



CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

As of January 1, 2018

Together, all the way.®



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View your drug list online

This document was last updated 09/01/2017.* To see a current list of the 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.



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

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

Last updated: 05/15/2017, for changes that were effective 07/01/2017

Next planned update: 09/01/17, for changes that will be effective 01/01/2018

Your prescription drug list

This drug list includes the most commonly prescribed medications covered by your plan as of January 1, 2018.¹ 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.

The Value Prescription Drug List excludes medications in two drug classes that are available over-the-counter without a prescription. These include medications commonly used to treat:

- › Heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and
- › Allergies (ex. Allegra, Clarinex, Xyzal and any generics)

This drug list is not a complete list of covered medications, and not all of the medications listed here may be covered by your specific plan. You should log into **myCigna.com** or check your plan materials to learn more about the medications your plan covers.

How to read your drug list

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

TIER 1 \$	TIER 2 \$\$
INFECTIONS	
acyclovir	Albenza
adefovir**	Baraclude solution**
amoxicillin	Ceftin
amoxicillin ER	Cipro
amoxicillin-clavulanate ER	Daklinza** (PA)
amoxicillin-clavulanate	Daraprim (PA)
atovaquone	E.E.S. 400
avidoxy	Eryped 400
azithromycin	Ery-Tab
cefdinir	Harvoni** (PA)
cefixime	Kitabis Pak*
cefprozil	Sovaldi** (PA)
cefuroxime	Stromectol
cephalexin	Tamiflu (QL)
ciprofloxacin	Thalomid** (PA)
clarithromycin	Uretron D-S
clarithromycin ER	Vibramycin
clindamycin	
doxycycline	

Tier (coverage/cost level) gives you an idea of the cost level you may pay for a medication

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

Oral specialty medications have a double asterisk listed next to them

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

Specialty injectable medications have an asterisk listed next to them

Medications that require approval for coverage or have limits will have an **abbreviation** listed next to them

Brand name medications are **capitalized**

Generic medications are **lowercase**

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)	\$\$\$
› Tier 4 - Specialty Medications	(Highest-cost medication)	\$\$\$\$

Abbreviations next to medications

Some medications on your drug list have special requirements before they may be covered by your plan. This helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation. These medications will have an abbreviation next to them in the drug list. Here's what each of the 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 high-cost brand name medications are part of the Step Therapy program. These medications aren't covered unless your doctor requests and receives approval from Cigna. Step Therapy encourages the use of lower-cost, clinically appropriate medications to treat your condition. These are typically generics or preferred brands. You have to try these medications first before your plan covers higher-cost brands.
(QL)	Quantity Limits - For some medications, your plan only covers up to a certain amount over a certain number of days. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.
(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, injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Injectable specialty medications are typically covered on Tier 4. These medications are listed on page 17. Some specialty medications are covered on a lower tier. In this drug list, those medications are listed alphabetically by condition. Your plan may cover oral specialty medications differently than injectable specialty medications. Log into **myCigna.com** or check your plan materials to learn more about how your plan covers specialty medications.

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 (copay, coinsurance and/or deductible). Log into **myCigna.com** or check your plan materials to learn more about how your plan covers preventive medications.

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. Log into **myCigna.com** or check your plan materials to learn more about how your plan covers these medications.

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 available to treat the condition.

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

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications covered on Tier 4 are listed on page 17.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AIDS/HIV			ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)		
lamivudine** lamivudine- zidovudine** nevirapine ER** nevirapine**	Atripla** Intelence** Isentress HD** Isentress** Kaletra** Norvir** Prezista** Reyataz** Selzentry** Sustiva** Truvada** Viread**	Complera** Descovy** Epzicom** Genvoya** Odefsey** Prezcobix** Stribild** Tivicay** Triumeq**	escitalopram fluoxetine fluoxetine DR fluvoxamine fluvoxamine ER lorazepam lorazepam intensol paroxetine paroxetine CR paroxetine ER sertraline trazodone venlafaxine venlafaxine ER		
ALLERGY/NASAL SPRAYS			ASTHMA/COPD/RESPIRATORY		
azelastine cromolyn cyproheptadine epinephrine auto- injector (QL) fluticasone hydroxyzine ipratropium mometasone (QL) olopatadine promethazine		Astepro Auvi-Q (ST, QL) Bactroban Nasal	albuterol budesonide ipratropium- albuterol montelukast	Advair Diskus Advair HFA Anoro Ellipta Breo Ellipta Incruse Ellipta ProAir HFA ProAir RespiClick QVAR Striverdi Respimat Symbicort	Adcirca** (PA) Adempas** (PA) Combivent Respimat Kalydeco** (PA) Letairis** (PA) Ofev** (PA) Opsumit** (PA) Orenitram ER** (PA) Orkambi** (PA) Pulmicort Respules Pulmozyme* (PA) Tracleer** (PA) Tyvaso* (PA) Upravi** (PA)
ALZHEIMER'S DISEASE			ATTENTION DEFICIT HYPERACTIVITY DISORDER		
donepezil donepezil ODT memantine pyridostigmine pyridostigmine ER rivastigmine		Mestinon Namenda Namenda XR (QL) Namzaric (QL)	dexmethylphenidate dexmethylphenidate ER dextroamphetamine- amphetamine ER dextroamphetamine- amphetamine guanfacine ER metadate ER methylphenidate methylphenidate CD methylphenidate ER methylphenidate LA		Adderall (ST) Adderall XR (ST) Aptensio XR (ST) Concerta ER (ST) Focalin (ST) Focalin XR (ST) Methylin (ST) Mydayis ER Quillichew ER (ST) Quillivant XR (ST) Ritalin (ST) Ritalin LA (ST) Strattera
ANXIETY/DEPRESSION/BIPOLAR DISORDER					
alprazolam alprazolam ER alprazolam intensol alprazolam ODT alprazolam XR amitriptyline bupropion bupropion SR bupropion XL buspirone citalopram clomipramine duloxetine		Brisdelle (QL) Effexor XR (ST) Fetzima (ST) Forfivo XL (ST) Onfi Prozac (ST) Sarafem (ST) Trintellix (ST) Viibryd (ST) Wellbutrin SR (ST) Xanax Xanax XR Zoloft (ST)			

Cigna Value 4-Tier Prescription Drug List

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

tranexamic acid*	Aranesp*^ (PA) Droxia	Amicar** Promacta** (PA)
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BLOOD PRESSURE/HEART MEDICATIONS

Afeditab CR	Coreg CR	Bayer chewable aspirin+
amiodarone	Corlanor (PA)	BiDil
amlodipine	Entresto (PA)	Cardizem LA
amlodipine-benazepril		Ecotrin 81mg, 325mg+
amlodipine-valsartan		Haegarda* (PA)
amlodipine-valsartan-HCTZ		Hemangeol
Ascriptin+		Inderal LA
Aspir 81+		Inderal XL
Aspir-Low+		Innopran XL
aspirin 81mg, 325mg+		Multaq
aspirin EC 81mg, 325mg+		Nitro-Dur
atenolol		Nitrolingual
atenolol-chlorthalidone		Nitromist
benazepril		Nitrostat
benazepril-HCTZ		Northera** (PA)
bisoprolol-HCTZ		Norvasc
candesartan		Ranexa (ST, QL)
Cartia XT		Tiazac
carvedilol		Tikosyn
children's aspirin+		Toprol XL
clonidine		
Digitek		
Digox		
digoxin		
diltiazem		
diltiazem CD		
diltiazem ER		
Dilt-XR		
dofetilide (QL)		
doxazosin		
EcPirin+		
enalapril		
flecainide		
hydralazine		
irbesartan		
isosorbide		
isosorbide ER		
labetalol		
lisinopril		
lisinopril-HCTZ		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS (cont)

losartan		
losartan-HCTZ		
low-dose aspirin EC+		
Matzim LA		
metoprolol		
nadolol		
nifedipine		
nifedipine ER		
nisoldipine		
olmesartan		
olmesartan-HCTZ		
Pacerone		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
Taztia XT		
telmisartan		
telmisartan-HCTZ		
Tri-Buffered Aspirin+		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

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

CANCER

anastrozole	Afinitor** (PA)	Afinitor Disperz** (PA)
bexarotene**	Fareston (QL)	Alecensa**
capecitabine**	Gleostine	Arimidex
exemestane	Nexavar* (PA)	Bosulif** (PA)
hydroxyurea	Revlimid** (PA)	Cabometyx** (PA)
imatinib** (PA)	Sprycel** (PA)	Cometriq** (PA)
letrozole	Sutent** (PA)	Cotellic** (PA)
mercaptopurine	Tarceva** (PA)	Erivedge** (PA)
methotrexate**	Targretin**	Femara
raloxifene+	Tasigna** (PA)	Gilotrif** (PA)
tamoxifen	Trexall**	Gleevec** (PA)
temozolomide** (PA)		

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CANCER (cont)			CONTRACEPTIVE PRODUCTS		
		Ibrance** (PA) Iclusig** (PA) Imbruvica** (PA) Inlyta** (PA) Jakafi** (PA) Lenvima** (PA) Lonsurf** (PA) Lynparza** (PA) Mekinist** (PA) Ninlaro** (PA) Pomalyst** (PA) Purixan** Stivarga** (PA) Tafinlar** (PA) Tagrisso** (PA) Votrient** (PA) Xalkori** (PA) Xatmep** Xtandi** (PA) Zelboraf** (PA) Zykadia** (PA) Zytiga** (PA)	Aftera+ Altavera+ Alyacen+ Amethia+ Amethia LO+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aviane+ Azurette+ Balziva+ Bekyree+ Blisovi 24 FE+ Blisovi FE+ Briellyn+ Camila+ Camrese+ Camrese LO+ Caya Contoured+ Caziant+ Chateal+ Cryelle+ Cyclafem+ Cyred+ Dasetta+ Daysee+ Deblitane+ Delyla+ desogestr-eth estrad eth estra+ drospirenone-eth estra- levomef+ drospirenone-ethinyl estradiol+ Econtra EZ+ Elinest+ Emoquette+ Enpresse+ Enskyce+ Errin+ Estarylla+	Beyaz Lo Loestrin FE LoSeasonique Minastrin 24 FE Seasonique Taytulla	Conceptrol+ Ella+ Estrostep FE Layolis FE+ Loestrin FE Microgestin+ Microgestin 24 FE+ Microgestin FE+ NuvaRing+ Rivelsa+ Skyla* Take Action+ Trinessa LO+ Today Contraceptive Sponge+ VCF+
CHOLESTEROL MEDICATIONS					
amlodipine- atorvastatin atorvastatin atorvastatin 10mg, 20mg+ fenofibrate fenofibric acid fluvastatin 20mg, 40mg+ fluvastatin ER 80mg+ lovastatin 20mg, 40mg+ niacin ER omega-3 acid ethyl esters pravastatin+ rosuvastatin rosuvastatin 5mg, 10mg+ simvastatin simvastatin 10mg, 20mg, 40mg+		Korlym (PA) Vascepa Welchol Zetia			

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)			CONTRACEPTIVE PRODUCTS (cont)		
ethynodiol-ethinyl estradiol+			Mibelas 24 FE+		
Fallback Solo+			Mono-Linyah+		
Falmina+			Mononessa+		
Fayosim+			My Way+		
FC2 Female Condom+			Myzilra+		
Femcap+			Necon+		
Femynor+			Next Choice One Dose+		
Gianvi+			Nikki+		
Gildagia+			Nora-Be+		
Gynol II+			norethindrone+		
Heather+			norethindron-ethinyl estradiol+		
Introvale+			norethin-eth estra- ferrous+		
Jencycla+			norgestimate-ethinyl estradiol+		
Jolessa+			Norlyda+		
Jolivette+			Norlyroc+		
Juleber+			Nortrel+		
Junel+			Ocella+		
Junel FE+			Opcicon One-Step+		
Junel FE 24+			Option 2+		
Kaitlib FE+			Orsythia+		
Kariva+			Philith+		
Kelnor 1-35+			Pimtrea+		
Kimidess+			Pirmella+		
Kurvelo+			Portia+		
Larin+			Previfem+		
Larin 24 FE+			Quasense+		
Larin FE+			Rajani+		
Larissia+			React+		
Leena+			Reclipsen+		
Lessina+			Rivelsa+		
Levonest+			Setlakin+		
levonorgestrel+			Sharobel+		
levonorgestrel-eth estradiol+			Sprintec+		
levonorg-eth estrad eth estrad+			Sronyx+		
Levora+			Syeda+		
Lomedia 24 FE+			Tarina FE+		
Loryna+			Tilia FE+		
Low-Ogestrel+			Tri Femynor+		
Lutera+			Tri-Estarylla+		
Lyza+			Tri-Legest FE+		
Marlissa+					

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)			DENTAL PRODUCTS (cont)		
Tri-Linyah+			Periogard sodium fluoride 0.5mg^+		
Tri-LO-Estarylla+			sodium fluoride 1mg^		
Tri-LO-Marzia+			triamcinolone		
Tri-LO-Sprintec+					
Trinessa+					
Tri-Previfem+					
Tri-Sprintec+					
Velivet+					
Vestura+					
Vienna+					
Viorele+					
Vyfemla+					
Wera+					
Wide Seal Diaphragm+					
Wymzya FE+					
Xulane+					
Zarah+					
Zenchant+					
Zenchant FE+					
Zovia+					
COUGH/COLD MEDICATIONS			DIABETES		
benzonatate		Flowtuss (QL)	BD insulin syringes/ pen needles	Basaglar	Cycloset
Bromfed DM		Hycofenix (QL)	glimepiride	Bydureon (QL)	Glucophage
brompheniramine- pseudoephedrine- DM		Tussionex (QL)	glipizide	Byetta	Glucophage XR
hydrocodone BT- homatropine (QL)		Tuzistra XR (QL)	glipizide ER	Farxiga	OneTouch Via insulin delivery system
hydrocodone- chlorpheniramine ER (QL)			glipizide XL	Glucagen HypoKit (QL)	Riomet
Hydromet (QL)			metformin	Glucagon Emergency Kit (QL)	VGo
promethazine- codeine (QL)			metformin ER	Glyxambi	
Tussionex (QL)			TechLite lancets	Humalog	
				Humulin	
				Janumet	
				Janumet XR	
				Januvia	
				Jardiance (ST)	
				Levemir	
				OneTouch test strips and meters	
				Soliqua	
				SymLinPen	
				Synjardy (ST)	
				Synjardy XR (ST)	
				Tresiba	
				Trulicity (QL)	
				Xigduo XR	
				Xultophy	
DENTAL PRODUCTS			DIURETICS		
chlorhexidine		Floriva drops^	acetazolamide		Aldactazide
doxycycline		Fluorabon^+	chlorthalidone		Aldactone
fluoride 0.25mg, 0.5mg^+		Fluor-a-Day^	eplerenone		Dyazide
fluoride 1mg^			furosemide		Maxzide
Fluoritab^			hydrochlorothiazide		Samsca**
Flura-Drops^			spironolactone		
Ludent fluoride^			triamterene-HCTZ		
Oralene					
Paroex					
Peridex					

Cigna Value 4-Tier Prescription Drug List

EAR MEDICATIONS			GASTROINTESTINAL/HEARTBURN (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
fluocinolone oil		Cipro HC	chlordiazepoxide- clidinium		Colyte With Flavor Packets+
neomycin- polymyxin-HC		Ciprodex	Clearlax+		Correctol+
ERECTILE DYSFUNCTION			dicyclomine		Diclegis
	Cialis^ (QL)	Muse^ (QL)	diphenoxylate- atropine		Donnatal
		Viagra^ (QL)	dronabinol		Dulcolax+
EYE CONDITIONS			Ducodyl+		Emend** (PA, QL)
brimonidine	Restasis	Acuvail	famotidine		Gialax+
ciprofloxacin	Simbrinza	Alphagan P	Gavilax+		GoLytely+
dorzolamide-timolol	Travatan Z	Alrex	Gavilyte-C+		Linzess
erythromycin	Xiidra	Azasite	Gavilyte-G+		Miralax+
fluorometholone		Azopt	Gavilyte-N+		Movantik (PA)
gatifloxacin		Besivance	Gentle laxative+		Moviprep+
latanoprost		Betimol	Glycolax+		Natura-lax+
neomycin- polymyxin- dexameth		Betoptic S	Healthylax+		Osmoprep+
ofloxacin		Bromsite	Hemmorex-HC		Pancreaze
olopatadine		Combigan	hydrocortisone suppository		Pertzye
polymyxin B sul- trimethoprim		Cosopt PF	lansoprazole- amoxicillin- clarithromycin (combo pak)		Prepopik+
prednisolone		Durezol	laxaclear+		Procort
timolol		Ilevro	laxative tablet+		Proctofoam-HC
tobramycin		Lotemax	mesalamine		Ravicti
tobramycin- dexamethasone		Moxeza	metoclopramide		Rectiv
		Nevanac	metoclopramide ODT		Relistor (PA)
		Omnipred	ondansetron		Sancuso (PA, QL)
		Pred Forte	ondansetron ODT		Sensipar**
		Pred Mild	peg 3350+		sfRowasa
		Prolensa	peg 3350- electrolyte+		Suprep+
		Tobradex	peg 3350 with flavor packs+		Varubi** (PA, QL)
		Tobradex ST	peg-prep+		Viberzi
		Vigamox	Phenadoz		Viokace
		Zioptan (ST, QL)	Powderlax+		
		Zirgan	promethazine		
		Zylet	promethegan		
FEMININE PRODUCTS			Purelax+		
Fem pH		AVC	ranitidine		
Gynazole 1		Relagard	Smoothlax+		
miconazole 3		Terazol 7	sucralfate		
terconazole			TriLyte with flavor packets+		
GASTROINTESTINAL/HEARTBURN			ursodiol		
Alophen+	Apriso	Akynzeo* (PA, QL)	women's laxative+		
alosetron	Creon	Amitiza	women's gentle laxative+		
Anucort-HC	Lialda	Canasa			
balsalazide	Pentasa	Carafate			
bisocodyl+	Zenpep	Chenodal			
Bisa-lax+		Cholbam* (PA)			

Cigna Value 4-Tier Prescription Drug List

HORMONAL AGENTS			INFECTIONS (cont)		
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$
Amabelz	Androgel (PA, QL)	Activella	amoxicillin-clavulanate	Mavyret* (PA)	Cayston*
budesonide EC	Depo-Testosterone	Alora (QL)	atovaquone	Sovaldi** (PA)	Ceftin
cabergoline (QL)	Duavee	Androderm (PA, QL)	atovaquone-proguanil (PA)	Tamiflu	Cipro
Covaryx	Forteo*	Armour Thyroid	Avidoxy	suspension (QL)	Cleocin
Covaryx H.S.	Ganirelix*^	Climara	azithromycin	Thalomid* (PA)	Clindesse
desmopressin	Premarin	Climara Pro	cefdinir		Cresemba (PA)
dexamethasone	Premphase	Combipatch	cefixime		Daklinza** (PA)
dexamethasone intensol	Prempro	Cytomel	cefuroxime		Daraprim (PA)
EEMT		Deltasone	cephalexin		Dificid (PA)
EEMT H.S.		Divigel	ciprofloxacin		E.E.S. 400
estradiol tablet, TDS		Elestrin	clarithromycin		Eryped 200
estradiol patch (QL)		Emflaza** (PA)	clarithromycin ER		Ery-Tab
estradiol-norethindrone		Entocort EC	clindamycin		Metrogel-vaginal
estrogen & methyltestosterone		Estrace	dapsone		Monurol
levothyroxine		Estring (QL)	doxycycline		Noxafil
Levoxyl		Estrogel	doxycycline IR-DR		Nuversa
liothyronine		Evamist	entecavir**		PCE
LoCort		Femring	erythromycin		Plaquenil
medroxyprogesterone		Levo-T	famciclovir		Sulfatrim
methylprednisolone		Menostar (QL)	fluconazole		Suprax
Millipred		Minivelle (QL)	hydroxychloroquine		Tamiflu
Millipred DP		Osphena	itraconazole		capsule (QL)
Mimvey		Royaldee	levofloxacin		Tobi Podhaler*
Mimvey LO		Striant (PA, QL)	linezolid (PA)		Uretron D-S
Nature-Throid		Synthroid	metronidazole		Uribel
norethindrone		Tirosint	minocycline		Urogesic-blue
NP Thyroid		Unithroid	minocycline ER		Uta
prednisolone		Vagifem (QL)	Moderiba*		Valtrex
prednisolone ODT		Vivelle-Dot (QL)	mondoxyne NL		Viekira Pak** (PA)
prednisone			Morgidox		Viekira XR** (PA)
progesterone			moxifloxacin		Xifaxan
testosterone (PA)			nitrofurantoin		Zepatier* (PA)
testosterone cypionate			nitrofurantoin mono-macro		Zithromax
Westhroid			nystatin		Zmax
WP Thyroid			oseltamivir (QL)		
Yuvaferm (QL)			penicillin VK		
			sulfamethoxazole-trimethoprim		
			terbinafine		
			tetracycline		
			tinidazole		
			tobramycin*		
			valacyclovir		
			valganciclovir		
			vancomycin		
			vandazole		
			voriconazole (PA)		

INFECTIONS

acyclovir	Baraclude	Albenza
adefovir**	solution**	Alinia
amoxicillin	Epclusa** (PA)	Bactrim
amoxicillin-clavulanate ER	Harvoni** (PA)	Bactrim DS
	Kitabis Pak*	Baraclude tablet**

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFERTILITY			NUTRITIONAL/DIETARY		
clomiphene citrate^	Follistim AQ*^ Menopur*^	Crinone 8% [^] Endometrin [^] Gonal-F* [^]	Baby D Drops+ Baby Vitamin D3+ calcitriol calcium children's iron+ cyanocobalamin injection D3-2000+ daily prenatal+ D Drops+ Delta D3+ Dialyvite Vitamin D3 Max+ D-vi-sol+ D-vita+ FA-8+ fer-iron+ folic acid 1mg tablet folic acid+ Folixapure [^] Klor-Con M10, M20 Klor-Con Sprinkle levocarnitine multivitamin with fluoride [^] + multivitamin-iron- fluoride [^] + One daily prenatal+ Optimal D3+ PNV-DHA Poly-Vita with iron+ polyvitamin with iron+ polyvitamins- fluoride+ potassium chloride Prena1 Pearl Prenatal+ Prenatal Complete+ Prenatal Formula+ Prenatal Multi + DHA+ prenatal multivitamin+ prenatal multivitamin-DHA+ Prenatal Plus	D3-50+ Decara+ Dialyvite vitamin D+ Escavite+ Escavite D+ Fosrenol Just D+ Maximum D3+ Mephyton MVC-fluoride [^] Nascobal Nestabs DHA OB Complete Optimal D3 M+ Poly-Vi-Flor 1mg [^] Poly-Vi-Flor 0.25mg, 0.5mg [^] + Poly-Vi-Flor FS 0.25mg, 0.5mg+ Poly-Vi-Flor With Iron 0.25mg, 0.5mg+ Poly-vi-sol With Iron+ Prefera OB Quflora ped drop+ Renvela Replesta+ Replesta NX+ Super Daily D3+ Texavite LQ+ Thera-D+ Tri-vi-flor+ Urosex+	Auryxia CitraNatal Concept DHA Fer-in-sol+ Feriva 21-7 Ferralet 90 Icar+ Integra Plus Ironup+ Klor-Con 8, 10meq Klor-Con M15 K-Tab ER KPN+ Novaferum drops+ OB Complete Gold Perry Prenatal+ Phoslyra Prenatal Formula- DHA+ Prenate Renagel Select-OB + DHA Tristart DHA Velphoro Vitafof vitaMedMD One Rx vitaPearl
MISCELLANEOUS					
disulfiram NebuSal 3% Pulmosal tetrabenazine** (PA)	Ace Aerosol Cloud Enhancer AeroChamber (QL) AeroTrach Plus AeroVent Plus (QL) BreatheRite (QL) BreathRite (QL) Cerdelga* (PA) Clever Choice holding chamber (QL) Compact Space Chamber (QL) EasiVent (QL) E-Z Spacer (QL) Flexichamber (QL) InspiraChamber (QL) LiteAire (QL) MicroChamber (QL) MicroCpacer (QL) OptiChamber Diamond (QL) Pocket Chamber (QL) PrimeAire (QL) ProChamber (QL) RiteClo (QL) Vortex (QL) Vortex VHC Frog Mask (QL) Vortex VHC Ladybug Mask (QL)	Addyi [^] (QL) Esbriet** (PA) Exjade** Ferriprox Hyper-Sal Jadenu** Kuvan** (PA) NebuSal 6% Nuedexta (QL) Orfadin** Syprine** (PA) Xenazine** (PA) Zavesca** (PA)			
MULTIPLE SCLEROSIS					
		Ampyra** (PA) Aubagio** (PA) Gilenya** (PA) Tecfidera** (PA)	Zinbryta* (PA)		

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
NUTRITIONAL/DIETARY (cont)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
prenatal vitamin+ prenatal vitamin plus low iron Preplus Right Step prenatal vitamins+ Tri-Vit with fluoride- iron+ Tri-Vitamin with fluoride drops+ Virt-PN DHA vitamin D2 1.25mg+ Vitajoy daily D+ vitamins A, C, D and fluoride+ vitamin D+ vitamin D3+ vitamin D-400+ Wee care+ Zatean-PN DHA Zavara^			DermacinRx Empricaine DermacinRx Prizopak diclofenac gel (QL) diclofenac tablet diclofenac ER diclofenac- misoprostol dihydroergotamine (QL) Endocet (PA, QL) etodolac etodolac ER fentanyl (PA, QL) frovatriptan (QL) Glydo hydrocodone- acetaminophen (PA) hydromorphone (PA, QL) hydromorphone ER (PA, QL) ibuprofen indomethacin indomethacin ER ketorolac (QL) leflunomide lidocaine (QL) lidocaine viscous lidocaine-prilocaine Lidopril Lidopril XR Lido-Prilo Caine Pack LiproZonePak Livixil Pak Lorcet (PA, QL) Lorcet HD (PA, QL) Lorcet Plus (PA, QL) Lortab (PA, QL) Medolor pak meloxicam Metaxall metaxalone methocarbamol morphine (PA, QL) morphine ER (PA, QL) nabumetone		Indocin Kevzara* (PA) Lazanda (PA, QL) Lidoderm Mitigare Morphabond ER (PA, ST, QL) Nucynta (PA, QL) Nucynta ER (PA, QL) Onzetra Xsail (QL) Oxaydo (PA, QL) Parafon Forte DSC Pennsaid Percocet (PA, QL) Relpax (QL) Savella Subsys (PA, QL) Uloric Voltaren Xeljanz XR** (PA) Xeljanz** (PA) Zohydro ER (PA, QL)
OSTEOPOROSIS PRODUCTS					
alendronate (QL) calcitonin-salmon ibandronate raloxifene risedronate risedronate DR	Tymlos*	Actonel (ST) Atelvia (ST)			
PAIN RELIEF AND INFLAMMATORY DISEASE					
acetaminophen- codeine (PA, QL) acetaminophen- codeine (QL) acitretin allopurinol baclofen butalb- acetaminoph-caff- codeine (PA, QL) butalbital- acetaminophen- caff (QL) Capacet (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine	Embeda (PA, QL) Hysingla ER (PA, QL) Otezla* (PA) Xtampza ER (PA, QL)	Abstral (PA, QL) Actiq (PA, QL) Analpram HC Arymo ER (PA, ST, QL) Butrans (QL) Celebrex (QL) Colcrys Cosentyx* (PA) Cuprimine** (PA) Depen** (PA) Duragesic (PA, QL) Fentora (PA, QL) Fexmid Flector (QL) Frova (QL)			

Cigna Value 4-Tier Prescription Drug List

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

naproxen		
naproxen DS		
oxycodone (PA, QL)		
oxycodone ER (PA, QL)		
oxycodone-acetaminophen (PA, QL)		
oxymorphone (PA, QL)		
oxymorphone ER (PA, QL)		
Prilolid		
Primlev (PA, QL)		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Verdrocet (PA, QL)		
Vicodin (PA, QL)		
Vicodin ES (PA, QL)		
Vicodin HP (PA, QL)		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		

PARKINSON'S DISEASE

benztropine	Azilect	Duopa**
bromocriptine		Mirapex
carbidopa-levodopa		Mirapex ER
carbidopa-levodopa ER		Neupro
carbidopa-levodopa-entacapone		Rytary
pramipexole		Sinemet
pramipexole ER		Sinemet CR
ropinirole		Tasmar
ropinirole ER		Xadago

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole		Invega
aripiprazole ODT		Latuda
chlorpromazine		Rexulti
clozapine		Risperdal
clozapine ODT		Risperdal M-tab
haloperidol		Saphris
olanzapine		Seroquel

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)

olanzapine ODT		Seroquel XR
olanzapine-fluoxetine		Vraylar
paliperidone ER		
quetiapine		
quetiapine ER		
risperidone		
risperidone ODT		
ziprasidone		

SEIZURE DISORDERS

carbamazepine	Dilantin 30mg	Aptiom
carbamazepine ER	Lamictal ODT	Banzel
clonazepam	Lamictal XR dose pack	Briviact
divalproex	Lyrica	Carbatrol
divalproex ER		Depakote
Epitol		Depakote ER
gabapentin		Depakote Sprinkle
lamotrigine		Dilantin 50mg, 100mg, susp.
lamotrigine ER		Fycompa
lamotrigine ODT		Keppra
levetiracetam		Keppra XR
levetiracetam ER		Lamictal
oxcarbazepine		Lamictal XR
Roweepra		Oxtellar XR
topiramate		Phenytek
		Qudexy XR
		Sabril*
		Spritam
		Tegretol
		Tegretol XR
		Topamax
		topiramate ER
		Trileptal
		Trokendi XR
		Vimpat

SKIN CONDITIONS

acitretin	Aczone	Avar foam, pads
acyclovir	Eucrisa	Avar LS
adapalene (PA age)	Fluoroplex	Cleocin T
Ala-Cort	Targretin*	Cordran (ST)
Amnesteem (QL)		Cosentyx* (PA)
Avar cleanser		Denavir (QL)
Avar-E		Desonate (ST)
BP 10-1		Desowen (ST)
calcipotriene		Drysol
		Efudex

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)			SLEEP DISORDERS/SEDATIVES		
calcipotriene- betamethasone DP		Elidel	armodafinil (PA)	Belsomra (ST)	Xyrem* (PA)
calcitrene		Evoclin	eszopiclone	Silenor (ST)	Zolpimist (ST)
Claravis (QL)		Exelderm	modafinil (PA)		
Clindacin ETZ		Finacea	temazepam		
Clindacin P		Metrocream	zolpidem		
clindamycin		Metrogel	zolpidem ER		
clindamycin-benzoyl peroxide		Metro lotion			
clobetasol		Naftin	SMOKING CESSATION		
Clodan		Nizoral	bupropion SR		Chantix^ (QL)
clotrimazole- betamethasone		Olux (ST)	Nicoderm CQ+		Nicotrol^ (QL)
Cormax		Picato	Nicorelief+		Nicotrol NS^ (QL)
desonide		Sklice	Nicorette+		Zyban^
diclofenac		Soolantra	nicotine gum+		
doxepin		Temovate (ST)	nicotine lozenge+		
econazole		Tolak	nicotine patch+		
fluocinonide		Topicort (ST)	NTS+		
fluorouracil		Tremfya* (PA)	Quit 2+		
hydrocortisone		Tridesilon (ST)	Quit 4+		
imiquimod		Xolegel	stop smoking aid+		
ketoconazole					
metronidazole			SUBSTANCE ABUSE		
mupirocin			buprenorphine	Bunavail	
Myorisan (QL)			buprenorphine- naloxone	Narcan	
Neuac gel			naloxone	Suboxone	
nystatin-			naltrexone (QL)	Zubsolv	
triamcinolone					
permethrin			TRANSPLANT MEDICATIONS		
Procto-Med HC			azathioprine**	Cellcept**	Astagraf XL**
Procto-Pak			mycophenolate**	Neoral 25mg, solution**	Envarsus XR**
Proctosol-HC			mycophenolic acid**	Prograf**	Myfortic**
Proctozone-HC			sirolimus**		Neoral 100mg**
Rosadan			tacrolimus**		
Rosanil			URINARY TRACT CONDITIONS		
Scalacort			cevimeline		Avodart
sodium sulfacetamide- sulfur			dutasteride		Cystagon**
SS 10-2			finasteride		Elmiron
SSS 10-5			oxybutynin		Jalyn
SulfaCleanse 8-4			oxybutynin ER		Procysbi** (PA)
tacrolimus			phenazopyridine		Rapaflo
tretinoin (PA age)			potassium ER		Thiola
tretinoin microsphere (PA age)			tamsulosin		
triamcinolone			tolterodine		
Triderm			tolterodine ER		
Zenatane (QL)					

Specialty medications

The injectable medications listed below are typically covered on Tier 4. All of these medications require approval from Cigna before they're covered by your plan.

DRUG NAME	DRUG CLASS
Actemra* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Actimmune* (PA)	CANCER
Apokyn* (PA)	PARKINSON'S DISEASE
Aranesp*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Avonex* (PA)	MULTIPLE SCLEROSIS
Betaseron* (PA)	MULTIPLE SCLEROSIS
Cimzia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Copaxone* (PA)	MULTIPLE SCLEROSIS
Cosentyx* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Dupixent* (PA)	SKIN CONDITIONS
Egrifta* (PA)	HORMONAL AGENTS
Enbrel* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Epogen*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Extavia* (PA)	MULTIPLE SCLEROSIS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Glatopa* (PA)	MULTIPLE SCLEROSIS
Granix*^	BLOOD MODIFIERS/BLEEDING DISORDERS
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ilaris*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Intron A*^ (PA)	CANCER
Kynamro* (PA)	CHOLESTEROL MEDICATIONS
Lupron Depot*^ (PA)	CANCER
Lupron Depot-Ped*^ (PA)	HORMONAL AGENTS
methotrexate*	CANCER
Myalept* (PA)	MISCELLANEOUS
Natpara* (PA)	HORMONAL AGENTS
Neulasta*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Neupogen*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Orencia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

DRUG NAME	DRUG CLASS
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Pegintron* (PA)	INFECTIONS
Plegridy* (PA)	MULTIPLE SCLEROSIS
Praluent* (PA)	CHOLESTEROL MEDICATIONS
Procrit*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Rasuvo* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Rebif* (PA)	MULTIPLE SCLEROSIS
Relistor* (PA)	GASTROINTESTINAL/HEARTBURN
Remicade*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Renflexis* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Repatha* (PA)	CHOLESTEROL MEDICATIONS
Saizen-saizenprep* (PA)	HORMONAL AGENTS
Serostim* (PA)	HORMONAL AGENTS
Somatuline Depot*^ (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq* (PA)	MISCELLANEOUS
Sylatron* (PA)	CANCER
Taltz* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Zarxio*^	BLOOD MODIFIERS/BLEEDING DISORDERS
Zorbtive* (PA)	HORMONAL AGENTS

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. You should think about switching to a covered alternative.^^ We've listed some alternatives below for you to talk about with your doctor.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen EpiPen Jr cromolyn nasal spray	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
	Anafranil	clomipramine
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortripyline
	Parnate	tranylcypromine
	Pexeva	paroxetine
	Pristiq	bupropion SR/XL duloxetine venlafaxine ER all generic SSRIs
	Tofranil	imipramine
	Wellbutrin XL	bupropion XL (ER 24hr tablet)
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR
	AirDuo RespiClick Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ASTHMA/COPD/RESPIRATORY (cont)	Bevespi Stiolto Respimat	Anoro Ellipta
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA ProAir RespiClick
	Seebri Neohaler Tudorza Pressair Spiriva Spiriva Respimat	
	Utibron Neohaler	Anoro Ellipta
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
	Vyvanse	dexmethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/LA
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand-HCTZ	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Azor	amlodipine-olmesartan
	Benicar	Generic ACE/ARBs
	Benicar HCT	Generic ACE/ARBs + HCTZ
	Betapace	sotalol
	Bystolic	Generic beta blockers (e.g., metoprolol, atenolol)
	Byvalson	Generic ARBs + generic beta blockers
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
	Edarbi	Generic ARBs (e.g., losartan, valsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g., losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Hyzaar	losartan-HCTZ
Isordil Isordil Titradose	isosorbide dinitrate	

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
BLOOD PRESSURE/HEART MEDICATIONS <i>(cont)</i>	Lanoxin	Digitek digoxin
	Lotensin	benazapril
	Lotensin HCT	benazepril-HCTZ
	Lotrel	amlodipine-benazepril
	Mavik	trandolapril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil Zestril	lisinopril
	Tarka	trandolapril-verapamil ER
	Tekturna	Generic ACE/ARBs
	Tekturna HCT	Generic ACE/ARBs + HCTZ
	Tribenzor	olmesartan-amlodipine-HCTZ
	Twynsta	telmisartan-amlodipine
	Vaseretic	enalapril-HCTZ
	Vasotec	enalapril
	Zestoretic	lisinopril-HCTZ
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	IR or EC aspirin
CANCER	Nilandron	nilutamide
CHOLESTEROL MEDICATIONS	Altoprev	atorvastatin lovastatin rosuvastatin simvastatin
	Antara Fenoglide	fenofibrate
	Crestor	rosuvastatin
	Lescol XL	fluvastatin ER
	Lipitor	atorvastatin
	Livalo	atorvastatin rosuvastatin simvastatin
	Pravachol	pravastatin
	Vytorin	atorvastatin rosuvastatin simvastatin
	Zocor	simvastatin
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER promethazine-codeine
DENTAL PRODUCTS	Arestin	minocycline
DIABETES	Accu-Chek, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio
	Afrezza Apidra Apidra SoloStar	Humalog

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
DIABETES (<i>cont</i>)	Fortamet Glumetza metformin ER (generic Fortamet and generic Glumetza)	metformin ER (generic Glucophage XR)
	Invokamet Invokamet XR	Synjardy, Synjardy XR Xigduo XR
	Invokana	Farxiga
	Jentadueto Jentadueto XR Kazano Nesina	Janumet, Janumet XR
	Kombiglyze XR Onglyza Oseni Tradjenta	alogliptin alogliptin-metformin Januvia, Janumet, Janumet XR
	Lantus Toujeo SoloStar	Basaglar Levemir Tresiba
	Novolin, Novolog	Humalog, Humulin
	Tanzeum Victoza	Trulicity
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn eye drops
	Bepreve Emadine Lastacaft Pataday Patanol Pazeo	azelastine eye drops epinastine eye drops olopatadine eye drops
	Elestat	epinastine eye drops
	Lumigan	bimatoprost latanoprost Travatan Z
GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository
	Asacol-HD Colazal Delzicol Dipentum Giazo mesalamine tablet	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR
	Librax	chlordiazepoxide-clidinium
	Lotronex	alosetron
	Marinol	dronabinol

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
GASTROINTESTINAL/HEARTBURN (<i>cont</i>)	Omeclamox-pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin pak	
	Pepcid	famotidine	
	Proctocort	Hemmorex-HC hydrocortisone suppository Procto-Pak	
	Rowasa	mesalamine enema	
	Trulance	Amitiza, Linzess	
	Zofran	ondansetron	
	Zofran ODT	ondansetron ODT	
	Zuplenz	ondansetron ondansetron ODT	
HORMONAL AGENTS	Axiron Fortesta Natesto Testim Vogelxo	Androgel testosterone	
	Cortrosyn		
	DDAVP	desmopressin	
	Dexpak Zonacort	dexamethasone	
	Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton	Humatrope (PA)	
	Hectorol	doxercalciferol	
	Rayos	prednisone prednisone intensol	
	Uceris tablet	budesonide EC	
	INFECTIONS	Acticlate Doryx Minocin capsule Monodox Oracea Solodyn vibramycin capsule	Generic products (e.g., doxycycline; minocycline)
		Augmentin/ES/XR	amoxicillin-clavulanate ER
		Bethkis Tobi	Kitabis Pak tobramycin
Diflucan		fluconazole	
E.E.S. 200 Eryped 400		erythromycin ethylsuccinate	
Mepron		atovaquone	
Onmel		itraconazole terbinafine	

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
INFECTIONS (<i>cont</i>)	Sitavig	acyclovir
	Sporanox	itraconazole
	Targadox	tobramycin
	Valcyte	valganciclovir
	Vancocin	vancomycin
	Zovirax	acyclovir
MISCELLANEOUS	Horizant	gabapentin
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Belbuca	buprenorphine
	Bupap	butalbital-acetaminophen Marten-Tab Tencon
	Cambia diclofenac drops Duexis Klofenaid II Naprelan naproxen CR naproxen ER Pennsaid Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)
	Conzip	tramadol tramadol ER
	D.H.E 45	dihydroergotamine
	Gralise	gabapentin
	Imitrex Sumavel DosePro Zembrace SymTouch	sumatriptan
	Kineret Simponi Simponi Aria	Enbrel (PA) Humira (PA)
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)
	Lidocaine	lidocaine
	Lido-K	
	Lorzone	chlorzoxazone
	Migranal	dihydroergotamine
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)
	Roxicodone	oxycodone
	Sprix	ketorolac

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	Vanatol LQ	butalbital-acetaminophen-caffe
	Zomig	zolmitriptan sumatriptan
	Zomig ZMT	zolmitriptan ODT
PARKINSON'S DISEASE	Lodosyn	carbidopa
	Requip XL	ropinirole ER
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	Fazaclo Versacloz	clozapine clozapine ODT
	Geodon	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Mysoline	primidone
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Acanya Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Tazorac Tretin-X Veltin Ziana	tretinoin clindamycin-benzoyl peroxide
	Anusol-HC cream	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
	Clobex	clobetasol
	Cutivate	Generic topical steroid (e.g. betamethasone)

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS <i>(cont)</i>	Dovonex Sorilux	calcipotriene
	Enstilar Taclonex	calcipotriene-betamethasone dp
	Ertaczo Extina Luzu Vusion	ketoconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Locoid Locoid Lipocream	hydrocortisone
	Loprox	ciclopirox
	Noritate	metronidazole Rosadan
	Oxistat	clotrimazole econazole ketoconazole
	Penlac	Ciclodan ciclopirox
	Plexion	sodium sulfacetamide-sulfur SS 10-2
	Prudoxin Zonalon	doxepin
	Salex	salicylic acid
	Sernivo	betamethasone fluocinonide hydrocortisone
	Siliq	Humira, Cosentyx
	Soriatane	acitretin
	Trianex	triamcinolone Triderm
	Ultravate	clobetasol
	Vanos	fluocinonide
	Vectical	calcitriol ointment
	Verdeso Xerese	desonide acyclovir hydrocortisone
	Zyclara	imiquimod

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Edluar	
	Intermezzo	
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Detrol	darifenacin ER
	Detrol LA	oxybutynin ER
	Ditropan XL	tolterodine ER
	Enablex	trospium ER
	Gelnique	
	Myrbetriq	
	Oxytrol	
	Toviaz	
	VESIcare	

^^ These medications require approval from Cigna before they're covered by your plan. 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 so you can get the most from your pharmacy benefit. Below are answers to some of the most commonly asked questions about the Cigna Prescription Drug List.

Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make updates to the drug list for many reasons, like when new generics become available, medications are no longer available or when medication prices change. For example, the price of a brand name medication may increase much more than other medications that treat the same condition. When that happens, we may try to find lower-cost generic or “preferred brand” alternatives that are just as safe and effective as the higher-cost brand. 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 to a medication.

When a medication changes tiers or is no longer covered, you may have to pay a different amount to fill that medication.

What medications aren't covered on this drug list?

- › Medications that have over-the-counter alternatives, specifically, medications that treat heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and allergies (ex. Allegra, Clarinex, Xyzal and any generics).
- › Medications used to treat lifestyle conditions (such as infertility, weight loss, erectile dysfunction, smoking cessation²).

- › Certain high-cost brand medications that have lower-cost, therapeutically equivalent alternatives.³

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 coverage for safe, clinically effective and low-cost medications.

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 medicines) may be available to you at no cost-share (\$0), depending on your plan. Log into **myCigna.com** or check your plan materials to learn more about how your plan covers preventive

medications. You can also view the No Cost-Share Preventive Medications drug list on [Cigna.com/druglist](https://www.cigna.com/druglist).

For more information about health care reform, visit www.informedonreform.com or [Cigna.com](https://www.cigna.com).

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 pharmacy benefit plans. We review all newly approved medications to determine if should be covered, and if so, at what tier level. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

Use the Drug Cost tool on [myCigna.com](https://www.myCigna.com) to learn how much your medication may cost and view lower cost alternatives, if available.

How can I save money on my prescription medications?

You may be able to save money by switching to a lower-cost medication or by filling a 90-day supply, if your plan allows. Talk with your doctor to see if a lower-cost medication, or 90-day supply, may work for you.

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

The FDA requires generic medications to have the same quality and performance as brand name medications. A generic medication is 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.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 ServicesSM can help you manage your health and prescription needs.⁵ Our therapy management teams, made up of health advocates with nursing backgrounds and pharmacists, provide personalized, 24/7 support. They offer 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.

Call us at **800.351.3606** if you have questions or need help transferring your prescription. You can also go to [cigna.com/specialty-pharmacy-services](https://www.cigna.com/specialty-pharmacy-services) to learn more.

Can I fill my prescriptions by mail?

If you take a medication every day to treat an ongoing health condition, you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.^{SM 5} To get started, call us at **800.835.3784** or go to [cigna.com/home-delivery-pharmacy](https://www.cigna.com/home-delivery-pharmacy).

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

Use the online tools and resources on [myCigna.com](https://www.myCigna.com) or the [myCigna app](https://www.myCigna.com)⁶ to help you better understand and manage your pharmacy benefits. You can view your drug list or search for a specific medication, use Drug Cost tool to estimate how much your medications may cost, find a pharmacy in your network and review your pharmacy claims and payment history.

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:⁷

- › 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. State laws in Texas and Louisiana 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, your plan can't make these changes 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. These medications require approval from Cigna before they're covered by your plan. 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.
4. U.S. Food and Drug Administration (FDA) website, "Understanding Generic Drugs." Retrieved 08/01/2017.
5. 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.
6. The downloading and use of the myCigna app is subject to the terms and conditions of the app and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
7. 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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