CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

Coverage as of January 1, 2022

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Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

960134 Value 4-Tier 10/21

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View the drug list online

This document was last updated on 08/01/2021.* You can go online to see the current list of medications your plan covers.

myCigna® App and myCigna.com. Click on the "Find Care & Costs" tab and select "Price a Medication." Then type in your medication name to see how it's covered.

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 10/01/2011

Last updated: 08/01/2021, for changes starting 01/01/2022

Next planned update: 03/01/2022, for changes starting 07/01/2022

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Value 4-Tier Prescription Drug List as of January 1, 2022.[1,2] 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 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 Value 4-Tier Prescription Drug List.

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

TIER 1 $	TIER 2 $$	TIER 3 $$$
INFECTIONS		
acyclovir capsule, suspension, tablet	ALBENZA	ALINIA
amoxicillin	BARACLUDE solution**	BACTRIM
amoxicillin-clavulanate ER	CIPRO	BACTRIM DS
amoxicillin-clavulanate	DARAPRIM** (PA)	BARACLUDE tablet* (QL)
atovaquone	E.E.S. 400	CAYSTON*
AVIDOXY tablet	EPCLUSA** (PA)	CLEOCIN
azithromycin packet, suspension, tablet	ERY-TAB 333, 500mg	CLINDESSE
cefdinir	HARVONI** (PA)	CRESEMBA (PA)
cefixime	KITABIS PAK*	DIFICID (QL)
cefuroxime tablet	MAVYRET** (PA)	ERYPED 200
cephalexin	SOVALDI** (PA)	ERY-TAB 250mg
ciprofloxacin	THALOMID** (PA)	MONUROL
clarithromycin	URETRON D-S	NOXAFIL suspension, tab
clarithromycin ER	VIBRAMYCIN syrup	PLAQUENIL
clindamycin	VOSEVI** (PA)	SULFATRIM
COREMINO (QL)		SUPRAX
dapsone		TAMIFLU (QL)
doxycycline capsule, suspension, tablet		TOBI Podhaler**
doxycycline IR-DR		URIBEL
EMVERM		UROGESIC-BLUE
entecavir** (QL)		UTA
erythromycin		VALTREX
famciclovir		VEMLIDY**
fluconazole		VIBRAMYCIN suspension
hydroxychloroquine		XIFAXAN
		ZEPATIER** (PA)

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

Oral specialty medications have an asterisk (*) listed next to them; Injectable specialty medications are listed on tier 4 (pages 18-20).

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

Medications that have extra coverage requirements will 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 Value 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 – Injectable 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.

(PA) **Prior Authorization** – Certain medications need approval from Cigna before your plan will cover them. These medications have a **(PA)** next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.

(QL) **Quantity Limits** – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a **(QL)** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.

(ST) **Step Therapy** – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a **(ST)** next to them. You have many covered options to choose from, and they're used to treat the same condition.

(AGE) **Age Requirements** – Certain medications will only be covered if you're within a specific age range. These medications have **(AGE)** 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 have an asterisk next to them

Specialty medications are used to treat complex medical conditions. In this drug list, injectable specialty medications are covered on Tier 4 (listed on pages 18-20). Oral specialty medications are covered on a lower tier (tiers 1–3). They are listed alphabetically by the condition they treat, and have an asterisk (*) next to them.

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. **For example, your plan excludes prescription medications used to treat heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics).** With excluded medications, 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
AIDS/HIV	6
ALLERGY/NASAL SPRAYS	6
ALZHEIMER'S DISEASE	6
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6
ASTHMA/COPD/RESPIRATORY	6, 7
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7
BLOOD MODIFIERS/BLEEDING DISORDERS	7
BLOOD PRESSURE/HEART MEDICATIONS	7, 8
BLOOD THINNERS/ANTI-CLOTTING	8
CANCER	8
CHOLESTEROL MEDICATIONS	8
CONTRACEPTION PRODUCTS	8–10
COUGH/COLD MEDICATIONS	11
DENTAL PRODUCTS	11
DIABETES	11
DIURETICS	11
EAR MEDICATIONS	11
ERECTILE DYSFUNCTION	11, 12
EYE CONDITIONS	12

Condition	Page
FEMININE PRODUCTS	12
HORMONAL AGENTS	12
INFECTIONS	13
INFERTILITY	13
MISCELLANEOUS	13, 14
MULTIPLE SCLEROSIS	14
NUTRITIONAL/DIETARY	14
OSTEOPOROSIS PRODUCTS	15
PAIN RELIEF AND INFLAMMATORY DISEASE	15
PARKINSON'S DISEASE	15
SCHIZOPHRENIA/ANTI-PSYCHOTICS	15, 16
SEIZURE DISORDERS	16
SKIN CONDITIONS	16
SLEEP DISORDERS/SEDATIVES	17
SMOKING CESSATION	17
SUBSTANCE ABUSE	17
TRANSPLANT MEDICATIONS	17
URINARY TRACT CONDITIONS	17
VACCINES	17
WEIGHT MANAGEMENT	17

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
AIDS/HIV		
abacavir-lamivudine* (PA)	BIKTARVY*	CIMDUO* (PA)
efavirenz-emtricitabine-tenofovir*	DESCOVY*+ (PA)	COMPLERA* (PA)
emtricitabine-tenofovir*+ ritonavir*	DOVATO*	EVOTAZ* (PA)
tenofovir* (PA)	GENVOYA*	ODEFSEY* (PA)
	ISENTRESS HD* (PA)	PIFELTRO* (PA)
	ISENTRESS*	PREZCOBIX* (PA)
	JULUCA*	STRIBILD* (PA)
	PREZISTA*	TEMIXYS* (PA)
	SELZENTRY* (PA)	
	SYMTUZA*	
	TIVICAY PD*	
	TIVICAY*	
	TRIUMEQ*	
ALLERGY/NASAL SPRAYS		
azelastine		CLARINEX-D 12 HOUR
azelastine-fluticasone		GASTROCROM
cromolyn oral concentrate		GRASTEK (PA, QL)
desloratadine^ (QL)		KARBINAL ER
fluticasone^		ODACTRA (PA, QL)
hydroxyzine hcl solution, syrup, tablet		ORALAIR (PA, QL)
hydroxyzine pamoate		PATANASE
ipratropium		RAGWITEK (PA, QL)
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[4]		
alprazolam		CELEXA (QL, ST)
alprazolam er		EFFEXOR XR (QL, ST)
alprazolam intensol		FETZIMA (QL, ST)
alprazolam odt		PAXIL (QL, ST)
alprazolam xr		PAXIL CR (QL, ST)

TIER 1 $	TIER 2 $$	TIER 3 $$$
ANXIETY/DEPRESSION/BIPOLAR DISORDER[4] *(cont)*		
amitriptyline		PROZAC (QL, ST)
bupropion (QL)		REMERON
bupropion sr (QL)		SPRAVATO* (PA)
bupropion xl 150 mg tablet (QL)		TRINTELLIX (QL, ST)
bupropion xl 300 mg tablet (QL)		VIIBRYD (QL, ST)
buspirone		WELLBUTRIN SR (QL, ST)
citalopram (QL)		XANAX
clomipramine		XANAX XR
desvenlafaxine er (QL)		ZOLOFT (QL, ST)
duloxetine (QL)		
escitalopram (QL)		
fluoxetine dr (QL)		
fluoxetine (QL)		
fluvoxamine (QL)		
fluvoxamine er (QL)		
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	ADCIRCA* (PA)
ALBUTEROL HFA (QL)	ATROVENT HFA	ADEMPAS* (PA)
ALYQ* (PA)	BREZTRI AEROSPHERE	BRONCHITOL* (PA)
AMBRISENTAN* (PA)	DULERA	COMBIVENT RESPIMAT
budesonide	FASENRA PEN* (PA)	DALIRESP (QL)
fluticasone-salmeterol	FLOVENT DISKUS	KALYDECO* (PA, QL)
ipratropium-albuterol	FLOVENT HFA	LETAIRIS* (PA)
montelukast	INCRUSE ELLIPTA	LONHALA MAGNAIR REFILL (PA)
TADALAFIL* (PA)	OFEV* (PA)	LONHALA MAGNAIR STARTER (PA)
	OPSUMIT* (PA)	ORENITRAM ER* (PA)
	QVAR REDIHALER	ORKAMBI* (PA, QL)
	SEREVENT DISKUS	PULMICORT RESPULE
	SPIRIVA	PULMOZYME* (PA)
	SPIRIVA RESPIMAT	REVATIO 10 MG/ML, 20 MG* (PA)
	STIOLTO RESPIMAT	SINGULAIR
	SYMBICORT	SYMDEKO* (PA, QL)

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
ASTHMA/COPD/RESPIRATORY *(cont)*		
	TRACLEER 32 MG TABLET FOR SUSPENSION* (PA) TRELEGY ELLIPTA UPTRAVI* (PA)	TRACLEER 125 MG TABLET* (PA) TRACLEER 62.5 MG TABLET* (PA) TRIKAFTA* (PA, QL) TYVASO* (PA)
ATTENTION DEFICIT HYPERACTIVITY DISORDER[4]		
amphetamine (PA) atomoxetine (QL) dexmethylphenidate (PA) dexmethylphenidate er (PA, QL) dextroamphetamine-amphetamine (PA) guanfacine er methylphenidate er (la) (PA, QL) methylphenidate er (PA, QL) methylphenidate (PA) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate la (PA, QL)		ADDERALL (PA,ST) DAYTRANA (PA, QL) EVEKEO 5 MG, 10 MG (PA,ST) FOCALIN (PA,ST) INTUNIV METHYLIN (PA) QUILLIVANT XR (PA, QL) RITALIN (PA,ST) STRATTERA (QL)
BLOOD MODIFIERS/BLEEDING DISORDERS		
aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg*	DROXIA ZIEXTENZO (PA)	DOPTELET* (PA) LYSTEDA* NYVEPRIA* (PA) PROMACTA* (PA) SIKLOS (PA) TAVALISSE* (PA)
BLOOD PRESSURE/HEART MEDICATIONS		
amlodipine amlodipine-benazepril AMLODIPINE-OLMESARTAN (QL) amlodipine-valsartan atenolol benazepril	CORLANOR (PA) ENTRESTO	BIDIL (QL) CALAN SR CARDIZEM LA 120MG (QL) CARDURA CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3

TIER 1 $	TIER 2 $$	TIER 3 $$$
BLOOD PRESSURE/HEART MEDICATIONS *(cont)*		
bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol CARVEDILOL ER (QL) clonidine diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la) diltiazem 24hr er (xr) diltiazem DILT-XR DOFETILIDE (QL) doxazosin droxidopa* enalapril flecainide hydralazine tablet irbesartan labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol tablet nadolol nifedipine nifedipine er olmesartan (QL) olmesartan-amlodipine-hctz olmesartan-hctz (QL) 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		COREG (ST) CORGARD (ST) EPANED HEMANGEOL INDERAL LA (ST) INDERAL XL (ST) INNOPRAN XL (ST) KAPSPARGO SPRINKLE (ST) KATERZIA (QL) LOPRESSOR (ST) MINIPRESS NITROSTAT NORTHERA* (PA) NORVASC ORLADEYO* (PA, QL) PROCARDIA XL RANEXA (QL) TENORETIC 100 (ST) TENORETIC 50 (ST) TENORMIN (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) VERELAN VERELAN PM ZIAC (ST)

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
BLOOD PRESSURE/HEART MEDICATIONS *(cont)*		
verapamil tablet		
verapamil sr		
BLOOD THINNERS/ANTI-CLOTTING		
adult aspirin regimen+	BRILINTA	BAYER CHEWABLE ASPIRIN+
aspirin ec+	ELIQUIS (PA)	EFFIENT
aspirin+	XARELTO (PA)	PLAVIX
aspirin-dipyridamole er		PRADAXA (PA)
children's aspirin+		SAVAYSA (PA, QL)
clopidogrel		ZONTIVITY
jantoven		
low dose aspirin ec+		
prasugrel		
st. joseph aspirin ec+		
st. joseph aspirin+		
warfarin		
CANCER		
abiraterone* (PA)	AFINITOR 10 MG TABLET* (PA)	AFINITOR 2.5 MG TABLET* (PA)
anastrozole+	ERIVEDGE* (PA)	AFINITOR 5 MG TABLET* (PA)
bexarotene* (PA)	ERLEADA* (PA)	AFINITOR 7.5 MG TABLET* (PA)
capecitabine* (PA)	GLEOSTINE	AFINITOR DISPERZ* (PA)
everolimus* (PA)	IBRANCE* (PA)	ALECENSA* (PA)
exemestane+	NEXAVAR* (PA)	ALUNBRIG* (PA)
hydroxyurea	REVLIMID* (PA)	BOSULIF* (PA)
imatinib* (PA)	SPRYCEL* (PA)	BRAFTOVI* (PA)
letrozole	SUTENT* (PA)	CABOMETYX* (PA)
methotrexate	TREXALL	CALQUENCE* (PA)
tamoxifen+	VERZENIO* (PA)	COMETRIQ* (PA)
temozolomide* (PA)		GLEEVEC* (PA)
		ICLUSIG* (PA)
		IMBRUVICA* (PA)
		INLYTA* (PA)
		JAKAFI* (PA)
		KISQALI* (PA)
		LENVIMA* (PA)
		LONSURF* (PA)
		LYNPARZA* (PA)
		MEKINIST* (PA)
		MEKTOVI* (PA)
		NERLYNX* (PA)
		NINLARO* (PA)
		NUBEQA* (PA)
		ODOMZO* (PA)
		ORGOVYX* (PA)

TIER 1 $	TIER 2 $$	TIER 3 $$$
CANCER *(cont)*		
		PIQRAY* (PA)
		POMALYST* (PA)
		ROZLYTREK* (PA)
		RUBRACA* (PA)
		RYDAPT* (PA)
		STIVARGA* (PA)
		TAFINLAR* (PA)
		TAGRISSO* (PA)
		TARGRETIN* (PA)
		TASIGNA* (PA)
		TEMODAR CAPSULE* (PA)
		TUKYSA* (PA)
		UKONIQ* (PA, QL)
		VENCLEXTA STARTING PACK* (PA)
		VENCLEXTA* (PA)
		VITRAKVI* (PA)
		VOTRIENT* (PA)
		XALKORI* (PA)
		XELODA* (PA)
		XOSPATA* (PA)
		XTANDI* (PA)
		ZEJULA* (PA)
CHOLESTEROL MEDICATIONS		
atorvastatin+	VASCEPA (PA)	CADUET (QL)
colesevelam		LIPOFEN (ST)
ezetimibe		NIASPAN
ezetimibe-simvastatin		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)		
CONTRACEPTION PRODUCTS		
AFIRMELLE+	LO LOESTRIN FE	BEYAZ
AFTERA+		ELLA+
ALTAVERA+		ESTROSTEP FE
ALYACEN+		KYLEENA*+

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
AMETHIA+		LAYOLIS FE+
AMETHYST+		LILETTA*+
APRI+		LOESTRIN FE
ARANELLE+		MICROGESTIN 24 FE
ASHLYNA+		MINASTRIN 24 FE
AUBRA+		MIRENA*+
AUBRA EQ+		NEXTSTELLIS
AUROVELA+		NUVARING
AUROVELA FE+		PARAGARD T 380-A*+
AUROVELA 24 FE+		SAFYRAL
AVIANE+		SKYLA*+
AYUNA+		TODAY CONTRACEPTIVE SPONGE+
AZURETTE+		TWIRLA+
BALZIVA+		VCF CONTRACEPTIVE FILM+
BLISOVI FE+		YASMIN 28
BLISOVI 24 FE+		YAZ
BRIELLYN+		
CAMILA+		
CAMRESE+		
CAMRESE LO+		
CAYA CONTOURED+		
CAZIANT+		
CHARLOTTE 24 FE+		
CHATEAL+		
CHATEAL EQ+		
CRYSELLE+		
CYCLAFEM+		
CYRED+		
CYRED EQ+		
DASETTA+		
DAYSEE+		
DEBLITANE+		
desogestrel-ethinyl estradiol+		
desogestrel-ethinyl estradiol - ethinyl estradiol+		
DOLISHALE+		
drospirenone-ethinyl estradiol-levomefolate+		
drospirenone-ethinyl estradiol+		
ECONTRA EZ+		
ECONTRA ONE-STEP+		
ELINEST+		
ELURYNG+		
EMOQUETTE+		

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
ENPRESSE+		
ENSKYCE+		
ERRIN+		
ESTARYLLA+		
ethynodiol-ethinyl estradiol+		
etonogestrel-ethinyl estradiol+		
FALMINA+		
FAYOSIM+		
FEMCAP+		
FEMYNOR+		
GEMMILY+		
GYNOL II+		
HAILEY+		
HAILEY FE+		
HAILEY 24 FE+		
HEATHER+		
ICLEVIA+		
INCASSIA+		
ISIBLOOM+		
JAIMIESS+		
JASMIEL+		
JENCYCLA+		
JOLESSA+		
JULEBER+		
JUNEL+		
JUNEL FE+		
JUNEL FE 24+		
KAITLIB FE+		
KALLIGA+		
KARIVA+		
KELNOR 1-35+		
KELNOR 1-50+		
KURVELO+		
LARIN+		
LARIN FE+		
LARIN 24 FE+		
LARISSIA+		
LEENA+		
LESSINA+		
LEVONEST+		
levonorgestrel+		
levonorgestrel-ethinyl estradiol+		
levonorgestrel-ethinyl estradiol ethinyl estradiol+		
LEVORA+		

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
LILLOW+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		
LO-ZUMANDIMINE+		
LUTERA+		
LYLEQ+		
LYZA+		
MARLISSA+		
MERZEE+		
MICROGESTIN+		
MICROGESTIN FE+		
MILI+		
MONO-LINYAH+		
MY CHOICE+		
MY WAY+		
NECON+		
NEW DAY+		
NIKKI+		
NORA-BE+		
norethindrone+		
norethindrone-ethinyl estradiol-iron+		
norethindrone-ethinyl estradiol+		
norethindrone-ethinyl estradiol-ferrous fumarate		
norgestimate-ethinyl estradiol+		
NORLYDA+		
NORTREL+		
NYLIA+		
NYMYO+		
OCELLA+		
OPCICON ONE-STEP+		
OPTION 2+		
ORSYTHIA+		
PHILITH+		
PIMTREA+		
PIRMELLA+		
PORTIA+		
PREVIFEM+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		
SHAROBEL+		

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
SIMLIYA+		
SIMPESSE+		
SPRINTEC+		
SRONYX+		
SYEDA+		
TAKE ACTION+		
TARINA FE+		
TARINA FE 1-20 EQ+		
TARINA 24 FE+		
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+		
TRIVORA+		
TRI-VYLIBRA LO+		
TRI-VYLIBRA+		
TULANA+		
TYDEMY+		
VCF CONTRACEPTIVE FOAM+		
VCF CONTRACEPTIVE GEL+		
VELIVET+		
VESTURA+		
VIENVA+		
VIORELE+		
VOLNEA+		
VYFEMLA+		
VYLIBRA+		
WERA+		
wide seal diaphragm+		
WYMZYA FE+		
XULANE+		
ZAFEMY+		
ZARAH+		
ZOVIA 1-35+		
ZOVIA 1-35E+		
ZUMANDIMINE+		

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
COUGH/COLD MEDICATIONS		
bromphen-iramine-pseudoephed-dm		HYCODAN (PA, QL)
hydrocodone-homatropine (PA,QL)		TESSALON PERLE
promethazine-dm		TUZISTRA XR (PA, QL)
DENTAL PRODUCTS		
chlorhexidine		CLINPRO 5000
DENTA 5000 PLUS		FLORIVA+^
DENTAGEL		FLUORIDEX SENSITIVITY RELIEF
doxycycline hyclate		PREVIDENT
FLUORIDEX DAILY DEFENSE 1.1%		
ORALONE		
PERIDEX		
PERIOGARD		
SF 1.1% GEL		
SF 5000 PLUS		
sodium fluoride		
sodium fluoride 5000 dry mouth		
sodium fluoride 5000 plus		
triamcinolone acetonide		
DIABETES		
ACCU-CHEK SMARTVIEW CONTRL SOLUTION	BAQSIMI (QL)	AMARYL
ACCUTREND GLUCOSE CONTROL	BASAGLAR	CEQUR
BD LANCETS	DEXCOM G6 (PA, QL)	CONTOUR NEXT TEST STRIP
BD PEN NEEDLE	FARXIGA (QL, ST)	CONTOUR TEST STRIP
CONTOUR SOLUTION	FREESTYLE LIBRE 14 DAY SENSOR (PA, QL)	CYCLOSET
DROPLET	FREESTYLE LIBRE 2 SENSOR (PA, QL)	KORLYM* (PA)
DROPSAFE	GLYXAMBI (QL, ST)	PRECISION XTRA KETONE-GLUC KIT
glimepiride	HUMULIN	RIOMET
glipizide	JANUMET (QL, ST)	
glipizide er	JANUMET XR (QL, ST)	
glipizide xl	JANUVIA (QL, ST)	
metformin	JARDIANCE (QL, ST)	
metformin er		
NOVOFINE		
NOVOTWIST		
TECHLITE		
TRUE METRIX CONTROL SOULTION		

TIER 1 $	TIER 2 $$	TIER 3 $$$
DIABETES *(cont)*		
TRUEPLUS SYRINGE	LYUMJEV	
	OMNIPOD DASH	
	ONETOUCH ULTRA TEST STRIP	
	ONETOUCH VERIO TEST STRIP	
	RYBELSUS (PA, QL)	
	SOLIQUA 100-33	
	SYMLINPEN	
	SYNJARDY (QL, ST)	
	SYNJARDY XR (QL, ST)	
	TRIJARDY XR (ST, QL)	
	V-GO 20	
	V-GO 30	
	V-GO 40	
	VICTOZA (PA, QL)	
	XIGDUO XR (QL, ST)	
	XULTOPHY	
DIURETICS		
acetazolamide tablet		TRIAMTERENE-HCTZ
acetazolamide er capsule		CAROSPIR
bumetanide tablet		DIURIL
chlorthalidone		INSPRA
eplerenone		JYNARQUE* (PA)
furosemide solution, tablet		KERENDIA
hydrochloro-thiazide		LASIX
spironolactone		MAXZIDE
triamterene-hctz		
EAR MEDICATIONS		
ciprofloxacin-dexamethasone		CIPRODEX
neomycin-polymyxin b-hydrocortisone		CIPRO HC
ofloxacin		CORTISPORIN-TC
		DERMOTIC
		OTOVEL
ERECTILE DYSFUNCTION		
SILDENAFIL^ (QL)		CIALIS^ (QL, ST)
TADALAFIL^ (QL)		MUSE^ (PA, QL)

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
ERECTILE DYSFUNCTION *(cont)*		
VARDENAFIL^ (QL)		STENDRA^ (QL, ST) VIAGRA^ (QL, ST)
EYE CONDITIONS		
BIMATOPROST (QL) brimonidine brinzolamide ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorome-tholone ketorolac latanoprost loteprednol moxifloxacin eye drops neomycin-polymyxin b-dexamethasone ofloxacin olopatadine^ polymyxin b sulfate-trimethoprim prednisolone timolol tobramycin-dexamethasone travoprost	COMBIGAN EYSUVIS (QL) RESTASIS SIMBRINZA	ACULAR ACULAR LS ACUVAIL ALPHAGAN P ALREX AZASITE AZOPT BESIVANCE BETIMOL BETOPTIC S BROMSITE COSOPT COSOPT PF CYSTADROPS* (PA, QL) CYSTARAN* (PA, QL) DUREZOL FLAREX FML FORTE 0.25% EYE DROPS FML LIQUIFILM 0.1% EYE DROP FML S.O.P. 0.1% OINTMENT ILEVRO INVELTYS ISTALOL LOTEMAX LOTEMAX SM MAXITROL MOXEZA NEVANAC OCUFLOX OXERVATE* (PA) PRED FORTE PROLENSA RHOPRESSA ROCKLATAN TIMOPTIC TIMOPTIC-XE TOBRADEX TOBRADEX ST TRUSOPT VIGAMOX ZIRGAN ZYLET

TIER 1 $	TIER 2 $$	TIER 3 $$$
FEMININE PRODUCTS		
FEM PH GYNAZOLE 1 miconazole 3 200 mg terconazole		
HORMONAL AGENTS		
AMABELZ budesonide ec BUDESONIDE ER (PA, QL) CABERGOLINE (QL) COVARYX COVARYX H.S. DECADRON desmopressin dexamethasone intensol DOTTI (QL) EEMT EEMT H.S. estradiol (once weekly) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol-norethindrone acetat estrogen-methyltest-osterone EUTHYROX LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxypro-gesterone methimazole methylpred-nisolone MIMVEY norethindrone NP THYROID prednisone vial prednisone intensol progesterone tablet TESTOSTERONE (PA, QL) WESTHROID YUVAFEM	DUAVEE ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO SOMAVERT* (PA)	ACTIVELLA ALORA (QL) ANDRODERM (PA, QL) ANDROGEL (PA, QL) ANGELIQ ARMOUR THYROID AYGESTIN BIJUVA BYNFEZIA* (PA) CLIMARA CLIMARA PRO COMBIPATCH CRINONE 4% GEL CYTOMEL DIVIGEL ELESTRIN EMFLAZA* (PA) ENTOCORT EC ESTRACE ESTRING (QL) ESTROGEL EVAMIST FENSOLVI*^ (PA) IMVEXXY (QL) INTRAROSA ISTURISA* (PA, QL) levothyroxine capsule (PA) MEDROL MENOSTAR (QL) MINIVELLE (QL) MYFEMBREE (QL) OSPHENA PROMETRIUM RAYALDEE UNITHROID teriparatide* (PA, QL) TIROSINT-SOL (PA) VAGIFEM (QL) VIVELLE-DOT (QL)

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
INFECTIONS		
acyclovir capsule, suspension, tablet	EPCLUSA* (PA, QL)	AEMCOLO (QL)
albendazole	FIRVANQ	ALBENZA
amoxicillin	HARVONI* (PA, QL)	ALINIA
amoxicillin-clavulanate er	LEDIPASVIR-SOFOSBUVIR* (PA)	ARIKAYCE* (PA)
amoxicillin-clavulanate	MAVYRET* (PA)	BACTRIM
atovaquone	SOFOSBUVIR-VELPATASVIR* (PA)	BACTRIM DS
atovaquone-proguanil	SOVALDI* (PA, QL)	BAXDELA TABLET (PA)
AVIDOXY	THALOMID* (PA)	CAYSTON* (PA, QL)
azithromycin packet, suspension, tablet	VOSEVI* (PA)	CIPRO
cefdinir	XIFAXAN (QL)	CLEOCIN
cefuroxime tablet		CLINDESSE
cephalexin		CRESEMBA CAPSULE (PA)
ciprofloxacin		DARAPRIM* (PA)
clarithromycin		DIFICID (QL)
clarithromycin er		ELIMITE
clindamycin		ERYPED 200
COREMINO ER QL)		ERY-TAB DR
dapsone		EURAX 10% LOTION
doxycycline hyclate capsule, tablet		FLAGYL
doxycycline monohydrate		HIPREX
EMVERM		KEFLEX
entecavir* (QL)		KITABIS PAK* (PA, QL)
erythromycin		MACROBID
erythromycin ethylsuccinate		MACRODANTIN
famciclovir		MALARONE (PA)
fluconazole		NATROBA
hydroxychloroquine		NUVESSA
ivermectin		NUZYRA TABLET* (QL)
levofloxacin solution, tablet		ORAVIG
methenamine		PLAQUENIL
metronidazole gel, capsule, tablet		POSACONAZOLE SUSPENSION
minocycline		PREVYMIS TABLET*
minocycline er tablet (QL)		PRIFTIN
mondoxyne nl		SIVEXTRO TABLET (PA)
MORGIDOX		SKLICE
nitazoxanide		SOLOSEC
nitrofurantoin		STROMECTOL
		SULFATRIM
		URIBEL
		VALTREX
		VEMLIDY*
		VIBRAMYCIN 25 MG/5 ML SUSPENSION

TIER 1 $	TIER 2 $$	TIER 3 $$$
INFECTIONS *(cont)*		
nitrofurantoin monohydrate-macrocrystal		VIBRAMYCIN 50 MG/5 ML SYRUP
nystatin suspension, tablet		XENLETA 600MG TABLET (PA, QL)
penicillin v potassium		XOFLUZA (QL)
permethrin		ZEPATIER* (PA)
posaconazole tablet		ZITHROMAX
pyrimethamine* (PA)		ZITHROMAX TRI-PAK
sulfamethoxazole-trimethoprim suspension, tablet		ZYVOX
terbinafine		SUSPENSION, TABLET (PA)
tetracycline		
tobramycin ampule* (PA,QL)		
valacyclovir		
valganciclovir		
vancomycin capsule, solution		
vandazole		
INFERTILITY		
clomiphene ^		CRINONE 8% GEL^
		ENDOMETRIN^
MISCELLANEOUS		
ACCU-CHEK	ACE AEROSOL CLOUD ENHANCER (QL)	ADDYI^ (PA, QL)
deferiprone 500mg* (PA)	AEROCHAMBER MINI (QL)	AUSTEDO* (PA)
FC2 FEMALE CONDOM+	AEROCHAMBER MV (QL)	BRISDELLE (QL)
KETONE CARE TEST STRIP	AEROCHAMBER PLUS FLOW-VU (QL)	EVRYSDI* (PA)
KETONE TEST STRIP	AEROCHAMBER WITH FLOWSIGNAL (QL)	GALAFOLD* (PA)
KETOSTIX REAGENT	AEROCHAMBER Z-STAT PLUS (QL)	INGREZZA INITIATION PACK* (PA, QL)
MICROLET	AEROTRACH PLUS (QL)	INGREZZA* (PA)
PRECISION XTRA	AEROVENT PLUS (QL)	NUEDEXTA (QL)
sodium chloride inhalation vial, irrigation solution,	BREATHRITE (QL)	ORFADIN* (PA)
TRIENTINE * (PA)		TIGLUTIK* (PA)
TRUEPLUS KETONE TEST STRIP		VYNDAMAX* (PA, QL)
		VYNDAQEL* (PA, QL)

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
MISCELLANEOUS *(cont)*		
	CERDELGA* (PA)	
	CLEVER CHOICE HOLDING CHAMBER (QL)	
	COMPACT SPACE CHAMBER (QL)	
	EASIVENT (QL)	
	ESBRIET* (PA)	
	FLEXICHAMBER (QL)	
	INSPIRACHAMBER (QL)	
	MICROCHAMBER (QL)	
	NITYR* (PA)	
	OPTICHAMBER DIAMOND (QL)	
	POCKET CHAMBER (QL)	
	PRO COMFORT SPACER WITH MASK (QL)	
	PROCARE SPACER WITH CHILD MASK (QL)	
	RITEFLO (QL)	
	SPACE CHAMBER (QL)	
	SPACE CHAMBER-MEDIUM MASK (QL)	
	SPACE CHAMBER-SMALL MASK (QL)	
	VORTEX (QL)	
	VORTEX VHC FROG MASK (QL)	
	VORTEX VHC LADYBUG MASK (QL)	
MULTIPLE SCLEROSIS		
dalfampridine er* (PA)	AUBAGIO* (PA)	MAVENCLAD* (PA)
dimethyl fumarate* (PA)	BAFIERTAM* (PA)	PONVORY* (PA)
	GILENYA* (PA)	
	MAYZENT* (PA)	
	VUMERITY* (PA)	
	ZEPOSIA* (PA)	

TIER 1 $	TIER 2 $$	TIER 3 $$$
NUTRITIONAL/DIETARY		
calcitriol capsule, solution^	DRISDOL^	ALIVE PRENATAL+
FA-8+	FLORIVA CHEWABLE TABLET+	AURYXIA (QL)
folic acid^+	FOSRENOL 1,000 MG POWDER PACK	BRAINSTRONG PRENATAL+
klor-con	FOSRENOL 750 MG POWDER PACKET	CITRANATAL 90 DHA
KLOR-CON 10 MEQ TABLET	MEPHYTON^	CITRANATAL ASSURE
KLOR-CON 8 MEQ TABLET	NEEVO DHA^	CITRANATAL B-CALM
KLOR-CON M10 TABLET	OB COMPLETE PREMIER	CITRANATAL DHA
MULTI-VITAMIN W-FLUORIDE-IRON+	POLY-VI-FLOR WITH IRON+	CITRANATAL HARMONY
MULTIVITAMIN WITH FLUORIDE+	POLY-VI-FLOR+	CITRANATAL RX
MULTIVITAMIN-IRON-FLUORIDE	PRENATE^	CLASSIC PRENATAL+
ONE DAILY PRENATAL+	QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+	EXPECTA PRENATAL+
potassium chloride 10%, capsule, packet, tablet	QUFLORA PEDIATRIC 0.25 MG/ML DROP+	FOSRENOL 1,000 MG TABLET CHEW
prenatal complete+	QUFLORA PEDIATRIC 0.5 MG/ML DROP+	FOSRENOL 500 MG TABLET CHEW
PRENATAL GUMMIES+	ROCALTROL^	FOSRENOL 750 MG TABLET CHEW
PRENATAL MULTI+	TRI-VI-FLOR+	K-TAB ER
prenatal multi-dha+		LOKELMA
PRENATAL MULTIVITAMIN+		MINI PRENATAL+
PRENATAL MULTIVITAMIN-DHA+		OB COMPLETE^
PRENATAL ONE DAILY+		ONE A DAY WOMEN'S PRENATAL DHA+
PRENATAL VITAMIN + DHA+		ONE-A-DAY PRENATAL-1+
PRENATAL VITAMIN+		PERRY PRENATAL+
PRENATAL VITAMINS+		PHOSLYRA
PRENATAL+		PRENATAL FORMULA-DHA+
sevelamer carbonate		PRIMACARE
TRI-VITE WITH FLUORIDE+		RENVELA
vitamin d2 1.25 mg (50,000 unit)^		SIMILAC PRENATAL+
VITAMINS A,C,D AND FLUORIDE+		STUART ONE+
		ULTRA PRENATAL PLUS DHA+
		VELPHORO
		VELTASSA

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
OSTEOPOROSIS PRODUCTS		
alendronate	FOSAMAX PLUS D (ST)	ACTONEL (ST)
ibandronate 150 mg tablet		ATELVIA (ST)
raloxifene + risedronate		BINOSTO (ST)
risedronate dr		BONIVA 150 MG TABLET (ST)
		EVISTA
		FOSAMAX (ST)
PAIN RELIEF AND INFLAMMATORY DISEASE		
ACETAMINOPHEN-CODEINE (PA)	AIMOVIG (PA)	ANALPRAM HC 1% CREAM
allopurinol tablet	AJOVY (PA)	ANALPRAM HC 2.5%-1% CREAM
ASPIRIN EC+	BELBUCA (QL)	ANALPRAM HC 2.5%-1% CREAM SINGLE
aspirin EC+	EMGALITY (PA)	ARAVA
aspirin tablet+	HYSINGLA ER (PA)	BUTRANS (QL)
baclofen tablet	NURTEC ODT (PA, QL)	CELEBREX (QL, ST)
buprenorphine patch (QL)	OTEZLA* (PA, QL)	COLCRYS
butalbital-acetaminophen-caffeine (QL)	REDITREX (PA)	DEPEN* (PA)
carisoprodol	RINVOQ* (PA, QL)	EC-NAPROSYN (ST)
CELECOXIB (QL)	UBRELVY (PA, QL)	ECOTRIN EC 325 MG TABLET+
colchicine	XELJANZ XR* (PA, QL)	ESGIC (QL)
cyclobenzaprine	XELJANZ* (PA, QL)	FEXMID
DICLOFENAC 1% GEL (QL)	XTAMPZA ER (PA)	LAZANDA (PA)
diclofenac dr	ZTLIDO	LIDODERM
diclofenac ec		MITIGARE
EC-NAPROXEN		MOBIC (ST)
ECOTRIN EC 81 MG TABLET+		NAPROSYN (ST)
eletriptan (QL)		NUCYNTA (PA)
ENDOCET (PA)		NUCYNTA ER (PA)
FEBUXOSTAT (QL)		OLUMIANT* (PA, QL)
FENTANYL (PA)		OTREXUP (PA)
FIORICET (QL)		OXAYDO (PA)
FROVATRIPTAN (QL)		PERCOCET (PA)
GLYDO		PROCORT
hydrocodone-acetaminophen (PA)		PROCTOFOAM-HC
hydromorphone er (PA)		RASUVO (PA)
hydromorphone (PA)		SAVELLA
IBU		SKELAXIN
ibuprofen		ULORIC (QL)
indomethacin		ULTRAM 50 MG TABLET (QL)
indomethacin er		VTOL LQ
		ZANAFLEX
		ZEBUTAL (QL)
		ZOHYDRO ER (PA)
		ZYLOPRIM

TIER 1 $	TIER 2 $$	TIER 3 $$$
PAIN RELIEF AND INFLAMMATORY DISEASE *(cont)*		
ketorolac tromethamine (QL)		
leflunomide		
lidocaine 5% ointment (QL)		
lidocaine 5% patch		
lidocaine viscous		
meloxicam tablet		
metaxalone		
methocarbamol		
morphine (PA)		
morphine er (PA)		
NALFON 600 MG TABLET (ST)		
NALOCET (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
penicillamine* (PA)		
PROLATE TABLET (PA)		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine		
tramadol 50 mg tablet (QL)		
tramadol er (QL)		
VANADOM		
PARKINSON'S DISEASE		
benztropine tablet	KYNMOBI (PA)	AZILECT (QL)
carbidopa-levodopa		MIRAPEX ER (QL)
carbidopa-levodopa er		NEUPRO
pramipexole		NOURIANZ* (PA, QL)
PRAMIPEXOLE ER (QL)		OSMOLEX ER (QL)
RASAGILINE (QL)		RYTARY)
ROPINIROLE ER		SINEMET 10-100
ROPINIROLE		SINEMET 25-100
		TASMAR
		XADAGO (ST)
SCHIZOPHRENIA/ANTI-PSYCHOTICS[4]		
ARIPIPRAZOLE (QL)	LATUDA (QL)	FANAPT (QL, ST)
aripiprazole odt		INVEGA (QL, ST)
asenapine		REXULTI (QL, ST)
chlorpromazine tablet		RISPERDAL (ST)
haloperidol		SAPHRIS (ST)
olanzapine tablet		SECUADO (ST)
		SEROQUEL (ST)

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
SCHIZOPHRENIA/ANTI-PSYCHOTICS[4] *(cont)*		
olanzapine odt PALIPERIDONE ER (QL) quetiapine quetiapine er risperidone risperidone odt ziprasidone tablet		SEROQUEL XR (ST) VRAYLAR (QL, ST)
SEIZURE DISORDERS		
carbamazepine carbamazepine er clonazepam divalproex divalproex er EPITOL gabapentin lamotrigine lamotrigine (blue) lamotrigine (green) lamotrigine (orange) lamotrigine er lamotrigine odt lamotrigine odt (blue) lamotrigine odt (green) lamotrigine odt (orange) levetiracetam solution, tablet levetiracetam er oxcarbazepine pregabalin capsule, solution ROWEEPRA SUBVENITE SUBVENITE (BLUE) SUBVENITE (GREEN) SUBVENITE (ORANGE) topiramate topiramate er vigabatrin* vigadrone*	DILANTIN 30 MG CAPSULE (PA) FYCOMPA (PA, QL) NAYZILAM (PA, QL) VIMPAT SOLTUION, TABLET (PA)	APTIOM (PA, QL) BRIVIACT ORAL SOLUTION, TABLET (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DILANTIN 100 MG CAPSULE (PA) DILANTIN 50 MG INFATAB (PA) EPIDIOLEX* (PA) FINTEPLA* (PA) KLONOPIN (PA) LYRICA ORAL SOLUTION (PA) NEURONTIN (PA) OXTELLAR XR (PA) PHENYTEK (PA) SPRITAM (PA) TEGRETOL (PA) TEGRETOL XR (PA) VALTOCO (PA, QL) XCOPRI (PA, QL)
SKIN CONDITIONS		
ACCUTANE ADAPALENE (PA) adapalene-benzoyl peroxide	EUCRISA TARGRETIN*	ANALPRAM HC 2.5%-1% LOTION AVAR 9.5-5% CLEANSING PADS

TIER 1 $	TIER 2 $$	TIER 3 $$$
SKIN CONDITIONS		
AMNESTEEM AVAR CLEANSER azelaic acid betamethasone augmented betamethasone dipropionate BP 10-1 calcipotriene creaam, ointment, solution calcipotriene-betamethasone CIARAVIS CLINDACIN ETZ 1% PLEDGET clindamycin 1% foam, gel, lotion, pledget, solution clindamycin-benzoyl peroxoxide clindamycin-tretinoin clobetasol clocortolone CLODAN clotrimazole-betamethasone dapsone gel fluocinonide fluorouracil cream, topical solution isotretinoin ketoconazole KETODAN metronidazole mupirocin MYORISAN NEUAC GEL pimecrolimus ROSADAN sodium sulfacetamide-sulfur SSS 10-5 SULFACLEANSE 8-4 tacrolimus ointment tazarotene 0.1% cream TRETINOIN (PA) TRIDERM ZENATANE		BRYHALI (ST) calcipotriene foam CAPEX SHAMPOO (ST) CLEOCIN T CLINDACIN ETZ KIT CLINDACIN PAC KIT CLODERM (ST) DESOWEN (ST) DRYSOL EFUDEX ELIDEL EVOCLIN NAFTIN PICATO PRAMOSONE PROTOPIC REGRANEX (PA, QL) SANTYL (QL) TEMOVATE (ST) XEPI

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-20).

TIER 1 $	TIER 2 $$	TIER 3 $$$
SLEEP DISORDERS/SEDATIVES		
ARMODAFINIL (PA) eszopiclone MODAFINIL (PA) temazepam zolpidem ZOLPIDEM ER (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	HETLIOZ LQ* (PA) HETLIOZ* (PA) LUNESTA (ST) SILENOR (QL, ST) WAKIX* (PA, QL) XYREM* (PA) XYWAV* (PA)
SMOKING CESSATION[4]		
bupropion sr+^ NICODERM CQ 21 MG/24HR PATCH+ nicotine gum+ nicotine lozenge+ nicotine patch+ QUIT 2+ QUIT 4+ STOP SMOKING AID+		CHANTIX^ NICODERM CQ 14 MG/24HR PATCH+ NICODERM CQ 7 MG/24HR PATCH+ NICORETTE+ NICOTROL NS+^ NICOTROL+^
SUBSTANCE ABUSE		
buprenorphine-naloxone	LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	BUNAVAIL KLOXXADO (QL) SUBOXONE
TRANSPLANT MEDICATIONS		
azathioprine* everolimus 0.25 mg tablet* everolimus 0.5 mg tablet* mycophenolate mofetil* mycophenolic acid* sirolimus* tacrolimus capsule*		ASTAGRAF XL* CELLCEPT ORAL SUSPENSION, TABLET* ENVARSUS XR* MYFORTIC* NEORAL* PROGRAF 0.2 MG GRANULE PACKET* PROGRAF 0.5 MG CAPSULE* PROGRAF 1 MG CAPSULE* PROGRAF 1 MG GRANULE PACKET* PROGRAF 5 MG CAPSULE* RAPAMUNE* ZORTRESS*

TIER 1 $	TIER 2 $$	TIER 3 $$$
URINARY TRACT CONDITIONS		
alfuzosin er cevimeline DARIFENACIN ER (QL) finasteride oxybutynin oxybutynin er phenazopyridine potassium er SILODOSIN (QL) SOLIFENACIN (QL) tamsulosin tolterodine TOLTERODINE ER (QL)	CYSTAGON*	AVODART ELMIRON EVOXAC FLOMAX K-PHOS ORIGINAL PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL
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.		
		ROTARIX+ ROTATEQ+
WEIGHT MANAGEMENT		
megestrol suspension phentermine ^	WEGOVY^ (PA, QL)	CONTRAVE^ (PA) QSYMIA^ (PA) SAXENDA^ (PA)

Injectable specialty medications

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

MEDICATION NAME	DRUG CLASS
ACTEMRA SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPEN* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTIMMUNE (PA)	CANCER
APOKYN (PA)	PARKINSON'S DISEASE
ARANESP^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARIXTRA (QL)	BLOOD THINNERS/ANTI-CLOTTING
AVONEX (PA)	MULTIPLE SCLEROSIS
AVSOLA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BENLYSTA AUTO-INJECTOR SYRINGE (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON (PA)	MULTIPLE SCLEROSIS
BYNFEZIA (PA)	HORMONAL AGENTS
CETROTIDE^ (PA)	HORMONAL AGENTS
chorionic gonadotropin^ (PA)	INFERTILITY
CIMZIA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
DUPIXENT (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EGRIFTA (PA)	HORMONAL AGENTS
ENBREL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin (QL)	BLOOD THINNERS/ANTI-CLOTTING
ENTYVIO^ (PA)	GASTROINTESTINAL/HEARTBURN
EPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EXTAVIA (PA)	MULTIPLE SCLEROSIS
FASENRA PEN (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI^ (PA)	HORMONAL AGENTS
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
GANIRELIX^ (PA)	HORMONAL AGENTS
GATTEX (PA)	GASTROINTESTINAL/HEARTBURN
glatiramer (PA)	MULTIPLE SCLEROSIS
GLATOPA (PA)	MULTIPLE SCLEROSIS
GONAL-F^ (PA)	INFERTILITY
GONAL-F RFF^ (PA)	INFERTILITY
GRANIX^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HEMLIBRA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HUMATROPE (PA)	HORMONAL AGENTS

MEDICATION NAME	DRUG CLASS
HUMIRA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILARIS^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
INCRELEX (PA)	HORMONAL AGENTS
INFLECTRA^(PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
KALBITOR^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KESIMPTA (PA)	MULTIPLE SCLEROSIS
KEVZARA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
LOVENOX (QL)	BLOOD THINNERS/ANTI-CLOTTING
LUPRON DEPOT^ (PA)	HORMONAL AGENTS
LUPRON DEPOT-PED^ (PA)	HORMONAL AGENTS
MENOPUR^ (PA)	INFERTILITY
MYALEPT (PA)	MISCELLANEOUS
NATPARA (PA)	HORMONAL AGENTS
NEULASTA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEULASTA ONPRO^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NIVESTYM^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPRO (PA)	HORMONAL AGENTS
NOVAREL^ (PA)	INFERTILITY
NUCALA AUTO-INJECTOR, SYRINGE (PA)	ASTHMA/COPD/RESPIRATORY
NYVEPRIA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ORENCIA SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OVIDREL^ (PA)	INFERTILITY
PALYNZIQ (PA)	MISCELLANEOUS
PEGASYS (PA)	INFECTIONS
PLEGRIDY (PA)	MULTIPLE SCLEROSIS
PROCRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REBIF (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE (PA)	MULTIPLE SCLEROSIS
REMICADE^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
RUCONEST^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SANDOSTATIN^ (PA)	HORMONAL AGENTS
SANDOSTATIN LAR DEPOT^ (PA)	HORMONAL AGENTS
SEROSTIM (PA)	HORMONAL AGENTS
SIMPONI 100MG/ML (PA, QL) PAIN RELIEF	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYRIZI (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SOMATULINE DEPOT^ (PA)	HORMONAL AGENTS
SOMAVERT (PA)	HORMONAL AGENTS
STELARA SYRINGE, 45MG/0.5ML VIAL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
STRENSIQ (PA)	MISCELLANEOUS
TAKHZYRO (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TEGSEDI (PA)	MISCELLANEOUS
teriparatide (PA, QL)	HORMONAL AGENTS
TREMFYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TYMLOS (PA, QL)	OSTEOPOROSIS PRODUCTS
UDENYCA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
VYLEESI^ (PA, QL)	MISCELLANEOUS
XOLAIR (PA)	ASTHMA/COPD/RESPIRATORY
ZARXIO^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZIEXTENZO (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZORBTIVE (PA)	HORMONAL AGENTS

Medications that aren't covered

Your plan covers other medications that are used to treat the same condition.^^ They're listed below.

DRUG CLASS	MEDICATION NAME^^	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	lorazepam
	bupropion xl 450mg tablet FORFIVO XL	bupropion xl 150mg tablets
	CYMBALTA	desvenlafaxine ER duloxetine escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	PAMELOR	nortriptyline capsules
	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 DIGIHALER 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 UTIBRON NEOHALER	ANORO ELLIPTA STIOLTO RESPIMAT
	BROVANA	arformoterol
	budesonide-formoterol	SYMBICORT
	ELIXOPHYLLIN	theophylline er theophylline oral solution
	levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol hfa
	PERFOROMIST	formoterol
	SEEBRI NEOHALER TUDORZA PRESSAIR	INCRUSE ELLIPTA SPIRIVA RESPIMAT
	YUPELRI	ANORO ELLIPTA BREZTRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	ZYFLO	montelukast zafirlukast zileuton er
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR ADZENYS ER ADZENYS XR-ODT APTENSIO XR 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

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	CONSENSI	amlodipine celecoxib
	COZAAR	losartan
	DIOVAN	valsartan
	DIOVAN HCT	valsartan-hctz
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	EXFORGE	amlopidine-valsartan
	EXFORGE HCT	amlopidine-valsartan hctz
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	HYZAAR	losartan-hctz
	ISORDIL	isosorbide dinitrate
	ISORDIL TITRADOSE	
	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
	TARKA	trandolapril-verapamil
	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

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE	fenofibrate
	ALTOPREV	lovastatin+ atorvastatin+ simvastatin+ rosuvastatin+
	CRESTOR	rosuvastatin+
	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	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 SLYND TAYTULLA TWIRLA	generic oral contraceptives
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 FREESTYLE TEST STRIPS RELION TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
	ADLYXIN	BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA

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DRUG CLASS	MEDICATION NAME^^	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
DIURETICS	EDECRIN ethacrynic acid	bumetanide furosemide torsemide

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
EYE CONDITIONS	ALOCRIL ALOMIDE	cromolyn
	CEQUA RESTASIS MULTIDOSE XIIDRA	RESTASIS
	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost
GASTROINTESTINAL/HEARTBURN	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository
	ASACOL HD COLAZAL DELZICOL DIPENTUM	balsalazide mesalamine tablets or capsules PENTASA sulfasalazine
	COLYTE WITH FLAVOR PACKETS+ GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+	CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+
	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone
	CREON PERTZYE ZENPEP	PANCREAZE
	GIMOTI*	metoclopramide oral solution or tablet
	HELIDAC	bismuth subsalicylate lansoprazole-amoxicillin-clarithromycin pak metronidazole tetracycline
	KRISTALOSE lactulose 10gm packet	CONSTULOSE ENULOSE lactulose oral solution
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	lubiprostone	AMITIZA
	MARINOL SYNDROS	dronabinol
	MOTEGRITY TRULANCE ZELNORM	AMITIZA LINZESS
	OMECLAMOX-PAK PYLERA TALICIA	lansoprazole-amoxicillin-clarithromycin pak

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet
	ZOFRAN	ondansetron
	ZUPLENZ	ondansetron ondansetron odt
HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet
	DDAVP NOCDURNA	desmopressin nasal spray or tablets
	DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DEXPAK 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
	MYCAPSSA*	BYNFEZIA*
	ORTIKOS	budesonide capsule
	RAYOS	methylprednisolone prednisone
	SYNTHROID	levothyroxine
	THYQUIDITY	EUTHYROX LEVO-T levothyroxine LEVOXYL
	UCERIS 9MG ER TABLET	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone
INFECTIONS	ACTICLATE DORYX DORYX MPC MINOCIN 50MG PEL CAPSULE	generic products (e.g. doxycycline; minocycline)

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS (cont)	MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER MONODOX SEYSARA SOLODYN TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO	generic products (e.g. doxycycline; minocycline)
	ARAKODA	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine
	AUGMENTIN AUGMENTIN XR	amoxicillin/clavulanate
	BARACLUDE TABLET*	entecavir tablet*
	BETHKIS* TOBI*	tobramycin inhalation solution*
	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
	VALCYTE	valganciclovir
	VANCOCIN	vancomycin oral solution or capsule
	ZOVIRAX	acyclovir
MISCELLANEOUS	HORIZANT	gabapentin
	KUVAN*	sapropterin tablet & powder packet*
	SYPRINE*	penicillamine* trientine*
	XENAZINE*	tetrabenazine*
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS (cont)	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	butalbutal-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
	CAMBIA DUEXIS fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE	Generic NSAID (e.g. celecoxib; meloxicam)

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	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)
	CAPITAL WITH CODEINE	acetaminophen-codeine
	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
	diclofenace 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
	GLOPERBA	colchicine probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE IMITREX PEN INJECTOR	dihydroergotamine sumatriptan
	IMITREX TABLET	dihydroergotamine eletriptan rizatriptan sumatriptan tablets

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	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
	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
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	ROXICODONE	oxycodone
	SILIQ*	ENBREL* HUMIRA* STELARA* TALTZ* TREMFYA*
	SIMPONI* 50MG/0.5ML	ACTEMRA* ENBREL* HUMIRA* STELARA* TALTZ* XELJANZ/XR*
	SORIATANE	acitretin
	SUBSYS	fentanyl lozenge or buccal tablet
	SUMAVEL DOSEPRO TOSYMRA	sumatriptan
	tramadol 100mg	tramadol
	TREXIMET	sumatriptan-naproxen
	VANATOL LQ VANATOL S	butalbital-acetaminophen-caffeine capsule or tablets

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan
	ZOMIG ZMT	zolmitriptan odt
PARKINSON'S DISEASE	GOCOVRI	amantadine
	LODOSYN	carbidopa
	ONGENTYS	entacapone
	REQUIP XL	ropinirole er
	ZELAPAR	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone
	CAPLYTA	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	levetiracetam er
	FELBATOL	felbamate
	KEPPRA SOLUTION, TABLET	levetiracetam
	LAMICTAL	lamotrigine
	LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)	lamotrigine starter kit (blue, green, orange)
	LAMICTAL ODT	lamotrigine odt
	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

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS (cont)	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
	ZONEGRAN	zonisamide
SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE
	ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN DUAC 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 DENAVIR ZOVIRAX	acyclovir tablet famciclovir tablet valacyclovir tablet
	adapalene swab PLIXDA	adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel
	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

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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) dapsone 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX	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
	EXTINA	ketoconazole cream ketoconazole foam
	FINACEA METROCREAM METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone 1% lotion	betamethasone fluocinolone fluticasone

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	alclometasone desonide triamcinolone

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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	zolpidem
	AMBIEN CR	zolpidem er
	ATIVAN TABLET	lorazepam
	BELSOMRA	DAYVIGO
	EDLUAR	zolpidem or zolpidem er
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	RESTORIL	temazepam
	ZOLPIMIST	doxepin eszopiclone zaleplon zolpidem zolpidem ER
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector NARCAN
TRANSPLANT MEDICATIONS	LUPKYNIS*	BENLYSTA* tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS (cont)	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er
	ENABLEX	darifenacin 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

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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:[1,2]

- 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). These are available over-the-counter without a prescription.
- Medications used to treat lifestyle conditions like infertility, weight loss, erectile dysfunction, smoking cessation.[5]
- 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 you're filling. If is 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 of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at **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 deductibe 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.

Frequently Asked Questions (FAQs) *(cont)*

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 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 **www.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.[6]

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.[7] 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.[7] 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.[8]

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.

- Easily order, manage and track your medications on your phone or online
- Standard shipping at no extra cost[9]
- Automatic refills and 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).
2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery.
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).[10] They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- 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. To learn more about Accredo, go to **Cigna.com/specialty**.

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:[11]

- 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[3], sexual dysfunction, cosmetic purposes, weight loss, smoking cessation[3], 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. 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.
4. **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.
5. 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.
6. Prices are not guaranteed, and even though a price is displayed, 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. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown. Coverage and pricing may change.
7. 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.
8. 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.
9. Standard shipping costs are included as part of your prescription plan.
10. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
11. 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.

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.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

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Proficiency of Language Assistance Services

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

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

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

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

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

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 ناشنوایان: شماره 711 را شماره‌گیری کنید).