



CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2022



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

932539 e Performance 3-Tier 03/22



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View the drug list online

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



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



Cigna.com/druglist. Select **Performance 3 Tier** from the dropdown menu. Then type in your medication name or view the full list.

Questions?

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

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

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

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

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Performance 3-Tier Prescription Drug List as of July 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.

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 Performance 3-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	
BLOOD PRESSURE/HEART MEDICATIONS		
afeditab CR	BERINERT* (PA)	Tier (cost-share level) gives you an idea of how much you may pay for a medication
amlodipine	BIDIL	
amlodipine-benazepril	BYSTOLIC	
amlodipine-valsartan	CINRYZE* (PA)	
amlodipine-valsartan-HCTZ	COREG CR	
atenolol	COZAAR (ST)	
atenolol-chlorthalidone	DIOVAN (ST)	Medications are grouped by the condition they treat
benazepril	DIOVAN HCT (ST)	
benazepril-HCTZ	EDARBI (ST)	
candesartan cilexetil	EDARBYCLOR (ST)	
cartia XT	EXFORGE	
carvedilol	EXFORGE HCT	
clonidine	FIRAZYR* (PA)	Medications are listed in alphabetical order within each column
digitek	HEMANGEOL	
digox	INDERAL LA	
digoxin	INDERAL XL	
diltiazem ER	INNOPRAN XL	
diltiazem CD	LOTREL	Specialty medications have an asterisk (*) listed next to them
diltiazem	MICARDIS (ST)	
dilt-XR	MULTAQ	
enalapril	NITRO-DUR	
flecainide	NITROLINGUAL	
hydralazine	NITROMIST	
irbesartan	NITRONAL	
isosorbide mononitrat	NITROSTAT	
	NORTHERA* (PA)	
	NORVASC	
	RANEXA (ST)	
	TEKTURNIA	
	TEKTURNIA HCT	

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Performance 3-Tier Prescription Drug List.

Tiers

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

➤ Tier 1 – Typically Generics	(Lowest-cost medication)	\$
➤ Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
➤ Tier 3 – Typically Non-Preferred Brands	(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 - meaning, 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, specialty medications have an asterisk (*) next to them. Some plans cover specialty medications on a specialty tier, limit coverage to a 30-day supply, and/or require you to use a preferred specialty pharmacy to get coverage. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

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

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

Plan/benefit exclusions

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

How to find your medication

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

Condition	Page	Condition	Page
AIDS/HIV	6	FEMININE PRODUCTS	12
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	12-13
ALZHEIMER'S DISEASE	6	HORMONAL AGENTS	13
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	13-14
ASTHMA/COPD/RESPIRATORY	6-7	INFERTILITY	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MISCELLANEOUS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	14
BLOOD PRESSURE/HEART MEDICATIONS	7-8	NUTRITIONAL/DIETARY	14-15
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	15
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	15-16
CHOLESTEROL MEDICATIONS	8	PARKINSON'S DISEASE	16
CONTRACEPTION PRODUCTS	8-9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
COUGH/COLD MEDICATIONS	9	SEIZURE DISORDERS	16
DENTAL PRODUCTS	9-10	SKIN CONDITIONS	16-17
DIABETES	10	SLEEP DISORDERS/SEDATIVES	17
DIURETICS	10	SMOKING CESSATION	17
EAR MEDICATIONS	11	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	12	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	12	URINARY TRACT CONDITIONS	17
		VACCINES	17,
		WEIGHT MANAGEMENT	18

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AIDS/HIV		
abacavir- lamivudine* (PA) efavirenz- emtricitabine- tenofovir* emtricitabine- tenofovir 200-300 mg*+ etravirine* ritonavir* tenofovir* (PA) tenofovir disoproxil fumarate* (PA)	BIKTARVY* DESCOZY*+ (PA) DOVATO* GENVOYA* ISENTRESS HD* (PA) ISENTRESS* JULUCA* PREZISTA* SYMTUZA* TIVICAY PD* TIVICAY* TRIUMEQ*	CABENUVA* (PA) CIMDUO* (PA) COMPLERA* (PA) ODEFSEY* (PA) PIFELTRO* (PA) PREZCOBIX* (PA) STRIBILD* (PA) TEMIXYS* (PA)

ALLERGY/NASAL SPRAYS		
azelastine azelastine- fluticasone cromolyn desloratadine (QL) epinephrine (QL) fluticasone hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine mometasone (QL) olopatadine promethazine solution, syrup, tablet		CLARINEX EPINEPHRINE PROFESSIONAL EMS GASTROCROM GRASTEK (PA, QL) KARBINAL ER ODACTRA (PA, QL) ORALAIR (PA, QL) PATANASE RAGWITEK (PA, QL) VISTARIL

ALZHEIMER'S DISEASE		
donepezil donepezil odt memantine memantine er (QL) pyridostigmine 60 mg/5 ml, 60 mg pyridostigmine er rivastigmine	MESTINON 60 MG/5 ML SOLUTION NAMENDA 5-10 MG TITRATION PK	ARICEPT EXELON MESTINON 180 MG TIMESPAN MESTINON 60 MG TABLET NAMENDA 10 MG TABLET NAMENDA 5 MG TABLET NAMENDA XR (QL) NAMZARIC (QL) regonal

ANXIETY/DEPRESSION/BIPOLAR DISORDER³		
alprazolam alprazolam er alprazolam intensol alprazolam odt		CELEXA (QL, ST) DESVENLAFAZINE ER (QL, ST)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ANXIETY/DEPRESSION/BIPOLAR DISORDER³ (cont)		
alprazolam xr amitriptyline bupropion (QL) bupropion sr (QL) bupropion xl 150 mg tablet (QL) bupropion xl 300 mg tablet (QL) buspirone citalopram (QL) clomipramine desvenlafaxine er (QL) 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)		EFFEXOR XR (QL, ST) FETZIMA (QL, ST) NUPLAZID* (PA) PAXIL (QL, ST) PAXIL CR (QL, ST) PRISTIQ (QL, ST) PROZAC (QL, ST) REMERON SPRAVATO* (PA) TRINTELLIX (QL, ST) VIIBRYD (QL, ST) WELLBUTRIN SR (QL, ST) XANAX XANAX XR ZOLOFT (QL, ST)

ASTHMA/COPD/RESPIRATORY		
albuterol albuterol hfa (QL) alyq* (PA) ambrisentan* (PA) budesonide fluticasone- salmeterol ipratropium- albuterol montelukast tadalafil* (PA) treprostinil* (PA) wixela inhub	ADEMPAS* (PA) ADVAIR HFA ANORO ELLIPTA ATROVENT HFA ATROVENT HFA BEVESPI AEROSPHERE BREZTRI AEROSPHERE COMBIVENT RESPIMAT DULERA FASENRA PEN* (PA) FLOVENT DISKUS FLOVENT HFA INCRUSE ELLIPTA NUCALA* (PA) OFEV* (PA)	ADCIRCA* (PA) AIRDUO DIGITALER (ST) ARALAST NP* (PA) BRONCHITOL* (PA) DALIRESP (QL) GLASSI KALYDECO* (PA, QL) LETAIRIS* (PA) LONHALA MAGNAIR (PA) ORENITRAM ER* (PA) ORKAMBI* (PA, QL) PROLASTIN C* (PA) PULMICORT RESPULES

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ASTHMA/COPD/RESPIRATORY (cont)		
OPSUMIT* (PA)	REVATIO 10 MG/ML, 20 MG* (PA)	
PULMICORT	SINGULAIR	
FLEXHALER	TRIKAFTA* (PA, QL)	
QVAR		
REDIHALER		
SEREVENT		
DISKUS		
SPIRIVA		
SPIRIVA		
RESPIMAT		
STIOLTO		
RESPIMAT		
SYMBICORT		
TRACLEER 32		
MG TABLET FOR SUSP* (PA)		
TRELEGY ELLIPTA		
UPTRAVI* (PA)		
XOLAIR* (PA)		

ATTENTION DEFICIT HYPERACTIVITY DISORDER ³		
amphetamine (PA)	MYDAYIS (PA, QL)	ADDERALL (PA,ST)
atomoxetine (QL)	VYVANSE (PA, QL)	ADZENYS XR-ODT (PA, QL)
dexmethylphe- nidate (PA)		amphetamine er (PA,QL)
dexmethylphe- nidate er (PA, QL)		AZSTARYS (PA, ST, QL)
dextroamphetamine- amphetamine (PA)		DAYTRANA (PA, QL)
dextroamphetamine-amphetamine (PA, QL)		DYANAVEL XR (PA, QL)
guanfacine er		EVEKEO ODT (PA)
methylphenidate er (PA, QL)		FOCALIN (PA,ST)
methylphenidate cd (PA, QL)		INTUNIV
methylphenidate er (cd) (PA, QL)		METHYLIN (PA)
methylphenidate la (PA, QL)		QUILLICHEW ER (PA, QL)
procentra (PA)		QUILLIVANT XR (PA, QL)
		RITALIN (PA,ST)
		STRATTERA (QL)
		ZENZEDI (PA,ST)

BLOOD MODIFIERS/BLEEDING DISORDERS		
aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg*	ARANESP* (PA)	CYKLOAKPRON*
tranexamic acid 650 mg*	EPOGEN* (PA)	DOPTELET* (PA)
	DROXIA	FULPHILA* (PA)
	NEULASTA* (PA)	GRANIX* (PA)
	NIVESTYM	HEMLIBRA* (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD MODIFIERS/BLEEDING DISORDERS		

NYVEPRIA* (PA)	LYSTEDA*
PROCRIT* (PA)	NEUPOGEN* (PA)
RETACRIT* (PA)	PROMACTA* (PA)
ZARXIO*	SIKLOS (PA)
ZIEXTENZO* (PA)	TAVALISSE* (PA)
	UDENCAYA* (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS		
amlodipine	CORLANOR (PA)	ADALAT CC
amlodipine- benazepril	ENTRESTO	ALTACE (ST)
amlodipine- olmesartan (QL)	TEKTURN HCT (QL)	ATACAND (ST)
amlodipine- valsartan		AVAPRO (ST)
atenolol		AZOR (QL)
benazepril		BENICAR (QL, ST)
bisoprolol		BENICAR HCT (QL, ST)
bisoprolol-hctz		BERINERT* (PA)
candesartan		BIDIL (QL)
cartia xt		CALAN SR
carvedilol		CARDIZEM LA
carvedilol er (QL)		120mg (QL)
clonidine		CATAPRES-TTS 1
diltiazem 12hr er		CATAPRES-TTS 2
diltiazem 24hr er		CATAPRES-TTS 3
diltiazem 24hr er (cd)		CINRYZE* (PA)
diltiazem 24hr er (la)		COREG (ST)
diltiazem 24hr er (xr)		CORGARD (ST)
diltiazem		COZAAR (ST)
DILT-XR		DIOVAN (ST)
dofetilide (QL)		DIOVAN HCT (ST)
droxidopa*		EPANED
enalapril		EXFORGE
flecainide		HAEGARDA* (PA)
hydralazine tablet		HEMANGEOL
icatibant* (PA)		HYZAAR (ST)
irbesartan		INDERAL LA (ST)
labetalol tablet		INDERAL XL (ST)
lisinopril		INNOPRAN XL (ST)
lisinopril-hctz		KALBITOR* (PA)
losartan		KAPSPARGO
losartan-hctz		SPRINKLE (ST)
matzim la		KATERZIA (QL)
metoprolol succinate		LOPRESSOR (ST)
metoprolol		LOTENSIN (ST)
nadolol		LOTREL
nebivolol (QL)		MICARDIS (QL, ST)
nifedipine		MICARDIS HCT (QL, ST)
nifedipine er		MINIPRESS
olmesartan (QL)		NITROSTAT
		NORTHERA* (PA)
		NORVASC
		ORLADEYO* (PA, QL)
		PROCARDIA XL
		RANEXA (QL)

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont)		
olmesartan- amlodipine-hctz olmesartan-hctz (QL) prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) sajazir* (PA) taztia xt telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan valsartan-hctz verapamil er verapamil er pm verapamil tablet verapamil sr		RUCONEST* (PA) TAKHZYRO* (PA) TEKTURNA (QL) TENORETIC 50 (ST) TENORETIC 100 (ST) TENORMIN (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) TRIBENZOR VASOTEC (ST) VERELAN VERELAN PM ZESTORETIC (ST) ZESTRIL (ST) ZIAC (ST)
BLOOD THINNERS/ANTI-CLOTTING		
clopidogrel enoxaparin* (QL) jantoven prasugrel warfarin	BRILINTA ELIQUIS (PA) FRAGMIN* (QL) XARELTO (PA)	EFFIENT LOVENOX* (QL) PLAVIX PRADAXA (PA) SAVAYSA (PA, QL)
CANCER		
abiraterone* (PA) anastrozole+ bexarotene* (PA) capecitabine* (PA) everolimus* (PA) exemestane+ imatinib* (PA) letrozole methotrexate tamoxifen+ temozolomide* (PA)	ERIVEDGE* (PA) ERLEADA* (PA) GLEOSTINE IBRANCE* (PA) KANJINTI* (PA) MVASI* (PA) REVLIMID* (PA) RUXIENCE* (PA) SPRYCEL* (PA) TRAZIMERA* (PA) TREXALL VERZENIO* (PA) ZIRABEV* (PA)	AFINITOR DISPERZ* (PA) AFINITOR* (PA) ALECensa* (PA) ALUNBRIG* (PA) AYVAKIT* (PA, QL) BOSULIF* (PA) BRAFTOVI* (PA) CABOMETYX* (PA) CALQUENCE* (PA) COMETRIQ* (PA) GLEEVEC* (PA) ICLUSIG* (PA) IMBRUVICA* (PA) INLYTA* (PA) JAKAFI* (PA) KISQALI* (PA) LENVIMA* (PA) LONSURF* (PA) LUMAKRAS* (PA, QL) LYNPARZA* (PA) MEKINIST* (PA) MEKTOVI* (PA) NERLYNX* (PA) NINLARO* (PA) NUBEQA* (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CANCER (cont)		
		ODOMZO* (PA) OGIVRI* (PA) ONTRUZANT* (PA) ORGOVYX* (PA) POMALYST* (PA) ROZLYTREK* (PA) RUBRACA* (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) XELODA* (PA) XOSPATA* (PA) XTANDI* (PA) ZEJULA* (PA)
CHOLESTEROL MEDICATIONS		
	atorvastatin+ colesevelam ezetimibe fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin+ omega-3 acid ethyl esters pravastatin+ simvastatin tablet+ (QL)	LIVALO (QL, ST) NEXLETOL (PA, QL) NEXLIZET (PA, QL) REPATHA (PA) VASCEPA (PA)
CONTRACEPTION PRODUCTS		
AFIRMELLE+	LO LOESTRIN FE	ANNOVERA BALCOLTRA
CONTRACEPTION PRODUCTS (cont)		

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ALTAVERA+ ALYACEN+ AMETHIA+ AMETHYST+ APRI+ ARANELLE+ ASHLYNA+ AUBRA EQ+ AUBRA+ AUROVELA 24 FE+ AUROVELA FE+ AUROVELA+ AVIANE+ AYUNA+ AZURETTE+ BALZIVA+ BLISOVI 24 FE+ BLISOVI FE+ BRIELLYN+ CAMILA+ CAMRESE LO+ CAMRESE+ CAZIANT+ CHARLOTTE 24 FE+ CHATEAL EQ+ CHATEAL+ CRYSELLE+ CYCLAFEM+ CYRED EQ+ CYRED+ DASETTA+ DAYSEE+ DEBLITANE+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol - ethinyl estradiol+ DOLISHALE+ drospirenone- ethinyl estradiol- levomefolate+ drospirenone- ethinyl estradiol+ ELINEST+ ELURYNG+ ENPRESSE+ ENSKYCE+ ERRIN+ ESTARYLLA+ ethynodiol-ethinyl estradiol+ etonogestrel- ethinyl estradiol+ FALMINA+ FEMYNOR+ GEMMILY+		BEYAZ CAYA CONTOURED+ ELLA+ ESTROSTEP FE FEMCAP+ KYLEENA*+ LAYOLIS FE+ LILETTA*+ LOESTRIN FE MICROGESTIN 24 FE MINASTRIN 24 FE MIRENA*+ NATAZIA NEXPLANON*+ NEXTSTELLIS NUVARING PARAGARD T 380-A*+ SAFYRAL SKYLA*+ SLYND TAYTULLA TWIRLA+ wide seal diaphragm+ YASMIN 28 YAZ	HAILEY 24 FE+ HAILEY FE+ HAILEY+ HEATHER+ ICLEVIA+ INCASSIA+ ISIBLOOM+ JAIMESS+ JASMIEL+ JENCYCLA+ JOLESSA+ JULEBER+ JUNEL FE 24+ JUNEL FE+ JUNEL+ KAITLIB FE+ KALLIGA+ KARIVA+ KELNOR 1-35+ KELNOR 1-50+ KURVELO+ LARIN 24 FE+ LARIN FE+ LARIN+ LARISSIA+ LEENA+ LESSINA+ LEVONEST+ levonorgestrel- ethinyl estradiol+ levonorgestrel- ethinyl estradiol- ethinyl estradiol+ LEVORA-28+ LILLOW+ LOJAIMESS+ LORYNA+ LOW-OGESTREL+ LO- ZUMANDIMINE+ LUTERA+ LYLEQ+ LYZA+ MARLISSA+ medroxyprogesterone+ 150mg/ml MERZEE+ MICROGESTIN FE+ MICROGESTIN+ MILI+ MONO-LINYAH+ NECON+ NIKKI+ NORA-BE+ norethindrone+		

CONTRACEPTION PRODUCTS (cont)

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)					
norethindrone-ethinyl estradiol-iron+ norethindrone-ethinyl estradiol+ norethindrone-ethinyl estradiol-ferrous fumarate norgestimate-ethinyl estradiol+NORLYDA+ NORTREL+ NYLIA+ NYMYO+ OCELLA+ ORSYTHIA+ PHILITH+ PIMTREA+ PIRMELLA+ PORTIA+ PREVIFEM+ RECLIPSEN+ RIVELSA+ SETLAKIN+ SHAROBEL+ SIMLIYA+ SIMPESSE+ SPRINTEC+ SRONYX+ SYEDA+ TARINA 24 FE+ TARINA FE 1-20 EQ+ TARINA FE+ taysofy+ TILIA FE+ TRI FEMYNOR+ TRI-ESTARYLLA+ TRI-LEGEST FE+ TRI-LINYAH+ TRI-LO-ESTARYLLA+ TRI-LO-MARZIA+ TRI-LO-MILI+ TRI-LO-SPRINTEC+ TRI-MILI+ TRI-NYMYO+ TRI-PREVIFEM+ TRI-SPRINTEC+ TRIVORA-28+ TRI-VYLIBRA LO+ TRI-VYLIBRA+ TULANA+ TYDEMY+ VELIVET+ VESTURA+ VIENVA+			VIORELE+ VOLNEA+ VYFEMLA+ VYLIBRA+ WERA+ WYMZYA FE+ XULANE+ ZAFEMY+ ZOVIA 1-35+ ZOVIA 1-35E+ ZUMANDIMINE+		
COUGH/COLD MEDICATIONS					
brompheniramine-pseudoephedrine-dm hydrocodone-homatropine (PA,QL) promethazine-dm					HYCODAN (PA, QL) TUXARIN ER (PA,QL) TUZISTRA XR (PA, QL)
DENTAL PRODUCTS					
chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIDEX PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride+ drops sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone	PREVIDENT 5000 1.1% DRY MOUTH PREVIDENT 5000 BOOSTER PLUS PREVIDENT 5000 ENAMEL PROTECT PREVIDENT 5000 ORTHO DEFENSE PREVIDENT 5000 SENSITIVE	CLINPRO 5000 FLORIVA+ FLUORIDEX SENSITIVITY RELIEF PREVIDENT 0.2% RINSE PREVIDENT 1.1% GEL PREVIDENT 5000 PLUS			
DIABETES					
glimepiride glipizide glipizide er glipizide xl metformin metformin er TECHLITE INSULIN SYRINGE	ACCU-CHEK AVIVA PLUS METER ACCU-CHEK GUIDE ME GLUCOSE MTR ACCU-CHEK GUIDE MONITOR SYSTEM BAQSIMI (QL) BASAGLAR (QL) BD LANCETS BD PEN NEEDLE BYDUREON BCISE (PA,QL)	ACCU-CHEK COMPACT PLUS CONTROL ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION ACCU-CHEK AVIVA SOLUTION ACCU-CHEK SMARTVIEW CONTROL SOLUTION AUTOSHIELD DUO PEN NEEDLE CEQUR CONTOUR			

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont)					DIABETES (cont)
BYETTA (PA,QL) DEXCOM G6 (PA, QL) DROPLET DROPSAFE FARXIGA (QL, ST) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE 2 SENSOR (PA, QL) GLUCAGEN HYPO KIT (QL) GLYXAMBI (QL, ST) HUMALOG (QL) HUMULIN (QL) INSULIN SYRINGE JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LEVEMIR (QL) LYUMJEV (QL) MICROLET NEXT LANCING DEVICE MULTI-LANCET NOVOFINE NOVOTWIST OMNIPOD DASH (PA,QL) ONETOUCH ULTRA TEST STRIP ONETOUCH ULTRAMINI ONETOUCH VERIO FLEX METER ONETOUCH VERIO IQ METER ONETOUCH VERIO METER ONETOUCH VERIO REFLECT METER ONETOUCH VERIO TEST STRIP OZEMPIC (PA,QL) QTERN (QL, ST)	CYCLOSET DEXCOM G4 DEXCOM G5 DEXCOM G5-G4 SENSOR FREESTYLE FREEDOM LITE GLUCAGON EMERGENCY KIT (QL) GLUCOCARD EXPRESSION GLUCOCARD SHINE GVOKE (QL) INPEN KORLYM* (PA) PARADIGM RESERVOIR, REMOTE CONTROL POGO AUTOMATIC BLOOD GLUC SYS PRECISION XTRA MONITOR NFRS PRECISION XTRA MONITOR PRECISION XTRA KETONE-GLUC KIT RIOMET TRUE METRIX	RYBELSUS (PA, QL) SEMGLEE (QL) SOLIQUA 100-33 SYMLINPEN SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRESIBA (QL) TRIARDY XR (ST, QL) TRUEPLUS SYRINGE TRULICITY (PA,QL) V-GO 20 V-GO 30 V-GO 40 VEO INSULIN SYRINGE VICTOZA (PA, QL) XIGDUO XR (QL, ST) XULTOPHY ZEGALOGUE (QL)			
DIURETICS					DIURETICS
acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochloro- thiazide spironolactone torsemide triamterene-hctz	DIURIL KERENDIA (PA, QL)	ALDACTONE CAROSPIR INSPRA JYNARQUE* (PA) LASIX MAXZIDE			
EAR MEDICATIONS					EAR MEDICATIONS
ciprofloxacin- dexamethasone neomycin- polymyxin b-hydrocortisone ofloxacin	CIPRO HC	CIPROFLOXACIN- FLUOCINOLONE CIPRODEX CORTISPORIN-TC DERMOTIC OTOVEL			
ERECTILE DYSFUNCTION					ERECTILE DYSFUNCTION
sildenafil (QL) tadalafil (QL) vardenafil (QL)	MUSE (QL)	CIALIS (QL, ST) STENDRA (QL, ST) VIAGRA (QL, ST)			

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
EYE CONDITIONS					
bimatoprost (QL) brimonidine brinzolamide ciprofloxacin dilfluprednate dorzolamide-timolol erythromycin fluorometholone latanoprost loteprednol moxifloxacin eye drops neomycin-polymyxin b-dexamethasone ofloxacin polymyxin b sulfate-trimethoprim prednisolone timolol tobramycin-dexamethasone travoprost	ALPHAGAN P 0.1% DROPS AZASITE BETIMOL BETOPTIC S COMBIGAN EYSUVIS (QL) FLAREX FML FORTE 0.25% EYE DROPS FML S.O.P. 0.1% OINTMENT FLAREX LOTEMAX SM RESTASIS RESTASIS MULTIDOSE SIMBRINZA XIIDRA ZERVIATE	ACUVAIL ALPHAGAN P 0.15% EYE DROPS ALREX AZOPT BEPREVE BESIVANCE BROMSITE CEQUA COSOPT COSOPT PF CYSTADROPS* (PA, QL) CYSTARAN* (PA, QL) DUREZOL FML LIQUIFILM 0.1% EYE DROP ILEVRO INVELTYS ISTALOL LOTEMAX MAXITROL OCUFLOX OXERVATE* (PA) PRED FORTE PROLENSA RHOPRESSA ROCKLATAN TIMOPTIC TIMOPTIC-XE TOBRADEX EYE DROPS TOBRADEX ST VIGAMOX ZIRGAN ZYLET	famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ GAVILYTE-N+ HEMMOREX-HC hydrocortisone lansoprazole (QL) mesalamine mesalamine dr mesalamine er metoclopramide solution, tablet metoclopramide odt omeprazole (QL) ondansetron ondansetron odt pantoprazole suspension, tablet (QL) peg 3350-electrolyte+ peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+ PEG-PREP+ prochlorperazine tablet rabeprazole tablet (QL) scopolamine sucralfate	NEXIUM DR 5 MG PACKET (QL) PANCREAZE PENTASA SUPREP+ SUTAB+ VIBERZI	PREVACID DR 30 MG CAPSULE (QL, ST) RAVICTI* (PA) RECTIV RELISTOR (PA) SANCUSO (PA, QL) SFROWASA SUCRAID* (PA) SYMPROIC (PA) TRANSDERM-SCOP URSO URSO FORTE VARUBI (PA, QL) VIOKACE
FEMININE PRODUCTS					
GYNAZOLE 1 miconazole 3 200 mg terconazole					
GASTROINTESTINAL/HEARTBURN					
alosetron* ANUCORT-HC balsalazide cinacalcet* dicyclomine capsule, solution, tablet esomeprazole 20 mg capsule, 40 mg capsule, packets (QL)	AMITIZA CLENPIQ+ DEXILANT (QL) ENTYVIO* (PA) LINZESS NEXIUM DR 2.5 MG PACKET (QL)	ACIPHEX (QL, ST) APRISO BONJESTA CANASA CARAFATE CHOLBAM* (PA) DICLEGIS GATTEX* (PA) MOVANTIK (PA) OCALIVA* (PA)	AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) cabergoline (QL) DECADRON desmopressin* ampule, vial dexamethasone intensol DOTTI (QL) estradiol (once weekly)	ANDRODERM (PA, QL) CETROTIDE*^ (PA) CRINONE DIVIGEL DUAVEE ESTRING (QL) FORTEO* (PA, QL) HUMATROPE* (PA) LUPRON DEPOT* (PA)	ACTHAR GEL* (PA) ACTIVELLA ALORA (QL) ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA BYNFEZIA* (PA) CLIMARA CLIMARA PRO COMBIPATCH CYTOMEL DEPO-TESTOSTERONE

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS (cont)		
estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol-norethindrone EUTHYROX LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxyprogesterone methylprednisolone MIMVEY norethindrone NP THYROID prednisone prednisone intensol progesterone vial* testosterone (PA, QL) testosterone cypionate WESTHROID YUVAFEM (QL)	LUPRON DEPOT-PED* (PA) MEDROL 2 MG TABLET MYFEMBREE (PA,QL) NORDITROPIN FLEXPRO* (PA) ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO SEROSTIM* (PA) SOMATULINE DEPOT* (PA) SOMAVERT* (PA)	ELESTRIN EMFLAZA* (PA) ESTRACE ESTROGEL EVAMIST FENSOLVI* (PA) IMVEXXY (QL) INTRAROSA ISTURISA* (PA, QL) LANREOTIDE* (PA) LUPANETA PACK* (PA) levothyroxine capsule MEDROL 8MG, 16MG, 32MG TABLET MEDROL 4 MG DOSEPAK MENOSTAR (QL) MINIVELLE (QL) MYFEMBREE (QL) OSPHENA PROMETRIUM RAYALDEE SANDOSTATIN LAR DEPOT* (PA) SKYTROFA* (PA) SUPPRELIN LA* (PA) TIROSINT-SOL TRIOSTAT TRIPTODUR* (PA) UNITHROID VAGIFEM (QL) VIVELLE-DOT (QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$			
INFECTIONS (cont)					
acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin-clavulanate er amoxicillin-clavulanate atovaquone atovaquone-proguanil AVIDOXY azithromycin packet, suspension, tablet cefdinir cefuroxime tablet cephalexin ciprofloxacin clindamycin	BARACLUDE SOLUTION* CLEOCIN 75 MG CAPSULE EPCLUSA* (PA, QL) EURAX 10% CREAM HARVONI* (PA, QL) LEDIPASVIR-SOFOSBUVIR* (PA) MAVYRET* (PA, QL) MOLNUPIRAVIR (QL) PAXLOVID (QL) PEGASYS* (PA)	AEMCOLO (QL) ALBENZA ALINIA ARIKAYCE* (PA) BACTRIM BACTRIM DS BAXDELA (PA) CAYSTON* (PA, QL) CIPRO TABLET CLEOCIN 150 MG CAPSULE CLEOCIN 300 MG CAPSULE CLEOCIN 100 MG VAGINAL OVULE CLEOCIN 2% VAGINAL CREAM CLINDESSE	COREMINO ER QL dapsoine tablets doxycycline capsule, tablet doxycycline monohydrate EMVERM entecavir* (QL) erythromycin erythromycin ethylsuccinate famciclovir fluconazole hydroxychloroquine ivermectin 3 mg tablet (PA) levofloxacin solution, tablet metronidazole gel, capsule, tablet minocycline minocycline er tablet (QL) monodoxine nl nitazoxanide nitrofurantoin nitrofurantoin monohydrate-macrocrystal nystatin suspension, tablet oseltamivir (QL) penicillin v potassium posaconazole tablet sulfamethoxazole-trimethoprim suspension, tablet terbinafine tetracycline tobramycin ampule* (PA, QL) valacyclovir valganciclovir vancomycin capsule, solution vandazole	SOFOSBUVIR-VELPATASVIR* (PA) SOLOSEC SOVALDI* (PA, QL) VOSEVI* (PA) XIFAXAN (QL)	CRESEMBA CAPSULE (PA) DARAPRIM* (PA) DIFICID (QL) e.e.s. 400 ELIMITE ERYPED 200 ERY-TAB DR EURAX 10% LOTION FLAGYL KITABIS PAK* (PA, QL) MACROBID MACRODANTIN MALARONE (PA) NUVESSA NUZYRA TABLET* (PA, QL) PLAQUENIL (PA) posaconazole suspension PREVYMIS TABLET* PRIFTIN posaconazole suspension SIVEXTRO TABLET (PA) SKLICE STROMECTOL (PA) sulfatrim TAMIFLU (QL) URIBEL VALTREX VEMLIDY* XENLETA 600mg tablet (PA, QL) XOFLUZA (QL) ZEPATIER* (PA) ZITHROMAX ZITHROMAX TRI-PAK ZYVOX SUSPENSION, TABLET (PA)

INFERTILITY

CRINONE 8% GEL^	FOLLISTIM* (PA) MAKENA* (PA) ENDOMETRIN^ GONAL-F^ (PA) NOVAREL 5,000 UNIT VIAL*^ (PA) OVIDREL*^ (PA)
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Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$				
MISCELLANEOUS					NUTRITIONAL/DIETARY (cont)				
deferiprone 500mg* (PA) disulfiram sapropterin* (PA) sodium chloride inhalation vial. Irrigation solution vial	ACCU-CHEK SAFE-T-PRO 23G LANCETS ACCU-CHEK SOFTCLIX LANCETS ACCU-CHEK MULTICLIX LANCETS ACCU-CHEK FASTCLIX LANCET DRUM CERDELGA* (PA) DROPLET LANCETS EMPAVELI* (PA) ESBRIET* (PA) MICROLET NITYR* (PA) ONETOUCH DELICA ONETOUCH LANCETS STRENSIQ* (PA) TECHLITE LANCETS	ADDYI (QL) CEREZYME* (PA) DYSPORT* (PA) AUSTEDO* (PA) EVRYSDI* (PA) INGREZZA* (PA) INGREZZA INITIATION PACK* (PA, QL) KETONE CARE TEST STRIP KETONE TEST STRIP KETOSTIX REAGENT NUDEXTA (QL) ORFADIN* (PA) PALYNZIQ* (PA) POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA TEGSEDI* (PA) TIGLUTIK* (PA) TRUEPLUS KETONE TEST STRIP VYLEESI* (PA, QL) VYNDAMAX* (PA, QL)	MULTI-VITAMIN W-FLUORIDE- IRON+ MULTIVITAMIN WITH FLUORIDE+ MULTIVITAMIN- IRON-FLUORIDE potassium chloride 10%, capsule, packet, tablet sevelamer carbonate TRI-VITE WITH FLUORIDE+ vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+	OB COMPLETE PETITE OB COMPLETE PREMIER PRENATE CHEWABLE PRENATE DHA PRENATE ELITE PRENATE ENHANCE PRENATE ESSENTIAL PRENATE MINI PRENATE PIXIE PRENATE RESTORE PRIMACARE TRI-VI-FLOR+ VELPHORO VELTASSA	K-TAB ER MEPHYTON PERRY PRENATAL+ PHOSLYRA POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+ PRENATAL FORMULA-DHA+ PRENATE QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+ QUFLORA PEDIATRIC 0.25 MG/ML DROP+ QUFLORA PEDIATRIC 0.5 MG/ ML DROP+ RENVELA ROCALTROL				
MULTIPLE SCLEROSIS					OSTEOPOROSIS PRODUCTS				
dalfampridine er* (PA) dimethyl fumarate* (PA) glatiramer* (PA) glatopa* (PA)	AVONEX* (PA) AUBAGIO* (PA) BAFIERTAM* (PA) BETASERON* (PA) EXTAVIA* (PA) GILENYA* (PA) KESIMPTA PEN* (PA) MAYZENT* (PA) PLEGRIDY* (PA) PONVORY* (PA) REBIF* (PA) VUMERTY* (PA) ZEPOSIA* (PA)	MAVENCLAD* (PA) OCREVUS* (PA) PONVORY* (PA)	alendronate ibandronate* 150 mg tablet raloxifene+ risedronate risedronate dr	FORTEO* (PA,QL) TYMLOS* (PA, QL)	ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) EVISTA FOSAMAX (ST)				
NUTRITIONAL/DIETARY					PAIN RELIEF AND INFLAMMATORY DISEASE				
calcitriol cyanocobalamin injection fluoride+ folic acid^+ klor-con KLOR-CON 8 MEQ TABLET KLOR-CON 10 MEQ TABLET	CITRANATAL 90 DHA CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL DHA CITRANATAL HARMONY CITRANATAL RX LOKELMA NEEVO DHA	ACCRUFER AURYXIA (QL) CITRANATAL BLOOM DRISDOL FLORIVA+ EC-NAPROXEN ECOTRIN EC 81 MG TABLET+ eletriptan (QL) ENDOCET (PA) febuxostat (QL) FIORICET (QL) GEL-ONE* (PA)	acetaminophen- codeine (PA) allopurinol tablet baclofen tablet buprenorphine patch (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine diclofenac 1% gel (QL) diclofenac dr diclofenac ec EC-NAPROXEN ECOTRIN EC 81 MG TABLET+ eletriptan (QL) ENDOCET (PA) febuxostat (QL) FIORICET (QL) GEL-ONE* (PA)	ACTEMRA* (PA,QL) AIMOVIG (PA) AJOVY (PA) AVSOLA* (PA) BELBUCA (QL) CIMZIA* (PA, QL) DUPIXENT* (PA) EMGALITY (PA) ENBREL* (PA,QL) HUMIRA* (PA,QL) HYSINGLA ER (PA) INFLECTRA* (PA) NUCYNTA (PA) NURTEC ODT (PA, QL) OTEZLA* (PA, QL) PROCTOFOAM- HC RASUVO (PA) REDITREX (PA) RINVHQ* (PA, QL)	ARCALYST* (PA) ARAVA BENLYSTA* (PA) BUPRENEX BUTRANS (QL) CELEBREX (QL, ST) COLCRYS DEPEN* (PA) DUROLANE* (PA) EC-NAPROSYN (ST) ESGIC (QL) EUFLEXXA* (PA) FEXMID FLECTOR (PA, QL) GABLOFEN GELSYN-3* (PA) HYALGAN* (PA) HYMOVIS* (PA) ILARIS* (PA) ILUMYA* (PA, QL) KINERET* (PA,QL) LAZANDA (PA) LICART (PA, QL) MITIGARE MOBIC (ST) MONOVISC* (PA)				

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
GLYDO hydrocodone-acetaminophen (PA) IBU ibuprofen indomethacin indomethacin er ketorolac tromethamine (QL) leflunomide lidocaine 5% ointment (QL) lidocaine 5% patch lidocaine viscous meloxicam tablet metaxalone methocarbamol morphine (PA) morphine er (PA) oxycodone (PA) oxycodone er (PA) oxycodone-acetaminophen (PA) penicillamine* (PA) PROLATE TABLET (PA) rizatriptan (QL) sumatriptan (QL) SUPARTZ FX* (PA) tramadol 50 mg tablet (QL) tramadol er (QL) VANADOM VISCO-3* (PA)	SAVELLA SIMPONI 100 MG/ML* (PA, QL) SIMPONI ARIA* (PA) SKYRIZI* (PA, QL) STELARA* (PA, QL) TALTZ* (PA, QL) TREMFYA* (PA, QL) TRUDHESA (PA, QL) UBRELVY (PA, QL) XELJANZ XR* (PA, QL) XELJANZ* (PA, QL) XTAMPZA ER (PA) ZTLIDO	NAPROSYN (ST) NUCYNTA ER (PA) OLUMIANT* (PA, QL) ORENCIA* (PA, QL) OTREXUP (PA) OXAYDO (PA) PERCOCET (PA) SILIQ* (PA, QL) SIMPONI 50 MG/0.5 ML* (PA, QL) SKELAXIN SYNVISC* (PA) TRILURON* (PA) ULORIC (QL) ULTRAM 50 MG TABLET (QL) ZANAFLEX ZEBUTAL (QL) ZOHYDRO ER (PA) ZYLOPRIM

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SCHIZOPHRENIA/ANTI-PSYCHOTICS³		
aripiprazole (QL) aripiprazole odt asenapine chlorpromazine tablet olanzapine tablet olanzapine odt paliperidone er (QL) quetiapine quetiapine er risperidone risperidone odt ziprasidone tablet	LATUDA (QL)	ARISTADA (QL) ARISTADA INITIO FANAPT (QL, ST) INVEGA (QL, ST) PERSERIS (QL) REXULTI (QL, ST) RISPERDAL (ST) SAPHRIS (ST) SECUADO (ST) SEROQUEL (ST) 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 rufinamide (PA, QL) SUBVENITE SUBVENITE (BLUE) SUBVENITE (GREEN) SUBVENITE (ORANGE) topiramate topiramate er vigabatrin* vigadron*	FYCOMPA (PA, QL) NAYZILAM (PA, QL) VIMPAT SOLTUION, TABLET (PA)	APTIOM 600, 800 mg tablets (PA) APTIOM 200, 400 mg tablets (PA, QL) BANZEL (PA, QL) BRIVIACT ORAL SOLUTION, TABLET (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DISTAT (PA) DILANTIN (PA) EPIDIOLEX* (PA) FINTEPLA* (PA) FYCOMPA (PA, QL) KLOONOPIN (PA) LYRICA ORAL SOLUTION (PA) NEURONTIN (PA) OXTELLAR XR (PA) PHENYTEK (PA) SPRITAM (PA) TEGRETOL (PA) TEGRETOL XR (PA) VALTOCO (PA, QL) VIMPAT 200 MG/20 ML VIAL XCOPRI (PA, QL)

PARKINSON'S DISEASE

benztropine tablet carbidopa-levodopa carbidopa-levodopa er pramipexole pramipexole er (QL) rasagiline (QL) ropinirole er ropinirole	KYNMOBI (PA)	AZILECT (QL) DUOPA* INBRIJA* (PA) MIRAPEX ER (QL) NEUPRO NOURIANZ* (PA, QL) OSMOLEX ER (QL) RYTARY SINEMET 10-100 SINEMET 25-100 TASMAR XADAGO (ST)
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Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS		
ACCUTANE adapalene (PA) adapalene-benzoyl peroxide AMNESTEEM AVAR CLEANSER azelaic acid BP 10-1 calcipotriene- betamethasone CLARAVIS CLINDACIN ETZ 1% PLEDGET CLINDACIN P 1% PLEGETS clindamycin 1% foam, gel, lotion, paged, solution clindamycin- benzoyl peroxide clindamycin- tretinoin clobetasol CLODAN clotrimazole- betamethasone dapsone 5% gel, 7.5% gel pump fluocinonide fluorouracil cream, topical solution isotretinoin ketoconazole KETODAN metronidazole MYORISAN NEUAC GEL pimecrolimus ROSADAN sodium sulfacetamide- sulfur SS 10-5 SULFACEANSE 8-4 tacrolimus ointment azarotene 0.1% cream tretinoin (PA) TRIDERM ZENATANE	EUCRISA NAFTIN PICATO SANTYL (QL)	ANALPRAM HC 2.5%-1% LOTION AVAR 9.5-5% CLEANSING PADS BRYHALI (ST) calcipotriene foam CAPEX SHAMPOO (ST) CLEOCINT CLINDACIN ETZ KIT CLINDACIN PAC KIT CLODERM (ST) DESOWEN DRYSOL EFUDEX ELIDEL EVOCLIN PROTOPIC TARGRETIN* TEMOVATE (ST) VALCHLOR* VECTICAL (QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SLEEP DISORDERS/SEDATIVES (cont)		
modafinil (PA) zolpidem zolpidem er (QL)	SUNOSI (PA, QL)	LUNESTA (ST) SILENOR (QL, ST) WAKIX* (PA, QL) XYREM* (PA) XYWAV* (PA)
SMOKING CESSATION³		
bupropion sr+ 150 mg tablet varenicline+	NICOTROL NS+ NICOTROL+	APO-VARENICLINE
SUBSTANCE ABUSE		
buprenorphine- naloxone	LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	KLOXXADO (QL) SUBLOCADE* SUBOXONE
TRANSPLANT MEDICATIONS		
everolimus 0.25 mg tablet* everolimus 0.5 mg tablet* mycophenolate mofetil* mycophenolic acid* sirolimus* tacrolimus capsule*	CELLCEPT VIAL* PROGRAF*	ASTAGRAF XL* CELLCEPT ORAL SUSPENSION, TABLET* ENVARUS XR* MYFORTIC* NEORAL* RAPAMUNE* REZUROCK* (PA) ZORTRESS*
URINARY TRACT CONDITIONS		
alfuzosin er cevimeline dutasteride finasteride oxybutynin oxybutynin er phenazopyridine potassium er silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine er (QL)	CYSTAGON* ELMIRON K-PHOS ORIGINAL	AVODART EVOXAC FLOMAX PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL
VACCINES		
<p>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.</p>		
		ACTHIB+ ADACEL TDAP+ AFLURIA QUAD 2021-2022+ AFLURIA QUAD 2021-22 (3YR UP)+

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
VACCINES (cont)		
<p>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.</p>		
		AFLURIA QUAD 2021-22 (6- 35MO)+ BEXSERO+ BOOSTRIX TDAP+ DAPTACEL DTAP+ DENGVAXIA+ DIPHTHERIA- TETANUS TOXOIDS-PED+ ENGERIX-B ADULT+ ENGERIX-B PEDIATRIC- ADOLESCENT+ FLUAD QUAD 2021- 2022+ FLUARIX QUAD 2021-2022+ FLUBLOK QUAD 2021-2022+ FLUCELVAX QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLUZONE HIGH- DOSE QUAD 2021-22+ FLUZONE QUAD 2021-2022+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ JANSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W- 135-DIP+ M-M-R II VACCINE+

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
VACCINES (cont)		
<p>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.</p>		
		MODERNA COVID-19 VACCINE (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (5- 11Y) VAC (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIOP+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP- IPV VIAL+ RECOMBIVAX HB+ SHINGRIX+ (QL) TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+

WEIGHT MANAGEMENT

megestrol
suspension

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

These medications aren't covered on the Cigna Performance 3-Tier Prescription Drug List.^{^^} **However, there are other medications available that are used to treat the same condition.** They're listed below.

DRUG CLASS	MEDICATION NAME ^{^^} <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	ATRIPLA* COMBIVIR* EMTRIVA* EPIVIR* EPZICOM* INTELENCE 100MG, 200MG TABLET* KALETRA* LEXIVA 700MG TABLET* NORVIR 100MG TABLET* RETROVIR CAPSULE, SYRUP* REYATAZ CAPSULE* SUSTIVA* SYMFЫ* SYMFЫ LO* TRIZIVIR* TRUVADA* VIRAMUNE* VIRAMUNE XR* VIREAD 300MG TABLET* ZIAGEN*	efavirenz-emtricitabine-tenofovir* lamivudine-zidovudine* emtricitabine* lamivudine* abacavir-lamivudine* etravirine* lopinavir-ritonavir* fosamprenavir 700mg tablet* ritonavir 100mg tablet* zidovudine capsule, syrup* atazanavir capsules* efavirenz* efavirenz-lamivudine-tenofovir* abacavir-lamivudine-zidovudine tablet* emtricitabine-tenofovir* nevirapine* nevirapine ER* tenofovir 300mg tablet* abacavir*
ALLERGY/NASAL SPRAYS	AUVI-Q EPIPEN EPIPEN JR SYMJEPI BECONASE AQ NASONEX OMNARIS QNASL ZETONNA carbinoxamine 6mg tablet RYVENT	epinephrine auto-injectors generic nasal steroids (e.g. fluticasone) carbinoxamine 4mg tablet
	dexchlorpheniramine RYCLORA	carbinoxamine oral solution cyproheptadine syrup hydroxyzine syrup
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)
	QNASL CHILDREN'S XHANCE	flunisolide fluticasone mometasone
ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)	pyridostigmine 60mg tablet
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL APLENZIN ATIVAN TABLET LOREEV XR	clomipramine bupropion XL 150, 300 mg tablets lorazepam

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ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	bupropion xl 450mg tablet FORFIVO XL CYMBALTA DRIZALMA SPRINKLE LEXAPRO PAMELOR PARNATE PEXEGA TOFRANIL WELLBUTRIN XL	bupropion xl 150mg tablets desvenlafaxine ER duloxetine escitalopram duloxetine dr capsules escitalopram nortriptyline capsules tranylcypromine paroxetine paroxetine cr imipramine bupropion xl escitalopram fluoxetine
ASTHMA/COPD/RESPIRATORY	ADVAIR DISKUS AIRDUO RESPICLICK ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA BROVANA budesonide-formoterol DUAKLIR PRESSAIR ELIXOPHYLLIN ALBUTEROL HFA levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA PERFOROMIST SEEBRI NEOHALER TUDORZA PRESSAIR STRIVERDI RESPIMAT YUPELRI	ADVAIR HFA BREO ELLIPTA DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB FLOVENT DISKUS FLOVENT HFA PULMICORT FLEXHALER QVAR arformoterol SYMBICORT ANORO ELLIPTA BEVESPI AEROSPHERE STIOLTO RESPIMAT theophylline er theophylline oral solution Generic PROAIR or PROVENTIL (albuterol hfa) formoterol INCRUSE ELLIPTA SPIRIVA RESPIMAT SEREVENT DISKUS ANORO ELLIPTA BEVESPI AEROSPHERE BREZTIRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA

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ASTHMA/COPD/RESPIRATORY (cont)	ZYFLO	montelukast zafirlukast zileuton er
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR APTENSIO XR CONCERTA COTEMPLA XR-ODT FOCALIN XR JORNAY PM RITALIN LA	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er MYDAYIS VYVANSE
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er
	QELBREE	atomoxetine
	RELEXXII	methylphenidate er 36mg tablet
BLOOD PRESSURE/HEART MEDICATIONS	BETAPACE	sotalol
	BYSTOLIC	nebivolol
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CONJUPRI	amlodipine felodipine er nicardipine nifedipine
	CONSENSI	amlodipine celecoxib
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	ISORDIL	isosorbide dinitrate
	ISORDIL TITRADOSE	
	LANOXIN	digoxin
	MULTAQ	amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af
BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole YOSPRALA	aspirin or enteric aspirin
CANCER	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*
	NILANDRON	nilutamide
	TARCEVA*	erlotinib
	YONSA*	abiraterone
	ZYTIGA*	

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CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE CRESTOR EZALLOR SPRINKLE FLOLIPID SIMVASTATIN 20mg/5ml SUSPENSION JUXTAPID* PRALUENT LIPITOR niacin 500mg tablet NIACOR ROSUVASTATIN-EZETIMIBE ZYPITAMAG	fenofibrate rosuvastatin+ generic statins (e.g. atorvastatin; simvastatin) REPATHA atorvastatin+ ezetimibe-simvastatin rosuvastatin+ niacin er atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+
COUGH/COLD MEDICATIONS	benzonatate 150mg TUSSICAPS	benzonatate 100mg, 200mg hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup
DIABETES	ACCU-CHEK AVIVA PLUS TEST STRIPS ACCU-CHEK COMPACT PLUS STRIPS ACCU-CHEK GUIDE TEST STRIPS ACCU-CHEK SMARTVIEW TEST STRIPS CVS ADVANCED GLUCOSE TEST STRIPS ADVOCATE TEST STRIPS ASSURE 4 TEST STRIPS ASSURE PLATINUM TEST STRIPS ASSURE PRISM MULTI TEST STRIPS CONTOUR TEST STRIPS FREESTYLE TEST STRIPS FREESTYLE TEST STRIPS NFRS RELION TEST STRIPS RIGHTEST GT333 TEST STRIPS ADLYXIN	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio) BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA HUMALOG LYUMJEV
	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART NOVOLOG	

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DRUG CLASS	MEDICATION NAME ^{^^} <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	AFREZZA alogliptin alogliptin-metformin JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA alogliptin-pioglitazone OSENI	HUMALOG HUMULIN R LYUMJEV JANUMET JANUMET XR JANUVIA metformin JANUMET JANUMET XR JANUVIA pioglitazone
	BASAGLAR LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	LEVEMIR TRESIBA FLEXTOUCH
	FORTAMET GLUMETZA metformin er gastric metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)
	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR
	INVOKANA STEGLATRO	FARXIGA JARDIANCE metformin
	NOVOLIN STEGLUJAN	HUMULIN GLYXAMBI metformin QTERN TRIJARDY XR
DIURETICS	EDECIN ethacrynic acid	bumetanide furosemide torsemide
	THALITONE	chlorthalidone
EYE CONDITIONS	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost

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EYE CONDITIONS (cont)	TYRVAYA	cyclosporine 0.05% eye emulsion XIIDRA RESTASIS MULTIDOSE
GASTROINTESTINAL/HEARTBURN	ANUSOL-HC 25MG SUPPOSITORY ASACOL HD COLAZAL DELZICOL DIPENTUM BYLVAY* LIVMARLI*	hydrocortisone 25mg suppository balsalazide mesalamine tablets or capsules PENTASA sulfasalazine cholestyramine powder/packet rifampin ursodiol tablet
	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone
	CREON PERTZYE ZENPEP	PANCREAZE
	DEXLANSOPRAZOLE DR	DEXILANT
	GIMOTI*	metoclopramide oral solution or tablet
	glycopyrrolate 1.5mg tablet	glycopyrrolate 1mg tablet glycopyrrolate 2mg tablet
	GOLYTELY+ MOVIPREP+ NULYTLY WITH FLAVOR PACKS+ OSMOPREP+ PLENUV+	CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+
	KRISTALOSE lactulose 10gm packet	CONSTULOSE ENULOSE lactulose oral solution
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	Iubiprostone	AMITIZA
	MARINOL SYNDROS	dronabinol
	MOTEGRITY TRULANCE ZELNORM	AMITIZA LINZESS
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK PYLERA TALICIA	lansoprazole-amoxicillin-clarithromycin pak
	OMEPP1 omeprazole-bicarbonate ZEGERID PACKET	omeprazole
	PEPCID	famotidine suspension
	PREVACID SOLUTAB	esomeprazole, lansoprazole, pantoprazole
	RELTONE	ursodiol

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GASTROINTESTINAL/HEARTBURN (cont)	ROWASA SENSIPAR* ZEGERID CAPSULE ZOFRAN ZUPLENZ	mesalamine rectal enema suspension cinacalcet DEXILANT lansoprazole omeprazole ondansetron ondansetron ondansetron odt
HORMONAL AGENTS	ALKINDI SPRINKLE ARMOUR THYROID WP THYROID DDAVP NOCDURNA DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DXEVO HIDEX TAPERDEX ZCORT FORTESTA JATENZO NATESTO TESTIM VOGELXO XYOSTED GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*	hydrocortisone 5mg tablet np thyroid desmopressin nasal spray or tablets dexamethasone 1.5mg tablet ANDRODERM generic topical testosterone HUMATROPE* NORDITROPIN* dexamethasone 5mg tablet Generic SYNTHROID (also called levothyroxine) bynfezia* budesonide capsule methylprednisolone prednisone EUTHYROX LEVO-T levothyroxine LEVOXYL budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone
	UCERIS 9MG ER TABLET	

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DRUG CLASS	MEDICATION NAME ^{^^} <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIOUS DISEASES	ACTICLATE DORYX DORYX MPC MINOCIN 50MG PEL CAPSULE MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER MONODOX SEYSARA SOLODYNE soloxide TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO	Generic products (e.g. doxycycline; minocycline)
	ARAKODA	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine
	AUGMENTIN AUGMENTIN XR	amoxicillin/clavulanate
	BARACLODE TABLET*	entecavir tablet*
	BETHKIS* TOBI*	tobramycin inhalation solution*
	BREXAFEMME DIFLUCAN	fluconazole
	doxycycline hydiate dr 80mg tablet	generic products (e.g. minocycline)
	DOXYCYCLINE IR-DR LYMPEAK ORACEA	doxycycline hydiate 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
	NOXAFL 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	EXSERVAN*	riluzole* TIGLUTIK*
	HORIZANT	gabapentin
	KUVAN*	sapropterin tablet & powder packet*
	SYPRINE*	penicillamine* trientine*

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MISCELLANEOUS (cont)	XENAZINE*	tetrabenazine*
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*
	COPAXONE*	BETASERON* EXTAVIA* glatiramer* GLATOPA* KESIMPTA* PLEGRIDY* REBIF*
	TECFIDERA*	AUBAGIO* BAFIERTAM* dimethyl* GILENYA* MAYZENT* PONVORY* VUMERTY*
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 AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAX	butalbital-acetaminophen 50-325mg tablet generic triptans (e.g. sumatriptan; naratriptan)
	AMRIX cyclobenzaprine er	carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets methocarbamol orphenadrine er metaxalone

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	CAMBIA DUEXIS fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO ibuprofen-famotidine INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr naproxen sodium er naproxen-esomeprazole mag RELAFEN RELAFEN DS TIVORBEX VIMOVO VIVLODEX ZIPSOR ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg	methocarbamol 500mg
	chlorzoxazone 750mg	
	CONZIP	tramadol tramadol er
	COSENTYX*	ENBREL* HUMIRA* OTEZLA* STELARA* TALTZ*
	CUPRIMINE*	penicillamine* trientine*
	D.H.E.45	dihydroergotamine injection
	diclofenac 1.5% solution	generic nsaid (e.g. celecoxib; meloxicam)
	diclofenac 35mg capsule	diclofenac 1% gel
	PENNSAID	
	dihydroergotamine 4mg/ml spray	sumatriptan nasal spray
	IMITREX NASAL SPRAY	
	MIGRALAN	
	ONZETRA XSAIL	
	ZOLMITRIPTAN NASAL SPRAY	
	ZOMIG	
	GLOPERBA	colchicine probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE	dihydroergotamine
	IMITREX PEN INJECTOR	sumatriptan

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	IMITREX TABLET	dihydroergotamine eletriptan rizatriptan sumatriptan tablets
	INFliximab*	AVSOLA* INFLECTRA*
	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	LIDODERM	lidocaine 5% patch
	LORZONE	chlorzoxazone 500mg cyclobenzaprine tablet
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER
	OZOBAX	baclofen tablet
	PROLATE SOLUTION	oxycodone-acetaminophen tablet
	QDOLO	tramadol 50mg tablet
	QULIPTA	NURTEC ODT
	REMICADE*	AVSOLA* INFLECTRA*
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	ROXICODONE	oxycodone
	SORIATANE	acitretin
	SUBSYS	fentanyl lozenge or buccal tablet
	tizanidine capsule	tizanidine tablet
	TOSYMRA	sumatriptan
	TREXIMET	sumatriptan-naproxen
	vtol lq	butalbital-acetaminophen-caffeine capsule or tablets phrenilin forte
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan
	ZOMIG ZMT	zolmitriptan odt
PARKINSON'S DISEASE	GOCOVRI	amantadine
	LODOSYN	carbidopa
	ONGENTYS	entacapone
	ZELAPAR	selegiline tablets or capsules

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SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone
	CAPLYTA LYBALVI	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone
	GEODON CAPSULE	aripiprazole paliperidone er ziprasidone
	VERSACLOZ	clozapine clozapine odt
	ZYPREXA	aripiprazole olanzapine tablets paliperidone er
	ZYPREXA ZYDIS	aripiprazole olanzapine olanzapine odt
SEIZURE DISORDERS	ELEPSIA XR KEPPRA XR	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	lamotrigine er
	LAMICTAL XR KIT (BLUE, GREEN, ORANGE)	
	LYRICA LYRICA CR pregabalin er	duloxetine gabapentin lidocaine 5% topical patch pregabalin
	mysoline	primidone
	QUDEXY XR TROKENDI XR	topiramate er
	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
	ZONEGRAN	zonisamide

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DRUG CLASS	MEDICATION NAME ^{^^} <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE
	ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN 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	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
	BENZAACLIN 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

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DRUG CLASS	MEDICATION NAME ^{^^} <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapson 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX	imiquimod 5% cream packet
	VERGEN	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	FLUROPLEX fluorouracil imiquimod 5% 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
	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

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DRUG CLASS	MEDICATION NAME ^{^^} <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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
	mupirocin 2% cream	mupirocin 2% ointment
	NORITATE	azelaic acid metronidazole cream metronidazole gel
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment
	OPZELURA	Eucrisa pimecrolimus tacrolimus ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	aclometasone desonide triamcinolone
	ULTRAVATE LOTION ULTRAVATE X	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream

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DRUG CLASS	MEDICATION NAME ^{^^} <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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
	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	AZASAN*	azathioprine 50mg tablet*
	azathioprine 75 mg, 100 mg tablet*	
URINARY TRACT CONDITIONS	LUPKYNIS*	BENLYSTA* tacrolimus*
	DETROL	darifenacin er oxybutynin tolterodine
	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er

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

DRUG CLASS	MEDICATION NAME[^] <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS (cont)	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE LS	darifenacin er oxybutynin er tolterodine er trospium er
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacina tolterodine tolterodine er trospium
	PROCYSB*	CYSTAGON*
	THIOLA* THIOLA EC*	tiopronin*
	VESICARE	darifenacin er oxybutynin er solifenacina tolterodine er trospium er

Frequently Asked Questions (FAQs)

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

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

A. Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:^{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." For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA). With excluded medications, there's no option to get coverage through Cigna's coverage review process.

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

Q. What types of medications typically need approval?

A. Medications that:

- May be unsafe when combined with other medications
- Have lower-cost, equally effective

Frequently Asked Questions (FAQs) (cont)

alternatives available

- Should only be used for certain health conditions
- Are often misused or abused

Q. What types of medications typically have quantity limits?

A. Medications that:

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

Q. What types of medications require Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

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

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

sending Cigna a written request stating why the medication should be covered.

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

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont)

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

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

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

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

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.⁴

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.⁵ 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.⁵ 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.⁶

Home delivery with Express Scripts® Pharmacy

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

- Easily order, manage, track, and pay for your medications on your phone or online
- Standard shipping at no extra cost⁷
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time
- Helpful pharmacists available 24/7
- Flexible payment options

Here are three easy ways to get started.

1. Log in to the **myCigna** App or **myCigna.com** to move your prescription electronically. Click on the Prescriptions tab and select

Frequently Asked Questions (FAQs) (cont)

My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,

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

Accredo®, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁸ They'll also provide you with the personalized care and support you need to manage your therapy - at no extra cost. To learn more , go to **Cigna.com/specialty**.

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost⁷
- Easy refills and free reminders
- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services like training on how to administer your medication
- Help with applying for third-party copay assistance programs and other options

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

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

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

Exclusions and limitations for coverage

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁹

- 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 fertility¹⁰, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation¹⁰, or athletic enhancement;
- prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- replacement of prescription medications and related supplies due to loss or theft;
- medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- prescriptions more than one year from the date of issue; or
- coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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



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



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
 2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
 3. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plan covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your Cigna ID card.
 4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
 5. 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>.
 6. 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.
 7. Standard shipping costs are included as part of your prescription plan.
 8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
 9. 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.
 10. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.
- Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.
- All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Accredo Health Group, Inc., Express Scripts, Inc., ESI Mail Pharmacy Service, Inc., Express Scripts Pharmacy, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., (CHC-TN), and Cigna HealthCare of Texas, Inc. "Accredo" refers to Accredo Health Group, Inc. "Express Scripts Pharmacy" refers to ESI Mail Pharmacy, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, "Together all the way," and "myCigna" are trademarks of Cigna Intellectual Property, Inc. "Accredo" and "Express Scripts Pharmacy" are trademarks of Express Scripts Strategic Development, Inc.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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



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

Proficiency of Language Assistance Services

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

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

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

Vietnamese – XIN LƯU Ý: Quý vị được cung 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).

– برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون على ظهر بطاقةكم الشخصية. **Arabic** او اتصل بـ (TTY) 1.800.244.6224 (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).

– 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 ناشناخته: شماره 711 شماره همگیری کنید). **Persian (Farsi)**