



# **CIGNA LEGACY (STANDARD) 4-TIER PRESCRIPTION DRUG LIST**

**Coverage as of January 1, 2022**

**Together, all the way.®**



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

885983 w Legacy (Standard) 4-Tier 08/21



## What's inside?

About this drug list	3
How to read this drug list	3
How to find your medication	5
Specialty medications	21
Frequently Asked Questions (FAQs)	24
Exclusions and limitations for coverage	28

This document was last updated on 08/01/2021.\*

**Questions?**

Call the toll-free number on your Cigna ID card. We're here 24/7/365.

\* Drug list created: originally created 01/01/2016

Last updated: 08/01/2021, for changes starting 01/01/2022

Next planned update: 03/01/2022, for changes starting 07/01/2022

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Legacy (Standard) 4-Tier Prescription Drug List as of January 1, 2022.<sup>1,2</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. 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 Legacy (Standard) 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	
<b>INFECTIONS</b>			
acyclovir capsule, suspension, tablet	ALBENZA	ALINIA	
amoxicillin	BARACLUDE solution**	BACTRIM	
amoxicillin-clavulanate ER	CIPRO	BACTRIM DS	
amoxicillin-clavulanate	DARAPRIM** (PA)	BARACLUDE tab* (QL)	
atovaquone	E.E.S. 400	CAYSTON*	
AVIDOXY tablet	Epclusa** (PA)	CLEOCIN	
azithromycin packet, suspension, tablet	ERY-TAB 333, 500mg	CLINDESSE	
cefdinir	HARVONI** (PA)	CRESEMBA (PA)	
cefixime	KITABIS PAK*	DIFICID (QL)	
cefuroxime tablet	MAVYRET** (PA)	ERYPED 200	
cephalexin	SOVALDI** (PA)	ERY-TAB 250mg	
ciprofloxacin	THALOMID** (PA)	MONUROL	
clarithromycin	URETRON D-S	NOXAFIL suspension, tablet	
clarithromycin ER	VIBRAMYCIN syrup	PLAQUENIL	
clindamycin	VOSEVI** (PA)	SULFATRIM	
COREMINO (QL)		SUPRAX	
dapsone		TAMIFLU (QL)	
doxycycline capsule, suspension, tablet		TOBI Podhaler**	
doxycycline IR-DR		URIBEL	
EMVERM		UROGESIC-BLUE	
entecavir** (QL)		UTA	
erythromycin		VALTREX	
famciclovir		VEMLIDY**	
fluconazole		VIBRAMYCIN suspension	
hydroxychloroquine		XIFAXAN	
		ZEPATIER** (PA)	

**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

**Oral specialty medications** have an asterisk (\*) listed next to them; injectible specialty medications are listed on tier 4 (pages 21-23).

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

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

Brand-name medications are in all **capital letters**

Generic medications are in all **lowercase letters**

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

## Tiers

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

› Tier 1 – Typically Generics	(Lowest-cost medication)	\$
› Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 – Typically Non-Preferred Brands	(Higher-cost medication)	\$\$\$
› Tier 4 – Injectable Specialty Medications	(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.

<b>(PA)</b>	<b>Prior Authorization</b> – Certain medications need approval from Cigna before your plan will cover them. These medications have a <b>(PA)</b> next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.
<b>(QL)</b>	<b>Quantity Limits</b> – 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 <b>(QL)</b> next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.
<b>(ST)</b>	<b>Step Therapy</b> – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a <b>(ST)</b> next to them. You have many covered options to choose from, and they're used to treat the same condition.
<b>(AGE)</b>	<b>Age Requirements</b> – Certain medications will only be covered if you're within a specific age range. These medications have <b>(AGE)</b> 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. In this drug list, injectable specialty medications are covered on Tier 4 (listed on pages 21-23). Oral specialty medications are covered on a lower tier (tiers 1-3). They are listed alphabetically by the condition they treat, and have an asterisk (\*) next to them.

Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Check your plan materials, to see how your plan covers these medications.

## 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. Check your plan materials, to see how your plan covers these medications.

## Plan/benefit exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. This means there's no option to receive coverage through Cigna's review process by showing that you need the medication or product for your treatment. In this drug list, these medications have a caret (^) next to them. Check your plan materials, to see which medications your plan excludes.

## 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	FEMININE PRODUCTS	14
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	14, 15
ALZHEIMER'S DISEASE	6	HORMONAL AGENTS	15
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	15, 16
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	16
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	16
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	16, 17
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	OSTEOPOROSIS PRODUCTS	17
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	17, 18
CANCER	8	PARKINSON'S DISEASE	18
CHOLESTEROL MEDICATIONS	8	SCHIZOPHRENIA/ANTI-PSYCHOTICS	18
CONTRACEPTION PRODUCTS	8-10	SEIZURE DISORDERS	18
COUGH/COLD MEDICATIONS	10	SKIN CONDITIONS	18, 19
DENTAL PRODUCTS	10, 11	SLEEP DISORDERS/SEDATIVES	19
DIABETES	11-13	SMOKING CESSATION	19
DIURETICS	13	SUBSTANCE ABUSE	19
EAR MEDICATIONS	13	TRANSPLANT MEDICATIONS	19, 20
ERECTILE DYSFUNCTION	13	URINARY TRACT CONDITIONS	20
EYE CONDITIONS	13, 14	VACCINES	20
		WEIGHT MANAGEMENT	20

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

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

### AIDS/HIV

abacavir-lamivudine* (PA)	BIKTARVY*	CIMDUO* (PA)
efavirenz-emtricitabine-tenofovir*	DESCOVY*+ (PA)	COMPLERA* (PA)
emtricitabine-tenofovir*+ritonavir*	DOVATO*	EVOTAZ* (PA)
tenofovir* (PA)	GENVOYA*	ODEFSEY* (PA)
	ISENTRESS HD* (PA)	PIFELTRO* (PA)
	ISENTRESS*	PREZCOBIX* (PA)
	JULUCA*	STRIBILD* (PA)
	PREZISTA*	TEMIXYS* (PA)
	SELZENTRY* (PA)	
	SYMITUZA*	
	TIVICAY PD*	
	TIVICAY*	
	TRIUMEQ*	

### ALLERGY/NASAL SPRAYS

azelastine		CLARINEX
azelastine-fluticasone		CLARINEX-D 12 HOUR
cromolyn oral concentrate		GASTROCROM
desloratadine (QL)		GRASTEK (PA, QL)
fluticasone		KARBINAL ER
hydroxyzine hcl solution, syrup, tablet		ODACTRA (PA, QL)
hydroxyzine pamoate		ORALAIR (PA, QL)
ipratropium		PATANASE
mometasone (QL)		QNASL CHILDREN
olopatadine		RAGWITEK (PA, QL)
promethazine solution, syrup, tablet		SYMJEPI (PA, QL)
		VISTARIL

### ALZHEIMER'S DISEASE

donepezil	NAMENDA 5-10 MG	ARICEPT
donepezil odt	TITRATION PK	EXELON
memantine		MESTINON
memantine er (QL)		NAMENDA 10 MG TABLET
pyridostigmine 60 mg/5 ml, 60 mg		NAMENDA 5 MG TABLET
pyridostigmine er		NAMENDA XR (QL)
rivastigmine		NAMZARIC (QL)
		pyridostigmine 30mg (PA, QL)

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

alprazolam		APLENZIN ER (PA, QL)
alprazolam er		bupropion xl 450mg tablet (QL, PA)
alprazolam intensol		
alprazolam odt		CELEXA (QL, ST)
alprazolam xr		
amitriptyline		

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

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

bupropion (QL)		EFFEXOR XR (QL, ST)
bupropion sr (QL)		FETZIMA (QL, ST)
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)
bupropion xl 300 mg tablet (QL)		REMERON
bupropion xl 300 mg tablet (QL)		SPRAVATO* (PA)
bupropion xl 300 mg tablet (QL)		TRINTELLIX (QL, ST)
bupropion xl 300 mg tablet (QL)		VIIBRYD (QL, ST)
bupropion xl 300 mg tablet (QL)		WELLBUTRIN SR (QL, ST)
bupropion xl 300 mg tablet (QL)		WELLBUTRIN XL (PA, QL)
bupropion xl 300 mg tablet (QL)		XANAX
bupropion xl 300 mg tablet (QL)		XANAX XR
bupropion xl 300 mg tablet (QL)		ZOLOFT (QL, ST)

### ASTHMA/COPD/RESPIRATORY

albuterol	ADVAIR HFA	ADCIRCA* (PA)
albuterol hfa (QL)	ANORO ELLIPTA	ADEMPAS* (PA)
alyq* (PA)	ASMANEX	AIRDUO DIGIHALER (ST)
ambrisentan* (PA)	ASMANEX HFA	ARMONAIR
budesonide	ATROVENT HFA	DIGIHALER (ST)
fluticasone-salmeterol	BEVESPI	BRONCHITOL* (PA)
ipratropium-albuterol	AEROSPHERE	DALIRESP (QL)
montelukast	BREO ELLIPTA	KALYDECO* (PA, QL)
tadalafil* (PA)	BREZTRI	LETAIRIS* (PA)
	AEROSPHERE	LONHALA
	COMBIVENT	MAGNAIR REFILL (PA)
	RESPIMAT	LONHALA
	DULERA	MAGNAIR
	FLOVENT DISKUS	STARTER (PA)
	FLOVENT HFA	ORENITRAM ER* (PA)
	INCRUSE ELLIPTA	ORKAMBI* (PA, QL)
	OFEV* (PA)	PROAIR DIGIHALER (PA, QL)
	OPSUMIT* (PA)	PULMICORT
	PULMICORT	RESPULE
	FLEXHALER	
	PULMOZYME* (PA)	
	QVAR REDIHALER	
	SEREVENT DISKUS	
	SPIRIVA	
	SPIRIVA RESPIMAT	

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ASTHMA/COPD/RESPIRATORY (cont)</b>			<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>		
	STIOLTO RESPIMAT SYMBICORT TRACLEER 32 MG TABLET FOR SUSPENSION* (PA) TRELEGY ELLIPTA UPTRAVI* (PA)	REVATIO 10 MG/ ML, 20 MG* (PA) SINGULAIR STRIVERDI RESPIMAT (ST) SYMDEKO* (PA, QL) TRACLEER 125 MG TABLET* (PA) TRACLEER 62.5 MG TABLET* (PA) TRIKAFTA* (PA, QL) TYVASO* (PA)	amlodipine- olmesartan (QL) amlodipine- valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol carvedilol er (QL) clonidine diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la) diltiazem 24hr er (xr) diltiazem DILT-XR dofetilide (QL) doxazosin droxidopa* enalapril flecainide hydralazine tablet irbesartan labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol nadolol nifedipine nifedipine er olmesartan (QL) olmesartan- amlodipine-hctz olmesartan-hctz (QL) prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) taztia xt telmisartan (QL) telmisartan-hctz (QL)	TEKTURNA HCT (QL) AVAPRO (ST) AZOR (QL) BENICAR (QL, ST) BENICAR HCT (QL, ST) BIDIL (QL) CALAN SR CARDIZEM LA 120mg (QL) CARDURA CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 CONJUPRI (PA) CONSENSI (PA, QL) COREG (ST) CORGARD (ST) COZAAR (ST) DIOVAN (ST) DIOVAN HCT (ST) EPANED EXFORGE GONITRO HEMANGEOL HYZAAR (ST) INDERAL LA (ST) INDERAL XL (ST) INNOPRAN XL (ST) KAPSPARGO SPRINKLE* (ST) KATERZIA (QL) LOPRESSOR (ST) LOTENSIN (ST) LOTREL MICARDIS (QL, ST) MICARDIS HCT (QL, ST) MINIPRESS NITROSTAT NORTHERA* (PA) NORVASC ORLADEYO* (PA, QL) PRINIVIL (ST) PROCARDIA XL RANEXA (QL) TEKTURNA (QL) TENORETIC 100 (ST) TENORETIC 50 (ST) TENORMIN (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST)	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>4</sup></b>					
amphetamine (PA) atomoxetine (QL) dexmethylph- enidate (PA) dexmethylph- enidate er (PA, QL) dextroamphetamin- e amphetamine er (PA, QL) dextroamph- etamine- amphetamine (PA) guanfacine er methylphenidate er (la) (PA, QL) methylphenidate er (PA, QL) methylphenidate (PA) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate la (PA, QL)	MYDAYIS (PA, QL) VYVANSE (PA, QL)	ADDERALL (PA,ST) ADHANSIA XR (PA, ST, QL) ADZENYS ER (PA, QL) ADZENYS XR-ODT (PA, QL) amphetamine er (PA,QL) DAYTRANA (PA, QL) DYANAVEL XR (PA, QL) EVEKEO (PA,ST) FOCALIN (PA,ST) INTUNIV JORNAY PM (PA, QL, ST) METHYLIN (PA) methylphenidate er 72 mg tablet (PA) QELBREE (PA, QL) QUILLICHEW ER (PA, QL) QUILLIVANT XR (PA, QL) RITALIN (PA,ST) STRATTERA (QL)			
<b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>					
aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg*	DROXIA NYVEPRIA* (PA) ZIEXTENZO* (PA)	DOPTELET* (PA) LYSTEDA* PROMACTA* (PA) SIKLOS (PA) TAVALISSE* (PA)			
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>					
amlodipine amlodipine- benazepril	BYSTOLIC (QL, ST) CORLANOR (PA) ENTRESTO	ADALAT CC ALTACE (ST) ATACAND (ST)			

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

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

### BLOOD PRESSURE/HEART MEDICATIONS (cont)

tiadylt er		TRIBENZOR
valsartan		VASOTEC (ST)
valsartan-hctz		VERELAN
verapamil er		VERELAN PM
verapamil er pm		VERQUVO (PA, QL)
verapamil tablet		ZESTORETIC (ST)
verapamil sr		ZESTRIL (ST)
		ZIAC (ST)

### BLOOD THINNERS/ANTI-CLOTTING

adult aspirin regimen+	BRILINTA	BAYER CHEWABLE
aspirin ec+	ELIQUIS (PA)	ASPIRIN+
aspirin+	XARELTO (PA)	EFFIENT
aspirin-dipyridamole er		PLAVIX
children's aspirin+		PRADAXA (PA)
clopidogrel		SAVAYSA (PA, QL)
jantoven		ZONTIVITY
low dose aspirin ec+		
prasugrel		
st. joseph aspirin ec+		
st. joseph aspirin+ warfarin		

### CANCER

abiraterone* (PA)	ERIVEDGE* (PA)	AFINITOR DISPERZ* (PA)
anastrozole+	ERLEADA* (PA)	AFINITOR* (PA)
bexarotene* (PA)	GLEOSTINE	ALECENSA* (PA)
capecitabine* (PA)	IBRANCE* (PA)	ALUNBRIG* (PA)
everolimus* (PA)	NEXAVAR* (PA)	BOSULIF* (PA)
exemestane+	REVLIMID* (PA)	BRAFTOVI* (PA)
hydroxyurea	SPRYCEL* (PA)	BRAFTOVI* (PA)
imatinib* (PA)	SUTENT* (PA)	CABOMETYX* (PA)
letrozole	TREXALL	CALQUENCE* (PA)
methotrexate	VERZENIO* (PA)	COMETRIQ* (PA)
tamoxifen+		GLEEVEC* (PA)
temozolomide* (PA)		ICLUSIG* (PA)
		IMBRUVICA* (PA)
		INLYTA* (PA)
		JAKAFI* (PA)
		KISQALI* (PA)
		LENVIMA* (PA)
		LONSURF* (PA)
		LYNPARZA* (PA)
		MEKINIST* (PA)
		MEKTOVI* (PA)
		NERLYNX* (PA)
		NINLARO* (PA)
		NUBEQA* (PA)
		ODOMZO* (PA)
		ORGOVYX* (PA)
		PIQRAY* (PA)

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

### CANCER (cont)

POMALYST* (PA)
ROZLYTREK* (PA)
RUBRACA* (PA)
RYDAPT* (PA)
STIVARGA* (PA)
TAFINLAR* (PA)
TAGRISSO* (PA)
TARGRETIN* (PA)
TASIGNA* (PA)
TEMODAR CAPSULE* (PA)
TUKYSA* (PA)
UKONIQ* (PA, QL)
VENCLEXTA STARTING PACK* (PA)
VENCLEXTA* (PA)
VITRAKVI* (PA)
VOTRIENT* (PA)
XALKORI* (PA)
XELODA* (PA)
XOSPATA* (PA)
XTANDI* (PA)
ZEJULA* (PA)

### CHOLESTEROL MEDICATIONS

atorvastatin+	NEXLETOL (PA, QL)	CADUET (QL)
colestevlam	NEXLIZET (PA, QL)	LIPOFEN (ST)
ezetimibe	REPATHA (PA)	NIASPAN
ezetimibe-simvastatin	VASCEPA (PA)	PRALUENT (PA)
fenofibrate		ROSZET
fenofibric acid		simvastatin 20 mg/5 ml (ST)
fluvastatin er+		TRICOR (ST)
fluvastatin+		TRILIPIX (ST)
icosapent ethyl		VYTORIN (ST)
lovastatin+		WELCHOL
omega-3 acid ethyl esters		ZETIA
pravastatin+		ZOCOR (QL, ST)
rosuvastatin+ (QL)		
simvastatin tablet+ (QL)		

### COUGH/COLD MEDICATIONS

brompheniramine-pseudoephed-dm		HYCODAN (PA, QL)
hydrocodone-homatropine (PA, QL)		TESSALON PERLE
promethazine-dm		TUZISTRA XR (PA, QL)



## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DENTAL PRODUCTS</b>			<b>DIABETES (cont)</b>		
chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIDEX PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone	PREVIDENT 0.2% RINSE	CLINPRO 5000 FLORIVA+^ FLUORIDEX SENSITIVITY RELIEF PREVIDENT 1.1% GEL PREVIDENT 5000 PREVIDENT 5000 BOOSTER PLUS PREVIDENT 5000 ENAMEL PROTECT PREVIDENT 5000 ORTHO DEFENSE PREVIDENT 5000 PLUS PREVIDENT 5000 SENSITIVE	DROPSAFE glimepiride glipizide glipizide er glipizide xl INPEN metformin metformin er NOVOTWIST TECHLITE	SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRIJARDY XR (ST, QL) V-GO 20 V-GO 30 V-GO 40 VICTOZA (PA, QL) XIGDUO XR (QL, ST) XULTOPHY	CONTOUR NEXT TEST STRIPS CONTOUR TEST STRIPS COOL GLUCOSE TEST STRIPS CYCLOSET DIATRUE PLUS TEST STRIPS EASY PLUS II TEST STRIPS EASY STEP TEST STRIPS EASY TALK TEST STRIPS EASY TOUCH TEST STRIPS EASY TRAK TEST STRIPS EASY TRAK II TEST STRIPS EASYGLUCO TEST STRIPS EASYMAX TEST STRIPS EASYMAX 15 TEST STRIPS ELEMENT COMPACT TEST STRIPS ELEMENT TEST STRIPS EMBRACE TEST STRIPS EMBRACE EVO TEST STRIPS EMBRACE PRO TEST STRIPS EMBRACE TALK TEST STRIPS EVOLUTION TEST STRIPS FIFTY50 TEST STRIPS FORA 6 CONNECT GLUCOSE STRIPS FORA D15G TEST STRIPS FORA D20 TEST STRIPS FORA D40-G31 TEST STRIPS
<b>DIABETES</b>					
ACCU-CHEK COMPACT PLUS CONTROL ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION ACCU-CHEK AVIVA SOLUTION ACCU-CHEK SOFTCLIX LANCET KIT ACCU-CHEK FASTCLIX LANCING DEVICE ACCU-CHEK MULTICLIX LANCET KIT ACCU-CHEK SMARTVIEW CONTROL SOLUTION BD LANCETS BD PEN NEEDLE CONTOUR NEXT LEV 1 CONTROL SOLUTION CONTOUR NEXT LEV 2 CONTROL SOLUTION CONTOUR SOLUTION	ACCUTREND GLUCOSE TEST STRIPS BAQSIMI (QL) BASAGLAR (QL) DEXCOM G6 (PA, QL) FARXIGA (QL, ST) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE 2 SENSOR (PA, QL) GLUCAGEN HYPO KIT (QL) GLYXAMBI (QL, ST) HUMULIN (QL) JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LYUMJEV (QL) NOVOLIN (QL) OMNIPOD DASH (PA, QL) ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP QTERN (QL, ST) RYBELSUS (PA, QL) SOLIQUA 100-33	ADVANCED GLUCOSE TEST STRIPS ADVOCATE REDI- CODE TEST STRIPS ADVOCATE REDI- CODE+ TEST STRIPS ADVOCATE TEST STRIPS AGAMATRIX AMP TEST STRIPS AMARYL ASSURE 4 TEST STRIPS ASSURE PLATINUM TEST STRIP ASSURE PRISM MULTI BLOOD GLUCOSE TEST STRIP CARESENS N CARETOUCH TEST STRIPS CEQR CLEVER CHOICE MICRO TEST STRIPS CLEVER CHOICE PRO TEST STRIPS CLEVER CHOICE TALK TEST STRIPS CLEVER CHOICE VOICE+ TST STRIP			

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DIABETES (cont)</b>			<b>DIABETES (cont)</b>		
		FORA G20 TEST STRIPS			GLUCOCARD EXPRESSION TEST STRIPS
		FORA G30- PREMIUM V10 TEST STRIPS			GLUCOCARD VITAL TEST STRIPS
		FORA GD50 TEST STRIPS			GLUCOCARD VITAL SENSOR STRIPS
		FORA GTEL GLUCOSE TEST STRIPS			GLUCOCARD SHINE TEST STRIPS
		FORA TEST STRIPS			GLUCOCOM GLUCOSE TEST STRIPS
		FORA TN'G ADVAN PRO TEST STRIPS			
		FORA V10 TEST STRIPS			GLUCOSE TEST STRIPS
		FORA V10-V12-D10-D20 TEST STRIPS			GOJJI BLOOD GLUCOSE TEST STRIPS
		FORA V12 TEST STRIPS			GVOKE (QL)
		FORA V20 TEST STRIPS			HEALTHPRO GLUCOSE TEST STRIPS
		FORA V30A TEST STRIPS			IGLUCOSE TEST STRIPS
		FORACARE GD20 TEST STRIPS			INFINITY TEST STRIPS
		FORACARE GD40 TEST STRIPS			INFINITY VOICE TEST STRIPS
		FORACARE GD40			INSULIN ASPART (PA, QL)
		FORTISCARE GLUCOSE TEST STRIPS			INSULIN LISPRO (PA, QL)
		FREESTYLE INSULINX TEST STRIPS			KORLYM* (PA)
		FREESTYLE LITE TEST STRIPS			MICRODOT TEST STRIPS
		FREESTYLE PRECISION NEO TEST STRIPS			MICRODOT XTRA TEST STRIPS
		FREESTYLE TEST STRIPS			MYGLUCOHEALTH TEST STRIPS
		GE100 BLOOD GLUCOSE TEST STRIP			NEUTEK 2TEK TEST STRIPS
		GLUCO NAVII GLUCAGON EMERGENCY KIT (QL)			NOVA MAX GLUCOSE TEST STRIPS
		GLUCOCARD 01 SENSOR PLUS STRIPS			OPTIUM TEST STRIPS
					OPTIUM EZ TEST STRIPS
					PHARMACIST CHOICE TEST STRIPS
					PRECISION PCX TEST STRIPS

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DIABETES (cont)</b>			<b>DIABETES (cont)</b>		
		PRECISION PCX PLUS TEST STRIPS PRECISION POINT OF CARE PRECISION Q-I-D TEST STRIPS PRECISION XTRA TEST STRIPS PREMIER TEST STRIPS PREMIUM BLOOD GLUCOSE TEST STRIPS PREMIUM V10 TEST STRIPS PRO VOICE V8-V9 TEST STRIPS PRODIGY NO CODING TEST STRIPS QUINTET TEST STRIPS QUINTET AC TEST STRIPS REFUAH PLUS TEST STRIPS RELION CONFIRM-MICRO TEST STRIPS RELION PRIME TEST STRIPS RIGHTEST GS100 TEST STRIPS RIGHTEST GS300 TEST STRIPS RIGHTEST GS550 TEST STRIPS RIOMET SEMGLEE (PA, QL) SMART SENSE TEST STRIPS SMARTEST TEST STRIPS SOLUS V2 TEST STRIPS SURE-TEST EASYPLUS MINI TEST STRIPS TEST N'GO TEST STRIPS TEST STRIPS			TOUJEO SOLOSTAR (PA, QL) TRUETEST TEST STRIPS TRUETRACK TEST STRIPS ULTIMA TEST STRIPS UNISTRIP1 TEST STRIPS VERASENS TEST STRIPS VIVAGUARD INO TEST STRIPS WAVESENSE JAZZ TEST STRIPS WAVESENSE PRESTO TEST STRIPS
			<b>DIURETICS</b>		
			acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochlorothiazide spironolactone triamterene-hctz	DIURIL	ALDACTONE CAROSPIR EDECRIN (PA) INSPRA JYNARQUE* (PA) KERENDIA LASIX MAXZIDE
			<b>EAR MEDICATIONS</b>		
			ciprofloxacin-dexamethasone neomycin-polymyxin b-hydrocortisone ofloxacin	CIPRO HC	CIPRODEX CORTISPORIN-TC DERMOTIC OTOVEL
			<b>ERECTILE DYSFUNCTION</b>		
			sildenafil^ (QL) tadalafil^ (QL) vardenafil^ (QL)	MUSE^ (PA, QL)	CIALIS^ (QL, ST) STENDRA^ (QL, ST) VIAGRA^ (QL, ST)
			<b>EYE CONDITIONS</b>		
			bimatoprost (QL) brimonidine binzamide ciprofloxacin	ALPHAGAN P 0.1% DROPS AZASITE BETIMOL	ACULAR ACULAR LS ACUVAIL

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

EYE CONDITIONS (cont)			GASTROINTESTINAL/HEARTBURN		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
dorzolamide	BETOPTIC S		ALOPHEN PILLS+	AMITIZA	ACIPHEX (QL, ST)
dorzolamide- timolol	COMBIGAN	ALPHAGAN P 0.15% EYE DROPS	alosetron*	CLENPIQ+	AKYNZEO 300-0.5 MG CAPSULE
erythromycin	EYSUVIS (QL)	ALREX	ANUCORT-HC	DEXILANT (QL)	BONJESTA
fluorometholone	FLAREX	AZOPT	balsalazide	LINZESS	CANASA
ketorolac	FML FORTE 0.25%	BEPREVE	bisacodyl tablet+	LITHOSTAT	CARAFATE
latanoprost	EYE DROPS	BESIVANCE	cinacalcet*	NEXIUM DR 2.5 MG PACKET (QL)	CHENODAL* (PA)
loteprednol	FML S.O.P. 0.1%	BROMSITE	CLEARLAX+	NEXIUM DR 5 MG PACKET (QL)	CHOLBAM* (PA)
moxifloxacin eye drops	OINTMENT	CEQUA	CONSTULOSE	PANCREAZE	CORRECTOL+
neomycin- polymyxin b-dexamethasone	LOTEMAX SM	COSOPT	dicyclomine capsule, solution, tablet	PENTASA	CUVPOSA
ofloxacin	RESTASIS	COSOPT PF	esomeprazole 20 mg capsule, 40 mg capsule, packets (QL)	SUPREP+	DICLEGIS
olopatadine	RESTASIS	CYSTADROPS* (PA, QL)	famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet	SUTAB+	DONNATAL
polymyxin b sulfate- trimethoprim	SIMBRINZA	CYSTARAN* (PA, QL)	GAVILAX+	VIBERZI	DULCOLAX+
	XIIDRA	DUREZOL	GAVILYTE-C+		MIRALAX+
	ZERVIAE	FML	GAVILYTE-G+		MOVANTIK (PA)
		FML LIQUIFILM 0.1% EYE DROP	GAVILYTE-N+		NEXIUM DR
		ILEVRO	GENTLE LAXATIVE TABLET+		CAPSULE (PA, QL)
		INVELTYS	GENTLELAX+		NEXIUM DR 10 MG PACKET (PA, QL)
		ISTALOL	GLYCOLAX+		NEXIUM DR 20 MG PACKET (PA, QL)
		LASTACAPT	glycopyrrolate tablet, vial		NEXIUM DR 40 MG PACKET (PA, QL)
		LOTEMAX	HEMMOREX-HC		OCALIVA* (PA)
		MAXITROL	hemmorex-hc		OMECLAMOX-PAK (PA)
		MOXEZA	hydrocortisone		PREVACID (QL, ST)
		NEVANAC	lansoprazole (QL)		PROTONIX (QL, ST)
		OCUFLOX	LAXACLEAR+		RAVICTI* (PA)
		OXERVATE* (PA)	LAXATIVE PEG 3350+		RECTIV
		PRED FORTE	LAXATIVE 5 MG TABLET+		RELISTOR (PA)
		PROLENSA	LAXATIVE EC 5 MG TABLET+		SANCUSO (PA, QL)
		RHOPRESSA	mesalamine		SFROWASA
		ROCKLATAN	mesalamine dr		SUCRAID* (PA)
		TIMOPTIC	mesalamine er		SYMPROIC (PA)
		TIMOPTIC-XE	metoclopramide solution, tablet		TALICIA (PA)
		TOBRADEX EYE DROPS	metoclopramide odt		TRANSDERM-SCOP
		TOBRADEX ST	misoprostol		URSO
		TRUSOPT	NATURA-LAX+		URSO FORTE
		VIGAMOX	omeprazole (QL)		VARUBI (PA, QL)
		ZIRGAN	ondansetron		VIOKACE
		ZYLET	ondansetron odt		ZELNORM (PA)
<b>FEMININE PRODUCTS</b>					
FEM PH					
GYNAZOLE 1					
miconazole 3 200 mg					
terconazole					

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
pantoprazole suspension, tablet (QL)			estradiol-norethindrone acetate		ISTURISA* (PA, QL)
peg 3350-electrolyte+peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+ PEG-PREP+ polyethylene glycol 3350+ prochlorperazine tablet promethazine suppository prometegan PURELAX+ rabeprazole (QL) scopolamine SMOOTHLAX+ sucralfate ursodiol WOMEN'S GENTLE LAXATIVE+ WOMEN'S LAXATIVE+			EUTHYROX LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxyprogesterone methimazole methylprednisolone MIMVEY norethindrone NP THYROID prednisone prednisone intensol progesterone tablet testosterone (PA, QL) WESTHROID YUVAFEM		JATENZO (PA, QL) levothyroxine capsule LUPANETA PACK*^ (PA) MEDROL 8MG, 16MG, 32MG TABLET MEDROL 4 MG DOSEPAK MENOSTAR (QL) MINIVELLE (QL) MYFEMBREE (QL) NATESTO (PA, QL) ORTIKOS (PA, QL) OSPHENA PROMETRIUM RAYALDEE SYNTHROID (PA) TIROSINT-SOL UNITHROID VAGIFEM (QL) VIVELLE-DOT (QL)
HORMONAL AGENTS			INFECTIONS		
AMABELZ budesonide ec budesonide er (PA, QL) cabergoline (QL) COVARYX COVARYX H.S. DECADRON desmopressin DEXABLISS dexamethasone intensol DOTTI (QL) EEMT EEMT H.S. estradiol (once weekly) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL)	ANDRODERM (PA, QL) DIVIGEL DUAVEE ESTRING (QL) MEDROL 2 MG TABLET ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO SOMAVERT* (PA)	ACTIVELLA ALORA (QL) ANDROGEL (PA, QL) ANGELIQ ARMOUR THYROID AYGESTIN BIJUVA BYNFEZIA* (PA) CLIMARA CLIMARA PRO COMBIPATCH CRINONE 4% CYTOMEL ELESTRIN EMFLAZA* (PA) ENTOCORT EC ESTRACE ESTROGEL EVAMIST IMVEXXY (QL) INTRAROSA	acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin-clavulanate er amoxicillin-clavulanate atovaquone atovaquone-proguanil AVIDOXY azithromycin packet, suspension, tablet cefdinir cefuroxime tablet cephalixin ciprofloxacin clarithromycin clarithromycin er clindamycin COREMINO ER QL doxycycline hyclate doxycycline monohydrate	BARACLUDE SOLUTION* CIPRO SUSPENSION CLEOCIN 75 MG CAPSULE DARAPRIM* (PA) EPCLUSA* (PA, QL) ERY-TAB DR 333 MG TABLET FIRVANQ HARVONI* (PA, QL) LEDIPASVIR-SOFOSBUVIR* (PA) MAVYRET* (PA) SOFOSBUVIR-VELPATASVIR* (PA) SOLOSEC SOVALDI* (PA, QL) THALOMID* (PA) VIBRAMYCIN 50 MG/5 ML SYRUP VOSEVI* (PA) XIFAXAN (QL)	AEMCOLO (QL) ALBENZA ALINIA ARAKODA (PA) ARIKAYCE* (PA) BACTRIM BACTRIM DS BARACLUDE TABLET* (PA, QL) BAXDELA TABLET (PA) CAYSTON* (PA, QL) CIPRO TABLET CLEOCIN 150 MG CAPSULE CLEOCIN 300 MG CAPSULE CLEOCIN 100 MG VAGINAL OVULE CLEOCIN 2% VAGINAL CREAM CLINDESSE CRESEMBA CAPSULE (PA) DIFICID (QL) ELIMITE

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>INFECTIONS (cont)</b>			<b>MISCELLANEOUS</b>		
EMVERM		ERYPED 200	deferiprone 500mg* (PA)	ACE AEROSOL	ADDYI^ (PA, QL)
entecavir* (QL)		ERY-TAB DR 250	FC2 FEMALE	CLOUD ENHANCER (QL)	AUSTEDO* (PA)
erythromycin		MG TABLET	CONDOM+	AEROCHAMBER	BRISDELLE (QL)
erythromycin ethylsuccinate		ERY-TAB DR 500	KETONE CARE TEST STRIP	MINI (QL)	EVRYSDI* (PA)
famciclovir		MG TABLET	KETONE TEST STRIP	AEROCHAMBER MV (QL)	GALAFOLD* (PA)
fluconazole		FLAGYL	KETOSTIX REAGENT	AEROCHAMBER PLUS FLOW-VU (QL)	INGREZZA
hydroxychloroquine		HIPREX	MICROLET	AEROCHAMBER WITH FLOWSIGNAL (QL)	INITIATION PACK* (PA, QL)
ivermectin		KEFLEX	PRECISION XTRA	AEROCHAMBER Z-STAT PLUS (QL)	INGREZZA* (PA)
levofloxacin		KITABIS PAK* (PA, QL)	sodium chloride inhalation vial, irrigation solution, vial	AEROTRACH PLUS (QL)	KUVAN* (PA)
solution, tablet		MACROBID	TECHLITE LANCETS	AEROVENT PLUS (QL)	NUEDEXTA (QL)
methenamine		MACRODANTIN	trientine * (PA)	BREATHRITE (QL)	ORFADIN* (PA)
metronidazole gel, capsule, tablet		MALARONE (PA)	TRUEPLUS KETONE TEST STRIP	CERDELGA* (PA)	TEGSEDI* (PA)
minocycline		MINOCIN (PA)		CLEVER CHOICE HOLDING CHAMBER (QL)	TIGLUTIK* (PA)
minocycline er tablet (QL)		minocycline er capsule (ST)		COMPACT SPACE CHAMBER (QL)	VYLEESI*^ (PA, QL)
mondoxylene nl		MINOLIRA ER (ST)		EASIVENT (QL)	VYNDAMAX* (PA, QL)
MORGIDOX		NATROBA		ESBRIET* (PA)	VYNDAQEL* (PA, QL)
nitazoxanide		NUVESSA		FLEXICHAMBER (QL)	
nitrofurantoin (PA)		NUZYRA TABLET* (QL)		INSPIRACHAMBER (QL)	
nitrofurantoin monohydrate-macrocrystal		ORAVIG		MICROCHAMBER (QL)	
nystatin suspension, tablet		PLAQUENIL		NITYR* (PA)	
penicillin v potassium		posaconazole suspension		OPTICHAMBER DIAMOND (QL)	
permethrin		PREVYMIST TABLET*		POCKET CHAMBER (QL)	
posaconazole tablet		PRIFTIN		PRO COMFORT SPACER WITH MASK (QL)	
pyrimethamine* (PA)		SIVEXTRO TABLET (PA)		PROCARE SPACER WITH CHILD MASK (QL)	
sulfamethoxazole-trimethoprim suspension, tablet		STROMECTOL		RITEFLO (QL)	
terbinafine		sulfatrim		SPACE CHAMBER (QL)	
tetracycline		TARGADOX (PA)		SPACE CHAMBER-MEDIUM MASK (QL)	
tobramycin ampule* (PA,QL)		TOLSURA		SPACE CHAMBER-SMALL MASK (QL)	
valacyclovir		URIBEL		VORTEX (QL)	
valganciclovir		VALTREX			
vancomycin capsule, solution		VEMLIDY*			
vandazole		VIBRAMYCIN 100 MG CAPSULE (PA)			
		VIBRAMYCIN 25 MG/5 ML SUSPENSION			
		VIBRAMYCIN 50 MG/5 ML SYRUP			
		XENLETA (PA, QL)			
		XOFLUZA (QL)			
		ZEPATIER* (PA)			
		ZITHROMAX			
		ZITHROMAX TRI-PAK			
		ZYVOX			
		SUSPENSION, TABLET (PA)			

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

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

### MISCELLANEOUS (cont)

	VORTEX VHC FROG MASK (QL)	
	VORTEX VHC LADYBUG MASK (QL)	

### MULTIPLE SCLEROSIS

dalfampridine er* (PA)	AUBAGIO* (PA)	MAVENCLAD* (PA)
dimethyl fumarate* (PA)	BAFIERTAM* (PA)	PONVORY* (PA)
	GILENYA* (PA)	
	MAYZENT* (PA)	
	VUMERITY* (PA)	
	ZEPOSIA* (PA)	

### NUTRITIONAL/DIETARY

calcitriol^ FA-8+	CITRANATAL 90 DHA	ALIVE PRENATAL+ AURYXIA (QL)
folic acid^+	CITRANATAL	BRAINSTRONG PRENATAL+
klor-con	ASSURE	CLASSIC PRENATAL+
KLOR-CON 10 MEQ TABLET	CITRANATAL B-CALM	EXPECTA PRENATAL+
KLOR-CON 8 MEQ TABLET	CITRANATAL DHA	FOSRENOL 1,000 MG CHEWABLE TABLET
KLOR-CON M10 TABLET	CITRANATAL HARMONY	FOSRENOL 500 MG CHEWABLE TABLET
KLOR-CON M10 TABLET	CITRANATAL RX	FOSRENOL 750 MG CHEWABLE TABLET
KLOR-CON M10 TABLET	DRISDOL^	K-TAB ER
MULTI-VITAMIN W-FLUORIDE-IRON+	FLORIVA CHEWABLE TABLET+	LOKELMA
MULTIVITAMIN WITH FLUORIDE+	FOSRENOL 1,000 MG POWDER PACK	MINI PRENATAL+ OB COMPLETE^
MULTIVITAMIN-IRON-FLUORIDE ONE DAILY PRENATAL+	FOSRENOL 750 MG POWDER PACKET	ONE A DAY WOMEN'S PRENATAL DHA+ ONE-A-DAY PRENATAL-1+
potassium chloride 10%, capsule, packet, tablet	MEPHYTON^	PHOSLYRA PRENATAL FORMULA-DHA+
prenatal complete+ PRENATAL GUMMIES+	NEEVO DHA^	REVELA
PRENATAL MULTI+ prenatal multi-dha+ PRENATAL MULTI-VITAMIN+ PRENATAL MULTI-VITAMIN-DHA+ PRENATAL ONE DAILY+	OB COMPLETE PETITE	SIMILAC PRENATAL+ STUART ONE+ ULTRA PRENATAL PLUS DHA+ VELTASSA
	OB COMPLETE PREMIER	
	PERRY PRENATAL+ POLY-VI-FLOR WITH IRON+	
	POLY-VI-FLOR+ PRENATE^	
	PRIMACARE	
	QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+	
	QUFLORA PEDIATRIC 0.25 MG/ML DROP+	
	QUFLORA PEDIATRIC 0.5 MG/ML DROP+	
	ROCALTROL^	
	TRI-VI-FLOR+	

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

### NUTRITIONAL/DIETARY (cont)

PRENATAL VITAMIN + DHA+ PRENATAL VITAMIN+ PRENATAL VITAMINS+ PRENATAL+ sevelamer carbonate TRI-VITE WITH FLUORIDE+ vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+	VELPHORO	
---	----------	--

### OSTEOPOROSIS PRODUCTS

alendronate ibandronate 150 mg tablet		ACTONEL (ST)
raloxifene+ risedronate		ATELVIA (ST)
risedronate dr		BINOSTO (ST)
		BONIVA 150 MG TABLET (ST)
		EVISTA
		FOSAMAX (ST)

### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

acetaminophen-codeine (PA)	AIMOVIG (PA)	ANALPRAM HC 1% CREAM
allopurinol tablet	AJOVY (PA)	ANALPRAM HC 2.5%-1% CREAM
ASPIRIN EC+	BELBUCA (QL)	ANALPRAM HC 2.5%-1% CREAM SINGLE
aspirin tablet+ baclofen tablet	DUPIXENT* (PA)	ARAVA
buprenorphine patch (QL)	EMGALITY (PA)	BUTRANS (QL)
butalbital-acetaminophen-caffeine (QL)	HYSINGLA ER (PA)	CELEBREX (QL, ST)
carisoprodol	NUCYNTA (PA)	COLCRYST
celecoxib (QL)	NURTEC ODT (PA, QL)	DEPEN* (PA)
colchicine	OTEZLA* (PA, QL)	EC-NAPROSYN (ST)
cyclobenzaprine	PROCTOFOAM-HC	ECOTRIN EC 325 MG TABLET+
cyclobenzaprine er (PA, QL)	REDITREX (PA)	ESGIC (QL)
diclofenac 1% gel (QL)	RINVOQ* (PA, QL)	FEXMID
diclofenac 1.5% topical solution (PA)	SAVELLA	FLECTOR (PA, QL)
diclofenac dr	SIMPONI ARIA* (PA)	INDOMETHACIN 20 MG CAPSULE (PA)
diclofenac ec	SKYRIZI* (PA, QL)	LAZANDA (PA)
EC-NAPROXEN	TALTZ* (PA, QL)	LICART (PA, QL)
ECOTRIN EC 81 MG TABLET+	UBRELVY (PA, QL)	LIDODERM
	ULORIC (QL)	MITIGARE
	XELJANZ XR* (PA, QL)	
	XELJANZ* (PA, QL)	
	XTAMPZA ER (PA)	
	ZTLIDO	

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b> <i>(cont)</i>			<b>PARKINSON'S DISEASE</b>		
eletriptan (QL) ENDOCET (PA) febuxostat (QL) fentanyl (PA) FIORICET (QL) frovatriptan (QL) GLOPERBA (PA, QL) GLYDO hydrocodone- acetaminophen (PA) hydromorphone er (PA) hydromorphone (PA) IBU ibuprofen indomethacin indomethacin er ketorolac tromethamine (QL) leflunomide lidocaine 5% ointment (QL) lidocaine 5% patch lidocaine viscous meloxicam tablet meloxicam capsule (PA, QL) metaxalone methocarbamol morphine (PA) morphine er (PA) NALFON 600 MG TABLET (ST) NALOCET (PA) oxycodone (PA) oxycodone er (PA) oxycodone- acetaminophen (PA) penicillamine* (PA) PROLATE TABLET (PA) rizatriptan (QL) sumatriptan (QL) tizanidine tramadol 50 mg tablet (QL) tramadol er (QL) VANADOM		MOBIC (ST) NALFON 400 MG CAPSULE (PA) NAPROSYN (ST) NUCYNTA ER (PA) OLUMIANT* (PA, QL) ONZETRA XSAIL (PA, QL) OXAYDO (PA) OXYCONTIN (PA) PERCOCET (PA) PROCORT PROLATE SOLUTION (PA) REYVOW SKELAXIN TOSYMRA (PA, QL) TRAMADOL 100 MG TABLET (PA, QL) ULTRAM 50 MG TABLET (QL) VTOL LQ ZANAFLEX ZEBUTAL (QL) ZOHYDRO ER (PA) ZOMIG NASAL (PA, QL) ZYLOPRIM	benztropine tablet carbidopa-levodopa carbidopa-levodopa er pramipexole pramipexole er (QL) rasagiline (QL) ropinirole er ropinirole	KYNMOBI (PA) AZILECT (QL) GOCOVRI INBRIJA* (PA) MIRAPEX ER (QL) NEUPRO NOURIANZ* (PA, QL) ONGENTYS (PA, QL) OSMOLEX ER (QL) RYTARY SINEMET 10-100 SINEMET 25-100 TASMAR XADAGO (ST)	
			<b>SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>4</sup></b>		
			aripiprazole (QL) aripiprazole odt asenapine chlorpromazine tablet	LATUDA (QL)	ABILIFY MYCITE (PA) FANAPT (QL, ST) INVEGA (QL, ST) REXULTI (QL, ST)
			<b>SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>4</sup> (cont)</b>		
			haloperidol olanzapine tablet olanzapine odt paliperidone er (QL) quetiapine quetiapine er risperidone risperidone odt ziprasidone tablet		RISPERDAL (ST) SAPHRIS (ST) SECUADO (ST) SEROQUEL (ST) SEROQUEL XR (ST) VRAYLAR (QL, ST)
			<b>SEIZURE DISORDERS</b>		
			carbamazepine carbamazepine er clonazepam divalproex divalproex er EPITOL gabapentin lamotrigine lamotrigine (blue) lamotrigine (green) lamotrigine (orange) lamotrigine er lamotrigine odt lamotrigine odt (blue)	DILANTIN 30 MG CAPSULE (PA) FYCOMPA (PA, QL) NAYZILAM (PA, QL) VIMPAT SOLTUION, TABLET (PA)	APTIOM (PA, QL) BRIVIACT ORAL SOLUTION, TABLET (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DILANTIN 100 MG CAPSULE (PA) DILANTIN 50 MG INFATAB (PA) EPIDIOLEX* (PA) FINTEPLA* (PA) KLONOPIN (PA)





## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 21-23).

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

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

bupropion sr+ NICODERM CQ 21 MG/24HR PATCH+ nicotine gum+ nicotine lozenge+ nicotine patch+ QUIT 2+ QUIT 4+ STOP SMOKING AID+	CHANTIX^ NICOTROL NS+^ NICOTROL+^	NICODERM CQ 14 MG/24HR PATCH+ NICODERM CQ 7 MG/24HR PATCH+ NICORETTE+
--	---	---

### SUBSTANCE ABUSE

buprenorphine- naloxone	LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	BUNAVAIL KLOXXADO (QL) SUBOXONE
----------------------------	---	---------------------------------------

### TRANSPLANT MEDICATIONS

azathioprine* everolimus* mycophenolate mofetil* mycophenolic acid* sirolimus* tacrolimus capsule*		ASTAGRAF XL* CELLCEPT ORAL SUSPENSION, TABLET* ENVARUSUS XR* MYFORTIC* NEORAL* PROGRAF 0.2 MG GRANULE PACKET* PROGRAF 0.5 MG CAPSULE*
--	--	--

### TRANSPLANT MEDICATIONS (cont)

		PROGRAF 1 MG CAPSULE* PROGRAF 1 MG GRANULE PACKET* PROGRAF 5 MG CAPSULE* RAPAMUNE* ZORTRESS*
--	--	--

### URINARY TRACT CONDITIONS

alfuzosin er cevimeline darifenacin er (QL) finasteride oxybutynin oxybutynin er phenazopyridine potassium er silodosin (QL) solifenacin (QL) tamsulosin	CYSTAGON* ELMIRON K-PHOS ORIGINAL TOVIAZ (QL)	AVODART EVOXAC FLOMAX GEMTESA (ST, QL) PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL
--	--	---

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

### URINARY TRACT CONDITIONS (cont)

tolterodine tolterodine er (QL)		
------------------------------------	--	--

### VACCINES

Vaccines are now covered under your pharmacy benefit. 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.

		ROTARIX+ ROTATEQ+
--	--	----------------------

### WEIGHT MANAGEMENT

megestrol suspension phentermine ^	WEGOVY^ (PA,QL)	CONTRAVE^ (PA) QSYMIA^ (PA)
--	-----------------	--------------------------------

**Cigna Legacy (Standard) 4-Tier Prescription Drug List**

Specialty medications are covered on Tier 4 (listed on pages 21-23).

**Cigna Legacy (Standard) 4-Tier Prescription Drug List**  
Specialty medications are covered on Tier 4 (listed on pages 21-23).

## Injectable specialty medications

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

MEDICATION NAME	DRUG CLASS
ACTEMRA syringe (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPen (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTIMMUNE (PA)	CANCER
APOKYN (PA)	PARKINSON'S DISEASE
ARANESP^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARIXTA* (QL)	BLOOD THINNERS/ANTI-CLOTTING
AVONEX PEN (PA)	MULTIPLE SCLEROSIS
AVONEX (PA)	MULTIPLE SCLEROSIS
AVSOLA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BENLYSTA 200MG (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON (PA)	MULTIPLE SCLEROSIS
BYNFEZIA (PA)	HORMONAL AGENTS
CETROTIDE^ (PA)	HORMONAL AGENTS
CIMZIA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
COPAXONE (PA)	MULTIPLE SCLEROSIS
COSENTYX (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
DUPIXENT (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EGRIFTA (PA)	HORMONAL AGENTS
ENBREL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ENTYVIO^ (PA)	GASTROINTESTINAL/HEARTBURN
EPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EXTAVIA (PA)	MULTIPLE SCLEROSIS
FASENRA PEN (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI^ (PA)	HORMONAL AGENTS
FIRAZYR (PA)	BLOOD PRESSURE/HEART MEDICATIONS
FORTEO (PA, QL)	HORMONAL AGENTS
FRAGMIN (QL)	BLOOD THINNERS/ANTI-CLOTTING
FULPHILA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
GANIRELIX^ (PA)	HORMONAL AGENTS
GATTEX (PA)	GASTROINTESTINAL/HEARTBURN
GENOTROPIN (PA)	HORMONAL AGENTS
glatiramer (PA, QL)	MULTIPLE SCLEROSIS
GLATOPA (PA)	MULTIPLE SCLEROSIS
GRANIX^	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HEMLIBRA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HUMATROPE (PA)	HORMONAL AGENTS
HUMIRA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
ILARIS^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
INCRELEX (PA)	HORMONAL AGENTS
INFLECTRA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
KALBITOR^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KESIMPTA (PA)	MULTIPLE SCLEROSIS
KEVZARA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KINERET (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
LORBRENA (PA)	CANCER
LOVENOX (QL)	BLOOD THINNERS/ANTI-CLOTTING
LUPRON DEPOT^ (PA)	CANCER
LUPRON DEPOT-PED^ (PA)	HORMONAL AGENTS
MYALEPT (PA)	MISCELLANEOUS
NATPARA (PA)	HORMONAL AGENTS
NEULASTA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEULASTA ONPRO^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NIVESTYM^	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPPO (PA)	HORMONAL AGENTS
NUBEQA (PA)	CANCER
NUCALA AUTO-INJECTOR, SYRINGE (PA)	ASTHMA/COPD/RESPIRATORY
NUTROPIN AQ NUSPIN (PA)	HORMONAL AGENTS
NYVEPRIA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
OMNITROPE (PA)	HORMONAL AGENTS
ORENCIA SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
PALYNZIQ (PA)	MISCELLANEOUS
PEGASYS (PA)	INFECTIONS
PLEGRIDY (PA)	MULTIPLE SCLEROSIS
PROCRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REBIF (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE (PA)	MULTIPLE SCLEROSIS
REMICADE^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
RUCONEST^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SANDOSTATIN LAR DEPOT^ (PA)	HORMONAL AGENTS
SEROSTIM (PA)	HORMONAL AGENTS
SILIQ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI 50MG/0.5ML, 100MG/ML (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYRIZI (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SOMATULINE DEPOT^ (PA)	HORMONAL AGENTS
SOMAVERT (PA)	HORMONAL AGENTS

MEDICATION NAME	DRUG CLASS
STELARA SYRINGE, 45MG/0.5ML VIAL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STRENSIQ (PA)	MISCELLANEOUS
TAKHZYRO (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALZENNA (PA)	CANCER
TEGSEDI (PA)	MISCELLANEOUS
teriparatide (PA, QL)	HORMONAL AGENTS
TREMFYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TYMLOS (PA, QL)	OSTEOPOROSIS PRODUCTS
UDENYCA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UPTRAVI (PA)	ASTHMA/COPD/RESPIRATORY
VIZIMPRO (PA)	CANCER
VYLEESI^ (PA)	MISCELLANEOUS
XALKORI (PA)	CANCER
XOLAIR (PA)	ASTHMA/COPD/RESPIRATORY
YONSA (PA)	CANCER
ZARXIO^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZIEXTENZO (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZOMACTON (PA)	HORMONAL AGENTS
ZORBTIVE (PA)	HORMONAL AGENTS
ZYTIGA (PA)	CANCER

## 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. We try to give you many options to choose from to treat your health condition. These changes may include:<sup>1,2</sup>

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1<sup>st</sup> and July 1<sup>st</sup>.
- › Adding 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.

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

**A.** Your plan excludes 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 Pharmacy Management® Business Decision Team then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

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



## Frequently Asked Questions (FAQs) (cont)

### **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
- › Are often 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 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. If you meet

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

### **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 U.S. Food and Drug Administration (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 medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

## Frequently Asked Questions (FAQs) (cont)

### **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. Check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at [Cigna.com/druglist](http://Cigna.com/druglist).

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

### **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.

## 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>10</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>3</sup>, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation<sup>3</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. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. 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.
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.
8. Standard shipping costs are included as part of your prescription plan.
9. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
10. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Accredo Health Group, Inc., Express Scripts, Inc., ESI Mail Pharmacy Service, Inc, Express Scripts Pharmacy, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., (CHC-TN), and Cigna HealthCare of Texas, Inc. "Accredo" refers to Accredo Health Group, Inc. "Express Scripts Pharmacy" refers to ESI Mail Pharmacy, Inc. Policy forms: OK - HP-APP-1 et al., OR - POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, "Together all the way," and "myCigna" are trademarks of Cigna Intellectual Property, Inc. "Accredo" and "Express Scripts Pharmacy" are trademarks of Express Scripts Strategic Development, Inc.

# 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>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, 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). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. 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).

## Proficiency of Language Assistance Services

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

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

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

**Vietnamese** – XIN LỜI 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 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

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

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

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

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

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

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

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

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

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

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

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