



# **CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST**

**Coverage as of July 1, 2023**



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

932539 g Performance 3-Tier 06/23



## What's inside?

|  |    |
|--|----|
| About this drug list   | 3  |
| How to read this drug list                                       | 3  |
| How to find your medication                                      | 5  |
| Medications that aren't covered - and their covered alternatives | 20 |
| Frequently Asked Questions (FAQs)                                | 35 |
| Exclusions and limitations for coverage                          | 39 |

### View the drug list online

This document was last updated on 06/01/2023.\* You can go online to see the most up-to-date list of medications your plan covers.



**myCigna® App<sup>1</sup> or myCigna.com®.** Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



**Cigna.com/druglist.** Select **Performance 3 Tier** from the dropdown menu. Then type in your medication name or view the full list.

#### Questions?

- › **myCigna.com** — Click to Chat | Monday-Friday, 9:00 am-8:00 pm EST.
- › **By phone** — Call the toll-free number on your Cigna ID card. We're here 24/7/365.

\* Drug list created: originally created 01/01/2004

Last updated: 06/01/2023, for changes starting 07/01/2023

Next planned update: 11/01/2023, for changes starting 01/01/2024

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Performance 3-Tier Prescription Drug List as of July 1, 2023.<sup>2,3</sup> Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

**The drug list is updated often so it isn't a complete list of the medications your plan covers.**

Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

## How to read this drug list

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

| TIER 1<br>\$                            | TIER 2<br>\$\$  |
|---|-----------------|
| <b>BLOOD PRESSURE/HEART MEDICATIONS</b> |                 |
| afeditab CR                             | BERINERT* (PA)  |
| amlodipine                              | BIDIL           |
| amlodipine-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                               | FIRAZYR* (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                              | NITROLINGUAL    |
| hydralazine                             | NITROMIST       |
| irbesartan                              | NITRONAL        |
| isosorbide mononitrat                   | NITROSTAT       |
|   | NORTHERA* (PA)  |
|   | NORVASC         |
|   | RANEXA (ST)     |
|   | TEKTURNA        |
|   | TEKTURNA 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 in all **capital letters**

Generic medications are in all **lowercase letters**

Medications that have extra coverage requirements 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 Cigna 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             | (Lowest-cost medication)  | \$     |
| › Tier 2 – Typically Preferred Brands     | (Medium-cost medication)  | \$\$   |
| › Tier 3 – Typically Non-Preferred Brands | (Highest-cost medication) | \$\$\$ |

## Abbreviations next to medications

In this drug list, medications that have limits and/or extra coverage requirements have an abbreviation listed next to them.\* Here's what they mean.

**(PA)** **Prior Authorization** – Certain medications need approval from Cigna before your plan will cover them. These medications have a **(PA)** next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.

**(QL)** **Quantity Limits** – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a **(QL)** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.

**(ST)** **Step Therapy** – Certain high-cost medications aren't covered until you try one or more lower-cost alternative(s) first.\*\* These medications have a **(ST)** next to them. You have many covered options to choose from, and they can be used to treat the same condition.

**(AGE)** **Age Requirements** – Certain medications will only be covered if you're within a specific age range. These medications have **(AGE)** next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna.

\* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy and/or age requirements.

\*\* If your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

## Brand-name medications are in all capital letters

In this drug list, generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

## Specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, specialty medications have an asterisk (\*) next to them.

## No cost-share preventive medications have a plus sign next to them

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0), to you. In this drug list, these medications have a plus sign (+) next to them.

## Some plans may cover certain non-covered medications

Plans can choose to offer coverage of certain medications/products and/or drug classes that aren't typically covered. In this drug list, these medications/products have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com** to see if your plan covers them.

## How to find your medication

First, look for 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     | GASTROINTESTINAL/HEARTBURN           | 14     |
| ALLERGY/NASAL SPRAYS                     | 6     | HORMONAL AGENTS                      | 14     |
| ALZHEIMER'S DISEASE                      | 6     | INFECTIONS                           | 14, 15 |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER      | 6     | INFERTILITY                          | 15     |
| ASTHMA/COPD/RESPIRATORY                  | 6, 7  | MISCELLANEOUS                        | 15     |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | 7     | MULTIPLE SCLEROSIS                   | 16     |
| BLOOD MODIFIERS/BLEEDING DISORDERS       | 7     | NUTRITIONAL/DIETARY                  | 16     |
| BLOOD PRESSURE/HEART MEDICATIONS         | 7, 8  | OSTEOPOROSIS PRODUCTS                | 16     |
| BLOOD THINNERS/ANTI-CLOTTING             | 8     | PAIN RELIEF AND INFLAMMATORY DISEASE | 16, 17 |
| CANCER                                   | 8     | PARKINSON'S DISEASE                  | 17     |
| CHOLESTEROL MEDICATIONS                  | 8, 9  | SCHIZOPHRENIA/ANTI-PSYCHOTICS        | 17     |
| CONTRACEPTION PRODUCTS                   | 9, 10 | SEIZURE DISORDERS                    | 17     |
| COUGH/COLD MEDICATIONS                   | 10    | SKIN CONDITIONS                      | 17, 18 |
| DENTAL PRODUCTS                          | 10    | SLEEP DISORDERS/SEDATIVES            | 18     |
| DIABETES                                 | 10-13 | SMOKING CESSATION                    | 18     |
| DIURETICS                                | 13    | SUBSTANCE ABUSE                      | 18     |
| EAR MEDICATIONS                          | 13    | TRANSPLANT MEDICATIONS               | 18     |
| ERECTILE DYSFUNCTION                     | 13    | URINARY TRACT CONDITIONS             | 18     |
| EYE CONDITIONS                           | 13    | VACCINES                             | 18, 19 |
| FEMININE PRODUCTS                        | 14    | VITAMINS                             | 19     |
|  |       | WEIGHT MANAGEMENT                    | 19     |

## Cigna Performance 3-Tier Prescription Drug List

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

### AIDS/HIV

|  |  |   |
|--|--|---|
| abacavir-lamivudine* (PA)                  | BIKTARVY* (QL)<br>DESCOVY*+ (PA)                             | APREUDE*+ (PA)<br>CABENUVA* (PA)                        |
| efavirenz-emtricitabine-tenofovir* (QL)    | DOVATO* (QL)<br>GENVOYA* (QL)<br>ISENTRESS HD* (PA)          | CIMDUO* (PA)<br>COMPLERA* (PA, QL)<br>ODEFSEY* (PA, QL) |
| emtricitabine-tenofovir disop*+ ritonavir* | ISENTRESS*<br>JULUCA* (QL)<br>PREZISTA*                      | PREZCOBIX* (PA)<br>STRIBILD* (PA, QL)<br>TEMIXYS* (PA)  |
| tenofovir* (PA)                            | SYMTUZA* (QL)  |   |
| tenofovir disoproxil fumarate* (PA)        | TIVICAY PD*<br>TIVICAY*<br>TRIUMEQ* (QL)<br>TRIUMEQ PD* (QL) |   |

### ALLERGY/NASAL SPRAYS

|   |  |                                      |
|---|--|--------------------------------------|
| azelastine                              |  | CLARINEX                             |
| azelastine-fluticasone                  |  | EPINEPHRINE PROFESSIONAL             |
| cromolyn                                |  | EMS                                  |
| desloratadine (QL)                      |  | GASTROCROM                           |
| epinephrine (QL)                        |  | GRASSTK (PA, QL)                     |
| fluticasone                             |  | KARBINAL ER                          |
| hydroxyzine hcl solution, syrup, tablet |  | ODACTRA (PA, QL)<br>ORALAIR (PA, QL) |
| hydroxyzine pamoate                     |  | PATANASE                             |
| ipratropium                             |  | RAGWITEK (PA, QL)                    |
| levocetirizine                          |  | VISTARIL                             |
| mometasone (QL)                         |  |                                      |
| olopatadine                             |  |                                      |
| phenylephrine hcl                       |  |                                      |
| promethazine solution, syrup, tablet    |  |                                      |

### ALZHEIMER'S DISEASE

|                                  |                     |                 |
|----------------------------------|---------------------|-----------------|
| donepezil                        | MESTINON            | EXELON          |
| donepezil odt                    | 60 MG/5 ML SOLUTION | MESTINON 180 MG |
| memantine                        |                     | TIMESPAN, 60 MG |
| memantine er (QL)                | NAMENDA 5-10        | TABLET          |
| pyridostigmine 60 mg/5 ml, 60 mg | MG TITRATION PK     | NAMENDA 5, 10   |
| pyridostigmine er                |                     | MG TABLET       |
| rivastigmine                     |                     | NAMENDA XR (QL) |
|                                  |                     | NAMZARIC (QL)   |
|                                  |                     | regonol         |

### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>4</sup>

|                     |  |                            |
|---------------------|--|----------------------------|
| alprazolam          |  | CELEXA (QL, ST)            |
| alprazolam er       |  | DESVENLAFAXINE ER (QL, ST) |
| alprazolam intensol |  | EFFEXOR XR (QL, ST)        |
| alprazolam odt      |  |                            |
| alprazolam xr       |  |                            |

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

### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>4</sup> (cont)

|                                 |  |                        |
|---------------------------------|--|------------------------|
| amitriptyline                   |  | EMSAM (QL)             |
| bupropion (QL)                  |  | FETZIMA (QL, ST)       |
| bupropion sr (QL)               |  | NUPLAZID* (PA)         |
| bupropion xl 150 mg tablet (QL) |  | PAXIL (QL, ST)         |
| bupropion xl 300 mg tablet (QL) |  | PAXIL CR (QL, ST)      |
| bupropion xl 300 mg tablet (QL) |  | PRISTIQ (QL, ST)       |
| bupropion xl 300 mg tablet (QL) |  | PROZAC (QL, ST)        |
| buspirone                       |  | REMERON                |
| clomipramine                    |  | SPRAVATO* (PA)         |
| duloxetine (QL)                 |  | TRINTELLIX (QL, ST)    |
| escitalopram (QL)               |  | WELLBUTRIN SR (QL, ST) |
| fluoxetine dr (QL)              |  | XANAX                  |
| fluoxetine (QL)                 |  | XANAX XR               |
| fluvoxamine (QL)                |  | ZOLOFT (QL, ST)        |
| fluvoxamine er (QL)             |  |                        |
| lorazepam                       |  |                        |
| lorazepam intensol              |  |                        |
| mirtazapine                     |  |                        |
| paroxetine cr (QL)              |  |                        |
| paroxetine er (QL)              |  |                        |
| paroxetine (QL)                 |  |                        |
| sertraline (QL)                 |  |                        |
| trazodone                       |  |                        |
| venlafaxine (QL)                |  |                        |
| venlafaxine er (QL)             |  |                        |

### ASTHMA/COPD/RESPIRATORY

|                             |                         |                               |
|-----------------------------|-------------------------|-------------------------------|
| albuterol                   | ADEMPAS* (PA)           | AIRDUO DIGIHALER (QL, ST)     |
| ambroxolant* (PA)           | ADVAIR HFA (QL)         | ARALAST NP* (PA)              |
| budesonide (QL)             | ANORO ELLIPTA (QL)      | BRONCHITOL* (PA)              |
| fluticasone-salmeterol (QL) | ATROVENT HFA (QL)       | GLASSIA* (PA)                 |
| ipratropium-albuterol       | BEVESPI AEROSPHERE (QL) | KALYDECO* (PA, QL)            |
| montelukast                 | BREO ELLIPTA (QL)       | LETAIRIS* (PA)                |
| treprostinil* (PA)          | BREZTRI AEROSPHERE (QL) | LONHALA                       |
|                             | COMBIVENT RESPIMAT (QL) | MAGNAIR (PA, QL)              |
|                             | DULERA (QL)             | ORENITRAM ER* (PA)            |
|                             | FASENRA PEN* (PA)       | ORKAMBI* (PA, QL)             |
|                             | FLOVENT DISKUS (QL)     | PROLASTIN C* (PA)             |
|                             | FLOVENT HFA (QL)        | PULMICORT RESPULES (QL)       |
|                             |                         | REVATIO 10 MG/ML, 20 MG* (PA) |
|                             |                         | SINGULAIR                     |
|                             |                         | TEZSPIRE* (PA)                |
|                             |                         | TRIKAFTA* (PA, QL)            |
|                             |                         | TYVASO REFILL KIT* (PA)       |

## Cigna Performance 3-Tier Prescription Drug List

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

### ASTHMA/COPD/RESPIRATORY (cont)

|  |   |   |
|--|---|---|
|  | INCRUSE ELLIPTA<br>NUCALA* (PA)<br>OFEV* (PA)<br>OPSUMIT* (PA)<br>PULMICORT<br>FLEXHALER<br>QVAR<br>REDIHALER<br>SEREVENT<br>DISKUS (QL)<br>SPIRIVA<br>HANDIHALER<br>(QL)<br>SPIRIVA<br>RESPIMAT (QL)<br>STIOLTO<br>RESPIMAT (QL)<br>SYMBICORT (QL)<br>TRACLEER 32<br>MG TABLET FOR<br>SUSP* (PA)<br>TRELEGY ELLIPTA<br>(QL)<br>UPTRAVI* (PA)<br>XOLAIR* (PA) | UPTRAVI 1,800 MCG<br>VIAL* (PA)<br>VIJOICE* (PA,QL) |
|--|---|---|

### ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>4</sup>

|   |  |   |
|---|--|---|
| atomoxetine (QL)<br>amphetamine (PA)<br>atomoxetine<br>dexmethylphe-<br>nidate (PA)<br>dexmethylphe-<br>nidate er (PA, QL)<br>dextroamph-<br>etamine-<br>amphetamine (PA)<br>methylphenidate<br>cd (PA, QL)<br>methylphenidate la<br>(PA, QL) | MYDAYIS (PA,<br>QL)<br>VYVANSE (PA,<br>QL) | ADDERALL (PA, ST)<br>ADZENYS XR-ODT<br>(PA, QL)<br>amphetamine er<br>(PA,QL)<br>AZSTARYS (PA, ST,<br>QL)<br>DAYTRANA (PA, QL)<br>DYANAVEL XR (PA,<br>QL)<br>EVEKEO ODT (PA)<br>FOCALIN (PA, ST)<br>INTUNIV<br>METHYLIN (PA)<br>QUILLICHEW ER<br>(PA, QL)<br>QUILLIVANT XR (PA,<br>QL)<br>RITALIN (PA, ST)<br>STRATTERA (QL) |
|---|--|---|

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

### BLOOD MODIFIERS/BLEEDING DISORDERS

|   |  |  |
|---|--|--|
| aminocaproic acid<br>0.25 gram/ml, 500<br>mg, 1,000 mg*<br>tranexamic acid<br>650 mg* | ADYNOVATE*<br>(PA)<br>AFSTYLA* (PA)<br>ARANESP* (PA)<br>DROXIA<br>ELOCTATE* (PA)<br>EMPAVELI* (PA)<br>EPOGEN* (PA)<br>ESPEROCT* (PA)<br>JIVI* (PA)<br>KOGENATE FS*<br>(PA)<br>KOVALTRY* (PA)<br>NEULASTA* (PA)<br>NIVESTYM<br>NOVOEIGHT*<br>(PA)<br>NYVEPRIA* (PA)<br>PROCRI* (PA)<br>RETACRI* (PA)<br>SOLIRIS* (PA)<br>ZARXIO*<br>ZIEXTENZO* (PA) | ADVATE* (PA)<br>CABLIVI* (PA)<br>CYKLOKAPRON*<br>DOPTELET* (PA)<br>FULPHILA* (PA)<br>GRANIX* (PA)<br>HEMLIBRA* (PA)<br>LYSTEDA*<br>MIRCERA* (PA)<br>NEUPOGEN* (PA)<br>NUWIQ* (PA)<br>PROMACTA* (PA)<br>RECOMBINATE* (PA)<br>SIKLOS (PA)<br>TAVALISSE* (PA)<br>UDENYCA* (PA)<br>ULTOMIRIS* (PA)<br>XYNTHA* (PA)<br>XYNTHA<br>SOLOFUSE* (PA) |
|---|--|--|

### BLOOD PRESSURE/HEART MEDICATIONS

|  |  |   |
|--|--|---|
| amlodipine<br>amlodipine-<br>benazepril<br>amlodipine-<br>olmesartan (QL)<br>amlodipine-<br>valsartan<br>atenolol<br>bisoprolol<br>bisoprolol-hctz<br>candesartan<br>cartia xt<br>carvedilol<br>carvedilol er (QL)<br>clonidine<br>diltiazem 12hr, 24hr<br>er<br>diltiazem 24hr er<br>(cd, la, xr)<br>diltiazem<br>DILT-XR<br>dofetilide (QL)<br>droxidopa*<br>enalapril<br>flecainide<br>hydralazine tablet | CORLANOR (PA)<br>ENTRESTO (QL)<br>TEKTURNA HCT<br>(QL) | ALTACE (ST)<br>AVAPRO (ST)<br>BETAPACE AF<br>BERINERT* (PA)<br>BIDIL (QL)<br>CALAN SR<br>CAMZYOS* (PA,QL)<br>CARDIZEM LA<br>120mg (QL)<br>CATAPRES-TTS 1<br>CATAPRES-TTS 2<br>CATAPRES-TTS 3<br>CINRYZE* (PA)<br>CORGARD (ST)<br>COZAAR (ST)<br>DIOVAN (ST)<br>DIOVAN HCT (ST)<br>EPANED<br>EXFORGE<br>HAEGARDA* (PA)<br>HEMANGEOL<br>HYZAAR (ST)<br>INDERAL LA (ST)<br>INDERAL XL (ST)<br>KALBITOR* (PA)<br>KAPSPARGO<br>SPRINKLE (ST) |
|--|--|---|

## Cigna Performance 3-Tier Prescription Drug List

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

### BLOOD PRESSURE/HEART MEDICATIONS (cont)

|                            |  |                                 |
|----------------------------|--|---------------------------------|
| icatibant* (PA)            |  | KATERZIA (QL)                   |
| irbesartan                 |  | LOPRESSOR (ST)                  |
| labetalol tablet           |  | MICARDIS (QL, ST)               |
| lisinopril                 |  | MICARDIS HCT (QL, ST)           |
| lisinopril-hctz            |  | MINIPRESS                       |
| losartan                   |  | NITROSTAT                       |
| losartan-hctz              |  | NORTHERA* (PA)                  |
| matzim la                  |  | NORVASC                         |
| metoprolol succinate       |  | ORLADEYO* (PA, QL)              |
| metoprolol                 |  | PROCARDIA XL                    |
| metirosine (PA)            |  | QBRELIS                         |
| nadolol                    |  | RANEXA (QL)                     |
| nebivolol (QL)             |  | RELEUKO* (PA)                   |
| nifedipine                 |  | RUCONEST* (PA)                  |
| nifedipine er              |  | SOTYLIZE (ST)                   |
| olmesartan (QL)            |  | TAKHZYRO* PA                    |
| olmesartan-amlodipine-hctz |  | TEKTURNA (QL)                   |
| olmesartan-hctz (QL)       |  | TENORETIC 50 (ST)               |
| prazosin                   |  | TENORETIC 100 (ST)              |
| propranolol tablet         |  | TENORMIN (ST)                   |
| propranolol er             |  | TIAZAC                          |
| ramipril                   |  | TIKOSYN (PA, QL)                |
| ranolazine er (QL)         |  | TOPROL XL (ST)                  |
| sajazir* (PA)              |  | VALSARTAN 4 MG/ML SOLUTION (ST) |
| SOTALOL HCL                |  | VERELAN                         |
| taztia xt                  |  | VERELAN PM                      |
| telmisartan (QL)           |  | ZESTORETIC (ST)                 |
| telmisartan-hctz (QL)      |  | ZESTRIL (ST)                    |
| tiadylt er                 |  | ZIAC (ST)                       |
| valsartan                  |  |                                 |
| valsartan-hctz             |  |                                 |
| verapamil er               |  |                                 |
| verapamil er pm            |  |                                 |
| verapamil tablet           |  |                                 |
| verapamil sr               |  |                                 |

### BLOOD THINNERS/ANTI-CLOTTING

|                           |               |                  |
|---------------------------|---------------|------------------|
| clopidogrel               | BRILINTA      | ARIXTRA* (QL)    |
| enoxaparin* (QL)          | ELIQUIS (PA)  | LOVENOX* (QL)    |
| fondaparinux sodium* (QL) | FRAGMIN* (QL) | PLAVIX           |
| jantoven                  | XARELTO (PA)  | SAVAYSA (PA, QL) |
| prasugrel                 |               | ZONTIVITY        |
| warfarin                  |               |                  |

### CANCER

|                      |                    |                    |
|----------------------|--------------------|--------------------|
| abiraterone* (PA)    | ALECENSA* (PA, QL) | ALUNBRIG* (PA, QL) |
| anastrozole+         | BRUKINSA* (PA, QL) | ARIMIDEX           |
| capecitabine* (PA)   |                    | AROMASIN           |
| everolimus* (PA, QL) | CABOMETYX* (PA)    | BOSULIF* (PA, QL)  |
| exemestane+          |                    | BRAFTOVI* (PA)     |

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

### CANCER (cont)

|                        |                               |                     |
|------------------------|-------------------------------|---------------------|
| hydroxyurea            | CALQUENCE* (PA)               | COMETRIQ* (PA, QL)  |
| imatinib* (QL)         | ERIVEDGE* (PA)                | ELIGARD*            |
| lenalidomide* (PA, QL) | ERLEADA* (PA)                 | EXKIVITY* (PA)      |
| letrozole              | IBRANCE* (PA, QL)             | GAVRETO* (PA, QL)   |
| methotrexate           | KANJINTI* (PA)                | ICLUSIG* (PA, QL)   |
| tamoxifen+             | KISQALI* (PA)                 | IMBRUVICA* (PA, QL) |
| temozolomide* (PA)     | KISQALI FEMARA CO-PACK* (PA)  | INLYTA* (PA)        |
|                        | LYNPARZA* (PA, QL)            | JAKAFI* (PA, QL)    |
|                        | MVASI* (PA)                   | LENVIMA* (PA)       |
|                        | NUBEQA* (PA)                  | LONSURF* (PA)       |
|                        | REVLIMID* (PA, QL)            | LORBRENA* (PA, QL)  |
|                        | RIABNI* (PA)                  | LUMAKRAS* (PA, QL)  |
|                        | RUBRACA* (PA, QL)             | MEKTOVI* (PA, QL)   |
|                        | RUXIENCE* (PA)                | NERLYNX* (PA)       |
|                        | SPRYCEL* (PA, QL)             | NINLARO* (PA, QL)   |
|                        | TRAZIMERA* (PA)               | ODOMZO* (PA)        |
|                        | TREXALL                       | OGIVRI* (PA)        |
|                        | VENCLEXTA* (PA)               | ONTRUZANT* (PA)     |
|                        | VENCLEXTA STARTING PACK* (PA) | ORGOVYX* (PA)       |
|                        | VERZENIO* (PA)                | PHESGO* (PA)        |
|                        | XTANDI* (PA)                  | PIQRAY* (PA)        |
|                        | ZIRABEV* (PA)                 | POMALYST* (PA, QL)  |
|                        |                               | PURIXAN*            |
|                        |                               | RETEVMO* (PA, QL)   |
|                        |                               | ROZLYTREK* (PA)     |
|                        |                               | SCEMBLIX* (PA, QL)  |
|                        |                               | STIVARGA* (PA, QL)  |
|                        |                               | TAFINLAR* (PA, QL)  |
|                        |                               | TAGRISSO* (PA)      |
|                        |                               | TALZENNA* (PA, QL)  |
|                        |                               | TASIGNA* (PA, QL)   |
|                        |                               | TIBSOVO* (PA)       |
|                        |                               | TIBSOVO* (PA)       |
|                        |                               | TUKYSA* (PA)        |
|                        |                               | VITRAKVI* (PA)      |
|                        |                               | VIZIMPRO* (PA)      |
|                        |                               | WELIREG* (PA, QL)   |
|                        |                               | XALKORI* (PA, QL)   |
|                        |                               | XELODA* (PA)        |
|                        |                               | XOSPATA* (PA)       |
|                        |                               | ZEJULA* (PA, QL)    |

### CHOLESTEROL MEDICATIONS

|                           |                   |                |
|---------------------------|-------------------|----------------|
| atorvastatin+             | LIVALO (QL, ST)   | CADUET (QL)    |
| colesvelam                | NEXLETOL (PA, QL) | LIPOFEN (ST)   |
| ezetimibe                 | NEXLIZET (PA, QL) | ROSZET (PA)    |
| fenofibrate               | REPATHA (PA)      | TRICOR (ST)    |
| fluvastatin+              | VASCEPA (PA)      | TRILIPIX (ST)  |
| fluvastatin er+           |                   | ZETIA          |
| icosapent ethyl           |                   | ZOCOR (QL, ST) |
| lovastatin+               |                   |                |
| omega-3 acid ethyl esters |                   |                |



## Cigna Performance 3-Tier Prescription Drug List

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

### CHOLESTEROL MEDICATIONS (cont)

pravastatin+  
rosuvastatin+ (QL)  
simvastatin tablet+  
(QL)

### CONTRACEPTION PRODUCTS

|  |                |                   |
|--|----------------|-------------------|
| AFIRMELLE+   | LO LOESTRIN FE | ANNOVERA          |
| ALTAVERA+  |                | BALCOLTRA         |
| ALYACEN+   |                | BEYAZ             |
| AMETHIA+   |                | CAYA              |
| AMETHYST+  |                | CONTOURED+        |
| APRI+  |                | ELLA+             |
| ARANELLE+  |                | FEMCAP+           |
| ASHLYNA+   |                | KYLEENA*+         |
| AUBRA EQ+  |                | LAYOLIS FE+       |
| AUBRA+   |                | LILETTA*+         |
| AUROVELA 24 FE+  |                | LOESTRIN FE       |
| AUROVELA FE+   |                | MICROGESTIN 24 FE |
| AUROVELA+  |                | MINASTRIN 24 FE   |
| AVIANE+  |                | MIRENA*+          |
| AYUNA+   |                | NATAZIA           |
| AZURETTE+  |                | NEXPLANON*+       |
| BALZIVA+   |                | NEXTSTELLIS       |
| BLISOVI 24 FE+   |                | NUVARING          |
| BLISOVI FE+  |                | PARAGARD T 380-   |
| BRIELLYN+  |                | A*+               |
| CAMILA+  |                | SAFYRAL           |
| CAMRESE LO+  |                | SKYLA*+           |
| CAMRESE+   |                | SLYND             |
| CAZIAN+T+  |                | TAYTULLA          |
| CHARLOTTE 24<br>FE+                                      |                | TWIRLA+           |
| CHATEAL EQ+  |                | TYBLUME           |
| CHATEAL+   |                | wide seal         |
| CRYSSELLE+   |                | diaphragm+        |
| CYRED EQ+  |                | YASMIN 28         |
| CYRED+   |                | YAZ               |
| DASETTA+   |                |                   |
| DAYSEE+  |                |                   |
| DEBLITANE+   |                |                   |
| desogestrel-ethinyl<br>estradiol+                        |                |                   |
| desogestrel-ethinyl<br>estradiol - ethinyl<br>estradiol+ |                |                   |
| DOLISHALE+   |                |                   |
| drospirenone-<br>ethinyl estradiol-                      |                |                   |
| levomefolate+  |                |                   |
| drospirenone-<br>ethinyl estradiol+                      |                |                   |
| ELINEST+   |                |                   |
| ELURYNG+   |                |                   |
| ENPRESSE+  |                |                   |
| ENSKYCE+   |                |                   |
| ERRIN+   |                |                   |

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
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### CONTRACEPTION PRODUCTS (cont)

ESTARYLLA+  
ethynodiol-ethinyl  
estradiol+  
etonogestrel-  
ethinyl estradiol+  
FALMINA+  
FEMYNOR+  
GEMMILY+  
HAILEY 24 FE+  
HAILEY FE+  
HAILEY+  
HEATHER+  
ICLEVIA+  
INCASSIA+  
ISIBLOOM+  
JAIMIESS+  
JASMIEL+  
JENCYCLA+  
JOLESSA+  
JULEBER+  
JUNEL FE 24+  
JUNEL FE+  
JUNEL+  
KAITLIB FE+  
KALLIGA+  
KARIVA+  
KELNOR 1-35+  
KELNOR 1-50+  
KURVELO+  
LARIN 24 FE+  
LARIN FE+  
LARIN+  
LEENA+  
LESSINA+  
LEVONEST+  
levonorgestrel-  
ethinyl estradiol+  
levonorgestrel-  
ethinyl estradiol  
ethinyl estradiol+  
LEVORA-28+  
LOJAIMIESS+  
LORYNA+  
LOW-OGESTREL+  
LO-  
ZUMANDIMINE+  
LUTERA+  
LYLEQ+  
LYZA+  
MARLISSA+  
medroxyprogester-  
one+ 150mg/ml  
MERZEE+  
microgetin 24 fe+  
MICROGESTIN FE+  
MICROGESTIN+

# Cigna Performance 3-Tier Prescription Drug List

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

## CONTRACEPTION PRODUCTS (cont)

|  |  |  |
|--|--|--|
| MILI+  |  |  |
| MONO-LINYAH+   |  |  |
| NECON+   |  |  |
| NIKKI+   |  |  |
| NORA-BE+   |  |  |
| norethindrone+   |  |  |
| norethindrone-<br>ethinyl estradiol-<br>iron+            |  |  |
| norethindrone-<br>ethinyl estradiol+                     |  |  |
| norethindrone-<br>ethinyl estradiol-<br>ferrous fumarate |  |  |
| norgestimate-<br>ethinyl estradiol+                      |  |  |
| NORTREL+   |  |  |
| NYLIA+   |  |  |
| NYMYO+   |  |  |
| OCELLA+  |  |  |
| PHILITH+   |  |  |
| PIMTREA+   |  |  |
| PIRMELLA+  |  |  |
| PORTIA+  |  |  |
| RECLIPSEN+   |  |  |
| RIVELSA+   |  |  |
| SETLAKIN+  |  |  |
| SHAROBEL+  |  |  |
| SIMLIYA+   |  |  |
| SIMPESSE+  |  |  |
| SPRINTEC+  |  |  |
| SRONYX+  |  |  |
| SYEDA+   |  |  |
| TARINA 24 FE+  |  |  |
| TARINA FE 1-20<br>EQ+                                    |  |  |
| TARINA FE+   |  |  |
| taysofy+   |  |  |
| TILIA FE+  |  |  |
| TRI FEMYNOR+   |  |  |
| TRI-ESTARYLLA+   |  |  |
| TRI-LEGEST FE+   |  |  |
| TRI-LINYAH+  |  |  |
| TRI-LO-<br>ESTARYLLA+                                    |  |  |
| TRI-LO-MARZIA+   |  |  |
| TRI-LO-MILI+   |  |  |
| TRI-LO-SPRINTEC+   |  |  |
| TRI-MILI+  |  |  |
| TRI-NYMYO+   |  |  |
| TRI-SPRINTEC+  |  |  |
| TRIVORA-28+  |  |  |
| TRI-VYLIBRA LO+  |  |  |
| TRI-VYLIBRA+   |  |  |
| TULANA+  |  |  |
| TYDEMY+  |  |  |

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
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## CONTRACEPTION PRODUCTS (cont)

|              |  |  |
|--------------|--|--|
| VELIVET+     |  |  |
| VESTURA+     |  |  |
| VIENVA+      |  |  |
| VIORELE+     |  |  |
| VOLNEA+      |  |  |
| VYFEMLA+     |  |  |
| VYLIBRA+     |  |  |
| WERA+        |  |  |
| WYMZYA FE+   |  |  |
| XULANE+      |  |  |
| ZAFEMY+      |  |  |
| ZOVIA 1-35+  |  |  |
| ZUMANDIMINE+ |  |  |

## COUGH/COLD MEDICATIONS

|  |  |   |
|--|--|---|
| brompheniramine-<br>pseudoephedrine-<br>dm |  | HYCODAN (PA, QL)<br>TUZISTRA XR (PA,<br>QL) |
| promethazine-dm                            |  |   |

## DENTAL PRODUCTS

|                     |                |                    |
|---------------------|----------------|--------------------|
| chlorhexidine       | PREVIDENT      | CLINPRO 5000       |
| DENTA 5000 PLUS     | 5000 1.1% DRY  | FLORIVA+           |
| DENTAGEL            | MOUTH          | FLUORIDEX          |
| doxycycline hyclate | PREVIDENT 5000 | SENSITIVITY RELIEF |
| FLUORIDEX DAILY     | BOOSTER PLUS   | JUSTRIGHT 5000     |
| DEFENSE 1.1%        | PREVIDENT      | PERIDEX            |
| ORALONE             | 5000 ENAMEL    | PREVIDENT 0.2%     |
| PERIOGARD           | PROTECT        | RINSE              |
| SF 1.1% GEL         | PREVIDENT      | PREVIDENT 1.1%     |
| SF 5000 PLUS        | 5000 ORTHO     | GEL                |
| sodium fluoride+    | DEFENSE        | PREVIDENT 5000     |
| drops               | PREVIDENT 5000 | PLUS               |
| sodium fluoride     | SENSITIVE      |                    |
| 5000 dry mouth      |                |                    |
| sodium fluoride     |                |                    |
| 5000 plus           |                |                    |
| triamcinolone       |                |                    |

## DIABETES

|   |                       |                        |
|---|-----------------------|------------------------|
| glimepiride                               | 1ST TIER UNIFINE      | ACCU-CHEK              |
| glipizide                                 | PENTIPS               | COMPACT PLUS           |
| glipizide er                              | 1ST TIER UNIFINE      | CONTROL                |
| glipizide xl                              | PENTIPS PLUS          | ACCU-CHEK GUIDE        |
| metformin er                              | ABOUTTIME PEN         | L1-L2 CONTROL          |
| metformin 500,<br>850, 1,000 mg<br>tablet | NEEDLE                | SOLUTION               |
| metformin 500<br>mg/5 ml solution         | ACCU-CHEK<br>FASTCLIX | ACCU-CHEK AVIVA        |
| metformin 850<br>mg/8.5ml cup             | LANCING DEV           | SOLUTION               |
| TECHLITE INSULIN<br>SYRINGE               | ACCU-CHEK<br>GUIDE ME | ACCU-CHEK<br>SMARTVIEW |
|   | GLUCOSE MTR           | CONTROL                |
|   | ACCU-CHEK<br>GUIDE    | SOLUTION               |
|   | MONITOR<br>SYSTEM     | AUTOSHIELD DUO         |
|   |                       | PEN NEEDLE             |
|   |                       | CEQR                   |

## Cigna Performance 3-Tier Prescription Drug List

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
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### DIABETES (cont)

|   |  |  |
|---|--|--|
| ACCU-CHEK<br>SOFTCLIX<br>ADVOCATE<br>PEN NEEDLES,<br>SYRINGES<br>ASSURE ID<br>INSULIN<br>SAFETY, PEN<br>NEEDLE<br>BAQSIMI (QL)<br>BD INSULIN<br>SYRINGE<br>BD LANCETS<br>BD PEN NEEDLE<br>BYDUREON<br>BCISE (PA,QL)<br>BYETTA (PA,QL)<br>CAREFINE PEN<br>NEEDLE<br>CARETOUCH<br>INSULIN<br>SYRINGE, PEN<br>NEEDLE<br>CLICKFINE<br>COMFORT<br>EZ INSULIN<br>SYRINGE, PEN<br>NEEDLE<br>COMFORT<br>TOUCH PEN<br>NEEDLE<br>DEXCOM G6 (PA,<br>QL)<br>DEXCOM G6<br>RECEIVER,<br>SENSOR,<br>TRANSMITTER<br>(PA, QL)<br>DROPLET<br>DROPSAFE<br>EASY COMFORT<br>INSULIN<br>SYRINGE, PEN<br>NEEDLES<br>EASY GLIDE<br>INSULIN<br>SYRINGE, PEN<br>NEEDLE<br>EASY TOUCH<br>FARXIGA (QL, ST)<br>FREESTYLE LIBRE<br>14 DAY SENSOR<br>(PA, QL)<br>FREESTYLE LIBRE<br>2 SENSOR (PA,<br>QL) | CEQR SIMPLICITY<br>INSERTER<br>CONTOUR NEXT EZ<br>CONTOUR NEXT<br>GEN<br>CYCLOSET<br>DEXCOM G4<br>DEXCOM G5<br>DEXCOM G5-G4<br>SENSOR<br>FREESTYLE<br>FREEDOM LITE<br>GLUCAGON<br>EMERGENCY KIT<br>(QL)<br>GLUCOCARD<br>EXPRESSION<br>GLUCOCARD SHINE<br>GLUCOCARD SHINE<br>CONNEX METER<br>GLUCOCARD SHINE<br>EXPRESS METER<br>GUARDIAN RT<br>CHARGER<br>GUARDIAN TEST<br>PLUG<br>GVOKE (QL)<br>INPEN<br>KORLYM* (PA)<br>MINIMED<br>RESERVOIR<br>PARADIGM<br>RESERVOIR,<br>REMOTE CONTROL<br>POGO AUTOMATIC<br>BLOOD GLUC SYS<br>PRECISION XTRA<br>MONITOR NFRS<br>PRECISION XTRA<br>MONITOR<br>PRECISION XTRA<br>KETONE-GLUC KIT<br>RIOMET<br>RIOMET ER<br>TRUETRACK BLOOD<br>GLUCOSE SYSTEM<br>TRUE METRIX<br>ULTIGUARD<br>SAFEPACK-INSULIN<br>SYR, SAFEPACK-<br>PEN NEEDLE |  |
|---|--|--|

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

### DIABETES (cont)

|  |  |  |
|--|--|--|
|  | FREESTYLE LIBRE<br>READER (PA,<br>QL)<br>GLUCAGEN<br>HYPO KIT (QL)<br>GLYXAMBI (QL,<br>ST)<br>HEALTHWISE<br>INSULIN<br>SYRINGE, PEN<br>NEEDLE<br>HEALTHY<br>ACCENTS<br>UNIFINE PENTIP<br>HUMALOG (QL)<br>HUMULIN (QL)<br>HUMULIN R (QL)<br>INCONTROL PEN<br>NEEDLE<br>INSULIN<br>SYRINGE, PEN<br>NEEDLE<br>INSULIN<br>SYRINGE U-500<br>INSUPEN<br>INSUPEN PEN<br>NEEDLE<br>JANUMET (QL,<br>ST)<br>JANUMET XR<br>(QL, ST)<br>JANUVIA (QL,<br>ST)<br>JARDIANCE (QL,<br>ST)<br>LEVEMIR (QL)<br>LITE TOUCH<br>LITETOUCH<br>INSULIN<br>SYRINGE<br>LYUMJEV (QL)<br>MAGELLAN<br>INSULIN<br>SAFETY SYRNG<br>MAGELLAN<br>INSULIN<br>SYRINGE<br>MAXI-COMFORT<br>MAXICOMFORT<br>II PEN NEEDLE<br>MAXICOMFORT<br>INSULIN<br>SYRINGE<br>MAXICOMFORT<br>SAFETY PEN<br>NEEDLE |  |
|--|--|--|

## Cigna Performance 3-Tier Prescription Drug List

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

### DIABETES (cont)

|   |  |  |
|---|--|--|
| MICROLET                                |  |  |
| NEXT LANCING DEVICE                     |  |  |
| MINI PEN NEEDLE                         |  |  |
| MINI ULTRA-THIN II                      |  |  |
| MONOJECT                                |  |  |
| MONOJECT INSULIN SAFETY SYRNG           |  |  |
| MONOJECT INSULIN SYRINGE                |  |  |
| MOUNJARO (PA,QL)                        |  |  |
| MULTI-LANCET                            |  |  |
| NOVOFINE                                |  |  |
| OMNIPOD DASH PODS (GEN 4) (QL)          |  |  |
| OMNIPOD 5 G6 PODS (GEN 5) (QL)          |  |  |
| OMNIPOD CLASSIC PODS (GEN 3) (QL)       |  |  |
| ONETOUCH ULTRA TEST STRIP               |  |  |
| ONETOUCH VERIO FLEX METER               |  |  |
| ONETOUCH VERIO METER                    |  |  |
| ONETOUCH VERIO REFLECT METER            |  |  |
| ONETOUCH VERIO TEST STRIP               |  |  |
| OZEMPIC (PA, QL)                        |  |  |
| PEN NEEDLES                             |  |  |
| PENTIPS                                 |  |  |
| PREVENT DROPSAFE PEN NEEDLE             |  |  |
| PRO COMFORT INSULIN SYRINGE, PEN NEEDLE |  |  |
| PRODIGY INSULIN SYRINGE                 |  |  |
| PURE COMFORT PEN NEEDLE                 |  |  |

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

### DIABETES (cont)

|   |  |  |
|---|--|--|
| PURE COMFORT PEN NEEDLE                                 |  |  |
| QTERN (QL, ST)  |  |  |
| RYBELSUS (PA, QL)                                       |  |  |
| SAFETY PEN NEEDLE                                       |  |  |
| SAFETYGLIDE   |  |  |
| INSULIN SYRINGE, SYRINGE                                |  |  |
| SECURESAFE PEN NEEDLE                                   |  |  |
| SOLIQUA 100-33  |  |  |
| SURE COMFORT SURE COMFORT INSULIN SYRINGE, PEN NEEDLE   |  |  |
| SYMLINPEN   |  |  |
| SYNJARDY (QL, ST)                                       |  |  |
| SYNJARDY XR (QL, ST)                                    |  |  |
| TECHLITE NEEDLE   |  |  |
| TOPCARE CLICKFINE                                       |  |  |
| TOPCARE ULTRA COMFORT                                   |  |  |
| TRESIBA (QL)  |  |  |
| TRIJARDY XR (ST, QL)                                    |  |  |
| TRUE COMFORT INSULIN SYRINGE, PEN NEEDLE                |  |  |
| TRUE COMFORT PRO INS SYRINGE, PEN NEEDLE                |  |  |
| TRUEPLUS SYRINGE  |  |  |
| TRULICITY (PA,QL)                                       |  |  |
| ULTICARE  |  |  |
| ULTICARE INSULIN SYRINGE, PEN NEEDLE, SAFETY PEN NEEDLE |  |  |
| ULTILET PEN NEEDLE                                      |  |  |
| ULTRACARE   |  |  |
| INSULIN SYRINGE   |  |  |

## Cigna Performance 3-Tier Prescription Drug List

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
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### DIABETES (cont)

|  |  |  |
|--|--|--|
|  | ULTRACARE<br>INSULIN PEN<br>NEEDLE<br>ULTRA<br>COMFORT<br>ULTRA FLO<br>INSULIN<br>SYRINGE, PEN<br>NEEDLE<br>ULTRA THIN<br>ULTRA-THIN II<br>UNIFINE PEN<br>NEEDLE<br>UNIFINE PENTIPS<br>UNIFINE PENTIPS<br>MAXFLOW,<br>PLUS, PLUS<br>MAXFLOW<br>UNIFINE<br>SAFECONTROL,<br>ULTRA PEN<br>NEEDLE<br>V-GO 20-40<br>VANISHPOINT<br>VANISHPOINT<br>INSULIN<br>SYRINGE<br>VEO INSULIN<br>SYRINGE<br>VICTOZA (PA,<br>QL)<br>XIGDUO XR (QL,<br>ST)<br>XULTOPHY<br>ZEGALOGUE<br>(QL) |  |
|--|--|--|

### DIURETICS

|   |                      |   |
|---|----------------------|---|
| acetazolamide<br>tablet<br>acetazolamide er<br>capsule<br>bumetanide tablet<br>chlorthalidone<br>eplerenone<br>furosemide<br>solution, tablet<br>hydrochloro-<br>thiazide<br>spironolactone<br>triamterene-hctz | KERENDIA (PA,<br>QL) | ALDACTONE<br>CAROSPIR<br>JYNARQUE* (PA)<br>LASIX<br>MAXZIDE |
|---|----------------------|---|

### EAR MEDICATIONS

|                                 |          |                                |
|---------------------------------|----------|--------------------------------|
| ciprofloxacin-<br>dexamethasone | CIPRO HC | CIPROFLOXACIN-<br>FLUOCINOLONE |
|---------------------------------|----------|--------------------------------|

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

### EAR MEDICATIONS (cont)

|   |  |  |
|---|--|--|
| neomycin-<br>polymyxin<br>b-hydrocortisone<br>ofloxacin |  | CIPRODEX<br>CORTISPORIN-TC<br>DERMOTIC<br>OTOVEL |
|---|--|--|

### ERECTILE DYSFUNCTION

|  |           |   |
|--|-----------|---|
| sildenafil (QL)<br>tadalafil (QL)<br>vardenafil (QL) | MUSE (QL) | CAVERJECT (QL)<br>CIALIS (QL, ST)<br>EDEX (QL)<br>STENDRA (QL, ST)<br>VIAGRA (QL, ST) |
|--|-----------|---|

### EYE CONDITIONS

|   |  |   |
|---|--|---|
| bimatoprost (QL)<br>brimonidine<br>brimonidine<br>tartrate-timolol<br>brinzolamide<br>ciprofloxacin<br>cyclosporine<br>difluprednate<br>dorzolamide-<br>timolol<br>erythromycin<br>fluorometholone<br>ketorolac solution<br>latanoprost<br>loteprednol<br>moxifloxacin eye<br>drops<br>neomycin-<br>polymyxin<br>b-dexamethasone<br>ofloxacin<br>polymyxin<br>b sulfate-<br>trimethoprim<br>prednisolone<br>timolol<br>tobramycin<br>tobramycin-<br>dexamethasone<br>travoprost | ALOMIDE<br>AZASITE<br>BETIMOL<br>BETOPTIC S<br>CEQUA<br>EYSUVIS (QL)<br>FLAREX<br>FML FORTE<br>FML FORTE<br>0.25% EYE<br>DROPS<br>FML S.O.P. 0.1%<br>OINTMENT<br>FLAREX<br>LOTEMAX SM<br>MAXIDEX<br>PRED MILD<br>XIIDRA<br>ZERVIAE | ACULAR<br>ACULAR LS<br>ACUVAIL<br>ALOCRIL<br>ALREX<br>AZOPT<br>BEPREVE<br>BESIVANCE<br>BROMSITE<br>COSOPT<br>COSOPT PF<br>CYSTADROPS* (PA,<br>QL)<br>CYSTARAN* (PA, QL)<br>DUREZOL<br>DURYSTA* (PA)<br>FML LIQUIFILM<br>0.1% EYE DROP<br>ILEVRO<br>INVELTYS<br>ISTALOL<br>LOTEMAX<br>LUCENTIS* (PA)<br>MAXITROL<br>OCUFLOX<br>OXERVATE* (PA)<br>PRED FORTE<br>PROLENSA<br>RHOPRESSA<br>ROCKLATAN<br>TEPEZZA* (PA)<br>TIMOPTIC<br>TIMOPTIC-XE<br>TIMOPTIC<br>OCULOSE<br>TOBRADEX EYE<br>DROPS<br>TOBRADEX ST<br>VIGAMOX<br>ZIRGAN<br>ZYLET |
|---|--|---|

## Cigna Performance 3-Tier Prescription Drug List

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

### FEMININE PRODUCTS

GYNAZOLE 1  
miconazole 3 200  
mg  
terconazole

### GASTROINTESTINAL/HEARTBURN

|   |                            |  |
|---|----------------------------|--|
| alosetron*  | CLENPIQ+                   | APRISO                                   |
| ANUCORT-HC  | ENTYVIO* (PA)              | BONJESTA                                 |
| cinacalcet*   | LINZESS                    | CANASA                                   |
| constulose  | LITHOSTAT                  | CARAFATE                                 |
| dexlansoprazole dr<br>(QL)  | NEXIUM DR 2.5<br>MG PACKET | CUVPOSA                                  |
| dicyclomine<br>capsule, solution,<br>tablet                           | (QL)                       | CHOLBAM* (PA)                            |
| esomeprazole<br>20 mg capsule,<br>40 mg capsule,<br>packets (QL)      | NEXIUM DR 5<br>MG PACKET   | DICLEGIS                                 |
| famotidine 40 mg/5<br>ml suspension, 20<br>mg tablet, 40 mg<br>tablet | (QL)                       | GATTEX* (PA)                             |
| GAVILYTE-C+   | PANCREAZE                  | MOTOFEN                                  |
| GAVILYTE-G+   | SUTAB+                     | MOVANTIK (PA)                            |
| GAVILYTE-N+   | TRULANCE                   | OCALIVA* (PA)                            |
| HEMMOREX-HC   | VIBERZI                    | PREVACID DR 30<br>MG CAPSULE (QL,<br>ST) |
| hydrocortisone  |                            | PROTONIX (ST, QL)                        |
| lansoprazole (QL)   |                            | RAVICTI* (PA)                            |
| lubiprostone  |                            | RECTIV                                   |
| mesalamine  |                            | RELISTOR (PA)                            |
| mesalamine dr   |                            | SANCUSO (PA, QL)                         |
| mesalamine er   |                            | SFROWASA                                 |
| metoclopramide<br>solution, tablet                                    |                            | SUCRAID* (PA)                            |
| omeprazole (QL)   |                            | SYMPROIC (PA)                            |
| ondansetron   |                            | TRANSDERM-SCOP                           |
| ondansetron odt   |                            | URSO                                     |
| pantoprazole<br>suspension, tablet<br>(QL)                            |                            | URSO FORTE                               |
| peg<br>3350-electrolyte+  |                            | VARUBI (PA, QL)                          |
| peg3350-sodium<br>sulfate-sodium<br>chloride-                         |                            | VIOKACE                                  |
| potassium<br>chloride-sodium  |                            |  |
| ascorbate-ascorbic<br>acid+   |                            |  |
| PEG-PREP+   |                            |  |
| scopolamine   |                            |  |
| sucralfate  |                            |  |

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
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### HORMONAL AGENTS

|  |   |                                     |
|--|---|-------------------------------------|
| AMABELZ                                | ANDRODERM<br>(PA, QL)                   | ACTHAR GEL* (PA)                    |
| budesonide dr                          | CETROTIDE*^<br>(PA)                     | ACTIVELLA                           |
| budesonide ec                          | COMBIPATCH                              | ANDROGEL (PA, QL)                   |
| budesonide er (PA,<br>QL)              | DUAVEE                                  | ANGELIQ                             |
| cabergoline (QL)                       | ESTRING (QL)                            | AYGESTIN                            |
| desmopressin*                          | ESTROGEL                                | BIJUVA                              |
| dexamethasone<br>intensol              | FORTEO* (PA,<br>QL)                     | CORTROPHIN* (PA)                    |
| DOTTI (QL)                             | GENOTROPIN*<br>(PA)                     | CRINONE 4% (PA)                     |
| estradiol (once<br>weekly)             | HUMATROPE*<br>(PA)                      | CYTOMEL                             |
| estradiol 10mcg<br>vaginal insert (QL) | LUPRON DEPOT*<br>(PA)                   | DEPO-<br>TESTOSTERONE               |
| estradiol (twice<br>weekly) (QL)       | LUPRON DEPOT-<br>PED* (PA)              | EMFLAZA* (PA)                       |
| estradiol-<br>norethindrone            | MEDROL 2 MG<br>TABLET                   | EVAMIST                             |
| EUTHYROX                               | MYFEMBREE<br>(PA,QL)                    | FENSOLVI* (PA)                      |
| fyremadel*^ (PA)                       | NORDITROPIN<br>FLEXPRO* (PA)            | INTRAROSA (QL)                      |
| LEVO-T                                 | ORIAHNN (PA,<br>QL)                     | ISTURISA* (PA, QL)                  |
| levothyroxine tablet                   | ORLISSA (PA,<br>QL)                     | LANREOTIDE* (PA)                    |
| LEVOXYL                                | PREMARIN<br>TABLET,<br>VAGINAL<br>CREAM | LUPANETA PACK*<br>(PA)              |
| liothyronine                           | APPLICATOR                              | MEDROL 8MG,<br>16MG, 32MG<br>TABLET |
| LYLLANA (QL)                           | PREMPRO                                 | MEDROL 4 MG<br>DOSEPAK              |
| medroxyprog-<br>esterone               | SEROSTIM* (PA)                          | MENOSTAR (QL)                       |
| methylpred-<br>nisolone                | SOMATULINE<br>DEPOT* (PA)               | MYFEMBREE (QL)                      |
| MIMVEY                                 | SOMAVERT* (PA)                          | OMNITROPE* (PA)                     |
| norethindrone                          |   | OSPHERA (QL)                        |
| NP THYROID                             |   | PROMETRIUM                          |
| prednisone                             |   | RAYALDEE                            |
| prednisone intensol                    |   | SANDOSTATIN LAR<br>DEPOT* (PA)      |
| prednisolone odt                       |   | SIGNIFOR LAR* (PA)                  |
| prednisolone                           |   | SUPPRELIN LA* (PA)                  |
| sodium phosphate                       |   | TESTOPEL (PA)                       |
| progesterone vial*                     |   | TRIOSTAT                            |
| testosterone (PA,<br>QL)               |   | TRIPTODUR* (PA)                     |
| testosterone                           |   | UNITHROID                           |
| cypionate                              |   |                                     |
| YUVAFEM (QL)                           |   |                                     |

### INFECTIONS

|  |                            |                             |
|--|----------------------------|-----------------------------|
| acyclovir capsule,<br>suspension, tablet | BARACLUDE<br>SOLUTION*     | AEMCOLO (QL)                |
| albendazole                              | CIPRO 5, 10%<br>SUSPENSION | ALINIA                      |
| amoxicillin                              | CLEOCIN 75 MG<br>CAPSULE   | ANCOBON                     |
| amoxicillin-<br>clavulanate er           | EPCLUSA* (PA,<br>QL)       | ARIKAYCE* (PA)              |
| amoxicillin-<br>clavulanate              | EURAX 10%<br>CREAM         | BACTRIM                     |
| atovaquone                               |                            | BACTRIM DS                  |
|  |                            | BAXDELA (PA)                |
|  |                            | CAYSTON* (PA, QL)           |
|  |                            | CIPRO 250, 500 MG<br>TABLET |

## Cigna Performance 3-Tier Prescription Drug List

| TIER 1<br>\$   | TIER 2<br>\$\$  | TIER 3<br>\$\$\$  |
|--|---|---|
| <b>INFECTIONS (cont)</b>   |   |   |
| atovaquone-proguanil<br>AVIDOXY<br>azithromycin<br>packet,<br>suspension, tablet<br>cefdinir<br>cefuroxime tablet<br>cephalexin<br>ciprofloxacin<br>clarithromycin<br>clarithromycin er<br>clindamycin<br>clindamycin<br>(pediatric)<br>COREMINO ER QL<br>dapson tablets<br>doxycycline<br>capsule, tablet<br>doxycycline<br>monohydrate<br>EMVERM<br>entecavir* (QL)<br>erythromycin<br>erythromycin<br>ethylsuccinate<br>famciclovir<br>fluconazole<br>flucytosine<br>hydroxychloroquine<br>levofloxacin<br>solution, tablet<br>methenamine<br>metronidazole gel,<br>capsule, tablet<br>minocycline<br>minocycline er<br>tablet (QL)<br>mondoxine nl<br>nitazoxanide<br>nitrofurantoin<br>monohydrate-<br>macrocrystal<br>nystatin<br>suspension, tablet<br>oseltamivir (QL)<br>penicillin v<br>potassium<br>posconazole tablet<br>sulfamethoxazole-<br>trimethoprim<br>suspension, tablet | HARVONI* (PA,<br>QL)<br>LAGEVRIO (EUA)<br>(QL)<br>LEDIPASVIR-<br>SOFOSBUVIR*<br>(PA, QL)<br>MAVYRET* (PA,<br>QL)<br>PAXLOVID (QL)<br>PEGASYS* (PA)<br>SOFOSBUVIR-<br>VELPATASVIR*<br>(PA, QL)<br>SOLOSEC<br>SOVALDI* (PA,<br>QL)<br>TOBI<br>PODHALER*<br>(PA, QL)<br>VEMLIDY*<br>VOSEVI* (PA, QL)<br>XIFAXAN (QL) | CLEOCIN 150 MG<br>CAPSULE<br>CLEOCIN 300 MG<br>CAPSULE<br>CLEOCIN PEDIATRIC<br>CLEOCIN 100 MG<br>VAGINAL OVULE<br>CLEOCIN 2%<br>VAGINAL CREAM<br>CLINDESSE<br>CRESEMBA<br>CAPSULE (PA)<br>DARAPRIM* (PA)<br>DIFICID (QL)<br>e.e.s. 400<br>ELIMITE<br>ERYPED 200<br>ERY-TAB DR<br>EURAX 10% LOTION<br>FLAGYL<br>HIPREX<br>IMPAVIDO (PA)<br>KITABIS PAK* (PA,<br>QL)<br>LIVTENCITY*<br>(PA,QL)<br>MACROBID<br>MACRODANTIN<br>MALARONE (PA)<br>NATROBA<br>NUVESSA<br>NUZYRA TABLET*<br>(PA, QL)<br>PLAQUENIL (PA)<br>posaconazole<br>suspension<br>PREVYMIS TABLET*<br>posaconazole<br>suspension<br>SIVEXTRO TABLET<br>(PA)<br>SKLICE<br>sulfatrim<br>SYNAGIS* (PA)<br>TAMIFLU (QL)<br>URIBEL<br>VALTRES<br>VIEKIRA PAK*<br>(PA,QL)<br>XENLETA 600mg<br>tablet (PA, QL)<br>XOFLUZA (QL) |

| TIER 1<br>\$  | TIER 2<br>\$\$  | TIER 3<br>\$\$\$   |
|---|---|--|
| <b>INFECTIONS (cont)</b>  |   |  |
| terbinafine<br>tetracycline<br>tobramycin<br>ampule* (PA, QL)<br>valacyclovir<br>valganciclovir<br>vancomycin<br>capsule, solution<br>vandazole |   | ZEPATIER* (PA, QL)<br>ZITHROMAX<br>ZITHROMAX TRI-<br>PAK<br>ZYVOX<br>SUSPENSION,<br>TABLET (PA)  |
| <b>INFERTILITY</b>  |   |  |
| CHORIONIC<br>GONADO-<br>TROPIN*^ (PA)   | CRINONE 8%<br>GEL^<br>ENDOMETRIN^<br>GONAL-F*^ (PA)<br>NOVAREL 5,000<br>UNIT VIAL*^ (PA)<br>OVIDREL*^ (PA)  | CRINONE 8%^ (PA)<br>FOLLISTIM* (PA)<br>MAKENA (PA)<br>MENOPUR*^ (PA)<br>NOVAREL 10,000<br>UNITS VIAL*^ (PA)<br>PREGNYL*^ (PA)  |
| <b>MISCELLANEOUS</b>  |   |  |
| deferiprone* (PA)<br>disulfiram<br>sapropterin* (PA)<br>sodium chloride<br>inhalation vial.<br>Irrigation solution<br>vial                      | ACCU-CHEK<br>SAFE-T-PRO<br>23G LANCETS<br>ACCU-CHEK<br>SOFTCLIX<br>LANCETS<br>ACCU-CHEK<br>MULTICLIX<br>LANCETS<br>ACCU-CHEK<br>FASTCLIX<br>LANCET DRUM<br>CERDELGA* (PA)<br>DROPLET<br>LANCETS<br>MICROLET<br>NITYR* (PA)<br>ONETOUCH<br>LANCETS<br>STRENSIQ* (PA)<br>TECHLITE<br>LANCETS<br>VIVITROL* | ADDYI (QL)<br>AUSTEDO* (PA)<br>BOTOX* (PA)<br>CARBAGLU*<br>CEREZYME* (PA)<br>DYSPORT* (PA)<br>EVRYSDI* (PA)<br>GALAFOLD* (PA)<br>INGREZZA* (PA)<br>INGREZZA<br>INITIATION PACK*<br>(PA, QL)<br>KETONE CARE TEST<br>STRIP<br>KETONE TEST STRIP<br>KETOSTIX REAGENT<br>NUEDEXTA (QL)<br>ORFADIN* (PA)<br>PALYNZIQ* (PA)<br>POGO AUTOMATIC<br>TEST CARTRIDGE<br>PRECISION XTRA<br>RADICAVA ORS*<br>(PA,QL)<br>RADICAVA* (PA)<br>TEGSEDJ* (PA)<br>TIGLUTIK* (PA)<br>TRUEPLUS KETONE<br>TEST STRIP<br>VOXZOGO* (PA)<br>VYLEESI* (PA, QL)<br>VYNDAMAX* (PA,<br>QL) |

## Cigna Performance 3-Tier Prescription Drug List

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

### MULTIPLE SCLEROSIS

|                              |                    |                    |
|------------------------------|--------------------|--------------------|
| dalfampridine er* (PA)       | AVONEX* (PA)       | FIRDAPSE* (PA, QL) |
| dimethyl fumarate*           | BAFIERTAM* (PA)    | MAVENCLAD* (PA)    |
| glatiramer acetate* glatopa* | BETASERON* (PA)    | OCREVUS* (PA)      |
|                              | KESIMPTA PEN* (PA) | PONVORY* (PA)      |
|                              | MAYZENT* (PA)      | TYSABRI* (PA)      |
|                              | PLEGRIDY* (PA)     |                    |
|                              | PONVORY* (PA)      |                    |
|                              | REBIF* (PA)        |                    |
|                              | VUMERITY* (PA)     |                    |
|                              | ZEPOSIA* (PA)      |                    |

### NUTRITIONAL/DIETARY

|                                   |                     |                                    |
|-----------------------------------|---------------------|------------------------------------|
| betaine*                          | CITRANATAL 90       | ACCRUFER                           |
| calcitriol                        | DHA                 | AURYXIA (QL)                       |
| fluoride+                         | CITRANATAL          | CITRANATAL                         |
| folic acid^+                      | ASSURE              | BLOOM                              |
| klor-con                          | CITRANATAL          | CYSTADANE*                         |
| KLOR-CON 8, 10                    | B-CALM              | DRISDOL                            |
| MEQ TABLET                        | CITRANATAL          | FLORIVA+                           |
| MULTI-VITAMIN                     | DHA                 | K-TAB ER                           |
| W-FLUORIDE-IRON+                  | CITRANATAL          | INFUVITE ADULT                     |
|                                   | HARMONY             | PERRY PRENATAL+                    |
| MULTIVITAMIN WITH FLUORIDE+       | LOKELMA             | PHOSLYRA                           |
|                                   | MONOFERRIC (PA)     | POLY-VI-FLOR WITH IRON+            |
| MULTIVITAMIN-IRON-FLUORIDE        | NEEVO DHA           | POTASSIUM CL 2 MEQ/ML CONC         |
|                                   | OB COMPLETE DHA     | PRENATAL FORMULA-DHA+              |
| lanthanum sevelamer carbonate     | OB COMPLETE ONE     | PRENATE                            |
| TRI-VITE WITH FLUORIDE+           | OB COMPLETE PETITE  | QUFLORA                            |
| vitamin d2 1.25 mg (50,000 unit)^ | OB COMPLETE PREMIER | PEDIATRIC 1 MG CHEWABLE            |
| VITAMINS A,C,D AND FLUORIDE+      | PRENATE CHEWABLE    | TABLET+                            |
|                                   | PRENATE DHA         | QUFLORA PEDIATRIC 0.25 MG/ML DROP+ |
|                                   | PRENATE ELITE       | QUFLORA PEDIATRIC 0.5 MG/ML DROP+  |
|                                   | PRENATE ENHANCE     | ROCALTROL                          |
|                                   | PRENATE ESSENTIAL   |                                    |
|                                   | PRENATE MINI        |                                    |
|                                   | PRENATE PIXIE       |                                    |
|                                   | RESTORE             |                                    |
|                                   | PRIMACARE           |                                    |
|                                   | TRI-VI-FLOR+        |                                    |
|                                   | VELPHORO            |                                    |
|                                   | VELTASSA            |                                    |

### OSTEOPOROSIS PRODUCTS

|              |                  |               |
|--------------|------------------|---------------|
| alendronate  | FORTEO* (PA,QL)  | ACTIONEL (ST) |
| ibandronate* | TYMLOS* (PA, QL) | ATELVIA (ST)  |
| raloxifene+  |                  | BINOSTO (ST)  |

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
|--------------|----------------|------------------|
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### OSTEOPOROSIS PRODUCTS (cont)

|                        |  |                               |
|------------------------|--|-------------------------------|
| risedronate            |  | BONIVA (ST)                   |
| risedronate dr         |  | EVENITY (2 SYRINGES)* (PA,QL) |
| teriparatide* (PA, QL) |  | EVENITY* (PA,QL)              |
|                        |  | EVISTA                        |
|                        |  | FOSAMAX (ST)                  |
|                        |  | PROLIA* (PA)                  |
|                        |  | XGEVA* (PA)                   |

### PAIN RELIEF AND INFLAMMATORY DISEASE

|  |                                   |                                |
|--|-----------------------------------|--------------------------------|
| acetaminophen-codeine (PA)             | ACTEMRA* (PA, QL)                 | ANALPRAM HC                    |
| allopurinol tablet                     | AIMOVIG (PA)                      | ARCALYST* (PA)                 |
| baclofen tablet                        | AJOVY (PA)                        | ARAVA                          |
| buprenorphine patch (QL)               | AMJEVITA* (made by Amgen) (PA,QL) | BENLYSTA* (PA)                 |
| buprenorphine patch (QL)               | AVSOLA* (PA)                      | BUPRENEX9PA0                   |
| butalbital-acetaminophen-caffeine (QL) | BELBUCA (QL)                      | BUTRANS (QL)                   |
| carisoprodol                           | CIMZIA* (PA, QL)                  | CELEBREX (QL, ST)              |
| celecoxib (QL)                         | DUPIXENT* (PA)                    | EC-NAPROSYN (ST)               |
| colchicine 0.6 mg                      | DUROLANE* (PA)                    | ESGIC (QL)                     |
| cyclobenzaprine                        | EMGALITY (PA)                     | FEXMID                         |
| diclofenac 1% gel (QL)                 | ENBREL* (PA,QL)                   | FIORICET (QL)                  |
| diclofenac dr                          | EUFLEXXA* (PA)                    | FLECTOR (PA, QL)               |
| diclofenac ec                          | GELSYN-3* (PA)                    | GABLOFEN                       |
| EC-NAPROXEN                            | HUMIRA* (PA,QL)                   | GLASSIA*                       |
| ECOTRIN EC 81 MG TABLET+               | ILUMYA* (PA, QL)                  | HYALGAN* (PA)                  |
| eletriptan (QL)                        | HYSINGLA ER (PA)                  | HYMOVIS* (PA)                  |
| ENDOCET (PA)                           | INFLECTRA* (PA)                   | ILARIS* (PA)                   |
| febuxostat (QL)                        | MITIGARE                          | ILUMYA* (PA, QL)               |
| GEL-ONE* (PA)                          | NUCYNTA (PA)                      | KEYZARA* (PA, QL)              |
| GENVISC 850* (PA)                      | NURTEC ODT (PA, QL)               | KINERET* (PA,QL)               |
| GLYDO                                  | OTEZLA* (PA, QL)                  | LAZANDA (PA)                   |
| hydrocodone-acetaminophen (PA)         | OTREXUP (PA)                      | LICART (PA, QL)                |
| hydrocodone-acetaminophen (PA)         | PROCTOFOAM-HC                     | MONOVISC* (PA)                 |
| hydromorphone (PA)                     | QULIPTA (PA, QL)                  | NAPROSYN (ST)                  |
| hydromorphone er (PA)                  | REDITREX (PA)                     | NUCYNTA ER (PA)                |
| IBU                                    | RINVOQ* (PA, QL)                  | OLUMIANT* (PA, QL)             |
| ibuprofen                              | SAVELLA                           | ORENCIA* (PA, QL)              |
| indomethacin                           | SIMPONI 100 MG/ML* (PA, QL)       | ORTHOVISC* (PA)                |
| indomethacin er                        | SIMPONI ARIA* (PA)                | OXAYDO (PA)                    |
| ketorolac                              | SKYRIZI* (PA, QL)                 | PERCOCET (PA)                  |
| tromethamine (QL)                      | STELARA* (PA, QL)                 | PROCORT                        |
| leflunomide                            | TALTZ* (PA, QL)                   | RENFLEXIS* (PA)                |
| lidocaine 5% ointment (QL)             | TREMFYA* (PA, QL)                 | ROBAXIN                        |
|  |                                   | ROXYBOND (PA)                  |
|  |                                   | SILIQ* (PA, QL)                |
|  |                                   | SIMPONI 50 MG/0.5 ML* (PA, QL) |
|  |                                   | SYNVISC* (PA)                  |
|  |                                   | SYNVISC-ONE* (PA)              |
|  |                                   | TRILURON* (PA)                 |
|  |                                   | XIAFLEX* (PA)                  |
|  |                                   | ZANAFLEX                       |
|  |                                   | ZEBUTAL (QL)                   |
|  |                                   | ZOHYDRO ER (PA)                |



## Cigna Performance 3-Tier Prescription Drug List

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

### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

|                              |                      |          |
|------------------------------|----------------------|----------|
| lidocaine 5% patch           | TRUDHESA (PA, QL)    | ZYLOPRIM |
| lidocaine viscous            | UBRELVY (PA, QL)     |          |
| meloxicam tablet             | XELJANZ XR* (PA, QL) |          |
| methocarbamol                | XELJANZ* (PA, QL)    |          |
| morphine (PA)                | XTAMPZA ER (PA)      |          |
| morphine er (PA)             | ZTLIDO               |          |
| oxycodone (PA)               |                      |          |
| oxycodone er (PA)            |                      |          |
| oxycodone-acetaminophen (PA) |                      |          |
| PROLATE TABLET (PA)          |                      |          |
| rizatriptan (QL)             |                      |          |
| sumatriptan (QL)             |                      |          |
| SUPARTZ FX* (PA)             |                      |          |
| tramadol 50 mg tablet (QL)   |                      |          |
| tramadol er (QL)             |                      |          |
| TRIVISC* (PA)                |                      |          |
| VANADOM                      |                      |          |
| VISCO-3* (PA)                |                      |          |

### PARKINSON'S DISEASE

|                       |              |                    |
|-----------------------|--------------|--------------------|
| benztropine tablet    | KYNMOBI (PA) | APOKYN* (PA)       |
| carbidopa-levodopa    |              | AZILECT (QL)       |
| carbidopa-levodopa er |              | DUOPA*             |
| pramipexole           |              | INBRIJA* (PA)      |
| pramipexole er (QL)   |              | MIRAPEX ER (QL)    |
| rasagiline (QL)       |              | NEUPRO             |
| ropinirole er         |              | NOURIANZ* (PA, QL) |
| ropinirole            |              | OSMOLEX ER (QL)    |
|                       |              | RYTARY             |
|                       |              | SINEMET 10-100     |
|                       |              | SINEMET 25-100     |
|                       |              | XADAGO (ST)        |

### SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>4</sup>

|                       |               |                       |
|-----------------------|---------------|-----------------------|
| aripiprazole (QL)     | ABILIFY       | ARISTADA (QL)         |
| aripiprazole odt      | MAINTENA (QL) | ARISTADA INITIO       |
| asenapine             |               | CAPLYTA (QL,ST)       |
| chlorpromazine tablet |               | FANAPT (QL, ST)       |
| olanzapine tablet     |               | INVEGA (QL, ST)       |
| olanzapine odt        |               | INVEGA SUSTENNA (QL)  |
| paliperidone er (QL)  |               | INVEGA TRINZA (QL)    |
| quetiapine            |               | PERSERIS (QL)         |
| quetiapine er         |               | REXULTI (QL, ST)      |
| risperidone           |               | RISPERDAL (ST)        |
| risperidone odt       |               | RISPERDAL CONSTA (QL) |
| ziprasidone tablet    |               |                       |

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

### SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>4</sup> (cont)

|  |  |                       |
|--|--|-----------------------|
|  |  | SAPHRIS (ST)          |
|  |  | SECUADO (ST)          |
|  |  | SEROQUEL (ST)         |
|  |  | SEROQUEL XR (ST)      |
|  |  | VRAYLAR (QL, ST)      |
|  |  | ZYPREXA RELPREVV (QL) |

### SEIZURE DISORDERS

|                                |                          |                                     |
|--------------------------------|--------------------------|-------------------------------------|
| carbamazepine                  | FYCOMPA (PA, QL)         | APTIOM (PA, QL)                     |
| carbamazepine er               | NAYZILAM (PA, QL)        | BRIVIACT ORAL SOLUTION, TABLET (PA) |
| clonazepam                     | VIMPAT 10 MG/ML SOLUTION | CARBATROL (PA)                      |
| divalproex                     |                          | DEPAKOTE (PA)                       |
| divalproex er                  |                          | DEPAKOTE ER (PA)                    |
| EPITOL                         |                          | DEPAKOTE SPRINKLE (PA)              |
| gabapentin                     |                          | DIASTAT (PA)                        |
| lacosamide                     |                          | DILANTIN (PA)                       |
| lamotrigine                    |                          | EPIDIOLEX* (PA)                     |
| lamotrigine (blue)             |                          | FINTEPLA* (PA)                      |
| lamotrigine (green)            |                          | FYCOMPA (PA, QL)                    |
| lamotrigine (orange)           |                          | KLONOPIN (PA)                       |
| lamotrigine er                 |                          | LYRICA ORAL SOLUTION (PA)           |
| lamotrigine odt                |                          | NEURONTIN (PA)                      |
| lamotrigine odt (blue)         |                          | OXTELLAR XR (PA)                    |
| lamotrigine odt (green)        |                          | PHENYTEK (PA)                       |
| lamotrigine odt (orange)       |                          | SPRITAM (PA)                        |
| levetiracetam solution, tablet |                          | TEGRETOL (PA)                       |
| levetiracetam er               |                          | TEGRETOL XR (PA)                    |
| oxcarbazepine                  |                          | VALTOCO (PA, QL)                    |
| pregabalin capsule, solution   |                          | VIMPAT 200 MG/20 ML VIAL            |
| ROWEEPRA                       |                          | XCOPRI (PA, QL)                     |
| SUBVENITE                      |                          |                                     |
| SUBVENITE (BLUE)               |                          |                                     |
| SUBVENITE (GREEN)              |                          |                                     |
| SUBVENITE (ORANGE)             |                          |                                     |
| topiramate                     |                          |                                     |
| topiramate er                  |                          |                                     |
| vigabatrin*                    |                          |                                     |
| vigadrone*                     |                          |                                     |

### SKIN CONDITIONS

|                            |                    |                            |
|----------------------------|--------------------|----------------------------|
| ACCUTANE                   | ADBRY* (PA)        | ANALPRAM HC                |
| adapalene (PA age)         | CIBINQO* (PA, QL)  | 2.5%-1% LOTION             |
| adapalene-benzoyl peroxide | DROPSAFE PREP PADS | AVAR 9.5-5% CLEANSING PADS |
| AMNESTEEM                  |                    | BRYHALI (ST)               |

## Cigna Performance 3-Tier Prescription Drug List

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

### SKIN CONDITIONS (cont)

|   |              |                    |
|---|--------------|--------------------|
| AVAR CLEANSER   | EUCRISA (ST) | calcipotriene foam |
| AVAR-E  | NAFTIN       | CAPEX SHAMPOO      |
| AVAR-E GREEN  | PICATO       | (ST)               |
| azelaic acid  | PRAMOSONE    | CLEOCIN T          |
| BP 10-1   | LOTION       | CLINDACIN ETZ KIT  |
| CLARAVIS  | SANTYL (QL)  | CLINDACIN PAC KIT  |
| CLINDACIN ETZ 1%<br>PLEDGET                               |              | CLODERM (ST)       |
| CLINDACIN P 1%<br>PLEDGETS                                |              | DRYSOL             |
| clindamycin 1%<br>foam, gel, lotion,<br>pledget, solution |              | EFUDEX             |
| clindamycin-<br>benzoyl<br>peroxoxide                     |              | EVOCLIN            |
| clindamycin-<br>tretinoin                                 |              | OPZELURA (PA)      |
| clobetasol  |              | PLEXION            |
| CLODAN  |              | REGRANEX (PA, QL)  |
| clotrimazole-<br>betamethasone                            |              | TEMOVATE (ST)      |
| dapsone 5% gel,<br>7.5% gel pump                          |              | TWYNEO             |
| fluocinonide  |              | VECTICAL (QL)      |
| fluorouracil cream,<br>topical solution                   |              | XEPI               |
| isotretinoin  |              |                    |
| ketoconazole  |              |                    |
| KETODAN   |              |                    |
| metronidazole   |              |                    |
| mupirocin   |              |                    |
| MYORISAN  |              |                    |
| NEUAC GEL   |              |                    |
| pimecrolimus  |              |                    |
| ROSADAN   |              |                    |
| sodium<br>sulfacetamide-<br>sulfur                        |              |                    |
| SSS 10-5  |              |                    |
| SULFACLEANSE 8-4  |              |                    |
| tacrolimus<br>ointment                                    |              |                    |
| tazarotene 0.1%<br>cream                                  |              |                    |
| tretinoin (PA age)  |              |                    |
| TRIDERM   |              |                    |
| ZENATANE  |              |                    |

### SLEEP DISORDERS/SEDATIVES

|                     |                     |                  |
|---------------------|---------------------|------------------|
| doxepin tablet (QL) | DAYVIGO (QL,<br>ST) | HETLIOZ* (PA)    |
| eszopiclone         | SUNOSI (PA, QL)     | HETLIOZ LQ* (PA) |
| modafinil (PA)      |                     | LUNESTA (ST)     |
| zolpidem            |                     | SILENOR (QL,ST)  |
| zolpidem er (QL)    |                     | WAKIX* (PA, QL)  |
|                     |                     | XYREM* (PA, QL)  |
|                     |                     | XYWAV* (PA, QL)  |

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

### SMOKING CESSATION<sup>4</sup>

|                                |                           |                                  |
|--------------------------------|---------------------------|----------------------------------|
| bupropion sr+ 150<br>mg tablet | NICOTROL NS+<br>NICOTROL+ | APO-VARENICLINE<br>CHANTIX^ (PA) |
| varenicline+                   |                           |                                  |

### SUBSTANCE ABUSE

|                            |   |   |
|----------------------------|---|---|
| buprenorphine-<br>naloxone | LUCEMYRA (QL)<br>NARCAN (QL)<br>ZUBSOLV | KLOXXADO (QL)<br>SUBLOCADE*<br>SUBOXONE<br>ZIMHI (QL) |
|----------------------------|---|---|

### TRANSPLANT MEDICATIONS

|                                    |                |  |
|------------------------------------|----------------|--|
| everolimus 0.25, 0.5<br>mg tablet* | CELLCEPT VIAL* | ASTAGRAF XL*<br>CELLCEPT ORAL<br>SUSPENSION,<br>TABLET*              |
| mycophenolate<br>mofetil*          |                | ENVARUS XR*<br>MYFORTIC*<br>RAPAMUNE*<br>REZUROCK* (PA)<br>ZORTRESS* |
| mycophenolic<br>acid*              |                |  |
| sirolimus*                         |                |  |
| tacrolimus capsule*                |                |  |

### URINARY TRACT CONDITIONS

|                     |           |              |
|---------------------|-----------|--------------|
| alfuzosin er        | CYSTAGON* | AVODART      |
| cevimeline          | ELMIRON   | FLOMAX       |
| dutasteride         | K-PHOS    | PROSCAR      |
| finasteride         | ORIGINAL  | PYRIDIUM     |
| oxybutynin          |           | RAPAFLO (QL) |
| oxybutynin er       |           | UROCIT-K     |
| phenazopyridine     |           | UROXATRAL    |
| potassium er        |           |              |
| solifenacin (QL)    |           |              |
| tamsulosin          |           |              |
| tolterodine         |           |              |
| tolterodine er (QL) |           |              |
| tropium             |           |              |
| tropium er          |           |              |

### VACCINES

Not all plans cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

|  |  |                  |
|--|--|------------------|
|  |  | ACTHIB+          |
|  |  | ADACEL TDAP+     |
|  |  | BEXSERO+         |
|  |  | BOOSTRIX TDAP+   |
|  |  | COMIRNATY+       |
|  |  | DAPTACEL DTAP+   |
|  |  | DENGVAIXIA+      |
|  |  | DIPHThERIA-      |
|  |  | TETANUS          |
|  |  | TOXOIDS-PED+     |
|  |  | ENGERIX-B ADULT+ |

## Cigna Performance 3-Tier Prescription Drug List

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

### VACCINES (cont)

Not all plans cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

|  |  |   |
|--|--|---|
|  |  | ENGERIX-B<br>PEDIATRIC-<br>ADOLESCENT+<br>GARDASIL 9+<br>HEPLISAV-B+<br>HIBERIX+<br>INFANRIX DTAP+<br>IPOL+<br>JANSSEN COVID-19<br>VACCINE (EUA)+<br>KINRIX+<br>MENACTRA+<br>MENQUADFI+<br>MENVEO A-C-Y-W-<br>135-DIP+<br>M-M-R II VACCINE+<br>MODERNA<br>COVID-19<br>BOOSTER (EUA)+<br>MODERNA<br>COVID (6M-5Y)<br>VACC(EUA)+<br>MODERNA<br>COVID (12Y UP)<br>VAC(EUA)+<br>NOVAVAX COVID-19<br>VACC,ADJ(EUA)+<br>PEDIARIX+<br>PEDVAXHIB+<br>PENTACEL+<br>PFIZER COVID (6M-<br>4Y) VACC(EUA)+<br>PFIZER COVID (5-<br>11Y) VAC (EUA)+<br>PFIZER COVID (12Y<br>UP) VAC(EUA)+<br>PFIZER COVID-19<br>VACCINE (EUA)+<br>PNEUMOVAX 23+<br>PREHEVBRIO+<br>PREVNAR 13+<br>PREVNAR 20+<br>PROQUAD+<br>QUADRACEL DTAP-<br>IPV VIAL+ |
|--|--|---|

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

### VACCINES (cont)

Not all plans cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

|  |  |   |
|--|--|---|
|  |  | RECOMBIVAX HB+<br>SHINGRIX+ (QL)<br>SPIKEVAX COVID<br>(18Y UP) VACC+<br>TDVAX+<br>TENIVAC+<br>TRUMENBA+<br>TWINRIX+<br>VARIVAX VACCINE+<br>VAXELIS+<br>VAXNEUVANCE+ |
|--|--|---|

### VITAMINS

|  |  |   |
|--|--|---|
|  |  | POLY-VI-FLOR+<br>POLY-VI-FLOR WITH<br>IRON+ |
|--|--|---|

### WEIGHT MANAGEMENT

|                         |  |  |
|-------------------------|--|--|
| megestrol<br>suspension |  |  |
|-------------------------|--|--|

## Medications that aren't covered - and their covered alternative(s)

These medications aren't covered on the Cigna Performance 3-Tier Prescription Drug List.^^ **However, there are other medications available that are used to treat the same condition.** They're listed below.

| DRUG CLASS                          | MEDICATION NAME^^<br>(Not covered)            | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)  |
|-------------------------------------|---|--|
| AIDS/HIV                            | ATRIPLA*                                      | efavirenz-emtricitabine-tenofovir*   |
|                                     | COMBIVIR*                                     | lamivudine-zidovudine*   |
|                                     | EMTRIVA*                                      | emtricitabine*   |
|                                     | EPIVIR*                                       | lamivudine*  |
|                                     | EPZICOM*                                      | abacavir-lamivudine*   |
|                                     | INTELENCE 100MG, 200MG TABLET*                | etravirine*  |
|                                     | KALETRA*                                      | lopinavir-ritonavir*   |
|                                     | LEXIVA 700MG TABLET*                          | fosamprenavir 700mg tablet*  |
|                                     | NORVIR 100MG TABLET*                          | ritonavir 100mg tablet*  |
|                                     | RETROVIR CAPSULE, SYRUP*                      | zidovudine capsule, syrup*   |
|                                     | REYATAZ CAPSULE*                              | atazanavir capsules*   |
|                                     | SUSTIVA*                                      | efavirenz*   |
|                                     | SYMFI*, SYMFI LO*                             | efavirenz-lamivudine-tenofovir*  |
|                                     | TRIZIVIR*                                     | abacavir-lamivudine-zidovudine tablet*   |
|                                     | TRUVADA*                                      | emtricitabine-tenofovir*   |
|                                     | VIRAMUNE*                                     | nevirapine*  |
|                                     | VIRAMUNE XR*                                  | nevirapine ER*   |
|                                     | VIREAD 300MG TABLET*                          | tenofovir 300mg tablet*  |
| ZIAGEN*                             | abacavir*                                     |  |
| ALLERGY/NASAL SPRAYS                | AUVI-Q, EPIPEN, EPIPEN JR, SYMJEPI            | epinephrine auto-injectors   |
|                                     | BECONASE AQ, NASONEX, OMNARIS, QNASL, ZETONNA | generic nasal steroids (e.g. fluticasone)  |
|                                     | carbinoxamine 6mg tablet, RYVENT              | carbinoxamine 4mg tablet   |
|                                     | dexchlorpheniramine                           | carbinoxamine oral solution  |
|                                     | DYMISTA                                       | azelastine-fluticasone<br>generic nasal steroids (e.g. fluticasone)  |
|                                     | RYALTRIS                                      | azelastine-fluticasone, mometasone, flunisolide, fluticasone   |
|                                     | RYCLORA                                       | cyproheptadine syrup, hydroxyzine syrup  |
|                                     | QNASL CHILDREN'S                              | flunisolide  |
|                                     | XHANCE  | fluticasone, mometasone  |
| ALZHEIMER'S DISEASE                 | pyridostigmine 30mg tablet (QL)               | pyridostigmine 60mg tablet   |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | ANAFRANIL                                     | clomipramine   |
|                                     | APLENZIN                                      | bupropion XL 150, 300mg tablet   |
|                                     | ATIVAN TABLET, LOREEV XR                      | lorazepam  |
|                                     | AUVELITY                                      | bupropion sr,<br>generic SNRI's (ex: venlafaxine, duloxetine)<br>generic SSRI's (ex: citalopram, fluoxetine) |
|                                     | bupropion xl 450mg tablet, FORFIVO XL         | bupropion xl 150mg tablet  |

^^ This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS                                    | MEDICATION NAME <sup>^^</sup><br>(Not covered)  | GENERIC AND/OR PREFERRED BRAND<br>ALTERNATIVE(S)  |
|---|---|---|
| ANXIETY/DEPRESSION/BIPOLAR DISORDER<br>(cont) | CITALOPRAM HBR  | citalopram tablet   |
|   | CYMBALTA, VENLAFAXINE ER  | desvenlafaxine ER, duloxetine, escitalopram   |
|   | DRIZALMA SPRINKLE   | duloxetine dr capsules  |
|   | LEXAPRO   | escitalopram  |
|   | PAMELOR   | nortriptyline capsules  |
|   | PARNATE   | tranylcypromine   |
|   | PEXEVA  | paroxetine, paroxetine cr   |
|   | VIIBRYD   | vilazodone  |
|   | WELLBUTRIN XL   | bupropion xl, escitalopram, fluoxetine  |
| ASTHMA/COPD/RESPIRATORY                       | ADVAIR DISKUS, AIRDUO RESPICLICK<br>FLUTICASONE-VILANTEROL  | ADVAIR HFA, BREO ELLIPTA, DULERA<br>fluticasone-salmeterol, SYMBICORT<br>WIXELA INHUB   |
|   | ALVESCO, ARMONAIR DIGIHALER<br>ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA  | FLOVENT DISKUS, FLOVENT HFA<br>PULMICORT FLEXHALER, QVAR  |
|   | BROVANA   | arformoterol  |
|   | budesonide-formoterol   | SYMBICORT   |
|   | DUAKLIR PRESSAIR, UTIBRON NEOHALER  | ANORO ELLIPTA, BEVESPI AEROSPHERE<br>STIOLTO RESPIMAT   |
|   | ELIXOPHYLLIN  | theophylline er, theophylline oral solution   |
|   | FLUTICASONE HFA   | FLOVENT HFA   |
|   | FLUTICASONE-SALMETEROL HFA  | DULERA<br>fluticasone-salmeterol<br>SYMBICORT<br>WIXELA INHUB   |
|   | levalbuterol hfa<br>PROAIR DIGIHALER<br>PROAIR HFA<br>PROAIR RESPICLICK<br>PROVENTIL HFA<br>VENTOLIN HFA<br>XOPENEX HFA | albuterol hfa   |
|   | PERFORMIST  | formoterol  |
|   | STRIVERDI RESPIMAT  | SEREVENT DISKUS   |
|   | TADLIQ  | ALYQ, sildenafil 20mg tablet, suspension, tadalafil<br>20mg tablet  |
|   | TUDORZA PRESSAIR  | INCRUSE ELLIPTA, SPIRIVA RESPIMAT   |
|   | YUPELRI   | ANORO ELLIPTA<br>BEVESPI AEROSPHERE<br>BREZTIRI AEROSPHERE<br>INCRUSE ELLIPTA<br>SPIRIVA<br>STIOLTO RESPIMAT<br>TRELEGY ELLIPTA |
|   | ZYFLO   | montelukast<br>zafirlukast<br>zileuton er   |

<sup>^^</sup> This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS                       | MEDICATION NAME <sup>^^</sup><br>(Not covered)  | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |
|----------------------------------|---|---|
| ATTENTION DEFICIT HYPERACTIVITY  | ADDERALL XR<br>ADHANSIA XR<br>APTENSIO XR<br>CONCERTA<br>COTEMPLA XR-ODT<br>FOCALIN XR<br>JORNAY PM<br>RITALIN LA | dexmethylphenidate er<br>dextroamphetamine-amphetamine er<br>methylphenidate er<br>MYDAYIS<br>VYVANSE |
|                                  | DESOXYN   | methamphetamine   |
|                                  | DEXEDRINE   | dexmethylphenidate er, dextroamphetamine er,<br>dextroamphetamine-amphetamine er                      |
|                                  | METHYLPHENIDATE ER  | generic methylphenidate tablet  |
|                                  | QELBREE   | atomoxetine   |
|                                  | RELEXII   | methylphenidate er 36mg tablet  |
| BLOOD PRESSURE/HEART MEDICATIONS | ASPRUZYO SPRINKLE   | amlodipine, atenolol, isosorbide, nifedipine,<br>propranolol, ranolazine er                           |
|                                  | ATACAND   | candesartan   |
|                                  | ATACAND HCT   | candesartan-hctz  |
|                                  | AZOR  | amlodipine-olmesartan   |
|                                  | BETAPACE  | sotalol   |
|                                  | BYSTOLIC  | nebivolol   |
|                                  | CARDIZEM  | diltiazem   |
|                                  | CARDIZEM CD   | diltiazem CD  |
|                                  | CLONIDINE ER  | clonidine er 0.1mg tablet, patch  |
|                                  | CONJUPRI, LEVAMLODIPINE, NORLIQVA   | amlodipine, felodipine er, nicardipine<br>nifedipine  |
|                                  | CONSENSI  | amlodipine, celecoxib   |
|                                  | COREG   | carvedilol  |
|                                  | COREG CR  | carvedilol er   |
|                                  | DEMSER  | metyrosine  |
|                                  | digoxin 62.5mcg tablet  | digoxin 0.125mg tablet, digoxin oral solution   |
|                                  | EDARBI  | generic ARBs (e.g. losartan; valsartan)   |
|                                  | EDARBYCLOR  | generic ARBs + HCTZ (e.g. losartan-HCTZ)  |
|                                  | FIRAZYR*  | icatibant   |
|                                  | GONITRO   | nitroglycerin sublingual tablet or spray  |
|                                  | INNOPRAN XL   | propranolol er  |
|                                  | ISORDIL, ISORDIL TITRADOSE  | isosorbide dinitrate  |
|                                  | LANOXIN   | digoxin 0.125mg, 0.25mg tablet, oral solution   |
|                                  | LOTREL  | amlodipine-benazepril   |
|                                  | MULTAQ  | amiodarone, disopyramide, dofetilide, flecainide,<br>propafenone, quinidine, sotalol af               |
|                                  | NEXICLON XR   | clonidine ir tablet, clonidine patch  |
|                                  | VASOTEC   | enalapril   |

<sup>^^</sup> This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

| DRUG CLASS                   | MEDICATION NAME <sup>^^</sup><br>(Not covered)  | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)                                 |
|------------------------------|---|---|
| BLOOD THINNERS/ANTI-CLOTTING | aspirin-omeprazole, YOSPRALA  | aspirin or enteric aspirin  |
|                              | PRADAXA   | dabigatran  |
| CANCER                       | AFFINITOR*, AFFINITOR DISPERZ*  | everolimus  |
|                              | BESREMI*  | hydroxyurea capsule, PEGASYS  |
|                              | CYCLOPHOSPHAMIDE TABLET*  | cyclophosphamide capsule*   |
|                              | GLEEVEC*  | imatinib  |
|                              | NEXAVAR*  | sorafenib   |
|                              | NILANDRON   | nilutamide  |
|                              | TARCEVA*  | erlotinib   |
| CHOLESTEROL MEDICATIONS      | YONSA*, ZYTIGA*   | abiraterone   |
|                              | ANTARA, FENOGLIDE   | fenofibrate   |
|                              | CRESTOR   | rosuvastatin+   |
|                              | EZALLOR SPRINKLE<br>FLOLIPID<br>LIPITOR<br>SIMVASTATIN 20mg/5ml SUSPENSION  | generic statins (e.g. atorvastatin; simvastatin)                              |
|                              | ezetimibe-atorvastatin, LIPITOR   | atorvastatin+, ezetimibe-simvastatin<br>rosuvastatin+                         |
|                              | JUXTAPID*, PRALUENT   | REPATHA   |
|                              | niacin 500mg tablet, NIACOR   | niacin er   |
|                              | ROSUVASTATIN-EZETIMIBE, ZYPITAMAG   | atorvastatin+, lovastatin+, pravastatin+<br>rosuvastatin+, simvastatin+       |
| COUGH/COLD MEDICATIONS       | benzonatate 150mg   | benzonatate 100mg, 200mg  |
|                              | TUSSICAPS   | hydrocodone-chlorpheniramine er suspension<br>promethazine with codeine syrup |
| DIABETES                     | ACCU-CHEK AVIVA PLUS TEST STRIPS<br>ACCU-CHEK COMPACT PLUS STRIPS<br>ACCU-CHEK GUIDE TEST STRIPS<br>ACCU-CHEK SMARTVIEW TEST STRIPS<br>ADVOCATE TEST STRIPS<br>ASSURE 4 TEST STRIPS<br>ASSURE PLATINUM TEST STRIPS<br>ASSURE PRISM MULTI TEST STRIPS<br>CONTOUR TEST STRIPS<br>CVS ADVANCED GLUCOSE TEST STRIPS<br>EASY TALK TEST STRIPS<br>EASY TOUCH TEST STRIPS<br>FORA 6 GLUCOSE STRIP<br>FORTISCARE G1 TEST STRIPS<br>FREESTYLE TEST STRIPS<br>FREESTYLE TEST STRIPS NFRS<br>RELION TEST STRIPS<br>RIGHTTEST GT333 TEST STRIP<br>TRUE METRIX TEST STRIPS | ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)                                     |
|                              | ACTOS   | pioglitazone  |
|                              | ADLYXIN   | BYDUREON ,BYETTA, metformin, MOUNJARO   |

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|-------------------------------------|--|---|
| DIABETES (cont)                     | ADMELOG, ADMELOG SOLOSTAR<br>APIDRA, APIDRA SOLOSTAR<br>FIASP, NOVOLOG   | HUMALOG<br>LYUMJEV  |
|                                     | AFREZZA  | HUMALOG, HUMULIN R, LYUMJEV   |
|                                     | alogliptin<br>alogliptin-metformin<br>JENTADUETO, JENTADUETO XR<br>KAZANO<br>KOMBIGLYZE XR<br>NESINA<br>ONGLYZA<br>TRADJENTA               | JANUMET<br>JANUMET XR<br>JANUVIA<br>metformin                                     |
|                                     | alogliptin-pioglitazone<br>OSENİ   | JANUMET , JANUMET XR, JANUVIA<br>pioglitazone                                     |
|                                     | BASAGLAR, BASAGLAR TEMPO<br>INSULIN GLARGINE, INSULIN DEGLUDEC<br>LANTUS, LANTUS SOLOSTAR, SEMGLEE<br>TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR | LEVEMIR<br>SEMGLEE-YGFN<br>TRESIBA FLEXTOUCH                                      |
|                                     | FIASP FLEXTOUCH, FIASP PENFILL<br>INSULIN ASPART, INSULIN LISPRO<br>NOVOLOG  | HUMALOG<br>LYUMJEV  |
|                                     | FORTAMET, GLUMETZA<br>metformin er gastric, metformin er osmotic   | metformin er (generic to GLUCOPHAGE XR)   |
|                                     | INSULIN ASPART PRO, NOVOLOG MIX  | HUMALOG MIX   |
|                                     | INVOKAMET, INVOKAMET XR, SEGLUROMET  | SYNJARDY, SYNJARDY XR, XIGDUO XR  |
|                                     | INVOKANA, STEGLATRO  | FARXIGA, JARDIANCE, metformin   |
|                                     | NOVOLIN  | HUMULIN   |
|                                     | PROGLYCEM  | diazoxide oral suspension   |
|                                     | STEGLUJAN  | GLYXAMBI, metformin, QTERN, TRIJARDY XR   |
|                                     | DIURETICS  | ALDACATAZIDE  |
| EDECIN<br>ethacrynic acid<br>SOOANZ |  | bumetanide<br>furosemide<br>torsemide   |
| INSPRA                              |  | eplerenon   |
| THALITONE                           |  | chlorthalidone  |
| EYE CONDITIONS                      |  | ALPHAGAN  |
|                                     | COMBIGAN   | brimonidin-timolol  |
|                                     | LUMIGAN, TRAVATAN Z, VYZULTA<br>XALATAN, XELPROS, ZIOPTAN  | bimatoprost<br>latanoprost<br>travoprost  |
|                                     | RESTASIS, RESTASIS MULTIDOSE<br>TYRVAYA  | CEQUA, cyclosporine 0.05% eye emulsion<br>XIIDRA                                  |
|                                     | VERKAZIA   | ALOMIDE, azelastine, bepotastine, cromolyn,<br>epinastine, olopatadine, ZERVIA TE |
|                                     | VUITY  | azelastine; bepotastine; epinastine   |
| GASTROINTESTINAL/HEARTBURN          | ANTIVERT   | meclizine   |
|                                     | ANUSOL-HC 25MG SUPPOSITORY   | hydrocortisone 25mg suppository   |

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|-----------------------------------|---|--|---------------------------|
| GASTROINTESTINAL/HEARTBURN (cont) | ANZEMET   | ondansetron, granisetron   |                           |
|                                   | ASACOL HD, COLAZAL, DELZICOL,<br>DIPENTUM               | balsalazide, mesalamine tablets or capsules<br>sulfasalazine                       |                           |
|                                   | BYLVAY*, LIVMARLI*                                      | cholestyramine powder/packet<br>rifampin, ursodiol tablet                          |                           |
|                                   | CORTIFOAM, UCERIS 2MG RECTAL FOAM                       | COLOCORT, hydrocortisone   |                           |
|                                   | CREON, PERTZYE, ZENPEP                                  | PANCREAZE  |                           |
|                                   | DARTISLA  | glycopyrrolate 2mg tablet  |                           |
|                                   | DEXILANT  | dexlansoprazole dr   |                           |
|                                   | DONNATAL  | belladonna-phenobarbital, phenohydro   |                           |
|                                   | GIMOTI*   | metoclopramide oral solution or tablet   |                           |
|                                   | glycopyrrolate 1.5mg tab<br>ROBINUL, ROBINUL FORTE      | glycopyrrolate 1mg, 2mg tablet   |                           |
|                                   | GOLYTELY+<br>MOVIPREP+<br>OSMOPREP+<br>PLENVU+, SUPREP+ | CLENPIQ+, GAVILYTE-C+, GAVILYTE-G+<br>GAVILYTE-N+, PEG 3350 ELECTROLYTE+<br>SUTAB+ |                           |
|                                   | IBSRELA, MOTTEGRITY, ZELNORM                            | LINZESS, TRULANCE  |                           |
|                                   | KRISTALOSE, lactulose 10gm packet                       | CONSTULOSE, ENULOSE, lactulose oral solution                                       |                           |
|                                   | KONVOMEK  | dexlansoprazole<br>lansoprazole<br>omeprazole                                      |                           |
|                                   | LIALDA DR, PENTASA DR                                   | mesalamine tablet or capsule   |                           |
|                                   | LIBRAX  | chlordiazepoxide   |                           |
|                                   | LOTRONEX*   | alosetron*   |                           |
|                                   | MARINOL, SYNDROS  | dronabinol   |                           |
|                                   | NEXIUM 10MG, 20MG, 40MG PACKET,<br>20MG, 40MG CAPSULE   | esomeprazole packets, esomeprazole magnesium                                       |                           |
|                                   | OMECLAMOX-PAK, PYLERA, TALICIA,<br>VOQUEZNA             | lansoprazole-amoxicillin-clarithromycin pak  |                           |
|                                   | OMEPPi, omeprazole-bicarbonate<br>ZEGERID PACKET        | omeprazole   |                           |
|                                   | PEPCID  | famotidine suspension  |                           |
|                                   | PHEBURANE   | sodium phenylbutyrate  |                           |
|                                   | PREVACID SOLUTAB  | esomeprazole, lansoprazole, pantoprazole   |                           |
|                                   | RELTONE   | ursodiol   |                           |
|                                   | ROWASA  | mesalamine rectal enema suspension   |                           |
|                                   | SENSIPAR*   | cinacalcet   |                           |
|                                   | ursodiol 200mg, ursodiol 400mg                          | ursodiol 300mg   |                           |
|                                   | ZEGERID CAPSULE   | lansoprazole, omeprazole   |                           |
|                                   | ZOFRAN  | ondansetron  |                           |
|                                   | ZUPLENZ   | ondansetron, ondansetron odt   |                           |
|                                   | HORMONAL AGENTS   | ALKINDI SPRINKLE   | hydrocortisone 5mg tablet |
|                                   |   | ADTHYZA, ARMOUR THYROID, WP THYROID  | NP THYROID                |

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|------------------------|---|--|
| HORMONAL AGENTS (cont) | CLIMARA, DIVIGEL, ELESTRIN<br>MINIVELLE, VIVELLE-DOT  | DOTTI, estradiol patch, ESTROGEL<br>EVAMIST, LYLLANA   |
|                        | CLIMARA PRO   | COMBIPATCH   |
|                        | DDAVP, NOCDURNA   | desmopressin nasal spray or tablets  |
|                        | DEXABLISS<br>dexamethasone 6, 10, 13 Day 1.5MG tablets<br>DEXPAK, DXEVO, HIDEX, TAPERDEX, ZCORT   | dexamethasone 1.5mg tablet   |
|                        | ESTRACE, FEMRING, IMVEXY, VAGIFEM   | estradiol cream/tablet, ESTRING<br>PREMARIN VAGINAL CREAM, YUVAFEM                               |
|                        | ERMEZA  | euthyroxlevo-T<br>levothyroxine<br>levoxyl   |
|                        | FORTESTA, JATENZO, KYZATREX, NATESTO<br>TESTIM, TLANDO, VOGELXO, XYOSTED  | ANDRODERM<br>generic topical testosterone  |
|                        | NUTROPIN AQ NUSPIN*<br>SAIZEN*<br>SAIZEN-SAIZENPREP*<br>SKYTROFA*<br>ZOMACTON*  | HUMATROPE*<br>NORDITROPIN*   |
|                        | HEMADY  | dexamethasone 5mg tablet   |
|                        | LEVOTHYROXINE SODIUM  | Generic SYNTHROID (also called levothyroxine<br>tablet)  |
|                        | MYCAPSSA*   | BYNFEZIA*  |
|                        | ORTIKOS   | budesonide capsule   |
|                        | RAYOS, TARPEYO*   | methylprednisolone, prednisone   |
|                        | RECORLEV  | ketoconazole tablet  |
|                        | THYQUIDITY, TIROSINT, TIROSINT-SOL  | EUTHYROX, LEVO-T, levothyroxine tablet<br>LEVOXYL  |
| UCERIS 9MG ER TABLET   | budesonide 9mg tablet, dexamethasone<br>hydrocortisone, methylprednisolone<br>prednisone  |  |
| INFECTIONS             | ACTICLATE, DORYX, DORYX MPC<br>MINOCYCLINE ER 45, 90, 135MG CAPSULE<br>MINOLIRA ER, MONODOX, SEYSARA<br>SOLODYN, TARGADOX<br>VIBRAMYCIN 100MG CAPSULE<br>XIMINO | Generic products (e.g. doxycycline; minocycline)   |
|                        | ARAKODA   | atovaquone-proguanil, doxycycline<br>hydroxychloroquine, mefloquine, quinine                     |
|                        | AUGMENTIN, AUGMENTIN XR   | amoxicillin/clavulanate  |
|                        | BARACLUDGE TABLET*  | entecavir tablet*  |
|                        | BETHKIS*, TOBI*   | tobramycin inhalation solution*  |
|                        | BREXAFEMME, DIFLUCAN  | fluconazole  |
|                        | doxycycline hyclate dr 80mg tablet  | generic products (e.g. minocycline)  |
|                        | DOXYCYCLINE IR-DR<br>LYMEPAK<br>ORACEA  | doxycycline hyclate dr 50mg tablet<br>doxycycline monohydrate 50mg tablet<br>minocycline er 45mg |

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|---------------------|---|---|
| INFECTIONS (cont)   | E.E.S. 200, ERYPED 400  | erythromycin granules, erythromycin                                 |
|                     | HUMATIN   | paromomycin   |
|                     | MEPRON  | atovaquone  |
|                     | MYCOBUTIN   | rifabutin   |
|                     | nitrofurantoin 25mg/5ml suspension  | nitrofurantoin capsule<br>sulfamethoxazole-trimethoprim suspension  |
|                     | NOXAFIL DR 100MG TABLET   | posaconazole dr 100mg tablet  |
|                     | SITAVIG   | acyclovir, famciclovir, valacyclovir tablets                        |
|                     | SPORANOX  | itraconazole  |
|                     | TOLSURA   | oral itraconazole   |
|                     | VALCYTE   | valganciclovir  |
|                     | VANCOGIN  | vancomycin oral solution or capsule                                 |
|                     | VANCOMYCIN HCL  | FIRVANQ<br>vancomycin hcl 50mg/ml solution                          |
|                     | ZOVIRAX   | acyclovir   |
| MISCELLANEOUS       | ESBRIET*  | pirfenidone tablet  |
|                     | EXSERVAN*   | riluzole, TIGLUTIK  |
|                     | HORIZANT  | gabapentin  |
|                     | KUVAN*  | sapropterin tablet & powder packet*                                 |
|                     | PIRFENIDONE 534MG   | pirfenidone 267 tablet  |
|                     | RELYVRIO*, RILUTEK*   | riluzole  |
|                     | SENSIPAR*   | cinacalcet  |
|                     | SYPRINE*  | penicillamine*, trientine*  |
|                     | XENAZINE*   | tetrabenazine*  |
| MULTIPLE SCLEROSIS  | AMPYRA*   | dalfampridine er*   |
|                     | AUBAGIO*  | teriflunomide*  |
|                     | COPAXONE*   | BETASERON*, glatiramer*, GLATOPA*<br>KESIMPTA*, PLEGRIDY*, REBIF*   |
|                     | GILENYA*, TASCENSO ODT*   | fingolimod  |
|                     | TECFIDERA*  | BAFIERTAM*, dimethyl*, fingolimod, PONVORY*,<br>VUMERITY*, ZEPOSIA* |
| NUTRITIONAL/DIETARY | AZESCHEW<br>AZESCO<br>DERMACINRX PRENATRIX, PRENATRYL<br>MULTI-MAC<br>PNV TABS 20-1<br>PREGEN DHA<br>PREGENNA<br>TRINAZ<br>ZALVIT | Any generic prenatal vitamin  |
|                     | FOSRENOL  | lanthanum carbonate   |
|                     | NASCOBAL  | cyanocobalamin injection  |
|                     | RENAGEL TABLET  | sevelamer   |
|                     | RENVELA   | sevelamer carbonate   |

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|--------------------------------------|--|--|
| PAIN RELIEF AND INFLAMMATORY DISEASE | ALLOPURINOL 200MG  | allopurinol 100mg  |
|                                      | ALLZITAL<br>BUPAP<br>butalbital-acetaminophen 25-35mg, 50-300mg tablets  | butalbital-acetaminophen 50-325mg tablet   |
|                                      | AMERGE<br>ERGOMAR<br>FROVA 2.5MG TABLET<br>MAXALT, MAXALT MLT<br>RELPAK  | generic triptans (e.g. sumatriptan; naratriptan)   |
|                                      | AMRIX<br>cyclobenzaprine er  | carisoprodol<br>chlorzoxazone 500mg<br>cyclobenzaprine tablets<br>metaxalone<br>methocarbamol<br>orphenadrine er |
|                                      | BACLOFEN<br>FLEQSUVY<br>LYVISPAH<br>OZOBAX   | baclofen tablet  |
|                                      | CAMBIA<br>ELYXYB<br>fenoprofen 200mg, 400mg capsule<br>FENORTHO<br>INDOCIN<br>indomethacin 20mg capsule<br>ketoprofen 25mg capsule<br>lofena<br>mefenamic acid<br>meloxicam 5mg, 10mg capsule<br>NALFON 400MG CAPSULE<br>NAPRELAN<br>NAPROSYN 125MG/5ML SUSPENSION<br>naproxen<br>naproxen sodium cr, naproxen sodium er<br>RELAFEN<br>RELAFEN DS<br>RIDAURA<br>TIVORBEX<br>VIVLODEX<br>ZIPSOR<br>ZORVOLEX | Generic NSAID (e.g. celecoxib; meloxicam)  |
|                                      | chlorzoxazone 250mg  | chlorzoxazone 500mg  |
|                                      | chlorzoxazone 375mg, 750mg<br>methocarbamol 1000mg   | methocarbamol 500mg  |
|                                      | COLOCYRS, GLOPERBA   | colchicine, MITIGARE   |
|                                      | CONZIP   | tramadol, tramadol er  |
|                                      | COSENTYX*  | ENBREL*, HUMIRA*, OTEZLA*<br>STELARA*, TALTZ*  |
|                                      | CUPRIMINE*   | penicillamine*, trientine*   |

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|--|---|---|
| PAIN RELIEF AND INFLAMMATORY DISEASE<br>(cont) | diclofenac 1.5% solution<br>diclofenac 35mg capsule<br>PENNSAID   | generic nsaid (e.g. celecoxib; meloxicam)<br>diclofenac 1% gel  |
|  | dihydroergotamine 4mg/ml spray<br>IMITREX NASAL SPRAY<br>MIGRANAL<br>ONZETRA XSAIL<br>ZOLMITRIPTAN NASAL SPRAY<br>ZOMIG | sumatriptan nasal spray   |
|  | GEMTESA   | darifenacin er<br>oxybutynin, oxybutynin er<br>solifenacin<br>tolterodine, tolterodine er<br>trospium                                 |
|  | GRALISE   | gabapentin  |
|  | ibuprofen-famotidine  | Generic NSAID (e.g. celecoxib; meloxicam)<br>famotidine   |
|  | IMITREX   | dihydroergotamine<br>sumatriptan  |
|  | INFLIXIMAB*, REMICADE*  | AVSOLA*, INFLECTRA*   |
|  | KETOROLAC 15.75MG NASAL SPRAY<br>SPRIX  | ketorolac tablet  |
|  | LIDODERM  | lidocaine 5% patch  |
|  | levorphanol   | codeine with acetaminophen<br>hydrocodone with acetaminophen<br>HYSINGLA ER<br>oxycodone with acetaminophen<br>tramadol<br>XTAMPZA ER |
|  | MIGRANAL  | Generic NSAID (e.g. celecoxib; meloxicam)<br>Trudhesa   |
|  | NORGESIC<br>NORGESIC FORTE<br>orphenadrine-aspirin-caffeine<br>ORPHENGESIC FORTE  | chlorzoxazone 500mg tablet<br>metaxalone<br>methocarbamol<br>orphenadrine ER  |
|  | OXYCONTIN   | HYSINGLA ER<br>MORPHABOND ER<br>XTAMPZA ER  |
|  | PROLATE SOLUTION  | oxycodone-acetaminophen tablet  |
|  | QDOLO   | tramadol 50mg tablet  |
|  | RASUVO  | OTREXUP, methotrexate 25mg vial, REDITREX   |
|  | REYVOW  | generic triptans (e.g. sumatriptan; naratriptan)<br>NURTEC ODT, UBRELVY   |
|  | SUBSYS  | fentanyl lozenge or buccal tablet   |
|  | tizanidine 2mg, 4mg, 6mg capsule  | tizanidine 2mg, 4mg tablet  |
|  | TOSYMRA   | sumatriptan   |
|  | TREXIMET  | sumatriptan-naproxen  |
|  | ULORIC  | febuxostat  |

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|--|--|--|
| PAIN RELIEF AND INFLAMMATORY DISEASE<br>(cont) | vtol lq  | butalbital-acetaminophen-caffeine<br>PHRENILIN FORTE   |
|  | ZEMBRACE SYMTOUCH                                    | dihydroergotamine, sumatriptan   |
|  | ZOMIG ZMT  | zolmitriptan odt   |
|  | ZYLOPRIM   | allopurinol  |
| PARKINSON'S DISEASE                            | DHIVY, LODOSYN                                       | carbidopa/levodopa   |
|  | GOCOVRI  | amantadine   |
|  | ONGENTYS   | entacapone   |
|  | ZELAPAR  | selegiline tablets or capsules   |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS                  | ABILIFY<br>ABILIFY MYCITE                            | aripiprazole, paliperidone er<br>risperidone   |
|  | LATUDA   | lurasidone   |
|  | LYBALVI  | aripiprazole, olanzapine, paliperidone er<br>quetiapine, quetiapine er, risperidone<br>ziprasidone |
|  | GEODON CAPSULE                                       | aripiprazole, paliperidone er, ziprasidone   |
|  | QUETIAPINE   | quetipine  |
|  | VERSACLOZ  | clozapine , clozapine odt  |
|  | ZYPREXA  | aripiprazole, olanzapine tablet, paliperidone er   |
|  | ZYPREXA ZYDIS  | aripiprazole, olanzapine, olanzapine odt   |
| SEIZURE DISORDERS                              | ELEPSIA XR, KEPPRA XR                                | levetiracetam er   |
|  | EPRONTIA   | topiramate sprinkle capsule, tablet  |
|  | FELBATOL   | felbamate  |
|  | KEPPRA SOLUTION, TABLET                              | levetiracetam  |
|  | LAMICTAL   | lamotrigine  |
|  | LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)               | lamotrigine starter kit (blue, green, orange)  |
|  | LAMICTAL ODT   | lamotrigine odt  |
|  | LAMICTAL ODT KIT (BLUE, GREEN, ORANGE)               | lamotrigine odt starter kit (blue, green orange)   |
|  | LAMICTAL XR<br>LAMICTAL XR KIT (BLUE, GREEN, ORANGE) | lamotrigine er   |
|  | LYRICA, LYRICA CR<br>pregabalin er                   | duloxetine, gabapentin<br>lidocaine 5% topical patch, pregabalin                                   |
|  | MYSOLINE   | primidone  |
|  | QUDEXY XR, TROKENDI XR                               | topiramate er  |
|  | SABRIL*  | vigabatrin*  |
|  | SYMPAZAN   | clobazam   |
|  | TOPAMAX  | topiramate   |
|  | TRILEPTAL  | oxcarbazepine  |
|  | VIMPAT   | lacosamide tablet  |
| ZONASIDE                                       | lamotrigine/ODT, zonisamide, topiramate              |  |
| ZONEGRAN                                       | zonisamide   |  |
| SKIN CONDITIONS                                | ABSORICA, ABSORICA LD                                | CLARAVIS, isotretinoin<br>MYORISAN, ZENATANE   |

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| DRUG CLASS             | MEDICATION NAME <sup>^^</sup><br>(Not covered)  | GENERIC AND/OR PREFERRED BRAND<br>ALTERNATIVE(S)   |
|------------------------|---|--|
| SKIN CONDITIONS (cont) | ACANYA, ACZONE, AKLIEF<br>ALTRENO, AMZEEQ<br>ARAZLO, ATRALIN, AVITA<br>AZELEX, DIFFERIN, DUAC<br>EPIDUO FORTE, FABIOR, ONEXTON<br>RETIN-A, RETIN-A MICRO<br>RETIN-A MICRO PUMP<br>tazarotene 0.1% foam<br>TAZORAC, TRETIN-X, VELTIN<br>WINLEVI, ZIANA | Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)   |
|                        | acyclovir cream, ointment<br>DENA VIR, ZOVIRAX  | acyclovir, famciclovir, valacyclovir tablets   |
|                        | adapalene swab  | adapalene 0.1% cream, lotion<br>adapalene 0.3% gel<br>tazarotene 0.1% cream<br>tretinoin cream, gel, micro gel               |
|                        | ANUSOL-HC 2.5% CREAM  | hydrocortisone 2.5% rectal cream   |
|                        | APEXICON E<br>CORDRAN 4 MCG/SQ CM TAPE LARGE<br>diflorasone   | betamethasone cream, ointment<br>clobetasol<br>halobetasol cream, ointment   |
|                        | NEUAC 1.2-5% KIT  | clindamycin-benzoyl peroxide   |
|                        | calcipotriene, VTAMA  | calcitriol ointment  |
|                        | CARAC   | fluorouracil 0.5% cream  |
|                        | CLINDAGEL   | clindamycin gel<br>clindamycin topical solution  |
|                        | CLINDAMYCIN 1% GEL  | clindamycin 1% gel (generic Cleocin T)<br>dapson 5% gel<br>erythromycin 2% gel   |
|                        | CLOBEX  | clobetasol lotion, shampoo, spray  |
|                        | CONDYLOX  | imiquimod 5% cream packet<br>podofilox 0.5% topical solution   |
|                        | CORDRAN CREAM, LOTION, OINTMENT   | betamethasone, fluocinolone, fluticasone   |
|                        | CUTIVATE  | betamethasone lotion<br>fluticasone topical lotion<br>triamcinolone lotion   |
|                        | diclofenac 3% gel   | FLUROPLEX, fluorouracil<br>imiquimod 5% cream  |
|                        | doxepin 5% cream<br>PRUDOXIN<br>ZONALON   | generic topical steroid (e.g. betamethasone)<br>topical tacrolimus   |
|                        | DUOBRII   | halobetasol plus tazarotene cream  |
|                        | ELIDEL  | pimecrolimus cream   |
|                        | ENSTILAR<br>TACLONEX  | calcipotriene cream, ointment, solution<br>calcipotriene-betamethasone ointment<br>tazarotene cream<br>topical betamethasone |
|                        | ERTACZO   | ketoconazole cream   |

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| DRUG CLASS             | MEDICATION NAME <sup>^^</sup><br>(Not covered)                            | GENERIC AND/OR PREFERRED BRAND<br>ALTERNATIVE(S)  |
|------------------------|---|---|
| SKIN CONDITIONS (cont) | EXELDERM<br>oxiconazole, OXISTAT<br>SULCONAZOLE                           | econazole cream<br>ketoconazole cream<br>naftifine cream  |
|                        | EXTINA  | ketoconazole cream, foam  |
|                        | FINACEA<br>METROCREAM, METROGEL<br>SOOLANTRA<br>ZILXI                     | azelaic acid<br>topical metronidazole   |
|                        | flurandrenolide<br>hydrocortisone 1% lotion                               | betamethasone, fluocinolone<br>fluticasone  |
|                        | halobetasol foam<br>LEXETTE   | augmented betamethasone dipropionate<br>betamethasone dipropionate cream, ointment<br>clobetasol<br>fluocinonide 0.1% cream<br>halobetasol cream, ointment      |
|                        | HALOG SOLUTION  | clobetasol cream, ointment<br>halobetasol cream, ointment   |
|                        | imiquimod 3.75%<br>ZYCLARA  | imiquimod 5% cream  |
|                        | IMPEKLO   | betamethasone dipropionate cream, ointment<br>clobetasol<br>fluocinonide 0.1% cream<br>halobetasol cream, ointment  |
|                        | IMPOYZ  | clobetasol cream, ointment<br>betamethasone dipropionate cream, ointment<br>halobetasol cream, ointment   |
|                        | JUBLIA<br>KERYDIN<br>tavaborole   | ciclopirox topical solution<br>itraconazole capsules<br>terbinafine tablets   |
|                        | KENALOG 0.147MG/GM SPRAY<br>triamcinolone ointment<br>triamcinolone spray | desoximetasone 0.05% cream, ointment<br>fluocinolone 0.025% ointment<br>flurandrenolide 0.05% ointment<br>hydrocortisone 0.2% ointment<br>mometasone 0.1% cream |
|                        | KLISYRI   | FLUOROPLEX  |
|                        | LOCOID  | betamethasone lotion<br>fluocinolone cream<br>fluticasone cream<br>hydrocortisone ointment<br>prednicarbate ointment<br>triamcinolone cream                     |
|                        | LOCOID LIPOCREAM<br>nolix<br>PANDEL                                       | betamethasone cream<br>fluocinolone cream<br>fluticasone cream  |
|                        | LOPROX 0.77% CREAM 1% SHAMPOO   | ciclopirox cream, shampoo   |
|                        | LUZU  | econazole cream<br>ketoconazole cream<br>luliconazole   |

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| DRUG CLASS                | MEDICATION NAME <sup>^^</sup><br>(Not covered) | GENERIC AND/OR PREFERRED BRAND<br>ALTERNATIVE(S)   |
|---------------------------|--|--|
| SKIN CONDITIONS (cont)    | NORITATE                                       | azelaic acid<br>metronidazole cream<br>metronidazole gel   |
|                           | OLUX<br>OLUX-E                                 | betamethasone dipropionate cream, ointment<br>clobetasol cream, foam, ointment<br>halobetasol cream, ointment  |
|                           | PROTOPIC                                       | tacrolimus ointment  |
|                           | QBREXZA  | DRYSOL   |
|                           | SERNIVO  | betamethasone  |
|                           | SORILUX  | calcipotriene cream, ointment, solution<br>calcitriol ointment<br>tazarotene cream   |
|                           | TRIANEX  | triamcinolone cream  |
|                           | TRIDESILON                                     | alclometasone<br>desonide<br>triamcinolone   |
|                           | ULTRAVATE LOTION                               | betamethasone ointment<br>clobetasol cream, lotion, ointment<br>halobetasol cream, ointment  |
|                           | VANOS  | clobetasol cream<br>fluocinonide 0.1% cream<br>halobetasol cream   |
|                           | VERDESO  | desonide cream<br>desonide ointment  |
|                           | VEREGEN  | imiquimod 5% cream packet<br>podofilox 0.5% topical solution   |
|                           | WYNZORA, ZORYVE                                | betamethasone<br>calcipotriene<br>calcipotriene-betamethasone<br>fluocinolone<br>fluticasone<br>mometasone<br>triamcinolone cream                                  |
|                           | XERESE   | acyclovir tablet<br>famciclovir tablet<br>plus 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 sulfide 2.5% lotion<br>sodium sulfacetamide 10% shampoo |
| SLEEP DISORDERS/SEDATIVES | AMBIEN   | zolpidem   |
|                           | AMBIEN CR                                      | zolpidem er  |
|                           | BELSOMRA                                       | DAYVIGO  |
|                           | EDLUAR   | zolpidem or zolpidem er  |
|                           | NUVIGIL  | armodafinil  |

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| DRUG CLASS                      | MEDICATION NAME <sup>^^</sup><br>(Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |
|---------------------------------|--|---|
| SLEEP DISORDERS/SEDATIVES(cont) | PROVIGIL                                       | modafinil   |
|                                 | QUVIVIQ, ZOLPIMIST                             | doxepin, eszopiclone, zaleplon<br>zolpidem, zolpidem ER   |
|                                 | RESTORIL                                       | temazepam   |
| SUBSTANCE ABUSE                 | EVZIO  | Kloxxado, naloxone auto-injector<br>NARCAN  |
| TRANSPLANT MEDICATIONS          | AZASAN*<br>azathioprine 75 mg, 100 mg tablet*  | azathioprine 50mg tablet*   |
|                                 | LUPKYNIS*                                      | BENLYSTA*, tacrolimus*  |
|                                 | PROGRAF* CAPSULE                               | tacrolimus  |
| URINARY TRACT CONDITIONS        | DETROL   | darifenacin er, oxybutynin, tolterodine   |
|                                 | DETROL LA                                      | darifenacin er, oxybutynin er, tolterodine er   |
|                                 | DITROPAN XL                                    | oxybutynin er   |
|                                 | ENTADFI  | alfuzosin, dutasteride, finasteride 5mg, silodosin,<br>tamsulosin                                 |
|                                 | GELNIQUE, MYRBETRIQ<br>OXYTROL, VESICARE LS    | darifenacin er, oxybutynin er<br>tolterodine er, trospium er                                      |
|                                 | GEMTESA  | darifenacin er, oxybutynin, oxybutynin er<br>solifenacin, tolterodine, tolterodine er<br>trospium |
|                                 | MYRBETRIQ                                      | oxybutynin er, tolterodine er, trospium er  |
|                                 | OXYBUTYNIN CHLORIDE                            | oxybutynin 5 mg tablet<br>oxybutynin syrup  |
|                                 | PROCYSBI*                                      | CYSTAGON*   |
|                                 | THIOLA*<br>THIOLA EC*                          | tiopronin*  |
|                                 | TOVIAZ   | darifenacin er, fesoterodine er, oxybutynin er<br>tolterodine er, trospium er                     |
|                                 | VESICARE                                       | darifenacin er, oxybutynin er<br>solifenacin, tolterodine er, trospium er                         |

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## Frequently Asked Questions (FAQs)

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

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

**A.** 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. These changes may include:<sup>2,3</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 extra coverage requirements to a medication.**

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options. We try to give you many options to choose from to treat your health condition.

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

**A.** 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). With excluded medications, there's no option to get coverage through Cigna's coverage review process.

### Q. How do you decide which medications to cover?

**A.** 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 Health Plan Commercial Value Assessment Committee (HVAC) 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.

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

**A.** 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.

### Q. How do I know if I'm taking a medication that needs approval?

**A.** Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a **(PA)** or **(ST)** next to it, your medication needs approval before your plan will cover it. If it has a **(QL)** next to it, you may need approval depending on the amount you're filling. If it has **(AGE)** next to it, you may need approval depending on the covered age range for the medication.

### Q. What types of medications typically need approval?

**A.** Medications that:

- May be unsafe when combined with other medications

## Frequently Asked Questions (FAQs) (cont)

- › Have lower-cost, equally effective alternatives available
- › Should only be used for certain health conditions
- › Are often misused or abused

### **Q. What types of medications typically have quantity limits?**

**A.** Medications that are often:

- › Taken in amounts larger than, or for longer than, may be appropriate
- › Misused or abused

### **Q. What types of medications require Step Therapy?**

**A.** The Step Therapy program includes medications that are used to treat many conditions, including, but not limited to:

- › ADD/ADHD
- › Allergies
- › Bladder problems
- › Breathing problems
- › Depression
- › High blood pressure
- › High cholesterol
- › Osteoporosis
- › Pain
- › Skin conditions
- › Sleep disorders

### **Q. Why does my medication have an age requirement?**

**A.** Some medications are only considered clinically appropriate for people of a certain age.

### **Q. How do I get approval (prior authorization) for my medication?**

**A.** 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 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 your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us. You can always check with your doctor's office to find out if a decision has been made. You can also log in to the **myCigna** app or **myCigna.com** to check the status of your approval. Click on Prescriptions, then choose My Medications

from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

If your medication meets guidelines, it will be approved for coverage. If it doesn't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

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

**A.** 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 plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna to start the coverage review process. Or, you can choose to pay its full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

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

**A.** 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.

### **Q. Are all of the medications on this drug list approved by the U.S. Food and Drug Administration (FDA)?**

**A.** Yes. All medications are approved by the FDA.

### **Q. Are medications newly approved by the FDA covered on my drug list?**

**A.** Newly approved medications may not be covered on your drug list for the first six months after they receive approval from the FDA. 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

## Frequently Asked Questions (FAQs) (cont)

medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

**A.** 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 **myCigna.com**, 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/PDL**.

For more information about health care reform, go to **informedonreform.com** or **Cigna.com**.

### **Q. How can I find out how much I'll pay for a specific medication?**

**A.** When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.<sup>5</sup>

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

**A.** 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.

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

**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.<sup>6</sup> Generic and brand-name

medications have the same active ingredients, strength, dosage form, effectiveness, quality and safety.

### **Q. What are the differences between generic and brand-name medications?**

**A.** The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand-name, but they're just as safe and effective.

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.<sup>6</sup> Just because generics cost less than brands, doesn't mean they're lower-quality medications.

### **Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?**

**A.** To receive in-network coverage under your plan, you'll need to switch to a pharmacy in your plan's network. If your plan offers out-of-network coverage, you'll pay out-of-network costs to fill a prescription there.

### **Q. Can I fill my prescriptions by mail?**

**A.** Yes, as long as your plan offers home delivery.<sup>7</sup>

### **Home delivery with Express Scripts® Pharmacy**

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost<sup>8</sup>
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time
- Helpful pharmacists available 24/7
- Flexible payment options

## Frequently Asked Questions (FAQs) (cont)

Here are three easy ways to get started.

- 1. Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
- 2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills)<sup>9</sup> electronically to Express Scripts Home Delivery. Or,
- 3. Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

### Accredo®, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).<sup>10</sup> They'll also provide you with the personalized care and support you need to manage your therapy - at no extra cost. To learn more, go to **Cigna.com/specialty**.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost<sup>8</sup>
- › Easy refills and free reminders
- › 24/7 access to specialty-trained pharmacists and nurses
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

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.

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

**A.** You can use the online tools and resources on the **myCigna App** or **myCigna.com** 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.

## Exclusions and limitations for coverage

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>11</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<sup>12</sup>, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation<sup>12</sup>, 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. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
2. **If you're taking a medication that will be covered differently as of July 1<sup>st</sup>, you may not be affected by the change(s) at that time.** That's because there are state laws in **Connecticut, Louisiana, New York and Texas** that may require your plan to continue covering your medication as it is now, until your new plan year starts. For example, if Cigna is making a change to a medication on your drug list on July 1<sup>st</sup> but your new plan year doesn't start until November 1<sup>st</sup>, the change(s) won't affect you until November 1<sup>st</sup>. It's up to you to remember that your coverage will change at that time. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
3. 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.
4. For insured plans that must follow **Delaware's** state insurance laws: Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the **myCigna App** or **myCigna.com**, or call Customer Service using the number on your Cigna ID card.
5. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
6. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
7. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to learn more about the pharmacies in your plan's network. *Cigna maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.*
8. Standard shipping costs are included as part of your prescription plan.
9. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
10. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
11. 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.
12. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the **myCigna App** or **myCigna.com**, or check your plan materials.

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：聽障 711)。

**Vietnamese - XIN LƯU Ý:** 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 가입자님께서는 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 - يرجى الانتباه:** خدمت الترجمة اللغوية متاحة لكم مع خدمات Cigna الحاليين. يرجى الاتصال بالرقم المذكور على بطاقتكم الشخصية. أو 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 deyè 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. Wszyscy inni osoby prosimy o skorzystania 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 یا شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت یا شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711) یا شماره دیگری کنید.