



CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST

As of July 1, 2017

Together, all the way.®



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View your drug list online

This document was last updated 03/01/2017. To see the most current list of medications covered on your plan's drug list, visit:



myCigna.com – Once you're registered, log in and select Estimate Health Care Costs, then select Get drug costs.



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



Questions? – Call the toll-free number on the back of your Cigna ID card. We're here to help.

Your prescription drug list

This drug list includes the most commonly prescribed medications covered by your plan as of July 1, 2017.¹ These generic and brand name prescription medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers, or coverage/cost levels.

Please note that this drug list is not a complete list of covered medications, and not all of the medications listed here may be covered under your specific plan. You should take a look at your enrollment materials or view your plan's drug list on **myCigna.com** to find out what medications are covered under your plan.

How to read your drug list

Use the sample chart below to help you understand this drug list.

TIER 1 \$	TIER 2 \$\$	Tier (coverage/cost level) gives you an idea of the cost level you may pay for a medication
BLOOD PRESSURE/HEART MEDICATIONS		Medications are grouped by the condition they treat
afeditab CR amlodipine besylate amlodipine besylate-benazepril amlodipine-valsartan amlodipine-valsartan-HCTZ atenolol atenolol-chlorthalidone benazepril benazepril-HCTZ candesartan cilexetil cartia XT carvedilol clonidine digitek digox digoxin diltiazem ER diltiazem CD diltiazem dilt-XR enalapril flecainide acetate hydralazine irbesartan isosorbide mononitrat	Berinert* (PA) Bidil Bystolic Cinryze* (PA) Coreg CR Cozaar (ST) Diovan (ST) Diovan HCT (ST) Edarbi (ST) Edarbyclor (ST) Exforge Exforge HCT Firazyr* (PA) Hemangeol Inderal LA Inderal XL Innopran XL Lotrel Micardis (ST) Multaq Nitro-dur Nitrolingual Nitromist Nitronal Nitrostat Northera* (PA) Norvasc Ranexa (ST) Tektur Tektur HCT	Medications in each column are listed in alphabetical order Specialty medications have an asterisk listed next to them Brand name medications are capitalized Generic medications are lowercase Medications that require approval for coverage or have limits will have an abbreviation listed next to them

For illustrative purposes only.

Here's more helpful information on how to read this drug list:

Tiers

Covered medications are divided into tiers, or coverage/cost levels. The tier the medication is listed in determines how much you'll pay when you fill the prescription. Typically, the higher the tier, the greater the cost of the medication.

- | | | |
|--|--------------------------|--------|
| › Tier 1 – Typically Generics | (Lower-cost medication) | \$ |
| › Tier 2 – Typically Preferred Brands | (Medium-cost medication) | \$\$ |
| › Tier 3 – Typically Non-Preferred Brands | (Higher-cost medication) | \$\$\$ |

Abbreviations next to medications

Certain medications may require approval to be covered under your plan. These medications will have an abbreviation listed next to them in the drug list. Here's what each of these abbreviations mean.

- | | |
|--------------|---|
| (PA) | Prior Authorization – Your doctor has to provide Cigna with information about why you need to use this medication. The medication will only be covered if your doctor requests and receives approval from Cigna. |
| (ST) | Step Therapy – Certain brand name medications are part of our Step Therapy program. In Step Therapy, you need to try the most cost-effective, appropriate medications available before your plan approves more expensive brand name medications. Typically, these are generics or lower-cost brands. |
| (QL) | Quantity Limits – You can only get coverage for this medication for a certain number of doses over a certain number of days. For example, 30mg per day for 30 days. |
| (AGE) | Age Requirements – You must be within a specific age range for this medication to be covered. |

Brand name medications are capitalized

In this drug list, brand name medications are capitalized and generic medications begin with a lowercase letter.

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier and/or require the use of a preferred specialty pharmacy. To find out how your plan covers these medications, please check your enrollment materials or log into **myCigna.com**.

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

The Patient Protection and Affordable Care Act (PPACA) requires that most plans cover certain categories of medications and other products as preventive care services. In this drug list, medications with a plus sign (+) next to them may be available to you at no cost-share (copay, coinsurance and/or deductible) depending on your plan. To find out how your plan covers these medications, please check your enrollment materials or view your plan's drug list on **myCigna.com**.

Plan exclusions

Some medications shown in this drug list may not be covered by your specific plan. For example, medications used for weight loss or to treat infertility may not be covered. In this drug list, these medications have a caret (^) next to them. To find out if these medications are covered under your plan, please check your enrollment materials or log into **myCigna.com**.

How to find your medication on the drug list

Look for your condition in the alphabetical list below. Then go to that page to see the list of covered medications used to treat the condition.

AIDS/HIV	6	EYE CONDITIONS	10, 11
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Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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AIDS/HIV

lamivudine*	Isentress*	Adzenys XR-ODT (ST)
lamivudine- zidovudine*	Kaletra*	Atripla*
nevirapine ER*	Norvir*	Complera*
nevirapine*	Prezista*	Descovy*
	Reyataz*	Dyanavel XR (ST)
	Selzentry*	Epzicom*
	Sustiva*	Evotaz*
	Truvada*	Genvoya*
	Viread*	Intelence*
		Odefsey*
		Prezcobix*
		Stribild*
		Tivicay*
		Triumeq*

ALLERGY/NASAL SPRAYS

adyphren	Astepro	Clarinet/Clarinet-D
adyphren amp	Bactroban	Episnap
azelastine	Nasal	
cromolyn		
cyproheptadine		
desloratadine		
epinephrine auto- injector (QL)		
fluticasone		
hydroxyzine		
ipratropium		
levocetirizine		
mometasone		
olopatadine		
Phenergan		
promethazine		

ALZHEIMER'S DISEASE

donepezil	Mestinon	Mestinon tablet
donepezil ODT	syrup	Namenda
memantine	Namenda	Namenda XR
pyridostigmine	titration pak	Namzaric
pyridostigmine ER		
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam	Pristiq	Brisdelle (QL)
alprazolam ER		Effexor XR (ST)
alprazolam intensol		Fetzima (ST)
alprazolam ODT		Forfivo XL (ST)
alprazolam XR		Onfi
amitriptyline		Prozac (ST)
bupropion		Prozac Weekly (ST)
bupropion SR		Sarafem (ST)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)

bupropion XL		Trintellix (ST)
buspirone		Venlafaxine ER
citalopram		225mg (ST)
clomipramine		Viibryd (ST)
duloxetine		Wellbutrin SR (ST)
escitalopram		Xanax
fluoxetine		Xanax XR
fluoxetine DR		Zoloft (ST)
fluvoxamine		
fluvoxamine ER		
lorazepam		
lorazepam intensol		
paroxetine		
paroxetine CR		
paroxetine ER		
sertraline		
trazodone		
venlafaxine		
venlafaxine ER		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Adcirca* (PA)
budesonide	Advair HFA	Adempas* (PA)
ipratropium-albuterol	Anoro Ellipta	Aralast NP*
montelukast	Breo Ellipta	Glassia* (PA)
	Combivent	Kalydeco* (PA)
	RespiMat	Letairis* (PA)
	ProAir HFA	Nucala* (PA)
	ProAir	Ofev* (PA)
	Respiclick	Opsumit* (PA)
	Pulmicort	Orenitram ER* (PA)
	Flexhaler	Orkambi* (PA)
	Pulmozyme* (PA)	Pulmicort
	QVAR	Remodulin* (PA)
	Serevent	Tracleer* (PA)
	Diskus	Tyvaso* (PA)
	Spiriva	Uptavi* (PA)
	Spiriva	
	RespiMat	
	Stiolto	
	RespiMat	
	Striverdi	
	RespiMat	
	Symbicort	
	Ventolin HFA	
	Xolair* (PA)	

Cigna Performance 3-Tier Prescription Drug List

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

dexamethylphenidate	Adderall XR	Adderall (ST)
dexamethylphenidate ER	Focalin XR	Adzenys XR-ODT (ST)
dextroamphetamine-amphet ER	Strattera	Aptensio XR (ST)
dextroamphetamine-amphetamine	Vyvanse	Concerta (ST)
guanfacine ER		Daytrana (ST)
metadate ER		Dyanavel XR (ST)
methylphenidate		Focalin (ST)
methylphenidate CD		Metadate CD (ST)
methylphenidate ER		Methylin (ST)
methylphenidate LA		Quillichew ER (ST)
		Quillivant XR (ST)
		Ritalin (ST)
		Ritalin LA 10mg
		Ritalin LA 20, 30, 40mg (ST)

BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid*	Amicar 1000mg* Aranesp* (PA) Droxia Epogen* (PA) Granix* Neulasta* (PA) Procrit* (PA) Soliris* (PA) Zarxio*	Amicar 2250, 500mg* Bebulin* (PA) Ceprotin* Neupogen* (PA) Promacta* (PA)
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BLOOD PRESSURE/HEART MEDICATIONS

afeditab CR	Benicar (ST)	Azor
amiodarone	Benicar HCT (ST)	Beriner* (PA)
amlodipine	Bystolic	BiDil
amlodipine-benazepril	Byvalson	Cardizem LA
amlodipine-valsartan	Coreg CR	Cinryze* (PA)
amlodipine-valsartan-HCTZ	Corlanor (PA)	Cozaar (ST)
atenolol	Entresto (PA)	Diovan (ST)
atenolol-chlorthalidone	Multaq	Diovan HCT (ST)
benazepril	Nitro-Dur 0.3, 0.8mg	Edarbi (ST)
benazepril-HCTZ	Tekturna	Edarbyclor (ST)
bisoprolol-HCTZ	Tekturna HCT	Epaned
candesartan	Tribenzor	Exforge
cartia XT		Exforge HCT
carvedilol		Firazy* (PA)
clonidine		Gonitro
digitek		Hemangeol
digox		Inderal LA
		Inderal XL
		Innopran XL

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

BLOOD PRESSURE/ HEART MEDICATIONS *(cont)*

digoxin	Lotrel
diltiazem	Nitro-Dur 0.1, 0.2, 0.4, 0.6mg
diltiazem 24hr CD	Nitrolingual
diltiazem ER	Nitromist
dilt-XR	Nitrostat
dofetilide	Northera* (PA)
doxazosin	Norvasc
enalapril	Ranexa (ST)
flecainide	Tiazac
hydralazine	Tikosyn
irbesartan	Toprol XL
isosorbide	Vasotec (ST)
isosorbide ER	
labetalol	
lisinopril	
lisinopril-HCTZ	
losartan	
losartan-HCTZ	
matzim LA	
metoprolol	
nadolol	
nifedipine	
nifedipine ER	
olmesartan	
olmesartan-HCTZ	
Pacerone	
propafenone	
propafenone ER	
propranolol	
propranolol ER	
ramipril	
taztia XT	
telmisartan	
telmisartan-HCTZ	
valsartan	
valsartan-HCTZ	
verapamil	
verapamil ER	
verapamil SR	

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER	Brilinta	Coumadin
clopidogrel	Effient	Pradaxa
enoxaparin* (QL)	Eliquis	Savaysa
fondaparinux* (QL)	Fragmin* (QL)	
jantoven	Xarelto	
warfarin		

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CANCER			CHOLESTEROL MEDICATIONS (Cont)		
anastrozole bexarotene* capecitabine* exemestane hydroxyurea imatinib* (PA) letrozole mercaptopurine methotrexate* tamoxifen+ temozolomide* (PA)	Actimmune* (PA) Avastin* (PA) Gleostine Herceptin* (PA) Intron A* (PA) Lupron Depot* (PA) Nexavar* (PA) Revlimid* (PA) Rituxan* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Trexall* Valstar*	Afinitor Disperz* (PA) Afinitor* (PA) Alecensa* (PA) Arimidex Bosulif* (PA) Cabometyx* (PA) Cometriq* (PA) Cotellic* (PA) Erivedge* (PA) Fareston Femara Gazyva* (PA) Gilotrif* (PA) Gleevec* (PA) Ibrance* (PA) Iclusig* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Kadcyla* (PA) Lenvima* (PA) Lonsurf* (PA) Lynparza* (PA) Mekinist* (PA) Ninlaro* (PA) Perjeta* (PA) Pomalyst* (PA) Purixan* Stivarga* (PA) Sylatron* (PA) Tafinlar* (PA) Tagrisso* (PA) Targretin* Tasigna* (PA) Tecentriq* (PA) Votrient* (PA) Xalkori* (PA) Xtandi* (PA) Zelboraf* (PA) Zykadia* (PA) Zytiga* (PA)	omega-3 acid ethyl esters pravastatin rosuvastatin simvastatin		
			CONTRACEPTIVE PRODUCTS		
			All contraceptive products may be covered if you meet specific gender requirements.		
			altavera+ alyacen+ amethia lo+ amethia+ amethyst+ apri+ aranelle+ ashlyna+ aubra+ aviane+ azurette+ balziva+ bekyree+ blisovi 24 FE blisovi FE+ briellyn+ camila+ camrese lo+ camrese+ caziant+ chateal+ cryselle+ cyclafem+ cyred+ dasetta+ daysee+ delyla+ desogestrel/ethinyl estradiol+ drospirenone-ethinyl estradiol+ elinest+ emoquette+ enpresse+ enskyce+ errin+ estarylla+ falmina+ femynor gianvi+	Beyaz Lo Loestrin FE LoSeasonique Minestrin 24 FE NuvaRing+ Seasonique Taytulla	Estrostep FE Kyleena* Loestrin FE Microgestin 24 FE Microgestin FE+ Mirena* Skyla*
CHOLESTEROL MEDICATIONS					
amlodipine-atorvastatin atorvastatin fenofibrate fenofibric acid lofibra 54mg niacin ER	Praluent* (PA) Repatha* (PA) Welchol Zetia	Crestor (ST) Korlym (PA) Kynamro* (PA) Livalo (ST) Lofibra 67, 134, 160, 200mg Vascepa (ST) Vytorin (ST)			

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTIVE PRODUCTS (Cont)

All contraceptive products may be covered if you meet specific gender requirements.

gildagia+
heather+
introvale+
jencycla+
jolessa+
jolvette+
juleber+
junel FE 24
junel FE+
junel+
kaitlib FE+
kariva+
kelnor+
kimidess+
kurvelo+
larin 24 FE
larin FE+
larin+
leena+
lessina+
levonest+
levonorgestrel and
ethinyl estradiol+
levora+
lomedica 24 FE
loryna
low-ogestrel+
lutra+
lyza+
marlissa+
medroxyprogesterone
acetate 150 MG/ML+
microgestin FE+
microgestin+
mono-linyah+
mononessa+
myzilra+
necon+
nikki+
nora-be+
norethin-eth estra-
ferrous fum
norethindrone+
norgestimate-ethinyl
estradiol+
nortrel+
ocella+
orsythia+

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTIVE PRODUCTS (Cont)

All contraceptive products may be covered if you meet specific gender requirements.

philith+
pimtrea+
pirmella+
portia+
previfem+
quasense+
rajani+
reclipsen+
setlakin+
sprintec+
sronyx+
syeda+
tarina FE+
tilia FE+
tri-estarylla+
tri-legest FE+
tri-linyah+
tri-lo-estarylla+
tri-lo-marzia+
tri-lo-sprintec+
tri-previfem+
tri-sprintec+
trinessa lo+
trinessa+
trivora+
velivet+
vestura+
vienva+
viorele+
vyfemla+
wera+
wymzya fe+
xulane+
zarah+
zenchent fe+
zenchent+
zovia+

COUGH/COLD MEDICATIONS

benzonatate
bromfed DM
brompheniramine-
pseudoephed-DM
hydrocodone-
chlorpheniramne
ER (QL)
hydrocodone-
homatropine (QL)

Flowtuss (QL)
Hycofenix (QL)
Tussionex (QL)
Tuzistra XR (QL)

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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COUGH/COLD MEDICATIONS (Cont)

hydromet (QL) promethazine- codeine (QL) tussigon (QL)		
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DENTAL PRODUCTS

chlorhexidine denta 5000 plus dentagel doxycycline fluoride+ fluoritab+ flura-drops+ ludent fluoride+ oralone paroex peridex periogard sf sf 5000 plus sodium fluoride+ triamcinolone	Fluorabon+ Fluor-a-day drops+ Prevident 5000 gel, paste	Clinpro 5000 Floriva Prevident Prevident 5000 cream
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DIABETES

glimepiride glipizide glipizide ER glipizide XL metformin metformin ER pioglitazone- metformin	Bydureon (QL) Byetta Farxiga Glucagen Hypokit (QL) Glucagon Emergency Kit (QL) Humalog Humulin Humulin N Invokamet Invokamet XR Invokana Janumet Janumet XR Januvia Kombiglyze XR Lantus Lantus SoloStar Levemir Novolin Novolog OneTouch test strips Onglyza	Glucophage Glucophage XR Riomet VGo
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIABETES (Cont)

	SymlinPen Toujeo SoloStar Tresiba Trulicity (QL) Xigduo XR	
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DIURETICS

acetazolamide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ		Aldactazide Aldactone Dyazide Maxzide Samsca*
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EAR MEDICATIONS

fluocinolone oil neomycin-polymyxin- hydrocort	Cipro HC Ciprodex	
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ERECTILE DYSFUNCTION

	Cialis (PA, QL) Muse (PA, QL) Viagra (PA, QL)	
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EYE CONDITIONS

brimonidine ciprofloxacin drops dorzolamide-timolol erythromycin ointment fluorometholone gatifloxacin ketorolac drops latanoprost neomycin-polymyxin- dexameth ofloxacin drops olopatadine polymyxin b sul- trimethoprim prednisolone drops timolol tobramycin drops tobramycin- dexamethasone	Alphagan P 0.1% Azasite Azopt Betimol Betoptic S Lotemax drops, gel Moxeza Pataday Patanol Pred Mild Restasis Simbrinza Tobradex ointment Travatan Z Vigamox	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Combigan Cosopt Pf Cystaran Durezol Eylea* (PA) Ilevro Iluvien* Lastacraft Lotemax ointment Lucentis* (PA) Lumigan Nevanac Omnipred Ozurdex Pazeo Pred Forte Prolensa
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Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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EYE CONDITIONS (Cont)

		Tobradex drops Tobradex ST Xiidra Zioptan (ST) Zirgan Zylet
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FEMININE PRODUCTS

fem pH gynazole 1 miconazole 3 terconazole zazole		Avc Relagard Terazol 7
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GASTROINTESTINAL/HEARTBURN

alosetron anucort-HC balsalazide chlordiazepoxide- clidinium dicyclomine diphenoxylate- atropine dronabinol esomeprazole famotidine gavilyte-C+ gavilyte-G+ gavilyte-H and bisacodyl+ gavilyte-N+ glycopyrrolate hemmorex-HC hydrocortisone suppository lansoprazole lansoprazole- amoxicillin- clarithromycin (combo pak) mesalamine metoclopramide metoclopramide ODT omeprazole omeprazole-sodium bicarbonate ondansetron ondansetron ODT pantoprazole peg 3350-electrolyte+ peg-3350 and electrolytes	Apriso Canasa Carafate suspension Creon Emend* (QL) GoLytely packet+ Lialda Nexium suspension Pentasa Zenpep	Aciphex (ST) Aciphex Sprinkle Amitiza Carafate tablet Chenodal Cholbam* (PA) Colyte+ Cortifoam Dexilant (ST) Diclegis Donnatal Entyvio* (PA) Gattex* (PA) GoLytely solution Linzess Movantik (PA) Moviprep+ Nulytely with flavor packs+ Osmoprep+ Pancreaze Pertzye Prepopik+ Prevacid 30mg capsule (ST) Proctocort Protonix suspension Protonix tablet (ST) Protonix IV Ravicti (PA) Rectiv Relistor (PA) Sancuso (QL) Sensipar* sfRowasa Suprep+ Sustol (PA)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN (cont)

peg-Prep+ phenadoz promethazine promethegan rabeprazole ranitidine sucralfate trilyte with flavor packs+ ursodiol		Uceris foam Varubi* (QL) Viberzi Viokace Zegerid (ST)
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HORMONAL AGENTS

amabelz budesonide EC cabergoline (QL) covaryx covaryx H.S. desmopressin* dexamethasone dexamethasone intensol EEMT EEMT H.S. estradiol estradiol- norethindrone estrogen- methyltestosterone hydroxyprogesterone (PA) levothyroxine levoxyl liothyronine medroxyprogesterone methylprednisolone millipred millipred DP mimvey mimvey LO nature-throid norethindrone NP thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone testosterone testosterone cypionate unithroid 75mcg	Androderm (QL) Androgel (QL) Armour Thyroid Cytomel 50mcg Divigel Duavee Estring Forteo* Ganirelix* ^ Humatrope* (PA) Lupron Depot* (PA) Lupron Depot-Ped 7.5, 11.25, 5mg* (PA) Premarin Premphase Prempro Serostim 4, 6mg* (PA) Somavert* (PA) Synthroid	Activella Alora Aveed (PA) Climara Climara Pro Combipatch Cytomel 5, 25mcg Deltasone Depo-Testosterone Egrifta* (PA) Elestrin Entocort EC Estrace Estrogel Evamist Femring H.P. Acthar* (PA) Levo-t Lupron Depot-Ped 30mg* (PA) Menostar Minivelle Natpara* (PA) Osphena Serostim 5mg* (PA) Somatuline Depot* (PA) Striant (QL) Supprelin LA* Testopel Thyrogen* Tirosint Triostat Uceris Unithroid (all except 75mcg) Vagifem
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Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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HORMONAL AGENTS (cont)

westhroid WP thyroid yuvaferm		Vivelle-Dot Zorbtive* (PA)
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INFECTIONS

acyclovir	Albenza	Alinia
adefovir*	Baraclude	Bactrim
amoxicillin	solution*	Bactrim DS
amoxicillin-clavulanate ER	Ceftin 125mg suspension	Baraclude tablet*
amoxicillin-clavulanate	Cipro	Cayston*
atovaquone	Daraprim (PA)	Ceftin 250mg suspension
atovaquone-proguanil	Epclusa* (PA)	Cleocin
avidoxy	Eryped 400	Clindesse
azithromycin	Harvoni* (PA)	Cresemba (PA)
cefdinir	Kitabis Pak*	Daklinza* (PA)
cefixime	Sovaldi* (PA)	Difficid (PA)
cefuroxime	Tamiflu (QL)	Diffucan
cephalexin	Thalomid* (PA)	E.E.S. 200
ciprofloxacin	Valcyte solution	E.E.S. 400
clarithromycin		Eryped 200
clarithromycin ER		Ery-Tab
clindamycin		Metrogel-vaginal
clindamycinphate		Minocin
dapsone		Monurol
doxy 100		Noxafil
doxycycline		Nuversa
doxycycline IR-DR		PCE
doxycycline monohydrate		Pegintron* (PA)
entecavir*		Plaquenil
erythromycin		Sporanox
famciclovir		Sulfatrim
fluconazole		Suprax
hydroxychloroquine		Synagis* (PA)
itraconazole		Targadox
levofloxacin		Tobi Podhaler*
linezolid (PA)		Urelle
metronidazole		Uretron D-S
minocycline		Uribel
minocycline ER		Urogesic-blue
moderiba*		Uta
mondoxylene NL		Valcyte tablet
morgidox		Valtrex
moxifloxacin		Vibramycin
nitrofurantoin		Viekira Pak* (PA)
nitrofurantoin mono-macro		Viekira XR* (PA)
		Xifaxan
		Zepatier* (PA)
		Zithromax

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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INFECTIONS (cont)

nystatin		Zmax
oseltamivirphate (QL)		Zovirax
penicillin		
sulfamethoxazole-trimethoprim		
terbinafine		
tetracycline		
tinidazole		
tobramycin*		
valacyclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

INFERTILITY

clomiphene citrate ^	Crinone ^	Gonal-F RFF* ^
	Endometrin ^	Gonal-F* ^
	Follistim AQ* ^	Makena (PA)
		Menopur* ^

MISCELLANEOUS

pulmosal	Cerdelga* (PA)	Addyi (QL)
sodium chloride	Orfadin*	Botox* (PA)
tetrabenazine* (PA)	Vivitrol*	Cerezyme* (PA)
		Dysport*
		Esbriet* (PA)
		Exjade*
		Ferriprox
		Horizant (ST)
		Hyper-Sal
		Jadenu*
		Kuvan* (PA)
		Lumizyme* (PA)
		Myalept* (PA)
		Naglazyme* (PA)
		Nebusal
		Nuedexta
		Strensiq* (PA)
		Syprine* (PA)
		Varithena
		Vimizim* (PA)
		Vpriv* (PA)
		Xenazine* (PA)
		Zavesca* (PA)

MULTIPLE SCLEROSIS

glatopa* (PA)	Ampyra* (PA)	Lemtrada* (PA)
	Aubagio* (PA)	Tysabri* (PA)
	Avonex* (PA)	Zinbryta* (PA)

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
MULTIPLE SCLEROSIS (cont)						PAIN RELIEF AND INFLAMMATORY DISEASE					
			Betaseron* (PA) Copaxone* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA) Rebif* (PA) Tecfidera* (PA)								
NUTRITIONAL/DIETARY											
b-12 compliance			CitraNatal			Auryxia					
calcitriol			Fosrenol			Concept DHA					
calcium			K-Tab ER			DermacinRx PureFolix					
ciferex			20meq			Durachol					
cyanocobalamin injection			Klor-Con M15			Escavite D +					
folic acid+			Mephyton			Escavite+					
folixapure			Nestabs DHA			Fer-In-Sol+					
klor-con m10, m20			OB Complete			Feriva 21-7					
klor-con sprinkle			Prefera OB			Ferralet 90					
multivitamin with fluoride			Prenate			Floriva+					
multivitamin with fluoride-iron+			Prenate DHA			Integra Plus					
ortho D			Preque 10+			Klor-Con 8, 10meq					
pnv-DHA			Renvela tablet			K-Tab ER 8, 10meq					
polyvitamins with fluoride+			Select-OB + DHA			MVC-fluoride+					
potassium chloride			Tri-VI-Flor+			Nascobal					
prena1 pearl			Tristart DHA			Nicomide					
prenatal plus			VitafoI			Noxifol-D3					
prenatal vitamin plus low iron			VitaMedMD			Phoslyra					
preplus			One Rx			Physicians Ez Use B-12					
rulavite DHA			vitaPearl			Poly-Vi-Flor+					
virt-pn DHA						Poly-VI-Flor with Iron+					
vitamin D2						Prenatabs FA					
zatean-pn DHA						Quflora+					
zavara						Renagel					
zolate						Renvela packet					
						Revesta					
						Roxifol-D					
						Texavite LQ+					
						Velphoro					
OSTEOPOROSIS PRODUCTS											
alendronate						Actonel (ST)					
ibandronate*						Atelvia (ST)					
raloxifene+						Evista					
risedronate						Prolia* (PA)					
risedronate DR						Xgeva* (PA)					

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

LP Lite Pak		Synvisc* (PA)
medolor pak		Taltz* (PA)
meloxicam		Tivorbex (ST)
metaxall		Vivlodex (ST)
metaxalone		Voltaren (ST)
methocarbamol		Xartemis XR (ST, QL)
morphine (QL)		Xeljanz XR* (PA)
morphine ER (QL)		Xeljanz* (PA)
nabumetone		Zohydro ER (ST, QL)
naproxen		Zomig (QL)
naproxen DS		Zomig ZMT (QL)
oxycodone (QL)		Zorvolex (ST)
oxycodone ER (QL)		
oxycodone- acetaminophen (QL)		
oxymorphone (QL)		
oxymorphone ER (QL)		
prilolid		
primlev (QL)		
relador pak		
relador pak plus		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
vanatol LQ		
verdrocet (QL)		
Vicodin (QL)		
Vicodin ES (QL)		
Vicodin HP (QL)		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		

PARKINSON'S DISEASE

benztropine	Apokyn* (PA)	Mirapex
bromocriptine	Azilect	Mirapex ER
carbidopa-levodopa		Neupro
carbidopa-levodopa ER		Rytary
carbidopa-levodopa- entacapone		Sinemet
pramipexole		Sinemet CR
pramipexole ER		
ropinirole		
ropinirole ER		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole	Seroquel XR (ST)	Abilify Maintena
aripiprazole ODT		Invega (ST)
chlorpromazine		Invega Sustenna
clozapine		Invega Trinza
clozapine ODT		Latuda (ST)
haloperidol		Rexulti (ST)
olanzapine		Risperdal (ST)
olanzapine ODT		Risperdal M-tab (ST)
olanzapine-fluoxetine		Saphris (ST)
paliperidone ER		Seroquel (ST)
quetiapine		Vraylar (ST)
quetiapine ER		
risperidone		
risperidone ODT		
ziprasidone		

SEIZURE DISORDERS

carbamazepine	Keppra	Aptiom
carbamazepine ER	Lamictal	Banzel
clonazepam	starter kit	Briviact
divalproex	Lamictal ODT	Carbatrol
divalproex ER	Lamictal XR	Depakote
epitol	starter kit	Depakote ER
gabapentin	Lyrica	Depakote Sprinkle
lamotrigine	Vimpat	Dilantin
lamotrigine ER		Fycompa
lamotrigine ODT		Keppra XR
levetiracetam		Lamictal
levetiracetam ER		Lamictal XR
oxcarbazepine		Oxtellar XR
roweepra		Phenytek
topiramate		Qudexy XR
topiramate ER 50mg		Sabril*
		Spritam
		Tegretol
		Tegretol XR
		Topamax
		Topiramate ER
		Trileptal
		Trokendi XR

SKIN CONDITIONS

acitretin	Azelex	Acanya
acyclovir ointment	Cordran (ST)	Aczone
adapalene (PA age)	Denavir	Atralin (PA age)
Ala-cort	Differin (PA age)	Avar
avar		Avar LS
avar-E	Exelderm	Avar-E LS
bp 10-1	Finacea	Avita (PA age)

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SKIN CONDITIONS (cont)

calcipotriene	Fluoroplex	Cleocin T
calcipotriene- betamethasone dp	Kenalog (ST)	Clindamax
calcitrene	Locoid lotion	Desonate (ST)
claravis (QL)	Metrogel	Drysol
clindacin etz	Naftin	Efudex
clindacin p	Tazorac	Elidel (ST)
clindamycin-benzoyl peroxide		Enstilar
clindamycinphate		Epiduo
clobetasol		Epiduo Forte
clodan		Evoclin
clotrimazole- betamethasone		Exelderm
cormax		Gordo-urea
desonide		Hydro 35
diclofenac gel		Hydro 40
doxepin		Keralac
econazole		Locoid cream, ointment, solution (ST)
fluocinonide		Lokara
fluorouracil		Luzu
hydrocortisone		Metrocream
imiquimod		Metro lotion
ketoconazole		Nizoral
metronidazole cream, gel		Olux (ST)
mupirocin		Onexton
myorisan (QL)		Picato
neuc		Retin-A (PA age)
nystatin- triamcinolone		Rosula cleanser
permethrin		Rynoderm
procto-med HC		Sklice
procto-pak		Soolantra
proctosol-hc		Sumadan
proctozone-hc		Sumaxin
rosadan		Sumaxin TS
rosanil		Taclonex
rosula pads		Targetin*
scalacort		Temovate (ST)
sodium sulfacetamide-sulfur		Tolak
ss 10-2		Topicort (ST)
sss 10-5		Tretin-X
sulfacleanse 8-4		Tridesilon (ST)
tacrolimus		Umecta
tretinoin cream (PA age)		Uramaxin
triamcinolone		Uramaxin GT
triderm		Urevaz
		Veltin
		Xolegel
		Ziana

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SKIN CONDITIONS (cont)

zenatane (QL)		
Zencia		

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	Silenor	Belsomra (ST)
eszopiclone		Nuvigil (PA)
modafinil (PA)		Xyrem* (PA)
temazepam		Zolpimist (ST)
zolpidem		
zolpidem ER		

SMOKING CESSATION

bupropion SR 150mg+	Chantix (QL)	Zyban
	Nicotrol (QL)	
	Nicotrol NS (QL)	

SUBSTANCE ABUSE

buprenorphine	Bunavail	
buprenorphine- naloxone	Narcan	
naloxone vial & PFS	Suboxone	
naltrexone (QL)	Zubsolv	

TRANSPLANT MEDICATIONS

azathioprine*	Cellcept*	Astagraf XL*
mycophenolate*	Neoral*	Envarsus XR*
mycophenolic acid*	Prograf*	Myfortic*
sirolimus*		
tacrolimus*		

URINARY TRACT CONDITIONS

cevimeline	Cystagon*	Avodart
dutasteride	Elmiron	Detrol (ST)
finasteride	Jalyn	Detrol LA (ST)
oxybutynin	Thiola	Enablex (ST)
oxybutynin ER		Procysbi* (PA)
phenazopyridine		Rapaflo
potassium citrate ER		
tamsulosin		
tolterodine		
tolterodine ER		

Medications that are not covered

The medications listed below aren't covered on your plan's drug list. If you fill a prescription for any of these medications, you'll have to pay the full cost of the medication. We've included some lower-cost generic and/or preferred brand medication choices for you to talk about with your doctor. Ask him or her which ones may be right for you.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ALLERGY/NASAL SPRAYS	Adrenaclick EpiPen EpiPen Jr	epinephrine auto-injector
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g., fluticasone)
	QNASL Children	budesonide fluticasone triamcinolone
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Aplenzin	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pexeva	paroxetine/CR/ER
	Wellbutrin XL	bupropion XL (ER 24hr tablet)
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA	Pulmicort Flexhaler QVAR
	Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort
	Incruse Ellipta Tudorza Pressair	Spiriva Spiriva Respimat
	Proventil HFA Xopenex HFA	ProAir HFA ProAir Respiclick Ventolin HFA
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD diltiazem ER
	Isordil Isordil Titradose	isosorbide dinitrate
BLOOD PRESSURE/HEART MEDICATIONS	Lanoxin	digitek digox digoxin

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	Durlaza
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Lipitor	atorvastatin
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramne ER promethazine-codeine
DIABETES	ACCU-CHEK, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio
	Afrezza Apidra Aprida SoloStar	Humalog Novolog
	alogliptin alogliptin-metformin Jentadueto Jentadueto XR Kazano Nesina Tradjenta	Janumet/Janumet XR Januvia Kombiglyze XR Onglyza
	alogliptin-pioglitazone Oseni	Janumet/Janumet XR Januvia Kombiglyze XR Onglyza Generic TZDs (e.g., pioglitazone)
	Fortamet Glumetza metformin ER (generic Fortamet and generic Glumetza)	metformin ER (generic Glucophage XR)
	Glyxambi	Invokamet/Invokamet XR/Invokana Janumet/Janumet XR Januvia Kombiglyze XR Onglyza
	Jardiance	Farxiga Invokana
	Synjardy	Invokamet/Invokamet XR
	Tanzeum Victoza	Byetta Bydureon Trulicity
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
GASTROINTESTINAL/HEARTBURN	Anusol-HC	anucort-HC grx hicort 25 hemmorex-HC hydrocortisone acetate

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
GASTROINTESTINAL/HEARTBURN (<i>cont</i>)	Asacol HD Colazal Delzicol Dipentum Giazo Mesalamine	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR
	Librax	chlordiazepoxide-clidinium
	Nexium capsule	esomeprazole
	Omeclamox-pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin pak
	Prevacid SoluTab	Generic prescription PPIs (e.g., lansoprazole)
	Zegerid	omeprazole omeprazole-sodium bicarbonate
	Zuplenz	ondansetron ondansetron ODT
HORMONAL AGENTS	Axiron Fortesta Natesto Testim Vogelxo	Androgel testosterone
	Dexpak	desamethasone
	Genotropin Norditropin Flexpro Nutropin AQ Omnitrope Saizen Zomacton	Humatrope
	Rayos	prednisone prednisone intensol
INFECTIONS	Acticlate Adoxa Adoxa Pak Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule	Generic products (e.g., doxycycline, minocycline)
	Bethkis Tobi	Kitabis Pak tobramycin
	Onmel	itraconazole terbinafine
	Sitavig	acyclovir
INFERTILITY	Bravelle Gonal F Gonal F RFF Gonal F RFF Redi-ject	Follistim AQ (PA)

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Belbuca	Butrans
	Bupap	butalbital-acetaminophen Marten-Tab Tencon
	Capital-W codeine	acetaminophen-codeine
	Conzip	tramadol tramadol ER
	Diclofenac Duexis Klofensaid II Naprelan Naproxen CR Pennsaid Vimovo Zipsor	Generic NSAIDs (e.g., celecoxib, meloxicam)
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydrocodone, hydromorphone, oxycodone)
	Lidocaine Lido-K	lidocaine lidopin
	Sprix	ketorolac
	Treximet Zembrace Symtouch	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	Zomig ZMT	zolmitriptan ODT
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	Fazaclo Versacloz	clozapine clozapine ODT
SEIZURE DISORDERS	Mysoline	primidone
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Aldara Zyclara	imiquimod
	Anusol-HC	hydrocortisone procto-Med HC proctosol-HC proctozone-HC
	Bensal HP	Salacyn salicylic acid
	Benzaclin Duac Neuac kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS <i>(cont)</i>	Clobex	clobetasol clodan
	Ertaczo Oxistat Vusion	ketoconazole
	Extina	ketoconazole ketodan
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	ciclodan ciclopirox itraconazole terbinafine
	Locoid Lipocream	hydrocortisone butyrate
	Loprox	Ciclodan ciclopirox
	Noritate	metronidazole Rosadan
	Novacort	hydrocortisone
	Penlac	ciclodan ciclopirox
	Plexion	sodium sulfacetamide-sulfur ss 10-2 Zencia
	Prudoxin Zonalon	doxepin prudoxin
	Salex	salicylic acid
	Sernivo	clobetasol triamcinolone
	Trianex	triamcinolone triderm
	Ultravate	clobetasol
	Vanos	fluocinonide
	Verdeso	desonide
	Xerese	acyclovir hydrocortisone
	Zovirax	acyclovir
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
	Ativan	lorazepam
URINARY TRACT CONDITIONS	Myrbetriq Toviaz VESicare	darifenacin ER oxybutynin chloride ER tolterodine ER trospium chloride ER

^^ These medications aren't covered on your drug list. Your prescription drug plan requires approval from Cigna for these medications to be covered. If your doctor feels that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Prescription drug list FAQs

We want to make sure you understand your prescription drug coverage and are getting the most out of your pharmacy benefit. Below are answers to some of the most commonly asked questions about the prescription drug list.

Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes to the list of covered medications as new medications become available or are removed from the market and/or we identify medications as the preferred treatment option for a certain condition. These changes may include:¹

- Moving a medication to a lower cost tier. This can happen at any time during the year.
- Moving a 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 or no longer covering a medication. This typically happens twice per year on January 1st and July 1st.
- Adding requirements to a medication. For example, requiring approval from Cigna before a medication is covered or adding a quantity limit or age restriction to a medication.

Please note that when a medication changes tiers or is no longer covered, you may have to pay a different amount for that medication.

Why aren't some medications covered on my drug list?

Some high-cost medications have clinically appropriate alternatives. Meaning, they work the same or similar to another covered prescription medication or over-the-counter (available without a prescription) alternative. To help lower your overall health care costs, these high-cost medications are not covered. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

We also do not cover medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide what medications are covered?

The Cigna Prescription Drug List is developed in cooperation with Cigna's Pharmacy and Therapeutics Committee, a panel of practicing doctors and pharmacists, most of whom work outside of Cigna. Every medication available on the drug list has been approved by the FDA. The Pharmacy and Therapeutics Committee uses medical resources and references on the safety and efficacy of prescription medications, and doesn't consider finances. The committee's findings are based on clinical evidence and are shared with a separate business decision team. The business team reviews their findings and other factors when deciding the placement of the medication on the drug list. Our goal is to provide access to safe and effective medications at the lowest possible cost.

What medications are covered under the health care reform law?

The Patient Protection and Affordable Care Act, 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 medications) may be available to you at no cost-share (\$0), depending on your plan. To find out how your plan covers these medications, please check your enrollment materials or view your plan's drug list on **myCigna.com**. You can also view the list of these preventive medications on **Cigna.com/druglist**.

For more information about health care reform, visit **www.informedonreform.com** or **Cigna.com** and look for the Preventive Services section within the "Informed on Reform" link.

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

Any new medications approved by the U.S. Food and Drug Administration (FDA) that are available in the marketplace may not be covered for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices that

Prescription drug list FAQs (cont)

are covered under standard pharmacy benefit plans. Once a medication is approved by the FDA, we do a thorough review to decide if it's appropriate to cover the medication and at what tier level it should be covered. 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 new FDA-approved medication.

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

Use the Drug Cost tool on [myCigna.com](https://mycigna.com) to price a medication and see the lower-cost options available to you at your local retail pharmacy and Cigna Home Delivery Pharmacy^{SM,2}

Simply log in to [myCigna.com](https://mycigna.com) and select Estimate Health Care Costs, then select Get drug costs.

How can I save money on my prescription medications?

You may be able to save money by switching to a lower-cost medication. Talk with your doctor to see if a medication in a lower-cost tier may work for you.

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

The U.S. Food and Drug Administration (FDA) requires generic medications to have the same quality and performance as brand name medications. So, a generic medication the same as a brand name medication in dosage form, active ingredient, strength, route of administration, quality, performance characteristics and intended use. Generics typically cost much less than brand name medications – in some cases, up to 80%–85% less.³ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy Services can help you manage your health and prescription needs.² Our therapy management teams, made up of health advocates with nursing backgrounds and pharmacists are here to provide you with personalized, 24/7 support. They provide condition-specific education on medication

therapy and side effects, help manage the approval process and offer financial assistance programs if you need help paying for your specialty medication.

Can I fill my prescriptions by mail?

If you take a prescription on a regular basis, you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.² To get started, give us a call at **800.835.3784** or visit the Cigna Home Delivery Pharmacy page on [myCigna.com](https://mycigna.com).

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

You can use the pharmacy tools on [myCigna.com](https://mycigna.com) to better understand your coverage. Just log into [myCigna.com](https://mycigna.com) to search for a specific medication or view your entire drug list. You can also use the Drug Cost tool to get cost estimates for covered medications at local retail pharmacies and through Cigna Home Delivery Pharmacy.² If you have questions, you can call the toll-free number on the back of your Cigna ID card.

Exclusions and limitations

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁴

- › over-the-counter (OTC) medications (medications that do not require a prescription) except insulin unless state or federal law requires coverage of such drugs;
- › prescription drugs or supplies for which there is a non-prescription or OTC therapeutic alternative;
- › physician-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or authorized 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 drugs used for purposes other than those approved by the FDA unless the drug 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 drugs;
- › 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 drugs and related supplies due to loss or theft;
- › drugs 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

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved drug 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 authorized 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. In accordance with Texas and Louisiana state law, customers with affected benefit plans who receive coverage for medications that are removed from the prescription drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date. To find out if these state mandates apply to your plan, please call Customer Service.
2. Plans vary, so some plans may not include Cigna Specialty Pharmacy Services or Cigna Home Delivery Pharmacy. Please check your plan materials for more information on what pharmacies are covered under your plan.
3. U.S. Food and Drug Administration (FDA) website, "Understanding Generic Drugs." Updated 06/28/2016.
4. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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