



CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

As of July 1, 2017

Together, all the way.®



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View your drug list online

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



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



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

Your prescription drug list

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

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

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

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

How to read your drug list

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

TIER 1 \$	TIER 2 \$\$	
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. The tier the medication is listed in determines how much you'll pay when you fill the prescription. Typically, the higher the tier, the greater the cost of the medication.

› Tier 1 - Typically Generics	(Lower-cost medication)	\$
› Tier 2 - Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 - Typically Non-Preferred Brands	(Higher-cost medication)	\$\$\$
› Tier 4 - Specialty Medications	(Highest-cost medication)	\$\$\$\$

Abbreviations next to medications

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

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

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

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

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

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

Plan exclusions

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

How to find your medication on the drug list

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

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Cigna Value 4-Tier Prescription Drug List

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

AIDS/HIV

lamivudine**	Atripla**	Complera**
lamivudine- zidovudine**	Intelence**	Descovy**
nevirapine ER**	Isentress**	Epzicom**
nevirapine**	Kaletra**	Evotaz**
	Norvir**	Genvoya**
	Prezista**	Odefsey**
	Reyataz**	Prezcobix**
	Selzentry**	Stribild*
	Sustiva**	Tivicay**
	Truvada**	Triumeq**
	Viread**	

ALLERGY/NASAL SPRAYS

azelastine	Astepro
cromolyn	Bactroban Nasal
cyproheptadine	Clarinet-D
epinephrine auto-injector (QL)	
fluticasone	
hydroxyzine	
ipratropium	
mometasone	
olopatadine	
promethazine	

ALZHEIMER'S DISEASE

donepezil	Mestinon
donepezil ODT	Namenda
memantine	Namenda XR
pyridostigmine	Namzaric
pyridostigmine ER	
rivastigmine	

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam	Brisdelle (QL)
alprazolam ER	Effexor XR (ST)
alprazolam intensol	Fetzima (ST)
alprazolam ODT	Forfivo XL (ST)
alprazolam XR	Onfi
amitriptyline	Prozac (ST)
bupropion	Prozac Weekly (ST)
bupropion SR	Sarafem (ST)
bupropion XL	Trintellix (ST)
bupirone	Venlafaxine ER
citalopram	225mg (ST)
clomipramine	Viibryd (ST)

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

ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)

duloxetine	Wellbutrin SR (ST)
escitalopram	Xanax
fluoxetine	Xanax XR
fluoxetine DR	Zoloft (ST)
fluvoxamine	
fluvoxamine ER	
lorazepam	
lorazepam intensol	
paroxetine	
paroxetine CR	
paroxetine ER	
sertraline	
trazodone	
venlafaxine	
venlafaxine ER	

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Adcirca** (PA)
budesonide	Advair HFA	Adempas** (PA)
ipratropium-albuterol	Anoro Ellipta	Combivent Respimat
montelukast	Breo Ellipta	Kalydeco* (PA)
	ProAir HFA	Letairis** (PA)
	ProAir	Ofev** (PA)
	Respiclick	Opsumit** (PA)
	QVAR	Orenitram ER** (PA)
	Spiriva	Orkambi** (PA)
	Spiriva	Pulmicort
	Respimat	Pulmozyme** (PA)
	Stiolto	Tracleer** (PA)
	Respimat	Tyvaso* (PA)
	Striverdi	Upravi** (PA)
	Respimat	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

dexmethylphenidate	Adderall XR	Adderall (ST)
dexmethylphenidate ER		Adzenys XR-ODT (ST)
dextroamphetamine- amphet ER		Aptensio XR (ST)
dextroamphetamine- amphetamine		Concerta (ST)
guanfacine ER		Daytrana (ST)
metadate ER		dextroamphetamine- amphet ER
methylphenidate		Dyanavel XR (ST)
		Focalin (ST)

Cigna Value 4-Tier Prescription Drug List

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)

methylphenidate CD		Focalin XR (ST)
methylphenidate ER		Metadate CD (ST)
methylphenidate LA		Methylin (ST)
		Quillichew ER (ST)
		Quillivant XR (ST)
		Ritalin (ST)
		Ritalin LA (ST)
		Strattera

BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid**	Droxia	Amicar**
		Promacta** (PA)

BLOOD PRESSURE/HEART MEDICATIONS

afeditab CR	Coreg CR	BiDil
amiodarone	Corlanor (PA)	Cardizem LA
amlodipine	Entresto (PA)	Epaned
amlodipine-benazepril		Gonitro
amlodipine-valsartan		Hemangeol
amlodipine-valsartan-HCTZ		Inderal LA
atenolol		Inderal XL
atenolol-chlorthalidone		Innopran XL
benazepril		Multaq
benazepril-HCTZ		Nitro-Dur
bisoprolol-HCTZ		Nitrolingual
candesartan		Nitromist
cartia XT		Nitrostat
carvedilol		Northera** (PA)
clonidine		Norvasc
digitek		Ranexa (ST)
digox		Tiazac
digoxin		Tikosyn
diltiazem		Toprol XL
diltiazem CD		
diltiazem ER		
dilt-XR		
dofetilide		
doxazosin		
enalapril		
flecainide		
hydralazine		
irbesartan		
isosorbide		
isosorbide ER		

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

BLOOD PRESSURE/HEART MEDICATIONS (cont)

labetalol		
lisinopril		
lisinopril-HCTZ		
losartan		
losartan-HCTZ		
matzim LA		
metoprolol		
nadolol		
nifedipine		
nifedipine ER		
olmesartan		
olmesartan-HCTZ		
Pacerone		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
taztia XT		
telmisartan		
telmisartan-HCTZ		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

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

CANCER

anastrozole	Afinitor** (PA)	Afinitor Disperz** (PA)
bexarotene**	Fareston	Alecensa**
capecitabine**	Gleostine	Arimidex
exemestane	Nexavar** (PA)	Bosulif** (PA)
hydroxyurea	Revlimid** (PA)	Cabometyx** (PA)
imatinib** (PA)		Cometriq** (PA)
letrozole	Sprycel** (PA)	Cotellic** (PA)
mercaptopurine	Sutent** (PA)	

Cigna Value 4-Tier Prescription Drug List

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

CANCER (cont)

methotrexate tablet*	Tarceva** (PA)	Erivedge** (PA)
tamoxifen+	Targretin**	Femara
temozolomide* (PA)	Tasigna	Gilotrif** (PA)
	200mg** (PA)	Gleevec** (PA)
	Trexall**	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)
		Tasigna 150mg** (PA)
		Votrient** (PA)
		Xalkori** (PA)
		Xtandi** (PA)
		Zelboraf** (PA)
		Zykadia** (PA)
		Zytiga** (PA)

CHOLESTEROL MEDICATIONS

amlodipine-	Zetia	Korlym (PA)
atorvastatin		Lofibra 67, 134,
atorvastatin		160, 200mg
fenofibrate		Vascepa (ST)
fenofibric acid		Welchol
lofibra 54mg		
niacin ER		
omega-3 acid ethyl esters		
pravastatin		
rosuvastatin		
simvastatin		

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

CONTRACEPTIVE PRODUCTS

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

altavera+	Beyaz	Estrostep FE
alyacen+	Lo Loestrin FE	Loestrin FE
amethia lo+	LoSeasonique	Microgestin 24 FE
amethia+	Minastrin 24 FE	Microgestin FE+
amethyst+	Seasonique	NuvaRing+
apri+	Taytulla	Skyla*
aranelle+		
ashlyna+		
aubra+		
aviane+		
azurette+		
balziva+		
bekyree+		
blisovi 24 FE		
blisovi FE+		
briellyn+		
camila+		
camrese lo+		
camrese+		
caziant+		
chateal+		
cryselle+		
cyclafem+		
cyred+		
dasetta+		
daysee+		
delyla+		
desogestrel/ethinyl estradiol+		
elinest+		
emoquette+		
enpresse+		
enskyce+		
errin+		
estarylla+		
falmina+		
femynor		
gianvi+		
gildagia+		
heather+		
introvale+		
jencycla+		

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)			CONTRACEPTIVE PRODUCTS (cont)		
All contraceptive products may be covered if you meet specific gender requirements.			All contraceptive products may be covered if you meet specific gender requirements.		
jolessa+ jolivette+ juleber+ junel FE 24 junel FE+ junel+ kaitlib FE+ kariva+ kelnor+ kimidess+ kurvelo+ larin 24 FE larin FE+ larin+ leena+ lessina+ levonest+ levonorgestrel and ethinyl estradiol+ levora+ lomedica 24 FE loryna low-ogestrel+ luteru+ lyza+ marlissa+ medroxyprogesterone acetate 150 MG/ML+ microgestin FE+ microgestin+ mono-linyah+ mononessa+ myzilra+ necon+ nikki+ nora-be+ norethin-eth estra- ferrous fum norethindrone+ norgestimate-ethinyl estradiol+ norgestrel/ethinyl estradiol+			nortrel+ ocella+ orsythia+ philith+ pimtrea+ pirmella+ portia+ previfem+ quasense+ rajani+ reclipen+ setlakin+ sprintec+ sronyx+ syeda+ tarina FE+ tilia FE+ tri-estarylla+ tri-legest FE+ tri-linyah+ tri-lo-estarylla+ tri-lo-marzia+ tri-lo-sprintec+ tri-previfem+ tri-sprintec+ trinessa lo+ trinessa+ trivora+ velivet+ vestura+ vienva+ viorele+ vyfemla+ wera+ wymzya FE+ xulane+ zarah+ zenchent FE+ zenchent+ zovia+		

Cigna Value 4-Tier Prescription Drug List

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

COUGH/COLD MEDICATIONS

benzonatate		Flowtuss (QL)
bromfed DM		Hycofenix (QL)
brompheniramine- pseudoephed-DM		Tussionex (QL)
hydrocodone- chlorpheniramine ER (QL)		Tuzistra XR (QL)
hydrocodone- homatropine (QL)		
hydromet (QL)		
promethazine- codeine (QL)		
tussigon (QL)		

DENTAL PRODUCTS

chlorhexidine		Floriva ^
doxycycline		Fluorabon ^+
fluoride ^+		Fluor-a-day
fluoritab ^+		drops ^+
flura-drops ^+		
ludent fluoride ^+		
oralone		
paroex		
peridex		
periogard		
sodium fluoride ^+		
triamcinolone		

DIABETES

BD syringes/pen needles	Glucagen Hypokit (QL)	Aldactazide Aldactone
glimepiride	Glucagon	Dyazide
glipizide	Emergency Kit (QL)	Maxzide
glipizide ER	Humalog	Samsca**
glipizide XL	Humulin	Glucophage
metformin	Humulin	Glucophage XR
metformin ER	Invokamet	Riomet
NovoFine	Invokamet XR	VGo
NovoTwist	Invokana	
pioglitazone- metformin	Janumet	
	Janumet XR	

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

DIABETES (cont)

		Januvia
		Kombiglyze XR
		Lantus
		Lantus SoloStar
		OneTouch test strips
		Onglyza
		SymlinPen
		Toujeo SoloStar
		Trulicity (QL)

DIURETICS

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

EAR MEDICATIONS

fluocinolone oil		Cipro HC
neomycin-polymyxin- hydrocort		Ciprodex

ERECTILE DYSFUNCTION

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

EYE CONDITIONS

brimonidine	Simbrinza	Acuvail
ciprofloxacin drops	Travatan Z	Alphagan P
dorzolamide-timolol		Alex
erythromycin ointment		Azasite
fluorometholone		Azopt
ketorolac		Bepreve
latanoprost		Besivance
neomycin-polymyxin- dexameth		Betimol
ofloxacin drops		Betoptoc S
		Bromsite
		Combigan

Cigna Value 4-Tier Prescription Drug List

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

EYE CONDITIONS (cont)

olopatadine	Cosopt PF
polymyxin b sul- trimethoprim	Cystaran
prednisolone drops	Durezol
timolol	Ilevro
tobramycin drops	Lastacraft
tobramycin- dexamethasone	Lotemax
	Moxeza
	Nevanac
	Omnipred
	Pataday
	Patanol
	Pazeo
	Pred Forte
	Pred Mild
	Prolensa
	Restasis
	Tobradex
	Tobradex ST
	Vigamox
	Xiidra
	Zioptan (ST)
	Zirgan
	Zylet

FEMININE PRODUCTS

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

GASTROINTESTINAL/HEARTBURN

alosetron	Amitiza
anucort-HC	Canasa
balsalazide	Carafate
chlordiazepoxide- clidinium	Chenodal
clarithromycin (combo pak)	Cholbam** (PA)
dicyclomine	Colyte+
diphenoxylate- atropine	Diclegis
dronabinol	Donnatal
famotidine	Emend capsule** (QL)
gavilyte-C+	GoLytely+
	Linzess
	Movantik (PA)

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

GASTROINTESTINAL/HEARTBURN (cont)

gavilyte-G+	Moviprep+
gavilyte-H and bisacodyl+	Nulytely with flavor packs+
gavilyte-N+	Osmoprep+
glycopyrrolate	Pancreaze
hemmorex-HC	Pertzye
hydrocortisone suppository	Prepopik+
lansoprazole-	Ravicti
amoxicillin-	Rectiv
mesalamine	Sancuso (QL)
metoclopramide	Sensipar**
metoclopramide ODT	sfRowasa
ondansetron	Suprep+
ondansetron ODT	Varubi** (QL)
peg 3350-electrolyte+	Viberzi
peg 3350+	Viokace
peg-3350 and electrolytes	
peg-Prep+	
phenadoz	
promethazine	
promethegan	
ranitidine	
sucralfate	
trilyte with flavor packs+	
ursodiol	

HORMONAL AGENTS

amabelz	Androgel (QL)	Activella
budesonide EC	Depo- Testosterone	Alora
cabergoline (QL)		Androderm (QL)
covaryx	Duavee	Armour Thyroid
covaryx H.S.	Forteo*	Climara
desmopressin	Ganirelix* ^	Climara Pro
dexamethasone	Premarin	Combipatch
dexamethasone intensol	Premphase	Cytomel
EEMT	Prempro	Deltasone
EEMT H.S.		Divigel
estradiol		Elestrin
estradiol-norethindrone		Entocort EC
estrogen- methyltestosterone		Estrace
levothyroxine		Estring
		Estrogel
		Evamist

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$														
MISCELLANEOUS						OSTEOPOROSIS PRODUCTS														
pulmosal			Cerdelga**			Addyi ^ (QL)			alendronate			Actonel (ST)								
sodium chloride			(PA)			Esbriet** (PA)			ibandronate			Atelvia (ST)								
tetrabenazine** (PA)			Easivent (QL)			Exjade**			raloxifene+			Evista								
			Vortex (QL)			Ferriprox			risedronate											
						Hyper-Sal			risedronate DR											
						Jadenu**			PAIN RELIEF AND INFLAMMATORY DISEASE											
						Kuvan** (PA)			acetaminophen-			Butrans (QL)			Abstral (PA, QL)					
						Nebusal			codeine (PA, QL)			D.H.E.45 (QL)			Actiq (PA, QL)					
						Nuedexta			acitretin			Hysingla ER			Analpram HC					
						Orfadin**			allopurinol			(PA, QL)			Celebrex (QL)					
						Syprine** (PA)			baclofen			Imitrex			Colchicine					
						Xenazine** (PA)			butalb-caff-			cartridge, vial			Colcrys					
						Zavesca** (PA)			acetaminoph-			(QL)			Cuprimine** (PA)					
MULTIPLE SCLEROSIS												Oxycontin								
			Ampyra** (PA)			Zinbryta* (PA)			codein (PA, QL)			(PA, QL)			Depen** (PA)					
			Aubagio** (PA)						butalbital-			Xtampza ER			Duragesic (PA, QL)					
			Gilenya** (PA)						acetaminophen-			(PA, QL)			Embeda (PA, QL)					
			Tecfidera** (PA)						caff (QL)			(PA, QL)			Fentora (PA, QL)					
NUTRITIONAL/DIETARY												capacet (QL)								
									carisoprodol						Fexmid					
calcitriol			DermacinRx			Auryxia			celecoxib (QL)						Flector (QL)					
calcium			PureFolix ^			CitraNatal			cyclobenzaprine						Frova (QL)					
ciferec ^			Durachol ^			Concept DHA			dermacinrx empricaine						Imitrex (QL)					
cyanocobalamin			Fosrenol			Feriva 21-7			dermacinrx prizopak						Indocin					
injection			Mephyton			Ferralet 90			diclofenac						Lazanda (PA, QL)					
folic acid+			MVC-			Integra Plus			diclofenac ER						Lidoderm					
folixapure ^			fluoride ^+			K-Tab ER			diclofenac-misoprostol						Lidovex					
Klor-Con m10, m20			Nascobal			Klor-Con 8, 10meq			dihydroergotamine						Migranal (QL)					
klor-con sprinkle			Nestabs DHA			Klor-Con M15			(QL)						Mitigare					
multivitamin with			Nicomide ^			OB Complete Gold			endocet (PA, QL)						Nucynta (PA, QL)					
fluoride ^			Noxifol-D3 ^			Phoslyra			etodolac						Nucynta ER (PA, QL)					
ortho D ^			OB Complete			Prenatabs FA			etodolac ER						Onzetra Xsail (QL)					
pvn-DHA			Poly-Vi-Flor			Prenate			fentanyl (PA, QL)						Opana (PA, QL)					
potassium chloride			^+			Preque 10+			fioricet (QL)						Opana ER (PA, QL)					
prena1 pearl			Prefera OB			Renagel			frovatriptan (QL)						Otezla** (PA)					
prenatal plus			Renvela			Select-OB + DHA			glydo						Oxaydo (PA, QL)					
prenatal vitamin plus			Revesta ^			Tristart DHA			hydrocodone-						Parafon Forte DSC					
low iron			Roxifol-d ^			Velphoro			acetaminophen						Percocet (PA, QL)					
prenatal vitamins+						Vitafof			(PA, QL)						Procort					
preplus						VitaMedMD One Rx			hydromorphone						Proctofoam-HC					
rulavite DHA						vitaPearl			(PA, QL)						Relpax (QL)					
virt-pn DHA									hydromorphone ER						Roxicodone (PA, QL)					
vitamin D2									(PA, QL)						Savella					
zatean-pn DHA									ibuprofen						Subsys (PA, QL)					
zavara ^									indomethacin						Uloric					
zolate ^									ketorolac (QL)						Voltaren					

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$											
SEIZURE DISORDERS (cont)						SKIN CONDITIONS (cont)											
						Sabril** Spritam Tegretol Tegretol XR Topamax Topiramate ER Trileptal Trokendi XR Vimpat											
SKIN CONDITIONS																	
acitretin acyclovir ointment adapalene (PA age) Ala-cort avar avar-E bp 10-1 calcipotriene calcipotriene- betamethasone dp calcitrene claravis (QL) clindacin ETZ clindacin P clindamycin-benzoyl peroxide clindamycinphate clobetasol clodan clotrimazole- betamethasone cormax desonide diclofenac gel doxepin econazole nitrate fluocinonide fluorouracil hydrocortisone imiquimod ketoconazole metronidazole cream, gel			Fluoroplex Targretin**			Acanya Aczone Atralin (PA age) Avar Avar LS Avar-E LS Avita (PA age) Azelex Cleocin T Clindamax Cordran (ST) Denavir Desonate (ST) Desowen (ST) Differin (PA age) Drysol Efudex Elidel (ST) Enstilar Epiduo Epiduo Forte Evoclin Exelderm Finacea Gordo-urea Hydro 35 Hydro 40 Keralac Lokara Metrocream Metrogel Metro lotion Naftin			mupirocin myorisan (QL) neuac nystatin-triamcinolone permethrin procto-med HC procto-pak proctosol-HC proctozone-HC rosadan rosanil rosula pads scalacort sodium sulfacetamide-sulfur ss 10-2 sss 10-5 sulfacetamide sodium-sulfur sulfacleanse 8-4 tacrolimus tretinoin cream (PA age) triamcinolone triderm zenatane (QL) zencia			Nizoral Olux (ST) Onexton Picato Retin-A (PA age) Rosula cleanser Rynoderm Sklice Soolantra Sumadan Sumaxin Sumaxin TS Taclonex Tazorac Temovate (ST) Tolak Topicort (ST) Tretin-X Tridesilon (ST) Umecta Uramaxin Uramaxin GT Urevaz Veltin Xolegel					
						SLEEP DISORDERS/SEDATIVES											
						armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER						Belsomra (ST) Nuvigil (PA) Silenor (ST) Xyrem* (PA) Zolpimist (ST)					
						SMOKING CESSATION											
						bupropion SR 150mg+						Chantix ^ (QL) Nicotrol ^ (QL) Nicotrol NS ^ (QL) Zyban ^					

Cigna Value 4-Tier Prescription Drug List

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

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

TRANSPLANT MEDICATIONS

azathioprine**	Cellcept**	Astagraf XL**
mycophenolate**	Neoral	Envarsus XR**
mycophenolic acid**	solution,	Myfortic**
sirolimus**	25mg**	Neoral 100mg**
tacrolimus**	Prograf**	

URINARY TRACT CONDITIONS

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

Specialty medications

The injectable medications listed below are typically covered on the fourth tier. All of these medications require prior approval for coverage.

DRUG NAME	DRUG CLASS
Actemra* (PAx)	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)	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 vial*	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
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

DRUG NAME	DRUG CLASS
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
Repatha* (PA)	CHOLESTEROL MEDICATIONS
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)	SKIN CONDITIONS
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. We've included some lower-cost generic and/or preferred brand medication choices for you to talk about with your doctor. Ask him or her which ones may be right for you.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
ALLERGY/NASAL SPRAYS	AdrenaClick EpiPen EpiPen Jr	epinephrine auto-injector	
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g., fluticasone)	
	QNASL Children	budesonide fluticasone triamcinolone	
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Aplenzin	bupropion XL	
	Ativan	lorazepam	
	Cymbalta	duloxetine	
	Lexapro	escitalopram	
	Pexeva	paroxetine/CR/ER	
	Pristiq	bupropion SR/XL duloxetine venlafaxine ER all generic SSRIs	
	Wellbutrin XL	bupropion XL (ER 24hr tablet)	
ASTHMA/COPD/RESPIRATORY	Aerospan Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR	
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat	
	Dulera Symbicort	Advair Diskus Advair HFA Breo Ellipta	
	Incruse Ellipta Tudorza Pressair	Spiriva Spiriva Respimat	
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA ProAir Respiclick	
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Vyvanse	Adderall XR dexmethylphenidate ER dextroamphetamine-amphet ER methylphenidate ER/LA

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Aceon	Perindopril
	Altace	ramipril
	Atacand	candesartan
	Atacand-HCTZ	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Azor	amlodipine-olmesartan
	Benicar	Generic ACE inhibitor (e.g., lisinopril)
	Benicar HCT	Generic ARBs (e.g., losartan, valsartan)
	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	isosorbide dinitrate
	Isordil Titrados	
	Lanoxin	Digitek digoxin
	Lotensin	benazepril
	Lotensin HCT	Benazepril-HCTZ
	Lotrel	amlodipine-benazepril
	Mavik	trandolapril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil	lisinopril
	Zestril	
	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	Durlaza

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
CHOLESTEROL MEDICATIONS	Altprev	atorvastatin lovastatin rosuvastatin simvastatin
	Antara Fenoglide	fenofibrate
	Crestor	rosuvastatin
	Lescol XL	fluvastatin ER
	Liptor	atorvastatin
	Livalo	atorvastatin rosuvastatin simvastatin
	Pravachol	pravastatin
	Vytorin	atorvastatin rosuvastatin simvastatin Zetia
	Zocor	simvastatin
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER promethazine-codeine
DIABETES	ACCU-CHEK, Contour, Freestyle, all other test strips	OneTouch Ultra, OneTouch Verio
	Afrezza Apidra Apidra SoloStar	Humalog
	alogliptin alogliptin-metformin Jentadueto Jentadueto XR Kazano Nesina Tradjenta	Janumet/Janumet XR Januvia Kombiglyze XR Onglyza
	alogliptin-pioglitazone Oseni	Janumet/Janumet XR Januvia Kombiglyze XR Onglyza Generic TZDs (e.g., pioglitazone)
	Bydureon Bydureon Pen Byetta Tanzeum Victoza	Trulicity
	Farxiga Jardiance Synjardy Xigduo XR	Invokamet/Invokamet XR/Invokana
	Fortamet Glumetza metformin ER (generic Fortamet and generic Glumetza)	metformin ER (generic Glucophage XR)

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES	
DIABETES (cont)	Glyxambi	Invokamet/Invokamet XR/Invokana Janumet/Janumet XR Januvia Kombiglyze XR Onglyza	
	Levemir Tresiba	Lantus Lantus SoloStar Toujeo	
	Novolin, Novolog	Humalog, Humulin	
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide	
EYE CONDITIONS	Lumigan	bimatoprost latanoprost Travatan Z travoprost	
GASTROINTESTINAL/ HEARTBURN	Anusol-HC Cortifoam Uceris foam	Anucort-HC GRx Hicort 25 Hemmorex-HC hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC	
	Asacol-HD Colazal Delzicol Dipentum Giazo Mesalamine	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR	
	Librax	chlordiazepoxide-clidinium	
	Omeclamox-pak Prevpac Pylera	lansoprazole-amoxicillin- clarithromycin pak	
	Pepcid	famotidine	
	Proctocort	Hemmorex-HC Hemril hydrocortisone Procto-Pak	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Axiron Fortesta Natesto Testim Vogelxo	Androgel testosterone
		Dexpak	dexamethasone

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
HORMONAL AGENTS <i>(cont)</i>	Genotropin Norditropin Flexpro Nutropin AQ Omnitrope Saizen Zomacton	Humatrope (PA)
	Rayos	prednisone prednisone intensol
	Uceris tablet	budesonide EC
INFECTIONS	Acticlate Adoxa Adoxa Pak Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule	Generic products (e.g., doxycycline; minocycline)
	Bethkis Tobi	Kitabis Pak tobramycin
	Onmel	itraconazole terbinafine
	Sitavig	acyclovir
INFERTILITY	Bravelle Gonal-F Gonal-F RFF Gonal-F RFF Redi-ject	Follistim AQ (PA)
MISCELLANEOUS	Horizant	gabapentin
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Belbuca	Butrans
	Bupap	butalbital-acetaminophen Marten-Tab Tencon
	Cambia Diclofenac Duexis Klofensaid II Naprelan Naproxen CR Pennsaid Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)
	Capital-W codeine	acetaminophen-codeine
	Conzip	tramadol tramadol ER
	Gralise	gabapentin

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Kineret Simponi Simponi Aria	Enbrel (PA) Humira (PA)
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydrocodone, hydromorphone, oxycodone)
	Lidocaine Lido-K	lidocaine lidopin
	Lorzone	chlorzoxazone
	Sprix	ketorolac
	Sumavel Dosepro Zembrace Symtouch	sumatriptan
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	Zomig ZMT	zolmitriptan ODT
	SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify
Fazaclo Versacloz		clozapine clozapine ODT
SEIZURE DISORDERS	Mysoline	primidone
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Aldara Zyclara	imiquimod
	Anusol-HC	hydrocortisone procto-Med HC proctosol-HC proctozone-HC
	Bensal HP	Salacyn salicylic acid
	Benzaclin Duac Neuac kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Ertaczo Extina	ketoconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Locoid Locoid Lipocream	hydrocortisone
	Loprox	ciclopirox

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVES
SKIN CONDITIONS (cont)	Luzu Vusion	ketoconazole
	Noritate	metronidazole Rosadan
	Novacort	hydrocortisone
	Oxistat	clotrimazole econazole ketoconazole
	Penlac	Ciclodan ciclopirox
	Plexion	sodium sulfacetamide-sulfur SS 10-2 Zencia
	Prudoxin Zonalon	doxepin prudoxin
	Salex	salicylic acid
	Sernivo	betamethasone fluocinonide hydrocortisone
	Trianex	triamcinolone Triderm
	Ultravate	clobetasol
	Vanos	fluocinonide
	Verdeso	desonide
	Xerese	acyclovir hydrocortisone
	Ziana	clindamycin tretinoin
Zovirax	acyclovir	
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
	Ativan	lorazepam
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Myrbetriq Toviaz VESicare	darifenacin ER oxybutynin chloride ER tolterodine ER trospium chloride ER

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

Prescription drug list FAQs

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

Why do you make changes to the drug list?

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

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

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

What medications aren't covered on this drug list?

- › Medications that have over-the-counter alternatives, specifically, medications that treat heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and allergies (ex. Allegra, Clarinex, Xyzal and any generics).
- › Medications used to treat lifestyle conditions (such as infertility, weight loss, erectile dysfunction, smoking cessation²).
- › Certain high-cost brand medications that have lower-cost, therapeutically equivalent alternatives.³

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

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

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

How do you decide what medications are covered?

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

What medications are covered under the health care reform law?

The Patient Protection and Affordable Care Act, commonly referred to as "health care reform," was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter medications) may be available to you at no cost-share (\$0), depending on your plan. To find out how your plan covers these medications, please check your enrollment materials or view your plan's drug list on myCigna.com. You can also view the list of these preventive medications on Cigna.com/druglist.

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

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

Any new medications approved by the U.S. Food and Drug Administration (FDA) that are available in the marketplace may not be covered for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans. Once a medication is approved by the FDA, we do a thorough review to decide if it’s appropriate to cover the medication and at what tier level it should be covered. If your doctor feels a currently covered medication isn’t right for you, he or she can ask Cigna to consider approving coverage of the new FDA-approved medication.

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

Use the Drug Cost tool on myCigna.com to price a medication and see the lower-cost options available to you at your local retail pharmacy and Cigna Home Delivery PharmacySM.⁴

Simply log in to myCigna.com and select Estimate Health Care Costs, then select Get drug costs.

How can I save money on my prescription medications?

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

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

The U.S. Food and Drug Administration (FDA) requires generic medications to have the same quality and performance as brand name medications. So, a generic medication the same as a brand name medication in dosage form, active ingredient, strength, route of administration, quality, performance characteristics and intended

use. Generics typically cost much less than brand name medications – in some cases, up to 80%–85% less.⁵ Just because generics cost less than brands, it doesn’t mean they’re lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy Services can help you manage your health and prescription needs.⁴ Our therapy management teams, made up of health advocates with nursing backgrounds and pharmacists are here to provide you with personalized, 24/7 support. They provide condition-specific education on medication therapy and side effects, help manage the approval process and offer financial assistance programs if you need help paying for your specialty medication.

Can I fill my prescriptions by mail?

If you take a prescription on a regular basis, you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.⁴ To get started, give us a call at **800.835.3784** or visit the Cigna Home Delivery Pharmacy page on myCigna.com.

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

You can use the pharmacy tools on myCigna.com to better understand your coverage. Just log into myCigna.com to search for a specific medication or view your entire drug list. You can also use the Drug Cost tool to get cost estimates for covered medications at local retail pharmacies and through Cigna Home Delivery Pharmacy.⁴ If you have questions, you can call the toll-free number on the back of your Cigna ID card.

Exclusions and limitations

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan: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, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such drugs;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription drugs and related supplies due to loss or theft;
- › drugs which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or

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

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



1. In accordance with Texas and Louisiana state law, customers with affected benefit plans who receive coverage for medications that are removed from the prescription drug list during the plan year will continue to have those medications covered at the same benefit level until their plan renewal date. To find out if these state mandates apply to your plan, please call Customer Service.
2. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
3. These medications aren't covered on your drug list. Your prescription drug plan requires approval from Cigna for these medications to be covered. If your doctor feels strongly that an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.
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. U.S. Food and Drug Administration (FDA) website, "Understanding Generic Drugs." Updated 06/28/2016.
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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