



CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST

As of January 1, 2020

Together, all the way.®



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

936868 Performance 3-Tier 11/19



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View your drug list online

This document was last updated 11/01/2019.* Here's where you can find a current list of the medications your plan covers:



The myCigna® app or website – Once you're registered, log in and click on Prescriptions. Then, click on Price a Medication.



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

Questions?

Call the toll-free number on your Cigna ID card. We're here to help. If it's easier, 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 Performance 3-Tier Prescription Drug List as of January 1, 2020.^{1,2} 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 Performance 3-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. You should log in to the **myCigna** app or website, or check your plan materials, to learn more about the medications your plan covers.

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Performance 3-Tier Prescription Drug List.

TIER 1 \$		TIER 2 \$\$	
BLOOD PRESSURE/HEART MEDICATIONS			
afeditab CR		Beriner* (PA)	
amlodipine besylate		Bidil	
amlodipine besylate-benazepril		Bystolic	
amlodipine-valsartan		Cinryze* (PA)	
amlodipine-valsartan-HCTZ		Coreg CR	
atenolol		Cozaar (ST)	
atenolol-chlorthalidone		Diovan (ST)	
benazepril		Diovan HCT (ST)	
benazepril-HCTZ		Edarbi (ST)	
candesartan cilexetil		Edarbyclor (ST)	
cartia XT		Exforge	
carvedilol		Exforge HCT	
clonidine		Firazy* (PA)	
digitek		Hemangeol	
digox		Inderal LA	
digoxin		Inderal XL	
diltiazem ER		Innopran XL	
diltiazem CD		Lotrel	
diltiazem		Micardis (ST)	
dilt-XR		Multaq	
enalapril		Nitro-dur	
flecainide acetate		Nitrolingual	
hydralazine		NitroMist	
irbesartan		Nitronal	
isosorbide mononitrat		Nitrostat	
		Northera* (PA)	
		Norvasc	
		Ranexa (ST)	
		Tektur ^a	
		Tektur ^a HCT	

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

This chart is just a sample. It may not show how these medications are actually covered on the Performance 3-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.

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

(PA)	Prior Authorization – Cigna will review information provided by your doctor to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.
(ST)	Step Therapy – 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).
(QL)	Quantity Limits – 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.
(AGE)	Age Requirements – 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 conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier, may 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 on the drug list

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
AIDS/HIV	6	FEMININE PRODUCTS	12
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	12
ALZHEIMER’S DISEASE	6	HORMONAL AGENTS	12, 13
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	13, 14
ASTHMA/COPD/RESPIRATORY	6, 7	INFERTILITY	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MISCELLANEOUS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	14
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	NUTRITIONAL/DIETARY	14
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	14
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CHOLESTEROL MEDICATIONS	8, 9	PARKINSON’S DISEASE	15
CONTRACEPTION PRODUCTS	9, 10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	16
DENTAL PRODUCTS	11	SKIN CONDITIONS	16
DIABETES	11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	17
EAR MEDICATIONS	11	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	11	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	11, 12	URINARY TRACT CONDITIONS	17
		VACCINES	17

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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AIDS/HIV

abacavir-lamivudine* (PA)	Atripla* (PA)	Cimduo* (PA)
atazanavir* (PA)	Biktarvy*	Complera* (PA)
ritonavir*	Descovy* (PA)	Evotaz* (PA)
tenofovir* (PA)	Genvoya*	Juluca* (PA)
	Intelence* (PA)	Odefsey* (PA)
	Isentress*	Prezcobix* (PA)
	Isentress HD* (PA)	Stribild* (PA)
	Prezista*	Symtuza* (PA)
	Selzentry* (PA)	
	Symfi*	
	Symfi Lo*	
	Tivicay*	
	Triumeq*	
	Truvada*	
	Viread 150 mg, 200mg, 250mg tablet, powder* (PA)	

ALLERGY/NASAL SPRAYS

Adyphren		Astepro
Adyphren Amp		Clarinet
azelastine		Clarinet-D 12 Hour
cromolyn		Epinephrine-Snap-V
cyproheptadine		EPIsnap
desloratadine (QL)		Gastrocrom
epinephrine (QL)		Grastek (PA, QL)
fluticasone		Karbinal ER
hydroxyzine capsule, solution, tablet		Odactra (PA, QL)
ipratropium		Patanase
mometasone (QL)		Ragwitek (PA, QL)
olopatadine		Vistaril
Phenergan		
promethazine		

ALZHEIMER'S DISEASE

donepezil	Mestinon syrup	Aricept
donepezil ODT	Namenda titration pack	Exelon
memantine		Mestinon tablet
memantine ER (QL)		Namenda tablet
pyridostigmine		Namenda XR (QL)
pyridostigmine ER		Namzaric (QL)
rivastigmine		Regonol

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)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)

amitriptyline		Paxil CR (ST, QL)
bupropion (QL)		Pristiq (ST, QL)
bupropion SR (QL)		Prozac (ST, QL)
bupropion XL (QL)		Remeron
buspirone		Sarafem (ST)
citalopram (QL)		Trintellix (ST, QL)
clomipramine		Viibryd (ST, QL)
desvenlafaxine ER (QL)		Wellbutrin SR (ST, QL)
duloxetine (QL)		Xanax
escitalopram (QL)		Xanax XR
fluoxetine (QL)		Zoloft (ST, QL)
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair HFA	Adcirca* (PA)
albuterol HFA	Anoro Ellipta	Adempas* (PA)
Alyq* (PA)	Atrovent HFA	Arcapta Neohaler
budesonide	Breo Ellipta	Brovana
fluticasone-salmeterol	Combivent Respimat	Daliresp (QL)
montelukast	Dulera	Kalydeco* (PA, QL)
tadalafil 20mg* (PA)	Flovent	Lonhala Magnair (PA)
Wixela Inhub	Flovent HFA	Nucala auto-injector, syringe* (PA)
	Incruse Ellipta	Orenitram ER* (PA)
	Letairis* (PA)	Orkambi* (PA, QL)
	OFEV* (PA)	Perforomist (QL)
	Opsumit* (PA)	Pulmicort respule
	ProAir HFA	Revatio oral suspension, tablet* (PA)
	ProAir RespiClick	Singular
	Pulmicort Flexhaler	Symdeko* (PA, QL)
	Pulmozyme* (PA)	Tracleer tablet* (PA)
	QVAR RediHaler	Tyvaso* (PA)
	Serevent	Upravi* (PA)
	Symbicort	

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ASTHMA/COPD/RESPIRATORY (cont)

	Tracleer 32 mg tablet for suspension* (PA)	
	Trelegy Ellipta	
	Ventolin HFA	
	Xolair* (PA)	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid*	Aranesp* (PA)	Amicar tablet, oral solution*
tranexamic acid*	Droxia	
	Epogen* (PA)	Cyklokapron*
	Fulphila* (PA)	Hemlibra* (PA)
	Granix*	Lysteda*
	Neulasta* (PA)	Neupogen* (PA)
	Procrit* (PA)	Nivestym* (PA)
	Retacrit* (PA)	Promacta* (PA)
	Udenyca* (PA)	Siklos (PA)
	Zarxio*	Tavalisse* (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS

amiodarone	Bystolic (ST, QL)	Adalat CC
amlodipine	Corlanor (PA)	Altace (ST)
amlodipine-benazepril	Entresto	Atacand (ST)
amlodipine-olmesartan (QL)	Multaq	Atacand HCT (ST)
amlodipine-valsartan	Tekturna 150 mg tablet (QL)	Avalide (ST)
amlodipine-valsartan-HTCZ	Tekturna HCT (QL)	Avapro (ST)
Adult Aspirin Regimen ⁺		Azor (QL)
Aspir EC ⁺		Benicar (ST, QL)
aspirin EC ⁺		Benicar HCT (ST, QL)
aspirin 325 mg tablet ⁺		BiDil (QL)
Aspir-Low ⁺		Calan
atenolol		Calan SR
bayer aspirin 325 mg tablet ⁺		Cardizem (QL)
benazepril		Cardura
benazepril-HCTZ		Catapres-TTS 1
candesartan		Catapres-TTS 2
candesartan-HCTZ		Catapres-TTS 3
cartia XT		Coreg (ST)
carvedilol		Coreg CR (ST, QL)
carvedilol ER (QL)		Corgard (ST)
Children's Aspirin ⁺		Cozaar (ST)
clonidine		Diovan (ST)
diltiazem		Diovan HCT (ST)
diltiazem 12hr ER		Edarbi (ST, QL)
diltiazem 24hr ER		Epaned
diltiazem 24hr ER (CD)		Exforge
diltiazem 24hr ER (LA)		Exforge HCT
diltiazem 24hr ER (XR)		Firazy* (PA)
Dilt-XR		Haegarda* (PA)
dofetilide (QL)		Hemangeol
doxazosin		Hyzaar (ST)
Ecotrin ⁺		Inderal LA (ST)
ecpirin ⁺		Inderal XL (ST)
enalapril		InnoPran XL (ST)
flecainide		Kaspargo Sprinkle (ST)
hydralazine		Lopressor (ST)
irbesartan		Lotensin (ST)
irbesartan-HCTZ		Lotensin HCT (ST)
isosorbide mononitrate		Lotrel
		Micardis (ST, QL)
		Micardis HCT (ST, QL)
		Minipress
		Nitrostat
		Northera* (PA)
		Norvasc
		Pacerone 100mg, 400mg (PA)
		Procardia
		Procardia XL

Cigna Performance 3-Tier Prescription Drug List

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

isosorbide mononitrate ER		Ranexa (QL)
labetalol		Rythmol SR (PA)
lisinopril		Takhzyro* (PA)
lisinopril-HCTZ		Tekturna (QL)
losartan		Tenormin (ST)
losartan-HCTZ		Tiazac
Low Dose Aspirin EC ⁺		Tikosyn (PA, QL)
Matzim LA		Toprol XL (ST)
metoprolol		Tribenzor
nadolol		Verelan
nifedipine		Verelan PM
nifedipine ER		
olmesartan (QL)		
olmesartan-amlodipine-HCTZ		
olmesartan-HCTZ (QL)		
Pacerone 200 mg		
prazosin		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
St. Joseph Aspirin ⁺		
ranolazine ER (QL)		
Taztia XT		
telmisartan (QL)		
telmisartan-HCTZ (QL)		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil ER PM		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER	Brilinta	Aggrenox
clopidogrel	Eliquis	Arixtra* (QL)
enoxaparin* (QL)	Fragmin* (QL)	Bayer Aspirin
fondaparinux* (QL)	Lovenox vial* (QL)	chewable tablet
Jantoven	Xarelto	Bevyxxa (QL)
prasugrel		Coumadin (PA)
warfarin		Effient
		Lovenox* (QL)
		Plavix
		Pradaxa
		Savaysa (QL)
		Zontivity

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

abiraterone* (PA)	Actimmune* (PA)	Afinitor Disperz* (PA)
anastrozole	Erivedge* (PA)	Afinitor* (PA)
capecitabine* (PA)	Gleostine	Alecensa* (PA)
exemestane	Ibrance* (PA)	Bosulif* (PA)
imatinib* (PA)	Lupron Depot* (PA)	Cabometyx* (PA)
letrozole	Nexavar* (PA)	Cometriq* (PA)
mercaptopurine	Revlimid* (PA)	Erleada* (PA)
methotrexate	Sprycel* (PA)	Gleevec* (PA)
tamoxifen ⁺	Sutent* (PA)	Imbruvica* (PA)
temozolomide* (PA)	Tasigna* (PA)	Inlyta* (PA)
	Trexall	Jakafi* (PA)
	Verzenio* (PA)	Kisqali* (PA)
		Lenvima* (PA)
		Lonsurf* (PA)
		Lynparza* (PA)
		Mekinist* (PA)
		Nerlynx* (PA)
		Ninlaro* (PA)
		Odomzo* (PA)
		Pomalyst* (PA)
		Purixan*
		Rubraca* (PA)
		Stivarga* (PA)
		Tafinlar* (PA)
		Tagrisso* (PA)
		Targretin capsule* (PA)
		Temodar* (PA)
		Trelstar*
		Tykerb* (PA)
		Venclexta* (PA)
		Votrient* (PA)
		Xalkori* (PA)
		Xeloda* (PA)
		Xtandi* (PA)
		ZeJula* (PA)

CHOLESTEROL MEDICATIONS

amlodipine-	Repatha (PA)	Caduet (QL)
atorvastatin (QL)	Vascepa (PA)	Crestor (ST, QL)
atorvastatin ⁺		Lipofen (ST)
colesevelam		Lovaza
ezetimibe		Niaspan
ezetimibe-simvastatin		TriCor (ST)
fenofibrate		Triglide (ST)
fenofibric acid		Trilipix (ST)
fluvastatin ⁺		Welchol
		Zetia
		Zocor (ST, QL)

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CHOLESTEROL MEDICATIONS (cont)			CONTRACEPTION PRODUCTS (cont)		
fluvastatin ER ⁺ lovastatin 10mg lovastatin ⁺ 20mg, 40mg niacin niacin ER niacor omega-3 acid ethyl esters pravastatin ⁺ rosuvastatin calcium (QL) rosuvastatin calcium ⁺ 5mg, 10mg (QL) simvastatin 80mg (QL) simvastatin 10mg, 20mg, 40mg ⁺			Chateal EQ ⁺ Cryselle ⁺ Cyclafem ⁺ Cyred ⁺ Cyred EQ ⁺ Dasetta ⁺ Daysee ⁺ Deblitane ⁺ Delyla ⁺ desogestrel-ethinyl estradiol ⁺ desogestrel-ethinyl estradiol ethinyl estradiol dospirenone- ethinyl estradiol- levomefolate ⁺ drospirenone-ethinyl estradiol ⁺ Econtra EZ ⁺ Econtra One-Step ⁺ Elinest ⁺ Emoquette ⁺ Enpresse ⁺ Enskyce ⁺ Errin ⁺ Estarylla ⁺ ethynodiol-ethinyl estradiol ⁺ Falmina ⁺ Fayosim ⁺ Femynor ⁺ Gianvi ⁺ Gynol II ⁺ Hailey 24 FE ⁺ Heather ⁺ Incassia ⁺ Introvale ⁺ Isibloom ⁺ Jasmiel ⁺ Jencycla ⁺ Jolessa ⁺ Juleber ⁺ Junel ⁺ Junel FE ⁺ Junel FE 24 ⁺ Kaitlib FE ⁺ Kalliga ⁺ Kariva ⁺ Kelnor 1-35 ⁺		
CONTRACEPTION PRODUCTS					
Afirmelle ⁺ Aftera ⁺ Altavera ⁺ Alyacen ⁺ Amethia ⁺ Amethia Lo ⁺ Amethyst ⁺ Apri ⁺ Aranelle ⁺ Ashlyna ⁺ Aubra ⁺ Aubra EQ ⁺ Aurovela ⁺ Aurovela FE ⁺ Aurovela 24 FE ⁺ Aviane ⁺ Ayuna ⁺ Azurette ⁺ Balziva ⁺ Bekyree ⁺ Blisovi FE ⁺ Blisovi 24 FE ⁺ Briellyn ⁺ Camila ⁺ Camrese ⁺ Camrese LO ⁺ Caziant ⁺ Chateal ⁺	Lo Loestrin FE NuvaRing ⁺ Taytulla	Annovera ⁺ Balcoltra Caya contoured ⁺ Ella ⁺ Estrostep FE Femcap ⁺ Kyleena* Layolis FE ⁺ Loestrin FE Minastrin 24 FE Mirena* Natazia Nexplanon* Safyral Skyla* Today Contraceptive Sponge ⁺ Wide seal diaphragm ⁺ Yasmin 28 Yaz			

Cigna Performance 3-Tier Prescription Drug List

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

CONTRACEPTION PRODUCTS (cont)

Kelnor 1-50 ⁺		
Kurvelo ⁺		
Larin ⁺		
Larin FE ⁺		
Larin 24 FE ⁺		
Larissia ⁺		
Leena 28 tablet ⁺		
Lessina ⁺		
Levonest ⁺		
levonorgestrel ⁺		
levonorgestrel-ethinyl estradiol ⁺		
levonorgestrel-ethinyl estradiol ethinyl estradiol ⁺		
Levora-28 ⁺		
Lillow ⁺		
Loryna ⁺		
Low-Ogestrel ⁺		
Lo-Zumandimine ⁺		
Lutera ⁺		
Lyza ⁺		
Marlissa ⁺		
medroxyprogesterone 150mg/ml ⁺		
Melodetta 24 FE ⁺		
Mibelas 24 FE ⁺		
Microgestin ⁺		
Microgestin FE ⁺		
Mili ⁺		
Mono-Linyah ⁺		
My Choice ⁺		
My Way ⁺		
Necon ⁺		
Nikki ⁺		
Nora-BE ⁺		
norethindrone ⁺		
norethindrone-ethinyl estradiol ⁺		
norethindrone-ethinyl estradiol-iron ⁺		
norgestimate-ethinyl estradiol ⁺		
Norlyda ⁺		
Norlyroc ⁺		
Nortrel ⁺		
Ocella ⁺		
Option 2 ⁺		
Orsythia ⁺		
Philith ⁺		

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

CONTRACEPTION PRODUCTS (cont)

Pimtrea ⁺		
Pirmella ⁺		
Portia ⁺		
Previfem ⁺		
Reclipsen ⁺		
Rivelsa tablet ⁺		
Setlakin ⁺		
Sharobel ⁺		
Simliya ⁺		
Simpesse ⁺		
Sprintec ⁺		
Sronyx ⁺		
Syeda ⁺		
Tarina 24 FE ⁺		
Tarina FE 1-20 EQ ⁺		
Tilia FE 28 ⁺		
Tri Femynor ⁺		
Tri-Estarylla ⁺		
Tri-Legest FE ⁺		
Tri-Linyah ⁺		
Tri-Lo-Estarylla ⁺		
Tri-Lo-Marzia ⁺		
Tri-Lo-Mili ⁺		
Tri-Lo-Sprintec ⁺		
Tri-Mili ⁺		
Tri-Previfem ⁺		
Tri-Sprintec ⁺		
Trivora-28 ⁺		
Tri-Vylibra ⁺		
Tri-Vylibra Lo ⁺		
Tulana ⁺		
Tydemyl ⁺		
VCF ⁺ foam, gel		
Velivet ⁺		
Vienva ⁺		
Violele ⁺		
Vyfemla ⁺		
Vylibra ⁺		
Wera ⁺		
Wymzya FE ⁺		
Xulane ⁺		
Zarah ⁺		
Zovia ⁺		
Zumandimine ⁺		

COUGH/COLD MEDICATIONS

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

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DENTAL PRODUCTS

chlorhexidine Denta 5000 Plus dentagel doxycycline fluoride+ Fluoridex Daily Defense Fluoritab+ Flura-Drops+ Ludent Fluoride+ Oralene Paroex Peridex Periogard SF 5000 Plus sodium fluoride+^ 0.25mg, 0.5mg, 1mg triamcinolone	Fluorabon+ PreviDent 5000	Clinpro 5000 Floriva+ Fluoridex Sensitivity Relief PreviDent PreviDent 5000 Plus
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DIABETES

glimepiride glipizide glipizide ER glipizide XL metformin metformin ER pioglitazone	Basaglar (QL) Bydureon (ST, QL) Byetta (ST, QL) Farxiga (ST, QL) Freestyle Libre Sensor (PA, QL) GlucaGen HypoKit (QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Janumet (QL) Janumet XR (QL) Januvia (ST, QL) Jardiance (ST, QL) Kombiglyze XR (QL) Levemir (QL) OneTouch test strips Onglyza (ST, QL) Ozempic (ST, QL) QTERN (ST, QL) Segluromet (QL) Soliqua Steglatro (ST, QL) SymlinPen Synjardy (QL) Synjardy XR (QL)	Amaryl Cycloset Glucophage Glucophage XR Korlym* (PA) NovoTwist Riomet
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIABETES (cont)

	Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (QL) Xultophy	
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DIURETICS

acetazolamide acetazolamide ER bumetanide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ	Diuril Dyrenium	Aldactone Dyazide Inspra Jynarque* (PA) Lasix Maxzide Maxzide-25 mg Samsca*
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EAR MEDICATIONS

neomycin- polymyxin-HC ofloxacin drops	Cipro HC Ciprodex	Coly-Mycin S Cortisporin-TC Dermotic Otovel
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ERECTILE DYSFUNCTION

sildenafil (PA age, QL) oral suspension, tablet tadalafil 2.5mg, 10mg, 20mg (PA age, QL) tadalafil 5mg (QL) vardenafil (PA age, QL)	Muse (QL)	Cialis (PA age, ST, QL) Stendra (PA age, ST, QL) Viagra (PA age, ST, QL)
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EYE CONDITIONS

azelastine brimonidine ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin- polymyxin- dexamethasone ofloxacin olopatadine	Alphagan P 0.1% drops Azasite Azopt Betimol Betoptic s Combigan Lotemax drops, gel Lotemax SM Lumigan Moxeza Pazeo Restasis Simbrinza	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Cosopt Cosopt PF Cystaran* (QL) Durezol Ilevro Inveltys Istalol Lastacraft
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Cigna Performance 3-Tier Prescription Drug List

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

polymyxin B-TMP	Tobradex eye	Lotemax ointment
prednisolone solution	ointment	Maxitrol
timolol solution	Travatan Z	Nevanac
tobramycin	Xiidra	Ocuflox
tobramycin-dexamethasone		Oxervate* (PA)
		Pataday
		Patanol
		Polytrim
		Pred Forte
		Prolensa
		Rhopressa
		Timoptic
		Timoptic-XE
		Tobradex drops
		Tobradex ST
		Trusopt
		Vigamox
		Xalatan
		Zioptan (ST, QL)
		Zirgan
		Zylet
		Zymaxid

FEMININE PRODUCTS

Fem pH		AVC
Gynazole 5		
Miconazole 3 vaginal suppository		
terconazole		

GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Aciphex tablet (ST, QL)
Anucort-HC	Apriso	
balsalazide	Carafate	Aciphex Sprinkle (QL)
bisacodyl+	suspension	
Bisa-Lax+	CLENPIQ+	Akynzeo capsule (PA, QL)
chlordiazepoxide-clidinium	Creon	Bonjesta
cinacalcet*	Dexilant (QL)	Canasa
ClearLax+	Entyvio*^ (PA)	Carafate tablet
dicyclomine capsule, solution, tablet	Lithostat	Cholbam* (PA)
diphenoxylate-atropine	Pentasa	Correctol+
dronabinol	Prepopik+	Diclegis
Ducodyl+	SUPREP+	Donnatal
esomeprazole capsule (QL)	Trulance	Dulcolax+
	Zenpep	Gattex* (PA)
		Gialax+

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

famotidine 40mg tablet, suspension, piggyback, vial		Kristalose
GaviLyte-C+		Lomotil
GaviLyte-G+		MiraLax+
GaviLyte-N+		Motegrity
GentleLax+		Movantik (PA)
GlycoLax+		Ocaliva* (PA)
HealthyLax+		Pancreaze
Hemmorex-HC		Pertzye
hydrocortisone		Ravicti* (PA)
lansoprazole (QL)		Rectiv
LaxaClear+		Relistor (PA)
mesalamine		Sancuso (PA, QL)
mesalamine DR		Sensipar*
metoclopramide		sfRowasa
metoclopramide ODT		Sucraid* (PA)
QC Natura-Lax+		Symproic (PA)
omeprazole (QL)		Transderm-Scop
ondansetron		Urso
ondansetron ODT		Urso Forte
pantoprazole tablet (QL)		Varubi (PA, QL)
PEG 3350 and Electrolytes+		Viberzi
PEG-Prep+		Viokace
Phenadoz		Xermelo* (PA)
polyethylene glycol 3350+		Zantac
PowderLax+		
prochlorperazine suppository, tablet, vial		
promethazine		
Promethegan		
rabeprazole (QL)		
ranitidine 150mg, 300mg capsules, tablets, syrup		
sucralfate		
TriLyte With Flavor		
Packets+		
ursodiol		

HORMONAL AGENTS

Amabelz	Androderm (PA, QL)	Activella
budesonide EC		Alora (QL)
budesonide ER (PA, QL)		AndroGel (PA, QL)
cabergoline (QL)		Angeliq
CovARYX		Armour Thyroid 15mg

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS (cont)			INFECTIONS		
CovARYX H.S.	Armour Thyroid	Climara	acyclovir capsule, suspension, tablet, vial	Baraclude* 0.05 mg/ml	Albenza
Decadron	30mg, 60mg,	Climara Pro	albendazole	Cipro suspension	Alinia
desmopressin solution, spray, tablet	90mg, 120mg, 180mg, 240mg, 300mg, tablet	CombiPatch	amoxicillin	Cleocin 75 mg capsule	Arikayce* (PA)
desmopressin* ampule, vial	Cetrotide*^ (PA)	Cytomel	amoxicillin- clavulanate ER	Daraprim* (PA)	Bactrim
dexamethasone	Crinone 4%	Deltasone	amoxicillin- clavulanate	Eurax 10% cream	Bactrim DS
dexamethasone intensol	Divigel	Depo-Testosterone	atovaquone	Firvanq	Baraclude* 0.5 mg (QL)
EEMT	Duavee	Egrifta* (PA)	atovaquone- proguanil	Kitabis Pak* (PA, QL)	Baxdela (PA)
EEMT H.S.	Estring (QL)	Elestrin	Avidoxy	Ledipasvir- Sofosbuvir* (PA)	Cayston* (PA, QL)
estradiol patch, vaginal insert (QL)	Forteo* (PA, QL)	Emflaza* (PA)	azithromycin	Mavyret* (PA)	Cipro tablet
estradiol- norethindrone	Ganirelix*^ (PA)	Entocort EC	cefдинир	Pegasys* (PA)	Cleocin
acetate	Humatrope* (PA)	Euthyrox	cefepodoxime	Sofosbuvir- Velpatasvir* (PA)	Clindesse
estrogen- methyltestosterone	Increlex* (PA)	Evamist	cefuroxime	Sovaldi* (PA)	Cresemba capsule (PA)
levothyroxine	Lupron Depot* (PA)	Imvexxy (QL)	cephalexin	Thalamid* (PA)	Dificid (QL)
Levoxyl	Lupron Depot- PED* 7.5mg, 11.25mg, 15mg(PA)	Intrarosa	ciprofloxacin	TOBI Podhaler* (PA, QL)	Elimite
liothyronine	PED* 7.5mg, 11.25mg, 15mg(PA)	Levo-T	clarithromycin	Vosevi* (PA)	EryPed 200
Lopreeza	Norditropin	Lupron Depot-PED* 30mg (PA)	clarithromycin ER	Xifaxan 550mg (QL)	Eurax 10% lotion
medroxyprogesterone	FlexPro* (PA)	Medrol 4mg, 8mg, 16mg, 32mg	clindamycin		Flagyl
methimazole	Orilissa (PA, QL)	Menostar (QL)	clindamycin phosphate		Keflex
methylprednisolone	Pemarin	Minivelle (QL)	Coremino (QL)		Levaquin
dosepak, tablet	Premphase	Natpara* (PA)	dapsone		Macrobid
Mimvey	Prempro	Noctiva (PA)	Doxy 101		Macrodantin
Mimvey LO	Sandostatin LAR	Osphena	doxycycline		Malarone (PA)
Nature-Throid	Sandostatin LAR Depot* (PA)	Prometrium	Emverm		MetroGel-Vaginal
NP Thyroid	Serostim* (PA)	Royaldee	entecavir* (QL)		Monurol
prednisolone	Somavert* (PA)	Somatuline Depot* (PA)	erythromycin		Natroba
prednisolone ODT	Synthroid	Striant (PA, QL)	erythromycin ES		Noxafil suspension, tablet, vial
prednisone	Zorbtive* (PA)	Thyrogen*	famciclovir		Nuessa
prednisone intensol		Tirosint	fluconazole		Nuzyra* (PA)
progesterone		Triostat	hydroxychloroquine		Oravig
capsule, vial		Unithroid	itraconazole		Plaquenil (PA)
TaperDex		Vagifem (QL)	levofloxacin eye drops, solution, tablet, vial		Prevymis tablet*
testosterone (PA, QL)		Vivelle-Dot (QL)	metronidazole		Priftin
testosterone cypionate			minocycline		Sivextro tablet (PA)
thyroid			minocycline ER (QL)		Sklice
Westhroid			Mondoxylene NL		Solosec
WP Thyroid			nitrofurantoin		Sulfatrim
Yuvaferm (QL)			Nitrofurantoin Mono- Macro		Suprax
			nystatin		Tamiflu (QL)
			Okebo		Urogesic-Blue
			oseltamivir (QL)		Valtrex
					Vemlidy*
					Vibramycin syrup, suspension
					Xofluza (QL)
					Zepatier* (PA)

Cigna Performance 3-Tier Prescription Drug List

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

penicillin V permethrin Soloxide sulfamethoxazole-TMP terbinafine tablet tetracycline capsule tobramycin ampule* (PA, QL) valacyclovir valganciclovir vancomycin bag, capsule, vial Vandazole voriconazole tablet (PA)		Zithromax packet, suspension, tablet, vial Zyvox (PA)
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INFERTILITY

chorionic gonadotropin 10,000 unit vial*^ (PA) clomiphene tablet^	Crinone 8% ^ Endometrin^ Gonal-F*^ (PA) Novarel*^ (PA) Ovidrel*^ (PA)	Follistim AQ*^ (PA) Menopur*^ (PA)
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MISCELLANEOUS

disulfiram Nebusal 3% PulmoSal sodium chloride irrigation solution, inhalation vial tetrabenazine* (PA) trientine* (PA)	Cerdelga* (PA) Esbriet* (PA) Nityr* (PA) Strensiq* (PA) TechLITE Lancets Vivitrol*	Addyi (QL) Austedo* (PA) Brisdelle (QL) Exjade* (PA) Feriprox* (PA) Galafold* (PA) Ingrezza* (PA) Jadenu* (PA) Kuvan* (PA) Myalept* (PA) Nuedexta (QL) Orfadin* (PA) Palynziq* (PA) Tiglutik* (PA) Xenazine* (PA)
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MULTIPLE SCLEROSIS

glatiramer* (PA) Glatopa* (PA)	Ampyra* (PA) Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya 0.5mg* (PA) Plegridy* (PA) Rebif Rebidose* (PA) Rebif* (PA) Tecfidera* (PA)	Gilenya 0.25mg
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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NUTRITIONAL/DIETARY

B-12 Compliance calcitriol calcium 667mg cyanocobalamin injection daily prenatal+ FA-8+ folic acid 1mg tablet, vial folic acid 0.4mg, 0.8mg+ Klor-Con Klor-Con 10 Klor-Con 8 Klor-Con M10 Klor-Con M20 Klor-Con Sprinkle lanthanum phytonadione potassium chloride Prena1 Pearl Prenatal+ Prenatal Vitamin+ sevelamer vitamin D2 vitamin D3 5,000 unit+	CitraNatal Klor-Con M15 OB Complete Petite Prenate Mini Prenate Pixie PrimaCare Vitafo1+	Auryxia (QL) Drisdol Escavite+ Escavite D+ Floriva+ KPN+ K-Tab ER Lokelma Mephyton MVC-fluoride+ OB Complete Perry Prenatal+ Phoslyra Quflora+ Renvela Rocaltrol Urosex+ Velphoro Veltassa vitaPearl
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OSTEOPOROSIS PRODUCTS

alendronate sodium (QL) calcitonin-salmon ibandronate raloxifene+ risedronate risedronate DR	Boniva syringe* Tymlos* (PA, QL)	Actonel (ST) Atelvia (ST) Binosto (ST) Boniva tablet (ST) Evista Fosamax (ST) Fosamax Plus D (ST)
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PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA) allopurinol aprizio pak baclofen buprenorphine (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine	Actemra* (PA, QL) Aimovig (PA) Ajovy (PA) Belbuca (QL) Cosentyx* (PA, QL) Depen* (PA) Embeda (PA) Emgality(PA) Enbrel* (PA, QL) Humira* (PA, QL) Hysingla ER (PA)	Abstral (PA) Analpram HC Arava Arymo ER (PA) Benlysta* (PA) Buprenex Butrans (QL) Celebrex (ST, QL) Cimzia* (PA, QL) Colcrys Diclofenac patch (ST, QL)
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Cigna Performance 3-Tier Prescription Drug List

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

cyclobenzaprine	Nucynta (PA)	D-Penamine* (PA)
DermacinRx	Otezla* (PA, QL)	Dupixent* (PA)
Empricaine	Proctofoam-HC	Duragesic (PA)
DermacinRx Prizopak	Rasuvo (PA)	EC-naprosyn (ST)
diclofenac (QL)	Remicade* (PA)	Esgic (QL)
diclofenac ER	Savella	Fexmid
EC-naproxen	Simponi Aria* (PA)	Flector (ST, QL)
eletriptan (QL)	Stelara* (PA, QL)	Frova (QL)
endocet (PA)	Subsys (PA)	Gablofen
etodolac	Tremfya* (PA, QL)	Ilaris* (PA)
etodolac ER	Uloric (QL)	Ilumya* (PA, QL)
fentanyl (PA)	Xeljanz XR* (PA, QL)	Kadian (PA)
Fioricet (QL)	Xeljanz* (PA, QL)	Kevzara* (PA, QL)
frovatriptan (QL)	Xtampza ER (PA)	Kineret* (PA, QL)
Glydo	Ztlido	Lidoderm
hydrocodone- acetaminophen (PA)		Mitigare
hydromorphone (PA)		Mobic (ST)
hydromorphone ER (PA)		Morphabond ER (PA)
IBU		MS Contin (PA)
ibuprofen tablet		Nalfon 400 mg (ST)
indomethacin		Naprosyn (ST)
indomethacin ER		Norco (PA)
ketorolac (QL)		Nucynta ER (PA)
leflunomide		Olumiant* (PA, QL)
lidocaine (QL)		Orencia* (PA, QL)
lidocaine viscous		Otrexup (PA)
lidocaine-prilocaine		Oxaydo (PA)
Lidopril		Percocet (PA)
Lidopril XR		Procort
Lido-Prilo Caine Pack		Qmiiz ODT (ST, QL)
Livixil Pak		Relpax (QL)
Lorcet (PA)		Roxybond (PA)
Lorcet HD (PA)		Simponi* (PA, QL)
Lorcet Plus (PA)		Skelaxin
Lortab (PA)		Taltz* (PA, QL)
meloxicam		Tylenol-Codeine No.3 (PA)
Metaxall		Tylenol-Codeine No.4 (PA)
metaxalone		Ultram (QL)
methocarbamol		Voltaren (ST, QL)
morphine (PA)		Zanaflex
morphine ER (PA)		Zebutal (QL)
nabumetone		Zohydro ER (PA)
Nalfon 600mg (ST)		Zyloprim
Nalocet (PA)		
naproxen		
oxycodone (PA)		

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

oxycodone ER (PA)		
oxycodone- acetaminophen (PA)		
Phrenilin Forte (QL)		
Prilolid		
Prilovix		
Primlev (PA)		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan- naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Vicodin (PA)		
Vicodin ES (PA)		
Vicodin HP (PA)		

PARKINSON'S DISEASE

benztropine	Apokyn* (PA)	Azilect (QL)
bromocriptine		Mirapex
carbidopa-levodopa		Mirapex ER (QL)
carbidopa-levodopa ER		Neupro
pramipexole		Osmolex ER (QL)
pramipexole ER (QL)		Parlodel
rasagiline (QL)		Rytary
ropinirole		Sinemet
ropinirole ER		Sinemet CR
		Tasmar
		Xadago (ST)

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole (QL)	Latuda (QL)	Aristada initio
aripiprazole ODT	Zyprexa 10mg vial	Fanapt (ST, QL)
chlorpromazine		Invega (ST, QL)
olanzapine		Perseris (QL)
olanzapine ODT		Rexulti (ST, QL)
paliperidone ER (QL)		Risperdal (ST)
quetiapine		Saphris (ST)
quetiapine ER		Seroquel (ST)
risperidone		Seroquel XR (ST)
risperidone ODT		Vraylar (ST, QL)
ziprasidone		

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SEIZURE DISORDERS			SKIN CONDITIONS (cont)		
carbamazepine	Fycompa (PA, QL)	Aptiom (PA, QL)	clindamycin phosphate		Nizoral
carbamazepine ER	Keppra 500 mg/5 ml vial	Banzel (PA, QL)	clindamycin-tretinoin		Olux (ST)
clonazepam		Briviact solution, tablet (PA)	clobetasol		Picato
divalproex	Vimpat solution, tablet (PA)	Carbatrol (PA)	Clodan shampoo		Pramosone 2.5%- 1% cream, lotion
divalproex ER		Depakote (PA)	clotrimazole- betamethasone		Protopic
epitol		Depakote ER (PA)	dapsone		Regranex (PA, QL)
gabapentin		Depakote Sprinkle (PA)	desoximetasone		Sorilux
lamotrigine		Dilantin (PA)	diflorasone		Targetin* gel
lamotrigine (blue, green, orange)		Epidiolex* (PA)	fluocinonide		Temovate (ST)
lamotrigine ER		Klonopin (PA)	fluorouracil (PA)		Tolak
lamotrigine ODT		Neurontin (PA)	flurandrenolide		Topicort (ST)
levetiracetam		Onfi (PA)	hydrocortisone		Tri-Luma
levetiracetam ER		Oxtellar XR (PA)	isotretinoin (QL)		Ultravate cream, ointment (ST)
oxcarbazepine		Phenytek (PA)	ketoconazole		Valchlor*
Roweepra		Tegretol (PA)	metronidazole		Xepi
Roweepra XR		Tegretol XR (PA)	Micort HC 2.5% cream		Xolegel
Subvenite		Vimpat vial	mupirocin		
Subvenite (Blue, Green, Orange)			Myorisan (QL)		
topiramate			Neuac gel		
topiramate ER			Nolix		
vigabatrin*			oxiconazole nitrate		
Vigadrone*			pimecrolimus		
SKIN CONDITIONS			Procto-Med HC		
adapalene (PA age)	Eucrisa	Bryhali (ST)	Procto-Pak		
adapalene-benzoyl peroxide	Finacea 15% foam	Celacyn	Proctosol-HC		
Amnesteem (QL)	Fluoroplex	Centany	Proctozone-HC		
Avar Cleanser	Naftin gel	Cleocin T	Psorcon		
Avar-E	Pramosone	Cloderm (ST)	Rosadan		
Avar-E Green	ointment, 1%	Condylox	sodium		
azelaic acid	lotion, 1%-1%	Cordran (ST)	sulfacetamide-sulfur		
betamethasone	cream	Dermasorb TA (ST)	SSS 10-5		
dipropionate	Promiseb	Dovonex	Sulfacleanse 8-4		
augmented	Santyl (QL)	Drysol	tacrolimus ointment		
betamethasone	Soolantra	Ecoza	tazarotene		
BP 10-1		Efudex	tretinoin (PA age)		
calcipotriene		Elidel	tretinoin microsphere (PA age)		
calcipotriene- betamethasone DP		Evoclin	triamcinolone		
Calcitrene		Finacea gel	triderm		
Claravis (QL)		Impoyz (ST)	Zenatane (QL)		
Clindacin ETZ		Lotrisone			
pledget		MetroCream	SLEEP DISORDERS/SEDATIVES		
Clindacin P pledget		MetroGel	armodafinil (PA)	Belsomra (ST)	Hetlioz* (PA)
clindamycin-benzoyl peroxide		MetroLotion	eszopiclone	Silenor (ST, QL)	Lunesta (ST)
		MiCort-HC 2.5% cream (ST)	modafinil (PA)		Rozerem (ST, QL)
		Mimyx	temazepam		Xyrem* (PA)
		Naftin cream	zolpidem		
			zolpidem ER (QL)		

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SMOKING CESSATION

bupropion SR ⁺ NicoDerm CQ 21mg/24hr ⁺ Nicorelief ⁺ nicotine gum ⁺ nicotine lozenge ⁺ nicotine patch ⁺ Quit 2 ⁺ Quit 4 ⁺	Chantix Nicotrol Nicotrol NS	NicoDerm CQ 7mg/24hr, 14mg/24hr ⁺ Nicorette ⁺ Zyban
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SUBSTANCE ABUSE

buprenorphine- naloxone	Bunavail Lucemyra (QL) NARCAN (QL) Probuphine Zubsolv	Suboxone
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TRANSPLANT MEDICATIONS

azathioprine* mycophenolate* mycophenolic acid* sirolimus* tacrolimus* capsule	CellCept vial* Prograf 5 mg/ml ampule*	Astagraf XL* CellCept capsule, suspension, tablet* Envarsus XR* Myfortic* Prograf capsule, granule packet* Rapamune* Zortress*
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URINARY TRACT CONDITIONS

cevimeline darifenacin ER (QL) finasteride 5mg oxybutynin oxybutynin ER phenazopyridine potassium ER silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium trospium ER	Cystagon* Elmiron Thiola*	Avodart Evoxac Flomax Procysbi* (PA) Proscar Pyridium Rapaflo (QL) Urocit-K
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VACCINES

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 Tetanus Toxoids- ped ⁺ TdVax ⁺		Act-HIB ⁺ Adacel Tdap ⁺ Afluria Quad ⁺ BEXSERO ⁺ Boostrix Tdap ⁺ DAPTACEL DTaP ⁺
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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VACCINES (cont)

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.

		Engerix-B ⁺ FLUAD ⁺ FLUARIX QUADRIVALENT ⁺ FLUBLOK Quadrivalent ⁺ FLUCELVAX QUADRIVALENT ⁺ FLUALVAL QUADRIVALENT ⁺ FluMist Quad Nasal ⁺ Fluzone High-Dose ⁺ Fluzone Quadrivalent Pedit ⁺ Fluzone Quadrivalent ⁺ GARDASIL 9 ⁺ HAVRIX ⁺ HEPLISAV-B ⁺ Hiberix ⁺ Infanrix DTaP ⁺ IPOL ⁺ KINRIX ⁺ Menactra ⁺ Menveo A-C-Y-W- 135-DIP ⁺ M-M-R II ⁺ PEDIARIX ⁺ PevaxHIB ⁺ Pentacel ⁺ PNEUMOVAX 23 ⁺ Prevnar 13 ⁺ ProQuad ⁺ Quadracel DTaP- IPV ⁺ Recombivax HB ⁺ Rotarix ⁺ RotaTeq ⁺ SHINGRIX ⁺ TENIVAC ⁺ Trumenba ⁺ Twinrix ⁺ VAQTA ⁺ VARIVAX ⁺ ZOSTAVAX ⁺
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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. **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 EpiPen, EpiPen Jr	epinephrine auto-injectors
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g. fluticasone)
	QNASL Children's	budesonide fluticasone triamcinolone
	RyVent carbinoxamine 6mg tablet	carbinoxamine 4mg tablet
	Anafranil	clomipramine
	Aplenzin Wellbutrin XL	bupropion XL
ANXIETY/DEPRESSION/BIPOLAR	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 AirDuo RespiClick	Advair HFA Breo Ellipta Dulera fluticasone-salmeterol Symbicort Wixela Inhub
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler Pulmicort Flexhaler
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	Anoro Ellipta
	Elixophyllin	theophylline oral solution
	Proventil HFA Xopenex HFA	ProAir Ventolin HFA
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Striverdi Respimat	Serevent Diskus
	Yupelri	Anoro Ellipta Incruse Ellipta Trelegy Ellipta
	Zyflo	montelukast zafirlukast zileuton ER
ATTENTION DEFICIT HYPERACTIVITY	Adderall XR Aptensio XR Concerta Cotempla XR-ODT Mydayis Focalin XR Ritalin LA	dexmethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA Vyvanse
	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
BLOOD PRESSURE/HEART MEDICATIONS	Betapace	sotalol oral
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
	Isordil	isosorbide dinitrate
	Isordil Titradose	isosorbide dinitrate digoxin
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CANCER	Nilandron	nilutamide
	Tarceva*	erlotinib*
	Yonsa*	abiraterone*
	Zytiga*	
CHOLESTEROL MEDICATIONS	Antara	fenofibrate
	Fenoglide	
	Ezallor Sprinkle	atorvastatin
	Livalo	lovastatin
	Zypitamag	pravastatin rosuvastatin simvastatin
	Lipitor	atorvastatin
COUGH/COLD MEDICATIONS	Praluent Pen	Repatha
	benzonatate 150mg	benzonatate 100mg, 200mg
	TussiCaps	hydrocodone-chlorpheniramine ER promethazine with codeine syrup
DIABETES	Accu-Chek Aviva Plus test strips	One Touch test strips (e.g. Ultra; Verio)
	Accu-Chek Guide test strips	
	Accu-Chek Smartview	
	Accutrend glucose	
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza
	Ademelog	Humalog Humulin
	Afrezza	
	Apidra	
	Apidra SoloStar	
	Fiasp	
	Novolin, Novolog	
	alogliptin	Janumet Janumet XR Januvia Kombiglyze XR metformin Onglyza
	alogliptin-metformin	Janumet Janumet XR Januvia Kombiglyze XR metformin Onglyza
	alogliptin-pioglitazone	Janumet Janumet XR Januvia Kombiglyze XR Onglyza pioglitazone

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)
	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Jentadueto Jentadueto XR Kazano	Janumet Janumet XR Kombiglyze XR
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch
	Nesina Tradjenta	Januvia Janumet Janumet XR Kombiglyze XR metformin Onglyza
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia Kombiglyze XR Onglyza
	Steglujan	Glyxambi metformin QTERN
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Vyzulta	bimatoprost latanoprost Lumigan Travatan Z
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (<i>cont</i>)	CoLyte with Flavor Packets ⁺ GoLyteLy ⁺ MoviPrep ⁺ NuLYTELY with flavor packs ⁺ OsmoPrep ⁺ Plenvu ⁺	Clenpiq ⁺ GaviLyte-C ⁺ GaviLyte-G ⁺ GaviLyte-N ⁺ 3550 Electrolyte ⁺ Prepopik ⁺ SuPrep ⁺
	Cortifoam Uceris foam	Prescription hydrocortisone enema, rectal cream, suppository
	Librax	chlordiazepoxide-clidinium
	Marinol Syndros	dronabinol
	Nexium capsule	esomeprazole
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pack)
	OmePPI Zegerid packet, 40mg capsule	omeprazole
	Pepcid	famotodine
	Prevacid SoluTab	Generic prescription PPIs (e.g. lansoprazole)
	Rowasa	mesalamine rectal enema suspension
	Zofran	ondansetron
	Zuplenz	ondansetron ondansetron ODT
HORMONAL AGENTS	Cortrosyn	cosyntropin
	DDAVP	desmopressin
	Dxevo	dexamethasone
	Fortesta Natesto Testim Vogelxo Xyosted	AndgroGel testosterone
	Genotropin* Nutropin AQ nuspin* Omnitrope* Saizen* Saizen-Saizenprep* Zomacton*	Humatrope* (PA)
	Nocdurna	desompression acetate nasal spray or tablets
	Rayos	prednisone
	Uceris tablets	budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Seysara Solodyn Targadox Vibramycin Ximino	Generic products (e.g. doxycycline; minocycline)
	Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine quinine
	Augmentin/ES	amoxicillin-clavulanate
	Bethkis* Tobi	tobramycin inhalation solution*
	Diflucan	fluconazole
	E.E.S. 200	erythromycin granules
	Epclusa*	sofosbuvir-velpatasvir*
	Eryped 400	erythromycin ethylsuccinate
	Harvoni*	ledipasvir-sofosbuvir*
	Mepron	atovaquone
	Mycobutin	rifabutin
	Sitavig	acyclovir tablet famciclovir tablet valacyclovir tablet
	Sporanox Tolsura	itraconazole oral
	Valcycte	valganciclovir
	Vancocin	vancomycin oral capsule
	Zovirax	acyclovir
MISCELLANEOUS	Horizant	gabapentin
	Syprine*	Depen* penicillamine* trientine*
MULTIPLE SCLEROSIS	Aubagio*	Gilenya* Mayzent* Tecfidera*
	Copaxone*	Aubagio* Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
NUTRITIONAL/DIETARY	Azesco	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	Amrix	cyclobenzaprine Other generic muscle relaxants
	Bupap	butalbital-acetaminophen tablets
	Cambia	Generic prescription NSAID (e.g. celecoxib, meloxicam)
	Duexis	
	Ergomar	
	Fenortho	
	Indocin	
	Naprelan	
	Treximet	
	Vimovo	
	Zipsor	
	ConZip	Tramadol Tramadol ER
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	Gralise	gabapentin
	Imitrex Zembrace Symtouch	sumatriptan
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER
	Lido-Sorb 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) Hysingla ER (PA) Xtampza ER
	Pennsaid	diclofenac 1% gel
	Roxicodone	oxycodone
	Siliq*	Cosentyx* Enbrel* Humira* 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
	Tivorbex	indomethacin
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine
	Vivlodex	meloxicam
	Zomig	sumatriptan 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 Abilify MyCite	aripiprazole
	FazaClo Versacloz	clozapine 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 gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
	Qudexy XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
	Zonegran	zonisamide

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS	Absorica	Myorisan or Zenatane
	Acanya	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aczone	
	Aktipak	
	Altreno	
	Atralin	
	Avita	
	Azelex	
	Differin	
	Duac	
	Epiduo	
	Epiduo Forte	
	Fabior	
	Onexton	
	Retin-A	
	Retin-A Micro	
	Tazorac	
	Veltin	
	Ziana	
	Aldara	imiquimod 5% cream
	Zyclara	
	Anusol-HC cream	hydrocortisone cream
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin	clindamycin-benzoyl peroxide
	Neuac Kit	
	Carac	fluorouracil 0.5% cream
	Clindagel	clindamycin gel, topical solution
	Cutivate lotion	fluticasone topical lotion
	Denavir	acyclovir tablet
	Zovirax cream, ointment	famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Duobrii	halobetasol plus tazarotene cream
	Enstilar	calcipotriene
	Taclonex	calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	HALOG	clobetasol cream, ointment halobetasol cream, ointment
	Jublia Kerydin	ciclopirox topical solution itraconazole capsules terbinafine tablets
	Kenalog spray	triamcinolone acetonide aerosol spray
	Lexette	clobetasol cream, ointment halobetasol cream, foam, ointment
	Locoid	hydrocortisone cream, lipid cream, ointment, solution
	Locoid Lipocream	hydrocortisone lipid cream
	Loprox	ciclopirox cream, shampoo
	Luzu	econazole ketoconazole cream luliconazole oxiconazole
	Noritate	metronidazole cream
	Oxistat	etoconazole cream
	Penlac	ciclopirox solution
	Prudoxin Zonalon	Generic topical steroid (e.g. topical tacrolimus)
	Sernivo	clobetasol spray triamcinolone acetonide aerosol spray
	Trianex	triamcinolone cream, ointment
	Ultravate	clobetasol lotion
	Vanos	fluocinonide 0.1% cream
	Verdeso	desonide cream, ointment
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Ativan	lorazepam
	Edluar Intermezzo	zolpidem/ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
	Zolpimist	Belsomra eszopiclone Silenor zaleplon zolpidem/ER

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SUBSTANCE ABUSE	Evzio	narcan nasal spray
URINARY TRACT CONDITIONS	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique	darifenacin ER
	Myrbetriq	oxybutynin ER
	Toviaz	tolterodine ER
	VESIcare	trospium ER

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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:^{1,2}

- 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 1st and July 1st.
- 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 that medication. 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 begins 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 of your medication.

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 medications 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.

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 medicines) 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 on **Cigna.com/druglist**.

For more information about health care reform, visit **www.informedonreform.com** or **Cigna.com**.

Prescription drug list FAQs (cont)

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

Newly approved medications may not be covered on your drug list for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices covered under standard pharmacy benefit plans. We review all newly approved medications to determine if they should be covered – and if so, at what tier level. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. You can log in to the **myCigna** app or website and click on "Price a Medication" to see how much your medication will cost you at the different pharmacies in your network. You can also see if there are lower-cost alternatives available.³

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.

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

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.⁴ The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:⁴

- Have the same active ingredient, strength and dosage form as the brand name medication

- Deliver the same amount of active ingredients into the bloodstream in the same amount of time as the brand name medication
- Be used in the same way as the brand name medication

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

How can I get help with my specialty medication?

Managing a complex condition isn't easy. As part of your Cigna-administered pharmacy benefits, you have access to Accredo.⁵ Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo's team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your complex medical condition. They'll help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

To get started using Accredo, call **877.826.7657**. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Please 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.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to **Cigna.com/specialty**.

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.⁵

- If you're taking a medication every day 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. To get started, call **800.835.3784**.

Prescription drug list FAQs (cont)

- › If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo. Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).⁶ To get started, call Accredo at **877.826.7657**. They're available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Please 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.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to **Cigna.com/specialty**.

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

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 connect to your online Accredo account to manage your specialty medication.⁵

Exclusions and limitations

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁷

- › over-the-counter (OTC) 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. Illinois state law allows you to receive continued coverage of your medication, and at your current cost share (tier) level, if your doctor requests approval through a coverage review process. 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 06/04/18.
5. Not all plans offer home delivery and Accredo as a covered pharmacy option. Please 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.
7. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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