



CIGNA STANDARD 3-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2023



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

595200 s Standard 3-Tier 06/23



What's inside?

About this drug list	3
How to read this drug list	3
How to find your medication	5
Medications that aren't covered - and their covered alternatives	21
Frequently Asked Questions (FAQs)	36
Exclusions and limitations for coverage	40

View the drug list online

This document was last updated on 06/01/2023.* You can go online to see the most up-to-date list of medications your plan covers.



myCigna® App¹ 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 **Standard 3 Tier** from the dropdown menu. Then type in your medication name or view the full list.

Questions?

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

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Standard 3-Tier Prescription Drug List as of July 1, 2023.^{2,3} Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

The drug list is updated often so it isn't a complete list of the medications your plan covers.

Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

How to read this drug list

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

TIER 1 \$	TIER 2 \$\$
BLOOD PRESSURE/HEART MEDICATIONS	
afeditab CR	BERINERT* (PA)
amlodipine besylate	BIDIL
amlodipine besylate-benazepril	BYSTOLIC
amlodipine-valsartan	CINRYZE* (PA)
amlodipine-valsartan-HCTZ	COREG CR
atenolol	COZAAR (ST)
atenolol-chlorthalidone	DIOVAN (ST)
benazepril	DIOVAN HCT (ST)
benazepril-HCTZ	EDARBI (ST)
candesartan cilexetil	EDARBYCLOR (ST)
cartia XT	EXFORGE
carvedilol	EXFORGE HCT
clonidine	FIRAZYR* (PA)
digitek	HEMANGEOL
digox	INDERAL LA
digoxin	INDERAL XL
diltiazem ER	INNOPRAN XL
diltiazem CD	LOTREL
diltiazem	MICARDIS (ST)
dilt-XR	MULTAQ
enalapril	NITRO-DUR
flecainide acetate	NITROLINGUAL
hydralazine	NITROMIST
irbesartan	NITRONAL
isosorbide mononitrat	NITROSTAT
	NORTHERA* (PA)
	NORVASC
	RANEXA (ST)
	TEKTURNA
	TEKTURNA HCT

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

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

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

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

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

Generic medications are in all **lowercase letters**

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

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Standard 3-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

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

(PA) **Prior Authorization** – Certain medications need approval from Cigna before your plan will cover them. These medications have a **(PA)** next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.

(QL) **Quantity Limits** – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a **(QL)** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.

(ST) **Step Therapy** – Certain high-cost medications aren't covered until you try one or more lower-cost 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	Condition	Page
AIDS/HIV	6	HORMONAL AGENTS	14, 15
ALLERGY/NASAL SPRAYS	6	INFECTIONS	15
ALZHEIMER'S DISEASE	6	INFERTILITY	15
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	MISCELLANEOUS	15, 16
ASTHMA/COPD/RESPIRATORY	6, 7	MULTIPLE SCLEROSIS	16
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	NUTRITIONAL/DIETARY	16
BLOOD MODIFIERS/BLEEDING DISORDERS	7	OSTEOPOROSIS PRODUCTS	17
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	PAIN RELIEF AND INFLAMMATORY DISEASE	17
BLOOD THINNERS/ANTI-CLOTTING	8	PARKINSON'S DISEASE	17
CANCER	8, 9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	17, 18
CHOLESTEROL MEDICATIONS	9	SEIZURE DISORDERS	18
CONTRACEPTION PRODUCTS	9-11	SKIN CONDITIONS	18, 19
COUGH/COLD MEDICATIONS	11	SLEEP DISORDERS/SEDATIVES	19
DENTAL PRODUCTS	11	SMOKING CESSATION	19
DIABETES	11-13	SUBSTANCE ABUSE	19
DIURETICS	13	TRANSPLANT MEDICATIONS	19
EAR MEDICATIONS	13	URINARY TRACT CONDITIONS	19
ERECTILE DYSFUNCTION	13	VACCINES	19, 20
EYE CONDITIONS	13, 14	VITAMINS	20
FEMININE PRODUCTS	14	WEIGHT MANAGEMENT	20
GASTROINTESTINAL/HEARTBURN	14		

Cigna Standard 3-Tier Prescription Drug List

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

AIDS/HIV

abacavir- lamivudine* (PA)	BIKTARVY* (QL)	APREUDE*+ (PA)
efavirenz- emtricitabine- tenofovir disop*+ emtricitabine- tenofovir 200-300 mg*+ ritonavir* tenofovir* (PA)	DESCOVY* + (PA) DOVATO* (QL) GENVOYA* (QL) ISENTRESS HD* (PA) ISENTRESS* JULUCA* (QL) PREZISTA* SYM TUZA* (QL) TIVICAY PD* TIVICAY* TRIUMEQ* (QL) TRIUMEQ PD* (QL)	CABENUVA*^ (PA) CIMDUO* (PA) COMPLERA* (PA, QL) ODEFSEY* (PA, QL) PREZCOBIX* (PA) STRIBILD* (PA, QL) TEMIXYS* (PA)

ALLERGY/NASAL SPRAYS

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

ALZHEIMER'S DISEASE

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

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER⁴

alprazolam alprazolam er alprazolam intensol alprazolam odt alprazolam xr amitriptyline bupropion (QL) bupropion sr (QL) bupropion xl 150 mg tablet (QL) bupropion xl 300 mg tablet (QL) buspirone clomipramine duloxetine (QL) escitalopram (QL) fluoxetine dr (QL) fluoxetine (QL) fluvoxamine (QL) fluvoxamine er (QL) lorazepam lorazepam intensol mirtazapine paroxetine cr (QL) paroxetine er (QL) paroxetine (QL) sertraline (QL) trazodone		CELEXA (QL, ST) DESVENLAFAXINE ER (QL,ST) EFFEXOR XR (QL, ST) EMSAM (QL) FETZIMA (QL, ST) NUPLAZID* (PA) PAXIL (QL, ST) PAXIL CR (QL, ST) PRISTIQ (QL, ST) PROZAC (QL, ST) REMERON SPRAVATO* (PA) TRINTELLIX (QL, ST) WELLBUTRIN SR (QL, ST) XANAX XANAX XR ZOLOFT (QL, ST)
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ASTHMA/COPD/RESPIRATORY

albuterol ambrisentan* (PA) budesonide (QL) fluticasone- salmeterol (QL) ipratropium- albuterol montelukast	ADEMPAS* (PA) ADVAIR HFA (QL) ANORO ELLIPTA (QL) ATROVENT HFA (QL) BEVESPI AEROSPHERE (QL) BREQ ELLIPTA BREZTRI AEROSPHERE (QL) COMBIVENT RESPIMAT (QL) DULERA (QL) FASENRA PEN* (PA) FLOVENT DISKUS (QL)	AIRDUO DIGIHALER (QL, ST) BRONCHITOL* (PA) KALYDECO* (PA, QL) LETAIRIS* (PA) LONHALA MAGNAIR (PA, QL) ORENITRAM ER* (PA) ORKAMBI* (PA, QL) PULMICORT RESPULES (QL) REVATIO 10 MG/ ML, 20 MG* (PA) SINGULAIR
----------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Cigna Standard 3-Tier Prescription Drug List

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

ASTHMA/COPD/RESPIRATORY (cont)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	FLOVENT HFA (QL)	TEZSPIRE* (PA)
	INCRUSE ELLIPTA	TRIKAFTA* (PA, QL)
	NUCALA * (PA)	TYVASO REFILL KIT*
	OFEV* (PA)	(PA)
	OPSUMIT* (PA)	VIJOICE* (PA,QL)
	PULMICORT	
	FLEXHALER	
	PULMOZYME* (PA)	
	QVAR REDHALER	
	SEREVENT DISKUS (QL)	
	SPIRIVA	
	HANDHALER (QL)	
	SPIRIVA RESPIMAT (QL)	
	STIOLTO RESPIMAT (QL)	
	SYMBICORT (QL)	
	TRACLEER* (PA)	
	TRELEGY ELLIPTA (QL)	
	UPTRAVI* (PA)	
	XOLAIR* (PA)	

ATTENTION DEFICIT HYPERACTIVITY DISORDER⁴

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
amphetamine (PA)	MYDAYIS (PA, QL)	ADDERALL (PA, ST)
dexamethylphenidate (PA)	VYVANSE (PA, QL)	ADZENYS XR-ODT (PA, QL)
dexamethylphenidate er (PA, QL)		AZSTARYS (PA, ST, QL)
guanfacine er		DAYTRANA (PA, QL)
methylphenidate er 10-60 mg cap (PA,QL)		DYANAVEL XR (PA, QL)
methylphenidate cd (PA, QL)		EVEKEO ODT (PA)
methylphenidate er (PA, QL)		FOCALIN (PA, ST)
methylphenidate er (cd) (PA, QL)		INTUNIV
methylphenidate er (la) (PA, QL)		METHYLIN (PA)
methylphenidate la (PA, QL)		QUILLICHEW ER (PA, QL)
		QUILLIVANT XR (PA, QL)
		RITALIN (PA, ST)
		STRATTERA (QL)

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

BLOOD MODIFIERS/BLEEDING DISORDERS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg*	ADYNOVATE*^ (PA)	ADVATE*^ (PA)
tranexamic acid 650 mg*	AFSTYLA*^ (PA)	CABLIVI*^ (PA)
	ARENSEP*^ (PA)	DOPTELET* (PA)
	DROXIA	FULPHILA* (PA)
	ELOCTATE*^ (PA)	GRANIX*^ (PA)
	EMPAVELI* (PA)	HEMLIBRA* (PA)
	EPOGEN*^ (PA)	MIRCERA*^ (PA)
	ESPEROCT*^ (PA)	NEUPOGEN*^ (PA)
	JIVI*^ (PA)	NUWIQ*^ (PA)
	KOGENATE FS*^ (PA)	PROMACTA* (PA)
	KOVALTRY*^ (PA)	RECOMBINATE*^ (PA)
	NEULASTA* (PA)	SIKLOS (PA)
	NIVESTYM*^ (PA)	TAVALISSE* (PA)
	NOVOEIGHT*^ (PA)	UDENCAYA* (PA)
	NYVEPRIA* (PA)	XYNTHA
	PROCRI*^ (PA)	SOLOFUSE*^ (PA)
	RETACRI*^ (PA)	XYNTHA*^ (PA)
	ZARXIO*^	
	ZIEXTENZO* (PA)	

BLOOD PRESSURE/HEART MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
amlodipine	CORLANOR (PA)	ALTACE (ST)
amlodipine-benazepril	ENTRESTO (QL)	AVAPRO (ST)
amlodipine-olmesartan (QL)	TEKTURNA HCT (QL)	BETAPACE AF
amlodipine-valsartan		BIDIL (QL)
atenolol		CALAN SR
bisoprolol		CAMZYOS* (PA,QL)
bisoprolol-hctz		CARDIZEM LA (QL)
candesartan		CATAPRES-TTS 1
cartia xt		CATAPRES-TTS 2
carvedilol		CATAPRES-TTS 3
carvedilol er (QL)		CORGARD (ST)
clonidine		COZAAR (ST)
diltiazem 12hr er		DIOVAN (ST)
diltiazem 24hr er		DIOVAN HCT (ST)
diltiazem 24hr er (cd)		EPANED
diltiazem 24hr er (la)		EXFORGE
diltiazem 24hr er (xr)		HAEGARDA* (PA)
diltiazem		HEMANGEOL
DILT-XR		HYZAAR (ST)
		INDERAL LA (ST)
		INDERAL XL (ST)
		KALBITOR*^ (PA)
		KAPSPARGO
		SPRINKLE (ST)

Cigna Standard 3-Tier Prescription Drug List

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

BLOOD PRESSURE/HEART MEDICATIONS (cont)

dofetilide (QL)		KATERZIA (QL)
droxidopa*		LOPRESSOR (ST)
enalapril		MICARDIS (QL, ST)
flecainide		MICARDIS HCT (QL, ST)
guanfacine		MINIPRESS
hydralazine tablet		NITROSTAT
icatibant* (PA)		NORTHERA* (PA)
irbesartan		NORVASC
labetalol tablet		ORLADEYO* (PA, QL)
lisinopril		PROCARDIA XL
lisinopril-hctz		QBRELIS
losartan		RANEXA (QL)
metoprolol		RELEUKO*^ (PA)
metyrosine (PA)		RUCONEST*^ (PA)
nadolol		SOTYLIZE (ST)
nebivolol		TAKHZYRO* (PA)
nifedipine		TEKTURNA (QL)
nifedipine er		TENORMIN (ST)
olmesartan (QL)		TENORETIC 50 (ST)
olmesartan-amlodipine-hctz		TENORETIC 100 (ST)
olmesartan-hctz (QL)		TIAZAC
prazosin		TIKOSYN (PA, QL)
propranolol tablet		TOPROL XL (ST)
propranolol er		VALSARTAN 4MG/ML SOLUTION (ST)
ramipril		VERELAN
ranolazine er (QL)		VERELAN PM
sajazir* (PA)		ZESTORETIC (ST)
taztia xt		ZESTRIL (ST)
telmisartan (QL)		ZIAC (ST)
telmisartan-hctz (QL)		
tiadyt er		
valsartan 40mg		
valsartan 80mg		
valsartan 160mg		
valsartan 320mg		
valsartan-hctz		
verapamil er		
verapamil er pm		
verapamil tablet		
verapamil sr		

BLOOD THINNERS/ANTI-CLOTTING

clopidogrel	BRILINTA	ARIXTRA* (QL)
enoxaparin* (QL)	ELIQUIS (PA)	LOVENOX* (QL)
fondaparinux sodium* (QL)	FRAGMIN* (QL)	PLAVIX

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

BLOOD THINNERS/ANTI-CLOTTING (cont)

jantoven	XARELTO (PA)	SAVAYSA* (PA,QL)
prasugrel		ZONTIVITY
warfarin		

CANCER

abiraterone* (PA)	ALECENSA* (PA, QL)	ALUNBRIG* (PA, QL)
anastrozole+		ARIMIDEX
capecitabine* (PA)	BRUKINSA* (PA, QL)	AROMASIN
everolimus* (PA, QL)	CABOMETYX* (PA)	BOSULIF* (PA, QL)
exemestane+ hydroxyurea	CALQUENCE* (PA)	BRAFTOVI* (PA)
erivedge* (PA)	ERIVEDGE* (PA)	COMETRIQ* (PA, QL)
erleada* (PA)	ERLEADA* (PA)	EXKIVITY* (PA)
ibrance* (PA, QL)	IBRANCE* (PA, QL)	GAVRETO* (PA,QL)
imbruvica* (PA, QL)	IMBRUVICA* (PA, QL)	ICLUSIG* (PA, QL)
inlyta* (PA)	KISQALI* (PA)	INLYTA* (PA)
jakafi* (PA, QL)	KISQALI FEMARA	JAKAFI* (PA, QL)
lenvima* (PA)	CO-PACK* (PA)	LENVIMA* (PA)
lonsurf* (PA)	LYNPARZA* (PA, QL)	LONSURF* (PA)
lorbrena* (PA, QL)	NUBEQA* (PA)	LORBRENA* (PA, QL)
lumakras* (PA, QL)	REVLIMID* (PA, QL)	LUMAKRAS*
meктоvi* (PA)	RUBRACA* (PA, QL)	(PA,QL)
nerlynx* (PA)	SPRYCEL* (PA, QL)	TREXALL
ninlaro* (PA, QL)	TREXALL	VENCLEXTA* (PA)
odomzo* (PA)	VENCLEXTA	VENCLEXTA
orgovyx* (PA)	STARTING PACK* (PA)	STARTING PACK* (PA)
phesgo*^ (PA)	VERZENIO* (PA)	VERZENIO* (PA)
piqray* (PA)	XTANDI* (PA)	XTANDI* (PA)
pomalyst* (PA, QL)		
purixan*		
rozlytrek* (PA)		
retevmo* (PA,QL)		
sceMBLIX* (PA,QL)		
stivarga* (PA, QL)		
tafinlar* (PA, QL)		
tagrisso* (PA)		
talzenna* (PA,QL)		
tasigna* (PA, QL)		
tibsovo* (PA)		
tukySA* (PA)		
venclexta* (PA)		
venclexta		
starting pack* (PA)		
vitrakvi* (PA)		

Cigna Standard 3-Tier Prescription Drug List

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

CANCER (cont)

		VIZIMPRO* (PA) WELIREG* (PA,QL) XALKORI*(PA, QL) XELODA* (PA) XOSPATA* (PA) XTANDI* (PA) ZEJULA* (PA, QL)
--	--	-----------------------------------------------------------------------------------------------------------------------------

CHOLESTEROL MEDICATIONS

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

CONTRACEPTION PRODUCTS

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

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

CONTRACEPTION PRODUCTS (cont)

CAYA		
CONTOURED+		
CAZIAN+T+		
CHARLOTTE 24		
FE+		
CHATEAL EQ+		
CHATEAL+		
CRYSSELLE+		
CYRED EQ+		
CYRED+		
DASETTA+		
DAYSEE+		
DEBLITANE+		
desogestrel-ethinyl estradiol+		
desogestrel-ethinyl estradiol - ethinyl estradiol+		
DOLISHALE+		
drospirenone-ethinyl estradiol-		
levomefolate+		
drospirenone-ethinyl estradiol+		
ELINEST+		
ELURYNG+		
ENPRESSE+		
ENSKYCE+		
ERRIN+		
ESTARYLLA+		
ethynodiol-ethinyl estradiol+		
etonogestrel-ethinyl estradiol+		
FALMINA+		
FEMCAP+		
FEMYNOR+		
GEMMILY+		
HAILEY 24 FE+		
HAILEY FE+		
HAILEY+		
HEATHER+		
ICLEVIA+		
INCASSIA+		
ISIBLOOM+		
JAIMIESS+		
JASMIEL+		

Cigna Standard 3-Tier Prescription Drug List

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

CONTRACEPTION PRODUCTS (cont)

JENCYCLA+		
JOLESSA+		
JULEBER+		
JUNEL FE 24+		
JUNEL FE+		
JUNEL+		
KAITLIB FE+		
KALLIGA+		
KARIVA+		
KELNOR 1-35+		
KELNOR 1-50+		
KURVELO+		
LARIN 24 FE+		
LARIN FE+		
LARIN+		
LEENA+		
LESSINA+		
LEVONEST+		
levonorgestrel- ethinyl estradiol+		
levonorgestrel- ethinyl estradiol		
LEVORA-28+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		
LO- ZUMANDIMINE+		
LUTERA+		
LYLEQ+		
LYZA+		
MARLISSA+		
MEDROXYPROGES -GESTERONE+		
MERZEE+		
MICROGESTIN 24 FE+		
MICROGESTIN FE+		
MICROGESTIN+		
MILI+		
MONO-LINYAH+		
NECON+		
NIKKI+		
NORA-BE+		
norethindrone+		
norethindrone- ethinyl estradiol- iron+		

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

CONTRACEPTION PRODUCTS (cont)

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

Cigna Standard 3-Tier Prescription Drug List

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

CONTRACEPTION PRODUCTS (cont)

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

COUGH/COLD MEDICATIONS

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

DENTAL PRODUCTS

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

DIABETES

1ST TIER UNIFINE	BAQSIMI (QL)	CEQR
PENTIPS	BYDUREON (PA, QL)	CEQR SIMPLICITY
1ST TIER UNIFINE	BYETTA (PA, QL)	INSERTER
PENTIPS PLUS		CYCLOSET

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

DIABETES (cont)

ABOUTTIME PEN NEEDLE	DEXCOM G6 RECEIVER (PA, QL)	GLUCAGON EMERGENCY KIT (QL)
ACCU-CHEK	DEXCOM G6	GVOKE (QL)
ACCUTREND	SENSOR (PA, QL)	KORLYM* (PA)
GLUCOSE CONTROL	DEXCOM G6	KETONE-GLUC KIT
ADVOCATE	TRANSMITTER (PA, QL)	RIOMET
PEN NEEDLES, SYRINGES	DROPLET	RIOMET ER
ASSURE ID INSULIN	DROPSAFE	ULTIGUARD SAFE
SAFETY, PEN	FARXIGA (QL, ST)	0.3, 1ML 30G
NEEDLE	FREESTYLE LIBRE	12.7MM
BD INSULIN	14 DAY SENSOR	ULTIGUARD
SYRINGE	(PA, QL)	SAFEPACK 0.3,
BD LANCETS	FREESTYLE LIBRE 2	1ML 31G 8MM
BD PEN NEEDLE	SENSOR (PA, QL)	UNIFINE
CAREFINE PEN	GLUCAGEN (QL)	SAFECONTROL
NEEDLE	GLYXAMBI (QL, ST)	
CARETOUCH	HUMULIN (QL)	
INSULIN SYRINGE,	HUMULIN R (QL)	
PEN NEEDLE	HUMALOG (QL)	
CLICKFINE	JANUMET (QL, ST)	
COMFORT EZ	JANUMET XR (QL, ST)	
INSULIN SYRINGE,	JANUVIA (QL, ST)	
PEN NEEDLE	JARDIANCE (QL, ST)	
COMFORT TOUCH	LEVEMIR (QL)	
PEN NEEDLE	LYUMJEV (QL)	
CONTOUR	MOUNJARO (PA,QL)	
SOLUTION	OMNIPOD 5 G6	
CONTOUR NEXT	(GEN 5) (QL)	
LEV 1, 2 CONTROL	OMNIPOD CLASSIC	
SOLUTION	(GEN 3) (QL)	
DROPLET GENTEEL	OMNIPOD DASH	
LANCING DEVICE	(GEN 4) (QL)	
DROPLET INSULIN	ONETOUCH ULTRA	
SYRINGE	TEST STRIP	
DROPLET MICRON	ONETOUCH VERIO	
PEN NEEDLE	TEST STRIP	
EASY COMFORT	OZEMPIC (PA, QL)	
INSULIN SYRINGE,	QTERN (QL, ST)	
PEN NEEDLES	RYBELSUS (PA, QL)	
EASY GLIDE	SOLIQUA 100-33	
INSULIN SYRINGE,	SYMLINPEN	
PEN NEEDLE	SYNJARDY (QL, ST)	
EASY TOUCH	SYNJARDY XR (QL, ST)	

Cigna Standard 3-Tier Prescription Drug List

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

DIABETES (cont)

HEALTHWISE	TRESIBA (QL)	
INSULIN SYRINGE, PEN NEEDLE	TRIJARDY XR (ST, QL)	
HEALTHY ACCENTS	TRULICITY (PA,QL)	
UNIFINE PENTIP	V-GO 20	
glimepiride	V-GO 30	
glipizide	V-GO 40	
glipizide er	VICTOZA (PA, QL)	
glipizide xl	XIGDUO XR (QL, ST)	
GUARDIAN RT	XULTOPHY	
CHARGER	ZEGALOGUE (QL)	
GUARDIAN TEST PLUG		
INCONTROL PEN NEEDLE		
INPEN		
INSULIN PEN NEEDLE		
INSULIN SYRINGE U-500		
INSUPEN		
INSUPEN PEN NEEDLE		
LITE TOUCH		
LITETOUCH INSULIN SYRINGE		
MAGELLAN INSULIN, SYRINGE SAFETY SYRINGE		
MAXI-COMFORT		
MAXICOMFORT II PEN NEEDLE, INSULIN SYRINGE, SAFETY PEN NEEDLE		
metformin er		
metformin hcl		
microlet		
MINIMED RESERVOIR		
MINI PEN NEEDLE		
MINI ULTRA-THIN II		
MONOJECT		
NOVOFINE		
PARADIGM PEN NEEDLES		
PENTIPS		

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

DIABETES (cont)

PREVENT		
DROPSAFE PEN NEEDLE		
PRO COMFORT INSULIN SYRINGE, PEN NEEDLE		
PRODIGY INSULIN SYRINGE		
PURE COMFORT PEN NEEDLE		
SAFETY PEN NEEDLE		
SAFETYGLIDE SYRINGE, INSULIN SYRINGE		
SECURESAFE PEN NEEDLE		
SURE COMFORT		
TECHLITE NEEDLE		
TECHLITE NEEDLE		
TOPCARE CLICKFINE, ULTRA COMFORT		
TRUE COMFORT INSULIN SYRINGE, PEN NEEDLE		
TRUE COMFORT PRO INS SYRINGE, PEN NEEDLE		
TRUE METRIX LEVEL 1, 2, 3 CONTROL SOULTION		
TRUEPLUS PEN NEEDLE		
TRUEPLUS SYRINGE		
TRUETRACK BLOOD GLUCOSE SYSTEM		
ULTICARE		
ULTRA-FINE PEN NEEDLE		
ULTIGUARD SAFE 0.5ML 30G 12.7MM		
ULTIGUARD SAFEPACK-PEN NEEDLE		

Cigna Standard 3-Tier Prescription Drug List

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

DIABETES (cont)

ULTIGUARD SAFEPK 0.5ML 31G 8MM		
ULTILET PEN NEEDLE		
ULTRA COMFORT		
ULTRA FLO INSULIN SYRINGE, PEN NEEDLE		
ULTRA THIN		
ULTRA THIN II		
ULTRACARE INSULIN SYRINGE, PEN NEEDLE		
UNIFINE PEN NEEDLE, PENTIPS, PENTIPS		
MAXFLOW, PLUS, PLUS MAXFLOW, ULTRA PEN NEEDLE		
VEO INSULIN SYRINGE		
VANISHPOINT		
VANISHPOINT INSULIN SYRINGE		

DIURETICS

ACETAZOLAMIDE TABLET	KERENDIA (PA, QL)	ALDACTONE
ACETAZOLAMIDE ER CAPSULE		CAROSPIR
BUMETANIDE TABLET		JYNARQUE* (PA)
chlorthalidone		LASIX
eplerenone		MAXZIDE
furosemide solution, tablet		
hydrochlorot- hiazide		
spironolactone		
triamterene-hctz		

EAR MEDICATIONS

ciprofloxacin- dexamethasone	CIPRO HC	CIPRODEX
neomycin- polymyxin b-hydrocortisone		CIPROFLOXACIN HCL- FLUOCINOLONE
ofloxacin		CORTISPORIN-TC DERMOTIC OTOVEL

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

ERECTILE DYSFUNCTION

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

EYE CONDITIONS

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

Cigna Standard 3-Tier Prescription Drug List

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

EYE CONDITIONS (cont)

		ZIRGAN ZYLET
--	--	-----------------

FEMININE PRODUCTS

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

GASTROINTESTINAL/HEARTBURN

alosetron*	CLENPIQ+	APRISO
ANUCORT-HC	ENTYVIO *^ (PA)	BONJESTA
constulose	LINZESS	CANASA
cinacalcet*	LITHOSTAT	CARAFATE
dexlansoprazole dr (QL)	NEXIUM DR 2.5 MG PACKET (QL)	CHOLBAM* (PA)
dicyclomine capsule, solution, tablet	NEXIUM DR 5 MG PACKET (QL)	CUVPOSA
esomeprazole 20 mg capsule, 40 mg capsule, packets (QL)	PANCREAZE	DICLEGIS
famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet	SUTAB+	GATTEX* (PA)
GAVILYTE-C+	TRULANCE	MOTOFEN
GAVILYTE-G+	VIBERZI	MOVANTI (PA)
HEMMOREX-HC		OCALIVA* (PA)
hydrocortisone		PREVACID DR 30 MG CAPSULE (QL, ST)
lansoprazole (QL)		PROTONIX (QL, ST)
lubiprostone		RAVICTI* (PA)
mesalaminex`		RECTIV
mesalamine dr		RELISTOR (PA)
mesalamine er		SANCUSO (PA, QL)
metoclopramide solution, tablet		SFROWASA
omeprazole (QL)		SUCRAID* (PA)
ondansetron		SYMPROIC (PA)
ondansetron odt		TRANSDERM-SCOP
pantoprazole suspension, tablet (QL)		URSO
peg 3350-electrolyte+		URSO FORTE
		VARUBI (PA, QL)
		VIOKACE

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

GASTROINTESTINAL/HEARTBURN (cont)

PEG3350-SODIUM SULFATE-SODIUM CHLORIDE- POTASSIUM CHLORIDE- SODIUM ASCORBATE- ASCORBIC ACID+ PEG-PREP+ scopolamine sucralfat		
------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--

HORMONAL AGENTS

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

Cigna Standard 3-Tier Prescription Drug List

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

HORMONAL AGENTS (cont)

progesterone tablet		
testosterone		
cypionate		
YUVAFEM (QL)		

INFECTIONS

acyclovir capsule, suspension, tablet	BARACLUDE SOLUTION*	AEMCOLO (QL) ALINIA
albendazole	CIPRO 5,10% SUSPENSION	ANCOBON
amoxicillin	CLEOCIN 75 MG CAPSULE	ARIKAYCE* (PA)
amoxicillin-clavulanate er	e.e.s. 400	BACTRIM
amoxicillin-clavulanate	EPCLUSA* (PA, QL)	BACTRIM DS
atovaquone	ERY-TAB DR 333 MG TABLET	BAXDELA 450 MG TABLET (PA)
atovaquone-proguanil	EURAX 10% CREAM	CAYSTON* (PA, QL)
AVIDOXY	HARVONI* (PA, QL)	CIPRO 250, 500 MG TABLET
azithromycin packet, suspension, tablet	LAGEVRIO (EUA) (QL)	CLEOCIN PEDIATRIC
cefdinir	LEDIPASVIR-SOFOSBUVIR* (PA, QL)	CLEOCIN 150 MG CAPSULE
cefuroxime tablet	MAVYRET* (PA, QL)	CLEOCIN 300 MG CAPSULE
cephalexin	PAXLOVID (QL)	CLEOCIN 100 MG VAGINAL OVULE
ciprofloxacin	PEGASYS* (PA)	CLEOCIN 2% VAGINAL CREAM
clarithromycin	SOFOSBUVIR-VELPATASVIR* (PA, QL)	CLINDESSE
clarithromycin er	SOLOSEC	CRESEMBA CAPSULE (PA)
clindamycin (pediatric)	SOVALDI* (PA, QL)	DARAPRIM* (PA)
clindamycin	TOBI PODHALER* (PA, QL)	DIFICID (QL)
COREMINO ER QL	VEMLIDY*	ELIMITE
dapsone tablets	VIBRAMYCIN 50 MG/5 ML SYRUP	ERYPED 200
doxycycline monohydrate	VOSEVI* (PA, QL)	ERY-TAB DR 250 MG TABLET
EMVERM	XIFAXAN (QL)	ERY-TAB DR 500 MG TABLET
entecavir* (QL)		EURAX 10* LOTION
erythromycin		FLAGYL
erythromycin ethylsuccinate		FOLLISTIM* [^] (PA)
famciclovir		HIPREX
fluconazole		IMPAVIDO (PA)
flucytosine		KITABIS PAK* (PA, QL)
hydroxychloroquine		LIVTENCITY* (PA,QL)
levofloxacin solution, tablet		MACROBID
methenamine		MACRODANTIN
metronidazole gel, capsule, tablet		MALARONE (PA)

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

INFECTIONS (cont)

minocycline		NATROBA
minocycline er tablet (QL)		NUVESSA
mondoxylene nl		NUZYRA 150 MG TABLET* (PA,QL)
nitazoxanide		PLAQUENIL (PA)
nitrofurantoin monohydrate-macrocrystal		posaconazole suspension
nystatin suspension, tablet		PREVYMIS TABLET*
oseltamivir (QL)		SIVEXTRO 200 MG TABLET (PA)
penicillin v potassium		SKLICE
posaconazole tablet		sulfatrim
sulfamethoxazole-trimethoprim suspension, tablet		TAMIFLU (QL)
terbinafine		URIBEL
tetracycline		VALTREX
tobramycin ampule* (PA,QL)		VIEKIRA PAK* (PA,QL)
valganciclovir		XENLETA (PA, QL)
valganciclovir		XOFLUZA (QL)
vancomycin capsule, solution		ZEPATIER* (PA, QL)
vandazole		ZITHROMAX
		ZITHROMAX TRI-PAK
		ZYVOX
		SUSPENSION, TABLET (PA)

INFERTILITY

CHORIONIC GONADO-TROPIN* [^] (PA)	ENDOMETRIN [^]	CRINONE 8% [^] (PA)
clomiphene [^]	GONAL F* [^] (PA)	FOLLISTIM AQ* [^] (PA)
	MENOPUR* [^] (PA)	
	NOVAREL*	
	OVIDREL* [^] (PA)	
	PREGNYL* [^] (PA)	

MISCELLANEOUS

ACCU-CHEK FASTCLIX LANCET DRUM	ACE AEROSOL CLOUD ENHANCER (QL)	ADDYI [^] (PA, QL)
ACCU-CHEK MULTICLIX LANCETS	AEROCHAMBER MINI (QL)	AUSTEDO* (PA)
ACCU-CHEK SAFE-T-PRO 23G LANCETS	AEROCHAMBER MV (QL)	BERINERT* [^] (PA)
ACCU-CHEK SOFTCLIX LANCETS	AEROCHAMBER PLUS FLOW-VU (QL)	BRISDELLE (QL)
	AEROCHAMBER Z-STAT PLUS (QL)	CARBAGLU*
		CINRYZE* [^] (PA)
		EVRYSDI* (PA)
		GALAFOLD* (PA)
		HAEGARDA* (PA)
		INGREZZA
		INITIATION PACK* (PA, QL)

Cigna Standard 3-Tier Prescription Drug List

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

MISCELLANEOUS (cont)

cinacalcet*	AEROTRACH PLUS (QL)	INGREZZA* (PA)
deferiprone* (PA)	(QL)	NOVAMAX PLUS
disulfiram	AEROVENT PLUS (QL)	NUEDEXTA (QL)
DROPLET LANCETS	(QL)	ORFADIN* (PA)
KETONE CARE TEST STRIP	BREATHRITE (QL)	PALYNZIQ* (PA)
KETONE TEST STRIP	CERDELGA* (PA)	PRO COMFORT
KETOSTIX REAGENT MICROLET	CLEVER CHOICE HOLDING CHAMBER (QL)	SPACER WITH MASK (QL)
POGO AUTOMATIC TEST CARTRIDGE	COMPACT SPACE CHAMBER (QL)	RADICAVA ORS* (PA,QL)
PRECISION XTRA	EASIVENT (QL)	RUCONEST*^ (PA)
sapropterin* (PA)	EMPAVELI* (PA)	TEGSEDI* (PA)
sodium chloride inhalation vial.	FLEXICHAMBER (QL)	TIGLUTIK* (PA)
Irrigation solution vial	INSPIRACHAMBER (QL)	VOXZOGO* (PA)
TECHLITE LANCETS	MICROCHAMBER (QL)	VYLEESI*^ (PA, QL)
TRUEPLUS KETONE TEST STRIP	NITYR* (PA)	VYNDAMAX* (PA, QL)
	OPTICHAMBER DIAMOND (QL)	VYNDAQEL* (PA, QL)
	POCKET CHAMBER (QL)	
	PROCARE SPACER WITH CHILD MASK (QL)	
	RITEFLO (QL)	
	SPACE CHAMBER (QL)	
	SPACE CHAMBER-MEDIUM MASK (QL)	
	SPACE CHAMBER-SMALL MASK (QL)	
	STRENSIQ* (PA)	
	VORTEX (QL)	
	VORTEX VHC FROG MASK (QL)	
	VORTEX VHC LADYBUG MASK (QL)	

MULTIPLE SCLEROSIS

dalfampridine er* (PA)	AVONEX* (PA)	FIRDAPSE* (PA,QL)
dimethyl fumarate*	BAFIERTAM* (PA)	MAVENCLAD* (PA)
glatiramer acetate*	BETASERON* (PA)	PONVORY* (PA)

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

MULTIPLE SCLEROSIS (cont)

glatopa* (PA)	KESIMPTA PEN* (PA)	
	MAYZENT* (PA)	
	PLEGRIDY PEN* (PA)	
	REBIF* (PA)	
	VUMERITY* (PA)	
	ZEPOSIA* (PA)	

NUTRITIONAL/DIETARY

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

Cigna Standard 3-Tier Prescription Drug List

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

OSTEOPOROSIS PRODUCTS

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

PAIN RELIEF AND INFLAMMATORY DISEASE

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

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

PAIN RELIEF AND INFLAMMATORY DISEASE

(cont)

indomethacin er	UBRELVY (PA, QL)	SIMPONI*
ketorolac	XELJANZ* (PA, QL)	50MG/0.5ML (PA, QL)
tromethamine (QL)	XELJANZ XR* (PA, QL)	ZANAFLEX
leflunomide	XTAMPZA ER (PA)	ZEBUTAL (QL)
lidocaine (QL)	ZTLIDO	ZOHYDRO ER (PA)
methocarbamol		
MORPHINE (PA)		
MORPHINE ER (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
PROLATE TABLET (PA)		
rizatriptan (QL)		
sumatriptan (QL)		
tramadol 50 mg tablet (QL)		
tramadol er (QL)		
VANADOM		

PARKINSON'S DISEASE

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

SCHIZOPHRENIA/ANTI-PSYCHOTICS⁵

aripiprazole (QL)		CAPLYTA (QL,ST)
aripiprazole odt		FANAPT (QL, ST)
asenapine		INVEGA (QL, ST)
chlorpromazine tablet		REXULTI (QL, ST)
olanzapine tablet		RISPERDAL (ST)
olanzapine odt		SAPHRIS (ST)
		SECUADO (ST)

Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SCHIZOPHRENIA/ANTI-PSYCHOTICS⁵ (cont)		
paliperidone er (QL)		SEROQUEL (ST)
quetiapine		SEROQUEL XR (ST)
quetiapine er		VRAYLAR (QL, ST)
risperidone		
risperidone odt		
ziprasidone tablet		

SEIZURE DISORDERS

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS		
ACCUTANE	ADBRY* (PA)	ANALPRAM HC 2.5%-1% LOTION
adapalene (PA age)	CIBINQO* (PA,QL)	AVAR 9.5-5% CLEANSING PADS
adapalene-benzoyl peroxide	DRYSOL	BRYHALI (ST)
AMNESTEEM	EUCRISA (ST)	CALCIPOTRIENE FOAM
AVAR CLEANSER	NAFTIN	CAPEX SHAMPOO (ST)
AVAR-E	PICATO	CLEOCIN T
AVAR-E GREEN	SANTYL (QL)	CLINDACIN ETZ KIT
azelaic acid		CLINDACIN PAC KIT
BP 10-1		CLODERM (ST)
CLARAVIS		EFUDEX
CLINDACIN ETZ 1% PLEDGET		EVOCLIN
CLINDACIN P 1% PLEDGETS		OPZELURA (PA)
CLINDAMYCIN 1% FOAM, GEL, LOTION, PLEDGET, SOLUTION		PRAMOSONE LOTION
clindamycin-benzoyl peroxide		REGRANEX (PA, QL)
clindamycin tretinoin		TEMOVATE (ST)
clobetaso		TWYNEO
CLODAN		VECTICAL (QL)
clotrimazole-betamethasone		XEPI
dapsone 5% gel, 7.5% gel pump		CAPEX SHAMPOO (ST)
DROPSAFE PREP PADS		CLEOCIN T
fluocinonide		CLINDACIN ETZ KIT
fluorouracil cream, topical solution		CLINDACIN PAC KIT
isotretinoin		CLODERM (ST)
ketoconazole		EFUDEX
KETODAN		EVOCLIN
metronidazole		OPZELURA (PA)
mupirocin ointment		PLEXION
MYORISAN		PRAMOSONE LOTION
NEUAC GEL		REGRANEX (PA, QL)
pimecrolimus		TEMOVATE (ST)
ROSADAN		TWYNEO
		VECTICAL (QL)
		XEPI

Cigna Standard 3-Tier Prescription Drug List

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

SKIN CONDITIONS (cont)

sodium sulfacetamide-sulfur SSS 10-5		
SULFACLEANSE 8-4		
tacrolimus ointment		
tazarotene 0.1% cream		
tretinoin (PA age)		
TRIDERM		
ZENATANE		

SLEEP DISORDERS/SEDATIVES

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

SMOKING CESSATION⁴

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

SUBSTANCE ABUSE

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

TRANSPLANT MEDICATIONS

everolimus 0.25 mg tablet*		ASTAGRAF XL*
everolimus 0.5 mg tablet*		CELLCEPT ORAL SUSPENSION, TABLET*
mycophenolate mofetil*		ENVARUS XR*
mycophenolic acid*		MYFORTIC*
sirolimus*		PROGRAF 0.2 MG GRANULE PACKET*
tacrolimus*		PROGRAF 0.5 MG CAPSULE*
		PROGRAF 1 MG CAPSULE*

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

TRANSPLANT MEDICATIONS (cont)

		PROGRAF 1 MG GRANULE PACKET*
		PROGRAF 5 MG CAPSULE*
		RAPAMUNE*
		REZUROCK* (PA)
		ZORTRESS*

URINARY TRACT CONDITIONS

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

VACCINES

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

		ACTHIB+
		ADACEL TDAP+
		BEXSERO+
		BOOSTRIX TDAP+
		COMIRNATY+
		DAPTACEL DTAP+
		DENGVAXIA+
		DIPHTHERIA-TETANUS
		TOXOIDS-PED+
		ENGERIX-B ADULT+
		ENGERIX-B PEDIATRIC-ADOLESCENT+
		GARDASIL 9+
		HEPLISAV-B+
		HIBERIX+
		INFANRIX DTAP+
		IPOL+

Cigna Standard 3-Tier Prescription Drug List

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

VACCINES (cont)

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.

	JANSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W-135-DIP+ M-M-R II VACCINE+ MODERNA COVID (6M-5Y) VACCINE (EUA)+ MODERNA COVID (12Y UP) VACCINE (EUA)+ MODERNA COVID-19 BOOSTER (EUA)+ NOVAVAX COVID-19 VACCINE, ADJUVANTED (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (6M-4Y) VACCINE (EUA)+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP-IPV+ RECOMBIVAX HB+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) VACCINE+	
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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

VACCINES (cont)

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.

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

VITAMINS

	POLY-VI-FLOR+ POLY-VI-FLOR WITH IRON+	
--	------------------------------------------	--

WEIGHT MANAGEMENT

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

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

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

DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	ATRIPLA*	efavirenz-emtricitabine-tenofovir*
	COMBIVIR*	lamivudine-zidovudine*
	EMTRIVA*	emtricitabine*
	EPIVIR*	lamivudine*
	EPZICOM*	abacavir-lamivudine*
	INTELENCE*	etravirine*
	KALETRA*	lopinavir-ritonavir*
	LEXIVA 700MG TABLET*	fosamprenavir 700mg tablet*
	NORVIR 100MG TABLET*	ritonavir 100mg tablet*
	RETROVIR CAPSULE, SYRUP*	zidovudine capsule, syrup*
	REYATAZ CAPSULE*	atazanavir capsules*
	SUSTIVA*	efavirenz*
	SYMFI*, 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
	BECONASE AQ, NASONEX, OMNARIS, QNASL, ZETONNA	generic nasal steroids (e.g. fluticasone)
	carbinoxamine 6mg tablet, RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine	carbinoxamine oral solution
	DYMISTA	azelastine-fluticasone generic nasal steroids (e.g. fluticasone)
	RYALTRIS	azelastine-fluticasone, mometasone, flunisolide, fluticasone
	RYCLORA	cyproheptadine syrup, hydroxyzine syrup
	QNASL CHILDREN'S	flunisolide
	XHANCE	fluticasone, mometasone
	ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL	clomipramine
	APLENZIN	bupropion XL 150, 300mg tablet
	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 tablet

^{^^} 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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	CITALOPRAM HBR	citalopram tablet
	CYMBALTA, VENLAFAXINE ER	desvenlafaxine ER, duloxetine, escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram
	PAMELOR	nortriptyline capsules
	PARNATE	tranylcypromine
	PEXEVA	paroxetine, paroxetine cr
	VIIBRYD	vilazodone
	WELLBUTRIN XL	bupropion xl, escitalopram, fluoxetine
ASTHMA/COPD/RESPIRATORY	ADVAIR DISKUS, AIRDUO RESPICLICK FLUTICASONE-VILANTEROL	ADVAIR HFA, BREO ELLIPTA, DULERA fluticasone-salmeterol, SYMBICORT WIXELA INHUB
	ALVESCO, ARMONAIR DIGIHALER ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA	FLOVENT DISKUS, FLOVENT HFA PULMICORT FLEXHALER, QVAR
	BROVANA	arformoterol
	budesonide-formoterol	SYMBICORT
	DUAKLIR PRESSAIR, UTIBRON NEOHALER	ANORO ELLIPTA, BEVESPI AEROSPHERE STIOLTO RESPIMAT
	ELIXOPHYLLIN	theophylline er, theophylline oral solution
	FLUTICASONE HFA	FLOVENT HFA
	FLUTICASONE-SALMETEROL HFA	DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB
	levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol hfa
	PERFOROMIST	formoterol
	STRIVERDI RESPIMAT	SEREVENT DISKUS
	TADLIQ	ALYQ, sildenafil 20mg tablet, suspension, tadalafil 20mg tablet
	TUDORZA PRESSAIR	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
	YUPELRI	ANORO ELLIPTA BEVESPI AEROSPHERE BREZTIRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA
	ZYFLO	montelukast zafirlukast zileuton er

^{^^}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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR APTENSIO XR CONCERTA COTEMPLA XR-ODT FOCALIN XR JORNAY PM RITALIN LA	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er MYDAYIS VYVANSE
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er, dextroamphetamine er, dextroamphetamine-amphetamine er
	METHYLPHENIDATE ER	generic methylphenidate tablet
	QELBREE	atomoxetine
	RELEXXII	methylphenidate er 36mg tablet
BLOOD PRESSURE/HEART MEDICATIONS	ASPRUZYO SPRINKLE	amlodipine, atenolol, isosorbide, nifedipine, propranolol, ranolazine er
	ATACAND	candesartan
	ATACAND HCTZ	candesartan-hctz
	AZOR	amlodipine-olmesartan
	BETAPACE	sotalol
	BYSTOLIC	nebivolol
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CLONIDINE ER	clonidine er 0.1mg tablet, patch
	CONJUPRI, LEVAMLODIPINE, NORLIQVA	amlodipine, felodipine er, nicardipine nifedipine
	CONSENSI	amlodipine, celecoxib
	COREG	carvedilol
	COREG CR	carvedilol er
	DEMSER	metyrosine
	digoxin 62.5mcg tablet	digoxin 0.125mg tablet, digoxin oral solution
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	INNOPRAN XL	propranolol er
	ISORDIL, ISORDIL TITRADOSE	isosorbide dinitrate
	LANOXIN	digoxin 0.125mg, 0.25mg tablet, oral solution
	LOTREL	amlodipine-benazepril
	MULTAQ	amiodarone, disopyramide, dofetilide, flecainide, propafenone, quinidine, sotalol af
NEXICLON XR	clonidine ir tablet, clonidine patch	
VASOTEC	enalapril	

^{^^} 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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole, YOSPRALA	aspirin or enteric aspirin	
	PRADAXA	dabigatran	
CANCER	AFFINITOR*, AFFINITOR DISPERZ*	everolimus	
	BESREMI*	hydroxyurea capsule, PEGASYS	
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*	
	GLEEVEC*	imatinib	
	NEXAVAR*	sorafenib	
	NILANDRON	nilutamide	
	TARCEVA*	erlotinib	
	YONSA*, ZYTIGA*	abiraterone	
CHOLESTEROL MEDICATIONS	ANTARA, FENOGLIDE	fenofibrate	
	CRESTOR	rosuvastatin+	
	EZALLOR SPRINKLE FLOLIPID LIPITOR LIVALO SIMVASTATIN 20mg/5ml SUSPENSION	generic statins (e.g. atorvastatin; simvastatin)	
	ezetimibe-atorvastatin, LIPITOR	atorvastatin+, ezetimibe-simvastatin rosuvastatin+	
	JUXTAPID*, PRALUENT	REPATHA	
	niacin 500mg tablet, NIACOR	niacin er	
	ROSUVASTATIN-EZETIMIBE, ZYPITAMAG	atorvastatin+, lovastatin+, pravastatin+ rosuvastatin+, simvastatin+	
	COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
		TUSSICAPS	hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup
DIABETES	ACCU-CHEK AVIVA PLUS TEST STRIPS ACCU-CHEK COMPACT PLUS STRIPS ACCU-CHEK GUIDE TEST STRIPS ACCU-CHEK SMARTVIEW TEST STRIPS ADVOCATE TEST STRIPS ASSURE 4 TEST STRIPS ASSURE PLATINUM TEST STRIPS ASSURE PRISM MULTI TEST STRIPS CONTOUR TEST STRIPS CVS ADVANCED GLUCOSE TEST STRIPS EASY TALK TEST STRIPS EASY TOUCH TEST STRIPS FORA 6 GLUCOSE STRIP FORTISCARE G1 TEST STRIPS FREESTYLE TEST STRIPS FREESTYLE TEST STRIPS NFRS RELION TEST STRIPS RIGHTEST GT333 TEST STRIP TRUE METRIX TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)	
	ACTOS	pioglitazone	
	ADLYXIN	BYDUREON ,BYETTA, metformin, MOUNJARO	

^{^^}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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	ADMELOG, ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP, NOVOLOG	HUMALOG LYUMJEV
	AFREZZA	HUMALOG, HUMULIN R, LYUMJEV
	alogliptin alogliptin-metformin JENTADUETO, JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA	JANUMET JANUMET XR JANUVIA metformin
	alogliptin-pioglitazone OSENI	JANUMET , JANUMET XR, JANUVIA pioglitazone
	BASAGLAR, BASAGLAR TEMPO INSULIN GLARGINE, INSULIN DEGLUDEC LANTUS, LANTUS SOLOSTAR, SEMGLEE TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR	LEVEMIR SEMGLEE-YGFN TRESIBA FLEXTOUCH
	FIASP FLEXTOUCH, FIASP PENFILL INSULIN ASPART, INSULIN LISPRO NOVOLOG	HUMALOG LYUMJEV
	FORTAMET, GLUMETZA metformin er gastric, metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)
	INSULIN ASPART PRO, NOVOLOG MIX	HUMALOG MIX
	INVOKAMET, INVOKAMET XR, SEGLUROMET	SYNJARDY, SYNJARDY XR, XIGDUO XR
	INVOKANA, STEGLATRO	FARXIGA, JARDIANCE, metformin
	NOVOLIN	HUMULIN
	PROGLYCEM	diazoxide oral suspension
	STEGLUJAN	GLYXAMBI, metformin, QTERN, TRIJARDY XR
	DIURETICS	ALDACATAZIDE
EDECRIN ethacrynic acid SOOANZ		bumetanide furosemide torsemide
INSPRA		eplerenon
THALITONE		chlorthalidone
EYE CONDITIONS		ALPHAGAN
	COMBIGAN	brimonidin-timolol
	LUMIGAN, TRAVATAN Z, VYZULTA XALATAN, XELPROS, ZIOPTAN	bimatoprost latanoprost travoprost
	RESTASIS, RESTASIS MULTIDOSE TYRVAYA	CEQUA, cyclosporine 0.05% eye emulsion XIIDRA
	VERKAZIA	ALOMIDE, azelastine, bepotastine, cromolyn, epinastine, olopatadine, ZERVIAE
	VUITY	azelastine; bepotastine; epinastine
GASTROINTESTINAL/HEARTBURN	ANTIVERT	meclizine
	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository

^{^^} 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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN (cont)	ANZEMET	ondasetron, granisetron	
	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	
	DARTISLA	glycopyrrolate 2mg tablet	
	DEXILANT	dexlansoprazole dr	
	DONNATAL	belladonna-phenobarbital, phenohydro	
	GIMOTI*	metoclopramide oral solution or tablet	
	glycopyrrolate 1.5mg tab 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, TRULANCE	
	KONVOMEF	dexlansoprazole lansoprazole omeprazole	
	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	
	OMEPLI, omeprazole-bicarbonate ZEGERID PACKET	omeprazole	
	PEPCID	famotodine suspension	
	PHEBURANE	sodium phenylbutyrate	
	PREVACID SOLUTAB	esomeprazole, lansoprazole, pantoprazole	
	RELTONE	ursodiol	
	ROWASA	mesalamine rectal enema suspension	
	SENSIPAR*	cinacalcet	
	ursodiol 200mg, ursodiol 400mg	ursodiol 300mg	
	ZEGERID CAPSULE	lansoprazole, omeprazole	
	ZOFRAN	ondasetron	
	ZUPLENZ	ondasetron, ondasetron odt	
	HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet
		ADTHYZA, ARMOUR THYROID, WP THYROID	NP THYROID

^{^^} 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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
HORMONAL AGENTS (cont)	CLIMARA, DIVIGEL, ELESTRIN MINIVELLE, VIVELLE-DOT	DOTTI, estradiol patch, ESTROGEL EVAMIST, LYLLANA	
	CLIMARA PRO	COMBIPATCH	
	DDAVP, NOCDURNA	desmopressin nasal spray or tablets	
	DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DEXPAK, DXEVO, HIDEX, TAPERDEX, ZCORT	dexamethasone 1.5mg tablet	
	ESTRACE, FEMRING, IMVEXY, VAGIFEM	estradiol cream/tablet, ESTRING PREMARIN VAGINAL CREAM, YUVAFEM	
	ERMEZA	euthyrox levo-T levothyroxine levoxyl	
	FORTESTA, JATENZO, KYZATREX, NATESTO TESTIM, TLANDO, VOGELXO, XYOSTED	ANDRODERM generic topical testosterone	
	NUTROPIN AQ NUSPIN* SAIZEN* SAIZEN-SAIZENPREP* SKYTROFA* ZOMACTON*	HUMATROPE* NORDITROPIN*	
	HEMADY	dexamethasone 5mg tablet	
	LEVOTHYROXINE SODIUM	Generic SYNTHROID (also called levothyroxine tablet)	
	MYCAPSSA*	BYNFEZIA*	
	ORTIKOS	budesonide capsule	
	RAYOS, TARPEYO*	methylprednisolone, prednisone	
	RECORLEV	ketoconazole tablet	
	THYQUIDITY, TIROSINT, TIROSINT-SOL	EUTHYROX, LEVO-T, levothyroxine tablet LEVOXYL	
	UCERIS 9MG ER TABLET	budesonide 9mg tablet, dexamethasone hydrocortisone, methylprednisolone prednisone	
	INFECTIONS	ACTICLATE, DORYX, DORYX MPC 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)	

^{^^} 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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS (cont)	DOXYCYCLINE IR-DR LYMEPAK 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
	VANCOMYCIN HCL	FIRVANQ vancomycin hcl 50mg/ml solution
	ZOVIRAX	acyclovir
	MISCELLANEOUS	ESBRIET*
EXSERVAN*		riluzole, TIGLUTIK
HORIZANT		gabapentin
KUVAN*		sapropterin tablet & powder packet*
PIRFENIDONE 534MG		pirfenidone 267 tablet
RELYVRIO*, RILUTEK*		riluzole
SENSIPAR*		cinacalcet
SYPRINE*		penicillamine*, trientine*
XENAZINE*		tetrabenazine*
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*
	AUBAGIO*	teriflunomide*
	COPAXONE*	BETASERON*, glatiramer*, GLATOPA* KESIMPTA*, PLEGRIDY*, REBIF*
	GILENYA*, TASCENSO ODT*	fingolimod
	TECFIDERA*	BAFIERTAM*, dimethyl*, fingolimod, PON-VORY*, VUMERITY*, ZEPOSIA*
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX, PRENATRYL MULTI-MAC PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT	Any generic prenatal vitamin
	FOSRENOL	lanthanum carbonate

^{^^} 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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
NUTRITIONAL/DIETARY (cont)	NASCOBAL	cyanocobalamin injection
	RENAGEL TABLET	sevelamer
	REVELA	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 metaxalone methocarbamol orphenadrine er
	BACLOFEN FLEQSUVEY LYVISPAH OZOBAX	baclofen tablet
	CAMBIA ELYXYB fenoprofen 200mg, 400mg capsule FENORTHO INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena mefenamic acid meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr, naproxen sodium er RELAFEN RELAFEN DS RIDAURA TIVORBEX VIVLODEX ZIPSOR ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg, 750mg methocarbamol 1000mg	methocarbamol 500mg
	COLOCYRS, GLOPERBA	colchicine, MITIGARE
	CONZIP	tramadol, tramadol er

^{^^} 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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	COSENTYX*	ENBREL*, HUMIRA*, OTEZLA* STELARA*, TALTZ*
	CUPRIMINE*	penicillamine*, trientine*
	diclofenac 1.5% solution diclofenac 35mg capsule PENNSAID	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray
	GEMTESA	darifenacin er oxybutynin, oxybutynin er solifenacin tolterodine, tolterodine er trospium
	GRALISE	gabapentin
	ibuprofen-famotidine	Generic NSAID (e.g. celecoxib; meloxicam) famotidine
	IMITREX	dihydroergotamine sumatriptan
	LIDODERM	lidocaine 5% patch
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	MIGRANAL	Generic NSAID (e.g. celecoxib; meloxicam) Trudhesa
	NORGESIC NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER
	PROLATE SOLUTION	oxycodone-acetaminophen tablet
	QDOLO	tramadol 50mg tablet
	RASUVO	OTREXUP, methotrexate 25mg vial, REDITREX
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	SUBSYS	fentanyl lozenge or buccal tablet
	tizanidine 2mg, 4mg, 6mg capsule	tizanidine 2mg, 4mg tablet
	TOSYMRA	sumatriptan

^{^^} 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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	TREXIMET	sumatriptan-naproxen
	ULORIC	febuxostat
	vtol lq	butalbital-acetaminophen-caffeine PHRENILIN FORTE
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan
	ZOMIG ZMT	zolmitriptan odt
	ZYLOPRIM	allopurinol
PARKINSON'S DISEASE	DHIVY LODOSYN	carbidopa/levodopa
	GOCOVRI	amantadine
	ONGENTYS	entacapone
	ZELAPAR	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole, paliperidone er risperidone
	GEODON CAPSULE	aripiprazole, paliperidone er, ziprasidone
	LATUDA	lurasidone
	LYBALVI	aripiprazole, olanzapine, paliperidone er quetiapine, quetiapine er, risperidone ziprasidone
	QUETIAPINE	quetiapine
	VERSACLOZ	clozapine , clozapine odt
	ZYPREXA	aripiprazole, olanzapine tablet, 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
	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

^{^^}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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS(cont)	ZONEGRAN	zonisamide
SKIN CONDITIONS	ABSORICA, ABSORICA LD	CLARAVIS, isotretinoin MYORISAN, ZENATANE
	ACANYA, ACZONE, AKLIEF ALTRENO, AMZEEQ ARAZLO, ATRALIN, AVITA AZELEX, DIFFERIN, DUAC EPIDUO FORTE, FABIOR, ONEXTON RETIN-A, RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC, TRETIN-X, VELTIN WINLEVI, ZIANA	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	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
	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
	NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene, VTAMA	calcitriol ointment
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution
	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapson 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX	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	FLUROPLEX, fluorouracil imiquimod 5% cream
	doxepin 5% cream PRUDOXIN ZONALON	generic topical steroid (e.g. betamethasone) topical tacrolimus
	DUOBRII	halobetasol plus tazarotene cream
	ELIDEL	pimecrolimus cream
	ENSTILAR TACLONEX	calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream topical betamethasone

^{^^} 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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	ERTACZO	ketoconazole cream
	EXELDERM oxiconazole, OXISTAT SULCONAZOLE	econazole cream ketoconazole cream naftifine cream
	EXTINA	ketoconazole cream, foam
	FINACEA METROCREAM, METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone 1% lotion	betamethasone, fluocinolone fluticasone
	halobetasol foam LEXETTE	augmented betamethasone dipropionate betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	HALOG SOLUTION	clobetasol cream, ointment halobetasol cream, ointment
	imiquimod 3.75% ZYCLARA	imiquimod 5% cream
	IMPEKLO	betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	IMPOYZ	clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment
	JUBLIA KERYDIN tavorole	ciclopirox topical solution itraconazole capsules terbinafine tablets
	KENALOG 0.147MG/GM SPRAY triamcinolone ointment triamcinolone spray	desoximetasone 0.05% cream, ointment fluocinolone 0.025% ointment flurandrenolide 0.05% ointment hydrocortisone 0.2% ointment mometasone 0.1% cream
	KLISYRI	FLUOROPLEX
	LOCOID	betamethasone lotion fluocinolone cream fluticasone cream hydrocortisone ointment prednicarbate ointment triamcinolone cream
	LOCOID LIPOCREAM nolix PANDEL	betamethasone cream fluocinolone cream fluticasone cream
	LOPROX 0.77% CREAM 1% SHAMPOO	ciclopirox cream, shampoo

^{^^}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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
SKIN CONDITIONS (cont)	LUZU	econazole cream ketoconazole cream luliconazole	
	NORITATE	azelaic acid metronidazole cream metronidazole gel	
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment	
	PROTOPIC	tacrolimus ointment	
	QBREXZA	DRYSOL	
	SERNIVO	betamethasone	
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream	
	TRIANEX	triamcinolone cream	
	TRIDESILON	alclometasone desonide triamcinolone	
	ULTRAVATE LOTION	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment	
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream	
	VERDESO	desonide cream desonide ointment	
	VEREGEN	imiquimod 5% cream packet podofilox 0.5% topical solution	
	WYNZORA, 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

^{^^}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 ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SLEEP DISORDERS/SEDATIVES (cont)	BELSOMRA	DAYVIGO
	EDLUAR	zolpidem or zolpidem er
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	QUVIVIQ, ZOLPIMIST	doxepin, eszopiclone, zaleplon zolpidem, zolpidem ER
	RESTORIL	temazepam
SUBSTANCE ABUSE	EVZIO	Kloxxado, naloxone auto-injector NARCAN
TRANSPLANT MEDICATIONS	AZASAN*	azathioprine 50mg tablet
	LUPKYNIS*	BENLYSTA* tacrolimus*
	PROGRAF**	tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er, oxybutynin, tolterodine
	DETROL LA	darifenacin er, oxybutynin er, tolterodine er
	DITROPAN XL	oxybutynin er
	ENTADFI	alfuzosin, dutasteride, finasteride 5mg, silodosin, tamsulosin
	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
	OXYBUTYNIN CHLORIDE	oxybutynin 5 mg tablet oxybutynin syrup
	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

^{^^}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:^{2,3}

- **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 1st and July 1st.
- **Adding extra coverage requirements to a medication.**

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

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

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

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

Q. How do you decide which medications to cover?

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

Frequently Asked Questions (FAQs) (cont)

- › 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 of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at 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 of the medications on this drug list approved by the U.S. Food and Drug Administration (FDA)?

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

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

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

Frequently Asked Questions (FAQs) (cont)

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.⁵

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.⁶ 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.⁶ 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.⁷

Home delivery with Express Scripts® Pharmacy

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

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost⁸
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time
- Helpful pharmacists available 24/7
- Flexible payment options

Frequently Asked Questions (FAQs) (cont)

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)⁹ 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).¹⁰ 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 cost⁸
- › 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:¹¹

- › 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 fertility¹², sexual dysfunction, cosmetic purposes, weight loss, smoking cessation¹², 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**.
2. **If you're taking a medication that will be covered differently as of July 1st, 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 1st but your new plan year doesn't start until November 1st, the change(s) won't affect you until November 1st. 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**, or call Customer Service using the number on your Cigna ID card.
5. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
6. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
7. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to learn more about the pharmacies in your plan's network. *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.*
8. Standard shipping costs are included as part of your prescription plan.
9. 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.
10. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
11. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
12. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the **myCigna App** or **myCigna.com**, or check your plan materials.

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

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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com 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. 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：聽障 711)。

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

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

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

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

Arabic - يرجى الانتباه: خدمت الترجمة اللغوية متاحة لكم مع خدمات Cigna الحاليين. يرجى الاتصال بالرقم المذكور على ظهر بطاقتكم الشخصية. لو 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 deyè 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 skorzystania 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 یا شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت یا شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 یا شمار دیگری کنید).