



# CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST

**As of January 1, 2018**

**Together, all the way.®**



Offered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

904525 a Performance 3-Tier w DRT 08/17



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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.



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



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

\* Drug list created: originally created 04/01/2008

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

**Tier** (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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

## 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.

› <b>Tier 1 - Typically Generics</b>	(Lower-cost medication)	\$
› <b>Tier 2 - Typically Preferred Brands</b>	(Medium-cost medication)	\$\$
› <b>Tier 3 - Typically Non-Preferred Brands</b>	(Higher-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.

<b>(PA)</b>	<b>Prior Authorization</b> - 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.
<b>(ST)</b>	<b>Step Therapy</b> - 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.
<b>(QL)</b>	<b>Quantity Limits</b> - 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.
<b>(AGE)</b>	<b>Age Requirements</b> - You must be within a specific age range for this medication to be covered.

### Brand name medications are capitalized

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

### Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (\*). Some plans may cover these medications on a specialty tier and/or require the use of a preferred specialty pharmacy. 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 carat (^) 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	10, 11
ALLERGY/NASAL SPRAYS	6	FEMININE PRODUCTS	11
ALZHEIMER'S DISEASE	6	GASTROINTESTINAL/HEARTBURN	11
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	HORMONAL AGENTS	11, 12
ASTHMA/COPD/RESPIRATORY	6	INFECTIONS	12
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	INFERTILITY	12
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MISCELLANEOUS	12
BLOOD PRESSURE/HEART MEDICATIONS	7	MULTIPLE SCLEROSIS	13
BLOOD THINNERS/ANTI-CLOTTING	7	NUTRITIONAL/DIETARY	13
CANCER	7, 8	OSTEOPOROSIS PRODUCTS	13
CHOLESTEROL MEDICATIONS	8	PAIN RELIEF AND INFLAMMATORY DISEASE	13, 14
CONTRACEPTIVE PRODUCTS	8, 9	PARKINSON'S DISEASE	14
COUGH/COLD MEDICATIONS	10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	14
DENTAL PRODUCTS	10	SEIZURE DISORDERS	15
DIABETES	10	SKIN CONDITIONS	15
DIURETICS	10	SLEEP DISORDERS/SEDATIVES	15
EAR MEDICATIONS	10	SMOKING CESSATION	15
ERECTILE DYSFUNCTION	10	SUBSTANCE ABUSE	16
		TRANSPLANT MEDICATIONS	16
		URINARY TRACT CONDITIONS	16

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>AIDS/HIV</b>			<b>ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)</b>		
lamivudine* lamivudine- zidovudine* nevirapine ER* nevirapine*	ISENTRESS HD* ISENTRESS* KALETRA* NORVIR* PREZISTA* REYATAZ* SELZENTRY* SUSTIVA* TRUVADA* VIREAD*	ATRIPLA* COMPLERA* DESCOVY* EPZICOM* GENVOYA* INTELLENCE* ODEFSEY* PREZCOBIX* STRIBILD* TIVICAY* TRIUMEQ*	fluvoxamine ER lorazepam lorazepam intensol paroxetine paroxetine CR paroxetine ER sertraline trazodone venlafaxine venlafaxine ER		
<b>ALLERGY/NASAL SPRAYS</b>			<b>ASTHMA/COPD/RESPIRATORY</b>		
azelastine cromolyn cyproheptadine desloratadine epinephrine epinephrine auto-injector (QL) fluticasone hydroxyzine ipratropium mometasone (QL) olopatadine phenegan promethazine	Astebro Bactroban Nasal	EpinephrineSnap-V	albuterol budesonide fluticasone- salmeterol montelukast	Advair Diskus Advair HFA Anoro Ellipta Breo Ellipta Combivent RespiMat Incruse Ellipta ProAir HFA ProAir Respi- Click Pulmicort Flexhaler Pulmozyme* (PA) QVAR Serevent Diskus Spiriva Spiriva Respi- mat Stiolto Respi- mat Striverdi RespiMat Symbicort Ventolin HFA Xolair* (PA)	Adcirca* (PA) Adempas* (PA) Aralast NP* Glassia* (PA) Kalydeco* (PA) Letairis* (PA) Nucala* (PA) Ofev* (PA) Opsumit* (PA) Orenitram ER* (PA) Orkambi* (PA) Pulmicort Respules Remodulin* (PA) Tracleer* (PA) Tyvaso* (PA) Uptravi* (PA)
<b>ALZHEIMER'S DISEASE</b>			<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
donepezil donepezil ODT memantine pyridostigmine pyridostigmine ER rivastigmine	Mestinon syrup Namenda titration pack	Mestinon tablet Namenda Namenda XR (QL) Namzaric (QL)	dexamethylphenidate dexamethylphenidate ER dextroamphetamine- amphetamine ER dextroamphetamine- amphetamine guanfacine ER Metadate ER	Vyvanse	Adderall (ST) Adderall XR (ST) Aptensio XR (ST) Concerta ER (ST) Focalin (ST) Focalin XR (ST) Methylin (ST) Mydayis ER Quillichew ER (ST)
<b>ANXIETY/DEPRESSION/BIPOLAR DISORDER</b>					
alprazolam alprazolam ER alprazolam ODT alprazolam XR amitriptyline bupropion bupropion SR bupropion XL buspirone citalopram clomipramine duloxetine escitalopram fluoxetine fluoxetine DR fluvoxamine		Brisdelle (QL) Effexor XR (ST) Fetzima (ST) Forfivo XL (ST) Onfi Pristiq (ST, QL) Prozac (ST) Sarafem (ST) Trintellix (ST) Viibryd (ST) Wellbutrin SR (ST) Xanax Xanax XR Zoloft (ST)			

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)

methylphenidate		Quillivant XR (ST)
methylphenidate CD		Ritalin (ST)
methylphenidate ER		Ritalin LA (ST)
methylphenidate LA		Strattera

### BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid*	Amicar 1g* Aranesp* (PA) Droxia Epogen* (PA) Granix* Neulasta* (PA) Procrit* (PA) Soliris* (PA) Zarxio*	Amicar solution, 500mg* Bebulin* (PA) Ceprotin* Neupogen* (PA) Promacta* (PA)
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### BLOOD PRESSURE/HEART MEDICATIONS

Afeditab CR	Bystolic	Azor
amiodarone	Byvalson	Bayer chewable aspirin+
amlodipine	Coreg CR	Benicar (ST)
amlodipine- benazepril	Corlanor (PA)	Benicar HCT (ST)
amlodipine-valsartan	Entresto (PA)	Beninert* (PA)
amlodipine-valsar- tan-HCTZ	Multaq	Beriner* (PA)
Aspir 81+	Nitro-Dur	BiDil (QL)
aspirin 81mg+	0.3mg,	Cardizem LA
aspirin EC 81mg+	0.8mg	Cinryze* (PA)
Aspir-low+	Tekturna	Cozaar (ST)
atenolol	Tekturna HCT	Diovan (ST)
atenolol-chlorthali- done		Diovan HCT (ST)
benazepril		Ecotrin+
benazepril- HCTZ		Edarbi (ST)
candesartan		Edarbyclor (ST)
Cartia XT		Exforge
carvedilol		Exforge HCT
children's aspirin+		Firazyr* (PA)
clonidine		Haegarda* (PA)
Digitek		Hemangeol
Digox		Inderal LA
digoxin		Inderal XL
diltiazem		Innopran XL
diltiazem ER		Lotrel
Dilt-XR		Micardis (ST)
dofetilide (QL)		Nitro-Dur 0.1mg, 0.2mg, 0.4mg, 0.6mg
doxazosin		Nitrolingual
EcPirin+		Nitromist
enalapril		Nitrostat
flecainide		Northera* (PA)
		Norvasc

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

hydralazine		Ranexa (ST, QL)
irbesartan		Tiazac
isosorbide		Tikosyn (QL)
isosorbide ER		Toprol XL
labetalol		Tribenzor
lisinopril		
lisinopril- HCTZ		
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	Pradaxa
clopidogrel	Effient	Savaysa
enoxaparin* (QL)	Eliquis	
fondaparinux* (QL)	Fragmin* (QL)	
Jantoven	Xarelto	
warfarin		

### CANCER

anastrozole	Actimmune* (PA)	Afinitor Disperz* (PA)
bexarotene*		Afinitor* (PA)
capecitabine*	Avastin* (PA)	Alecensa* (PA)
exemestane	Gleostine	Arimidex
hydroxyurea	Herceptin* (PA)	Bosulif* (PA)
imatinib* (PA)		Cabometyx* (PA)
letrozole	Intron A* (PA)	Cometriq* (PA)

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CANCER (cont)</b>			<b>CHOLESTEROL MEDICATIONS (cont)</b>		
mercaptopurine methotrexate* raloxifene+ tamoxifen+ temozolomide* (PA)	Nexavar* (PA) Revlimid* (PA) Rituxan* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Tasigna* (PA) Trexall* Valstar*	Cotellic* (PA) Erivedge* (PA) Fareston (QL) Femara Gazyva* (PA) Gilotrif* (PA) Gleevec* (PA) Ibrance* (PA) Iclusig* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Kadcyla* (PA) Lenvima* (PA) Lonsurf* (PA) Lynparza* (PA) Mekinist* (PA) Ninlaro* (PA) Perjeta* (PA) Pomalyst* (PA) Purixan* Stivarga* (PA) Sylatron* (PA) Tafinlar* (PA) Tagrisso* (PA) Targretin* Tecentriq* (PA) Votrient* (PA) Xalkori* (PA) Xatmep* Xtandi* (PA) Zelboraf* (PA) Zykadia* (PA) Zytiga* (PA)	rosuvastatin rosuvastatin 5mg, 10mg+ simvastatin simvastatin 10mg, 20mg, 40mg+		
<b>CHOLESTEROL MEDICATIONS</b>			<b>CONTRACEPTIVE PRODUCTS</b>		
amlodipine- atorvastatin atorvastatin atorvastatin 10m, 20mg+ fenofibrate fenofibric acid fluvastatin 20mg, 40mg+ fluvastatin ER 80mg+ lovastatin 20mg, 40mg+ niacin ER omega-3 acid ethyl esters pravastatin+	Praluent* (PA) Repatha* (PA) Welchol	Crestor (ST) Korlym (PA) Kynamro* (PA) Livalo (ST) Vascepa Vytorin (ST) Zetia	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 estro+ drospirenone-eth estra-levomef+ drospirenone-ethinyl estradiol+ Econtra EZ+ Elinest+ Emoquette+ Enpresse+ Enskyce+ Errin+ Estarylla+ ethynodiol-ethinyl estradiol+ Fallback Solo+	Beyaz Lo Loestrin FE LoSeasonique Minastrin 24 FE NuvaRing+ Seasonique Taytulla	Conceptrol+ Ella+ Estrostep FE Kyleena* Layolis FE+ Loestrin FE Microgestin+ Microgestin 24 FE+ Microgestin FE+ Mirena* Rivelsa+ Skyla* Take Action+ Trinessa Lo+ Today Contraceptive Sponge+ VCF+



## Cigna Performance 3-Tier Prescription Drug List

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

## Cigna Performance 3-Tier Prescription Drug List

COUGH/COLD MEDICATIONS			DIABETES (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
benzonatate Bromfed DM brompheniramine- pseudoephedrine- DM hydrocodone BT- homatropine (QL) hydrocodone- chlorpheniramine ER (QL) Hydromet (QL) promethazine- codeine (QL) Tussion (QL)		Flowtuss (QL) Hycofenix (QL) Tussionex (QL) Tuzistra XR (QL)		Januvia Jardiance Kombiglyze XR Levemir OneTouch test strips and meters Onglyza Soliqua SymlinPen Synjardy Synjardy XR Tresiba TechLite lancets Trulicity (QL) Xigduo XR	
DENTAL PRODUCTS			DIURETICS		
chlorhexidine Denta 5000 Plus Dentagel doxycycline fluoride 0.25mg, 0.5mg+ fluoride 1mg Fluoridex Fluoritab 0.5mg+ Fluoritab 1mg Flura-Drops+ Ludent fluoride 0.25mg, 0.5mg+ Ludent fluoride 1mg Oralene Pareox Peridex Periogard SF SF 5000 Plus sodium fluoride triamcinolone	Fluorabon+ Fluor-a-Day+ Prevident 5000	Clinpro 5000 Floriva Prevident Prevident 5000 Plus	acetazolamide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ		Aldactazide Aldactone Dyazide Maxzide Samsca*
DIABETES			EAR MEDICATIONS		
glimepiride glipizide glipizide ER glipizide XL metformin metformin ER	Basaglar Bydureon (QL) Byetta Farxiga Glucagen HypoKit (QL) Glucagon Emergency Kit (QL) Humalog Humulin Janumet Janumet XR	Cycloset Glucophage Glucophage XR Riomet VGo	fluocinolone oil neomycin- polymyxin-HC	Cipro HC Ciprodex	
			ERECTILE DYSFUNCTION		
				Cialis (PA, QL) Muse (PA, QL) Viagra (PA, QL)	
			EYE CONDITIONS		
			brimonidine ciprofloxacin dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost neomycin- polymyxin- dexameth ofloxacin olopatadine polymyxin B sul-trimethoprim prednisolone	Alphagan P 0.1% Azasite Azopt Betimol Betoptoc S Lotemax drops, suspension Moxeza Pataday Pazeo Pred Mild Restasis Simbrinza	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Combigan Cosopt PF Cystaran (QL) Durezol Eylea* (PA) Ilevro Iluvien* Lastacraft Lotemax ointment

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### EYE CONDITIONS (cont)

timolol	Tobradex	Lucentis* (PA)
tobramycin	ointment	Lumigan
tobramycin- dexamethasone	Travatan Z Vigamox Xiidra	Nevanac Omnipred Ozurdex Patanol Pred Forte Prolensa Tobradex drops Tobradex ST Zioptan (ST, QL) Zirgan Zylet

### FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
miconazole 3		Terazol 7
terconazole		

### GASTROINTESTINAL/HEARTBURN

Alophen+	Apriso	Aciphex (ST)
alosetron	Canasa	Akynzeo* (PA, QL)
Anucort-HC	Carafate	Amitiza
balsalazide	suspension	Carafate tablet
bisacodyl+	Creon	Chenodal
Bisa-lax+	Dexilant	Cholbam* (PA)
chlordiazepoxide- clidinium	GoLytely powder+	Colyte With Flavor Packets+
Clearlax+	Lialda	Correctol+
dicyclomine	Nexium (ST)	Diclegis
diphenoxylate- atropine	Pentasa	Donnatal
dronabinol	Proctofoam- HC	Dulcolax+
Ducodyl+	Zenpep	Emend* (PA, QL)
esomeprazole		Entyvio* (PA)
famotidine		Gattex* (PA)
Gavilyte-C+		Gialax+
Gavilyte-G+		GoLytely solution+
Gavilyte-N+		Linzess
Gentle laxative+		Miralax+
Glycolax+		Movantik (PA)
Healthylax+		Moviprep+
Hemmorex-HC		NuLytely with Flavor Packs+
hydrocortisone		Ome-PPI
lansoprazole		Osmoprep+
lansoprazole- amoxicillin- clarithromycin (combo pak)		Pancrease Pertzye
mesalamine		Prepopik
metoclopramide		Prevacid (ST)
metoclopramide ODT		Procort
		Protonix powder Protonix tablet (ST)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### GASTROINTESTINAL/HEARTBURN (cont)

omeprazole		Protonix IV
ondansetron		Ravicti (PA)
ondansetron ODT		Rectiv
pantoprazole		Relistor (PA)
peg 3350+		Sancuso (PA, QL)
peg 3350- electrolyte+		Sensipar*
peg 3350 with flavor packets+		sfRowasa Suprep+
Phenadoz		Sustol (PA)
Powderlax+		Varubi* (PA, QL)
promethazine		Viberzi
promethegan		Viokace
Purelax+		
rabeprazole		
ranitidine		
Smoothlax+		
sucralfate		
TriLyte with flavor packets+		
ursodiol		

### HORMONAL AGENTS

Amabelz	Androderm (PA, QL)	Activella
budesonide EC	Androgel (PA, QL)	Alora (QL)
cabergoline (QL)	Armour Thyroid	Armour Thyroid
Covaryx	Armour Thyroid	Aveed (PA)
Covaryx H.S.	Cytomel 50mcg	Climara
desmopressin*	Divigel	Climara Pro
dexamethasone	Duavee	Combipatch
dexamethasone intensol	Estring (QL)	Cytomel 5mcg, 25mcg
EEMT	Forteo*	Deltasone
EEMT H.S.	Ganirelix* ^	Depo-Testosterone
estradiol	Humatrope* (PA)	Egrifta* (PA)
estradiol (QL)	Lupron Depot* (PA)	Elestrin
estradiol- norethindrone	Lupron Depot-Ped* (PA)	Emflaza* (PA)
estrogen & methyltestosterone	Premarin	Entocort EC
levothyroxine	Premphase	Estrace
Levoxyl	Prempro	Estrogel
liothyronine	Serostim 4mg, 6mg* (PA)	Evamist
LoCort	Somavert* (PA)	Femring
medroxyprogesterone	Synthroid	H.P. Acthar* (PA)
methylprednisolone		Levo-T
Millipred		Lupron Depot-Ped 30mg kit* (PA)
Millipred DP		Menostar (QL)
Mimvey		Minivelle (QL)
Mimvey LO		Natpara* (PA)
Nature-Throid		Osphena
norethindrone		Royaldee
NP Thyroid		Saizen-saizenprep* (PA)

## Cigna Performance 3-Tier Prescription Drug List

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

prednisolone		Serostim 5mg* (PA)
prednisolone ODT		Somatuline Depot* (PA)
prednisone		Striant (PA, QL)
prednisone intensol		Supprelin LA*
progesterone		Testopel (PA)
testosterone (PA)		Thyrogen*
testosterone cypionate		Tirosint
Westhroid		Triostat
WP Thyroid		Unithroid
Yuvaferm (QL)		Vagifem (QL)
		Vivelle-Dot (QL)
		Zorbtive* (PA)

### INFECTIONS

acyclovir	Albenza	Alinia
adefovir*	Baraclude	Bactrim
amoxicillin	solution*	Bactrim DS
amoxicillin-clavulanate ER	Ceftin 125mg suspension	Baraclude tablet*
amoxicillin-clavulanate	Cipro	Cayston*
atovaquone	Daraprim (PA)	Ceftin 250mg suspension
atovaquone-proguanil	Epclusa* (PA)	Cleocin
Avidoxy	Harvoni* (PA)	Clindesse
azithromycin	Kitabis Pak*	Cresemba (PA)
cefdinir	Sovaldi* (PA)	Daklinza* (PA)
cefixime	Tamiflu	Dificid (PA)
cefuroxime	suspension (QL)	E.E.S. 400
cephalexin	Thalomid* (PA)	Eryped 200
ciprofloxacin		Ery-Tab
clarithromycin		Metrogel-vaginal
clarithromycin ER		Minocin
clindamycin		Monurol
dapsone		Noxafil
doxy 100		Nuversa
doxycycline		PCE
doxycycline IR-DR		PegIntron* (PA)
entecavir*		Plaquenil
erythromycin		Sulfatrim
famciclovir		Suprax
fluconazole		Synagis* (PA)
hydroxychloroquine		Tamiflu capsule (QL)
itraconazole		Tobi Podhaler*
levofloxacin		Uretron D-S
linezolid (PA)		Uribel
metronidazole		Urogesic-blue
minocycline		Uta
minocycline ER		Valtrex
Moderiba*		vibramycin
mondoxylene NL		Viekira Pak* (PA)
Morgidox		Viekira XR* (PA)
		Xifaxan
		Zepatier* (PA)

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

moxifloxacin		Zithromax
nitrofurantoin		Zmax
nitrofurantoin mono-macro		
nystatin		
oseltamivir (QL)		
penicillin		
sulfamethoxazole-trimethoprim		
terbinafine		
tetracycline		
tinidazole		
tobramycin*		
valacyclovir		
valganciclovir		
vancomycin		
vandazole		
voriconazole (PA)		

### INFERTILITY

clomiphene citrate ^	Crinone 8%^	Gonal-F*^
	Endometrin^	Makena (PA)
	Follistim AQ*^	Menopur*^

### MISCELLANEOUS

disulfiram	Cerdelga* (PA)	Addyi (QL)
NebuSal 3%	Orfadin*	Botox* (PA)
PulmoSal	Vivitrol*	Cerezyme* (PA)
tetrabenazine* (PA)		Dysport*
		Esbriet* (PA)
		Exjade*
		Ferriprox
		Hyper-Sal
		Jadenu*
		Kuvan* (PA)
		Lumizyme* (PA)
		Myalept* (PA)
		Naglazyme* (PA)
		NebuSal 6%
		Nuedexta (QL)
		Strensiq* (PA)
		Syprine* (PA)
		Vimizim* (PA)
		VPRIV* (PA)
		Xenazine* (PA)
		Xeomin* (PA)
		Zavesca* (PA)

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$								
<b>MULTIPLE SCLEROSIS</b>						<b>NUTRITIONAL/DIETARY (cont)</b>								
Glatopa* (PA)			Ampyra* (PA) Aubagio* (PA) Avonex* (PA) Betaseron* (PA) Copaxone* (PA) Extavia* (PA) Gilenya* (PA) Plegridy* (PA) Rebif* (PA) Tecfidera* (PA)			Lemtrada* (PA) Ocrevus* (PA) Tysabri* (PA) Zinbryta* (PA)			Prenatal Multi + DHA+ Prenatal multivitamin+ Prenatal multivitamin-DHA+ Prenatal Plus Prenatal Vitamin+ prenatal vitamin plus low iron PrePlus Virt-PN DHA vitamin D2 Vitajoy daily D+ vitamins A, C, D and fluoride+ vitamin D+ vitamin D3+ vitamin D-400+ Wee care+ Zatean-PN DHA Zavara			Quflora+ Renagel Renvela powder Replesta+ Replesta NX+ Super Daily D3+ Texavite LQ + Thera-D+ Urosex+ Velphoro		
<b>NUTRITIONAL/DIETARY</b>						<b>OSTEOPOROSIS PRODUCTS</b>								
B-12 compliance Baby D Drops+ Baby Vitamin D3+ calcitriol calcium children's iron+ cyanocobalamin injection D3-2000+ Daily prenatal+ DDrops+ Delta D3+ Dialyvite Vitamin D3 Max+ D-vi-sol+ D-vita+ FA-8+ fer-iron+ folic acid+ Folixapure Klor-Con M10, M20 Klor-Con Sprinkle levocarnitine multivitamin with fluoride+ multivitamin-iron-fluoride+ PNV-DHA polyvitamin with iron+ polyvitamin-fluoride+ potassium chloride Prena1 Pearl Prenatal + Prenatal Complete+ Prenatal Formula+			CitraNatal Fosrenol Klor-Con M15 K-Tab ER 20meq Mephyton Nestabs DHA OB Complete Prefera OB Prenate Renvela tablet Select-OB + DHA Tristart DHA Tri-vi-flor+ Vitafof vitaMedMD One Rx vitaPearl			Auryxia (QL) Concept DHA D3-50+ Decara+ Dialyvite vitamin D+ Escavite+ Escavite D+ Fer-in-sol+ Feriva 21-7 Ferralet 90 Floriva+ Icar+ Integra Plus Ironup+ Just D+ Klor-Con 8, 10meq Klor-Con 8 K-Tab ER 8meq, 10meq KPN Prenatal+ MVC-fluoride+ Maximum D3+ Nascobal Novaferum drops+ Optimal D3 M+ Perry Prenatal+ Phoslyra Physicians EZ Use B-12 Poly-Vi-Flor+ Poly-Vi-Flor FS+ Poly-Vi-Flor With Iron+ Poly-vi-sol With Iron+ Prenatal Formula-DHA+			alendronate (QL) calcitonin-salmon ibandronate* raloxifene risedronate risedronate DR			Actonel (ST) Atelvia (ST) Prolia* (PA) Xgeva* (PA)		
<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>														
						acetaminophen-codeine (QL) acitretin allopurinol baclofen butalb-acetaminoph-caff-codeine (QL) butalb-caff-acetaminoph-codeine (QL) butalbital-acetaminoph-caff (QL) Capacet (QL) carisoprodol celecoxib (QL) cyclobenzaprine DermacinRx Empricaine DermacinRx Prizopak			Butrans (QL) Colcrys Cuprimine* (PA) Depen* (PA) Embeda (ST, QL) Enbrel* (PA) Humira* (PA) Hysingla ER (QL) Nucynta (QL) Otezla* (PA) Rasuvo* (PA) Remicade* (PA) Savella Subsys (PA, QL) Uloric Xtampza ER (QL)			Abstral (PA, QL) Actemra* (PA) Actiq (PA, QL) Analpram HC Arymo ER (ST, QL) Benlysta* (PA) Buprenex Celebrex (ST, QL) Cimzia* (PA) colchicine Cosentyx* (PA) Duragesic (QL) Fentora (PA, QL) Fexmid Flector (ST, QL) Frova (QL) Gelsyn-3* (PA) Illaris* (PA) Indocin Lazanda (PA, QL)		

## Cigna Performance 3-Tier Prescription Drug List

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

diclofenac 0.1% gel (QL)		Lidoderm
diclofenac ER		Mitigare
diclofenac-misoprostol		Monovisc* (PA)
dihydroergotamine (QL)		Morphabond ER (ST, QL)
Endocet (QL)		Nucynta ER (ST, QL)
etodolac		Onzetra Xsail (QL)
etodolac ER		Orencia* (PA)
fentanyl (PA, QL)		Orthovisc* (PA)
frovatriptan (QL)		Otrexup* (PA)
Glydo		Oxaydo (QL)
hydrocodone-acetaminophen		Parafon Forte DSC
hydromorphone (QL)		Pennsaid (ST)
hydromorphone ER (QL)		Percocet (QL)
ibuprofen		Relpax (QL)
indomethacin		Simponi Aria* (PA)
indomethacin ER		Simponi* (PA)
ketorolac (QL)		Stelara* (PA)
leflunomide		Synvisc* (PA)
lidocaine (QL)		Synvisc-One* (PA)
lidocaine viscous		Taltz* (PA)
lidocaine-prilocaine		Voltaren (ST, QL)
Lidopril		Xeljanz XR* (PA)
Lidopril XR		Xeljanz* (PA)
Lido-Prilo Caine Pack		Zohydro ER (ST, QL)
LiproZonePak		
Livixil Pak		
Lorcet (QL)		
Lorcet HD (QL)		
Lorcet Plus (QL)		
Lortab (QL)		
Medolor Pak		
meloxicam		
Metaxall		
metaxalone		
methocarbamol		
morphine (QL)		
morphine ER (QL)		
nabumetone		
naproxen		
naproxen DS		
oxycodone (QL)		
oxycodone ER (QL)		
oxycodone-acetaminophen (QL)		
oxymorphone (QL)		
oxymorphone ER (QL)		

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

Prilolid		
Primlev (QL)		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Vicodin (QL)		
Vicodin ES (QL)		
Vicodin HP (QL)		
zolmitriptan (QL)		
zolmitriptan ODT (QL)		

### PARKINSON'S DISEASE

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

### SCHIZOPHRENIA/ANTI-PSYCHOTICS

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

## Cigna Performance 3-Tier Prescription Drug List

SEIZURE DISORDERS			SKIN CONDITIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
carbamazepine	Keppra	Aptiom	econazole		Taclonex
carbamazepine ER	Lamictal ODT	Banzel (QL)	fluocinonide		Targretin*
clonazepam	Lamictal XR	Briviact	fluorouracil		Temovate (ST)
divalproex	dose pack	Carbatrol	hydrocortisone		Tolak
divalproex ER	Lyrica	Depakote	imiquimod		Topicort (ST)
Epitol	Vimpat	Depakote ER	ketoconazole		Tretin-X
gabapentin		Depakote Sprinkle	metronidazole		Tridesilon (ST)
lamotrigine		Dilantin	mupirocin		Veltin
lamotrigine ER		Fycompa	Myorisan (QL)		Xolegel
lamotrigine ODT		Keppra	Neuac gel		
levetiracetam		Keppra XR	nystatin-		
levetiracetam ER		Lamictal	triamcinolone		
oxcarbazepine		Lamictal XR	Permethrin		
Roweepra		Oxtellar XR	Procto-Med HC		
topiramate		Phenytek	Procto-Pak		
		Qudexy XR	Proctosol-HC		
		Sabril*	Proctozone-HC		
		Spritam	Rosadan		
		Tegretol	Rosanil		
		Tegretol XR	Scalacort		
		Topamax	sodium sulfaceta-		
		topiramate ER	mide-sulfur		
		Trileptal	SS 10-2		
		Trokendi XR	SSS 10-5		
		Vimpat vial	SulfaCleanse 8-4		
			tacrolimus		
			tretinoin (PA age)		
			tretinoin microsphere		
			(PA age)		
			triamcinolone		
			Triderm		
			Zenatane (QL)		
SKIN CONDITIONS			SLEEP DISORDERS/SEDATIVES		
acitretin	Aczone	Acanya	armodafinil (PA)	Belsomra (ST)	Xyrem* (PA)
acyclovir	Azelex	Atralin (PA age)	eszopiclone	Silenor (ST)	Zolpimist (ST)
adapalene (PA age)	Denavir (QL)	Avar pads	modafinil (PA)		
Ala-Cort	Differin	Avar LS	temazepam		
Amnesteem (QL)	(PA age)	Avita (PA age)	zolpidem		
Avar cleanser	Epiduo	Cleocin T	zolpidem ER		
Avar-E	Epiduo Forte	Cordran (ST)			
BP 10-1	Eucrisa	Desonate (ST)			
calcipotriene	Exelderm	Desowen (ST)			
calcipotriene-	solution	Drysol			
betamethasone DP	Finacea	Efudex			
calcitrene	Fluoroplex	Elidel			
Claravis (QL)	Metrogel	Enstilar			
Clindacin ETZ	Naftin	Evoclin			
Clindacin P	Tazorac	Exelderm cream			
clindamycin		Metrocream			
clindamycin-benzoyl		Metro lotion			
peroxide		Nizoral			
clobetasol		Olux (ST)			
Clodan		Onexton			
clotrimazole-		Picato			
betamethasone		Retin-A (PA age)			
Cormax		Retin-A Micro			
desonide		(PA age)			
diclofenac 0.3% gel		Sklice			
doxepin		Soolantra			
			SMOKING CESSATION		
			bupropion SR+	Chantix (QL)	Nicorette lozenge,
			Nicoderm CQ+	Nicotrol (QL)	gum+
			Nicorelief+	Nicotrol NS	Zyban
			nicotine gum+	(QL)	
			nicotine lozenge+		
			nicotine patch+		
			NTS+		
			Quit 2+		
			Quit 4+		
			stop smoking aid+		

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SUBSTANCE ABUSE

buprenorphine	Bunavail	
buprenorphine-naloxone	Narcan	
naloxone	Probuphine	
naltrexone (QL)	Suboxone	
	Zubsolv	

### TRANSPLANT MEDICATIONS

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

### URINARY TRACT CONDITIONS

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



## Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ If you fill a prescription for any of these medications, you'll have to pay the full cost of the medication. 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	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
	Tofranil	imipramine
Wellbutrin XL	bupropion XL (ER 24hr tablet)	
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA	QVAR
	Bevespi	Anoro Ellipta Stiolto Respimat
	AirDuo RespiClick Dulera	Advair Diskus Advair HFA Breo Ellipta
	Proventil HFA Xopenex HFA	ProAir HFA ProAir RespiClick
	Seebri Neohaler Tudorza Pressair	Spiriva Spiriva Respimat
	Utibron Neohaler	Anoro Ellipta
	Zyflo	zileuton ER montelukast zafirlukast
	Zyflo CR	zileuton ER

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine ER
BLOOD PRESSURE/HEART MEDICATIONS	Betapace	sotalol
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD/ER Cartia XT
	Isordil Isordil Titrados	isosorbide dinitrate
	Lanoxin	Digitek digoxin
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or aspirin EC with omeprazole
CANCER	Nilandron	nilutamide
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Lipitor	atorvastatin
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
	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 Tadjenta	alogliptin alogliptin-metformin Januvia, Janumet, Janumet XR
	Lantus Toujeo SoloStar	Basaglar Levemir Tresiba
	Novolin, Novolog	Humalog, Humulin
	Tanzeum Victoza	Byetta Bydureon Trulicity
	DIURETICS	Edecrin ethacrynic acid
furosemide torsemide		

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
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	
	Nexium capsule	esomeprazole	
	Omeclamox-pak Prevpac Pylera	lansoprazole-amoxicillin- clarithromycin pak	
	omeprazole-bicarbonate Zegerid	omeprazole	
	Pepcid	famotidine	
	Prevacid SoluTab	Generic prescription PPIs (e.g., lansoprazole)	
	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	cosyntropin
DDAVP		desmopressin	
Dexpak Zonacort		dexamethasone	
Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton		Humatrope (PA)	
Hectorol		doxercalciferol	
Rayos		prednisone prednisone intensol	
Uceris tablet		budesonide EC	

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
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
	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 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

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)
	Lido-K	lidocaine cream, ointment
	Lorzone	chlorzoxazone
	Migranal	dihydroergotamine
	OxyContin	Xtampza ER Embeda ER Hysingla ER
	Roxicodone	oxycodone
	Sprix	ketorolac
	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
	Aldara Zyclara	imiquimod
	Anusol-HC cream	hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC
	Bensal HP	salicylic acid
	Benzaclin Duac Neuac kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Cutivate	Generic topical steroid (e.g. betamethasone)
	Ertaczo Extina Luzu Vusion	ketoconazole

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS <i>(cont)</i>	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
	Verdeso Xerese	desonide acyclovir hydrocortisone
	Ziana	tretinoin clindamycin-benzoyl peroxide
	SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo
Nuvigil		armodafinil
Provigil		modafinil
Restoril		temazepam

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Detrol Detrol LA Ditropan XL Enablex Gelnique Myrbetriq Oxytrol Toviaz VESIcare	darifenacin ER oxybutynin ER tolterodine ER trospium ER

^^ 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:<sup>1</sup>

- 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.

### 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](https://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://Cigna.com/druglist).

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



## Prescription drug list FAQs (cont)

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://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.<sup>2</sup> Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

### **How can I get help with my specialty medication?**

Cigna Specialty Pharmacy Services<sup>SM</sup> can help you manage your health and prescription needs.<sup>3</sup> 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://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.<sup>SM 3</sup> To get started, call us at **800.835.3784** or go to [cigna.com/home-delivery-pharmacy](https://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://mycigna.com) or the [myCigna app](#)<sup>4</sup> 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:<sup>5</sup>

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