



# CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST

Coverage as of January 1, 2022

**Together, all the way.®**



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

932539 d Performance 3-Tier 08/21



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### View the drug list online

This document was last updated on 08/01/2021.\* You can go online to see the current list of medications your plan covers.



**myCigna® App and myCigna.com.** Click on the “Find Care & Costs” tab and select “Price a Medication.” Then type in your medication name to see how it's covered.



**Cigna.com/druglist.** Select **Performance 3 Tier** from the drop down 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: 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 Performance 3-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. 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 will have an **abbreviation** listed next to them

This chart is just a sample. It may not show how these medications are actually covered on the 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 alternatives first.\*\* These medications have a **(ST)** next to them. You have many covered options to choose from, and they're 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. In this drug list, specialty medications have an asterisk (\*) next to them. Some plans cover specialty medications on a specialty tier, limit coverage to a 30-day supply, and/or require you to use a preferred specialty pharmacy to get coverage. Log in to the **myCigna** App or **myCigna.com**, or 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. Log in to the **myCigna** App or **myCigna.com**, or 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. Log in to the **myCigna** App or **myCigna.com**, or 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                    | 12    |
| ALLERGY/NASAL SPRAYS                     | 6    | GASTROINTESTINAL/HEARTBURN           | 12-13 |
| ALZHEIMER'S DISEASE                      | 6    | HORMONAL AGENTS                      | 13    |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER      | 6    | INFECTIONS                           | 13-14 |
| ASTHMA/COPD/RESPIRATORY                  | 6-7  | INFERTILITY                          | 14    |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | 7    | MISCELLANEOUS                        | 14    |
| BLOOD MODIFIERS/BLEEDING DISORDERS       | 7    | MULTIPLE SCLEROSIS                   | 14    |
| BLOOD PRESSURE/HEART MEDICATIONS         | 7-8  | NUTRITIONAL/DIETARY                  | 14-15 |
| BLOOD THINNERS/ANTI-CLOTTING             | 8    | OSTEOPOROSIS PRODUCTS                | 15    |
| CANCER                                   | 8    | PAIN RELIEF AND INFLAMMATORY DISEASE | 15-16 |
| CHOLESTEROL MEDICATIONS                  | 8    | PARKINSON'S DISEASE                  | 16    |
| CONTRACEPTION PRODUCTS                   | 8-9  | SCHIZOPHRENIA/ANTI-PSYCHOTICS        | 16    |
| COUGH/COLD MEDICATIONS                   | 9    | SEIZURE DISORDERS                    | 16    |
| DENTAL PRODUCTS                          | 9-10 | SKIN CONDITIONS                      | 16-17 |
| DIABETES                                 | 10   | SLEEP DISORDERS/SEDATIVES            | 17    |
| DIURETICS                                | 10   | SMOKING CESSATION                    | 17    |
| EAR MEDICATIONS                          | 11   | SUBSTANCE ABUSE                      | 17    |
| ERECTILE DYSFUNCTION                     | 12   | TRANSPLANT MEDICATIONS               | 17    |
| EYE CONDITIONS                           | 12   | URINARY TRACT CONDITIONS             | 17    |
|  |      | VACCINES                             | 17,   |
|  |      | WEIGHT MANAGEMENT                    | 18    |

## Cigna Performance 3-Tier Prescription Drug List

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

### AIDS/HIV

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

### ALLERGY/NASAL SPRAYS

|   |  |                    |
|---|--|--------------------|
| azelastine                              |  | CLARINEX           |
| azelastine-fluticasone                  |  | CLARINEX-D 12 HOUR |
| cromolyn                                |  | GASTROCROM         |
| desloratadine (QL)                      |  | GRAS TEK (PA, QL)  |
| fluticasone                             |  | KARBINAL ER        |
| hydroxyzine hcl solution, syrup, tablet |  | ODACTRA (PA, QL)   |
| hydroxyzine pamoate                     |  | ORALAIR (PA, QL)   |
| ipratropium                             |  | PATANASE           |
| mometasone (QL)                         |  | RAGWITEK (PA, QL)  |
| olopatadine                             |  | VISTARIL           |
| promethazine solution, syrup, tablet    |  |                    |

### ALZHEIMER'S DISEASE

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

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

|                     |  |                     |
|---------------------|--|---------------------|
| alprazolam          |  | CELEXA (QL, ST)     |
| alprazolam er       |  | EFFEXOR XR (QL, ST) |
| alprazolam intensol |  | FETZIMA (QL, ST)    |
| alprazolam odt      |  | PAXIL (QL, ST)      |
| alprazolam xr       |  | PAXIL CR (QL, ST)   |
| amitriptyline       |  | PRISTIQ (QL, ST)    |

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

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

|                                 |  |                        |
|---------------------------------|--|------------------------|
| bupropion (QL)                  |  | PROZAC (QL, ST)        |
| bupropion sr (QL)               |  | REMERON                |
| bupropion xl 150 mg tablet (QL) |  | SPRAVATO* (PA)         |
| bupropion xl 300 mg tablet (QL) |  | TRINTELLIX (QL, ST)    |
| buspirone                       |  | VIIBRYD (QL, ST)       |
| citalopram (QL)                 |  | WELLBUTRIN SR (QL, ST) |
| clomipramine                    |  | XANAX                  |
| desvenlafaxine er (QL)          |  | XANAX XR               |
| duloxetine (QL)                 |  | ZOLOFT (QL, ST)        |
| escitalopram (QL)               |  |                        |
| fluoxetine dr (QL)              |  |                        |
| fluoxetine (QL)                 |  |                        |
| fluvoxamine (QL)                |  |                        |
| 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              | ADVAIR HFA        | ADCIRCA* (PA)                  |
| albuterol hfa (QL)     | ANORO ELLIPTA     | ADEMPAS* (PA)                  |
| alyq* (PA)             | ATROVENT HFA      | ARALAST NP* (PA)               |
| ambroxolane* (PA)      | ATROVENT HFA      | BRONCHITOL* (PA)               |
| budesonide             | BEVESPI           | DALIRESP (QL)                  |
| fluticasone-salmeterol | AEROSPHERE        | KALYDECO* (PA, QL)             |
| ipratropium-albuterol  | BREZTRI           | LETAIRIS* (PA)                 |
| montelukast            | AEROSPHERE        | LONHALA                        |
| tadalafil* (PA)        | COMBIVENT         | MAGNAIR REFILL (PA)            |
| treprostinil* (PA)     | RESPIMAT          | LONHALA                        |
|                        | DULERA            | MAGNAIR STARTER (PA)           |
|                        | FASENRA PEN* (PA) | ORENITRAM ER* (PA)             |
|                        | FLOVENT DISKUS    | ORKAMBI* (PA, QL)              |
|                        | FLOVENT HFA       | PROLASTIN C* (PA)              |
|                        | INCRUSE ELLIPTA   | PULMICORT                      |
|                        | OFEV* (PA)        | RESPULES                       |
|                        |                   | REVIATIO 10 MG/ML, 20 MG* (PA) |

## Cigna Performance 3-Tier Prescription Drug List

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

### ASTHMA/COPD/RESPIRATORY (cont)

| TIER 1<br>\$ | TIER 2<br>\$\$  | TIER 3<br>\$\$\$   |
|--------------|-----------------|--------------------|
|              | OPSUMIT* (PA)   | SINGULAIR          |
|              | PULMICORT       | SYMDEKO* (PA, QL)  |
|              | FLEXHALER       | TRACLEER 125 MG    |
|              | PULMOZYME* (PA) | TABLET* (PA)       |
|              | QVAR            | TRACLEER 62.5 MG   |
|              | REDIHALER       | TABLET* (PA)       |
|              | SEREVENT        | TRIKAFTA* (PA, QL) |
|              | DISKUS          | TYVASO* (PA)       |
|              | SPIRIVA         |                    |
|              | SPIRIVA         |                    |
|              | RESPIMAT        |                    |
|              | STIOLTO         |                    |
|              | RESPIMAT        |                    |
|              | SYMBICORT       |                    |
|              | TRACLEER 32     |                    |
|              | MG TABLET FOR   |                    |
|              | SUSP* (PA)      |                    |
|              | TRELEGY ELLIPTA |                    |
|              | UPTRAVI* (PA)   |                    |

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

| TIER 1<br>\$                         | TIER 2<br>\$\$   | TIER 3<br>\$\$\$        |
|--------------------------------------|------------------|-------------------------|
| amphetamine (PA)                     | MYDAYIS (PA, QL) | ADDERALL (PA,ST)        |
| atomoxetine (QL)                     |                  | ADZENYS ER (PA, QL)     |
| dexmethylphenidate (PA)              | VYVANSE (PA, QL) | ADZENYS XR-ODT (PA, QL) |
| dexmethylphenidate er (PA, QL)       |                  | amphetamine er (PA,QL)  |
| dextroamphetamine-amphet er (PA, QL) |                  | DAYTRANA (PA, QL)       |
| dextroamphetamine-amphetamine (PA)   |                  | DYANAVEL XR (PA, QL)    |
| guanfacine er                        |                  | EVEKEO (PA,ST)          |
| methylphenidate er (la) (PA, QL)     |                  | FOCALIN (PA,ST)         |
| methylphenidate er (PA, QL)          |                  | INTUNIV                 |
| methylphenidate (PA)                 |                  | METHYLIN (PA)           |
| methylphenidate cd (PA, QL)          |                  | QUILLICHEW ER (PA, QL)  |
| methylphenidate er (cd) (PA, QL)     |                  | QUILLIVANT XR (PA, QL)  |
| methylphenidate la (PA, QL)          |                  | RITALIN (PA,ST)         |
|                                      |                  | STRATTERA (QL)          |

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

### BLOOD MODIFIERS/BLEEDING DISORDERS

| TIER 1<br>\$                                      | TIER 2<br>\$\$  | TIER 3<br>\$\$\$ |
|---|-----------------|------------------|
| aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* | DROXIA          | DOPTELET* (PA)   |
| tranexamic acid 650 mg*                           | NYVEPRIA* (PA)  | LYSTEDA*         |
|   | ZIEXTENZO* (PA) | PROMACTA* (PA)   |
|   |                 | SIKLOS (PA)      |
|   |                 | TAVALISSE* (PA)  |

### BLOOD PRESSURE/HEART MEDICATIONS

| TIER 1<br>\$               | TIER 2<br>\$\$    | TIER 3<br>\$\$\$       |
|----------------------------|-------------------|------------------------|
| amlodipine                 | BYSTOLIC (QL, ST) | ADALAT CC              |
| amlodipine-benazepril      | CORLANOR (PA)     | ALTACE (ST)            |
| amlodipine-olmesartan (QL) | ENTRESTO          | ATACAND (ST)           |
| amlodipine-valsartan       | TEKTURN HCT (QL)  | AVAPRO (ST)            |
| atenolol                   |                   | AZOR (QL)              |
| benazepril                 |                   | BENICAR (QL, ST)       |
| bisoprolol                 |                   | BENICAR HCT (QL, ST)   |
| bisoprolol-hctz            |                   | BIDIL (QL)             |
| candesartan                |                   | CALAN SR               |
| cartia xt                  |                   | CARDIZEM LA 120mg (QL) |
| carvedilol                 |                   | CARDURA                |
| carvedilol er (QL)         |                   | CATAPRES-TTS 1         |
| clonidine                  |                   | CATAPRES-TTS 2         |
| diltiazem 12hr er          |                   | CATAPRES-TTS 3         |
| diltiazem 24hr er          |                   | COREG (ST)             |
| diltiazem 24hr er (cd)     |                   | CORGARD (ST)           |
| diltiazem 24hr er (la)     |                   | COZAAR (ST)            |
| diltiazem 24hr er (xr)     |                   | DIOVAN (ST)            |
| diltiazem                  |                   | DIOVAN HCT (ST)        |
| DILT-XR                    |                   | EPANED                 |
| dofetilide (QL)            |                   | EXFORGE                |
| doxazosin                  |                   | HAEGARDA* (PA)         |
| droxidopa*                 |                   | HEMANGEOL              |
| enalapril                  |                   | HYZAAR (ST)            |
| flecainide                 |                   | INDERAL LA (ST)        |
| hydralazine tablet         |                   | INDERAL XL (ST)        |
| irbesartan                 |                   | INNOPRAN XL (ST)       |
| labetalol tablet           |                   | KAPSPARGO              |
| lisinopril                 |                   | SPRINKLE (ST)          |
| lisinopril-hctz            |                   | KATERZIA (QL)          |
| losartan                   |                   | LOPRESSOR (ST)         |
| losartan-hctz              |                   | LOTENSIN (ST)          |
| matzim la                  |                   | LOTREL                 |
| metoprolol succinate       |                   | MICARDIS (QL, ST)      |
| metoprolol                 |                   | MICARDIS HCT (QL, ST)  |
| nadolol                    |                   | MINIPRESS              |
| nifedipine                 |                   | NITROSTAT              |
| nifedipine er              |                   | NORTHERA* (PA)         |
| olmesartan (QL)            |                   | NORVASC                |
| olmesartan-amlodipine-hctz |                   | ORLADEYO* (PA, QL)     |
|                            |                   | PRINIVIL (ST)          |
|                            |                   | PROCARDIA XL           |

# Cigna Performance 3-Tier Prescription Drug List

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

## BLOOD PRESSURE/HEART MEDICATIONS

(cont)

|                       |  |                    |
|-----------------------|--|--------------------|
| olmesartan-hctz (QL)  |  | RANEXA (QL)        |
| prazosin              |  | TAKHZYRO* PA       |
| propranolol tablet    |  | TEKTURNA (QL)      |
| propranolol er        |  | TENORETIC 100 (ST) |
| ramipril              |  | TENORETIC 50 (ST)  |
| ranolazine er (QL)    |  | TENORMIN (ST)      |
| taztia xt             |  | TIAZAC             |
| telmisartan (QL)      |  | TIKOSYN (PA, QL)   |
| telmisartan-hctz (QL) |  | TOPROL XL (ST)     |
| tiadylt er            |  | TRIBENZOR          |
| valsartan             |  | VASOTEC (ST)       |
| valsartan-hctz        |  | VERELAN            |
| verapamil er          |  | VERELAN PM         |
| verapamil er pm       |  | ZESTORETIC (ST)    |
| verapamil tablet      |  | ZESTRIL (ST)       |
| verapamil sr          |  | ZIAC (ST)          |

## BLOOD THINNERS/ANTI-CLOTTING

|                              |              |                  |
|------------------------------|--------------|------------------|
| adult aspirin regimen+       | BRILINTA     | BAYER CHEWABLE   |
| aspirin ec+                  | ELIQUIS (PA) | ASPIRIN+         |
| aspirin+                     | XARELTO (PA) | EFFIENT          |
| aspirin-                     |              | PLAVIX           |
| dipyridamole er              |              | PRADAXA (PA)     |
| children's aspirin+          |              | SAVAYSA (PA, QL) |
| clopidogrel                  |              | ZONTIVITY        |
| jantoven                     |              |                  |
| 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)   | KANJINTI* (PA)  | BOSULIF* (PA)          |
| exemestane+        | MVASI* (PA)     | BRAFTOVI* (PA)         |
| hydroxyurea        | NEXAVAR* (PA)   | CABOMETYX* (PA)        |
| imatinib* (PA)     | REVLIMID* (PA)  | CALQUENCE* (PA)        |
| letrozole          | RUXIENCE* (PA)  | COMETRIQ* (PA)         |
| methotrexate       | SPRYCEL* (PA)   | GLEEVEC* (PA)          |
| tamoxifen+         | SUTENT* (PA)    | ICLUSIG* (PA)          |
| temozolomide* (PA) | TRAZIMERA* (PA) | IMBRUVICA* (PA)        |
|                    | TREXALL         | INLYTA* (PA)           |
|                    | VERZENIO* (PA)  | JAKAFI* (PA)           |
|                    | ZIRABEV* (PA)   | KISQALI* (PA)          |
|                    |                 | LENVIMA* (PA)          |
|                    |                 | LONSURF* (PA)          |

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

## CANCER (cont)

|  |  |                     |
|--|--|---------------------|
|  |  | LYNPARZA* (PA)      |
|  |  | MEKINIST* (PA)      |
|  |  | MEKTOVI* (PA)       |
|  |  | NERLYNX* (PA)       |
|  |  | NINLARO* (PA)       |
|  |  | NUBEQA* (PA)        |
|  |  | ODOMZO* (PA)        |
|  |  | OGIVRI* (PA)        |
|  |  | ONTRUZANT* (PA)     |
|  |  | ORGOVYX* (PA)       |
|  |  | PIQRAY* (PA)        |
|  |  | 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+ colesvelam  | NEXLETOL (PA, QL) | CADUET (QL)    |
| ezetimibe                 | NEXLIZET (PA, QL) | LIPOFEN (ST)   |
| ezetimibe-simvastatin     | REPATHA (PA)      | NIASPAN        |
| fenofibrate               | VASCEPA (PA)      | ROSZET         |
| fenofibric acid           |                   | TRICOR (ST)    |
| fluvastatin er+           |                   | TRILIPIX (ST)  |
| fluvastatin+              |                   | VTORIN (ST)    |
| icosapent ethyl           |                   | WELCHOL        |
| lovastatin+               |                   | ZETIA          |
| omega-3 acid ethyl esters |                   | ZOCOR (QL, ST) |
| pravastatin+              |                   |                |
| rosuvastatin+ (QL)        |                   |                |
| simvastatin tablet+ (QL)  |                   |                |

## CONTRACEPTION PRODUCTS

|            |                |           |
|------------|----------------|-----------|
| AFIRMELLE+ | LO LOESTRIN FE | BALCOLTRA |
|------------|----------------|-----------|



## Cigna Performance 3-Tier Prescription Drug List

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

|                     |  |                   |
|---------------------|--|-------------------|
| AFTERA+             |  | BEYAZ             |
| ALTAVERA+           |  | CAYA              |
| ALYACEN+            |  | CONTOURED+        |
| AMETHIA+            |  | ELLA+             |
| AMETHYST+           |  | ESTROSTEP FE      |
| APRI+               |  | FEMCAP+           |
| ARANELLE+           |  | KYLEENA*+         |
| ASHLYNA+            |  | LAYOLIS FE+       |
| AUBRA EQ+           |  | LILETTA*+         |
| AUBRA+              |  | LOESTRIN FE       |
| AUROVELA 24 FE+     |  | MICROGESTIN 24 FE |
| AUROVELA FE+        |  | MINASTRIN 24 FE   |
| AUROVELA+           |  | MIRENA*+          |
| AVIANE+             |  | NATAZIA           |
| AYUNA+              |  | NEXTSTELLIS       |
| AZURETTE+           |  | NUVARING          |
| BALZIVA+            |  | PARAGARD T 380-   |
| BLISOVI 24 FE+      |  | A*+               |
| BLISOVI FE+         |  | SAFYRAL           |
| BRIELLYN+           |  | SKYLA*+           |
| CAMILA+             |  | SLYND             |
| CAMRESE LO+         |  | TAYTULLA          |
| CAMRESE+            |  | TODAY             |
| CAZIAN+T            |  | CONTRACEPTIVE     |
| CHARLOTTE 24        |  | SPONGE+           |
| FE+                 |  | TWIRLA+           |
| CHATEAL EQ+         |  | VCF               |
| CHATEAL+            |  | CONTRACEPTIVE     |
| CRYSSELLE+          |  | FILM+             |
| CYCLAFEM+           |  | wide seal         |
| CYRED EQ+           |  | diaphragm+        |
| CYRED+              |  | YASMIN 28         |
| DASETTA+            |  | YAZ               |
| DAYSEE+             |  |                   |
| DEBLITANE+          |  |                   |
| desogestrel-ethinyl |  |                   |
| estradiol+          |  |                   |
| desogestrel-ethinyl |  |                   |
| estradiol - ethinyl |  |                   |
| estradiol+          |  |                   |
| DOLISHALE+          |  |                   |
| drospirenone-       |  |                   |
| ethinyl estradiol-  |  |                   |
| levomefolate+       |  |                   |
| drospirenone-       |  |                   |
| ethinyl estradiol+  |  |                   |
| ECONTRA EZ+         |  |                   |
| ECONTRA ONE-        |  |                   |
| STEP+               |  |                   |
| ELINEST+            |  |                   |
| ELURYNG+            |  |                   |
| EMOQUETTE+          |  |                   |
| ENPRESSE+           |  |                   |
| ENSKYCE+            |  |                   |
| ERRIN+              |  |                   |
| ESTARYLLA+          |  |                   |

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

|                    |  |  |
|--------------------|--|--|
| ethynodiol-ethinyl |  |  |
| estradiol+         |  |  |
| etonogestrel-      |  |  |
| ethinyl estradiol+ |  |  |
| FALMINA+           |  |  |
| FAYOSIM+           |  |  |
| FEMYNOR+           |  |  |
| GEMMILY+           |  |  |
| GYNOL II+          |  |  |
| 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+             |  |  |
| LARISSIA+          |  |  |
| LEENA+             |  |  |
| LESSINA+           |  |  |
| LEVONEST+          |  |  |
| levonorgestrel+    |  |  |
| levonorgestrel-    |  |  |
| ethinyl estradiol+ |  |  |
| levonorgestrel-    |  |  |
| ethinyl estradiol  |  |  |
| ethinyl estradiol+ |  |  |
| LEVORA-28+         |  |  |
| LILLOW+            |  |  |
| LOJAIMIESS+        |  |  |
| LORYNA+            |  |  |
| LOW-OGESTREL+      |  |  |
| LO-                |  |  |
| ZUMANDIMINE+       |  |  |
| LUTERA+            |  |  |
| LYLEQ+             |  |  |
| LYZA+              |  |  |
| MARLISSA+          |  |  |
| MERZEE+            |  |  |
| MICROGESTIN FE+    |  |  |

## Cigna Performance 3-Tier Prescription Drug List

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

### CONTRACEPTION PRODUCTS (cont)

|                    |  |  |
|--------------------|--|--|
| MICROGESTIN+       |  |  |
| MILI+              |  |  |
| MONO-LINYAH+       |  |  |
| MY CHOICE+         |  |  |
| MY WAY+            |  |  |
| NECON+             |  |  |
| NEW DAY+           |  |  |
| NIKKI+             |  |  |
| NORA-BE+           |  |  |
| norethindrone+     |  |  |
| norethindrone-     |  |  |
| ethinyl estradiol- |  |  |
| iron+              |  |  |
| norethindrone-     |  |  |
| ethinyl estradiol+ |  |  |
| norethindrone-     |  |  |
| ethinyl estradiol- |  |  |
| ferrous fumarate   |  |  |
| norgestimate-      |  |  |
| ethinyl estradiol+ |  |  |
| NORLYDA+           |  |  |
| NORTREL+           |  |  |
| NYLIA+             |  |  |
| NYMYO+             |  |  |
| OCELLA+            |  |  |
| OPCICON ONE-       |  |  |
| STEP+              |  |  |
| OPTION 2+          |  |  |
| ORSYTHIA+          |  |  |
| PHILITH+           |  |  |
| PIMTREA+           |  |  |
| PIRMELLA+          |  |  |
| PORTIA+            |  |  |
| PREVIFEM+          |  |  |
| RECLIPSEN+         |  |  |
| RIVELSA+           |  |  |
| SETLAKIN+          |  |  |
| SHAROBEL+          |  |  |
| SIMLIYA+           |  |  |
| SIMPESSE+          |  |  |
| SPRINTEC+          |  |  |
| SRONYX+            |  |  |
| SYEDA+             |  |  |
| TAKE ACTION+       |  |  |
| TARINA 24 FE+      |  |  |
| TARINA FE 1-20     |  |  |
| EQ+                |  |  |
| TARINA FE+         |  |  |
| TILIA FE+          |  |  |
| TRI FEMYNOR+       |  |  |
| TRI-ESTARYLLA+     |  |  |
| TRI-LEGEST FE+     |  |  |
| TRI-LINYAH+        |  |  |
| TRI-LO-            |  |  |
| ESTARYLLA+         |  |  |
| TRI-LO-MARZIA+     |  |  |
| TRI-LO-MILI+       |  |  |

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

|                  |  |  |
|------------------|--|--|
| TRI-LO-SPRINTEC+ |  |  |
| TRI-MILI+        |  |  |
| TRI-NYMYO+       |  |  |
| TRI-PREVIFEM+    |  |  |
| TRI-SPRINTEC+    |  |  |
| TRIVORA-28+      |  |  |
| TRI-VYLIBRA LO+  |  |  |
| TRI-VYLIBRA+     |  |  |
| TULANA+          |  |  |
| TYDEMY+          |  |  |
| VCF              |  |  |
| CONTRACEPTIVE    |  |  |
| FOAM+            |  |  |
| VCF              |  |  |
| CONTRACEPTIVE    |  |  |
| GEL+             |  |  |
| VELIVET+         |  |  |
| VESTURA+         |  |  |
| VIENVA+          |  |  |
| VIORELE+         |  |  |
| VOLNEA+          |  |  |
| VYFEMLA+         |  |  |
| VYLIBRA+         |  |  |
| WERA+            |  |  |
| WYMZYA FE+       |  |  |
| XULANE+          |  |  |
| ZAFEMY+          |  |  |
| ZARAH+           |  |  |
| ZOVIA 1-35+      |  |  |
| ZOVIA 1-35E+     |  |  |
| ZUMANDIMINE+     |  |  |

### COUGH/COLD MEDICATIONS

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

### DENTAL PRODUCTS

|                     |                |                    |
|---------------------|----------------|--------------------|
| chlorhexidine       | PREVIDENT 5000 | CLINPRO 5000       |
| DENTA 5000 PLUS     | PREVIDENT      | FLORIVA+           |
| DENTAGEL            | 5000 1.1% DRY  | FLUORIDEX          |
| doxycycline hyclate | MOUTH          | SENSITIVITY RELIEF |
| FLUORIDEX DAILY     | PREVIDENT 5000 | PREVIDENT 0.2%     |
| DEFENSE 1.1%        | BOOSTER PLUS   | RINSE              |
|                     | PREVIDENT      | PREVIDENT 1.1%     |
|                     | 5000 ENAMEL    | GEL                |
|                     | PROTECT        |                    |
|                     | PREVIDENT      |                    |
|                     | 5000 ORTHO     |                    |
|                     | DEFENSE        |                    |
|                     | PREVIDENT 5000 |                    |
|                     | SENSITIVE      |                    |

## Cigna Performance 3-Tier Prescription Drug List

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

### DENTAL PRODUCTS (cont)

|   |  |                        |
|---|--|------------------------|
| ORALONE<br>PERIDEX<br>PERIOGARD<br>SF 1.1% GEL<br>SF 5000 PLUS<br>sodium fluoride<br>sodium fluoride<br>5000 dry mouth<br>sodium fluoride<br>5000 plus<br>triamcinolone |  | PREVIDENT 5000<br>PLUS |
|---|--|------------------------|

### DIABETES

|   |  |   |
|---|--|---|
| glimepiride<br>glipizide<br>glipizide er<br>glipizide xl<br>metformin<br>metformin er | ACCU-CHEK<br>AVIVA PLUS<br>METER<br>BAQSIMI (QL)<br>BASAGLAR (QL)<br>BD LANCETS<br>BD PEN NEEDLE<br>DEXCOM G6 (PA,<br>QL)<br>DROPLET<br>DROPSAFE<br>FARXIGA (QL, ST)<br>FREESTYLE LIBRE<br>14 DAY SENSOR<br>(PA, QL)<br>FREESTYLE LIBRE<br>2 SENSOR (PA,<br>QL)<br>GLUCAGEN<br>HYPO KIT (QL)<br>GLYXAMBI (QL,<br>ST)<br>HUMULIN (QL)<br>JANUMET (QL,<br>ST)<br>JANUMET XR<br>(QL, ST)<br>JANUVIA (QL,<br>ST)<br>JARDIANCE (QL,<br>ST)<br>LYUMJEV (QL)<br>NOVOTWIST<br>ONETOUCH<br>ULTRA TEST<br>STRIP<br>ONETOUCH<br>ULTRAMINI | ACCU-CHEK<br>COMPACT PLUS<br>CONTROL<br>ACCU-CHEK GUIDE<br>L1-L2 CONTROL<br>SOLUTION<br>ACCU-CHEK AVIVA<br>SOLUTION<br>ACCU-CHEK<br>SMARTVIEW<br>CONTROL<br>SOLUTION<br>AMARYL<br>CEQR<br>CONTOUR<br>CYCLOSET<br>DEXCOM G4<br>DEXCOM G5<br>DEXCOM G5-G4<br>SENSOR<br>ENLITE GLUCOSE<br>SENSOR<br>EVERSENSE SMART<br>TRANSMITTER<br>GLUCAGON<br>EMERGENCY KIT<br>(QL)<br>GUARDIAN<br>CONNECT<br>TRANSMITTER<br>GUARDIAN LINK 3<br>GUARDIAN SENSOR<br>3<br>GVOKE (QL)<br>INPEN<br>KORLYM* (PA)<br>PRECISION XTRA<br>MONITOR NFRS<br>PRECISION XTRA<br>MONITOR<br>PRECISION XTRA<br>KETONE-GLUC KIT<br>RIOMET<br>TRUE METRIX |
|---|--|---|

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

### DIABETES (cont)

|  |  |  |
|--|--|--|
|  | ONETOUCH<br>VERIO FLEX<br>METER<br>ONETOUCH<br>VERIO IQ METER<br>ONETOUCH<br>VERIO METER<br>ONETOUCH<br>VERIO REFLECT<br>METER<br>ONETOUCH<br>VERIO TEST<br>STRIP<br>QTERN (QL, ST)<br>RYBELSUS (PA,<br>QL)<br>SOLIQUA 100-33<br>SYMLINPEN<br>SYNJARDY (QL,<br>ST)<br>SYNJARDY XR<br>(QL, ST)<br>TECHLITE<br>TRIJARDY XR (ST,<br>QL)<br>TRUEPLUS<br>SYRINGE<br>V-GO 20<br>V-GO 30<br>V-GO 40<br>VICTOZA (PA,<br>QL)<br>XIGDUO XR (QL,<br>ST)<br>Xultophy |  |
|--|--|--|

### 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 | DIURIL | ALDACTONE<br>CAROSPIR<br>INSPIRA<br>JYNARQUE* (PA)<br>KERENDIA<br>LASIX<br>MAXZIDE |
|---|--------|--|

### EAR MEDICATIONS

|  |          |  |
|--|----------|--|
| ciprofloxacin-<br>dexamethasone<br>neomycin-<br>polymyxin<br>b-hydrocortisone<br>ofloxacin | CIPRO HC | CIPRODEX<br>CORTISPORIN-TC<br>DERMOTIC<br>OTOVEL |
|--|----------|--|

## Cigna Performance 3-Tier Prescription Drug List

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|--------------|----------------|------------------|
|--------------|----------------|------------------|

### ERECTILE DYSFUNCTION

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

### EYE CONDITIONS

|  |   |   |
|--|---|---|
| bimatoprost (QL)<br>brimonidine<br>brinzolamide<br>ciprofloxacin<br>dorzolamide<br>dorzolamide-<br>timolol<br>erythromycin<br>fluorometholone<br>ketorolac<br>latanoprost<br>loteprednol<br>moxifloxacin eye<br>drops<br>neomycin-<br>polymyxin<br>b-dexamethasone<br>ofloxacin<br>olopatadine<br>polymyxin<br>b sulfate-<br>trimethoprim<br>prednisolone<br>timolol<br>tobramycin-<br>dexamethasone<br>travoprost | ALPHAGAN P<br>0.1% DROPS<br>AZASITE<br>BETIMOL<br>BETOPTIC S<br>COMBIGAN<br>EYSUVIS (QL)<br>FML FORTE<br>0.25% EYE<br>DROPS<br>FML S.O.P. 0.1%<br>OINTMENT<br>FLAREX<br>LOTEMAX SM<br>RESTASIS<br>RESTASIS<br>MULTIDOSE<br>SIMBRINZA<br>XIIDRA<br>ZERVIAE | ACULAR<br>ACULAR LS<br>ACUVAIL<br>ALPHAGAN P 0.15%<br>EYE DROPS<br>ALREX<br>AZOPT<br>BEPREVE<br>BESIVANCE<br>BROMSITE<br>CEQUA<br>COSOPT<br>COSOPT PF<br>CYSTADROPS* (PA,<br>QL)<br>CYSTARAN* (PA, QL)<br>DUREZOL<br>FML LIQUIFILM<br>0.1% EYE DROP<br>ILEVRO<br>INVELTYS<br>ISTALOL<br>LASTACRAFT<br>LOTEMAX<br>MAXITROL<br>MOXEZA<br>NEVANAC<br>OCUFLOX<br>OXERVATE* (PA)<br>PRED FORTE<br>PROLENSA<br>RHOPRESSA<br>ROCKLATAN<br>TIMOPTIC<br>TIMOPTIC-XE<br>TOBRADEX EYE<br>DROPS<br>TOBRADEX ST<br>TRUSOPT<br>VIGAMOX<br>ZIRGAN<br>ZYLET |
|--|---|---|

### FEMININE PRODUCTS

|   |  |  |
|---|--|--|
| FEM PH<br>GYNAZOLE 1<br>miconazole 3 200<br>mg<br>terconazole |  |  |
|---|--|--|

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

### GASTROINTESTINAL/HEARTBURN

|   |  |   |
|---|--|---|
| ALOPHEN PILLS+<br>alosetron*<br>ANUCORT-HC<br>balsalazide<br>bisacodyl tablet+<br>cinacalcet*<br>CLEARLAX+<br>CONSTULOSE<br>dicyclomine<br>capsule, solution,<br>tablet<br>esomeprazole<br>20 mg capsule,<br>40 mg capsule,<br>packets (QL)<br>famotidine 40 mg/5<br>ml suspension, 20<br>mg tablet, 40 mg<br>tablet<br>GAVILAX+<br>GAVILYTE-C+<br>GAVILYTE-G+<br>GAVILYTE-N+<br>GAVILYTE-N+<br>GENTLELAX+<br>GLYCOLAX+<br>glycopyrrolate<br>tablet<br>HEMMOREX-HC<br>hydrocortisone<br>lansoprazole (QL)<br>LAXACLEAR+<br>LAXATIVE PEG<br>3350+<br>LAXATIVE 5 MG<br>TABLET+<br>LAXATIVE EC 5 MG<br>TABLET+<br>mesalamine<br>mesalamine dr<br>mesalamine er<br>metoclopramide<br>solution, tablet<br>metoclopramide<br>odt<br>misoprostol<br>NATURA-LAX+<br>omeprazole (QL)<br>ondansetron<br>ondansetron odt<br>pantoprazole<br>suspension, tablet<br>(QL)<br>peg<br>3350-electrolyte+ | AMITIZA<br>CLENPIQ+<br>DEXILANT (QL)<br>LINZESS<br>LITHOSTAT<br>NEXIUM DR 2.5<br>MG PACKET<br>(QL)<br>NEXIUM DR 5<br>MG PACKET<br>(QL)<br>PANCREAZE<br>PENTASA<br>SUPREP+<br>SUTAB+<br>VIBERZI | ACIPHEX (QL, ST)<br>AKYNZEO 300-0.5<br>MG CAPSULE<br>BONJESTA<br>CANASA<br>CANASA<br>CARAFATE<br>CHENODAL* (PA)<br>CHOLBAM* (PA)<br>CORRECTOL+<br>CUVPOSA<br>DICLEGIS<br>DONNATAL<br>DULCOLAX EC 5<br>MG TABLET+<br>MIRALAX+<br>MOVANTIK (PA)<br>OCALIVA* (PA)<br>PREVACID DR 30<br>MG CAPSULE (QL,<br>ST)<br>PROTONIX (QL, ST)<br>RAVICTI* (PA)<br>RECTIV<br>RELISTOR (PA)<br>SANCUSO (PA, QL)<br>SFROWASA<br>SUCRAID* (PA)<br>SYMPROIC (PA)<br>TRANSDERM-SCOP<br>URSO<br>URSO FORTE<br>VARUBI (PA, QL)<br>VIOKACE |
|---|--|---|

## Cigna Performance 3-Tier Prescription Drug List

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### GASTROINTESTINAL/HEARTBURN (cont)

|   |  |  |
|---|--|--|
| peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+ PEG-PREP+ polyethylene glycol 3350+ prochlorperazine tablet promethazine suppository promethegan PURELAX+ rabeprazole tablet (QL) scopolamine SMOOTHLAX+ sucralfate ursodiol WOMEN'S GENTLE LAXATIVE+ WOMEN'S LAXATIVE+ |  |  |
|---|--|--|

### HORMONAL AGENTS

|  |  |   |
|--|--|---|
| AMABELZ budesonide ec budesonide er (PA, QL) cabergoline (QL) COVARYX COVARYX H.S. DECADRON desmopressin dexamethasone intensol DOTTI (QL) EEMT EEMT H.S. estradiol (once weekly) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol-norethindrone estrogen-methyltestosterone EUTHYROX LEVO-T levothyroxine tablet | ANDRODERM (PA, QL) CRINONE DIVIGEL DUAVEE ESTRING (QL) LUPRON DEPOT-PED* (PA) MEDROL 2 MG TABLET ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO SOMAVERT* (PA) | ACTHAR GEL* (PA) ACTIVELLA ALORA (QL) ANDROGEL (PA, QL) ANGELIQ ARMOUR THYROID AYGESTIN BIJUVA BYNFEZIA* (PA) CLIMARA CLIMARA PRO COMBIPATCH CYTOMEL ELESTRIN EMFLAZA* (PA) ENTOCORT EC ESTRACE ESTROGEL EVAMIST FENSOLVI* (PA) IMVEXXY (QL) INTRAROSA ISTURISA* (PA, QL) LUPANETA PACK* (PA) |
|--|--|---|

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
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### HORMONAL AGENTS (cont)

|   |  |  |
|---|--|--|
| LEVOXYL liothyronine LYLLANA (QL) medroxyprogesterone methimazole methylprednisolone MIMVEY norethindrone NP THYROID prednisone prednisone intensol progesterone vial* testosterone (PA, QL) WESTHROID YUVAFEM (QL) |  | levothyroxine capsule MEDROL 8MG, 16MG, 32MG TABLET MEDROL 4 MG DOSEPAK MENOSTAR (QL) MINIVELLE (QL) MYFEMBREE (QL) OSPHENA PROMETRIUM RAYALDEE SUPPRELIN LA* (PA) teriparatide* (PA, QL) TIROSINT-SOL UNITHROID VAGIFEM (QL) VIVELLE-DOT (QL) |
|---|--|--|

### INFECTIONS

|   |   |  |
|---|---|--|
| 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) dapsone tablets doxycycline hyclate capsule, tablet doxycycline monohydrate EMVERM entecavir* (QL) erythromycin erythromycin ethylsuccinate famciclovir | BARACLUDE SOLUTION* CIPRO SUSPENSION CLEOCIN 75 MG CAPSULE DARAPRIM* (PA) EPCLUSA* (PA, QL) FIRVANQ HARVONI* (PA, QL) LEDIPASVIR-SOFOSBUVIR* (PA) MAVYRET* (PA) SOFOSBUVIR-VELPATASVIR* (PA) SOLOSEC SOVALDI* (PA, QL) THALOMID* (PA) VOSEVI* (PA) XIFAXAN (QL) | AEMCOLO (QL) ALBENZA ALINIA ARIKAYCE* (PA) BACTRIM BACTRIM DS BAXDELA (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 ERYPED 200 ERY-TAB DR FLAGYL HIPREX KEFLEX KITABIS PAK* (PA, QL) MACROBID MACRODANTIN MALARONE (PA) NATROBA |
|---|---|--|

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### INFECTIONS (cont)

|  |  |                                  |
|--|--|----------------------------------|
| fluconazole                                      |  | NUVESSA                          |
| hydroxychloroquine                               |  | NUZYRA TABLET* (QL)              |
| ivermectin                                       |  | ORAVIG                           |
| levofloxacin solution, tablet                    |  | PLAQUENIL                        |
| methenamine                                      |  | posaconazole suspension          |
| metronidazole gel, capsule, tablet               |  | PREVYMIS TABLET*                 |
| minocycline                                      |  | PRIFTIN                          |
| minocycline er tablet (QL)                       |  | posaconazole suspension          |
| mondoxynel                                       |  | SIVEXTRO TABLET (PA)             |
| MORGIDOX   |  | STROMECTOL                       |
| nitazoxanide                                     |  | sulfatrim                        |
| nitrofurantoin                                   |  | URIBEL                           |
| nitrofurantoin monohydrate-macrocrystal          |  | VALTRES                          |
| nystatin   |  | VEMLIDY*                         |
| suspension, tablet                               |  | VIBRAMYCIN 25 MG/5 ML SUSPENSION |
| penicillin v potassium                           |  | VIBRAMYCIN 50 MG/5 ML SYRUP      |
| permethrin                                       |  | XENLETA 600mg tablet (PA, QL)    |
| posconazole tablet                               |  | XOFLUZA (QL)                     |
| pyrimethamine* (PA)                              |  | ZEPATIER* (PA)                   |
| sulfamethoxazole-trimethoprim suspension, tablet |  | ZITHROMAX                        |
| terbinafine                                      |  | ZITHROMAX TRI-PAK                |
| tetracycline                                     |  | ZYVOX                            |
| tobramycin ampule* (PA,QL)                       |  | SUSPENSION, TABLET (PA)          |
| valacyclovir                                     |  |                                  |
| valganciclovir                                   |  |                                  |
| vancomycin capsule, solution                     |  |                                  |
| vandazole  |  |                                  |

### INFERTILITY

|              |                                  |                 |
|--------------|----------------------------------|-----------------|
| clomiphene ^ | CRINONE 8% GEL ^<br>ENDOMETRIN ^ | FOLLISTIM* (PA) |
|--------------|----------------------------------|-----------------|

### MISCELLANEOUS

|  |                                  |            |
|--|----------------------------------|------------|
|  | ACCU-CHEK SAFE-T-PRO 23G LANCETS | ADDYI (QL) |
|  | ACCU-CHEK SOFTCLIX LANCETS       |            |
|  | ACCU-CHEK MULTICLIX LANCETS      |            |

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

|                                  |                    |                            |
|----------------------------------|--------------------|----------------------------|
| deferiprone 500mg* (PA)          | ACCU-CHEK FASTCLIX | AUSTEDO* (PA)              |
| sodium chloride inhalation vial. | LANCET DRUM        | BRISDELLE (QL)             |
| Irrigation solution vial         | CERDELGA* (PA)     | EVRYSDI* (PA)              |
| trientine * (PA)                 | ESBRIET* (PA)      | FC2 FEMALE CONDOM+         |
|                                  | MICROLET           | GALAFOLD* (PA)             |
|                                  | NITYR* (PA)        | INGREZZA                   |
|                                  | TECHLITE           | INITIATION PACK* (PA, QL)  |
|                                  | LANCETS            | INGREZZA* (PA)             |
|                                  |                    | KETONE CARE TEST STRIP     |
|                                  |                    | KETONE TEST STRIP          |
|                                  |                    | KETOSTIX REAGENT           |
|                                  |                    | NUEDEXTA (QL)              |
|                                  |                    | ORFADIN* (PA)              |
|                                  |                    | PRECISION XTRA             |
|                                  |                    | TEGSEDI* (PA)              |
|                                  |                    | TIGLUTIK* (PA)             |
|                                  |                    | TRUEPLUS KETONE TEST STRIP |
|                                  |                    | VYLEESI* (PA, QL)          |
|                                  |                    | VYNDAMAX* (PA, QL)         |
|                                  |                    | VYNDAQEL * (PA, QL)        |

### MULTIPLE SCLEROSIS

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

### NUTRITIONAL/DIETARY

|                        |                               |                                   |
|------------------------|-------------------------------|-----------------------------------|
| calcitriol FA-8+       | CITRANATAL 90 DHA             | ALIVE PRENATAL+ AURYXIA (QL)      |
| folic acid ^+          | CITRANATAL                    | BRAINSTRONG                       |
| klor-con               | ASSURE                        | PRENATAL+                         |
| KLOR-CON 10 MEQ TABLET | CITRANATAL B-CALM             | CLASSIC PRENATAL+                 |
| KLOR-CON 8 MEQ TABLET  | CITRANATAL DHA                | DRISDOL                           |
| KLOR-CON M10 TABLET    | CITRANATAL HARMONY            | EXPECTA PRENATAL+                 |
| KLOR-CON M10 TABLET    | CITRANATAL RX                 | FLORIVA+                          |
|                        | FOSRENOL 1,000 MG POWDER PACK | FOSRENOL 1,000 MG CHEWABLE TABLET |
|                        | FOSRENOL 750 MG POWDER PACKET |                                   |

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### NUTRITIONAL/DIETARY (cont)

|   |                     |                                 |
|---|---------------------|---------------------------------|
| MULTI-VITAMIN W-FLUORIDE-IRON+                  | OB COMPLETE PETITE  | FOSRENOL 500 MG CHEWABLE TABLET |
| MULTIVITAMIN WITH FLUORIDE+                     | OB COMPLETE PREMIER | FOSRENOL 750 MG CHEWABLE TABLET |
| MULTIVITAMIN-IRON-FLUORIDE                      | PRIMACARE           | K-TAB ER                        |
| ONE DAILY PRENATAL+                             | TRI-VI-FLOR+        | LOKELMA                         |
| potassium chloride 10%, capsule, packet, tablet | VELPHORO            | MEPHYTON                        |
| prenatal complete+ PRENATAL GUMMIES+            |                     | MINI PRENATAL+                  |
| PRENATAL MULTI+ prenatal multi-dha+             |                     | NEEVO DHA                       |
| PRENATAL MULTIVITAMIN+                          |                     | ONE A DAY WOMEN'S PRENATAL DHA+ |
| PRENATAL MULTIVITAMIN-DHA+                      |                     | ONE-A-DAY PRENATAL-1+           |
| PRENATAL ONE DAILY+                             |                     | PERRY PRENATAL+                 |
| PRENATAL VITAMIN + DHA+                         |                     | PHOSLYRA                        |
| PRENATAL VITAMIN+                               |                     | POLY-VI-FLOR WITH IRON+         |
| PRENATAL VITAMINS+                              |                     | POLY-VI-FLOR+ PRENATAL          |
| PRENATAL+ sevelamer carbonate                   |                     | FORMULA-DHA+                    |
| TRI-VITE WITH FLUORIDE+                         |                     | PRENATE                         |
| vitamin d2 1.25 mg (50,000 unit)^               |                     | QUFLORA                         |
| VITAMINS A,C,D AND FLUORIDE+                    |                     | PEDIATRIC 1 MG CHEWABLE TABLET+ |
|   |                     | QUFLORA                         |
|   |                     | PEDIATRIC 0.25 MG/ML DROP+      |
|   |                     | QUFLORA                         |
|   |                     | PEDIATRIC 0.5 MG/ML DROP+       |
|   |                     | RENVELA                         |
|   |                     | ROCALTROL                       |
|   |                     | SIMILAC                         |
|   |                     | PRENATAL+                       |
|   |                     | STUART ONE+                     |
|   |                     | ULTRA PRENATAL                  |
|   |                     | PLUS DHA+                       |
|   |                     | VELTASSA                        |

### OSTEOPOROSIS PRODUCTS

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

### PAIN RELIEF AND INFLAMMATORY DISEASE

|  |              |                           |
|--|--------------|---------------------------|
|  | AIMOVIG (PA) | ANALPRAM HC 1% CREAM      |
|  | AJOVY (PA)   | ANALPRAM HC 2.5%-1% CREAM |

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### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

|  |                      |                                  |
|--|----------------------|----------------------------------|
| acetaminophen-codeine (PA)             | AVSOLA* (PA)         | ANALPRAM HC 2.5%-1% CREAM SINGLE |
| allopurinol tablet                     | BELBUCA (QL)         | ARAVA                            |
| ASPIRIN EC+                            | DUPIXENT* (PA)       | BUTRANS (QL)                     |
| aspirin tablet+                        | EMGALITY (PA)        | CELEBREX (QL, ST)                |
| baclofen tablet                        | HYSINGLA ER (PA)     | COLCRYS                          |
| buprenorphine patch (QL)               | NUCYNTA (PA)         | DEPEN* (PA)                      |
| butalbital-acetaminophen-caffeine (QL) | NURTEC ODT (PA, QL)  | EC-NAPROSYN (ST)                 |
| carisoprodol                           | OTEZLA* (PA, QL)     | ECOTRIN EC 325 MG TABLET+        |
| celecoxib (QL)                         | PROCTOFOAM-HC        | ESGIC (QL)                       |
| colchicine                             | REDITREX (PA)        | FEXMID                           |
| cyclobenzaprine                        | RINVOQ* (PA, QL)     | FLECTOR (PA, QL)                 |
| diclofenac 1% gel (QL)                 | SAVELLA              | LAZANDA (PA)                     |
| diclofenac dr                          | SIMPONI ARIA* (PA)   | LICART (PA, QL)                  |
| diclofenac ec                          | SKYRIZI* (PA, QL)    | LIDODERM                         |
| EC-NAPROXEN                            | TALTZ* (PA, QL)      | MITIGARE                         |
| ECOTRIN EC 81 MG TABLET+               | UBRELVY (PA, QL)     | MOBIC (ST)                       |
| eletriptan (QL)                        | ULORIC (QL)          | NAPROSYN (ST)                    |
| ENDOCET (PA)                           | XELJANZ XR* (PA, QL) | NUCYNTA ER (PA)                  |
| febuxostat (QL)                        | XELJANZ* (PA, QL)    | OLUMIANT* (PA, QL)               |
| fentanyl (PA)                          | XTAMPZA ER (PA)      | OXAYDO (PA)                      |
| FIORICET (QL)                          | ZTLIDO               | PERCOCET (PA)                    |
| frovatriptan (QL)                      |                      | PROCORT                          |
| GEL-ONE* (PA)                          |                      | SKELAXIN                         |
| GLYDO                                  |                      | TRILURON* (PA)                   |
| hydrocodone-acetaminophen (PA)         |                      | ULTRAM 50 MG TABLET (QL)         |
| hydromorphone er (PA)                  |                      | VTOL LQ                          |
| hydromorphone (PA)                     |                      | ZANAFLEX                         |
| IBU                                    |                      | ZEBUTAL (QL)                     |
| ibuprofen                              |                      |                                  |
| indomethacin                           |                      | ZOHYDRO ER (PA)                  |
| indomethacin er                        |                      | ZYLOPRIM                         |
| ketorolac                              |                      |                                  |
| tromethamine (QL)                      |                      |                                  |
| leflunomide                            |                      |                                  |
| lidocaine 5% ointment (QL)             |                      |                                  |
| lidocaine 5% patch                     |                      |                                  |
| lidocaine viscous                      |                      |                                  |
| meloxicam tablet                       |                      |                                  |
| metaxalone                             |                      |                                  |
| methocarbamol                          |                      |                                  |
| morphine (PA)                          |                      |                                  |
| morphine er (PA)                       |                      |                                  |

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### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

|                              |  |  |
|------------------------------|--|--|
| 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                      |  |  |

### PARKINSON'S DISEASE

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

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

|                       |             |                  |
|-----------------------|-------------|------------------|
| aripiprazole (QL)     | LATUDA (QL) | FANAPT (QL, ST)  |
| aripiprazole odt      |             | INVEGA (QL, ST)  |
| asenapine             |             | REXULTI (QL, ST) |
| chlorpromazine tablet |             | RISPERDAL (ST)   |
| haloperidol           |             | SAPHRIS (ST)     |
| olanzapine tablet     |             | SECUADO (ST)     |
| olanzapine odt        |             | SEROQUEL (ST)    |
| paliperidone er (QL)  |             | SEROQUEL XR (ST) |
| quetiapine            |             | VRAYLAR (QL, ST) |
| quetiapine er         |             |                  |
| risperidone           |             |                  |
| risperidone odt       |             |                  |
| ziprasidone tablet    |             |                  |

### SEIZURE DISORDERS

|               |                  |                                     |
|---------------|------------------|-------------------------------------|
| carbamazepine | FYCOMPA (PA, QL) | APTIOM 600, 800 mg tablets (PA)     |
|               |                  | APTIOM 200, 400 mg tablets (PA, QL) |

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
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### SEIZURE DISORDERS (cont)

|                                |                       |                                     |
|--------------------------------|-----------------------|-------------------------------------|
| carbamazepine er               | NAYZILAM (PA, QL)     | BRIVIACT ORAL SOLUTION, TABLET (PA) |
| clonazepam                     | VIMPAT                | CARBATROL (PA)                      |
| divalproex                     | SOLTUION, TABLET (PA) | DEPAKOTE (PA)                       |
| divalproex er                  |                       | DEPAKOTE ER (PA)                    |
| EPITOL                         |                       | DEPAKOTE                            |
| gabapentin                     |                       | SPRINKLE (PA)                       |
| lamotrigine                    |                       | DILANTIN (PA)                       |
| lamotrigine (blue)             |                       | EPIDIOLEX* (PA)                     |
| lamotrigine (green)            |                       | FINTEPLA* (PA)                      |
| 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   |                       | XCOPRI (PA, QL)                     |
| ROWEEPR                        |                       |                                     |
| SUBVENITE                      |                       |                                     |
| SUBVENITE (BLUE)               |                       |                                     |
| SUBVENITE (GREEN)              |                       |                                     |
| SUBVENITE (ORANGE)             |                       |                                     |
| topiramate                     |                       |                                     |
| topiramate er                  |                       |                                     |
| vigabatrin*                    |                       |                                     |
| vigadrone*                     |                       |                                     |

### SKIN CONDITIONS

|                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| ACCUTANE                   | EUCRISA                    | ANALPRAM HC 2.5%-1% LOTION |
| adapalene (PA)             | NAFTIN                     | AVAR 9.5-5% CLEANSING PADS |
| adapalene-benzoyl peroxide | PRAMOSONE 1% LOTION        | BRYHALI (ST)               |
| AMNESTEEM                  | PRAMOSONE 1%-1% CREAM      | calcipotriene foam         |
| AVAR CLEANSER              | PRAMOSONE 1%-1% OINTMENT   | CAPEX SHAMPOO              |
| azelaic acid               | PRAMOSONE 2.5%-1% OINTMENT | CLEOCIN T                  |
| betamethasone augmented    | SANTYL (QL)                | CLINDACIN ETZ KIT          |
| betamethasone dipropionate |                            | CLINDACIN PAC KIT          |
|                            |                            | CLODERM (ST)               |
|                            |                            | DESOWEN                    |
|                            |                            | DOVONEX                    |
|                            |                            | DRYSOL                     |
|                            |                            | EFUDEX                     |
|                            |                            | ELIDEL                     |
|                            |                            | EVOCLIN                    |



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### SKIN CONDITIONS (cont)

|  |  |  |
|--|--|--|
| BP 10-1<br>calcipotriene<br>cream, ointment,<br>solution<br>calcipotriene-<br>betamethasone<br>CLARAVIS<br>CLINDACIN ETZ 1%<br>PLEDGET<br>CLINDACIN P 1%<br>PLEDGETS<br>clindamycin 1%<br>foam, gel, lotion,<br>pledget, solution<br>clindamycin-<br>benzoyl<br>peroxoxide<br>clindamycin-<br>tretinoin<br>clobetasol<br>clocortolone<br>CLODAN<br>clotrimazole-<br>betamethasone<br>dapsone 5% gel,<br>7.5% gel pump<br>fluocinonide<br>fluorouracil cream,<br>topical solution<br>isotretinoin<br>ketoconazole<br>KETODAN<br>metronidazole<br>mupirocin<br>MYORISAN<br>NEUAC GEL<br>pimecrolimus<br>ROSADAN<br>sodium<br>sulfacetamide-<br>sulfur<br>SSS 10-5<br>SULFACLEANSE 8-4<br>tacrolimus<br>ointment<br>tazarotene 0.1%<br>cream<br>tretinoin (PA)<br>TRIDERM<br>ZENATANE |  | PRAMOSONE 2.5%-<br>1% CREAM<br>PRAMOSONE 2.5%-<br>1% LOTION<br>PROTOPIC<br>REGRANEX (PA, QL)<br>TARGRETIN*<br>TEMOVATE (ST)<br>VECTICAL (QL)<br>XEPI |
|--|--|--|

### SLEEP DISORDERS/SEDATIVES

|  |  |   |
|--|--|---|
| armodafinil (PA)<br>eszopiclone<br>modafinil (PA)<br>temazepam | DAYVIGO (QL,<br>ST)<br>SUNOSI (PA, QL) | HETLIOZ LQ* (PA)<br>HETLIOZ* (PA)<br>LUNESTA (ST)<br>SILENOR (QL, ST) |
|--|--|---|

| TIER 1<br>\$ | TIER 2<br>\$\$ | TIER 3<br>\$\$\$ |
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### SLEEP DISORDERS/SEDATIVES

|                              |  |   |
|------------------------------|--|---|
| zolpidem<br>zolpidem er (QL) |  | WAKIX* (PA, QL)<br>XYREM* (PA)<br>XYWAV* (PA) |
|------------------------------|--|---|

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

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

### SUBSTANCE ABUSE

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

### TRANSPLANT MEDICATIONS

|   |   |  |
|---|---|--|
| azathioprine*<br>everolimus 0.25 mg<br>tablet*<br>everolimus 0.5 mg<br>tablet*<br>mycophenolate<br>mofetil*<br>mycophenolic<br>acid*<br>sirolimus*<br>tacrolimus capsule* | CELLCEPT VIAL*<br>PROGRAF 5 MG/<br>ML AMPULE* | ASTAGRAF XL*<br>CELLCEPT ORAL<br>SUSPENSION,<br>TABLET*<br>ENVARIS XR*<br>MYFORTIC*<br>NEORAL*<br>PROGRAF 0.2 MG<br>GRANULE PACKET*<br>PROGRAF 0.5 MG<br>CAPSULE*<br>PROGRAF 1 MG<br>CAPSULE*<br>PROGRAF 1 MG<br>GRANULE PACKET*<br>PROGRAF 5 MG<br>CAPSULE*<br>RAPAMUNE*<br>ZORTRESS* |
|---|---|--|

### URINARY TRACT CONDITIONS

|  |  |   |
|--|--|---|
| alfuzosin er<br>cevimeline<br>darifenacin er (QL)<br>finasteride<br>oxybutynin<br>oxybutynin er<br>phenazopyridine<br>potassium er<br>silodosin (QL)<br>solifenacin (QL)<br>tamsulosin<br>tolterodine<br>tolterodine er (QL) | CYSTAGON*<br>ELMIRON<br>K-PHOS<br>ORIGINAL | AVODART<br>EVOXAC<br>FLOMAX<br>PROSCAR<br>PYRIDIDIUM<br>RAPAFLO (QL)<br>UROCIT-K<br>UROXATRAL |
|--|--|---|

## Cigna Performance 3-Tier Prescription Drug List

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

### VACCINES

Vaccines are now covered under the Cigna 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+<br>ROTATEQ+ |
|--|--|----------------------|

### WEIGHT MANAGEMENT

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

## Medications that aren't covered

Your plan covers other medications that are used to treat the same condition.^^ They're listed below.

| DRUG CLASS                              | MEDICATION NAME^^                                     | 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*  | efavirenz-lamivudine-tenofovir*  |                                  |
|   | SYMFI LO*   |  |                                  |
|   | 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<br>EPIPEN<br>EPIPEN JR<br>SYMJEPI              | epinephrine auto-injectors   |                                  |
|   | BECONASE AQ<br>NASONEX<br>OMNARIS<br>QNASL<br>ZETONNA | generic nasal steroids (e.g. fluticasone)                                |                                  |
|   | carbinoxamine 6mg tablet<br>RYVENT                    | carbinoxamine 4mg tablet   |                                  |
|   | dexchlorpheniramine<br>RYCLORA                        | carbinoxamine oral solution<br>cyproheptadine syrup<br>hydroxyzine syrup |                                  |
|   | DYMISTA   | azelastine-fluticasone<br>Generic nasal steroids (e.g. fluticasone)      |                                  |
|   | QNASL CHILDREN'S                                      | flunisolide  |                                  |
|   | XHANCE  | fluticasone<br>mometasone  |                                  |
|   | ALZHEIMER'S DISEASE                                   | pyridostigmine 30mg tablet (QL)  | pyridostigmine 60mg tablet       |
|   | ANXIETY/DEPRESSION/BIPOLAR DISORDER                   | ANAFRANIL  | clomipramine                     |
|   |   | APLENZIN   | bupropion XL 150, 300 mg tablets |
| ATIVAN TABLET                           |   | lorazepam  |                                  |
| bupropion xl 450mg tablet<br>FORFIVO XL |   | bupropion xl 150mg tablets   |                                  |

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| DRUG CLASS                                 | MEDICATION NAME^^   | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |
|--|---|---|
| ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont) | CYMBALTA  | desvenlafaxine ER<br>duloxetine<br>escitalopram   |
|  | DRIZALMA SPRINKLE   | duloxetine dr capsules  |
|  | LEXAPRO   | escitalopram  |
|  | PAMELOR   | nortriptyline capsules  |
|  | PARNATE   | tranylcypromine   |
|  | PEXEVA  | paroxetine<br>paroxetine cr   |
|  | TOFRANIL  | imipramine  |
|  | WELLBUTRIN XL   | bupropion xl<br>escitalopram<br>fluoxetine  |
|  | ADVAIR DISKUS<br>AIRDUO DIGIHALER<br>AIRDUO RESPICLICK  | ADVAIR HFA<br>BREQ ELLIPTA<br>DULERA<br>fluticasone-salmeterol<br>SYMBICORT<br>WIXELA INHUB                                   |
|  | ALVESCO<br>ARMONAIR DIGIHALER<br>ARNUITY ELLIPTA<br>ASMANEX, ASMANEX HFA  | FLOVENT DISKUS<br>FLOVENT HFA<br>PULMICORT FLEXHALER<br>QVAR  |
|  | BROVANA   | arformoterol  |
|  | budesonide-formoterol   | SYMBICORT   |
|  | DUAKLIR PRESSAIR<br>UTIBRON NEOHALER  | ANORO ELLIPTA<br>BEVESPI AEROSPHERE<br>STIOLTO RESPIMAT   |
|  | ELIXOPHYLLIN  | theophylline er<br>theophylline oral solution   |
|  | levalbuterol hfa<br>PROAIR DIGIHALER<br>PROAIR HFA<br>PROAIR RESPICLICK<br>PROVENTIL HFA<br>VENTOLIN HFA<br>XOPENEX HFA | albuterol hfa   |
|  | PERFOROMIST   | formoterol  |
|  | SEEBRI NEOHALER<br>TUDORZA PRESSAIR   | INCRUSE ELLIPTA<br>SPIRIVA RESPIMAT   |
|  | STRIVERDI RESPIMAT  | SEREVENT DISKUS   |
|  | YUPELRI   | ANORO ELLIPTA<br>BEVESPI AEROSPHERE<br>BREZTIRI AEROSPHERE<br>INCRUSE ELLIPTA<br>SPIRIVA<br>STIOLTO RESPIMAT<br>TREGY ELLIPTA |
|  | ZYFLO   | montelukast<br>zafirlukast<br>zileuton er   |

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| DRUG CLASS                       | MEDICATION NAME^^   | 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<br>dextroamphetamine er<br>dextroamphetamine-amphetamine er                     |
|                                  | QELBREE   | atomoxetine   |
|                                  | RELEXXII  | methylphenidate er 36mg tablet  |
| BLOOD PRESSURE/HEART MEDICATIONS | BETAPACE  | sotalol   |
|                                  | CARDIZEM  | diltiazem   |
|                                  | CARDIZEM CD   | diltiazem CD  |
|                                  | CONJUPRI  | amlodipine<br>felodipine er<br>nicardipine<br>nifedipine  |
|                                  | CONSENSI  | amlodipine<br>celecoxib   |
|                                  | EDARBI  | generic ARBs (e.g. losartan; valsartan)   |
|                                  | EDARBYCLOR  | generic ARBs + HCTZ (e.g. losartan-HCTZ)  |
|                                  | FIRAZYR*  | icatibant   |
|                                  | GONITRO   | nitroglycerin sublingual tablet or spray  |
|                                  | ISORDIL<br>ISORDIL TITRADOSE  | isosorbide dinitrate  |
|                                  | LANOXIN   | digoxin   |
|                                  | MULTAQ  | amiodarone<br>disopyramide<br>dofetilide<br>flecainide<br>propafenone<br>quinidine<br>sotalol af      |
|                                  | BLOOD THINNERS/ANTI-CLOTTING  | aspirin-omeprazole<br>YOSPRALA  |
| CANCER                           | CYCLOPHOSPHAMIDE TABLET*  | cyclophosphamide capsule*   |
|                                  | NILANDRON   | nilutamide  |
|                                  | TARCEVA*  | erlotinib   |
|                                  | YONSA*<br>ZYTIGA*   | abiraterone   |
| CHOLESTEROL MEDICATIONS          | ANTARA<br>FENOGLIDE   | fenofibrate   |
|                                  | CRESTOR   | rosuvastatin+   |

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| DRUG CLASS              | MEDICATION NAME^^  | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)                                 |
|-------------------------|--|---|
| CHOLESTEROL MEDICATIONS | EZALLOR SPRINKLE<br>FLOLIPID<br>LIVALO<br>SIMVASTATIN 20mg/5ml SUSPENSION  | generic statins (e.g. atorvastatin; simvastatin)                              |
|                         | JUXTAPID*<br>PRALUENT  | REPATHA   |
|                         | LIPITOR  | atorvastatin+<br>ezetimibe-simvastatin<br>rosuvastatin+                       |
|                         | niacin 500mg tablet<br>NIACOR  | niacin er   |
|                         | ZYPITAMAG  | atorvastatin+<br>lovastatin+<br>pravastatin+<br>rosuvastatin+<br>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>CVS ADVANCED GLUCOSE 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>FREESTYLE TEST STRIPS<br>FREESTYLE TEST STRIPS NFRS | ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)                                     |
|                         | ADLYXIN  | BYDUREON<br>BYETTA<br>metformin<br>OZEMPIC<br>TRULICITY<br>VICTOZA            |
|                         | ADMELOG<br>ADMELOG SOLOSTAR<br>APIDRA, APIDRA SOLOSTAR<br>FIASP<br>FIASP FLEXTOUCH<br>FIASP PENFILL<br>INSULIN ASPART<br>NOVOLOG   | HUMALOG<br>LYUMJEV  |
|                         | AFREZZA  | HUMALOG<br>HUMULIN R<br>LYUMJEV   |

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| DRUG CLASS                 | MEDICATION NAME^^  | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)                             |  |
|----------------------------|--|---|--|
| DIABETES (cont)            | alogliptin<br>alogliptin-metformin<br>JENTADUETO<br>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<br>JANUMET XR<br>JANUVIA<br>pioglitazone                          |  |
|                            | FORTAMET<br>GLUMETZA<br>metformin er gastric<br>metformin er osmotic   | metformin er (generic to GLUCOPHAGE XR)                                   |  |
|                            | INSULIN ASPART PRO<br>NOVOLOG MIX  | HUMALOG MIX   |  |
|                            | INVOKAMET<br>INVOKAMET XR<br>SEGLUROMET  | SYNJARDY<br>SYNJARDY XR<br>XIGDUO XR                                      |  |
|                            | INVOKANA<br>STEGLATRO  | FARXIGA<br>JARDIANCE<br>metformin   |  |
|                            | LANTUS<br>LANTUS SOLOSTAR<br>SEMGLEE<br>TOUJEO MAX SOLOSTAR<br>TOUJEO SOLOSTAR   | BASAGLAR<br>LEVEMIR<br>TRESIBA FLEXTOUCH                                  |  |
|                            | NOVOLIN<br>STEGLUJAN   | HUMULIN<br>GLYXAMBI<br>metformin<br>QTERN<br>TRIJARDY XR                  |  |
|                            | DIURETICS  | EDECRIIN<br>ethacrynic acid   | bumetanide<br>furosemide<br>torsemide    |
|                            | EYE CONDITIONS   | LUMIGAN<br>TRAVATAN Z<br>VYZULTA<br>XALATAN<br>XELPROS<br>ZIOPTAN         | bimatoprost<br>latanoprost<br>travoprost |
| GASTROINTESTINAL/HEARTBURN | ANUSOL-HC 25MG SUPPOSITORY   | hydrocortisone 25mg suppository   |  |
|                            | ASACOL HD<br>COLAZAL<br>DELZICOL<br>DIPENTUM   | balsalazide<br>mesalamine tablets or capsules<br>PENTASA<br>sulfasalazine |  |

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| DRUG CLASS                        | MEDICATION NAME^^  | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |                           |
|-----------------------------------|--|---|---------------------------|
| GASTROINTESTINAL/HEARTBURN (cont) | COLYTE WITH FLAVOR PACKETS+<br>GOLYTELY+<br>MOVIPREP+<br>NULYTELY WITH FLAVOR PACKS+<br>OSMOPREP+<br>PLENVU+ | CLENPIQ+<br>GAVILYTE-C+<br>GAVILYTE-G+<br>GAVILYTE-N+<br>PEG 3350 ELECTROLYTE+<br>SUPREP+<br>SUTAB+   |                           |
|                                   | CORTIFOAM<br>UCERIS 2MG RECTAL FOAM  | COLOCORT<br>hydrocortisone  |                           |
|                                   | CREON<br>PERTZYE<br>ZENPEP   | PANCREAZE   |                           |
|                                   | GIMOTI*  | metoclopramide oral solution or tablet  |                           |
|                                   | HELIDAC  | bismuth subsalicylate<br>lansoprazole-amoxicillin-clarithromycin pak<br>metronidazole<br>tetracycline |                           |
|                                   | KRISTALOSE<br>lactulose 10gm packet  | CONSTULOSE<br>ENULOSE<br>lactulose oral solution  |                           |
|                                   | LIBRAX   | chlordiazepoxide  |                           |
|                                   | LOTRONEX*  | alosetron*  |                           |
|                                   | lubiprostone   | AMITIZA   |                           |
|                                   | MARINOL<br>SYNDROS   | dronabinol  |                           |
|                                   | MOTEGRITY<br>TRULANCE<br>ZELNORM   | AMITIZA<br>LINZESS  |                           |
|                                   | NEXIUM 10MG, 20MG, 40MG PACKET,<br>20MG, 40MG CAPSULE  | esomeprazole packets, esomeprazole magnesium  |                           |
|                                   | OMECLAMOX-PAK<br>PYLERA<br>TALICIA   | lansoprazole-amoxicillin-clarithromycin pak   |                           |
|                                   | OMEPPi<br>omeprazole-bicarbonate<br>ZEGERID PACKET   | omeprazole  |                           |
|                                   | PEPCID   | famotodine suspension   |                           |
|                                   | PREVACID SOLUTAB   | esomeprazole, lansoprazole, pantoprazole  |                           |
|                                   | RELTONE  | ursodiol  |                           |
|                                   | ROWASA   | mesalamine rectal enema suspension  |                           |
|                                   | SENSIPAR*  | cinacalcet  |                           |
|                                   | ZEGERID CAPSULE  | DEXILANT<br>lansoprazole<br>omeprazole  |                           |
|                                   | ZOFRAN   | ondansetron   |                           |
|                                   | ZUPLENZ  | ondansetron<br>ondansetron odt  |                           |
|                                   | HORMONAL AGENTS  | ALKINDI SPRINKLE  | hydrocortisone 5mg tablet |

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| DRUG CLASS             | MEDICATION NAME^^   | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |  |
|------------------------|---|---|--|
| HORMONAL AGENTS (cont) | DDAVP<br>NOCDURNA   | desmopressin nasal spray or tablets   |  |
|                        | DEXABLISS<br>dexamethasone 6, 10, 13 Day 1.5MG tablets<br>DEXPAK<br>DXEVO<br>HIDEX<br>TAPERDEX<br>ZCORT | dexamethasone 1.5mg tablet  |  |
|                        | FORTESTA<br>JATENZO<br>NATESTO<br>TESTIM<br>VOGELXO<br>XYOSTED  | ANDRODERM<br>generic topical testosterone   |  |
|                        | GENOTROPIN*<br>NUTROPIN AQ NUSPIN*<br>OMNITROPE*<br>SAIZEN*<br>SAIZEN-SAIZENPREP*<br>ZOMACTON*          | HUMATROPE*<br>NORDITROPIN*  |  |
|                        | HEMADY  | dexamethasone 5mg tablet  |  |
|                        | MYCAPSSA*   | BYNFEZIA*   |  |
|                        | ORTIKOS   | budesonide capsule  |  |
|                        | RAYOS   | methylprednisolone<br>prednisone  |  |
|                        | SYNTHROID   | levothyroxine   |  |
|                        | THYQUIDITY  | EUTHYROX<br>LEVO-T<br>levothyroxine<br>LEVOXYL  |  |
|                        | UCERIS 9MG ER TABLET  | budesonide 9mg tablet<br>dexamethasone<br>hydrocortisone<br>methylprednisolone<br>prednisolone<br>prednisone  |  |
|                        | INFECTIIONS   | ACTICLATE<br>DORYX<br>DORYX MPC<br>MINOCIN 50MG PEL CAPSULE<br>MINOCYCLINE ER 45, 90, 135MG CAPSULE<br>MINOLIRA ER<br>MONODOX<br>SEYSARA<br>SOLODYN<br>TARGADOX<br>VIBRAMYCIN 100MG CAPSULE<br>XIMINO | Generic products (e.g. doxycycline; minocycline) |

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| DRUG CLASS         | MEDICATION NAME^^                  | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)  |
|--------------------|------------------------------------|--|
| INFECTIONS (cont)  | ARAKODA                            | atovaquone-proguanil<br>doxycycline<br>hydroxychloroquine<br>mefloquine<br>quinine               |
|                    | AUGMENTIN<br>AUGMENTIN XR          | amoxicillin/clavulanate  |
|                    | BARACLUDE TABLET*                  | entecavir tablet*  |
|                    | BETHKIS*<br>TOBI*                  | tobramycin inhalation solution*  |
|                    | DIFLUCAN                           | fluconazole  |
|                    | doxycycline hyclate dr 80mg tablet | generic products (e.g. minocycline)  |
|                    | DOXYCYCLINE IR-DR<br>ORACEA        | doxycycline hyclate dr 50mg tablet<br>doxycycline monohydrate 50mg tablet<br>minocycline er 45mg |
|                    | E.E.S. 200<br>ERYPED 400           | erythromycin granules<br>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 tablet<br>famciclovir tablet<br>valacyclovir tablet                                    |
|                    | SPORANOX                           | itraconazole   |
|                    | TOLSURA                            | oral itraconazole  |
|                    | VALCYTE                            | valganciclovir   |
|                    | VANCOGIN                           | vancomycin oral solution or capsule  |
|                    | ZOVIRAX                            | acyclovir  |
|                    | MISCELLANEOUS                      | HORIZANT   |
| KUVAN*             |                                    | sapropterin tablet & powder packet*  |
| SYPRINE*           |                                    | penicillamine*<br>trientine*   |
| XENAZINE*          |                                    | tetrabenazine*   |
| MULTIPLE SCLEROSIS | AMPYRA*                            | dalfampridine er*  |
|                    | COPAXONE*                          | BETASERON*<br>EXTAVIA*<br>glatiramer*<br>GLATOPA*<br>KESIMPTA*<br>PLEGRIDY*<br>REBIF*            |
|                    | TECFIDERA*                         | AUBAGIO*<br>BAFIERTAM*<br>dimethyl*<br>GILENYA*<br>MAYZENT*<br>PONVORY*<br>VUMERITY*             |

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| DRUG CLASS                           | MEDICATION NAME^^   | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)  |
|--------------------------------------|---|--|
| NUTRITIONAL/DIETARY                  | AZESCHEW<br>AZESCO<br>DERMACINRX PRENATRIX<br>DERMACINRX PRENATRYL<br>PNV TABS 20-1<br>PREGEN DHA<br>PREGENNA<br>TRINAZ<br>ZALVIT   | Any generic prenatal vitamin   |
|                                      | NASCOBAL  | cyanocobalamin injection   |
| PAIN RELIEF AND INFLAMMATORY DISEASE | 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<br>MAXALT MLT<br>RELPAX   | generic triptans (e.g. sumatriptan; naratriptan)   |
|                                      | AMRIX<br>cyclobenzaprine er   | carisoprodol<br>chlorzoxazone 500mg<br>cyclobenzaprine tablets<br>methocarbamol<br>orphenadrine er<br>metaxalone |
|                                      | CAMBIA<br>DUEXIS<br>fenoprofen 200mg capsule<br>fenoprofen 400mg capsule<br>FENORTHO<br>INDOCIN<br>indomethacin 20mg capsule<br>ketoprofen 25mg capsule<br>meloxicam 5mg, 10mg capsule<br>NALFON 400MG CAPSULE<br>NAPRELAN<br>NAPROSYN 125MG/5ML SUSPENSION<br>naproxen<br>naproxen sodium cr<br>naproxen sodium er<br>naproxen-esomeprazole mag<br>RELAFEN<br>RELAFEN DS<br>TIVORBEX<br>VIMOVO<br>VIVLODEX<br>ZIPSOR<br>ZORVOLEX | Generic NSAID (e.g. celecoxib; meloxicam)  |
|                                      | CAPITAL WITH CODEINE  | acetaminophen-codeine  |
|                                      | chlorzoxazone 250mg   | chlorzoxazone 500mg  |
|                                      | chlorzoxazone 375mg<br>chlorzoxazone 750mg  | methocarbamol 500mg  |

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| DRUG CLASS                                  | MEDICATION NAME^^   | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |
|---|---|---|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | CONZIP  | tramadol<br>tramadol er   |
|   | COSENTYX*   | ENBREL*<br>HUMIRA*<br>OTEZLA*<br>STELARA*<br>TALTZ*   |
|   | CUPRIMINE*  | penicillamine*<br>trientine*  |
|   | D.H.E.45  | dihydroergotamine injection   |
|   | 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   |
|   | GLOPERBA  | colchicine<br>probenecid-colchicine   |
|   | GRALISE   | gabapentin  |
|   | IMITREX CARTRIDGE<br>IMITREX PEN INJECTOR   | dihydroergotamine<br>sumatriptan  |
|   | IMITREX TABLET  | dihydroergotamine<br>eletriptan<br>rizatriptan<br>sumatriptan tablets   |
|   | KETOROLAC 15.75MG NASAL SPRAY<br>SPRIX  | ketorolac tablet  |
|   | levorphanol   | codeine with acetaminophen<br>hydrocodone with acetaminophen<br>HYSINGLA ER<br>oxycodone with acetaminophen<br>tramadol<br>XTAMPZA ER |
|   | LORZONE   | chlorzoxazone 500mg<br>cyclobenzaprine tablet   |
|   | 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  |
|   | OZOBAX  | baclofen tablet   |
|   | PROLATE SOLUTION  | oxycodone-acetaminophen tablet  |
|   | QDOLO   | tramadol 50mg tablet  |
|   | REMICADE*   | AVSOLA*<br>INFLECTRA*   |

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| DRUG CLASS                                  | MEDICATION NAME^^          | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)  |
|---|----------------------------|--|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | REYVOW                     | generic triptans (e.g. sumatriptan; naratriptan)<br>NURTEC ODT<br>UBRELVY                                  |
|   | ROXICODONE                 | oxycodone  |
|   | SILIQ*                     | ENBREL*<br>HUMIRA*<br>STELARA*<br>TALTZ*<br>TREMIFYA*  |
|   | SORIATANE                  | acitretin  |
|   | SUBSYS                     | fentanyl lozenge or buccal tablet  |
|   | SUMAVEL DOSEPRO<br>TOSYMRA | sumatriptan  |
|   | TREXIMET                   | sumatriptan-naproxen   |
|   | VANATOL LQ<br>VANATOL S    | butalbital-acetaminophen-caffeine capsule or tablets   |
|   | ZEMBRACE SYMTOUCH          | dihydroergotamine<br>sumatriptan   |
|   | ZOMIG ZMT                  | zolmitriptan odt   |
| PARKINSON'S DISEASE                         | GOCOVRI                    | amantadine   |
|   | LODOSYN                    | carbidopa  |
|   | ONGENTYS                   | entacapone   |
|   | REQUIP XL                  | ropinirole er  |
|   | ZELAPAR                    | selegiline tablets or capsules   |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS               | ABILIFY<br>ABILIFY MYCITE  | aripiprazole<br>paliperidone er<br>risperidone   |
|   | CAPLYTA                    | aripiprazole<br>olanzapine<br>paliperidone er<br>quetiapine<br>quetiapine er<br>risperidone<br>ziprasidone |
|   | GEODON CAPSULE             | aripiprazole<br>paliperidone er<br>ziprasidone   |
|   | VERSACLOZ                  | clozapine<br>clozapine odt   |
|   | ZYPREXA                    | aripiprazole<br>olanzapine tablets<br>paliperidone er  |
|   | ZYPREXA ZYDIS              | aripiprazole<br>olanzapine<br>olanzapine odt   |
|   | SEIZURE DISORDERS          | ELEPSIA XR<br>KEPPRA XR  |
| FELBATOL                                    |                            | felbamate  |
| KEPPRA SOLUTION, TABLET                     |                            | levetiracetam  |

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| DRUG CLASS   | MEDICATION NAME^^                                    | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)                                  |
|--|--|--|
| SEIZURE DISORDERS (cont)   | 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<br>LYRICA CR<br>pregabalin er                 | duloxetine<br>gabapentin<br>lidocaine 5% topical patch<br>pregabalin           |
|  | MYSOLINE   | primidone  |
|  | QUDEXY XR<br>TROKENDI XR                             | topiramate er  |
|  | SABRIL*  | vigabatrin*  |
|  | SYMPAZAN   | clobazam   |
|  | TOPAMAX  | topiramate   |
|  | TRILEPTAL  | oxcarbazepine  |
|  | ZONEGRAN   | zonisamide   |
|  | SKIN CONDITIONS                                      | ABSORICA<br>ABSORICA LD  |
| ACANYA<br>ACZONE<br>AKLIEF<br>AKTIPAK<br>ALTRENO<br>AMZEEQ<br>ARAZLO<br>ATRALIN<br>AVITA<br>AZELEX<br>DIFFERIN<br>DUAC<br>EPIDUO FORTE<br>FABIOR<br>ONEXTON<br>RETIN-A<br>RETIN-A MICRO<br>RETIN-A MICRO PUMP<br>tazarotene 0.1% foam<br>TAZORAC<br>TRETIN-X<br>VELTIN<br>WINLEVI<br>ZIANA |  | Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide) |
| acyclovir cream, ointment<br>DENAVIR<br>ZOVIRAX  |  | acyclovir tablet<br>famciclovir tablet<br>valacyclovir tablet                  |

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| DRUG CLASS             | MEDICATION NAME^^  | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |
|------------------------|--|---|
| SKIN CONDITIONS (cont) | adapalene swab<br>PLIXDA   | adapalene 0.1% cream<br>adapalene 0.1% lotion<br>adapalene 0.3% gel<br>tazarotene 0.1% cream<br>tretinoin cream, gel, micro gel |
|                        | ALDARA<br>imiquimod 3.75%<br>ZYCLARA                                   | imiquimod 5% cream  |
|                        | ANUSOL-HC 2.5% CREAM   | hydrocortisone 2.5% rectal cream  |
|                        | APEXICON E<br>CORDRAN 4 MCG/SQ CM TAPE LARGE<br>diflorasone<br>PSORCON | betamethasone cream, ointment<br>clobetasol<br>halobetasol cream, ointment  |
|                        | BENZACLIN<br>NEUAC 1.2-5% KIT  | clindamycin-benzoyl peroxide  |
|                        | calcipotriene foam   | calcipotriene cream, ointment, solution<br>calcitriol ointment<br>tazarotene cream  |
|                        | 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  | betamethason<br>fluocinolone<br>fluticasone   |
|                        | CUTIVATE   | betamethasone lotion<br>fluticasone topical lotion<br>triamcinolone lotion  |
|                        | DAPSONE 7.5% GEL PUMP  | generic topical acne products (e.g. tretinoin;<br>clindamycin-benzoyl peroxide)   |
|                        | diclofenac 3% gel<br>KLISYRI   | FLUROPLEX<br>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   |
|                        | ENSTILAR<br>TACLONEX   | calcipotriene cream, ointment, solution<br>calcipotriene-betamethasone ointment<br>tazarotene cream<br>topical betamethasone    |
|                        | ERTACZO  | ketoconazole cream  |
|                        | EXELDERM<br>oxiconazole<br>OXISTAT<br>SULCONAZOLE                      | econazole cream<br>ketoconazole cream<br>naftifine cream  |

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| DRUG CLASS             | MEDICATION NAME^^   | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |
|------------------------|---|---|
| SKIN CONDITIONS (cont) | EXTINA  | ketoconazole cream<br>ketoconazole foam   |
|                        | FINACEA<br>METROCREAM<br>METROGEL<br>SOOLANTRA<br>ZILXI                   | azelaic acid<br>topical metronidazole   |
|                        | flurandrenolide<br>hydrocortisone 1% lotion                               | betamethasone<br>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   |
|                        | 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 |
|                        | 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   |
|                        | 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   |

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| DRUG CLASS                | MEDICATION NAME^^               | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)  |
|---------------------------|---------------------------------|--|
| SKIN CONDITIONS (cont)    | 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<br>ULTRAVATE X | 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  |
|                           | WYNZORA                         | 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  |
|                           | PROVIGIL                        | modafinil  |
|                           | RESTORIL                        | temazepam  |
|                           | ZOLPIMIST                       | doxepin<br>eszopiclone<br>zaleplon<br>zolpidem<br>zolpidem ER  |
| SUBSTANCE ABUSE           | EVZIO                           | naloxone auto-injector<br>NARCAN   |
| TRANSPLANT MEDICATIONS    | LUPKYNIS*                       | BENLYSTA*<br>tacrolimus*   |

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| DRUG CLASS               | MEDICATION NAME^^   | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)   |
|--------------------------|---|---|
| URINARY TRACT CONDITIONS | DETROL  | darifenacin er<br>oxybutynin<br>tolterodine   |
|                          | DETROL LA   | darifenacin er<br>oxybutynin er<br>tolterodine er   |
|                          | DITROPAN XL   | oxybutynin er   |
|                          | ENABLEX   | darifenacin er  |
|                          | GELNIQUE<br>MYRBETRIQ<br>OXYTROL<br>TOVIAZ<br>VESICARE LS | darifenacin er<br>oxybutynin er<br>tolterodine er<br>trospium er  |
|                          | GEMTESA   | darifenacin er<br>oxybutynin<br>oxybutynin er<br>solifenacin<br>tolterodine<br>tolterodine er<br>trospium |
|                          | PROCYSBI*   | CYSTAGON*   |
|                          | THIOLA*<br>THIOLA EC*                                     | tiopronin*  |
|                          | VESICARE  | darifenacin er<br>oxybutynin er<br>solifenacin<br>tolterodine er<br>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. 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 January 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.** 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 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.** 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.

## Frequently Asked Questions (FAQs) (cont)

### **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

### **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

## Frequently Asked Questions (FAQs) (cont)

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.

### **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/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 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.

- Easily order, manage and track your medications on your phone or online

## Frequently Asked Questions (FAQs) (cont)

- › Standard shipping at no extra cost<sup>8</sup>
- › Automatic refills and refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

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).

**2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery.

**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>9</sup> They'll also provide you with the personalized care and support you need to manage your therapy - at no extra cost.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost
- › 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. To learn more about Accredo, go to **Cigna.com/specialty**.

### 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>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.

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