



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

**Coverage as of July 1, 2023**



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

968436 a Advantage 3-Tier 03/23



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### View the drug list online

This document was last updated on 03/01/2023.\* You can go online to see the most up-to-date list of medications your plan covers.



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



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

#### Questions?

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

\* Drug list created: originally created 03/01/2011

Last updated: 03/01/2023, for changes starting 07/01/2023

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

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Advantage 3-Tier Prescription Drug List as of July 1, 2023.<sup>2,3</sup> Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). **The drug list is updated often so it isn't a complete list of the medications your plan covers.** Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

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

## How to read this drug list

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

## Tiers

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

› Tier 1 – Typically Generics	(Lowest-cost medication)	\$
› Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 – Typically Non-Preferred Brands	(Highest-cost medication)	\$\$\$

## Abbreviations next to medications

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

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

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

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

## Brand-name medications are in all capital letters

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

## Specialty medications have an asterisk next to them

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

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

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

### Some plans may cover certain non-covered medications

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

### How to find your medication

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

Condition	Page
AIDS/HIV	6
ALLERGY/NASAL SPRAYS	6
ALZHEIMER'S DISEASE	6
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6
ASTHMA/COPD/RESPIRATORY	6, 7
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CONTRACEPTION PRODUCTS	9, 10
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DIABETES	11-13
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Condition	Page
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SEIZURE DISORDERS	18
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VITAMINS	20
WEIGHT MANAGEMENT	20

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### AIDS/HIV

efavirenz- emtricitabine- tenofovir* (QL)	BIKTARVY* (QL)	APRETUDE*+ (PA)
emtricitabine- tenofovir disop*+ etravirine* ritonavir* tenofovir* (PA)	DESCOVY 200- 25MG*+ (PA)	CABENUVA* (PA)
	DOVATO* (QL)	CIMDUO* (PA)
	GENVOYA* (QL)	COMPLERA* (PA,QL)
	ISENTRESS HD* (PA)	DELSTRIGO
	ISENTRESS*	ODEFSEY* (PA,QL)
	JULUCA* (QL)	PIFELTRO* (PA)
	PREZISTA*	PREZCOBIX* (PA)
	SYMTUZA* (QL)	RUKOBIA* (PA,QL)
	TIVICAY PD*	STRIBILD* (PA,QL)
	TIVICAY*	TEMIXYS* (PA)
	TRIUMEQ*(QL)	
	TRIUMEQ PD*(QL)	

### ALLERGY/NASAL SPRAYS

azelastine		EPINEPHRINE
azelastine- fluticasone		PROFESSIONAL
cromolyn oral concentrate		GASTROCROM
desloratadine^ (QL)		GRASTEK (PA, QL)
epinephrine (QL)		KARBINAL ER
fluticasone^		ODACTRA (PA, QL)
hydroxyzine hcl solution, syrup, tablet		ORALAIR (PA, QL)
hydroxyzine pamoate		PATANASE
ipratropium		PHENERGAN
levocetirizine^		RAGWITEK (PA, QL)
mometasone^ (QL)		regonol
olopatadine		VISTARIL
phenylephrine hcl		
promethazine solution, syrup, tablet		

### ALZHEIMER'S DISEASE

donepezil		ARICEPT
donepezil odt		EXELON
memantine		MESTINON
memantine er (QL)		NAMENDA
pyridostigmine 60 mg/5 ml, 60 mg		NAMENDA XR (QL)
pyridostigmine er rivastigmine		NAMZARIC (QL)

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

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>4</sup> (cont)

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

### ASTHMA/COPD/RESPIRATORY

albuterol	ADEMPAS* (PA)	ADCIRCA* (PA)
albuterol hfa 90 mcg inhaler (QL)	ANORO ELLIPTA(QL)	AIRDUO DIGIHALER (ST,QL)
alyq* (PA)	ATROVENT HFA (QL)	ARALAST NP* (PA)
ambrisentan* (PA)	BREZTRI	BRONCHITOL* (PA)
budesonide (QL)	AEROSPHERE (QL)	COMBIVENT
fluticasone- salmeterol (QL)	DULERA (QL)	RESPIMAT (QL)
ipratropium- albuterol	FASENRA* (PA)	DALIRESP (QL)
montelukast	FLOVENT DISKUS (QL)	GLASSIA* (PA)
tadalafil* (PA)	FLOVENT HFA (QL)	KALYDECO* (PA,QL)
treprostinil* (PA)	INCRUSE ELLIPTA	LETAIRIS* (PA)
fluticasone- salmeterol (QL)	NUCALA* (PA)	LONHALA
ipratropium- albuterol	OFEV* (PA)	MAGNAIR (PA,QL)
montelukast	OPSUMIT* (PA)	ORENITRAM ER* (PA)
tadalafil* (PA)	QVAR REDIHALER	ORKAMBI* (PA, QL)
treprostinil* (PA)	SEREVENT DISKUS (QL)	PROLASTIN C* (PA)
	SPIRIVA	PULMICORT
	HANDIHALER (QL)	RESPULE (QL)
	SPIRIVA RESPIMAT (QL)	PULMOZYME* (PA)

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ASTHMA/COPD/RESPIRATORY (cont)

	STIOLTO RESPIMAT (QL)	REVATIO 10 MG/ML, 20 MG* (PA)
	SYMBICORT (QL)	SINGULAIR
	TRACLEER 32 MG TABLET FOR SUSPENSION* (PA)	TEZSPIRE* (PA)
	TRELEGY ELLIPTA UPTRAVI* (PA)	TYVASO REFILL KIT* (PA)
	XOLAIR* (PA)	TRIKAFTA* (PA, QL)
		UPTRAVI 1800MCG VIAL* (PA)

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

amphetamine (PA)		ADDERALL (PA, ST)
atomoxetine (QL)		DAYTRANA (PA, QL)
dexmethylphenidate (PA)		FOCALIN (PA, ST)
dexmethylphenidate er (PA, QL)		INTUNIV
dextroamphetamine (PA)		METHYLIN (PA)
dextroamphetamine-amphetamine (PA, QL)		QUILLIVANT XR (PA, QL)
guanfacine er		RITALIN (PA, ST)
methylphenidate er (la) (PA, QL)		STRATTERA (QL)
methylphenidate er capsules, tablets (PA, QL)		
methylphenidate cd (PA, QL)		
methylphenidate er (cd) (PA, QL)		
methylphenidate la (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)	CYKLOKAPRON*
	ARANESP* (PA)	DOPTELET* (PA)
	DROXIA	FULPHILA* (PA)
	ELOCTATE* (PA)	GRANIX* (PA)
	EMPAVELI* (PA)	HEMLIBRA* (PA)
	EPOGEN* (PA)	MIRCERA* (PA)
	ESPEROCT* (PA)	NEUPOGEN* (PA)
	JIVI* (PA)	NUWIQ* (PA)
	KOGENATE FS* (QL)	PROMACTA* (PA)
	KOVALTRY* (QL)	RECOMBINATE* (PA)
	NEULASTA* (PA)	SIKLOS (PA)
	NIVESTYM* (PA)	TAVALISSE* (PA)
	NOVOEIGHT* (PA)	UDENYCA* (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### BLOOD MODIFIERS/BLEEDING DISORDERS (cont)

	NYVEPRIA* (PA)	ULTOMIRIS* (PA)
	PROCRIT* (PA)	XYNTHA
	RETACRIT* (PA)	SOLOFUSE* (PA)
	SOLIRIS* (PA)	XYNTHA* (PA)
	ZARXIO* (	
	ZIEXTENZO* (PA)	

### BLOOD PRESSURE/HEART MEDICATIONS

amiodarone hcl	CORLANOR (PA)	BERINERT* (PA)
amlodipine	ENTRESTO (QL)	BIDIL (QL)
amlodipine-benazepril		CALAN SR
amlodipine-olmesartan (QL)		CARDIZEM LA 120MG (QL)
amlodipine-valsartan		CARDURA
atenolol		CATAPRES-TTS 1
benazepril		CATAPRES-TTS 2
bisoprolol		CATAPRES-TTS 3
bisoprolol-hctz		CINRYZE* (PA)
candesartan		COREG (ST)
cartia xt		CORGARD (ST)
carvedilol		EPANED
carvedilol er (QL)		HAEGARDA* (PA)
clonidine		HEMANGEOL
diltiazem 12hr er		INDERAL LA (ST)
diltiazem 24hr er		INDERAL XL (ST)
diltiazem 24hr er (cd)		INNOPRAN XL (ST)
diltiazem 24hr er (la)		ISOSORBIDE DINIT-HYDRALAZINE (QL)
diltiazem 24hr er (xr)		KAPSPARGO
diltiazem		SPRINKLE (ST)
DILT-XR		KATERZIA (QL)
dofetilide (QL)		LOPRESSOR (ST)
doxazosin		MINIPRESS
droxidopa*		NITROSTAT
enalapril		NORTHERA* (PA)
flecainide		NORVASC
guanfacine		ORLADEYO* (PA, QL)
hydralazine tablet		PACERONE 100,400 MG TABLETS (PA)
icatibant* (PA)		PROCARDIA XL
irbesartan		QBRELIS
irbesartan-hctz		RANEXA (QL)
labetalol tablet		RELEUKO* (PA)
lisinopril		RUCONEST* (PA)
lisinopril-hctz		TAKHZYRO* (PA)
losartan		TENORETIC 50 (ST)
losartan-hctz		TENORETIC 100 (ST)
matzim la		TENORMIN (ST)
		TIAZAC

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### BLOOD PRESSURE/HEART MEDICATIONS

(cont)

metoprolol succinate		TIKOSYN (PA, QL)
metoprolol tablet		TOPROL XL (ST)
metyrosine (PA)		VERELAN
nadolol		VERELAN PM
nebivolol (QL)		ZIAC (ST)
nifedipine		
nifedipine er		
olmesartan (QL)		
olmesartan-amlodipine-hctz		
olmesartan-hctz (QL)		
pacerone 200 mg tablet		
prazosin		
propranolol tablet		
propranolol er		
prazosin		
propranolol tablet		
propranolol er		
ramipril		
ranolazine er (QL)		
sajazir* (PA)		
taztia xt		
telmisartan (QL)		
telmisartan-hctz (QL)		
tiadylt er		
valsartan tablet		
valsartan-hctz		
verapamil er		
verapamil er pm		
verapamil tablet		
verapamil sr		

### BLOOD THINNERS/ANTI-CLOTTING

clopidogrel	BRILINTA	ARIXTRA* (QL)
enoxaparin* (QL)	ELIQUIS (PA)	BAYER CHEWABLE
fondaparinux sodium* (QL)	XARELTO (PA)	ASPIRIN+
jantoven		FRAGMIN* (QL)
prasugrel		LOVENOX* (QL)
warfarin		PLAVIX
		SAVAYSA (PA,QL)
		ZONTIVITY

### CANCER

abiraterone* (PA)	ALECENSA* (PA,QL)	AFINITOR DISPERZ* (PA)
anastrozole+	BRUKINSA* (PA,QL)	AFINITOR* (PA)
capecitabine* (PA)	CABOMETYX* (PA)	ALUNBRIG* (PA,QL)
everolimus* (PA,QL)	CALQUENCE* (PA)	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CANCER

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

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	
<b>CANCER (cont)</b>			<b>CONTRACEPTION PRODUCTS</b>			
		ZEJULA* (PA,QL) XALKORI* (PA,QL) XELODA* (PA) XOSPATA* (PA) ZEJULA* (PA,QL)	CHARLOTTE 24 FE+ CHATEAL+ CHATEAL EQ+ CRYSSELLE+ CYCLAFEM+ CYRED+ CYRED EQ+ 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+ FEMYNOR+ GEMMILY+ HAILEY+ HAILEY FE+ HAILEY 24 FE+ HEATHER+ ICLEVIA+ INCASSIA+ ISIBLOOM+ JAIMIESS+ JASMIEL+ JENCYCLA+ JOLESSA+ JULEBER+ JUNEL+ JUNEL FE+ JUNEL FE 24+ KAITLIB FE+			
<b>CHOLESTEROL MEDICATIONS</b>						
atorvastatin+ colesevelam ezetimibe ezetimibe- simvastatin fenofibrate fenofibric acid fluvastatin er+ fluvastatin+ icosapent ethyl lovastatin omega-3 acid ethyl esters pravastatin+ rosuvastatin+ (QL) simvastatin tablet+ (QL)	REPATHA (PA) VASCEPA (PA)	CADUET (QL) LIPOFEN (ST) ROSZET TRICOR (ST) TRILIPIX (ST) ZETIA				
<b>CONTRACEPTION PRODUCTS (cont)</b>						
AFIRMELLE+ ALTAVERA+ ALYACEN+ AMETHIA+ AMETHYST+ APRI+ ARANELLE+ ASHLYNA+ AUBRA+ AUBRA EQ+ AUROVELA FE+ AUROVELA 24 FE+ AVIANE+ AYUNA+ AZURETTE+ BALZIVA+ BLISOVI FE+ BLISOVI 24 FE+ BRIELLYN+ CAMILA+ CAMRESE+ CAMRESE LO+ CAYA CONTOURED+ CAZIAN+	LO LOESTRIN FE	ANNOVERA BEYAZ CAYA CONTOURED+ ELLA+ FEMCAP+ KYLEENA*+ LAYOLIS FE+ LILETTA*+ LOESTRIN FE MINASTRIN 24 FE MIRENA*+ NEXPLANON*+ NEXTSTELLIS NUVARING PARAGARD T 380- A*+ SAFYRAL SKYLA*+ TWIRLA+ TYBLUME wide seal diaphragm+ YASMIN 28 YAZ				

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CONTRACEPTION PRODUCTS (cont)

KALLIGA+		
KARIVA+		
KELNOR 1-35+		
KELNOR 1-50+		
KURVELO+		
LARIN+		
LARIN FE+		
LARIN 24 FE+		
LEENA+		
LESSINA+		
LEVONEST+		
levonorgestrel- ethinyl estradiol+		
levonorgestrel- ethinyl estradiol ethinyl estradiol+		
LEVORA+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		
LO- ZUMANDIMINE+		
LUTERA+		
LYLEQ+		
LYZA+		
MARLISSA+		
medroxy- progesterone+ 125mg/ml		
MERZEE+		
MICROGESTIN+		
MICROGESTIN FE+		
microgestin 24 fe+		
MILI+		
MONO-LINYAH+		
NECON+		
NIKKI+		
NORA-BE+		
norethindrone+		
norethindrone- ethinyl estradiol- iron+		
norethindrone- ethinyl estradiol+		
norethindrone- ethinyl estradiol- ferrous fumarate		
norgestimate- ethinyl estradiol+		
NORTREL+		
NYLIA+		
NYMYO+		
OCELLA+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CONTRACEPTION PRODUCTS (cont)

ORSYTHIA+		
PHILITH+		
PIMTREA+		
PIRMELLA+		
PORTIA+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		
SHAROBEL+		
SIMLIYA+		
SIMPESSE+		
SPRINTEC+		
SRONYX+		
SYEDA+		
TARINA FE+		
TARINA FE 1-20 EQ+		
TARINA 24 FE+		
taysofy+		
TILIA FE+		
TRI FEMYNOR+		
TRI-ESTARYLLA+		
TRI-LEGEST FE+		
TRI-LINYAH+		
TRI-LO-ESTARYLLA+		
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+		
TRI-VYLIBRA LO+		
TRI-VYLIBRA+		
TULANA+		
TYDEMY+		
VELIVET+		
VESTURA+		
VIENVA+		
VIORELE+		
VOLNEA+		
VYFEMLA+		
VYLIBRA+		
WERA+		
WYMZYA FE+		
XULANE+		
ZAFEMY+		
ZOVIA 1-35+		
ZUMANDIMINE+		

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### COUGH/COLD MEDICATIONS

brompheniramine-pseudoephed-dm		HYCODAN (PA, QL)
hydrocodone-homatropine (PA,QL)		TUXARIN ER (PA, QL)
hydrocodone-chlorpheniramner (PA)		TUZISTRA XR (PA, QL)
promethazine-dm		

### DENTAL PRODUCTS

chlorhexidine		CLINPRO 5000
DENTA 5000 PLUS		FLORIVA+
DENTAGEL		FLUORIDEX
doxycycline hyclate		SENSITIVITY RELIEF
FLUORIDEX DAILY		JUSTRIGHT 5000
DEFENSE 1.1%		PERIDEX
ORALONE		PREVIDENT 5000
PERIOGARD		DRY MOUTH
SF 1.1% GEL		
SF 5000 PLUS		
sodium fluoride		
sodium fluoride 5000 dry mouth		
sodium fluoride 5000 plus		
triamcinolone		

### DIABETES

glimepiride	1ST TIER UNIFINE	ACCU-CHEK
glipizide	PENTIPS	SMARTVIEW
glipizide er	1ST TIER UNIFINE	CONTRL
glipizide xl	PENTIPS PLUS	SOLUTION
metformin er	ABOUTTIME PEN	ACCUTREND
metformin hcl 500, 850, 1000 mg tablet	NEEDLE	GLUCOSE
metformin hcl 500 mg/5 ml soln	FASTCLIX LANCING DEV	CONTROL
metformin hcl 850 mg/8.5ml cup	ACCU-CHEK	AUTOSHIELD DUO
	SOFTCLIX	PEN NEEDLE
	ADVOCATE PEN	CEQR
	NEEDLE	CEQR SIMPLICITY
	ADVOCATE SYRINGES	INSERTER
	CONTOUR METER	CONTOUR NEXT
	CONTOUR NEXT TEST STRIP	CONTOUR NEXT EZ
	ASSURE ID INSULIN SAFETY	CONTOUR TEST STRIP
	ASSURE ID PEN	CONTOUR NEXT GEN
	NEEDLE	CYCLOSET SENSOR KIT
	BAQSIMI (QL)	FREESTYLE
	BASAGLAR (QL)	FREEDOM LITE
	BD INSULIN SYRINGE	
	BD LANCETS	
	BD PEN NEEDLE	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### DIABETES (cont)

BYDUREON BCISE (PA,QL)		GLUCAGON EMERGENCY KIT (QL)
BYETTA (PA,QL)		GLUCOCARD
CAREFINE PEN		INPEN
NEEDLE		GLUCOCARD SHINE
CARETOUCH		CONNEX METER
INSULIN SYRINGE		GLUCOCARD SHINE
CARETOUCH PEN		EXPRESS METER
NEEDLE		GUARDIAN RT
CLICKFINE		CHARGER
COMFORT EZ		GUARDIAN TEST
INSULIN SYRINGE, PEN NEEDLE		PLUG
COMFORT TOUCH		KORLYM* (PA)
PEN NEEDLE		MINIMED
DEXCOM G6 (PA, QL)		RESERVOIR
DROPLET		PARADIGM
DROPSAFE		POGO AUTOMATIC
EASY COMFORT		BLOOD GLUCOSE
INSULIN SYRINGE, PEN NEEDLES		SYSTEM
EASY GLIDE		PRECISION XTRA
INSULIN SYRINGE, PEN NEEDLES		KETONE-GLUC KIT
EASY TOUCH		RIOMET
EASY TOUCH		TRUE METRIX
FLIPLOCK INSULIN, INSULIN SAFETY, INSULIN SYRINGE		ULTIGUARD
EASY TOUCH LUER LOCK INSULIN		SAFEPACK-INSULIN SYR
EASY TOUCH PEN		ULTIGUARD
NEEDLE, SAFETY		SAFEPACK-PEN
PEN NEEDLE		NEEDLE
EASY TOUCH		UNIFINE
SHEATHLOCK		SAFECONTROL
INSULIN		
EASY TOUCH UNISLIP		
EASY-TOUCH		
INSULIN SYRINGE		
FARXIGA (QL, ST)		
FREESTYLE LIBRE 14 DAY SENSOR (PA, QL)		
FREESTYLE LIBRE 2 SENSOR (PA, QL)		
GLYXAMBI (QL, ST)		
HEALTHWISE		
INSULIN SYRINGE, PEN NEEDLE		
HEALTHY ACCENTS		
UNIFINE PENTIP		

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### DIABETES (cont)

HUMULIN R		
JANUMET (QL, ST)		
JANUMET XR (QL, ST)		
JANUVIA (QL, ST)		
JARDIANCE (QL, ST)		
HUMALOG (QL)		
HUMULIN (QL)		
HUMULIN R (QL)		
INCONTROL PEN NEEDLE		
INSULIN PEN NEEDLE		
INSULIN LISPRO (QL)		
INSULIN SYRINGE		
INSUPEN		
LEVEMIR (QL)		
LITE TOUCH		
LITETOUCH INSULIN SYRINGE		
LYUMJEV (QL)		
MAGELLAN INSULIN SAFETY SYRNG		
MAGELLAN INSULIN SYRINGE		
MAXI-COMFORT		
MAXICOMFORT II PEN NEEDLE		
MAXICOMFORT INSULIN SYRINGE, SAFETY PEN NEEDLE		
MICROLET NEXT LANCING DEVICE		
MINI PEN NEEDLE		
MINI ULTRA-THIN II		
MONOJECT		
MONOJECT INSULIN SAFETY SYRNG, INSULIN SYRINGE		
MOUNJARO (PA,QL)		
MULTI-LANCET		
NANO 2ND GEN PEN NEEDLE		
NOVOFINE		
OMNIPOD DASH PODS (GEN 3/4/5) (PA, QL)		
ONETOUCH ULTRA TEST STRIP		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### DIABETES (cont)

ONETOUCH		
ULTRAMINI		
ONETOUCH VERIO METER, FLEX METER, IQ METER, REFLECT METER		
ONETOUCH VERIO TEST STRIP		
OZEMPIC (PA,QL)		
PEN NEEDLES		
PENTIPS		
PREVENT		
DROPSAFE PEN NEEDLE		
PRO COMFORT		
INSULIN SYRINGE, PEN NEEDLE		
PRODIGY INSULIN SYRINGE		
PURE COMFORT		
PEN NEEDLE		
RYBELSUS (PA, QL)		
SAFETY PEN NEEDLE		
SAFETYGLIDE		
INSULIN SYRINGE		
SAFETYGLIDE SYRINGE		
SECURESAFE PEN NEEDLE		
SURE COMFORT		
SURE COMFORT INSULIN SYRINGE		
SURE COMFORT PEN NEEDLE		
SOLIQUA 100-33		
SYMLINPEN		
SYNJARDY (QL, ST)		
SYNJARDY XR (QL, ST)		
TECHLITE		
TOPCARE		
CLICKFINE		
TOPCARE ULTRA COMFORT		
TRESIBA (QL)		
TRIJARDY XR (ST, QL)		
TRUE COMFORT		
INSULIN SYRINGE, PEN NEEDLE		
TRUE COMFORT		
PRO INS SYRINGE, PEN NEEDLE		

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DIABETES (cont)</b>			<b>DIURETICS (cont)</b>		
	TRUEPLUS PEN NEEDLE, SYRINGE TRULICITY (PA, QL) ULTICARE ULTICARE INSULIN SYRINGE, PEN NEEDLE ULTICARE SAFETY PEN NEEDLE ULTILET PEN NEEDLE ULTRA COMFORT ULTRA-FINE PEN NEEDLE ULTRA FLO INSULIN SYRINGE, PEN NEEDLE ULTRA THIN ULTRACARE INSULIN SYRINGE, PEN NEEDLE ULTRA-THIN II UNIFINE PEN NEEDLE UNIFINE ULTRA PEN NEEDLE UNIFINE PENTIPS UNIFINE PENTIPS MAXFLOW, PLUS, PLUS MAXFLOW VANISHPOINT VANISHPOINT INSULIN SYRINGE V-GO 20 V-GO 30 V-GO 40 VEO INSULIN SYRINGE VICTOZA (PA, QL) XIGDUO XR (QL, ST) XULTOPHY ZEGALOGUE (QL)		hydrochlorot- hiazide spironolactone triamterene-hctz		
			<b>EAR MEDICATIONS</b>		
			ciprofloxacin- dexamethasone neomycin- polymyxin b-hydrocortisone ofloxacin		CIPRO HC CIPRODEX CIPRODEX CIPROFLOXACIN- FLUOCINOLONE DERMOTIC OTOVEL
			<b>EYE CONDITIONS</b>		
			bimatoprost (QL) brimonidine brimonidine tartrate-timolol brinzolamide ciprofloxacin cyclosporine difluprednate dorzolamide- timolol erythromycin fluorometholone ketorolac latanoprost loteprednol moxifloxacin eye drops neomycin- polymyxin b-dexamethasone ofloxacin polymyxin b sulfate- trimethoprim prednisolone timolol tobramycin tobramycin- dexamethasone travoprost	CEQUA EYSUVIS (QL) SIMBRINZA XIIDRA	ACULAR ACULAR LS ACUVAIL ALREX AZASITE AZOPT BESIVANCE BETIMOL BETOPTIC S BROMSITE COSOPT COSOPT PF CYSTADROPS* (PA, QL) CYSTARAN* (PA, QL) DURYSTA* (PA) DUREZOL FLAREX FML FORTE FML FORTE 0.25% EYE DROPS FML LIQUIFILM 0.1% EYE DROP FML S.O.P. 0.1% OINTMENT ILEVRO INVELTYS ISTALOL LOTEMAX LOTEMAX SM LUCENTIS* (PA) MAXIDEX MAXITROL NEVANAC OCUFLOX OXERVATE* (PA) POLYTRIM
<b>DIURETICS</b>					
acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet	KERENDIA (PA, QL)	ALDACTONE CAROSPIR DIURIL INSPIRA JYNARQUE* (PA) LASIX MAXZIDE			

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### EYE CONDITIONS (cont)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		PRED FORTE PRED MILD PROLENSA RHOPRESSA ROCKLATAN TEPEZZA* (PA) TIMOPTIC TIMOPTIC-XE TIMPOTIC OCUDOSE TOBRADEX TOBRADEX ST VIGAMOX ZIRGAN ZYLET

### FEMININE PRODUCTS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GYNAZOLE 1 miconazole 3 200 mg terconazole		

### GASTROINTESTINAL/HEARTBURN

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
alosetron* ANUCORT-HC balsalazide constulose cinacalcet* dexlansoprazole dr^ (QL) dicyclomine capsule, solution, tablet dronabinol esomeprazole (QL) famotidine 40 mg/5 ml suspension GAVILYTE-C+ GAVILYTE-G+ GENTLE LAXATIVE TABLET+ glycopyrrolate tablet HEMMOREX-HC hydrocortisone lansoprazole^ (QL) lubiprostone mesalamine mesalamine dr mesalamine er metoclopramide solution, tablet	CLENPIQ+ ENTYVIO* (PA) LINZESS NEXIUM DR 25 MG PACKET (QL) NEXIUM DR 2 MG PACKET (QL) NEXIUM DR 5 MG PACKET (QL) PANCREAZE SUTAB+ TRULANCE VIBERZI	APRISO BONJESTA CANASA CARAFATE CHOLBAM* (PA) CUVPOSA CYTOTEC DICLEGIS GATTEX* (PA) HYOSCYAMINE SULFATE LEVBIID LEVSIN LEVSIN-SL LITHOSTAT MOTOFEN MOVANTIK (PA) NULEV OCALIVA* (PA) RAVICTI* (PA) RECTIV RELISTOR (PA) SANCUSO (PA, QL) SFROWASA SUCRAID* (PA) SYMPROIC (PA) TRANSDERM-SCOP URSO URSO FORTE VARUBI (PA, QL) VIOKACE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### GASTROINTESTINAL/HEARTBURN (cont)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
misoprostol omeprazole^ (QL) ondansetron ondansetron odt pantoprazole ^ (QL) peg 3350-electrolyte+ peg3350-sodium sulfate-sodium chloride- potassium chloride-sodium ascorbate-ascorbic acid+ PEG-PREP+ prochlorperazine tablet promethazine promethegan rabeprazole tablet^ (QL) scopolamine sucralfate		XERMELO* (PA)

### HORMONAL AGENTS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) cabergoline (QL) desmopressin ampule, vial* dexamethasone intensol DOTTI (QL) estradiol (once weekly) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol- norethindrone acetat EUTHYROX fyremadel*^ (PA) LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL)	COMBIPATCH DUAVEE ESTRING (QL) ESTROGEL FORTEO* (PA, QL) GENOTROPIN* (PA) HUMATROPE* (PA) LUPRON DEPOT* (PA) LUPRON DEPOT- PED* (PA) MYFEMBREE (PA, QL) NORDITROPIN FLEXPRO* (PA) ORIAHNN (PA, QL) ORLISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO SEROSTIM* (PA) SOMATULINE DEPOT*(PA)	ACTHAR GEL* (PA) ACTIVELLA ANDRODERM (PA, QL) ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA CETROTIDE*^ (PA) CLIMARA CLIMARA PRO CORTROPHIN* (PA) CRINONE 4% (PA) CYTOMEL DEPO- TESTOSTERONE DIVIGEL ELESTRIN EMFLAZA* (PA) ESTRACE EVAMIST FENSOLVI* (PA) GANIRELIX*^ (PA) IMVEXXY (QL) INTRAROSA (QL) ISTURISA* (PA, QL) LANREOTIDE* (PA)

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### HORMONAL AGENTS (cont)

medroxyprog- esterone		LUPANETA PACK* (PA)
methylpredn- isolone		MEDROL
millipred		MENOSTAR (QL)
MIMVEY		MINIVELLE (QL)
norethindrone		MYFEMBREE (QL)
OMNITROPE* (PA)		OSPHENA (QL)
NP THYROID		PROMETRIUM
prednisolone		RAYALDEE
solution		SANDOSTATIN LAR DEPOT* (PA)
prednisone intensol		SIGNIFOR LAR* (PA)
prednisolone odt		SKYTROFA* (PA)
progesterone tablet		SOMAVERT* (PA)
testosterone		SUPPRELIN LA* (PA)
cyponate		TESTOPEL (PA)
YUVAFEM		TERIPARATIDE* (PA,QL)
		TRIOSTAT
		TRIPTODUR* (PA)
		UNITHROID
		VAGIFEM (QL)
		VIVELLE-DOT (QL)

### INFECTIONS

acyclovir capsule, suspension, tablet	BARACLUDE SOLUTION*	AEMCOLO (QL)
albendazole	EPCLUSA* (PA, QL)	ALBENZA
amoxicillin	EURAX 10% CREAM	ALINIA
amoxicillin- clavulanate er	FIRVANQ	ANCOBON
amoxicillin- clavulanate	FOLLISTIM*^ (PA)	ARIKAYCE* (PA)
atovaquone	HARVONI* (PA, QL)	BACTRIM
atovaquone- proguanil	LAGEVRIO(EUA)(QL)	BACTRIM DS
AVIDOXY	LEDIPASVIR- SOFOSBUVIR* (PA,QL)	BAXDELA TABLET (PA)
azithromycin packet, suspension, tablet	MAVYRET* (PA, QL)	BICILLIN L-A
cefadroxil	MOLNUPIRAVIR (QL)	CAYSTON* (PA, QL)
cefдинир	PAXLOVID (QL)	CIPRO
cefepodoxime proxetil	PEGASYS* (PA)	CLEOCIN
cefuroxime tablet	SOFOSBUVIR- VELPATASVIR* (PA,QL)	CLEOCIN PEDIATRIC
cephalexin	SOVALDI* (PA, QL)	CLINDESSE
ciprofloxacin	THALOMID* (PA)	CRESEMBA
clarithromycin	TOBI PODHALER* (PA,QL)	CAPSULE (PA)
clarithromycin er	VEMLIDY*	DARAPRIM* (PA)
clindamycin	VOSEVI* (PA,QL)	DIFICID (QL)
clindamycin (pediatric)	XIFAXAN (QL)	e.e.s. 400
COREMINO ER (QL)		ELIMITE
dapsone		ERYPED 200
		ERY-TAB DR
		EURAX 10% LOTION
		FLAGYL
		HIPREX
		IMPAVIDO (PA)
		KITABIS PAK* (PA, QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### INFECTIONS (cont)

doxycycline monohydrate		LIVTENCITY* (PA,QL)
EMVERM		MACROBID
entecavir* (QL)		MACRODANTIN
erythromycin		MALARONE (PA)
erythromycin ethylsuccinate		NATROBA
famciclovir		NUVESSA
fluconazole		NUZYRA TABLET* (PA, QL)
flucytosine		PLAQUENIL
hydroxychloro- quine		SYNAGIS* (PA)
itraconazole		VFEND (PA)
levofloxacin solution, tablet		VFEND IV
methenamine		VIEKIRA PAK* (PA,QL)
metronidazole gel, capsule, tablet		XOFLUZA (QL)
minocycline		
minocycline er (QL)		
mondoxylene nl		
nitazoxanide		
nitrofurantoin monohydrate- macrocrystal		
nystatin suspension, tablet		
voriconazole (PA)		

### INFERTILITY

CHORIONIC GONADOTROPIN *^ (PA)	ENDOMETRIN^ GONAL-F*^ (PA)	CRINONE 8%^ (PA)
clomiphene ^		FOLLISTIM AQ*^ (PA)
hydroxypro- gesterone caproate* (PA)		MAKENA* (PA)
		MENOPUR*^ (PA)
		NOVAREL*^ (PA)
		OVIDREL*^ (PA)
		PREGNYL*^ (PA)

### MISCELLANEOUS

deferiprone 500mg* (PA)	ACCU-CHEK	AUSTEDO* (PA)
disulfiram	CERDELGA* (PA)	BOTOX* (PA)
sapropterin* (PA)	DROPLET LANCETS	CEREZYME* (PA)
sodium chloride inhalation vial, irrigation solution, vial	MICROLET	DYSPORT* (PA)
	NITYR* (PA)	EVRYSDI* (PA)
	ONETOUCH	FORA GTEL KETONE TEST STRIP
	PRECISION XTRA	GALAFOLD* (PA)
	STRENSIQ* (PA)	GOJJI BLOOD KETONE TEST STRIP
	TECHLITE LANCETS	HYPER-SAL
		INGREZZA* (PA)

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### MISCELLANEOUS (cont)

		INGREZZA INITIATION PACK* (PA, QL)
		KETONE CARE TEST STRIP
		KETONE TEST STRIP
		KETOSTIX REAGENT
		MYALEPT* (PA)
		NOVAMAX PLUS
		NUEDEXTA (QL)
		ORFADIN* (PA)
		PALYNZIQ* (PA)
		POGO AUTOMATIC TEST CARTRIDGE
		PRECISION XTR B-KETONE STRIP
		RADICAVA ORS* (PA, QL)
		RADICAVA* (PA)
		TEGSEDJ* (PA)
		TIGLUTIK* (PA)
		TRUEPLUS KETONE TEST STRIP
		VIVITROL*
		VOXZOGO* (PA)
		VYNDAMAX* (PA, QL)

### MULTIPLE SCLEROSIS

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

### NUTRITIONAL/DIETARY

betaine anhydrous*	LOKELMA	ACCRUFER
calcitriol capsule, solution^	PETITE	AURYXIA (QL)
cyanocobalamin	OB COMPLETE	CITRANATAL
dodex	VELPHORO	BLOOM
fluoride+	VELTASSA	CITRANATAL 90
folic acid^+		DHA
cyanocobalamin		CITRANATAL ASSURE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### NUTRITIONAL/DIETARY (cont)

dodex		CITRANATAL
fluoride+		B-CALM
folic acid^+		CITRANATAL DHA
klor-con 8		CITRANATAL HARMONY
klor-con 10		CITRANATAL RX
lanthanum		DRISDOL
MULTI-VITAMIN W-FLUORIDE-IRON+		FLORIVA+
MULTIVITAMIN WITH FLUORIDE+		INFUVITE ADULT
MULTIVITAMIN-IRON-FLUORIDE		K-TAB ER
potassium chloride 10%, capsule, conc, packet, tablet		MONOFERRIC (PA)
sevelamer carbonate		NEEVO DHA
sodium fluoride+		OB COMPLETE
taron-prex prenatal		PHOSLYRA
RI-VITE WITH FLUORIDE+		POLY-VI-FLOR WITH IRON+
vitamin d2 1.25 mg (50,000 unit)^		POLY-VI-FLOR+ POTASIUUM CL 2 MEQ/ML CONC
VITAMINS A,C,D AND FLUORIDE+		POTASSIUUM CL 2 MEQ/ML CONC
		PRENATE
		PRIMACARE
		QUFLORA
		PEDIATRIC 1 MG CHEWABLE TABLET+
		QUFLORA PEDIATRIC 0.25 MG/ML DROP+
		QUFLORA PEDIATRIC 0.5 MG/ML DROP+
		ROCALTROL
		TRI-VI-FLOR+

### OSTEOPOROSIS PRODUCTS

alendronate	TYMLOS* (PA, QL)	ACTONEL (ST)
ibandronate syringe, vial*		ATELVIA (ST)
ibandronate 3 mg/3 ml syringe*		BINOSTO (ST)
ibandronate 3 mg/3 ml vial*		BONIVA (ST)
raloxifene + risedronate dr		EVISTA
		EVENITY (2 SYRINGES)* (PA, QL)
		EVENITY* (PA, QL)
		FOSAMAX (ST)
		PROLIA* (PA)
		XGEVA* (PA)

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>		
acetaminophen-codeine (PA)	ACTEMRA* (PA, QL)	ANALPRAM HC
allopurinol tablet	AIMOVIG (PA)	ARAVAL
baclofen tablet	AJOVY (PA)	ARCALYST* (PA)
buprenorphine patch (QL)	AMJEVITA* (made by Amgen) (PA,QL)	BENLYSTA* (PA)
butalbital-acetaminophen-caffeine (QL)	AVSOLA* (PA)	BUPRENEX
buprenorphine (QL)	BELBUCA (QL)	BUTRANS (QL)
butalbital-acetaminophen-caffe (QL)	CIMZIA* (PA, QL)	CELEBREX (QL, ST)
carisoprodol	DUPIXENT* (PA)	COLCRYS
celecoxib (QL)	DUROLANE*	DEPEN* (PA,QL)
colchicine 0.6mg tablet	EMGALITY (PA)	DUROLANE* (PA)
cyclobenzaprine	ENBREL* (PA, QL)	EC-NAPROSYN (ST)
diclofenac 1% gel (QL)	EUFLEXXA* (PA)	ESGIC (QL)
diclofenac dr	HUMIRA* (PA, QL)	EUFLEXXA* (PA)
diclofenac ec	HYSINGLA ER (PA)	FEXMID
EC-NAPROXEN	INFLECTRA* (PA)	FIORICET (QL)
ECOTRIN EC 81 MG TABLET+	MITIGARE	GABLOFEN
eletriptan (QL)	NURTEC ODT (PA, QL)	GELSYN-3 (PA)
ENDOCET (PA)	OTREXUP (PA)	HYALGAN* (PA)
febuxostat (QL)	OTEZLA* (PA, QL)	HYMOVIS* (PA)
fentanyl (PA)	QULIPTA (PA,QL)	ILARIS* (PA)
frovatriptan (QL)	REDITREX (PA)	ILUMYA* (PA, QL)
GEL-ONE* (PA)	RINVOQ* (PA, QL)	KEVZARA* (PA, QL)
GENVISC 850* (PA)	SIMPONI 100MG* (PA, QL)	MONOVISC* (PA)
GLYDO	SIMPONI ARIA* (PA)	NAPROSYN (ST)
hydromorphone (PA)	SKYRIZI* (PA, QL)	NUCYNTA (PA)
hydromorphone er (PA)	STELARA* (PA, QL)	NUCYNTA ER (PA)
hydrocodone-acetaminophen (PA)	TALTZ* (PA, QL)	OLUMIANT* (PA, QL)
IBU	TREMFYA* (PA,QL)	ORENCIA* (PA, QL)
ibuprofen	TRUDHESA (PA,QL)	ORTHOVISC* (PA)
indomethacin	UBRELVY (PA, QL)	OXAYDO (PA)
indomethacin er	XELJANZ XR* (PA, QL)	PERCOCET (PA)
ketorolac	XELJANZ* (PA, QL)	PROCORT
tromethamine (QL)	XTAMPZA ER (PA)	PROCTOFOAM-HC
leflunomide	ZTLIDO	RENFLEXIS* (PA)
lidocaine (QL)		ROBAXIN
lidocaine-prilocaine		ROXYBOND (PA)
meloxicam tablet		SAVELLA
metaxalone		RENFLEXIS* (PA)
		ROBAXIN
		ROXYBOND (PA)
		SAVELLA
		SILIQ* (PA, QL)
		SKELAXIN
		SYNVISC* (PA)
		SYNVISC-ONE* (PA)
		TRILURON* (PA)
		ULORIC (QL)
		XIAFLEX* (PA)
		ZANAFLEX
		ZEBUTAL (QL)
		ZOHYDRO ER (PA)
		ZYLOPRIM

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b> <i>(cont)</i>		
methocarbamol		
morphine (PA)		
morphine er (PA)		
nabumetone		
NALOCET (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
penicillamine* (PA,QL)		
PROLATE TABLET (PA)		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan succ-naproxen sod (QL)		
SUPARTZ FX* (PA)		
tramadol 50 mg tablet (QL)		
tramadol er (QL)		
TRIVISC* (PA)		
VANADOM		
VISCO-3* (PA)		
<b>PARKINSON'S DISEASE</b>		
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
		XADAGO (ST)
<b>SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>4</sup></b>		
aripiprazole (QL)	ABILIFY MAINTENA (QL)	ARISTADA (QL)
aripiprazole odt	LATUDA (QL)	CAPLYTA (QL,ST)
asenapine		CLOZARIL (ST)
chlorpromazine		FANAPT (QL, ST)
clozapine		INVEGA HAFYERA (QL, ST)
clozapine odt		INVEGA SUSTENNA (QL, ST)
olanzapine tablet		INVEGA TRINZA (QL, ST)
olanzapine odt		
paliperidone er (QL)		
quetiapine		

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>4</sup> (cont)

quetiapine er	ABILIFY MAINTENA (QL)	PERSERIS (QL)
risperidone	LATUDA (QL)	REXULTI (QL, ST)
risperidone odt		RISPERDAL CONSTA (ST)
ziprasidone tablet		SAPHRIS (ST)
		SECUADO (ST)
		SEROQUEL (ST)
		SEROQUEL XR (ST)
		VRAYLAR (QL, ST)
		ZYPREXA RELPREVV (QL)

### SEIZURE DISORDERS

carbamazepine	DILANTIN 30 MG CAPSULE (PA)	APTIOM (PA, QL)
carbamazepine er	FYCOMPA (PA, QL)	BANZEL (PA, QL)
clonazepam	NAYZILAM (PA, QL)	BRIVIACT ORAL SOLUTION,
divalproex	VIMPAT 10MG/ML SOLUTION	TABLET (PA)
divalproex er		CARBATROL (PA)
EPITOL		DEPAKOTE (PA)
gabapentin		DEPAKOTE ER (PA)
lacosamide		DEPAKOTE
lamotrigine		SPRINKLE (PA)
lamotrigine (blue)		DIASTAT (PA)
lamotrigine (green)		DILANTIN 100 MG CAPSULE (PA)
lamotrigine (orange)		DILANTIN 50 MG INFATAB (PA)
lamotrigine er		EPIDIOLEX* (PA)
lamotrigine odt		FINTEPLA* (PA)
lamotrigine odt (blue)		KLONOPIN (PA)
lamotrigine odt (green)		LYRICA ORAL SOLUTION (PA)
lamotrigine odt (orange)		NEURONTIN (PA)
levetiracetam		OXTELLAR XR (PA)
solution, tablet		PHENYTEK (PA)
levetiracetam er		SPRITAM (PA)
oxcarbazepine		TEGRETOL (PA)
pregabalin capsule, solution		TEGRETOL XR (PA)
ROWEEPRA		VALTOCO (PA, QL)
rufinamide (PA, QL)		VIMPAT 200MG/ML VIAL)
SUBVENITE		XCOPRI (PA, QL)
SUBVENITE (BLUE)		
SUBVENITE (GREEN)		
SUBVENITE (ORANGE)		
topiramate		
topiramate er		
vigabatrin*		
vigadrone*		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SKIN CONDITIONS

ACCUTANE	DBRY*	ANALPRAM HC 2.5%-1% LOTION
adapalene (PA age)	DROPSAFE PREP PADS	AVAR 9.5-5% CLEANSING PADS
adapalene-benzoyl peroxide	CIBINQO* (PA,QL)	BRYHALI (ST)
AMNESTEEM	EUCRISA (ST)	calcipotriene foam
AVAR CLEANSER	TARGRETIN*	CAPEX SHAMPOO (ST)
AVAR-E		CLEOCIN T
AVAR-E GREEN		CLINDACIN ETZ KIT
azelaic acid		CLINDACIN PAC KIT
betamethasone		CLODERM (ST)
diprop augmented		DRYSOL
betamethasone dipropionate		EFUDEX
BP 10-1		ELIDEL
calcipotriene		EVOCLIN
CLARAVIS		NAFTIN
CLINDACIN ETZ 1% PLEDGET		OPZELURA (PA)
CLINDACIN P 1% PLEDGETS		PICATO
clindamycin 1% foam, gel, lotion, pledget, solution		PLEXION
clindamycin-benzoyl peroxide		PRAMOSONE
clindamycin-tretinoin		PROTOPIC
clobetasol		REGRANEX (PA,QL)
CLOCORTOLONE PIVALATE		SANTYL (QL)
CLODAN		TEMOVATE (ST)
clotrimazole-betamethasone		TWYNEO
dapsone gel		XEPI
fluocinonide		
fluorouracil cream, topical solution		
isotretinoin		
ketoconazole		
KETODAN		
metronidazole		
mupirocin ointment		
MYORISAN		
NEUAC GEL		
pimecrolimus		
ROSADAN		
sodium sulfacetamide-sulfur		
SSS 10-5		

## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SKIN CONDITIONS (cont)

SULFACLEANSE 8-4 tacrolimus ointment tazarotene 0.1% cream tretinoin (PA age) TRIDERM ZENATANE		
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### SLEEP DISORDERS/SEDATIVES

armodafinil (PA) doxepin (QL) doxepin hcl (QL) eszopiclone modafinil (PA) naltrexone hcl (QL) temazepam zolpidem zolpidem er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	HETLIOZ* (PA) HETLIOZ LQ* (PA) LUNESTA (ST) SILENOR (QL, ST) WAKIX* (PA, QL) XYREM* (PA, QL) XYWAV* (PA, QL)
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### SUBSTANCE ABUSE

buprenorphine- naloxone	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBLOCADE* SUBOXONE ZIMHI (QL)
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### TRANSPLANT MEDICATIONS

everolimus 0.25 mg tablet* everolimus 0.5 mg tablet* mycophenolate mofetil* mycophenolic acid* sirolimus* tacrolimus capsule*	PROGRAF 5 MG/ML AMPULE*	ASTAGRAF XL* CELLCEPT ORAL SUSPENSION, TABLET* ENVARUSUS 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*
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### URINARY TRACT CONDITIONS

alfuzosin er cevimeline finasteride oxybutynin	CYSTAGON*	ELMIRON FLOMAX K-PHOS ORIGINAL PROSCAR
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### URINARY TRACT CONDITIONS (cont)

oxybutynin er phenazopyridine potassium er silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine er (QL) trospium trospium er		PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL
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### VACCINES

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

ENGERIX-B ADULT+ ENGERIX-B PEDIATRIC- ADOLESCENT+	AFLURIA QUAD 2021-22 (6- 35MO)+ BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENGXVAXIA+ DIPHThERIA- TETANUS TOXOIDS-PED+ FLUAD QUAD 2021- 2022+ FLUARIX QUAD 2021-2022+ FLUBLOK QUAD 2021-2022+ FLUCELVAX QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLUZONE HIGH- DOSE QUAD 2021-22+ FLUZONE QUAD 2021-2022+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ ANSSSEN COVID-19 VACCINE (EUA)+
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## Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>VACCINES (cont)</b>		
Not all plans cover vaccines in the same way. Log in to the <b>myCigna</b> App or <b>myCigna.com</b> , or check your plan materials, to find out how your specific plan covers them.		
		KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W-135-DIP+ M-M-R II VACCINE+ MODERNA COVID-19 BOOSTER (EUA)+ MODERNA COVID-19 VACCINE (EUA)+ MODERNA COVID (12Y UP) VAC (EUA)+ MODERNA COVID (6M-5Y) VACC (EUA)+ NOVAVAX COVID-19 VACC, ADJ (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (5-11Y) VAC (EUA)+ PFIZER COVID (6M-4Y) VACC (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP-IPV VIAL+ RECOMBIVAX HB+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) VACC+ TDVAX+ TENIVAC+

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>VACCINES (cont)</b>		
Not all plans cover vaccines in the same way. Log in to the <b>myCigna</b> App or <b>myCigna.com</b> , or check your plan materials, to find out how your specific plan covers them.		
		TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+
<b>VITAMINS</b>		
		POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+
<b>WEIGHT MANAGEMENT</b>		
		megestrol suspension

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

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

DRUG CLASS	MEDICATION NAME <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 100MG, 200MG TABLET*	etravirine*
	KALETRA*	lopinavir-ritonavir*
	LEXIVA 700MG TABLET*	fosamprenavir 700mg tablet*
	NORVIR 100MG TABLET*	ritonavir 100mg tablet*
	RETROVIR CAPSULE, SYRUP*	zidovudine capsule, syrup*
	REYATAZ CAPSULE*	atazanavir capsules*
	SUSTIVA*	efavirenz*
	SYMFI*, SYMFI LO*	efavirenz-lamivudine-tenofovir*
	TRIZIVIR*	abacavir-lamivudine-zidovudine tablet*
	TRUVADA*	emtricitabine-tenofovir*
	VIRAMUNE*	nevirapine*
	VIRAMUNE XR*	nevirapine ER*
VIREAD 300MG TABLET*	tenofovir 300mg tablet*	
ZIAGEN*	abacavir*	
ALLERGY/NASAL SPRAYS	AUVI-Q, EPIPEN, EPIPEN JR, SYMJEPI	epinephrine auto-injectors
	carbinoxamine 6mg tablet, RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine, RYCLORA	carbinoxamine oral solution, cyproheptadine syrup, hydroxyzine syrup
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)
	RYALTRIS	azelastine-fluticasone, mometasone, flunisolide, fluticasone
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
	AUVELITY	bupropion sr, generic SNRI's (ex: venlafaxine, duloxetine) generic SSRI's (ex: citalopram, fluoxetine)
	bupropion xl 450mg tablet, FORFIVO XL	bupropion xl 150mg tablets
	CITALOPRAM HBR	citalopram tablet
	CYMBALTA, VENLAFAXINE ER	desvenlafaxine ER, duloxetine, escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram
	PAMELOR	nortriptyline capsules
	PARNATE	tranylcypromine

<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)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	PEXEVA	paroxetine, paroxetine cr
	PRISTIQ	desvenlafaxine succinate er, bupropion sr duloxetine, escitalopram sertraline, venlafaxine er
	VIIBRYD	vilazodone
	WELLBUTRIN XL	bupropion xl, escitalopram, fluoxetine
ASTHMA/COPD/RESPIRATORY	ADVAIR HFA, ADVAIR DISKUS AIRDUO RESPICLICK, BREO ELLIPTA	DULERA, fluticasone-salmeterol SYMBICORT, WIXELA INHUB
	ALVESCO, ARMONAIR DIGIHALER ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA PULMICORT FLEXHALER	FLOVENT DISKUS, FLOVENT HFA QVAR
	ARCAPTA NEOHALER STRIVERDI RESPIMAT	SEREVENT DISKUS
	BEVESPI AEROSPHERE DUAKLIR PRESSAIR	ANORO ELLIPTA STIOLTO RESPIMAT
	BROVANA	arformoterol
	budesonide-formoterol	SYMBICORT
	ELIXOPHYLLIN	theophylline er, theophylline oral solution
	ALBUTEROL HFA, levalbuterol hfa PROAIR DIGIHALER, PROAIR HFA PROAIR RESPICLICK, PROVENTIL HFA VENTOLIN HFA, XOPENEX HFA	Generic PROAIR or PROVENTIL (albuterol hfa)
	PERFOROMIST	formoterol
	TADLIQ	ALYQ, sildenafil 20mg tablet, suspension, tadalafil 20mg tablet
	TUDORZA PRESSAIR	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
	YUPELRI	ANORO ELLIPTA, BREZTRI AEROSPHERE INCRUSE ELLIPTA, SPIRIVA STIOLTO RESPIMAT, TRELEGY ELLIPTA
	ZYFLO	montelukast, zafirlukast, zileuton er
	ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR ADZENYS XR-ODT APTENSIO XR AZSTARYS CONCERTA COTEMPLA XR-ODT DYANAVAL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER RITALIN LA VYVANSE
DESOXYN		methamphetamine
DEXEDRINE		dexamethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine 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)
ATTENTION DEFICIT HYPERACTIVITY (cont)	EVEKEO ODT	amphetamine, dexamethylphenidate dextroamphetamine, methamphetamine methylphenidate
	METHYLPHENIDATE ER	generic methylphenidate tablet
	methylphenidate er 72mg tablet, RELEXII	methylphenidate er 36mg tablet
	QELBREE	atomoxetine
BLOOD PRESSURE/HEART MEDICATIONS	ACCUPRIL	quinapril
	ACCURETIC	quinapril-hctz
	ALTACE	ramipril
	ASPRUZYO SPRINKLE	amlodipine, atenolol, isosorbide, nifedipine, propranolol, ranolazine er
	ATACAND	candesartan
	ATACAND HCT	candesartan-hctz
	AVALIDE	irbesartan-hctz
	AVAPRO	irbesartan-hctz
	AZOR	amlodipine-olmesartan
	BENICAR	olmesartan
	BENICAR HCT	olmesartan-hctz
	BETAPACE	sotalol
	BYSTOLIC	generic beta blockers (e.g. metoprolol; atenolol)
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CLONIDINE ER	clonidine er 0.1mg tablet, patch
	CONJUPRI, NORLIQVA	amlodipine, felodipine er, nicardipine, nifedipine
	CONSENSI	amlodipine, celecoxib
	COZAAR	losartan
	DIOVAN	valsartan
	DIOVAN HCT	valsartan-hctz
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	EXFORGE	amlodipine-valsartan
	EXFORGE HCT	amlodipine-valsartan hctz
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	HYZAAR	losartan-hctz
	ISORDIL, ISORDIL TITRADOSE	isosorbide dinitrate
	LANOXIN	digoxin
	LOTENSIN	benazepril
	LOTENSIN HCT	benazepril-hctz
	LOTREL	amlodipine-benazepril
MICARDIS	telmisartan	
MICARDIS HCT	telmisartan-hctz	
MULTAQ	amiodarone, disopyramide, dofetilide, flecainide propafenone, quinidine, sotalol af	

<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)	PRINIVIL, ZESTRIL	lisinopril	
	TEKTURNA	aliskiren	
	TEKTURNA HCT	generic ACE inhibitor + HCT (e.g. benazepril-HCT)	
	TRIBENZOR	olmesartan-amlodipine-hctz	
	VASERETIC	enalapril-hctz	
	VASOTEC	enalapril	
	ZESTORETIC	lisinopril-hctz	
BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole, YOSPRALA	aspirin or enteric aspirin	
	PRADAXA	dabigatran	
CANCER	AFFINITOR*, AFFINITOR DISPERZ*	everolimus	
	BESREMI*	hydroxyurea capsule	
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*	
	GLEEVEC*	imatinib	
	NEXAVAR*	sorafenib	
	NILANDRON	nilutamide	
	TARCEVA*	erlotinib	
YONSA*, ZYTIGA*	abiraterone		
CHOLESTEROL MEDICATIONS	ANTARA, FENOGLIDE	fenofibrate	
	ALTOPREV	lovastatin+, atorvastatin+, simvastatin+ rosuvastatin+	
	CRESTOR	rosuvastatin+	
	EZALLOR SPRINKLE FLOLIPID LIVALO SIMVASTATIN 20mg/5ml SUSPENSION NEXLIZET	generic statins (e.g. atorvastatin; simvastatin)	
	ezetimibe-atorvastatin, LIPITOR	atorvastatin+, ezetimibe-simvastatin rosuvastatin+	
	JUXTAPID*, PRALUENT	REPATHA	
	LESCOL XL	fluvastatin er+	
	NEXLETOL ROSUVASTATIN-EZETIMIBE ROSZET	generic statins (e.g. atorvastatin; simvastatin) ezetimibe-simvastatin	
	niacin 500mg tablet, NIACOR	niacin er	
	PRAVACHOL	pravastatin+	
	VYTORIN	ezetimibe-simvastatin	
	ZYPITAMAG	atorvastatin+, lovastatin+, pravastatin+ rosuvastatin+, simvastatin+	
	CONTRACEPTION PRODUCTS	BALCOLTRA NATAZIA NEXTSTELLIS SLYND TAYTULLA TWIRLA	generic oral contraceptives
		COUGH/COLD MEDICATIONS	benzonatate 150mg
TUSSICAPS			hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
DIABETES	ACCU-CHEK TEST STRIPS CVS TEST STRIPS ADVOCATE TEST STRIPS ASSURE TEST STRIPS CONTOUR TEST STRIPS EASY TALK PLUS II FORA 6 GLUCOSE STRIP FORTISCARE G1 TEST STRIPS FREESTYLE TEST STRIPS RELION TEST STRIPS RIGHTEST GT333 TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)	
	ADLYXIN	BYDUREON, BYETTA, metformin, OZEMPIC TRULICITY, VICTOZA	
	ADMELOG, ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP, INSULIN ASPART, NOVOLOG	HUMALOG LYUMJEV	
	AFREZZA INSULIN GLARGINE	HUMALOG, HUMULIN R LYUMJEV	
	alogliptin, alogliptin-metformin JENTADUETO, JENTADUETO XR KAZANO, KOMBIGLYZE XR NESINA, ONGLYZA, TRADJENTA	JANUMET JANUMET XR JANUVIA metformin	
	alogliptin-pioglitazone OSEN	JANUMET, JANUMET XR, JANUVIA pioglitazone	
	FORTAMET, GLUMETZA metformin er gastric, metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)	
	GLUCAGEN HYPOKIT	generic glucagon, BAQSIMI	
	GVOKE	generic glucagon, glucagon emergency kit (generic) BAQSIMI	
	INSULIN ASPART PRO, NOVOLOG MIX	HUMALOG MIX	
	INVOKAMET, INVOKAMET XR SEGLUROMET	SYNJARDY, SYNJARDY XR, XIGDUO XR	
	INVOKANA, STEGLATRO	FARXIGA, JARDIANCE, metformin	
	LANTUS, LANTUS SOLOSTAR INSULIN DEGLUDEC, SEMGLEE, TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR	BASAGLAR LEVEMIR TRESIBA FLEXTOUCH	
	NOVOLIN	HUMULIN	
	QTERN, STEGLUJAN	GLYXAMBI, metformin, TRIJARDY XR	
	DIURETICS	EDECIN, ethacrynic acid, SOOANZ	bumetanide, furosemide, torsemide
		THALITONE	chlorthalidone
	EYE CONDITIONS	ALOCRI, ALOMIDE	cromolyn
		ALPHAGAN	brimonidine
COMBIGAN		brimonidin-timolol	
LUMIGAN, TRAVATAN Z, VYZULTA XALATAN, XELPROS, ZIOPTAN		bimatoprost, latanoprost, travoprost	
RESTASIS, RESTASIS MULTIDOSE, TYRVAYA		cyclosporine 0.05% eye emulsion, XIIDRA	
GASTROINTESTINAL/HEARTBURN	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository	

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GASTROINTESTINAL/HEARTBURN (cont)	ASACOL HD, COLAZAL DELZICOL, DIPENTUM	balsalazide mesalamine tablets or capsules, sulfasalazine	
	BYLVAY* LIVMARLI*	cholestyramine powder/packet, rifampin ursodiol tablet	
	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone	
	CREON, PERTZYE, ZENPEP	PANCREAZE	
	GIMOTI*	metoclopramide oral solution or tablet	
	DARTISLA, glycopyrrolate 1.5mg tablet ROBINUL, ROBINUL FORTE	glycopyrrolate 1mg, 2mg tablet	
	GOLYTELY+, MOVIPREP+ OSMOPREP+, PLENVU+, SUPREP+	CLENPIQ+, GAVILYTE-C+, GAVILYTE-G+ GAVILYTE-N+, PEG 3350 ELECTROLYTE+, SUTAB+	
	IBSRELA, MOTEGRITY, ZELNORM	LINZESS	
	KRISTALOSE lactulose 10gm packet	CONSTULOSE, ENULOSE lactulose oral solution	
	LIALDA DR, PENTASA DR	mesalamine tablet or capsule	
	LIBRAX	chlordiazepoxide	
	LOTRONEX*	alosetron*	
	MARINOL, SYNDROS	dronabinol	
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium	
	OMECLAMOX-PAK, PYLERA TALICIA, VOQUEZNA	lansoprazole-amoxicillin-clarithromycin pak	
	PHEBURANE	sodium phenylbutyrate	
	RELTONE	ursodiol	
	ROWASA	mesalamine rectal enema suspension	
	SENSIPAR*	cinacalcet	
	URSODIOL 200 MG, 400 MG CAPSULE	ursodiol 300mg capsule, ursodiol tablet	
	ZOFRAN	ondansetron	
	ZUPLENZ	ondansetron, ondansetron odt	
	HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet
		ARMOUR THYROID, WP THYROID	np thyroid
		CLIMARA PRO	COMBIPATCH
		CORTROSYN	cosyntropin
		DDAVP, NOCDURNA	desmopressin nasal spray or tablets
DEXABLISS dexamethasone 6, 10, 13 Day 1.5mg tablets DXEVO, HIDEX, TAPERDEX, ZCORT		dexamethasone 1.5mg tablet	
DIVIGEL		estradiol gel patches	
FORTESTA, JATENZO, KYZATREX, NATESTO TESTIM, TLANDO, VOGELXO, XYOSTED		generic topical testosterone	
NUTROPIN AQ NUSPIN* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*		HUMATROPE* NORDITROPIN*	
HEMADY		dexamethasone 5mg tablet	

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HORMONAL AGENTS (cont)	LEVOTHYROXINE CAPSULE, SYNTHROID TIROSINT, TIROSINT-SOL	Generic SYNTHROID (also called levothyroxine tablet)	
	MYCAPSSA*	BYNFEZIA*	
	ORTIKOS	budesonide capsule	
	RAYOS, TARPEYO	methylprednisolone, prednisone	
	THYQUIDITY	EUTHYROX, LEVO-T, levothyroxine tablet, LEVOXYL	
	UCERIS 9MG ER TABLET	budesonide 9mg tablet, dexamethasone hydrocortisone, methylprednisolone prednisolone, prednisone	
INFECTIONS	ACTICLATE, DORYX, DORYX MPC, LYMEPAK MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER, 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 ORACEA	doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg	
	E.E.S. 200 ERYPED 400	erythromycin granules erythromycin	
	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, famciclovir, valacyclovir tablets	
	SPORANOX	itraconazole	
	TOLSURA	oral itraconazole	
	VALCYTE	valganciclovir	
	VANCOCIN	vancomycin oral solution or capsule	
	ZOVIRAX	acyclovir	
	MISCELLANEOUS	ESBRIET*	pirfenidone tablet
		EXSERVAN*, RILUTEK*	riluzole*, TIGLUTIK*
		HORIZANT	gabapentin
KUVAN*		sapropterin tablet & powder packet*	
PIRFENIDONE 534MG		pirfenidone 267 tablet	
RELYVRIO*, RILUTEK*		riluzole	
SYPRINE*		penicillamine*, trientine*	
XENAZINE*		tetrabenazine*	

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MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*	
	AUBAGIO*	teriflunomide*	
	COPAXONE*	BETASERON*, glatiramer*, GLATOPA* KESIMPTA*, PLEGRIDY*, REBIF*	
	GILENYA*, TASCENSO ODT*	fingolimod	
	TECFIDERA*	BAFIERTAM*, dimethyl*, fingolimod, PONVORY*, VUMERITY*, ZEPOSIA*	
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT	Any generic prenatal vitamin	
	FOSRENOL	lanthanum carbonate	
	NASCOBAL	cyanocobalamin injection	
	RENAGEL TABLET	sevelamer	
	RENVELA	sevelamer carbonate	
	PAIN RELIEF AND INFLAMMATORY DISEASE	ALLOPURINOL 200MG	allopurinol 100mg
		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, methocarbamol orphenadrine er, metaxalone
		BACLOFEN, FLEQSUVY, LYVISPAH OZOBAX	baclofen tablet
CAMBIA, DUEXIS, ELYXYB fenoprofen 200mg, 400mg capsule FENORTHO ibuprofen-famotidine, INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr, naproxen sodium er naproxen-esomeprazole mag RELAFEN, RELAFEN DS TIVORBEX, VIMOVO, VIVLODEX ZIPSOR, ZORVOLEX		Generic NSAID (e.g. celecoxib; meloxicam)	

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg, 750mg methocarbamol 1000mg	methocarbamol 500mg
	CONZIP	tramadol tramadol er
	COSENTYX*	ENBREL*, HUMIRA*, OTEZLA* STELARA*, TALTZ*
	CUPRIMINE*	penicillamine*, trientine*
	diclofenac 1.3% patch diclofenac 1.5% solution diclofenac 35mg capsule FLECTOR LICART PENNSAID VOLTAREN 1% GEL	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
	GLOPERBA	colchicine, probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE, PEN INJECTOR	dihydroergotamine, sumatriptan
	IMITREX TABLET	dihydroergotamine, eletriptan rizatriptan, sumatriptan tablets
	INFLIXIMAB*	AVSOLA*, INFLECTRA*
	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	KINERET*	ACTEMRA* ENBREL* HUMIRA* XELJANZ/XR*
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	LIDODERM	lidocaine 5% patch
	LORZONE	chlorzoxazone 500mg cyclobenzaprine tablet
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	OXYCONTIN	HYSINGLA ER, MORPHABOND ER, XTAMPZA ER
	PROLATE SOLUTION	oxycodone-acetaminophen tablet
	QDOLO	tramadol 50mg tablet
	REMICADE*	AVSOLA*, INFLECTRA*
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT, UBRELVY
	ROXICODONE	oxycodone
	SIMPONI* 50MG/0.5ML	ACTEMRA* ENBREL* HUMIRA* STELARA* TALTZ* XELJANZ/XR*
	SORIATANE	acitretin
	SUBSYS	fentanyl lozenge or buccal tablet
	tizanidine 2 mg, 4 mg, 6 mg capsule	tizanidine 2mg, 4mg tablet
	TOSYMRA	sumatriptan
	tramadol 100mg	tramadol
	TREXIMET	sumatriptan-naproxen
	vtol lq	butalbital-acetaminophen-caffeine capsule or tablets phrenilin forte
	ZEMBRACE SYMTOUCH	dihydroergotamine, sumatriptan
	ZOMIG ZMT	zolmitriptan odt
	PARKINSON'S DISEASE	DHIVY
GOCOVRI		amantadine
LODOSYN		carbidopa
ONGENTYS		entacapone
ZELAPAR		selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY, ABILIFY MYCITE	aripiprazole, paliperidone er, risperidone
	LYBALVI	aripiprazole, olanzapine, paliperidone er quetiapine, quetiapine er, risperidone ziprasidone
	GEODON CAPSULE	aripiprazole, paliperidone er, ziprasidone
	QUETIAPINE	quetipine
	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
	KEPPRA SOLUTION, TABLET	levetiracetam
	LAMICTAL	lamotrigine
	LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)	lamotrigine starter kit (blue, green, orange)
	LAMICTAL ODT	lamotrigine odt

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SEIZURE DISORDERS (cont)	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
	ZONASIDE	lamotrigine/ODT, zonisamide, topiramate
	ZONEGRAN	zonisamide
	SKIN CONDITIONS	ABSORICA ABSORICA LD
ACANYA, ACZONE, AKLIEF AKTIPAK, ALTRENO, AMZEEQ ARAZLO, ATRALIN, AVITA AZELEX, DIFFERIN, 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)
acyclovir cream, ointment DENA VIR, ZOVIRAX		acyclovir, famciclovir, valacyclovir tablets
adapalene swab		adapalene 0.1% cream, lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel
ALDARA imiquimod 3.75% ZYCLARA		imiquimod 5% cream
ANUSOL-HC 2.5% CREAM		hydrocortisone 2.5% rectal cream
APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone		betamethasone cream, ointment clobetasol halobetasol cream, ointment
BENZA CLIN, NEUAC 1.2-5% KIT		clindamycin-benzoyl peroxide
calcipotriene foam VTAMA		calcipotriene cream, ointment, solution calcitriol ointment, tazarotene cream
CARAC		fluorouracil 0.5% cream
CLINDAGEL		clindamycin gel clindamycin topical solution

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SKIN CONDITIONS (cont)	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapsone 5% gel, erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX VEREGEN	imiquimod 5% cream packet podofilox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethasone, fluocinolone , fluticasone
	CUTIVATE	betamethasone lotion, fluticasone topical lotion triamcinolone lotion
	diclofenac 3% gel	FLUOROPLEX, fluorouracil imiquimod 5% cream
	DOVONEX	calcipotriene cream
	doxepin 5% cream PRUDOXIN, ZONALON	generic topical steroid (e.g. betamethasone) topical tacrolimus
	DUOBRII	halobetasol plus tazarotene cream
	ENSTILAR TACLONEX	calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream, topical betamethasone
	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
	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

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SKIN CONDITIONS (cont)	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
	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
	OPZELURA	EUCRISA pimecrolimus tacrolimus ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	alclometasone desonide triamcinolone
	ULTRAVATE LOTION	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream
	VECTICAL	calcitriol ointment calcipotriene ointment tazarotene cream
	VERDESO	desonide cream desonide ointment

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SKIN CONDITIONS (cont)	WYNZORA, ZORYVE	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
SLEEP DISORDERS/SEDATIVES	AMBIEN	zolpidem
	AMBIEN CR	zolpidem er
	ATIVAN TABLET	lorazepam
	BELSOMRA	DAYVIGO
	EDLUAR	zolpidem or zolpidem er
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	QUVIVIQ, ZOLPIMIST	doxepin, eszopiclone, zaleplon zolpidem, zolpidem er
RESTORIL	temazepam	
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector, NARCAN
TRANSPLANT MEDICATIONS	AZASAN* azathioprine 75 mg, 100 mg tablet*	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
	GELNIQUE, MYRBETRIQ OXYTROL, 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*
	TOVIAZ	darifenacin er, fesoterodine er, oxybutynin er tolterodine er, trospium er
	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>2,3</sup>

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

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

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

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

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes:

- › Prescription medications used to treat heartburn/stomach acid conditions (e.g., Nexium, Prilosec and any generics) and

allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.

- › Medications used to treat lifestyle conditions like infertility, erectile dysfunction, smoking cessation.<sup>5</sup>
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

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

**A.** The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Health Plan Commercial Value Assessment Committee (HVAC) then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

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

**A.** The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

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

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

## Frequently Asked Questions (FAQs) (cont)

on the amount you're filling. If it has **(AGE)** next to it, you may need approval depending on the covered age range for the medication.

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

A. Medications that:

- › May be unsafe when combined with other medications
- › Have lower-cost, equally effective alternatives available
- › Should only be used for certain health conditions
- › Are often misused or abused

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

A. Medications that are often:

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

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

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

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

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

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

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

A. Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at [cignaforhcp.com](http://cignaforhcp.com).

Cigna will review information your doctor

provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 business days to hear from us. You can always check with your doctor's office to find out if a decision has been made. You can also log in to the **myCigna** app or **myCigna.com** to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

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

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

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

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

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

### Q. Are all 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.

## Frequently Asked Questions (FAQs) (cont)

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

**A.** Newly approved medications may not be covered on your drug list for the first six months after they receive approval from the FDA. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefit plans. We review all newly approved medications to see if they should be covered - and if so, on what tier. If your doctor feels a currently covered 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

## Frequently Asked Questions (FAQs) (cont)

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
- › 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)<sup>10</sup> electronically to Express Scripts Home Delivery. Or,

**3. Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

### Accredo®, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).<sup>11</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>12</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>13</sup>, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation<sup>13</sup>, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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

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



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://mycigna.com).
2. **If you're taking a medication that will be covered differently as of July 1<sup>st</sup>, you may not be affected by the change(s) at that time.** That's because there are state laws in **Connecticut, Louisiana, New York** and **Texas** that may require your plan to continue covering your medication as it is now, until your new plan year starts. For example, if Cigna is making a change to a medication on your drug list on July 1<sup>st</sup> but your new plan year doesn't start until November 1<sup>st</sup>, the change(s) won't affect you until November 1<sup>st</sup>. It's up to you to remember that your coverage will change at that time. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
3. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
4. For insured plans that must follow **Delaware's** state insurance laws: Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the [myCigna App](#) or [myCigna.com](https://mycigna.com), or call Customer Service using the number on your Cigna ID card.
5. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, 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.
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](https://mycigna.com), or check your plan materials, to learn more about the pharmacies in your plan's network. *Cigna maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.*
9. Standard shipping costs are included as part of your prescription plan.
10. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
11. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
12. 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.
13. 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](https://mycigna.com), or check your plan materials.

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

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# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



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 Ỗ: 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 연락해주시고, 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

**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 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).