



# CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

**Coverage as of January 1, 2023**



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

916154 m Value 4-Tier O/I SRx 08/22



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### View the drug list online

This document was last updated on 08/01/2022.\* You can go online to see the current list of medications your plan covers.



**myCigna<sup>®1</sup> App or myCigna.com<sup>®.2</sup>** Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



**Cigna.com/PDL.** Scroll down until you see a pdf of the **Cigna Value 4-Tier Prescription Drug List (all specialty medications covered on Tier 4).**

#### 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: 08/01/2022, for changes starting 01/01/2023

Next planned update: 03/01/2023, for changes starting 07/01/2023

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Value 4-Tier Prescription Drug List as of January 1, 2023.<sup>3,4</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.

**Prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics) aren't covered on this drug list.** These medications are considered plan (or benefit) exclusions. You can get over-the-counter (OTC) versions at the pharmacy without a prescription.

## 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 Value 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>HORMONAL AGENTS</b>		
AMABELZ	ANDRODERM (PA, QL)	ACTIVELLA
budesonide EC	ANDROGEL 1.62% (PA, QL)	ALORA (QL)
cabergoline (QL)	ARMOUR THYROID	ANDROGEL 1.0% (PA, QL)
COVARYX	CYTOMEL 50MCG	ANGELIQ
COVARYX H.S.	DIVIGEL	CLIMARA
DECADRON	DUAVEE	CLIMARA PRO
desmopressin	ESTRING (QL)	COMBIPATCH
dexamethasone	PREMARIN	CYTOMEL 5, 25mcg
estradiol-norethindrone	PREMPHASE	DEPO-TESTOSTERONE
estrogen-methyltestosterone	PREMPRO	ELESTRIN
levothyroxine		ENTOCORT EC
LEVOXYL		ESTRACE
liothyronine		ESTROGEL
medroxy-progesterone		EVAMIST
methimazole		FEMRING
methylprednisolone		INTRAROSA
MIMVEY		LEVO-T
MIMVEY LO		MENOSTAR (QL)
NATURE-THROID		MINIVELLE (QL)
NP THYROID		OSPHENA
prednisolone		TIROSINT
prednisolone ODT		UNITHROID
prednisone		VAGIFEM (QL)
prednisone intensol		VIVELLE-DOT (QL)
progesterone		

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

Medications are grouped by the **condition** they treat; Speciality medications are listed on Tier 4 (pages 18-24)

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

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

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

Generic medications are in all **lowercase letters**

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

## Tiers

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

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

## Abbreviations next to medications

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

<b>(PA)</b>	<b>Prior Authorization</b> – Certain medications need approval from Cigna before your plan will cover them. These medications have a <b>(PA)</b> next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.
<b>(QL)</b>	<b>Quantity Limits</b> – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a <b>(QL)</b> next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.
<b>(ST)</b>	<b>Step Therapy</b> – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a <b>(ST)</b> next to them. You have many covered options to choose from, and they're used to treat the same condition.
<b>(AGE)</b>	<b>Age Requirements</b> – Certain medications will only be covered if you're within a specific age range. These medications have <b>(AGE)</b> next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna.

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

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

## Brand-name medications are in all capital letters

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

## Specialty medications are covered on Tier 4

Specialty medications are used to treat complex medical conditions. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, all specialty medications are covered on Tier 4 (see pages 18-24). Injectable specialty medications are marked with an asterisk (\*) and oral specialty medications are marked with a double asterisk (\*\*).

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

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

## Some plans may cover certain non-covered medications

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

## How to find your medication

First, look for your condition in the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition.

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



## Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>5</sup></b> <i>(cont)</i>			<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>		
dextroamp- hetamine- amphetamine er (PA, QL)		STRATTERA (QL)	lisinopril		VERELAN
guanfacine er (QL)		zenzedi 5 mg, 10 mg tablet (PA,ST,QL)	lisinopril-hctz		VERELAN PM
methylphenidate (PA,QL)			losartan		ZIAC (ST)
methylphenidate er (la) (PA, QL)			losartan-hctz		
methylphenidate cd (PA, QL)			matzim la		
methylphenidate er (cd) (PA, QL)			metoprolol succinate		
methylphenidate la (PA, QL)			metoprolol tablet		
procentra (PA,QL)			nadolol		
			nebivolol hcl (QL)		
			nifedipine		
			nifedipine er		
			olmesartan (QL)		
			olmesartan- amlodipine-hctz		
			olmesartan-hctz (QL)		
			prazosin		
			propranolol tablet		
			propranolol er		
			ramipril		
			ranolazine er (QL)		
			taztia xt		
			telmisartan (QL)		
			telmisartan-hctz (QL)		
			tiadylt er		
			valsartan		
			valsartan-hctz		
			verapamil tablet		
			verapamil er		
			verapamil er pm		
			verapamil sr		
<b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>			<b>BLOOD THINNERS/ANTI-CLOTTING</b>		
	DROXIA	SIKLOS (PA)	clopidogrel	BRILINTA	EFFIENT
			jantoven	ELIQUIS (PA)	PLAVIX
			prasugrel	XARELTO (PA)	PRADAXA (PA ZONTIVITY)
			warfarin		
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>			<b>CANCER</b>		
amlodipine	CORLANOR (PA)	ADALAT	anastrozole+	GLEOSTINE	
amlodipine- benazepril	ENTRESTO (QL)	BIDIL (QL)	exemestane+		
amlodipine- olmesartan (QL)		CALAN SR	letrozole		
amlodipine-valsartan		CARDIZEM LA 120MG (QL)	methotrexate		
atenolol		CATAPRES-TTS 1	tamoxifen+		
benazepril		CATAPRES-TTS 2			
bisoprolol		CATAPRES-TTS 3			
bisoprolol-hctz		CORGARD (ST)			
candesartan		EPANED			
cartia xt		HEMANGEOL			
carvedilol		INDERAL LA (ST)			
CARVEDILOL ER (QL)		INDERAL XL (ST)			
clonidine		KAPSPARGO SPRINKLE (ST)			
diltiazem 12hr er		KATERZIA (QL)			
diltiazem 24hr er		LOPRESSOR (ST)			
diltiazem 24hr er (cd)		MINIPRESS			
diltiazem 24hr er (la)		NITROSTAT			
diltiazem 24hr er (xr)		NORVASC			
diltiazem		PROCARDIA XL			
DILT-XR		RANEXA (QL)			
DOFETILIDE (QL)		TENORETIC 50 (ST)			
enalapril		TENORETIC 100 (ST)			
flecainide		TENORMIN (ST)			
hydralazine tablet		TIAZAC			
irbesartan		TIKOSYN (PA, QL)			
labetalol tablet		TOPROL XL (ST)			
			atorvastatin+	REPATHA (PA)	CADUET (QL)
			colesevelam	VASCEPA (PA)	LIPOFEN (ST)
			ezetimibe		ROSZET
			fenofibrate		TRICOR (ST)

## Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CHOLESTEROL MEDICATIONS (cont)

fenofibric acid		TRILIPIX (ST)
fluvastatin+		WELCHOL
fluvastatin er+		ZETIA
icosapent ethyl		
lovastatin+		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin+ (QL)		
simvastatin+ (QL)		

### CONTRACEPTION PRODUCTS (cont)

desogestrel-ethinyl estradiol+		
desogestrel-ethinyl estradiol - ethinyl estradiol+		
DOLISHALE+		
drospirenone-ethinyl estradiol-levomefolate+		
drospirenone-ethinyl estradiol+		
ELINEST+		
ELURYNG+		
ENPRESSE+		
ENSKYCE+		
ERRIN+		
ESTARYLLA+		
ethynodiol-ethinyl estradiol+		
etonogestrel-ethinyl estradiol+		
FALMINA+		
FEMCAP+		
FEMYNOR+		
GEMMILY+		
HAILEY+		
HAILEY FE+		
HAILEY 24 FE+		
HEATHER+		
ICLEVIA+		
INCASSIA+		
ISIBLOOM+		
JAIMIESS+		
JASMIEL+		
JENCYCLA+		
JOLESSA+		
JULEBER+		
JUNEL+		
JUNEL FE+		
JUNEL FE 24+		
KAITLIB FE+		
KALLIGA+		
KARIVA+		
KELNOR 1-35+		
KELNOR 1-50+		
KURVELO+		
LARIN+		
LARIN FE+		
LARIN 24 FE+		

### CONTRACEPTION PRODUCTS

AFIRMELLE+	LO LOESTRIN FE	ANNOVERA
AFTERA+		BEYAZ
ALTAVERA+		ELLA+
ALYACEN+		LAYOLIS FE+
AMETHIA+		LOESTRIN FE
AMETHYST+		MICROGESTIN 24 FE
APRI+		MINASTRIN 24 FE
ARANELLE+		NEXTSTELLIS
ASHLYNA+		NUVARING
AUBRA+		SAFYRAL
AUBRA EQ+		VCF+
AUROVELA+		YASMIN 28
AUROVELA FE+		YAZ
AUROVELA 24 FE+		
AVIANE+		
AYUNA+		
AZURETTE+		
BALZIVA+		
BLISOVI FE+		
BLISOVI 24 FE+		
BRIELLYN+		
CAMILA+		
CAMRESE+		
CAMRESE LO+		
CAYA CONTOURED+		
CAZIAN+		
CHARLOTTE 24 FE+		
CHATEAL+		
CHATEAL EQ+		
CRYSSELLE+		
CYRED+		
CYRED EQ+		
DASETTA+		
DAYSEE+		
DEBLITANE+		
desogestrel-ethinyl estradiol+		



## Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTION PRODUCTS (cont)</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
LARISSIA+			PIRMELLA+		
LEENA+			PORTIA+		
LESSINA+			PREVIFEM+		
LEVONEST+			RECLIPSEN+		
levonorgestrel- ethinyl estradiol+			RIVELSA+		
levonorgestrel- ethinyl estradiol ethinyl estradiol+			SETLAKIN+		
LEVORA+			SHAROBEL+		
LILLOW+			SIMLIYA+		
LOJAIMIESS+			SIMPESSE+		
LORYNA+			SPRINTEC+		
LOW-OGESTREL+			SRONYX+		
LO-ZUMANDIMINE+			SYEDA+		
LUTERA+			TARINA FE+		
LYLEQ+			TARINA FE 1-20 EQ+		
LYZA+			TARINA 24 FE+		
MARLISSA+			taysofy+		
medroxyprogest- erone+			TILIA FE+		
MERZEE+			TRI FEMYNOR+		
MICROGESTIN+			TRI-ESTARYLLA+		
MICROGESTIN FE+			TRI-LEGEST FE+		
MILI+			TRI-LINYAH+		
MONO-LINYAH+			TRI-LO-ESTARYLLA+		
NECON+			TRI-LO-MARZIA+		
NIKKI+			TRI-LO-MILI+		
NORA-BE+			TRI-LO-SPRINTEC+		
norethindrone+			TRI-MILI+		
norethindrone- ethinyl estradiol- iron+			TRI-NYMYO+		
norethindrone- ethinyl estradiol+			TRI-SPRINTEC+		
norethindrone- ethinyl estradiol- ferrous fumarate			TRIVORA+		
norgestimate-ethinyl estradiol+			TRI-VYLIBRA LO+		
NORLYDA+			TRI-VYLIBRA+		
NORTREL+			TULANA+		
NYLIA+			TYDEMY+		
NYMYO+			VELIVET+		
OCELLA+			VESTURA+		
PHILITH+			VIENVA+		
PIMTREA+			VIORELE+		
			VOLNEA+		
			VYFEMLA+		
			VYLIBRA+		
			WERA+		
			wide seal		
			diaphragm+		
			WYMZYA FE+		
			XULANE+		
			ZAFEMY+		
			ZOVIA 1-35+		
			ZUMANDIMINE+		

## Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

COUGH/COLD MEDICATIONS			DIABETES (cont)			
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3	
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$	
bromphen-iramine- pseudoephed -dm promethazine-dm		HYCODAN (PA, QL) TUXARIN ER (PA, QL) TUZISTRA XR (PA, QL)	DROPLET DROPSAFE FREESTYLE FREEDOM LITE FREESTYLE LITE METER glimepiride glipizide glipizide er glipizide xl GLUCOCARD SHINE CONNEX, EXPRESS, XL GUARDIAN RT CHARGER GUARDIAN TEST PLUG INPEN INSULIN SYRINGE metformin metformin er MICROLET NEXT LANCING DEVICE MULTI-LANCET NANO 2ND GEN PEN NEEDLE NOVOFINE ONETOUCH ULTRA2 ONETOUCH ULTRAMINI ONETOUCH VERIO FLEX, REFLECT, METER PARADIGM POGO AUTOMATIC BLOOD GLUC SYS TECHLITE  TRU METRIX AIR GLUCOS METER TRU METRIX BLOOD GLUCOSE MTR TRUE METRIX CONTROL SOULTION TRUEPLUS PEN NEEDLE	HUMULIN R INSULIN LISPRO (QL) JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LEVEMIR (QL) LYUMJEV OMNIPOD CLASSIC PDM, PODS (GEN 3) (QL) OMNIPOD DASH INTRO KIT, PODS (GEN 4) (QL) OMIPOD 5 G6 INTRO KIT, PODS (GEN 5) (QL) ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP OZEMPIC (PA, QL) RYBELSUS (PA, QL) SOLIQUA 100-33 SYMLINPEN SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRESIBA (QL) TRIJARDY XR (ST, QL) TRULICITY (PA, QL) V-GO 20 V-GO 30 V-GO 40		
DENTAL PRODUCTS			DIABETES			
chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone acetamide		CLINPRO 5000 FLORIVA+^ FLUORIDEX SENSITIVITY RELIEF PERIDEX PREVIDENT 5000 DRY MOUTH	ACCU-CHEK LANCETS GUIDE ME GLUCOSE MTR ACCU-CHEK LANCETS GUIDE MONITOR SYSTEM ACCU-CHEK LANCETS ACCU-CHEK SMARTVIEW CONTRL SOLUTION ACCUTREND GLUCOSE CONTROL AUTOSHIELD DUO PEN NEEDLE BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE CONTOUR CONTOUR NEXT CONTOUR NEXT EZ CONTOUR NEXT ONE CONTOUR SOLUTION	BAQSIMI (QL) BASAGLAR (QL) BYDUREON BCISE (PA, QL) BYETTA (PA, QL) DEXCOM G6 RECEIVER, SENSOR, TRANSMITTER (PA, QL) FARXIGA (QL, ST) FREESTYLE LIBRE 2 SENSOR (PA, QL) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE READER (PA, QL) GLYXAMBI (QL, ST) HUMALOG (QL) HUMULIN (QL)	CEQR CONTOUR NEXT TEST STRIP CONTOUR TEST STRIP CYCLOSET GLUCAGON EMERGENCY KIT (QL) PRECISION XTRA KETONE-GLUC KIT RIOMET	

## Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DIABETES (cont)</b>			<b>EYE CONDITIONS (cont)</b>		
TRUEPLUS SYRINGE ULTRA-FINE MICRO PEN NEEDLE VEO INSULIN SYRINGE	VICTOZA (PA, QL) XIGDUO XR (QL, ST) XULTOPHY ZEGALOGUE (QL)		neomycin-polymyxin b-dexamethasone ofloxacin polymyxin b sulfate- trimethoprim prednisolone timolol tobramycin- dexamethasone travoprost		DUREZOL FLAREX FML FORTE 0.25% EYE DROPS FML LIQUIFILM 0.1% EYE DROP FML S.O.P. 0.1% OINTMENT ILEVRO INVELTYS ISTALOL LOTEMAX LOTEMAX SM MAXITROL OCUFLOX POLYTRIM PRED FORTE PROLENSA RHOPRESSA ROCKLATAN TIMOPTIC TIMOPTIC OCUDOSE TIMOPTIC-XE TOBRADEX TOBRADEX ST VIGAMOX ZERVIAE ZIRGAN ZYLET
<b>DIURETICS</b>					
acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochloro- thiazide spironolactone torsemide triamterene-hctz	KERENDIA (PA, QL)	TRIAMTERENE-HCTZ CAROSPIR DIURIL LASIX MAXZIDE			
<b>EAR MEDICATIONS</b>					
ciprofloxacin- dexamethasone neomycin-polymyxin b-hydrocortisone ofloxacin		CIPRODEX CIPROFLOXACIN- FLUOCINOLONE CIPRO HC CORTISPORIN-TC DERMOTIC OTOVEL			
<b>ERECTILE DYSFUNCTION</b>			<b>FEMININE PRODUCTS</b>		
sildenafil^ (QL) TADALAFIL^ (QL) vardenafil^ (QL)		CIALIS^ (QL, ST) MUSE^ (PA, QL) STENDRA^ (QL, ST) VIAGRA^ (QL, ST)	GYNAZOLE 1 miconazole 3 200 mg terconazole		
<b>EYE CONDITIONS</b>			<b>GASTROINTESTINAL/HEARTBURN</b>		
BIMATOPROST (QL) brimonidine brinzolamide ciprofloxacin difluprednate dorzolamide-timolol erythromycin fluorome-tholone latanoprost loteprednol moxifloxacin eye drops	CEQUA COMBIGAN EYSUVIS (QL) SIMBRINZA XIIDRA	ACUVAIL ALPHAGAN P ALREX AZASITE AZOPT BEPREVE BESIVANCE BETIMOL BETOPTIC S BROMSITE COSOPT COSOPT PF	ANUCORT-HC balsalazide dicyclomine capsule, solution, tablet esomeprazole 20 mg capsule, 40 mg capsule, packets^ (QL) famotidine 40 mg/5 ml suspension GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+	AMITIZA CLENPIQ+ LINZESS PANCREAZE PENTASA SUPREP+ SUTAB+ VIBERZI	APRISO BONJESTA CANASA CARAFATE DEXILANT (QL) DICLEGIS LITHOSTAT MOTOFEN MOVANTIK (PA) NEXIUM DR 2.5 MG PACKET (QL) NEXIUM DR 5 MG PACKET (QL)

## Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>GASTROINTESTINAL/HEARTBURN (cont)</b>			<b>HORMONAL AGENTS (cont)</b>		
GENTLE LAXATIVE TABLET+ HEMMOREX-HC hydrocortisone lansoprazole^ (QL) mesalamine mesalamine dr mesalamine er metoclopramide solution, tablet metoclopramide odt OMEPRAZOLE^ (QL) ondansetron ondansetron odt pantoprazole ^ (QL) peg 3350- electrolyte+ peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+ PEG-PREP+ prochlorperazine tablet rabeprazole tablet^ (QL) scopolamine sucralfate		RECTIV RELISTOR (PA) SALIVAMAX SANCUSO (PA, QL) SFROWASA SYMPROIC (PA) TRANSDERM-SCOP URSO URSO FORTE VARUBI (PA, QL) VIOKACE			MEDROL MENOSTAR (QL) MYFEMBREE (QL) OSPHENA (QL) PROMETRIUM RAYALDEE UNITHROID
<b>HORMONAL AGENTS</b>			<b>INFECTIONS</b>		
AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) CABERGOLINE (QL) desmopressin dexamethasone intensol DOTTI (QL) LEVOXYL	DUAVEE COMBIPATCH ESTROGEL MYFEMBREE (PA, QL) ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO	ACTIVELLA ALORA (QL) ANDRODERM (PA, QL) ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA CRINONE 4% GEL CYTOMEL DEPO- TESTOSTERONE ESTRACE ESTRING (QL) EVAMIST EVAMIST INTRAROSA (QL)	acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin- clavulanate er amoxicillin- clavulanate atovaquone atovaquone- proguanil AVIDOXY azithromycin packet, suspension, tablets cefdinir cefuroxime tablets cephalexin ciprofloxacin clindamycin COREMINO ER (QL) dapson doxycycline monohydrate EMVERM erythromycin erythromycin ethylsuccinate famciclovir fluconazole hydroxychlor- oquine ivermectin (PA) levofloxacin solution, tablet metronidazole gel, capsule, tablet minocycline (QL) minocycline er tablet (QL)	BAXDELA EURAX 10% CREAM LAGEVRIO (EUA) (QL) PAXLOVID (QL) SIVEXTRO (PA) XIFAXAN (QL)	AEMCOLO (QL) ALINIA BACTRIM BACTRIM DS CIPRO CLEOCIN CLINDESSE CRESEMBA CAPSULE (PA) E.E.S. 400 ELIMITE ERYPED 200 ERY-TAB DR EURAX 10% LOTION FLAGYL MACROBID MACRODANTIN MALARONE (PA) NUVESSA PLAQUENIL (PA) POSACONAZOLE SUSPENSION PRIFTIN SKLICE SOLOSEC STROMECTOL (PA) SULFATRIM TAMIFLU (QL) URIBEL VALTRES XENLETA 600MG TABLET (PA, QL) XOFLUZA (QL) ZITHROMAX ZITHROMAX TRI-PAK ZYVOX SUSPENSION, TABLET (PA)

## Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$											
<b>INFECTIONS (cont)</b>						<b>MISCELLANEOUS (cont)</b>											
mondoxyne nl nitazoxanide nitrofurantoin nitrofurantoin monohydrate- macrocrystal nystatin suspension, tablet oseltamivir (QL) penicillin v potassium posaconazole tablet sulfamethoxazole- trimethoprim suspension, tablet terbinafine tetracycline valacyclovir valganciclovir vancomycin capsule, solution vandazole									FLEXICHAMBER (QL) INSPIRACHA- MBER (QL) MICROCHAMBER (QL) MICROSPACER (QL) OPTICHAMBER DIAMOND (QL) POCKET CHAMBER (QL) PRO COMFORT SPACER WITH MASK (QL) PROCARE SPACER WITH CHILD MASK (QL) RITEFLO (QL) SPACE CHAMBER (QL) SPACE CHAMBER- MEDIUM MASK (QL) SPACE CHAMBER- SMALL MASK (QL) VORTEX (QL)								
<b>INFERTILITY</b>																	
clomiphene ^						CRINONE 8% GEL ^			ENDOMETRIN ^								
<b>MISCELLANEOUS</b>						<b>NUTRITIONAL/DIETARY</b>											
ACCU-CHEK disulfiram DROPLET LANCETS KETONE CARE TEST STRIP KETONE TEST STRIP KETOSTIX REAGENT MICROLET ONETOUCH LANCETS POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA sodium chloride inhalation vial, irrigation solution, vial TECHLITE LANCETS TRUEPLUS KETONE TEST STRIP			ACE AEROSOL CLOUD ENHANCER (QL) AEROCHAMBER MINI (QL) AEROCHAMBER MV (QL) AEROCHAMBER PLUS FLOW-VU (QL) AEROCHAMBER Z-STAT PLUS (QL) AEROTRACH PLUS (QL) AEROVENT PLUS (QL) BREATHRITE (QL) CLEVER CHOICE HOLDING CHAMBER (QL) EASIVENT (QL)			ADDYI ^ (PA, QL) NUEDEXTA (QL)			calcitriol capsule, solution ^ cyanocobalamin dodox fluoride+ ^ folic acid ^+ klor-con KLOR-CON 8 MEQ TABLET KLOR-CON 10 MEQ TABLET potassium chloride 10%, capsule, packet, tablet sevelamer carbonate vitamin d2 1.25 mg (50,000 unit) ^ VITAMINS A,C,D AND FLUORIDE+			DRISDOL ^ FLORIVA CHEWABLE TABLET+ LOKELMA NEEVO DHA ^ OB COMPLETE PREMIER OB COMPLETE PREMIER POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+ PRENATE ^ QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+			ACCRUFER ^ AURYXIA (QL) CITRANATAL 90 DHA CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL BLOOM TABLET ^ CITRANATAL DHA CITRANATAL HARMONY DRISDOL ^ K-TAB ER MEPHYTON ^ MULTI-VIT-FLOR+ OB COMPLETE ^ PHOSLYRA PRENATE PRIMACARE		





## Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SMOKING CESSATION<sup>5</sup>

bupropion sr 150 mg tablet+^ varenicline+^		APO-VARENICLINE^ NICODERM CQ+ NICORETTE+ NICOTROL NS+^ NICOTROL+^ VARENICLINE TARTRATE^
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### SUBSTANCE ABUSE

buprenorphine-naloxone	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBOXONE ZIMHI (QL)
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### URINARY TRACT CONDITIONS

alfuzosin er cevimeline dutasteride finasteride oxybutynin oxybutynin er phenazopyridine potassium er SILODOSIN (QL) SOLIFENACIN (QL) tamsulosin tolterodine TOLTERODINE ER (QL)		AVODART ELMIRON EVOXAC FLOMAX K-PHOS ORIGINAL PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL
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### VACCINES

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

	BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENGVAXIA+ DIPHThERIA-TETANUS TOXOIDS-PED+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ ANSSSEN COVID-19 VACCINE (EUA)+	QUADRACEL DTAP-IPV SYRINGE+
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### VACCINES

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

	KINRIX+ MENACTRA+ JMENQUADFI+ MENVEO A-C-Y-W-135-DIP+ M-M-R II VACCINE+ MODERNA COVID (12Y UP) VAC(EUA)+ MODERNA COVID (6M-5Y) VACC (EUA+) MODERNA COVID-19 BOOSTER (EUA)+ NOVAVAX COVID-19 VACC, ADJ (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (6M-4Y) VACC (EUA)+ PFIZER COVID (5-11Y) VAC (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP-IPV VIAL+ RECOMBIVAX HB+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) VACC+ TDVAX+	
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## Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

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

### VACCINES

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

	TENIVAC+	
	TRUMENBA+	
	TWINRIX+	
	VARIVAX	
	VACCINE+	
	VAXELIS+	
	VAXNEUVANCE+	

### WEIGHT MANAGEMENT

megestrol suspension	WEGOVY^ (PA, QL)	CONTRACE^ (PA)
phentermine ^		QSYMIA^ (PA)
		SAXENDA^ (PA)

## Specialty medications

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

MEDICATION NAME	DRUG CLASS
abacavir-lamivudine** (PA)	AIDS/HIV
abiraterone** (PA)	CANCER
ACTEMRA SYRINGE* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPEN* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTHAR*	HORMONAL AGENTS
ACTIMMUNE* (PA)	CANCER
ADBRY*	SKIN CONDITIONS
ADCIRCA** (PA)	ASTHMA/COPD/RESPIRATORY
ADEMPAS** (PA)	ASTHMA/COPD/RESPIRATORY
ADVATE*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ADYNOVATE*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
AFINITOR** (PA)	CANCER
AFINITOR DISPERZ** (PA)	CANCER
AFSTYLA*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ALECENSA** (PA,QL)	CANCER
ALUNBRIG** (PA,QL)	CANCER
ALYQ** (PA)	ASTHMA/COPD/RESPIRATORY
AMICAR**	BLOOD MODIFIERS/BLEEDING DISORDERS
aminocaproic acid 0.25 gram/ml, tablets **	BLOOD MODIFIERS/BLEEDING DISORDERS
APRETUDE*+ (PA)	AIDS/HIV
APOKYN* (PA)	PARKINSON'S DISEASE
ARALAST NP*	ASTHMA/COPD/RESPIRATORY
ARANESP*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARCALYST* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ARIKAYCE** (PA)	INFECTIONS
ARIXTRA* (QL)	BLOOD THINNERS/ANTI-CLOTTING
ASTAGRAF XL**	TRANSPLANT MEDICATIONS
atazanavir** (PA)	AIDS/HIV
ATRIPLA** (PA)	AIDS/HIV
AUBAGIO* (PA)	MULTIPLE SCLEROSIS
AUSTEDO** (PA)	MISCELLANEOUS
AVONEX* (PA)	MULTIPLE SCLEROSIS
AVSOLA*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
AYVAKIT** (PA, QL)	CANCER
azathioprine tablet**	TRANSPLANT MEDICATIONS
BAFIERTAM** (PA)	MULTIPLE SCLEROSIS
BARACLUDE SOLUTION**	INFECTIONS
BENLYSTA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
betaine anhydrous**	NUTRITIONAL/DIETARY
BETASERON* (PA)	MULTIPLE SCLEROSIS
BIKTARVY** (QL)	AIDS/HIV
BOSULIF** (PA,QL)	CANCER
BRONCHITOL** (PA)	ASTHMA/COPD/RESPIRATORY
BRUKINSA ** (PA,QL)	CANCER
BYNFEZIA* (PA)	HORMONAL AGENTS
CABENUVA*^ (PA)	AIDS/HIV
CABLIVI*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
CABOMETYX** (PA)	CANCER
CALQUENCE* (PA)	CANCER
capecitabine** (PA)	CANCER
CAYSTON** (PA, QL)	INFECTIONS
CELLCEPT**	TRANSPLANT MEDICATIONS
CERDELGA** (PA)	MISCELLANEOUS
CEREZYME*	MISCELLANEOUS
CETROTIDE*^ (PA)	HORMONAL AGENTS
CHOLBAM** (PA)	GASTROINTESTINAL/HEARTBURN
chorionic gonadotropin*^ (PA)	INFERTILITY
CI BINQO** (PA,QL)	SKIN CONDITIONS
CI MDUO** (PA)	AIDS/HIV
CI MZIA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
COMETRIQ** (PA,QL)	CANCER
COMPLERA** (PA,QL)	AIDS/HIV
CORTROPHIN*	HORMONAL AGENTS
CYSTAGON**	URINARY TRACT CONDITIONS
CYSTARAN** (PA, QL)	EYE CONDITIONS
DARAPRIM** (PA)	INFECTIONS
deferiprone** (PA)	MISCELLANEOUS
DEPEN** (PA,QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
DESCOVY**+ (PA)	AIDS/HIV
DIFICID* (QL)	INFECTIONS
dimethyl** (PA)	MULTIPLE SCLEROSIS
DOPTELET* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
DOVATO** (QL)	AIDS/HIV
DUOPA**	PARKINSON'S DISEASE
DUPIXENT* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
DUROLANE*	PAIN RELIEF AND INFLAMMATORY DISEASE
DYSPORT*	MISCELLANEOUS
efavirenz-emtricitabine-tenofovir disoproxil fumarate** (QL)	AIDS/HIV
EGRIFTA* (PA)	HORMONAL AGENTS
ELIGARD*	CANCER

MEDICATION NAME	DRUG CLASS
ELOCTATE*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EMFLAZA** (PA)	HORMONAL AGENTS
EMPAVELI* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
emtricitabine-tenofovir disop**+	AIDS/HIV
ENBREL* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir** (QL)	INFECTIONS
ENTYVIO*^ (PA)	GASTROINTESTINAL/HEARTBURN
ENVARUS XR**	TRANSPLANT MEDICATIONS
EPCLUSA** (PA, QL)	INFECTIONS
EPIDIOLEX** (PA)	SEIZURE DISORDERS
EPOGEN*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ERIVEDGE** (PA)	CANCER
ERLEADA** (PA)	CANCER
ESBRIET** (PA)	MISCELLANEOUS
ESPEROCT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ETRAVIRINE**	AIDS/HIV
EUFLEXXA*	PAIN RELIEF AND INFLAMMATORY DISEASE
everolimus** (PA,QL)	CANCER
EVOTAZ** (PA)	AIDS/HIV
EXJADE** (PA)	MISCELLANEOUS
EXKIVITY** (PA,QL)	CANCER
EXTAVIA* (PA)	MULTIPLE SCLEROSIS
FASENRA*	ASTHMA/COPD/RESPIRATORY
FASENRA PEN* (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI*^ (PA)	HORMONAL AGENTS
FERRIPROX** (PA)	MISCELLANEOUS
FIRDAPSE** (PA, QL)	MULTIPLE SCLEROSIS
FOLLISTIM AQ*^ (PA)	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Forteo* (PA, QL)	HORMONAL AGENTS
FRAGMIN* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FULPHILA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
GALAFOLD** (PA)	MISCELLANEOUS
GANIRELIX*^ (PA)	HORMONAL AGENTS
GATTEX* (PA)	GASTROINTESTINAL/HEARTBURN
GEL-ONE*	PAIN RELIEF AND INFLAMMATORY DISEASE
GELSYN-3*	PAIN RELIEF AND INFLAMMATORY DISEASE
GENVOYA** (QL)	AIDS/HIV
GILENYA** (PA)	MULTIPLE SCLEROSIS
glatiramer* (PA)	MULTIPLE SCLEROSIS
GLASSIA*	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
GLATOPA* (PA)	MULTIPLE SCLEROSIS
GLEEVEC** (PA)	CANCER
GONAL-F*^ (PA)	INFERTILITY
GONAL-F RFF*^ (PA)	INFERTILITY
GONAL F RFF REDI-JECT*^ (PA)	INFERTILITY
GRANIX*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HARVONI** (PA, QL)	INFECTIONS
HEMLIBRA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HETLIOZ** (PA)	SLEEP DISORDERS/SEDATIVES
HIZENTRA*	MISCELLANEOUS
HUMATROPE* (PA)	HORMONAL AGENTS
HUMIRA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
HYALGAN*	PAIN RELIEF AND INFLAMMATORY DISEASE
HYMOVIS*	PAIN RELIEF AND INFLAMMATORY DISEASE
IBRANCE** (PA,QL)	CANCER
ICLUSIG** (PA,QL)	CANCER
ILARIS*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
imatinib** (QL)	CANCER
IMBRUVICA** (PA,QL)	CANCER
INBRIJA** (PA)	PARKINSON'S DISEASE
INCRELEX* (PA)	HORMONAL AGENTS
INFLECTRA*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
INGREZZA** (PA)	MISCELLANEOUS
INLYTA** (PA)	CANCER
INTELENCE** (PA)	AIDS/HIV
ISENTRESS**	AIDS/HIV
ISENTRESS HD** (PA)	AIDS/HIV
JADENU** (PA)	MISCELLANEOUS
JADENU SPRINKLE** (PA)	MISCELLANEOUS
JAKAFI** (PA,QL)	CANCER
JIVI*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
JULUCA** (QL)	AIDS/HIV
JYNARQUE** (PA)	DIURETICS
KALBITOR*^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KALYDECO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
KANJINTI*	CANCER
KESIMPTA* (PA)	MULTIPLE SCLEROSIS
KEVZARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KISQALI** (PA)	CANCER
KISQALI FEMARA CO-PACK** (PA)	CANCER

MEDICATION NAME	DRUG CLASS
KITABIS PAK** (PA, QL)	INFECTIONS
KOGENATE FS*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
KORLYM** (PA)	DIABETES
KOVALTRY*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
KUVAN** (PA)	MISCELLANEOUS
KYLEENA**+	CONTRACEPTION PRODUCTS
LANREOTIDE*^ (PA)	HORMONAL AGENTS
ledipasvir-sofosbuvir** (PA,QL)	INFECTIONS
LENVIMA** (PA)	CANCER
LETAIRIS** (PA)	ASTHMA/COPD/RESPIRATORY
LONSURF** (PA)	CANCER
LORBRENA** (PA,QL)	CANCER
LOVENOX* (QL)	BLOOD THINNERS/ANTI-CLOTTING
LUMAKRAS** (PA, QL)	CANCER
LUPANETA PACK**^ (PA)	HORMONAL AGENTS
LUPRON DEPOT*^ (PA)	CANCER
LUPRON DEPOT-PED*^ (PA)	CANCER
LYNPARZA** (PA,QL)	CANCER
LYSTEDA**	BLOOD MODIFIERS/BLEEDING DISORDERS
MAKENA*	INFERTILITY
MAVENCLAD** (PA)	MULTIPLE SCLEROSIS
MAVYRET** (PA, QL)	INFECTIONS
MAYZENT** (PA)	MULTIPLE SCLEROSIS
MEKINIST** (PA,QL)	CANCER
MEKTOVI** (PA,QL)	CANCER
MENOPUR*^ (PA)	INFERTILITY
MIRENA**+	CONTRACEPTION PRODUCTS
MONOVISC*	PAIN RELIEF AND INFLAMMATORY DISEASE
MVASI*	CANCER
MYALEPT* (PA)	MISCELLANEOUS
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
MYFORTIC**	TRANSPLANT MEDICATIONS
NATPARA* (PA)	HORMONAL AGENTS
NERLYNX** (PA)	CANCER
NUBEQA** (PA)	CANCER
NEULASTA*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEULASTA ONPRO*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEXAVAR** (PA)	CANCER
NINLARO** (PA,QL)	CANCER
NITYR** (PA)	MISCELLANEOUS

MEDICATION NAME	DRUG CLASS
NIVESTYM*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPRO* (PA)	HORMONAL AGENTS
NORTHERA** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
NOURIANZ** (PA, QL)	PARKINSON'S DISEASE
NOVAREL*^ (PA)	INFERTILITY
NOVOEIGHT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NUBEQA** (PA)	CANCER
NUCALA*	ASTHMA/COPD/RESPIRATORY
NUZYRA*	INFECTIONS
NYVEPRIA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
OCALIVA** (PA)	GASTROINTESTINAL/HEARTBURN
OCREVUS*	MULTIPLE SCLEROSIS
ODEFSEY** (PA,QL)	AIDS/HIV
ODOMZO** (PA)	CANCER
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY
OGIVRI*	CANCER
OLUMIANT** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ONTRUZANT*	CANCER
OPSUMIT** (PA)	ASTHMA/COPD/RESPIRATORY
ORENCIA*	PAIN RELIEF AND INFLAMMATORY DISEASE
ORENITRAM ER** (PA)	ASTHMA/COPD/RESPIRATORY
ORFADIN** (PA)	MISCELLANEOUS
ORGOVYX** (PA)	CANCER
ORKAMBI** (PA, QL)	ASTHMA/COPD/RESPIRATORY
ORLADEYO* (PA, QL)	BLOOD PRESSURE/HEART MEDICATIONS
ORTHOVISC*	PAIN RELIEF AND INFLAMMATORY DISEASE
OTEZLA** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OVIDREL*^ (PA)	INFERTILITY
OXERVATE** (PA)	EYE CONDITIONS
PALYNZIQ* (PA)	MISCELLANEOUS
PEGASYS* (PA)	INFECTIONS
penicillamine** (PA,QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
PLEGRIDY* (PA)	MULTIPLE SCLEROSIS
POMALYST** (PA,QL)	CANCER
PONVORY** (PA)	MULTIPLE SCLEROSIS
PREVYMIS**	INFECTIONS
PREZCOBIX** (PA)	AIDS/HIV
PREZISTA**	AIDS/HIV
PROCRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PROGRAF**	TRANSPLANT MEDICATIONS
PROLASTIN C*	ASTHMA/COPD/RESPIRATORY
PROLIA*	OSTEOPOROSIS PRODUCTS

MEDICATION NAME	DRUG CLASS
PROMACTA** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PULMOZYME** (PA)	ASTHMA/COPD/RESPIRATORY
PURIXAN**	CANCER
RAPAMUNE**	TRANSPLANT MEDICATIONS
RAVICTI** (PA)	GASTROINTESTINAL/HEARTBURN
REBIF* (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE* (PA)	MULTIPLE SCLEROSIS
REMICADE*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RENFLEXIS*	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REVATIO** (PA)	ASTHMA/COPD/RESPIRATORY
REVLIMID** (PA,QL)	CANCER
REZUROCK** (PA)	TRANSPLANT MEDICATIONS
RIABNI*	CANCER
ribavirin**	INFECTIONS
RINVOQ ER** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ritonavir**	AIDS/HIV
ROZLYTREK** (PA)	CANCER
RUBRACA** (PA,QL)	CANCER
RUCONEST*^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
RUXIENCE*	CANCER
sajazir* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SAMSCA**	DIURETICS
SANDOSTATIN*^ (PA)	HORMONAL AGENTS
SANDOSTATIN LAR DEPOT*^ (PA)	HORMONAL AGENTS
sapropterin** (PA)	MISCELLANEOUS
SELZENTRY** (PA)	AIDS/HIV
SEROSTIM* (PA)	HORMONAL AGENTS
SILIQ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI* 100MG/ML (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
SKYLA**+	CONTRACEPTION PRODUCTS
SKYRIZI* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYTROFA* (PA)	HORMONAL AGENTS
sofosbuvir-velpatasvir** (PA,QL)	INFECTIONS
SOMATULINE DEPOT*^ (PA)	HORMONAL AGENTS
SOMAVERT* (PA)	HORMONAL AGENTS
SOVALDI** (PA, QL)	INFECTIONS
SPRYCEL** (PA,QL)	CANCER
STELARA*	PAIN RELIEF AND INFLAMMATORY DISEASE
STRENSIQ* (PA)	MISCELLANEOUS



MEDICATION NAME	DRUG CLASS
STRIBILD** (PA,QL)	AIDS/HIV
STIVARGA** (PA,QL)	CANCER
SUBLOCADE*	SUBSTANCE ABUSE
SUCRAID** (PA)	GASTROINTESTINAL/HEARTBURN
SUPARTZ FX*	PAIN RELIEF AND INFLAMMATORY DISEASE
SUPPRELIN LA**	HORMONAL AGENTS
SUTENT** (PA,QL)	CANCER
SYMDEKO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
SYMTUZA** (QL)	AIDS/HIV
SYMFI**	AIDS/HIV
SYMFI LO**	AIDS/HIV
SYMTUZA**	AIDS/HIV
SYNVISC*	PAIN RELIEF AND INFLAMMATORY DISEASE
SYNVISC-ONE*	PAIN RELIEF AND INFLAMMATORY DISEASE
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
TAFINLAR** (PA,QL)	CANCER
TAGRISSO** (PA)	CANCER
TAKHZYRO* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALZENNA** (PA,QL)	CANCER
TARGRETIN GEL ** (PA)	SKIN CONDITIONS
TASIGNA** (PA,QL)	CANCER
TAVALISSE** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
TECFIDERA** (PA)	MULTIPLE SCLEROSIS
TEGSEDI* (PA)	MISCELLANEOUS
TEMODAR** (PA)	CANCER
TEMIXYS** (PA)	AIDS/HIV
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
teriparatide* (PA, QL)	HORMONAL AGENTS
TEZSPIRE* (PA)	ASTHMA/COPD/RESPIRATORY
tetrabenazine** (PA)	MISCELLANEOUS
THALOMID** (PA)	INFECTIONS
THIOLA**	URINARY TRACT CONDITIONS
THIOLA EC**	URINARY TRACT CONDITIONS
TIGLUTIK** (PA)	MISCELLANEOUS
TIVICAY**	AIDS/HIV
TOBI PODHALER** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml ampule** (PA, QL)	INFECTIONS
TRACLEER** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS