

Individual & Family Plans

Cigna Health and Life Insurance Company,
Cigna HealthCare of Arizona, Inc.,
Cigna HealthCare of Illinois, Inc., and
Cigna HealthCare of North Carolina, Inc.

Prescription Drug List Changes



Starting January 1, 2022*

To help make sure customers have access to coverage for safe, clinically effective and low-cost drugs, we regularly review and update the Cigna Prescription Drug List. **You can see a list of these changes below.** Changes are listed by drug list name, and drugs are listed alphabetically by the type of change that is taking place.

If you have Cigna-administered pharmacy benefits and you're affected by one of these changes, we'll send you a letter with specific information on next steps.

CIGNA ESSENTIAL 5-TIER PRESCRIPTION DRUG LIST (for Colorado and Utah)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|--|---------------------|---|
| albuterol sulfate 2.5 mg/3 ml solution | T2 | Talk to your doctor about other alternatives. |
| amitriptyline hcl 100 mg, 150mg tablet | T2 | amitriptyline 50mg, 75mg tablet |
| amoxicillin 250 mg chewable tablet | T2 | amoxicillin 250mg/5ml suspension, amoxicillin 250mg capsule |
| aripiprazole 1 mg/ml solution | T3 | aripiprazole tablet |
| aripiprazole odt tablet | T4 | aripiprazole tablet |
| ARMOUR THYROID | T3 | np thyroid, westhroid |
| atenolol-chlorthalidone | T2 | Talk to your doctor about other alternatives. |
| baclofen 10 mg, 20 mg tablet | T2 | Talk to your doctor about other alternatives. |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

Together, all the way.®



CIGNA ESSENTIAL 5-TIER PRESCRIPTION DRUG LIST (for Colorado and Utah) (cont)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|---|---------------------|---|
| bumetanide tablet | T2 | furosemide tablet |
| captopril tablet | T2 | Talk to your doctor about other alternatives. |
| carbamazepine 100 mg chewable tablet | T2 | Talk to your doctor about other alternatives. |
| carbamazepine 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| cephalexin 125 mg/5 ml, 250 mg/5ml suspension | T2 | Talk to your doctor about other alternatives. |
| cimetidine tablet | T2 | famotidine tablet |
| ciprofloxacin hcl 100 mg tablet | T2 | Talk to your doctor about other alternatives. |
| cromolyn 100 mg/5 ml oral conc | T4 | Talk to your doctor about other alternatives. |
| cromolyn 20 mg/2 ml neb soln | T4 | Talk to your doctor about other alternatives. |
| dexamethasone 0.5 mg/5 ml liquid | T2 | Talk to your doctor about other alternatives. |
| dexamethasone intensol 1 mg/ml | T2 | Talk to your doctor about other alternatives. |
| dexamethasone tablet | T2 | Talk to your doctor about other alternatives. |
| dicyclomine capsule & tablet | T2 | Talk to your doctor about other alternatives. |
| digoxin tablet | T2 | Talk to your doctor about other alternatives. |
| doxazosin mesylate tablet | T2 | terazosin capsule |
| ec-naproxen dr tablet | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |
| ed-spaz 0.125 mg odt | T2 | Talk to your doctor about other alternatives. |
| epitol 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| erythrocin 250 mg filmtab | T4 | erythromycin 250mg tablet |
| fluconazole 150 mg tablet | T2 | Talk to your doctor about other alternatives. |
| fluorouracil 0.5% cream | T4 | fluorouracil 2%, 5% solution, fluorouracil 5% cream |
| guanfacine 1 mg, 2 mg tablet | T2 | Talk to your doctor about other alternatives. |
| hc butyrate 0.1% lipo cream | T3 | betamethasone valerate 0.1% cream, desonide 0.05% cream, fluocinolone acetonide 0.025% cream, fluticasone propionate 0.05% cream, mometasone furoate 0.1% cream |
| hc butyrate 0.1% lotion | T3 | betamethasone dipropionate 0.05% lotion, betamethasone valerate 0.1% lotion, desonide 0.05% lotion, mometasone furoate 0.1% lotion, triamcinolone acetonide 0.1% lotion |
| hyoscyamine 0.125 mg odt, sl & tablet | T2 | Talk to your doctor about other alternatives. |
| hyoscyamine sr 0.375 mg tablet | T2 | Talk to your doctor about other alternatives. |
| ibuprofen 100 mg/5 ml susp | T2 | Talk to your doctor about other alternatives. |
| ipratropium br 0.02% solution | T2 | Talk to your doctor about other alternatives. |
| isosorbide mononitrate er 120 mg tablet | T2 | isosorbide mononitrate er 60mg tablet |
| ketoconazole 2% foam | T3 | ketoconazole 2% cream |
| lidocaine 2% viscous solution | T2 | Talk to your doctor about other alternatives. |
| megestrol 625 mg/5 ml susp | T4 | megestrol 400mg/10ml suspension |
| methyl dopa tablet | T2 | Talk to your doctor about other alternatives. |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA ESSENTIAL 5-TIER PRESCRIPTION DRUG LIST (for Colorado and Utah) (cont)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|--|---------------------|--|
| metoclopramide 5 mg/5 ml solution | T2 | metoclopramide 5mg, 10mg tablet |
| miconazole 3 200 mg vaginal suppository | T2 | Talk to your doctor about other alternatives. |
| nadolol tablet | T2 | atenolol tablet, metoprolol tartrate tablet |
| naproxen 125 mg/5 ml suspen | T4 | ibuprofen 100mg/5ml suspension |
| naproxen dr 375 mg, 500 mg tablet | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |
| naproxen sodium 275 mg, 550 mg tab | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |
| nitrofurantoin 25 mg/5 ml susp | T4 | nitrofurantoin capsule |
| nizatidine capsule | T2 | famotidine tablet |
| nulev 0.125 mg chewable melt | T2 | Talk to your doctor about other alternatives. |
| nystatin 100,000 unit/gm cream & ointment | T2 | Talk to your doctor about other alternatives. |
| nystatin-triamcinolone cream & ointment | T2 | Talk to your doctor about other alternatives. |
| oscimin 0.125 mg sl & tablet | T2 | Talk to your doctor about other alternatives. |
| oscimin sr 0.375 mg tablet | T2 | Talk to your doctor about other alternatives. |
| oxiconazole nitrate 1% cream | T3 | ciclopirox 0.77% cream, econazole nitrate 1% cream, naftifine hcl 1%, 2% cream |
| paliperidone er tablet | T4 | olanzapine tablet, quetiapine er tablet, risperidone tablet, ziprasidone hcl capsule |
| penicillin vk 125 mg/5 ml, 250 mg/5 ml solution | T2 | Talk to your doctor about other alternatives. |
| penicillin vk 250 mg, 500 mg tablet | T2 | Talk to your doctor about other alternatives. |
| phenazopyridine 100 mg, 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| pravastatin sodium tablet | T2 | simvastatin tablet, lovastatin tablet |
| rifabutin 150 mg capsule | T3 | Talk to your doctor about other alternatives. |
| sotalol & sotalol af tablet | T2 | Talk to your doctor about other alternatives. |
| symax-sl & symax-sr tablet | T2 | Talk to your doctor about other alternatives. |
| tetracycline capsule | T2 | Talk to your doctor about other alternatives. |
| tobramycin 300 mg/5 ml ampule | T4 | Talk to your doctor about other alternatives. |
| tobramycin pak 300 mg/5 ml | T4 | Talk to your doctor about other alternatives. |
| trazodone 300 mg tablet | T2 | trazodone 100mg, 150mg tablet |
| triamcinolone 0.147 mg/g spray | T4 | triamcinolone cream, lotion, ointment |
| valganciclovir 450 mg solution & tablet | T4 | Talk to your doctor about other alternatives. |
| voriconazole suspension & tablet | T4 | Talk to your doctor about other alternatives. |
| WP THYROID | T3 | np thyroid, westhroid |
| Drugs that will need approval (prior authorization) | | Additional information |
| CYSTARAN | | Your plan only covers this drug if your doctor's office requests and receives approval from Cigna. |
| ELIQUIS | | |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA ESSENTIAL 5-TIER PRESCRIPTION DRUG LIST (for Colorado and Utah) (cont)

| Drugs that will need approval (prior authorization) | Additional information |
|---|--|
| VIMPAT | Your plan only covers this drug if your doctor's office requests and receives approval from Cigna. |
| XARELTO | |
| Drugs that will no longer be covered | Generic and/or preferred brand alternatives |
| AMITIZA | lubiprostone |
| BANZEL 40 MG/ML SUSPENSION | rufinamide |
| BEYAZ | ethinyl estradiol/drospirenone/levomefolate calcium |
| cephalexin 250mg, 500mg tablets | cephalexin 250mg, 500mg capsules |
| CHANTIX | varenicline |
| CIPRODEX | ciprofloxacin/dexamethasone |
| COSENTYX | ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA, TALTZ |
| DEMSER | metyrosine |
| dexamethasone 1.5mg tablet packs | dexamethasone 1.5mg tablets (stock bottle) |
| doxycycline dr capsules & tablets | doxycycline hyclate 50mg, 100mg capsule (ir), doxycycline hyclate 100mg tablet (ir), doxycycline monohydrate 50mg, 75mg, 100mg capsule (ir), doxycycline monohydrate 50mg, 75mg, 100mg tablet (ir) |
| duloxetine 40mg capsules | duloxetine hcl dr 20mg capsule |
| EMTRIVA 200 MG CAPSULE | emtricitabine |
| ESTROSTEP FE | ethinyl estradiol/norethindrone/iron |
| fluoxetine 10mg, 20mg, 60mg tablets | fluoxetine hcl 10mg, 20mg capsule |
| FULPHILA | NEULASTA, NYVEPRIA, UDENYCA |
| GENERESS FE | ethinyl estradiol/norethindrone/iron |
| GRANIX | NIVESTYM, ZARXIO |
| ketoprofen 25mg capsules | ketoprofen 50mg, 75mg capsule |
| KUVAN | sapropterin dihydrochloride |
| LOESTRIN | ethinyl estradiol/norethindrone |
| LOESTRIN FE | ethinyl estradiol/norethindrone/iron |
| LOSEASONIQUE | ethinyl estradiol/levonorgestrel |
| MINASTRIN 24 FE | ethinyl estradiol/norethindrone/ferrous fumarate |
| minocycline er capsules & tablets | minocycline hcl 50mg, 75mg, 100mg capsule and tablet (ir) |
| MIRCETTE | ethinyl estradiol/desogestrel |
| NEBUPENT | pentamidine isethionate |
| NUVARING | ethinyl estradiol/etonogestrel |
| paroxetine cr & er tablets | paroxetine hcl tablet (ir) |
| PROGLYCEM 50 MG/ML ORAL SUSP | diazoxide |
| QUARTETTE | ethinyl estradiol/levonorgestrel |
| SAFYRAL | ethinyl estradiol/drospirenone/levomefolate calcium |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA ESSENTIAL 5-TIER PRESCRIPTION DRUG LIST (for Colorado and Utah) (cont)

| Drugs that will no longer be covered | Generic and/or preferred brand alternatives |
|--|--|
| SEASONIQUE | ethinyl estradiol/levonorgestrel |
| TECFIDERA | dimethyl fumarate |
| TRAVATAN Z | travoprost |
| TRUVADA 100MG-150MG, 133MG-200MG, 167MG-250MG* | emtricitabine/tenofovir disoproxil fumarate |
| VASCEPA 1 GM CAPSULE | icosapent ethyl |
| venlafaxine er tablets | venlafaxine hcl er capsule |
| VENTOLIN HFA | albuterol HFA (all except for VENTOLIN HFA AG) |
| YASMIN | ethinyl estradiol/drospirenone |
| YAZ | ethinyl estradiol/drospirenone |
| ZENPEP | PANCREAZE |

| Drugs that will be excluded from coverage | Additional information |
|---|---|
| ADRENALIN 1:1000 NASAL SOLN | Talk with your doctor about switching to a covered alternative. |
| hc-pramoxine 1%-1% cream | |
| hc-pramoxine 2.5%-1% cream | |
| lidocaine-hc 3%-0.5% cream | |
| lidocaine-hc 2.8%-0.55% gel | |
| lidocaine-hc 3%-2.5% gel | |

CIGNA PLUS 5-TIER PRESCRIPTION DRUG LIST (for Florida)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|---|---------------------|---|
| albuterol sulfate 2.5 mg/3 ml solution | T2 | Talk to your doctor about other alternatives. |
| amitriptyline hcl 100 mg, 150mg tablet | T2 | amitriptyline 50mg, 75mg tablet |
| amoxicillin 250 mg chewable tablet | T2 | amoxicillin 250mg/5ml suspension, amoxicillin 250mg capsule |
| aripiprazole 1 mg/ml solution | T3 | aripiprazole tablet |
| aripiprazole odt tablet | T4 | aripiprazole tablet |
| ARMOUR THYROID | T3 | np thyroid, westhroid |
| atenolol-chlorthalidone | T2 | Talk to your doctor about other alternatives. |
| baclofen 10 mg, 20 mg tablet | T2 | Talk to your doctor about other alternatives. |
| bumetanide tablet | T2 | furosemide tablet |
| captopril tablet | T2 | Talk to your doctor about other alternatives. |
| carbamazepine 100 mg chewable tablet | T2 | Talk to your doctor about other alternatives. |
| carbamazepine 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| cephalexin 125 mg/5 ml, 250 mg/5ml suspension | T2 | Talk to your doctor about other alternatives. |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PLUS 5-TIER PRESCRIPTION DRUG LIST (for Florida) (cont)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|--|---------------------|---|
| cimetidine tablet | T2 | famotidine tablet |
| ciprofloxacin hcl 100 mg tablet | T2 | Talk to your doctor about other alternatives. |
| cromolyn 100 mg/5 ml oral conc | T4 | Talk to your doctor about other alternatives. |
| cromolyn 20 mg/2 ml neb soln | T4 | Talk to your doctor about other alternatives. |
| dexamethasone 0.5 mg/5 ml liquid | T2 | Talk to your doctor about other alternatives. |
| dexamethasone intensol 1 mg/ml | T2 | Talk to your doctor about other alternatives. |
| dexamethasone tablet | T2 | Talk to your doctor about other alternatives. |
| dicyclomine capsule & tablet | T2 | Talk to your doctor about other alternatives. |
| digoxin tablet | T2 | Talk to your doctor about other alternatives. |
| doxazosin mesylate tablet | T2 | terazosin capsule |
| ec-naproxen dr tablet | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |
| ed-spaz 0.125 mg odt | T2 | Talk to your doctor about other alternatives. |
| EMTRIVA 200MG CAPSULE | T4 | emtricitabine |
| epitol 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| erythrocin 250 mg filmtab | T4 | erythromycin 250mg tablet |
| fluconazole 150 mg tablet | T2 | Talk to your doctor about other alternatives. |
| fluorouracil 0.5% cream | T4 | fluorouracil 2%, 5% solution, fluorouracil 5% cream |
| guanfacine 1 mg, 2 mg tablet | T2 | Talk to your doctor about other alternatives. |
| hc butyrate 0.1% lipo cream | T3 | betamethasone valerate 0.1% cream, desonide 0.05% cream, fluocinolone acetonide 0.025% cream, fluticasone propionate 0.05% cream, mometasone furoate 0.1% cream |
| hc butyrate 0.1% lotion | T3 | betamethasone dipropionate 0.05% lotion, betamethasone valerate 0.1% lotion, desonide 0.05% lotion, mometasone furoate 0.1% lotion, triamcinolone acetonide 0.1% lotion |
| hyoscyamine 0.125 mg odt, sl & tablet | T2 | Talk to your doctor about other alternatives. |
| hyoscyamine sr 0.375 mg tablet | T2 | Talk to your doctor about other alternatives. |
| ibuprofen 100 mg/5 ml susp | T2 | Talk to your doctor about other alternatives. |
| ipratropium br 0.02% solution | T2 | Talk to your doctor about other alternatives. |
| isosorbide mononitrate er 120 mg tablet | T2 | isosorbide mononitrate er 60mg tablet |
| ketoconazole 2% foam | T3 | ketoconazole 2% cream |
| lidocaine 2% viscous solution | T2 | Talk to your doctor about other alternatives. |
| megestrol 625 mg/5 ml susp | T4 | megestrol 400mg/10ml suspension |
| methyl dopa tablet | T2 | Talk to your doctor about other alternatives. |
| metoclopramide 5 mg/5 ml solution | T2 | metoclopramide 5mg, 10mg tablet |
| miconazole 3 200 mg vaginal suppository | T2 | Talk to your doctor about other alternatives. |
| nadolol tablet | T2 | atenolol tablet, metoprolol tartrate tablet |
| naproxen 125 mg/5 ml suspen | T4 | ibuprofen 100mg/5ml suspension |
| naproxen dr 375 mg, 500 mg tablet | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PLUS 5-TIER PRESCRIPTION DRUG LIST (for Florida) (cont)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|---|--|--|
| naproxen sodium 275 mg, 550 mg tab | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |
| nitrofurantoin 25 mg/5 ml susp | T4 | nitrofurantoin capsule |
| nizatidine capsule | T2 | famotidine tablet |
| nulev 0.125 mg chewable melt | T2 | Talk to your doctor about other alternatives. |
| nystatin 100,000 unit/gm cream & ointment | T2 | Talk to your doctor about other alternatives. |
| nystatin-triamcinolone cream & ointment | T2 | Talk to your doctor about other alternatives. |
| oscimin 0.125 mg sl & tablet | T2 | Talk to your doctor about other alternatives. |
| oscimin sr 0.375 mg tablet | T2 | Talk to your doctor about other alternatives. |
| oxiconazole nitrate 1% cream | T3 | ciclopirox 0.77% cream, econazole nitrate 1% cream, naftifine hcl 1%, 2% cream |
| paliperidone er tablet | T4 | olanzapine tablet, quetiapine er tablet, risperidone tablet, ziprasidone hcl capsule |
| penicillin vk 125 mg/5 ml, 250 mg/5 ml solution | T2 | Talk to your doctor about other alternatives. |
| penicillin vk 250 mg, 500 mg tablet | T2 | Talk to your doctor about other alternatives. |
| phenazopyridine 100 mg, 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| pravastatin sodium tablet | T2 | simvastatin tablet, lovastatin tablet |
| rifabutin 150 mg capsule | T3 | Talk to your doctor about other alternatives. |
| sotalol & sotalol af tablet | T2 | Talk to your doctor about other alternatives. |
| symax-sl & symax-sr tablet | T2 | Talk to your doctor about other alternatives. |
| tetracycline capsule | T2 | Talk to your doctor about other alternatives. |
| tobramycin 300 mg/5 ml ampule | T4 | Talk to your doctor about other alternatives. |
| tobramycin pak 300 mg/5 ml | T4 | Talk to your doctor about other alternatives. |
| trazodone 300 mg tablet | T2 | trazodone 100mg, 150mg tablet |
| triamcinolone 0.147 mg/g spray | T4 | triamcinolone cream, lotion, ointment |
| TRUVADA 100MG-150MG, 133MG-200MG, 167MG-250MG | T4 | emtricitabine/tenofovir disoproxil fumarate |
| TRUVADA 200MG-300MG TABLET | T4 | emtricitabine/tenofovir disoproxil fumarate |
| valganciclovir 450 mg solution & tablet | T4 | Talk to your doctor about other alternatives. |
| voriconazole suspension & tablet | T4 | Talk to your doctor about other alternatives. |
| WP THYROID | T3 | np thyroid, westhroid |
| Drugs that will need approval (prior authorization) | Additional information | |
| CYSTARAN | Your plan only covers this drug if your doctor's office requests and receives approval from Cigna. | |
| ELIQUIS | | |
| PRADAXA | | |
| VIMPAT | | |
| XARELTO | | |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PLUS 5-TIER PRESCRIPTION DRUG LIST (for Florida) (cont)

| Drugs that will no longer be covered | Generic and/or preferred brand alternatives |
|--------------------------------------|---|
| AMITIZA | lubiprostone |
| BANZEL 40 MG/ML SUSPENSION | rufinamide |
| BEYAZ | ethinyl estradiol/drospirenone/levomefolate calcium |
| cephalexin 250mg, 500mg tablets | cephalexin 250mg, 500mg capsules |
| CHANTIX | varenicline |
| CIPRODEX | ciprofloxacin/dexamethasone |
| CORDRAN TAPE | triamcinolone 0.025% cream, lotion, ointment; betamethasone valerate 0.1% cream, lotion; betamethasone dipropionate 0.05% cream, lotion; fluticasone propionate 0.005% cream, lotion, ointment; mometasone furoate 0.1% cream, lotion, ointment |
| COSENTYX | ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA, TALTZ |
| CREON | PANCREAZE |
| DARAPRIM | pyrimethamine |
| DEMSER | metyrosine |
| dexamethasone 1.5mg tablet packs | dexamethasone 1.5mg tablets (stock bottle) |
| diclofenac epolamine 1.3% patches | diclofenac 1% gel, diclofenac sodium tablet, ibuprofen tablet, naproxen tablet |
| doxycycline dr capsules & tablets | doxycycline hyclate 50mg, 100mg capsule (ir), doxycycline hyclate 100mg tablet (ir), doxycycline monohydrate 50mg, 75mg, 100mg capsule (ir), doxycycline monohydrate 50mg, 75mg, 100mg tablet (ir) |
| duloxetine 40mg capsules | duloxetine hcl dr 20mg capsule |
| DYMISTA | azelastine/fluticasone |
| ESTROSTEP FE | ethinyl estradiol/norethindrone/iron |
| FERRIPROX 500MG & 1000MG | deferiprone |
| FINACEA FOAM | metronidazole cream, gel, lotion |
| fluoxetine 10mg, 20mg, 60mg tablets | fluoxetine hcl 10mg, 20mg capsule |
| FULPHILA | NEULASTA, NYVEPRIA, UDENYCA |
| GENERESS FE | ethinyl estradiol/norethindrone/iron |
| GRANIX | NIVESTYM, ZARXIO |
| ketoprofen 25mg capsules | ketoprofen 50mg, 75mg capsule |
| ketorolac nasal spray | ketorolac 10mg tablet, ibuprofen tablet, naproxen tablet |
| KUVAN | sapropterin dihydrochloride |
| LOESTRIN | ethinyl estradiol/norethindrone |
| LOESTRIN FE | ethinyl estradiol/norethindrone/iron |
| LOSEASONIQUE | ethinyl estradiol/levonorgestrel |
| LUMIGAN 0.01% | bimatoprost 0.03%, latanoprost, travoprost |
| MINASTRIN 24 FE | ethinyl estradiol/norethindrone/ferrous fumarate |
| minocycline er capsules & tablets | minocycline hcl 50mg, 75mg, 100mg capsule and tablet (ir) |
| MIRCETTE | ethinyl estradiol/desogestrel |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PLUS 5-TIER PRESCRIPTION DRUG LIST (for Florida) (cont)

| Drugs that will no longer be covered | Generic and/or preferred brand alternatives |
|---|---|
| MONUROL | fosfomycin |
| MOVIPREP | polyethylene glycol/electrolytes |
| NEBUPENT | pentamidine isethionate |
| NUVARING | ethinyl estradiol/etonogestrel |
| OTOVEL | ciprofloxacin/fluocinolone acetonide |
| paroxetine cr & er tablets | paroxetine hcl tablet (ir) |
| PERTYZE | PANCREAZE |
| PROGLYCEM 50 MG/ML ORAL SUSP | diazoxide |
| QUARTETTE | ethinyl estradiol/levonorgestrel |
| ROZEREM | ramelteon |
| SAFYRAL | ethinyl estradiol/drospirenone/levomefolate calcium |
| SEASONIQUE | ethinyl estradiol/levonorgestrel |
| SILENOR | doxepin |
| SPRIX NASAL SPRAY | ketorolac 10mg tablet, ibuprofen tablet, naproxen tablet |
| TECFIDERA | dimethyl fumarate |
| TRAVATAN Z | travoprost |
| VASCEPA 1 GM CAPSULE | icosapent ethyl |
| venlafaxine er tablets | venlafaxine hcl er capsule |
| VENTOLIN HFA | albuterol HFA (all except for VENTOLIN HFA AG) |
| YASMIN | ethinyl estradiol/drospirenone |
| YAZ | ethinyl estradiol/drospirenone |
| ZENPEP | PANCREAZE |
| Drugs that will be excluded from coverage | Additional information |
| ADRENALIN 1:1000 NASAL SOLN | Talk with your doctor about switching to a covered alternative. |
| hc-pramoxine 1%-1% cream | |
| hc-pramoxine 2.5%-1% cream | |
| lidocaine-hc 3%-0.5% cream | |
| lidocaine-hc 2.8%-0.55% gel | |
| lidocaine-hc 3%-2.5% gel | |

CIGNA PLUS 5-TIER PRESCRIPTION DRUG LIST (for Illinois, Kansas, Missouri, North Carolina, and Tennessee)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|--|---------------------|---|
| albuterol sulfate 2.5 mg/3 ml solution | T2 | Talk to your doctor about other alternatives. |
| amitriptyline hcl 100 mg, 150mg tablet | T2 | amitriptyline 50mg, 75mg tablet |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PLUS 5-TIER PRESCRIPTION DRUG LIST (for Illinois, Kansas, Missouri, North Carolina, and Tennessee) (cont)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|---|---------------------|---|
| amoxicillin 250 mg chewable tablet | T2 | amoxicillin 250mg/5ml suspension, amoxicillin 250mg capsule |
| aripiprazole 1 mg/ml solution | T3 | aripiprazole tablet |
| aripiprazole odt tablet | T4 | aripiprazole tablet |
| ARMOUR THYROID | T3 | np thyroid, westhroid |
| atenolol-chlorthalidone | T2 | Talk to your doctor about other alternatives. |
| baclofen 10 mg, 20 mg tablet | T2 | Talk to your doctor about other alternatives. |
| bumetanide tablet | T2 | furosemide tablet |
| captopril tablet | T2 | Talk to your doctor about other alternatives. |
| carbamazepine 100 mg chewable tablet | T2 | Talk to your doctor about other alternatives. |
| carbamazepine 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| cephalexin 125 mg/5 ml, 250 mg/5ml suspension | T2 | Talk to your doctor about other alternatives. |
| cimetidine tablet | T2 | famotidine tablet |
| ciprofloxacin hcl 100 mg tablet | T2 | Talk to your doctor about other alternatives. |
| cromolyn 100 mg/5 ml oral conc | T4 | Talk to your doctor about other alternatives. |
| cromolyn 20 mg/2 ml neb soln | T4 | Talk to your doctor about other alternatives. |
| dexamethasone 0.5 mg/5 ml liquid | T2 | Talk to your doctor about other alternatives. |
| dexamethasone intensol 1 mg/ml | T2 | Talk to your doctor about other alternatives. |
| dexamethasone tablet | T2 | Talk to your doctor about other alternatives. |
| dicyclomine capsule & tablet | T2 | Talk to your doctor about other alternatives. |
| digoxin tablet | T2 | Talk to your doctor about other alternatives. |
| doxazosin mesylate tablet | T2 | terazosin capsule |
| ec-naproxen dr tablet | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |
| ed-spaz 0.125 mg odt | T2 | Talk to your doctor about other alternatives. |
| epitol 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| erythrocin 250 mg filmtab | T4 | erythromycin 250mg tablet |
| fluconazole 150 mg tablet | T2 | Talk to your doctor about other alternatives. |
| fluorouracil 0.5% cream | T4 | fluorouracil 2%, 5% solution, fluorouracil 5% cream |
| guanfacine 1 mg, 2 mg tablet | T2 | Talk to your doctor about other alternatives. |
| hc butyrate 0.1% lipo cream | T3 | betamethasone valerate 0.1% cream, desonide 0.05% cream, fluocinolone acetonide 0.025% cream, fluticasone propionate 0.05% cream, mometasone furoate 0.1% cream |
| hc butyrate 0.1% lotion | T3 | betamethasone dipropionate 0.05% lotion, betamethasone valerate 0.1% lotion, desonide 0.05% lotion, mometasone furoate 0.1% lotion, triamcinolone acetonide 0.1% lotion |
| hyoscyamine 0.125 mg odt, sl & tablet | T2 | Talk to your doctor about other alternatives. |
| hyoscyamine sr 0.375 mg tablet | T2 | Talk to your doctor about other alternatives. |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PLUS 5-TIER PRESCRIPTION DRUG LIST (for Illinois, Kansas, Missouri, North Carolina, and Tennessee) (cont)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|---|---------------------|--|
| ibuprofen 100 mg/5 ml susp | T2 | Talk to your doctor about other alternatives. |
| ipratropium br 0.02% solution | T2 | Talk to your doctor about other alternatives. |
| isosorbide mononitrate er 120 mg tablet | T2 | isosorbide mononitrate er 60mg tablet |
| ketoconazole 2% foam | T3 | ketoconazole 2% cream |
| lidocaine 2% viscous solution | T2 | Talk to your doctor about other alternatives. |
| megestrol 625 mg/5 ml susp | T4 | megestrol 400mg/10ml suspension |
| methyl dopa tablet | T2 | Talk to your doctor about other alternatives. |
| metoclopramide 5 mg/5 ml solution | T2 | metoclopramide 5mg, 10mg tablet |
| miconazole 3 200 mg vaginal suppository | T2 | Talk to your doctor about other alternatives. |
| nadolol tablet | T2 | atenolol tablet, metoprolol tartrate tablet |
| naproxen 125 mg/5 ml suspen | T4 | ibuprofen 100mg/5ml suspension |
| naproxen dr 375 mg, 500 mg tablet | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |
| naproxen sodium 275 mg, 550 mg tab | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |
| nitrofurantoin 25 mg/5 ml susp | T4 | nitrofurantoin capsule |
| nizatidine capsule | T2 | famotidine tablet |
| nulev 0.125 mg chewable melt | T2 | Talk to your doctor about other alternatives. |
| nystatin 100,000 unit/gm cream & ointment | T2 | Talk to your doctor about other alternatives. |
| nystatin-triamcinolone cream & ointment | T2 | Talk to your doctor about other alternatives. |
| oscimin 0.125 mg sl & tablet | T2 | Talk to your doctor about other alternatives. |
| oscimin sr 0.375 mg tablet | T2 | Talk to your doctor about other alternatives. |
| oxiconazole nitrate 1% cream | T3 | ciclopirox 0.77% cream, econazole nitrate 1% cream, naftifine hcl 1%, 2% cream |
| paliperidone er tablet | T4 | olanzapine tablet, quetiapine er tablet, risperidone tablet, ziprasidone hcl capsule |
| penicillin vk 125 mg/5 ml, 250 mg/5 ml solution | T2 | Talk to your doctor about other alternatives. |
| penicillin vk 250 mg, 500 mg tablet | T2 | Talk to your doctor about other alternatives. |
| phenazopyridine 100 mg, 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| pravastatin sodium tablet | T2 | simvastatin tablet, lovastatin tablet |
| rifabutin 150 mg capsule | T3 | Talk to your doctor about other alternatives. |
| sotalol & sotalol af tablet | T2 | Talk to your doctor about other alternatives. |
| symax-sl & symax-sr tablet | T2 | Talk to your doctor about other alternatives. |
| tetracycline capsule | T2 | Talk to your doctor about other alternatives. |
| tobramycin 300 mg/5 ml ampule | T4 | Talk to your doctor about other alternatives. |
| tobramycin pak 300 mg/5 ml | T4 | Talk to your doctor about other alternatives. |
| trazodone 300 mg tablet | T2 | trazodone 100mg, 150mg tablet |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PLUS 5-TIER PRESCRIPTION DRUG LIST (for Illinois, Kansas, Missouri, North Carolina, and Tennessee) (cont)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|---|---|---|
| triamcinolone 0.147 mg/g spray | T4 | triamcinolone cream, lotion, ointment |
| valganciclovir 450 mg solution & tablet | T4 | Talk to your doctor about other alternatives. |
| voriconazole suspension & tablet | T4 | Talk to your doctor about other alternatives. |
| WP THYROID | T3 | np thyroid, westhroid |
| Drugs that will need approval (prior authorization) | Additional information | |
| CYSTARAN | Your plan only covers this drug if your doctor's office requests and receives approval from Cigna. | |
| ELIQUIS | | |
| PRADAXA | | |
| SAVAYSA | | |
| VIMPAT | | |
| XARELTO | | |
| Drugs that will no longer be covered | Generic and/or preferred brand alternatives | |
| AMITIZA | lubiprostone | |
| BANZEL 40 MG/ML SUSPENSION | rufinamide | |
| BEYAZ | ethinyl estradiol/drospirenone/levomefolate calcium | |
| cephalexin 250mg, 500mg tablets | cephalexin 250mg, 500mg capsules | |
| CHANTIX | varenicline | |
| CIPRODEX | ciprofloxacin/dexamethasone | |
| CORDRAN TAPE | triamcinolone 0.025% cream, lotion, ointment; betamethasone valerate 0.1% cream, lotion; betamethasone dipropionate 0.05% cream, lotion; fluticasone propionate 0.005% cream, lotion, ointment; mometasone furoate 0.1% cream, lotion, ointment | |
| COSENTYX | ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA, TALTZ | |
| CREON | PANCREAZE | |
| DARAPRIM | pyrimethamine | |
| DEMSEER | metyrosine | |
| dexamethasone 1.5mg tablet packs | dexamethasone 1.5mg tablets (stock bottle) | |
| diclofenac epolamine 1.3% patches | diclofenac 1% gel, diclofenac sodium tablet, ibuprofen tablet, naproxen tablet | |
| doxycycline dr capsules & tablets | doxycycline hyclate 50mg, 100mg capsule (ir), doxycycline hyclate 100mg tablet (ir), doxycycline monohydrate 50mg, 75mg, 100mg capsule (ir), doxycycline monohydrate 50mg, 75mg, 100mg tablet (ir) | |
| duloxetine 40mg capsules | duloxetine hcl dr 20mg capsule | |
| DYMISTA | azelastine/fluticasone | |
| EMTRIVA 200MG CAPSULE | emtricitabine | |
| ESTROSTEP FE | ethinyl estradiol/norethindrone/iron | |
| FERRIPROX 500MG & 1000MG | deferiprone | |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PLUS 5-TIER PRESCRIPTION DRUG LIST (for Illinois, Kansas, Missouri, North Carolina, and Tennessee) (cont)

| Drugs that will no longer be covered | Generic and/or preferred brand alternatives |
|---|---|
| FINACEA FOAM | metronidazole cream, gel, lotion |
| fluoxetine 10mg, 20mg, 60mg tablets | fluoxetine hcl 10mg, 20mg capsule |
| FULPHILA | NEULASTA, NYVEPRIA, UDENYCA |
| GENERESS FE | ethinyl estradiol/norethindrone/iron |
| GRANIX | NIVESTYM, ZARXIO |
| ketoprofen 25mg capsules | ketoprofen 50mg, 75mg capsule |
| ketorolac nasal spray | ketorolac 10mg tablet, ibuprofen tablet, naproxen tablet |
| KUVAN | sapropterin dihydrochloride |
| LOESTRIN | ethinyl estradiol/norethindrone |
| LOESTRIN FE | ethinyl estradiol/norethindrone/iron |
| LOSEASONIQUE | ethinyl estradiol/levonorgestrel |
| LUMIGAN 0.01% | bimatoprost 0.03%, latanoprost, travoprost |
| MINASTRIN 24 FE | ethinyl estradiol/norethindrone/ferrous fumarate |
| minocycline er capsules & tablets | minocycline hcl 50mg, 75mg, 100mg capsule and tablet (ir) |
| MIRCETTE | ethinyl estradiol/desogestrel |
| MONUROL | fosfomycin |
| MOVIPREP | polyethylene glycol/electrolytes |
| NEBUPENT | pentamidine isethionate |
| NUVARING | ethinyl estradiol/etonogestrel |
| OTOVEL | ciprofloxacin/fluocinolone acetonide |
| paroxetine cr & er tablets | paroxetine hcl tablet (ir) |
| PERTYZE | PANCREAZE |
| PROGLYCEM 50 MG/ML ORAL SUSP | diazoxide |
| QUARTETTE | ethinyl estradiol/levonorgestrel |
| ROZEREM | ramelteon |
| SAFYRAL | ethinyl estradiol/drospirenone/levomefolate calcium |
| SEASONIQUE | ethinyl estradiol/levonorgestrel |
| SILENOR | doxepin |
| SPRIX NASAL SPRAY | ketorolac 10mg tablet, ibuprofen tablet, naproxen tablet |
| TECFIDERA | dimethyl fumarate |
| TRAVATAN Z | travoprost |
| TRUVADA 100MG-150MG, 133MG-200MG, 167MG-250MG | emtricitabine/tenofovir disoproxil fumarate |
| VASCEPA 1 GM CAPSULE | icosapent ethyl |
| venlafaxine er tablets | venlafaxine hcl er capsule |
| VENTOLIN HFA | albuterol HFA (all except for VENTOLIN HFA AG) |
| YASMIN | ethinyl estradiol/drospirenone |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PLUS 5-TIER PRESCRIPTION DRUG LIST (for Illinois, Kansas, Missouri, North Carolina, and Tennessee) (cont)

| Drugs that will no longer be covered | Generic and/or preferred brand alternatives |
|---|---|
| YAZ | ethinyl estradiol/drospirenone |
| ZENPEP | Pancreaze |
| Drugs that will be excluded from coverage | Additional information |
| ADRENALIN 1:1000 NASAL SOLN | Talk with your doctor about switching to a covered alternative. |
| hc-pramoxine 1%-1% cream | |
| hc-pramoxine 2.5%-1% cream | |
| lidocaine-hc 3%-0.5% cream | |
| lidocaine-hc 2.8%-0.55% gel | |
| lidocaine-hc 3%-2.5% gel | |

CIGNA PREMIERE 5-TIER PRESCRIPTION DRUG LIST (for Arizona and Virginia)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|---|---------------------|---|
| albuterol sulfate 2.5 mg/3 ml solution | T2 | Talk to your doctor about other alternatives. |
| amitriptyline hcl 100 mg, 150mg tablet | T2 | amitriptyline 50mg, 75mg tablet |
| amoxicillin 250 mg chewable tablet | T2 | amoxicillin 250mg/5ml suspension, amoxicillin 250mg capsule |
| aripiprazole 1 mg/ml solution | T3 | aripiprazole tablet |
| aripiprazole odt tablet | T4 | aripiprazole tablet |
| ARMOUR THYROID | T3 | np thyroid, westhroid |
| atenolol-chlorthalidone | T2 | Talk to your doctor about other alternatives. |
| baclofen 10 mg, 20 mg tablet | T2 | Talk to your doctor about other alternatives. |
| bumetanide tablet | T2 | furosemide tablet |
| captopril tablet | T2 | Talk to your doctor about other alternatives. |
| carbamazepine 100 mg chewable tablet | T2 | Talk to your doctor about other alternatives. |
| carbamazepine 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| cephalexin 125 mg/5 ml, 250 mg/5ml suspension | T2 | Talk to your doctor about other alternatives. |
| cimetidine tablet | T2 | famotidine tablet |
| ciprofloxacin hcl 100 mg tablet | T2 | Talk to your doctor about other alternatives. |
| cromolyn 100 mg/5 ml oral conc | T4 | Talk to your doctor about other alternatives. |
| cromolyn 20 mg/2 ml neb soln | T4 | Talk to your doctor about other alternatives. |
| dexamethasone 0.5 mg/5 ml liquid | T2 | Talk to your doctor about other alternatives. |
| dexamethasone intensol 1 mg/ml | T2 | Talk to your doctor about other alternatives. |
| dexamethasone tablet | T2 | Talk to your doctor about other alternatives. |
| dicyclomine capsule & tablet | T2 | Talk to your doctor about other alternatives. |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PREMIERE 5-TIER PRESCRIPTION DRUG LIST (for Arizona and Virginia) (cont)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|---|---------------------|---|
| digoxin tablet | T2 | Talk to your doctor about other alternatives. |
| doxazosin mesylate tablet | T2 | terazosin capsule |
| ec-naproxen dr tablet | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |
| ed-spaz 0.125 mg odt | T2 | Talk to your doctor about other alternatives. |
| epitol 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| erythrocin 250 mg filmtab | T4 | erythromycin 250mg tablet |
| fluconazole 150 mg tablet | T2 | Talk to your doctor about other alternatives. |
| fluorouracil 0.5% cream | T4 | fluorouracil 2%, 5% solution, fluorouracil 5% cream |
| guanfacine 1 mg, 2 mg tablet | T2 | Talk to your doctor about other alternatives. |
| hc butyrate 0.1% lipo cream | T3 | betamethasone valerate 0.1% cream, desonide 0.05% cream, fluocinolone acetonide 0.025% cream, fluticasone propionate 0.05% cream, mometasone furoate 0.1% cream |
| hc butyrate 0.1% lotion | T3 | betamethasone dipropionate 0.05% lotion, betamethasone valerate 0.1% lotion, desonide 0.05% lotion, mometasone furoate 0.1% lotion, triamcinolone acetonide 0.1% lotion |
| hyoscyamine 0.125 mg odt, sl & tablet | T2 | Talk to your doctor about other alternatives. |
| hyoscyamine sr 0.375 mg tablet | T2 | Talk to your doctor about other alternatives. |
| ibuprofen 100 mg/5 ml susp | T2 | Talk to your doctor about other alternatives. |
| ipratropium br 0.02% solution | T2 | Talk to your doctor about other alternatives. |
| isosorbide mononitrate er 120 mg tablet | T2 | isosorbide mononitrate er 60mg tablet |
| ketoconazole 2% foam | T3 | ketoconazole 2% cream |
| lidocaine 2% viscous solution | T2 | Talk to your doctor about other alternatives. |
| megestrol 625 mg/5 ml susp | T4 | megestrol 400mg/10ml suspension |
| methyldopa tablet | T2 | Talk to your doctor about other alternatives. |
| metoclopramide 5 mg/5 ml solution | T2 | metoclopramide 5mg, 10mg tablet |
| miconazole 3 200 mg vaginal suppository | T2 | Talk to your doctor about other alternatives. |
| nadolol tablet | T2 | atenolol tablet, metoprolol tartrate tablet |
| naproxen 125 mg/5 ml suspen | T4 | ibuprofen 100mg/5ml suspension |
| naproxen dr 375 mg, 500 mg tablet | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |
| naproxen sodium 275 mg, 550 mg tab | T2 | naproxen tablet, ibuprofen tablet, meloxicam tablet |
| nitrofurantoin 25 mg/5 ml susp | T4 | nitrofurantoin capsule |
| nizatidine capsule | T2 | famotidine tablet |
| nulev 0.125 mg chewable melt | T2 | Talk to your doctor about other alternatives. |
| nystatin 100,000 unit/gm cream & ointment | T2 | Talk to your doctor about other alternatives. |
| nystatin-triamcinolone cream & ointment | T2 | Talk to your doctor about other alternatives. |
| oscimin 0.125 mg sl & tablet | T2 | Talk to your doctor about other alternatives. |
| oscimin sr 0.375 mg tablet | T2 | Talk to your doctor about other alternatives. |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PREMIERE 5-TIER PRESCRIPTION DRUG LIST (for Arizona and Virginia) (cont)

| Drugs moving to a higher cost-share tier | New cost-share tier | Generic and/or preferred brand alternatives |
|---|---|--|
| oxiconazole nitrate 1% cream | T3 | ciclopirox 0.77% cream, econazole nitrate 1% cream, naftifine hcl 1%, 2% cream |
| paliperidone er tablet | T4 | olanzapine tablet, quetiapine er tablet, risperidone tablet, ziprasidone hcl capsule |
| penicillin vk 125 mg/5 ml, 250 mg/5 ml solution | T2 | Talk to your doctor about other alternatives. |
| penicillin vk 250 mg, 500 mg tablet | T2 | Talk to your doctor about other alternatives. |
| phenazopyridine 100 mg, 200 mg tablet | T2 | Talk to your doctor about other alternatives. |
| pravastatin sodium tablet | T2 | simvastatin tablet, lovastatin tablet |
| rifabutin 150 mg capsule | T3 | Talk to your doctor about other alternatives. |
| sotalol & sotalol af tablet | T2 | Talk to your doctor about other alternatives. |
| symax-sl & symax-sr tablet | T2 | Talk to your doctor about other alternatives. |
| tetracycline capsule | T2 | Talk to your doctor about other alternatives. |
| tobramycin 300 mg/5 ml ampule | T4 | Talk to your doctor about other alternatives. |
| tobramycin pak 300 mg/5 ml | T4 | Talk to your doctor about other alternatives. |
| trazodone 300 mg tablet | T2 | trazodone 100mg, 150mg tablet |
| triamcinolone 0.147 mg/g spray | T4 | triamcinolone cream, lotion, ointment |
| valganciclovir 450 mg solution & tablet | T4 | Talk to your doctor about other alternatives. |
| voriconazole suspension & tablet | T4 | Talk to your doctor about other alternatives. |
| WP THYROID | T3 | np thyroid, westhroid |
| Drugs that will need approval (prior authorization) | Additional information | |
| CYSTARAN | Your plan only covers this drug if your doctor's office requests and receives approval from Cigna. | |
| ELIQUIS | | |
| PRADAXA | | |
| SAVAYSA | | |
| VIMPAT | | |
| XARELTO | | |
| Drugs that will no longer be covered | Generic and/or preferred brand alternatives | |
| AMITIZA | lubiprostone | |
| BANZEL 40 MG/ML SUSPENSION | rufinamide | |
| BEYAZ | ethinyl estradiol/drospirenone/levomefolate calcium | |
| cephalexin 250mg, 500mg tablets | cephalexin 250mg, 500mg capsules | |
| CHANTIX | varenicline | |
| CIPRODEX | ciprofloxacin/dexamethasone | |
| CORDRAN TAPE | triamcinolone 0.025% cream, lotion, ointment; betamethasone valerate 0.1% cream, lotion; betamethasone dipropionate 0.05% cream, lotion; fluticasone propionate 0.005% cream, lotion, ointment; mometasone furoate 0.1% cream, lotion, ointment | |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PREMIERE 5-TIER PRESCRIPTION DRUG LIST (for Arizona and Virginia) (cont)

| Drugs that will no longer be covered | Generic and/or preferred brand alternatives |
|--------------------------------------|--|
| COSENTYX | ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA, TALTZ |
| CREON | PANCREAZE |
| DARAPRIM | pyrimethamine |
| DEMSER | metyrosine |
| dexamethasone 1.5mg tablet packs | dexamethasone 1.5mg tablets (stock bottle) |
| diclofenac epolamine 1.3% patches | diclofenac 1% gel, diclofenac sodium tablet, ibuprofen tablet, naproxen tablet |
| doxycycline dr capsules & tablets | doxycycline hyclate 50mg, 100mg capsule (ir), doxycycline hyclate 100mg tablet (ir), doxycycline monohydrate 50mg, 75mg, 100mg capsule (ir), doxycycline monohydrate 50mg, 75mg, 100mg tablet (ir) |
| duloxetine 40mg capsules | duloxetine hcl dr 20mg capsule |
| DYMISTA | azelastine/fluticasone |
| EMTRIVA 200MG CAPSULE | emtricitabine |
| ESTROSTEP FE | ethinyl estradiol/norethindrone/iron |
| FERRIPROX 500MG & 1000MG | deferiprone |
| FINACEA FOAM | metronidazole cream, gel, lotion |
| fluoxetine 10mg, 20mg, 60mg tablets | fluoxetine hcl 10mg, 20mg capsule |
| FULPHILA | NEULASTA, NYVEPRIA, UDENYCA |
| GENERESS FE | ethinyl estradiol/norethindrone/iron |
| GRANIX | NIVESTYM, ZARXIO |
| KERYDIN | tavorole |
| ketoprofen 25mg capsules | ketoprofen 50mg, 75mg capsule |
| ketorolac nasal spray | ketorolac 10mg tablet, ibuprofen tablet, naproxen tablet |
| KUVAN | sapropterin dihydrochloride |
| LOESTRIN | ethinyl estradiol/norethindrone |
| LOESTRIN FE | ethinyl estradiol/norethindrone/iron |
| LOSEASONIQUE | ethinyl estradiol/levonorgestrel |
| LUMIGAN 0.01% | bimatoprost 0.03%, latanoprost, travoprost |
| MINASTRIN 24 FE | ethinyl estradiol/norethindrone/ferrous fumarate |
| minocycline er capsules & tablets | minocycline hcl 50mg, 75mg, 100mg capsule and tablet (ir) |
| MIRCETTE | ethinyl estradiol/desogestrel |
| MONUROL | fosfomycin |
| MOVIPREP | polyethylene glycol/electrolytes |
| NEBUPENT | pentamidine isethionate |
| NUVARING | ethinyl estradiol/etonogestrel |
| OTOVEL | ciprofloxacin/fluocinolone acetonide |
| paroxetine cr & er tablets | paroxetine hcl tablet (ir) |
| PERTYZE | PANCREAZE |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.

CIGNA PREMIERE 5-TIER PRESCRIPTION DRUG LIST (for Arizona and Virginia) (cont)

| Drugs that will no longer be covered | Generic and/or preferred brand alternatives |
|---|---|
| PROGLYCEM 50 MG/ML ORAL SUSP | diazoxide |
| QUARTETTE | ethinyl estradiol/levonorgestrel |
| ROZEREM | ramelteon |
| SAFYRAL | ethinyl estradiol/drospirenone/levomefolate calcium |
| SEASONIQUE | ethinyl estradiol/levonorgestrel |
| SILENOR | doxepin |
| SPRIX NASAL SPRAY | ketorolac 10mg tablet, ibuprofen tablet, naproxen tablet |
| TECFIDERA | dimethyl fumarate |
| TRAVATAN Z | travoprost |
| TRUVADA 100MG-150MG, 133MG-200MG, 167MG-250MG | emtricitabine/tenofovir disoproxil fumarate |
| VASCEPA 1 GM CAPSULE | icosapent ethyl |
| venlafaxine er tablets | venlafaxine hcl er capsule |
| VENTOLIN HFA | albuterol HFA (all except for VENTOLIN HFA AG) |
| YASMIN | ethinyl estradiol/drospirenone |
| YAZ | ethinyl estradiol/drospirenone |
| ZENPEP | Pancreaze |
| Drugs that will be excluded from coverage | Additional information |
| ADRENALIN 1:1000 NASAL SOLN | Talk with your doctor about switching to a covered alternative. |
| hc-pramoxine 1%-1% cream | |
| hc-pramoxine 2.5%-1% cream | |
| lidocaine-hc 3%-0.5% cream | |
| lidocaine-hc 2.8%-0.55% gel | |
| lidocaine-hc 3%-2.5% gel | |

Generic drugs are listed in all lowercase letters and brand-name drugs are listed in all capital letters.



*State law in **Illinois** may require your plan to cover your drugs at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your drug, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.

If you need language assistance, or have a disability, please call us at 866.494.2111 (For TTY services, dial 711). Accommodations are available and provided at no cost to you.

Your coverage for drugs included on this list is subject at all times to the terms and conditions of your benefit plan, including, but not limited to, eligibility and medical necessity.

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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 - Information written in other languages

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PO Box 188016
Chattanooga, TN 37422

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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