



# CIGNA STANDARD 3-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.

595200 r Standard 3-Tier 08/22



## What's inside?

About this drug list	3
How to read this drug list	3
How to find your medication	5
Medications that aren't covered - and their covered alternatives	20
Frequently Asked Questions (FAQs)	36
Exclusions and limitations for coverage	40

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

#### Questions?

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

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Standard 3-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.

## 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 Standard 3-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>	
afeditab CR	BERINERT* (PA)
amlodipine besylate	BIDIL
amlodipine besylate-benazepril	BYSTOLIC
amlodipine-valsartan	CINRYZE* (PA)
amlodipine-valsartan-HCTZ	COREG CR
atenolol	COZAAR (ST)
atenolol-chlorthalidone	DIOVAN (ST)
benazepril	DIOVAN HCT (ST)
benazepril-HCTZ	EDARBI (ST)
candesartan cilexetil	EDARBYCLOR (ST)
cartia XT	EXFORGE
carvedilol	EXFORGE HCT
clonidine	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 acetate	NITROLINGUAL
hydralazine	NITROMIST
irbesartan	NITRONAL
isosorbide mononitrat	NITROSTAT
	NORTHERA* (PA)
	NORVASC
	RANEXA (ST)
	TEKTURNA
	TEKTURNA HCT

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

Medications are grouped by the **condition** they treat

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

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

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

Generic medications are in all **lowercase letters**

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

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Standard 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. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, specialty medications have an asterisk (\*) next to them.

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

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

## Some plans may cover certain non-covered medications

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

## How to find your medication

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

Condition	Page	Condition	Page
AIDS/HIV	6	GASTROINTESTINAL/HEARTBURN	13
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	13
ALZHEIMER'S DISEASE	6	INFECTIONS	13, 14
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFERTILITY	14
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	14, 15
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	15
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	15
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	OSTEOPOROSIS PRODUCTS	15, 16
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	16
CANCER	8, 9	PARKINSON'S DISEASE	16
CHOLESTEROL MEDICATIONS	9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
CONTRACEPTION PRODUCTS	9-11	SEIZURE DISORDERS	17
COUGH/COLD MEDICATIONS	11	SKIN CONDITIONS	17
DENTAL PRODUCTS	11	SLEEP DISORDERS/SEDATIVES	17
DIABETES	11, 12	SMOKING CESSATION	18
DIURETICS	12	SUBSTANCE ABUSE	18
EAR MEDICATIONS	12	TRANSPLANT MEDICATIONS	18
ERECTILE DYSFUNCTION	12	URINARY TRACT CONDITIONS	18
EYE CONDITIONS	12	VACCINES	18, 19
FEMININE PRODUCTS	13	WEIGHT MANAGEMENT	19

## Cigna Standard 3-Tier Prescription Drug List

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

### AIDS/HIV

abacavir-lamivudine* (PA)	BIKTARVY* (QL)	APRETUDE*+ (PA)
efavirenz-emtricitabine-tenofovir* (QL)	DESCOVI*+ (PA)	CABENUVA*^ (PA)
emtricitabine-tenofovir*+etravirine*	DOVATO* (QL)	CIMDUO* (PA)
ritonavir*	GENVOYA* (QL)	COMPLERA* (PA, QL)
tenofovir* (PA)	ISENTRESS HD* (PA)	ODEFSEY* (PA, QL)
	ISENTRESS*	PIFELTRO* (PA)
	JULUCA* (QL)	PREZCOBIX* (PA)
	PREZISTA*	STRIBILD* (PA, QL)
	SYMTUZA* (QL)	TEMIXYS* (PA)
	TIVICAY PD*	
	TIVICAY*	
	TRIUMEQ* (QL)	
	TRIUMEQ PD* (QL)	

### ALLERGY/NASAL SPRAYS

azelastine		CLARINEX
azelastine-fluticasone		GASTROCROM
cromolyn		GRASTEK (PA, QL)
desloratadine (QL)		KARBINAL ER
epinephrine (QL)		ODACTRA (PA, QL)
fluticasone		ORALAIR (PA, QL)
hydroxyzine hcl solution, syrup, tablet		PATANASE
hydroxyzine pamoate		RAGWITEK (PA, QL)
ipratropium		VISTARIL
levocetirizine dihydrochloride		
mometasone (QL)		
olopatadine		
promethazine solution, syrup, tablet		

### ALZHEIMER'S DISEASE

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

### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>5</sup>

alprazolam		CELEXA (QL, ST)
alprazolam er		DESVENLAFAXINE ER (QL,ST)
alprazolam intensol		

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

### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>5</sup>

(cont)

alprazolam odt		EFFEXOR XR (QL, ST)
alprazolam xr		EMSAM (QL)
amitriptyline		FETZIMA (QL, ST)
bupropion (QL)		NUPLAZID* (PA)
bupropion sr (QL)		PAXIL (QL, ST)
bupropion xl 150 mg tablet (QL)		PAXIL CR (QL, ST)
bupropion xl 300 mg tablet (QL)		PRISTIQ (QL, ST)
buspirone		PROZAC (QL, ST)
citalopram (QL)		REMERON
clomipramine		SPRAVATO* (PA)
desvenlafaxine er (QL)		TRINTELLIX (QL, ST)
duloxetine (QL)		WELLBUTRIN SR (QL, ST)
escitalopram (QL)		XANAX
fluoxetine dr (QL)		XANAX XR
fluoxetine (QL)		ZOLOFT (QL, ST)
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	ADEMPAS* (PA)	ADCIRCA* (PA)
albuterol hfa (QL)	ADVAIR HFA (QL)	AIRDUO DIGIHALER (QL, ST)
alyq* (PA)	ANORO ELLIPTA (QL)	BRONCHITOL* (PA)
ambrisentan* (PA)		DALIRESP (QL)
budesonide (QL)	ATROVENT HFA (QL)	KALYDECO* (PA, QL)
fluticasone-salmeterol (QL)	BEVESPI AEROSPHERE (QL)	LETAIRIS* (PA)
ipratropium-albuterol	BREO ELLIPTA	LONHALA
montelukast	BREZTRI AEROSPHERE (QL)	MAGNAIR (PA, QL)
tadalafil* (PA)	COMBIVENT RESPIMAT (QL)	ORENITRAM ER* (PA)
wixela inhub (QL)	DULERA (QL)	ORKAMBI* (PA, QL)
	FASENRA PEN* (PA)	PULMICORT
	FLOVENT DISKUS (QL)	RESPULES (QL)

## Cigna Standard 3-Tier Prescription Drug List

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

### ASTHMA/COPD/RESPIRATORY (cont)

	FLOVENT HFA (QL)	REVATIO 10 MG/ ML, 20 MG* (PA)
	INCRUSE ELLIPTA	SINGULAIR
	NUCALA * (PA)	TEZSPIRE* (PA)
	OFEV* (PA)	TRIKAFTA* (PA, QL)
	OPSUMIT* (PA)	
	PULMICORT	
	FLEXHALER	
	PULMOZYME* (PA)	
	QVAR REDHALER	
	SEREVENT DISKUS (QL)	
	SPIRIVA (QL)	
	SPIRIVA RESPIMAT (QL)	
	STIOLTO RESPIMAT (QL)	
	SYMBICORT (QL)	
	TRACLEER* (PA)	
	TRELEGY ELLIPTA (QL)	
	UPTRAVI* (PA)	
	XOLAIR* (PA)	

### ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>5</sup>

amphetamine (PA)	MYDAYIS (PA, QL)	ADDERALL (PA, ST, QL)
atomoxetine (QL)	VYVANSE (PA, QL)	ADZENYS XR-ODT (PA, QL)
dexmethylph- enidate (PA, QL)		AZSTARYS (PA, ST, QL)
dexmethylph- enidate er (PA, QL)		DAYTRANA (PA, QL)
dextroamph- etamine- amphetamine (PA, QL)		DYANAVEL XR (PA, QL)
dextroamph- etamine-amphet- er (PA, QL)		EVEKEO ODT (PA)
guanfacine er (QL)		FOCALIN (PA, ST, QL)
methylphenidate (PA, QL)		INTUNIV (QL)
methylphenidate cd (PA, QL)		METHYLIN (PA, QL)
methylphenidate er (PA, QL)		QUILLICHEW ER (PA, QL)
methylphenidate er (cd) (PA, QL)		QUILLIVANT XR (PA, QL)
methylphenidate er (la) (PA, QL)		RITALIN (PA, ST, QL)
		STRATTERA (QL)
		zenzedi (PA, ST, QL)

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

### ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>5</sup> (cont)

methylphenidate la (PA, QL)		
procentra (PA, QL)		

### BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg*	ADYNOVATE*^ (PA)	ADVATE*^ (PA)
tranexamic acid 650 mg*	AFSTYLA*^ (PA)	CABLIVI*^ (PA)
	ARENSEP*^ (PA)	DOPTELET* (PA)
	DROXIA	FULPHILA* (PA)
	ELOCTATE*^ (PA)	GRANIX*^ (PA)
	EMPAVELI* (PA)	HEMLIBRA* (PA)
	EPOGEN*^ (PA)	LYSTEDA*
	ESPEROCT*^ (PA)	NEUPOGEN*^ (PA)
	JIVI*^ (PA)	PROMACTA* (PA)
	KOGENATE FS*^ (PA)	SIKLOS (PA)
	KOVALTRY*^ (PA)	TAVALISSE* (PA)
	NEULASTA* (PA)	UDENCAYA* (PA)
	NIVESTYM*^ (PA)	
	NOVOEIGHT*^ (PA)	
	NYVEPRIA* (PA)	
	PROCRI*^ (PA)	
	RETACRI*^ (PA)	
	ZARXIO*^	
	ZIEXTENZO* (PA)	

### BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	CORLANOR (PA)	ALTACE (ST)
amlodipine- benazepril	ENTRESTO (QL)	AVAPRO (ST)
amlodipine- olmesartan (QL)	TEKTURNA HCT (QL)	BENICAR (QL, ST)
amlodipine- valsartan		BENICAR HCT (ST)
atenolol		BIDIL (QL)
benazepril		CALAN SR
bisoprolol		CARDIZEM LA 120mg (QL)
bisoprolol-hctz		CATAPRES-TTS 1
candesartan		CATAPRES-TTS 2
cartia xt		CATAPRES-TTS 3
carvedilol		CORGARD (ST)
carvedilol er (QL)		COZAAR (ST)
clonidine		DIOVAN (ST)
diltiazem 12hr er		DIOVAN HCT (ST)
diltiazem 24hr er		EPANED
diltiazem 24hr er (cd)		EXFORGE
diltiazem 24hr er (la)		HAEGARDA* (PA)
		HEMANGEOL
		HYZAAR (ST)
		INDERAL LA (ST)
		INDERAL XL (ST)

## Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>		
diltiazem 24hr er (xr)		KALBITOR*^ (PA)
diltiazem DILT-XR		KAPSPARGO
dofetilide (QL)		SPRINKLE (ST)
droxidopa*		KATERZIA (QL)
enalapril		LOPRESSOR (ST)
flecainide		LOTENSIN (ST)
guanfacine		MICARDIS (QL, ST)
hydralazine tablet		MICARDIS HCT (QL, ST)
icatibant* (PA)		MINIPRESS
irbesartan		NITROSTAT
labetalol tablet		NORTHERA* (PA)
lisinopril		NORVASC
lisinopril-hctz		ORLADEYO* (PA, QL)
losartan		PROCARDIA XL
metoprolol		RANEXA (QL)
nadolol		RUCONEST*^ (PA)
nebivolol		TAKHZYRO* (PA)
nifedipine		TEKTURNA (QL)
nifedipine er		TENORMIN (ST)
olmesartan (QL)		TENORETIC 50 (ST)
olmesartan-amlodipine-hctz		TENORETIC 100 (ST)
olmesartan-hctz (QL)		TIAZAC
prazosin		TIKOSYN (PA, QL)
propranolol tablet		TOPROL XL (ST)
propranolol er		TRIBENZOR
ramipril		VALSARTAN 4MG/ML SOLUTION (ST)
ranolazine er (QL)		VERELAN
sajazir* (PA)		VERELAN PM
taztia xt		ZESTORETIC (ST)
telmisartan (QL)		ZESTRIL (ST)
telmisartan-hctz (QL)		ZIAC (ST)
tiadylt er		
valsartan 40mg		
valsartan 80mg		
valsartan 160mg		
valsartan 320mg		
valsartan-hctz		
verapamil er		
verapamil er pm		
verapamil tablet		
verapamil sr		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>BLOOD THINNERS/ANTI-CLOTTING</b>		
clopidogrel	BRILINTA	EFFIENT
enoxaparin* (QL)	ELIQUIS (PA)	LOVENOX* (QL)
jantoven	FRAGMIN* (QL)	PLAVIX
prasugrel	XARELTO (PA)	PRADAXA (PA)
warfarin		ZONTIVITY
<b>CANCER</b>		
abiraterone* (PA)	ALECENSA* (PA, QL)	ALUNBRIG* (PA, QL)
anastrozole+		AYVAKIT* (PA, QL)
capecitabine* (PA)	CABOMETYX* (PA)	BOSULIF* (PA, QL)
everolimus* (PA, QL)	CALQUENCE* (PA)	BRAFTOVI* (PA)
exemestane+	ERIVEDGE* (PA)	BRUKINSA* (PA, QL)
imatinib* (QL)	ERLEADA* (PA)	COMETRIQ* (PA, QL)
letrozole	GLEOSTINE	EXKIVITY* (PA)
methotrexate	IBRANCE* (PA, QL)	ICLUSIG* (PA, QL)
tamoxifen+	IMBRUVICA* (PA, QL)	INLYTA* (PA)
temozolomide* (PA)	LYNPARZA* (PA, QL)	JAKAFI* (PA, QL)
	NUBEQA* (PA)	KISQALI* (PA)
	REVLIMID* (PA, QL)	KISQALI FEMARA CO-PACK* (PA)
	RUBRACA* (PA, QL)	LENVIMA* (PA)
	SPRYCEL* (PA, QL)	LONSURF* (PA)
	TREXALL	LORBRENA* (PA, QL)
	VERZENIO* (PA)	LUMAKRAS* (PA, QL)
	XTANDI* (PA)	MEKINIST* (PA)
		MEKTOVI* (PA)
		NERLYNX* (PA)
		NINLARO* (PA, QL)
		ODOMZO* (PA)
		ORGOVYX* (PA)
		POMALYST* (PA, QL)
		ROZLYTREK* (PA)
		STIVARGA* (PA, QL)
		SUTENT* (PA, QL)
		TAFINLAR* (PA, QL)
		TAGRISSO* (PA)
		TARGRETIN* (PA)
		TASIGNA* (PA, QL)
		TEMODAR CAPSULE* (PA)
		TUKYSA* (PA)
		VENCLEXTA* (PA)
		VENCLEXTA STARTING PACK* (PA)



## Cigna Standard 3-Tier Prescription Drug List

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

### CANCER (cont)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		VITRAKVI* (PA)
		VIZIMPRO* (PA)
		XALKORI*(PA, QL)
		XELODA* (PA)
		XOSPATA* (PA)
		XTANDI* (PA)
		ZEJULA* (PA, QL)

### CHOLESTEROL MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
atorvastatin+	LIVALO (QL,ST)	CADUET (QL)
colesevelam	NEXLETOL (PA, QL)	LIPOFEN (ST)
ezetimibe	NEXLIZET (PA, QL)	ROSZET (PA)
fenofibrate	REPATHA (PA)	TRICOR (ST)
fenofibric acid	VASCEPA (PA)	TRILIPIX (ST)
fluvastatin+		WELCHOL
fluvastatin er+		ZETIA
icosapent ethyl		ZOCOR (QL, ST)
lovastatin+		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin+(QL)		
simvastatin tablet+(QL)		

### CONTRACEPTION PRODUCTS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AFIRMELLE+	LO LOESTRIN FE	ANNOVERA
ALTAVERA+	NEXPLANON*+	BALCOLTRA
ALYACEN+		BEYAZ
AMETHIA+		ELLA+
AMETHYST+		KYLEENA*+
APRI+		LAYOLIS FE+
ARANELLE+		LILETTA*+
ASHLYNA+		LOESTRIN FE
AUBRA EQ+		MICROGESTIN 24
AUBRA+		FE
AUROVELA 24 FE+		MINASTRIN 24 FE
AUROVELA FE+		MIRENA*+
AUROVELA+		NATAZIA
AVIANE+		NEXTSTELLIS
AYUNA+		NUVARING
AZURETTE+		PARAGARD T 380-
BALZIVA+		A*+
BLISOVI 24 FE+		SAFYRAL
BLISOVI FE+		SKYLA*+
BRIELLYN+		SLYND
CAMILA+		TAYTULLA
CAMRESE LO+		TWIRLA+
CAMRESE+		YASMIN 28
		YAZ

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

### CONTRACEPTION PRODUCTS (cont)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CAYA		
CONTOURED+		
CAZIAN+T+		
CHARLOTTE 24		
FE+		
CHATEAL EQ+		
CHATEAL+		
CRYSSELLE+		
CYRED EQ+		
CYRED+		
DASETTA+		
DAYSEE+		
DEBLITANE+		
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 24 FE+		
HAILEY FE+		
HAILEY+		
HEATHER+		
ICLEVIA+		
INCASSIA+		
ISIBLOOM+		
JAIMIESS+		
JASMIEL+		
JENCYCLA+		
JOLESSA+		

## Cigna Standard 3-Tier Prescription Drug List

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

### CONTRACEPTION PRODUCTS (cont)

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- ethinyl estradiol+		
levonorgestrel- ethinyl estradiol ethinyl estradiol+		
LEVORA-28+		
LILLOW+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		
LO- ZUMANDIMINE+		
LUTERA+		
LYLEQ+		
LYZA+		
MARLISSA+		
MEDROXYPROGES -GESTERONE+		
MERZEE+		
MICROGESTIN FE+		
MICROGESTIN+		
MILI+		
MONO-LINYAH+		
NECON+		
NIKKI+		
NORA-BE+		
norethindrone+		
norethindrone- ethinyl estradiol- iron+		
norethindrone- ethinyl estradiol+		

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

### CONTRACEPTION PRODUCTS (cont)

norethindrone- ethinyl estradiol- ferrous fumarate		
norgestimate- ethinyl estradiol+		
NORLYDA+		
NORTREL+ NYLIA+		
NYMYO+		
OCELLA+		
PHILITH+		
PIMTREA+		
PIRMELLA+		
PORTIA+		
PREVIFEM+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		
SHAROBEL+		
SIMLIYA+		
SIMPESSE+		
SPRINTEC+		
SRONYX+		
SYEDA+		
TARINA 24 FE+		
TARINA FE 1-20 EQ+		
TARINA FE+		
taysofy+		
TILIA FE+		
TRI FEMYNOR+		
TRI-ESTARYLLA+		
TRI-LEGEST FE+		
TRI-LINYAH+		
TRI-LO- ESTARYLLA+ TRI- LO-MARZIA+		
TRI-LO-MILI+		
TRI-LO-SPRINTEC+		
TRI-MILI+		
TRI-NYMYO+		
TRI-SPRINTEC+		
TRIVORA-28+		
TRI-VYLIBRA LO+		
TRI-VYLIBRA+		
TULANA+		
TYDEMY+		
VELIVET+		
VESTURA+		
VIENVA+		

## Cigna Standard 3-Tier Prescription Drug List

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

### CONTRACEPTION PRODUCTS (cont)

VIORELE+		
VOLNEA+		
VYFEMLA+		
VYLIBRA+		
WERA+		
wide seal		
diaphragm+		
WYMZYA FE+		
XULANE+		
ZAFEMY+		
ZOVIA 1-35+		
ZUMANDIMINE+		

### COUGH/COLD MEDICATIONS

brompheniramine- pseudoephedrine -dm		HYCODAN (PA, QL)
promethazine-dm		TUXARIN ER (PA,QL)
		TUZISTRA XR (PA, QL)

### DENTAL PRODUCTS

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

### DIABETES

ACCU-CHEK	BAQSIMI (QL)	CEQR
COMPACT PLUS	BYDUREON (PA, QL)	CYCLOSET
CONTROL	BYETTA (PA, QL)	GLUCAGON
ACCU-CHEK GUIDE	DEXCOM G6	EMERGENCY KIT
L1-L2 CONTROL	RECEIVER (PA, QL)	(QL)
SOLUTION	DEXCOM G6	GVOKE (QL)
ACCU-CHEK AVIVA	SENSOR (PA, QL)	KORLYM* (PA)
SOLUTION		KETONE-GLUC KIT

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

### DIABETES (cont)

ACCU-CHEK	DEXCOM G6	RIOMET
SOFTCLIX LANCET KIT	TRANSMITTER (PA, QL)	RIOMET ER
ACCU-CHEK	DROPLET	
FASTCLIX	DROPSAFE	
LANCING DEVICE	FARXIGA (QL, ST)	
ACCU-CHEK	FREESTYLE LIBRE	
MULTICLIX	14 DAY SENSOR	
LANCET KIT	(PA, QL)	
ACCU-CHEK	FREESTYLE LIBRE 2	
SMARTVIEW	SENSOR (PA, QL)	
CONTROL	GLUCAGEN (QL)	
SOLUTION	GLYXAMBI (QL, ST)	
ACCU-TREND	HUMULIN (QL)	
GLUCOSE	HUMULIN R (QL)	
CONTROL	HUMALOG (QL)	
BD INSULIN	JANUMET (QL, ST)	
SYRINGE	JANUMET XR (QL, ST)	
BD LANCETS	JANUVIA (QL, ST)	
BD PEN NEEDLE	JARDIANCE (QL, ST)	
CONTOUR	LEVEMIR (QL)	
SOLUTION	LYUMJEV (QL)	
CONTOUR NEXT	OMNIPOD 5 G6	
LEV 1 CONTROL	(GEN 5) (QL)	
SOLUTION	OMNIPOD CLASSIC	
CONTOUR NEXT	(GEN 3) (QL)	
LEV 2 CONTROL	OMNIPOD DASH	
SOLUTION	(GEN 4) (QL)	
DROPLET GENTEEL	ONETOUCH ULTRA	
LANCING DEVICE	TEST STRIP	
DROPLET INSULIN	ONETOUCH VERIO	
SYRINGE	TEST STRIP	
DROPLET MICRON	OZEMPIC (PA, QL)	
PEN NEEDLE	QTERN (QL, ST)	
glimepiride	RYBELSUS (PA, QL)	
glipizide	SOLIQUA 100-33	
glipizide er	SYMLINPEN	
glipizide xl	SYNJARDY (QL, ST)	
GUARDIAN RT	SYNJARDY XR (QL, ST)	
CHARGER	TRESIBA (QL)	
GUARDIAN TEST	TRIJARDY XR (ST, QL)	
PLUG	TRULICITY (PA,QL)	
INPEN	V-GO 20	
INSULIN SYRINGE	V-GO 30	
U-500	V-GO 40	
metformin		
metformin er		
microlet		

## Cigna Standard 3-Tier Prescription Drug List

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

### DIABETES (cont)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
MINIMED RESERVOIR	VICTOZA (PA, QL)	
NOVOFINE	XIGDUO XR (QL, ST)	
PARADIGM	XULTOPHY	
TECHLITE NEEDLE	ZEGALOGUE (QL)	
TRUE METRIX		
LEVEL 1 CONTROL SOULTION		
TRUE METRIX		
LEVEL 2 CONTROL SOLUTION		
TRUE METRIX		
LEVEL 3 CONTROL SOLUTION		
TRUEPLUS PEN NEEDLE		
TRUEPLUS SYRINGE		
TRUETRACK BLOOD GLUCOSE SYSTEM		
ULTRA-FINE PEN NEEDLE		
VEO INSULIN SYRINGE		

### DIURETICS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ACETAZOLAMIDE TABLET	DIURIL	ALDACTONE
ACETAZOLAMIDE ER CAPSULE	KERENDIA (PA, QL)	CAROSPIR
BUMETANIDE TABLET		JYNARQUE* (PA)
chlorthalidone		LASIX
eplerenone		MAXZIDE
furosemide		
solution, tablet		
hydrochlorot- hiazide		
spironolactone		
toremide		
triamterene-hctz		

### EAR MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ciprofloxacin- dexamethasone	CIPRO HC	CIPRODEX
neomycin- polymyxin		CIPROFLOXACIN
b-hydrocortisone		HCL-
ofloxacin		FLUOCINOLONE
		CORTISPORIN-TC
		DERMOTIC
		OTOVEL

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

### ERECTILE DYSFUNCTION

sildenafil^ (QL)	MUSE^ (PA, QL)	CIALIS^ (QL, ST)
tadalafil^ (QL)		STENDRA^ (QL, ST)
vardeafil^ (QL)		VIAGRA^ (QL, ST)

### EYE CONDITIONS

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

## Cigna Standard 3-Tier Prescription Drug List

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

### FEMININE PRODUCTS

GYNAZOLE 1 miconazole 3 200 mg terconazole		
---	--	--

### GASTROINTESTINAL/HEARTBURN

alosetron*	AMITIZA	ACIPHEX (QL, ST)
ANUCORT-HC	CLENPIQ+	APRISO
balsalazide	DEXILANT (QL)	BONJESTA
cinacalcet*	ENTYVIO *^ (PA)	CANASA
dicyclomine capsule, solution, tablet	LINZESS	CARAFATE
esomeprazole 20 mg capsule, 40 mg capsule, packets (QL)	LITHOSTAT	CHOLBAM* (PA)
famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet	NEXIUM DR 2.5 MG PACKET (QL)	DICLEGIS
GAVILYTE-C+	NEXIUM DR 5 MG PACKET (QL)	GATTEX* (PA)
GAVILYTE-G+	PANCREAZE	MOTOFEN
GAVILYTE-N+	PENTASA	MOVANTIK (PA)
HEMMOREX-HC	SUPREP+	OCALIVA* (PA)
hydrocortisone	SUTAB+	PREVACID DR 30 MG CAPSULE (QL, ST)
lansoprazole (QL)	VIBERZI	PROTONIX (QL, ST)
mesalamine`		RAVICTI* (PA)
mesalamine dr		RECTIV
mesalamine er		RELISTOR (PA)
metoclopramide solution, tablet		SANCUSO (PA, QL)
metoclopramide odt		SFROWASA
omeprazole (QL)		SUCRAID* (PA)
ondansetron		SYMPROIC (PA)
ondansetron odt		TRANSDERM-SCOP
pantoprazole suspension, tablet (QL)		URSO
peg 3350-electrolyte+		URSO FORTE
PEG3350-SODIUM SULFATE-SODIUM CHLORIDE-		VARUBI (PA, QL)
POTASSIUM CHLORIDE-		VIOKACE
SODIUM ASCORBATE-		
ASCORBIC ACID+		

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

### GASTROINTESTINAL/HEARTBURN (cont)

PEG-PREP+		
prochlorperazine tablet		
rabeprazole tablet (QL)		
scopolamine		
sucralfate		

### HORMONAL AGENTS

AMABELZ	ANDRODERM (PA, QL)	ACTIVELLA
budesonide dr	CETROTIDE*^ (PA)	ALORA (QL)
budesonide ec	COMBIPATCH	ANDROGEL (PA, QL)
budesonide er (PA, QL)	DUAVEE	ANGELIQ
cabergoline (QL)	ESTROGEL	AYGESTIN
desmopressin	ESTRING (QL)	BIJUVA
dexamethasone	ESTROGEL	CRINONE 4% GEL
intensol	FORTEO* (PA, QL)	CYTOMEL
DOTTI (QL)	HUMATROPE* (PA)	DEPO-
estradiol 10mcg vaginal insert (QL)	INTRAROSA	TESTOSTERONE
estradiol (twice weekly) (QL)	LUPRON DEPOT*^ (PA)	EMFLAZA* (PA)
estradiol-	LUPRON DEPOT- PED*^ (PA)	EVAMIST
norethindrone	MEDROL 2 MG TABLET	FENSOLVI*
EUTHYROX	MYFEMBREE (QL)	INTRAROSA (QL)
LEVO-T	NORDITROPIN	ISTURISA* (PA, QL)
levothyroxine tablet	FLEXPRO* (PA)	LUPANETA PACK*^ (PA)
LEVOXYL	ORIAHNN (PA, QL)	MEDROL 8MG, 16MG, 32MG TABLET
liothyronine	ORILISSA (PA, QL)	MEDROL 4 MG DOSEPAK
LYLLANA (QL)	OSPHENA (QL)	MENOSTAR (QL)
medroxyprog- esterone	PREMARIN TABLET, VAGINAL CREAM APPLICATOR	PROMETRIUM
methylpred- nisolone	PREMPHASE	RAYALDEE
MIMVEY	PREMPRO	SANDOSTATIN LAR DEPOT*^ (PA)
norethindrone	SEROSTIM* (PA)	teriparatide*
NP THYROID	SOMATULINE	UNITHROID
prednisone	DEPOT*^ (PA)	
prednisone intensol	SOMAVERT* (PA)	
progesterone tablet		
testosterone		
cypionate		
YUVAFEM (QL)		

### INFECTIONS

acyclovir capsule, suspension, tablet	BARACLUDE SOLUTION*	AEMCOLO (QL) ALINIA
--	------------------------	------------------------

## Cigna Standard 3-Tier Prescription Drug List

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

### INFECTIONS (cont)

albendazole	CLEOCIN 75 MG	ARIKAYCE* (PA)
amoxicillin	CAPSULE	BACTRIM
amoxicillin-	e.e.s. 400	BACTRIM DS
clavulanate er	EPCLUSA* (PA, QL)	BAXDELA 450 MG
amoxicillin-	ERY-TAB DR 333 MG	TABLET (PA)
clavulanate	TABLET	CAYSTON* (PA, QL)
atovaquone	EURAX 10% CREAM	CIPRO
atovaquone-	HARVONI* (PA, QL)	CLEOCIN 150 MG
proguanil	LAGEVRIO (EUA)	CAPSULE
AVIDOXY	(QL)	CLEOCIN 300 MG
azithromycin	LEDIPASVIR-	CAPSULE
packet,	SOFOSBUVIR* (PA,	CLEOCIN 100 MG
suspension, tablet	QL)	VAGINAL OVULE
cefdinir	MAVYRET* (PA, QL)	CLEOCIN 2%
cefuroxime tablet	PAXLOVID (QL)	VAGINAL CREAM
cephalexin	PEGASYS* (PA)	CLINDESSE
ciprofloxacin	SOFOSBUVIR-	CRESEMBA
clindamycin	VELPATASVIR* (PA,	CAPSULE (PA)
COREMINO ER QL)	QL)	DARAPRIM* (PA)
dapsone tablets	SOLOSEC	DIFICID (QL)
doxycycline	SOVALDI* (PA, QL)	ELIMITE
monohydrate	TOBI PODHALER*	ERYPED 200
EMVERM	(PA, QL)	ERY-TAB DR 250 MG
entecavir* (QL)	VEMLIDY*	TABLET
erythromycin	VIBRAMYCIN 50	ERY-TAB DR 500 MG
erythromycin	MG/5 ML SYRUP	TABLET
ethylsuccinate	VOSEVI* (PA, QL)	EURAX 10* LOTION
famciclovir	XIFAXAN (QL)	FLAGYL
fluconazole		FOLLISTIM* <sup>^</sup> (PA)
hydroxychloroquine		KITABIS PAK* (PA, QL)
ivermectin (PA)		MACROBID
levofloxacin		MACRODANTIN
solution, tablet		MALARONE (PA)
metronidazole gel,		NUVESSA
capsule, tablet		NUZYRA 150 MG
minocycline		TABLET* (PA,QL)
minocycline er		PLAQUENIL (PA)
tablet (QL)		posaconazole
mondoxylene nl		suspension
nitazoxanide		PREVYMIS TABLET*
nitrofurantoin		PRIFTIN
nitrofurantoin		SIVEXTRO 200 MG
monohydrate-		TABLET (PA)
macrocrystal		SKLICE
nystatin		STROMECTOL (PA)
suspension, tablet		sulfatrim
oseltamivir (QL)		TAMIFLU (QL)

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

### INFECTIONS (cont)

penicillin v		URIBEL
potassium		VALTRES
posaconazole		XENLETA (PA, QL)
tablet		XOFLUZA (QL)
ribavirin*		ZEPATIER* (PA, QL)
sulfamethoxazole-		ZITHROMAX
trimethoprim		ZITHROMAX TRI-
suspension, tablet		PAK
terbinafine		ZYVOX
tetracycline		SUSPENSION,
tobramycin		TABLET (PA)
ampule* (PA,QL)		
valganciclovir		
valganciclovir		
vancomycin		
capsule, solution		
vandazole		

### INFERTILITY

clomiphene ^	GONAL F* <sup>^</sup> (PA)	CRINONE 8% GEL <sup>^</sup>
	MENOPUR* <sup>^</sup> (PA)	ENDOMETRIN <sup>^</sup>
	NOVAREL*	FOLLISTIM AQ* <sup>^</sup>
	OVIDREL* <sup>^</sup> (PA)	(PA)

### MISCELLANEOUS

ACCU-CHEK	ACE AEROSOL	ADDYI <sup>^</sup> (PA, QL)
FASTCLIX LANCET	CLOUD	AUSTEDO* (PA)
DRUM	ENHANCER (QL)	BERINERT* <sup>^</sup> (PA)
ACCU-CHEK	AEROCHAMBER	BRISDELLE (QL)
MULTICLIX	MINI (QL)	CINRYZE* <sup>^</sup> (PA)
LANCETS	AEROCHAMBER MV	EVRYSDI* (PA)
ACCU-CHEK	(QL)	HAEGARDA* (PA)
SAFE-T-PRO 23G	AEROCHAMBER	INGREZZA
LANCETS	PLUS FLOW-VU	INITIATION PACK*
ACCU-CHEK	(QL)	(PA, QL)
SOFTCLIX	AEROCHAMBER	INGREZZA* (PA)
LANCETS	Z-STAT PLUS (QL)	NUEDEXTA (QL)
cinacalcet*	AEROTRACH PLUS	ORFADIN* (PA)
deferiprone* (PA)	(QL)	PALYNZIQ* (PA)
disulfiram	AEROVENT PLUS	RUCONEST* <sup>^</sup> (PA)
DROPLET LANCETS	(QL)	TEGSEDI* (PA)
KETONE CARE TEST	BREATHRITE (QL)	TIGLUTIK* (PA)
STRIP	CERDELGA* (PA)	VYLEESI* <sup>^</sup> (PA, QL)
KETONE TEST STRIP	CLEVER CHOICE	VYNDAMAX* (PA,
KETOSTIX REAGENT	HOLDING	QL)
MICROLET	CHAMBER (QL)	VYNDAQEL* (PA,
ONETOUCH	COMPACT SPACE	QL)
LANCETS	CHAMBER (QL)	
	EASIVENT (QL)	

## Cigna Standard 3-Tier Prescription Drug List

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

### MISCELLANEOUS (cont)

POGO AUTOMATIC TEST CARTRIDGE	EMPAVELI* (PA)	
PRECISION XTRA sapropterin* (PA)	ESBRIET* (PA)	
sodium chloride inhalation vial.	FLEXICHAMBER (QL)	
Irrigation solution vial	INSPIRACHAMBER (QL)	
TECHLITE LANCETS	MICROCHAMBER (QL)	
TRUEPLUS KETONE TEST STRIP	NITYR* (PA)	
	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)	
	STRENSIQ* (PA)	
	VORTEX (QL)	
	VORTEX VHC FROG MASK (QL)	
	VORTEX VHC LADYBUG MASK (QL)	

### MULTIPLE SCLEROSIS

dalfampridine er* (PA)	AUBAGIO* (PA)	FIRDAPSE* (PA,QL)
dimethyl fumarate* (PA)	AVONEX* (PA)	MAVENCLAD* (PA)
glatiramer acetate* (PA)	BAFIERTAM* (PA)	PONVORY* (PA)
glatopa* (PA)	BETASERON* (PA)	
	EXTAVIA* (PA)	
	GILENYA* (PA)	
	KESIMPTA PEN* (PA)	
	MAYZENT* (PA)	
	PLEGRIDY PEN* (PA)	
	REBIF* (PA)	
	VUMERITY* (PA)	
	ZEPOSIA* (PA)	

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

### NUTRITIONAL/DIETARY

betaine anhydrous*	CITRANATAL	ACCRUFER^
cyanocobalamin injection	ASSURE	AURYXIA (QL)
dodex	CITRANATAL	CITRANATAL
fluoride+^	B-CALM	BLOOM^
folic acid^	CITRANATAL DHA	DRISDOL^
klor-con	CITRANATAL	K-TAB ER
KLOR-CON 8 MEQ	HARMONY	MEPHYTON^
KLOR-CON 10 MEQ	CITRANATAL RX	OB COMPLETE^
KLOR-CON M10 TABLET	FLORIVA	PHOSLYRA
MULTI-VITAMIN W-FLUORIDE-IRON+	CHEWABLE TABLET+	PRENATAL FORMULA-DHA+
potassium chloride 10%, capsule, packet, tablet	FOSRENOL 1,000 MG POWDER PACK	RENVELA
sodium fluoride+^	FOSRENOL 750 MG POWDER PACKET	ROCALTROL^
vitamin d2 1.25 mg (50,000 unit)^	LOKELMA	
VITAMINS A,C,D AND FLUORIDE+	NEEVO DHA^	
	OB COMPLETE ONE	
	OB COMPLETE PETITE	
	OB COMPLETE PREMIER	
	OB COMPLETE WITH DHA	
	POLY-VI-FLOR WITH IRON+	
	POLY-VI-FLOR+	
	PRENATE^	
	PRIMACARE	
	QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+	
	QUFLORA PEDIATRIC 0.25 MG/ML DROP+	
	QUFLORA PEDIATRIC 0.5 MG/ML DROP+	
	TRI-VI-FLOR+	
	VELPHORO	
	VELTASSA	

### OSTEOPOROSIS PRODUCTS

alendronate	FORTEO* (PA,QL)	ACTONEL (ST)
ibandronate 150 mg tablet	TYMLOS* (PA, QL)	ATELVIA (ST)
raloxifene+		BINOSTO (ST)
		EVISTA

## Cigna Standard 3-Tier Prescription Drug List

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

### OSTEOPOROSIS PRODUCTS (cont)

risedronate		FOSAMAX (ST)
risedronate dr		TERIPARATIDE* (PA,QL)

### PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA)	ACTEMRA* (PA,QL)	ARAVA
allopurinol tablet	AIMOVIG (PA)	ARCALYST* (PA)
baclofen tablet	AJOVY (PA)	BENLYSTA* (PA)
buprenorphine patch (QL)	AVSOLA*^ (PA)	BUTRANS (QL)
butalbital-acetaminophen-caffeine (QL)	BELBUCA (QL)	CELEBREX (QL, ST)
carisoprodol	CIMZIA* (PA,QL)	DEPEN* (PA, QL)
celecoxib (QL)	DUPIXENT* (PA)	EC-NAPROSYN (ST)
colchicine 0.6 mg tablet	EMGALITY (PA)	ESGIC (QL)
cyclobenzaprine	ENBREL* (PA, QL)	FEXMID
diclofenac 1% gel (QL)	HUMIRA* (PA,QL)	FIORCET (QL)
diclofenac dr	HYSINGLA ER (PA)	FLECTOR (PA, QL)
diclofenac ec	INFLECTRA*^ (PA)	ILARIS*^ (PA)
EC-NAPROXEN	MITIGARE	ILUMYA* (PA, QL)
ECOTRIN EC 81 MG TABLET+	NUCYNTA (PA)	KEVZARA* (PA, QL)
eletriptan (QL)	NURTEC ODT (PA, QL)	KINERET* (PA,QL)
ENDOCET (PA)	OTEZLA* (PA, QL)	LICART (PA, QL)
febuxostat (QL)	PROCTOFOAM-HC	NAPROSYN (ST)
FIORICET (QL)	QULIPTA (PA, QL)	NUCYNTA ER (PA)
GLYDO	RASUVO (PA)	OLUMIANT* (PA, QL)
hydrocodone-acetaminophen (PA)	REDITREX (PA)	ORENCIA 50 MG/0.4 ML SYRINGE* (PA,QL)
hydromorphone (PA)	RINVOQ* (PA, QL)	ORENCIA 87.5 MG/0.7 ML SYRINGE* (PA,QL)
hydromorphone er (PA)	SAVELLA	ORENCIA 125 MG/ML SYRINGE* (PA,QL)
IBU	SIMPONI ARIA* (PA)	OTREXUP (PA)
ibuprofen	SIMPONI* 100MG/ML (PA, QL)	OXAYDO (PA)
indomethacin	SKYRIZI* (PA, QL)	PERCOCET (PA)
indomethacin er	STELARA* 45MG SYR/VIAL, 90MG SYR (PA, QL)	REMICADE*^ (PA)
ketorolac	TALTZ* (PA, QL)	ROXYBOND (PA)
tromethamine (QL)	TREMFYA* (PA,QL)	SILIQ* (PA, QL)
leflunomide	TRUDHESA (PA,QL)	SIMPONI* 50MG/0.5ML (PA, QL)
lidocaine 5% ointment (QL)	UBRELVY (PA, QL)	ULTRAM 50 MG TABLET (QL)
lidocaine 5% patch	XELJANZ* (PA, QL)	ZANAFLEX
meloxicam tablet	XELJANZ XR* (PA, QL)	ZEBUTAL (QL)
	XTAMPZA ER (PA)	ZOHYDRO ER (PA)
	ZTLIDO	

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

### PAIN RELIEF AND INFLAMMATORY DISEASE

(cont)

metaxalone		
methocarbamol		
MORPHINE (PA)		
MORPHINE ER (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
penicillamine* (PA, QL)		
PROLATE TABLET (PA)		
rizatriptan (QL)		
sumatriptan (QL)		
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>5</sup>

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



## Cigna Standard 3-Tier Prescription Drug List

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

### SEIZURE DISORDERS

carbamazepine	DILANTIN 30 MG	APTIOM (PA,QL)
carbamazepine er	CAPSULE (PA)	BANZEL (PA, QL)
clonazepam	FYCOMPA (PA, QL)	BRIVIACT 10
divalproex	NAYZILAM (PA, QL)	MG/ML ORAL
divalproex er	VIMPAT 10 MG/ML	SOLUTION (PA)
EPITOL	SOLUTION	BRIVIACT TABLET
gabapentin		(PA)
lamotrigine		CARBATROL (PA)
lamotrigine (blue)		DEPAKOTE (PA)
lamotrigine (green)		DEPAKOTE ER (PA)
lamotrigine		DEPAKOTE
(orange)		SPRINKLE (PA)
lamotrigine er		DIASTAT (PA)
lamotrigine odt		DILANTIN 100 MG
lamotrigine odt		CAPSULE (PA)
(blue)		EPIDIOLEX* (PA)
lamotrigine odt		FINTEPLA* (PA)
(green)		KLONOPIN (PA)
lamotrigine odt		LYRICA ORAL
(orange)		SOLUTION (PA)
levetiracetam		NEURONTIN (PA)
solution, tablet		OXTELLAR XR (PA)
levetiracetam er		PHENYTEK (PA)
pregabalin capsule,		SPRITAM (PA)
solution		TEGRETOL XR (PA)
ROWEEPRA		VALTOCO (PA, QL)
rufinamide (PA,QL)		XCOPRI (PA, QL)
SUBVENITE		
SUBVENITE (BLUE)		
SUBVENITE (GREEN)		
SUBVENITE		
(ORANGE)		
topiramate		
topiramate er		
vigabatrin*		
vigadrone*		

### SKIN CONDITIONS

ACCUTANE	ADBRY* (PA)	ANALPRAM HC
adapalene (PA)	CIBINQO* (PA,QL)	2.5%-1% LOTION
adapalene-benzoyl	DRYSOL	AVAR 9.5-5%
peroxide	EUCRISA (ST)	CLEANSING PADS
AMNESTEEM	NAFTIN	BRYHALI (ST)
AVAR CLEANSER	PICATO	CALCIPOTRIENE
azelaic acid	SANTYL (QL)	FOAM
BP 10-1		CAPEX SHAMPOO
CLARAVIS		(ST)

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

### SKIN CONDITIONS (cont)

CLINDACIN ETZ		CLEOCIN T
1% PLEDGET		CLINDACIN ETZ KIT
CLINDACIN P 1%		CLINDACIN PAC KIT
PLEDGETS		CLODERM (ST)
CLINDAMYCIN		EFUDEX
1% FOAM, GEL,		EVOCLIN
LOTION, PLEDGET,		OPZELURA (PA)
SOLUTION		PRAMOSONE
clindamycin-		LOTION
benzoyl		REGRANEX (PA, QL)
peroxide		TEMOVATE (ST)
clindamycin		VALCHLOR*
tretinoin		VECTICAL (QL)
clobetaso		XEPI
CLODAN		
clotrimazole-		
betamethasone		
dapsone 5% gel,		
7.5% gel pump		
fluocinonide		
fluorouracil cream,		
topical solution		
isotretinoin		
ketoconazole		
KETODAN		
metronidazole		
MYORISAN		
NEUAC GEL		
pimecrolimus		
ROSDAN		
sodium		
sulfacetamide-		
sulfur		
SSS 10-5		
SULFACLEANSE 8-4		
tacrolimus		
ointment		
tazarotene 0.1%		
cream		
tretinoin (PA)		
TRIDERM		
ZENATANE		

### SLEEP DISORDERS/SEDATIVES

eszopiclone	DAYVIGO (QL, ST)	HETLIOZ LQ* (PA)
modafinil (PA)	SUNOSI (PA, QL)	HETLIOZ* (PA)
zolpidem		LUNESTA (ST)
zolpidem er (QL)		WAKIX* (PA, QL)
		XYREM* (PA, QL)
		XYWAV* (PA, QL)

## Cigna Standard 3-Tier Prescription Drug List

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

### SMOKING CESSATION<sup>5</sup>

bupropion sr+^ varenicline 0.5 mg tablet+^ varenicline 1 mg tablet+^	NICOTROL NS+^ NICOTROL+^	APO-VARENICLINE 0.5 MG TABLET^
--	-----------------------------	-----------------------------------

### SUBSTANCE ABUSE

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

### TRANSPLANT MEDICATIONS

everolimus 0.25 mg tablet* everolimus 0.5 mg tablet* mycophenolate mofetil* mycophenolic acid* sirolimus* tacrolimus*		ASTAGRAF XL* CELLCEPT ORAL SUSPENSION, TABLET* ENVARUS XR* MYFORTIC* NEORAL* PROGRAF 0.2 MG GRANULE PACKET* PROGRAF 0.5 MG CAPSULE* PROGRAF 1 MG CAPSULE* PROGRAF 1 MG GRANULE PACKET* PROGRAF 5 MG CAPSULE* RAPAMUNE* REZUROCK* (PA) ZORTRESS*
--	--	--

### URINARY TRACT CONDITIONS

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

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.

	ACTHIB+ ADACEL TDAP+ BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENG VAXIA+ DIPHThERIA- TETANUS TOXOIDS-PED+ ENGERIX-B ADULT+ ENGERIX-B PEDIATRIC- ADOLESCENT+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ JANSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W- 135-DIP+ M-M-R II VACCINE+ MODERNA COVID (6M-5Y) VACCINE (EUA)+ MODERNA COVID (12Y UP) VACCINE (EUA)+ MODERNA COVID-19 BOOSTER (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (6M-4Y) VACCINE (EUA)+	NOVAVAX COVID-19 VACCINE, ADJUVANTED (EUA)+
--	--	---

## Cigna Standard 3-Tier Prescription Drug List

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.

	PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP-IPV+ RECOMBIVAX HB+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) VACCINE+ TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+	
--	---	--

### WEIGHT MANAGEMENT

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

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

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	ATRIPLA*	efavirenz-emtricitabine-tenofovir*
	COMBIVIR*	lamivudine-zidovudine*
	EMTRIVA*	emtricitabine*
	EPIVIR*	lamivudine*
	EPZICOM*	abacavir-lamivudine*
	INTELENCE*	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*
	VIDEX EC	
	VIRAMUNE*	nevirapine*
	VIRAMUNE XR*	nevirapine ER*
	VIREAD 300MG TABLET*	tenofovir 300mg tablet*
ZIAGEN*	abacavir*	
ALLERGY/NASAL SPRAYS	AUVI-Q EPIPEN EPIPEN JR SYMJEPI	epinephrine auto-injectors
	BECONASE AQ NASONEX OMNARIS QNASL ZETONNA	generic nasal steroids (e.g. fluticasone)
	carbinoxamine 6mg tablet RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine	carbinoxamine oral solution
	RYCLOLA	cyproheptadine syrup hydroxyzine syrup
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)
	QNASL CHILDREN'S	flunisolide
	XHANCE	fluticasone mometasone

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
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 LOREEV XR	lorazepam
	bupropion xl 450mg tablet FORFIVO XL	bupropion xl 150mg tablets
	CITALOPRAM HBR	citalopram tablet
	CYMBALTA	desvenlafaxine ER duloxetine escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram
	PAMELOR	nortriptyline capsules
	PARNATE	tranylcypromine
	PEXEVA	paroxetine, paroxetine cr
	TOFRANIL	imipramine
	VIIBRYD	citalopram tablet escitalopram fluoxetine paroxetine, paroxetine er sertraline tablet
	WELLBUTRIN XL	bupropion xl escitalopram fluoxetine
ASTHMA/COPD/RESPIRATORY	ADVAIR DISKUS AIRDUO RESPICLICK FLUTICASONE-VILANTEROL	ADVAIR HFA BREQ ELLIPTA DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB
	ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA	FLOVENT DISKUS FLOVENT HFA PULMICORT FLEXHALER QVAR
	BROVANA	arformoterol
	budesonide-formoterol	SYMBICORT
	DUAKLIR PRESSAIR UTIBRON NEOHALER	ANORO ELLIPTA BEVESPI AEROSPHERE STIOLTO RESPIMAT
	ELIXOPHYLLIN	theophylline er, theophylline oral solution
	FLUTICASONE HFA	FLOVENT HFA
	levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol hfa

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	PERFOROMIST	formoterol
	STRIVERDI RESPIMAT	SEREVENT DISKUS
	TUDORZA PRESSAIR	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
	YUPELRI	ANORO ELLIPTA BEVESPI AEROSPHERE BREZTIRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA
	ZYFLO	montelukast zafirlukast zileuton er
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR APTENSIO XR CONCERTA COTEMPLA XR-ODT FOCALIN XR JORNAY PM RITALIN LA	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er MYDAYIS VYVANSE
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er
	QELBREE	atomoxetine
	RELEXXII	methylphenidate er 36mg tablet
BLOOD PRESSURE/HEART MEDICATIONS	ATACAND	candesartan
	ATACAND HCT	candesartan-hctz
	AZOR	amlodipine-olmesartan
	BETAPACE	sotalol
	BYSTOLIC	nebivolol
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CONJUPRI LEVAMLODIPINE	amlodipine felodipine er nicardipine nifedipine
	CONSENSI	amlodipine, celecoxib
	COREG	carvedilol
	COREG CR	carvedilol er
	DEMSEER	metyrosine
	digoxin 62.5mcg tablet	digoxin 0.125mg tablet, digoxin oral solution
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	INNOPRAN XL	propranolol er

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
BLOOD PRESSURE/HEART MEDICATIONS (cont)	ISORDIL ISORDIL TITRADOSE	isosorbide dinitrate	
	LANOXIN	digoxin 0.125mg tablet digoxin 0.25mg tablet digoxin oral solution	
	LOTREL	amlodipine-benazepril	
	MULTAQ	amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af	
	NEXICLON XR	clonidine IR tablet, clonidine patch	
	VASOTEC	enalapril	
	BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole YOSPRALA	aspirin or enteric aspirin
CANCER	AFFINITOR*, AFFINITOR DISPERZ*	everolimus	
	BESREMI*	hydroxyurea capsule PEGASYS	
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*	
	GLEEVEC*	imatinib	
	NILANDRON	nilutamide	
	TARCEVA*	erlotinib	
	YONSA* ZYTIGA*	abiraterone	
CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE	fenofibrate	
	CRESTOR	rosuvastatin+	
	EZALLOR SPRINKLE FLOLIPID LIPITOR LIVALO SIMVASTATIN 20mg/5ml SUSPENSION	generic statins (e.g. atorvastatin; simvastatin)	
	JUXTAPID* PRALUENT	REPATHA	
	LIPITOR	atorvastatin+ ezetimibe-simvastatin rosuvastatin+	
	niacin 500mg tablet NIACOR	niacin er	
	ROSUVASTATIN-EZETIMIBE ZYPITAMAG	atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+	
	COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
		TUSSICAPS	hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES	ACCU-CHEK AVIVA PLUS TEST STRIPS ACCU-CHEK COMPACT PLUS STRIPS ACCU-CHEK GUIDE TEST STRIPS ACCU-CHEK SMARTVIEW TEST STRIPS ADVOCATE TEST STRIPS ASSURE 4 TEST STRIPS ASSURE PLATINUM TEST STRIPS ASSURE PRISM MULTI TEST STRIPS CONTOUR TEST STRIPS CVS ADVANCED GLUCOSE TEST STRIPS EASY TALK TEST STRIPS EASY TOUCH TEST STRIPS FORTISCARE G1 TEST STRIPS FREESTYLE TEST STRIPS FREESTYLE TEST STRIPS NFRS RELION TEST STRIPS RIGHTEST GT333 TEST STRIP TRUE METRIX TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
	ACTOS	pioglitazone
	ADLYXIN	BYDUREON BYETTA metformin MOUNJARO
	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP NOVOLOG	HUMALOG LYUMJEV
	AFREZZA	HUMALOG HUMULIN R LYUMJEV
	alogliptin alogliptin-metformin JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRAJENTA	JANUMET JANUMET XR JANUVIA metformin
	alogliptin-pioglitazone OSENI	JANUMET JANUMET XR JANUVIA pioglitazone
	BASAGLAR INSULIN GLARGINE LANTUS LANTUS SOLOSTAR TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	LEVEMIR SEMGLEE-YGFN TRESIBA FLEXTOUCH

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



DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART INSULIN LISPRO NOVOLOG	HUMALOG LYUMJEV
	FORTAMET GLUMETZA metformin er gastric metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)
	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR
	INVOKANA STEGLATRO	FARXIGA JARDIANCE metformin
	NOVOLIN	HUMULIN
	PROGLYCEM	diazoxide oral suspension
	STEGLUJAN	GLYXAMBI metformin QTERN TRIJARDY XR
	DIURETICS	ALDACATAZIDE
EDECRIN ethacrynic acid SOOANZ		bumetanide furosemide torsemide
INSPRA		eplerenon
THALITONE		chlorthalidone
EYE CONDITIONS	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost
	RESTASIS RESTASIS MULTIDOSE TYRVAYA	CEQUA cyclosporine 0.05% eye emulsion XIIDRA
	VUITY	azelastine; bepotastine; epinastine
	GASTROINTESTINAL/HEARTBURN	ANTIVERT
ANUSOL-HC 25MG SUPPOSITORY		hydrocortisone 25mg suppository
ANZEMET		ondasetron granisetron
ASACOL HD COLAZAL DELZICOL DIPENTUM		balsalazide mesalamine tablets or capsules PENTASA sulfasalazine
BYLVAY* LIVMARLI*		cholestyramine powder/packet rifampin ursodiol tablet

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone
	CREON PERTZYE ZENPEP	PANCREAZE
	DARTISLA	glycopyrrolate 2mg tablet
	DEXLANSOPRAZOLE DR	DEXILANT
	DONNATAL	belladonna-phenobarbital phenohydro
	GIMOTI*	metoclopramide oral solution or tablet
	glycopyrrolate 1.5mg tab ROBINUL, ROBINUL FORTE	glycopyrrolate 1mg tablet glycopyrrolate 2mg tablet
	GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+	CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+
	IBSRELA MOTEGRITY TRULANCE ZELNORM	AMITIZA LINZESS
	KRISTALOSE lactulose 10gm packet	CONSTULOSE ENULOSE lactulose oral solution
	LIBRAX	chlordiazepoxide
	LOTROXEX*	alosetron*
	lubiprostone	AMITIZA
	MARINOL SYNDROS	dronabinol
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK PYLERA TALICIA	lansoprazole-amoxicillin-clarithromycin pak
	OMEPEPI omeprazole-bicarbonate ZEGERID PACKET	omeprazole
	PEPCID	famotodine suspension
	PREVACID SOLUTAB	esomeprazole, lansoprazole, pantoprazole
	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet
	ursodiol 200mg, ursodiol 400mg	ursodiol 300mg
	ZEGERID CAPSULE	DEXILANT lansoprazole omeprazole

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	ZOFRAN	ondansetron
	ZUPLENZ	ondansetron ondansetron odt
HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet
	ARMOUR THYROID WP THYROID	NP THYROID
	CLIMARA DIVIGEL ELESTRIN MINIVELLE VIVELLE-DOT	DOTTI estradiol patch ESTROGEL EVAMIST LYLLANA
	CLIMARA PRO	COMBIPATCH
	DDAVP NOCDURNA	desmopressin nasal spray or tablets
	DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DEXPAK DXEVO HIDEX TAPERDEX ZCORT	dexamethasone 1.5mg tablet
	ESTRACE FEMRING IMVEXY VAGIFEM	estradiol cream estradiol tablet ESTRING PREMARIN VAGINAL CREAM YUVAFEM
	FORTESTA JATENZO NATESTO TESTIM TLANDO VOGELXO XYOSTED	ANDRODERM generic topical testosterone
	GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* SKYTROFA* ZOMACTON*	HUMATROPE* NORDITROPIN*
	HEMADY	dexamethasone 5mg tablet
	LEVOTHYROXINE CAPSULE	Generic SYNTHROID (also called levothyroxine tablet)
	MYCAPSSA*	BYNFEZIA*
	ORTIKOS	budesonide capsule
	RAYOS	methylprednisolone prednisone
	RECORLEV	ketoconazole tablet
	TARPEYO*	methylprednisolone prednisone

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
HORMONAL AGENTS (cont)	THYQUIDITY TIROSINT TIROSINT-SOL	EUTHYROX LEVO-T levothyroxine tablet LEVOXYL
	UCERIS 9MG ER TABLET	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisone
INFECTIONS	ACTICLATE DORYX DORYX MPC MINOCIN 50MG PEL CAPSULE MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER	Generic products (e.g. doxycycline; minocycline)
	MONODOX SEYSARA SOLODYN TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO	Generic products (e.g. doxycycline; minocycline)
	ARAKODA	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine
	AUGMENTIN AUGMENTIN XR	amoxicillin/clavulanate
	BARACLUDE TABLET*	entecavir tablet*
	BETHKIS* TOBI*	tobramycin inhalation solution*
	BREXAFEMME DIFLUCAN	fluconazole
	doxycycline hyclate dr 80mg tablet	generic products (e.g. minocycline)
	DOXYCYCLINE IR-DR LYMEPAK ORACEA soloxide	doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg
	E.E.S. 200 ERYPED 400	erythromycin granules erythromycin

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS (cont)	HUMATIN	paromomycin
	MEPRON	atovaquone
	MYCOBUTIN	rifabutin
	nitrofurantoin 25mg/5ml suspension	nitrofurantoin capsule sulfamethoxazole-trimethoprim suspension
	NOXAFIL DR 100MG TABLET	posaconazole dr 100mg tablet
	SITAVIG	acyclovir tablet famciclovir tablet valacyclovir tablet
	SPORANOX	itraconazole
	TOLSURA	oral itraconazole
	VALCYTE	valganciclovir
	VANCOCIN	vancomycin oral solution or capsule
	ZOVIRAX	acyclovir
	MISCELLANEOUS	EXSERVAN*
HORIZANT		gabapentin
KUVAN*		sapropterin tablet & powder packet*
SENSIPAR*		cinacalcet
MULTIPLE SCLEROSIS	SYPRINE*	penicillamine* trientine*
	XENAZINE*	tetrabenazine*
	TECFIDERA*	AUBAGIO* BAFIERTAM* dimethyl* GILENYA* MAYZENT* PONVORY* VUMERITY*
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL MULTI-MAC PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT	Any generic prenatal vitamin
	NASCOBAL	cyanocobalamin injection

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE	ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets	butalbital-acetaminophen 50-325mg tablet
	AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAX	generic triptans (e.g. sumatriptan; naratriptan)
	AMRIX cyclobenzaprine er	carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets metaxalone methocarbamol orphenadrine er
	BACLOFEN FLEQSUVEY	baclofen tablet
	CAMBIA ELYXYB fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena mefenamic acid meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr naproxen sodium er RELAFEN RELAFEN DS RIDAURA TIVORBEX VIVLODEX ZIPSOR ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg chlorzoxazone 750mg	methocarbamol 500mg
	COLOCYRS GLOPERBA	colchicine MITIGARE
	CONZIP	tramadol tramadol er

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	COSENTYX*	ENBREL* HUMIRA* OTEZLA* STELARA* TALTZ*
	CUPRIMINE*	penicillamine* trientine*
	D.H.E.45	dihydroergotamine injection
	diclofenac 1.5% solution diclofenac 35mg capsule PENNSAID	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium
	GRALISE	gabapentin
	ibuprofen-famotidine	Generic NSAID (e.g. celecoxib; meloxicam) famotidine
	IMITREX	dihydroergotamine sumatriptan
	LIDODERM	lidocaine 5% patch
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	MIGRANAL	Generic NSAID (e.g. celecoxib; meloxicam) Trudhesa
	NORGESIC NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER
	OZOBAX	baclofen tablet
	PROLATE SOLUTION	oxycodone-acetaminophen tablet

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	QDOLO	tramadol 50mg tablet
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	SUBSYS	fentanyl lozenge or buccal tablet
	tizanidine 2mg, 4mg, 6mg capsule	tizanidine 2mg, 4mg tablet
	TOSYMRA	sumatriptan
	TREXIMET	sumatriptan-naproxen
	ULORIC	febuxostat
	vtol lq	butalbital-acetaminophen-caffeine PHRENILIN FORTE
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan
	ZOMIG ZMT	zolmitriptan odt
	ZYLOPRIM	allopurinol
	PARKINSON'S DISEASE	DHIVY LODOSYN
GOCOVRI		amantadine
ONGENTYS		entacapone
ZELAPAR		selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone
	CAPLYTA LYBALVI	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone
	GEODON CAPSULE	aripiprazole paliperidone er ziprasidone
	VERSACLOZ	clozapine clozapine odt
	ZYPREXA	aripiprazole olanzapine tablets paliperidone er
	ZYPREXA ZYDIS	aripiprazole olanzapine olanzapine odt
SEIZURE DISORDERS	ELEPSIA XR KEPPRA XR	levetiracetam er
	EPRONTIA	topiramate sprinkle capsule, tablet
	FELBATOL	felbamate

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



DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS (cont)	KEPPRA SOLUTION, TABLET	levetiracetam
	LAMICTAL	lamotrigine
	LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)	lamotrigine starter kit (blue, green, orange)
	LAMICTAL ODT	lamotrigine odt
	LAMICTAL ODT KIT (BLUE, GREEN, ORANGE)	lamotrigine odt starter kit (blue, green orange)
	LAMICTAL XR LAMICTAL XR KIT (BLUE, GREEN, ORANGE)	lamotrigine er
	LYRICA LYRICA CR pregabalin er	duloxetine gabapentin lidocaine 5% topical patch pregabalin
	MYSOLINE	primidone
	QUDEXY XR TROKENDI XR	topiramate er
	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
	VIMPAT	lacosamide tablet
	ZONEGRAN	zonisamide
SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE
	ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN DUAC EPIDUO FORTE FABIOR ONEXTON RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC TRETIN-X VELTIN WINLEVI ZIANA	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	acyclovir cream, ointment DENAVIR ZOVIRAX	acyclovir tablet famciclovir tablet valacyclovir tablet
	adapalene swab	adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel
	ANUSOL-HC 2.5% CREAM	hydrocortisone 2.5% rectal cream
	APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone PSORCON	betamethasone cream, ointment clobetasol halobetasol cream, ointment
	NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene	calcitriol ointment
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution
	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapsone 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX	imiquimod 5% cream packet podofilox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethason fluocinolone fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	diclofenac 3% gel	FLUROPLEX fluorouracil imiquimod 5% cream
	doxepin 5% cream PRUDOXIN ZONALON	generic topical steroid (e.g. betamethasone) topical tacrolimus
	DUOBRII	halobetasol plus tazarotene cream
	ELIDEL	pimecrolimus cream
	ENSTILAR TACLONEX	calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream topical betamethasone

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

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

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	LOPROX 0.77% CREAM 1% SHAMPOO	ciclopirox cream, shampoo
	LUZU	econazole cream ketoconazole cream luliconazole
	NORITATE	azelaic acid metronidazole cream metronidazole gel
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment
	PROTOPIC	tacrolimus ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	alclometasone desonide triamcinolone
	ULTRAVATE LOTION ULTRAVATE X	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream
	VERDESO	desonide cream desonide ointment
	VEREGEN	imiquimod 5% cream packet podofilox 0.5% topical solution
	WYNZORA	betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream
	XERESE	acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet
	XOLEGEL	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo

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

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SLEEP DISORDERS/SEDATIVES	AMBIEN	zolpidem
	AMBIEN CR	zolpidem er
	BELSOMRA	DAYVIGO
	EDLUAR	zolpidem or zolpidem er
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	QUVIVIQ ZOLPIMIST	doxepin eszopiclone zaleplon zolpidem zolpidem ER
	RESTORIL	temazepam
SUBSTANCE ABUSE	EVZIO	Kloxxado naloxone auto-injector NARCAN
TRANSPLANT MEDICATIONS	AZASAN*	azathioprine 50mg tablet
	LUPKYNIS*	BENLYSTA* tacrolimus*
	PROGRAF**	tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine
	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er
	ENABLEX	darifenacin er
	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE LS	darifenacin er oxybutynin er tolterodine er trospium er
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium
	MYRBETRIQ	oxybutynin er tolterodine er trospium er
	PROCYSBI*	CYSTAGON*
	THIOLA* THIOLA EC*	tiopronin*
	VESICARE	darifenacin er oxybutynin er solifenacin tolterodine er trospium er

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

## Frequently Asked Questions (FAQs)

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

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

**A.** Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:<sup>3,4</sup>

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

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

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

**A.** To help lower your overall health care costs, your plan doesn't cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication. If you're taking a medication that your plan doesn't cover and your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA). With excluded medications, there's no option to get coverage through Cigna's

coverage review process.

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

**A.** The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna 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.

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

**A.** Medications that:

- May be unsafe when combined with other

## Frequently Asked Questions (FAQs) (cont)

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. You can also log in to [myCigna.com](http://myCigna.com) or the **myCigna** app

to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

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

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

**A.** When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna to start the coverage review process. Or, you can choose to pay its full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

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

**A.** Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

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

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

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

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

## Frequently Asked Questions (FAQs) (cont)

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/PDL**.

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

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

**A.** When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.<sup>6</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>7</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>7</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>8</sup>

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

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

- › Easily order, manage, track, and pay for your medications on your phone or online
- › Standard shipping at no extra cost<sup>9</sup>
- › Automatic refills or refill reminders



## Frequently Asked Questions (FAQs) (cont)

- › 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). Or,

- 2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,
- 3. Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

### Accredo®, a Cigna specialty pharmacy

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

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost<sup>9</sup>
- › Easy refills and free reminders
- › 24/7 access to specialty-trained pharmacists and nurses
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.

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

**A.** You can use the online tools and resources on the **myCigna** App or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.

## Exclusions and limitations for coverage

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:<sup>11</sup>

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility<sup>12</sup>, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation<sup>12</sup>, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna as medically necessary.

**Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.**



1. The downloading and use of the **myCigna** App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual App features available may vary depending on your plan and individual security profile.
2. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
3. State laws in **Connecticut, Louisiana, New York, and Texas** 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.
4. 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.
5. 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.
6. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
7. 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>.
8. 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.
9. Standard shipping costs are included as part of your prescription plan.
10. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
11. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
12. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the **myCigna** App or **myCigna.com**, or check your plan materials.

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

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

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

## Proficiency of Language Assistance Services

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

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

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

**Vietnamese** – XIN LỜI Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

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

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

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

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

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

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

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

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

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

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

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