



CIGNA VALUE 3-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2023





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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 **Value 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 Value 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.

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

How to read this drug list

Use the chart below to help you read this drug list. This chart is just an example. It may not show how these medications are actually covered on the Cigna Value 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 the 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 Value 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
ALLERGY/NASAL SPRAYS	6	INFECTIONS	14, 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	16
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	PAIN RELIEF AND INFLAMMATORY DISEASE	16, 17
BLOOD THINNERS/ANTI-CLOTTING	8	PARKINSON'S DISEASE	17
CANCER	8, 9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	17
CHOLESTEROL MEDICATIONS	9	SEIZURE DISORDERS	17, 18
CONTRACEPTION PRODUCTS	9, 10	SKIN CONDITIONS	18
COUGH/COLD MEDICATIONS	10	SLEEP DISORDERS/SEDATIVES	18
DENTAL PRODUCTS	11	SMOKING CESSATION	18
DIABETES	11-13	SUBSTANCE ABUSE	18
DIURETICS	13	TRANSPLANT MEDICATIONS	18, 19
EAR MEDICATIONS	13	URINARY TRACT CONDITIONS	19
ERECTILE DYSFUNCTION	13	VACCINES	19, 20
EYE CONDITIONS	13	VITAMINS	20
FEMININE PRODUCTS	14	WEIGHT MANAGEMENT	20
GASTROINTESTINAL/HEARTBURN	14		

Cigna Value 3-Tier Prescription Drug List

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

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

ALLERGY/NASAL SPRAYS

azelastine azelastine- fluticasone cromolyn oral concentrate desloratadine^ (QL) fluticasone^ hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine^ mometasone^ (QL) olopatadine promethazine solution, syrup, tablet		GASTROCROM GRASTEK (PA, QL) KARBINAL ER ODACTRA (PA, QL) ORALAIR (PA, QL) PATANASE RAGWITEK (PA, QL) VISTARIL
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ALZHEIMER'S DISEASE

donepezil donepezil odt memantine memantine er (QL) pyridostigmine 60 mg/5 ml, 60 mg pyridostigmine er rivastigmine		EXELON MESTINON NAMENDA NAMENDA XR (QL) NAMZARIC (QL)
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ANXIETY/DEPRESSION/BIPOLAR DISORDER⁴

alprazolam alprazolam er alprazolam intensol		CELEXA (QL, ST) DESVENLAFAXINE ER (QL,ST)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/BIPOLAR DISORDER⁴ (cont)

alprazolam odt alprazolam xr amitriptyline bupropion (QL) bupropion sr (QL) bupropion xl 150 mg tablet (QL) bupropion xl 300 mg tablet (QL) buspirone citalopram 10 mg tablet (QL) citalopram 10 mg/5 ml solution (QL) citalopram 20 mg tablet (QL) citalopram 40 mg tablet (QL) 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 venlafaxine (QL) venlafaxine er (QL)		EFFEXOR XR (QL, ST) EMSAM (QL) FETZIMA (QL, ST) NUPLAZID* (PA) PAXIL (QL, ST) PAXIL CR (QL, ST) PROZAC (QL, ST) REMERON SPRAVATO* (PA) TRINTELLIX (QL, ST) WELLBUTRIN SR (QL, ST) XANAX XANAX XR ZOLOFT (QL, ST)
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ASTHMA/COPD/RESPIRATORY

albuterol albuterol hfa 90 mcg inhaler (QL) AMBRISENTAN* (PA) budesonide (QL) fluticasone- salmeterol (QL) ipratropium- albuterol montelukast	ADEMPAS* (PA) ANORO ELLIPTA (QL) ATROVENT HFA (QL) BREZTRI AEROSPHERE (QL) DULERA (QL) FASENRA PEN* (PA) FLOVENT DISKUS (QL)	AIRDUO DIGIHALER (QL,ST) BRONCHITOL* (PA) COMBIVENT RESPIMAT (QL) KALYDECO* (PA, QL) LETAIRIS* (PA) LONHALA MAGNAIR (PA,QL) ORENITRAM ER* (PA) ORKAMBI* (PA, QL) PULMICORT (QL) PULMOZYME* (PA)
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Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ASTHMA/COPD/RESPIRATORY (cont)			BLOOD MODIFIERS/BLEEDING DISORDERS (cont)		
	FLOVENT HFA(QL) INCRUSE ELLIPTA NUCALA *(PA) OFEV* (PA) OPSUMIT* (PA) QVAR REDIHALER SEREVENT DISKUS (QL) SPIRIVA HANDIHALER (QL) SPIRIVA RESPIMAT (QL) STIOLTO RESPIMAT (QL) SYMBICORT (QL) TRACLEER 32 MG TABLET FOR SUSPENSION* (PA) TRELEGY ELLIPTA (QL) UPTRAVI* (PA) XOLAIR* (PA)	REVATIO 10 MG/ML, 20 MG* (PA) SINGULAIR TEZSPIRE* (PA) TRIKAFTA* (PA, QL) TYVASO REFILL KIT* (PA) VIJOICE* (PA,QL)	aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg*	ADYNOVATE*^ (PA) AFSTYLA*^ (PA) ARANESP*^ (PA) DROXIA ELOCTATE*^ (PA) EMPAVELI* (PA) EPOGEN*^ (PA) ESPEROCT*^ (PA) JIVI*^ (PA) KOGENATES FS*^ (PA) KOVALTRY*^ (PA) NEULASTA* (PA) NIVESTYM*^ NOVOEIGHT*^ PROCRIT*^ (PA) RETACRIT*^ (PA) ZARXIO*^ ZIENTENZO (PA)	ADVATE*^ (PA) CABLIVI*^ (PA) DOPTELET* (PA) FULPHILA* (PA) GRANIX* (PA) HEMLIBRA* (PA) MIRCERA*^ (PA) NEUPOGEN* (PA) NUWIQ*^ (PA) NYVEPRIA* (PA) PROMACTA* (PA) RECOMBIMATE*^ (PA) SIKLOS (PA) TAVALISSE* (PA) UDENCAYA* (PA) XYNTHA*^ (PA) XYNTHA SOLOFUSE*^ (PA)
ATTENTION DEFICIT HYPERACTIVITY DISORDER⁴			BLOOD PRESSURE/HEART MEDICATIONS		
amphetamine (PA) atomoxetine (QL) dexmethylp- henidate (PA) dexmethylp- henidate er (PA, QL) guanfacine er methylphenidate (PA) methylphenidate er 10-60 mg capsule (PA,QL) methylphenidate er 10-54 mg tablet (PA,QL) methylphenidate er (1a) (PA, QL) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate 1a (PA, QL)		ADDERALL (PA ,ST) DAYTRANA (PA, QL) FOCALIN (PA, ST) INTUNIV METHYLIN (PA) QUILLIVANT XR (PA, QL) RITALIN (PA, ST) STRATTERA (QL)	amiodarone tablet amlodipine amlodipine- benazepril amlodipine- olmesartan (QL) amlodipine-valsartan atenolol bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol CARVEDILOL ER (QL) clonidine diltiazem er diltiazem DILT-XR DOFETILIDE (QL) droxidopa* enalapril flecainide hydralazine tablet icatibant* (PA) irbesartan labetalol tablet lisinopril	CORLANOR (PA) ENTRESTO (QL)	BETAPACE AF CALAN SR CAMZYOS* (PA,QL) CARDIZEM LA CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 CINRYZE*^ (PA) CORGARD (ST) EPANED HAEGARDA* (PA) HEMANGEOL INDERAL LA (ST) INDERAL XL (ST) KALBITOR*^ (PA) KAPSPARGO SPRINKLE (ST) KATERZIA (QL) LOPRESSOR (ST) MINIPRESS NITROSTAT NORTHERA* (PA) NORVASC ORLADEYO* (PA, QL) PROCARDIA XL QBRELIS RANEXA (QL)

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS (cont)

lisinopril-hctz		RELEUKO*^ (PA)
losartan		RUCONEST*^ (PA)
losartan-hctz		SOTYLIZE (ST)
matzim la		TAKHZYRO* (PA)
metoprolol succinate		TENORETIC 50 (ST)
metoprolol tablet		TENORETIC 100 (ST)
metyrosine (PA)		TENORMIN (ST)
nadolol		TIAZAC
nebivolol (QL)		TIKOSYN (PA, QL)
nifedipine		TOPROL XL (ST)
nifedipine er		VERELAN
olmesartan (QL)		VERELAN PM
olmesartan-amlodipine-hctz		ZIAC (ST)
olmesartan-hctz (QL)		ZONTIVITY
prazosin		
propranolol tablet		
propranolol er		
ramipril		
ranolazine er (QL)		
sajazir* (PA)		
taztia xt		
telmisartan (QL)		
telmisartan-hctz (QL)		
tiadyt er		
valsartan 40-320 mg tablet		
valsartan-hctz		
verapamil er		
verapamil er pm		
verapamil tablet		
verapamil sr		

BLOOD THINNERS/ANTI-CLOTTING

clopidogrel	BRILINTA	ARIXTRA* (QL)
enoxaparin* (QL)	ELIQUIS (PA)	EFFIENT
fondaparinux sodium* (QL)	FRAGMIN* (QL)	LOVENOX* (QL)
jantoven	XARELTO (PA)	PLAVIX
prasugrel		SAVAYSA (PA,QL)
warfarin		

CANCER

abiraterone* (PA)	ALECENSA*	ALUNBRIG* (PA,QL)
anastrozole+	(PA,QL)	ARIMIDEX
capecitabine* (PA)	BRUKINSA	AROMASIN
everolimus* (PA,QL)	(PA,QL)	BOSULIF* (PA,QL)
exemestane+	CABOMETYX*	BRAFTOVI* (PA)
hydroxyurea	(PA)	COMETRIQ* (PA,QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CANCER (cont)

imatinib* (QL)	CALQUENCE* (PA)	EXKIVITY* (PA)
lenalidomide* (PA,QL)	ERIVEDGE* (PA)	GAVRETO* (PA,QL)
letrozole	ERLEADA* (PA)	ICLUSIG* (PA,QL)
methotrexate	IMBRUVICA* (PA,QL)	INLYTA* (PA)
tamoxifen+	IBRANCE* (PA,QL)	JAKAFI* (PA,QL)
temozolomide* (PA)	GLEOSTINE	LORBRENA* (PA,QL)
	IBRANCE* (PA,QL)	LUMAKRAS* (PA, QL)
	KISQALI* (PA)	LENVIMA* (PA)
	KISQALI FEMARA CO-PACK* (PA)	LONSURF* (PA)
	LYNPARZA* (PA,QL)	MEKTOV1* (PA,QL)
	NUBEQA* (PA)	NERLYNX* (PA)
	REVLIMID* (PA,QL)	NINLARO* (PA,QL)
	RUBRACA* (PA,QL)	ODOMZO* (PA)
	SPRYCEL* (PA,QL)	ORGOVYX* (PA)
	TREXALL	PHESGO*^ (PA)
	VENCLEXTA* (PA)	PIQRAY* (PA)
	VENCLEXTA STARTING PACK* (PA)	POMALYST* (PA,QL)
	VERZENIO* (PA)	PURIXAN*
	XTANDI* (PA)	RETEVMO* (PA,QL)
		ROZLYTREK* (PA)
		SCSEMBLIX* (PA,QL)
		STIVARGA* (PA,QL)
		TAFINLAR* (PA,QL)
		TAGRISSO* (PA)
		TALZENNA* (PA,QL)
		TASIGNA* (PA,QL)
		TIBSOVO* (PA)
		TUKYSA* (PA)
		VENCLEXTA STARTING PACK* (PA)
		VENCLEXTA* (PA)
		VITRAKVI* (PA)
		VIZIMPRO* (PA)
		WELIREG* (PA,QL)
		XALKORI* (PA,QL)
		XELODA* (PA)
		XOSPATA* (PA)
		ZEJULA* (PA,QL)

CHOLESTEROL MEDICATIONS

amlodipine-atorvastatin (QL)	REPATHA (PA)	CADUET (QL)
atorvastatin+colesevelam	VASCEPA (PA)	LIPOFEN (ST)
ezetimibe		ROSZET
fenofibrate		TRICOR (ST)
fluvastatin+		TRILIPIX (ST)
		ZETIA

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CHOLESTEROL MEDICATIONS (cont)			CONTRACEPTION PRODUCTS (cont)		
fluvastatin er+ icosapent ethyl lovastatin+ omega-3 acid ethyl esters pravastatin+ rosuvastatin+ simvastatin tablet+ (QL)			desogestrel-ethinyl estradiol - ethinyl estradiol+ DOLISHALE+ drospirenone- ethinyl estradiol- levomefolate+ drospirenone-ethinyl estradiol+ ELINEST+ ELURYNG+ ENPRESSE+ ENSKYCE+ ERRIN+ ESTARYLLA+ ethynodiol-ethinyl estradiol+ etonogestrel-ethinyl estradiol+ FALMINA+ FEMCAP+ FEMYNOR+ GEMMILY+ HAILEY+ HAILEY FE+ HAILEY 24 FE+ HEATHER+ ICLEVIA+ INCASSIA+ ISIBLOOM+ JAIMIESS+ JASMIEL+ JENCYCLA+ JOLESSA+ JULEBER+ JUNEL+ JUNEL FE+ JUNEL FE 24+ KAITLIB FE+ KALLIGA+ KARIVA+ KELNOR 1-35+ KELNOR 1-50+ KURVELO+ LARIN+ LARIN FE+ LARIN 24 FE+ LEENA+		
CONTRACEPTION PRODUCTS					
AFIRMELLE+ AFTERA+ ALTAVERA+ ALYACEN+ AMETHIA+ AMETHYST+ APRI+ ARANELLE+ ASHLYNA+ AUBRA+ AUBRA EQ+ AUROVELA+ AUROVELA FE+ AUROVELA 24 FE+ AVIANE+ AYUNA+ AZURETTE+ BALZIVA+ BLISOVI FE+ BLISOVI 24 FE+ BRIELLYN+ CAMILA+ CAMRESE+ CAMRESE LO+ CAYA CONTOURED+ CAZIAN+ CHARLOTTE 24 FE+ CHATEAL+ CHATEAL EQ+ CRYSELLE+ CYRED+ CYRED EQ+ DASETTA+ DAYSEE+ DEBLITANE+ desogestrel-ethinyl estradiol+	LO LOESTRIN FE NEXPLANON*+	ANNOVERA BEYAZ ELLA+ KYLEENA*+ LAYOLIS FE+ LILETTA*+ LOESTRIN FE MINASTRIN 24 FE MIRENA*+ NEXTSTELLIS NUVARING PARAGARD T 380- A*+ SAFYRAL SKYLA*+ TYBLUME YASMIN 28 YAZ			

Cigna Value 3-Tier Prescription Drug List

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

CONTRACEPTION PRODUCTS (cont)

LESSINA+		
LEVONEST+		
levonorgestrel-ethinyl estradiol+		
levonorgestrel-ethinyl estradiol+		
LEVORA+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		
LO-ZUMANDIMINE+		
LUTERA+		
LYLEQ+		
LYZA+		
MARLISSA+		
medroxyprogesterone+		
MERZEE+		
MICROGESTIN+		
MICROGESTIN FE+		
MILI+		
MONO-LINYAH+		
NECON+		
NIKKI+		
NORA-BE+		
norethindrone+ethinyl estradiol-iron+		
norethindrone-ethinyl estradiol+		
norethindrone-ethinyl estradiol-ferrous fumarate		
norgestimate-ethinyl estradiol+		
NORTREL+		
NYLIA+		
NYMYO+		
OCELLA+		
PHILITH+		
PIMTREA+		
PIRMELLA+		
PORTIA+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		

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

CONTRACEPTION PRODUCTS (cont)

SHAROBEL+		
SIMLIYA+		
SIMPESSE+		
SPRINTEC+		
SRONYX+		
SYEDA+		
TARINA FE+		
TARINA FE 1-20 EQ+		
TARINA 24 FE+		
taysofy+		
TILIA FE+		
TRI FEMYNOR+		
TRI-ESTARYLLA+		
TRI-LEGEST FE+		
TRI-LINYAH+		
TRI-LO-ESTARYLLA+		
TRI-LO-MARZIA+		
TRI-LO-MILI+		
TRI-LO-SPRINTEC+		
TRI-MILI+		
TRI-NYMYO+		
TRI-SPRINTEC+		
TRIVORA+		
TRI-VYLIBRA LO+		
TRI-VYLIBRA+		
TULANA+		
TYDEMY+		
VELIVET+		
VESTURA+		
VIENVA+		
VIORELE+		
VOLNEA+		
VYFEMLA+		
VYLIBRA+		
WERA+		
wide seal diaphragm+		
WYMZYA FE+		
XULANE+		
ZAFEMY+		
ZOVIA 1-35+		
ZUMANDIMINE+		

COUGH/COLD MEDICATIONS

bromphen-iramine-pseudoephed-dm		HYCODAN (PA, QL) TUZISTRA XR (PA, QL)
promethazine-dm		

Cigna Value 3-Tier Prescription Drug List

DENTAL PRODUCTS			DIABETES (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone acetamide		CLINPRO 5000 FLORIVA+^ FLUORIDEX SENSITIVITY RELIEF JUSTRIGHT 5000 PERIDEX PREVIDENT 5000 DRY MOUTH	CAREFINE PEN NEEDLE CARETOUCH INSULIN SYRINGE, PEN NEEDLE CLICKFINE COMFORT EZ INSULIN SYRINGE, PEN NEEDLE COMFORT TOUCH PEN NEEDLE CONTOUR SOLUTION DROPLET DROPSAFE EASY COMFORT INSULIN SYRINGE, PEN NEEDLES EASY GLIDE INSULIN SYRINGE, PEN NEEDLE EASY TOUCH glimepiride glipizide glipizide er glipizide xl GUARDIAN RT CHARGER GUARDIAN TEST PLUG HEALTHWISE INSULIN SYRINGE, PEN NEEDLE HEALTHY ACCENTS UNIFINE PENTIP INCONTROL PEN NEEDLE INPEN INSULIN PEN NEEDLE INSULIN SYRINGE INSULIN SYRINGE U-500 INSUPEN INSUPEN PEN NEEDLE LITE TOUCH LITETOUCH INSULIN SYRINGE	JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LEVEMIR (QL) LYUMJEV MOUNJARO (PA,QL) OMNIPOD DASH PODS, INTRO KIT (GEN 3,4,5) (QL) ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP OZEMPIC (PA, QL) RYBELSUS (PA, QL) SOLIQUA 100-33 SYMLINPEN SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRESIBA (QL) TRIJARDY XR (ST, QL) TRULICITY (PA, QL) V-GO 20 V-GO 30 V-GO 40 VICTOZA (PA, QL) XIGDUO XR (QL, ST) XULTOPHY ZEGALOGUE (QL)	
DIABETES					
1ST TIER UNIFINE PENTIPS 1ST TIER UNIFINE PENTIPS PLUS ABOUTTIME PEN NEEDLE ACCU-CHEK FASTCLIX LANCING DEVICE ACCU-CHEK LANCETS ACCU-CHEK SMARTVIEW CONTRL SOLUTION ACCU-CHEK SOFTCLIX ACCUTREND GLUCOSE CONTROL ADVOCATE PEN NEEDLES, SYRINGES AUTOSHIELD DUO PEN NEEDLE ASSURE ID INSULIN SAFETY, PEN NEEDLE BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE	BAQSIMI (QL) BASAGLAR (QL) BYDUREON BCISE (PA, QL) BYETTA (PA, QL) DEXCOM G6 RECEIVER, SENSOR, TRANSMITTER (PA, QL) FARXIGA (QL, ST) FREESTYLE LIBRE 2 SENSOR (PA, QL) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE READER (PA, QL) GLYXAMBI (QL, ST) HUMALOG (QL) HUMULIN (QL) HUMULIN R INSULIN LISPRO (QL) JANUMET (QL, ST)	CEQUR CEQUR SIMPLICITY INSERTER CONTOUR NEXT TEST STRIP CONTOUR TEST STRIP CYCLOSET GLUCAGON EMERGENCY KIT (QL) KORLYM* (PA) PRECISION XTRA KETONE-GLUC KIT RIOMET ULTIGUARD SAFE0.3ML 30G 12.7MM ULTIGUARD SAFE 1ML 30G 12.7MM ULTIGUARD SAFEPACK 1ML 31G 8MM ULTIGUARD SAFEPK 0.3ML 31G 8MM UNIFINE SAFECONTROL			

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont)			DIABETES (cont)		
MAGELLAN INSULIN SAFETY SYRNG, SYRINGE			SECURESAFE PEN NEEDLE		
MAXI-COMFORT MAXICOMFORT II PEN NEEDLE			SURE COMFORT SURE COMFORT INSULIN SYRINGE, PEN NEEDLE		
MAXICOMFORT INSULIN SYRINGE, SAFETY PEN NEEDLE			TECHLITE		
metformin 500, 850, 1,000 mg tablet			TOPCARE CLICKFINE		
metformin 500 mg/5 ml solution			TOPCARE ULTRA COMFORT		
metformin 850 mg/8.5ml cup			TRUE COMFORT INSULIN SYRINGE, PEN NEEDLE		
metformin er			TRUE COMFORT PRO INS SYRINGE, PEN NEEDLE		
MICROLET NEXT LANCING DEVICE			TRUE METRIX CONTROL		
MINIMED RESERVOIR MINI PEN NEEDLE			SOULTION		
MINI ULTRA-THIN II MONOJECT			TRUEPLUS PEN NEEDLE		
MONOJECT INSULIN SYRINGE, INSULIN SAFETY SYRINGE			TRUEPLUS SYRINGE		
MULTI-LANCET			ULTICARE		
NANO 2ND GEN PEN NEEDLE			ULTICARE INSULIN SYRINGE, PEN NEEDLE		
NOVOFINE			ULTRA-FINE MICRO PEN NEEDLE		
PARADIGM PEN NEEDLES			ULTICARE SAFETY PEN NEEDLE		
PENTIPS			VEO INSULIN SYRINGE		
PREVENT DROPSAFE PEN NEEDLE			ULTICARE SAFETY PEN NEEDLE		
PRO COMFORT INSULIN SYRINGE, PEN NEEDLE			ULTIGUARD SAFE0.5ML 30G 12.7MM		
PRODIGY INSULIN SYRINGE			ULTIGUARD SAFEPACK-PEN NEEDLE		
PURE COMFORT PEN NEEDLE			ULTIGUARD SAFEPK 0.5ML 31G 8MM		
SAFETY PEN NEEDLE			ULTILET PEN NEEDLE		
SAFETYGLIDE INSULIN SYRINGE			ULTRA COMFORT		
SAFETYGLIDE SYRINGE			ULTRA FLO INSULIN SYRINGE, PEN NEEDLE		

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont)			EYE CONDITIONS		
ULTRA THIN ULTRACARE INSULIN SYRINGE, PEN NEEDLE ULTRA-THIN II UNIFINE PEN NEEDLE UNIFINE PENTIPS UNIFINE PENTIPS MAXFLOW, PLUS, PLUS MAXFLOW UNIFINE ULTRA PEN NEEDLE VANISHPOINT VANISHPOINT INSULIN SYRINGE			BIMATOPROST (QL) brimonidine brimonidine tartrate- timolol brinzolamide ciprofloxacin cyclosporine difluprednate dorzolamide-timolol erythromycin fluorome-tholone ketorolac latanoprost loteprednol moxifloxacin eye drops neomycin-polymyxin b-dexamethasone ofloxacin polymyxin b sulfate- trimethoprim prednisolone timolol tobramycin tobramycin- dexamethasone travoprost	CEQUA EYSUVIS (QL) XIIDRA	ACULAR ACULAR LS ACUVAIL ALREX AZASITE AZOPT BESIVANCE BETIMOL BETOPTIC S BROMSITE COSOPT COSOPT PF CYSTADROPS* (PA, QL) CYSTARAN* (PA, QL) DUREZOL FLAREX FML FORTE FML FORTE 0.25% EYE DROPS FML LIQUIFILM 0.1% EYE DROP FML S.O.P. 0.1% OINTMENT ILEVRO INVELTYS ISTALOL LOTEMAX LOTEMAX SM MAXIDEX MAXITROL OCUFLOX OXERVATE* (PA) POLYTRIM PRED FORTE PRED MILD PROLENSA RHOPRESSA ROCKLATAN TIMOPTIC TIMOPTIC OCUDOSE TIMOPTIC-XE TOBRADEX TOBRADEX ST VIGAMOX ZIRGAN ZYLET
DIURETICS					
acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochloro- thiazide spironolactone triamterene-hctz	KERENDIA (PA, QL)	TRIAMTERENE-HCTZ CAROSPIR JYNARQUE* (PA) LASIX MAXZIDE			
EAR MEDICATIONS					
ciprofloxacin- dexamethasone neomycin-polymyxin b-hydrocortisone ofloxacin		CIPRODEX CIPROFLOXACIN- FLUOCINOLONE CIPRO HC CORTISPORIN-TC DERMOTIC OTOVEL			
ERECTILE DYSFUNCTION					
sildenafil^ (QL) TADALAFIL^ (QL) vardenafil^ (QL)		CAVERJECT^ (PA AGE, QL) CIALIS^ (QL, ST) EDEX^ (PA AGE, QL) MUSE^ (PA AGE, QL) STENDRA^ (QL, ST) VIAGRA^ (QL, ST)			

Cigna Value 3-Tier Prescription Drug List

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

FEMININE PRODUCTS

GYNAZOLE 1
miconazole 3 200
mg
terconazole

GASTROINTESTINAL/HEARTBURN

alosetron*	CLENPIQ+	APRISO
ANUCORT-HC	ENTYVIO*^ (PA)	BONJESTA
cinacalcet*	LINZESS	CANASA
constulose	NEXIUM DR 2.5	CARAFATE
dexlansoprazole dr^	MG PACKET (QL)	CHOLBAM* (PA)
(QL)	NEXIUM DR 5 MG	CUVPOSA
dicyclomine capsule,	PACKET (QL)	DICLEGIS
solution, tablet	PANCREAZE	GATTEX* (PA)
esomeprazole 20	SUTAB+	LITHOSTAT
mg capsule, 40 mg	TRULANCE	MOTOFEN
capsule, packets^	VIBERZI	MOVANTIK (PA)
(QL)		OCALIVA* (PA)
famotidine 40 mg/5		RAVICTI* (PA)
ml suspension		RECTIV
GAVILYTE-C+		RELISTOR (PA)
GAVILYTE-G+		SANCUSO (PA, QL)
GENTLE LAXATIVE		SFROWASA
TABLET+		SUCRAID* (PA)
HEMMOREX-HC		SYMPROIC (PA)
hydrocortisone		TRANSDERM-SCOP
lansoprazole^ (QL)		URSO
lubiprostone		URSO FORTE
mesalamine		VARUBI (PA, QL)
mesalamine dr		VIOKACE
mesalamine er		
metoclopramide		
solution, tablet		
OMEPRAZOLE^ (QL)		
ondansetron		
ondansetron odt		
pantoprazole ^ (QL)		
peg 3350-		
electrolyte+		
peg3350-sodium		
sulfate-sodium		
chloride-potassium		
chloride-sodium		
ascorbate-ascorbic		
acid+		
PEG-PREP+		
scopolamine		
sucralfate		

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

HORMONAL AGENTS

AMABELZ	CETROTIDE*^	ACTIVELLA
budesonide dr	(PA)	ANDRODERM (PA,
budesonide ec	COMBIPATCH	QL)
budesonide er (PA,	DUAVEE	ANDROGEL (PA, QL)
QL)	ESTRING (QL)	ANGELIQ
CABERGOLINE (QL)	ESTROGEL	AYGESTIN
desmopressin*	FORTEO* (PA, QL)	BIJUVA
dexamethasone	GENOTROPIN*	BYNFEZIA* (PA)
intensol	(PA)	CRINONE (PA)
DOTTI (QL)	HUMATROPE*	CYTOMEL
fyremadel*^ (PA)	(PA)	DEPO-
LEVOXYL	LUPRON	TESTOSTERONE
prednisolone odt	DEPOT*^ (PA)	EMFLAZA* (PA)
prednisolone sodium	LUPRON DEPOT-	EVAMIST
phosphate	PED*^ (PA)	FENSOLVI*^ (PA)
	MYFEMBREE (PA,	INTRAROSA (QL)
	QL)	ISTURISA* (PA, QL)
	NORDITROPIN	LANREOTIDE*^ (PA)
	FLEXPRO* (PA)	LUPANETA PACK*^
	ORIAHNN (PA,	(PA)
	QL)	MEDROL
	ORILISSA (PA, QL)	MENOSTAR (QL)
	PREMARIN	MYFEMBREE
	TABLET,	(QL)
	VAGINAL CREAM	OMNITROPE* (PA)
	APPLICATOR	OSPHENA (QL)
	PREMPHASE	PROMETRIUM
	PREMPRO	RAYALDEE
	SEROSTIM* (PA)	SANDOSTATIN LAR
	SOMATULINE	DEPOT*^ (PA)
	DEPOT*^ (PA)	SIGNIFOR LAR*^
	SOMAVERT* (PA)	(PA)
		teriparatide* (PA, QL)
		UNITHROID

INFECTIONS

acyclovir capsule,	BARACLUDE	AEMCOLO (QL)
suspension, tablet	SOLUTION*	ALINIA
albendazole	EPCLUSA* (PA,	ANCOBON
amoxicillin	QL)	ARIKAYCE* (PA)
amoxicillin-	EURAX 10%	BACTRIM
clavulanate er	CREAM	BACTRIM DS
amoxicillin-	HARVONI* (PA,	BAXDELA 450 MG
clavulanate	QL)	TABLET (PA)
atovaquone	LAGEVRIO (EUA)	CAYSTON* (PA, QL)
atovaquone-	(QL)	CIPRO
proguanil		CLEOCIN

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)		
AVIDOXY azithromycin packet, suspension, tablets cefdinir cefuroxime tablets cephalexin ciprofloxacin clarithromycin clarithromycin ER clindamycin clindamycin (pediatric) COREMINO ER QL dapsons doxycycline monohydrate EMVERM entecavir* (QL) erythromycin erythromycin ethylsuccinate famciclovir fluconazole flucytosine hydroxychlor- oquine levofloxacin solution, tablet methenamine metronidazole gel, capsule, tablet minocycline minocycline er tablet (QL) mondoxyne nl nitazoxanide nitrofurantoin monohydrate- macrocrystal nystatin suspension, tablet oseltamivir (QL) penicillin v potassium posaconazole tablet sulfamethoxazole- trimethoprim suspension, tablet	LEDIPASVIR- SOFOSBUVIR* (PA,QL) MAVYRET* (PA, QL) PAXLOVID (QL) PEGASYS* (PA) SOFOSBUVIR- VELPATASVIR* (PA,QL) SOVALDI* (PA, QL) TOBI PODHOLDER (PA,QL) VEMLIDY* VOSEVI* (PA,QL) XIFAXAN (QL)	CLEOCIN PEDIATRIC CLINDESSE CRESEMBA CAPSULE (PA) DARAPRIM* (PA) DIFICID* (PA, QL) E.E.S. 400 ELIMITE ERYPED 200 ERY-TAB DR EURAX 10% LOTION HIPREX IMPAVIDO (PA) FLAGYL KITABIS PAK* (PA, QL) LIVTENCITY* (PA,QL) MACROBID MACRODANTIN MALARONE (PA) NATROBA NUVESSA NUZYRA 150 MG TABLET* (PA, QL) PLAQUENIL (PA) POSACONAZOLE SUSPENSION PREVYMIS TABLET* SIVEXTRO 200 MG TABLET (PA) SKLICE SOLOSEC SULFATRIM TAMIFLU (QL) URIBEL VALTREX VIEKIRA PAK* (PA,QL) XENLETA 600MG TABLET (PA, QL) XOFLUZA (QL) ZEPATIER* (PA,QL) ZITHROMAX ZITHROMAX TRI-PAK ZYVOX SUSPENSION, TABLET (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)		
terbinafine tetracycline tobramycin ampule* (PA, QL) valacyclovir valganciclovir vancomycin capsule, solution vandazole		
INFERTILITY		
CHORIONIC GONADOTROPIN*^ (PA) clomiphene ^	ENDOMETRIN^ GONAL-F*^ (PA) NOVAREL*^ (PA) OVIDREL*^ (PA) PREGNYL*^ (PA)	CRINONE^ (PA) FOLLISTIM*^ (PA)
MISCELLANEOUS		
ACCU-CHEK deferiprone 500mg* (PA) disulfiram DROPLET LANCETS KETONE CARE TEST STRIP KETONE TEST STRIP KETOSTIX REAGENT MICROLET POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA sapropterin* (PA) sodium chloride inhalation vial, irrigation solution, vial TECHLITE LANCETS TRUEPLUS KETONE TEST STRIP	ACE AEROSOL CLOUD ENHANCER (QL) AEROCHAMBER MINI (QL) AEROCHAMBER MV (QL) AEROCHAMBER PLUS FLOW-VU (QL) AEROCHAMBER Z-STAT PLUS (QL) AEROTRACH PLUS (QL) AEROVENT PLUS (QL) BREATHRITE (QL) CERDELGA* (PA) CLEVER CHOICE HOLDING CHAMBER (QL) COMPACT SPACE CHAMBER (QL) EASIVENT (QL) FLEXICHAMBER (QL) INSPIRACHA- MBER (QL) MICROCHAMBER (QL)	ADDYI^ (PA, QL) AUSTEDO* (PA) CARBAGLU* EVRYSDI* (PA) GALAFOLD* (PA) INGREZZA INITIATION PACK* (PA, QL) INGREZZA* (PA) NUEDEXTA (QL) ORFADIN* (PA) PALYNZIQ* (PA) PRO COMFORT SPACER WITH MASK (QL) RADICAVA ORS* (PA,QL) TEGSEDI* (PA) TIGLUTIK* (PA) VOXZOGO* (PA) VYLEESI*^ (PA, QL) VYNDAMAX* (PA, QL)

Cigna Value 3-Tier Prescription Drug List

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

	MICROSPACER (QL)	
	NITYR* (PA)	
	OPTICHAMBER DIAMOND (QL)	
	POCKET CHAMBER (QL)	
	PROCARE SPACER WITH CHILD MASK (QL)	
	RITFLO (QL)	
	SPACE CHAMBER (QL)	
	SPACE CHAMBER-MEDIUM MASK (QL)	
	SPACE CHAMBER-SMALL MASK (QL)	
	STRENSIQ* (PA)	
	VORTEX (QL)	
	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*	BETASERON* (PA)	
glatopa*	KESIMPTA PEN*	
	MAYZENT* (PA)	
	PLEGRIDY* (PA)	
	PONVORY* (PA)	
	REBIF* (PA)	
	VUMERITY* (PA)	
	ZEPOSIA* (PA)	

NUTRITIONAL/DIETARY

betaine anhydrous*	DRISDOL^	ACCRUFER^
calcitriol capsule, solution^	FLORIVA	AURYXIA (QL)
fluoride+^	CHEWABLE TABLET+	CITRANATAL 90 DHA
folic acid^	LOKELMA	CITRANATAL ASSURE
klor-con	NEEVO DHA^	CITRANATAL B-CALM
KLOR-CON 8 MEQ TABLET	OB COMPLETE PREMIER	CITRANATAL BLOOM TABLET^
KLOR-CON 10 MEQ TABLET	OB COMPLETE PREMIER	CITRANATAL DHA

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

lanthanum carbonate	POLY-VI-FLOR WITH IRON+	CITRANATAL HARMONY
potassium chloride 10%, capsule, packet, tablet	PRENATE^	CYSTADANE*
sevelamer carbonate	QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+	DRISDOL^
vitamin d2 1.25 mg (50,000 unit)^	QUFLORA PEDIATRIC 0.25 MG/ML DROP+	K-TAB ER
VITAMINS A,C,D AND FLUORIDE+	QUFLORA PEDIATRIC 0.5 MG/ML DROP+	OB COMPLETE^
	QUFLORA TRI-VI-FLOR+	PHOSLYRA
	VELTASSA	PRENATE
	VELPHORO	PRIMACARE
		ROCALTROL^

OSTEOPOROSIS PRODUCTS

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

PAIN RELIEF AND INFLAMMATORY DISEASE

ACETAMINOPHEN-CODEINE (PA)	ACTEMRA* (PA, QL)	ANALPRAM HC
allopurinol tablet	AIMOVI (PA)	ARAHA
baclofen tablet	AJOVY (PA)	ARCALYST* (PA)
buprenorphine patch (QL)	AMJEVITA* (made by Amgen) (PA,QL)	BENLYSTA* (PA)
butalbital-acetaminophen-caffeine (QL)	AVSOLA*^ (PA)	BUTRANS (QL)
carisoprodol	BELBUCA (QL)	CELEBREX (QL, ST)
CELECOXIB (QL)	CIMZIA* (PA, QL)	CELEBREX (QL, ST)
colchicine 0.6 mg tablet	DUPIXENT* (PA)	EC-NAPROSYN (ST)
cyclobenzaprine	EMGALITY (PA)	ESGIC (QL)
DICLOFENAC 1% GEL (QL)	ENBREL* (PA, QL)	FEXMID
diclofenac dr	HYSINGLA ER (PA)	FIORICET (QL)
diclofenac ec	HUMIRA* (PA,QL)	ILARIS*^ (PA)
EC-NAPROXEN	INFLECTRA*^ (PA)	ILUMYA* (PA, QL)
ECOTRIN EC 81 MG TABLET+	MITIGARE	KEVZARA* (PA, QL)
eletriptan (QL)	NURTEC ODT (PA, QL)	NAPROSYN (ST)
ENDOCET (PA)	OTEZLA* (PA, QL)	NUCYNTA (PA)
	OTREXUP (PA)	NUCYNTA ER (PA)
		OLUMIANT* (PA, QL)
		ORENCIA* (PA, QL)
		OTREXUP (PA)
		OXAYDO (PA)
		PERCOCET (PA)
		PROCTOFOAM-HC

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

FEBUXOSTAT (QL)	QULIPTA (PA,QL)	PROCORT
GLYDO	REDITREX (PA)	REMICADE*^ (PA)
hydrocodone- acetaminophen (PA)	RINVOQ* (PA, QL)	ROXYBOND (PA)
hydromorphone (PA)	SIMPONI100MG PEN INJECTOR, SYRINGE* (PA, QL)	SAVELLA
hydromorphone er (PA)	SIMPONI ARIA* (PA)	SILIQ* (PA, QL)
IBU	SKYRIZI* (PA, QL)	ZANAFLEX
ibuprofen	STELARA 45MG, 90MG* (PA, QL)	ZEBUTAL (QL)
indomethacin	TALTZ* (PA, QL)	ZOHYDRO ER (PA)
indomethacin er	TREMFYA* (PA, QL)	
ketorolac	TRUDHESA (PA, QL)	
tromethamine (QL)	UBRELVY (PA, QL)	
leflunomide	XELJANZ/XR* (PA, QL)	
lidocaine 5% ointment (QL)	XTAMPZA ER (PA)	
lidocaine 5% patch	ZTLIDO	
lidocaine viscous		
meloxicam tablet		
meloxicam tablet		
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)
		OSMOLEX ER (QL)
		RYTARY

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PARKINSON'S DISEASE (cont)

ROPINIROLE		SINEMET 10-100
		SINEMET 25-100
		XADAGO (ST)

SCHIZOPHRENIA/ANTI-PSYCHOTICS⁴

ARIPIRAZOLE (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)
PALIPERIDONE ER (QL)		SECUADO (ST)
quetiapine		SEROQUEL (ST)
quetiapine er		SEROQUEL XR (ST)
risperidone		VRAYLAR (QL, ST)
risperidone odt		
ziprasidone tablet		

SEIZURE DISORDERS

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

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

SEIZURE DISORDERS (cont)

SUBVENITE		
SUBVENITE (BLUE)		
SUBVENITE (GREEN)		
SUBVENITE (ORANGE)		
topiramate		
topiramate er		
vigabatrin*		
vigadrone*		

SKIN CONDITIONS

ACUTANE	ADBRY* (PA)	ANALPRAM HC
adapalene (PA age)	CIBINQO* (PA,QL)	2.5%-1% LOTION
adapalene-benzoyl peroxide	EUCRISA (ST)	AVAR 9.5-5% CLEANSING PADS
AMNESTEEM		BRYHALI (ST)
AVAR CLEANSER		calcipotriene foam
AVAR-E		CAPEX SHAMPOO (ST)
AVAR-E GREEN		CLEOCIN T
azelaic acid		CLINDACIN ETZ KIT
BP 10-1		CLINDACIN PAC KIT
AVAR CLEANSER		CLODERM (ST)
azelaic acid		DRYSOL
betamethasone augmented		EFUDEX
BP 10-1		EVOCLIN
CLARAVIS		NAFTIN
CLINDACIN ETZ 1% PLEDGET		OPZELURA (PA)
CLINDACIN P 1% PLEDGETS		PICATO
clindamycin 1% foam, gel, lotion, pledget, solution		PLEXION CLEANER, CLEANSING CLOTH, CREAM, LOTION
clindamycin-benzoyl peroxoxide		PRAMOSONE
clindamycin-tretinoin		SANTYL (QL)
clobetasol		REGRANEX (PA,QL)
CLODAN		TEMOVATE (ST)
clotrimazole-betamethasone		TWYNEO
dapsone gel		XENLETA 600 MG TABLET (PA, QL)
DROPSAFE PREP PADS		XEPI
fluocinonide		
flourouracil cream, topical solution		
ketoconazole		
KETODAN		

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

SKIN CONDITIONS (cont)

metronidazole		
mupirocin ointment		
MYORISAN		
NEUAC GEL		
pimecrolimus		
ROSADAN		
sodium sulfacetamide-sulfur		
sotretinoin		
SSS 10-5		
SULFACLEANSE 8-4		
tacrolimus ointment		
tazarotene 0.1% cream		
TRETINOIN (PA AGE)		
TRIDERM		
ZENATANE		

SLEEP DISORDERS/SEDATIVES

doxepin (QL)	DAYVIGO (QL, ST)	HETLIOZ LQ* (PA)
eszopiclone	SUNOSI (PA, QL)	HETLIOZ* (PA)
MODAFINIL (PA)		LUNESTA (ST)
naltrexone hcl (QL)		SILENOR (QL,ST)
zolpidem		WAKIX* (PA, QL)
ZOLPIDEM ER (QL)		XYREM* (PA,QL)
		XYWAV* (PA,QL)

SMOKING CESSATION⁴

bupropion sr 150 mg tablet+ [^]		APO-VARENICLINE [^]
varenicline+ [^]		CHANTIX+ [^] (PA)
		NICORETTE+
		NICOTROL NS+ [^]
		NICOTROL+ [^]

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 capsule*		

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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TRANSPLANT MEDICATIONS (cont)

		PROGRAF 0.5 MG CAPSULE*
		PROGRAF 1 MG CAPSULE*
		PROGRAF 1 MG GRANULE PACKET*
		PROGRAF 5 MG CAPSULE*
		RAPAMUNE*
		REZUROCK* (PA)
		ZORTRESS*

URINARY TRACT CONDITIONS

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

VACCINES

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

	BEXSERO+	
	BOOSTRIX TDAP+	
	COMIRNATY+	
	DAPTACEL DTAP+	
	DENGVAIXA+	
	DIPHThERIA-TETANUS	
	TOXOIDS-PED+	
	GARDASIL 9+	
	HEPLISAV-B+	
	HIBERIX+	
	INFANRIX DTAP+	
	IPOL+	
	ANSSSEN	
	COVID-19 VACCINE (EUA)+	

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

	KINRIX+	
	MENACTRA+	
	JMENQUADFI+	
	MENVEO A-C-Y-W-135-DIP+	
	M-M-R II VACCINE+	
	MODERNA COVID (12Y UP) VAC (EUA)+	
	MODERNA COVID (6M-5Y) VACC (EUA)+	
	MODERNA COVID-19 BOOSTER (EUA)+	
	NOVAVAX COVID-19 VACC, ADJ (EUA)+	
	PEDIARIX+	
	PEDVAXHIB+	
	PENTACEL+	
	PFIZER COVID (12Y UP) VAC(EUA)+	
	PFIZER COVID (5-11Y) VAC (EUA)+	
	PFIZER COVID (6M-4Y) 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) VACC+	

Cigna Value 3-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+	

VITAMINS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	POLY-VI-FLOR+ POLY-VI-FLOR WITH IRON+	

WEIGHT MANAGEMENT

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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 Value 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 100MG, 200MG TABLET*	etravirine*
	KALETRA*	lopinavir-ritonavir*
	LEXIVA 700MG TABLET*	fosamprenavir 700mg tablet*
	NORVIR 100MG TABLET*	ritonavir 100mg tablet*
	RETROVIR CAPSULE, SYRUP*	zidovudine capsule, syrup*
	REYATAZ CAPSULE*	atazanavir capsules*
	SUSTIVA*	efavirenz*
	SYMFI*, SYMFI LO*	efavirenz-lamivudine-tenofovir*
	TRIZIVIR*	abacavir-lamivudine-zidovudine tablet*
	TRUVADA*	emtricitabine-tenofovir*
	VIRAMUNE*	nevirapine*
	VIRAMUNE XR*	nevirapine ER*
	VIREAD 300MG TABLET*	tenofovir 300mg tablet*
ZIAGEN*	abacavir*	
ALLERGY/NASAL SPRAYS	AUVI-Q, EPIPEN, EPIPEN JR, SYMJEPI	epinephrine auto-injectors
	carbinoxamine 6mg tablet, RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine, RYCLORA	carbinoxamine oral solution, cyproheptadine syrup, hydroxyzine syrup
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)
	EPINEPHRINE 0.15 MG, 0.3 MG AUTO-INJECTOR	Generic EPIPEN (also called epinephrine)
	RYALTRIS	azelastine-fluticasone, mometasone, flunisolide, fluticasone
ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)	pyridostigmine 60mg tablet
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL	clomipramine
	APLENZIN	bupropion XL 150, 300 mg tablets
	ATIVAN TABLET, LOREEV XR	lorazepam
	AUVELITY	bupropion sr, generic SNRI's (ex: venlafaxine, duloxetine) generic SSRI's (ex: citalopram, fluoxetine)
	bupropion xl 450mg tablet, FORFIVO XL	bupropion xl 150mg tablets
	CITALOPRAM HBR	citalopram tablet
	CYMBALTA, VENLAFAXINE ER	desvenlafaxine ER, duloxetine, escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	PAMELOR	nortriptyline capsules
	PARNATE	tranylcypromine
	PEXEVA	paroxetine, paroxetine cr
	PRISTIQ	desvenlafaxine succinate er, bupropion sr duloxetine, escitalopram sertraline, venlafaxine er
	VIIBRYD	vilazodone
	WELLBUTRIN XL	bupropion xl, escitalopram, fluoxetine
ASTHMA/COPD/RESPIRATORY	ADVAIR HFA, ADVAIR DISKUS AIRDUO RESPICLICK, BREO ELLIPTA	DULERA, fluticasone-salmeterol SYMBICORT, WIXELA INHUB
	ALBUTEROL HFA, levalbuterol hfa PROAIR DIGIHALER, PROAIR HFA PROAIR RESPICLICK, PROVENTIL HFA VENTOLIN HFA, XOPENEX HFA	Generic PROAIR or PROVENTIL (albuterol hfa)
	ALVESCO, ARMONAIR DIGIHALER ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA PULMICORT FLEXHALER	FLOVENT DISKUS, FLOVENT HFA QVAR
	ARCAPTA NEOHALER STRIVERDI RESPIMAT	SEREVENT DISKUS
	BEVESPI AEROSPHERE DUAKLIR PRESSAIR	ANORO ELLIPTA STIOLTO RESPIMAT
	BROVANA	arformoterol
	budesonide-formoterol	SYMBICORT
	ELIXOPHYLLIN	theophylline er, theophylline oral solution
	FLUTICASONE-SALMETEROL HFA	theophylline
	PERFOROMIST	DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB
	TADLIQ	ALYQ, sildenafil 20mg tablet, suspension, tadalafil 20mg tablet
	TUDORZA PRESSAIR	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
	YUPELRI	ANORO ELLIPTA, BREZTRI AEROSPHERE INCRUSE ELLIPTA, SPIRIVA STIOLTO RESPIMAT, TRELEGY ELLIPTA
	ZYFLO	montelukast, zafirlukast, zileuton er
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	ADDERALL XR, ADHANSIA XR ADZENYS XR-ODT, APTENSIO XR AZSTARYS CONCERTA COTEMPLA XR-ODT DYANAVAL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER RITALIN LA VYVANSE

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er
	EVEKEO ODT	amphetamine, dexmethylphenidate dextroamphetamine, methamphetamine methylphenidate
	METHYLPHENIDATE ER	generic methylphenidate tablet
	methylphenidate er 72mg tablet, RELEXII	methylphenidate er 36mg tablet
	QELBREE	atomoxetine
BLOOD PRESSURE/HEART MEDICATIONS	ACCUPRIL	quinapril
	ACCURETIC	quinapril-hctz
	ALTACE	ramipril
	ASPRUZYO SPRINKLE	amlodipine, atenolol, isosorbide, nifedipine, propranolol, ranolazine er
	ATACAND	candesartan
	ATACAND HCT	candesartan-hctz
	AVALIDE	irbesartan-hctz
	AVAPRO	irbesartan-hctz
	AZOR	amlodipine-olmesartan
	BENICAR	olmesartan
	BENICAR HCT	olmesartan-hctz
	BETAPACE	sotalol
	BYSTOLIC	generic beta blockers (e.g. metoprolol; atenolol)
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem cd
	CLONIDINE ER	clonidine er 0.1mg tablet, patch
	CONJUPRI, NORLIQVA	amlodipine, felodipine er, nicardipine, nifedipine
	CONSENSI	amlodipine, celecoxib
	COZAAR	losartan
	DIOVAN	valsartan
	DIOVAN HCT	valsartan-hctz
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	EXFORGE	amlodipine-valsartan
	EXFORGE HCT	amlodipine-valsartan hctz
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	HYZAAR	losartan-hctz
	ISORDIL, ISORDIL TITRADOSE	isosorbide dinitrate
	LANOXIN	digoxin

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	LOTENSIN	benazepril
	LOTENSIN HCT	benazepril-hctz
	LOTREL	amlodipine-benazepril
	MICARDIS	telmisartan
	MICARDIS HCT	telmisartan-hctz
	MULTAQ	amiodarone, disopyramide, dofetilide, flecainide propafenone, quinidine, sotalol af
	PRINIVIL, ZESTRIL	lisinopril
	TEKTURNA	aliskiren
	TEKTURNA HCT	generic ACE inhibitor + HCT (e.g. benazepril-HCT)
	TRIBENZOR	olmesartan-amlodipine-hctz
	VASERETIC	enalapril-hctz
	VASOTEC	enalapril
	ZESTORETIC	lisinopril-hctz
BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole, YOSPRALA	aspirin or enteric aspirin
	PRADAXA	dabigatran
CANCER	AFFINITOR*, AFFINITOR DISPERZ*	everolimus
	BESREMI*	hydroxyurea capsule
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*
	GLEEVEC*	imatinib
	NEXAVAR*	sorafenib
	NILANDRON	nilutamide
	TARCEVA*	erlotinib
YONSA*, ZYTIGA*	abiraterone	
CHOLESTEROL MEDICATIONS	ANTARA, FENOGLIDE	fenofibrate
	ALTOPREV	lovastatin+, atorvastatin+, simvastatin+ rosuvastatin+
	CRESTOR	rosuvastatin+
	EZALLOR SPRINKLE, FLOLIPID, LIVALO SIMVASTATIN 20mg/5ml SUSPENSION NEXLIZET	generic statins (e.g. atorvastatin; simvastatin)
	ezetimibe-atorvastatin, LIPITOR	atorvastatin+, ezetimibe-simvastatin rosuvastatin+
	JUXTAPID*, PRALUENT	REPATHA
	LESCOL XL	fluvastatin er+
	NEXLETOL ROSUVASTATIN-EZETIMIBE, ROSZET	generic statins (e.g. atorvastatin; simvastatin) ezetimibe-simvastatin
	niacin 500mg tablet, NIACOR	niacin er
	PRAVACHOL	pravastatin+
	VYTORIN	ezetimibe-simvastatin

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
CHOLESTEROL MEDICATIONS(cont)	ZYPITAMAG	atorvastatin+, lovastatin+, pravastatin+ rosuvastatin+, simvastatin+	
CONTRACEPTION PRODUCTS	BALCOLTRA, NATAZIA, NEXTSTELLIS SLYND, TAYTULLA, TWIRLA	generic oral contraceptives	
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg	
	TUSSICAPS	hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup	
DIABETES	ACCU-CHEK TEST STRIPS CVS TEST STRIPS ADVOCATE TEST STRIPS ASSURE TEST STRIPS CONTOUR TEST STRIPS EASY TALK PLUS II TEST STRIPS FORA 6 GLUCOSE STRIP FORTISCARE G1 TEST STRIPS FREESTYLE TEST STRIPS RELION TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)	
	ADLYXIN	BYDUREON, BYETTA, metformin, OZEMPIC TRULICITY, VICTOZA	
	ADMELOG, ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP, INSULIN ASPART, NOVOLOG	HUMALOG LYUMJEV	
	AFREZZA INSULIN GLARGINE	HUMALOG, HUMULIN R LYUMJEV	
	alogliptin, alogliptin-metformin JENTADUETO, JENTADUETO XR KAZANO, KOMBIGLYZE XR NESINA, ONGLYZA, TRADJENTA	JANUMET JANUMET XR JANUVIA metformin	
	alogliptin-pioglitazone OSENİ	JANUMET, JANUMET XR, JANUVIA pioglitazone	
	FORTAMET, GLUMETZA metformin er gastric, metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)	
	GLUCAGEN HYPOKIT	generic glucagon, BAQSİMİ	
	GVOKE	generic glucagon, glucagon emergency kit (generic) BAQSİMİ	
	INSULIN ASPART PRO, NOVOLOG MIX	HUMALOG MIX	
	INVOKAMET, INVOKAMET XR SEGLUROMET	SYNJARDY, SYNJARDY XR, XIGDUO XR	
	INVOKANA, STEGLATRO	FARXIGA, JARDIANCE, metformin	
	LANTUS, LANTUS SOLOSTAR INSULIN DEGLUDEC, SEMGLEE, TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR	BASAGLAR LEVEMIR TRESİBA FLEXTOUCH	
	NOVOLIN	HUMULIN	
	QTERN, STEGLUJAN	GLYXAMBI, metformin, TRIJARDY XR	
	DIURETICS	EDECİRIN, ethacrynic acid, SOOANZ	bumetanide, furosemide, torsemide
		THALITONE	chlorthalidone
	EYE CONDITIONS	ALOCRİL, ALOMİDE	cromolyn

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
EYE CONDITIONS (cont)	ALPHAGAN	brimonidine
	COMBIGAN	brimonidin-timolol
	LUMIGAN, TRAVATAN Z, VYZULTA XALATAN, XELPROS, ZIOPTAN	bimatoprost, latanoprost, travoprost
	RESTASIS, RESTASIS MULTIDOSE, TYRVAYA	cyclosporine 0.05% eye emulsion, XIIDRA
GASTROINTESTINAL/HEARTBURN	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository
	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 1.5mg tablet ROBINUL, ROBINUL FORTE	glycopyrrolate 1mg, 2mg tablet
	GIMOTI*	metoclopramide oral solution or tablet
	GOLYTELY+, MOVIPREP+ OSMOPREP+, PLENVU+, SUPREP+	CLENPIQ+, GAVILYTE-C+, GAVILYTE-G+ GAVILYTE-N+, PEG 3350 ELECTROLYTE+, SUTAB+
	IBSRELA, MOTTEGRITY, ZELNORM	LINZESS
	KRISTALOSE lactulose 10gm packet	CONSTULOSE, ENULOSE lactulose oral solution
	LIALDA DR, PENTASA DR	mesalamine tablet or capsule
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	MARINOL, SYNDROS	dronabinol
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magne- sium
	OMECLAMOX-PAK, PYLERA TALICIA, VOQUEZNA	lansoprazole-amoxicillin-clarithromycin pak
	PHEBURANE	sodium phenylbutyrate
	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet
	URSODIOL 200 MG, 400 MG CAPSULE	ursodiol 300mg capsule, ursodiol tablet
	ZOFRAN	ondansetron
	ZUPLENZ	ondansetron, ondansetron odt
HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet
	ADTHYZA, ARMOUR THYROID, WP THYROID	NP THYROID
	CLIMARA PRO	COMBIPATCH
	DDAVP, NOCDURNA	desmopressin nasal spray or tablets
	DEXABLISS dexamethasone 6, 10, 13 Day 1.5mg tablets DXEVO, HIDEX, TAPERDEX, ZCORT	dexamethasone 1.5mg tablet
	DIVIGEL	estradiol gel patches

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
HORMONAL AGENTS (cont)	ERMEZA	levoxyl levothyroxine levo-T euthyrox	
	FORTESTA, JATENZO, KYZATREX, NATESTO TESTIM, TLANDO, VOGELXO, XYOSTED	generic topical testosterone	
	NUTROPIN AQ NUSPIN* SAIZEN*, SAIZEN-SAIZENPREP* ZOMACTON*	HUMATROPE* NORDITROPIN*	
	HEMADY	dexamethasone 5mg tablet	
	LEVOTHYROXINE SODIUM, SYNTHROID TIROSINT, TIROSINT-SOL	Generic SYNTHROID (also called levothyroxine tablet)	
	MYCAPSSA*	BYNFEZIA*	
	ORTIKOS	budesonide capsule	
	RAYOS, TARPEYO	methylprednisolone, prednisone	
	THYQUIDITY	EUTHYROX, LEVO-T, levothyroxine tablet, LEVOXYL	
	UCERIS 9MG ER TABLET	budesonide 9mg tablet, dexamethasone hydrocortisone, methylprednisolone prednisolone, prednisone	
	ARMOUR THYROID WP THYROID	np thyroid	
	INFECTIONS	ACTICLATE, DORYX, DORYX MPC, LYMEPAK MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER, MONODOX, SEYSARA SOLODYN, TARGADOX VIBRAMYCIN 100MG CAPSULE, XIMINO	Generic products (e.g. doxycycline; minocycline)
		ARAKODA	atovaquone-proguanil, doxycycline hydroxychloroquine, mefloquine, quinine
AUGMENTIN, AUGMENTIN XR		amoxicillin/clavulanate	
BARACLUDE TABLET*		entecavir tablet*	
BETHKIS*, TOBI*		tobramycin inhalation solution*	
BREXAFEMME, DIFLUCAN		fluconazole	
doxycycline hyclate dr 80mg tablet		generic products (e.g. minocycline)	
DOXYCYCLINE IR-DR 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	

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS (cont)	VALCYTE	valganciclovir	
	VANCOGIN	vancomycin oral solution or capsule	
	VANCOMYCIN HCL	FIRVANQ vancomycin hcl 50mg/ml solution	
	ZOVIRAX	acyclovir	
MISCELLANEOUS	ESBRIET*	pirfenidone tablet	
	EXSERVAN*	riluzole*, TIGLUTIK*	
	HORIZANT	gabapentin	
	KUVAN*	sapropterin tablet & powder packet*	
	PIRFENIDONE 534MG	pirfenidone 267 tablet	
	RELYVRIO*, RILUTEK*	riluzole	
	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, PONT-VORY*, VUMERITY*, ZEPOSIA*	
NUTRITIONAL/DIETARY	AZESCHEW, AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL PNV TABS 20-1, PREGEN DHA PREGENNA, TRINAZ, ZALVIT	Any generic prenatal vitamin	
	FOSRENOL	lanthanum carbonate	
	NASCOBAL	cyanocobalamin injection	
	RENAGEL TABLET	sevelamer	
	RENVELA	sevelamer carbonate	
	PAIN RELIEF AND INFLAMMATORY DISEASE	ALLOPURINOL 200MG	allopurinol 100mg
		ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets	butalbital-acetaminophen 50-325mg tablet
		AMERGE, ERGOMAR FROVA 2.5MG TABLET MAXALT, MAXALT MLT, RELPAX	generic triptans (e.g. sumatriptan; naratriptan)
AMRIX cyclobenzaprine er		carisoprodol, chlorzoxazone 500mg cyclobenzaprine tablets, methocarbamol orphenadrine er, metaxalone	
BACLOFEN, FLEQSUVY, LYVISPAH OZOBAX		baclofen tablet	

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	CAMBIA, DUEXIS, ELYXYB fenoprofen 200mg, 400mg capsule FENORTHO ibuprofen-famotidine, INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena, meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE, NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr, naproxen sodium er naproxen-esomeprazole mag RELAFEN, RELAFEN DS TIVORBEX, VIMOVO, VIVLODEX ZIPSOR, ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg, 750mg methocarbamol 1000mg	methocarbamol 500mg
	CONZIP	tramadol, tramadol er
	COSENTYX*	ENBREL*, HUMIRA*, OTEZLA* STELARA*, TALTZ*
	CUPRIMINE*	penicillamine*, trientine*
	diclofenace 1.3% patch diclofenac 1.5% solution diclofenac 35mg capsule FLECTOR LICART PENNSAID VOLTAREN 1% GEL	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray
	GEMTESA	darifenacin er oxybutynin, oxybutynin er solifenacin tolterodine, tolterodine er trospium
	GLOPERBA	colchicine, probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE, PEN INJECTOR	dihydroergotamine, sumatriptan
	IMITREX TABLET	dihydroergotamine, eletriptan rizatriptan, sumatriptan tablets
	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	KINERET*	ACTEMRA* ENBREL* HUMIRA* XELJANZ/XR*	
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER	
	LIDODERM	lidocaine 5% patch	
	LORZONE	chlorzoxazone 500mg, cyclobenzaprine tablet	
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER	
	OXYCONTIN	HYSINGLA ER, MORPHABOND ER, XTAMPZA ER	
	PROLATE SOLUTION	oxycodone-acetaminophen tablet	
	QDOLO	tramadol 50mg tablet	
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT, UBRELVY	
	ROXICODONE	oxycodone	
	SIMPONI* 50MG/0.5ML	ACTEMRA* ENBREL* HUMIRA* STELARA 45MG, 90MG* TALTZ* XELJANZ/XR*	
	SORIATANE	acitretin	
	SUBSYS	fentanyl lozenge or buccal tablet	
	tizanidine 2 mg, 4 mg, 6 mg capsule	tizanidine 2mg, 4mg tablet	
	TOSYMRA	sumatriptan	
	tramadol 100mg	tramadol	
	TREXIMET	sumatriptan-naproxen	
	vtol lq	butalbital-acetaminophen-caffeine capsule or tablets, phrenilin forte	
	ZEMBRACE SYMTOUCH	dihydroergotamine, sumatriptan	
	ZOMIG ZMT	zolmitriptan odt	
	PARKINSON'S DISEASE	DHIVY	carbidopa/levodopa
		GOCOVRI	amantadine
		LODOSYN	carbidopa
ONGENTYS		entacapone	
ZELAPAR		selegiline tablets or capsules	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY, ABILIFY MYCITE	aripiprazole, paliperidone er, risperidone	
	LATUDA	lurasidone	

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)	LYBALVI	aripiprazole, olanzapine, paliperidone er quetiapine, quetiapine er, risperidone ziprasidone
	GEODON CAPSULE	aripiprazole, paliperidone er, ziprasidone
	QUETIAPINE	quetipine
	VERSACLOZ	clozapine, clozapine odt
	ZYPREXA	aripiprazole ,olanzapine tablets, paliperidone er
	ZYPREXA ZYDIS	aripiprazole, olanzapine, olanzapine odt
SEIZURE DISORDERS	ELEPSIA XR, KEPPRA XR	levetiracetam er
	EPRONTIA	topiramate sprinkle capsule, tablet
	FELBATOL	felbamate
	KEPPRA SOLUTION, TABLET	levetiracetam
	LAMICTAL	lamotrigine
	LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)	lamotrigine starter kit (blue, green, orange)
	LAMICTAL ODT	lamotrigine odt
	LAMICTAL ODT KIT (BLUE, GREEN, ORANGE)	lamotrigine odt starter kit (blue, green orange)
	LAMICTAL XR LAMICTAL XR KIT (BLUE, GREEN, ORANGE)	lamotrigine er
	LYRICA, LYRICA CR pregabalin er	duloxetine, gabapentin lidocaine 5% topical patch, pregabalin
	MYSOLINE	primidone
	QUDEXY XR, TROKENDI XR	topiramate er
	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
	VIMPAT	lacosamide tablet
	ZONASIDE	lamotrigine/ODT, zonisamide, topiramate
	ZONEGRAN	zonisamide
	SKIN CONDITIONS	ABSORICA ABSORICA LD
ACANYA, ACZONE, AKLIEF AKTIPAK, ALTRENO, AMZEEQ ARAZLO, ATRALIN, AVITA AZELEX, DIFFERIN, EPIDUO FORTE FABIOR, ONEXTON RETIN-A, RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC, TRETIN-X, VELTIN WINLEVI, ZIANA		Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	acyclovir cream, ointment DENA VIR, ZOVIRAX	acyclovir, famciclovir, valacyclovir tablets

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	adapalene swab	adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel
	ALDARA imiquimod 3.75% ZYCLARA	imiquimod 5% cream
	ANUSOL-HC 2.5% CREAM	hydrocortisone 2.5% rectal cream
	APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone	betamethasone cream, ointment clobetasol halobetasol cream, ointment
	BENZACLIN, NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene foam VTAMA	calcipotriene cream, ointment, solution calcitriol ointment, tazarotene cream
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution
	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapson 5% gel, erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX VEREGEN	imiquimod 5% cream packet podoflox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethasone, fluocinolone, fluticasone
	CUTIVATE	betamethasone lotion, fluticasone topical lotion triamcinolone lotion
	diclofenac 3% gel	FLUOROPLEX, fluorouracil imiquimod 5% cream
	DOVONEX	calcipotriene cream
	doxepin 5% cream PRUDOXIN, ZONALON	generic topical steroid (e.g. betamethasone) topical tacrolimus
	DUOBRII	halobetasol plus tazarotene cream
	ENSTILAR TACLONEX	calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream topical betamethasone
	ERTACZO	ketoconazole cream
	EXELDERM oxiconazole, OXISTAT SULCONAZOLE	econazole cream ketoconazole cream naftifine cream
	EXTINA	ketoconazole cream ketoconazole foam
	FINACEA METROCREAM, METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	flurandrenolide hydrocortisone 1% lotion	betamethasone , fluocinolone fluticasone
	halobetasol foam LEXETTE	augmented betamethasone dipropionate betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	HALOG SOLUTION	clobetasol cream, ointment halobetasol cream, ointment
	IMPEKLO	betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	IMPOYZ	clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment
	JUBLIA KERYDIN tavaborole	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
	LUZU	econazole cream ketoconazole cream, luliconazole
	mupirocin 2% cream	mupirocin 2% ointment
	NORITATE	azelaic acid metronidazole cream metronidazole gel
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment
	OPZELURA	EUCRISA pimecrolimus tacrolimus ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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 flucinonide 0.1% cream halobetasol cream
	VECTICAL	calcitriol ointment calcipotriene ointment tazarotene cream
	VERDESO	desonide cream desonide ointment
	WYNZORA	betamethasone calcipotriene calcipotriene-betamethasone flucinolone 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, foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo
	SLEEP DISORDERS/SEDATIVES	AMBIEN
AMBIEN CR		zolpidem er
ATIVAN TABLET		lorazepam
BELSOMRA		DAYVIGO
EDLUAR		zolpidem or zolpidem er
NUVIGIL		armodafinil
PROVIGIL		modafinil
QUVIVIQ, ZOLPIMIST		doxepin, eszopiclone, zaleplon zolpidem, zolpidem er
RESTORIL		temazepam
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector, NARCAN
TRANSPLANT MEDICATIONS	AZASAN* azathioprine 75 mg, 100 mg tablet*	azathioprine 50mg tablet*

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
TRANSPLANT MEDICATIONS (cont)	LUPKYNIS*	BENLYSTA*, tacrolimus*
	PROGRAF**	tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er, oxybutynin, tolterodine
	DETROL LA	darifenacin er, oxybutynin er, tolterodine er
	DITROPAN XL	oxybutynin er
	GELNIQUE, MYRBETRIQ OXYTROL, VESICARE LS	darifenacin er, oxybutynin er tolterodine er, trospium er
	GEMTESA	darifenacin er, oxybutynin, oxybutynin er solifenacin, tolterodine, tolterodine er trospium
	MYRBETRIQ	oxybutynin er, tolterodine er, trospium er
	OXYBUTYNIN CHLORIDE	oxybutynin syrup oxybutynin 5 mg tablet
	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

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Frequently Asked Questions (FAQs)

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

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

A. Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. 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:

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

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

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

Q. How do you decide which medications to cover?

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont)

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

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that are often:

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

Q. What types of medications require Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

A. Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take 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.

Frequently Asked Questions (FAQs) (cont)

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

A. Newly approved medications may not be covered on your drug list for the first six months after they receive approval from the FDA. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefit plans. We review all newly approved medications to see if they should be covered - and if so, on what tier. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

Q. Which medications are covered under the health care reform law?

A. The Patient Protection and Affordable Care Act (PPACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter products) may be available to you at no cost-share (\$0), depending on your plan. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at **Cigna.com/PDL**.

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

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

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

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.⁷ 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.⁷ 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.⁸

Home delivery with Express Scripts® Pharmacy Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and

Frequently Asked Questions (FAQs) (cont)

safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- › Easily order, manage, track and pay for your medications on your phone or online
- › Standard shipping at no extra cost⁹
- › Automatic refills or refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

- 1. Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
- 2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills)¹⁰ 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).¹¹ 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 cost⁹
- › 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:¹²

- › 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 fertility¹³, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation¹³, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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

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



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://mycigna.com).
2. **If you're taking a medication that will be covered differently as of July 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](https://mycigna.com), or call Customer Service using the number on your Cigna ID card.
5. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
6. Prices shown on [myCigna](#) are not guaranteed and coverage is subject to your plan terms and conditions. Visit [myCigna](#) for more information.
7. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
8. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the [myCigna App](#) or [myCigna.com](https://mycigna.com), or check your plan materials, to learn more about the pharmacies in your plan's network. *Cigna maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.*
9. Standard shipping costs are included as part of your prescription plan.
10. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
11. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
12. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
13. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the [myCigna App](#) or [myCigna.com](https://mycigna.com), or check your plan materials.

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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



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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 شماره 711 (شماره 711).