falmina ⁺ | | | Necon 7/7/7 ⁺ | | |
| Fayosim ⁺ | | | Nikki ⁺ | | |
| Femynor ⁺ | | | Nora-BE ⁺ | | |
| Gianvi ⁺ | | | norethindrone-ethinyl estradiol-iron ⁺ | | |
| Heather ⁺ | | | norethindrone-ethinyl estradiol ⁺ | | |
| Introvale ⁺ | | | norethindrone ⁺ | | |
| Isibloom ⁺ | | | norgestimate-ethinyl estradiol ⁺ | | |
| jencycla ⁺ | | | Norlyda ⁺ | | |
| Jolessa ⁺ | | | Norlyroc ⁺ | | |
| Jolivette ⁺ | | | Nortrel ⁺ | | |
| Juleber ⁺ | | | Ocella ⁺ | | |
| Junel FE 24 ⁺ | | | Opcicon One-Step ⁺ | | |
| Junel FE ⁺ | | | Option 2 ⁺ | | |
| Junel ⁺ | | | Orsythia ⁺ | | |
| Kaitlib FE ⁺ | | | Philith ⁺ | | |
| Kariva ⁺ | | | Pimtrea ⁺ | | |
| Kelnor 1-35 ⁺ | | | Pirmella ⁺ | | |
| Kelnor 1-50 ⁺ | | | Portia ⁺ | | |
| Kimidess ⁺ | | | Previfem ⁺ | | |
| Kurvelo ⁺ | | | Quasense ⁺ | | |
| Larin 24 FE ⁺ | | | Rajani ⁺ | | |
| Larin FE ⁺ | | | Reclipsen ⁺ | | |
| Larin ⁺ | | | Rivelsa ⁺ | | |
| Larissia ⁺ | | | Setlakin ⁺ | | |
| Leena ⁺ | | | Sharobel ⁺ | | |
| Lessina ⁺ | | | Sprintec ⁺ | | |
| Levonest ⁺ | | | Sronyx ⁺ | | |
| levonorgestrel-ethinyl estradiol ⁺ | | | Syeda ⁺ | | |
| Levora-28 ⁺ | | | Tarina FE ⁺ | | |
| Lillow ⁺ | | | Tilia FE ⁺ | | |
| Loryna ⁺ | | | Tri Femynor ⁺ | | |
| Low-Ogestrel ⁺ | | | Tri-Estartylla ⁺ | | |
| Lutera ⁺ | | | Tri-Legest FE ⁺ | | |
| Lyza ⁺ | | | Tri-Linyah ⁺ | | |
| Marlissa ⁺ | | | Tri-Lo-Estartylla ⁺ | | |
| medroxyprogesterone 150mg/ml ⁺ | | | Tri-Lo-Marzia ⁺ | | |
| Melodetta 24 FE ⁺ | | | Tri-Lo-Sprintec ⁺ | | |
| Mibelas 24 FE ⁺ | | | Tri-Mili ⁺ | | |
| Microgestin FE ⁺ | | | Tri-Previfem ⁺ | | |
| Mili ⁺ | | | Tri-Sprintec ⁺ | | |
| Mono-Linyah ⁺ | | | Tri-Vylibra ⁺ | | |
| Mononessa ⁺ | | | Trinessa Lo ⁺ | | |

Cigna Performance 3-Tier Prescription Drug List

| TIER 1 \$ | | | TIER 2 \$\$ | | | TIER 3 \$\$\$ | | | | | |
|--------------------------------------|--|----------------|-----------------|----------------------|--|---------------------------------|--|--|--|--|--|
| CONTRACEPTIVE PRODUCTS (cont) | | | | | | DIABETES (cont) | | | | | |
| Trinessa+ | | | | | | Glucagon | | | | | |
| Trivora-28+ | | | | | | Emergency Kit (QL) | | | | | |
| Tulana+ | | | | | | Glyxambi | | | | | |
| Tydemy+ | | | | | | Humalog | | | | | |
| VCF+ | | | | | | Humulin | | | | | |
| Velivet+ | | | | | | Janumet | | | | | |
| Vienna+ | | | | | | Janumet XR | | | | | |
| Viorele+ | | | | | | Januvia | | | | | |
| Vyfemia+ | | | | | | Jardiance | | | | | |
| Vylibra+ | | | | | | Kombiglyze XR | | | | | |
| Wera+ | | | | | | Levemir | | | | | |
| Wymzya FE+ | | | | | | OneTouch test strips and meters | | | | | |
| Xulane+ | | | | | | Onglyza | | | | | |
| Zarah+ | | | | | | Qtern | | | | | |
| Zenchent+ | | | | | | Soliqua | | | | | |
| Zovia 1-35e+ | | | | | | SymlinPen | | | | | |
| Zovia 1-50e+ | | | | | | Synjardy | | | | | |
| | | | | | | Synjardy XR | | | | | |
| | | | | | | Tresiba | | | | | |
| | | | | | | Trulicity (QL) | | | | | |
| | | | | | | Victoza (QL) | | | | | |
| | | | | | | Xigduo XR | | | | | |
| | | | | | | Xultophy | | | | | |
| COUGH/COLD MEDICATIONS | | | | | | | | | | | |
| benzonatate | | | | | | Tessalon Perle | | | | | |
| Bromfed DM | | | | | | Tussionex (QL) | | | | | |
| brompheniramine-pseudoephedrine-DM | | | | | | Tuzistra XR (QL) | | | | | |
| hydrocodone-chlorpheniramine ER (QL) | | | | | | | | | | | |
| hydrocodone-homatropine (QL) | | | | | | | | | | | |
| Hydromet (QL) | | | | | | | | | | | |
| DENTAL PRODUCTS | | | | | | | | | | | |
| chlorhexidine rinse | | Prevident 5000 | | Clinpro 5000 | | | | | | | |
| Denta 5000 Plus | | paste, gel | | Prevident | | | | | | | |
| Dentagel | | | | Prevident 5000 cream | | | | | | | |
| doxycycline | | | | | | | | | | | |
| Fluoridex | | | | | | | | | | | |
| Oralone | | | | | | | | | | | |
| Paroex | | | | | | | | | | | |
| Peridex | | | | | | | | | | | |
| Periogard | | | | | | | | | | | |
| sodium fluoride | | | | | | | | | | | |
| SF 5000 plus | | | | | | | | | | | |
| triamcinolone paste | | | | | | | | | | | |
| DIABETES | | | | | | | | | | | |
| glimepiride | | Basaglar | | Cycloset | | | | | | | |
| glipizide | | Bydureon (QL) | | Glucophage | | | | | | | |
| glipizide ER | | Byetta (QL) | | Glucophage XR | | | | | | | |
| glipizide XL | | Farxiga | | Riomet | | | | | | | |
| metformin | | GlucaGen | | VGo | | | | | | | |
| metformin ER | | HypoKit(QL) | | | | | | | | | |
| DIURETICS | | | | | | | | | | | |
| acetazolamide | | | Diuril | | | Aldactone | | | | | |
| chlorthalidone | | | Dyrenium | | | Carospir | | | | | |
| eplerenone | | | | | | Jynarque* (PA) | | | | | |
| furosemide | | | | | | Lasix | | | | | |
| hydrochlorothiazide | | | | | | Samsca* | | | | | |
| spironolactone | | | | | | | | | | | |
| triamterene-HCTZ | | | | | | | | | | | |
| EAR MEDICATIONS | | | | | | | | | | | |
| neomycin-polymyxin-HC | | Cipro HC | | Coly-Mycin S | | | | | | | |
| ofloxacin drops | | Ciprodex | | Dermotic | | | | | | | |
| | | | | Otovel | | | | | | | |
| ERECTILE DYSFUNCTION | | | | | | | | | | | |
| sildenafil (PA, QL) | | | Cialis (PA, QL) | | | Viagra (PA, ST, QL) | | | | | |
| | | | Muse (PA, QL) | | | | | | | | |

Cigna Performance 3-Tier Prescription Drug List

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

MISCELLANEOUS (cont)

| | | |
|--|--|-----------------|
| | | Ingrezza* (PA) |
| | | Jadenu* |
| | | Kuvan* (PA) |
| | | Lumizyme* (PA) |
| | | Naglazyme* (PA) |
| | | NebuSal 6% |
| | | Nuedexta (QL) |
| | | Strensiq* (PA) |
| | | Syprine* (PA) |
| | | Vimizim* (PA) |
| | | VPRIV* (PA) |
| | | Xenazine* (PA) |
| | | Xeomin* (PA) |

MULTIPLE SCLEROSIS

| | | |
|------------------|-----------------|----------------|
| glatiramer* (PA) | Ampyra* (PA) | Lemtrada* (PA) |
| Glatopa* (PA) | Aubagio* (PA) | Ocrevus* (PA) |
| | Avonex* (PA) | Tysabri* (PA) |
| | Betaseron* (PA) | |
| | Extavia* (PA) | |
| | Gilenya* (PA) | |
| | Plegridy* (PA) | |
| | Rebif* (PA) | |
| | Tecfidera* (PA) | |

NUTRITIONAL/DIETARY

| | | |
|---|---------------------------|-------------------------------------|
| B-12 Compliance | CitraNatal 90 | Auryxia (QL) |
| calcitriol | DHA | Concept DHA |
| calcium | Klor-Con M15 | Escavite D ⁺ |
| cyanocobalamin injection | OB Complete | Escavite ⁺ |
| FA-8 ⁺ | Poly-Vi-Flor ⁺ | Floriva ⁺ |
| fluoride ⁺ | Prefera OB | Fluorabon ⁺ |
| Fluoritab ⁺ | Prenate | K-Tab ER |
| Flura-Drops ⁺ | Tri-Vi-Flor ⁺ | Klor-Con 10 |
| folic acid ⁺ | Tristart DHA | Klor-Con 8 |
| Klor-Con | Vitafol | KPN ⁺ |
| Klor-Con M10 | vitaMedMD | Mephyton |
| Klor-Con M20 | One Rx | MVC-fluoride ⁺ |
| lanthanum | vitaPearl | Nascobal |
| levocarnitine solution | VP-PNV-DHA | Perry Prenatal ⁺ |
| Ludent Fluoride ⁺ | | Phoslyra |
| multivitamin-iron-fluoride ⁺ | | Physicians EZ Use B-12 |
| PNV-DHA | | Poly-Vi-Flor With Iron ⁺ |
| polyvitamins-fluoride ⁺ | | Quflora ⁺ |
| potassium chloride | | Renagel |
| Prena1 Pearl | | Renvela |
| prenatal vitamin ⁺ | | Urosex ⁺ |
| | | Velphoro |
| | | Veltassa |

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

NUTRITIONAL/DIETARY (cont)

| | | |
|---|--|--|
| Prenatal ⁺ | | |
| Right Step ⁺ | | |
| sevelamer | | |
| sodium fluoride ⁺ | | |
| tri-vitamin with fluoride-iron ⁺ | | |
| tri-vitamin with fluoride ⁺ | | |
| Virt-PN DHA | | |
| vitamin D2 1.25mg | | |
| Zatean-PN DHA | | |

OSTEOPOROSIS PRODUCTS

| | | |
|-------------------------|---------|---------------------|
| alendronate (QL) | Tymlos* | Evista |
| calcitonin-salmon | | Fosamax Plus D (ST) |
| ibandronate* | | Prolia* (PA) |
| raloxifene ⁺ | | Xgeva* (PA) |
| risedronate | | |
| risedronate DR | | |

PAIN RELIEF AND INFLAMMATORY DISEASE

| | | |
|--|----------------------|------------------------|
| acetaminophen-codeine (PA, QL) | Actemra* (PA) | Abstral (PA, QL) |
| allopurinol | Cuprimine* (PA) | Actiq (PA, QL) |
| baclofen | Depen* (PA) | Analpram HC |
| buprenorphine (QL) | Embeda (PA, QL) | Arymo ER (PA, QL) |
| butalbital-acetaminophen-caffeine-codeine (PA, QL) | Enbrel* (PA) | Benlysta* (PA) |
| carisoprodol | Humira* (PA) | Buprenex |
| celecoxib (QL) | Hysingla ER (PA, QL) | Butrans (QL) |
| colchicine | Nucynta (PA, QL) | Celebrex (ST, QL) |
| cyclobenzaprine | Otezla* (PA) | Cimzia* (PA) |
| DermacinRx Empricaine | Proctofoam-HC | Colcryst |
| DermacinRx Prizopak | Rasuvo* (PA) | Cosentyx* (PA) |
| diclofenac (QL) | Remicade* (PA) | Duragesic (PA, QL) |
| diclofenac ER | Savella | Durolane* (PA) |
| dihydroergotamine (QL) | Stelara* (PA) | Euflexxa* (PA) |
| eletriptan (QL) | Subsys (PA, QL) | Fentora (PA, QL) |
| Endocet (PA, QL) | Uloric | Flector (ST, QL) |
| etodolac | Xtampza ER (PA, QL) | Gelsyn-3* (PA) |
| etodolac ER | | Hyalgan* (PA) |
| fenoprofen | | Ilaris* (PA) |
| Fenortho | | Kadian (PA, QL) |
| fentanyl (PA, QL) | | Kevzara* (PA) |
| Fioricet (QL) | | Kineret* (PA) |
| frovatriptan (QL) | | Lazanda (PA, QL) |
| | | Mitigare |
| | | Monovisc* (PA) |
| | | Morphabond ER (PA, QL) |
| | | MS Contin (PA, QL) |
| | | Nucynta ER (PA, QL) |

Cigna Performance 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|----------------|--|---|--|---|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | | | PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | | |
| Glydo hydrocodone- acetaminophen (PA, QL) hydromorphone tablet, solution (PA, QL) hydromorphone syringe, vial (QL) hydromorphone ER (PA, QL) IBU ibuprofen indomethacin indomethacin ER ketorolac (QL) leflunomide lidocaine (QL) lidocaine viscous lidocaine-prilocaine Lidopril Lidopril XR Lido-Prilo Caine Pack LiproZonePak Livixil Pak Lorcet (PA, QL) Lorcet HD (PA, QL) Lorcet Plus (PA, QL) Lortab (PA, QL) Medolor pak meloxicam Metaxall metaxalone methocarbamol morphine (PA, QL) morphine ER (PA, QL) naproxen naproxen DS oxycodone (PA, QL) oxycodone ER (PA, QL) oxycodone- acetaminophen (PA, QL) oxymorphone (PA, QL) oxymorphone ER (PA, QL) Phrenilin Forte (QL) Prilolid | | Onzetra Xsail (QL) Orencia* (PA) Orthovisc* (PA) Otrexup* (PA) Oxaydo (PA, QL) Pennsaid (ST) Percocet (PA, QL) Procort Relpax (QL) Simponi* (PA) Synera Synvisc* (PA) Synvisc-One* (PA) Taltz* (PA) Tremfya* (PA) Voltaren (ST, QL) Xeljanz XR* (PA) Xeljanz* (PA) Zohydro ER (PA, QL) | Primlev (PA, QL) Profeno Relador Pak Relador Pak Plus rizatriptan (QL) sumatriptan (QL) sumatriptan-naproxen (QL) tizanidine tramadol (QL) tramadol ER (QL) Verdrocet (PA, QL) Vicodin (PA, QL) Vicodin ES (PA, QL) Vicodin HP (PA, QL) | | |
| | | | PARKINSON'S DISEASE | | |
| | | | amantadine bromocriptine carbidopa-levodopa carbidopa-levodopa ER pramipexole pramipexole ER rasagiline ropinirole ER | Apokyn* (PA) | Azilect Neupro Rytary Sinemet Sinemet CR Tasmar Xadago |
| | | | SCHIZOPHRENIA/ANTI-PSYCHOTICS | | |
| | | | aripiprazole aripiprazole ODT chlorpromazine haloperidol olanzapine olanzapine ODT paliperidone ER quetiapine quetiapine ER risperidone risperidone ODT ziprasidone | | Abilify Maintena (QL) Aristada (QL) Fanapt (ST, QL) Invega Sustenna (QL) Invega Trinza (QL) Latuda (ST) Rexulti (ST) Saphris (ST) Seroquel (ST) Seroquel XR (ST) Vraylar (ST) |
| | | | SEIZURE DISORDERS | | |
| | | | carbamazepine carbamazepine ER divalproex ER Epitol gabapentin lamotrigine lamotrigine (blue, green, orange) | Keppra vial Lyrica Vimpat tablet, solution (PA) | Aptiom (PA) Banzel (PA, QL) Briivact (PA) Carbatrol Depakote Depakote ER Dilantin |

Cigna Performance 3-Tier Prescription Drug List

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

SEIZURE DISORDERS (cont)

| | | |
|---------------------------------------|--|------------------|
| lamotrigine ER | | Fycompa (PA) |
| lamotrigine ODT | | Oxtellar XR (PA) |
| lamotrigine ODT (blue, green, orange) | | Phenytek |
| levetiracetam | | Spritam (PA) |
| levetiracetam ER | | Tegretol |
| oxcarbazepine | | Tegretol XR |
| Roweepra | | Vimpat vial |
| Roweepra XR | | |
| topiramate | | |
| topiramate ER | | |

SKIN CONDITIONS

| | | |
|--|-------------|-----------------|
| adapalene cream, lotion, 3% gel (PA age) | Eucrisa | Benzamycin |
| adapalene-benzoyl peroxide | Finacea | Celacyn gel |
| Ala-Cort 2.5% | Naftin gel | Desonate (ST) |
| Amnesteem (QL) | Santyl (QL) | Desowen (ST) |
| Avar | | Dovonex |
| Avar-E | | Drysol |
| BenzePrO | | Ecoza |
| BP 10-1 | | Elidel |
| calcipotriene | | Enstilar |
| calcipotriene-betamethasone DP | | Naftin cream |
| calcitrene | | Picato |
| Claravis (QL) | | Sklice |
| Clindacin ETZ | | Soolantra |
| Clindacin P | | Sorilux |
| clindamycin | | Taclonex |
| clindamycin-benzoyl peroxide | | Targretin* |
| clindamycin-tretinoin | | Topicort (ST) |
| clobetasol | | Tremfya* (PA) |
| Clodan shampoo | | Tridesilon (ST) |
| clotrimazole-betamethasone | | |
| dapsone | | |
| desonide | | |
| fluocinonide | | |
| fluorouracil | | |
| flurandrenolide | | |
| hydrocortisone | | |
| imiquimod | | |
| isotretinoin (QL) | | |
| ketoconazole | | |
| metronidazole | | |

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

SKIN CONDITIONS (cont)

| | | |
|-----------------------------|--|--|
| mupirocin | | |
| Myorisan (QL) | | |
| Neuac gel | | |
| Nolix | | |
| nystatin-triamcinolone | | |
| oxiconazole | | |
| permethrin | | |
| Procto-Med HC | | |
| Procto-Pak | | |
| Proctosol-HC | | |
| Proctozone-HC | | |
| Rosadan | | |
| Rosanil | | |
| Scalacort | | |
| sodium sulfacetamide-sulfur | | |
| SSS 10-5 | | |
| SulfCcleanse 8-4 | | |
| tacrolimus | | |
| tazarotene | | |
| tretinoin (PA age) | | |
| triamcinolone | | |
| Triderm | | |
| Zenatane (QL) | | |

SLEEP DISORDERS/SEDATIVES

| | | |
|------------------|---------------|------------------|
| armodafinil (PA) | Belsomra (ST) | Rozerem (ST, QL) |
| eszopiclone | Silenor (ST) | Xyrem* (PA) |
| modafinil (PA) | | |
| zolpidem | | |
| zolpidem ER | | |

SMOKING CESSATION

| | | |
|---------------------------------|----------|------------------------|
| bupropion SR 150mg ⁺ | Chantix | Nicorette ⁺ |
| NicoDerm CQ ⁺ | Nicotrol | Zyban |
| Nicorelief ⁺ | | |
| nicotine gum ⁺ | | |
| nicotine lozenge ⁺ | | |
| nicotine patch ⁺ | | |
| Quit 2 ⁺ | | |
| Quit 4 ⁺ | | |

SUBSTANCE ABUSE

| | | |
|------------------------|------------|------------|
| buprenorphine | Bunavail | Sublocade* |
| buprenorphine-naloxone | Narcan | |
| naloxone | Probuphine | |
| naltrexone (QL) | Suboxone | |
| | Zubsolv | |

Cigna Performance 3-Tier Prescription Drug List

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

TRANSPLANT MEDICATIONS

| | | |
|--------------------|----------|--|
| azathioprine* | Prograf* | Astagraf XL* |
| mycophenolate* | | Cellcept capsule, suspension, tablet* |
| mycophenolic acid* | | Envarsus XR* |
| sirolimus* | | Myfortic* |
| tacrolimus* | | Neoral* |
| | | Zortress* |

URINARY TRACT CONDITIONS

| | | |
|-----------------|-----------------|----------------|
| darifenacin ER | Cystagon* | Avodart |
| dutasteride | Elmiron | Procysbi* (PA) |
| finasteride 5mg | K-Phos Original | Pyridium |
| oxybutynin | Thiola* | Rapaflo |
| oxybutynin ER | | |
| phenazopyridine | | |
| potassium ER | | |
| tamsulosin | | |
| tolterodine | | |
| tolterodine ER | | |
| tropium | | |
| tropium ER | | |

Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay its full cost out-of-pocket. **We want you to know your plan covers other medications that are used to treat the same condition.^^** We've listed some below for you and your doctor to consider. **You should call your doctor's office to talk about your options.**

| DRUG CLASS | MEDICATION NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|-------------------------------------|--|--|
| ALLERGY/NASAL SPRAYS | Auvi-Q EpiPen, EpiPen Jr | epinephrine auto-injector |
| | Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna | Generic nasal steroids (e.g., fluticasone) |
| | QNASL Children | budesonide fluticasone triamcinolone |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | Anafranil | clomipramine |
| | Aplenzin Wellbutrin XL | bupropion XL |
| | Ativan | lorazepam |
| | Cymbalta | duloxetine |
| | Lexapro | escitalopram |
| | Pamelor | nortriptyline |
| | Parnate | tranylcypromine |
| | Pexeva Tofranil | paroxetine/CR/ER imipramine |
| ASTHMA/COPD/RESPIRATORY | Alvesco ArmonAir RespiClick Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA | QVAR RediHaler Pulmicort Flexhaler |
| | Bevespi Utibron Neohaler | Anoro Ellipta Stiolto Respimat |
| | Dulera | Advair Diskus Advair HFA Breo Ellipta Symbicort |
| | Elixophyllin | theophylline oral solution |
| | Proventil HFA Xopenex HFA | ProAir HFA ProAir RespiClick Ventolin |
| | Seebri Neohaler Tudorza Pressair | Incruse Ellipta Spiriva |

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

| DRUG CLASS | MEDICATION NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|--|--|--|
| ASTHMA/COPD/RESPIRATORY (cont) | Zyflo | montelukast zafirlukast |
| | Zyflo CR | zileuton ER |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | Cotempla XR-ODT | dexmethylphenidate ER methylphenidate ER/CD/LA dextroamphetamine-amphetamine ER Vyvanse |
| | Desoxyn | methamphetamine |
| | Dexedrine | dextroamphetamine |
| | Mydayis | dextroamphetamine-amphetamine ER dexmethylphenidate ER methylphenidate ER/CD/LA Vyvanse |
| BLOOD PRESSURE/HEART MEDICATIONS | Betapace | sotalol |
| | Cardizem | diltiazem |
| | Cardizem CD | Cartia XT diltiazem CD/ER |
| | Isordil Isordil Titradose | isosorbide dinitrate |
| | Lanoxin | Digitek digoxin |
| BLOOD THINNERS/ANTI-CLOTTING | Yosprala | IR or EC aspirin |
| CANCER | Nilandron | nilutamide |
| CHOLESTEROL MEDICATIONS | Antara Fenoglide | fenofibrate |
| | Lipitor | atorvastatin |
| | Zypitamag | atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin |
| COUGH/COLD MEDICATIONS | Tussicaps | hydrocodone-chlorpheniramine ER |
| DIABETES | Accu-Chek, Contour, Freestyle, all other test strips and meters | OneTouch test strips and meters |
| | Adlyxin Tanzeum | Byetta Bydureon Ozempic Trulicity Victoza |
| | Admelog Afrezza Apridra Apridra SoloStar Fiasp Novolin, Novolog | Humalog Humulin |

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| DRUG CLASS | MEDICATION NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|----------------------------|--|---|
| DIABETES (cont) | Fortamet Glumetza metformin ER (generic Fortamet and Glumetza) | metformin ER (generic Glucophage XR) |
| | Invokamet Invokamet XR Segluromet | Synjardy, Synjardy XR, Xigduo XR |
| | Invokana | Farxiga Jardiance |
| | Jentadueto Jentadueto XR Kazano | alogliptin-metformin Janumet, Janumet XR Kombiglyze XR |
| | Nesina Tradjenta | alogliptin Januvia Onglyza |
| | Oseni | alogliptin-pioglitazone Januvia + pioglitazone |
| | Lantus Toujeo SoloStar | Basaglar, Levemir, Tresiba |
| | Steglatro | Farxiga Jardiance |
| DIURETICS | Edecrin ethacrynic acid | bumetanide furosemide torsemide |
| EYE CONDITIONS | Vyzulta | bimatoprost latanoprost Travatan Z |
| GASTROINTESTINAL/HEARTBURN | Anusol-HC suppository Cortifoam Uceris foam | Anucort-HC Hemmorex-HC hydrocortisone suppository |
| | Asacol-HD Colazal Delzicol Dipentum Giazo mesalamine 800mg tablet | Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR |
| | Librax | chlordiazepoxide-clidinium |
| | Lotronex | alosetron |
| | Marinol | dronabinol |
| | Nexium | esomeprazole |
| | Omeclamox-Pak Prevpac Pylera | lansoprazole-amoxicillin-clarithromycin (combo pak) |
| | OmePPI | omeprazole |
| | Pepcid | famotidine |
| | Prevacid SoluTab | lansoprazole |
| | Rowasa | mesalamine enema |

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| DRUG CLASS | MEDICATION NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) | |
|--|---|--|--|
| GASTROINTESTINAL/HEARTBURN (<i>cont</i>) | Syndros | dronabinol | |
| | Trulance | Amitiza, Linzess | |
| | Zegerid | omeprazole | |
| | Zofran | ondansetron | |
| | Zofran ODT | ondansetron ODT | |
| | Zuplenz | ondansetron ondansetron ODT | |
| HORMONAL AGENTS | Cortrosyn | cosyntropin | |
| | DDAVP | desmopressin | |
| | Dexpak TaperDex | dexamethasone | |
| | Fortesta Natesto Testim Vogelxo | AndroGel 1.62% testosterone | |
| | Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton | Humatrope (PA) | |
| | Hectorol | doxercalciferol | |
| | Rayos | prednisone prednisone intensol | |
| | Uceris tablet | dexamethasone hydrocortisone methylprednisolone prednisone prednisolone | |
| | INFECTIONS | Acticlate Doryx Minocin capsule Oracea Solodyn Vibramycin capsule Ximino | Generic products (e.g., doxycycline; minocycline) |
| | | Augmentin/ES/XR | amoxicillin-clavulanate ER |
| Bethkis Tobi | | Kitabis Pak tobramycin | |
| Diflucan | | fluconazole | |
| E.E.S. 200 Eryped 400 | | erythromycin ethylsuccinate | |
| Mepron | | atovaquone | |
| Mycobutin | | rifabutin | |
| Onmel | | itraconazole terbinafine | |

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| DRUG CLASS | MEDICATION NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|--------------------------------------|--|---|
| INFECTIONS <i>(cont)</i> | Sitavig | acyclovir (oral) famciclovir valacyclovir |
| | Sporanox | itraconazole |
| | Targadox | doxycycline |
| | Valcyte | valganciclovir |
| | Vancocin | vancomycin |
| | Zovirax | acyclovir (oral) famciclovir valacyclovir |
| INFERTILITY | Bravelle Gonal-F | Follistim AQ (PA) |
| MISCELLANEOUS | Horizant | gabapentin |
| MULTIPLE SCLEROSIS | Copaxone | Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Rebif, Tecfidera |
| PAIN RELIEF AND INFLAMMATORY DISEASE | Amrix | cyclobenzaprine Other generic muscle relaxants |
| | Belbuca | buprenorphine |
| | Bupap | butalbital-acetaminophen tablet Tencon |
| | Cambia diclofenac 1.5% solution Duexis Naprelan naproxen CR naproxen ER Pennsaid Tivorbex Vimovo Vivlodex Zipsor Zorvolex | Generic prescription NSAIDs (e.g., celecoxib, meloxicam) |
| | Conzip | tramadol tramadol ER |
| | D.H.E. 45 | dihydroergotamine |
| | Duzallo | allopurinol, probenecid |
| | Gralise | gabapentin |
| | Imitrex Zembrace SymTouch | sumatriptan |
| | Siliq | Enbrel (PA) Humira (PA) Remicade (PA) Stelara (PA) |
| | levorphanol | Generic products (e.g., acetaminophen- codeine, hydromorphone, oxycodone) |
| | Lido-K Lidozion | lidocaine cream |

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| DRUG CLASS | MEDICATION NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|---|--------------------------------|---|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | Lorzone | chlorzoxazone |
| | Migranal | dihydroergotamine |
| | OxyContin | Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA) |
| | Roxicodone | oxycodone |
| | Soriatane | acitretin |
| | Sprix | ketorolac |
| | Treximet | Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan) |
| | Vanatol LQ | butalbital-acetaminophen-caffeine |
| | Zomig | zolmitriptan sumatriptan |
| | Zomig ZMT | zolmitriptan ODT |
| | PARKINSON'S DISEASE | Gocovri |
| Lodosyn | | carbidopa |
| Requip XL | | ropinirole ER |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS | Abilify | aripiprazole |
| | Fazaclo Versacloz | clozapine clozapine ODT |
| | Geodon | ziprasidone |
| | Zyprexa | olanzapine |
| | Zyprexa Zydis | olanzapine ODT |
| SEIZURE DISORDERS | Lyrica CR | duloxetine gabapentin lidocaine 5% patch Lyrica |
| | Mysoline | primidone |
| SKIN CONDITIONS | Absorica | Claravis Myorisan Zenatane |
| | Aldara | imiquimod cream |
| | Anusol-HC cream | hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC |
| | Bensal HP Salex | salicylic acid |
| | Benzaclin Duac Neuac Kit | clindamycin-benzoyl peroxide Neuac gel |
| | Carac | fluorouracil |
| | Clindagel | clindamycin |
| | Clobex | clobetasol |

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| DRUG CLASS | MEDICATION NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|-------------------------------|-------------------------------------|--|
| SKIN CONDITIONS <i>(cont)</i> | Cutivate | Generic topical steroid (e.g. betamethasone) |
| | diclofenac 3% gel | Fluoroplex fluorouracil imiquimod Picato (NPB) |
| | Ertaczo Extina Luzu Vusion | ketoconazole |
| | Halog Ultravate X | clobetasol halobetasol |
| | Jublia Kerydin | Ciclodan ciclopirox itraconazole terbinafine |
| | Kenalog | triamcinolone |
| | Locoid Locoid Lipocream | hydrocortisone |
| | Loprox cream, kit | ciclopirox |
| | Noritate | metronidazole Rosadan |
| | Oxistat | clotrimazole econazole ketoconazole |
| | Penlac | Ciclodan ciclopirox |
| | Plexion | sodium sulfacetamide-sulfur |
| | Prudoxin Zonalon | Generic topical steroid (e.g., betamethasone tacrolimus (topical)) |
| | Sernivo | betamethasone fluocinonide hydrocortisone |
| | Soriatane | acitretin |
| | Trianex | triamcinolone Triderm |
| | Ultravate lotion | clobetasol |
| | Vanos | fluocinonide |
| | Verdeso | desonide |
| | Xerese | acyclovir (oral) + hydrocortisone famciclovir + hydrocortisone valacyclovir + hydrocortisone |
| | Ziana | tretinoin clindamycin-benzoyl peroxide |
| | Zyclara | imiquimod |

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| DRUG CLASS | MEDICATION NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|---------------------------|---|--|
| SLEEP DISORDERS/SEDATIVES | Ambien Ambien CR Edluar Intermezzo | zolpidem zolpidem ER |
| | Nuvigil | armodafinil |
| | Provigil | modafinil |
| | Restoril | temazepam |
| SUBSTANCE ABUSE | Evzio | Narcan |
| URINARY TRACT CONDITIONS | Detrol Detrol LA Ditropan XL Enablex Gelnique Myrbetriq Oxytrol Toviaz VESicare | darifenacin ER oxybutynin ER tolterodine ER trospium ER |

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Prescription drug list FAQs

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

Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:¹

- › 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 requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

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

Why doesn't my plan cover certain medications?

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

Your plan may also exclude certain medications or products from coverage. This is known as a

“plan (or benefit) exclusion.” For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

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

Which medications are covered under the health care reform law?

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

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

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

Newly approved medications may not be covered on your drug list for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices covered under standard

Prescription drug list FAQs (cont)

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

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

You can use the Drug Cost tool on the **myCigna** website or app to estimate how much your medication may cost and view lower cost² alternatives, if available.

How can I save money on my prescription medications?

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

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

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.³ The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:³

- › Have the same active ingredient, strength and dosage form as the brand name medication
- › Deliver the same amount of active ingredients into the bloodstream in the same amount of time as the brand name medication
- › Be used in the same way as the brand name medication

Generics typically cost much less than brand name medications – in some cases, up to 85% less.³ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy can help you manage your health and prescription needs.⁴ Their team of medical condition experts provide personalized, 24/7 support. They'll help you get approval for coverage of your medication, answer any questions you have about your medication and its cost, help you work through any side effects and make sure you have any supplies you need (at no extra cost). They'll also help you set up home delivery of your medication and give you information about financial assistance programs (if you need help paying for your medication). To learn more about the services they provide, please call **800.351.3606** or go to **Cigna.com/specialty-pharmacyservices**.

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.⁴

- › If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.SM To learn more, call **800.835.3784** or go to **Cigna.com/home-delivery-pharmacy**.
- › If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Cigna Specialty Pharmacy (our home delivery pharmacy). To learn more, call **800.351.3606** or go to **Cigna.com/specialty-pharmacy-services**.

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

You can use the online tools and resources on the **myCigna** website or app to help you better understand your pharmacy benefits. You can view your drug list or search for a specific medication, use the Drug Cost tool to estimate how much your medication may cost, find an in-network pharmacy near you, review your pharmacy claims and payment history, and track Cigna Home Delivery Pharmacy⁴ orders and request refills.

Exclusions and limitations

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁵

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

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

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



1. State laws in Texas and Louisiana may require your plan to cover your medications 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, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.
2. Prices are not guaranteed, and even though a price is displayed in the Drug Cost tool, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. Coverage and pricing may change. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown in the Drug Cost tool.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
4. Not all plans are the same, so some plans may not include Cigna Home Delivery Pharmacy or Cigna Specialty Pharmacy. Please log in to the myCigna website or app, or check your plan materials, to learn more about the pharmacies in your plan's network.
5. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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