Individual & Family Plans
Cigna Health and Life Insurance Company

# 2019 CIGNA RX ESSENTIAL 5-TIER PRESCRIPTION DRUG LIST

## Starting January 1, 2019

Together, all the way.®

Cigna®

924124 12/18 © 2018 Cigna

## Table of Contents

Getting started


| | |
|---|---|
| Your prescription drug list | 3 |
| How to read your drug list | 3 |
| How to find your medication | 5 |
| Specialty medications | 30 |
| Prescription drug list FAQs | 32 |
| 2019 Exclusions and Limitations | 34 |


## View your drug list online

**The myCigna® website** – Once you're registered, log in and select Estimate Health Care Costs, then select Get drug costs.

**Cigna.com/druglist** – Select your state from the drop down menu, then choose your search method. You can either search for a medication name or view the full drug list.

**Questions?** – Call the toll-free number on the back of your Cigna ID card, or 866.494.2111. We're here to help.

## Your prescription drug list

This document shows the prescription medications covered on the 2019 Cigna Rx Essential Prescription Drug List as of January 1, 2019.[1] All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically by medication name. **If you don't see a specific medication on this list, please check myCigna.com to view the most 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 2019 Cigna Rx Essential Prescription Drug List.**

Medications are listed in alphabetical order

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

Medications that have extra coverage requirements will have an abbreviation in the Notes section

| DRUG NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| 8-MOP | 4 | |
| ABACAVIR | 2 | |
| ABACAVIR-LAMIVUDINE | 2 | |
| ABACAVIR-LAMIVUDINE-ZIDOVUDINE | 2 | |
| ABSORICA | 4 | QL |
| ACAMPROSATE CALCIUM | 2 | |
| ACARBOSE | 2 | |
| ACEBUTOLOL HCL | 2 | |
| ACETAMIN-CAFF-DIHYDROCOD 320.5 | 2 | |
| ACETAMINOPHEN-CODEINE | 2 | |
| ACETASOL HC | 2 | |
| ACETAZOLAMIDE | 2 | |
| ACETIC ACID | 2 | |
| ACETIC ACID-ALUMINUM | 2 | |
| ACETYLCYSTEINE 10% VIAL | 2 | |
| ACETYLCYSTEINE 20% VIAL | 2 | |
| ACITRETIN | 2 | |
| ACYCLOVIR 200 MG CAPSULE | 1 | |
| ACYCLOVIR 200 MG/5 ML SUSP | 2 | |
| ACYCLOVIR 400 MG TABLET | 2 | |
| ACYCLOVIR 5% OINTMENT | 2 | |
| ACYCLOVIR 800 MG TABLET | 2 | |
| ADAPALENE | 2 | AGE |

This chart is just a sample. It may not show how these medications are actually covered on the 2019 Cigna Rx Essential Prescription Drug List.

## Tiers

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

| | |
|---|---|
| **Tier 1 – 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. | (Lower-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. | (Medium-cost medication) **$$** |
| **Tier 3 – Preferred Brand Medications.** This tier typically includes preferred brand name medications and some high cost generic medications. | (Higher-cost medication) **$$$** |
| **Tier 4 – Non-Preferred Medications.** This tier typically includes non-preferred brand name medications and some high cost generic medications. | **$$$$** |
| **Tier 5 – Specialty and Other High Cost Medications.** This tier typically includes Specialty medications and high cost generic and brand name medications. | **$$$$$** |

## 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 the drug list. Here's what each of the abbreviations mean.

| | |
|---|---|
| **PA** | **Prior Authorization** – Cigna will review information provided by your doctor to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication. |
| **ST** | **Step Therapy** – Step Therapy is a prior authorization program that requires you to try other medications available to treat the same condition before the medication with the "ST" is covered. |
| **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** – You must be within a specific age range for your plan to cover the medication. |
| **LDD** | **Limited Distribution Drugs** are medications that are only available at specific pharmacies in the United States because of manufacturer restrictions. |

### Brand name medications are capitalized

In this drug list, brand name medications are capitalized and generic medications are lowercase.

### Specialty medications are listed on page 30

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are listed on page 30. Specialty medications are limited to a 30-day supply. Please log in to the **myCigna** website or app, 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. Please log in to the **myCigna** website or app, or check your plan materials, to find out if your plan excludes your medication from coverage.

## How to find your medication

Find your medication using the alphabetical list below. Then go to that page to see how your plan covers the medication.


| Medication name | 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 |
| 0–P | 22–25 |
| Q–S | 25–26 |
| T–U | 26–28 |
| V–Z | 28–29 |

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| 8-MOP | 4 | |
| ABACAVIR | 2 | |
| ABACAVIR-LAMIVUDINE | 2 | |
| ABACAVIR-LAMIVUDINE-ZIDOVUDINE | 2 | |
| ACAMPROSATE CALCIUM | 3 | |
| ACARBOSE | 2 | |
| ACEBUTOLOL HCL | 2 | |
| ACETAMIN-CAFF-DIHYDROCOD 320.5 | 2 | |
| ACETAMINOPHEN-CODEINE | 2 | |
| ACETAZOLAMIDE | 2 | |
| ACETIC ACID | 2 | |
| ACETIC ACID-ALUMINUM | 2 | |
| ACETYLCYSTEINE 10% VIAL | 2 | |
| ACETYLCYSTEINE 20% VIAL | 2 | |
| ACITRETIN | 4 | |
| ACYCLOVIR 200 MG CAPSULE | 1 | |
| ACYCLOVIR 200 MG/5 ML SUSP | 2 | |
| ACYCLOVIR 400 MG TABLET | 2 | |
| ACYCLOVIR 5% OINTMENT | 2 | |
| ACYCLOVIR 800 MG TABLET | 2 | |
| ADAPALENE | 2 | AGE |
| ADEFOVIR DIPIVOXIL | 2 | |
| ADVAIR DISKUS | 3 | |
| ADVAIR HFA | 3 | |
| AFEDITAB CR | 2 | |
| AFTERA | 4 | |
| AK-POLY-BAC | 2 | |
| ALA-CORT 2.5% CREAM | 1 | |
| ALBENZA | 4 | |
| ALBUTEROL 2.5 MG/0.5 ML SOL | 2 | |
| ALBUTEROL 5 MG/ML SOLUTION | 2 | |
| ALBUTEROL SUL 0.63 MG/3 ML SOL | 2 | |
| ALBUTEROL SUL 1.25 MG/3 ML SOL | 2 | |
| ALBUTEROL SUL 2.5 MG/3 ML SOLN | 1 | |
| ALBUTEROL SULF 2 MG/5 ML SYRUP | 2 | |
| ALBUTEROL SULFATE 2 MG TAB | 2 | |
| ALBUTEROL SULFATE 4 MG TAB | 2 | |
| ALBUTEROL SULFATE ER 4 MG TAB | 2 | |
| ALBUTEROL SULFATE ER 8 MG TAB | 2 | |
| ALCLOMETASONE DIPROPIONATE | 2 | |
| ALCOHOL PADS | 3 | |
| ALCOHOL PREP PADS | 3 | |
| ALCOHOL PREP SWABS | 3 | |
| ALCOHOL SWAB | 3 | |
| ALCOHOL SWABS | 3 | |
| ALCOHOL WIPES | 3 | |
| ALENDRONATE SOD 70 MG/75 ML | 2 | |
| ALENDRONATE SODIUM 10 MG TAB | 1 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| ALENDRONATE SODIUM 35 MG TAB | 1 | |
| ALENDRONATE SODIUM 40 MG TAB | 1 | |
| ALENDRONATE SODIUM 5 MG TABLET | 1 | |
| ALENDRONATE SODIUM 70 MG TAB | 2 | |
| ALFUZOSIN HCL ER | 2 | |
| ALINIA | 4 | |
| ALLOPURINOL | 1 | |
| ALMOTRIPTAN MALATE | 2 | QL |
| ALOGLIPTIN | 2 | QL |
| ALOGLIPTIN-METFORMIN | 2 | QL |
| ALOGLIPTIN-PIOGLITAZONE | 2 | QL |
| ALOSETRON HCL | 4 | |
| ALPRAZOLAM | 2 | |
| ALPRAZOLAM ER | 2 | |
| ALPRAZOLAM INTENSOL | 2 | |
| ALPRAZOLAM ODT | 2 | |
| ALPRAZOLAM XR | 2 | |
| ALTACAINE | 2 | |
| ALTAVERA | 1 | |
| ALYACEN | 1 | |
| AMABELZ | 2 | |
| AMANTADINE | 2 | |
| AMCINONIDE | 2 | |
| AMETHIA | 1 | |
| AMETHIA LO | 1 | |
| AMETHYST | 1 | |
| AMILORIDE HCL | 2 | |
| AMILORIDE-HYDROCHLOROTHIAZIDE | 2 | |
| AMIODARONE HCL 100 MG TABLET | 2 | |
| AMIODARONE HCL 200 MG TABLET | 2 | |
| AMIODARONE HCL 400 MG TABLET | 2 | |
| AMITIZA | 4 | |
| AMITRIPTYLINE HCL | 1 | |
| AMLODIPINE BESYLATE | 2 | |
| AMLODIPINE BESYLATE-BENAZEPRIL | 2 | |
| AMLODIPINE-ATORVASTATIN | 2 | |
| AMLODIPINE-OLMESARTAN | 2 | |
| AMLODIPINE-VALSARTAN | 2 | |
| AMLODIPINE-VALSARTAN-HCTZ | 2 | |
| AMMONIUM LACTATE 12% CREAM | 2 | |
| AMMONIUM LACTATE 12% LOTION | 2 | |
| AMNESTEEM | 2 | QL |
| AMOXAPINE | 2 | |
| AMOX-CLAV 200-28.5 MG TAB CHEW | 2 | |
| AMOX-CLAV 200-28.5 MG/5 ML SUS | 2 | |
| AMOX-CLAV 250-125 MG TABLET | 2 | |
| AMOX-CLAV 250-62.5 MG/5 ML SUS | 2 | |
| AMOX-CLAV 400-57 MG TAB CHEW | 2 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| AMOX-CLAV 400-57 MG/5 ML SUSP | 2 | |
| AMOX-CLAV 500-125 MG TABLET | 2 | |
| AMOX-CLAV 600-42.9 MG/5 ML SUS | 2 | |
| AMOX-CLAV 875-125 MG TABLET | 2 | |
| AMOXICILLIN | 1 | |
| AMOXICILLIN-CLAVULANATE POT ER | 2 | |
| AMPICILLIN TRIHYDRATE | 2 | |
| ANAGRELIDE HCL | 2 | |
| ANASTROZOLE | 2 | |
| ANDROXY | 2 | |
| ANORO ELLIPTA | 3 | |
| ANUCORT-HC | 2 | |
| APEXICON E | 2 | |
| APRACLONIDINE HCL | 2 | |
| APREPITANT | 2 | QL |
| APRI | 1 | |
| APRISO | 3 | |
| APTIVUS | 3 | |
| ARANELLE | 1 | |
| ARBINOXA | 2 | |
| ARIPIPRAZOLE | 2 | |
| ARIPIPRAZOLE ODT | 2 | |
| ARMODAFINIL | 2 | PA |
| ARMOUR THYROID | 2 | |
| ARNUITY ELLIPTA | 3 | |
| ASA-BUTALB-CAFFEINE-CODEINE | 2 | |
| ASCOMP WITH CODEINE | 2 | |
| ASHLYNA | 1 | |
| ASPIRIN-CAFFEINE-DIHYDROCODEIN | 2 | |
| ASPIRIN-DIPYRIDAMOLE ER | 2 | |
| ATAZANAVIR SULFATE | 2 | |
| ATENOLOL | 1 | |
| ATENOLOL-CHLORTHALIDONE | 1 | |
| ATORVASTATIN CALCIUM | 2 | |
| ATOVAQUONE | 2 | |
| ATOVAQUONE-PROGUANIL HCL | 2 | |
| ATRIPLA | 3 | |
| ATROPINE 1% EYE DROPS | 2 | |
| ATROPINE 1% EYE OINTMENT | 2 | |
| AUBRA | 1 | |
| AVIANE | 1 | |
| AZATHIOPRINE | 2 | |
| AZELASTINE HCL | 2 | |
| AZITHROMYCIN 1 GM PWD PACKET | 2 | |
| AZITHROMYCIN 100 MG/5 ML SUSP | 2 | |
| AZITHROMYCIN 200 MG/5 ML SUSP | 2 | |
| AZITHROMYCIN 250 MG TABLET | 2 | |
| AZITHROMYCIN 500 MG TABLET | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| AZITHROMYCIN 600 MG TABLET | 2 | |
| AZOPT | 3 | |
| AZUPHEN MB | 2 | |
| AZURETTE | 1 | |
| BACITRACIN 500 UNIT/GM OPHTH | 2 | |
| BACITRACIN-POLYMYXIN EYE OINT | 2 | |
| BACLOFEN 10 MG TABLET | 1 | |
| BACLOFEN 20 MG TABLET | 1 | |
| BACLOFEN 5 MG TABLET | 2 | |
| BAL-CARE DHA | 1 | |
| BALCOLTRA | 4 | |
| BALSALAZIDE DISODIUM | 2 | |
| BALZIVA | 1 | |
| BANZEL | 4 | QL |
| BASAGLAR KWIKPEN U-100 | 3 | |
| BD 3 ML SYRINGE 18GX1-1/2" | 3 | |
| BD 3 ML SYRINGE 20GX1-1/2" | 3 | |
| BD 3 ML SYRINGE 25GX1" | 3 | |
| BD 3 ML SYRINGE 25GX1-1/2" | 3 | |
| BD 3 ML SYRINGE WITH NEEDLE | 3 | |
| BD AUTO INJECTOR | 3 | |
| BD AUTOSHIELD DUO NDL 5MMX30G | 3 | |
| BD AUTOSHIELD NEEDLE 5MMX29G | 3 | |
| BD AUTOSHIELD NEEDLE 8MMX29G | 3 | |
| BD BLUNT NEEDLE 18GX1-1/2" | 3 | |
| BD ECLIPSE 30GX1/2" SYRINGE | 3 | |
| BD ECLIPSE LUER-LOK SYR 3 ML | 3 | |
| BD ECLIPSE NEEDLE 18GX1 1/2" | 3 | |
| BD ECLIPSE NEEDLE 21GX1" | 3 | |
| BD ECLIPSE NEEDLE 22GX1" | 3 | |
| BD ECLIPSE NEEDLE 23GX1" | 3 | |
| BD ECLIPSE NEEDLE 25GX1" | 3 | |
| BD ECLIPSE NEEDLE 25GX1.5" | 3 | |
| BD ECLIPSE NEEDLE 25GX5/8" | 3 | |
| BD ECLIPSE NEEDLE 27GX1/2" | 3 | |
| BD ECLIPSE NEEDLE 30GX1/2" | 3 | |
| BD ECLIPSE NEEDLES 21GX1.5" | 3 | |
| BD FILTER NEEDLE | 3 | |
| BD INS SYR 0.3 ML 8MMX31G(1/2) | 3 | |
| BD INS SYR U-500 1/2ML 6MMX31G | 3 | |
| BD INS SYR UF 0.3ML 12.7MMX30G | 3 | |
| BD INS SYR UF 0.5ML 12.7MMX30G | 3 | |
| BD INS SYRN UF 1 ML 12.7MMX30G | 3 | |
| BD INS SYRNG 0.3 ML 29GX12.7MM | 3 | |
| BD INS SYRNG 0.5 ML 29GX12.7MM | 3 | |
| BD INS SYRNG UF 0.3 ML 8MMX31G | 3 | |
| BD INS SYRNG UF 0.5 ML 8MMX31G | 3 | |
| BD INSUL SYR 0.3 ML 31GX15/64" | 3 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| BD INSUL SYR 0.5 ML 31GX15/64" | 3 | |
| BD INSULIN SYR 0.3 ML 28GX1/2" | 3 | |
| BD INSULIN SYR 0.3 ML 29GX1/2" | 3 | |
| BD INSULIN SYR 0.3 ML 31GX5/16 | 3 | |
| BD INSULIN SYR 0.3 ML 8MMX31G | 3 | |
| BD INSULIN SYR 0.5 ML 28GX1/2" | 3 | |
| BD INSULIN SYR 0.5 ML 29GX1/2" | 3 | |
| BD INSULIN SYR 0.5 ML 30GX1/2" | 3 | |
| BD INSULIN SYR 0.5 ML 8MMX31G | 3 | |
| BD INSULIN SYR 0.5ML 31GX5/16" | 3 | |
| BD INSULIN SYR 1 ML 12.7MMX30G | 3 | |
| BD INSULIN SYR 1 ML 25GX1" | 3 | |
| BD INSULIN SYR 1 ML 25GX5/8" | 3 | |
| BD INSULIN SYR 1 ML 26GX1/2" | 3 | |
| BD INSULIN SYR 1 ML 27GX12.7MM | 3 | |
| BD INSULIN SYR 1 ML 27GX5/8" | 3 | |
| BD INSULIN SYR 1 ML 28GX1/2" | 3 | |
| BD INSULIN SYR 1 ML 29GX1/2" | 3 | |
| BD INSULIN SYR 1 ML 29GX12.7MM | 3 | |
| BD INSULIN SYR 1 ML 30GX1/2" | 3 | |
| BD INSULIN SYR 1 ML 31GX15/64" | 3 | |
| BD INSULIN SYR 1 ML 31GX5/16" | 3 | |
| BD INSULIN SYR 1 ML 8MMX31G | 3 | |
| BD INSULIN SYR UF 1 ML 8MMX31G | 3 | |
| BD INSULIN SYRINGE 1 ML | 3 | |
| BD INSULIN U100-3/10 ML SYR | 3 | |
| BD INTEGRA NEEDLE 25G X 5/8" | 3 | |
| BD INTEGRA RETRA NEEDLE 23GX1" | 3 | |
| BD INTEGRA SYR 1 ML 29GX1/2" | 3 | |
| BD INTEGRA SYR 3 ML 21GX1 1/2" | 3 | |
| BD LUER-LOK SYR 3 ML 25GX5/8" | 3 | |
| BD LUER-LOK SYRINGE 1 ML | 3 | |
| BD MAGNI-GUIDE MAGNIFIER | 3 | |
| BD MEDSAVER SYRINGE | 3 | |
| BD NEEDLE 18GX1 1/2" | 3 | |
| BD NEEDLE 19GX1 1/2" | 3 | |
| BD NEEDLE 20GX1 1/2" | 3 | |
| BD NEEDLE 21GX1 1/2" | 3 | |
| BD NEEDLE 21GX1" | 3 | |
| BD NEEDLE 22GX1 1/2" | 3 | |
| BD NEEDLE 22GX1" | 3 | |
| BD NEEDLE 22GX3/4" | 3 | |
| BD NEEDLE 23GX1 1/2" | 3 | |
| BD NEEDLE 23GX1" | 3 | |
| BD NEEDLE 24GX1" | 3 | |
| BD NEEDLE 25GX1" | 3 | |
| BD NEEDLE 25GX5/8" | 3 | |
| BD NEEDLE 26GX0.625" | 3 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| BD NEEDLES 16GX1" | 3 | |
| BD NEEDLES 16GX1.5" | 3 | |
| BD NEEDLES 18GX1" | 3 | |
| BD NEEDLES 18GX1.5" | 3 | |
| BD NEEDLES 19GX1" | 3 | |
| BD NEEDLES 19GX1.5" | 3 | |
| BD NEEDLES 20GX1" | 3 | |
| BD NEEDLES 20GX1.5" | 3 | |
| BD NEEDLES 21GX1" | 3 | |
| BD NEEDLES 21GX1.5" | 3 | |
| BD NEEDLES 21GX2" | 3 | |
| BD NEEDLES 22GX1" | 3 | |
| BD NEEDLES 22GX1.5" | 3 | |
| BD NEEDLES 23GX0.75" | 3 | |
| BD NEEDLES 23GX1.25" | 3 | |
| BD NEEDLES 25GX0.625" | 3 | |
| BD NEEDLES 25GX0.875" | 3 | |
| BD NEEDLES 25GX1.5" | 3 | |
| BD NEEDLES 26GX0.375" | 3 | |
| BD NEEDLES 26GX0.5" | 3 | |
| BD NEEDLES 27GX0.5" | 3 | |
| BD NEEDLES 27GX1X1.25" | 3 | |
| BD NEEDLES 30GX0.5" | 3 | |
| BD NEEDLES 30GX1" | 3 | |
| BD NOKOR ADMIX NEEDLE 18GX1.5" | 3 | |
| BD NOKOR NEEDLE 16GX1" | 3 | |
| BD NOKOR NEEDLE 18GX1" | 3 | |
| BD PEN NEEDLE 29GX1/2" | 3 | |
| BD PRECISIONGLI 27GX1-1/2" NDL | 3 | |
| BD PRECISIONGLIDE 3 ML 22GX3/4 | 3 | |
| BD PRECISIONGLIDE NEEDLE 25G | 3 | |
| BD SAFETGLD INS 0.3 ML 8MMX31G | 3 | |
| BD SAFETGLD INS 0.3ML 13MMX29G | 3 | |
| BD SAFETGLD INS 0.5 ML 8MMX30G | 3 | |
| BD SAFETYGLID INS 1 ML 6MMX31G | 3 | |
| BD SAFETYGLIDE 3 ML SYRINGE | 3 | |
| BD SAFETYGLIDE NEEDLE | 3 | |
| BD SAFETYGLIDE NEEDLE 18GX1.5" | 3 | |
| BD SAFETYGLIDE NEEDLE 21GX1" | 3 | |
| BD SAFETYGLIDE NEEDLE 21GX1.5" | 3 | |
| BD SAFETYGLIDE NEEDLE 22GX1.5" | 3 | |
| BD SAFETYGLIDE NEEDLE 25GX1" | 3 | |
| BD SAFETYGLIDE NEEDLE 27GX5/8" | 3 | |
| BD SAFETYGLIDE SYRINGE 27GX5/8 | 3 | |
| BD SAFTYGLD INS 0.3 ML 6MMX31G | 3 | |
| BD SAFTYGLD INS 0.5 ML 6MMX31G | 3 | |
| BD SYR 0.3 ML 6MMX31G (1/2) | 3 | |
| BD SYR 0.3 ML 8MMX31G (1/2) | 3 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| BD SYRINGE 0.3 ML 12.7MMX30G | 3 | |
| BD SYRINGE 0.5 ML 12.7MMX30G | 3 | |
| BD SYRINGE-SAFETY GLIDE | 3 | |
| BD UF MICRO PEN NEEDLE 6MMX32G | 3 | |
| BD UF MINI PEN NEEDLE 5MMX31G | 3 | |
| BD UF NANO PEN NEEDLE 4MMX32G | 3 | |
| BD UF ORIG PEN NDL 12.7MMX29G | 3 | |
| BD UF SHORT PEN NEEDLE 8MMX31G | 3 | |
| BD VEO INS 0.3ML 6MMX31G (1/2) | 3 | |
| BD VEO INS SYRING 1 ML 6MMX31G | 3 | |
| BD VEO INS SYRN 0.3 ML 6MMX31G | 3 | |
| BD VEO INS SYRN 0.5 ML 6MMX31G | 3 | |
| BEKYREE | 1 | |
| BELLADONNA-OPIUM | 2 | |
| BENAZEPRIL HCL | 1 | |
| BENAZEPRIL-HYDROCHLOROTHIAZIDE | 2 | |
| BENZEPRO 6% FOAMING CLOTHS | 2 | |
| BENZEPRO 7% CREAMY WASH | 2 | |
| BENZONATATE | 2 | |
| BENZTROPINE MES 0.5 MG TAB | 2 | |
| BENZTROPINE MES 1 MG TABLET | 2 | |
| BENZTROPINE MES 2 MG TABLET | 2 | |
| BETAMETHASONE DIPROP AUGMENTED | 2 | |
| BETAMETHASONE DIPROPIONATE | 2 | |
| BETAMETHASONE VALERATE | 2 | |
| BETAXOLOL HCL | 2 | |
| BETHANECHOL CHLORIDE | 2 | |
| BEXAROTENE | 4 | PA |
| BEYAZ | 3 | |
| BICALUTAMIDE | 2 | |
| BILTRICIDE | 4 | |
| BIMATOPROST 0.03% EYE DROPS | 2 | |
| BISOPROLOL FUMARATE | 2 | |
| BISOPROLOL-HYDROCHLOROTHIAZIDE | 1 | |
| BLISOVI 24 FE | 1 | |
| BLISOVI FE | 1 | |
| BP WASH 7% LIQUID | 2 | |
| BP WASH ACNE 4% TREATMENT PACK | 2 | |
| BPO 4% CREAMY WASH PACK | 2 | |
| BPO 4% GEL | 2 | |
| BPO 6% FOAMING CLOTHS | 2 | |
| BPO 8% GEL | 2 | |
| BREO ELLIPTA | 3 | |
| BREVICON | 4 | |
| BRIELLYN | 1 | |
| BRILINTA | 4 | |
| BRIMONIDINE TARTRATE | 2 | |
| BROMFED DM | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| BROMFENAC SODIUM | 2 | |
| BROMOCRIPTINE MESYLATE | 2 | |
| BROMPHENIRAMINE-PSEUDOEPHED-DM | 2 | |
| BUDESONIDE 0.25 MG/2 ML SUSP | 4 | |
| BUDESONIDE 0.5 MG/2 ML SUSP | 4 | |
| BUDESONIDE 1 MG/2 ML INH SUSP | 4 | |
| BUDESONIDE 32 MCG NASAL SPRAY | 2 | |
| BUDESONIDE EC 3 MG CAPSULE | 4 | |
| BUMETANIDE 0.5 MG TABLET | 1 | |
| BUMETANIDE 1 MG TABLET | 1 | |
| BUMETANIDE 2 MG TABLET | 1 | |
| BUPRENORPHINE PATCH | 2 | QL |
| BUPRENORPHINE 2 MG TABLET SL | 2 | |
| BUPRENORPHINE 8 MG TABLET SL | 2 | |
| BUPRENORPHINE-NALOXONE | 2 | |
| BUPROPION HCL | 2 | QL |
| BUPROPION HCL SR | 2 | QL |
| BUPROPION XL | 2 | QL |
| BUSPIRONE HCL | 2 | |
| BUTALB-ACETAMINOPH-CAFF-CODEIN | 2 | |
| BUTALB-CAFF-ACETAMINOPH-CODEIN | 2 | |
| BUTALBITAL COMPOUND-CODEINE | 2 | |
| BUTALBITAL-ACETAMINOPHEN-CAFFE | 2 | |
| BUTALBITAL-ACETAMINOPHN 50-325 | 2 | |
| BUTALBITAL-ASPIRIN-CAFFEINE | 2 | |
| BUTORPHANOL 10 MG/ML SPRAY | 2 | QL |
| BYDUREON | 3 | QL |
| BYDUREON BCISE | 3 | QL |
| BYDUREON PEN | 3 | QL |
| BYETTA | 3 | QL |
| CABERGOLINE | 2 | QL |
| CAFFEINE CIT 60 MG/3 ML ORAL | 2 | |
| CALCIPOTRIENE | 2 | |
| CALCIPOTRIENE-BETAMETHASONE DP | 2 | |
| CALCITONIN-SALMON | 2 | |
| CALCITRENE | 2 | |
| CALCITRIOL 0.25 MCG CAPSULE | 2 | |
| CALCITRIOL 0.5 MCG CAPSULE | 2 | |
| CALCITRIOL 1 MCG/ML SOLUTION | 2 | |
| CALCITRIOL 3 MCG/G OINTMENT | 2 | QL |
| CALCIUM ACETATE 667 MG CAPSULE | 2 | |
| CALCIUM ACETATE 667 MG GELCAP | 2 | |
| CALCIUM ACETATE 667 MG TABLET | 2 | |
| CAMILA | 1 | |
| CAMRESE | 1 | |
| CAMRESE LO | 1 | |
| CANDESARTAN CILEXETIL | 2 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| CANDESARTAN-HYDROCHLOROTHIAZID | 2 | |
| CAPACET | 2 | |
| CAPECITABINE | 4 | |
| CAPTOPRIL | 1 | |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE | 2 | QL |
| CARBAGLU | 4 | PA |
| CARBAMAZEPINE 100 MG TAB CHEW | 1 | |
| CARBAMAZEPINE 100 MG/5 ML SUSP | 2 | |
| CARBAMAZEPINE 200 MG TABLET | 1 | |
| CARBAMAZEPINE ER | 2 | |
| CARBIDOPA | 2 | |
| CARBIDOPA-LEVODOPA | 2 | |
| CARBIDOPA-LEVODOPA ER | 2 | |
| CARBIDOPA-LEVODOPA-ENTACAPONE | 2 | |
| CARBINOXAMINE 4 MG/5 ML LIQUID | 2 | |
| CARBINOXAMINE MALEATE 4 MG TAB | 2 | |
| CARETOUCH ALCOHOL PREP PAD | 3 | |
| CARISOPRODOL | 2 | |
| CARISOPRODOL COMPOUND | 2 | |
| CARISOPRODOL COMPOUND-CODEINE | 2 | |
| CARISOPRODOL-ASPIRIN | 2 | |
| CARISOPRODOL-ASPIRIN-CODEINE | 2 | |
| CARTEOLOL HCL | 2 | |
| CARTIA XT | 2 | |
| CARVEDILOL | 1 | |
| CAZIANT | 1 | |
| CEFACLOR | 2 | |
| CEFACLOR ER | 2 | |
| CEFADROXIL | 2 | |
| CEFDINIR | 2 | |
| CEFDITOREN PIVOXIL | 2 | |
| CEFIXIME | 2 | |
| CEFPODOXIME PROXETIL | 2 | |
| CEFPROZIL | 2 | |
| CEFTIBUTEN | 2 | |
| CEFUROXIME | 2 | |
| CELECOXIB | 2 | QL |
| CENTERGY | 2 | |
| CENTERGY DM | 2 | |
| CEPHALEXIN 125 MG/5 ML SUSP | 1 | |
| CEPHALEXIN 250 MG CAPSULE | 1 | |
| CEPHALEXIN 250 MG TABLET | 1 | |
| CEPHALEXIN 250 MG/5 ML SUSP | 1 | |
| CEPHALEXIN 500 MG CAPSULE | 1 | |
| CEPHALEXIN 500 MG TABLET | 1 | |
| CEPHALEXIN 750 MG CAPSULE | 2 | |
| CESAMET | 4 | |
| CETIRIZINE HCL 1 MG/ML SOLN | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| CETIRIZINE HCL 1 MG/ML SYRUP | 2 | |
| CEVIMELINE HCL | 2 | |
| CHATEAL | 1 | |
| CHERATUSSIN AC | 2 | |
| CHLORDIAZEPOXIDE HCL | 2 | |
| CHLORDIAZEPOXIDE-AMITRIPTYLINE | 2 | |
| CHLORDIAZEPOXIDE-CLIDINIUM | 2 | |
| CHLORHEXIDINE 0.12% RINSE | 2 | |
| CHLOROQUINE PHOSPHATE | 2 | |
| CHLOROTHIAZIDE | 2 | |
| CHLORPROMAZINE 10 MG TABLET | 2 | |
| CHLORPROMAZINE 100 MG TABLET | 2 | |
| CHLORPROMAZINE 200 MG TABLET | 2 | |
| CHLORPROMAZINE 25 MG TABLET | 2 | |
| CHLORPROMAZINE 50 MG TABLET | 2 | |
| CHLORPROPAMIDE | 1 | |
| CHLORTHALIDONE | 2 | |
| CHLORZOXAZONE 500 MG TABLET | 2 | |
| CHOLESTYRAMINE | 2 | |
| CHOLESTYRAMINE LIGHT | 2 | |
| CHOLINE MAG TRISALICYLATE | 2 | |
| CICLODAN 0.77% CREAM | 2 | |
| CICLODAN 8% SOLUTION | 2 | |
| CICLOPIROX 0.77% CREAM | 2 | |
| CICLOPIROX 0.77% GEL | 2 | |
| CICLOPIROX 0.77% TOPICAL SUSP | 2 | |
| CICLOPIROX 1% SHAMPOO | 2 | |
| CICLOPIROX 8% SOLUTION | 2 | |
| CILOSTAZOL | 2 | |
| CIMETIDINE 200 MG TABLET | 1 | |
| CIMETIDINE 300 MG TABLET | 1 | |
| CIMETIDINE 300 MG/5 ML SOLN | 2 | |
| CIMETIDINE 400 MG TABLET | 1 | |
| CIMETIDINE 800 MG TABLET | 1 | |
| CIPROFLOXACIN 0.2% OTIC SOLN | 2 | |
| CIPROFLOXACIN 0.3% EYE DROP | 2 | |
| CIPROFLOXACIN 250 MG/5 ML SUSP | 2 | |
| CIPROFLOXACIN 500 MG/5 ML SUSP | 2 | |
| CIPROFLOXACIN ER | 2 | |
| CIPROFLOXACIN HCL 100 MG TAB | 1 | |
| CIPROFLOXACIN HCL 250 MG TAB | 1 | |
| CIPROFLOXACIN HCL 500 MG TAB | 1 | |
| CIPROFLOXACIN HCL 750 MG TAB | 1 | |
| CITALOPRAM HBR 10 MG TABLET | 1 | QL |
| CITALOPRAM HBR 10 MG/5 ML SOLN | 2 | QL |
| CITALOPRAM HBR 20 MG TABLET | 1 | QL |
| CITALOPRAM HBR 40 MG TABLET | 1 | QL |
| CLARAVIS | 2 | QL |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| CLARITHROMYCIN | 2 | |
| CLARITHROMYCIN ER | 2 | |
| CLEMASTINE FUMARATE | 2 | |
| CLINDACIN ETZ 1% PLEDGET | 2 | |
| CLINDACIN P | 2 | |
| CLINDAMYCIN 2% VAGINAL CREAM | 2 | |
| CLINDAMYCIN HCL | 2 | |
| CLINDAMYCIN PALMITATE HCL | 2 | |
| CLINDAMYCIN PEDIATRIC | 2 | |
| CLINDAMYCIN PH 1% GEL | 2 | |
| CLINDAMYCIN PH 1% SOLUTION | 2 | |
| CLINDAMYCIN PHOS 1% PLEDGET | 2 | |
| CLINDAMYCIN PHOS-BENZOYL PEROX | 2 | |
| CLINDAMYCIN PHOSP 1% LOTION | 2 | |
| CLINDAMYCIN PHOSPHATE 1% FOAM | 2 | |
| CLINDAMYCIN PHOS-TRETINOIN | 2 | |
| CLINDAMYCIN-BENZOYL PEROXIDE | 2 | |
| CLOBETASOL 0.05% CREAM | 2 | |
| CLOBETASOL 0.05% GEL | 2 | |
| CLOBETASOL 0.05% OINTMENT | 2 | |
| CLOBETASOL 0.05% SHAMPOO | 2 | |
| CLOBETASOL 0.05% SOLUTION | 2 | |
| CLOBETASOL 0.05% TOPICAL LOTN | 2 | |
| CLOBETASOL EMOLLIENT | 2 | |
| CLOBETASOL EMULSION | 2 | |
| CLOBETASOL PROP 0.05% FOAM | 2 | |
| CLOBETASOL PROP 0.05% SPRAY | 2 | |
| CLOCORTOLONE PIVALATE | 2 | |
| CLODAN 0.05% SHAMPOO | 2 | |
| CLOMIPRAMINE HCL | 4 | |
| CLONAZEPAM | 2 | |
| CLONIDINE | 2 | |
| CLONIDINE HCL 0.1 MG TABLET | 2 | |
| CLONIDINE HCL 0.2 MG TABLET | 2 | |
| CLONIDINE HCL 0.3 MG TABLET | 2 | |
| CLONIDINE HCL ER | 2 | |
| CLOPIDOGREL | 2 | |
| CLORAZEPATE DIPOTASSIUM | 2 | |
| CLORPRES | 2 | |
| CLOTRIMAZOLE 1% CREAM | 2 | |
| CLOTRIMAZOLE 1% SOLUTION | 2 | |
| CLOTRIMAZOLE 10 MG TROCHE | 2 | |
| CLOTRIMAZOLE-BETAMETHASONE | 2 | |
| CLOZAPINE | 2 | |
| CLOZAPINE ODT 100 MG TABLET | 4 | |
| CLOZAPINE ODT 12.5 MG TABLET | 4 | |
| CLOZAPINE ODT 150 MG TABLET | 4 | |
| CLOZAPINE ODT 200 MG TABLET | 4 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| CLOZAPINE ODT 25 MG TABLET | 4 | |
| C-NATE DHA | 1 | |
| COARTEM | 4 | QL |
| CODEINE SULFATE | 2 | |
| CODEINE-GUAIFEN 10-100 MG/5 ML | 2 | |
| COLCHICINE | 2 | |
| COLESTIPOL HCL | 2 | |
| COLOCORT | 2 | |
| COLY-MYCIN S | 4 | |
| COMPLERA | 3 | |
| COMPLETE NATAL DHA | 1 | |
| COMPLETENATE | 1 | |
| COMPRO | 2 | |
| CONSTULOSE | 2 | |
| COREMINO | 2 | |
| CORMAX | 2 | |
| CORTISONE ACETATE | 2 | |
| COVARYX | 2 | |
| COVARYX H.S. | 2 | |
| CRIXIVAN | 3 | |
| CROMOLYN 100 MG/5 ML ORAL CONC | 2 | |
| CROMOLYN 20 MG/2 ML NEB SOLN | 2 | |
| CROMOLYN 4% EYE DROPS | 2 | |
| CRYSELLE | 1 | |
| CUPRIMINE | 4 | |
| CURITY ALCOHOL PREPS | 3 | |
| CYANOCOBALAMIN INJECTION | 2 | |
| CYCLAFEM | 1 | |
| CYCLESSA | 1 | |
| CYCLOBENZAPRINE 10 MG TABLET | 1 | |
| CYCLOBENZAPRINE 5 MG TABLET | 1 | |
| CYCLOBENZAPRINE 7.5 MG TABLET | 3 | |
| CYCLOPENTOLATE HCL | 2 | |
| CYCLOPHOSPHAMIDE 25 MG CAPSULE | 3 | |
| CYCLOPHOSPHAMIDE 50 MG CAPSULE | 3 | |
| CYCLOSERINE | 2 | |
| CYCLOSET | 4 | |
| CYCLOSPORINE 100 MG CAPSULE | 2 | |
| CYCLOSPORINE 25 MG CAPSULE | 2 | |
| CYCLOSPORINE MODIFIED | 2 | |
| CYPROHEPTADINE 2 MG/5 ML SYRUP | 2 | |
| CYPROHEPTADINE 4 MG TABLET | 2 | |
| CYRED | 1 | |
| CYSTARAN | 4 | LDD |
| CYTRA-2 | 2 | |
| CYTRA-3 | 2 | |
| CYTRA-K | 2 | |
| DANAZOL | 2 | |

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| DANTROLENE SODIUM | 2 | |
| DAPSONE | 4 | |
| DARIFENACIN ER | 2 | |
| DASETTA | 1 | |
| DAYSEE | 1 | |
| DEBLITANE | 1 | |
| DECADRON 0.5 MG/5 ML ELIXIR | 1 | |
| DECARA 25,000 UNIT VEGICAP | 4 | QL |
| DECARA 50,000 UNIT SOFTGEL | 4 | QL |
| DELYLA | 1 | |
| DEMECLOCYCLINE HCL | 2 | |
| DEMSER | 4 | |
| DENTA 5000 PLUS | 2 | |
| DENTAGEL | 2 | |
| DEPADE | 2 | |
| DEPEN | 4 | |
| DESCOVY | 3 | |
| DESIPRAMINE HCL | 2 | |
| DESLORATADINE | 2 | QL |
| DESMOPRESSIN 0.01% SOLUTION | 2 | |
| DESMOPRESSIN 0.01% SPRAY | 2 | |
| DESMOPRESSIN 0.1 MG/ML SOL | 2 | |
| DESMOPRESSIN 10 MCG/0.1 ML SPR | 2 | |
| DESMOPRESSIN ACETATE 0.1 MG TB | 2 | |
| DESMOPRESSIN ACETATE 0.2 MG TB | 2 | |
| DESOGEN | 4 | |
| DESOGESTREL-ETHINYL ESTRADIOL | 1 | |
| DESOGESTR-ETH ESTRAD ETH ESTRA | 1 | |
| DESONIDE | 2 | |
| DESOXIMETASONE | 2 | |
| DESVENLAFAXINE SUCCINATE ER | 2 | QL |
| DEXAMETHASONE | 1 | |
| DEXAMETHASONE 0.1% EYE DROP | 2 | |
| DEXAMETHASONE INTENSOL | 1 | |
| DEXILANT | 3 | ST, QL |
| DEXMETHYLPHENIDATE ER 10 MG CP | 2 | |
| DEXMETHYLPHENIDATE ER 15 MG CP | 2 | |
| DEXMETHYLPHENIDATE ER 20 MG CP | 2 | |
| DEXMETHYLPHENIDATE ER 25 MG CP | 2 | |
| DEXMETHYLPHENIDATE ER 30 MG CP | 2 | |
| DEXMETHYLPHENIDATE ER 35 MG CP | 2 | |
| DEXMETHYLPHENIDATE ER 40 MG CP | 2 | |
| DEXMETHYLPHENIDATE ER 5 MG CAP | 2 | |
| DEXMETHYLPHENIDATE HCL | 2 | |
| DEXTROAMPHETAMINE SULFATE | 2 | |
| DEXTROAMPHETAMINE SULFATE ER | 2 | |
| DEXTROAMPHETAMINE-AMPHET ER | 2 | |
| DEXTROAMPHETAMINE-AMPHETAMINE | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| DIAZEPAM 10 MG RECTAL GEL SYST | 2 | |
| DIAZEPAM 10 MG TABLET | 2 | |
| DIAZEPAM 2 MG TABLET | 2 | |
| DIAZEPAM 2.5 MG RECTAL GEL SYS | 2 | |
| DIAZEPAM 20 MG RECTAL GEL SYST | 2 | |
| DIAZEPAM 5 MG TABLET | 2 | |
| DIAZEPAM 5 MG/5 ML ORAL SOLN | 2 | |
| DIAZEPAM 5 MG/5 ML SOLUTION | 2 | |
| DIAZEPAM 5 MG/ML ORAL CONC | 2 | |
| DICLOFENAC 0.1% EYE DROPS | 2 | |
| DICLOFENAC 1.5% TOPICAL SOLN | 2 | |
| DICLOFENAC POTASSIUM | 2 | |
| DICLOFENAC SOD DR 25 MG TAB | 2 | |
| DICLOFENAC SOD DR 50 MG TAB | 2 | |
| DICLOFENAC SOD DR 75 MG TAB | 2 | |
| DICLOFENAC SOD EC 25 MG TAB | 2 | |
| DICLOFENAC SOD EC 50 MG TAB | 2 | |
| DICLOFENAC SOD EC 75 MG TAB | 2 | |
| DICLOFENAC SODIUM 1% GEL | 2 | QL |
| DICLOFENAC SODIUM ER | 2 | |
| DICLOFENAC SODIUM-MISOPROSTOL | 2 | |
| DICLOXACILLIN SODIUM | 2 | |
| DICYCLOMINE 10 MG CAPSULE | 1 | |
| DICYCLOMINE 10 MG/5 ML SOLN | 2 | |
| DICYCLOMINE 20 MG TABLET | 1 | |
| DIDANOSINE | 2 | |
| DIFLORASONE DIACETATE | 2 | |
| DIFLUNISAL | 2 | |
| DIGITEK | 1 | |
| DIGOX | 1 | |
| DIGOXIN 0.05 MG/ML SOLUTION | 2 | |
| DIGOXIN 0.125 MG TABLET | 1 | |
| DIGOXIN 0.25 MG TABLET | 1 | |
| DIGOXIN 125 MCG TABLET | 1 | |
| DIGOXIN 250 MCG TABLET | 1 | |
| DIHYDROERGOTAMINE MESYLATE | 4 | QL |
| DILTIAZEM 120 MG TABLET | 1 | |
| DILTIAZEM 12HR ER | 2 | |
| DILTIAZEM 24HR CD | 2 | |
| DILTIAZEM 24HR ER | 2 | |
| DILTIAZEM 30 MG TABLET | 1 | |
| DILTIAZEM 60 MG TABLET | 1 | |
| DILTIAZEM 90 MG TABLET | 1 | |
| DILTIAZEM ER | 2 | |
| DILT-XR | 2 | |
| DIPHENHYDRAMINE 12.5 MG/5 ML | 2 | |
| DIPHENHYDRAMINE 25 MG/10 ML | 2 | |
| DIPHENOXYLATE-ATROPINE | 2 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| DIPYRIDAMOLE 25 MG TABLET | 2 | |
| DIPYRIDAMOLE 50 MG TABLET | 2 | |
| DIPYRIDAMOLE 75 MG TABLET | 2 | |
| DISKETS | 2 | PA |
| DISOPYRAMIDE PHOSPHATE | 2 | |
| DISULFIRAM | 2 | |
| DIVALPROEX SODIUM | 2 | |
| DIVALPROEX SODIUM ER | 2 | |
| DOFETILIDE | 4 | QL |
| DONEPEZIL HCL | 2 | |
| DONEPEZIL HCL ODT | 2 | |
| DORZOLAMIDE HCL | 2 | |
| DORZOLAMIDE-TIMOLOL | 2 | |
| DOTHELLE DHA | 1 | |
| DOXAZOSIN MESYLATE | 1 | |
| DOXEPIN 10 MG CAPSULE | 2 | |
| DOXEPIN 10 MG/ML ORAL CONC | 2 | |
| DOXEPIN 100 MG CAPSULE | 2 | |
| DOXEPIN 150 MG CAPSULE | 2 | |
| DOXEPIN 25 MG CAPSULE | 2 | |
| DOXEPIN 5% CREAM | 4 | |
| DOXEPIN 50 MG CAPSULE | 2 | |
| DOXEPIN 75 MG CAPSULE | 2 | |
| DOXERCALCIFEROL 0.5 MCG CAP | 2 | |
| DOXERCALCIFEROL 1 MCG CAPSULE | 2 | |
| DOXERCALCIFEROL 2.5 MCG CAP | 2 | |
| DOXYCYCLINE HYC DR 100 MG TAB | 2 | |
| DOXYCYCLINE HYC DR 150 MG TAB | 2 | |
| DOXYCYCLINE HYC DR 200 MG TAB | 2 | |
| DOXYCYCLINE HYC DR 50 MG TAB | 2 | |
| DOXYCYCLINE HYC DR 75 MG TAB | 2 | |
| DOXYCYCLINE HYCLATE 100 MG CAP | 2 | |
| DOXYCYCLINE HYCLATE 100 MG TAB | 2 | |
| DOXYCYCLINE HYCLATE 20 MG TAB | 2 | |
| DOXYCYCLINE HYCLATE 50 MG CAP | 2 | |
| DOXYCYCLINE MONOHYDRATE | 2 | |
| DRONABINOL | 4 | |
| DROSPIRENONE-EE 3-0.02 MG TAB | 1 | |
| DROSPIRENONE-EE 3-0.03 MG TAB | 1 | |
| DROSPIRENONE-ETH ESTRA-LEVOMEF | 1 | |
| DULOXETINE HCL | 2 | QL |
| DUTASTERIDE | 2 | |
| DUTASTERIDE-TAMSULOSIN | 2 | |
| EASY TOUCH ALCOHOL PREP PADS | 3 | |
| ECONAZOLE NITRATE | 2 | |
| ECONTRA EZ | 4 | |
| ED-SPAZ | 1 | |
| EDURANT | 3 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| EEMT | 2 | |
| EEMT H.S. | 2 | |
| EFAVIRENZ | 2 | |
| ELINEST | 1 | |
| ELIPHOS | 2 | |
| ELITE OB DHA | 1 | |
| ELITE-OB | 1 | |
| ELITE-OB 400 | 1 | |
| ELLA | 4 | |
| ELMIRON | 4 | |
| EMOQUETTE | 1 | |
| EMSAM | 4 | QL |
| EMTRIVA | 3 | |
| EMVERM | 2 | |
| ENALAPRIL MALEATE | 1 | |
| ENALAPRIL-HYDROCHLOROTHIAZIDE | 2 | |
| ENDOCET | 2 | |
| ENOXAPARIN SODIUM | 4 | QL |
| ENPRESSE | 1 | |
| ENSKYCE | 1 | |
| ENTACAPONE | 2 | |
| ENTECAVIR 0.5 MG TABLET | 4 | |
| ENTECAVIR 1 MG TABLET | 4 | |
| ENTRESTO | 3 | PA |
| ENULOSE | 2 | |
| EPINASTINE HCL | 2 | |
| EPINEPHRINE 0.15 MG AUTO-INJCT | 2 | QL |
| EPINEPHRINE 0.3 MG AUTO-INJECT | 2 | QL |
| EPITOL | 1 | |
| EPLERENONE | 2 | |
| EPROSARTAN MESYLATE | 2 | |
| ERGOLOID MESYLATES | 1 | |
| ERGOMAR | 4 | |
| ERRIN | 1 | |
| ERY | 2 | |
| ERYTHROCIN STEARATE | 2 | |
| ERYTHROMYCIN | 2 | |
| ERYTHROMYCIN ETHYLSUCCINATE | 2 | |
| ERYTHROMYCIN-BENZOYL PEROXIDE | 2 | |
| ESCITALOPRAM OXALATE | 2 | QL |
| ESOMEPRAZOLE MAG DR 20 MG CAP | 2 | QL |
| ESOMEPRAZOLE MAG DR 40 MG CAP | 2 | QL |
| ESOMEPRAZOLE STRONTIUM | 2 | QL |
| ESTARYLLA | 1 | |
| ESTAZOLAM | 2 | |
| ESTRADIOL 0.025 MG PATCH | 2 | |
| ESTRADIOL 0.0375 MG PATCH | 2 | |
| ESTRADIOL 0.0375 MG/DAY PATCH | 2 | |

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| ESTRADIOL 0.05 MG PATCH | 2 | |
| ESTRADIOL 0.06 MG/DAY PATCH | 2 | |
| ESTRADIOL 0.075 MG PATCH | 2 | |
| ESTRADIOL 0.075 MG/DAY PATCH | 2 | |
| ESTRADIOL 0.1 MG PATCH | 2 | |
| ESTRADIOL 0.5 MG TABLET | 1 | |
| ESTRADIOL 1 MG TABLET | 1 | |
| ESTRADIOL 10 MCG VAGINAL INSRT | 2 | |
| ESTRADIOL 2 MG TABLET | 1 | |
| ESTRADIOL TDS 0.025 MG/DAY | 2 | |
| ESTRADIOL TDS 0.0375 MG/DAY | 2 | |
| ESTRADIOL TDS 0.05 MG/DAY | 2 | |
| ESTRADIOL TDS 0.06 MG/DAY | 2 | |
| ESTRADIOL TDS 0.075 MG/DAY | 2 | |
| ESTRADIOL TDS 0.1 MG/DAY | 2 | |
| ESTRADIOL-NORETHINDRONE ACETAT | 2 | |
| ESTROGEN-METHYLTESTOSTERONE | 2 | |
| ESTROPIPATE | 2 | |
| ESTROSTEP FE | 4 | |
| ESZOPICLONE | 2 | |
| ETHACRYNIC ACID | 2 | |
| ETHAMBUTOL HCL | 2 | |
| ETHOSUXIMIDE | 2 | |
| ETHYL CHLORIDE | 2 | |
| ETHYNODIOL-ETHINYL ESTRADIOL | 1 | |
| ETIDRONATE DISODIUM | 2 | |
| ETODOLAC | 2 | |
| ETODOLAC ER | 2 | |
| ETOPOSIDE | 4 | |
| EVOTAZ | 3 | |
| EXEMESTANE | 2 | |
| EXTRA-VIRT PLUS DHA | 1 | |
| EZETIMIBE | 2 | |
| EZETIMIBE-SIMVASTATIN | 2 | |
| FALLBACK SOLO | 4 | |
| FALMINA | 1 | |
| FAMCICLOVIR | 2 | |
| FAMOTIDINE 20 MG TABLET | 1 | |
| FAMOTIDINE 40 MG TABLET | 1 | |
| FAMOTIDINE 40 MG/5 ML SUSP | 2 | |
| FARESTON | 4 | |
| FARXIGA | 3 | QL |
| FAYOSIM | 1 | |
| FELBAMATE 400 MG TABLET | 4 | |
| FELBAMATE 600 MG TABLET | 4 | |
| FELBAMATE 600 MG/5 ML SUSP | 4 | |
| FELODIPINE ER | 2 | |
| FEM PH | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| FEMCON FE | 4 | |
| FEMYNOR | 1 | |
| FENOFIBRATE | 2 | |
| FENOFIBRIC ACID | 2 | |
| FENOPROFEN 600 MG TABLET | 2 | |
| FENTANYL PATCH | 2 | PA, QL |
| FENTANYL CIT OTFC 1,200 MCG | 4 | PA |
| FENTANYL CIT OTFC 1,600 MCG | 4 | PA |
| FENTANYL CITRATE OTFC 200 MCG | 4 | PA |
| FENTANYL CITRATE OTFC 400 MCG | 4 | PA |
| FENTANYL CITRATE OTFC 600 MCG | 4 | PA |
| FENTANYL CITRATE OTFC 800 MCG | 4 | PA |
| FEXOFENADINE HCL 180 MG TABLET | 2 | |
| FEXOFENADINE HCL 30 MG TABLET | 2 | |
| FEXOFENADINE HCL 60 MG TABLET | 2 | |
| FINASTERIDE 5 MG TABLET | 2 | |
| FIORICET | 2 | |
| FLAVOXATE HCL | 2 | |
| FLECAINIDE ACETATE | 2 | |
| FLOVENT DISKUS | 3 | |
| FLOVENT HFA | 3 | |
| FLUCONAZOLE 10 MG/ML SUSP | 2 | |
| FLUCONAZOLE 100 MG TABLET | 2 | |
| FLUCONAZOLE 150 MG TABLET | 1 | |
| FLUCONAZOLE 200 MG TABLET | 2 | |
| FLUCONAZOLE 40 MG/ML SUSP | 2 | |
| FLUCONAZOLE 50 MG TABLET | 2 | |
| FLUCYTOSINE | 4 | |
| FLUDROCORTISONE ACETATE | 2 | |
| FLUNISOLIDE | 2 | |
| FLUOCINOLONE ACETONIDE | 2 | |
| FLUOCINOLONE ACETONIDE OIL | 2 | |
| FLUOCINONIDE 0.05% CREAM | 2 | |
| FLUOCINONIDE 0.05% GEL | 2 | |
| FLUOCINONIDE 0.05% OINTMENT | 2 | |
| FLUOCINONIDE 0.05% SOLUTION | 2 | |
| FLUOCINONIDE 0.1% CREAM | 2 | |
| FLUOCINONIDE-E | 2 | |
| FLUORABON | 2 | |
| FLUORIDE | 2 | |
| FLUORIDEX | 2 | |
| FLUORIDEX DAILY DEFENSE | 2 | |
| FLUORITAB | 2 | |
| FLUOROMETHOLONE | 2 | |
| FLUOROURACIL 0.5% CREAM | 2 | |
| FLUOROURACIL 2% TOPICAL SOLN | 2 | |
| FLUOROURACIL 5% CREAM | 2 | |
| FLUOROURACIL 5% TOPICAL SOLN | 2 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| FLUOXETINE 20 MG/5 ML SOLUTION | 2 | QL |
| FLUOXETINE DR | 2 | QL |
| FLUOXETINE HCL 10 MG CAPSULE | 1 | QL |
| FLUOXETINE HCL 10 MG TABLET | 1 | QL |
| FLUOXETINE HCL 20 MG CAPSULE | 1 | QL |
| FLUOXETINE HCL 20 MG TABLET | 1 | QL |
| FLUOXETINE HCL 40 MG CAPSULE | 1 | QL |
| FLUOXETINE HCL 60 MG TABLET | 1 | QL |
| FLUPHENAZINE 1 MG TABLET | 2 | |
| FLUPHENAZINE 10 MG TABLET | 2 | |
| FLUPHENAZINE 2.5 MG TABLET | 2 | |
| FLUPHENAZINE 2.5 MG/5 ML ELIX | 2 | |
| FLUPHENAZINE 5 MG TABLET | 2 | |
| FLUPHENAZINE 5 MG/ML CONC | 2 | |
| FLURA-DROPS | 2 | |
| FLURANDRENOLIDE | 2 | |
| FLURAZEPAM HCL | 2 | |
| FLURBIPROFEN | 2 | |
| FLURBIPROFEN SODIUM | 2 | |
| FLUTAMIDE | 2 | |
| FLUTICASONE PROP 0.005% OINT | 2 | |
| FLUTICASONE PROP 0.05% CREAM | 2 | |
| FLUTICASONE PROP 0.05% LOTION | 2 | |
| FLUTICASONE PROP 50 MCG SPRAY | 2 | |
| FLUTICASONE-SALMETEROL | 2 | |
| FLUVASTATIN ER | 2 | |
| FLUVASTATIN SODIUM | 2 | |
| FLUVOXAMINE MALEATE | 2 | QL |
| FLUVOXAMINE MALEATE ER | 2 | QL |
| FOCALGIN 90 DHA | 1 | |
| FOCALGIN CA | 1 | |
| FOLIC ACID 1 MG TABLET | 2 | |
| FOLIVANE-OB | 1 | |
| FONDAPARINUX SODIUM | 4 | QL |
| FORMADON | 2 | |
| FORMALDEHYDE | 2 | |
| FORTICAL | 2 | |
| FOSAMPRENAVIR CALCIUM | 2 | |
| FOSINOPRIL SODIUM | 1 | |
| FOSINOPRIL-HYDROCHLOROTHIAZIDE | 2 | |
| FROVATRIPTAN SUCCINATE | 2 | QL |
| FUROSEMIDE 10 MG/ML SOLUTION | 1 | |
| FUROSEMIDE 20 MG TABLET | 1 | |
| FUROSEMIDE 40 MG TABLET | 1 | |
| FUROSEMIDE 40 MG/5 ML SOLN | 1 | |
| FUROSEMIDE 80 MG TABLET | 1 | |
| FYAVOLV | 2 | |
| GABAPENTIN | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| GALANTAMINE ER | 2 | QL |
| GALANTAMINE HBR | 2 | |
| GALANTAMINE HYDROBROMIDE | 2 | |
| GATIFLOXACIN | 2 | |
| GAVILYTE-C | 2 | |
| GAVILYTE-G | 2 | |
| GAVILYTE-H AND BISACODYL | 2 | |
| GAVILYTE-N | 2 | |
| GEMFIBROZIL | 2 | |
| GENERESS FE | 4 | |
| GENERLAC | 2 | |
| GENGRAF | 2 | |
| GENTAK | 2 | |
| GENTAMICIN 0.1% CREAM | 2 | |
| GENTAMICIN 0.1% OINTMENT | 2 | |
| GENTAMICIN 0.3% EYE DROPS | 2 | |
| GENTAMICIN 0.3% EYE OINTMENT | 2 | |
| GENTAMICIN 3 MG/ML EYE DROPS | 2 | |
| GENVOYA | 3 | |
| GIANVI | 1 | |
| GILDAGIA | 1 | |
| GILDESS | 1 | |
| GILDESS 24 FE | 1 | |
| GILDESS FE | 1 | |
| GLEOSTINE | 4 | |
| GLIMEPIRIDE | 1 | |
| GLIPIZIDE | 1 | |
| GLIPIZIDE ER | 1 | |
| GLIPIZIDE XL | 1 | |
| GLIPIZIDE-METFORMIN | 2 | |
| GLUCAGEN 1 MG HYPOKIT | 3 | |
| GLUCAGON EMERGENCY KIT | 3 | |
| GLYBURIDE | 1 | |
| GLYBURIDE MICRONIZED | 1 | |
| GLYBURIDE-METFORMIN HCL | 2 | |
| GLYCINE 1.5% IRRIGATION | 2 | |
| GLYCOPYRROLATE 1 MG TABLET | 2 | |
| GLYCOPYRROLATE 2 MG TABLET | 2 | |
| GLYDO | 2 | |
| GRANISETRON HCL 0.1 MG/ML VIAL | 2 | |
| GRANISETRON HCL 1 MG TABLET | 2 | |
| GRANISETRON HCL 1 MG/ML VIAL | 2 | |
| GRANISETRON HCL 4 MG/4 ML VIAL | 2 | |
| GRISEOFULVIN | 2 | |
| GRISEOFULVIN ULTRAMICROSIZE | 2 | |
| GUAIATUSSIN AC | 2 | |
| GUAIFEN-CODEINE 100-10 MG/5 ML | 2 | |
| GUAIFENESIN AC | 2 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| GUAIFENESIN-CODEINE SYRUP | 2 | |
| GUANFACINE HCL | 1 | |
| GUANFACINE HCL ER | 2 | |
| GUANIDINE HCL | 2 | |
| GYNAZOLE 1 | 2 | |
| HALOBETASOL PROPIONATE | 2 | |
| HALOPERIDOL 0.5 MG TABLET | 2 | |
| HALOPERIDOL 1 MG TABLET | 2 | |
| HALOPERIDOL 10 MG TABLET | 2 | |
| HALOPERIDOL 2 MG TABLET | 2 | |
| HALOPERIDOL 20 MG TABLET | 2 | |
| HALOPERIDOL 5 MG TABLET | 2 | |
| HALOPERIDOL LAC 2 MG/ML CONC | 2 | |
| HEATHER | 1 | |
| HEMENATAL OB | 1 | |
| HEMENATAL OB + DHA | 1 | |
| HEMMOREX-HC | 2 | |
| HEPARIN SOD 5,000 UNIT/ 0.5 ML | 2 | |
| HEPARIN SOD 5,000 UNIT/0.5 ML | 2 | |
| HOMATROPAIRE | 2 | |
| HOMATROPINE HYDROBROMIDE | 2 | |
| HUMALOG | 3 | |
| HUMALOG JUNIOR KWIKPEN | 3 | |
| HUMALOG KWIKPEN U-100 | 3 | |
| HUMALOG KWIKPEN U-200 | 3 | |
| HUMALOG MIX 50-50 | 3 | |
| HUMALOG MIX 50-50 KWIKPEN | 3 | |
| HUMALOG MIX 75-25 | 3 | |
| HUMALOG MIX 75-25 KWIKPEN | 3 | |
| HUMULIN 70/30 KWIKPEN | 3 | |
| HUMULIN 70-30 | 3 | |
| HUMULIN N | 3 | |
| HUMULIN N KWIKPEN | 3 | |
| HUMULIN R | 3 | |
| HUMULIN R U-500 | 3 | |
| HUMULIN R U-500 KWIKPEN | 3 | |
| HYDRALAZINE 10 MG TABLET | 2 | |
| HYDRALAZINE 100 MG TABLET | 2 | |
| HYDRALAZINE 25 MG TABLET | 2 | |
| HYDRALAZINE 50 MG TABLET | 2 | |
| HYDROCHLOROTHIAZIDE | 1 | |
| HYDROCOD-CPM-PSEUDOEPHEDRINE | 2 | |
| HYDROCODONE-ACETAMIN 10-300 MG | 2 | |
| HYDROCODONE-ACETAMIN 10-325 MG | 2 | |
| HYDROCODONE-ACETAMIN 2.5-108/5 | 2 | |
| HYDROCODONE-ACETAMIN 2.5-325 | 2 | |
| HYDROCODONE-ACETAMIN 5-217/10 | 2 | |
| HYDROCODONE-ACETAMIN 5-300 MG | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| HYDROCODONE-ACETAMIN 5-325 MG | 2 | |
| HYDROCODONE-ACETAMIN 7.5-300 | 2 | |
| HYDROCODONE-ACETAMIN 7.5-325 | 2 | |
| HYDROCODONE-ACETAMN 7.5-325/15 | 2 | |
| HYDROCODONE-CHLORPHENIRAMNE ER | 2 | |
| HYDROCODONE-HOMATROPINE MBR | 2 | |
| HYDROCODONE-IBUPROFEN | 2 | |
| HYDROCORTISONE 1% ABSORBASE | 2 | |
| HYDROCORTISONE 1% CREAM | 2 | |
| HYDROCORTISONE 1% OINTMENT | 2 | |
| HYDROCORTISONE 10 MG TABLET | 2 | |
| HYDROCORTISONE 100 MG/60 ML | 2 | |
| HYDROCORTISONE 2.5% CREAM | 2 | |
| HYDROCORTISONE 2.5% LOTION | 2 | |
| HYDROCORTISONE 2.5% OINTMENT | 2 | |
| HYDROCORTISONE 20 MG TABLET | 2 | |
| HYDROCORTISONE 5 MG TABLET | 2 | |
| HYDROCORTISONE AC 25 MG SUPP | 2 | |
| HYDROCORTISONE AC 30 MG SUPP | 2 | |
| HYDROCORTISONE BUTYRATE | 2 | |
| HYDROCORTISONE VALERATE | 2 | |
| HYDROCORTISONE-ACETIC ACID | 2 | |
| HYDROCORTISONE-PRAMOXINE | 2 | |
| HYDROMET | 2 | |
| HYDROMORPHONE 1 MG/ML SOLUTION | 2 | |
| HYDROMORPHONE 2 MG TABLET | 2 | |
| HYDROMORPHONE 3 MG SUPPOS | 2 | |
| HYDROMORPHONE 4 MG TABLET | 2 | |
| HYDROMORPHONE 5 MG/5 ML SOLN | 2 | |
| HYDROMORPHONE 8 MG TABLET | 2 | |
| HYDROMORPHONE ER | 2 | QL |
| HYDROXYCHLOROQUINE SULFATE | 2 | |
| HYDROXYUREA | 2 | |
| HYDROXYZINE 10 MG/5 ML SOLN | 2 | |
| HYDROXYZINE 10 MG/5 ML SYRUP | 2 | |
| HYDROXYZINE HCL 10 MG TABLET | 2 | |
| HYDROXYZINE HCL 25 MG TABLET | 2 | |
| HYDROXYZINE HCL 50 MG TABLET | 2 | |
| HYDROXYZINE PAMOATE | 2 | |
| HYOPHEN | 2 | |
| HYOSCYAMINE 0.125 MG ODT | 1 | |
| HYOSCYAMINE 0.125 MG TAB SL | 1 | |
| HYOSCYAMINE 0.125 MG/5 ML ELIX | 2 | |
| HYOSCYAMINE 0.125 MG/ML DROP | 2 | |
| HYOSCYAMINE SULF 0.125 MG TAB | 1 | |
| HYOSCYAMINE SULFATE ER | 1 | |
| HYOSCYAMINE SULFATE SR | 1 | |
| HYOSYNE | 2 | |

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| IBANDRONATE SODIUM 150 MG TAB | 2 | |
| IBU | 1 | |
| IBUDONE | 2 | |
| IBUPROFEN 100 MG/5 ML SUSP | 1 | |
| IBUPROFEN 400 MG TABLET | 1 | |
| IBUPROFEN 600 MG TABLET | 1 | |
| IBUPROFEN 800 MG TABLET | 1 | |
| IMATINIB MESYLATE | 4 | PA |
| IMIPRAMINE HCL | 2 | |
| IMIPRAMINE PAMOATE | 2 | |
| IMIQUIMOD | 2 | |
| INCONTROL ALCOHOL PADS | 3 | |
| INCRUSE ELLIPTA | 3 | |
| INDAPAMIDE | 1 | |
| INDOMETHACIN 25 MG CAPSULE | 2 | |
| INDOMETHACIN 50 MG CAPSULE | 2 | |
| INDOMETHACIN ER | 2 | |
| INTELENCE 200 MG TABLET | 3 | |
| INTELENCE 25 MG TABLET | 3 | |
| INTROVALE | 1 | |
| IODOSORB | 2 | |
| IOPHEN-C NR | 2 | |
| IPRATROPIUM 0.03% SPRAY | 2 | |
| IPRATROPIUM 0.06% SPRAY | 2 | |
| IPRATROPIUM BR 0.02% SOLN | 1 | |
| IPRATROPIUM-ALBUTEROL | 2 | |
| IRBESARTAN | 2 | |
| IRBESARTAN-HYDROCHLOROTHIAZIDE | 2 | |
| ISENTRESS | 3 | |
| ISENTRESS HD | 3 | |
| ISIBLOOM | 1 | |
| ISOCHRON | 2 | |
| ISONIAZID 100 MG TABLET | 1 | |
| ISONIAZID 300 MG TABLET | 1 | |
| ISONIAZID 50 MG/5 ML SOLUTION | 2 | |
| ISOSORBIDE DINITRATE | 2 | |
| ISOSORBIDE DINITRATE ER | 2 | |
| ISOSORBIDE MONONITRATE | 1 | |
| ISOSORBIDE MONONITRATE ER | 1 | |
| ISOTRETINOIN | 2 | QL |
| ISOXSUPRINE HCL | 2 | |
| ISRADIPINE | 2 | |
| ITRACONAZOLE | 3 | |
| IV ANTISEPTIC WIPES | 3 | |
| IV PREP WIPES | 3 | |
| IVERMECTIN | 2 | |
| JANTOVEN | 1 | |
| JENCYCLA | 1 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| JEVANTIQUE LO | 2 | |
| JINTELI | 2 | |
| JOLESSA | 1 | |
| JOLIVETTE | 1 | |
| JULEBER | 1 | |
| JULUCA | 4 | |
| JUNEL | 1 | |
| JUNEL FE | 1 | |
| JUNEL FE 24 | 1 | |
| KAITLIB FE | 1 | |
| KALETRA 100-25 MG TABLET | 3 | |
| KALETRA 200-50 MG TABLET | 3 | |
| KARIVA | 1 | |
| KELNOR 1-35 | 1 | |
| KELNOR 1-50 | 1 | |
| KETOCONAZOLE | 2 | |
| KETOPROFEN | 2 | |
| KETOROLAC 0.4% OPHTH SOLUTION | 2 | |
| KETOROLAC 0.5% OPHTH SOLUTION | 2 | |
| KETOROLAC 10 MG TABLET | 2 | QL |
| KETOROLAC 15 MG/ML CARPUJECT | 2 | QL |
| KETOROLAC 15 MG/ML ISECURE SYR | 2 | QL |
| KETOROLAC 15 MG/ML SYRINGE | 2 | QL |
| KETOROLAC 15 MG/ML VIAL | 2 | QL |
| KETOROLAC 30 MG/ML CARPUJECT | 2 | QL |
| KETOROLAC 30 MG/ML ISECURE SYR | 2 | QL |
| KETOROLAC 30 MG/ML SYRINGE | 2 | QL |
| KETOROLAC 30 MG/ML VIAL | 2 | QL |
| KETOROLAC 300 MG/10 ML VIAL | 2 | QL |
| KETOROLAC 60 MG/2 ML CARPUJECT | 2 | QL |
| KETOROLAC 60 MG/2 ML SYRINGE | 2 | QL |
| KETOROLAC 60 MG/2 ML VIAL | 2 | QL |
| KIMIDESS | 1 | |
| KIONEX | 2 | |
| KLOR-CON 10 | 2 | |
| KLOR-CON 20 MEQ PACKET | 2 | |
| KLOR-CON 8 | 2 | |
| KLOR-CON M10 | 2 | |
| KLOR-CON M20 | 2 | |
| KLOR-CON SPRINKLE | 2 | |
| KOMBIGLYZE XR | 3 | QL |
| K-SOL | 2 | |
| K-TAB ER 8 MEQ TABLET | 2 | |
| KURVELO | 1 | |
| LABETALOL HCL 100 MG TABLET | 2 | |
| LABETALOL HCL 200 MG TABLET | 2 | |
| LABETALOL HCL 300 MG TABLET | 2 | |
| LACTATED RINGERS IRRIGATION | 2 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| LACTULOSE | 2 | |
| LAMIVUDINE | 2 | |
| LAMIVUDINE HBV | 2 | |
| LAMIVUDINE-ZIDOVUDINE | 2 | |
| LAMOTRIGINE | 2 | |
| LAMOTRIGINE (BLUE) | 2 | |
| LAMOTRIGINE (GREEN) | 2 | |
| LAMOTRIGINE (ORANGE) | 2 | |
| LAMOTRIGINE ER | 2 | |
| LAMOTRIGINE ODT | 2 | |
| LAMOTRIGINE ODT (BLUE) | 2 | |
| LAMOTRIGINE ODT (GREEN) | 2 | |
| LAMOTRIGINE ODT (ORANGE) | 2 | |
| LANSOPRAZOL-AMOXICIL-CLARITHRO | 2 | |
| LANSOPRAZOLE DR 15 MG CAPSULE | 2 | QL |
| LANSOPRAZOLE DR 30 MG CAPSULE | 2 | QL |
| LARIN | 1 | |
| LARIN 24 FE | 1 | |
| LARIN FE | 1 | |
| LARISSIA | 1 | |
| LATANOPROST 0.005% EYE DROPS | 2 | |
| LATUDA | 4 | ST, QL |
| LAYOLIS FE | 4 | |
| LEENA | 1 | |
| LEFLUNOMIDE | 2 | |
| LESSINA | 1 | |
| LETROZOLE | 2 | |
| LEUCOVORIN CALCIUM 10 MG TAB | 2 | |
| LEUCOVORIN CALCIUM 15 MG TAB | 2 | |
| LEUCOVORIN CALCIUM 25 MG TAB | 2 | |
| LEUCOVORIN CALCIUM 5 MG TAB | 2 | |
| LEUKERAN | 4 | |
| LEUPROLIDE 2WK 1 MG/0.2 ML KIT | 2 | PA |
| LEUPROLIDE 2WK 14 MG/2.8 ML KT | 2 | PA |
| LEVALBUTEROL CONCENTRATE | 2 | |
| LEVALBUTEROL HCL | 2 | |
| LEVALBUTEROL TARTRATE HFA | 2 | |
| LEVETIRACETAM 1,000 MG TABLET | 2 | |
| LEVETIRACETAM 100 MG/ML SOLN | 2 | |
| LEVETIRACETAM 250 MG TABLET | 2 | |
| LEVETIRACETAM 500 MG TABLET | 2 | |
| LEVETIRACETAM 500 MG/5 ML SOLN | 2 | |
| LEVETIRACETAM 750 MG TABLET | 2 | |
| LEVETIRACETAM ER | 2 | |
| LEVLEN 28 | 1 | |
| LEVOBUNOLOL HCL | 2 | |
| LEVOCARNITINE 1 G/10 ML SOLN | 2 | |
| LEVOCARNITINE 200 MG/ML VIAL | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| LEVOCARNITINE 330 MG TABLET | 2 | |
| LEVOCETIRIZINE 2.5 MG/5 ML SOL | 2 | |
| LEVOCETIRIZINE 5 MG TABLET | 2 | |
| LEVOFLOXACIN 0.5% EYE DROPS | 2 | |
| LEVOFLOXACIN 25 MG/ML SOLUTION | 2 | |
| LEVOFLOXACIN 250 MG TABLET | 2 | |
| LEVOFLOXACIN 250 MG/10 ML SOLN | 2 | |
| LEVOFLOXACIN 500 MG TABLET | 2 | |
| LEVOFLOXACIN 500 MG/20 ML SOLN | 2 | |
| LEVOFLOXACIN 750 MG TABLET | 2 | |
| LEVOMEFOLATE DHA | 1 | |
| LEVOMEFOLATE-ALGAL 15 MG CAP | 2 | |
| LEVOMEFOLATE-ALGAL 7.5 MG CAP | 2 | |
| LEVONEST | 1 | |
| LEVONORGESTREL-ETH ESTRADIOL | 1 | |
| LEVONORG-ETH ESTRAD ETH ESTRAD | 1 | |
| LEVORA-28 | 1 | |
| LEVORPHANOL TARTRATE | 2 | |
| LEVOTHYROXINE 100 MCG TABLET | 1 | |
| LEVOTHYROXINE 112 MCG TABLET | 1 | |
| LEVOTHYROXINE 125 MCG TABLET | 1 | |
| LEVOTHYROXINE 137 MCG TABLET | 1 | |
| LEVOTHYROXINE 150 MCG TABLET | 1 | |
| LEVOTHYROXINE 175 MCG TABLET | 1 | |
| LEVOTHYROXINE 200 MCG TABLET | 1 | |
| LEVOTHYROXINE 25 MCG TABLET | 1 | |
| LEVOTHYROXINE 300 MCG TABLET | 1 | |
| LEVOTHYROXINE 50 MCG TABLET | 1 | |
| LEVOTHYROXINE 75 MCG TABLET | 1 | |
| LEVOTHYROXINE 88 MCG TABLET | 1 | |
| LEVOXYL | 1 | |
| LEXIVA 50 MG/ML SUSPENSION | 3 | |
| LIDOCAINE 5% OINTMENT | 2 | QL |
| LIDOCAINE 5% PATCH | 2 | |
| LIDOCAINE HCL 2% JELLY | 2 | |
| LIDOCAINE HCL 4% SOLUTION | 2 | |
| LIDOCAINE HCL VISCOUS | 1 | |
| LIDOCAINE-HC 2.8-0.55% GEL | 2 | |
| LIDOCAINE-HC 3-0.5% CREAM | 2 | |
| LIDOCAINE-HC 3-0.5% CREAM KIT | 2 | |
| LIDOCAINE-HYDROCORT 3-2.5% GEL | 2 | |
| LIDOCAINE-PRILOCAINE | 2 | |
| LILLOW | 1 | |
| LINDANE | 2 | |
| LINEZOLID 100 MG/5 ML SUSP | 4 | PA |
| LINEZOLID 600 MG TABLET | 2 | PA |
| LIOTHYRONINE SOD 25 MCG TAB | 2 | |
| LIOTHYRONINE SOD 5 MCG TAB | 2 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| LIOTHYRONINE SOD 50 MCG TAB | 2 | |
| LISINOPRIL | 1 | |
| LISINOPRIL-HYDROCHLOROTHIAZIDE | 1 | |
| LITHIUM | 2 | |
| LITHIUM CARBONATE 150 MG CAP | 1 | |
| LITHIUM CARBONATE 300 MG CAP | 1 | |
| LITHIUM CARBONATE 300 MG TAB | 1 | |
| LITHIUM CARBONATE 600 MG CAP | 1 | |
| LITHIUM CARBONATE ER | 2 | |
| LITHIUM ER 450 MG TABLET | 2 | |
| L-METHYLFOLATE | 2 | |
| L-METHYLFOLATE CALCIUM | 2 | |
| L-METHYLFOLATE FORTE | 2 | |
| LO LOESTRIN FE | 3 | |
| LOESTRIN | 4 | |
| LOESTRIN FE | 4 | |
| LOMEDIA 24 FE | 1 | |
| LOPERAMIDE 2 MG CAPSULE | 2 | |
| LOPINAVIR-RITONAVIR | 2 | |
| LOPREEZA | 2 | |
| LORAZEPAM 0.5 MG TABLET | 2 | |
| LORAZEPAM 1 MG TABLET | 2 | |
| LORAZEPAM 2 MG TABLET | 2 | |
| LORAZEPAM 2 MG/ML ORAL CONCENT | 2 | |
| LORAZEPAM INTENSOL | 2 | |
| LORCET | 2 | |
| LORCET HD | 2 | |
| LORCET PLUS | 2 | |
| LORTAB 10 MG-300 MG/15 ML ELXR | 2 | |
| LORYNA | 1 | |
| LOSARTAN POTASSIUM | 1 | |
| LOSARTAN-HYDROCHLOROTHIAZIDE | 1 | |
| LOSEASONIQUE | 4 | |
| LOVASTATIN | 1 | |
| LOW-OGESTREL | 1 | |
| LOXAPINE | 2 | |
| LUDENT FLUORIDE | 2 | |
| LUGOL'S SOLUTION | 2 | |
| LUTERA | 1 | |
| LYRICA | 4 | QL |
| LYSODREN | 4 | |
| LYZA | 1 | |
| MACNATAL CN DHA | 1 | |
| MALATHION | 2 | |
| MAPROTILINE HCL | 2 | |
| MARGESIC | 2 | |
| MARLISSA | 1 | |
| MARTEN-TAB | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| MATERNITY | 1 | |
| MATZIM LA | 2 | |
| MECLIZINE 12.5 MG TABLET | 2 | |
| MECLIZINE 25 MG TABLET | 2 | |
| MECLOFENAMATE SODIUM | 2 | |
| MEDROL | 4 | |
| MEDROXYPROGESTERONE ACETATE | 1 | |
| MEFENAMIC ACID | 2 | |
| MEFLOQUINE HCL | 2 | QL |
| MEGESTROL ACETATE | 2 | |
| MELODETTA 24 FE | 1 | |
| MELOXICAM 15 MG TABLET | 1 | |
| MELOXICAM 7.5 MG TABLET | 1 | |
| MELOXICAM 7.5 MG/5 ML SUSP | 2 | |
| MELPHALAN | 2 | |
| MEMANTINE HCL | 2 | |
| MENEST | 4 | |
| MEPERIDINE 100 MG TABLET | 2 | |
| MEPERIDINE 50 MG TABLET | 2 | |
| MEPERIDINE 50 MG/5 ML SOLUTION | 2 | |
| MEPHYTON | 4 | |
| MEPROBAMATE | 2 | |
| MERCAPTOPURINE | 2 | |
| MESALAMINE | 4 | |
| METADATE ER | 2 | |
| METAPROTERENOL SULFATE | 2 | |
| METAXALL | 2 | |
| METAXALONE | 2 | |
| METFORMIN HCL | 1 | |
| METFORMIN HCL ER 500 MG TABLET | 2 | |
| METFORMIN HCL ER 750 MG TABLET | 2 | |
| METHADONE 10 MG/5 ML SOLUTION | 2 | PA |
| METHADONE 10 MG/ML ORAL CONC | 2 | PA |
| METHADONE 40 MG TABLET DISPR | 2 | PA |
| METHADONE 5 MG/5 ML SOLUTION | 2 | PA |
| METHADONE HCL 10 MG TABLET | 2 | PA |
| METHADONE HCL 5 MG TABLET | 2 | PA |
| METHADONE INTENSOL | 2 | PA |
| METHADOSE 40 MG TABLET DISPR | 2 | PA |
| METHAMPHETAMINE HCL | 2 | |
| METHAZOLAMIDE | 2 | |
| METHENAMINE HIPPURATE | 2 | |
| METHENAMINE MANDELATE | 2 | |
| METHERGINE | 2 | |
| METHIMAZOLE | 2 | |
| METHITEST | 2 | |
| METHOCARBAMOL 500 MG TABLET | 2 | |
| METHOCARBAMOL 750 MG TABLET | 2 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| METHOTREXATE 2.5 MG TABLET | 2 | |
| METHOXSALEN | 4 | |
| METHSCOPOLAMINE BROMIDE | 2 | |
| METHYCLOTHIAZIDE | 2 | |
| METHYLDOPA | 1 | |
| METHYLDOPA-HYDROCHLOROTHIAZIDE | 2 | |
| METHYLERGONOVINE 0.2 MG TABLET | 2 | |
| METHYLPHENIDATE ER 10 MG CAP | 2 | |
| METHYLPHENIDATE ER 10 MG TAB | 2 | |
| METHYLPHENIDATE ER 18 MG TAB | 2 | |
| METHYLPHENIDATE ER 20 MG CAP | 2 | |
| METHYLPHENIDATE ER 20 MG TAB | 2 | |
| METHYLPHENIDATE ER 27 MG TAB | 2 | |
| METHYLPHENIDATE ER 30 MG CAP | 2 | |
| METHYLPHENIDATE ER 36 MG TAB | 2 | |
| METHYLPHENIDATE ER 40 MG CAP | 2 | |
| METHYLPHENIDATE ER 54 MG TAB | 2 | |
| METHYLPHENIDATE HCL | 2 | |
| METHYLPHENIDATE HCL CD | 2 | |
| METHYLPHENIDATE HCL ER | 2 | |
| METHYLPHENIDATE LA | 2 | |
| METHYLPREDNISOLONE | 2 | |
| METHYLTESTOSTERONE | 2 | |
| METIPRANOLOL | 2 | |
| METOCLOPRAMIDE 10 MG TABLET | 1 | |
| METOCLOPRAMIDE 10 MG/10 ML SOL | 1 | |
| METOCLOPRAMIDE 5 MG TABLET | 1 | |
| METOCLOPRAMIDE 5 MG/5 ML SOLN | 1 | |
| METOCLOPRAMIDE HCL ODT | 2 | |
| METOLAZONE | 2 | |
| METOPROLOL SUCCINATE | 2 | |
| METOPROLOL TARTRATE 100 MG TAB | 1 | |
| METOPROLOL TARTRATE 25 MG TAB | 1 | |
| METOPROLOL TARTRATE 37.5 MG TB | 2 | |
| METOPROLOL TARTRATE 50 MG TAB | 1 | |
| METOPROLOL TARTRATE 75 MG TAB | 2 | |
| METOPROLOL-HYDROCHLOROTHIAZIDE | 2 | |
| METRONIDAZOLE 0.75% CREAM | 2 | |
| METRONIDAZOLE 0.75% LOTION | 2 | |
| METRONIDAZOLE 250 MG TABLET | 2 | |
| METRONIDAZOLE 375 MG CAPSULE | 2 | |
| METRONIDAZOLE 500 MG TABLET | 2 | |
| METRONIDAZOLE TOP 1% GEL PUMP | 2 | |
| METRONIDAZOLE TOPICAL 0.75% GL | 2 | |
| METRONIDAZOLE TOPICAL 1% GEL | 2 | |
| METRONIDAZOLE VAGINAL 0.75% GL | 2 | |
| MEXILETINE HCL | 2 | |
| MIBELAS 24 FE | 1 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| MICONAZOLE 3 200 MG VAG SUPP | 1 | |
| MICORT-HC | 2 | |
| MICROGESTIN | 1 | |
| MICROGESTIN 24 FE | 3 | |
| MICROGESTIN FE 1.5-30 TAB | 1 | |
| MICROGESTIN FE 1-20 TABLET | 4 | |
| MIDAZOLAM HCL 2 MG/ML SYRUP | 2 | |
| MIDODRINE HCL | 2 | |
| MIGERGOT | 2 | |
| MIGLITOL | 2 | |
| MILI | 1 | |
| MIMVEY | 2 | |
| MIMVEY LO | 2 | |
| MINASTRIN 24 FE | 3 | |
| MINITRAN | 2 | |
| MINOCYCLINE ER 135 MG TABLET | 2 | |
| MINOCYCLINE ER 45 MG TABLET | 2 | |
| MINOCYCLINE ER 90 MG TABLET | 2 | |
| MINOCYCLINE HCL | 2 | |
| MINOXIDIL 10 MG TABLET | 2 | |
| MINOXIDIL 2.5 MG TABLET | 2 | |
| MIRCETTE | 4 | |
| MIRTAZAPINE | 2 | |
| MISOPROSTOL | 2 | |
| MODAFINIL | 4 | PA |
| MODERIBA | 2 | |
| MODICON | 4 | |
| MOEXIPRIL HCL | 2 | |
| MOEXIPRIL-HYDROCHLOROTHIAZIDE | 2 | |
| MOLINDONE HCL | 2 | |
| MOMETASONE FUROATE | 2 | |
| MONDOXYNE NL | 2 | |
| MONO-LINYAH | 1 | |
| MONONESSA | 1 | |
| MONTELUKAST SODIUM | 2 | |
| MORGIDOX 100 MG CAPSULE | 2 | |
| MORGIDOX 50 MG CAPSULE | 2 | |
| MORPHINE SULF 10 MG SUPPOS | 2 | |
| MORPHINE SULF 10 MG/5 ML SOLN | 2 | |
| MORPHINE SULF 100 MG/5 ML SOLN | 2 | |
| MORPHINE SULF 20 MG SUPPOS | 2 | |
| MORPHINE SULF 20 MG/5 ML SOLN | 2 | |
| MORPHINE SULF 30 MG SUPPOS | 2 | |
| MORPHINE SULF 5 MG SUPPOS | 2 | |
| MORPHINE SULFATE ER | 2 | QL |
| MORPHINE SULFATE IR 15 MG TAB | 2 | |
| MORPHINE SULFATE IR 30 MG TAB | 2 | |
| MOXEZA | 3 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| MOXIFLOXACIN 0.5% EYE DROPS | 2 | |
| MOXIFLOXACIN HCL 400 MG TABLET | 2 | |
| MULTAQ | 4 | |
| MULTIVITAMIN AND FLUORIDE | 2 | |
| MULTI-VITAMIN W-FLUORIDE | 2 | |
| MULTI-VITAMIN WITH FLUORIDE | 2 | |
| MULTI-VITAMIN-FLUOR-IRON | 2 | |
| MULTIVITAMIN-IRON-FLUORIDE | 2 | |
| MULTIVITAMINS CHEWABLES TABLET | 2 | |
| MULTIVITAMINS W-FLUORIDE-IRON | 2 | |
| MULTIVITAMINS WITH FLUORIDE | 2 | |
| MULTIVIT-FLUOR 0.25 MG TAB CHW | 2 | |
| MULTIVIT-FLUOR 0.25 MG/ML DROP | 2 | |
| MULTIVIT-FLUOR 0.5 MG TAB CHEW | 2 | |
| MULTIVIT-FLUOR 0.5 MG/ML DROP | 2 | |
| MULTIVIT-FLUORIDE 1 MG TAB CHW | 2 | |
| MULTIVIT-FLUOR-IRON 0.25 MG/ML | 2 | |
| MULTIVIT-IRON-FL 0.25 MG/ML | 2 | |
| MUPIROCIN | 2 | |
| MVW COMPLETE FORMLTN PEDIATRIC | 2 | |
| MVW COMPLETE FORMULATION D3000 | 2 | |
| MVW COMPLETE FORMULATION D5000 | 2 | |
| MVW COMPLETE FORMULTN MULTIVIT | 2 | |
| MY WAY | 4 | |
| MYCOPHENOLATE 200 MG/ML SUSP | 2 | |
| MYCOPHENOLATE 250 MG CAPSULE | 2 | |
| MYCOPHENOLATE 500 MG TABLET | 2 | |
| MYCOPHENOLIC ACID | 2 | |
| MYNATAL | 1 | |
| MYNATAL ADVANCE | 1 | |
| MYNATAL PLUS | 1 | |
| MYNATAL-Z | 1 | |
| MYNATE 90 PLUS | 1 | |
| MYORISAN | 2 | QL |
| MYZILRA | 1 | |
| NABUMETONE | 2 | |
| NADOLOL | 1 | |
| NADOLOL-BENDROFLUMETHIAZIDE | 2 | |
| NAFTIFINE HCL | 2 | |
| NALOXONE 0.4 MG/ML CARPUJECT | 2 | |
| NALOXONE 2 MG/2 ML SYRINGE | 2 | |
| NALTREXONE HCL | 2 | |
| NAPROXEN 125 MG/5 ML SUSPEN | 2 | |
| NAPROXEN 250 MG TABLET | 1 | |
| NAPROXEN 375 MG TABLET | 1 | |
| NAPROXEN 500 MG KIT | 1 | |
| NAPROXEN 500 MG TABLET | 1 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| NAPROXEN DR 375 MG TABLET | 1 | |
| NAPROXEN DR 500 MG TABLET | 1 | |
| NAPROXEN SOD ER 375 MG TABLET | 2 | |
| NAPROXEN SODIUM 275 MG TAB | 1 | |
| NAPROXEN SODIUM 550 MG TAB | 1 | |
| NAPROXEN SODIUM DS | 1 | |
| NARATRIPTAN | 2 | QL |
| NARATRIPTAN HCL | 2 | QL |
| NARCAN 4 MG NASAL SPRAY | 3 | |
| NATAZIA | 4 | |
| NATEGLINIDE | 2 | |
| NATURE-THROID | 1 | |
| NEBUPENT | 4 | |
| NEBUSAL 3% VIAL | 2 | |
| NECON | 1 | |
| NEFAZODONE HCL | 2 | |
| NEOMYCIN SULFATE | 2 | |
| NEOMYCIN-BACITRACIN-POLY-HC | 2 | |
| NEOMYCIN-BACITRACIN-POLYMYXIN | 2 | |
| NEOMYCIN-POLYMYXIN B | 2 | |
| NEOMYCIN-POLYMYXIN-DEXAMETH | 2 | |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN | 2 | |
| NEOMYCIN-POLYMYXIN-HC | 2 | |
| NEOMYCIN-POLYMYXIN-HYDROCORT | 2 | |
| NEO-POLYCIN | 2 | |
| NEO-POLYCIN HC | 2 | |
| NEUAC GEL | 2 | |
| NEVIRAPINE | 2 | |
| NEVIRAPINE ER | 2 | |
| NEWGEN | 1 | |
| NEXT CHOICE ONE DOSE | 4 | |
| NIACIN ER | 2 | |
| NICARDIPINE 20 MG CAPSULE | 2 | |
| NICARDIPINE 30 MG CAPSULE | 2 | |
| NIFEDICAL XL | 2 | |
| NIFEDIPINE | 2 | |
| NIFEDIPINE ER | 2 | |
| NIKKI | 1 | |
| NILUTAMIDE | 2 | |
| NIMODIPINE | 2 | |
| NISOLDIPINE | 2 | QL |
| NITRO-BID | 2 | |
| NITRO-DUR | 4 | |
| NITROFURANTOIN | 2 | |
| NITROFURANTOIN MONO-MACRO | 2 | |
| NITROGLYCERIN 0.3 MG TABLET SL | 2 | |
| NITROGLYCERIN 0.4 MG TABLET SL | 2 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| NITROGLYCERIN 0.6 MG TABLET SL | 2 | |
| NITROGLYCERIN 400 MCG SPRAY | 2 | |
| NITROGLYCERIN ER 2.5 MG CAP | 2 | |
| NITROGLYCERIN ER 6.5 MG CAP | 2 | |
| NITROGLYCERIN ER 9 MG CAPSULE | 2 | |
| NITROGLYCERIN LINGUAL 0.4 MG | 2 | |
| NITROGLYCERIN PATCH | 2 | |
| NITRO-TIME | 2 | |
| NIVA-PLUS | 1 | |
| NIZATIDINE 15 MG/ML SOLUTION | 2 | |
| NIZATIDINE 150 MG CAPSULE | 1 | |
| NIZATIDINE 300 MG CAPSULE | 1 | |
| NOLIX | 2 | |
| NORA-BE | 1 | |
| NORETHIND-ETH ESTRAD 0.5-2.5 | 2 | |
| NORETHIND-ETH ESTRAD 1-0.02 MG | 1 | |
| NORETHINDRONE | 1 | |
| NORETHINDRONE ACETATE | 2 | |
| NORETHIN-ETH ESTRAD 1 MG-5 MCG | 2 | |
| NORETHIN-ETH ESTRA-FERROUS FUM | 1 | |
| NORGESTIMATE-ETHINYL ESTRADIOL | 1 | |
| NORINYL 1-35 | 4 | |
| NORLYDA | 1 | |
| NORLYROC | 1 | |
| NORPACE CR | 4 | |
| NOR-Q-D | 4 | |
| NORTREL | 1 | |
| NORTRIPTYLINE 10 MG/5 ML SOLN | 2 | |
| NORTRIPTYLINE HCL 10 MG CAP | 1 | |
| NORTRIPTYLINE HCL 25 MG CAP | 1 | |
| NORTRIPTYLINE HCL 50 MG CAP | 1 | |
| NORTRIPTYLINE HCL 75 MG CAP | 1 | |
| NORVIR | 3 | |
| NOVOFINE 30G X 1/3" NEEDLES | 3 | |
| NOVOFINE 32G NEEDLES | 3 | |
| NOVOFINE AUTOCOVER 30G NEEDLE | 3 | |
| NOVOFINE PLUS PEN NDL 32GX1/6" | 3 | |
| NOVOTWIST NEEDLE 30G 8MM | 3 | |
| NOVOTWIST NEEDLE 32G 5MM | 3 | |
| NP THYROID | 1 | |
| NULEV | 1 | |
| NUVARING | 3 | |
| NYAMYC | 2 | |
| NYATA 100,000 UNIT/GM POWDER | 2 | |
| NYSTATIN 100,000 UNIT/GM CREAM | 1 | |
| NYSTATIN 100,000 UNIT/GM POWD | 2 | |
| NYSTATIN 100,000 UNIT/ML SUSP | 2 | |
| NYSTATIN 100,000 UNITS/GM OINT | 1 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| NYSTATIN 150,000,000 UNITS PWD | 2 | |
| NYSTATIN 500,000 UNIT ORAL TAB | 2 | |
| NYSTATIN 500,000 UNIT/5 ML SUS | 2 | |
| NYSTATIN 500,000,000 UNITS PWD | 2 | |
| NYSTATIN-TRIAMCINOLONE | 1 | |
| NYSTOP | 2 | |
| OBSTETRIX DHA | 1 | |
| OBSTETRIX ONE | 1 | |
| O-CAL FA | 4 | |
| O-CAL PRENATAL | 4 | |
| OCELLA | 1 | |
| OCTREOTIDE ACETATE | 2 | PA |
| ODEFSEY | 3 | |
| OFLOXACIN | 2 | |
| OGESTREL | 1 | |
| OKEBO | 2 | |
| OLANZAPINE 10 MG TABLET | 2 | |
| OLANZAPINE 15 MG TABLET | 2 | |
| OLANZAPINE 2.5 MG TABLET | 2 | |
| OLANZAPINE 20 MG TABLET | 2 | |
| OLANZAPINE 5 MG TABLET | 2 | |
| OLANZAPINE 7.5 MG TABLET | 2 | |
| OLANZAPINE ODT | 2 | |
| OLANZAPINE-FLUOXETINE HCL | 2 | |
| OLMESARTAN MEDOXOMIL | 2 | |
| OLMESARTAN-AMLODIPINE-HCTZ | 2 | |
| OLMESARTAN-HYDROCHLOROTHIAZIDE | 2 | |
| OLOPATADINE HCL | 2 | |
| OMEGA-3 ACID ETHYL ESTERS | 2 | |
| OMEPRAZOLE DR 10 MG CAPSULE | 2 | QL |
| OMEPRAZOLE DR 20 MG CAPSULE | 2 | QL |
| OMEPRAZOLE DR 40 MG CAPSULE | 2 | QL |
| ONDANSETRON HCL | 2 | |
| ONDANSETRON ODT | 2 | |
| ONETOUCH DELICA 30G LANCETS | 3 | |
| ONETOUCH DELICA 33G LANCETS | 3 | |
| ONETOUCH DELICA LANCING DEV | 3 | |
| ONETOUCH SURESOFT 18G LANC DEV | 3 | |
| ONETOUCH SURESOFT 21G LANC DEV | 3 | |
| ONETOUCH SURESOFT 28G LANC DEV | 3 | |
| ONETOUCH ULTRA BLUE TEST STRP | 3 | |
| ONETOUCH ULTRA2 | 1 | |
| ONETOUCH ULTRAMINI | 1 | |
| ONETOUCH ULTRASOFT LANCETS | 3 | |
| ONETOUCH VERIO FLEX | 1 | |
| ONETOUCH VERIO IQ | 1 | |
| ONETOUCH VERIO METER SYSTEM | 1 | |
| ONETOUCH VERIO TEST STRIP | 3 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| ONGLYZA | 3 | QL |
| OPCICON ONE-STEP | 1 | |
| OPIUM TINCTURE | 2 | |
| ORALONE | 2 | |
| ORPHENADRINE ER 100 MG TABLET | 2 | |
| ORSYTHIA | 1 | |
| ORTHO MICRONOR | 4 | |
| ORTHO TRI-CYCLEN | 4 | |
| ORTHO TRI-CYCLEN LO | 4 | |
| ORTHO-CYCLEN | 4 | |
| ORTHO-NOVUM | 4 | |
| OSCIMIN 0.125 MG ODT | 1 | |
| OSCIMIN 0.125 MG TABLET | 2 | |
| OSCIMIN SL | 1 | |
| OSCIMIN SR | 2 | |
| OSELTAMIVIR PHOSPHATE | 2 | QL |
| OVCON-35 | 1 | |
| OXANDROLONE | 2 | PA |
| OXAPROZIN | 2 | |
| OXAZEPAM | 2 | |
| OXCARBAZEPINE | 2 | |
| OXICONAZOLE NITRATE | 2 | |
| OXYBUTYNIN 5 MG TABLET | 1 | |
| OXYBUTYNIN 5 MG/5 ML SYRUP | 2 | |
| OXYBUTYNIN CHLORIDE ER | 2 | |
| OXYCODON-ACETAMINOPHEN 2.5-325 | 2 | |
| OXYCODON-ACETAMINOPHEN 7.5-325 | 2 | |
| OXYCODONE HCL | 2 | |
| OXYCODONE HCL-ASPIRIN | 2 | |
| OXYCODONE HCL-IBUPROFEN | 2 | |
| OXYCODONE-ACETAMINOPHEN 10-325 | 2 | |
| OXYCODONE-ACETAMINOPHEN 5-325 | 2 | |
| OXYMORPHONE HCL | 2 | |
| OXYMORPHONE HCL ER | 2 | QL |
| PACERONE 200 MG TABLET | 2 | |
| PALIPERIDONE ER | 2 | |
| PANTOPRAZOLE SOD DR 20 MG TAB | 2 | QL |
| PANTOPRAZOLE SOD DR 40 MG TAB | 2 | QL |
| PAREGORIC | 2 | |
| PARICALCITOL 1 MCG CAPSULE | 2 | |
| PARICALCITOL 2 MCG CAPSULE | 2 | |
| PARICALCITOL 4 MCG CAPSULE | 2 | |
| PAROEX | 2 | |
| PAROMOMYCIN SULFATE | 2 | |
| PAROXETINE CR | 2 | QL |
| PAROXETINE ER | 2 | QL |
| PAROXETINE HCL | 1 | QL |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| PASER | 4 | |
| PEG 3350-ELECTROLYTE | 2 | |
| PEG-3350 AND ELECTROLYTES | 2 | |
| PEG-3350 WITH FLAVOR PACKS | 2 | |
| PEGANONE | 4 | |
| PEG-PREP | 2 | |
| PENICILLIN V POTASSIUM | 1 | |
| PENTAZOCINE-NALOXONE HCL | 2 | |
| PENTOXIFYLLINE | 2 | |
| PERINDOPRIL ERBUMINE | 2 | |
| PERMETHRIN 5% CREAM | 2 | |
| PERPHENAZINE | 2 | |
| PERPHENAZINE-AMITRIPTYLINE | 2 | |
| PHENADOZ | 2 | |
| PHENAZOPYRIDINE HCL | 1 | |
| PHENELZINE SULFATE | 2 | |
| PHENOBARBITAL 100 MG TABLET | 2 | |
| PHENOBARBITAL 15 MG TABLET | 2 | |
| PHENOBARBITAL 16.2 MG TABLET | 2 | |
| PHENOBARBITAL 20 MG/5 ML ELIX | 2 | |
| PHENOBARBITAL 20 MG/5 ML SOLN | 2 | |
| PHENOBARBITAL 30 MG TABLET | 2 | |
| PHENOBARBITAL 32.4 MG TABLET | 2 | |
| PHENOBARBITAL 60 MG TABLET | 2 | |
| PHENOBARBITAL 64.8 MG TABLET | 2 | |
| PHENOBARBITAL 97.2 MG TABLET | 2 | |
| PHENOXYBENZAMINE HCL 10 MG CAP | 2 | |
| PHENYLEPHRINE 10% EYE DROPS | 2 | |
| PHENYLEPHRINE 2.5% EYE DROP | 2 | |
| PHENYTOIN | 2 | |
| PHENYTOIN SODIUM EXTENDED | 2 | |
| PHILITH | 1 | |
| PHOSPHA 250 NEUTRAL | 2 | |
| PHOSPHASAL | 2 | |
| PHRENILIN FORTE | 2 | |
| PHYTONADIONE 5 MG TABLET | 2 | |
| PILOCARPINE HCL | 2 | |
| PIMOZIDE | 2 | |
| PIMTREA | 1 | |
| PINDOLOL | 2 | |
| PIOGLITAZONE HCL | 2 | |
| PIOGLITAZONE-GLIMEPIRIDE | 2 | |
| PIOGLITAZONE-METFORMIN | 2 | |
| PIRMELLA | 1 | |
| PIROXICAM | 2 | |
| PLAN B ONE-STEP | 4 | |
| PNV 29-1 | 1 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| PNV OB+DHA | 1 | |
| PNV-DHA | 1 | |
| PNV-DHA + DOCUSATE | 1 | |
| PNV-FERROUS FUMARATE-DOCU-FA | 1 | |
| PNV-OMEGA | 1 | |
| PNV-SELECT | 1 | |
| PNV-VP-U | 1 | |
| PODOFILOX | 2 | |
| POLYCIN | 2 | |
| POLYETHYLENE GLYCOL 3350 POWD | 2 | |
| POLYMYXIN B SUL-TRIMETHOPRIM | 2 | |
| PORTIA | 1 | |
| POTASS CIT-SOD CIT-CITRIC ACID | 2 | |
| POTASSIUM CITRATE ER | 2 | |
| POTASSIUM CITRATE-CITRIC ACID | 2 | |
| POTASSIUM CL 10% (20 MEQ/15 ML | 2 | |
| POTASSIUM CL 10% (40 MEQ/30 ML | 2 | |
| POTASSIUM CL 20 MEQ PACKET | 2 | |
| POTASSIUM CL 20% (40 MEQ/15 ML | 2 | |
| POTASSIUM CL 25 MEQ TAB EFF | 2 | |
| POTASSIUM CL ER 10 MEQ CAPSULE | 2 | |
| POTASSIUM CL ER 10 MEQ TABLET | 2 | |
| POTASSIUM CL ER 20 MEQ TABLET | 2 | |
| POTASSIUM CL ER 8 MEQ CAPSULE | 2 | |
| POTASSIUM CL ER 8 MEQ TABLET | 2 | |
| PR BENZOYL PEROXIDE | 2 | |
| PR BENZOYL PEROXIDE 7% WASH | 2 | |
| PR NATAL 400 | 1 | |
| PR NATAL 400 EC | 1 | |
| PR NATAL 430 | 1 | |
| PR NATAL 430 EC | 1 | |
| PRAMCORT | 2 | |
| PRAMIPEXOLE DIHYDROCHLORIDE | 2 | |
| PRAMIPEXOLE ER | 2 | |
| PRASUGREL HCL | 2 | |
| PRAVASTATIN SODIUM | 1 | |
| PRAZIQUANTEL | 2 | |
| PRAZOSIN HCL | 2 | |
| PREDNICARBATE | 2 | |
| PREDNISOLONE | 2 | |
| PREDNISOLONE 15 MG/5 ML SOLN | 2 | |
| PREDNISOLONE 5 MG/5 ML SOLN | 2 | |
| PREDNISOLONE ACETATE | 2 | |
| PREDNISOLONE SOD 1% EYE DROP | 2 | |
| PREDNISOLONE SOD PH 25 MG/5 ML | 2 | |
| PREDNISOLONE SODIUM PHOS ODT | 2 | |
| PREDNISONE | 2 | |
| PREDNISONE INTENSOL | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| PREFEST | 2 | |
| PRENA1 TRUE | 1 | |
| PRENAISSANCE | 1 | |
| PRENAISSANCE NEXT | 1 | |
| PRENAISSANCE PLUS | 1 | |
| PRENATAL 19 | 1 | |
| PRENATAL LOW IRON | 1 | |
| PRENATAL PLUS | 1 | |
| PRENATAL PLUS-DHA COMBO PACK | 1 | |
| PRENATAL VITAMIN PLUS LOW IRON | 1 | |
| PRENATAL-U | 1 | |
| PREPLUS | 1 | |
| PRETAB | 1 | |
| PREVALITE | 2 | |
| PREVIFEM | 1 | |
| PREZCOBIX | 3 | |
| PREZISTA | 3 | |
| PRIFTIN | 4 | |
| PRIMAQUINE | 2 | |
| PRIMIDONE | 2 | |
| PRIMLEV | 2 | |
| PRO COMFORT ALCOHOL PADS | 3 | |
| PROBENECID | 2 | |
| PROBENECID-COLCHICINE | 2 | |
| PROCENTRA | 2 | |
| PROCHLORPERAZINE | 2 | |
| PROCHLORPERAZINE MALEATE | 2 | |
| PROCTO-MED HC | 2 | |
| PROCTO-PAK | 2 | |
| PROCTOSOL-HC | 2 | |
| PROCTOZONE-HC | 2 | |
| PROFENO | 2 | |
| PROGESTERONE 100 MG CAPSULE | 2 | |
| PROGESTERONE 200 MG CAPSULE | 2 | |
| PROGLYCEM | 4 | |
| PROMETHAZINE 12.5 MG SUPPOS | 2 | |
| PROMETHAZINE 12.5 MG TABLET | 2 | |
| PROMETHAZINE 25 MG SUPPOSITORY | 2 | |
| PROMETHAZINE 25 MG TABLET | 2 | |
| PROMETHAZINE 50 MG SUPPOSITORY | 2 | |
| PROMETHAZINE 50 MG TABLET | 2 | |
| PROMETHAZINE 6.25 MG/5 ML SOLN | 2 | |
| PROMETHAZINE 6.25 MG/5 ML SYRP | 2 | |
| PROMETHAZINE VC | 2 | |
| PROMETHAZINE VC-CODEINE | 2 | |
| PROMETHAZINE-CODEINE | 2 | |
| PROMETHAZINE-DM | 2 | |
| PROMETHAZINE-PHENYLEPH-CODEINE | 2 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| PROMETHAZINE-PHENYLEPHRINE | 2 | |
| PROMETHEGAN | 2 | |
| PROPAFENONE HCL | 2 | |
| PROPAFENONE HCL ER | 2 | |
| PROPANTHELINE BROMIDE | 2 | |
| PROPARACAINE 0.5% EYE DROPS | 2 | |
| PROPRANOLOL 10 MG TABLET | 2 | |
| PROPRANOLOL 20 MG TABLET | 2 | |
| PROPRANOLOL 20 MG/5 ML SOLN | 2 | |
| PROPRANOLOL 40 MG TABLET | 2 | |
| PROPRANOLOL 40 MG/5 ML SOLN | 2 | |
| PROPRANOLOL 60 MG TABLET | 2 | |
| PROPRANOLOL 80 MG TABLET | 2 | |
| PROPRANOLOL HCL ER | 2 | |
| PROPRANOLOL-HYDROCHLOROTHIAZID | 2 | |
| PROPYLTHIOURACIL | 2 | |
| PROTRIPTYLINE HCL | 2 | |
| PRUDOXIN | 2 | |
| PSORCON | 2 | |
| PULMOSAL | 2 | |
| PYRAZINAMIDE | 2 | |
| PYRIDOSTIGMINE BROMIDE | 2 | |
| PYRIDOSTIGMINE BROMIDE ER | 2 | |
| QUARTETTE | 4 | |
| QUASENSE | 1 | |
| QUAZEPAM 15 MG TABLET | 2 | |
| QUETIAPINE FUMARATE | 2 | |
| QUETIAPINE FUMARATE ER | 2 | |
| QUINAPRIL HCL | 2 | |
| QUINAPRIL-HYDROCHLOROTHIAZIDE | 2 | |
| QUINIDINE GLUC ER 324 MG TAB | 2 | |
| QUINIDINE SULFATE | 2 | |
| QUININE SULFATE | 2 | |
| RABEPRAZOLE SODIUM | 2 | QL |
| RAJANI | 1 | |
| RALOXIFENE HCL | 2 | |
| RAMIPRIL | 2 | |
| RANITIDINE 15 MG/ML SYRUP | 2 | |
| RANITIDINE 150 MG CAPSULE | 1 | |
| RANITIDINE 150 MG TABLET | 1 | |
| RANITIDINE 150 MG/10 ML SYRUP | 2 | |
| RANITIDINE 300 MG CAPSULE | 1 | |
| RANITIDINE 300 MG TABLET | 1 | |
| RASAGILINE MESYLATE | 2 | |
| RECLIPSEN | 1 | |
| RELENZA | 4 | QL |
| RELISTOR | 4 | PA |
| RELNATE DHA | 1 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| RENAGEL | 4 | |
| REPAGLINIDE | 2 | |
| REPAGLINIDE-METFORMIN HCL | 2 | |
| REPREXAIN | 2 | |
| REYATAZ | 3 | |
| RIBASPHERE | 2 | |
| RIBAVIRIN 200 MG CAPSULE | 2 | |
| RIBAVIRIN 200 MG TABLET | 2 | |
| RIFABUTIN | 2 | |
| RIFAMATE | 4 | |
| RIFAMPIN 150 MG CAPSULE | 2 | |
| RIFAMPIN 300 MG CAPSULE | 2 | |
| RILUZOLE | 2 | |
| RIMANTADINE HCL | 2 | |
| RISEDRONATE SODIUM | 2 | |
| RISEDRONATE SODIUM DR | 2 | |
| RISPERIDONE | 2 | |
| RISPERIDONE ODT | 2 | |
| RITONAVIR | 2 | |
| RIVASTIGMINE | 2 | |
| RIVELSA | 1 | |
| RIZATRIPTAN | 2 | QL |
| R-NATAL OB | 1 | |
| ROPINIROLE ER | 2 | |
| ROPINIROLE HCL | 2 | |
| ROSADAN 0.75% CREAM | 2 | |
| ROSADAN 0.75% GEL | 2 | |
| ROSUVASTATIN CALCIUM | 2 | |
| ROWEEPRA | 2 | |
| ROWEEPRA XR | 2 | |
| RULAVITE DHA | 1 | |
| SAFYRAL | 4 | |
| SALICYLIC ACID 27.5% LIQUID | 2 | |
| SALSALATE | 2 | |
| SAPHRIS | 4 | ST, QL |
| SCOPOLAMINE | 2 | |
| SEASONIQUE | 4 | |
| SECONAL SODIUM | 2 | |
| SELEGILINE HCL | 2 | |
| SELENIUM SULFIDE 2.25% SHAMPOO | 2 | |
| SELENIUM SULFIDE 2.5% LOTION | 2 | |
| SE-NATAL 19 | 1 | |
| SEREVENT DISKUS | 3 | |
| SERTRALINE 20 MG/ML ORAL CONC | 2 | QL |
| SERTRALINE 20 MG/ML ORAL SOLN | 2 | QL |
| SERTRALINE HCL 100 MG TABLET | 1 | QL |
| SERTRALINE HCL 25 MG TABLET | 1 | QL |
| SERTRALINE HCL 50 MG TABLET | 1 | QL |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| SETLAKIN | 1 | |
| SEVELAMER CARBONATE 800 MG TAB | 2 | |
| SF | 2 | |
| SF 5000 PLUS | 2 | |
| SHAROBEL | 1 | |
| SILDENAFIL | 2 | PA |
| SILVER NITRATE | 2 | |
| SILVER SULFADIAZINE | 2 | |
| SIMVASTATIN 10 MG TABLET | 1 | |
| SIMVASTATIN 20 MG TABLET | 1 | |
| SIMVASTATIN 40 MG TABLET | 1 | |
| SIMVASTATIN 5 MG TABLET | 1 | |
| SIMVASTATIN 80 MG TABLET | 1 | QL |
| SINGLE USE SWAB | 3 | |
| SIROLIMUS | 2 | |
| SIRTURO | 4 | PA |
| SODIUM CHLORIDE 0.9% INHAL VL | 2 | |
| SODIUM CHLORIDE 0.9% IRRIG. | 2 | |
| SODIUM CHLORIDE 10% VIAL | 2 | |
| SODIUM CHLORIDE 3% VIAL | 2 | |
| SODIUM CHLORIDE 7% VIAL | 2 | |
| SODIUM CITRATE-CITRIC ACID | 2 | |
| SODIUM FLUORIDE | 2 | |
| SODIUM PHENYLBUTYRATE | 2 | |
| SODIUM POLYSTYRENE SULFONATE | 2 | |
| SOLOXIDE | 2 | |
| SOTALOL | 1 | |
| SOTALOL AF | 1 | |
| SPINOSAD | 2 | |
| SPIRONOLACTONE | 2 | |
| SPIRONOLACTONE-HCTZ | 2 | |
| SPRINTEC | 1 | |
| SPS | 2 | |
| SRONYX | 1 | |
| SSKI | 4 | |
| STAVUDINE | 2 | |
| STERILE WATER FOR IRRIGATION | 2 | |
| STRIBILD | 3 | |
| STRONG IODINE | 2 | |
| SUBVENITE | 2 | |
| SUBVENITE (BLUE) | 2 | |
| SUBVENITE (GREEN) | 2 | |
| SUBVENITE (ORANGE) | 2 | |
| SUCRALFATE | 2 | |
| SULFACETAMIDE SODIUM | 2 | |
| SULFACETAMIDE-PREDNISOLONE | 2 | |
| SULFADIAZINE | 2 | |
| SULFAMETHOXAZOLE-TMP DS TABLET | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| SULFAMETHOXAZOLE-TMP SS TABLET | 2 | |
| SULFAMETHOXAZOLE-TMP SUSP | 2 | |
| SULFASALAZINE | 2 | |
| SULFASALAZINE DR | 2 | |
| SULINDAC | 2 | |
| SUMATRIPTAN | 2 | QL |
| SUMATRIPTAN SUCCINATE | 2 | QL |
| SURE COMFORT ALCOHOL | 3 | |
| SURE-PREP ALCOHOL PREP PADS | 3 | |
| SUSTIVA | 3 | |
| SYEDA | 1 | |
| SYMAX | 1 | |
| SYMAX-SL | 1 | |
| SYMAX-SR | 2 | |
| SYNTHROID | 4 | |
| TABLOID | 4 | |
| TACROLIMUS | 2 | |
| TAKE ACTION | 4 | |
| TAMIFLU 30 MG CAPSULE | 4 | QL |
| TAMIFLU 45 MG CAPSULE | 4 | QL |
| TAMIFLU 75 MG CAPSULE | 4 | QL |
| TAMOXIFEN CITRATE | 2 | |
| TAMSULOSIN HCL | 2 | |
| TARINA FE | 1 | |
| TARON-C DHA | 1 | |
| TARON-PREX PRENATAL | 1 | |
| TAYTULLA | 3 | |
| TAZTIA XT | 2 | |
| TELMISARTAN | 2 | |
| TELMISARTAN-AMLODIPINE | 2 | |
| TELMISARTAN-HYDROCHLOROTHIAZID | 2 | |
| TEMAZEPAM | 2 | |
| TEMOZOLOMIDE | 4 | PA |
| TENCON | 2 | |
| TENOFOVIR DISOPROXIL FUMARATE | 2 | |
| TERAZOSIN HCL | 1 | |
| TERBINAFINE HCL | 1 | |
| TERBUTALINE SULFATE 2.5 MG TAB | 2 | |
| TERBUTALINE SULFATE 5 MG TAB | 2 | |
| TERCONAZOLE | 2 | |
| TESTOSTERONE 10 MG GEL PUMP | 2 | QL |
| TESTOSTERONE 12.5 MG/1.25 GRAM | 2 | QL |
| TESTOSTERONE 25 MG/2.5 GM PKT | 2 | QL |
| TESTOSTERONE 50 MG/5 GRAM GEL | 2 | QL |
| TESTOSTERONE 50 MG/5 GRAM PKT | 2 | QL |
| TESTOSTERONE CYPIONATE | 2 | |
| TESTOSTERONE ENANTHATE | 2 | |
| TETCAINE | 2 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| TETRABENAZINE | 2 | PA |
| TETRACAINE 0.5% EYE DROPS | 2 | |
| TETRACAINE 0.5% STERI-UNIT SOL | 2 | |
| TETRACYCLINE HCL | 1 | |
| THEOCHRON | 2 | |
| THEOPHYLLINE | 2 | |
| THEOPHYLLINE ANHYDROUS | 2 | |
| THIORIDAZINE HCL | 2 | |
| THIOTHIXENE | 2 | |
| THRIVITE 19 | 1 | |
| THYROID | 1 | |
| TIAGABINE HCL | 2 | |
| TICLOPIDINE HCL | 2 | |
| TILIA FE | 1 | |
| TIMOLOL 0.25% GEL-SOLUTION | 2 | |
| TIMOLOL 0.25% GFS GEL-SOLUTION | 2 | |
| TIMOLOL 0.5% GEL-SOLUTION | 2 | |
| TIMOLOL 0.5% GFS GEL-SOLUTION | 2 | |
| TIMOLOL MALEATE 0.25% EYE DROP | 2 | |
| TIMOLOL MALEATE 0.5% EYE DROPS | 2 | |
| TIMOLOL MALEATE 10 MG TABLET | 2 | |
| TIMOLOL MALEATE 20 MG TABLET | 2 | |
| TIMOLOL MALEATE 5 MG TABLET | 2 | |
| TINIDAZOLE | 2 | |
| TIVICAY | 3 | |
| TIZANIDINE HCL | 2 | |
| TL-SELECT | 1 | |
| TOBRAMYCIN | 2 | |
| TOBRAMYCIN-DEXAMETHASONE | 2 | |
| TOLAZAMIDE | 2 | |
| TOLBUTAMIDE | 2 | |
| TOLCAPONE | 2 | |
| TOLMETIN SODIUM | 2 | |
| TOLTERODINE TARTRATE | 2 | |
| TOLTERODINE TARTRATE ER | 2 | |
| TOPIRAMATE | 2 | |
| TOPIRAMATE ER | 2 | |
| TORSEMIDE | 2 | |
| TRAMADOL ER 100 MG TABLET | 2 | QL |
| TRAMADOL ER 200 MG TABLET | 2 | QL |
| TRAMADOL ER 300 MG TABLET | 2 | QL |
| TRAMADOL HCL | 2 | QL |
| TRAMADOL HCL ER 100 MG TABLET | 2 | QL |
| TRAMADOL HCL ER 150 MG CAPSULE | 2 | QL |
| TRAMADOL HCL ER 200 MG TABLET | 2 | QL |
| TRAMADOL HCL ER 300 MG TABLET | 2 | QL |
| TRAMADOL HCL-ACETAMINOPHEN | 2 | QL |
| TRANDOLAPRIL | 2 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| TRANDOLAPRIL-VERAPAMIL ER | 2 | |
| TRANEXAMIC ACID 650 MG TABLET | 2 | |
| TRANYLCYPROMINE SULFATE | 2 | |
| TRAVATAN Z | 3 | |
| TRAZODONE HCL | 1 | |
| TRECATOR | 4 | |
| 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 |
| TRETINOIN 10 MG CAPSULE | 4 | PA |
| TRETINOIN MICROSPHERE | 2 | AGE |
| TRI FEMYNOR | 1 | |
| TRIADVANCE | 1 | |
| TRIAMCINOLONE 0.025% CREAM | 2 | |
| TRIAMCINOLONE 0.025% LOTION | 2 | |
| TRIAMCINOLONE 0.025% OINT | 2 | |
| TRIAMCINOLONE 0.1% CREAM | 2 | |
| TRIAMCINOLONE 0.1% LOTION | 2 | |
| TRIAMCINOLONE 0.1% OINTMENT | 2 | |
| TRIAMCINOLONE 0.1% PASTE | 2 | |
| TRIAMCINOLONE 0.147 MG/G SPRAY | 2 | |
| TRIAMCINOLONE 0.5% CREAM | 2 | |
| TRIAMCINOLONE 0.5% OINTMENT | 2 | |
| TRIAMTERENE-HYDROCHLOROTHIAZID | 2 | |
| TRIAZOLAM | 2 | |
| TRICITRATES | 2 | |
| TRIDERM | 2 | |
| TRI-ESTARYLLA | 1 | |
| TRIFLUOPERAZINE HCL | 2 | |
| TRIFLURIDINE | 2 | |
| TRIHEXYPHENIDYL HCL | 2 | |
| TRIKLO | 2 | |
| TRI-LEGEST FE | 1 | |
| TRI-LINYAH | 1 | |
| TRI-LO-ESTARYLLA | 1 | |
| TRI-LO-MARZIA | 1 | |
| TRI-LO-SPRINTEC | 1 | |
| TRILYTE WITH FLAVOR PACKETS | 2 | |
| TRIMETHOBENZAMIDE HCL | 2 | |
| TRIMETHOPRIM | 2 | |
| TRI-MILI | 1 | |
| TRIMIPRAMINE MALEATE | 2 | |
| TRINATAL GT | 1 | |
| TRINATAL RX 1 | 1 | |
| TRINESSA | 1 | |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| TRINESSA LO | 1 | |
| TRI-NORINYL | 4 | |
| TRIPLE-VITAMIN W-FLUORIDE | 2 | |
| TRI-PREVIFEM | 1 | |
| TRI-SPRINTEC | 1 | |
| TRI-TABS DHA | 1 | |
| TRIUMEQ | 3 | |
| TRIVEEN-DUO DHA | 1 | |
| TRIVEEN-ONE | 1 | |
| TRIVEEN-PRX RNF | 1 | |
| TRIVEEN-U | 1 | |
| TRI-VIT WITH FLUORIDE-IRON | 2 | |
| TRI-VITAMIN WITH FLUORIDE | 2 | |
| TRIVORA-28 | 1 | |
| TRI-VYLIBRA | 1 | |
| TROPICAMIDE | 2 | |
| TROSPIUM CHLORIDE | 2 | |
| TROSPIUM CHLORIDE ER | 2 | |
| TRULICITY | 3 | QL |
| TRUST NATAL DHA | 1 | |
| TRUVADA | 3 | |
| TULANA | 1 | |
| TUSSIGON | 2 | |
| TYBOST | 3 | |
| TYDEMY | 1 | |
| ULTILET ALCOHOL SWAB | 3 | |
| ULTIMATECARE ONE | 1 | |
| ULTIMATECARE ONE NF | 1 | |
| UNITHROID | 1 | |
| UR N-C | 2 | |
| URIN D.S. | 2 | |
| UROPHEN MB | 2 | |
| URSODIOL | 2 | |
| USTELL | 2 | |
| UTIRA-C | 2 | |
| VALACYCLOVIR | 2 | |
| VALGANCICLOVIR HCL | 2 | |
| VALPROIC ACID | 2 | |
| VALSARTAN | 2 | |
| VALSARTAN-HYDROCHLOROTHIAZIDE | 2 | |
| VANCOMYCIN HCL 125 MG CAPSULE | 2 | |
| VANCOMYCIN HCL 250 MG CAPSULE | 2 | |
| VANDAZOLE | 2 | |
| VECAMYL | 2 | LDD |
| VELIVET | 1 | |
| VEMAVITE-PRX 2 | 1 | |
| VENA-BAL DHA | 1 | |
| VENATAL COMPLETE DHA | 1 | |

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| VENLAFAXINE HCL | 2 | QL |
| VENLAFAXINE HCL ER | 2 | QL |
| VENTOLIN HFA | 3 | |
| VERAPAMIL 120 MG TABLET | 2 | |
| VERAPAMIL 360 MG CAP PELLET | 2 | |
| VERAPAMIL 40 MG TABLET | 2 | |
| VERAPAMIL 80 MG TABLET | 2 | |
| VERAPAMIL ER | 2 | |
| VERAPAMIL ER PM | 2 | |
| VERAPAMIL SR | 2 | |
| VERDROCET | 2 | |
| VESICARE | 4 | ST, QL |
| VESTURA | 1 | |
| VIDEX | 3 | |
| VIENVA | 1 | |
| VIGABATRIN | 2 | QL |
| VINACAL | 1 | |
| VINATE GT | 1 | |
| VINATE II | 1 | |
| VINATE ONE | 1 | |
| VINATE PN CARE | 1 | |
| VINATE ULTRA | 1 | |
| VINATE-M | 1 | |
| VIORELE | 1 | |
| VIREAD | 3 | |
| VIRT-ADVANCE | 1 | |
| VIRT-C DHA | 1 | |
| VIRT-NATE | 1 | |
| VIRT-NATE DHA | 1 | |
| VIRT-PHOS 250 NEUTRAL | 2 | |
| VIRT-PN | 1 | |
| VIRT-PN DHA | 1 | |
| VIRT-PN PLUS | 1 | |
| VIRTPREX | 1 | |
| VIRTRATE-2 | 2 | |
| VIRTRATE-3 | 2 | |
| VIRTRATE-K | 2 | |
| VIRT-SELECT | 1 | |
| VIRT-VITE GT | 1 | |
| VIT D2 1.25 MG (50,000 UNIT) | 2 | |
| VITAFOL-OB | 1 | |
| VITAMINS A,C,D AND FLUORIDE | 2 | |
| VITASPIRE | 1 | |
| VITEKTA | 3 | |
| VOL-NATE | 1 | |
| VOL-PLUS | 1 | |
| VOL-TAB RX | 1 | |
| VORICONAZOLE 200 MG TABLET | 2 | PA |

Please visit Cigna.com/ifp-drug-list to see a complete listing.

## 2019 Cigna Rx Essential Prescription Drug List

| MEDICATION NAME | Tier | NOTES (PA, ST, QL, AGE) |
|---|---|---|
| VORICONAZOLE 40 MG/ML SUSP | 2 | PA |
| VORICONAZOLE 50 MG TABLET | 2 | PA |
| VP-CH PLUS | 1 | |
| VP-CH-PNV | 1 | |
| VP-GGR-B6 | 1 | |
| VP-HEME OB | 1 | |
| VP-HEME ONE | 1 | |
| VRAYLAR | 4 | ST, QL |
| VYFEMLA | 1 | |
| VYLIBRA | 1 | |
| VYNATAL-FA | 1 | |
| WARFARIN SODIUM | 1 | |
| WEBCOL | 3 | |
| WERA | 1 | |
| WESTHROID | 1 | |
| WP THYROID | 1 | |
| WYMZYA FE | 1 | |
| XARELTO | 3 | QL |
| XIGDUO XR | 3 | QL |
| XTAMPZA ER | 3 | QL |
| XULANE | 1 | |
| XYLON 10 | 2 | |
| YASMIN 28 | 4 | |
| YAZ | 4 | |
| YUVAFEM | 2 | |
| ZAFIRLUKAST | 2 | |
| ZALEPLON | 2 | |
| ZARAH | 1 | |
| ZATEAN-CH | 1 | |
| ZATEAN-PN DHA | 1 | |
| ZATEAN-PN PLUS | 1 | |
| ZAZOLE | 2 | |
| ZENATANE | 2 | QL |
| ZENCHENT | 1 | |
| ZENCHENT FE | 1 | |
| ZENPEP | 3 | |
| ZETONNA | 4 | ST |
| ZIDOVUDINE | 2 | |
| ZIPRASIDONE HCL | 2 | |
| ZOLMITRIPTAN | 2 | QL |
| ZOLMITRIPTAN ODT | 2 | QL |
| ZOLPIDEM TARTRATE | 2 | |
| ZOLPIDEM TARTRATE ER | 2 | |
| ZONISAMIDE | 2 | |
| ZOVIA 1-35E | 1 | |
| ZOVIA 1-50E | 1 | |

## Specialty medications

### The following specialty medications are typically covered on Tier 5

#### A

ACTEMRA 162 MG/0.9 ML SYRINGE (PA, LDD)
ACTIMMUNE (PA, LDD)
ADCIRCA (PA)
ADEMPAS (PA, LDD)
AFINITOR (PA, LDD)
AFINITOR DISPERZ (PA, LDD)
AKYNZEO 300-0.5 MG CAPSULE (PA, QL)
ALECENSA (PA, LDD)
AMPYRA (PA, LDD)
ANZEMET (PA, QL)
APOKYN (PA)
ARANESP (PA)
ARCALYST (PA, LDD)
ASTAGRAF XL
AVONEX (PA)
AVONEX PEN (PA)

#### B

BARACLUDE 0.05 MG/ML SOLUTION
BOSULIF (PA, LDD)

#### C

CABOMETYX (PA, LDD)
CAPRELSA (PA, LDD)
CAYSTON (PA, ST, LDD)
CHOLBAM (PA, LDD)
COMETRIQ (PA, LDD)
COSENTYX (2 SYRINGES) (PA, LDD)
COSENTYX PEN (2 PENS) (PA, LDD)
COSENTYX PEN (PA, LDD)
COSENTYX SYRINGE (PA, LDD)
COTELLIC (PA, LDD)
CYSTADANE (LDD)
CYSTAGON (LDD)

#### E

EGRIFTA (PA, LDD)
EMCYT
EMEND 125 MG POWDER PACKET (PA, QL)
ENBREL (PA)
ENBREL MINI (PA)
ENBREL SURECLICK (PA)
EPCLUSA (PA)
EPIVIR HBV 25 MG/5 ML SOLN
EPOGEN (PA)
ERIVEDGE (PA, LDD)
ESBRIET (PA, LDD)
EXJADE (LDD)

#### F

FARYDAK (PA, LDD)
FIRAZYR (PA, LDD)
FIRMAGON 2 X 120 MG KIT (PA)
FIRMAGON 80 MG KIT (PA)
FORTEO
FRAGMIN (QL)

#### G

GATTEX (PA, LDD)
GENOTROPIN (PA, ST)
GILOTRIF (PA, LDD)
GLATIRAMER ACETATE (PA)
GLATOPA (PA)
GRANIX

#### H

HARVONI (PA)
HETLIOZ (PA)
HEXALEN
HUMATROPE (PA)
HUMIRA (PA)
HUMIRA PEDIATRIC CROHN'S (PA)
HUMIRA PEN (PA)
HUMIRA PEN CROHN-UC-HS STARTER (PA)
HUMIRA PEN PSORIASIS-UVEITIS (PA)
HYCAMTIN 0.25 MG CAPSULE (PA)
HYCAMTIN 1 MG CAPSULE (PA)

#### I

IBRANCE (PA, LDD)
ICLUSIG (PA, LDD)
ILARIS (PA, LDD)
IMBRUVICA (PA, LDD)
INCRELEX (PA)
INLYTA (PA, LDD)
INTRON A (PA)
IRESSA (PA, LDD)

#### J

JADENU (LDD)
JADENU SPRINKLE (LDD)
JAKAFI (PA, LDD)

#### K

KALYDECO (PA, LDD)
KINERET (PA, ST, LDD)
KUVAN (PA, LDD)

#### L

LENVIMA (PA, LDD)
LETAIRIS (PA, LDD)
LEUKINE
LONSURF (PA, LDD)
LUPRON DEPOT (LUPANETA) (PA)
LUPRON DEPOT (PA)
LUPRON DEPOT-PED (PA)
LYNPARZA (PA, LDD)

#### M

MATULANE (LDD)
MEKINIST (PA)
MESNEX 400 MG TABLET
MIGLUSTAT (PA)

#### N

NATPARA (PA, LDD)
NEULASTA (PA)
NEUPOGEN (PA, ST)
NEXAVAR (PA)
NINLARO (PA, LDD)
NORDITROPIN FLEXPRO (PA, ST)
NUTROPIN AQ (PA, ST)
NUTROPIN AQ NUSPIN (PA, ST)

#### O

ODOMZO (PA, LDD)
OMNITROPE (PA, ST)
OPSUMIT (PA, LDD)
ORKAMBI 200 MG-125 MG TABLET (PA, LDD)
OTEZLA (PA, LDD)

#### P

PANRETIN
PEGINTRON (PA)
PEGINTRON REDIPEN (PA)
POMALYST (PA, LDD)
PRALUENT PEN (PA, ST, LDD)
PRALUENT SYRINGE (PA, ST, LDD)
PROMACTA (PA)
PULMOZYME (PA)

Specialty medications are limited to a 30-day supply in CO.

## Specialty medications

### The following specialty medications are typically covered on Tier 5

#### R

RAPAMUNE 1 MG/ML ORAL SOLN
REBETOL
REPATHA PUSHTRONEX (PA, ST)
REPATHA SURECLICK (PA, ST)
REPATHA SYRINGE (PA, ST)
REVLIMID (PA, LDD)

#### S

SABRIL 500 MG TABLET (QL)
SAIZEN (PA, ST)
SAIZEN-SAIZENPREP (PA, ST)
SAMSCA (LDD)
SENSIPAR
SEROSTIM (PA, ST, LDD)
SOMATULINE DEPOT (PA, LDD)
SOMAVERT (PA, LDD)
SPRYCEL (PA)
STELARA 45 MG/0.5 ML SYRINGE (PA, ST, LDD)
STELARA 45 MG/0.5 ML VIAL (PA, ST, LDD)
STELARA 90 MG/ML SYRINGE (PA, ST, LDD)
STIVARGA (PA, LDD)
SUCRAID (LDD)
SUTENT (PA, LDD)
SYLATRON (PA, LDD)
SYNAREL

#### T

TAFINLAR (PA, LDD)
TAGRISSO (PA)
TARCEVA (PA, LDD)
TARGRETIN 1% GEL
TASIGNA (PA, LDD)
TECFIDERA (PA, LDD)
THALOMID (PA, LDD)
TRACLEER (PA, LDD)
TYKERB (PA)
TYVASO (PA, LDD)
TYVASO INSTITUTIONAL START KIT (PA, LDD)
TYVASO REFILL KIT (PA, LDD)
TYVASO STARTER KIT (PA, LDD)
TYZEKA

#### V

VALCHLOR (LDD)
VARUBI 90 MG TABLET (PA, QL)
VENCLEXTA (PA)
VENCLEXTA STARTING PACK (PA)
VENTAVIS (PA)
VISTOGARD (LDD)
VOTRIENT (PA)

#### X

XALKORI (PA, LDD)
XELJANZ (PA, ST, LDD)
XELJANZ XR (PA, ST, LDD)
XOLAIR (PA, LDD)
XTANDI (PA, ST, LDD)
XURIDEN (PA)
XYREM (PA, LDD)

#### Z

ZARXIO (LDD)
ZAVESCA (PA, LDD)
ZELBORAF (PA, LDD)
ZOLADEX 10.8 MG IMPLANT SYRN (PA)
ZOLADEX 3.6 MG IMPLANT SYRN (PA)
ZOLINZA (PA)
ZORTRESS
ZYDELIG (PA)
ZYKADIA (PA, LDD)
ZYTIGA (PA, LDD)

Specialty medications are limited to a 30-day supply in CO.

## 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. Here are some changes that typically take place:

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

When we make a change to the coverage of a medication you're taking, we'll send you a letter three months before the change takes place so you have time to prepare. It's important to know that when a medication changes tiers or is no longer covered, you may pay a different amount to fill that medication.

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

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 P&T 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's 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, 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 medicines) may be available to you at no cost-share ($0), depending on your plan. Log in to the **myCigna** website or app 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 on **Cigna.com/ifp-drug-list**.

For more information about health care reform, visit **www.informedonreform.com** or **Cigna.com**.

## Prescription drug list FAQs *(cont)*

**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 on 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 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?**

Use the Drug Cost tool on the **myCigna** website or app to estimate how much your medication may cost and view lower cost[1] alternatives, if available.

**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. Talk with your doctor to find out if one of these options may work for you.

**What's the difference between brand name and generic medications?**

The FDA requires generic equivalent medications to have the same quality and performance as brand name medications. A generic equivalent medication is the same as a brand name medication in dosage form, active ingredient, strength, route of administration, quality, performance characteristics and intended use. 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.

**How can I get help with my specialty medication?**

Cigna Specialty Pharmacy℠ can help you manage your health and prescription needs. Their team of medical condition experts provide personalized, 24/7 support. They'll help you get approval for coverage of your medication, answer any questions you have about your medication and its cost, help you work through any side effects and make sure you have any supplies you need (at no extra cost). They'll also give you information about financial assistance programs (if you need help paying for your medication). To learn more about the services they provide, please call **800.351.3606** or go to **cigna.com/specialty-pharmacyservices**.

**Can I fill my prescriptions by mail?**

If you take a medication every day 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 Cigna Home Delivery Pharmacy.℠ To get started, call **800.835.3784**. To learn more about the services they provide, go to **cigna.com/home-delivery-pharmacy**.

If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Cigna Specialty Pharmacy (our home delivery pharmacy). To get started, call **800.351.3606**. To learn more about the services they provide, go to **cigna.com/specialty-pharmacy-services**.

**Where can I find more information about my prescription medication plan?**

Use the online tools and resources on the **myCigna** website or app to help you better understand your pharmacy benefits. You can view your prescription drug list or search for a specific medication, use the Drug Cost tool to estimate how much your medication may cost, find an in-network pharmacy near you, review your pharmacy claims and payment history, and fill and track your home delivery orders.

## COLORADO Limitations/Exclusions

**Excluded Services**

In addition to any other exclusions and limitations described in this Policy, there are no benefits provided for the following:

- Services obtained from an Out-of-Network (Non-Participating) Provider, except for Emergency Services.
- Any amounts in excess of maximum amounts of Covered Expenses stated in this Policy.
- Services not specifically listed as Covered Services in this Policy.
- Services for treatment of complications of non-covered procedures or services.
- 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; (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 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.
- Custodial 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; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- 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.
- 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.
- 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.
- 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 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).
- 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, <u>except as otherwise stated in this Policy under "Bariatric Surgery"</u>.
- Routine physical exams or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority, physical exams required for or by an employer or for school, or sports physicals, except as otherwise specifically stated in this Plan.
- 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.
- Items which are furnished primarily for personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs etc.).
- Massage therapy
- 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: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; 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.
- Charges for elective abortions.
- 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 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 are not guaranteed, and even though a price is displayed in the Drug Cost tool, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. Coverage and pricing may change. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown in the Drug Cost tool.

2. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Tel-Drug, Inc., and Tel-Drug of Pennsylvania, L.L.C. "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. The Cigna name, logo and other Cigna marks are owned by Cigna Intellectual Property, Inc.

924124 12/18 © 2018 Cigna. Some content provided under license.

# 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).

896375a 05/17 © 2017 Cigna.

## 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 연락해주십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주십시오.

**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 ناشنوایان: شماره 711 را شماره‌گیری کنید).