



# CIGNA STANDARD 4-TIER PRESCRIPTION DRUG LIST

**Starting January 1, 2021**

**Together, all the way.®**



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

916152 h Standard 4-Tier O/I SRx 12/20



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### View your plan's drug list online



This document was last updated on 09/01/2020.\* To see a more current list of medications your plan covers, log in to the **myCigna**® App or website. Click on the "Find Care & Costs" tab. Select "Price a Medication," then type in your medication name.

#### Questions?

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

## About your prescription drug list

This document shows the most commonly prescribed medications covered on the Standard 4-Tier Prescription Drug List as of January 1, 2021.<sup>1,2</sup> All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

**The Standard 4-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers.** Also, your specific plan may not cover all of the medications in this document. Log in to the **myCigna** App or website, or check your plan materials, to see which medications your plan covers.

## How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Standard 4-Tier Prescription Drug List.

| TIER 1<br>\$   | TIER 2<br>\$\$  | TIER 3<br>\$\$\$  |
|--|---|---|
| <b>HORMONAL AGENTS</b>   |   |   |
| Amabelz<br>budesonide EC<br>cabergoline (QL)<br>Covaryx<br>Covaryx H.S.<br>Decadron<br>desmopressin<br>dexamethasone<br>estradiol-<br>norethindrone<br>estrogen-<br>methyltestosterone<br>levothyroxine<br>Levoxyl<br>liothyronine<br>medroxy-progesterone<br>methimazole<br>methylprednisolone<br>Mimvey<br>Mimvey Lo<br>Nature-Throid<br>NP Thyroid<br>prednisolone<br>prednisolone ODT<br>prednisone<br>prednisone intensol<br>progesterone | Androderm (PA, QL)<br>AndroGel 1.62%<br>(PA, QL)<br>Armour Thyroid<br>Cytomel 50mcg<br>Divigel<br>Duavee<br>Estring (QL)<br>Premarin<br>Premphase<br>Prempro<br>Synthroid | Activella<br>Alora (QL)<br>AndroGel 1.0% (PA, QL)<br>Angeliq<br>Climara<br>Climara Pro<br>Combipatch<br>Cytomel 5, 25mcg<br>Depo-Testosterone<br>Elestrin<br>Entocort EC<br>Estrace<br>EstroGel<br>Evamist<br>Femring<br>Intrarosa<br>Levo-T<br>Menostar (QL)<br>Minivelle (QL)<br>Osphena<br>Tirosint<br>Unithroid<br>Vagifem (QL)<br>Vivelle-Dot (QL) |

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

Medications are grouped by the **condition** they treat; Speciality medications are listed on Tier 4 (pages 16-21)

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

This chart is just a sample. It may not show how these medications are actually covered on the Standard 4-Tier Prescription Drug List.

## Tiers

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

|  |                           |          |
|--|---------------------------|----------|
| › <b>Tier 1 - Typically Generics</b>             | (Lowest-cost medication)  | \$       |
| › <b>Tier 2 - Typically Preferred Brands</b>     | (Medium-cost medication)  | \$\$     |
| › <b>Tier 3 - Typically Non-Preferred Brands</b> | (Higher-cost medication)  | \$\$\$   |
| › <b>Tier 4 - Specialty Medications</b>          | (Highest-cost medication) | \$\$\$\$ |

## Abbreviations next to medications

Some medications on your drug list have extra requirements before your plan will cover them.\* 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> - Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.  |
| <b>(ST)</b>  | <b>Step Therapy</b> - Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna). |
| <b>(QL)</b>  | <b>Quantity Limits</b> - For some medications, your plan will only cover up to a certain amount over a certain length of time. 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> - For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.  |

\*These coverage requirements may not apply to your specific plan. That's because some plans don't have prior authorization, quantity limits, Step Therapy and/or age requirements. Log in to the myCigna App or website, or check your plan materials, to find out if your plan includes these specific coverage requirements.

## Brand name medications are capitalized

In this drug list, brand name medications are capitalized and generic medications are lowercase.

## Specialty medications are marked with an asterisk

Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, oral and injectable specialty medications are covered on Tier 4 (see page 18). Injectable specialty medications are marked with an asterisk (\*) and oral specialty medications are marked with a double asterisk (\*\*).

Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the **myCigna** App or website, 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 in to the **myCigna** App or website, or check your plan materials, to learn more about how your plan covers preventive medications.

## Plan exclusions

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

## How to find your medication

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

| Condition                                | Page | Condition                            | Page   |
|--|------|--------------------------------------|--------|
| ALLERGY/NASAL SPRAYS                     | 6    | FEMININE PRODUCTS                    | 11     |
| ALZHEIMER’S DISEASE                      | 6    | GASTROINTESTINAL/HEARTBURN           | 11, 12 |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER      | 6    | HORMONAL AGENTS                      | 12     |
| ASTHMA/COPD/RESPIRATORY                  | 6    | INFECTIONS                           | 12, 13 |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | 6, 7 | MISCELLANEOUS                        | 13     |
| BLOOD MODIFIERS/BLEEDING DISORDERS       | 7    | MULTIPLE SCLEROSIS                   | 13     |
| BLOOD PRESSURE/HEART MEDICATIONS         | 7    | NUTRITIONAL/DIETARY                  | 13     |
| BLOOD THINNERS/ANTI-CLOTTING             | 8    | OSTEOPOROSIS PRODUCTS                | 13     |
| CANCER                                   | 8    | PAIN RELIEF AND INFLAMMATORY DISEASE | 13, 14 |
| CHOLESTEROL MEDICATIONS                  | 8    | PARKINSON’S DISEASE                  | 14     |
| CONTRACEPTION PRODUCTS                   | 8–10 | SCHIZOPHRENIA/ANTI-PSYCHOTICS        | 14, 15 |
| COUGH/COLD MEDICATIONS                   | 10   | SEIZURE DISORDERS                    | 15     |
| DENTAL PRODUCTS                          | 10   | SKIN CONDITIONS                      | 15, 16 |
| DIABETES                                 | 10   | SLEEP DISORDERS/SEDATIVES            | 16     |
| DIURETICS                                | 10   | SMOKING CESSATION                    | 16     |
| EAR MEDICATIONS                          | 10   | SUBSTANCE ABUSE                      | 16     |
| ERECTILE DYSFUNCTION                     | 11   | URINARY TRACT CONDITIONS             | 16     |
| EYE CONDITIONS                           | 11   | VACCINES                             | 16, 17 |
|  |      | WEIGHT MANAGEMENT                    | 17     |

## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### ALLERGY/NASAL SPRAYS

|  |  |                    |
|--|--|--------------------|
| azelastine                                 |  | Clarinet           |
| cromolyn                                   |  | Clarinet-D 12 Hour |
| cyproheptadine                             |  | Gastrocrom         |
| desloratadine (QL)                         |  | Grastek (PA, QL)   |
| epinephrine (QL)                           |  | Karbinal ER        |
| fluticasone                                |  | Odactra (PA, QL)   |
| hydroxyzine                                |  | Patanase           |
| ipratropium                                |  | Ragwitek (PA, QL)  |
| mometasone (QL)                            |  | Vistaril           |
| olopatadine                                |  |                    |
| promethazine<br>solution, syrup,<br>tablet |  |                    |

### ALZHEIMER'S DISEASE

|                   |                   |                 |
|-------------------|-------------------|-----------------|
| donepezil         | Namenda Titration | Aricept         |
| donepezil ODT     | Pack              | Exelon          |
| memantine         |                   | Mestinon        |
| memantine ER      |                   | Namenda         |
| memantine ER (QL) |                   | Namenda XR (QL) |
| pyridostigmine    |                   | Namzaric (QL)   |
| pyridostigmine ER |                   |                 |
| rivastigmine      |                   |                 |

### ANXIETY/DEPRESSION/BIPOLAR DISORDER

|                        |  |                        |
|------------------------|--|------------------------|
| alprazolam             |  | Celexa (ST, QL)        |
| alprazolam ER          |  | Effexor XR (ST, QL)    |
| alprazolam intensol    |  | Fetzima (ST, QL)       |
| alprazolam ODT         |  | Forfivo XL (ST, QL)    |
| alprazolam XR          |  | Paxil (ST, QL)         |
| amitriptyline          |  | Paxil CR (ST, QL)      |
| bupropion (QL)         |  | Pristiq (ST, QL)       |
| bupropion SR (QL)      |  | Prozac (ST, QL)        |
| bupropion XL (QL)      |  | Remeron                |
| bupropion XL (QL)      |  | Sarafem (ST)           |
| buspirone              |  | Trintellix (ST, QL)    |
| citalopram (QL)        |  | Viibryd (ST, QL)       |
| clomipramine           |  | Wellbutrin SR (ST, QL) |
| desvenlafaxine ER (QL) |  | Xanax                  |
| duloxetine (QL)        |  | Xanax XR               |
| escitalopram (QL)      |  | Zoloft (ST, QL)        |
| fluoxetine (QL)        |  |                        |
| fluoxetine DR (QL)     |  |                        |
| fluvoxamine (QL)       |  |                        |
| fluvoxamine ER (QL)    |  |                        |
| lorazepam              |  |                        |
| lorazepam intensol     |  |                        |
| mirtazapine            |  |                        |

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)

|                     |  |  |
|---------------------|--|--|
| paroxetine (QL)     |  |  |
| paroxetine CR (QL)  |  |  |
| paroxetine ER (QL)  |  |  |
| sertraline (QL)     |  |  |
| trazodone           |  |  |
| venlafaxine (QL)    |  |  |
| venlafaxine ER (QL) |  |  |

### ASTHMA/COPD/RESPIRATORY

|                        |   |                               |
|------------------------|---|-------------------------------|
| albuterol              | Advair HFA  | Arcapta Neohaler              |
| albuterol HFA          | Anoro Ellipta   | Brovana                       |
| budesonide             | Atrovent HFA  | Daliresp (QL)                 |
| fluticasone-salmeterol | Bevespi<br>Aerosphere   | Lonhala Magnair (PA)          |
| montelukast            | Breo Ellipta  | Perforomist (QL)              |
| Wixela Inhub           | Combivent<br>Respimat<br>Dulera<br>Flovent<br>Flovent HFA<br>Incruse Ellipta<br>Pulmicort Flexhaler<br>QVAR RediHaler<br>Serevent<br>Symbicort<br>Trelegy Ellipta | Pulmicort Respule<br>Singular |

### ATTENTION DEFICIT HYPERACTIVITY DISORDER

|   |                      |                             |
|---|----------------------|-----------------------------|
| atomoxetine (QL)                              | Vyvanse (PA age, QL) | Adderall (PA age, ST)       |
| clonidine ER                                  |                      | Adzenys ER (PA age, QL)     |
| dexmethylphenidate (PA age)                   |                      | Adzenys XR-ODT (PA age, QL) |
| dexmethylphenidate ER (PA age, QL)            |                      | Daytrana (PA age, QL)       |
| dextroamphetamine-amphetamine ER (PA age, QL) |                      | Dyanavel XR (PA age, QL)    |
| dextroamphetamine-amphetamine (PA age)        |                      | Evekeo ODT (PA age)         |
| guanfacine ER                                 |                      | Focalin (PA, ST)            |
| metadate ER (PA age, QL)                      |                      | Intuniv ER                  |
| methylphenidate (PA age)                      |                      | Kapvay                      |
| methylphenidate CD (PA age, QL)               |                      | Methylin (PA age)           |
| methylphenidate ER (CD) (PA age, QL)          |                      | QuilliChew ER (PA age, QL)  |
|   |                      | Quillivant XR (PA age, QL)  |
|   |                      | Ritalin (PA age, ST)        |
|   |                      | Strattera (QL)              |

## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| TIER 1<br>\$  | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ | TIER 1<br>\$  | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|---|----------------|------------------|---|----------------|------------------|
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)</b>  |                |                  | <b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>  |                |                  |
| methylphenidate ER (LA) (PA age, QL)<br>methylphenidate ER (PA age, QL)<br>methylphenidate LA (PA age, QL)<br>Relexxii (PA age, QL)   |                |                  | diltiazem 24hr ER (XR)<br>Dilt-XR<br>dofetilide (QL)<br>doxazosin<br>Ecotrin+<br>Ecpirin+<br>enalapril<br>flecainide<br>hydralazine<br>irbesartan<br>irbesartan-HCTZ<br>isosorbide<br>isosorbide ER<br>labetalol<br>lisinopril<br>lisinopril-HCTZ<br>losartan<br>losartan-HCTZ<br>Low Dose Aspirin EC+<br>Matzim LA<br>metoprolol<br>nadolol<br>nifedipine<br>nifedipine ER<br>olmesartan (QL)<br>olmesartan-amlodipine-HCTZ<br>olmesartan-HCTZ (QL)<br>Pacerone 200mg<br>prazosin<br>propafenone<br>propafenone ER<br>propranolol tablet, solution<br>propranolol ER<br>ramipril<br>ranolazine ER (QL)<br>St. Joseph Aspirin+<br>Taztia XT<br>telmisartan (QL)<br>telmisartan-HCTZ (QL)<br>valsartan<br>valsartan-HCTZ<br>verapamil capsule, tablet<br>verapamil ER<br>verapamil ER PM<br>verapamil SR |                |                  |
| <b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>   |                |                  | Lotensin (ST)<br>Lotensin HCT (ST)<br>Lotrel<br>Micardis (ST, QL)<br>Micardis HCT (ST, QL)<br>Minipress<br>Multaq<br>Nitrostat<br>Norpace CR 150mg<br>Norvasc<br>Pacerone 100mg, 400mg (PA)<br>Prinivil (ST)<br>Procardia<br>Procardia XL<br>Ranexa (QL)<br>Rythmol SR (PA)<br>Tekturna (QL)<br>Tenormin (ST)<br>Tiazac ER<br>Tikosyn (PA, QL)<br>Toprol XL (ST)<br>Tribenzor<br>Vasotec (ST)<br>Verelan<br>Verelan PM<br>Zestoretic (ST)<br>Zestril (ST)   |                |                  |
| <b>BLOOD PRESSURE/HEART MEDICATIONS</b>   |                |                  | Droxia  |                |                  |
| Adult Aspirin Regimen+<br>amiodarone<br>amlodipine<br>amlodipine-benazepril<br>amlodipine-olmesartan (QL)<br>amlodipine-valsartan<br>amlodipine-valsartan-HCTZ<br>Aspirin EC+<br>Aspirin-Low+<br>aspirin 325mg tablet+<br>aspirin EC+<br>atenolol<br>Bayer Aspirin chewable tablet+<br>benazepril<br>benazepril-HCTZ<br>candesartan<br>candesartan-HCTZ<br>cartia XT<br>carvedilol<br>carvedilol ER (QL)<br>Children's Aspirin+<br>clonidine<br>diltiazem<br>diltiazem 12hr ER<br>diltiazem 24hr ER<br>diltiazem 24hr ER (CD)<br>diltiazem 24hr ER (LA) |                |                  | Bystolic (ST, QL)<br>Corlanor (PA)<br>Entresto<br>Tekturna HCT (QL)<br>Adalat CC<br>Altace (ST)<br>Atacand (ST)<br>Atacand HCT (ST)<br>Avalide (ST)<br>Avapro (ST)<br>Azor (QL)<br>Benicar (ST, QL)<br>Benicar HCT (ST, QL)<br>BiDil (QL)<br>Calan SR<br>Cardizem LA (QL)<br>Cardura<br>Catapres-TTS 1<br>Catapres-TTS 2<br>Catapres-TTS 3<br>Coreg (ST)<br>Coreg CR (ST, QL)<br>Corgard (ST)<br>Cozaar (ST)<br>Diovan (ST)<br>Diovan HCT (ST)<br>Edarbi (ST, QL)<br>Edarbyclor (ST)<br>Epaned<br>Exforge<br>Exforge HCT<br>Hemangeol<br>Hyzaar (ST)<br>Inderal LA (ST)<br>Inderal XL (ST)<br>InnoPran XL (ST)<br>Kapsargo Sprinkle (ST)<br>Lopressor (ST)  |                |                  |

## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| TIER 1<br>\$  | TIER 2<br>\$\$                           | TIER 3<br>\$\$\$   | TIER 1<br>\$   | TIER 2<br>\$\$             | TIER 3<br>\$\$\$   |
|---|--|--|--|----------------------------|--|
| <b>BLOOD THINNERS/ANTI-CLOTTING</b>   |  |  | <b>CONTRACEPTION PRODUCTS</b>  |                            |  |
| aspirin-<br>dipyridamole ER<br>clopidogrel<br>Jantoven<br>prasugrel<br>warfarin   | Brilinta<br>Eliquis (PA)<br>Xarelto (PA) | Aggrenox<br>Bevyxxa (QL)<br>Coumadin (PA)<br>Effient<br>Plavix<br>Pradaxa (PA)<br>Savaysa (PA, QL)<br>Zontivity  | Afirmelle +<br>Aftera +<br>Altavera +<br>Alyacen +<br>Amethia +<br>Amethyst +<br>Apri +<br>Aranelle +<br>Ashlyna +<br>Aubra +<br>Aubra EQ+<br>Aurovela +<br>Aurovela FE+<br>Aurovela 24 FE+<br>Aviane +<br>Ayuna +<br>Azurette +<br>Balziva +<br>Bekyree +<br>Blisovi FE+<br>Blisovi 24 FE+<br>Briellyn +<br>Camila +<br>Camrese +<br>Camrese Lo+<br>Caya Contoured +<br>Caziant +<br>Chateal +<br>Chateal EQ+<br>Cryselle +<br>Cyclafem +<br>Cyred +<br>Cyred EQ+<br>Dasetta +<br>Daysee +<br>Deblitane +<br>Delyla +<br>desogestrel-ethinyl<br>estradiol +<br>drospirenone-<br>ethinyl estradiol-<br>levomefolate +<br>drospirenone-<br>ethinyl estradiol +<br>Econtra EZ +<br>Econtra One-Step +<br>Elinest +<br>eluryng vaginal<br>ring +<br>Emoquette +<br>Enpresse + | Lo Loestrin FE<br>Taytulla | Annovera +<br>Balcoltra<br>Ella +<br>Estrostep FE<br>Layolis FE<br>Loestrin FE<br>Minastrin 24 FE<br>Natazia<br>NuvaRing +<br>Safyral<br>Today Contraceptive<br>Sponge<br>Yasmin 28<br>Yaz |
| <b>CANCER</b>   |  |  |  |                            |  |
| anastrozole<br>exemestane<br>letrozole<br>mercaptopurine<br>methotrexate<br>tamoxifen +   | Gleostine<br>Trexall                     | Tabloid  |  |                            |  |
| <b>CHOLESTEROL MEDICATIONS</b>  |  |  |  |                            |  |
| amlodipine-<br>atorvastatin (QL)<br>atorvastatin 10mg,<br>20mg+<br>atorvastatin 40mg,<br>80mg<br>colesevelam<br>ezetimibe<br>ezetimibe-<br>simvastatin<br>fenofibrate<br>fenofibric acid<br>fluvastatin+<br>fluvastatin ER+<br>lovastatin 10mg<br>lovastatin + 20mg,<br>40mg<br>niacin<br>niacin ER<br>Niacor<br>omega-3 acid ethyl<br>esters<br>pravastatin+<br>rosuvastatin 5mg,<br>10mg+ (QL)<br>rosuvastatin 20mg,<br>40mg (QL)<br>simvastatin 10mg,<br>20mg, 40mg+<br>simvastatin<br>80mg (QL) | Repatha (PA)<br>Vascepa (PA)             | Caduet (QL)<br>Crestor (ST, QL)<br>Lipofen (ST)<br>Lovaza<br>Niaspan ER<br>Pravachol (ST)<br>TriCor (ST)<br>Triglide (ST)<br>Trilipix (ST)<br>Vytorin (ST)<br>Welchol<br>Zetia<br>Zocor (ST, QL) |  |                            |  |



## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| CONTRACEPTION PRODUCTS (cont)  |                |                  | CONTRACEPTION PRODUCTS (cont)  |                |                  |
|--------------------------------|----------------|------------------|--------------------------------|----------------|------------------|
| TIER 1<br>\$                   | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ | TIER 1<br>\$                   | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
| Enskyce <sup>+</sup>           |                |                  | medroxy-                       |                |                  |
| Errin <sup>+</sup>             |                |                  | progesterone                   |                |                  |
| Estartylla <sup>+</sup>        |                |                  | 150mg/ml <sup>+</sup>          |                |                  |
| ethynodiol-ethinyl             |                |                  | Melodetta 24 FE <sup>+</sup>   |                |                  |
| estradiol <sup>+</sup>         |                |                  | Mibelas 24 FE <sup>+</sup>     |                |                  |
| etonogestrel-EE                |                |                  | Mili <sup>+</sup>              |                |                  |
| vaginal ring <sup>+</sup>      |                |                  | Mono-Linyah <sup>+</sup>       |                |                  |
| Falmina <sup>+</sup>           |                |                  | My Choice <sup>+</sup>         |                |                  |
| Fayosim <sup>+</sup>           |                |                  | Necon <sup>+</sup>             |                |                  |
| FemCap <sup>+</sup>            |                |                  | New Day <sup>+</sup>           |                |                  |
| Femynor <sup>+</sup>           |                |                  | Nikki <sup>+</sup>             |                |                  |
| Gianvi <sup>+</sup>            |                |                  | Nora-BE <sup>+</sup>           |                |                  |
| Gynol II <sup>+</sup>          |                |                  | norethindrone <sup>+</sup>     |                |                  |
| Hailey 24 FE <sup>+</sup>      |                |                  | norethindrone-                 |                |                  |
| Heather <sup>+</sup>           |                |                  | ethinyl estradiol <sup>+</sup> |                |                  |
| Incassia <sup>+</sup>          |                |                  | norethindrone-                 |                |                  |
| Introvale <sup>+</sup>         |                |                  | ethinyl estradiol-             |                |                  |
| Isibloom <sup>+</sup>          |                |                  | iron <sup>+</sup>              |                |                  |
| Jasmiel <sup>+</sup>           |                |                  | norgestimate-                  |                |                  |
| Jencycla <sup>+</sup>          |                |                  | ethinyl estradiol <sup>+</sup> |                |                  |
| Jolessa <sup>+</sup>           |                |                  | Norlyda <sup>+</sup>           |                |                  |
| Juleber <sup>+</sup>           |                |                  | Norlyroc <sup>+</sup>          |                |                  |
| Junel <sup>+</sup>             |                |                  | Nortrel <sup>+</sup>           |                |                  |
| Junel FE <sup>+</sup>          |                |                  | Ocella <sup>+</sup>            |                |                  |
| Junel FE 24 <sup>+</sup>       |                |                  | Opcicon One-Step <sup>+</sup>  |                |                  |
| Kaitlib FE <sup>+</sup>        |                |                  | Option 2 <sup>+</sup>          |                |                  |
| Kalliga <sup>+</sup>           |                |                  | Orsythia <sup>+</sup>          |                |                  |
| Kariva <sup>+</sup>            |                |                  | Philith <sup>+</sup>           |                |                  |
| Kelnor 1-35 <sup>+</sup>       |                |                  | Pimtrea <sup>+</sup>           |                |                  |
| Kelnor 1-50 <sup>+</sup>       |                |                  | Pirmella <sup>+</sup>          |                |                  |
| Kurvelo <sup>+</sup>           |                |                  | Portia <sup>+</sup>            |                |                  |
| Larin <sup>+</sup>             |                |                  | Previfem <sup>+</sup>          |                |                  |
| Larin FE <sup>+</sup>          |                |                  | Reclipsen <sup>+</sup>         |                |                  |
| Larin 24 FE <sup>+</sup>       |                |                  | Setlakin <sup>+</sup>          |                |                  |
| Larissia <sup>+</sup>          |                |                  | Sharobel <sup>+</sup>          |                |                  |
| Lessina <sup>+</sup>           |                |                  | Simliya <sup>+</sup>           |                |                  |
| Levonest <sup>+</sup>          |                |                  | Simpesse <sup>+</sup>          |                |                  |
| levonorgestrel <sup>+</sup>    |                |                  | Sprintec <sup>+</sup>          |                |                  |
| levonorgestrel-                |                |                  | Sronyx <sup>+</sup>            |                |                  |
| ethinyl estradiol <sup>+</sup> |                |                  | Syeda <sup>+</sup>             |                |                  |
| levonorgestrel-                |                |                  | Tarina FE <sup>+</sup>         |                |                  |
| ethinyl estradiol-             |                |                  | Tarina 24 FE <sup>+</sup>      |                |                  |
| ethinyl estradiol <sup>+</sup> |                |                  | Tarina FE 1-20 EQ <sup>+</sup> |                |                  |
| Levora-28 <sup>+</sup>         |                |                  | Tri Femynor <sup>+</sup>       |                |                  |
| Lillow <sup>+</sup>            |                |                  | Tri-Estartylla <sup>+</sup>    |                |                  |
| Loryna <sup>+</sup>            |                |                  | Tri-Legest FE <sup>+</sup>     |                |                  |
| Low-Ogestrel <sup>+</sup>      |                |                  | Tri-Linyah <sup>+</sup>        |                |                  |
| Lo-Zumandimine <sup>+</sup>    |                |                  | Tri-Lo-Estartylla <sup>+</sup> |                |                  |
| Lutera <sup>+</sup>            |                |                  |                                |                |                  |
| Lyza <sup>+</sup>              |                |                  |                                |                |                  |
| Marlissa <sup>+</sup>          |                |                  |                                |                |                  |

## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### CONTRACEPTION PRODUCTS (cont)

|                                     |  |  |
|-------------------------------------|--|--|
| Tri-Lo-Marzia <sup>+</sup>          |  |  |
| Tri-Lo-Mili <sup>+</sup>            |  |  |
| Tri-Lo-Sprintec <sup>+</sup>        |  |  |
| Tri-Mili <sup>+</sup>               |  |  |
| Tri-Previfem <sup>+</sup>           |  |  |
| Tri-Sprintec <sup>+</sup>           |  |  |
| Trivora-28 <sup>+</sup>             |  |  |
| Tri-Vylibra <sup>+</sup>            |  |  |
| Tri-Vylibra Lo <sup>+</sup>         |  |  |
| Tulana <sup>+</sup>                 |  |  |
| Tydemy <sup>+</sup>                 |  |  |
| Velivet <sup>+</sup>                |  |  |
| Vienna <sup>+</sup>                 |  |  |
| Viorele <sup>+</sup>                |  |  |
| Vyfemla <sup>+</sup>                |  |  |
| Vylibra <sup>+</sup>                |  |  |
| Wera <sup>+</sup>                   |  |  |
| Wide Seal<br>Diaphragm <sup>+</sup> |  |  |
| Wymzya FE <sup>+</sup>              |  |  |
| Xulane <sup>+</sup>                 |  |  |
| Zarah <sup>+</sup>                  |  |  |
| Zovia <sup>+</sup>                  |  |  |
| Zumandimine <sup>+</sup>            |  |  |

### COUGH/COLD MEDICATIONS

|  |  |  |
|--|--|--|
| Bromfed DM<br>brompheniramine-<br>pseudoephedrine-<br>DM |  | Tessalon Perle<br>Tuzistra XR (PA, QL) |
| hydrocodone-<br>chlorpheniramine<br>ER (PA)              |  |  |

### DENTAL PRODUCTS

|   |  |  |
|---|--|--|
| chlorhexidine<br>doxycycline 20mg<br>fluoride <sup>+^</sup> |  | Floriva <sup>+^</sup><br>Fluorabon <sup>+^</sup> |
| Fluoritab <sup>+^</sup>                                     |  |  |
| Flura-Drops <sup>+^</sup>                                   |  |  |
| Ludent <sup>+^</sup>  |  |  |
| Oralene   |  |  |
| Paroex  |  |  |
| Peridex   |  |  |
| Periogard   |  |  |
| sodium fluoride <sup>+^</sup>                               |  |  |
| triamcinolone 0.1%<br>paste                                 |  |  |

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### DIABETES

|              |                                    |               |
|--------------|------------------------------------|---------------|
| glimepiride  | Baqsimi (QL)                       | Amaryl        |
| glipizide    | Basaglar (QL)                      | Cycloset      |
| glipizide ER | Bydureon (ST, QL)                  | Glucophage    |
| glipizide XL | Byetta (ST, QL)                    | Glucophage XR |
| metformin    | Farxiga (ST, QL)                   | Korlym* (PA)  |
| metformin ER | Freestyle Libre<br>Sensor (PA, QL) | Riomet        |
| NovoTwist    | GlucaGen HypoKit<br>(QL)           |               |
| pioglitazone | Glucagon<br>Emergency Kit (QL)     |               |
|              | Glyxambi (ST, QL)                  |               |
|              | Humalog (QL)                       |               |
|              | Humulin (QL)                       |               |
|              | Janumet (ST, QL)                   |               |
|              | Janumet XR (ST, QL)                |               |
|              | Januvia (ST, QL)                   |               |
|              | Jardiance (ST, QL)                 |               |
|              | Levemir (QL)                       |               |
|              | OneTouch Test<br>Strips            |               |
|              | Ozempic (ST, QL)                   |               |
|              | QTERN (ST, QL)                     |               |
|              | Segluromet (ST, QL)                |               |
|              | Soliqua                            |               |
|              | Steglatro (ST, QL)                 |               |
|              | SymLinPen                          |               |
|              | Synjardy (ST, QL)                  |               |
|              | Synjardy XR (ST, QL)               |               |
|              | Tresiba (QL)                       |               |
|              | Trulicity (ST, QL)                 |               |
|              | V-Go                               |               |
|              | Victoza (ST, QL)                   |               |
|              | Xigduo XR (ST, QL)                 |               |
|              | Xultophy                           |               |

### DIURETICS

|                     |          |           |
|---------------------|----------|-----------|
| acetazolamide       | Diuril   | Aldactone |
| acetazolamide ER    | Dyrenium | Dyazide   |
| bumetanide tablet   |          | Inspra    |
| chlorthalidone      |          | Lasix     |
| eplerenone          |          | Maxzide   |
| furosemide          |          |           |
| hydrochlorothiazide |          |           |
| spironolactone      |          |           |
| triamterene-HCTZ    |          |           |

### EAR MEDICATIONS

|                           |                      |                                |
|---------------------------|----------------------|--------------------------------|
| neomycin-<br>polymyxin-HC | Cipro HC<br>Ciprodex | Coly-Mycin S<br>Cortisporin-TC |
| ofloxacin drops           |                      | Dermotic<br>Otovel             |

## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### ERECTILE DYSFUNCTION

|   |                |  |
|---|----------------|--|
| sildenafil 25mg, 50mg, 100mg tablet^ (PA age, QL)<br>tadalafil^ 2.5mg, 10mg, 20mg (PA age, QL)<br>tadalafil^ 5mg (PA, QL)<br>vardenafil^ (PA age, QL) | Muse^ (PA, QL) | Caverject Impulse Syringe^ (PA, QL)<br>Cialis^ (PA, ST, QL)<br>Stendra^ (PA age, ST, QL)<br>Viagra^ (PA age, ST, QL) |
|---|----------------|--|

### EYE CONDITIONS

|   |  |  |
|---|--|--|
| azelastine<br>brimonidine<br>ciprofloxacin<br>dorzolamide<br>dorzolamide-timolol<br>erythromycin<br>fluorometholone<br>gatifloxacin<br>latanoprost<br>moxifloxacin<br>neomycin-polymyxin-dexamethasone<br>ofloxacin<br>polymyxin B-TMP<br>prednisolone solution<br>timolol solution<br>tobramycin<br>tobramycin-dexamethasone | Alphagan P 0.1%<br>Azasite<br>Azopt<br>Betimol<br>Betoptic S<br>Combigan<br>Lotemax gel<br>Moxeza<br>Pazeo<br>Restasis<br>Simbrinza<br>Tobradex eye ointment<br>Xiidra | Acuvail<br>Alphagan P 0.15%<br>Alex<br>Bepreve<br>Besivance<br>Bromsite<br>Cequa<br>Cosopt<br>Cosopt PF<br>Durezol<br>FML liquiflim<br>Ilevro<br>Inveltys<br>Istalol<br>Lastacaft<br>Lotemax drops, ointment<br>Maxitrol<br>Nevanac<br>Ocuflox<br>Patanol<br>Polytrim<br>Pred Forte<br>Prolensa<br>Rhopressa<br>Timoptic<br>Timoptic-XE<br>Tobradex drops<br>Tobradex ST<br>Trusopt<br>Vigamox<br>Zirgan<br>Zylet<br>Zymaxid |
|---|--|--|

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### FEMININE PRODUCTS

|  |  |     |
|--|--|-----|
| Fem pH<br>Gynazole 1<br>miconazole 3 suppository<br>terconazole cream, suppository |  | AVC |
|--|--|-----|

### GASTROINTESTINAL/HEARTBURN

|   |  |   |
|---|--|---|
| Alophen+<br>Anucort-HC<br>balsalazide<br>bisacodyl+<br>Bisa-Lax+<br>chlordiazepoxide-clidinium<br>ClearLax+<br>dicyclomine<br>diphenoxylate-atropine<br>dronabinol<br>Ducodyl+<br>esomeprazole (QL)<br>famotidine suspension, tablets<br>GaviLax+<br>GaviLyte-C+<br>GaviLyte-G+<br>GaviLyte-N+<br>GentleLax+<br>GlycoLax+<br>HealthyLax+<br>Hemmorex-HC hydrocortisone suppository<br>lansoprazole (QL)<br>LaxaClear+<br>laxative peg 3350+<br>laxative+<br>mesalamine<br>mesalamine DR<br>metoclopramide solution, tablet<br>metoclopramide ODT<br>omeprazole (QL)<br>ondansetron<br>ondansetron ODT<br>pantoprazole tablet (QL) | Amitiza<br>Apriso ER<br>Carafate<br>Carafate suspension<br>CLENPIQ+<br>Dexilant (QL)<br>Linzess<br>Lithostat<br>Pancreaze<br>Pentasa<br>Prepopik+<br>SUPREP+ | Aciphex (ST, QL)<br>Aciphex sprinkle (QL)<br>Actigall<br>Akyntzeo (PA, QL)<br>Bonjesta<br>Canasa<br>Carafate tablet<br>Correctol+<br>Diclegis<br>Donnatal<br>Dulcolax+<br>Gialax+<br>Kristalose<br>Lialda<br>Lomotil<br>MiraLax+<br>Movantik (PA)<br>Pancreaze<br>Prevacid DR (ST, QL)<br>Protonix suspension, tablet (ST, QL)<br>Rectiv<br>Relistor (PA)<br>Sancuso (PA, QL)<br>sfRowasa<br>Symproic (PA)<br>Transderm-Scop<br>Urso<br>Urso Forte<br>Varubi (PA, QL)<br>Viberzi<br>Viokace |
|---|--|---|

## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### GASTROINTESTINAL/HEARTBURN (cont)

|   |  |  |
|---|--|--|
| PEG   |  |  |
| 3350-Electrolyte <sup>+</sup>               |  |  |
| PEG-Prep <sup>+</sup>                       |  |  |
| Phenadoz                                    |  |  |
| polyethylene glycol<br>3350 <sup>+</sup>    |  |  |
| PowderLax <sup>+</sup>                      |  |  |
| prochlorperazine<br>suppository,<br>tablet  |  |  |
| promethazine<br>solution, syrup,<br>tablet  |  |  |
| Promethegan                                 |  |  |
| Purelax <sup>+</sup>                        |  |  |
| QC Natura-Lax <sup>+</sup>                  |  |  |
| rabeprazole (QL)                            |  |  |
| ranitidine capsule,<br>syrup, tablet        |  |  |
| SmoothLAX <sup>+</sup>                      |  |  |
| sucralfate                                  |  |  |
| TriLyte With Flavor<br>Packets <sup>+</sup> |  |  |
| ursodiol                                    |  |  |
| Women's Gentle<br>Laxative <sup>+</sup>     |  |  |
| Women's Laxative <sup>+</sup>               |  |  |

### HORMONAL AGENTS

|  |                           |                                |
|--|---------------------------|--------------------------------|
| Amabelz                                    | Androderm (PA,<br>QL)     | Activella                      |
| budesonide EC                              | Divigel                   | Alora (QL)                     |
| budesonide ER (PA,<br>QL)                  | Duavee                    | AndroGel (PA, QL)              |
| cabergoline (QL)                           | Estring (QL)              | Angeliq                        |
| CovARYX                                    | Euthyrox                  | Armour Thyroid                 |
| CovARYX HS                                 | Levo-T                    | Climara                        |
| Decadron                                   | Medrol 2mg                | Climara Pro                    |
| desmopressin<br>solution, spray,<br>tablet | Orilissa (PA, QL)         | CombiPatch                     |
| dexamethasone                              | Premarin cream,<br>tablet | Crinone                        |
| dexamethasone<br>intensol                  | Premphase                 | Cytomel                        |
| Dotti (QL)                                 | Prempro                   | Depo-Testosterone              |
| EEMT                                       |                           | Elestrin                       |
| EEMT H.S.                                  |                           | Entocort EC                    |
| estradiol (QL)                             |                           | Estrace                        |
| estradiol-<br>norethindrone                |                           | EstroGel                       |
| estrogen-<br>methyltestosterone            |                           | Evamist                        |
|  |                           | Imvexxy (QL)                   |
|  |                           | Intrarosa                      |
|  |                           | Medrol 4mg, 8mg,<br>16mg, 32mg |
|  |                           | Menostar (QL)                  |
|  |                           | Minivelle (QL)                 |
|  |                           | Noctiva (PA)                   |

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### HORMONAL AGENTS (cont)

|                                       |  |                  |
|---------------------------------------|--|------------------|
| levothyroxine                         |  | Osphena          |
| Levoxyl                               |  | Prometrium       |
| liothyronine                          |  | Royaldee         |
| Lopreeza                              |  | Striant (PA, QL) |
| medroxyprogesterone                   |  | Synthroid        |
| methimazole                           |  | Tirosint         |
| methylprednisolone<br>dosepak, tablet |  | Unithroid        |
| Mimvey                                |  | Vagifem (QL)     |
| Nature-Throid                         |  | Vivelle-Dot (QL) |
| NP Thyroid                            |  |                  |
| prednisolone                          |  |                  |
| prednisolone ODT                      |  |                  |
| prednisone                            |  |                  |
| prednisone<br>intensol                |  |                  |
| progesterone<br>capsule               |  |                  |
| testosterone (PA,<br>QL)              |  |                  |
| testosterone<br>cypionate             |  |                  |
| thyroid                               |  |                  |
| Westhroid                             |  |                  |
| WP Thyroid                            |  |                  |
| Yuvaferm (QL)                         |  |                  |

### INFECTIONS

|  |                  |                          |
|--|------------------|--------------------------|
| acyclovir capsule,<br>suspension, tablet | Cipro suspension | Albenza                  |
| albendazole                              | Cleocin 75mg     | Alinia                   |
| amoxicillin                              | Firvanq          | Bactrim                  |
| amoxicillin-<br>clavulanate              | Vibramycin syrup | Bactrim DS               |
| amoxicillin-<br>clavulanate ER           | Xifaxan (QL)     | Baxdela (PA)             |
| atovaquone                               |                  | Cipro tablet             |
| atovaquone-<br>proguanil                 |                  | Cleocin                  |
| Avidoxy                                  |                  | Clindesse                |
| azithromycin                             |                  | Cresemba capsule<br>(PA) |
| cefdinir                                 |                  | Dificid (QL)             |
| cefepodoxime                             |                  | Elimite                  |
| cefuroxime                               |                  | EryPed 200               |
| cephalexin                               |                  | Flagyl                   |
| ciprofloxacin                            |                  | Keflex                   |
| clarithromycin                           |                  | Levaquin                 |
| clarithromycin ER                        |                  | Macrobid                 |
| clindamycin                              |                  | Macrochantin             |
|  |                  | Malarone (PA)            |
|  |                  | Monurol                  |
|  |                  | Natroba                  |

## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| TIER 1<br>\$  | TIER 2<br>\$\$ | TIER 3<br>\$\$\$  | TIER 1<br>\$  | TIER 2<br>\$\$   | TIER 3<br>\$\$\$  |
|---|----------------|---|---|--|---|
| <b>INFECTIONS (cont)</b>  |                |   | <b>NUTRITIONAL/DIETARY</b>  |  |   |
| Coremino (QL)<br>dapson<br>doxycycline<br>Emverm<br>erythromycin<br>famciclovir<br>fluconazole<br>hydroxychloroquine<br>itraconazole<br>levofloxacin<br>solution, tablet<br>metronidazole<br>minocycline<br>minocycline ER (QL)<br>Mondoxyne NL<br>Morgidox capsule<br>nitrofurantoin<br>nitrofurantoin mono-macro<br>nystatin<br>Okebo<br>oseltamivir (QL)<br>penicillin V<br>permethrin<br>sulfamethoxazole-TMP suspension, tablet<br>terbinafine tablet<br>tetracycline<br>valacyclovir<br>valganciclovir<br>vancomycin capsule<br>Vandazole<br>voriconazole suspension, tablet (PA) |                | Noxafil suspension<br>Nuessa<br>Oravig<br>Plaquenil (PA)<br>Priftin<br>Sivextro tablet (PA)<br>Sklice<br>Solosec<br>Sulfatrim<br>Suprax<br>Tamiflu (QL)<br>Urogesic-Blue<br>Valtrex<br>Vfend suspension, tablet (PA)<br>Vibramycin suspension<br>Xofluza (QL)<br>Zithromax packet, suspension, tablet<br>Zyvox (PA) | calcitriol capsule, solution<br>calcium 667mg<br>cyanocobalamin injection<br>Daily Prenatal+<br>FA-8+<br>folic acid 1mg<br>folic acid 0.4mg, 0.8mg+<br>Klor-Con 8<br>Klor-Con 10<br>Klor-Con M10<br>Klor-Con M20<br>lanthanum<br>phytonadione tablet<br>potassium chloride capsule, liquid, packet, tablet<br>Prena1 Pearl<br>Prenatal+<br>prenatal vitamin+<br>sevelamer<br>vitamin D2<br>vitamin D3 | CitraNatal<br>Drisdol<br>Floriva+<br>Fosrenol packet<br>Klor-Con M15<br>Mephyton<br>MVC-Fluoride+<br>OB Complete<br>Perry Prenatal+<br>Prenate Mini<br>Prenate Pixie<br>PrimaCare<br>Quflora Ped 1mg chew, drops+<br>Rocaltrol<br>Tri-Vi-Flor+ | Auryxia (QL)<br>Fosrenol chew<br>K-Tab ER<br>Phoslyra<br>Renvela<br>Velphoro<br>Veltassa<br>VitaPearl   |
| <b>MISCELLANEOUS</b>  |                |   | <b>OSTEOPOROSIS PRODUCTS</b>  |  |   |
| disulfiram<br>Nebusal 3%<br>PULMOSAL<br>sodium chloride inhalation vial<br>TechLITE lancets   |                | Addyi^ (PA, QL)<br>Brisdelle (QL)   | alendronate (QL)<br>calcitonin-salmon<br>ibandronate tablet<br>raloxifene+<br>risedronate<br>risedronate DR   |  | Actonel (ST)<br>Atelvia (ST)<br>Binosto (ST)<br>Boniva tablet (ST)<br>Evista<br>Fosamax (ST)<br>Fosamax Plus D (ST)   |
| <b>MULTIPLE SCLEROSIS</b>   |                |   | <b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>   |  |   |
| Gilenya 0.25mg  |                |   | acetaminophen-codeine (PA)<br>allopurinol<br>aprizio Pak<br>baclofen tablet<br>buprenorphine patch, tablet (QL)<br>butalbital-acetaminophen-caffeine (QL)<br>carisoprodol<br>celecoxib (QL)<br>colchicine<br>cyclobenzaprine<br>DermacinRx<br>Empricaine  | Aimovig<br>Autoinjector (PA)<br>Ajovy (PA)<br>Belbuca (QL)<br>Emgality (PA)<br>Hysingla ER (PA)<br>Morphabond ER (PA)<br>Nucynta (PA)<br>Proctofoam-HC<br>Rasuvo (PA)<br>Savella<br>Uloric (QL)<br>Xtampza ER (PA)<br>Ztlido                   | Analpram HC<br>Arava<br>Arymo ER (PA)<br>Butrans (QL)<br>Celebrex (ST, QL)<br>Colcrys<br>diclofenac patch (PA, QL)<br>Duragesic (PA)<br>EC-Naprosyn (ST)<br>Esgic (QL)<br>Fexmid<br>Flector (PA, QL)<br>Kadian (PA)<br>Lidoderm<br>Mitigare |

## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

|   |  |                    |
|---|--|--------------------|
| DermacinRx  |  | Mobic (ST)         |
| Prizopak  |  | MS Contin (PA)     |
| diclofenac (QL)   |  | Nalfon 400mg       |
| diclofenac ER   |  | Naprosyn (ST)      |
| EC-naproxen   |  | Norco (PA)         |
| eletriptan (QL)   |  | Nucynta ER (PA)    |
| Endocet (PA)  |  | Otrexup (PA)       |
| etodolac  |  | Oxaydo (PA)        |
| etodolac ER   |  | Percocet (PA)      |
| fenoprofen  |  | Procort            |
| fentanyl (PA)   |  | Qmiiz ODT (ST, QL) |
| Fioricet (QL)   |  | Skelaxin           |
| frovatriptan (QL)   |  | Tylenol-codeine    |
| Glydo   |  | No.3 (PA)          |
| hydrocodone-<br>acetaminophen<br>(PA)                     |  | Tylenol-codeine    |
| hydromorphone<br>solution,<br>suppository,<br>tablet (PA) |  | No.4 (PA)          |
| hydromorphone<br>ER (PA)                                  |  | Ultram (QL)        |
| IBU   |  | Voltaren (PA, QL)  |
| ibuprofen 400mg,<br>600mg, 800mg                          |  | Zanaflex           |
| indomethacin<br>capsule                                   |  | Zebutal (QL)       |
| indomethacin ER   |  | Zohydro ER (PA)    |
| ketorolac (QL)  |  | Zyloprim           |
| leflunomide   |  |                    |
| lidocaine (QL)  |  |                    |
| lidocaine viscous   |  |                    |
| lidocaine-<br>prilocaine                                  |  |                    |
| Lidopril  |  |                    |
| Lidopril XR   |  |                    |
| Lido-Prilo Caine<br>Pack                                  |  |                    |
| Livixil Pak   |  |                    |
| Lorcet (PA)   |  |                    |
| Lorcet HD (PA)  |  |                    |
| Lorcet Plus (PA)  |  |                    |
| Lortab (PA)   |  |                    |
| meloxicam   |  |                    |
| metaxalone  |  |                    |
| methocarbamol<br>tablet                                   |  |                    |

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

|   |  |  |
|---|--|--|
| morphine solution,<br>suppository,<br>tablet (PA) |  |  |
| morphine ER (PA)                                  |  |  |
| nabumetone  |  |  |
| Nalfon 600mg                                      |  |  |
| Nalocet (PA)                                      |  |  |
| naproxen  |  |  |
| oxycodone (PA)                                    |  |  |
| oxycodone ER (PA)                                 |  |  |
| oxycodone-<br>acetaminophen<br>(PA)               |  |  |
| Prilolid  |  |  |
| Prilovix  |  |  |
| Primlev (PA)                                      |  |  |
| Relador Pak                                       |  |  |
| Relador Pak Plus                                  |  |  |
| rizatriptan (QL)                                  |  |  |
| sumatriptan (QL)                                  |  |  |
| sumatriptan-<br>naproxen (QL)                     |  |  |
| tizanidine  |  |  |
| tramadol (QL)                                     |  |  |
| tramadol ER (QL)                                  |  |  |
| Vicodin HP (PA)                                   |  |  |

### PARKINSON'S DISEASE

|                           |  |                 |
|---------------------------|--|-----------------|
| benztropine               |  | Azilect (QL)    |
| bromocriptine             |  | Mirapex         |
| carbidopa-<br>levodopa    |  | Mirapex ER (QL) |
| carbidopa-<br>levodopa ER |  | Neupro          |
| pramipexole               |  | Osmolex ER (QL) |
| pramipexole ER<br>(QL)    |  | Parlodel        |
| rasagiline (QL)           |  | Rytary          |
| ropinirole                |  | Sinemet         |
| ropinirole ER             |  | Sinemet CR      |
|                           |  | Tasmar          |
|                           |  | Xadago (ST)     |

### SCHIZOPHRENIA/ANTI-PSYCHOTICS

|                          |             |                  |
|--------------------------|-------------|------------------|
| aripiprazole (QL)        | Latuda (QL) | Fanapt (ST)      |
| aripiprazole ODT         |             | Invega (ST)      |
| chlorpromazine<br>tablet |             | Rexulti (ST, QL) |
|                          |             | Risperdal (ST)   |

## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)  |   |   | SKIN CONDITIONS (cont)   |  |  |
|---|---|---|--|--|--|
| TIER 1<br>\$  | TIER 2<br>\$\$  | TIER 3<br>\$\$\$  | TIER 1<br>\$   | TIER 2<br>\$\$   | TIER 3<br>\$\$\$   |
| olanzapine tablet<br>olanzapine ODT<br>paliperidone ER (QL)<br>quetiapine<br>quetiapine ER<br>risperidone<br>risperidone ODT<br>ziprasidone   |   | Saphris (ST)<br>Seroquel (ST)<br>Seroquel XR (ST)<br>Vraylar (ST, QL)   | Claravis (QL)<br>Clindacin ETZ<br>pledget<br>Clindacin P pledget<br>clindamycin-<br>benzoyl peroxide<br>clindamycin<br>phosphate<br>clindamycin-<br>tretinoin<br>clobetasol<br>Clodan shampoo<br>clotrimazole-<br>betamethasone<br>dapsons<br>desoximetasone<br>fluocinonide<br>fluorouracil cream,<br>topical solution<br>hydrocortisone<br>isotretinoin (QL)<br>ketoconazole<br>metronidazole<br>MiCort HC 2.5%<br>cream<br>mupirocin<br>Myorisan (QL)<br>Neuac gel<br>Nolix<br>oxiconazole<br>pimecrolimus<br>Procto-Med HC<br>Procto-Pak<br>Proctosol-HC<br>Proctozone-HC<br>Rosadan<br>sodium<br>sulfacetamide-<br>sulfur<br>SSS 10-5<br>Sulfacleanse 8-4<br>tacrolimus<br>ointment<br>tazarotene<br>tretinoin (PA age)<br>tretinoin<br>microsphere<br>(PA age) |  | Naftin cream<br>Nizoral<br>Picato<br>Pramosone 2.5%-<br>1% cream, lotion<br>Protopic<br>Regranex (PA, QL)<br>Temovate (ST)<br>Tolak<br>Topicort (ST)<br>Xepi             |
| SEIZURE DISORDERS   |   |   | SKIN CONDITIONS  |  |  |
| carbamazepine<br>carbamazepine ER<br>clonazepam<br>divalproex<br>divalproex ER<br>Epitol<br>gabapentin<br>lamotrigine<br>lamotrigine (blue,<br>green, orange)<br>lamotrigine ER<br>lamotrigine ODT<br>levetiracetam<br>solution, tablet<br>levetiracetam ER<br>oxcarbazepine<br>Roweepra<br>Roweepra XR<br>subvenite<br>topiramate<br>topiramate ER | Dilantin 30 mg<br>capsule (PA)<br>Fycompa (PA)<br>Vimpat solution,<br>tablet (PA) | Aptiom (PA, QL)<br>Banzel (PA, QL)<br>Briviact solution,<br>tablet (PA)<br>Carbatrol (PA)<br>Depakote (PA)<br>Depakote ER (PA)<br>Depakote Sprinkle<br>(PA)<br>Dilantin 50mg,<br>100mg (PA)<br>Klonopin (PA)<br>Lyrica oral solution<br>(PA)<br>Neurontin (PA)<br>Onfi (PA)<br>Oxtellar XR (PA)<br>Phenytek (PA)<br>Tegretol (PA)<br>Tegretol XR (PA) | adapalene (PA age)<br>adapalene-benzoyl<br>peroxide<br>Amnesteem (QL)<br>Avar<br>Avar-E<br>Avar-E Green<br>azelaic acid<br>betamethasone<br>BP 10-1<br>calcipotriene<br>calcipotriene-<br>betamethasone<br>DP  | Drysol<br>Eucrisa<br>Fluoroplex<br>Naftin gel<br>Pramosone 1%-1%<br>cream and 1%<br>lotion, 1%-1%<br>ointment, 2.5%-<br>1% ointment<br>Santyl (QL) | Bryhali (ST)<br>Celacyn<br>Centany<br>Cleocin T<br>Cloderm (ST)<br>Dovonex<br>Ecoza<br>Efudex<br>Elidel<br>Evoclin<br>Lotrisone<br>MiCort-HC 2.5%<br>cream (ST)<br>Mimyx |

## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### SKIN CONDITIONS (cont)

|   |  |  |
|---|--|--|
| triamcinolone<br>Triderm<br>Zenatane (QL) |  |  |
|---|--|--|

### SLEEP DISORDERS/SEDATIVES

|  |                  |                                  |
|--|------------------|----------------------------------|
| armodafinil (PA)<br>eszopiclone<br>modafinil (PA)<br>temazepam<br>zolpidem<br>zolpidem ER (QL) | Silenor (ST, QL) | Lunesta (ST)<br>Rozerem (ST, QL) |
|--|------------------|----------------------------------|

### SMOKING CESSATION

|  |                                       |  |
|--|---------------------------------------|--|
| bupropion SR+<br>NicoDerm CQ<br>21mg/24hr+<br>Nicorelief+<br>nicotine gum+<br>nicotine lozenge+<br>nicotine patch+<br>Quit 2+<br>Quit 4+ | Chantix^<br>Nicotrol^<br>Nicotrol NS^ | NicoDerm CQ<br>7mg/24hr,<br>14mg/24hr+<br>Nicorette+ |
|--|---------------------------------------|--|

### SUBSTANCE ABUSE

|                            |   |                      |
|----------------------------|---|----------------------|
| buprenorphine-<br>naloxone | Lucemyra (QL)<br>Narcan (QL)<br>Zubsolv | Bunavail<br>Suboxone |
|----------------------------|---|----------------------|

### URINARY TRACT CONDITIONS

|   |         |  |
|---|---------|--|
| cevimeline<br>darifenacin ER (QL)<br>finasteride 5mg<br>oxybutynin<br>oxybutynin ER<br>phenazopyridine<br>potassium ER<br>silodosin (QL)<br>solifenacin (QL)<br>tamsulosin<br>tolterodine<br>tolterodine ER (QL)<br>trospium<br>trospium ER | Elmiron | Avodart<br>Evoxac<br>Flomax<br>Proscar<br>Pyridium<br>Rapaflo (QL)<br>Urocit-K |
|---|---------|--|

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### VACCINES

For plans renewing on 2/1/20 and later: Starting on the date your new plan year begins, vaccines will be covered under your pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna App or website, or check your plan materials, to find out how your specific plan covers them.

|  |  |   |
|--|--|---|
| Diphtheria and<br>Tetanus Toxoids-<br>ped+<br>TdVax+ | ActHIB+<br>Adacel Tdap+<br>Afluria Quad+<br>BEXSERO+<br>Boostrix Tdap+<br>DAPTACEL DTaP+<br>Engerix-B+<br>FLUAD+<br>FLUARIX<br>QUADRIVALENT+<br>FLUBLOK<br>QUADRIVALENT+<br>FLUCELVAX<br>QUADRIVALENT+<br>FLUALVAL<br>QUADRIVALENT+<br>Fluzone<br>High-dose+<br>Fluzone<br>Quadrivalent<br>Pedi+<br>Fluzone<br>Quadrivalent+<br>GARDASIL 9+<br>HAVRIX+<br>HEPLISAV-B+<br>Hiberix+<br>Infanrix DTaP+<br>IPOL+<br>KINRIX+<br>Menactra+<br>Menveo A-C-Y-W-<br>135-DIP+<br>M-M-R II+<br>PEDIARIX+<br>PedvaxHIB+<br>Pentacel+<br>PNEUMOVAX 23+<br>Prevnar 13+<br>ProQuad+<br>Quadracel DTaP-<br>IPV+<br>Recombivax HB+<br>SHINGRIX+ | FluMist Quad Nasal+<br>Rotarix+<br>RotaTeq+ |
|--|--|---|



## Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 18).

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

### VACCINES (cont)

For plans renewing on 2/1/20 and later: Starting on the date your new plan year begins, vaccines will be covered under your pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna App or website, or check your plan materials, to find out how your specific plan covers them.

|  |  |  |
|--|--|--|
|  | Tenivac <sup>+</sup><br>Trumenba <sup>+</sup><br>Twinrix <sup>+</sup><br>VAQTA <sup>+</sup><br>VARIVAX <sup>+</sup><br>ZOSTAVAX <sup>+</sup> |  |
|--|--|--|

### WEIGHT MANAGEMENT

|  |  |   |
|--|--|---|
| Lomaira <sup>^</sup><br>phentermine <sup>^</sup> |  | Contrave <sup>^</sup> (PA)<br>Megace ES solution<br>Qsymia <sup>^</sup> (PA)<br>Saxenda <sup>^</sup> (PA) |
|--|--|---|

## Specialty medications

The oral and injectable specialty medications listed below are covered on Tier 4 and need approval from Cigna before your plan will cover them.

| MEDICATION NAME               | DRUG CLASS                           |
|-------------------------------|--------------------------------------|
| abacavir-lamivudine** (PA)    | AIDS/HIV                             |
| abiraterone** (PA)            | CANCER                               |
| Actemra* (PA, QL)             | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Actimmune* (PA)               | CANCER                               |
| Adcirca** (PA)                | ASTHMA/COPD/RESPIRATORY              |
| Adempas** (PA)                | ASTHMA/COPD/RESPIRATORY              |
| Afinitor** (PA)               | CANCER                               |
| Afinitor Disperz** (PA)       | CANCER                               |
| Alecensa** (PA)               | CANCER                               |
| alosetron**                   | GASTROINTESTINAL/HEARTBURN           |
| Alyq** (PA)                   | ASTHMA/COPD/RESPIRATORY              |
| Amicar**                      | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| aminocaproic acid**           | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Apokyn* (PA)                  | PARKINSON'S DISEASE                  |
| Aranesp*^ (PA)                | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Arikayce** (PA)               | INFECTIONS                           |
| Arixtra* (QL)                 | BLOOD THINNERS/ANTI-CLOTTING         |
| atazanavir** (PA)             | AIDS/HIV                             |
| Atripla** (PA)                | AIDS/HIV                             |
| Astagraf XL**                 | TRANSPLANT MEDICATIONS               |
| Austedo** (PA)                | MISCELLANEOUS                        |
| Avonex* (PA)                  | MULTIPLE SCLEROSIS                   |
| azathioprine**                | TRANSPLANT MEDICATIONS               |
| Baraclude Solution**          | INFECTIONS                           |
| Benlysta* (PA)                | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Betaseron* (PA)               | MULTIPLE SCLEROSIS                   |
| Biktarvy**                    | AIDS/HIV                             |
| Bosulif** (PA)                | CANCER                               |
| Cabometyx** (PA)              | CANCER                               |
| capecitabine** (PA)           | CANCER                               |
| Cayston** (PA, QL)            | INFECTIONS                           |
| Cellcept**                    | TRANSPLANT MEDICATIONS               |
| Cerdelga** (PA)               | MISCELLANEOUS                        |
| Cetrotide*^ (PA)              | HORMONAL AGENTS                      |
| Cholbam** (PA)                | GASTROINTESTINAL/HEARTBURN           |
| chorionic gonadotropin*^ (PA) | INFERTILITY                          |
| Cimduo** (PA)                 | AIDS/HIV                             |
| Cimzia* (PA, QL)              | PAIN RELIEF AND INFLAMMATORY DISEASE |
| cinacalcet**                  | GASTROINTESTINAL/HEARTBURN           |

| MEDICATION NAME      | DRUG CLASS                           |
|----------------------|--------------------------------------|
| Cometriq** (PA)      | CANCER                               |
| Complera** (PA)      | AIDS/HIV                             |
| Cystaran** (QL)      | EYE CONDITIONS                       |
| Cystagon**           | URINARY TRACT CONDITIONS             |
| Daraprim** (PA)      | INFECTIONS                           |
| Depen** (PA)         | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Descovy**            | AIDS/HIV                             |
| Duopa**              | PARKINSON'S DISEASE                  |
| Dupixent* (PA)       | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Egrifta* (PA)        | HORMONAL AGENTS                      |
| Emflaza** (PA)       | HORMONAL AGENTS                      |
| Enbrel* (PA, QL)     | PAIN RELIEF AND INFLAMMATORY DISEASE |
| entecavir** (QL)     | INFECTIONS                           |
| enoxaparin (QL)      | BLOOD THINNERS/ANTI-CLOTTING         |
| Entyvio*^ (PA)       | GASTROINTESTINAL/HEARTBURN           |
| Envarsus XR**        | TRANSPLANT MEDICATIONS               |
| Epclusa** (PA)       | INFECTIONS                           |
| Epidiolex** (PA)     | SEIZURE DISORDERS                    |
| Epogen*^ (PA)        | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Erivedge** (PA)      | CANCER                               |
| Erleada** (PA)       | CANCER                               |
| Esbriet** (PA)       | MISCELLANEOUS                        |
| Evotaz** (PA)        | AIDS/HIV                             |
| Exjade** (PA)        | MISCELLANEOUS                        |
| Extavia* (PA)        | MULTIPLE SCLEROSIS                   |
| Ferriprox** (PA)     | MISCELLANEOUS                        |
| Follistim AQ*^ (PA)  | INFERTILITY                          |
| fondaparinux* (QL)   | BLOOD THINNERS/ANTI-CLOTTING         |
| Forteo* (PA, QL)     | HORMONAL AGENTS                      |
| Fragmin* (QL)        | BLOOD THINNERS/ANTI-CLOTTING         |
| Fulphila*^ (PA)      | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Galafold** (PA)      | MISCELLANEOUS                        |
| Ganirelix*^ (PA)     | HORMONAL AGENTS                      |
| Gattex* (PA)         | GASTROINTESTINAL/HEARTBURN           |
| Genvoya**            | AIDS/HIV                             |
| Gilenya 0.5mg** (PA) | MULTIPLE SCLEROSIS                   |
| glatiramer* (PA)     | MULTIPLE SCLEROSIS                   |
| Glatopa* (PA)        | MULTIPLE SCLEROSIS                   |
| Gleevec** (PA)       | CANCER                               |
| Gonal-F*^ (PA)       | INFERTILITY                          |
| Granix*^             | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Haegarda* (PA)       | BLOOD PRESSURE/HEART MEDICATIONS     |
| Harvoni** (PA, QL)   | INFECTIONS                           |

| MEDICATION NAME              | DRUG CLASS                           |
|------------------------------|--------------------------------------|
| Hemlibra* (PA)               | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Hetlioz** (PA)               | SLEEP DISORDERS/SEDATIVES            |
| Humatrope* (PA)              | HORMONAL AGENTS                      |
| Humira* (PA, QL)             | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Ibrance** (PA)               | CANCER                               |
| Ilaris*^ (PA)                | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Ilumya* (PA, QL)             | PAIN RELIEF AND INFLAMMATORY DISEASE |
| imatinib** (PA)              | CANCER                               |
| Imbruvica** (PA)             | CANCER                               |
| Increlex* (PA)               | HORMONAL AGENTS                      |
| Ingrezza** (PA)              | MISCELLANEOUS                        |
| Inlyta** (PA)                | CANCER                               |
| Intelence** (PA)             | AIDS/HIV                             |
| Isentress**                  | AIDS/HIV                             |
| Isentress HD** (PA)          | AIDS/HIV                             |
| Jadenu** (PA)                | MISCELLANEOUS                        |
| Jadenu Sprinkle** (PA)       | MISCELLANEOUS                        |
| Jakafi** (PA)                | CANCER                               |
| Juluca** (PA)                | AIDS/HIV                             |
| Jynarque** (PA)              | DIURETICS                            |
| Kalydeco** (PA, QL)          | ASTHMA/COPD/RESPIRATORY              |
| Kevzara* (PA, QL)            | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Kineret* (PA, QL)            | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Kisqali** (PA)               | CANCER                               |
| Kitabis Pak** (PA, QL)       | INFECTIONS                           |
| Kuvan** (PA)                 | MISCELLANEOUS                        |
| ledipasvir-sofosbuvir** (PA) | INFECTIONS                           |
| Lenvima** (PA)               | CANCER                               |
| Letairis** (PA)              | ASTHMA/COPD/RESPIRATORY              |
| Lonsurf** (PA)               | CANCER                               |
| Lovenox* (QL)                | BLOOD THINNERS/ANTI-CLOTTING         |
| Lupron Depot*^ (PA)          | CANCER                               |
| Lynparza** (PA)              | CANCER                               |
| Lysteda**                    | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Mavyret** (PA)               | INFECTIONS                           |
| Mekinist** (PA)              | CANCER                               |
| Menopur*^ (PA)               | INFERTILITY                          |
| Myalept* (PA)                | MISCELLANEOUS                        |
| mycophenolate**              | TRANSPLANT MEDICATIONS               |
| mycophenolic acid**          | TRANSPLANT MEDICATIONS               |
| Myfortic**                   | TRANSPLANT MEDICATIONS               |
| Natpara* (PA)                | HORMONAL AGENTS                      |

| MEDICATION NAME           | DRUG CLASS                           |
|---------------------------|--------------------------------------|
| Nerlynx** (PA)            | CANCER                               |
| Neulasta*^ (PA)           | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Neupogen*^ (PA)           | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Nexavar** (PA)            | CANCER                               |
| Ninlaro** (PA)            | CANCER                               |
| Nityr** (PA)              | MISCELLANEOUS                        |
| Nivestym*^ (PA)           | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Norditropin Flexpro* (PA) | HORMONAL AGENTS                      |
| Northera** (PA)           | BLOOD PRESSURE/HEART MEDICATIONS     |
| Novarel*^ (PA)            | INFERTILITY                          |
| Nucala* (PA)              | ASTHMA/COPD/RESPIRATORY              |
| Nuzyra** (PA)             | INFECTIONS                           |
| Ocaliva** (PA)            | GASTROINTESTINAL/HEARTBURN           |
| Odefsey** (PA)            | AIDS/HIV                             |
| Odomzo** (PA)             | CANCER                               |
| OFEV** (PA)               | ASTHMA/COPD/RESPIRATORY              |
| Olumiant** (PA, QL)       | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Opsumit** (PA)            | ASTHMA/COPD/RESPIRATORY              |
| Orencia* (PA, QL)         | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Orenitram ER** (PA)       | ASTHMA/COPD/RESPIRATORY              |
| Orfadin** (PA)            | MISCELLANEOUS                        |
| Orkambi** (PA, QL)        | ASTHMA/COPD/RESPIRATORY              |
| Otezla** (PA, QL)         | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Ovidrel*^ (PA)            | INFERTILITY                          |
| Oxervate** (PA)           | EYE CONDITIONS                       |
| Palyngiq* (PA)            | MISCELLANEOUS                        |
| Pegasys* (PA)             | INFECTIONS                           |
| Plegridy* (PA)            | MULTIPLE SCLEROSIS                   |
| Pomalyst** (PA)           | CANCER                               |
| Prevymis**                | INFECTIONS                           |
| Prezcobix** (PA)          | AIDS/HIV                             |
| Prezista**                | AIDS/HIV                             |
| Procrit*^ (PA)            | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Prograf**                 | TRANSPLANT MEDICATIONS               |
| Promacta** (PA)           | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Pulmozyme** (PA)          | ASTHMA/COPD/RESPIRATORY              |
| Purixan**                 | CANCER                               |
| Rapamune**                | TRANSPLANT MEDICATIONS               |
| Ravicti** (PA)            | GASTROINTESTINAL/HEARTBURN           |
| Rebif* (PA)               | MULTIPLE SCLEROSIS                   |
| Remicade*^ (PA)           | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Retacrit*^ (PA)           | BLOOD MODIFIERS/BLEEDING DISORDERS   |

| MEDICATION NAME               | DRUG CLASS                           |
|-------------------------------|--------------------------------------|
| Revatio** (PA)                | ASTHMA/COPD/RESPIRATORY              |
| Revlimid** (PA)               | CANCER                               |
| ritonavir**                   | AIDS/HIV                             |
| Rubraca** (PA)                | CANCER                               |
| Samsca**                      | DIURETICS                            |
| Sandostatin LAR Depot*^ (PA)  | HORMONAL AGENTS                      |
| Selzentry** (PA)              | AIDS/HIV                             |
| Serostim* (PA)                | HORMONAL AGENTS                      |
| Simponi* (PA, QL)             | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Simponi Aria* (PA)            | PAIN RELIEF AND INFLAMMATORY DISEASE |
| sirolimus**                   | TRANSPLANT MEDICATIONS               |
| Skyla**                       | CONTRACEPTION PRODUCTS               |
| Skyrizi* (PA, QL)             | PAIN RELIEF AND INFLAMMATORY DISEASE |
| sofosbuvir-velpatasvir** (PA) | INFECTIONS                           |
| Somatuline Depot*^ (PA)       | HORMONAL AGENTS                      |
| Somavert* (PA)                | HORMONAL AGENTS                      |
| Sovaldi** (PA)                | INFECTIONS                           |
| Sprycel** (PA)                | CANCER                               |
| Stelara* (PA, QL)             | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Strensiq* (PA)                | MISCELLANEOUS                        |
| Stribild** (PA)               | AIDS/HIV                             |
| Stivarga** (PA)               | CANCER                               |
| Sucraid** (PA)                | GASTROINTESTINAL/HEARTBURN           |
| Sutent** (PA)                 | CANCER                               |
| Symdeko** (PA, QL)            | ASTHMA/COPD/RESPIRATORY              |
| Symfi**                       | AIDS/HIV                             |
| Symfi LO**                    | AIDS/HIV                             |
| Symtuza**                     | AIDS/HIV                             |
| tacrolimus capsule**          | TRANSPLANT MEDICATIONS               |
| tadalafil 20mg** (PA)         | ASTHMA/COPD/RESPIRATORY              |
| Tafinlar** (PA)               | CANCER                               |
| Tagrisso** (PA)               | CANCER                               |
| Takhzyro* (PA)                | BLOOD PRESSURE/HEART MEDICATIONS     |
| Taltz* (PA, QL)               | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Targretin** (PA)              | CANCER                               |
| Tasigna** (PA)                | CANCER                               |
| Tavalisse** (PA)              | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Tecfidera** (PA)              | MULTIPLE SCLEROSIS                   |
| Temodar** (PA)                | CANCER                               |
| temozolomide** (PA)           | CANCER                               |
| tenofovir** (PA)              | AIDS/HIV                             |
| tetrabenazine** (PA)          | MISCELLANEOUS                        |

| MEDICATION NAME                         | DRUG CLASS                           |
|---|--------------------------------------|
| Thalomid** (PA)                         | INFECTIONS                           |
| Thiola**                                | URINARY TRACT CONDITIONS             |
| Tiglutik** (PA)                         | MISCELLANEOUS                        |
| Tivicay**                               | AIDS/HIV                             |
| TOBI podhaler** (PA, QL)                | INFECTIONS                           |
| tobramycin 300 mg/5ml ampule** (PA, QL) | INFECTIONS                           |
| tranexamic acid**                       | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Tremfya* (PA, QL)                       | PAIN RELIEF AND INFLAMMATORY DISEASE |
| trientine** (PA)                        | MISCELLANEOUS                        |
| Triumeq**                               | AIDS/HIV                             |
| Truvada**                               | AIDS/HIV                             |
| Tykerb** (PA)                           | CANCER                               |
| Tymlos* (PA, QL)                        | OSTEOPOROSIS PRODUCTS                |
| Tyvaso** (PA)                           | ASTHMA/COPD/RESPIRATORY              |
| Udenyca*^ (PA)                          | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Upravi** (PA)                           | ASTHMA/COPD/RESPIRATORY              |
| Valchlor**                              | SKIN CONDITIONS                      |
| Vemlidy**                               | INFECTIONS                           |
| Venclexta** (PA)                        | CANCER                               |
| Verzenio** (PA)                         | CANCER                               |
| Viread** (PA)                           | AIDS/HIV                             |
| vigabatrin**                            | SEIZURE DISORDERS                    |
| Vigadrone**                             | SEIZURE DISORDERS                    |
| Vosevi** (PA)                           | INFECTIONS                           |
| Votrient** (PA)                         | CANCER                               |
| Xalkori** (PA)                          | CANCER                               |
| Xeljanz** (PA, QL)                      | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Xeljanz XR** (PA, QL)                   | PAIN RELIEF AND INFLAMMATORY DISEASE |
| Xeloda** (PA)                           | CANCER                               |
| Xenazine** (PA)                         | MISCELLANEOUS                        |
| Xermelo** (PA)                          | GASTROINTESTINAL/HEARTBURN           |
| Xolair* (PA)                            | ASTHMA/COPD/RESPIRATORY              |
| Xtandi** (PA)                           | CANCER                               |
| Xyrem** (PA)                            | SLEEP DISORDERS/SEDATIVES            |
| Zarxio*^                                | BLOOD MODIFIERS/BLEEDING DISORDERS   |
| Zejula** (PA)                           | CANCER                               |
| Zepatier** (PA)                         | INFECTIONS                           |
| Zeposia** (PA)                          | MULTIPLE SCLEROSIS                   |
| Zorbtive* (PA)                          | HORMONAL AGENTS                      |
| Zortress**                              | TRANSPLANT MEDICATIONS               |

## Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay its full cost out-of-pocket and the cost can't be applied to your annual deductible or out-of-pocket maximum. **Your plan covers other medications that are used to treat the same condition.**^^ They're listed below.

| DRUG CLASS                | MEDICATIONS THAT ARE NOT COVERED^^                               | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|---------------------------|--|---|
| AIDS/HIV                  | Combivir*  | lamivudine-zidovudine*                        |
|                           | Epivir*  | lamivudine*                                   |
|                           | Epzicom*   | abacavir-lamivudine*                          |
|                           | Kaletra solution*  | lopinavir-ritonavir solution*                 |
|                           | Lexiva tablet*   | fosamprenavir*                                |
|                           | Norvir tablet*   | ritonavir*                                    |
|                           | Retrovir capsule, syrup*   | zidovudine capsule, syrup*                    |
|                           | Reyataz capsule*   | atazanavir*                                   |
|                           | Sustiva*   | efavirenz*                                    |
|                           | Trizivir*  | abacavir-lamivudine-zidovudine*               |
|                           | Viramune*  | nevirapine*                                   |
|                           | Viramune XR*   | nevirapine ER*                                |
|                           | Ziagen*  | abacavir*                                     |
| ALLERGY/NASAL SPRAYS      | Auvi-Q<br>EpiPen, EpiPen Jr                                      | epinephrine auto-injectors                    |
|                           | Beconase AQ<br>Dymista<br>Nasonex<br>Omnaris<br>QNASL<br>Zetonna | Generic nasal steroids (e.g. fluticasone)     |
|                           | QNASL Children's   | budesonide<br>fluticasone<br>triamcinolone    |
|                           | RyVent<br>carbinoxamine 6mg tablet                               | carbinoxamine 4mg tablet                      |
|                           | ANXIETY/DEPRESSION/BIPOLAR                                       | Anafranil                                     |
| Aplenzin<br>Wellbutrin XL |  | bupropion XL                                  |
| Ativan tablet             |  | lorazepam                                     |
| Cymbalta                  |  | duloxetine                                    |
| Lexapro                   |  | escitalopram                                  |
| Pamelor                   |  | nortriptyline capsules                        |
| Parnate                   |  | tranylcypromine                               |
| Pexeva                    |  | paroxetine/CR/ER                              |
| Tofranil                  | imipramine tablet  |   |

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| DRUG CLASS                       | MEDICATIONS THAT ARE NOT COVERED^^  | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |
|----------------------------------|---|---|
| ASTHMA/COPD/RESPIRATORY          | Advair Diskus<br>AirDuo RespiClick  | Advair HFA<br>Breo Ellipta<br>Dulera<br>fluticasone-salmeterol<br>Symbicort<br>Wixela Inhub                     |
|                                  | Alvesco<br>Arnuity Ellipta<br>Asmanex<br>Asmanex HFA                            | Flovent<br>QVAR RediHaler<br>Pulmicort Flexhaler  |
|                                  | Stiolto Respimat<br>Utibron Neohaler  | Anoro Ellipta   |
|                                  | Elixophyllin  | theophylline oral solution  |
|                                  | ProAir HFA<br>ProAir RespiClick<br>Proventil HFA<br>Ventolin HFA<br>Xopenex HFA | albuterol HFA   |
|                                  | Seebri Neohaler<br>Spiriva<br>Spiriva Respimat<br>Tudorza Pressair              | Incruse Ellipta   |
|                                  | Striverdi Respimat  | Serevent Diskus   |
|                                  | Yupelri   | Anoro Ellipta<br>Incruse Ellipta<br>Trelegy Ellipta   |
|                                  | Zyflo   | montelukast<br>zafirlukast<br>zileuton ER   |
|                                  | ATTENTION DEFICIT HYPERACTIVITY   | Adderall XR<br>Adhansia XR<br>Aptensio XR<br>Concerta<br>Cotempla XR-ODT<br>Mydayis<br>Focalin XR<br>Ritalin LA |
| Desoxyn                          |   | methamphetamine   |
| Dexedrine                        |   | dextroamphetamine   |
| BLOOD PRESSURE/HEART MEDICATIONS |   | Betapace  |
| Cardizem                         | diltiazem   |   |
| Cardizem CD                      | diltiazem CD  |   |
| Firazyr*                         | icatibant   |   |
| Isordil                          | isosorbide dinitrate  |   |
| Isordil Titradose                | isosorbide dinitrate<br>digoxin   |   |
| BLOOD THINNERS/ANTI-CLOTTING     | Yosprala  | aspirin or enteric aspirin  |
| CANCER                           | Nilandron   | nilutamide  |
|                                  | Tarceva*  | erlotinib*  |

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| DRUG CLASS              | MEDICATIONS THAT ARE NOT COVERED^^  | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)                            |
|-------------------------|---|--|
| CANCER ( <i>cont</i> )  | Yonsa*<br>Zytiga*   | abiraterone*   |
| CHOLESTEROL MEDICATIONS | Antara<br>Fenoglide   | fenofibrate  |
|                         | Ezallor Sprinkle<br>Livalo<br>Zypitamag   | atorvastatin<br>lovastatin<br>pravastatin<br>rosuvastatin<br>simvastatin |
|                         | Lipitor   | atorvastatin   |
|                         | Praluent Pen  | Repatha  |
| COUGH/COLD MEDICATIONS  | benzonatate 150mg   | benzonatate 100mg, 200mg   |
|                         | TussiCaps   | hydrocodone-chlorpheniramine ER<br>promethazine with codeine syrup       |
| DIABETES                | Accu-Chek Aviva Plus test strips<br>Accu-Chek Guide test strips<br>Accu-Chek Smartview<br>Accutrend glucose | One Touch test strips (e.g. Ultra; Verio)                                |
|                         | Adlyxin   | Byetta<br>Bydureon<br>Ozempic<br>Trulicity<br>Victoza                    |
|                         | Ademelog<br>Afrezza<br>Apidra<br>Apidra SoloStar<br>Fiasp<br>Novolin, Novolog                               | Humalog<br>Humulin   |
|                         | alogliptin<br>alogliptin-metformin<br>Kombiglyze XR<br>Nesina<br>Onglyza<br>Tadjenta                        | Janumet<br>Janumet XR<br>Januvia<br>metformin                            |
|                         | alogliptin-pioglitazone   | Janumet<br>Janumet XR<br>Januvia<br>pioglitazone                         |
|                         | Fortamet<br>Glumetza<br>metformin ER (generic to Fortamet and Glumetza)                                     | metformin ER (generic to Glucophage XR)                                  |
|                         | Invokamet<br>Invokamet XR   | Segluromet<br>Synjardy<br>Synjardy XR<br>Xigduo XR                       |
|                         | Invokana  | Farxiga<br>Jardiance<br>metformin<br>Steglatro                           |

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| DRUG CLASS                 | MEDICATIONS THAT ARE NOT COVERED^^   | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)  |
|----------------------------|--|--|
| DIABETES (cont)            | Jentadueto<br>Jentadueto XR<br>Kazano  | Janumet<br>Janumet XR  |
|                            | Lantus<br>Toujeo SoloStar  | Basaglar<br>Levemir vial or Levemir Flextouch<br>Tresiba FlexTouch                                 |
|                            | Oseni  | Generic TZDs (e.g. pioglitazone)<br>Janumet<br>Janumet XR<br>Januvia                               |
|                            | Steglujan  | Glyxambi<br>metformin<br>QTERN   |
| DIURETICS                  | Edecrin<br>ethacrynic acid   | bumetanide<br>furosemide<br>torsemide  |
| EYE CONDITIONS             | Lumigan<br>TRAVATAN Z<br>Xalatan<br>Xelpros<br>Zioptan   | bimatoprost<br>latanoprost<br>travoprost   |
|                            | Vyzulta  | bimatoprost<br>latanoprost   |
| GASTROINTESTINAL/HEARTBURN | Anusol HC suppository  | hydrocortisone suppository   |
|                            | Asacol HD<br>Colazal<br>Delzicol<br>Dipentum   | Apriso<br>balsalazide<br>mesalamine tablets or capsules<br>Pentasa<br>sulfasalazine                |
|                            | CoLyte with Flavor Packets+<br>GoLyteLy+<br>MoviPrep+<br>NuLYTELY with flavor packs+<br>OsmoPrep+<br>Plenvu+ | Clenpiq+<br>GaviLyte-C+<br>GaviLyte-G+<br>GaviLyte-N+<br>3550 Electrolyte+<br>Prepopik+<br>SuPrep+ |
|                            | Cortifoam<br>Uceris foam   | Prescription hydrocortisone enema, rectal<br>cream, suppository                                    |
|                            | Creon<br>Pertzeye<br>Zenpep  | Pancreaze  |
|                            | Librax   | chlordiazepoxide-clidinium   |
|                            | Marinol<br>Syndros   | dronabinol   |
|                            | Motegrity<br>Trulance<br>Zelnorm   | Amitiza<br>Linzess   |
|                            | Nexium capsule   | esomeprazole   |
|                            | Omeclamox-Pak<br>Pylera  | lansoprazole-amoxicillin-clarithromycin<br>(combo pack)  |

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| DRUG CLASS                                 | MEDICATIONS THAT ARE NOT COVERED^^   | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |  |
|--|--|---|--|
| GASTROINTESTINAL/HEARTBURN ( <i>cont</i> ) | OmePPI<br>Zegerid packet, 40mg capsule   | omeprazole  |  |
|  | Pepcid   | famotodine  |  |
|  | Prevacid SoluTab   | Generic prescription PPIs (e.g. lansoprazole)   |  |
|  | Rowasa   | mesalamine rectal enema suspension  |  |
|  | Sensipar*  | cinacalcet*   |  |
|  | Zofran   | ondansetron   |  |
|  | Zuplenz  | ondansetron<br>ondansetron ODT  |  |
| HORMONAL AGENTS                            | Cortrosyn  | cosyntropin   |  |
|  | DDAVP  | desmopressin  |  |
|  | Dxevo<br>TaperDex  | dexamethasone   |  |
|  | Fortesta<br>Natesto<br>Testim<br>Vogelxo<br>Xyosted  | AndgroGel<br>testosterone   |  |
|  | Genotropin*<br>Nutropin AQ nuspin*<br>Omnitrope*<br>Saizen*<br>Saizen-Saizenprep*<br>Zomacton* | Humatrope* (PA)   |  |
|  | Nocdurna   | desompression acetate nasal spray or tablets  |  |
|  | Rayos  | prednisone  |  |
|  | Uceris tablets   | budesonide tablet<br>dexamethasone<br>hydrocortisone<br>methylprednisolone<br>prednisolone<br>prednisone                              |  |
|  | INFECTIONS   | Acticlate<br>Doryx<br>Doryx MPC<br>Minocin capsule<br>Minolira ER<br>Oracea<br>Seysara<br>Solodyn<br>Targadox<br>Vibramycin<br>Ximino | Generic products (e.g. doxycycline; minocycline)                     |
|  |  | Arakoda   | atovaquone-proguanil<br>doxycycline<br>hydroxychloroquine<br>quinine |
| Augmentin/ES                               |  | amoxicillin-clavulanate   |  |

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| DRUG CLASS                   | MEDICATIONS THAT ARE NOT COVERED^^                | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |
|------------------------------|---|---|
| INFECTIONS (cont)            | Baraclude tablet*                                 | entecavir tablet*   |
|                              | Bethkis*<br>Tobi                                  | tobramycin inhalation solution*   |
|                              | Diflucan  | fluconazole   |
|                              | E.E.S. 200  | erythromycin granules   |
|                              | Eryped 400  | erythromycin ethylsuccinate   |
|                              | Mepron  | atovaquone  |
|                              | Mycobutin   | rifabutin   |
|                              | Noxafil tablet                                    | posaconazole DR 100mg tablet  |
|                              | Sitavig   | acyclovir tablet<br>famciclovir tablet<br>valacyclovir tablet   |
|                              | Sporanox<br>Tolsura                               | itraconazole oral   |
|                              | Valcycte  | valganciclovir  |
|                              | Vancocin  | vancomycin oral capsule   |
|                              | Zovirax   | acyclovir   |
|                              | MISCELLANEOUS                                     | Horizant  |
| Syprine*                     |   | Depen*<br>penicillamine*<br>trientine*  |
| Xenazine*                    |   | tetrabenazine*  |
| MULTIPLE SCLEROSIS           | Ampyra ER*  | dalfampridine ER*   |
|                              | Aubagio*  | Gilenya*<br>Mayzent*<br>Tecfidera*  |
|                              | Copaxone*   | Avonex*<br>Betaseron*<br>Extavia*<br>Gilenya*<br>glatiramer*<br>Glatopa*<br>Plegridy*<br>Rebif*<br>Tecfidera* |
| NUTRITIONAL/DIETARY          | Azesco<br>PreGenna<br>Trinaz                      | Any generic prenatal vitamin  |
|                              | Nascobal  | cyanocobalamin injection  |
| PAIN RELIEF AND INFLAMMATORY | Allzital  | butalbital-acetaminophen tablets<br>butalbital-acetaminophen-caffeine capsules and tablets                    |
|                              | Amerge<br>Frova<br>Maxalt<br>Maxalt MLT<br>Relpax | generic triptans (e.g. naratriptan; sumatriptan)  |

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| DRUG CLASS                          | MEDICATIONS THAT ARE NOT COVERED^^   | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)  |
|-------------------------------------|--|--|
| PAIN RELIEF AND INFLAMMATORY (cont) | Amrix  | cyclobenzaprine<br>Other generic muscle relaxants  |
|                                     | Bupap  | butalbital-acetaminophen tablets   |
|                                     | butalbital-acetaminophen 50-300mg tablet   | butalbital-acetaminophen 50-325mg tablet   |
|                                     | Cambia<br>Duexis<br>Ergomar<br>Fenortho<br>Indocin<br>Naprelan<br>Treximet<br>Vimovo<br>Zipsor | Generic prescription NSAID (e.g. celecoxib, meloxicam)   |
|                                     | ConZip   | Tramadol<br>Tramadol ER  |
|                                     | Cosentyx*  | Enbrel*<br>Humira*<br>Otezla*<br>Skyrizi*<br>Stelara*<br>Taltz*  |
|                                     | Cuprimine*   | Depen*<br>penicillamine*<br>trientine*   |
|                                     | D.H.E. 45  | dihydroergotamine injection  |
|                                     | Gloperba   | colchicine, probenecid-colchicine  |
|                                     | Gralise  | gabapentin   |
|                                     | Imitrex<br>Zembrace Symtouch   | sumatriptan  |
|                                     | levorphanol  | codeine with acetaminophen<br>Embeda<br>hydrocodone with acetaminophen<br>Hysingla<br>oxycodone with acetaminophen<br>Tramadol<br>Xtampza ER |
|                                     | Lido-Sorb<br>Lidozion  | lidocaine cream, ointment  |
|                                     | Lorzone  | chlorzoxazone 500mg  |
|                                     | Migranal   | dihydroergotamine nasal spray  |
|                                     | ONZETRA Xsail  | Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)  |
|                                     | Oxycontin  | Embeda ER (PA)<br>Hysingla ER (PA)<br>Xtampza ER   |
|                                     | Pennsaid   | diclofenac 1% gel  |
|                                     | Roxicodone   | oxycodone  |
|                                     | Siliq*   | Enbrel*<br>Humira*<br>Skyrizi*<br>Stelara*   |

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| DRUG CLASS                                 | MEDICATIONS THAT ARE NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)            |
|--|------------------------------------|--|
| PAIN RELIEF AND INFLAMMATORY <i>(cont)</i> | Soriatane                          | acitretin  |
|  | Sprix                              | ketorolac tablet   |
|  | SUBSYS                             | fentanyl lozenge or buccal tablet                        |
|  | Tivorbex                           | indomethacin   |
|  | Vanatol LQ<br>Vanatol S            | butalbital-acetaminophen-caffeine                        |
|  | Vivlodex                           | meloxicam  |
|  | Zomig                              | sumatriptan<br>zolmitriptan                              |
|  | Zomig ZMT                          | zolmitriptan ODT   |
|  | Zorvolex                           | diclofenac   |
| PARKINSON'S DISEASE                        | Gocovri                            | amantadine   |
|  | Lodosyn                            | carbidopa  |
|  | Requip XL                          | ropinirole extended release                              |
|  | Zelapar                            | selegiline tablets or capsules                           |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS              | Abilify<br>Abilify MyCite          | aripiprazole   |
|  | FazaClo<br>Versacloz               | clozapine<br>clozapine ODT                               |
|  | Geodon capsule                     | ziprasidone  |
|  | Zyprexa                            | olanzapine   |
|  | Zyprexa Zydis                      | olanzapine ODT   |
| SEIZURE DISORDERS                          | Felbatol                           | felbamate  |
|  | Keppra oral solution, tablet       | levetiracetam  |
|  | Keppra XR                          | levetiracetam ER   |
|  | Lamictal                           | lamotrigine  |
|  | Lamictal (blue, green, orange)     | lamotrigine (blue, green, orange)                        |
|  | Lamictal ODT                       | lamotrigine ODT  |
|  | Lamictal ODT (blue, green, orange) | lamotrigine ODT (blue, green, orange)                    |
|  | Lamictal XR                        | lamotrigine ER   |
|  | Lamictal XR (blue, green, orange)  | lamotrigine ER (blue, green, orange)                     |
|  | Lyrica CR                          | duloxetine<br>gabapentin<br>lidocaine 5% patch<br>Lyrica |
|  | Mysoline                           | primidone  |
|  | Qudexy XR<br>Trokendi XR           | topiramate ER  |
|  | Sabril*                            | vigabatrin*  |
|  | Sympazan                           | clobazam   |
|  | Topamax                            | topiramate   |
|  | Trileptal                          | oxcarbazepine  |
|  | Zonegran                           | zonisamide   |
| SKIN CONDITIONS                            | Absorica                           | Myorisan or Zenatane                                     |

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| DRUG CLASS                    | MEDICATIONS THAT ARE NOT COVERED^^  | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)                                  |
|-------------------------------|---|--|
| SKIN CONDITIONS <i>(cont)</i> | Acanya<br>Aczone<br>Aktipak<br>Altreno<br>Amzeeq<br>Atralin<br>Avita<br>Azelex<br>Differin<br>Duac<br>Epiduo<br>Epiduo Forte<br>Fabior<br>Onexton<br>Retin-A<br>Retin-A Micro<br>Tazorac<br>Veltin<br>Ziana | Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide) |
|                               | Aldara<br>Zyclara   | imiquimod 5% cream   |
|                               | Anusol-HC cream   | hydrocortisone cream   |
|                               | Apexicon E<br>Cordran<br>diflorasone<br>Impoyz<br>Olux<br>Olux-E<br>Psorcon   | betamethasone<br>clobetasol<br>halobetasol                                     |
|                               | Bensal HP   | salicylic acid 6% cream, cream kit, gel, lotion                                |
|                               | Benzacilin<br>Neuac Kit   | clindamycin-benzoyl peroxide   |
|                               | Carac   | fluorouracil 0.5% cream  |
|                               | Clindagel   | clindamycin gel, topical solution  |
|                               | Condylox  | imiquimod 5% cream packet<br>podofilox 0.5% topical solution                   |
|                               | Cutivate lotion   | fluticasone topical lotion   |
|                               | Denavir<br>Zovirax cream, ointment  | acyclovir tablet<br>famciclovir tablet<br>valacyclovir tablet                  |
|                               | diclofenac 3% gel   | Fluoroplex<br>imiquimod 5% cream<br>Picato<br>topical fluorouracil             |
|                               | Duobrii   | halobetasol plus<br>tazarotene cream   |

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| DRUG CLASS                    | MEDICATIONS THAT ARE NOT COVERED^^  | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)  |
|-------------------------------|---|--|
| SKIN CONDITIONS <i>(cont)</i> | Enstilar<br>Taclonex  | calcipotriene<br>calcipotriene-betamethasone DP<br>tazarotene cream<br>topical betamethasone |
|                               | Ertaczo   | ketoconazole cream   |
|                               | Exelderm  | topical econazole<br>topical ketoconazole<br>topical oxiconazole                             |
|                               | Extina  | ketoconazole cream, foam   |
|                               | Finacea Foam<br>Finacea Gel<br>MetroCream<br>MetroGel<br>MetroLotion<br>Soolantra | azelaic acid<br>topical metronidazole  |
|                               | flurandrenolide<br>hydrocortisone butyrate lipid cream, lotion<br>Pandel          | betamethasone<br>fluocinolone<br>fluticasone   |
|                               | HALOG   | clobetasol cream, ointment<br>halobetasol cream, ointment                                    |
|                               | Jublia<br>Kerydin   | ciclopirox topical solution<br>itraconazole capsules<br>terbinafine tablets                  |
|                               | Kenalog spray   | triamcinolone acetonide aerosol spray  |
|                               | Lexette   | clobetasol cream, ointment<br>halobetasol cream, foam, ointment                              |
|                               | Locoid  | hydrocortisone cream, lipid cream,<br>ointment, solution                                     |
|                               | Locoid Lipocream  | hydrocortisone lipid cream   |
|                               | Loprox  | ciclopirox cream, shampoo  |
|                               | Luzu  | econazole<br>ketoconazole cream<br>luliconazole<br>oxiconazole                               |
|                               | Noritate  | metronidazole cream  |
|                               | Oxistat   | etoconazole cream  |
|                               | Penlac  | ciclopirox solution  |
|                               | Prudoxin<br>Zonalon   | Generic topical steroid (e.g. topical<br>tacrolimus)   |
|                               | Sernivo   | clobetasol spray<br>triamcinolone acetonide aerosol spray                                    |
|                               | Sorilux   | calcitriol<br>calcipotriene<br>tazarotene  |
|                               | Trianex   | triamcinolone cream, ointment  |

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| DRUG CLASS                    | MEDICATIONS THAT ARE NOT COVERED^^          | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)  |
|-------------------------------|---|--|
| SKIN CONDITIONS <i>(cont)</i> | Tridesilon                                  | alclometasone<br>desonide<br>triamcinolone   |
|                               | Ultravate                                   | clobetasol lotion  |
|                               | Vanos                                       | fluocinonide 0.1% cream  |
|                               | Verdeso                                     | desonide cream, ointment   |
|                               | Xerese                                      | acyclovir tablet<br>famciclovir tablet<br>hydrocortisone prescription cream<br>valacyclovir tablet   |
|                               | Xolegel                                     | ciclopirox 0.77% gel<br>ciclopirox 1% shampoo<br>ketoconazole 2% cream<br>ketoconazole 2% foam<br>selenium 2.5% lotion<br>sodium sulfacetamide 10% shampoo |
| SLEEP DISORDERS/SEDATIVES     | Ambien                                      | zolpidem   |
|                               | Ambien CR                                   | zolpidem ER  |
|                               | Ativan                                      | lorazepam  |
|                               | Belsomra                                    | Dayvigo  |
|                               | Edluar<br>Intermezzo                        | zolpidem/ER  |
|                               | Nuvigil                                     | armodafinil  |
|                               | Provigil                                    | modafinil  |
|                               | Restoril                                    | temazepam  |
|                               | Zolpimist                                   | eszopiclone<br>Silenor<br>zaleplon<br>zolpidem/ER  |
| SUBSTANCE ABUSE               | Evzio                                       | narcan nasal spray   |
| URINARY TRACT CONDITIONS      | Detrol                                      | tolterodine  |
|                               | Detrol LA                                   | tolterodine ER   |
|                               | Ditropan XL                                 | oxybutynin ER  |
|                               | Enablex                                     | darifenacin ER   |
|                               | Gelnique<br>Myrbetriq<br>Toviaz<br>VESIcare | darifenacin ER<br>oxybutynin ER<br>tolterodine ER<br>trospium ER   |
|                               | Procysbi*                                   | Cystagon*  |

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## Prescription drug list FAQs

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

### Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:<sup>1,2</sup>

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

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

### Why doesn't my plan cover certain medications?

To help lower your overall health care costs, your plan doesn't cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication. If you're taking a medication that your plan doesn't cover and your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA).

### How do you decide which medications are covered?

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

### How do I request approval for a non-covered medication?

Ask your doctor's office to contact Cigna to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at [cignaforhcp.com](http://cignaforhcp.com).

Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. We'll send you and your doctor a letter with our decision and next steps. If you meet guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

## Prescription drug list FAQs (cont)

### **Which medications are covered under the health care reform law?**

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

For more information about health care reform, go to [www.informedonreform.com](http://www.informedonreform.com) or [Cigna.com](http://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 and/or devices covered under standard pharmacy benefit plans. We review all newly approved medications to see if they should be covered – and if so, on what tier. 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?**

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. Log in to the **myCigna** App or website and click on “Price a Medication” to see how much your medication may cost you at the different pharmacies in your plan's network. You can also see if there are lower-cost alternatives available.<sup>3</sup>

### **How can I save money on my prescription medications?**

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

### **Do generics work the same as brand name medications?**

Yes. A generic medication works in the same way and provides the same clinical benefit as its brand name version.<sup>4</sup> Generic and brand name medications have the same active ingredients, strength/dosage form, effectiveness, quality and safety.

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

### **Why do certain medications need approval before my plan will cover them?**

The review process 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.

### **My medication needs prior approval. How do I get it?**

Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at [cignaforhcp.com](http://cignaforhcp.com).

### **What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?**

When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your pharmacist won't be able to fill it.

## Prescription drug list FAQs (cont)

### What happens if I try to fill a prescription that has a quantity limit?

Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

### Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.<sup>5</sup>

- › If you're taking a medication on a regular basis to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home – **at no extra cost**. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call **800.835.3784**.
- › If you're taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, a Cigna specialty pharmacy.

Accredo will ship your medication to your home (or location of your choice).<sup>6</sup> Their team of specialty trained pharmacists and nurses can also help you manage your complex medical condition – **at no extra cost**. To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. **Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.** To learn more about Accredo, go to **Cigna.com/specialty**.

### Where can I find more information about my pharmacy benefits?

You can use the online tools and resources on the **myCigna** App or website to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.<sup>5</sup>

## 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>7</sup>

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- › medications that are not approved by the 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 products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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









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



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication 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 from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
5. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
7. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



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## Proficiency of Language Assistance Services

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

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

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

**Vietnamese** – XIN LỜI Ỗ: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki dèyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).