

2021 CIGNA ESSENTIAL COLORADO 5-TIER PRESCRIPTION DRUG LIST



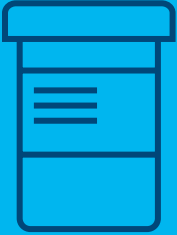
This drug list is applicable for plans sold in 2021 in Colorado, effective 1/1/2021.

This cover page is for brokers only. Please discard if providing the list to customers.

Please note: Medications covered under the IFP medical plan may be different than those covered under Group plans. To see a complete list of medications, view the IFP-specific drug list at [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list).

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2021 CIGNA ESSENTIAL COLORADO 5-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

Together, all the way.®





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View your plan's drug list online



The myCigna® App or website – Log in and click on the “Find Care & Costs” tab. Select “Price a Medication,” then type in your medication name.



Cigna.com/ifp-drug-list – Select **Colorado** from the drop down menu, then choose your search method. Then type in your medication name or view the full list.

Questions?

Call the toll-free number on your Cigna ID card, or call **866.494.2111**. We're here to help. If it's easier, you can also chat with us online on the **myCigna** website, Monday–Friday, 9:00 am–8:00 pm EST.

About your prescription drug list

This document shows the prescription medications covered on the Cigna Essential Colorado 5-Tier Prescription Drug List as of January 1, 2021. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication in this document, log in to the myCigna App or website to see a more current list of medications your plan covers.**

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the 2021 Cigna Essential Colorado 5-Tier Prescription Drug List.

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2	
ABACAVIR-LAMIVUDINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2	
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	2	
ACYCLOVIR 800 MG TABLET	2	
ADACEL TDAP	3	
ADAPALENE 0.1% CREAM	2	AGE
ALLOPURINOL	1	
ALMOTRIPTAN	2	QL
ALOSETRON	4	
ALPRAZOLAM	2	
ALPRAZOLAM ER	2	
ALPRAZOLAM INTENSOL	2	
ALPRAZOLAM ODT	2	
ALPRAZOLAM XR	2	
ALTAVERA	1	
ARMOUR THYROID	2	
ARNUITY ELLIPTA	3	
ASCOMP WITH CODEINE	2	
ASHLYNA	1	
ASPIRIN-DIPYRIDAMOLE ER	2	
ASTAGRAF XL	5	SRX
ATAZANAVIR	2	
ATENOLOL	1	

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Tiers

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

Tier 1 – Preferred Generic Medications. This tier typically includes preferred generic medications. These medications have the same strength, and active ingredients as brand name medications, but often cost much less. Preferred generic medications are covered at your plan's lowest cost share.	Lowest-cost medication	\$
Tier 2 – Generic Medications. This tier typically includes most generic medications and some low cost brand name medications. Generic medications have the same strength and active ingredients as brand name medications, but often cost much less.	Lower-cost medication	\$\$
Tier 3 – Preferred Brand Medications. This tier typically includes preferred brand name medications and some high cost generic medications.	Medium-cost medication	\$\$\$
Tier 4 – Non-Preferred Medications. This tier typically includes non-preferred brand name medications and some high cost generic medications.	Higher-cost medication	\$\$\$\$
Tier 5 – Specialty and Other High Cost Medications. This tier typically includes Specialty medications and high cost generic and brand name medications.	Highest-cost medication	\$\$\$\$\$

Abbreviations next to medications

Some medications on your drug list have extra requirements before your plan will cover them. This 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. These medications will have an abbreviation next to them in the Notes column in this drug list. Here's what each of the abbreviations mean.

PA	Prior Authorization – Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.
ST	Step Therapy – This is a prior authorization program. Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).
QL	Quantity Limits – For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.
AGE	Age Requirements – For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.
SRX	Specialty Medications are limited to a 30-day supply.
LDD	Limited Distribution Drugs are only available at specific pharmacies in the United States and are used to treat conditions that are extremely hard to manage. These medications require special handling, patient support and monitoring.

Specialty medications

Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications have “SRX” listed next to them in the Notes section.

Your plan limits specialty medications to a 30-day supply. Log in to the **myCigna** App or website, or check your plan materials, to learn more about how your plan covers specialty medications.

Plan exclusions

Your plan excludes certain types of medications or products from coverage. This is known as a “plan (or benefit) exclusion.” This means that your plan doesn’t cover any prescription medications in the drug class or to treat the specific condition. There’s also no option to receive coverage through a medication review process. Log in to the **myCigna** App or website, or check your plan materials, to find out if your plan excludes your medication from coverage.

How to find your medication

Use the table below to find the page your medication is listed on.

Medication name starts with the letter...	Page
A–B	6–9
C–D	9–13
E–G	13–16
H–J	16–17
K–L	17–19
M–N	19–22
O–P	22–25
Q–S	25–26
T–U	26–28
V–Z	28–29

2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2		ALCOHOL PADS	3	
ABACAVIR-LAMIVUDINE	2		ALCOHOL SWABS	3	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2		ALCOHOL WIPES	3	
ABIRATERONE	5	PA, SRX	ALECENSA	5	PA, LDD, SRX
ACAMPROSATE	3		ALENDRONATE 10 MG TABLET	1	
ACARBOSE	2		ALENDRONATE 35 MG TABLET	1	
ACEBUTOLOL	2		ALENDRONATE 70 MG TABLET	2	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5	2		ALENDRONATE 70 MG/75 ML	2	
ACETAMINOPHEN-CODEINE	2		ALFUZOSIN ER	2	
ACETAZOLAMIDE	2		ALINIA	4	
ACETAZOLAMIDE ER	2		ALLOPURINOL	1	
ACETIC ACID	2		ALMOTRIPTAN	2	QL
ACETYLCYSTEINE 10% VIAL	2		ALOSETRON	4	
ACETYLCYSTEINE 20% VIAL	2		ALPRAZOLAM	2	
ACITRETIN	4		ALPRAZOLAM ER	2	
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, ST, QL, SRX	ALPRAZOLAM INTENSOL	2	
ACTEMRA ACTPEN	5	PA, ST, QL, SRX	ALPRAZOLAM ODT	2	
ACTHIB	3		ALPRAZOLAM XR	2	
ACTIMMUNE	5	PA, LDD, SRX	ALTAVERA	1	
ACYCLOVIR 200 MG CAPSULE	1		ALYACEN	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2		ALYQ	5	PA, SRX
ACYCLOVIR 400 MG TABLET	2		AMABELZ	2	
ACYCLOVIR 800 MG TABLET	2		AMANTADINE	2	
ADACEL TDAP	3		AMBRISENTAN	5	PA, SRX
ADAPALENE 0.1% CREAM	2	AGE	AMCINONIDE	2	
ADAPALENE 0.1% GEL	2	AGE	AMETHIA	1	
ADAPALENE 0.1% SOLUTION	2	AGE	AMETHIA LO	1	
ADAPALENE 0.3% GEL	2	AGE	AMETHYST	1	
ADAPALENE 0.3% GEL PUMP	2	AGE	AMILORIDE	2	
ADEFOVIR DIPIVOXIL	4		AMILORIDE-HCTZ	2	
ADEMPAS	5	PA, LDD, SRX	AMINOCAPROIC ACID	4	
AFLURIA QUAD	3		AMIODARONE 100 MG TABLET	2	
AFINITOR DISPERZ	5	PA, SRX	AMIODARONE 200 MG TABLET	2	
AFIRMELLE	1		AMIODARONE 400 MG TABLET	2	
AFTERA	4		AMITIZA	4	
AK-POLY-BAC	2		AMITRIPTYLINE	1	
ALBENDAZOLE	4		AMLODIPINE	2	
ALBUTEROL 2 MG TABLET	2		AMLODIPINE-ATORVASTATIN	2	
ALBUTEROL 2.5 MG/0.5 ML SOLUTION	2		AMLODIPINE-BENAZEPRIL	2	
ALBUTEROL 4 MG TABLET	2		AMLODIPINE-OLMESARTAN	2	
ALBUTEROL 5 MG/ML SOLUTION	2		AMLODIPINE-VALSARTAN	2	
ALBUTEROL ER 4 MG TABLET	2		AMLODIPINE-VALSARTAN-HCTZ	2	
ALBUTEROL ER 8 MG TABLET	2		AMMONIUM LACTATE 12% CREAM	2	
ALBUTEROL 0.63 MG/3 ML SOLUTION	2		AMMONIUM LACTATE 12% LOTION	2	
ALBUTEROL 1.25 MG/3 ML SOLUTION	2		AMNESTEEM	4	QL
ALBUTEROL 2.5 MG/3 ML SOLUTION	1		AMOXAPINE	2	
ALBUTEROL 2 MG/5 ML SYRUP	2		AMOXICILLIN	1	
ALCAINE	2		AMOXICILLIN-CLAVULANATE 200-28.5 MG CHEWABLE TABLET	2	
ALCLOMETASONE	2				

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
AMOXICILLIN-CLAVULANATE 200-28.5 MG/5 ML SUSPENSION	2		ATOVAQUONE	4	
AMOXICILLIN-CLAVULANATE 250-125 MG TABLET	2		ATOVAQUONE-PROGUANIL	2	
AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML SUSPENSION	2		ATROPINE 1% EYE DROPS	2	
AMOXICILLIN-CLAVULANATE 400-57 MG CHEWABLE TABLET	2		ATROPINE 1% EYE OINTMENT	2	
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION	2		AUBRA	1	
AMOXICILLIN-CLAVULANATE 500-125 MG TABLET	2		AUBRA EQ	1	
AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML SUSPENSION	2		AUROVELA	1	
AMOXICILLIN-CLAVULANATE 875-125 MG TABLET	2		AUROVELA 24 FE	1	
AMOXICILLIN-CLAVULANATE ER	2		AUROVELA FE	1	
AMPHETAMINE	2		AVIANE	1	
AMPICILLIN	2		AVONEX	5	PA, SRX
ANAGRELIDE	4		AVONEX PEN	5	PA, SRX
ANASTROZOLE	2		AYUNA	1	
ANORO ELLIPTA	3		AZATHIOPRINE	2	
ANUCORT-HYDROCORTISONE	2		AZELASTINE	2	
APEXICON E	4		AZITHROMYCIN 1 GM POWDER PACKET	2	QL
APOKYN	5	PA, SRX	AZITHROMYCIN 100 MG/5 ML SUSPENSION	2	QL
APRACLONIDINE	2		AZITHROMYCIN 200 MG/5 ML SUSPENSION	2	QL
APREPITANT	2	QL	AZITHROMYCIN 250 MG TABLET	2	QL
APRI	1		AZITHROMYCIN 500 MG TABLET	2	QL
APTIVUS	3		AZITHROMYCIN 600 MG TABLET	2	QL
AQUA CARE	2		AZOPT	3	
AQUA CARE STERILE WATER IRRIGATION	2		AZURETTE	1	
ARANELLE	1		BACITRACIN 500 UNIT/GM OPHTHALMIC	2	
ARANESP	5	PA, SRX	BACITRACIN-POLYMYXIN	2	
ARCALYST	5	PA, LDD, SRX	BACLOFEN 10 MG TABLET	1	
ARIPIPRAZOLE	2		BACLOFEN 20 MG TABLET	1	
ARIPIPRAZOLE ODT	2		BACLOFEN 5 MG TABLET	2	
ARMODAFINIL	2	PA	BAL-CARE DHA	1	
ARMOUR THYROID	2		BALCOLTRA	4	
ARNUITY ELLIPTA	3		BALSALAZIDE	2	
ASCOMP WITH CODEINE	2		BALZIVA	1	
ASHLYNA	1		BANZEL	4	QL
ASPIRIN-DIPYRIDAMOLE ER	2		BARACLUDE 0.05 MG/ML SOLUTION	5	SRX
ASTAGRAF XL	5	SRX	BASAGLAR KWIKPEN U-100	3	QL
ATAZANAVIR	2		BD 3 ML SYRINGE 25GX1"	3	
ATENOLOL	1		BD 3 ML SYRINGE WITH NEEDLE	3	
ATENOLOL-CHLORTHALIDONE	1		BD AUTOSHIELD DUO NEEDLE	3	
ATOMOXETINE	2		5MMX30G		
ATORVASTATIN 10 MG TABLET	2		BD ECLIPSE NEEDLE 25GX1"	3	
ATORVASTATIN 20 MG TABLET	2		BD INSULIN SYRINGE 0.3 ML 29GX12.7MM	3	
ATORVASTATIN 40 MG TABLET	2		BD INSULIN SYRINGE 0.3 ML 8MMX31G(1/2)	3	
ATORVASTATIN 80 MG TABLET	2		BD INSULIN SYRINGE 0.5 ML 29GX12.7MM	3	
			BD INSULIN SYRINGE U-500 1/2ML 6MMX31G	3	

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
BD INSULIN SYRINGE ULTRAFINE 0.3 ML 8MMX31G	3		BD NEEDLES 25GX0.875"	3	
BD INSULIN SYRINGE ULTRAFINE 0.3ML 12.7MMX30G	3		BD NEEDLES 25GX1.5"	3	
BD INSULIN SYRINGE ULTRAFINE 0.5 ML 8MMX31G	3		BD NEEDLES 26GX0.375"	3	
BD INSULIN SYRINGE ULTRAFINE 0.5ML 12.7MMX30G	3		BD NEEDLES 26GX0.5"	3	
BD INSULIN SYRINGE ULTRAFINE 1 ML 12.7MMX30G	3		BD NEEDLES 27GX0.5"	3	
BD INSULIN SYRINGE 0.5 ML 28GX1/2"	3		BD NEEDLES 30GX0.5"	3	
BD INSULIN SYRINGE 0.5 ML 29GX1/2"	3		BD PRECISIONGLIDE 27GX1-1/2" NDL	3	
BD INSULIN SYRINGE 1 ML	3		BD SAFETYGLIDE 3 ML SYRINGE	3	
BD INSULIN SYRINGE 1 ML 25GX1"	3		BD SAFETYGLIDE INSULIN 0.3 ML 6MMX31G	3	
BD INSULIN SYRINGE 1 ML 25GX5/8"	3		BD SAFETYGLIDE INSULIN 0.3 ML 8MMX31G	3	
BD INSULIN SYRINGE 1 ML 26GX1/2"	3		BD SAFETYGLIDE INSULIN 0.3ML 13MMX29G	3	
BD INSULIN SYRINGE 1 ML 27GX12.7MM	3		BD SAFETYGLIDE INSULIN 0.5 ML 6MMX31G	3	
BD INSULIN SYRINGE 1 ML 27GX5/8"	3		BD SAFETYGLIDE INSULIN 0.5 ML 8MMX30G	3	
BD INSULIN SYRINGE 1 ML 28GX1/2"	3		BD SAFETYGLIDE INSULIN 0.5ML 13MMX29G	3	
BD INSULIN SYRINGE 1 ML 29GX1/2"	3		BD SAFETYGLIDE INSULIN 1 ML 13MMX29G	3	
BD INSULIN SYRINGE 1 ML 29GX12.7MM	3		BD SAFETYGLIDE NEEDLE	3	
BD INSULIN SYRINGE ULTRAFINE 1 ML 8MMX31G	3		BD SYRINGE-SAFETY GLIDE	3	
BD LUER-LOK SYRINGE 1 ML	3		BD UF MICRO PEN NEEDLE 6MMX32G	3	
BD LUER-LOK SYRINGE 3 ML 25GX5/8"	3		BD UF MINI PEN NEEDLE 5MMX31G	3	
BD MAGNI-GUIDE MAGNIFIER	3		BD UF NANO PEN NEEDLE 4MMX32G	3	
BD NANO 2 GEN PEN NDL 32GX4MM	3		BD UF ORIG PEN NDL 12.7MMX29G	3	
BD NEEDLE 18GX1 1/2"	3		BD UF SHORT PEN NEEDLE 8MMX31G	3	
BD NEEDLE 19GX1 1/2"	3		BD VEO INSULIN 0.3ML 6MMX31G (1/2)	3	
BD NEEDLE 20GX1 1/2"	3		BD VEO INSULIN SYRINGE 0.3 ML 6MMX31G	3	
BD NEEDLE 21GX1 1/2"	3		BD VEO INSULIN SYRINGE 0.5 ML 6MMX31G	3	
BD NEEDLE 21GX1"	3		BD VEO INSULIN SYRINGE 1 ML 6MMX31G	3	
BD NEEDLE 22GX1 1/2"	3		BEKYREE	1	
BD NEEDLE 23GX1"	3		BELLADONNA-OPIUM	2	
BD NEEDLE 25GX5/8"	3		BENAZEPRIL	1	
BD NEEDLES 16GX1"	3		BENAZEPRIL-HCTZ	2	
BD NEEDLES 16GX1.5"	3		BENZONATATE 100 MG CAPSULE	2	
BD NEEDLES 18GX1"	3		BENZONATATE 200 MG CAPSULE	2	
BD NEEDLES 18GX1.5"	3		BENZONATATE PERLE 100 MG CAPSULE	2	
BD NEEDLES 19GX1"	3		BENZTROPINE 0.5 MG TABLET	2	
BD NEEDLES 19GX1.5"	3		BENZTROPINE 1 MG TABLET	2	
BD NEEDLES 20GX1"	3		BENZTROPINE 2 MG TABLET	2	
BD NEEDLES 20GX1.5"	3		BESER	2	
BD NEEDLES 21GX1"	3		BETAMETHASONE	2	
BD NEEDLES 21GX1.5"	3		BETAMETHASONE AUGMENTED	2	
BD NEEDLES 21GX2"	3		BETAMETHASONE VALERATE	2	
BD NEEDLES 22GX1.5"	3		BETAXOLOL	2	
BD NEEDLES 23GX0.75"	3				
BD NEEDLES 25GX0.625"	3				

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

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BETHANECHOL	2		BUTALBITAL-ASPIRIN-CAFFEINE	2	QL
BEXAROTENE	4	PA	BUTALBITAL-CAFFEINE- ACETAMINOPHEN-CODEINE	2	
BEXSERO	3		BUTORPHANOL 10 MG/ML SPRAY	2	QL
BEYAZ	3		BYDUREON BCISE	3	QL
BICALUTAMIDE	2		BYDUREON PEN	3	QL
BIKTARVY	3		BYETTA	3	QL
BIMATOPROST 0.03% EYE DROPS	2	QL	CABERGOLINE	2	QL
BISOPROLOL	2		CABOMETYX	5	PA, LDD, SRX
BISOPROLOL-HCTZ	1		CAFFEINE 60 MG/3 ML ORAL	2	
BLISOVI 24 FE	1		CALCIPOTRIENE 0.005% CREAM	2	
BLISOVI FE	1		CALCIPOTRIENE 0.005% OINTMENT	2	
BOOSTRIX TDAP	3		CALCIPOTRIENE 0.005% SOLUTION	2	
BOSENTAN	5	PA, SRX	CALCIPOTRIENE-BETAMETHASONE	4	
BOSULIF	5	PA, LDD, SRX	CALCITONIN-SALMON	2	
BREO ELLIPTA	3		CALCITRIOL 0.25 MCG CAPSULE	2	
BRIELLYN	1		CALCITRIOL 0.5 MCG CAPSULE	2	
BRILINTA	4		CALCITRIOL 1 MCG/ML SOLUTION	2	
BRIMONIDINE	2		CALCITRIOL 3 MCG/G OINTMENT	2	QL
BRIVIACT 10 MG TABLET	4	PA, QL	CALCIUM 667 MG CAPSULE	2	
BRIVIACT 10 MG/ML ORAL SOLUTION	4	PA, QL	CALCIUM 667 MG GELCAP	2	
BRIVIACT 100 MG TABLET	4	PA, QL	CALCIUM 667 MG TABLET	2	
BRIVIACT 25 MG TABLET	4	PA, QL	CAMILA	1	
BRIVIACT 50 MG TABLET	4	PA, QL	CAMRESE	1	
BRIVIACT 75 MG TABLET	4	PA, QL	CAMRESE LO	1	
BROMFED DM	2		CANDESARTAN	2	
BROMFENAC	2		CANDESARTAN-HCTZ	2	
BROMOCRIPTINE	2		CAPECITABINE	4	PA
BROMPHENIRAMINE- PSEUDOEPHEDRINE-DM	2		CAPRELSA	5	PA, LDD, SRX
BUDESONIDE	4		CAPTOPRIL	1	
BUDESONIDE EC	4		CAPTOPRIL-HCTZ	2	QL
BUDESONIDE ER	5	PA, QL, SRX	CARBAGLU	4	PA
BUMETANIDE 0.5 MG TABLET	1		CARBAMAZEPINE 100 MG CHEWABLE TABLET	1	
BUMETANIDE 1 MG TABLET	1		CARBAMAZEPINE 100 MG/5 ML SUSPENSION	2	
BUMETANIDE 2 MG TABLET	1		CARBAMAZEPINE 200 MG TABLET	1	
BUPRENORPHINE PATCH	2	QL	CARBAMAZEPINE ER	2	
BUPRENORPHINE 2 MG TABLET SL	2		CARBIDOPA	4	
BUPRENORPHINE 8 MG TABLET SL	2		CARBIDOPA-LEVODOPA	2	
BUPRENORPHINE-NALOXONE	2		CARBIDOPA-LEVODOPA ER	2	
BUPROPION	2	QL	CARBIDOPA-LEVODOPA-ENTACAPONE	2	
BUPROPION SR 100 MG TABLET	2	QL	CARBINOXAMINE 4 MG TABLET	2	
BUPROPION SR 150 MG TABLET	2	QL	CARBINOXAMINE 4 MG/5 ML LIQUID	2	
BUPROPION SR 200 MG TABLET	2	QL	CARETOUCH ALCOHOL PREP PAD	3	
BUPROPION XL 150 MG TABLET	2	QL	CARISOPRODOL	2	
BUPROPION XL 300 MG TABLET	2	QL	CARISOPRODOL-ASPIRIN	2	
BUSPIRONE	2		CARISOPRODOL-ASPIRIN-CODEINE	2	
BUTALBITAL COMPOUND-CODEINE	2		CARTEOLOL	2	
BUTALBITAL-ACETAMINOPHEN 50-325	2		CARTIA XT	2	
BUTALBITAL-ACETAMINOPHEN- CAFFEINE	2	QL			

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CARVEDILOL	1		CLOSTAZOL	2	
CAYSTON	5	PA, QL, LDD, SRX	CIMETIDINE 200 MG TABLET	1	
CAZANT	1		CIMETIDINE 300 MG TABLET	1	
CEFACLOR	2		CIMETIDINE 300 MG/5 ML SOLUTION	2	
CEFACLOR ER	2		CIMETIDINE 400 MG TABLET	1	
CEFADROXIL	2		CIMETIDINE 800 MG TABLET	1	
CEFDINIR	2		CINACALCET	5	SRX
CEFDITOREN	2		CIPRODEX	4	
CEFIXIME 100 MG/5 ML SUSPENSION	2		CIPROFLOXACIN 0.2% OTIC SOLUTION	2	
CEFIXIME 200 MG/5 ML SUSPENSION	2		CIPROFLOXACIN 0.3% EYE DROP	2	
CEFIXIME 400 MG CAPSULE	3		CIPROFLOXACIN 100 MG TABLET	1	
CEFPODOXIME	2		CIPROFLOXACIN 250 MG TABLET	1	
CEFPROZIL	2		CIPROFLOXACIN 500 MG TABLET	1	
CEFUROXIME	2		CIPROFLOXACIN 750 MG TABLET	1	
CELECOXIB	2	QL	CITALOPRAM 10 MG TABLET	1	QL
CEPHALEXIN 125 MG/5 ML SUSPENSION	1		CITALOPRAM 10 MG/5 ML SOLUTION	2	QL
CEPHALEXIN 250 MG CAPSULE	1		CITALOPRAM 20 MG TABLET	1	QL
CEPHALEXIN 250 MG TABLET	1		CITALOPRAM 40 MG TABLET	1	QL
CEPHALEXIN 250 MG/5 ML SUSPENSION	1		CLARAVIS	4	QL
CEPHALEXIN 500 MG CAPSULE	1		CLARITHROMYCIN	2	
CEPHALEXIN 500 MG TABLET	1		CLARITHROMYCIN ER	2	
CEPHALEXIN 750 MG CAPSULE	2		CLEMASTINE	2	
CETIRIZINE 1 MG/ML SOLUTION	2		CLINDACIN ETZ 1% PLEDGET	2	
CETIRIZINE 1 MG/ML SYRUP	2		CLINDACIN P	2	
CEVIMELINE	2		CLINDAMYCIN	2	
CHANTIX	3		CLINDAMYCIN 1% FOAM	2	
CHATEAL	1		CLINDAMYCIN 1% GEL	2	
CHATEAL EQ	1		CLINDAMYCIN 1% LOTION	2	
CHLORDIAZEPOXIDE	2		CLINDAMYCIN 1% PLEDGET	2	
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2		CLINDAMYCIN 1% SOLUTION	2	
CHLORDIAZEPOXIDE-CLIDINIUM	2		CLINDAMYCIN 2% VAGINAL CREAM	2	
CHLORHEXIDINE 0.12% RINSE	2		CLINDAMYCIN PEDIATRIC	2	
CHLOROQUINE	2	QL	CLINDAMYCIN-BENZOYL PEROXIDE 1.2-5%	2	
CHLORPROMAZINE 10 MG TABLET	2		CLINDAMYCIN-TRETINOIN	2	
CHLORPROMAZINE 100 MG TABLET	2		CLOBAZAM 10 MG TABLET	4	PA
CHLORPROMAZINE 200 MG TABLET	2		CLOBAZAM 2.5 MG/ML SUSPENSION	4	PA
CHLORPROMAZINE 25 MG TABLET	2		CLOBAZAM 20 MG TABLET	4	PA
CHLORPROMAZINE 50 MG TABLET	2		CLOBETASOL	2	
CHLORTHALIDONE	2		CLOBETASOL EMOLLIENT	2	
CHLORZOXAZONE 500 MG TABLET	2		CLOBETASOL EMULSION	2	
CHOLBAM	5	PA, LDD, SRX	CLOCORTOLONE	2	
CHOLESTYRAMINE	2		CLODAN 0.05% SHAMPOO	2	
CHOLESTYRAMINE LIGHT	2		CLOMIPRAMINE	4	
CICLODAN 8% SOLUTION	2		CLONAZEPAM	2	
CICLOPIROX 0.77% CREAM	2		CLONIDINE	2	
CICLOPIROX 0.77% GEL	2		CLONIDINE 0.1 MG TABLET	2	
CICLOPIROX 0.77% TOPICAL SUSPENSION	2		CLONIDINE 0.2 MG TABLET	2	
CICLOPIROX 1% SHAMPOO	2		CLONIDINE 0.3 MG TABLET	2	
CICLOPIROX 8% SOLUTION	2		CLONIDINE ER	2	

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
CLOPIDOGREL	2		CYPROHEPTADINE 2 MG/5 ML SOLUTION	2	
CLORAZEPATE	2		CYPROHEPTADINE 2 MG/5 ML SYRUP	2	
CLOTRIMAZOLE 1% SOLUTION	2		CYPROHEPTADINE 4 MG TABLET	2	
CLOTRIMAZOLE 1% TOPICAL CREAM	2		CYRED	1	
CLOTRIMAZOLE 10 MG TROCHE	2		CYRED EQ	1	
CLOTRIMAZOLE-BETAMETHASONE	2		CYSTADANE	5	LDD, SRX
CLOZAPINE	2		CYSTAGON	5	LDD, SRX
CLOZAPINE ODT	4		CYSTARAN	4	QL, LDD
C-NATE DHA	1		DALFAMPRIDINE ER	5	PA, SRX
COARTEM	4	QL	DANAZOL	2	
CODEINE	2		DANTROLENE 100 MG CAPSULE	2	
COLCHICINE	2		DANTROLENE 25 MG CAPSULE	2	
COLESTIPOL	2		DANTROLENE 50 MG CAPSULE	2	
COLOCORT	2		DAPSONE 100 MG TABLET	4	
COMETRIQ	5	PA, LDD, SRX	DAPSONE 25 MG TABLET	4	
COMPLERA	3		DAPTACEL DTAP	3	
COMPLETE NATAL DHA	1		DARIFENACIN ER	2	
COMPLETENATE	1		DASETTA	1	
COMPRO	2		DAYSEE	1	
CONSTULOSE	2		DEBLITANE	1	
COREMINO	2		DEFERASIROX	5	PA, SRX
CORTISONE	2		DEMECLOCYCLINE	2	
CORTISPORIN-TC	4		DEMSEER	4	
COSENTYX PEN	5	PA, QL, LDD, SRX	DENTA 5000 PLUS	2	
COSENTYX SYRINGE	5	PA, QL, LDD, SRX	DENTAGEL	2	
COTELLIC	5	PA, LDD, SRX	DESCOVY	4	PA
COVARYX	2		DESIPRAMINE	2	
COVARYX H.S.	2		DESLORATADINE	2	QL
CRIXIVAN	3		DESMOPRESSIN 0.01% SOLUTION	2	
CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	2		DESMOPRESSIN 0.01% SPRAY	2	
CROMOLYN 20 MG/2 ML NEBULIZER SOLUTION	2	QL	DESMOPRESSIN 0.1 MG TABLET	2	
CROMOLYN 4% EYE DROPS	2		DESMOPRESSIN 0.2 MG TABLET	2	
CRYSSELLE	1		DESMOPRESSIN 10 MCG/0.1 ML SPRAY	2	
CURITY ALCOHOL PREPS	3		DESOGESTREL-ETHINYL ESTRADIOL	1	
CYANOCOBALAMIN INJECTION	2		DESONIDE 0.05% CREAM	2	
CYCLAFEM	1		DESONIDE 0.05% LOTION	2	
CYCLOBENZAPRINE 10 MG TABLET	1		DESONIDE 0.05% OINTMENT	2	
CYCLOBENZAPRINE 5 MG TABLET	1		DESOXIMETASONE 0.05% CREAM	2	
CYCLOBENZAPRINE 7.5 MG TABLET	3		DESOXIMETASONE 0.05% GEL	2	
CYCLOPENTOLATE	2		DESOXIMETASONE 0.05% OINTMENT	2	
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3		DESOXIMETASONE 0.25% CREAM	2	
CYCLOPHOSPHAMIDE 50 MG CAPSULE	3		DESOXIMETASONE 0.25% OINTMENT	2	
CYCLOSERINE	2		DEXAMETHASONE 0.1% EYE DROP	2	
CYCLOSET	4		DEXAMETHASONE 0.5 MG TABLET	1	
CYCLOSPORINE 100 MG CAPSULE	2		DEXAMETHASONE 0.5 MG/5 ML ELIXIR	1	
CYCLOSPORINE 25 MG CAPSULE	2		DEXAMETHASONE 0.5 MG/5 ML LIQUID	1	
CYCLOSPORINE MODIFIED	2		DEXAMETHASONE 0.75 MG TABLET	1	
			DEXAMETHASONE 1 MG TABLET	1	

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
DEXAMETHASONE 1.5 MG TABLET	1		DICLOFENAC DR 75 MG TABLET	2	
DEXAMETHASONE 10 DAY 1.5 MG TABLET	1		DICLOFENAC EC 25 MG TABLET	2	
DEXAMETHASONE 13 DAY 1.5 MG TABLET	1		DICLOFENAC EC 50 MG TABLET	2	
DEXAMETHASONE 2 MG TABLET	1		DICLOFENAC EC 75 MG TABLET	2	
DEXAMETHASONE 4 MG TABLET	1		DICLOFENAC ER	2	
DEXAMETHASONE 6 DAY 1.5 MG TABLET	1		DICLOFENAC-MISOPROSTOL	2	
DEXAMETHASONE 6 MG TABLET	1		DICLOXACILLIN	2	
DEXAMETHASONE INTENSOL	1		DICYCLOMINE 10 MG CAPSULE	1	
DEXCOM G6 SENSOR	3	PA, QL	DICYCLOMINE 10 MG/5 ML SOLUTION	2	
DEXILANT	4	ST, QL	DICYCLOMINE 20 MG TABLET	1	
DEXMETHYLPHENIDATE	2		DIDANOSINE	2	
DEXMETHYLPHENIDATE ER 10 MG CAPSULE	2	QL	DIFLORASONE	4	
DEXMETHYLPHENIDATE ER 15 MG CAPSULE	2	QL	DIFLUNISAL	2	
DEXMETHYLPHENIDATE ER 20 MG CAPSULE	2	QL	DIGITEK	1	
DEXMETHYLPHENIDATE ER 25 MG CAPSULE	2	QL	DIGOX	1	
DEXMETHYLPHENIDATE ER 30 MG CAPSULE	2	QL	DIGOXIN 0.05 MG/ML SOLUTION	2	
DEXMETHYLPHENIDATE ER 35 MG CAPSULE	2	QL	DIGOXIN 0.125 MG TABLET	1	
DEXMETHYLPHENIDATE ER 40 MG CAPSULE	2	QL	DIGOXIN 0.25 MG TABLET	1	
DEXMETHYLPHENIDATE ER 5 MG CAPSULE	2	QL	DIGOXIN 125 MCG TABLET	1	
DEXTROAMPHETAMINE	2		DIGOXIN 250 MCG TABLET	1	
DEXTROAMPHETAMINE ER	2	QL	DIHYDROERGOTAMINE	4	QL
DEXTROAMPHETAMINE-AMPHETAMINE	2		DILTIAZEM 120 MG TABLET	1	
DEXTROAMPHETAMINE-AMPHETAMINE ER	2	QL	DILTIAZEM 12HR ER	2	
DIAZEPAM 10 MG RECTAL GEL SYSTEM	2		DILTIAZEM 24HR ER	2	
DIAZEPAM 10 MG TABLET	2		DILTIAZEM 24HR ER (CD)	2	
DIAZEPAM 2 MG TABLET	2		DILTIAZEM 24HR ER (LA)	2	
DIAZEPAM 2.5 MG RECTAL GEL SYSTEM	2		DILTIAZEM 24HR ER (XR)	2	
DIAZEPAM 20 MG RECTAL GEL SYSTEM	2		DILTIAZEM 30 MG TABLET	1	
DIAZEPAM 5 MG TABLET	2		DILTIAZEM 60 MG TABLET	1	
DIAZEPAM 5 MG/5 ML ORAL SOLUTION	2		DILTIAZEM 90 MG TABLET	1	
DIAZEPAM 5 MG/5 ML SOLUTION	2		DILT-XR	2	
DIAZEPAM 5 MG/ML ORAL CONCENTRATE	2		DIPHEN 12.5 MG/5 ML ELIXIR	4	
DIAZOXIDE	4		DIPHENHYDRAMINE 12.5 MG/5 ML	2	
DICLOFENAC	2		DIPHENHYDRAMINE 25 MG/10 ML	2	
DICLOFENAC 0.1% EYE DROPS	2		DIPHENOXYLATE-ATROPINE	2	
DICLOFENAC 1% GEL	2	QL	DIPHThERIA-TETANUS TOXOIDS-PEDIATRIC	3	
DICLOFENAC 1.5% TOPICAL SOLUTION	2		DIPYRIDAMOLE 25 MG TABLET	2	
DICLOFENAC DR 25 MG TABLET	2		DIPYRIDAMOLE 50 MG TABLET	2	
DICLOFENAC DR 50 MG TABLET	2		DIPYRIDAMOLE 75 MG TABLET	2	
			DISOPYRAMIDE	2	
			DISULFIRAM	2	
			DIVALPROEX	2	
			DIVALPROEX ER	2	
			DOFETILIDE	4	QL
			DONEPEZIL	2	
			DONEPEZIL ODT	2	
			DORZOLAMIDE	2	
			DORZOLAMIDE-TIMOLOL EYE DROPS	2	
			DOTTI	2	QL

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
DOXAZOSIN	1		EMCYT	5	SRX
DOXEPIN 10 MG CAPSULE	2		EMEND 125 MG POWDER PACKET	5	PA, QL, SRX
DOXEPIN 10 MG/ML ORAL CONCENTRATE	2		EMOQUETTE	1	
DOXEPIN 100 MG CAPSULE	2		EMSAM	4	QL
DOXEPIN 150 MG CAPSULE	2		EMTRIVA	3	
DOXEPIN 25 MG CAPSULE	2		EMVERM	4	
DOXEPIN 5% CREAM	4		ENALAPRIL	1	
DOXEPIN 50 MG CAPSULE	2		ENALAPRIL-HCTZ	2	
DOXEPIN 75 MG CAPSULE	2		ENBREL	5	PA, ST, QL, SRX
DOXERCALCIFEROL 0.5 MCG CAPSULE	2		ENBREL MINI	5	PA, ST, QL, SRX
DOXERCALCIFEROL 1 MCG CAPSULE	2		ENBREL SURECLICK	5	PA, ST, QL, SRX
DOXERCALCIFEROL 2.5 MCG CAPSULE	2		ENDOCET	2	
DOXYCYCLINE 100 MG CAPSULE	2		ENGERIX-B ADULT	3	
DOXYCYCLINE 100 MG TABLET	2		ENGERIX-B PEDIATRIC-ADOLESCENT	3	
DOXYCYCLINE 20 MG TABLET	2		ENOXAPARIN	4	QL
DOXYCYCLINE 50 MG CAPSULE	2		ENPRESSE	1	
DOXYCYCLINE DR 100 MG TABLET	2		ENSKYCE	1	
DOXYCYCLINE DR 150 MG TABLET	2		ENTACAPONE	2	
DOXYCYCLINE DR 200 MG TABLET	2		ENTECAVIR	4	
DOXYCYCLINE DR 50 MG TABLET	2		ENTRESTO	3	
DOXYCYCLINE DR 75 MG TABLET	2		ENULOSE	2	
DOXYCYCLINE MONOHYDRATE	2		EPIDIOLEX	4	PA
DRONABINOL	4		EPINASTINE	2	
DROSPIRENONE-ETHINYL ESTRADIOL	1		EPINEPHRINE 0.15 MG AUTO-INJECTOR	2	QL
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE	1		EPINEPHRINE 0.3 MG AUTO-INJECTOR	2	QL
DROXIA	4		EPITOL	1	
DULOXETINE	2	QL	EPIVIR HBV 25 MG/5 ML SOLUTION	5	SRX
DUPIXENT SYRINGE	5	PA, SRX	EPLERENONE	2	
DUTASTERIDE	2		ERGOLOID	1	
DUTASTERIDE-TAMSULOSIN	2		ERIVEDGE	5	PA, LDD, SRX
EASY COMFORT ALCOHOL PAD	3		ERLOTINIB	5	PA, SRX
EASY TOUCH ALCOHOL PREP PADS	3		ERRIN	1	
EC-NAPROXEN	1		ERY	2	
ECONAZOLE	2		ERYTHROCIN	2	
ECONTRA EZ	4		ERYTHROMYCIN 0.5% EYE OINTMENT	2	
ED-SPAZ	1		ERYTHROMYCIN 2% GEL	2	
EDURANT	3		ERYTHROMYCIN 2% SOLUTION	2	
EEMT D.S.	2		ERYTHROMYCIN 250 MG FILMTAB	2	
EEMT H.S.	2		ERYTHROMYCIN 500 MG FILMTAB	2	
EFAVIRENZ	2		ERYTHROMYCIN DR 250 MG CAPSULE	2	
EGRIFTA	5	PA, LDD, SRX	ERYTHROMYCIN ETHYLSUCCINATE	2	
EGRIFTA SV	5	PA, SRX	ERYTHROMYCIN-BENZOYL PEROXIDE	2	
ELINEST	1		ESBRIET	5	PA, LDD, SRX
ELIQUIS	3	QL	ESCITALOPRAM	2	QL
ELITE-OB	1		ESOMEPRAZOLE DR 10 MG PACKET	3	QL
ELLA	4		ESOMEPRAZOLE DR 20 MG CAPSULE	2	QL
ELMIRON	4		ESOMEPRAZOLE DR 20 MG PACKET	3	QL
ELURYNG	2		ESOMEPRAZOLE DR 40 MG CAPSULE	2	QL
			ESOMEPRAZOLE DR 40 MG PACKET	3	QL
			ESOMEPRAZOLE DR 49.3 MG CAPSULE	2	QL

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ESTARYLLA	1		FAYOSIM	1	
ESTAZOLAM	2		FEBUXOSTAT	4	QL
ESTRADIOL 0.025 MG PATCH	2	QL	FELBAMATE	4	
ESTRADIOL 0.0375 MG PATCH	2	QL	FELODIPINE ER	2	
ESTRADIOL 0.0375 MG/DAY PATCH	2		FEM PH	2	
ESTRADIOL 0.05 MG PATCH	2	QL	FEMYNOR	1	
ESTRADIOL 0.06 MG/DAY PATCH	2		FENOFIBRATE 120 MG TABLET	2	
ESTRADIOL 0.075 MG PATCH	2	QL	FENOFIBRATE 130 MG CAPSULE	2	
ESTRADIOL 0.075 MG/DAY PATCH	2		FENOFIBRATE 134 MG CAPSULE	2	
ESTRADIOL 0.1 MG PATCH	2	QL	FENOFIBRATE 145 MG TABLET	2	
ESTRADIOL 0.5 MG TABLET	1		FENOFIBRATE 150 MG CAPSULE	2	
ESTRADIOL 1 MG TABLET	1		FENOFIBRATE 160 MG TABLET	2	
ESTRADIOL 10 MCG VAGINAL INSERT	2	QL	FENOFIBRATE 200 MG CAPSULE	2	
ESTRADIOL 2 MG TABLET	1		FENOFIBRATE 40 MG TABLET	2	
ESTRADIOL TDS 0.025 MG/DAY	2		FENOFIBRATE 43 MG CAPSULE	2	
ESTRADIOL TDS 0.0375 MG/DAY	2		FENOFIBRATE 48 MG TABLET	2	
ESTRADIOL TDS 0.05 MG/DAY	2		FENOFIBRATE 50 MG CAPSULE	2	
ESTRADIOL TDS 0.06 MG/DAY	2		FENOFIBRATE 54 MG TABLET	2	
ESTRADIOL TDS 0.075 MG/DAY	2		FENOFIBRATE 67 MG CAPSULE	2	
ESTRADIOL TDS 0.1 MG/DAY	2		FENOFIBRIC ACID	2	
ESTRADIOL-NORETHINDRONE	2		FENOPROFEN 600 MG TABLET	2	
ESTROGEN-METHYLTESTOSTERONE	2		FENTANYL PATCH	2	PA
ESTROSTEP FE	4		FENTANYL OTFC 1,200 MCG	4	PA
ESZOPICLONE	2		FENTANYL OTFC 1,600 MCG	4	PA
ETHAMBUTOL	2		FENTANYL OTFC 200 MCG	4	PA
ETHOSUXIMIDE	2		FENTANYL OTFC 400 MCG	4	PA
ETHYL CHLORIDE SPRAY	2		FENTANYL OTFC 600 MCG	4	PA
ETHYNODIOL-ETHINYL ESTRADIOL	1		FENTANYL OTFC 800 MCG	4	PA
ETODOLAC	2		FINASTERIDE 5 MG TABLET	2	
ETODOLAC ER	2		FIORICET 50-300-40 MG CAPSULE	2	QL
ETONOGESTREL-ETHINYL ESTRADIOL	2		FIRVANQ	3	
ETOPOSIDE 50 MG CAPSULE	4		FLAC OTIC OIL	2	
EUTHYROX	2		FLAVOXATE	2	
EVEROLIMUS 0.25 MG TABLET	5	SRX	FLECAINIDE	2	
EVEROLIMUS 0.5 MG TABLET	5	SRX	FLOVENT DISKUS	3	
EVEROLIMUS 0.75 MG TABLET	5	SRX	FLOVENT HFA	3	
EVEROLIMUS 2.5 MG TABLET	5	PA, SRX	FLUAD QUAD	3	
EVEROLIMUS 5 MG TABLET	5	PA, SRX	FLUARIX QUAD	3	
EVEROLIMUS 7.5 MG TABLET	5	PA, SRX	FLUBLOK QUAD	3	
EVOTAZ	3		FLUCELVAX QUAD	3	
EXEMESTANE	2		FLUCONAZOLE 10 MG/ML SUSPENSION	2	
EZETIMIBE	2		FLUCONAZOLE 100 MG TABLET	2	
EZETIMIBE-SIMVASTATIN	2		FLUCONAZOLE 150 MG TABLET	1	
FALMINA	1		FLUCONAZOLE 200 MG TABLET	2	
FAMCICLOVIR	2		FLUCONAZOLE 40 MG/ML SUSPENSION	2	
FAMOTIDINE 20 MG TABLET	1		FLUCONAZOLE 50 MG TABLET	2	
FAMOTIDINE 40 MG TABLET	1		FLUCYTOSINE	4	
FAMOTIDINE 40 MG/5 ML SUSPENSION	2		FLUDROCORTISONE	2	
FARXIGA	3	QL	FLULAVAL QUAD	3	
FARYDAK	5	PA, SRX	FLUMIST QUAD	3	

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

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FLUNISOLIDE	2		FONDAPARINUX	4	QL
FLUOCINOLONE	2		FOSAMPRENAVIR	2	
FLUOCINOLONE OIL	2		FOSINOPRIL	1	
FLUOCINONIDE	2		FOSINOPRIL-HCTZ	2	
FLUOCINONIDE-E	2		FRAGMIN	5	QL, SRX
FLUORABON	2		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FLUORIDE	2		FROVATRIPTAN	2	QL
FLUORIDEX	2		FULPHILA	5	PA, SRX
FLUORIDEX SENSITIVITY RELIEF	2		FUROSEMIDE 10 MG/ML SOLUTION	1	
FLUORITAB	2		FUROSEMIDE 20 MG TABLET	1	
FLUOROMETHOLONE	2		FUROSEMIDE 40 MG TABLET	1	
FLUOROURACIL 0.5% CREAM	2		FUROSEMIDE 40 MG/5 ML SOLUTION	1	
FLUOROURACIL 2% TOPICAL SOLUTION	2		FUROSEMIDE 80 MG TABLET	1	
FLUOROURACIL 5% CREAM	2		FYAVOLV	2	
FLUOROURACIL 5% TOPICAL SOLUTION	2		GABAPENTIN	2	
FLUOXETINE 10 MG CAPSULE	1	QL	GALANTAMINE	2	
FLUOXETINE 10 MG TABLET	1	QL	GALANTAMINE ER	2	QL
FLUOXETINE 20 MG CAPSULE	1	QL	GARDASIL 9	3	
FLUOXETINE 20 MG TABLET	1	QL	GATIFLOXACIN	2	
FLUOXETINE 20 MG/5 ML SOLUTION	2	QL	GATTEX	5	PA, LDD, SRX
FLUOXETINE 40 MG CAPSULE	1	QL	GAVILYTE-C	2	
FLUOXETINE 60 MG TABLET	1	QL	GAVILYTE-G	2	
FLUOXETINE DR	2	QL	GAVILYTE-N	2	
FLUPHENAZINE 1 MG TABLET	2		GEMFIBROZIL	2	
FLUPHENAZINE 10 MG TABLET	2		GENERESS FE	4	
FLUPHENAZINE 2.5 MG TABLET	2		GENERLAC	2	
FLUPHENAZINE 2.5 MG/5 ML ELIXIR	2		GENGRAF	2	
FLUPHENAZINE 5 MG TABLET	2		GENOTROPIN	5	PA, ST, SRX
FLUPHENAZINE 5 MG/ML CONCENTRATE	2		GENTAK	2	
FLURA-DROPS	2		GENTAMICIN 0.1% CREAM	2	
FLURANDRENOLIDE	4		GENTAMICIN 0.1% OINTMENT	2	
FLURAZEPAM	2		GENTAMICIN 0.3% EYE DROP	2	
FLURBIPROFEN 0.03% EYE DROP	2		GENTAMICIN 3 MG/ML EYE DROP	2	
FLURBIPROFEN 100 MG TABLET	2		GENVOYA	3	
FLUTAMIDE	2		GIANVI	1	
FLUTICASON 0.005% OINTMENT	2		GILOTRIF	5	PA, LDD, SRX
FLUTICASON 0.05% CREAM	2		GLATIRAMER	5	PA, SRX
FLUTICASON 0.05% LOTION	2		GLATOPA	5	PA, SRX
FLUTICASON 50 MCG SPRAY	2		GLEOSTINE	4	
FLUTICASON-SALMETEROL 113-14	2		GLIMEPIRIDE	1	
FLUTICASON-SALMETEROL 232-14	2		GLIPIZIDE	1	
FLUTICASON-SALMETEROL 55-14	2		GLIPIZIDE ER	1	
FLUVASTATIN	2		GLIPIZIDE XL	1	
FLUVASTATIN ER	2		GLIPIZIDE-METFORMIN	2	
FLUVOXAMINE	2	QL	GLYBURIDE	1	
FLUVOXAMINE ER	2	QL	GLYBURIDE MICRONIZED	1	
FLUZONE QUAD	3		GLYBURIDE-METFORMIN	2	
FLUZONE HIGH-DOSE QUAD	3		GLYCINE 1.5% IRRIGATION	2	
FOLIC ACID 1 MG TABLET	2		GLYCOPYRROLATE 1 MG TABLET	2	
FOLIVANE-OB	1		GLYCOPYRROLATE 2 MG TABLET	2	

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
GLYDO	2		HUMIRA(CF) PEN PSORIASIS-UVEITIS-ADOLESCENT HS	5	PA, QL, SRX
GRANISETRON	4		HUMULIN 70/30 KWIKPEN	3	QL
GRANIX	5	SRX	HUMULIN 70-30	3	QL
GRISEOFULVIN	2		HUMULIN N	3	QL
GRISEOFULVIN ULTRAMICROSIZED	2		HUMULIN N KWIKPEN	3	QL
GUANFACINE	1		HUMULIN R	3	QL
GUANFACINE ER	2		HUMULIN R U-500	3	QL
GUANIDINE	2		HUMULIN R U-500 KWIKPEN	3	QL
GVOKE HYPOPEN 1-PACK	3	QL	HYCANTIN 0.25 MG CAPSULE	5	PA, SRX
GVOKE HYPOPEN 2-PACK	3	QL	HYCANTIN 1 MG CAPSULE	5	PA, SRX
GVOKE PFS 1-PACK SYRINGE	3	QL	HYDRALAZINE 10 MG TABLET	2	
GVOKE PFS 2-PACK SYRINGE	3	QL	HYDRALAZINE 100 MG TABLET	2	
GYNAZOLE 1	2		HYDRALAZINE 25 MG TABLET	2	
HAILEY	1		HYDRALAZINE 50 MG TABLET	2	
HAILEY 24 FE	1		HYDROCHLOROTHIAZIDE	1	
HAILEY FE	1		HYDROCODONE-ACETAMINOPHEN	2	
HALOBETASOL 0.05% CREAM	2		HYDROCODONE-CHLORPHENIRAMINE ER	2	
HALOBETASOL 0.05% OINTMENT	2		HYDROCODONE-HOMATROPINE	2	QL
HALOPERIDOL	2		HYDROCODONE-IBUPROFEN	2	
HALOPERIDOL LACTATE 2 MG/ML CONCENTRATE	2		HYDROCORTISONE 1% CREAM	2	
HAVRIX	3		HYDROCORTISONE 1% OINTMENT	2	
HEATHER	1		HYDROCORTISONE 10 MG TABLET	2	
HEMMOREX-HYDROCORTISONE	2		HYDROCORTISONE 100 MG/60 ML	2	
HEPARIN 5,000 UNIT/ 0.5 ML	2		HYDROCORTISONE 2.5% CREAM	2	
HEPARIN 5,000 UNIT/ML SYRINGE	2		HYDROCORTISONE 2.5% LOTION	2	
HEPLISAV-B	3		HYDROCORTISONE 2.5% OINTMENT	2	
HETLIOZ	5	PA, SRX	HYDROCORTISONE 20 MG TABLET	2	
HIBERIX VACCINE WITH DILUENT	3		HYDROCORTISONE 25 MG SUPPOSITORY	2	
HOMATROPAIRE	2		HYDROCORTISONE 30 MG SUPPOSITORY	2	
HUMALOG 100 UNIT/ML CARTRIDGE	3	QL	HYDROCORTISONE 5 MG TABLET	2	
HUMALOG 100 UNIT/ML VIAL	3	QL	HYDROCORTISONE BUTYRATE	2	
HUMALOG JUNIOR KWIKPEN	3	QL	HYDROCORTISONE VALERATE	2	
HUMALOG KWIKPEN U-100	3	QL	HYDROCORTISONE-PRAMOXINE 1%-1% CREAM	2	
HUMALOG KWIKPEN U-200	3	QL	HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM	2	
HUMALOG MIX 50-50	3	QL	HYDROMET	2	QL
HUMALOG MIX 50-50 KWIKPEN	3	QL	HYDROMORPHONE 1 MG/ML SOLUTION	2	
HUMALOG MIX 75-25	3	QL	HYDROMORPHONE 2 MG TABLET	2	
HUMALOG MIX 75-25 KWIKPEN	3	QL	HYDROMORPHONE 3 MG SUPPOSITORY	2	
HUMATROPE	5	PA, SRX	HYDROMORPHONE 4 MG TABLET	2	
HUMIRA	5	PA, QL, SRX	HYDROMORPHONE 5 MG/5 ML SOLUTION	2	
HUMIRA PEDIATRIC CROHN'S	5	PA, QL, SRX	HYDROMORPHONE 8 MG TABLET	2	
HUMIRA PEN	5	PA, QL, SRX	HYDROMORPHONE ER	2	
HUMIRA PEN CROHN'S-UC-HS	5	PA, QL, SRX	HYDROXYCHLOROQUINE	2	QL
HUMIRA PEN PSORIASIS-UVEITIS-ADOLESCENT HS	5	PA, QL, SRX	HYDROXYUREA	2	
HUMIRA(CF)	5	PA, QL, SRX	HYDROXYZINE 10 MG TABLET	2	
HUMIRA(CF) PEDIATRIC CROHN'S	5	PA, QL, SRX			
HUMIRA(CF) PEN	5	PA, QL, SRX			
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA, QL, SRX			

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HYDROXYZINE 10 MG/5 ML SOLUTION	2		IPRATROPIUM 0.02% SOLUTION	1	
HYDROXYZINE 10 MG/5 ML SYRUP	2		IPRATROPIUM 0.03% SPRAY	2	
HYDROXYZINE 100 MG CAPSULE	2		IPRATROPIUM 0.06% SPRAY	2	
HYDROXYZINE 25 MG CAPSULE	2		IPRATROPIUM-ALBUTEROL	2	
HYDROXYZINE 25 MG TABLET	2		IRBESARTAN	2	
HYDROXYZINE 50 MG CAPSULE	2		IRBESARTAN-HCTZ	2	
HYDROXYZINE 50 MG TABLET	2		IRESSA	5	PA, LDD, SRX
HYOPHEN	2		ISENTRESS	3	
HYOSCYAMINE 0.125 MG ODT	1		ISENTRESS HD	3	
HYOSCYAMINE 0.125 MG TABLET	1		ISIBLOOM	1	
HYOSCYAMINE 0.125 MG TABLET SL	1		ISOCHRON	2	
HYOSCYAMINE 0.125 MG/5 ML ELIXIR	2		ISONIAZID 100 MG TABLET	1	
HYOSCYAMINE 0.125 MG/ML DROPS	2		ISONIAZID 300 MG TABLET	1	
HYOSCYAMINE ER	1		ISONIAZID 50 MG/5 ML SOLUTION	2	
HYOSCYAMINE SR	1		ISOSORBIDE DINITRATE 10 MG TABLET	2	
HYOSYNE	2		ISOSORBIDE DINITRATE 20 MG TABLET	2	
IBANDRONATE 150 MG TABLET	2		ISOSORBIDE DINITRATE 30 MG TABLET	2	
IBRANCE	5	PA, LDD, SRX	ISOSORBIDE DINITRATE 5 MG TABLET	2	
IBU	1		ISOSORBIDE MONONITRATE	1	
IBUPROFEN 100 MG/5 ML SUSPENSION	1		ISOSORBIDE MONONITRATE ER	1	
IBUPROFEN 400 MG TABLET	1		ISOTRETINOIN	4	QL
IBUPROFEN 600 MG TABLET	1		ISOXSUPRINE	2	
IBUPROFEN 800 MG TABLET	1		ISRADIPINE	2	
ICATIBANT	5	PA, SRX	ITRACONAZOLE	3	
ICLUSIG	5	PA, LDD, SRX	IVERMECTIN 3 MG TABLET	2	
ILARIS	5	PA, LDD, SRX	JAIMIESS	1	
IMATINIB	4	PA	JAKAFI	5	PA, LDD, SRX
IMBRUVICA	5	PA, LDD, SRX	JANTOVEN	1	
IMIPRAMINE 10 MG TABLET	2		JASMIEL	1	
IMIPRAMINE 25 MG TABLET	2		JENCYCLA	1	
IMIPRAMINE 50 MG TABLET	2		JINTELI	2	
IMIPRAMINE 75 MG CAPSULE	2		JOLESSA	1	
IMIPRAMINE 100 MG CAPSULE	2		JULEBER	1	
IMIPRAMINE 125 MG CAPSULE	2		JULUCA	4	
IMIPRAMINE 150 MG CAPSULE	2		JUNEL	1	
IMIQUIMOD 5% CREAM PACKET	2		JUNEL FE	1	
INCASSIA	1		JUNEL FE 24	1	
INCONTROL ALCOHOL PADS	3		KAITLIB FE	1	
INCRELEX	5	PA, SRX	KALETRA 100-25 MG TABLET	3	QL
INCRUSE ELLIPTA	3		KALETRA 200-50 MG TABLET	3	QL
INDAPAMIDE	1		KALLIGA	1	
INDOMETHACIN 25 MG CAPSULE	2		KALYDECO	5	PA, QL, LDD, SRX
INDOMETHACIN 50 MG CAPSULE	2		KARIVA	1	
INDOMETHACIN ER	2		KELNOR 1-35	1	
INFANRIX DTAP	3		KELNOR 1-50	1	
INLYTA	5	PA, LDD, SRX	KETOCONAZOLE	2	
INTELENCE	3		KETODAN 2% FOAM	2	
INTRON A	5	PA, SRX	KETOPROFEN	2	
INTROVALE	1		KETOROLAC 0.4% OPHTHALMIC SOLUTION	2	
IPOL	3				

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

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KETOROLAC 0.5% OPHTHALMIC SOLUTION	2		LAYOLIS FE	4	
KETOROLAC 10 MG TABLET	2	QL	LEDIPASVIR-SOFOSBUVIR	5	PA, SRX
KETOROLAC 15 MG/ML SYRINGE	2	QL	LEENA	1	
KETOROLAC 15 MG/ML VIAL	2	QL	LEFLUNOMIDE	2	
KETOROLAC 30 MG/ML CARPUJECT	2	QL	LENVIMA	5	PA, LDD, SRX
KETOROLAC 30 MG/ML SYRINGE	2	QL	LESSINA	1	
KETOROLAC 30 MG/ML VIAL	2	QL	LETROZOLE	2	
KETOROLAC 60 MG/2 ML CARPUJECT	2	QL	LEUCOVORIN 10 MG TABLET	2	
KETOROLAC 60 MG/2 ML SYRINGE	2	QL	LEUCOVORIN 15 MG TABLET	2	
KETOROLAC 60 MG/2 ML VIAL	2	QL	LEUCOVORIN 25 MG TABLET	2	
KINERET	5	PA, ST, QL, LDD, SRX	LEUCOVORIN 5 MG TABLET	2	
KINRIX	3		LEUKERAN	4	
KIONEX	2		LEUKINE	5	SRX
KLOR-CON	2		LEUPROLIDE 2WK 1 MG/0.2 ML KIT	4	PA
KLOR-CON 10	2		LEUPROLIDE 2WK 14 MG/2.8 ML KIT	4	PA
KLOR-CON 8	2		LEVALBUTEROL	2	
KLOR-CON M10	2		LEVALBUTEROL CONCENTRATE	2	
KLOR-CON M20	2		LEVALBUTEROL HFA	2	QL
KOMBIGLYZE XR	3	QL	LEVETIRACETAM 1,000 MG TABLET	2	
KURVELO	1		LEVETIRACETAM 100 MG/ML SOLUTION	2	
KUVAN	5	PA, LDD, SRX	LEVETIRACETAM 250 MG TABLET	2	
LABETALOL 100 MG TABLET	2		LEVETIRACETAM 500 MG TABLET	2	
LABETALOL 200 MG TABLET	2		LEVETIRACETAM 500 MG/5 ML SOLUTION	2	
LABETALOL 300 MG TABLET	2		LEVETIRACETAM 750 MG TABLET	2	
LACTATED RINGERS IRRIGATION	2		LEVETIRACETAM ER	2	
LACTULOSE 10 GM/15 ML SOLUTION	2		LEVOBUNOLOL	2	
LACTULOSE 20 GM/30 ML SOLUTION	2		LEVOCARNITINE 1 G/10 ML SOLUTION	2	
LAMIVUDINE	2		LEVOCARNITINE 330 MG TABLET	2	
LAMIVUDINE HBV	2		LEVOCARNITINE SF	2	
LAMIVUDINE-ZIDOVUDINE	2		LEVOCETIRIZINE 2.5 MG/5 ML SOLUTION	2	
LAMOTRIGINE	2		LEVOCETIRIZINE 5 MG TABLET	2	
LAMOTRIGINE (BLUE)	2		LEVOFLOXACIN 0.5% EYE DROPS	2	
LAMOTRIGINE (GREEN)	2		LEVOFLOXACIN 25 MG/ML SOLUTION	2	
LAMOTRIGINE (ORANGE)	2		LEVOFLOXACIN 250 MG TABLET	2	
LAMOTRIGINE ER	2		LEVOFLOXACIN 500 MG TABLET	2	
LAMOTRIGINE ODT	2		LEVOFLOXACIN 750 MG TABLET	2	
LAMOTRIGINE ODT (BLUE)	2		LEVONEST	1	
LAMOTRIGINE ODT (GREEN)	2		LEVONORGESTREL-ETHINYL ESTRADIOL	1	
LAMOTRIGINE ODT (ORANGE)	2		LEVORA-28	1	
LANSOPRAZOLE DR 15 MG CAPSULE	2	QL	LEVORPHANOL	5	SRX
LANSOPRAZOLE DR 30 MG CAPSULE	2	QL	LEVOTHYROXINE 100 MCG TABLET	1	
LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	2		LEVOTHYROXINE 112 MCG TABLET	1	
LARIN	1		LEVOTHYROXINE 125 MCG TABLET	1	
LARIN 24 FE	1		LEVOTHYROXINE 137 MCG TABLET	1	
LARIN FE	1		LEVOTHYROXINE 150 MCG TABLET	1	
LARISSIA	1		LEVOTHYROXINE 175 MCG TABLET	1	
LATANOPROST 0.005% EYE DROPS	2		LEVOTHYROXINE 200 MCG TABLET	1	
LATUDA	4	ST, QL	LEVOTHYROXINE 25 MCG TABLET	1	
			LEVOTHYROXINE 300 MCG TABLET	1	

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LEVOTHYROXINE 50 MCG TABLET	1		LORYNA	1	
LEVOTHYROXINE 75 MCG TABLET	1		LOSARTAN	1	
LEVOTHYROXINE 88 MCG TABLET	1		LOSARTAN-HCTZ	1	
LEVOXYL	1		LOSEASONIQUE	4	
LEXIVA 50 MG/ML SUSPENSION	3		LOVASTATIN	1	
LIDOCAINE 2% JELLY UROJET AC	2		LOW-OGESTREL	1	
LIDOCAINE 2% JELLY	2		LOXAPINE	2	
LIDOCAINE 2% JELLY URO-JET	2		LO-ZUMANDIMINE	1	
LIDOCAINE 4% SOLUTION	2		LUDENT FLUORIDE	2	
LIDOCAINE 5% OINTMENT	2	QL	LUTERA	1	
LIDOCAINE 5% PATCH	2		LYNPARZA	5	PA, LDD, SRX
LIDOCAINE VISCOUS	1		LYSODREN	4	
LIDOCAINE-HYDROCORTISONE 2.8-0.55% GEL	2		LYZA	1	
LIDOCAINE-HYDROCORTISONE 3-0.5% CREAM	2		MALATHION	2	
LIDOCAINE-PRILOCAINE	2		MAPROTILINE	2	
LILLOW	1		MARLISSA	1	
LINDANE	2		MATULANE	5	LDD, SRX
LINEZOLID 100 MG/5 ML SUSPENSION	4	PA	MATZIM LA	2	
LINEZOLID 600 MG TABLET	2	PA	MECLIZINE 12.5 MG TABLET	2	
LIOTHYRONINE 25 MCG TABLET	2		MECLIZINE 25 MG TABLET	2	
LIOTHYRONINE 5 MCG TABLET	2		MECLOFENAMATE	2	
LIOTHYRONINE 50 MCG TABLET	2		MEDROL 2 MG TABLET	4	
LISINAPRIL	1		MEDROXYPROGESTERONE	1	
LISINAPRIL-HCTZ	1		MEFENAMIC ACID	2	
LITHIUM	2		MEFLOQUINE	2	QL
LITHIUM 150 MG CAPSULE	1		MEGESTROL	2	
LITHIUM 300 MG CAPSULE	1		MEKINIST	5	PA, SRX
LITHIUM 300 MG TABLET	1		MELODETTA 24 FE	1	
LITHIUM 600 MG CAPSULE	1		MELOXICAM 15 MG TABLET	1	
LITHIUM ER	2		MELOXICAM 7.5 MG TABLET	1	
LITHIUM ER 450 MG TABLET	2		MELPHALAN 2 MG TABLET	2	
LO LOESTRIN FE	3		MEMANTINE	2	
LOESTRIN	4		MENACTRA	3	
LOESTRIN FE	4		MENEST	4	
LOJAIMIESS	1		MENVEO A-C-Y-W-135-DIP	3	
LONSURF	5	PA, LDD, SRX	MEPERIDINE 100 MG TABLET	2	
LOPERAMIDE 2 MG CAPSULE	2		MEPERIDINE 50 MG TABLET	2	
LOPINAVIR-RITONAVIR	2	QL	MEPERIDINE 50 MG/5 ML SOLUTION	2	
LOPREEZA	2		MEPROBAMATE	2	
LORAZEPAM 0.5 MG TABLET	2		MERCAPTOPYRINE	2	
LORAZEPAM 1 MG TABLET	2		MESALAMINE	4	
LORAZEPAM 2 MG TABLET	2		MESALAMINE ER	3	
LORAZEPAM 2 MG/ML ORAL CONCENTRATE	2		MESNEX 400 MG TABLET	5	SRX
LORAZEPAM INTENSOL	2		METADATE ER	2	QL
LORCET	2		METAPROTERENOL	2	
LORCET HD	2		METAXALONE	4	
LORTAB	2		METFORMIN 1,000 MG TABLET	1	
			METFORMIN 500 MG TABLET	1	
			METFORMIN 850 MG TABLET	1	

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METFORMIN ER (generic GLUCOPHAGE XR)	2		METOPROLOL-HCTZ	2	
METHADONE 10 MG TABLET	2	PA	METRONIDAZOLE 0.75% CREAM	2	
METHADONE 10 MG/5 ML SOLUTION	2	PA	METRONIDAZOLE 0.75% LOTION	2	
METHADONE 5 MG TABLET	2	PA	METRONIDAZOLE 250 MG TABLET	2	
METHADONE 5 MG/5 ML SOLUTION	2	PA	METRONIDAZOLE 375 MG CAPSULE	2	
METHADONE INTENSOL	2	PA	METRONIDAZOLE 500 MG TABLET	2	
METHAMPHETAMINE	4		METRONIDAZOLE TOPICAL 0.75% GEL	2	
METHAZOLAMIDE	2		METRONIDAZOLE TOPICAL 1% GEL	2	
METHENAMINE HIPPURATE	2		METRONIDAZOLE TOPICAL 1% GEL PUMP	2	
METHENAMINE MANDELATE	2		METRONIDAZOLE VAGINAL 0.75% GEL	2	
METHERGINE	4		MEXILETINE	2	
METHIMAZOLE	2		MIBELAS 24 FE	1	
METHITEST	5	SRX	MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	1	
METHOCARBAMOL 500 MG TABLET	2		MICORT-HYDROCORTISONE	2	
METHOCARBAMOL 750 MG TABLET	2		MICROGESTIN	1	
METHOTREXATE 2.5 MG TABLET	2		MICROGESTIN FE 1.5-30 TABLET	1	
METHOXSALEN	4		MICROGESTIN FE 1-20 TABLET	4	
METHSCOPOLAMINE	2		MIDAZOLAM 2 MG/ML SYRUP	2	
METHYLDOPA	1		MIDODRINE	2	
METHYLDOPA-HCTZ	2		MIGERGOT	4	
METHYLERGONOVINE 0.2 MG TABLET	4		MIGLITOL	2	
METHYLPHENIDATE	2		MIGLUSTAT	5	PA, SRX
METHYLPHENIDATE CD	2	QL	MILI	1	
METHYLPHENIDATE ER (CD)	2	QL	MIMVEY	2	
METHYLPHENIDATE ER (LA)	2	QL	MINASTRIN 24 FE	3	
METHYLPHENIDATE ER 10 MG TABLET	2	QL	MINITRAN	2	
METHYLPHENIDATE ER 18 MG TABLET	2	QL	MINOCYCLINE	2	
METHYLPHENIDATE ER 20 MG TABLET	2	QL	MINOCYCLINE ER 135 MG TABLET	2	
METHYLPHENIDATE ER 27 MG TABLET	2	QL	MINOCYCLINE ER 45 MG TABLET	2	
METHYLPHENIDATE ER 36 MG TABLET	2	QL	MINOCYCLINE ER 90 MG TABLET	2	
METHYLPHENIDATE ER 54 MG TABLET	2	QL	MINOXIDIL 10 MG TABLET	2	
METHYLPHENIDATE LA	2	QL	MINOXIDIL 2.5 MG TABLET	2	
METHYLPREDNISOLONE	2		MIRCETTE	4	
METHYLTESTOSTERONE	5	SRX	MIRTAZAPINE	2	
METOCLOPRAMIDE 10 MG TABLET	1		MISOPROSTOL	2	
METOCLOPRAMIDE 10 MG/10 ML SOLUTION	1		M-M-R II VACCINE	3	
METOCLOPRAMIDE 5 MG TABLET	1		M-NATAL PLUS	1	
METOCLOPRAMIDE 5 MG/5 ML SOLUTION	1		MODAFINIL	4	PA
METOCLOPRAMIDE ODT	2		MOEXIPRIL	2	
METOLAZONE	2		MOLINDONE	2	
METOPROLOL 100 MG TABLET	1		MOMETASONE 0.1% CREAM	2	
METOPROLOL 25 MG TABLET	1		MOMETASONE 0.1% OINTMENT	2	
METOPROLOL 37.5 MG TABLET	2		MOMETASONE 0.1% SOLUTION	2	
METOPROLOL 50 MG TABLET	1		MOMETASONE 50 MCG SPRAY	2	QL
METOPROLOL 75 MG TABLET	2		MONDOXYNE NL	2	
METOPROLOL ER 100 MG TABLET	2		MONO-LINYAH	1	
METOPROLOL ER 200 MG TABLET	2		MONTELUKAST	2	
			MORGIDOX 100 MG CAPSULE	2	

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MORPHINE 10 MG SUPPOSITORY	2		NARATRIPTAN	2	QL
MORPHINE 10 MG/5 ML SOLUTION	2		NARCAN	3	QL
MORPHINE 100 MG/5 ML CONCENTRATE	2		NATAZIA	4	
MORPHINE 20 MG SUPPOSITORY	2		NATEGLINIDE	2	
MORPHINE 20 MG/5 ML SOLUTION	2		NATPARA	5	PA, LDD, SRX
MORPHINE 30 MG SUPPOSITORY	2		NATURE-THROID	1	
MORPHINE 5 MG SUPPOSITORY	2		NAYZILAM	5	PA, QL, SRX
MORPHINE ER	2		NEBUPENT	4	
MORPHINE IR 15 MG TABLET	2		NEBUSAL 3% VIAL	2	
MORPHINE IR 30 MG TABLET	2		NECON	1	
MOXIFLOXACIN 0.5% EYE DROPS	2		NEFAZODONE	2	
MOXIFLOXACIN 400 MG TABLET	2		NEOMYCIN	2	
MULTAQ	4		NEOMYCIN-BACITRACIN-POLYMYXIN	2	
MULTIVITAMIN WITH FLUORIDE	2		NEOMYCIN-BACITRACIN-POLYMYXIN-HYDROCORTISONE	2	
MUPIROCIN	2		NEOMYCIN-POLYMYXIN B	2	
MVW COMPLETE FORMULATION D3000	2		NEOMYCIN-POLYMYXIN-DEXAMETHASONE	2	
MVW COMPLETE FORMULATION D5000	2		NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
MVW COMPLETE FORMULATION MULTIVITAMIN	2		NEOMYCIN-POLYMYXIN-HYDROCORTISONE	2	
MVW COMPLETE FORMULATION PEDIATRIC	2		NEO-POLYCIN	2	
MVW COMPLETE FORMULATION PROBIOTIC	2		NEO-POLYCIN HYDROCORTISONE	2	
MYCOPHENOLATE 200 MG/ML SUSPENSION	2		NEUAC GEL	2	
MYCOPHENOLATE 250 MG CAPSULE	2		NEULASTA	5	PA, SRX
MYCOPHENOLATE 500 MG TABLET	2		NEVIRAPINE	2	
MYCOPHENOLIC ACID	2		NEVIRAPINE ER	2	
MYNATAL	1		NEWGEN	1	
MYNATAL ADVANCE	1		NEXAVAR	5	PA, SRX
MYNATAL PLUS	1		NIACIN ER	2	
MYNATAL-Z	1		NICARDIPINE 20 MG CAPSULE	2	
MYORISAN	4	QL	NICARDIPINE 30 MG CAPSULE	2	
NABUMETONE	2		NICOTROL	4	
NADOLOL	1		NICOTROL NS	4	
NADOLOL-BENDROFLUMETHIAZIDE	2		NIFEDIPINE	2	
NAFTIFINE	2		NIFEDIPINE ER	2	
NALOXONE 0.4 MG/ML CARPUJECT	2		NIKKI	1	
NALOXONE 2 MG/2 ML SYRINGE	2		NILUTAMIDE	5	SRX
NALTREXONE	1	QL	NIMODIPINE	4	
NAPROXEN 125 MG/5 ML SUSPENSION	2		NINLARO	5	PA, LDD, SRX
NAPROXEN 250 MG TABLET	1		NISOLDIPINE	2	QL
NAPROXEN 275 MG TABLET	1		NITRO-BID 2% OINTMENT	2	
NAPROXEN 375 MG TABLET	1		NITRO-DUR 0.3 MG/HR PATCH	4	
NAPROXEN 500 MG TABLET	1		NITRO-DUR 0.8 MG/HR PATCH	4	
NAPROXEN 550 MG TABLET	1		NITROFURANTOIN	2	
NAPROXEN CR 375 MG TABLET	2		NITROFURANTOIN MONO-MACRO	2	
NAPROXEN DR 375 MG TABLET	1		NITROGLYCERIN 0.3 MG TABLET SL	2	
NAPROXEN DR 500 MG TABLET	1		NITROGLYCERIN 0.4 MG TABLET SL	2	
NAPROXEN ER 375 MG TABLET	2		NITROGLYCERIN 0.6 MG TABLET SL	2	
			NITROGLYCERIN LINGUAL 0.4 MG	2	

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
NITROGLYCERIN PATCH	2		NYSTATIN 500,000 UNIT ORAL TABLET	2	
NITRO-TIME	2		NYSTATIN 500,000 UNIT/5 ML SUSPENSION	2	
NIVA-PLUS	1		NYSTATIN-TRIAMCINOLONE	1	
NIZATIDINE 15 MG/ML SOLUTION	2		NYSTOP	2	
NIZATIDINE 150 MG CAPSULE	1		OBSTETRIX DHA	1	
NIZATIDINE 300 MG CAPSULE	1		OBSTETRIX ONE	1	
NOLIX	4		O-CAL PRENATAL	4	
NORA-BE	1		OCELLA	1	
NORDITROPIN FLEXPRO	5	PA, ST, SRX	OCTREOTIDE	2	PA
NORETHINDRONE 0.35 MG TABLET	1		ODEFSEY	3	
NORETHINDRONE 5 MG TABLET	2		ODOMZO	5	PA, LDD, SRX
NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG(21) TABLET	1		OFLOXACIN	2	
NORETHINDRONE-ETHINYL ESTRADIOL FERROUS	1		OLANZAPINE 10 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5	2		OLANZAPINE 15 MG TABLET	2	
NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG	1		OLANZAPINE 2.5 MG TABLET	2	
NORGESTIMATE-ETHINYL ESTRADIOL	1		OLANZAPINE 20 MG TABLET	2	
NORGESTIMATE-ETHINYL ESTRADIOL 1 MG-5 MCG	2		OLANZAPINE 5 MG TABLET	2	
NORGESTIMATE-ETHINYL ESTRADIOL-FERROUS	1		OLANZAPINE 7.5 MG TABLET	2	
NORLYDA	1		OLANZAPINE ODT	2	
NORPACE CR	4		OLANZAPINE-FLUOXETINE	2	
NORTREL	1		OLMESARTAN	2	
NORTRIPTYLINE 10 MG CAPSULE	1		OLMESARTAN-AMLODIPINE-HCTZ	2	
NORTRIPTYLINE 10 MG/5 ML SOLUTION	2		OLMESARTAN-HCTZ	2	
NORTRIPTYLINE 25 MG CAPSULE	1		OLOPATADINE	2	
NORTRIPTYLINE 50 MG CAPSULE	1		OMEGA-3 ACID ETHYL ESTERS	2	
NORTRIPTYLINE 75 MG CAPSULE	1		OMEPRAZOLE DR 10 MG CAPSULE	2	QL
NORVIR 100 MG POWDER PACKET	3		OMEPRAZOLE DR 20 MG CAPSULE	2	QL
NORVIR 80 MG/ML SOLUTION	3		OMEPRAZOLE DR 40 MG CAPSULE	2	QL
NOVOFINE 32G NEEDLES	3		OMNITROPE	5	PA, ST, SRX
NOVOFINE AUTOCOVER 30G NEEDLE	3		ONDANSETRON	2	
NOVOFINE PLUS PEN NEEDLE 32GX1/6"	3		ONDANSETRON ODT	2	
NOVOTWIST NEEDLE 32G 5MM	3		ONETOUCH DELICA 30G LANCETS	3	
NOXAFIL 40 MG/ML SUSPENSION	4		ONETOUCH DELICA 33G LANCETS	3	
NP THYROID	1		ONETOUCH DELICA LANCING DEVICE	3	
NUEDEXTA	4	PA	ONETOUCH DELICA PLUS 30G LANCET	3	
NULEV	1		ONETOUCH DELICA PLUS 33G LANCET	3	
NUTROPIN AQ NUSPIN	5	PA, ST, SRX	ONETOUCH DELICA PLUS LANCING DEVICE	3	
NUVARING	3		ONETOUCH SURESOFT 18G LANCING DEVICE	3	
NYAMYC	2		ONETOUCH SURESOFT 21G LANCING DEVICE	3	
NYSTATIN 100,000 UNIT/GM CREAM	1		ONETOUCH SURESOFT 28G LANCING DEVICE	3	
NYSTATIN 100,000 UNIT/GM OINTMENT	1		ONETOUCH ULTRA BLUE TEST STRIP	3	
NYSTATIN 100,000 UNIT/GM POWDER	2		ONETOUCH ULTRA2	1	
NYSTATIN 100,000 UNIT/ML SUSPENSION	2		ONETOUCH ULTRAMINI	1	
			ONETOUCH ULTRASOFT LANCETS	3	
			ONETOUCH VERIO FLEX METER	1	

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ONETOUCH VERIO FLEX STARTER KIT	1		PAROEX	2	
ONETOUCH VERIO IQ METER	1		PAROMOMYCIN	2	
ONETOUCH VERIO IQ SYSTEM KIT	1		PAROXETINE	1	QL
ONETOUCH VERIO METER	1		PAROXETINE CR	2	QL
ONETOUCH VERIO REFLECT METER	1		PAROXETINE ER	2	QL
ONETOUCH VERIO TEST STRIP	3		PASER	4	
ONGLYZA	3	QL	PEDIARIX	3	
OPCICON ONE-STEP	1		PEDVAXHIB	3	
OPIUM TINCTURE	2		PEG 3350-ELECTROLYTE	2	
OPSUMIT	5	PA, LDD, SRX	PEGANONE	4	
ORALONE	2		PEGINTRON	5	PA, SRX
ORKAMBI	5	PA, QL, LDD, SRX	PEG-PREP	2	
ORPHENADRINE ER	2		PENICILLAMINE	4	PA
ORPHENGESIC FORTE	2		PENICILLIN V	1	
ORSYTHIA	1		PENTACEL	3	
OSCIMIN 0.125 MG TABLET	2		PENTACEL ACTHIB COMPONENT VIAL	3	
OSCIMIN SL	1		PENTACEL DTAP-IPV COMPONENT VIAL	3	
OSCIMIN SR	2		PENTAMIDINE 300 MG INHALATION POWDER	3	
OSELTAMIVIR	2	QL	PENTASA	4	
OTEZLA	5	PA, ST, QL, SRX	PENTAZOCINE-NALOXONE	2	
OXANDROLONE	4	PA	PENTOXIFYLLINE	2	
OXAPROZIN	2		PERFOROMIST	4	QL
OXAZEPAM	2		PERINDOPRIL	2	
OXCARBAZEPINE	2		PERIOGARD 0.12% ORAL RINSE	2	
OXICONAZOLE	2		PERMETHRIN	2	
OXYBUTYNIN 5 MG TABLET	1		PERPHENAZINE	2	
OXYBUTYNIN 5 MG/5 ML SYRUP	2		PERPHENAZINE-AMITRIPTYLINE	2	
OXYBUTYNIN ER	2		PHENAZOPYRIDINE	1	
OXYCODONE	2		PHENELZINE	2	
OXYCODONE-ASPIRIN	2		PHENOBARBITAL	2	
OXYCODONE-ACETAMINOPHEN 10-325	2		PHENOXYBENZAMINE	5	SRX
OXYCODONE-ACETAMINOPHEN 2.5-325	2		PHENYLEPHRINE 10% EYE DROPS	2	
OXYCODONE-ACETAMINOPHEN 5-325	2		PHENYLEPHRINE 2.5% EYE DROP	2	
OXYCODONE-ACETAMINOPHEN 7.5-325	2		PHENYTOIN	2	
OXYMORPHONE	2		PHENYTOIN EXTENDED	2	
OXYMORPHONE ER 10 MG TABLET	2		PHILITH	1	
OXYMORPHONE ER 15 MG TABLET	2		PHOSPHASAL	2	
OXYMORPHONE ER 20 MG TABLET	2		PHYTONADIONE 5 MG TABLET	4	
OXYMORPHONE ER 30 MG TABLET	2		PILOCARPINE	2	
OXYMORPHONE ER 40 MG TABLET	2		PIMOZIDE	2	
OXYMORPHONE ER 5 MG TABLET	2		PIMTREA	1	
OXYMORPHONE ER 7.5 MG TABLET	2		PINDOLOL	2	
PACERONE 200 MG TABLET	2		PIOGLITAZONE	2	
PALIPERIDONE ER	2		PIOGLITAZONE-GLIMEPIRIDE	2	
PANRETIN	5	SRX	PIOGLITAZONE-METFORMIN	2	
PANTOPRAZOLE DR 20 MG TABLET	2	QL	PIRMELLA	1	
PANTOPRAZOLE DR 40 MG TABLET	2	QL	PIROXICAM	2	
PARICALCITOL 1 MCG CAPSULE	2		PLAN B ONE-STEP	4	
PARICALCITOL 2 MCG CAPSULE	2		PNEUMOVAX 23	3	
PARICALCITOL 4 MCG CAPSULE	2				

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
PNV 29-1	1		PRENATAL VITAMIN PLUS LOW IRON	1	
PNV-DHA	1		PRENATAL-U	1	
PNV-DHA + DOCUSATE	1		PREPLUS	1	
PNV-FERROUS -DOCUSATE-FA	1		PRETAB	1	
PNV-OMEGA	1		PREVALITE	2	
PNV-SELECT	1		PREVIFEM	1	
PODOFILOX	2		PREVNAR 13	3	
POLYCIN	2		PREZCOBIX	3	
POLYMYXIN B-TRIMETHOPRIM	2		PREZISTA	3	
POMALYST	5	PA, LDD, SRX	PRIFTIN	4	
PORTIA	1		PRIMAQUINE	2	
POSACONAZOLE	4		PRIMIDONE	2	
POTASSIUM 10% (20 MEQ/15ML)	2		PRO COMFORT ALCOHOL PADS	3	
POTASSIUM 10% (40 MEQ/30ML)	2		PROBENECID	2	
POTASSIUM 20 MEQ PACKET	2		PROBENECID-COLCHICINE	2	
POTASSIUM 20% (40 MEQ/15ML)	2		PROCENTRA	2	
POTASSIUM ER	2		PROCHLORPERAZINE 10 MG TABLET	2	
POTASSIUM ER 10 MEQ CAPSULE	2		PROCHLORPERAZINE 25 MG SUPPOSITORY	2	
POTASSIUM ER 10 MEQ TABLET	2		PROCHLORPERAZINE 5 MG TABLET	2	
POTASSIUM ER 20 MEQ TABLET	2		PROCTO-MED HC	2	
POTASSIUM ER 8 MEQ CAPSULE	2		PROCTO-PAK	2	
POTASSIUM ER 8 MEQ TABLET	2		PROCTOSOL-HC	2	
PR NATAL 400	1		PROCTOZONE-HC	2	
PR NATAL 400 EC	1		PROGESTERONE 100 MG CAPSULE	2	
PR NATAL 430	1		PROGESTERONE 200 MG CAPSULE	2	
PR NATAL 430 EC	1		PROGLYCEM	4	
PRAMIPEXOLE	2		PROGRAF 0.2 MG GRANULE PACKET	4	
PRAMIPEXOLE ER	2		PROGRAF 1 MG GRANULE PACKET	4	
PRASUGREL	2		PROMACTA	5	PA, SRX
PRAVASTATIN	1		PROMETHAZINE 12.5 MG SUPPOSITORY	2	
PRAZIQUANTEL	2		PROMETHAZINE 12.5 MG TABLET	2	
PRAZOSIN	2		PROMETHAZINE 25 MG SUPPOSITORY	2	
PREDNICARBATE	2		PROMETHAZINE 25 MG TABLET	2	
PREDNISOLONE	2		PROMETHAZINE 50 MG TABLET	2	
PREDNISOLONE 1% EYE DROP	2		PROMETHAZINE 6.25 MG/5 ML SOLUTION	2	
PREDNISOLONE 15 MG/5 ML SOLUTION	2		PROMETHAZINE 6.25 MG/5 ML SYRUP	2	
PREDNISOLONE 25 MG/5 ML SOLUTION	2		PROMETHAZINE-CODEINE	2	QL
PREDNISOLONE 5 MG/5 ML SOLUTION	2		PROMETHAZINE-DM	2	
PREDNISOLONE AC 1% EYE DROP	2		PROMETHAZINE-PHENYLEPHRINE	2	
PREDNISOLONE ODT	2		PROMETHAZINE-PHENYLEPHRINE-CODEINE	2	QL
PREDNISON	2		PROMETHEGAN	2	
PREDNISON INTENSOL	2		PROPAFENONE	2	
PREFEST	2		PROPAFENONE ER	2	
PREGABALIN	2	QL	PROPANTHELINE	2	
PRENA1 TRUE	1		PROPARACAINE	2	
PRENAISSANCE	1		PROPRANOLOL 10 MG TABLET	2	
PRENAISSANCE PLUS	1		PROPRANOLOL 20 MG TABLET	2	
PRENATAL 19	1				
PRENATAL LOW IRON	1				
PRENATAL PLUS-DHA COMBO PACK	1				

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

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PROPRANOLOL 20 MG/5 ML SOLUTION	2		RIFAMPIN 150 MG CAPSULE	2	
PROPRANOLOL 40 MG TABLET	2		RIFAMPIN 300 MG CAPSULE	2	
PROPRANOLOL 40 MG/5 ML SOLUTION	2		RILUZOLE	4	
PROPRANOLOL 60 MG TABLET	2		RIMANTADINE	2	
PROPRANOLOL 80 MG TABLET	2		RINVOQ	5	PA, QL, SRX
PROPRANOLOL ER	2		RISEDRONATE	2	
PROPRANOLOL-HCTZ	2		RISEDRONATE DR	2	
PROPYLTHIOURACIL	2		RISPERIDONE	2	
PROQUAD	3		RISPERIDONE ODT	2	
PROTRIPTYLINE	2		RITONAVIR	2	
PSORCON	4		RIVASTIGMINE	2	
PULMOSAL	2		RIVELSA	1	
PULMOZYME	5	PA, SRX	RIZATRIPTAN	2	QL
PURE COMFORT ALCOHOL PAD	3		R-NATAL OB	1	
PURIXAN 20 MG/ML ORAL SUSPENSION	5	PA, SRX	ROPINIROLE	2	
PYRAZINAMIDE	2		ROPINIROLE ER	2	
PYRIDOSTIGMINE 60 MG TABLET	4		ROSADAN 0.75% CREAM	2	
PYRIDOSTIGMINE 60 MG/5 ML SOLUTION	5	PA, SRX	ROSADAN 0.75% GEL	2	
PYRIDOSTIGMINE ER	4		ROSUVASTATIN	2	
QUADRACEL DTAP-IPV	3		ROTARIX	3	
QUARTETTE	4		ROTATEQ	3	
QUAZEPAM	2		ROWEEPRA	2	
QUETIAPINE	2		ROWEEPRA XR	2	
QUETIAPINE ER	2		SAFYRAL	4	
QUINAPRIL	2		SAIZEN	5	PA, ST, SRX
QUINAPRIL-HCTZ	2		SAIZEN-SAIZENPREP	5	PA, ST, SRX
QUINIDINE	2		SALICYLIC ACID 27.5% LIQUID	2	
QUINIDINE ER 324 MG TABLET	2		SALSALATE	2	
QUININE	2		SANTYL	4	QL
RABEPRAZOLE DR 20 MG TABLET	2	QL	SCOPOLAMINE	2	
RALOXIFENE	2		SEASONIQUE	4	
RAMELTEON	3	QL	SECONAL	4	
RAMIPRIL	2		SELEGILINE	2	
RASAGILINE	2		SELENIUM 2.25% SHAMPOO	2	
RECLIPSEN	1		SELENIUM 2.5% LOTION	2	
RECOMBIVAX HB	3		SE-NATAL 19	1	
RECTIV	4		SEREVENT DISKUS	3	
REGRANEX	4	PA, QL	SEROSTIM	5	PA, ST, LDD, SRX
RELENZA	4	QL	SERTRALINE 100 MG TABLET	1	QL
RELISTOR	4	PA	SERTRALINE 20 MG/ML ORAL CONCENTRATE	2	QL
REPAGLINIDE	2		SERTRALINE 25 MG TABLET	1	QL
REPATHA PUSHTRONEX	5	PA, ST, SRX	SERTRALINE 50 MG TABLET	1	QL
REPATHA SURECLICK	5	PA, ST, SRX	SETLAKIN	1	
REPATHA SYRINGE	5	PA, ST, SRX	SEVELAMER 400 MG TABLET	4	
REVLIMID	5	PA, LDD, SRX	SEVELAMER CARBONATE 800 MG TAB	4	
REYATAZ 50 MG POWDER PACKET	3		SF 1.1% GEL	2	
RIBAVIRIN 200 MG CAPSULE	4		SF 5000 PLUS	2	
RIBAVIRIN 200 MG TABLET	4		SHAROBEL	1	
RIFABUTIN	2		SHINGRIX	3	

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SILDENAFIL 20 MG TABLET	4	PA	STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
SILVER NITRATE	2		STERILE WATER FOR IRRIGATION	2	
SILVER SULFADIAZINE	2		STIMATE	5	PA, SRX
SIMLIYA	1		STIVARGA	5	PA, LDD, SRX
SIMPESSE	1		STRIBILD	3	
SIMVASTATIN 10 MG TABLET	1		SUBVENITE	2	
SIMVASTATIN 20 MG TABLET	1		SUBVENITE (BLUE)	2	
SIMVASTATIN 40 MG TABLET	1		SUBVENITE (GREEN)	2	
SIMVASTATIN 5 MG TABLET	1		SUBVENITE (ORANGE)	2	
SIMVASTATIN 80 MG TABLET	1	QL	SUCRAID	5	LDD, SRX
SIROLIMUS 0.5 MG TABLET	2		SUCRALFATE 1 GM TABLET	2	
SIROLIMUS 1 MG TABLET	2		SULFACETAMIDE	2	
SIROLIMUS 1 MG/ML SOLUTION	5	SRX	SULFACETAMIDE-PREDNISOLONE	2	
SIROLIMUS 2 MG TABLET	2		SULFADIAZINE	2	
SIRTURO	4	PA	SULFAMETHOXAZOLE-TMP DS TABLET	2	
SKYRIZI (2 SYRINGES) KIT	5	PA, QL, SRX	SULFAMETHOXAZOLE-TMP SS TABLET	2	
SLYND	4		SULFAMETHOXAZOLE-TMP SUSPENSION	2	
SODIUM CHLORIDE 0.9% INHALATION VIAL	2		SULFASALAZINE	2	
SODIUM CHLORIDE 0.9% IRRIGATION	2		SULFASALAZINE DR	2	
SODIUM CHLORIDE 0.9% IRRIGATION	2		SULINDAC	2	
SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	2		SUMATRIPTAN	2	QL
SODIUM CHLORIDE 10% VIAL	2		SUTENT	5	PA, LDD, SRX
SODIUM CHLORIDE 3% VIAL	2		SYEDA	1	
SODIUM CHLORIDE 7% VIAL	2		SYLATRON	5	PA, LDD, SRX
SODIUM FLUORIDE	2		SYMAX-SL	1	
SODIUM FLUORIDE 5000 PLUS	2		SYMAX-SR	2	
SODIUM FLUORIDE SENSITIVE	2		SYMTUZA	3	
SODIUM PHENYL BUTYRATE	5	SRX	SYNAREL	5	SRX
SODIUM POLYSTYRENE 15 G/60 ML	2		SYNTHROID	4	
SODIUM POLYSTYRENE POWDER	2		TABLOID 40 MG TABLET	4	
SOFOSBUVIR-VELPATASVIR	5	PA, SRX	TACROLIMUS CAPSULE	2	
SOLIFENACIN	3	QL	TACROLIMUS OINTMENT	2	
SOMAVERT	5	PA, LDD, SRX	TADALAFIL 20 MG TABLET	5	PA, SRX
SOTALOL AF	1		TAFINLAR	5	PA, LDD, SRX
SOTALOL TABLET	1		TAGRISSO	5	PA, SRX
SOTYLIZE	4	PA	TAKE ACTION	4	
SPINOSAD	2		TAMOXIFEN	2	
SPIRONOLACTONE	2		TAMSULOSIN	2	
SPIRONOLACTONE-HCTZ	2		TARGRETIN 1% GEL	5	SRX
SPRINTEC	1		TARINA 24 FE	1	
SPRYCEL	5	PA, SRX	TARINA FE	1	
SPS 15 GM/60 ML SUSPENSION	2		TARINA FE 1-20 EQ	1	
SPS 30 GM/120 ML ENEMA	2		TARON-C DHA	1	
SRONYX	1		TARON-PREX PRENATAL	1	
SSKI	4		TASIGNA	5	PA, SRX
STAVUDINE	2		TAYTULLA	3	
STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX	TAZAROTENE	2	
STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX	TAZTIA XT	2	
			TDVAX VIAL	3	
			TECFIDERA	5	PA, LDD, SRX

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TELMISARTAN	2		TILIA FE	1	
TELMISARTAN-AMLODIPINE	2		TIMOLOL 0.25% EYE DROP	2	
TELMISARTAN-HCTZ	2		TIMOLOL 0.25% GEL-SOLUTION	2	
TEMAZEPAM	2		TIMOLOL 0.25% GFS GEL-SOLUTION	2	
TEMOZOLOMIDE	4	PA	TIMOLOL 0.5% EYE DROPS	2	
TENCON	2		TIMOLOL 0.5% GEL-SOLUTION	2	
TENIVAC	3		TIMOLOL 0.5% GFS GEL-SOLUTION	2	
TENOFOVIR	2		TIMOLOL 10 MG TABLET	2	
TERAZOSIN	1		TIMOLOL 20 MG TABLET	2	
TERBINAFINE 250 MG TABLET	1		TIMOLOL 5 MG TABLET	2	
TERBUTALINE 2.5 MG TABLET	2		TINIDAZOLE	2	
TERBUTALINE 5 MG TABLET	2		TIVICAY	3	
TERCONAZOLE	2		TIVICAY PD	3	
TERIPARATIDE	5	PA, QL, SRX	TIZANIDINE	2	
TESTOSTERONE 1.62% (2.5 G) PACKET	2	QL	TOBRAMYCIN 0.3% EYE DROP	2	
TESTOSTERONE 1.62% GEL PUMP	2	QL	TOBRAMYCIN 300 MG/5 ML AMPULE	2	PA, QL
TESTOSTERONE 1.62%(1.25 G) PACKET	2	QL	TOBRAMYCIN PAK 300 MG/5 ML	2	PA, QL
TESTOSTERONE 10 MG GEL PUMP	2	QL	TOBRAMYCIN-DEXAMETHASONE	2	
TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL	TOLCAPONE	5	SRX
TESTOSTERONE 25 MG/2.5 GM PACKET	2	QL	TOLMETIN	2	
TESTOSTERONE 50 MG/5 GRAM GEL	2	QL	TOLTERODINE	2	
TESTOSTERONE 50 MG/5 GRAM PACKET	2	QL	TOLTERODINE ER	2	
TESTOSTERONE CYPIONATE 1,000 MG/10 ML	2		TOLVAPTAN	5	SRX
TESTOSTERONE CYPIONATE 1,000 MG/5 ML	2		TOPIRAMATE	2	
TESTOSTERONE CYPIONATE 100 MG/ML	2		TOPIRAMATE ER	2	
TESTOSTERONE CYPIONATE 2,000 MG/10 ML	2		TOREMIFENE	4	
TESTOSTERONE CYPIONATE 200 MG/ML	2		TORSEMIDE	2	
TESTOSTERONE CYPIONATE 500 MG/2.5 ML	2		TOVET EMOLLIENT	2	
TESTOSTERONE CYPIONATE 500 MG/5 ML	2		TRACLEER 32 MG TABLET FOR SUSPENSION	5	PA, LDD, SRX
TESTOSTERONE CYPIONATE 6,000 MG/30ML	2		TRAMADOL 50 MG TABLET	2	QL
TESTOSTERONE ENANTHATE	2		TRAMADOL -ACETAMINOPHEN	2	QL
TETRABENAZINE	5	PA, SRX	TRAMADOL ER 100 MG TABLET	2	QL
TETRACAINE 0.5% EYE DROP	2		TRAMADOL ER 150 MG CAPSULE	2	QL
TETRACAINE 0.5% STERI-UNIT SOLUTION	2		TRAMADOL ER 200 MG TABLET	2	QL
TETRACYCLINE	1		TRAMADOL ER 300 MG TABLET	2	QL
THALOMID	5	PA, LDD, SRX	TRANDOLAPRIL	2	
THEOPHYLLINE	2		TRANDOLAPRIL-VERAPAMIL ER	2	
THEOPHYLLINE ANHYDROUS	2		TRANEXAMIC ACID 650 MG TABLET	2	
THIORIDAZINE	2		TRANLYCYPROMINE	2	
THIOTHIXENE	2		TRAVATAN Z	3	
THRIVITE 19	1		TRAVOPROST	2	
THYROID	1		TRAZODONE	1	
TIADYL ER	2		TRECTOR	4	
TIAGABINE	2		TRETINOIN 0.01% GEL	2	AGE
			TRETINOIN 0.025% CREAM	2	AGE
			TRETINOIN 0.025% GEL	2	AGE
			TRETINOIN 0.05% CREAM	2	AGE
			TRETINOIN 0.05% GEL	2	AGE
			TRETINOIN 0.1% CREAM	2	AGE

Go to [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see the full list of medications your plan covers.

2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
TRETINOIN 10 MG CAPSULE	4	PA	TWINRIX	3	
TRETINOIN MICROSPHERE	2	AGE	TYBOST	3	
TRI FEMYNOR	1		TYDEMY	1	
TRIAMCINOLONE 0.025% CREAM	2		TYVASO	5	PA, LDD, SRX
TRIAMCINOLONE 0.025% LOTION	2		TYVASO INSTITUTIONAL STARTER KIT	5	PA, LDD, SRX
TRIAMCINOLONE 0.025% OINTMENT	2		TYVASO REFILL KIT	5	PA, LDD, SRX
TRIAMCINOLONE 0.1% CREAM	2		TYVASO STARTER KIT	5	PA, LDD, SRX
TRIAMCINOLONE 0.1% LOTION	2		UDENYCA	5	PA, SRX
TRIAMCINOLONE 0.1% OINTMENT	2		UNITHROID	1	
TRIAMCINOLONE 0.1% PASTE	2		URIN D.S.	2	
TRIAMCINOLONE 0.147 MG/G SPRAY	2		URSODIOL	2	
TRIAMCINOLONE 0.5% CREAM	2		USTELL	2	
TRIAMTERENE-HCTZ	2		UTIRA-C	2	
TRIAZOLAM	2		VALACYCLOVIR	2	
TRIDERM	2		VALCHLOR	5	LDD, SRX
TRI-ESTARYLLA	1		VALGANCICLOVIR	2	
TRIFLUOPERAZINE	2		VALPROIC ACID	2	
TRIFLURIDINE	2		VALSARTAN	2	
TRIHENXYPHENIDYL	2		VALSARTAN-HCTZ	2	
TRIKAFTA	5	PA, QL, SRX	VANADOM	2	
TRI-LEGEST FE	1		VANCOMYCIN 125 MG CAPSULE	4	
TRI-LINYAH	1		VANCOMYCIN 250 MG CAPSULE	4	
TRI-LO-ESTARYLLA	1		VAQTA	3	
TRI-LO-MARZIA	1		VARIVAX VACCINE	3	
TRI-LO-MILI	1		VASCEPA	4	PA
TRI-LO-SPRINTEC	1		VELIVET	1	
TRILYTE WITH FLAVOR PACKETS	2		VEMLIDY	5	PA, SRX
TRIMETHOBENZAMIDE	2		VENCLEXTA	5	PA, SRX
TRIMETHOPRIM	2		VENCLEXTA STARTING PACK	5	PA, SRX
TRI-MILI	1		VENLAFAXINE	2	QL
TRIMIPRAMINE	2		VENLAFAXINE ER	2	QL
TRINATAL RX 1	1		VENTAVIS	5	PA, SRX
TRI-PREVIFEM	1		VENTOLIN HFA	3	QL
TRI-SPRINTEC	1		VERAPAMIL 120 MG TABLET	2	
TRIUMEQ	3		VERAPAMIL 360 MG CAPSULE PELLETT	2	
TRIVEEN-DUO DHA	1		VERAPAMIL 40 MG TABLET	2	
TRI-VITE WITH FLUORIDE	2		VERAPAMIL 80 MG TABLET	2	
TRIVORA-28	1		VERAPAMIL ER	2	
TRI-VYLIBRA	1		VERAPAMIL ER PM	2	
TRI-VYLIBRA LO	1		VERAPAMIL SR	2	
TROPICAMIDE	2		VIENVA	1	
TROSPIMUM	2		VIGABATRIN	5	QL, SRX
TROSPIMUM ER	2		VIGADRONE	5	QL, SRX
TRUE COMFORT ALCOHOL PADS	3		VIMPAT 10 MG/ML SOLUTION	4	QL
TRULICITY	3	QL	VIMPAT 100 MG TABLET	4	QL
TRUMENBA	3		VIMPAT 150 MG TABLET	4	QL
TRUVADA 100 MG-150 MG TABLET	3		VIMPAT 200 MG TABLET	4	QL
TRUVADA 133 MG-200 MG TABLET	3		VIMPAT 50 MG TABLET	4	QL
TRUVADA 167 MG-250 MG TABLET	3		VINATE II	1	
TULANA	1		VINATE ONE	1	

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2021 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
VIOKACE	4		XOLAIR	5	PA, LDD, SRX
VIORELE	1		XTAMPZA ER	3	
VIREAD 150 MG TABLET	3		XTANDI	5	PA, ST, LDD, SRX
VIREAD 200 MG TABLET	3		XULANE	1	
VIREAD 250 MG TABLET	3		XURIDEN	5	PA, SRX
VIREAD POWDER	3		XYREM	5	PA, LDD, SRX
VIRT-C DHA	1		YASMIN 28	4	
VISTOGARD	5	LDD, SRX	YAZ	4	
VIT A,C,D-FLUORIDE 0.25 MG/ML	2		YUVAFEM	2	QL
VITAFOL-OB	1		ZAFIRLUKAST	2	
VITAMIN D2 1.25MG(50,000 UNIT)	2		ZALEPLON	2	
VOLNEA	1		ZARAH	1	
VOL-TAB RX TABLET	1		ZARXIO	5	SRX
VORICONAZOLE 200 MG TABLET	2	PA	ZATEAN-PN DHA	1	
VORICONAZOLE 40 MG/ML SUSPENSION	2	PA	ZATEAN-PN PLUS	1	
VORICONAZOLE 50 MG TABLET	2	PA	ZELBORAF	5	PA, LDD, SRX
VOTRIENT	5	PA, SRX	ZENATANE	4	QL
VRAYLAR	4	ST, QL	ZENPEP	3	
VYFEMLA	1		ZETONNA	4	ST
VYLIBRA	1		ZIDOVUDINE	2	
WARFARIN	1		ZIPRASIDONE	2	
WEBCOL	3		ZOLADEX	5	PA, SRX
WERA	1		ZOLINZA	5	PA, SRX
WESTHROID	1		ZOLMITRIPTAN	2	QL
WIXELA INHUB	2		ZOLMITRIPTAN ODT	2	QL
WP THYROID	1		ZOLPIDEM	2	
WYMZYA FE	1		ZOLPIDEM ER	2	
XALKORI	5	PA, LDD, SRX	ZONISAMIDE	2	
XARELTO	3	QL	ZOSTAVAX	3	
XELJANZ	5	PA, ST, QL, SRX	ZOVIA 1-35E	1	
XELJANZ XR	5	PA, ST, QL, SRX	ZUMANDIMINE	1	
XIFAXAN 550 MG TABLET	4	QL	ZYDELIG	5	PA, SRX
XIGDUO XR	3	QL	ZYKADIA	5	PA, SRX

Prescription drug list FAQs

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

Why do you make changes to the drug list?

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. We try to give you many options to choose from to treat your health condition. These changes may include:

- Moving a medication to a lower cost tier.
- Moving a brand medication to a higher cost tier when a generic becomes available.
- Moving a medication to a higher cost tier and/or no longer covering a medication.
- Adding coverage requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

When a medication changes tiers or is no longer covered, you may pay a different amount to fill it. It's important to know that when we make a change that affects the coverage of a medication you're taking, we let you know before it happens so you have time to talk with your doctor.

Why doesn't my plan cover certain medications?

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 medication isn't right for you, he or she can ask Cigna to consider approving coverage.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

The Prescription Drug List is managed by the Business Decision Team, which makes, subject to the Pharmacy and Therapeutics Committee's review and approval of the Prescription Drug List, coverage tier placement decisions of Prescription Drugs or Related Supplies and/or applies utilization management requirements to certain Prescription Drugs or Related Supplies. Your Policy/Service Agreement coverage tiers may contain Prescription Drugs or Related Supplies that are Generic Drugs, Brand Drugs or Specialty Medications. Placement

of any Prescription Drug or Related Supplies in a specific tier, and application of utilization management requirements to a Prescription Drug, depends on a number of clinical and economic factors. Clinical factors include, without limitation, the P&T Committee's evaluations of the place in therapy, or relative safety or relative efficacy of the Prescription Drug or Related Supplies, and economic factors include, without limitation, the cost and/or available rebates for Prescription Drugs or Related Supplies. Whether a particular Prescription Drug or Related Supplies is appropriate for You or any of Your Family Member(s), regardless of its eligibility coverage under Your Policy/Service Agreement is a determination that is made by You (or Your Family Member) and the prescribing Physician.

The coverage status of a Prescription Drug or Related Supply may change periodically during the Policy Year for various reasons. For example, a Prescription Drug or Related Supply may be removed from the market, a new Prescription Drug in the same therapeutic class may become available, or the cost of a Prescription Drug or Related Supply may increase.

As a result of coverage changes, You may be required to pay more or less for that Prescription Drug or Related Supply, or try another covered Prescription Drug or Related Supply. Please access www.mycigna.com or call Customer Service at the telephone number on Your ID card for the most up-to-date coverage tier status, utilization management, or other coverage limitations for Prescription Drugs or Related Supplies.

Which medications are covered under the health care reform law?

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 website, 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/ifp-drug-list.

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

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

All new Food and Drug Administration (FDA)-approved drug products are designated as not covered under your drug list until the Cigna business decision team makes a placement decision on the new drug (or new indication), which decision shall be based in part

Prescription drug list FAQs (cont)

on the P&T Committee's clinical review of the drug. The P&T Committee makes a reasonable effort to review all new FDA approved drug products (or new FDA approved indications) within 90 days of its release to the market. The business decision team must make a reasonable effort to review a new FDA approved drug product (or new indications) within 90 days, and make a decision on each new FDA approved drug product (or new FDA approved indication) within 180 days of its release onto the market, or a clinical justification must be documented if this timeframe is not met. 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.

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

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. Log in to the **myCigna** App or website and click on "Price a Medication" to see how much your medication may cost you at the different pharmacies in your plan's network. You can also see if there are lower-cost alternatives available.¹

How can I save money on my prescription medications?

You may be able to save money by switching to a medication that's on a lower tier (ex. preferred generic or generic) 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.

Do generics work the same as brand name medications?

Yes. A generic medication works in the same way and provides the same clinical benefit as its brand name version.² Generic and brand name medications have the same active ingredients, strength/dosage form, effectiveness, quality and safety.

Generics typically cost much less than brand name medications – in some cases, up to 85% less.² Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

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

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.

My medication needs prior approval. How do I get it?

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

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

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 pharmacist won't be able to fill it.

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

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.

Can I fill my prescriptions by mail?

Yes. If you're taking a medication on a regular basis to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through Express Scripts Pharmacy®, our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home – **at no extra cost**. Express Scripts Pharmacy also offers payment assistance options and automatic refills. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call **800.835.3784**.

If you're taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).³ Their team of specialty trained pharmacists and nurses can also help you manage your complex medical condition – **at no extra cost**. 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.** To learn more about Accredo, go to Cigna.com/specialty.

Where can I find more information about my pharmacy benefits?

You can use the online tools and resources on the **myCigna** App or website 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

CO Excluded Services

- Services obtained from a Non-Participating/Out-of-Network Provider, except for treatment of an Emergency Medical Condition.
- Any amounts in excess of maximum benefit limitations of Covered Expenses stated in this Policy.
- Services not specifically listed as Covered Services in this Policy.
- Services or supplies that are not Medically Necessary.
- Services or supplies that Cigna considers to be for Experimental Procedures or Investigative Procedures or Unproven Procedures.
- Services received before the Effective Date of coverage.
- Services received after coverage under this Policy ends.
- Services for which you have no legal obligation to pay or for which no charge would be made if you did not have health plan or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) an act of war (declared or un-declared); (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the military service of any country; (d) an Insured Person participating in an insurrection, rebellion, or riot, unless it occurred during a community protest; (e) services received as a direct result of an Insured Person's commission of, or attempt to commit a felony (whether or not charged) or as a direct result of the Insured Person being engaged in an illegal occupation.
- Any services provided by a local, state or federal government agency, except (a) when payment under this Policy is expressly required by federal or state law.
- Any services required by state or federal law to be supplied by a public school system or school district.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid or medical assistance benefits under the Colorado Medical Assistance Act, Title 25.5, Articles 4, 5, and 6, C.R.S.). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- If the Insured Person is eligible for Medicare part A, B, C or D, Cigna will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna would have paid if it were the sole insurance carrier.
- Court-ordered treatment or hospitalization, unless such treatment is medically necessary and listed as covered in this Policy.
- Professional services or supplies received or purchased from Yourself or a facility or health care professional that provides remuneration to You, directly or indirectly, or to an organization from which You receive, directly or indirectly, remuneration.
- Services of a Hospital emergency room for any condition that is not an Emergency Medical Condition as defined in this Policy.
- Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.
- Private duty nursing except when provided as part of the Home Health Care Services or Hospice Services benefit in this Policy or as specifically stated in the section of this Policy titled "Benefits/Coverage (What is Covered)".
- Inpatient room and board charges in connection with a Hospital stay primarily for environmental change or physical therapy.
- Services received during an inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of Mental Health Disorder.
- Complementary and alternative medicine services, including but not limited to: massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture; acupressure; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National

Institutes of Health. Services specifically listed as covered under “Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.

- Any services or supplies provided by or at a place for the aged, a nursing home, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
- Assistance in activities of daily living, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or Homemaker Services, and services primarily for rest, domiciliary or convalescent care.
- Services performed by unlicensed practitioners or services which do not require licensure to perform, for example mediation, breathing exercises, guided visualization.
- Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Services which are self-directed to a free-standing or Hospital based diagnostic facility.
- Services ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other Provider:
 - Has not been actively involved in Your medical care prior to ordering the service, or
 - Is not actively involved in Your medical care after the service is received.

This exclusion does not apply to mammography.

- Dental services, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
- Orthodontic Services, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction , except for treatment for medically necessary orthodontia for a person born with a cleft lip or cleft palate..
- Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants, excludes medically necessary treatment of cleft lip, cleft palate.
- Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan and reimbursed under the dental plan will not be reimbursed under this plan.

- Hearing aids, except as specifically stated in this Policy, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), limited to the least expensive professionally adequate device. A hearing aid is any device that amplifies sound.
- Routine hearing tests except as specifically provided in this Policy under “Benefits/Coverage (What is Covered)”.
- Genetic screening or pre-implantations genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Gene Therapy including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision.
- An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- Cosmetic surgery, therapy or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one’s appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury, medically necessary surgery or congenital defect of a Newborn child, or to treat congenital hemangioma (port wine stains) on the face and neck of an insured person 18 years and younger, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
- Aids or devices that assist with nonverbal communication, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Nonmedical counseling or ancillary services, including but not limited to: education, training, vocational rehabilitation, behavioral training,

biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities and developmental delays, except as specifically stated in this Policy. This exclusion does not apply to health education services for chronic diseases and self-care on topics such as stress management and nutrition.

- Services and procedures for redundant skin surgery including abdominoplasty/panniculectomy, removal of skin tags, acupressure, acupuncture, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty and blepharoplasty, regardless of clinical indications.
- Any treatment, prescription drug, service or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire
- The following services related to the evaluation or treatment of fertility and/or Infertility, sterilization reversals; donor semen and donor eggs; ovum transplants; In vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this Policy.
- Cryopreservation of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition
- Orthopedic shoes (except when joined to braces), shoe inserts, foot orthotic devices (except for treatment as a result of diabetes).
- External and internal power enhancements or power controls for prosthetic limbs and terminal devices.
- Myoelectric prostheses peripheral nerve stimulators.
- Electronic prosthetic limbs or appliances unless Medically Necessary, when a less-costly alternative is not sufficient.
- Prefabricated foot Orthoses.
- Cranial banding/cranial orthoses/other similar devices, except when used postoperatively for synostotic plagiocephaly.
- Orthosis shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
- Orthoses primarily used for cosmetic rather than functional reasons.
- Non-foot Orthoses, except only the following non-foot orthoses are covered when Medically Necessary:
 - a. Rigid and semi-rigid custom fabricated Orthoses;
 - b. Semi-rigid pre-fabricated and flexible Orthoses; and
 - c. Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
- Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction, except as otherwise stated in this Policy under "Bariatric Surgery".
- Routine physical exams or tests that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this Policy.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Treatment that will not result in a favorable modification or prevent deterioration.
- Educational services except for Diabetes Self-Management Training Program, and as specifically provided or arranged by Cigna.
- Nutritional counseling or food supplements, except as stated in this Policy.

- Exercise equipment, comfort items and other medical supplies and equipment not specifically listed as Covered Services in the Covered Services section of this Policy. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
- Physical, and/or Occupational Therapy/Medicine except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under ‘ Rehabilitative Therapy (Physical Therapy, Occupational Therapy and Speech Therapy) Services’ in the section of this Policy titled “ Benefits/Coverage (What is Covered)”.
- All Foreign Country Provider charges are excluded under this Policy except as specifically stated under “Treatment received from Foreign Country Providers” in the section of this Policy titled “Benefits/Coverage (What is Covered)”.
- Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet, except as otherwise stated in this Policy.
- Charges for which We are unable to determine Our liability because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
- Charges for the services of a standby Physician.
- Charges for animal to human organ transplants.
- Claims received by Cigna after 15 months from the date service was rendered, except in the event of a legal incapacity.

Cigna reserves the right to make changes to this drug list without notice. Please reference [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) for an up-to-date listing. Your plan may cover additional medications; please refer to your policy/service agreement 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. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
2. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
3. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.



Product availability may vary by location and plan type and is subject to change. All 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>.



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

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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