



CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

As of March 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 March 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.

This drug list only covers generic prescription options in two drug classes that have over-the-counter (OTC) alternatives. OTC medications are available 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**	Oral specialty medications have a double asterisk listed next to them
amoxicillin	Ceftin	
amoxicillin ER	Cipro	
amoxicillin-clavulanate ER	Daklinza** (PA)	
amoxicillin-clavulanate	Daraprim (PA)	
atovaquone	E.E.S. 400	Medications in each column are listed in alphabetical order
avidoxy	Eryped 400	
azithromycin	Ery-Tab	
cefdinir	Harvoni** (PA)	Specialty injectable medications have an asterisk listed next to them
cefixime	Kitabis Pak*	
cefprozil	Sovaldi** (PA)	
cefuroxime	Stromectol	
cephalexin	Tamiflu (QL)	Medications that require approval for coverage or have limits will have an abbreviation listed next to them
ciprofloxacin	Thalomid** (PA)	
clarithromycin	Uretron D-S	
clarithromycin ER	Vibramycin	Brand name medications are capitalized
clindamycin		
doxycycline		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. Typically, the higher the tier, the greater the cost of the medication. Your generic copay will apply to Tier 1 medications. Your brand copay or coinsurance will apply to Tier 2 and Tier 3 medications. Specialty Medications that are injected are covered under the fourth tier. This includes, but is not limited to, injectables to treat multiple sclerosis, arthritis, and other conditions listed on page 17.

› 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 (**).

Specialty Medications that are injected are covered under the fourth tier. This includes, but is not limited to, injectables to treat multiple sclerosis, arthritis, and other conditions. Oral specialty medications are covered in Tiers 1 through 3 as listed in this document.

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.

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	MISCELLANEOUS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	13
BLOOD PRESSURE/HEART MEDICATIONS	7	NUTRITIONAL/DIETARY	13, 14
BLOOD THINNERS/ANTI-CLOTTING	7	OSTEOPOROSIS PRODUCTS	14
CANCER	7, 8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CHOLESTEROL MEDICATIONS	8	PARKINSON'S DISEASE	15
CONTRACEPTIVE PRODUCTS	8–10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	15
DENTAL PRODUCTS	10	SKIN CONDITIONS	15, 16
DIABETES	10	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	10	SMOKING CESSATION	16
EAR MEDICATIONS	10	SUBSTANCE ABUSE	16
ERECTILE DYSFUNCTION	10	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 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands	TIER 1 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands
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 intenzol 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 Respiamat Symbicort	Adcirca** (PA) Adempas** (PA) Combivent Respiamat 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 intenzol 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 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands	TIER 1 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands
BLOOD MODIFIERS/BLEEDING DISORDERS			BLOOD PRESSURE/ HEART MEDICATIONS (cont)		
tranexamic acid*	Aranesp* (PA) Droxia	Amicar** Promacta** (PA)	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 PRESSURE/HEART MEDICATIONS			BLOOD THINNERS/ANTI-CLOTTING		
Afeditab CR amiodarone amlodipine amlodipine- benazepril amlodipine-valsartan amlodipine- valsartan-HCTZ Ascriptin+ Aspir 81+ Aspir-Low+ aspirin 81mg, 325mg+ aspirin EC 81mg, 325mg+ atenolol atenolol- chlorthalidone benazepril benazepril-HCTZ bisoprolol-HCTZ candesartan Cartia XT carvedilol children's aspirin+ 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	Coreg CR Corlanor (PA) Entresto (PA)	Bayer chewable aspirin+ BiDil Cardizem LA Ecotrin 81mg, 325mg+ Haegarda* (PA) Hemangeol Inderal LA Inderal XL Innopran XL Multaq Nitro-Dur Nitrolingual Nitromist Nitrostat Northera** (PA) Norvasc Ranexa (ST, QL) Tiazac Tikosyn Toprol XL	aspirin-dipyridamole ER clopidogrel enoxaparin* (QL) fondaparinux* (QL) Jantoven warfarin	Brilinta Eliquis Fragmin* (QL) Xarelto	Effient Pradaxa Savaysa
			CANCER		
			anastrozole bexarotene** capecitabine** exemestane hydroxyurea imatinib** (PA) letrozole mercaptopurine methotrexate** raloxifene+ tamoxifen temozolomide** (PA)	Afinitor** (PA) Fareston (QL) Gleostine Nexavar* (PA) Revlimid** (PA) Sprycel** (PA) Sutent** (PA) Tarceva** (PA) Targetin** Tasigna** (PA) Trexall**	Afinitor Disperz** (PA) Alecensa** Arimidex Bosulif** (PA) Cabometyx** (PA) Cometriq** (PA) Cotellic** (PA) Erivedge** (PA) Femara Gilotrif** (PA) Gleevec** (PA)

Cigna Value 4-Tier Prescription Drug List

TIER 1 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands	TIER 1 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands
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+ Cryselle+ 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+	Conceptrol+ Ella+ Estrostep FE Layolis FE+ Loestrin FE Microgestin+ Microgestin 24 FE+ Microgestin FE+ NuvaRing+ Rivalsa+ 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 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands	TIER 1 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands
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 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands
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CONTRACEPTIVE PRODUCTS (cont)

Tri-Linyah+		
Tri-LO-Estarylla+		
Tri-LO-Marzia+		
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

benzonatate		Flowtuss (QL)
Bromfed DM		Hycofenix (QL)
brompheniramine- pseudoephedrine- DM		Tussionex (QL)
hydrocodone BT- homatropine (QL)		Tuzistra XR (QL)
hydrocodone- chlorpheniramine ER (QL)		
Hydromet (QL)		
promethazine- codeine (QL)		
Tussionex (QL)		

DENTAL PRODUCTS

chlorhexidine		
doxycycline		
Oralene		
Paroex		
Peridex		
Periogard		
triamcinolone		

TIER 1 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands
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DIABETES

Generic diabetes medications and diabetic supplies are covered at \$0 cost share.

BD insulin syringes/ pen needles	Basaglar	Cycloset
glimepiride	Bydureon (QL)	Glucophage
glipizide	Byetta	Glucophage XR
glipizide ER	Farxiga	OneTouch Via insulin delivery system
glipizide XL	Glucagen HypoKit (QL)	Riomet
metformin	Glucagon Emergency Kit (QL)	VGo
metformin ER	Glyxambi	
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	

DIURETICS

acetazolamide		Aldactazide
chlorthalidone		Aldactone
epplerenone		Dyazide
furosemide		Maxzide
hydrochlorothiazide		Samsca**
spironolactone		
triamterene-HCTZ		

EAR MEDICATIONS

fluocinolone oil		Cipro HC
neomycin- polymyxin-HC		Ciprodex

ERECTILE DYSFUNCTION

	Cialis (QL)	Muse (QL)
		Viagra (QL)

Cigna Value 4-Tier Prescription Drug List

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

Cigna Value 4-Tier Prescription Drug List

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

Cigna Value 4-Tier Prescription Drug List

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

Cigna Value 4-Tier Prescription Drug List

TIER 1 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands	TIER 1 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands
NUTRITIONAL/DIETARY (cont)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
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			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 naproxen naproxen DS oxycodone (PA, QL) oxycodone ER (PA, QL) oxycodone- acetaminophen (PA, QL) oxymorphone (PA, QL)		Pennsaid packet 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 DermacinRx Empricaine DermacinRx Prizopak diclofenac gel (QL) diclofenac tablet diclofenac ER diclofenac- misoprostol dihydroergotamine (QL) Endocet (PA, QL) etodolac	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) 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			

Cigna Value 4-Tier Prescription Drug List

TIER 1 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands	TIER 1 Generics	TIER 2 Preferred Brands	TIER 3 Non-Preferred Brands
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)			SEIZURE DISORDERS		
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)			carbamazepine carbamazepine ER clonazepam divalproex divalproex ER Eptol gabapentin lamotrigine lamotrigine ER lamotrigine ODT levetiracetam levetiracetam ER oxcarbazepine Roweepa topiramate	Dilantin 30mg Lamictal ODT Lamictal XR dose pack Lyrica	Aptiom Banzel Briviact Carbatrol Depakote Depakote ER Depakote Sprinkle Dilantin 50mg, 100mg, susp. Fycompa Keppra Keppra XR Lamictal Lamictal XR Oxtellar XR Phenytek Qudexy XR Sabril* Spritam Tegretol Tegretol XR Topamax topiramate ER Trileptal Trokendi XR Vimpat
PARKINSON'S DISEASE			SKIN CONDITIONS		
benztropine bromocriptine carbidopa-levodopa carbidopa-levodopa ER carbidopa-levodopa-entacapone pramipexole pramipexole ER ropinirole ropinirole ER	Azilect	Duopa** Mirapex Mirapex ER Neupro Rytary Sinemet Sinemet CR Tasmar Xadago	acitretin acyclovir adapalene (PA age) Ala-Cort Amnesteem (QL) Avar cleanser Avar-E BP 10-1 calcipotriene calcipotriene- betamethasone DP calcitrene Claravis (QL) Clindacin ETZ Clindacin P clindamycin clindamycin-benzoyl peroxide clobetasol Clodan clotrimazole- betamethasone	Aczone Eucrisa Fluoroplex Targretin*	Avar foam, pads Avar LS Cleocin T Cordran (ST) Cosentyx* (PA) Denavir (QL) Desonate (ST) Desowen (ST) Drysol Efudex Elidel Evoclin Exelderm Finacea Metrocream Metrogel Metrolotion Naftin Nizoral Olux (ST) Picato
SCHIZOPHRENIA/ANTI-PSYCHOTICS					
aripiprazole aripiprazole ODT chlorpromazine clozapine clozapine ODT haloperidol olanzapine olanzapine ODT olanzapine- fluoxetine paliperidone ER quetiapine quetiapine ER risperidone risperidone ODT ziprasidone		Invega Latuda Rexulti Risperdal Risperdal M-tab Saphris Seroquel Seroquel XR Vraylar			

Cigna Value 4-Tier Prescription Drug List

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

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 pump 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)
	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.
- › 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?

- › Branded 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).
- › Certain high-cost brand medications that have lower-cost, therapeutically equivalent alternatives.²

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**.

For more information about health care reform, visit www.informedonreform.com or 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 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.³ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy ServicesSM can help you manage your health and prescription needs.⁴ 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 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 4} To get started, call us at **800.835.3784** or go to 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 or the [myCigna app](http://myCigna.app)⁵ 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:⁶

- › 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, 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 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. 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.
3. U.S. Food and Drug Administration (FDA) website, "Understanding Generic Drugs." Retrieved 08/01/2017.
4. 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.
5. 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.
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.

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