



CIGNA VALUE 3-TIER PRESCRIPTION DRUG LIST FOR THE CIGNA CHOICE FUND[®] PLAN

As of July 1, 2019

Together, all the way.[®]





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View your drug list online

This document was last updated 03/01/2019.* Here's where you can find a current list of the medications your plan covers.



The myCigna® App or website – Once you're registered, log in and click on "Coverage." Then select "Pharmacy" from the drop-down menu.



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

Questions?

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

* Drug list created: Originally created 10/01/2011

Last updated: 03/01/2019, for changes starting 07/01/2019

Next planned update: 09/01/2019, for changes starting 01/01/2020

Your prescription drug list

This document shows the most commonly prescribed medications covered on the Value 3-Tier Prescription Drug List as of July 1, 2019.¹ All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). **The Value 3-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers, and not all of the medications listed here may be covered under your specific plan.** You should log in to the **myCigna** App or website, or check your plan materials, to learn more about the medications your plan covers.

The Value 3-Tier Prescription Drug List also excludes from coverage 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 medicines are available over-the-counter at the pharmacy without a prescription.

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Value 3-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$
BLOOD PRESSURE/HEART MEDICATIONS	
afeditab CR	Beriner [*] (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	Nitrostat
isosorbide mononitrat	Northera [*] (PA)
	Norvasc
	Ranexa (ST)
	Tekturna
	Tekturna HCT

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

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

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. |
| (PO) | Preventive medications covered at \$0 cost share.* |
| (P50) | Preventive medications covered at 50% cost share; no deductible.* |

* Preventive medications are not subject to the deductible.

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 such as 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 see pages 17-20.

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

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

Plan exclusions

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

How to find your medication

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

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

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*	Atripla*	Complera*	bupropion XL (QL)		Wellbutrin SR (ST, QL)
atazanavir*	Biktarvy*	Evotaz*	bupirone		Xanax
ritonavir*	Descovy*	Juluca*	citalopram (QL)		Xanax XR
tenofovir *	Genvoya*	Odefsey*	clomipramine		Zoloft (ST, QL)
	Intelence*	Prezcobix*	desvenlafaxine ER (QL)		
	Isentress HD*	Stribild*	duloxetine (QL)		
	Isentress*	Viread 300mg*	escitalopram (QL)		
	Norvir packet, solution*		fluoxetine 40mg capsule, 60mg (QL)		
	Prezista*		fluoxetine DR (QL)		
	Reyataz packet*		fluvoxamine (QL)		
	Selzentry*		fluvoxamine ER (QL)		
	Tivicay*		lorazepam		
	Triumeq*		lorazepam intensol		
	Truvada*		mirtazapine		
	Viread powder, 150mg, 200mg, 250mg*		paroxetine (QL)		
ALLERGY/NASAL SPRAYS			paroxetine CR (QL)		
azelastine		Astepro	paroxetine ER (QL)		
cromolyn		Clarinet-D 12 Hour	sertraline (QL)		
cyproheptadine		Karbinal ER	trazodone		
epinephrine (PA, QL)		Semprex-D	venlafaxine (QL)		
flunisolide			venlafaxine ER (QL)		
fluticasone					
hydroxyzine					
ipratropium					
mometasone (QL)					
olopatadine					
promethazine					
ALZHEIMER'S DISEASE			ASTHMA/COPD/RESPIRATORY		
donepezil		Mestinon	albuterol (PO)	Advair Diskus (PO)	Adcirca* (PA)
donepezil ODT		Namenda	budesonide (PO)		Adempas* (PA)
memantine		Namenda XR (QL)	ipratropium-albuterol (PO)	Advair HFA (PO)	Combivent Respimat
memantine ER (QL)		Namzaric (QL)	montelukast (PO)	Anoro Ellipta (PO)	Daliresp (QL)
pyridostigmine				Atrovent HFA (PO)	Kalydeco* (PA, QL)
pyridostigmine ER				Breo Ellipta (PO)	Letairis* (PA)
rivastigmine				Incruse Ellipta (PO)	Ofev* (PA)
				ProAir HFA (PO)	Opsumit* (PA)
				ProAir RespiClick (PO)	Orenitram ER* (PA)
				QVAR Redihaler (PO)	Orkambi* (PA, QL)
				Striverdi Respimat (PO)	Pulmicort
				Symbicort (PO)	Pulmozyme* (PA)
				Trelegy Ellipta (ST)	Revatio* (PA)
				Xolair* (PA)	Symdeko* (PA, QL)
alprazolam		Celexa (ST, QL)			Tracleer* (PA)
alprazolam ER		Effexor XR (ST, QL)			Tyvaso* (PA)
alprazolam intensol		Fetzima (ST, QL)			Upravi* (PA)
alprazolam ODT		Forfivo XL (ST, QL)			
alprazolam XR		Prozac (ST, QL)			
amitriptyline		Sarafem (ST)			
bupropion (QL)		Trintellix (ST, QL)			
bupropion SR (QL)		Viibryd (ST, QL)			

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ATTENTION DEFICIT HYPERACTIVITY DISORDER			BLOOD PRESSURE/HEART MEDICATIONS (cont)		
atomoxetine (QL) dexamethylphenidate dexamethylphenidate ER (QL) dextroamphetamine-amphetamine dextroamphetamine-amphetamine ER (QL) guanfacine ER Metadate ER methylphenidate methylphenidate CD (QL) methylphenidate ER (QL) methylphenidate LA (QL) Relexxii		Adderall (ST) Daytrana (PA) Evekeo (ST) Focalin (ST) Methylin (ST) Quillivant XR (PA) Ritalin (ST)	Digitek Digox Digoxin diltiazem (PO) diltiazem CD (PO) diltiazem ER (PO) Dilt-XR dofetilide (QL) doxazosin (PO) Ecotrin+ (PO) EcPirin+ enalapril (PO) flecainide (PO) hydralazine irbesartan (PO) irbesartan-HCTZ (PO) isosorbide isosorbide ER labetalol (PO) lisinopril (PO) lisinopril-HCTZ (PO) losartan (PO) losartan-HCTZ (PO) Matzim LA (PO) metoprolol (PO) nadolol (PO) nifedipine (PO) nifedipine ER (PO) olmesartan (QL, PO) olmesartan-amlodipine-HCTZ (PO) olmesartan-HCTZ (QL, PO) propafenone propafenone ER propranolol (PO) propranolol ER (PO) quinapril (PO) ramipril (PO) Taztia XT (PO) telmisartan (PO) telmisartan (QL, PO) telmisartan-HCTZ (QL, PO) tri-buffered aspirin+ (PO) valsartan (PO) valsartan-HCTZ (PO) verapamil (PO) verapamil ER (PO) verapamil SR (PO)		
BLOOD MODIFIERS/BLEEDING DISORDERS					
tranexamic acid*	Droxia	Amicar* Hemlibra* (PA) Promacta* (PA) Siklos (PA)			
BLOOD PRESSURE/HEART MEDICATIONS					
amlodipine (PO) amlodipine-benazepril (PO) amlodipine-olmesartan (QL, PO) amlodipine-valsartan amlodipine-valsartan-HCTZ (PO) Aspir 81+ aspirin EC+ aspirin+ Aspir-Low+ atenolol atenolol-chlorthalidone (PO) benazepril (PO) benazepril-HCTZ (PO) Bufferin+ candesartan (PO) Cartia XT carvedilol (PO) carvedilol ER (QL) clonidine (PO)	Corlanor (PA) Entresto	Bayer Chewable Aspirin+ BiDil (QL) Cardizem LA (QL) Coreg CR (QL, P50) Epaned (ST, P50) Firazyr* (PA) Haegarda* (PA) Hemangeol (P50) Inderal LA (P50) Inderal XL (P50) Innopran XL (P50) Kapsargo Sprinkle Multaq Nitro-Dur Nitrolingual Nitromist Nitrostat Northera* (PA) Norvasc (P50) Ranexa (ST, QL) Tiazac Tikosyn (QL) Toprol XL (P50)			

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD THINNERS/ANTI-CLOTTING			CHOLESTEROL MEDICATIONS (cont)		
aspirin-dipyridamole ER (PO) clopidogrel (PO) enoxaparin* (QL) fondaparinux* (QL) Jantoven (PO) prasugrel (PO) warfarin (PO)	Brilinta (PO) Eliquis (PO) Fragmin* (QL) Xarelto (PO)	Bevyxxa (QL) Coumadin (P50) Pradaxa (P50) Savaysa (QL, P50) Zontivity (P50)	fenofibrate (PO) fenofibric acid (PO) fluvastatin 20mg, 40mg+ (PO) fluvastatin ER 80+ (PO) lovastatin 20mg, 40mg+ (PO) niacin ER (PO) Niacor (PO) omega-3 acid ethyl esters (PO) pravastatin+ (PO) rosuvastatin 5mg, 10mg (QL)+ (PO) rosuvastatin 20mg, 40mg (QL, PO) simvastatin 10mg, 20mg, 40mg+ (PO) simvastatin 5mg, 80mg (QL, PO)		
CANCER			CONTRACEPTIVE PRODUCTS		
anastrozole bexarotene* (PA) capecitabine* (PA) exemestane imatinib 100mg* (PA) letrozole mercaptopurine methotrexate* tamoxifen+ temozolomide* (PA)	Actimmune* (PA) Afinitor* (PA) FARESTON (QL) Gleostine Nexavar* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Tasigna* (PA) Trexall*	Afinitor Disperz* (PA) Alecensa* (PA) Bosulif* (PA) Cabometyx* (PA) Cometriq* (PA) Cotellic* (PA) Erivedge* (PA) Erleada* (PA) Gleevec* (PA) Ibrance* (PA) Iclusig* (PA) imatinib 400mg* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Lenvima* (PA) Lonsurf* (PA) Lynparza* (PA) Mekinist* (PA) Nerlynx* (PA) Ninlaro* (PA) Pomalyst* (PA) Stivarga* (PA) Sylatron* (PA) Tafinlar* (PA) Tagrisso* (PA) Targretin* capsule (PA) Verzenio* (PA) Votrient* (PA) Xalkori* (PA) Xtandi* (PA) Zelboraf* (PA) Zytiga* (PA)	Altavera+ Alyacen+ Amethia Lo+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aubra EQ+ Aviane+ Azurette+ Balziva+ Bekyree+ Blisovi 24 FE+ Blisovi FE+ Briellyn+ Camila+ Camrese Lo+ Camrese+ Caziant+ Chateal EQ+ Chateal+ Cryselle+ Cyclafem+ Cyred+ Dasetta+	Lo Loestrin FE Taytulla	Beyaz Ella+ Estrostep FE Loestrin FE LoSeasonique Microgestin+ Minastrin 24 FE NuvaRing+ Skyla* Today Contraceptive Sponge+
CHOLESTEROL MEDICATIONS					
atorvastatin 10mg, 20mg+ (PO) colesvelam ezetimibe (PO)	Repatha* (PA)	Korlym* (PA) Vascepa Welchol Zetia			

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)			CONTRACEPTIVE PRODUCTS (cont)		
Daysee ⁺			levonorgestrel- ethinyl estradiol ⁺		
Deblitane ⁺			Levora-28 ⁺		
Delyla ⁺			Lillow ⁺		
desogestrel-ethinyl estradiol ⁺			Loryna ⁺		
drosiprenone-ethinyl estradiol ⁺			Low-Ogestrel ⁺		
drosiprenone-ethinyl estradiol- levomefolate ⁺			Lutera ⁺		
Econtra EZ ⁺			Lyza ⁺		
Econtra One-Step ⁺			Marlissa ⁺		
Elinest ⁺			medroxyprogesterone 150mg/ml ⁺		
Emoquette ⁺			Melodetta 24 FE ⁺		
Enpresse ⁺			Mibelas 24 FE ⁺		
Enskyce ⁺			Microgestin FE ⁺		
Errin ⁺			Mili ⁺		
Estarilla ⁺			Mono-Linyah ⁺		
ethynodiol-ethinyl estradiol ⁺			Mononessa ⁺		
Falmina ⁺			My Choice ⁺		
Fayosim ⁺			My Way ⁺		
FC2 Female Condom ⁺			Myzilra ⁺		
Femynor ⁺			Necon 0.5/35 ⁺		
Gianvi ⁺			Nikki ⁺		
Hailey 24 FE ⁺			Nora-BE ⁺		
Heather ⁺			norethindrone ⁺		
Introvale ⁺			norethindrone- ethinyl estradiol ⁺		
Isibloom ⁺			norethindrone- ethinyl estradiol-iron ⁺		
Jencycla ⁺			norgestimate-ethinyl estradiol ⁺		
Jolessa ⁺			Norlyda ⁺		
Jolivette ⁺			Norlyroc ⁺		
Juleber ⁺			Nortrel ⁺		
Junel FE 24 ⁺			Ocella ⁺		
Junel FE ⁺			Opcon One-Step ⁺		
Junel ⁺			Option 2 ⁺		
Kaitlib FE ⁺			Orsythia ⁺		
Kariva ⁺			Philith ⁺		
Kelnor 1-35 ⁺			Pimtrea ⁺		
Kelnor 1-50 ⁺			Pirmella ⁺		
Kurvelo ⁺			Portia ⁺		
Larin FE 24 ⁺			Previfem ⁺		
Larin FE ⁺			Reclipsen ⁺		
Larin ⁺			Rivelsa ⁺		
Larissia ⁺			Setlakin ⁺		
Leena ⁺			Sprintec ⁺		
Lessina ⁺			Sronyx ⁺		
Levonest ⁺			Syeda ⁺		

Cigna Value 3-Tier Prescription Drug List

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

CONTRACEPTIVE PRODUCTS (cont)

Tarina FE 1-20 EQ ⁺		
Tarina FE ⁺		
Tilia FE ⁺		
Tri Femynor ⁺		
Tri-Estarylla ⁺		
Tri-Legest FE ⁺		
Tri-Linyah ⁺		
Tri-Lo-Estarylla ⁺		
Tri-Lo-Marzia ⁺		
Tri-Lo-Sprintec ⁺		
Tri-Mili ⁺		
Tri-Previfem ⁺		
Tri-Sprintec ⁺		
Trivora-28 ⁺		
Tri-Vylibra ⁺		
Tulana ⁺		
Tydemy ⁺		
VCF ⁺		
Vienva ⁺		
Viorele ⁺		
Vyfemla ⁺		
Vylibra ⁺		
Wera ⁺		
Wide Seal Diaphragm ⁺		
Wymyza FE ⁺		
Xulane ⁺		
Zarah ⁺		
Zovia ⁺		

COUGH/COLD MEDICATIONS

benzonatate		Tessalon Perle
Bromfed DM		Tussionex
brompheniramine- pseudoephedrine- DM		Tuzistra XR (QL)
hydrocodone- chlorpheniramine ER		
hydrocodone- homatropine (QL)		
Hydromet (QL)		

DENTAL PRODUCTS

chlorhexidine	Escavite ⁺	
doxycycline	Escavite D ⁺	
Oralone	Floriva tablet ⁺	
Paroex	MVC-Fluoride ⁺	
Peridex	Poly-Vi-Flor with Iron ⁺	
sodium fluoride ^{^+}	Quflora	

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

DENTAL PRODUCTS (cont)

triamcinolone		
Tri-Vitamin with Fluoride ⁺		

DIABETES

glimepiride (PO)	Basaglar (PO)	Cycloset (P50)
glipizide (PO)	Bydureon (QL, PO)	
glipizide ER (PO)	Byetta (QL, PO)	
glipizide XL (PO)	Dexcom G6 sensors	
metformin (PO)	Farxiga (QL, PO)	
metformin ER (PO)	FreeStyle Libre sensors	
NovoTwist	Glucagen HypoKit (QL)	
	Glucagon Emergency Kit (QL)	
	Glyxambi (PO)	
	Humalog (PO)	
	Humulin (PO)	
	Janumet (PO)	
	Janumet XR (PO)	
	Januvia (QL, PO)	
	Jardiance (PO)	
	Levemir (PO)	
	OneTouch test strips (PO)	
	Ozempic (QL)	
	Soliqua 100-33 (PO)	
	SymLinPen (PO)	
	Synjardy (PO)	
	Synjardy XR (PO)	
	Tresiba (PO)	
	Trulicity (QL, PO)	
	Victoza (QL, PO)	
	Xigduo XR (QL, PO)	
	Xultophy (PO)	

DIURETICS

acetazolamide		Aldactone
bumetanide		Carospir
chlorthalidone		Diuril
eplerenone		Dyrenium
furosemide		Jynarque* (PA)
hydrochlorothiazide		Lasix
spironolactone		Samsca*
triamterene-HCTZ		

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
EAR MEDICATIONS			GASTROINTESTINAL/HEARTBURN (cont)		
neomycin-polymyxin-HC ofloxacin drops		Cipro HC Ciprodex Coly-Mycin S Dermotic Otovel	dicyclomine diphenoxylate-atropine dronabinol Ducodyl+ famotidine Gavilax+ Gavilyte-C+ Gavilyte-G+ Gavilyte-N+ GentleLax+ GlycoLax+ HealthyLax+ Hemmorex-HC hydrocortisone lansoprazole-amoxicillin-clarithromycin (combo pak) LaxaClear+ mesalamine 1.2gm, 1,000mg, 4gm/60ml metoclopramide metoclopramide ODT Natura-LAX+ ondansetron ondansetron ODT PEG 3350-electrolytes+ PEG-Prep+ Phenadoz Powderlax+ promethazine Promethegan Puralex+ ranitidine Smooth LAX+ sucralfate TriLyte with Flavor Packets+ ursodiol		Correctol+ Diclegis Donnatal Dulcolax+ Gattex* (PA) Gialax+ GoLYTLEY+ Lialda (ST) Miralax+ Movantik (PA) MoviPrep+ NuLYTELY with Flavor Packets+ Ocaliva* (PA) OsmoPrep+ Pancreaze Pertzeye Prepopik+ Ravicti* (PA) Rectiv Relistor (PA) Sancuso (PA, QL) Sensipar* sfRowasa Sucraid* (PA) Suprep+ Symproic (PA) Transderm-Scop Varubi* (PA, QL) Viberzi Viokace Xermelo* (PA)
EYE CONDITIONS					
azelastine bacitracin bimatoprost (QL) brimonidine ciprofloxacin dorzolamide-timolol erythromycin fluorometholone gatifloxacin ketorolac latanoprost moxifloxacin neomycin-polymyxin-dexamethasone ofloxacin olopatadine polymyxin B-TMP prednisolone timolol tobramycin tobramycin-dexamethasone	Restasis Simbrinza Travatan Z Xiidra	Acuvail Alphagan P Alrex Azasite Azopt Besivance Betimol Betoptic S Bromsite Cequa Combigan Cosopt PF Cystaran* (QL) Durezol Ilevro Inveltys Lotemax Moxeza Nevanac Omnipred Pred Forte Pred Mild Prolensa Tobradex Tobradex ST Vigamox Zioptan (ST, QL) Zirgan Zylet			
FEMININE PRODUCTS					
Fem pH Gynazole 1 Miconazole 3 terconazole		AVC Relagard			
GASTROINTESTINAL/HEARTBURN			HORMONAL AGENTS		
Alophen+ alosetron* Anucort-HC balsalazide bisacodyl+ chlordiazepoxide-clidinium Clearlax+	Amitiza Apriso Creon Entyvio*^ (PA) Linzess Pentasa Zenpep	Akynzeo* (PA, QL) Bonjesta Canasa Carafate Cholbam* (PA) Clenpiq Colyte with Flavor Packets+	Amabelz budesonide ER (PA, QL) cabergoline (QL) Covaryx Covaryx H.S.	Duavee Forteo* Humatrope* (PA) Premarin Premphase Prempro	Activella Alora (QL) Androderm (PA, QL) AndroGel (PA, QL) Angeliq Armour Thyroid

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS (cont)			INFECTIONS (cont)		
Decadron	Sandostatin LAR	Climara	cefixime	Thalomid* (PA)	E.E.S. 400
desmopressin	Serostim* (PA)	Climara Pro	cefepodoxime	Vosevi* (PA)	Epclusa* (PA)
dexamethasone	Somavert* (PA)	CombiPatch	cefuroxime		EryPed 200
dexamethasone intensol	Zorbtive* (PA)	Crinone	cephalexin		Ery-Tab
EEMT		Cytomel	ciprofloxacin		Firvanq
EEMT H.S.		Deltasone	clarithromycin		Harvoni* (PA)
estradiol (QL)		Depo-Testosterone	clarithromycin ER		MetroGel-Vaginal
estradiol- norethindrone		Divigel	clindamycin		Monurol
estrogen- methyltestosterone		Egrifta* (PA)	Coremino (QL)		Natroba
levothyroxine		Elestrin	dapsone		Noxafil
Levoxyl		Entocort EC	doxycycline		Nuessa
liothyronine		Estrace	doxycycline IR-DR		Plaquenil
medroxyprogesterone		Estring (QL)	Emverm		Prevymis*
methergine		EstroGel	entecavir* (QL)		Sivextro (PA)
methimazole		Euthyrox	erythromycin		Sklice
methylergonovine		Evamist	erythromycin ES		Solosec
methylprednisolone		Femring	famciclovir		Sulfatrim
Mimvey		Intrarosa	fluconazole		Suprax
Mimvey LO		Levo-T	hydroxychloroquine		Tamiflu (QL)
Nature-Throid		Menostar (QL)	itraconazole		TOBI Podhaler*
NP Thyroid		Minivelle (QL)	levofloxacin		Uretron D-S
prednisolone		Natpara* (PA)	metronidazole		Uribel
prednisolone ODT		Osphena	minocycline		Urogesic-Blue
prednisone		Prometrium	minocycline ER (QL)		UTA
prednisone intensol		Royaldee	Mondoxyme NL		Valtrex
progesterone		Striant (PA, QL)	Morgidox		Vemlidy*
testosterone (PA, QL)		Synthroid	nitrofurantoin		Vibramycin syrup, suspension
testosterone cypionate		Tirosint	nitrofurantoin mono-macro		Xifaxan
Thyroid		Unithroid	nystatin		Zepatier* (PA)
Westhroid		Vagifem (QL)	Okebo		
WP Thyroid		Vivelle-Dot (QL)	oseltamivir (QL)		
Yuvaferm (QL)			penicillin		
			permethrin		
			Soloxide		
			sulfamethoxazole- TMP		
			terbinafine		
			tetracycline		
			tinidazole		
			tobramycin*		
			valacyclovir		
			valganciclovir		
			vancomycin		
			Vandazole		
			voriconazole (PA)		
INFECTIONS					
acyclovir	Baraclude	Albenza			
amoxicillin	solution*	Alinia			
amoxicillin- clavulanate	Kitabis Pak*	Bactrim			
amoxicillin- clavulanate ER	ledipasvir- sofosbuvir* (PA)	Bactrim DS			
atovaquone	Mavyret* (PA)	Baraclude* (QL)			
atovaquone- proguanil (PA)	Pegasys* (PA)	Cayston*			
Avidoxy	PegIntron* (PA)	Cipro			
azithromycin	sofosbuvir- velpatasvir* (PA)	Cleocin			
cefdinir	Sovaldi* (PA)	Clindesse			
		Cresemba (PA)			
		Daraprim* (PA)			
		Difcid (QL)			

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFERTILITY			OSTEOPOROSIS PRODUCTS		
chorionic gonadotropin* clomiphene citrate	Follistim AQ* Menopur*	Crinone Endometrin	alendronate (QL, PO) calcitonin-salmon (PO) ibandronate (PO) raloxifene+ (PO) risedronate (PO) risedronate DR (PO)	Fosamax Plus D (ST, PO) Tymlos* (PO)	Evista (P50)
MISCELLANEOUS			PAIN RELIEF AND INFLAMMATORY DISEASE		
disulfiram NebuSal 3% PulmoSal sodium chloride TechLITE Lancets tetrabenazine* (PA) trientine* (PA)	Cerdelga* (PA) Nityr* (PA)	Austedo* (PA) Brisdelle (QL) Esbriet* (PA) Exjade* Ferriprox* Ingrezza* (PA) Jadenu Sprinkle* Jadenu* Kuvan* (PA) Myalept* (PA) Nuedexta (QL) Strensiq* (PA) Syprine* (PA) Xenazine* (PA)	acetaminophen-codeine (PA) allopurinol baclofen buprenorphine patch (QL) butalbital-acetaminophen-caffeine-codeine (PA) butalbital-acetaminophen-caffeine (QL) carisoprodol celecoxib (QL) chlorzoxazone colchicine cyclobenzaprine DermacinRx Empricaine DermacinRx Prizopak diclofenac (QL) diclofenac ER dihydroergotamine (QL) eletriptan (QL) Endocet (PA) etodolac etodolac ER fenoprofen fentanyl (PA) Fioricet (QL) frovatriptan (QL) Glydo hydrocodone-acetaminophen (PA) hydromorphone (PA) hydromorphone ER (PA) IBU	Actemra* (PA) Belbuca (QL) Embeda (PA) Enbrel* (PA) Humira* (PA) Hysingla ER (PA) Otezla* (PA) Rasuvo* (PA) Remicade*^ (PA) Stelara* (PA) Xtampza ER (PA)	Abstral (PA) Actiq (PA) Analpram HC Arymo ER (PA) Benlysta* (PA) Butrans (QL) Celebrex (QL) Cimzia* (PA) Colcrys Cosentyx* (PA) Cuprimine* (PA) Depen* (PA) Dupixent* (PA) Duragesic (PA) Fentora (PA) Flector (QL) Ilaris*^ (PA) Kadian (PA) Kevzara* (PA) Lazanda (PA) Mitigare MorphaBond ER (PA) MS Contin (PA) Nucynta (PA) Nucynta ER (PA) Orencia* (PA) Otrexup* (PA) Oxaydo (PA) Pennsaid Percocet (PA) Procort Proctofoam-HC Relpax (QL) RoxyBond (PA) Savella Subsys (PA) Taltz* (PA) Tremfya* (PA) Uloric (QL) Voltaren (QL) Xeljanz XR* (PA)
MULTIPLE SCLEROSIS					
glatiramer* (PA) Glatopa* (PA)	Ampyra* (PA) Aubagio* (PA) Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya 0.5mg* (PA) Plegridy* (PA) Rebif* (PA) Tecfidera* (PA)	Gilenya 0.25mg			
NUTRITIONAL/DIETARY					
calcitriol calcium cyanocobalamin FA-8+ folic acid 1mg folic acid 0.4mg, 0.8mg+ Klor-Con Klor-Con M10 Klor-Con M20 Klor-Con Sprinkle lanthanum potassium chloride Prena1 Pearl prenatal vitamin+ PreNatal+ sevelamer Vitamin D2	Mephyton Nascobal OB Complete Petite	Auryxia (QL) CitraNatal Klor-Con 10 Klor-Con 8 Klor-Con M15 KPN+ K-Tab ER OB Complete Perry Prenatal+ Phoslyra Prenate Mini Renagel Renvela Velphoro Veltassa Vitafof vitaMedMD One Rx vitaPearl			

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)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)			
ibuprofen indomethacin indomethacin ER ketorolac ketorolac (QL) leflunomide lidocaine (QL) lidocaine-prilocaine Lidopril Lidopril XR Lido-Prilo Caine Pack Livixil Pak Lorcet (PA) Lorcet HD (PA) Lorcet Plus (PA) Lortab (PA) meloxicam Metaxall metaxalone methocarbamol morphine (PA) morphine ER (PA) nabumetone Nalfon 600mg Nalocet (PA) naproxen naproxen DS oxycodone (PA) oxycodone ER (PA) oxycodone- acetaminophen (PA) oxymorphone (PA) oxymorphone ER (PA) Phrenilin Forte (QL) Prikaan Prikaan Lite Prilolid Prilovix Primlev (PA) ProFeno Relador Pak Relador Pak Plus rizatriptan (QL) sumatriptan (QL) sumatriptan- naproxen (QL) tizanidine		Xeljanz* (PA) Zohydro ER (PA)	tramadol (QL) tramadol ER (QL) Verdrocet (PA) Vicodin (PA) Vicodin ES (PA) Vicodin HP (PA)			
			PARKINSON'S DISEASE			
			amantadine benzotropine bromocriptine carbidopa-levodopa carbidopa-levodopa ER pramipexole pramipexole ER (QL) rasagiline (QL) ropinirole ropinirole ER	Apokyn* (PA)	Azilect (QL) Duopa* Neupro Rytary Sinemet Sinemet CR Tasmar Xadago	
			SCHIZOPHRENIA/ANTI-PSYCHOTICS			
			aripiprazole (QL) aripiprazole ODT chlorpromazine haloperidol olanzapine olanzapine ODT olanzapine- fluoxetine paliperidone ER (QL) quetiapine quetiapine ER risperidone risperidone ODT ziprasidone		Fanapt (QL) Latuda (QL) Rexulti (QL) Saphris Seroquel Seroquel XR Vraylar (QL)	
			SEIZURE DISORDERS			
			carbamazepine carbamazepine ER clonazepam divalproex divalproex ER Epitol gabapentin lamotrigine lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT levetiracetam	Dilantin 30mg Lyrica	Aptiom (PA, QL) Banzel (PA, QL) Briviact (PA) Carbatrol Depakote Depakote ER Dilantin Fycompa (PA, QL) Klonopin Onfi Oxtellar XR (PA) Phenytek Spritam (PA)	

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SEIZURE DISORDERS (cont)			SKIN CONDITIONS (cont)		
levetiracetam ER oxcarbazepine Roweepra Roweepra XR Subvenite Subvenite (blue, green, orange) topiramate topiramate ER		Tegretol Tegretol XR Vimpat (PA)	mupirocin Myorisan (QL) Neuac Gel Nolix nystatin- triamcinolone oxiconazole Plixda (PA age) Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Psorcon Rosadan Rosanil sodium sulfacetamide- sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus tazarotene tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone Triderm Zenatane (QL)		
SKIN CONDITIONS			SLEEP DISORDERS/SEDATIVES		
adapalene (PA age) adapalene-benzoyl peroxide Ala-Cort Amnesteem (QL) Avar Avar-E Avar-E Green betamethasone augmented betamethasone BP 10-1 calcipotriene calcipotriene- betamethasone DP Calcitrene Claravis (QL) Clindacin ETZ 1% Clindacin P clindamycin clindamycin-benzoyl peroxide clindamycin- tretinoin clobetasol Clodan shampoo clotrimazole- betamethasone dapson desonide diflorasone fluocinonide fluorouracil flurandrenolide hydrocortisone imiquimod isotretinoin (QL) ketoconazole metronidazole	Eucrisa Targetin gel*	Benzamycin Celacyn Desonate (ST) Desowen (ST) Drysol Ecoza Elidel Finacea Impoyz (ST) Naftin Nizoral Olux (ST) Picato Santyl (QL) Soolantra Temovate (ST) Topicort (ST) Tridesilon (ST) Xolegel	armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)	Belsomra (ST) Silenor (ST, QL)	Hetlioz* (PA) Lunesta (ST) Rozerem (ST, QL) Xyrem* (PA)
			SMOKING CESSATION		
			bupropion SR 150mg+ NicoDerm CQ+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+		Chantix^ Nicorette+ Nicotrol NS^ Nicotrol^ Zyban^

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SUBSTANCE ABUSE		
buprenorphine tablet	Bunavail Narcan	
buprenorphine- naloxone	Suboxone Zubsolv	
TRANSPLANT MEDICATIONS		
azathioprine*		Astagraf XL*
mycophenolate*		Cellcept*
mycophenolic acid*		Envarsus XR*
sirolimus*		Myfortic*
tacrolimus*		Neoral*
		Prograf*
		Zortress*
URINARY TRACT CONDITIONS		
darifenacin ER (QL)		Cystagon*
dutasteride		Elmiron
finasteride		Procysbi* (PA)
oxybutynin		Pyridium
oxybutynin ER		Rapaflo (QL)
phenazopyridine		Thiola*
potassium citrate ER		
tamsulosin		
tolterodine		
tolterodine ER (QL)		

SPECIALTY MEDICATIONS



Use home delivery to fill your medications

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. This is a list of the specialty medications your plan requires you to fill through Cigna Specialty Pharmacy (our home delivery pharmacy) to receive coverage. If you choose to fill any of these medications at a retail pharmacy, your plan won't cover the cost of the medication.

Medication Name

A

Actemra
Actimmune
Adcirca
adefovir
Advate
Adynovate
Afinitor
Afstyla
Agrylin
Aldurazyme
Alecensa
Alferon N
alosectron
Alphanate
AlphaNine SD
Alprolix
Amicar
aminocaproic acid
Ampyra
anagrelide
argatroban
Astagraf XL
Aubagio
Avonex
Azasan
azathioprine

B

Baraclude
Bebulin

bendamustine
Bendeka
BeneFix
Benlysta
Betaseron
bexarotene
bicalutamide
Bivigam
Boniva
Bosulif
Botox
Buphenyl

C

capecitabine
Carimune NF
Casodex
Cellcept
Cerdelga
Cerezyme
Cimzia
Copaxone
Cosentyx
Cotellic
Cuprimine
cyclosporine
cyclosporine modified

D

Daklinza
dalfampridine ER
Darzalex

Defitelio
Depen
docetaxel
Dupixent
Durolane
Dysport

E

Egrifta
Eligard
Eloctate
Emcyt
Empliciti
Enbrel
entecavir
Envarsus XR
Eplclusa
Erivedge
Erleada
Esbriet
etoposide
Euflexxa
Extavia

F

Fabrazyme
Fasenra
Firazyr
flutamide
Forteo
Fuzeon

G

Gamastan
Gamastan S-D
Gammagard
Gammagard S-D
Gammaked
Gamunex-C
Gel-One
Gelsyn-3
Gengraf
Genotropin
Genvisc 850
Gilenya
glatiramer
Glatopa
Gleevec

H

HP Acthar
Harvoni
Helixate FS
Hemlibra
Hemofil M
Hepsera
Hizentra
Humate-P
Humatrope
Humira
Hyalgan
Hycamtin
Hylenex

*This medication may be covered under your pharmacy benefit, medical benefit, or under both benefits. If it's covered under your medical benefit and you're getting it from your health care provider, your plan may not require you to use Cigna Specialty Pharmacy to receive coverage. Please log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers this medication.

I

ibandronate
 Ibrance
 Idelvion
 Ilumya (medical benefit only)
 imatinib
 Imuran
 Inflectra
 Inlyta
 Intron A*
 Ixinity

J

Jadenu
 Jevtana

K

Kevzara
 Kisqali
 Kisqali Femara Co-Pack
 Koate
 Kogenate FS
 Kovaltry
 Kuvan
 Kyprolis

L

Lemtrada
 Letairis
 leucovorin
 leuprolide*
 Lotronex
 Lupron Depot*

M

Mavyret
 Mekinist
 methotrexate
 Moderiba
 Monoclate-P
 Mononine
 Monovisc
 Mulpleta
 mycophenolate
 mycophenolic acid
 Myfortic

N

Neoral
 Neulasta*
 Nexavar

Norditropin
 Novoeight
 Novoseven RT
 Nucala
 Nutropin AQ

O

Ocrevus
 Octagam
 octreotide*
 Olumiant
 Omnitrope
 Opdivo
 Orencia
 Orthovisc
 Otezla

P

pamidronate
 Panretin
 paricalcitol
 Pegasys
 PegIntron
 Plegridy
 Pomalyst
 Praluent
 Prevymis
 Privigen
 Profilnine
 progesterone
 Prograf
 Promacta
 Pulmozyme

R

Rapamune
 Rebetol
 Rebif
 Rebinyn
 Reclast
 Recombinate
 Remicade*
 Renflexis
 Repatha
 Revatio
 Revlimid
 Ribasphere
 ribavirin
 Rilutek
 riluzole
 Rixubis
 Rydapt

S

Saizen
 Samsca
 Sandimmune
 Sandostatin*
 Serostim
 sildenafil
 Siliq
 Simponi
 sirolimus
 sodium phenylbutyrate
 Sovaldi
 Sprycel
 Stelara
 Stivarga
 Supartz FX
 Supprelin LA
 Sutent
 Sylatron
 Synagis
 Synarel
 Synvisc
 Synvisc-One
 Syprine

T

tacrolimus
 tadalafil 20mg
 Tafinlar
 Taltz
 Tarceva
 Targretin
 Tassigna
 Tecentriq
 Tecfidera
 Technivie
 Temodar
 temozolomide
 Thalomid
 Tobi Podhaler
 topotecan
 Tracleer
 Trelstar
 Trexall
 trientine
 Trivisc
 Tykerb
 Tymlos
 Tysabri

V

Vantas
 Vemlidy
 Viekira Pak
 Viekira XR
 Virazole
 Visco-3
 Vivitrol
 Vizimpro
 Vosevi
 Votrient
 VPRIV

W

Wilate
 WinRho SDF

X

Xalkori
 Xeljanz
 Xeljanz XR
 Xeloda
 Xeomin
 Xolair*
 Xyntha
 Xyntha Solofuse

Y

Yondelis

Z

Zarxio*
 Zelboraf
 Zemplar (oral)
 Zepatier
 Zoladex*
 zoledronic acid
 Zomacton
 Zometa
 Zorbtive
 Zortress
 Zytiga

*This medication may be covered under your pharmacy benefit, medical benefit, or under both benefits. If it's covered under your medical benefit and you're getting it from your health care provider, your plan may not require you to use Cigna Specialty Pharmacy to receive coverage. Please log in to the myCigna app or website, or check your plan materials, to learn more about how your plan covers this medication.

Prescription drug list FAQ

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

Why do you make changes to the drug list?

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

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens on January 1st and July 1st.
- › Adding requirements to a medication. For example, requiring approval from Cigna before a medication may be covered, or adding a quantity limit to a medication.

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

Why doesn't my plan cover certain medications?

To help lower your overall health care costs, your plan doesn't cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes:

- › Medications that are available over the counter, without a prescription. These include medications commonly used to treat heartburn and stomach acid conditions (e.g., Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and any generics).
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

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

Which medications are covered under the health care reform law?

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

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

Prescription drug list FAQ (cont)

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

Newly approved medications may not be covered on your drug list for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices covered under standard prescription benefit plans. We review all newly approved medications to determine if they should be covered – and if so, at what tier level.

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

Prescription prices can vary by pharmacy. Before you pick up your prescription, compare your costs online. You can log in to the **myCigna** App or website and click on “Price A Medication” to see how much your medication will cost you at the different pharmacies in your network. You can also see if there are lower-cost alternatives available.³

How can I save money on my prescription medications?

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

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

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.⁴ The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic-equivalent medications must:⁴

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

Generics typically cost much less than brand name medications – in some cases, up to 85% less.⁴ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy can help you manage your health and prescription needs.⁵ Their team of medical condition experts provide personalized, 24/7 support. They'll help you get approval for coverage of your medication, answer any questions you have about your medication and its cost, help you work through any side effects and make sure you have any supplies you need (at no extra cost). They'll also help you set up home delivery of your medication. To learn more about the services they provide, please call **800.351.3606** or go to **Cigna.com/specialty-pharmacyservices**.

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.⁵

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

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

You can use the online tools and resources on the **myCigna** App or website to help you better understand your prescription benefits. You can view your drug list or search for a specific medication, price a medication, find an in-network pharmacy near you, review your prescription claims and payment history, and track Cigna Home Delivery Pharmacy⁵ orders and request refills.

Exclusions and limitations

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

Plans generally do not provide coverage for the following under the prescription benefit, except as required by state or federal law, or by the terms of your specific plan.⁶

- › 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 FDA
- › Prescription and nonprescription devices, supplies, and appliances other than those supplies specifically listed as covered
- › Medications used for sexual dysfunction, cosmetic purposes, weight loss 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
- › Coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee
- › More than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies
- › Prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment

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

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



1. State laws in Texas and Louisiana may require your plan to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.
2. 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.
3. 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.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
5. Not all plans are the same, so some plans may not include Cigna Home Delivery Pharmacy or Cigna Specialty Pharmacy. Please log in to the myCigna website or app, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. 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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. "Cigna Specialty Pharmacy" refers to the specialty drug division of Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., doing business as Cigna Home Delivery Pharmacy. Policy forms: OK - HP-APP-1 et al (CHLIC), OR - HP-POL38 02-13 (CHLIC), TN - HP-POL43/HC-CER1V1 et al (CHLIC), GSA-COVER, et al (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.



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

Proficiency of Language Assistance Services

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

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

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

Vietnamese – XIN 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).