



CIGNA VALUE 3-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2021

Together, all the way.®





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View the drug list online

This document was last updated on 06/01/2021.* You can go online to see the current list of medications your plan covers.



The 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.



Cigna.com/druglist – Select **Cigna Value 3 Tier** from the drop down menu. Then type in your medication name or view the full list.

Questions?

- › **Click to chat:** **myCigna.com**, 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.

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Value 3-Tier Prescription Drug List as of July 1, 2021.^{1,2} Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

This 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 and **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

Prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics) aren't covered on the Cigna Value 3-Tier Prescription Drug List. These medications are considered plan (or benefit) exclusions. You can get over-the-counter (OTC) versions of these medications 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 3-Tier Prescription Drug List.

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

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Value 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. 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 capitalized

In this drug list, brand-name medications are capitalized. Generic medications are lowercase.

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 these medications on a specialty tier, 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 and **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 for your treatment. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** App and **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	GASTROINTESTINAL/HEARTBURN	12, 13
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	13
ALZHEIMER'S DISEASE	6	INFECTIONS	13, 14
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFERTILITY	14
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	14, 15
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	OSTEOPOROSIS PRODUCTS	15
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	15, 16
CANCER	8	PARKINSON'S DISEASE	16
CHOLESTEROL MEDICATIONS	8, 9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
CONTRACEPTION PRODUCTS	9, 11	SEIZURE DISORDERS	16
COUGH/COLD MEDICATIONS	11	SKIN CONDITIONS	16, 17
DENTAL PRODUCTS	11	SLEEP DISORDERS/SEDATIVES	17
DIABETES	11	SMOKING CESSATION	17
DIURETICS	11	SUBSTANCE ABUSE	17
EAR MEDICATIONS	11	TRANSPLANT MEDICATIONS	17
ERECTILE DYSFUNCTION	12	URINARY TRACT CONDITIONS	17
EYE CONDITIONS	12	VACCINES	17, 18
FEMININE PRODUCTS	12	WEIGHT MANAGEMENT	18

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AIDS/HIV			ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)		
abacavir-lamivudine* (PA) atazanavir* (PA) ritonavir* tenofovir* (PA)	Biktarvy* Descovy** (PA) Dovato* Genvoya* Isentress* Isentress HD* (PA) Juluca* Prezista* Selzentry* (PA) SYMFI* SYMFI LO* Symtuza* Tivicay* Triumeq* Viread 150mg, 200mg, 250mg tablet, powder* (PA)	Atripla* (PA) CIMDUO* (PA) Complera* (PA) Evotaz* (PA) Intelence* (PA) Odefsey* (PA) Prezcobix* (PA) Stribild* (PA) Temixys* (PA)	alprazolam ODT alprazolam XR amitriptyline bupropion (QL) bupropion SR+^ (QL) bupropion XL (QL) buspirone citalopram (QL) clomipramine desvenlafaxine ER (QL) duloxetine (QL) escitalopram (QL) fluoxetine (QL) fluoxetine DR (QL) fluvoxamine (QL) fluvoxamine ER (QL) lorazepam oral concentrate tablet lorazepam intensol mirtazapine mirtazapine ODT paroxetine (QL) paroxetine CR (QL) paroxetine ER (QL) sertraline (QL) trazodone venlafaxine (QL) venlafaxine ER (QL)		Fetzima (ST, QL) Forfivo XL (ST, QL) Paxil (ST, QL) Paxil CR (ST, QL) Prozac (ST, QL) Remeron Sarafem (ST) Trintellix (ST, QL) Viibryd (ST, QL) Wellbutrin SR (ST, QL) Xanax Xanax XR Zoloft (ST, QL)
ALLERGY/NASAL SPRAYS			ASTHMA/COPD/RESPIRATORY		
azelastine^ cromolyn cyproheptadine epinephrine (QL) flunisolide^ fluticasone^ hydroxyzine ipratropium mometasone^ (QL) olopatadine promethazine		Clarinet-D 12 Hour Gastrocrom GRASTEK (PA, QL) Karbinal ER ODACTRA (PA, QL) Patanase RAGWITEK (PA, QL) Vistaril	albuterol albuterol HFA alyq* (PA) budesonide fluticasone-salmeterol montelukast tadalafil 20mg* (PA) Wixela Inhub	ANORO ELLIPTA Atrovent HFA BREZTRI AEROSPHERE Dulera Fasenra Pen* (PA) Flovent Diskus Flovent HFA INCRUSE ELLIPTA Nucala auto-injector, syringe* (PA) OFEV* (PA) Opsumit* (PA) QVAR RediHaler Serevent Diskus Symbicort	Adcirca* (PA) Adempas* (PA) Brovana Combivent Respimat Daliresp (QL) Lonhala Magnair (PA) Orenitram ER* (PA) Orkambi* (PA, QL) Perforomist (QL) Pulmicort Respule Pulmozyme* (PA) Revatio oral suspension, tablet* (PA) Singulair Symdeko* (PA, QL) Tracleer tablet* (PA) Tyvaso* (PA)
ALZHEIMER'S DISEASE			ANXIETY/DEPRESSION/BIPOLAR DISORDER		
donepezil donepezil ODT memantine memantine ER (QL) pyridostigmine solution, 60mg tablet pyridostigmine ER rivastigmine		Aricept Exelon Mestinon Namenda Namenda XR (QL) Namzaric (QL)	alprazolam alprazolam ER alprazolam intensol		Celexa (ST, QL) Effexor XR (ST, QL) EMSAM (QL)

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ASTHMA/COPD/RESPIRATORY (cont)			BLOOD PRESSURE/HEART MEDICATIONS		
	Tracleer 32mg tablet for suspension* (PA) TRELEGY ELLIPTA Uptravi* (PA) Xolair* (PA)		amiodarone tablet amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-HCTZ Adult Aspirin Regimen+ Aspirin EC+ aspirin EC+ aspirin 325 mg tablet+ Aspirin-Low+ atenolol Bayer Aspirin 325mg tablet+ benazepril benazepril-HCTZ candesartan candesartan-HCTZ cartia XT carvedilol carvedilol ER (QL) Children's Aspirin+ clonidine diltiazem diltiazem 12HR ER diltiazem 24HR ER diltiazem 24HR ER (CD) diltiazem 24HR ER (LA) diltiazem 24HR ER (XR) dofetilide (QL) doxazosin Ecotrin EC 81 mg tablet+ Ecpirin EC+ enalapril flecainide hydralazine tablet irbesartan irbesartan-HCTZ isosorbide mononitrate	Corlanor (PA) Entresto	Adalat CC BiDil (QL) Calan SR Cardizem LA (QL) Cardura Catapres Catapres-TTS 1 Catapres-TTS 2 Catapres-TTS 3 Coreg (ST) Coreg CR (ST, QL) Corgard (ST) Ecotrin EC 325mg tablet+ Epaned HAEGARDA* (PA) Hemangeol Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) KALBITOR*^ (PA) Kapsargo Sprinkle (ST) Lopressor (ST) Minipress MULTAQ Nitrostat Northera* (PA) Norvasc Pacerone 100mg, 400mg (PA) Procardia Procardia XL Ranexa (QL) Rythmol SR (PA) Ruconest*^ (PA) TAKHZYRO* (PA) Tenoretic 50 (ST) Tenoretic 100 (ST) Tenormin (ST) Tiazac Tikosyn (PA, QL) Toprol XL (ST) Verelan Verelan PM
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
atomoxetine (QL) clonidine ER dexmethylphenidate (PA age) dexmethylphenidate ER (PA age, QL) dextroamphetamine-amphetamine (PA age) dextroamphetamine-amphetamine ER (PA age, QL) guanfacine ER methylphenidate (PA age) methylphenidate CD (PA age, QL) methylphenidate ER (QL) methylphenidate ER (CD) (PA age, QL) methylphenidate ER (LA) (PA age, QL) methylphenidate LA (PA age, QL) Relexxii (PA age, QL)		Adderall (PA age, ST) Daytrana (PA age, QL) Evekeo (PA age, ST) Focalin (PA age, ST) Intuniv ER Kapvay ER Methylin (PA age) Quillivant XR (PA age, QL) Ritalin tablet (PA age, ST) Strattera (QL)			
BLOOD MODIFIERS/BLEEDING DISORDERS					
aminocaproic acid* tranexamic acid*	Aranesp*^ (PA) Droxia Epogen*^ (PA) Neulasta* (PA) Neulasta Onpro* (PA) Nivestym*^ Nyvepria* (PA) PROCRIPT*^ (PA) Retacrit*^ (PA) UDENYCA*^ (PA) Zarxio*^	Amicar* Endari Fulphila* (PA) Granix*^ Hemlibra* (PA) Lysteda* Neupogen*^ (PA) Promacta* (PA) Siklos (PA) Tavalisse* (PA) Ziextenzo* (PA)			

Cigna Value 3-Tier Prescription Drug List

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

BLOOD PRESSURE/HEART MEDICATIONS (cont)

isosorbide		
mononitrate ER		
labetalol tablet		
lisinopril		
lisinopril-HCTZ		
losartan		
losartan-HCTZ		
Low Dose Aspirin EC ⁺		
Matzim LA		
metoprolol		
metoprolol ER		
nadolol		
nifedipine		
nifedipine ER		
olmesartan (QL)		
olmesartan-		
amlodipine-HCTZ		
olmesartan-HCTZ		
(QL)		
Pacerone 200mg		
tablet		
prazosin		
propafenone		
propafenone ER		
propranolol solution,		
tablet		
propranolol ER		
ramipril		
St. Joseph Aspirin ⁺		
ranolazine ER (QL)		
Taztia XT		
telmisartan (QL)		
telmisartan-HCTZ		
(QL)		
valsartan		
valsartan-HCTZ		
verapamil capsule,		
tablet		
verapamil ER		
verapamil ER PM		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole	BRILINTA	Aggrenox
ER	Eliquis (PA)	Arixtra* (QL)
clopidogrel	Fragmin* (QL)	Bevyxxa (QL)
enoxaparin* (QL)	Xarelto (PA)	Coumadin (PA)

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

BLOOD THINNERS/ANTI-CLOTTING (cont)

fondaparinux* (QL)		Effient
Jantoven		Lovenox* (QL)
prasugrel		Plavix
warfarin		Pradaxa (PA)
		Savaysa (PA, QL)
		Zontivity

CANCER

abiraterone* (PA)	Actimmune* (PA)	Afinitor 2.5mg, 5mg,
anastrozole ⁺	Afinitor 10mg* (PA)	7.5mg* (PA)
capecitabine* (PA)	(PA)	Afinitor Disperz* (PA)
exemestane ⁺	Erivedge* (PA)	ALECENSA* (PA)
imatinib* (PA)	Erleada* (PA)	Alunbrig* (PA)
letrozole	Gleostine	Bosulif* (PA)
mercaptopurine	IBRANCE* (PA)	CABOMETYX* (PA)
methotrexate	LUPRON	COMETRIQ* (PA)
tamoxifen ⁺	DEPOT*^ (PA)	Gleevec* (PA)
temozolomide* (PA)	Nexavar* (PA)	Imbruvica* (PA)
	Revlimid* (PA)	Inlyta* (PA)
	SPRYCEL* (PA)	Jakafi* (PA)
	Sutent* (PA)	Kisqali* (PA)
	Tasigna* (PA)	Lenvima* (PA)
	Trexall	Lonsurf* (PA)
	Tykerb* (PA)	LORBRENA* (PA)
	Verzenio* (PA)	Lynparza* (PA)
		Mekinist* (PA)
		Nerlynx* (PA)
		NINLARO* (PA)
		NUBEQA* (PA)
		Odomzo* (PA)
		Pomalyst* (PA)
		Purixan*
		Rubraca* (PA)
		Stivarga* (PA)
		Tafinlar* (PA)
		Tagrisso* (PA)
		Talzenna* (PA)
		Targetin capsule*
		(PA)
		Temodar capsule*
		(PA)
		Tykerb* (PA)
		Venclexta* (PA)
		VIZIMPRO* (PA)
		Votrient* (PA)
		XALKORI* (PA)
		Xeloda* (PA)
		Xtandi* (PA)
		Zejula* (PA)

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CHOLESTEROL MEDICATIONS			CONTRACEPTION PRODUCTS (cont)		
atorvastatin ⁺	Repatha (PA)	Caduet (QL)	Chateal EQ ⁺		
ezetimibe	Vascepa (PA)	Lipofen (ST)	Cryselle ⁺		
ezetimibe- simvastatin		Lovaza	Cyclafem ⁺		
fenofibrate		Niaspan	Cyred ⁺ Cyred EQ ⁺		
fenofibric acid		TriCor (ST)	Dasetta ⁺		
fluvastatin ⁺		Triglide (ST)	Daysee ⁺		
fluvastatin ER ⁺		Trilipix (ST)	Deblitane ⁺		
lovastatin ⁺		Welchol	desogestrel-ethinyl estradiol ⁺		
niacin 500mg tablet		Zetia	desogestrel-ethinyl estradiol ethinyl estradiol ⁺		
niacin ER			drosiprenone- ethinyl estradiol- levomefolate ⁺		
omega-3 ethyl esters			drosiprenone-ethinyl estradiol ⁺		
pravastatin ⁺			Econtra EZ ⁺		
rosuvastatin ⁺			Econtra One-Step ⁺		
simvastatin ⁺			Elinest ⁺		
CONTRACEPTION PRODUCTS			Eluryng vaginal ring ⁺		
Afirmelle ⁺	Lo Loestrin FE	Annovera	Emoquette ⁺		
Aftera ⁺		Beyaz	Enpresse ⁺		
Altavera ⁺		Ella ⁺	Enskyce ⁺		
Alyacen ⁺		Estrostep FE	Errin ⁺		
Amethia ⁺		Kyleena*	Estarylla ⁺		
Amethia Lo ⁺		Layolis FE	ethynodiol-ethinyl estradiol ⁺		
Amethyst ⁺		Loestrin FE	etonogestrel-ethinyl estradiol vaginal ring ⁺		
Apri ⁺		Minastrin 24 FE	Falmina ⁺		
Aranelle ⁺		Mirena*	Fayosim ⁺		
Ashlyna ⁺		NuvaRing	FemCap ⁺		
Aubra ⁺		SAFYRAL	Femynor ⁺		
Aubra EQ ⁺		Skyla*	Gianvi ⁺		
Aurovela ⁺		Today Contraceptive Sponge ⁺	Gynol II ⁺		
Aurovela FE ⁺		Yasmin 28	Hailey ⁺		
Aurovela 24 FE ⁺		YAZ	Hailey FE ⁺		
Aviane ⁺			Hailey 24 FE ⁺		
Ayuna ⁺			Heather ⁺		
Azurette ⁺			Incassia ⁺		
Balziva ⁺			Introvale ⁺		
Bekyree ⁺			Isibloom ⁺		
Blisovi FE ⁺			Jasmiel ⁺		
Blisovi 24 FE ⁺			Jencycla ⁺		
Briellyn ⁺			Jolessa ⁺		
Camila ⁺			Juleber ⁺		
Camrese ⁺			Junel ⁺		
Camrese LO ⁺			Junel FE ⁺		
Caya Contoured ⁺					
Caziant ⁺					
Chateal ⁺					

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)		
Junel FE 24 ⁺			norgestimate-ethinyl estradiol ⁺		
Katlib FE ⁺			Norlyda ⁺		
Kalliga ⁺			Nortrel ⁺		
Kariva ⁺			Ocella ⁺		
Kelnor 1-35 ⁺			Option 2 ⁺		
Kelnor 1-50 ⁺			Orsythia ⁺ Philith ⁺		
Kurvelo ⁺			Pimtrea ⁺		
Larin ⁺			Pirmella ⁺		
Larin FE ⁺			Portia ⁺		
Larin 24 FE ⁺			Previfem ⁺		
Larissia ⁺			Reclipsen ⁺		
Leena 28 tablet ⁺			Rivelsa ⁺		
Lessina ⁺			Setlakin ⁺		
Levonest ⁺			Sharobel ⁺		
levonorgestrel ⁺			Simliya ⁺		
levonorgestrel- ethinyl estradiol ⁺			Simpesse ⁺ Sprintec ⁺		
levonorgestrel-ethinyl estradiol ethinyl estradiol ⁺			Sronyx ⁺		
Levora-28 ⁺			Syeda ⁺		
Lillow ⁺			Tarina 24 FE ⁺		
Loryna ⁺			Tarina FE 1-20 EQ ⁺		
Low-Ogestrel ⁺			Tilia FE 28 ⁺		
Lo-Zumandimine ⁺			Tri Femynor ⁺		
Lutera ⁺			Tri-Estarylla ⁺		
Lyza ⁺			Tri-Legest FE ⁺		
Marlissa ⁺			Tri-Linyah ⁺		
medroxyprogesterone 150mg/ml ⁺			Tri-Lo-Estarylla ⁺		
Melodetta 24 FE ⁺			Tri-Lo-Marzia ⁺		
Mibelas 24 FE ⁺			Tri-Lo-Mili ⁺		
Microgestin ⁺			Tri-Lo-Sprintec ⁺		
Microgestin FE ⁺			Tri-Mili ⁺		
Mili ⁺			Tri-Previfem ⁺		
Mono-Linyah ⁺			Tri-Sprintec ⁺		
My Choice ⁺			Trivora-28 ⁺		
My Way ⁺			Tri-Vylibra ⁺		
Necon ⁺			Tri-Vylibra Lo ⁺		
Nikki ⁺			Tulana ⁺		
Nora-BE ⁺			Tydemy ⁺		
norethindrone ⁺			VCF Contraceptive ⁺		
norethindrone- ethinyl estradiol ⁺			Velivet ⁺		
norethindrone- ethinyl estradiol-FE ⁺			Vienva ⁺		
			Viorele ⁺		
			Vyfemla ⁺		
			Vylibra ⁺		
			Wera		
			Wide Seal		
			Diaphragm ⁺		

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	
CONTRACEPTION PRODUCTS (cont)			DIABETES (cont)			
Wymzya FE ⁺ Xulane ⁺ Zarah ⁺ Zovia ⁺ Zumandimine ⁺			GLUCOCARD Expression control solution GLUCOCARD Shine control solution Guardian test plug Guardian RT charger, monitor, test plug InPen (for Humalog) Insulin syringe metformin metformin ER Microlet 2 lancing device Microlet Next lancing device Multi-Lancet NovoFine NovoTwist OneTouch solution Paradigm remote control, reservoir pioglitazone TechLite pen needle, syringe TRUEplus pen needle, syringe Ultra-Fine Micro pen needle Ultra-Fine Mini pen needle Ultra-Fine Nano pen needle Veo insulin syringe	Janumet XR (ST, QL) Januvia (ST, QL) Jardiance (ST, QL) Levemir (QL) LYUMJEV (QL) MiniMed Reservoir Omnipod DASH (PA, QL) OneTouch test strips Ozempic (ST, QL) RYBELSUS (ST, QL) Segluromet (ST, QL) SOLIQUA 100-33 Steglatro (ST, QL) SymlinPen Synjardy (ST, QL) Synjardy XR (ST, QL) TRESIBA (QL) Trijardy XR (ST, QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (ST, QL) Xultophy		
COUGH/COLD MEDICATIONS						
Bromfed DM brompheniramine- pseudoephedrine- DM hydrocodone- chlorpheniramine ER (PA)		Tessalon Perle Tuzistra XR (PA, QL)				
DENTAL PRODUCTS						
chlorhexidine rinse doxycycline hyclate 20mg tablet fluoride ⁺ [^] Fluoritab ⁺ [^] Flura-Drops ⁺ [^] Ludent Fluoride ⁺ [^] Oralone Paroex Peridex Periogard sodium fluoride ⁺ [^] triamcinolone 0.1% paste		Floriva ⁺ [^] Fluorabon ⁺ [^]				
DIABETES			DIURETICS			
ACCU-CHEK AutoShield Duo pen needle Contour solution Contour Next Control solution Droplet insulin syringe, pen needle DropSafe pen needle glimepiride glipizide glipizide ER glipizide XL GLUCOCARD 01 control solution	Baqsimi (QL) BASAGLAR (QL) Bydureon (ST, QL) Byetta (ST, QL) Dexcom G6 sensor (PA, QL) Farxiga (ST, QL) Freestyle Libre (PA, QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Insulin Lispro (QL) Janumet (ST, QL)	Amaryl CeQur Simplicity CYCLOSET Glucagon Emergency Kit (QL) Glucophage Glucophage XR Korlym* (PA) Precision Xtra Ktone- Glucose kit Riomet	acetazolamide acetazolamide ER bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochlorothiazide spironolactone triamterene-HCTZ		Aldactone CaroSpir Diuril Dyazide Dyrenium Inspra JYNARQUE* (PA) Lasix Maxzide Samsca*	
			EAR MEDICATIONS			
			neomycin- polymyxin-HC ofloxacin drops		Cipro HC Ciprodex Cortisporin-TC Dermotic OTOVEL	

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ERECTILE DYSFUNCTION			FEMINE PRODUCTS		
sildenafil tablet^ (QL)		Caverject^ (PA, QL)	Fem pH		AVC
tadalafil mg^ (PA, QL)		Cialis^ (ST, QL)	GYNAZOLE 1		
vardenafil^ (QL)		MUSE^ (PA, QL)	miconazole 3 vaginal suppository		
		STENDRA^ (ST, QL)	terconazole		
		VIAGRA^ (ST, QL)			
EYE CONDITIONS			GASTROINTESTINAL/HEARTBURN		
azelastine^	Combigan	ACUVAIL	Alophen+	Amitiza	Akynzeo capsule (PA, QL)
brimonidine	EYsuVIS (QL)	Alphagan P	Anucort-HC	CLENPIQ+	Apriso
ciprofloxacin	Restasis	Alrex	balsalazide	Entyvio*^ (PA)	Bonjesta
dorzolamide	Simbrinza	AzaSite	bisacodyl+	Nexium DR	Canasa
dorzolamide-timolol		Azopt	Bisa-Lax+	2.5mg, 5mg packet (QL)	Carafate
epinastine^		Besivance	chlordiazepoxide-clidinium	Pancreaze DR	Cholbam* (PA)
erythromycin		BETIMOL	cinacalcet*	Pentasa	Correctol+
fluorometholone		Betoptic S	ClearLax+	Prepopik+	Diclegis
gatifloxacin		BromSite	dicyclomine capsule, solution, tablet	SUPREP+	Donnatal
latanoprost		Ciloxan	diphenoxylate-atropine	SUTAB+	Dulcolax EC+
moxifloxacin		Cosopt	dronabinol	Viberzi	Gattex* (PA)
neomycin-polymyxin B-dexamethasone		Cosopt PF	Ducodyl+		Kristalose
ofloxacin		Cystaran* (PA, QL)	famotidine suspension		Lialda
polymyxin B-TMP		DUREZOL	GaviLyte-C+		LITHOSTAT
prednisolone		Flarex	GaviLyte-G+		Lomotil
timolol		ILEVRO	GaviLyte-N+		MiraLax+
tobramycin		INVELTYS	GentleLax+		Motofen
tobramycin-dexamethasone		Istalol	GlycoLax+		Movantik (PA)
		LOTEMAX	HealthyLax+		MuGard
		LOTEMAX ointment	Hemmorex-HC		NeutraSal 538mg packet
		LOTEMAX SM	hydrocortisone		Ocaliva* (PA)
		Maxitrol	LaxaClear+		Ravicti* (PA)
		Moxeza	mesalamine		RECTIV
		Nevanac	mesalamine DR		RELISTOR (PA)
		Ocuflox	metoclopramide solution, tablet		SalivaMAX
		Oxervate* (PA)	metoclopramide ODT		SANCUSO (PA, QL)
		Polytrim	ondansetron		sfRowasa
		Pred Forte	ondansetron ODT		Sucraid* (PA)
		PROLENSA	PEG 3350 and Electrolytes+		Symproic (PA)
		Rhopressa	PEG-Prep+		Transderm-Scop
		Rocklatan	Phenadoz		Urso
		TIMOPTIC	polyethylene glycol 3350+		Urso Forte
		TIMOPTIC-XE	PowderLax+		VARUBI (PA, QL)
		TobraDex	prochlorperazine suppository, tablet		Viokace
		TobraDex ST			Xermelo* (PA)
		Trusopt			
		Vigamox			
		Zirgan			
		Zylet			
		Zymaxid			

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS (cont)		
promethazine Promethegan ranitidine syrup sucralfate TriLyte With Flavor Packets+ ursodiol			testosterone cypionate thyroid Westhroid WP Thyroid Yuvaferm (QL)		Royaldee Sandostatin*^ (PA) Somatuline Depot*^ (PA) Synthroid teriparatide* (PA, QL) Tirosint (PA) Tirosint-SOL (PA) Unithroid Vagifem (QL) Vivelle-Dot (QL)
HORMONAL AGENTS			INFECTIONS		
Amabelz budesonide EC budesonide ER (PA, QL) cabergoline (QL) CovARYX CovARYX HS Decadron desmopressin solution, spray, tablet dexamethasone elixir, liquid, tablet dexamethasone intensol EEMT EEMT H.S. estradiol (QL) estradiol-norethindrone estrogen-methyltestosterone levothyroxine tablet Levo-T Levoxyl liothyronine tablet Lopreeza medroxyprogesterone methimazole methylprednisolone dosepak, tablet Mimvey Mimvey LO Nature-Throid NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone capsule testosterone (PA, QL)	Cetrotide*^ (PA) Duavee FORTEO* (PA, QL) Ganirelix*^ (PA) Humatrope* (PA) Increlex* (PA) Lupron Depot*^ (PA) LUPRON DEPOT-PED*^ (PA) Norditropin FlexPro* (PA) OriaHnn (PA, QL) Orilissa (PA, QL) Premarin cream, tablet PREMPHASE PREMPRO Sandostatin LAR Depot*^ (PA) Serostim* (PA) Somavert* (PA) Zorbtive* (PA)	Activella Alora (QL) ANDRODERM (PA, QL) AndroGel (PA, QL) Angeliq Armour Thyroid Bijuva Bynfezia* (PA) Climara Climara Pro CombiPatch Crinone 4% Cytomel Depo-Testosterone Divigel Egrifita* (PA) Elestrin Emflaza* (PA) Entocort EC Estrace Estring (QL) EstroGel Euthyrox Evamist Fensolvi*^ (PA) Imvexxy (QL) Intrrosa levothyroxine capsule (PA) Lupaneta Pack*^ (PA) Medrol Menostar (QL) Minivelle (QL) Natpara* (PA) Noctiva (PA) Osphena Prometrium	acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin-clavulanate amoxicillin-clavulanate ER atovaquone atovaquone-proguanil Avidoxy azithromycin suspension, tablet (QL) cefdinir cefepodoxime cefuroxime tablet cephalexin ciprofloxacin tablet clarithromycin clarithromycin ER clindamycin Coremino (QL) dapson tablet doxycycline Emverm entecavir* (QL) erythromycin erythromycin ES famciclovir fluconazole hydroxychloroquine (QL) itraconazole	Baraclude sol* EPCLUSA* (PA, QL) Firvanq HARVONI* (PA, QL) ledipasvir-sofosbuvir* (PA) MAVYRET* (PA) Pegasy* (PA) Sofosbuvir-Velpatasvir* (PA) SOVALDI* (PA, QL) Thalomid* (PA) TOBI Podhaler* (PA, QL) VOSEVI* (PA) Xifaxan (QL)	Aemcolo DR (QL) Albenza Alinia ARIKAYCE* (PA) Bactrim Bactrim DS Baxdela tablet (PA) Cayston* (PA, QL) Cipro suspension, tablet Cleocin capsule, vaginal cream, vaginal ovule Cleocin Pediatric Clindesse Cresemba capsule (PA) DARAPRIM* (PA) DIFICID (QL) Elimite EryPed 200 Eurax Flagyl Keflex Kitabis Pak* (PA, QL) Levaquin Macrobid Macrochantin Malarone (PA) MetroGel-Vaginal Monurol Natroba Noxafil suspension Nuversa NUZYRA tablet* (QL)

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)			MISCELLANEOUS (cont)		
levofloxacin solution, tablet		Oravig	Freestyle lancets		Ferriprox* (PA)
metronidazole		Plaquenil (QL)	Microlet lancets		Galafold* (PA)
minocycline		Prevymis	Nebusal 3%		Jadenu* (PA)
minocycline ER tablet (QL)		tablet*Priftin	OneTouch lancets		Myalept* (PA)
Mondoxyne NL		Sivextro tablet (PA)	Precision Xtra		Nebusal 6%
nitrofurantoin		Sklice	B-Ketone strips		NUEDEXTA (QL)
nitrofurantoin mono-macro		Solosec	PulmoSal		Orfadin* (PA)
nystatin		Sulfatrim	Single-Let		Palynziq* (PA)
Okebo		Suprax	sodium chloride inhalation vial		Tegsedi* (PA)
oseltamivir (QL)		Tamiflu (QL)	TechLITE lancets		Tiglutik* (PA)
penicillin V		Urogesic-Blue	tetrabenazine* (PA)		Vyleesi*^ (PA, QL)
permethrin		Valtrex	trientine* (PA)		
sulfamethoxazole-TMP suspension, tablet		Vemlidy*	TRUEplus Ketone test strips		
terbinafine tablet		Vibramycin syrup, suspension	TRUEplus lancets		
tetracycline capsule		XENLETA tablet (PA, QL)			
tobramycin*^ ampule, vial (PA, QL)		Xofluza (QL)			
tobramycin pak*^ (PA, QL)		ZEPATIER* (PA)			
valacyclovir		Zithromax packet, suspension, tablet (QL)			
valganciclovir		ZYVOX (PA)			
vancomycin capsule, solution					
Vandazole					
voriconazole suspension, tablet (PA)					
INFERTILITY			MULTIPLE SCLEROSIS		
chorionic gonadotropin*^ (PA)	Gonal-f*^ (PA)	Crinone 8%^	glatiramer* (PA)	AVONEX* (PA)	FIRDAPSE* (PA, QL)
clomiphene tablet^	Gonal-f FRR*^ (PA)	Endometrin^	Glatopa* (PA)	Bafiertam DR* (PA)	MAVENCLAD* (PA)
	Menopur*^ (PA)	Follistim AQ*^ (PA)		BETASERON* (PA)	MAYZENT starter pack* (PA)
	Novarel*^ (PA)			EXTAVIA* (PA)	
	OVIDREL*^ (PA)			GILENYA* (PA)	
				Kesimpta* (PA)	
				MAYZENT tablet* (PA)	
				Plegriby* (PA)	
				Rebif* (PA)	
				Rebif Rebidose* (PA)	
				VUMERITY* (PA)	
				ZEPOSIA* (PA)	
MISCELLANEOUS			NUTRITIONAL/DIETARY		
ACCU-CHEK lancets	Cerdelga* (PA)	Addyi^ (PA, QL)	calcitriol capsule, solution^	Drisdol^	Auryxia (QL)
disulfiram	Esbriet* (PA)	Austedo* (PA)	calcium 667mg	Floriva+	CitraNatal^
Droplet lancets	Nityr* (PA)	Brisdelle (QL)	cyanocobalamin daily prenatal+	Mephyton^	CitraNatal Bloom^
Fingerstix	Strensiq* (PA)	Exjade* (PA)	FA-8+	NeevoDHA^	Klor-Con 8
			folic acid 0.4mg, 0.8mg, 1mg+	OB Complete	Klor-Con 10
			Klor-Con 20 MEQ packet	Quflora+	Klor-Con M15
			Klor-Con M10	Rocaltrol^	KPN+
			Klor-Con M20		K-Tab ER
			lanthanum		Lokelma
					OB Complete^
					Perry Prenatal+
					Phoslyra
					Prenate

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
NUTRITIONAL/DIETARY (cont)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
phytonadione tablet^		PrimaCare	hydromorphone solution, suppository, tablet (PA)	Stelara 45mg/0.5ml, 90mg/ml* (PA, QL)	ORENCIA syringe* (PA, QL)
potassium chloride capsule, packet, tablet		Renvela	hydromorphone ER (PA)	Taltz* (PA, QL)	Otrexup (PA)
Prena1 Pearl Prenatal+		VELPHORO	IBU	Tremfya* (PA, QL)	Oxaydo (PA)
Prenatal Vitamin+		Veltassa	ibuprofen 400mg, 600mg, 800mg suspension, tablet	UBRELVY (PA, QL)	Percocet (PA)
sevelamer vitamin D2^		VitafoI+	indomethacin capsule	XELJANZ* (PA, QL)	Procort
		VitaPearl	indomethacin ER	XELJANZ XR* (PA, QL)	proctofoam-HC
			ketorolac (QL)	XTAMPZA ER (PA)	Qmiiz ODT (ST, QL)
			leflunomide	ZTlido	Remicade*^ (PA)
			lidocaine (QL)		Roxybond (PA)
			lidocaine-prilocaine		Savella
			Lorcet (PA)		Skelaxin
			Lorcet HD (PA)		Tylenol-Codeine No.#3 (PA)
			Lorcet Plus (PA)		Uloric (QL)
			Lortab (PA)		Ultram (QL)
			meloxicam		Zanaflex
			Metaxall		Zebutal (QL)
			metaxalone		Zohydro ER (PA)
			methocarbamol tablet		Zyloprim
			morphine concentrate, suppository (PA)		
			morphine ER (PA)		
			nabumetone		
			Nalfon 600mg (ST)		
			Nalocet (PA)		
			naproxen		
			oxycodone (PA)		
			oxycodone ER (PA)		
			oxycodone-acetaminophen (PA)		
			Phrenilin Forte (QL)		
			Primlev (PA)		
			rizatriptan (QL)		
			sumatriptan (QL)		
			sumatriptan-naproxen (QL)		
			tizanidine		
OSTEOPOROSIS PRODUCTS					
alendronate (QL)	Fosamax Plus D (ST)	Actonel (ST)			
calcitonin-salmon		Atelvia (ST)			
ibandronate tablet	TYMLOS* (PA, QL)	Binosto (ST)			
raloxifene+		Boniva tablet (ST)			
risedronate		Evista			
risedronate DR		Fosamax (ST)			
PAIN RELIEF AND INFLAMMATORY DISEASE					
acetaminophen-codeine (PA)	ACTEMRA* syringe (PA, QL)	Abstral (PA)			
allopurinol	ACTEMRA	Analpram HC			
baclofen tablet	ACTPen* (PA, QL)	Arava			
buprenorphine (QL)	AJOVY (PA)	Arymo ER (PA)			
butalbital-	Aimovig (PA)	Benlysta* (PA)			
acetaminophen-	AVSOLA* (PA)	Butrans (QL)			
caffeine (QL)	BELBUCA (QL)	CELEBREX (ST, QL)			
carisoprodol	Cimzia* (PA, QL)	COLCRYS			
celecoxib (QL)	Emgality (PA)	Depen* (PA)			
colchicine	Enbrel* (PA, QL)	DUPIXENT* (PA)			
cyclobenzaprine	HUMIRA* (PA, QL)	Duragesic (PA)			
DermacinRx		EC-Naprosyn (ST)			
Empricaine	Hysingla ER (PA)	Esgic (QL)			
DermacinRx Prizopak	Inflectra* (PA)	Fexmid			
diclofenac (QL)	Morphabond ER (PA)	Ilaris*^ (PA)			
diclofenac ER	Nuretec ODT (PA, QL)	ILUMYA* (PA, QL)			
EC-Naproxen		Kadian (PA)			
eletriptan (QL)	OTEZLA* (PA, QL)	KEVZARA* (PA, QL)			
endocet (PA)	Rasuvo (PA)	Lidoderm			
etodolac	RediTrex (PA)	Mitigare			
etodolac ER	RINVOQ ER* (PA, QL)	Mobic (ST)			
fentanyl (PA)		MS Contin (PA)			
Fioricet (QL)	Simponi*	Nalfon 400 mg (ST)			
frovatriptan (QL)	100mg/ml (PA, QL)	Naprosyn (ST)			
Glydo	Simponi Aria* (PA)	Norco (PA)			
hydrocodone-acetaminophen (PA)	Skyrizi* (PA, QL)	NUCYNTA (PA)			
		NUCYNTA ER (PA)			
		Olumiant* (PA, QL)			

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)			SEIZURE DISORDERS (cont)		
tramadol 50mg tablet (QL) tramadol ER (QL)			oxcarbazepine Roweepira Subvenite Subvenite (Blue, Green, Orange) topiramate topiramate ER vigabatrin* Vigadrone*		Neurontin (PA) Onfi (PA) Oxtellar XR (PA) Phenytek (PA) Spritam (PA) Tegretol (PA) Tegretol XR (PA) VALTOCO (PA, QL) XCOPRI (PA, QL)
PARKINSON'S DISEASE			SKIN CONDITIONS		
benztropine tablet bromocriptine carbidopa-levodopa carbidopa-levodopa ER pramipexole pramipexole ER (QL) rasagiline (QL) ropinirole ropinirole ER	Apokyn* (PA) KYNMOBI (PA)	Azilect (QL) Duopa* Inbrija* (PA) Mirapex Mirapex ER (QL) Neupro NOURIANZ* (PA, QL) Osmolex ER (QL) Parlodel RYTARY Sinemet Tasmar XADAGO (ST)	adapalene (PA age) adapalene-benzoyl peroxide (PA age) Amnesteem (QL) Avar Cleanser Avar-E Avar-E Green azelaic acid betamethasone dipropionate augmented betamethasone BP 10-1 calcipotriene cream ointment, solution calcipotriene- betamethasone DP Claravis (QL) Clindacin ETZ pledget Clindacin P pledget clindamycin-benzoyl peroxide clindamycin clindamycin- tretinoin clobetasol Clodan shampoo clotrimazole- betamethasone dapsone 5% gel desoximetasone fluocinonide fluorouracil cream, topical solution halobetasol hydrocortisone 2.5% isotretinoin (QL)	Eucrisa Fluoroplex Targretin gel*	BRYHALI (ST) Capex (ST) Celacyn Centany Cleocin T Cloderm (ST) Dermasorb TA (ST) DesOwen (ST) Drysol Ecoza EFUDEX Elidel Evoclin Lotrisone Mimyx NAFTIN Nizoral Picato Pramosone Protopic REGRANEX (PA, QL) SANTYL (QL) Temovate (ST) Tolak Topicort (ST) Ultravate cream, ointment (ST) Valchlor* Xepi
SCHIZOPHRENIA/ANTI-PSYCHOTICS					
aripiprazole (QL) aripiprazole ODT chlorpromazine tablet olanzapine tablet olanzapine ODT paliperidone ER (QL) quetiapine quetiapine ER risperidone risperidone ODT ziprasidone capsule	Latuda (QL)	Fanapt (ST, QL) INVEGA (ST, QL) REXULTI (ST, QL) Risperdal (ST) Saphris (ST) Secuado (ST) Seroquel (ST) Seroquel XR (ST) Vraylar (ST, QL)			
SEIZURE DISORDERS					
carbamazepine carbamazepine ER clonazepam divalproex divalproex ER epitol gabapentin lamotrigine lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT levetiracetam solution, tablet levetiracetam ER	Dilantin 30 mg (PA) Fycompa (PA, QL) Nayzilam (PA, QL) VIMPAT solution, tablet (PA)	Aptiom (PA, QL) Banzel (PA, QL) BRIVIACT solution, tablet (PA) Carbatrol (PA) Depakote (PA) Depakote ER (PA) Depakote Sprinkle (PA) Dilantin 50mg, 100mg, 125mg/ml (PA) Epidiolex* (PA) Klonopin (PA) Lyrica oral solution (PA)			

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)			TRANSPLANT MEDICATIONS		
ketoconazole metronidazole mupirocin Myorisan (QL) Neuac gel oxiconazole pimecrolimus Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Rosadan cream, gel sodium sulfacetamide-sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus ointment tazarotene cream tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone Triderm Zenatane (QL)			azathioprine tablet* mycophenolate capsule, suspension, tablet* mycophenolic acid* sirolimus* tacrolimus capsule*		Astagraf XL* Cellcept capsule, suspension, tablet* Envarsus XR* Myfortic* Prograf capsule, granule packet* Rapamune* Zortress*
			URINARY TRACT CONDITIONS		
			cevimeline darifenacin ER (QL) finasteride 5mg oxybutynin oxybutynin ER phenazopyridine potassium ER silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium trospium ER	Cystagon*	Avodart Elmiron Evoxac Flomax Proscar Pyridium RAPAFLO (QL) Thiola* Thiola EC* Urocit-K
SLEEP DISORDERS/SEDATIVES			VACCINES		
armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)	DAYVIGO (ST, QL) SUNOSI (PA, QL)	Hetlioz* (PA) Lunesta (ST) Rozerem (ST, QL) Silenor (ST, QL) Wakix* (PA, QL) XYREM* (PA)	Vaccines are now covered under your 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.		
				ActHIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Diphtheria and Tetanus Toxoids-ped+ Engerix-B+ FLUAD+FLUARIX QUADRIVALENT+ FLUBLOK QUADRIVALENT+ FLUCELVAX QUADRIVALENT+ FLULAVAL QUADRIVALENT	FluMist Quad Nasal+ Rotarix+ RotaTeq+
SMOKING CESSATION					
bupropion SR+ NicoDerm CQ 21mg/24hr+ Nicorelieft+ nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+		CHANTIX^ NicoDerm CQ 7mg/24hr, 14mg/24hr+ Nicorette+ Nicotrol+^ Nicotrol NS+^ Zyban^			
SUBSTANCE ABUSE					
buprenorphine-naloxone	Lucemyra (QL) NARCAN (QL) Zubsolv	Bunavail Suboxone			

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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VACCINES

Vaccines are now covered under your 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.

	+	
	Fluzone High-dose ⁺	
	Fluzone Quadrivalent Pedi ⁺	
	Fluzone Quadrivalent ⁺	
	GARDASIL 9 ⁺	
	HAVRIX ⁺	
	HEPLISAV-B ⁺	
	Hiberix ⁺	
	Infanrix DTaP ⁺	
	IPOL ⁺	
	KINRIX ⁺	
	Menactra ⁺	
	Menveo A-C-Y-W-135-DIP ⁺	
	M-M-R II ⁺	
	PEDIARIX ⁺	
	PedvaxHIB ⁺	
	Pentacel ⁺	
	PNEUMOVAX 23 ⁺	
	Prenar 13 ⁺	
	ProQuad ⁺	
	Quadracel DTaP-IPV ⁺	
	Recombivax HB ⁺	
	SHINGRIX ⁺	
	TdVax ⁺	
	Tenivac ⁺	
	Trumenba ⁺	
	Twinrix ⁺	
	VAQTA ⁺	
	VARIVAX ⁺	
	ZOSTAVAX ⁺	

WEIGHT MANAGEMENT

Lomaira [^] phentermine [^]		Contrave [^] (PA) Qsymia [^] (PA) Saxenda [^] (PA)
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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	Combivir*	lamivudine-zidovudine*
	Epivir*	lamivudine*
	Epzicom*	abacavir-lamivudine*
	Kaletra solution*	lopinavir-ritonavir*
	Lexiva tablet*	fosamprenavir*
	Norvir tablet*	ritonavir*
	Retrovir capsule, syrup*	zidovudine*
	Reyataz capsule*	atazanavir*
	Sustiva*	efavirenz*
	Trizivir*	abacavir-lamivudine-zidovudine*
	Truvada*	emtricitabine-tenofovir*
	Viramune*	nevirapine*
	Viramune XR*	nevirapine ER*
	Viread* 300mg tablet	tenofovir*
Ziagen*	abacavir*	
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr SYMJEPI	epinephrine
	DYMISTA	azelastine-fluticasone
	RyVent carbinoxamine 6mg tablet	carbinoxamine 4mg tablet
ALZHEIMER'S DISEASE	pyridostigmine 30 mg tablet	pyridostigmine
ANXIETY/DEPRESSION/BIPOLAR	Anafranil	clomipramine
	Aplenzin	bupropion XL
	Ativan tablet	lorazepam
	Cymbalta	duloxetine
	Drizalma Sprinkle DR	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline
	Parnate	tranylcypromine
	Pexeva	paroxetine/CR/ER
	Pristiq	bupropion XL duloxetine
	Tofranil	imipramine
Wellbutrin XL	bupropion XL, fluoxetine	
ASTHMA/COPD/RESPIRATORY	ADVAIR DISKUS ADVAIR HFA AirDuo RespiClick BREO ELLIPTA	Dulera fluticasone-salmeterol Symbicort Wixela Inhub

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	Alvesco ARNUITY ELLIPTA Asmanex Asmanex HFA Pulmicort Flexhaler	Flovent QVAR
	Arcapta Neohaler	Serevent Diskus
	ArmonAir Digihaler	Flovent Diskus Flovent HFA QVAR Redihaler
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	ANORO ELLIPTA
	Elixophyllin	theophylline
	ProAir HFA ProAir RespiClick Proventil HFA Ventolin HFA	albuterol HFA
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	INCRUSE ELLIPTA
	Striverdi Respimat	Serevent Diskus
	Xopenex HFA	albuterol HFA levalbuterol HFA
	YUPELRI	ANORO ELLIPTA INCRUSE ELLIPTA TRELEGY ELLIPTA
	Zyflo	montelukast zafirlukast zileuton ER
	ATTENTION DEFICIT HYPERACTIVITY	Adderall XR ADHANSIA XR Adzenys ER Adzenys XR-ODT Aptensio XR Concerta ER Cotempla XR-ODT Dynavel XR Focalin XR Jornay PM Mydayis QuilliChew ER Ritalin LA Vyvanse
Desoxyn		methamphetamine
Dexedrine		dexamethylphenidate ER, dextroamphetamine ER, dextroamphetamine-amphetamine ER
Evekeo ODT		amphetamine dexamethylphenidate dextroamphetamine methamphetamine methylphenidate

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan-HCTZ
	Betapace	sotalol
	Bystolic	atenolol, bisoprolol, carvedilol, labetalol, metoprolol succinate, metoprolol tartrate
	Cardizem	diltiazem
	Cardizem CD	diltiazem ER diltiazem ER (CD)
	Conjupri	amlodipine, felodipine, nifedipine, nicardipine
	Consensi	amlodipine celecoxib
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
	Edarbi	candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	Edarbyclor	candesartan-HCTZ, irbesartan-HCTZ, losartan-HCTZ, olmesartan-HCTZ, telmisartan-HCTZ, valsartan-HCTZ
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Firazyr*	icatibant*
	Hyzaar	losartan-HCTZ
	Isordil	isosorbide dinitrate
	Isordil Titrados	isosorbide dinitrate
	Lanoxin tablet	digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril-HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Micardis HCT	telmisartan-HCTZ	
	Prinivil Zestril	lisinopril	
	Tarka	trandolapril-verapamil ER	
	Tekturna	aliskiren, enalapril, irbesartan, lisinopril, losartan, olmesartan, ramipril, valsartan	
	Tekturna HCT	benazepril-HCTZ, irbesartan-HCTZ, lisinopril-HCTZ, losartan-HCTZ, olmesartan-HCTZ, telmisartan-HCTZ, valsartan-HCTZ	
	Tribenzor	olmesartan-amlodipine-HCTZ	
	Vaseretic	enalapril-HCTZ	
	Vasotec	enalapril	
	Zestoretic	lisinopril-HCTZ	
BLOOD THINNERS/ANTI-CLOTTING	Yospira	aspirin, enteric aspirin	
CANCER	Nilandron	nilutamide	
	Tarceva*	erlotinib*	
	Yonsa* Zytiga*	abiraterone*	
	CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
Altoprev Ezallor Sprinkle FloLipid Livalo Nexletol Nexlizet Zypitamag		atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+	
Crestor Lipitor		atorvastatin+ ezetimibe-simvastatin rosuvastatin+	
Lescol XL		fluvastatin ER+	
Nexletol		Generic statins (e.g. atorvastatin, simvastatin) ezetimibe	
Pravachol		pravastatin+	
Vytorin		ezetimibe-simvastatin	
CONTRACEPTION PRODUCTS		Balcoltra Natazia Taytulla	desogestrel-ethinyl estradiol ethinyl estradiol+ drospirenone-ethinyl estradiol+ drospirenone-ethinyl estradiol-levomefolate+
		Slynd	norethindrone+
		COUGH/COLD MEDICATIONS	benzonatate 150mg
	TussiCaps		hydrocodone-chlorpheniramine ER promethazine-codeine

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES	Accu-Chek test strips, Accutrend glucose, Contour test strips, Glucogard test strips, Precision Xtra test strips, True Metrix test strips, Truetrack test strips	One Touch test strips (e.g. Ultra; Verio)
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza
	Admelog, Afrezza Apidra, Apidra SoloStar Fiasp Jentadueto Jentadueto XR Kazano Insulin Aspart,Novolog	Humalog Humulin Lyumjev
	alogliptin alogliptin-metformin Onglyza Nesina Tadjenta	Janumet Janumet XR Januvia metformin
	alogliptin-pioglitazone Kombiglyze XR Oseni	Janumet Janumet XR Januvia pioglitazone
	Fortamet ER Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER
	GlucaGen HypoKit Gvoke	Baqsimi Glucagon Emergency Kit
	Invokamet Invokamet XR	metformin Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Lantus Semglee Toujeo SoloStar	BASAGLAR Levemir TRESIBA
	Novolin	Humulin
	QTERN Steglujan	Glyxambi metformin Trijardy XR

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn
	Cequa Restasis MultiDose Xiidra	Restasis
	LUMIGAN Travatan Z VYZULTA Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone
	Asacol HD Colazal Delzicol Dipentum	balsalazide mesalamine mesalamine DR mesalamine ER Pentasa sulfasalazine sulfasalazine DR
	CoLyte with Flavor Packets ⁺ GoLyteLy ⁺ MoviPrep ⁺ NuLYTELY with flavor packs ⁺ OsmoPrep ⁺ PLENVU ⁺	Clenpiq ⁺ GaviLyte-C ⁺ GaviLyte-G ⁺ GaviLyte-N ⁺ PEG-3550 and Electrolyte+ Prepopik ⁺ SuPrep ⁺
	Cortifoam UCERIS foam	Colocort hydrocortisone
	CREON Pertzye Zenpep	Pancreaze

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	Librax	chlordiazepoxide-clidinium
	Linzess lubiprostone Motegrity Trulance Zelnorm	Amitiza
	Marinol SYNDROS	dronabinol
	Nexium DR 10mg, 20mg, 40mg packet	esomeprazole
	Omeclamox-Pak PYLERA Taliaia	lansoprazole-amoxicillin-clarithromycin
	Reltone	ursodiol
	Rowasa	mesalamine
	Sensipar*	cinacalcet*
	Zofran	ondansetron
	Zuplenz	ondansetron ondansetron ODT
	HORMONAL AGENTS	Alkindi Sprinkle
DDAVP nasal spray, solution, tablet		desmopressin
Dxevo TaperDex		dexamethasone
Fortesta Natesto Testim Vogelxo XYOSTED		testosterone testosterone cypionate testosterone enanthate
Genotropin* Nutropin AQ Nuspin* Omnitrope* Saizen* Saizen-Saizenprep* ZOMACTON*		Humatrope* Norditropin Flexpro*
JATENZO		testosterone
Nocdurna		desompression
Ortikos ER		budesonide EC
Rayos		methylprednisolone, prednisone
THYQUIDITY		Euthyrox, Levo-T, levothyroxine, levoxyl, Uni-throid
Uceris tablets		budesonide ER dexamethasone hydrocortisone methylprednisolone prednisolone prednisone

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Seysara Solodyn TargaDOX Vibramycin capsule Ximino	doxycycline hyclate doxycycline monohydrate minocycline minocycline ER tetracycline	
	Arakoda	atovaquone-proguanil doxycycline hyclate doxycycline monohydrate hydroxychloroquine mefloquine quinine	
	Augmentin	amoxicillin-clavulanate amoxicillin-clavulanate ER	
	Baraclude tablet*	entecavir tablet	
	BETHKIS* TOBI	Kitabis Pak tobramycin	
	Diflucan	fluconazole	
	E.E.S. 200 Eryped 400	erythromycin ethylsuccinate	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Noxafil tablet	posaconazole	
	ORACEA	doxycycline hyclate doxycycline monohydrate minocycline ER	
	Sitavig	acyclovir famciclovir valacyclovir	
	Sporanox TOLSURA	itraconazole	
	Vancocin	vancomycin	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Ingrezza*	Austedo*
		KUVAN*	sapropterin*
SYPRINE*		penicillamine* trientine*	
Xenazine*		tetrabenazine*	

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER*
	AUBAGIO*	bafiertam* dimethyl* Gilenya* Mayzent* Vumerity* Zeposia*
	COPAXONE*	Betaseron* Extavia* glatiramer* Glatopa* Kesimpta* Plegridy* Rebif*
	Tecfidera*	Gilenya* Mayzent* Vumerity* Zeposia*
NUTRITIONAL/DIETARY	Azesco PreGenna Trinaz	Any generic prenatal vitamin
	NASCOBAL	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital BUPAP	butalbital-acetaminophen
	Amerge Ergomar Frova Maxalt Maxalt MLT RELPAX	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan
	Amrix	carisoprodol chlorzoxazone cyclobenzaprine methocarbamol orphenadrine ER
	CAMBIA DUEXIS Fenortho Indocin NAPRELAN Tivorbex Vimovo Vivlodex Zipsor Zorvolex	celecoxib diclofenac sodium ibuprofen indomethacin meloxicam naproxen
	ConZip	Tramadol Tramadol ER

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY (cont)	ConZip	Tramadol Tramadol ER
	Cosentyx*	Enbrel* HUMIRA* Otezla* Skyrizi* Stelara* Taltz*
	Cuprimine*	penicillamine* trientine*
	D.H.E. 45	dihydroergotamine
	diclofenac 1.3% patch diclofenac 1.5% solution Flector 1.3% patch PENNSAID Voltaren 1% gel	celecoxib diclofenac sodium ibuprofen meloxicam naproxen
	Gralise	gabapentin
	Imitrex	dihydroergotamine eletriptan rizatriptan sumatriptan
	ketorolac nasal spray Sprix	ketorolac
	Kineret*	Actemra* Actemra ACTPen* Enbrel* Humira (CF) Pediatric Crohn's* Humira (CF) Pen* Xeljanz* Xeljanz XR*
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen Hysingla Morphabond ER oxycodone with acetaminophen Tramadol Xtampza ER
	Licart	celecoxib diclofenac sodium ibuprofen meloxicam naproxen
	Lorzone	chlorzoxazone cyclobenzaprine
	MIGRANAL ONZETRA Xsail	dihydroergotamine sumatriptan
	OxyContin	Hysingla ER Morphabond ER Xtampza ER

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY (cont)	REYVOW	almotriptan eletriptan frovatriptan naratriptan sumatriptan succinate Nurtec ODT Ubrelvy	
	Roxicodone	oxycodone	
	Siliq*	Enbrel* HUMIRA (CF) Pen* Stelara* Taltz* Tremfya*	
	Simponi* 50mg/0.5ml	Actemra ACTPen* Enbrel* Humira (CF) Pen* Stelara* Taltz* Xeljanz*	
	Soriatane	acitretin	
	SUBSYS	fentanyl	
	Tosymra	sumatriptan	
	tramadol 100mg	tramadol	
	Treximet	diclofenac sodium eletriptan ibuprofen naproxen rizatriptan sumatriptan sumatriptan-naproxen	
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine	
	Zembrace SYMTOUCH	dihydroergotamine sumatriptan succinate	
	Zomig	rizatriptan sumatriptan succinate zolmitriptan	
	Zomig nasal spray	dihydroergotamine sumatriptan	
	Zomig ZMT	zolmitriptan ODT	
	PARKINSON'S DISEASE	Gocovri	amantadine
		Lodosyn	carbidopa
		Ongentys	entacapone
Requip XL		ropinirole ER	
Zelapar		selegiline	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole	
	Abilify MyCite	paliperidone ER	
	Geodon capsule	risperidone	
	FazaClo	clozapine	
	Versacloz	clozapine ODT	

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)	Zyprexa	aripiprazole olanzapine paliperidone ER
	Zyprexa Zydis	aripiprazole olanzapine olanzapine ODT
SEIZURE DISORDERS	Felbatol	felbamate
	Keppra oral solution, tablet	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (Blue, Green, Orange)	lamotrigine ODT (blue)
	Lamictal XR	lamotrigine ER
	Lamictal XR (Blue, Green, Orange)	
	Lyrica Lyrica CR	duloxetine gabapentin lidocaine pregabalin
	Mysoline	primidone
	Qudexy XR Trokendi XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
Zonegran	zonisamide	
SKIN CONDITIONS	Acanya	clindamycin-benzoyl peroxid
	Aczone	adapalene
	AKLIEF	adapalene-benzoyl peroxide
	Altreno	clindamycin
	Atralin	clindamycin-benzoyl peroxide
	Amzeeq	dapsone
	Avita	sodium sulfacetamide-sulfur
	dapsone 7.5% gel	tretinoin
	EPIDUO FORTE	
	ONEXTON	
	RETIN-A	
	RETIN-A MICRO	
	Aktipak	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide dapsone erythromycin-benzoyl peroxide sodium sulfacetamide-sulfur
	Aldara	imiquimod 5%
	Zyclara	

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SKIN CONDITIONS (cont)	Anusol-HC cream	hydrocortisone
	Apexicon E diflorasone Impoyz Psorcon	betamethasone clobetasol propionate halobetasol
	Arazlo Fabior Tazorac	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide dapsone tazarotene tretinoin
	Azelex	adapalene adapalene-benzoyl peroxide azelaic acid clindamycin clindamycin-benzoyl peroxide dapsone tretinoin
	Bensal HP	salicylic acid
	BenzaClin Neuac Kit	clindamycin-benzoyl peroxide
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Condylox	imiquimod podofilox
	Cordran	betamethasone dipropionate betamethasone valerate clobetasol fluocinolone fluticasone halobetasol
	Cutivate lotion	betamethasone fluticasone triamcinolone
	Denavir ZOVIRAX cream, ointment	acyclovir famciclovir valacyclovir
	diclofenac 3% gel	Fluoroplex fluorouracil imiquimod Picato
	DIFFERIN	adapalene adapalene-benzoyl peroxide clindamycin-benzoyl peroxide dapsone tretinoin

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Dovonex	calcipotriene
	Duobrii	halobetasol tazarotene
	Enstilar Taclonex	betamethasone dipropionate augmented betamethasone valerate calcipotriene calcipotriene-betamethasone DP tazarotene
	ERTACZO Extina	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Finacea MetroCream MetroGel Noritate Soolantra Zilxi	azelaic acid, topical metronidazole
	flurandrenolide hydrocortisone butyrate lipid cream, lotion Locoid Lipocream Pandel	betamethasone valerate fluocinolone fluticasone
	HALOG LEXETTE Ultravate X	clobetasol halobetasol
	Impeklo	topical betamethasone (augmented) 0.05%, clobetasol 0.05%, fluocinolide 0.1%, halobetasol 0.05%
	JUBLIA Kerydin	ciclopirox itraconazole terbinafine
	Kenalog spray	triamcinolone
	Locoid	betamethasone valerate fluocinolone fluticasone hydrocortisone butyrate prednicarbate triamcinolone
	Loprox cream, shampoo	ciclopirox
	LUZU	econazole ketoconazole cream luliconazole oxiconazole
	Olux Olux-E	betamethasone clobetasol emulsion clobetasol propionate halobetasol

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Oxistat	ketoconazole oxiconazole
	Prudoxin Zonalon	clobetasol desonide fluocinonide mometasone tacrolimus triamcinolone
	Sernivo	clobetasol triamcinolone
	Sorilux	calcipotriene calcitriol tazarotene
	Trianex	triamcinolone
	Tridesilon	alclometasone desonide triamcinolone
	Ultravate lotion	betamethasone dipropionate augmented clobetasol halobetasol
	Vanos	clobetasol fluocinonide halobetasol
	Vectical	calcitriol calcipotriene tazarotene
	VELTIN	adapalene adapalene-benzoyl peroxide clindamycin clindamycin-benzoyl peroxide clindamycin-tretinoin dapsone tretinoin
	Wynzora	betamethasone DP, calcipotriene, calci- potriene-betamethasone DP, fluocinolone, fluticasone, mometasone, trimacinolone
	XERESE	acyclovir famciclovir hydrocortisone valacyclovir
	Xolegel	ciclopirox ketoconazole selenium sodium sulfacetamide
	Ziana	adapalene clindamycin clindamycin-tretinoin tretinoin

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

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem	
	Ambien CR	zolpidem ER	
	Ativan tablet	lorazepam	
	Belsomra	DAYVIGO	
	Edluar	zolpidem zolpidem ER	
	Nuvigil	armodafinil	
	Provigil	modafinil	
	Restoril	temazepam	
	ZolpiMiST	doxepin eszopiclone zaleplon zolpidem zolpidem ER	
SUBSTANCE ABUSE	Evzio	naloxone Narcan	
URINARY TRACT CONDITIONS	Detrol	darifenacin ER oxybutynin tolterodine	
		Detrol LA	darifenacin ER oxybutynin ER tolterodine ER
		Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER	
	Gelnique Myrbetriq Toviaz	darifenacin ER oxybutynin ER tolterodine ER trospium ER	
	Procysbi*	Cystagon*	
		VESIcare	darifenacin ER oxybutynin ER solifenacin tolterodine ER trospium ER

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

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 receive coverage through Cigna's coverage review process.

For example, your plan excludes:

- › Prescription medications used to treat heartburn/stomach acid conditions (e.g., Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.
- › Medications used to treat lifestyle conditions like infertility, weight loss, erectile dysfunction, smoking cessation.³
- › 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

Frequently Asked Questions (FAQs) (cont)

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 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. 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 if you're within a certain age range.

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 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.

Frequently Asked Questions (FAQs) (cont)

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.

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.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, it doesn't mean they're lower-quality medications.

Frequently Asked Questions (FAQs) (cont)

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.

- › Easily order, manage and track your medications on your phone or online
- › Standard shipping at no extra cost⁷
- › 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. Go to my.cigna.com/choosehomedelivery.

Follow the online instructions for how 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).⁸ 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-10:00 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. The best place to start is with the **myCigna App** or **myCigna.com**. It's your "go-to" place for everything you need to know about your plan's coverage.

- › See which medications your plan covers
- › Compare your medication costs⁴
- › Easily switch your prescription from your retail pharmacy to our home delivery pharmacy
- › Manage your home delivery medications⁶
- › Find an in-network retail pharmacy
- › View your plan information (claims, coverage details, and more)
- › Ask a pharmacist a question

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

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

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



1. State laws in **Texas** and **Louisiana** may require your plan to cover your 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. 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.
4. 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.
5. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
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.

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

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

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

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

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

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

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

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

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

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

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

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

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