

CIGNA STANDARD 4-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2022

Cigna®

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

916152 k Standard 4-Tier O/I SRx 05/22



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View the drug list online

This document was last updated on 05/01/2022.* You can go online to see the current list of medications your plan covers.

myCigna® App or myCigna.com. Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.

Cigna.com/PDL. Scroll down until you see a pdf of the **Cigna Standard 4-Tier Prescription Drug List (all specialty medications covered on Tier 4)**.

Questions?

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

* Drug list created: originally created 01/01/2004

Last updated: 05/01/2022, for changes starting 07/01/2022

Next planned update: 08/01/2022, for changes starting 01/01/2023

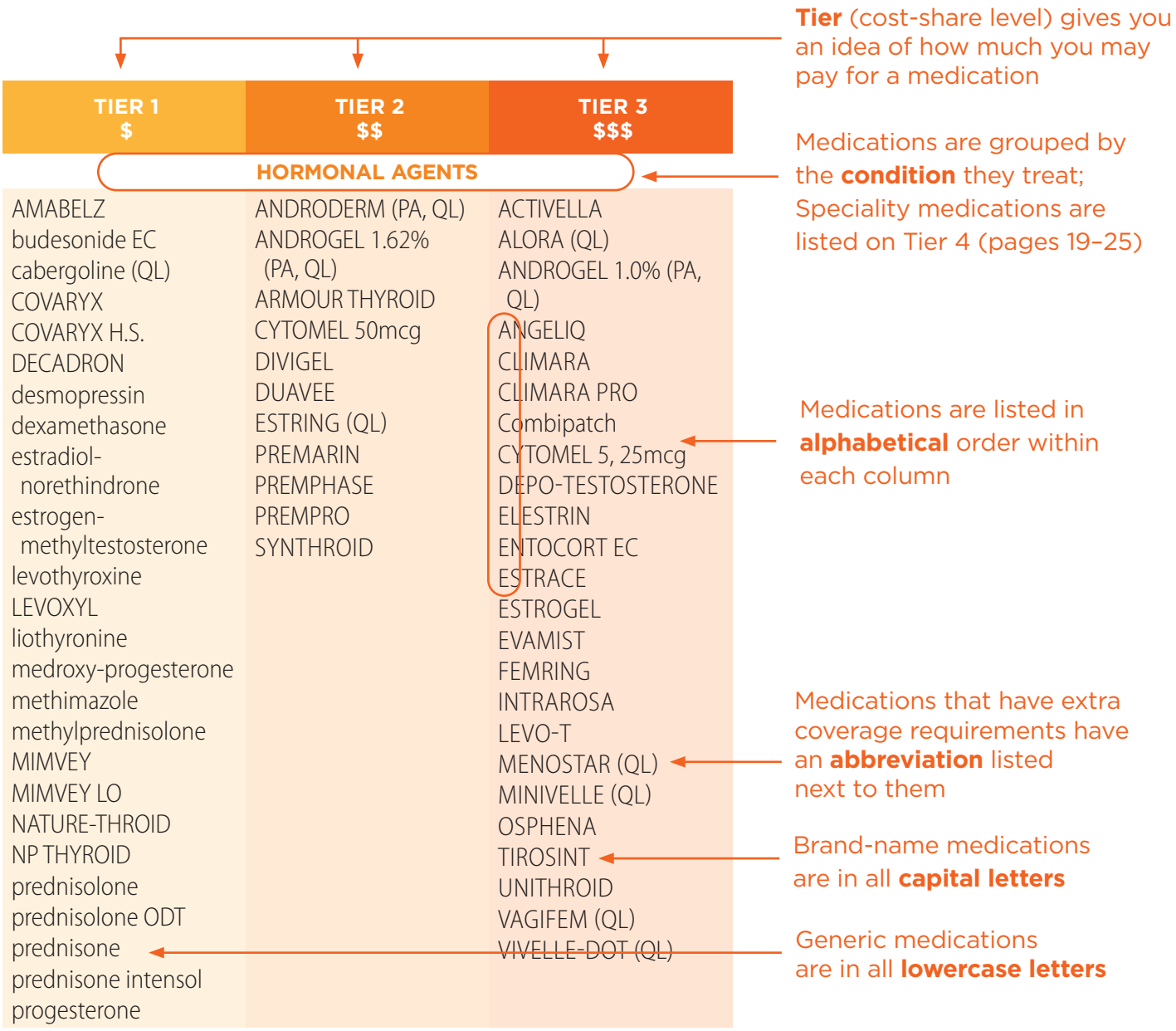
About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Standard 4-Tier Prescription Drug List as of July 1, 2022.[1,2] Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

The drug list is updated often so it isn't a complete list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

How to read this drug list

Use the chart below to help you read this drug list. This chart is just an example. It may not show how these medications are actually covered on the Cigna Standard 4-Tier Prescription Drug List.



This chart is just a sample. It may not show how these medications are actually covered on the Cigna Standard 4-Tier Prescription Drug List.

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

› **Tier 1 – Typically Generics**	(Lowest-cost medication)	**$**
› **Tier 2 – Typically Preferred Brands**	(Medium-cost medication)	**$$**
› **Tier 3 – Typically Non-Preferred Brands**	(Higher-cost medication)	**$$$**
› **Tier 4 – Specialty Medications**	(Highest-cost medication)	**$$$$**

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

(PA)	**Prior Authorization** – Certain medications need approval from Cigna before your plan will cover them. These medications have a **(PA)** next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.
(QL)	**Quantity Limits** – Some medications have a quantity limit - meaning, your plan will only cover up to a certain amount over a certain length of time. These medications have a **(QL)** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.
(ST)	**Step Therapy** – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a **(ST)** next to them. You have many covered options to choose from, and they're used to treat the same condition.
(AGE)	**Age Requirements** – Certain medications will only be covered if you're within a specific age range. These medications have **(AGE)** next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna.

* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy, and/or age requirements.
** If your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Brand-name medications are in all capital letters
In this drug list, generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Specialty medications are covered on Tier 4
Specialty medications are used to treat complex medical conditions. In this drug list, all specialty medications are covered on Tier 4 (see pages 18-24). Injectable specialty medications are marked with an asterisk **(*)** and oral specialty medications are marked with a double asterisk **(**)**.

Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

No cost-share preventive medications have a plus sign next to them
Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share ($0), to you. In this drug list, these medications have a plus sign **(+)** next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

Plan/benefit exclusions
Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. This means there's no option to receive coverage through Cigna's review process by showing that you need the medication or product for your treatment. In this drug list, these medications have a caret **(^)** next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

How to find your medication

First, look for your condition in the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition.

Condition	Page
ALLERGY/NASAL SPRAYS	6
ALZHEIMER'S DISEASE	6
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6
ASTHMA/COPD/RESPIRATORY	6
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7
BLOOD MODIFIERS/BLEEDING DISORDERS	7
BLOOD PRESSURE/HEART MEDICATIONS	7
BLOOD THINNERS/ANTI-CLOTTING	7, 8
CANCER	8
CHOLESTEROL MEDICATIONS	8
CONTRACEPTION PRODUCTS	8–10
COUGH/COLD MEDICATIONS	10
DENTAL PRODUCTS	10
DIABETES	10, 11
DIURETICS	11
EAR MEDICATIONS	11
ERECTILE DYSFUNCTION	11
EYE CONDITIONS	11, 12
FEMININE PRODUCTS	12
GASTROINTESTINAL/HEARTBURN	12
HORMONAL AGENTS	12, 13
INFECTIONS	13, 14
INFERTILITY	14
MISCELLANEOUS	14
NUTRITIONAL/DIETARY	14, 15
OSTEOPOROSIS PRODUCTS	15
PAIN RELIEF AND INFLAMMATORY DISEASE	15, 16
PARKINSON'S DISEASE	16
SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
SEIZURE DISORDERS	16
SKIN CONDITIONS	16, 17
SLEEP DISORDERS/SEDATIVES	17
SMOKING CESSATION	17
SUBSTANCE ABUSE	17
URINARY TRACT CONDITIONS	17
VACCINES	17
WEIGHT MANAGEMENT	17

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

TIER 1 $	TIER 2 $$	TIER 3 $$$
ALLERGY/NASAL SPRAYS		
azelastine azelastine-fluticasone cromolyn desloratadine (QL) epinephrine (QL) fluticasone hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine dihydrochloride mometasone (QL) olopatadine promethazine solution, syrup, tablet		CLARINEX GASTROCROM GRASTEK (PA, QL) KARBINAL ER ODACTRA (PA, QL) ORALAIR (PA,QL) PATANASE RAGWITEK (PA, QL) VISTARIL
ALZHEIMER'S DISEASE		
donepezil donepezil odt memantine memantine er (QL) pyridostigmine 60 mg/5 ml, 60 mg pyridostigmine er rivastigmine	NAMENDA 5-10 MG TITRATION PK	ARICEPT EXELON MESTINON NAMENDA 5 MG TABLET NAMENDA 10 MG TABLET NAMENDA XR (QL) NAMZARIC (QL)
ANXIETY/DEPRESSION/BIPOLAR DISORDER[3]		
alprazolam alprazolam er alprazolam intensol alprazolam odt alprazolam xr amitriptyline bupropion (QL) bupropion sr (QL) bupropion xl 150 mg tablet (QL) bupropion xl 300 mg tablet (QL) buspirone citalopram (QL) clomipramine desvenlafaxine er (QL)		CELEXA (QL, ST) DESVENLAFAXINE ER (QL,ST) EFFEXOR XR (QL, ST) FETZIMA (QL, ST) PAXIL (QL, ST) PAXIL CR (QL, ST) PRISTIQ (QL, ST) PROZAC (QL, ST) REMERON TRINTELLIX (QL, ST) VIIBRYD (QL, ST) WELLBUTRIN SR (QL, ST) XANAX XANAX XR

TIER 1 $	TIER 2 $$	TIER 3 $$$
ANXIETY/DEPRESSION/BIPOLAR DISORDER[3] *(cont)*		
duloxetine (QL) escitalopram (QL) fluoxetine dr (QL) fluoxetine (QL) fluvoxamine (QL) fluvoxamine er (QL) lorazepam lorazepam intensol mirtazapine paroxetine cr (QL) paroxetine er (QL) paroxetine (QL) sertraline (QL) trazodone venlafaxine (QL) venlafaxine er (QL)		ZOLOFT (QL, ST)
ASTHMA/COPD/RESPIRATORY		
albuterol albuterol hfa (QL) alyq* (PA) ambrisentan* (PA) budesonide fluticasone-salmeterol ipratropium-albuterol montelukast tadalafil* (PA)	ADEMPAS* (PA) ADVAIR HFA ANORO ELLIPTA ATROVENT HFA BEVESPI AEROSPHERE BREO ELLIPTA BREZTRI AEROSPHERE COMBIVENT RESPIMAT DULERA FLOVENT DISKUS FLOVENT HFA INCRUSE ELLIPTA OFEV* (PA) OPSUMIT* (PA) PULMICORT FLEXHALER PULMOZYME* (PA) QVAR REDIHALER SEREVENT DISKUS SPIRIVA SPIRIVA RESPIMAT STIOLTO RESPIMAT SYMBICORT TRACLEER* (PA) TRELEGY ELLIPTA UPTRAVI* (PA)	ADCIRCA* (PA) AIRDUO DIGIHALER (ST) BRONCHITOL* (PA) DALIRESP (QL) KALYDECO* (PA, QL) LETAIRIS* (PA) LONHALA MAGNAIR (PA) ORENITRAM ER* (PA) ORKAMBI* (PA, QL) PULMICORT RESPULES REVATIO 10 MG/ML, 20 MG* (PA) SINGULAIR TRIKAFTA* (PA, QL)

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

TIER 1 $	TIER 2 $$	TIER 3 $$$
ATTENTION DEFICIT HYPERACTIVITY DISORDER[3]		
amphetamine (PA) atomoxetine (QL) dexmethylphenidate (PA) dexmethylphenidate er (PA, QL) dextroamphetamine-amphetamine (PA, QL) dextroamphetamine-amphetamine-amphet er (PA, QL) guanfacine er methylphenidate er (la) (PA, QL) methylphenidate er (PA, QL) methylphenidate (PA) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate la (PA, QL) procentra (PA)	MYDAYIS (PA, QL) VYVANSE (PA, QL)	ADDERALL (PA,ST) ADZENYS ER (PA, QL) ADZENYS XR-ODT (PA, QL) AZSTARYS (PA, ST, QL) DAYTRANA (PA, QL) DYANAVEL XR (PA, QL) EVEKEO ODT (PA) FOCALIN (PA,ST) INTUNIV METHYLIN (PA) QUILLICHEW ER (PA, QL) QUILLIVANT XR (PA, QL) RITALIN (PA,ST) STRATTERA (QL) zenzedi (PA,ST)
BLOOD MODIFIERS/BLEEDING DISORDERS		
aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg*	DROXIA	SIKLOS (PA)
BLOOD PRESSURE/HEART MEDICATIONS		
aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg* amlodipine amlodipine-benazepril amlodipine-olmesartan (QL)	CORLANOR (PA) ENTRESTO TEKTURNA HCT (QL)	ADALAT CC ALTACE (ST) ATACAND (ST) AVAPRO (ST) AZOR (QL) BENICAR (QL, ST) BENICAR HCT (ST) BIDIL (QL) CALAN SR CARDIZEM LA 120mg (QL)

TIER 1 $	TIER 2 $$	TIER 3 $$$
amlodipine-valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol carvedilol er (QL) clonidine diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la) diltiazem 24hr er (xr) diltiazem DILT-XR dofetilide (QL) droxidopa* enalapril flecainide guanfacine hydralazine tablet icatibant* (PA) irbesartan labetalol tablet lisinopril lisinopril-hctz losartan metoprolol metoprolol succinate nadolol nebivolol nifedipine nifedipine er olmesartan (QL) olmesartan-amlodipine-hctz olmesartan-hctz (QL) prazosin propranolol tablet propranolol er ramipril ranolazine er (QL)		CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 COREG (ST) CORGARD (ST) COZAAR (ST) DIOVAN (ST) DIOVAN HCT (ST) EPANED EXFORGE EXFORGE HCT HEMANGEOL HYZAAR (ST) INDERAL LA (ST) INDERAL XL (ST) INNOPRAN XL (ST) ISOSORBIDE HYDRALAZINE (QL) KAPSPARGO SPRINKLE (ST) KATERZIA (QL) LOPRESSOR (ST) LOTENSIN (ST) LOTREL MICARDIS (QL, ST) MICARDIS HCT (QL, ST) MINIPRESS NITROSTAT NORVASC PROCARDIA XL RANEXA (QL) TEKTURNA (QL) TENORMIN (ST) TENORETIC 50 (ST) TENORETIC 100 (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) TRIBENZOR VASOTEC (ST) VERELAN VERELAN PM ZESTORETIC (ST) ZESTRIL (ST) ZIAC (ST)

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

TIER 1 $	TIER 2 $$	TIER 3 $$$
BLOOD PRESSURE/HEART MEDICATIONS *(cont)*		
taztia xt telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan valsartan-hctz verapamil er verapamil er pm verapamil tablet verapamil sr		
BLOOD THINNERS/ANTI-CLOTTING		
clopidogrel jantoven prasugrel warfarin	BRILINTA ELIQUIS (PA) XARELTO (PA)	EFFIENT PLAVIX PRADAXA (PA) ZONTIVITY
CANCER		
anastrozole+ exemestane+ letrozole methotrexate tamoxifen+	GLEOSTINE TREXALL	
CHOLESTEROL MEDICATIONS		
atorvastatin+ colesevelam ezetimibe fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin+ omega-3 acid ethyl esters pravastatin+ simvastatin tablet+ (QL)	LIVALO (QL,ST) NEXLETOL (PA, QL) NEXLIZET (PA, QL) REPATHA (PA) VASCEPA (PA)	CADUET (QL) LIPOFEN (ST) ROSZET (PA) TRICOR (ST) TRILIPIX (ST) WELCHOL ZETIA ZOCOR (QL, ST)
CONTRACEPTION PRODUCTS		
AFIRMELLE+ ALTAVERA+ ALYACEN+ AMETHIA+ AMETHYST+ APRI+ ARANELLE+ ASHLYNA+ AUBRA EQ+	LO LOESTRIN FE	ANNOVERA BALCOLTRA BEYAZ ELLA+ LAYOLIS FE+ LOESTRIN FE MICROGESTIN 24 FE

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION MEDICATIONS *(cont)*		
AUBRA+ AUROVELA 24 FE+ AUROVELA FE+ AUROVELA+ AVIANE+ AYUNA+ AZURETTE+ BALZIVA+ BLISOVI 24 FE+ BLISOVI FE+ BRIELLYN+ CAMILA+ CAMRESE LO+ CAMRESE+ CAYA CONTOURED+ CAZIANT+ CHARLOTTE 24 FE+ CHATEAL EQ+ CHATEAL+ CRYSELLE+ CYCLAFEM+ CYRED EQ+ CYRED+ DASETTA+ DAYSEE+ DEBLITANE+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol - ethinyl estradiol+ DOLISHALE+ drospirenone-ethinyl estradiol-levomefolate+ drospirenone-ethinyl estradiol+ ELINEST+ ELURYNG+ ENPRESSE+ ENSKYCE+ ERRIN+ ESTARYLLA+ ethynodiol-ethinyl estradiol+ etonogestrel-ethinyl estradiol+ FALMINA+ FEMCAP+		MINASTRIN 24 FE NATAZIA NEXTSTELLIS NUVARING SAFYRAL SLYND TAYTULLA TWIRLA+ YASMIN 28 YAZ

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
FEMYNOR+		
GEMMILY+		
HAILEY 24 FE+		
HAILEY FE+		
HAILEY+		
HEATHER+		
ICLEVIA+		
INCASSIA+		
ISIBLOOM+		
JAIMIESS+		
JASMIEL+		
JENCYCLA+		
JOLESSA+		
JULEBER+		
JUNEL FE 24+		
JUNEL FE+		
JUNEL+		
KAITLIB FE+		
KALLIGA+		
KARIVA+		
KELNOR 1-35+		
KELNOR 1-50+		
KURVELO+		
LARIN 24 FE+		
LARIN FE+		
LARIN+		
LARISSIA+		
LEENA+		
LESSINA+		
LEVONEST+		
levonorgestrel-ethinyl estradiol+		
levonorgestrel-ethinyl estradiol ethinyl estradiol+		
LEVORA-28+		
LILLOW+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		
LO-ZUMANDIMINE+		
LUTERA+		
LYLEQ+		
LYZA+		
MARLISSA+		
MEDROXYPROGES-GESTERONE+		

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
MERZEE+		
MICROGESTIN FE+		
MICROGESTIN+		
MILI+		
MONO-LINYAH+		
NECON+		
NIKKI+		
NORA-BE+		
norethindrone+		
norethindrone-ethinyl estradiol-iron+		
norethindrone-ethinyl estradiol+		
norethindrone-ethinyl estradiol-ferrous fumarate		
norgestimate-ethinyl estradiol+		
NORLYDA+		
NORTREL+ NYLIA+		
NYMYO+		
OCELLA+		
ORSYTHIA+		
PHILITH+		
PIMTREA+		
PIRMELLA+		
PORTIA+		
PREVIFEM+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		
SHAROBEL+		
SIMLIYA+		
SIMPESSE+		
SPRINTEC+		
SRONYX+		
SYEDA+		
TARINA 24 FE+		
TARINA FE 1-20 EQ+		
TARINA FE+		
taysofy+		
TILIA FE+		
TRI FEMYNOR+		
TRI-ESTARYLLA+		
TRI-LEGEST FE+		
TRI-LINYAH+		

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

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

CONTRACEPTION PRODUCTS *(cont)*

TRI-LO-ESTARYLLA+ TRI-LO-MARZIA+ TRI-LO-MILI+ TRI-LO-SPRINTEC+ TRI-MILI+ TRI-NYMYO+ TRI-SPRINTEC+ TRIVORA-28+ TRI-VYLIBRA LO+ TRI-VYLIBRA+ TULANA+ TYDEMY+ VELIVET+ VESTURA+ VIENVA+ VIORELE+ VOLNEA+ VYFEMLA+ VYLIBRA+ WERA+ wide seal diaphragm+ WYMZYA FE+ XULANE+ ZAFEMY+ ZOVIA 1-35+ ZUMANDIMINE+		

COUGH/COLD MEDICATIONS

brompheniramine-pseudoephedrine-dm hydrocodone-homatropine (PA, QL) promethazine-dm		HYCODAN (PA, QL) TUXARIN ER (PA,QL) TUZISTRA XR (PA, QL)

DENTAL PRODUCTS

chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIDEX PERIOGARD SF 1.1% GEL	PREVIDENT 0.2% RINSE	CLINPRO 5000 FLORIVA+^ FLUORIDEX SENSITIVITY RELIEF PREVIDENT 1.1% GEL PREVIDENT 5000 PREVIDENT 5000 BOOSTER PLUS

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

DENTAL PRODUCTS *(cont)*

SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone acetonide		PREVIDENT 5000 DRY MOUTH PREVIDENT 5000 ENAMEL PROTECT PREVIDENT 5000 ORTHO DEFENSE PREVIDENT 5000 PLUS PREVIDENT 5000 SENSITIVE

DIABETES

ACCU-CHEK COMPACT PLUS CONTROL ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION ACCU-CHEK AVIVA SOLUTION ACCU-CHEK SOFTCLIX LANCET KIT ACCU-CHEK FASTCLIX LANCING DEVICE ACCU-CHEK MULTICLIX LANCET KIT ACCU-CHEK SMARTVIEW CONTROL SOLUTION ACCUTREND GLUCOSE CONTROL BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE CONTOUR SOLUTION CONTOUR NEXT LEV 1 CONTROL SOLUTION CONTOUR NEXT LEV 2 CONTROL SOLUTION	BAQSIMI (QL) BYDUREON (PA, QL) BYETTA (PA, QL) DEXCOM G6 (PA, QL) DEXCOM G6 RECEIVER (PA, QL) DEXCOM G6 TRANSMITTER (PA, QL) DROPLET DROPSAFE FARXIGA (QL, ST) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE 2 SENSOR (PA, QL) GLUCAGEN (QL) GLYXAMBI (QL, ST) HUMULIN (QL) HUMULIN R (QL) HUMALOG (QL) JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LEVEMIR (QL) LYUMJEV (QL) OMNIPOD DASH PODS (GEN 4) (PA,QL)	CEQUR CYCLOSET GLUCAGON EMERGENCY KIT (QL) GVOKE (QL) PRECISION XTRA KETONE-GLUC KIT RIOMET

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

TIER 1 $	TIER 2 $$	TIER 3 $$$
DIABETES *(cont)*		
DROPLET GENTEEL LANCING DEVICE	ONETOUCH ULTRA TEST STRIP	
DROPLET INSULIN SYRINGE	ONETOUCH VERIO TEST STRIP	
DROPLET MICRON PEN NEEDLE	OZEMPIC (PA, QL)	
glimepiride	QTERN (QL, ST)	
glipizide	RYBELSUS (PA, QL)	
glipizide er	SEMGLEE (QL)	
glipizide xl	SOLIQUA 100-33	
INPEN	SYMLINPEN	
metformin	SYNJARDY (QL, ST)	
metformin er	SYNJARDY XR (QL, ST)	
microlet	TRESIBA (QL)	
NOVOTWIST	TRIJARDY XR (ST, QL)	
NOVOFINE	TRULICITY (PA,QL)	
PARADIGM	V-GO 20	
TECHLITE NEEDLE	V-GO 30	
TRUE METRIX LEVEL 1 CONTROL SOULTION	V-GO 40	
TRUE METRIX LEVEL 2 CONTROL SOLUTION	VICTOZA (PA, QL)	
TRUE METRIX LEVEL 3 CONTROL SOLUTION	XIGDUO XR (QL, ST)	
TRUEPLUS SYRINGE	XULTOPHY	
ULTRA-FINE PEN NEEDLE	ZEGALOGUE (QL)	
VEO INSULIN SYRINGE		
DIURETICS		
ACETAZOLAMIDE TABLET	DIURIL	ALDACTONE
ACETAZOLAMIDE ER CAPSULE	KERENDIA (PA, QL)	CAROSPIR
BUMETANIDE TABLET		INSPRA
chlorthalidone		LASIX
eplerenone		MAXZIDE
furosemide solution, tablet		
hydrochlorot-hiazide		
spironolactone		
torsemide		
triamterene-hctz		

TIER 1 $	TIER 2 $$	TIER 3 $$$
EAR MEDICATIONS		
ciprofloxacin-dexamethasone	CIPRO HC	CIPRODEX
neomycin-polymyxin b-hydrocortisone		CIPROFLOXACIN HCL-FLUOCINOLONE
ofloxacin		CORTISPORIN-TC
		DERMOTIC
		OTOVEL
ERECTILE DYSFUNCTION		
sildenafil^ (QL)	MUSE^ (PA, QL)	CIALIS^ (QL, ST)
tadalafil^ (QL)		STENDRA^ (QL, ST)
vardenafil^ (QL)		VIAGRA^ (QL, ST)
EYE CONDITIONS		
bimatoprost (QL)	ALPHAGAN P 0.1% DROPS	ACUVAIL
brimonidine	AZASITE	ALPHAGAN P 0.15% EYE DROPS
brinzolamide	BETIMOL	ALREX
ciprofloxacin	BETOPTIC S	AZOPT
difluprednate	COMBIGAN	BEPREVE
dorzolamide-timolol	EYSUVIS (QL)	BESIVANCE
erythromycin	FML FORTE 0.25% EYE DROPS	BROMSITE
fluorometholone	FML S.O.P. 0.1% OINTMENT	CEQUA
ketorolac	FLAREX	COSOPT
latanoprost	LOTEMAX SM	COSOPT PF
loteprednol	RESTASIS MULTIDOSE	DUREZOL
moxifloxacin eye drops	SIMBRINZA	FML LIQUIFILM 0.1% EYE DROP
neomycin-polymyxin b-dexamethasone	XIIDRA	ILEVRO
ofloxacin	ZERVIATE	INVELTYS
polymyxin b sulfate-trimethoprim		ISTALOL
prednisolone		LOTEMAX
timolol		MAXITROL
tobramycin-dexamethasone		OCUFLOX
travoprost		POLYTRIM
		PRED FORTE
		PROLENSA
		RHOPRESSA
		ROCKLATAN
		TIMOPTIC
		TIMOPTIC-XE
		TOBRADEX EYE DROPS
		TOBRADEX ST
		TRUSOPT
		VIGAMOX
		ZIRGAN
		ZYLET

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

TIER 1 $	TIER 2 $$	TIER 3 $$$
FEMININE PRODUCTS		
GYNAZOLE 1 miconazole 3 200 mg terconazole		
GASTROINTESTINAL/HEARTBURN		
ANUCORT-HC balsalazide dicyclomine capsule, solution, tablet esomeprazole 20 mg capsule, 40 mg capsule, packets (QL) famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ HEMMOREX-HC hydrocortisone lansoprazole (QL) mesalaminex` mesalamine dr mesalamine er metoclopramide solution, tablet metoclopramide odt omeprazole (QL) ondansetron ondansetron odt pantoprazole suspension, tablet (QL) peg 3350-electrolyte+ PEG3350-SODIUM SULFATE-SODIUM CHLORIDE-POTASSIUM CHLORIDE-SODIUM ASCORBATE-ASCORBIC ACID+ PEG-PREP+	AMITIZA CLENPIQ+ DEXILANT (QL) LINZESS NEXIUM DR 2.5 MG PACKET (QL) NEXIUM DR 5 MG PACKET (QL) PANCREAZE PENTASA SUPREP+ SUTAB+ VIBERZI	ACIPHEX (QL, ST) APRISO BONJESTA CANASA CARAFATE DICLEGIS MOVANTIK (PA) PREVACID DR 30 MG CAPSULE (QL, ST) PROTONIX (QL, ST) RECTIV RELISTOR (PA) SANCUSO (PA, QL) SFROWASA SYMPROIC (PA) TRANSDERM-SCOP URSO URSO FORTE VARUBI (PA, QL) VIOKACE

TIER 1 $	TIER 2 $$	TIER 3 $$$
GASTROINTESTINAL/HEARTBURN *(cont)*		
prochlorperazine tablet rabeprazole tablet (QL) scopolamine sucralfate		
HORMONAL AGENTS		
AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) cabergoline (QL) desmopressin dexamethasone intensol DOTTI (QL) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol-norethindrone EUTHYROX LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxyprog-esterone methylpred-nisolone MIMVEY norethindrone NP THYROID prednisone prednisone intensol progesterone tablet testosterone cypionate YUVAFEM (QL)	ANDRODERM (PA, QL) DIVIGEL DUAVEE ESTRING (QL) MEDROL 2 MG TABLET MYFEMBREE (QL) ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO	ACTIVELLA ALORA (QL) ANDROGEL (PA, QL) ANGELIQ ARMOUR THYROID AYGESTIN BIJUVA CLIMARA CLIMARA PRO COMBIPATCH CRINONE 4% GEL CYTOMEL DEPO-TESTOSTERONE ELESTRIN ESTRACE ESTROGEL EVAMIST IMVEXXY (QL) INTRAROSA LEVOTHYROXINE CAPSULE MEDROL 8MG, 16MG, 32MG TABLET MEDROL 4 MG DOSEPAK MENOSTAR (QL) MINIVELLE (QL) OSPHENA PROMETRIUM RAYALDEE SYNTHROID TIROSINT-SOL UNITHROID VAGIFEM (QL) VIVELLE-DOT (QL)

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

INFECTIONS

TIER 1 $	TIER 2 $$	TIER 3 $$$
acyclovir capsule, suspension, tablet	CLEOCIN 75 MG CAPSULE	AEMCOLO (QL)
albendazole	e.e.s. 400	ALBENZA
amoxicillin	ERY-TAB DR 333 MG TABLET	ALINIA
amoxicillin-clavulanate er	EURAX 10% CREAM	BACTRIM
amoxicillin-clavulanate	MOLNUPIRAVIR (QL)	BACTRIM DS
atovaquone	PAXLOVID (QL)	BAXDELA (PA)
atovaquone-proguanil	SOLOSEC	CIPRO
AVIDOXY	VIBRAMYCIN 50 MG/5 ML SYRUP	CLEOCIN 150 MG CAPSULE
azithromycin packet, suspension, tablet	XIFAXAN (QL)	CLEOCIN 300 MG CAPSULE
cefdinir		CLEOCIN 100 MG VAGINAL OVULE
cefuroxime tablet		CLEOCIN 2% VAGINAL CREAM
cephalexin		CLINDESSE
ciprofloxacin		CRESEMBA CAPSULE (PA)
clindamycin		DARAPRIM* (PA)
COREMINO ER QL)		DIFICID (QL)
dapsone tablets		ELIMITE
doxycycline monohydrate		ERYPED 200
EMVERM		ERY-TAB DR 250 MG TABLET
erythromycin		ERY-TAB DR 500 MG TABLET
erythromycin ethylsuccinate		FLAGYL
famciclovir		MACROBID
fluconazole		MACRODANTIN
hydroxychloroquine		MALARONE (PA)
ivermectin (PA)		NUVESSA
levofloxacin solution, tablet		PLAQUENIL (PA)
metronidazole gel, capsule, tablet		posaconazole suspension
minocycline		PREVYMIS TABLET*
minocycline er tablet (QL)		PRIFTIN
mondoxyne nl		SIVEXTRO TABLET (PA)
nitazoxanide		SKLICE
nitrofurantoin		STROMECTOL (PA)
nitrofurantoin monohydrate-macrocrystal		sulfatrim
nystatin suspension, tablet		TAMIFLU (QL)
		URIBEL
		VALTREX
		XENLETA (PA, QL)
		XOFLUZA (QL)
		ZITHROMAX

INFECTIONS *(cont)*

TIER 1 $	TIER 2 $$	TIER 3 $$$
oseltamivir (QL)		ZITHROMAX TRI-PAK
penicillin v potassium		ZYVOX SUSPENSION, TABLET (PA)
posaconazole tablet		
ribavirin*		
sulfamethoxazole-trimethoprim suspension, tablet		
terbinafine		
tetracycline		
valacyclovir		
valganciclovir		
vancomycin capsule, solution		
vandazole		

INFERTILITY

TIER 1 $	TIER 2 $$	TIER 3 $$$
clomiphene ^		CRINONE 8% GEL^
		ENDOMETRIN^

MISCELLANEOUS

TIER 1 $	TIER 2 $$	TIER 3 $$$
ACCU-CHEK FASTCLIX LANCET DRUM	ACE AEROSOL CLOUD ENHANCER (QL)	ADDYI^ (PA, QL)
ACCU-CHEK MULTICLIX LANCETS	AEROCHAMBER MINI (QL)	BRISDELLE (QL)
ACCU-CHEK SAFE-T-PRO 23G LANCETS	AEROCHAMBER MV (QL)	NUEDEXTA (QL)
ACCU-CHEK SOFTCLIX LANCETS	AEROCHAMBER PLUS FLOW-VU (QL)	
disulfiram	AEROCHAMBER Z-STAT PLUS (QL)	
DROPLET LANCETS	AEROTRACH PLUS (QL)	
KETONE CARE TEST STRIP	AEROVENT PLUS (QL)	
KETONE TEST STRIP	BREATHRITE (QL)	
KETOSTIX REAGENT	CERDELGA* (PA)	
MICROLET	CLEVER CHOICE HOLDING CHAMBER (QL)	
ONETOUCH LANCETS	COMPACT SPACE CHAMBER (QL)	
POGO AUTOMATIC TEST CARTRIDGE	EASIVENT (QL)	
PRECISION XTRA	ESBRIET* (PA)	

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

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

MISCELLANEOUS *(cont)*

sodium chloride inhalation vial. Irrigation solution vial TECHLITE LANCETS TRUEPLUS KETONE TEST STRIP	FLEXICHAMBER (QL) INSPIRACHAMBER (QL) MICROCHAMBER (QL) OPTICHAMBER DIAMOND (QL) POCKET CHAMBER (QL) PRO COMFORT SPACER WITH MASK (QL) PROCARE SPACER WITH CHILD MASK (QL) RITEFLO (QL) SPACE CHAMBER (QL) SPACE CHAMBER-MEDIUM MASK (QL) SPACE CHAMBER-SMALL MASK (QL) VORTEX (QL) VORTEX VHC FROG MASK (QL) VORTEX VHC LADYBUG MASK (QL	

NUTRITIONAL/DIETARY

cyanocobalamin injection dodex fluoride+^ folic acid^ klor-con KLOR-CON 8 MEQ KLOR-CON 10 MEQ KLOR-CON M10 TABLET MULTI-VITAMIN W-FLUORIDE-IRON+ potassium chloride 10%, capsule, packet, tablet		ACCRUFER^ AURYXIA (QL) CITRANATAL BLOOM^ DRISDOL^ K-TAB ER MEPHYTON^ MULTI-VIT-FLOR+ OB COMPLETE^ PHOSLYRA PRENATAL FORMULA-DHA+ RENVELA ROCALTROL^

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

NUTRITIONAL/DIETARY *(cont)*

sodium fluoride+^ vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+	CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL DHA CITRANATAL HARMONY CITRANATAL RX FLORIVA CHEWABLE TABLET+ FOSRENOL 1,000 MG POWDER PACK FOSRENOL 750 MG POWDER PACKET LOKELMA NEEVO DHA^ OB COMPLETE ONE OB COMPLETE PETITE OB COMPLETE PREMIER OB COMPLETE WITH DHA POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+ PRENATE^ PRIMACARE QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+ QUFLORA PEDIATRIC 0.25 MG/ML DROP+ QUFLORA PEDIATRIC 0.5 MG/ML DROP+ TRI-VI-FLOR+ VELPHORO VELTASSA	

OSTEOPOROSIS PRODUCTS

alendronate ibandronate 150 mg tablet		ACTONEL (ST) ATELVIA (ST) BINOSTO (ST)

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

TIER 1 $	TIER 2 $$	TIER 3 $$$
OSTEOPOROSIS PRODUCTS *(cont)*		
raloxifene+		EVISTA
risedronate		FOSAMAX (ST)
risedronate dr		
PAIN RELIEF AND INFLAMMATORY DISEASE		
acetaminophen-codeine (PA)	AIMOVIG (PA)	ARAVA
allopurinol tablet	AJOVY (PA)	BUTRANS (QL)
baclofen tablet	BELBUCA (QL)	CELEBREX (QL, ST)
buprenorphine patch (QL)	EMGALITY (PA)	COLCRYS
butalbital-acetaminophen-caffeine (QL)	HYSINGLA ER (PA)	EC-NAPROSYN (ST)
carisoprodol	NUCYNTA (PA)	ESGIC (QL)
celecoxib (QL)	NURTEC ODT (PA, QL)	FEXMID
colchicine	PROCTOFOAM-HC	FLECTOR (PA, QL)
cyclobenzaprine	RASUVO (PA)	LICART (PA, QL)
diclofenac 1% gel (QL)	REDITREX (PA)	MITIGARE
diclofenac dr	SAVELLA	NAPROSYN (ST)
diclofenac ec	TRUDHESA (PA,QL)	NUCYNTA ER (PA)
EC-NAPROXEN	UBRELVY (PA, QL)	OTREXUP (PA)
ECOTRIN EC 81 MG TABLET+	XTAMPZA ER (PA)	OXAYDO (PA)
eletriptan (QL)	ZTLIDO	PERCOCET (PA)
ENDOCET (PA)		SKELAXIN
febuxostat (QL)		ULORIC (QL)
FIORICET (QL)		ULTRAM 50 MG TABLET (QL)
GLYDO		ZANAFLEX
hydrocodone-acetaminophen (PA)		ZEBUTAL (QL)
hydromorphone (PA)		ZOHYDRO ER (PA)
hydromorphone er (PA)		ZYLOPRIM
IBU		
ibuprofen		
indomethacin		
indomethacin er		
ketorolac tromethamine (QL)		
leflunomide		
lidocaine 5% ointment (QL)		
lidocaine 5% patch		
meloxicam tablet		

TIER 1 $	TIER 2 $$	TIER 3 $$$
PAIN RELIEF AND INFLAMMATORY DISEASE *(cont)*		
metaxalone		
methocarbamol		
MORPHINE (PA)		
MORPHINE ER (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
PROLATE TABLET (PA)		
rizatriptan (QL)		
sumatriptan (QL)		
tramadol 50 mg tablet (QL)		
tramadol er (QL)		
VANADOM		
PARKINSON'S DISEASE		
benztropine tablet	KYNMOBI (PA)	AZILECT (QL)
carbidopa-levodopa		MIRAPEX ER (QL)
carbidopa-levodopa er		NEUPRO
pramipexole		OSMOLEX ER (QL)
pramipexole er (QL)		RYTARY
rasagiline (QL)		SINEMET 10-100
ropinirole er		SINEMET 25-100
ropinirole		TASMAR
		XADAGO (ST)
SCHIZOPHRENIA/ANTI-PSYCHOTICS[3]		
aripiprazole (QL)	LATUDA (QL)	FANAPT (QL, ST)
aripiprazole odt		INVEGA (QL, ST)
asenapine		REXULTI (QL, ST)
chlorpromazine tablet		RISPERDAL (ST)
olanzapine tablet		SAPHRIS (ST)
olanzapine odt		SECUADO (ST)
paliperidone er (QL)		SEROQUEL (ST)
quetiapine		SEROQUEL XR (ST)
quetiapine er		VRAYLAR (QL, ST)
risperidone		
risperidone odt		
ziprasidone tablet		

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

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

SEIZURE DISORDERS

carbamazepine carbamazepine er clonazepam divalproex divalproex er EPITOL gabapentin lamotrigine lamotrigine (blue) lamotrigine (green) lamotrigine (orange) lamotrigine er lamotrigine odt lamotrigine odt (blue) lamotrigine odt (green) lamotrigine odt (orange) levetiracetam solution, tablet levetiracetam er pregabalin capsule, solution ROWEEPRA rufinamide (PA,QL) SUBVENITE SUBVENITE (BLUE) SUBVENITE (GREEN) SUBVENITE (ORANGE) topiramate topiramate er	DILANTIN 30 MG CAPSULE (PA) FYCOMPA (PA, QL) NAYZILAM (PA, QL)	APTIOM 600, 800 MG TABLETS (PA) APTIOM 200, 400 MG TABLETS(PA, QL) BANZEL (PA, QL) BRIVIACT ORAL SOLUTION, TABLET (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DIASTAT (PA) DILANTIN 100 MG CAPSULE (PA) DILANTIN 50 MG INFATAB (PA) KLONOPIN (PA) LYRICA ORAL SOLUTION (PA) NEURONTIN (PA) OXTELLAR XR (PA) PHENYTEK (PA) SPRITAM (PA) TEGRETOL XR (PA) VALTOCO (PA, QL) XCOPRI (PA, QL)

SKIN CONDITIONS

ACCUTANE adapalene (PA) adapalene-benzoyl peroxide AMNESTEEM AVAR CLEANSER azelaic acid BP 10-1 CLARAVIS CLINDACIN ETZ 1% PLEDGET	DRYSOL EUCRISA NAFTIN PICATO SANTYL (QL)	ANALPRAM HC 2.5%-1% LOTION AVAR 9.5-5% CLEANSING PADS BRYHALI (ST) CALCIPOTRIENE FOAM CAPEX SHAMPOO (ST) CLEOCIN T CLINDACIN ETZ KIT

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

SKIN CONDITIONS *(cont)*

CLINDACIN P 1% PLEDGETS CLINDAMYCIN 1% FOAM, GEL, LOTION, PLEDGET, SOLUTION clobetaso CLODAN clotrimazole-betamethasone dapsone 5% gel, 7.5% gel pump fluocinonide fluorouracil cream, topical solution isotretinoin ketoconazole KETODAN metronidazole MYORISAN NEUAC GEL pimecrolimus ROSADAN sodium sulfacetamide-sulfur SSS 10-5 SULFACLEANSE 8-4 tacrolimus ointment tazarotene 0.1% cream tretinoin (PA) TRIDERM ZENATANE		CLINDACIN PAC KIT CLODERM (ST) DESOWEN (ST) EFUDEX ELIDEL EVOCLIN PRAMOSONE LOTION PROTOPIC TEMOVATE (ST) VECTICAL (QL) XEPI

SLEEP DISORDERS/SEDATIVES

doxepin (PA) eszopiclone modafinil (PA) zolpidem zolpidem er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	LUNESTA (ST) SILENOR (QL, ST)

SMOKING CESSATION[3]

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

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

TIER 1 $	TIER 2 $$	TIER 3 $$$
SUBSTANCE ABUSE		
buprenorphine-naloxone	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBOXONE ZIMHI (QL)
URINARY TRACT CONDITIONS		
alfuzosin er cevimeline dutasteride finasteride oxybutynin oxybutynin er phenazopyridine potassium er silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine er (QL)	CYSTAGON* ELMIRON K-PHOS ORIGINAL	AVODART EVOXAC FLOMAX PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL
VACCINES		
Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.		
	ACTHIB+ ADACEL TDAP+ AFLURIA QUAD 2021-2022+ AFLURIA QUAD 2021-22 (3YR UP)+ AFLURIA QUAD 2021-22 (6-35MO)+ BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENGVAXIA+ DIPHTHERIA-TETANUS TOXOIDS-PED+ ENGERIX-B ADULT+ ENGERIX-B PEDIATRIC-ADOLESCENT+ FLUAD QUAD 2021-2022+	QUADRACEL DTAP-IPV SYRINGE+

TIER 1 $	TIER 2 $$	TIER 3 $$$
VACCINES *(cont)*		
Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.		
	FLUARIX QUAD 2021-2022+ FLUBLOK QUAD 2021-2022+ FLUCELVAX QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLUZONE HIGH-DOSE QUAD 2021-22+ FLUZONE QUAD 2021-2022+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ JANSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W-135-DIP+ M-M-R II VACCINE+ MODERNA COVID-19 VACCINE (EUA)+ MODERNA COVID-19 BOOSTER (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (5-11Y) VAC (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+	

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 19-26).

TIER 1 $	TIER 2 $$	TIER 3 $$$
VACCINES *(cont)*		
Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.		
	PROQUAD+ QUADRACEL DTAP-IPV VIAL+ RECOMBIVAX HB+ SHINGRIX+ (QL) TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+	
WEIGHT MANAGEMENT		
megestrol suspension phentermine ^	WEGOVY^ (PA, QL)	CONTRAVE^ (PA) QSYMIA^ (PA) SAXENDA^ (PA)

Specialty medications

The oral and injectable specialty medications listed below are covered on Tier 4 and may need approval from Cigna before your plan will cover them.

MEDICATION NAME	DRUG CLASS
abacavir-lamivudine** (PA)	AIDS/HIV
abiraterone** (PA)	CANCER
ACTEMRA SYRINGE* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPEN* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTIMMUNE* (PA)	CANCER
ADCIRCA** (PA)	ASTHMA/COPD/RESPIRATORY
ADEMPAS** (PA)	ASTHMA/COPD/RESPIRATORY
AFINITOR** (PA)	CANCER
AFINITOR DISPERZ** (PA)	CANCER
ALECENSA** (PA)	CANCER
alosetron**	GASTROINTESTINAL/HEARTBURN
ALUNBRIG** (PA)	CANCER
ALYQ** (PA)	ASTHMA/COPD/RESPIRATORY
AMICAR**	BLOOD MODIFIERS/BLEEDING DISORDERS
aminocaproic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
APOKYN* (PA)	PARKINSON'S DISEASE
ARANESP*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARCALYST* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ARIKAYCE** (PA)	INFECTIONS
ARIXTRA* (QL)	BLOOD THINNERS/ANTI-CLOTTING
ASTAGRAF XL**	TRANSPLANT MEDICATIONS
atazanavir** (PA)	AIDS/HIV
ATRIPLA** (PA)	AIDS/HIV
AUBAGIO*	MULTIPLE SCLEROSIS
AUSTEDO** (PA)	MISCELLANEOUS
AVONEX* (PA)	MULTIPLE SCLEROSIS
AVSOLA*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
AYVAKIT** (PA,QL)	CANCER
azathioprine**	TRANSPLANT MEDICATIONS
BAFIERTAM** (PA)	MULTIPLE SCLEROSIS
BARACLUDE SOLUTION**	INFECTIONS
BENLYSTA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON* (PA)	MULTIPLE SCLEROSIS
BIKTARVY**	AIDS/HIV
BOSULIF** (PA)	CANCER
BRONCHITOL** (PA)	ASTHMA/COPD/RESPIRATORY
BYNFEZIA* (PA)	HORMONAL AGENTS
CABENUVA*^ (PA)	AIDS/HIV

MEDICATION NAME	DRUG CLASS
CABLIVI*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
CABOMETYX** (PA)	CANCER
CALQUENCE* (PA)	CANCER
capecitabine** (PA)	CANCER
CAYSTON** (PA, QL)	INFECTIONS
CELLCEPT**	TRANSPLANT MEDICATIONS
CERDELGA** (PA)	MISCELLANEOUS
CETROTIDE*^ (PA)	HORMONAL AGENTS
CHOLBAM** (PA)	GASTROINTESTINAL/HEARTBURN
chorionic gonadotropin*^ (PA)	INFERTILITY
CIMDUO** (PA)	AIDS/HIV
CIMZIA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
cinacalcet**	GASTROINTESTINAL/HEARTBURN
COMETRIQ** (PA)	CANCER
COMPLERA** (PA)	AIDS/HIV
CYSTARAN** (QL)	EYE CONDITIONS
CYSTAGON**	URINARY TRACT CONDITIONS
DARAPRIM**+ (PA)	INFECTIONS
DEPEN** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
DESCOVY**	AIDS/HIV
dimethyl fumarate** (PA)	MULTIPLE SCLEROSIS
DOVATO**	AIDS/HIV
DOPTELET* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
DUOPA**	PARKINSON'S DISEASE
DUPIXENT* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EGRIFTA* (PA)	HORMONAL AGENTS
EMFLAZA** (PA)	HORMONAL AGENTS
EMPAVELI* (PA)	MISCELLANEOUS
emtricitabine-tenofovir disop**+	AIDS/HIV
ENBREL* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir** (QL)	INFECTIONS
ENTYVIO*^ (PA)	GASTROINTESTINAL/HEARTBURN
ENVARSUS XR**	TRANSPLANT MEDICATIONS
EPCLUSA** (PA, QL)	INFECTIONS
EPIDIOLEX** (PA)	SEIZURE DISORDERS
EPOGEN*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ERIVEDGE** (PA)	CANCER
ERLEADA** (PA)	CANCER
ESBRIET** (PA)	MISCELLANEOUS
etravirine**	AIDS/HIV
EVOTAZ** (PA)	AIDS/HIV

MEDICATION NAME	DRUG CLASS
EXJADE** (PA)	MISCELLANEOUS
EXTAVIA* (PA)	MULTIPLE SCLEROSIS
FASENRA PEN* (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI**^ (PA)	HORMONAL AGENTS
FERRIPROX** (PA)	MISCELLANEOUS
FIRDAPSE** (PA, QL)	MULTIPLE SCLEROSIS
FOLLISTIM AQ*^ (PA)	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FORTEO* (PA, QL)	HORMONAL AGENTS
FRAGMIN* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FULPHILA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
GALAFOLD** (PA)	MISCELLANEOUS
GANIRELIX*^ (PA)	HORMONAL AGENTS
GATTEX* (PA)	GASTROINTESTINAL/HEARTBURN
GENVOYA**	AIDS/HIV
GILENYA 0.5MG** (PA)	MULTIPLE SCLEROSIS
glatiramer* (PA)	MULTIPLE SCLEROSIS
GLATOPA* (PA)	MULTIPLE SCLEROSIS
GLEEVEC** (PA)	CANCER
GONAL-F*^ (PA)	INFERTILITY
GONAL-F RFF*^ (PA)	INFERTILITY
GRANIX*^	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HARVONI** (PA, QL)	INFECTIONS
HEMLIBRA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HETLIOZ** (PA)	SLEEP DISORDERS/SEDATIVES
HUMATROPE* (PA)	HORMONAL AGENTS
HUMIRA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
IBRANCE** (PA)	CANCER
ILARIS*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
imatinib** (PA)	CANCER
IMBRUVICA** (PA)	CANCER
INBRIJA** (PA)	PARKINSON'S DISEASE
INCRELEX* (PA)	HORMONAL AGENTS
INFLECTRA*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
INGREZZA* (PA)	MISCELLANEOUS
INLYTA** (PA)	CANCER
INTELENCE** (PA)	AIDS/HIV
ISENTRESS**	AIDS/HIV
ISENTRESS HD** (PA)	AIDS/HIV
JADENU** (PA)	MISCELLANEOUS

MEDICATION NAME	DRUG CLASS
JADENU SPRINKLE** (PA)	MISCELLANEOUS
JAKAFI** (PA)	CANCER
JULUCA**	AIDS/HIV
JYNARQUE** (PA)	DIURETICS
KALBITOR*^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KALYDECO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
KESIMPTA PEN* (PA)	MULTIPLE SCLEROSIS
KEVZARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KINERET* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KISQALI** (PA)	CANCER
KISQALI FEMARA** (PA)	CANCER
KITABIS PAK** (PA, QL)	INFECTIONS
KORLYM** (PA)	DIABETES
KUVAN** (PA)	MISCELLANEOUS
KYLEENA**+	CONTRACEPTIVE PRODUCTS
LANREOTIDE ACETATE*^ (PA)	HORMONAL AGENTS
LEDIPASVIR-SOFOSBUVIR** (PA)	INFECTIONS
LENVIMA** (PA)	CANCER
LETAIRIS** (PA)	ASTHMA/COPD/RESPIRATORY
LONSURF** (PA)	CANCER
LORBRENA** (PA)	CANCER
LOVENOX* (QL)	BLOOD THINNERS/ANTI-CLOTTING
LUMAKRAS** (PA,QL)	CANCER
LUPANETA**^ (PA)	CANCER
LUPRON DEPOT*^ (PA)	CANCER
LUPRON DEPOT-PED*^ (PA)	HORMONAL AGENTS
LYNPARZA** (PA)	CANCER
LYSTEDA**	BLOOD MODIFIERS/BLEEDING DISORDERS
MAVENCLAD** (PA)	MULTIPLE SCLEROSIS
MAVYRET** (PA, QL)	INFECTIONS
MAYZENT** (PA)	MULTIPLE SCLEROSIS
MEKINIST** (PA)	CANCER
MENOPUR*^ (PA)	INFERTILITY
MIRENA**+	CONTRACEPTION PRODUCTS
MYALEPT* (PA)	MISCELLANEOUS
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
MYFORTIC**	TRANSPLANT MEDICATIONS
NATPARA* (PA)	HORMONAL AGENTS
NERLYNX** (PA)	CANCER
NEULASTA*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS

MEDICATION NAME	DRUG CLASS
NEXAVAR** (PA)	CANCER
NINLARO** (PA)	CANCER
NITYR** (PA)	MISCELLANEOUS
NIVESTYM*^	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPRO* (PA)	HORMONAL AGENTS
NORTHERA** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
NOURIANZ** (PA, QL)	PARKINSON'S DISEASE
NOVAREL*^ (PA)	INFERTILITY
NUBEQA** (PA)	CANCER
NUCALA* (PA)	ASTHMA/COPD/RESPIRATORY
NUPLAZID** (PA)	ANXIETY/DEPRESSION/BIPOLAR DISORDER
NUZYRA** (PA)	INFECTIONS
NYVEPRIA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
OCALIVA** (PA)	GASTROINTESTINAL/HEARTBURN
ODEFSEY** (PA)	AIDS/HIV
ODOMZO** (PA)	CANCER
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY
OLUMIANT** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OPSUMIT** (PA)	ASTHMA/COPD/RESPIRATORY
ORENCIA* CLICKJET, SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ORENITRAM ER** (PA)	ASTHMA/COPD/RESPIRATORY
ORFADIN** (PA)	MISCELLANEOUS
ORGOVYX** (PA)	CANCER
ORKAMBI** (PA, QL)	ASTHMA/COPD/RESPIRATORY
ORLADEYO* (PA, QL)	BLOOD PRESSURE/HEART MEDICATIONS
OTEZLA** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OVIDREL*^ (PA)	INFERTILITY
OXERVATE** (PA)	EYE CONDITIONS
PALYNZIQ* (PA)	MISCELLANEOUS
PEGASYS* (PA)	INFECTIONS
PLEGRIDY* (PA)	MULTIPLE SCLEROSIS
POMALYST** (PA)	CANCER
PONVORY** (PA)	MULTIPLE SCLEROSIS
PREVYMIS**	INFECTIONS
PREZCOBIX** (PA)	AIDS/HIV
PREZISTA**	AIDS/HIV
PROCRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PROGRAF**	TRANSPLANT MEDICATIONS
PROMACTA** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PULMOZYME** (PA)	ASTHMA/COPD/RESPIRATORY
PURIXAN**	CANCER
RAPAMUNE**	TRANSPLANT MEDICATIONS

MEDICATION NAME	DRUG CLASS
RAVICTI** (PA)	GASTROINTESTINAL/HEARTBURN
REBIF* (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE* (PA)	MULTIPLE SCLEROSIS
REMICADE*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REVATIO** SUSPENSION, TABLET (PA)	ASTHMA/COPD/RESPIRATORY
REVLIMID** (PA)	CANCER
REZUROCK** (PA)	TRANSPLANT MEDICATIONS
ribavirin**	INFECTIONS
RINVOQ ER** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ritonavir**	AIDS/HIV
ROZLYTREK** (PA)	CANCER
RUBRACA** (PA)	CANCER
RUCONEST*^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
sajazir* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SAMSCA**	DIURETICS
SANDOSTATIN*^ (PA)	HORMONAL AGENTS
SANDOSTATIN LAR DEPOT*^ (PA)	HORMONAL AGENTS
sapropterin dihydrochloride** (PA)	MISCELLANEOUS
SELZENTRY** (PA)	AIDS/HIV
SEROSTIM* (PA)	HORMONAL AGENTS
SILIQ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
SKYLA**+	CONTRACEPTION PRODUCTS
SKYRIZI* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYTROFA* (PA)	HORMONAL AGENTS
sofosbuvir-velpatasvir** (PA)	INFECTIONS
SOMATULINE DEPOT*^ (PA)	HORMONAL AGENTS
SOMAVERT* (PA)	HORMONAL AGENTS
SOVALDI** (PA, QL)	INFECTIONS
SPRYCEL** (PA)	CANCER
STELARA 45MG VIAL/SYR, 90MG SYR* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STRENSIQ* (PA)	MISCELLANEOUS
STRIBILD** (PA)	AIDS/HIV
STIVARGA** (PA)	CANCER
SUCRAID** (PA)	GASTROINTESTINAL/HEARTBURN
SUTENT** (PA)	CANCER
SYMDEKO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
SYMFI**	AIDS/HIV
SYMFI LO**	AIDS/HIV

MEDICATION NAME	DRUG CLASS
SYMTUZA**	AIDS/HIV
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
TAFINLAR** (PA)	CANCER
TAGRISSO** (PA)	CANCER
TAKHZYRO* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALZENNA** (PA)	CANCER
TARGRETIN** (PA)	CANCER
TARGRETIN GEL**	SKIN CONDITIONS
TASIGNA** (PA)	CANCER
TAVALISSE** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
TEGSEDI* (PA)	MISCELLANEOUS
TEMIXYS** (PA)	AIDS/HIV
TEMODAR** (PA)	CANCER
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
teriparatide* (PA, QL)	HORMONAL AGENTS
tetrabenazine** (PA)	MISCELLANEOUS
THALOMID** (PA)	INFECTIONS
THIOLA**	URINARY TRACT CONDITIONS
TIGLUTIK** (PA)	MISCELLANEOUS
TIVICAY**	AIDS/HIV
TOBI PODHALER** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml** (PA, QL)	INFECTIONS
TRACLEER** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
TREMFYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
trientine** (PA)	MISCELLANEOUS
TRIUMEQ**	AIDS/HIV
TRIUMEQ PD** (QL)	AIDS/HIV
TYKERB** (PA)	CANCER
TYMLOS* (PA, QL)	OSTEOPOROSIS PRODUCTS
TYVASO** (PA)	ASTHMA/COPD/RESPIRATORY
UDENYCA*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UKONIQ** (PA,QL)	CANCER
UPTRAVI** (PA)	ASTHMA/COPD/RESPIRATORY
VALCHLOR**	SKIN CONDITIONS
VEMLIDY**	INFECTIONS
VENCLEXTA** (PA)	CANCER
VERZENIO** (PA)	CANCER
VIREAD** (PA)	AIDS/HIV

MEDICATION NAME	DRUG CLASS
vigabatrin**	SEIZURE DISORDERS
VIGADRONE**	SEIZURE DISORDERS
VITRAKVI** (PA)	CANCER
VIZIMPRO** (PA)	CANCER
VOSEVI** (PA)	INFECTIONS
VOTRIENT** (PA)	CANCER
VUMERITY** (PA)	MULTIPLE SCLEROSIS
VYLEESI*^ (PA, QL)	MISCELLANEOUS
WAKIX** (PA, QL)	SLEEP DISORDERS/SEDATIVES
XALKORI** (PA)	CANCER
XELJANZ** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELJANZ XR** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELODA** (PA)	CANCER
XERMELO** (PA)	GASTROINTESTINAL/HEARTBURN
XOLAIR* (PA)	ASTHMA/COPD/RESPIRATORY
XTANDI** (PA)	CANCER
XYREM** (PA)	SLEEP DISORDERS/SEDATIVES
XYWAV* (PA)	SLEEP DISORDERS/SEDATIVES
ZARXIO*^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZEJULA** (PA)	CANCER
ZEPATIER** (PA)	INFECTIONS
ZEPOSIA** (PA)	MULTIPLE SCLEROSIS
ZIEXTENZO* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZORBTIVE* (PA)	HORMONAL AGENTS
ZORTRESS**	TRANSPLANT MEDICATIONS

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

These medications aren't covered on the Cigna Standard 4-Tier Prescription Drug List.^^ **However, there are other medications available that are used to treat the same condition.** They're listed below.

DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	ATRIPLA*	efavirenz-emtricitabine-tenofovir*
	COMBIVIR*	lamivudine-zidovudine*
	EMTRIVA*	emtricitabine*
	EPIVIR*	lamivudine*
	EPZICOM*	abacavir-lamivudine*
	INTELENCE*	etravirine*
	KALETRA*	lopinavir-ritonavir*
	LEXIVA 700MG TABLET*	fosamprenavir 700mg tablet*
	NORVIR 100MG TABLET*	ritonavir 100mg tablet*
	RETROVIR CAPSULE, SYRUP*	zidovudine capsule, syrup*
	REYATAZ CAPSULE*	atazanavir capsules*
	SUSTIVA*	efavirenz*
	SYMFI* SYMFI LO*	efavirenz-lamivudine-tenofovir*
	TRIZIVIR*	abacavir-lamivudine-zidovudine tablet*
	TRUVADA* VIDEX EC	emtricitabine-tenofovir*
	VIRAMUNE*	nevirapine*
	VIRAMUNE XR*	nevirapine ER*
	VIREAD 300MG TABLET*	tenofovir 300mg tablet*
	ZIAGEN*	abacavir*
ALLERGY/NASAL SPRAYS	AUVI-Q EPIPEN EPIPEN JR SYMJEPI	epinephrine auto-injectors
	BECONASE AQ NASONEX OMNARIS QNASL ZETONNA	generic nasal steroids (e.g. fluticasone)
	carbinoxamine 6mg tablet RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine	carbinoxamine oral solution
	RYCLORA	cyproheptadine syrup hydroxyzine syrup
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)
	QNASL CHILDREN'S	flunisolide
	XHANCE	fluticasone mometasone

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)	pyridostigmine 60mg tablet
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL	clomipramine
	APLENZIN	bupropion XL 150, 300 mg tablets
	ATIVAN TABLET LOREEV XR	lorazepam
	bupropion xl 450mg tablet FORFIVO XL	bupropion xl 150mg tablets
	CITALOPRAM HBR	citalopram tablet
	CYMBALTA	desvenlafaxine ER duloxetine escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram
	PAMELOR	nortriptyline capsules
	PARNATE	tranylcypromine
	PEXEVA	paroxetine paroxetine cr
	TOFRANIL	imipramine
	WELLBUTRIN XL	bupropion xl escitalopram fluoxetine
ASTHMA/COPD/RESPIRATORY	ADVAIR DISKUS AIRDUO RESPICLICK	ADVAIR HFA BREO ELLIPTA DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB
	ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA	FLOVENT DISKUS FLOVENT HFA PULMICORT FLEXHALER QVAR
	BROVANA	arformoterol
	budesonide-formoterol	SYMBICORT
	DUAKLIR PRESSAIR UTIBRON NEOHALER	ANORO ELLIPTA BEVESPI AEROSPHERE STIOLTO RESPIMAT
	ELIXOPHYLLIN	theophylline er theophylline oral solution
	levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol hfa
	PERFOROMIST	formoterol

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	STRIVERDI RESPIMAT	SEREVENT DISKUS
	TUDORZA PRESSAIR	INCRUSE ELLIPTA SPIRIVA RESPIMAT
	YUPELRI	ANORO ELLIPTA BEVESPI AEROSPHERE BREZTIRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA
	ZYFLO	montelukast zafirlukast zileuton er
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR APTENSIO XR CONCERTA COTEMPLA XR-ODT FOCALIN XR JORNAY PM RITALIN LA	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er MYDAYIS VYVANSE
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er
	QELBREE	atomoxetine
	RELEXXII	methylphenidate er 36mg tablet
BLOOD PRESSURE/HEART MEDICATIONS	BETAPACE	sotalol
	BYSTOLIC	nebivolol
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CONJUPRI	amlodipine felodipine er nicardipine nifedipine
	CONSENSI	amlodipine celecoxib
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	ISORDIL ISORDIL TITRADOSE	isosorbide dinitrate
	LANOXIN	digoxin

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	MULTAQ	amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af
	ISORDIL ISORDIL TITRADOSE	isosorbide dinitrate
	LANOXIN	digoxin
	MULTAQ	amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af
BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole YOSPRALA	aspirin or enteric aspirin
CANCER	BESREMI*	hydroxyurea capsule
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*
	NILANDRON	nilutamide
	TARCEVA*	erlotinib
	YONSA* ZYTIGA*	abiraterone
CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE	fenofibrate
	CRESTOR	rosuvastatin+
	EZALLOR SPRINKLE FLOLIPID LIPITOR LIVALO SIMVASTATIN 20mg/5ml SUSPENSION	generic statins (e.g. atorvastatin; simvastatin)
	JUXTAPID* PRALUENT	REPATHA
	LIPITOR	atorvastatin+ ezetimibe-simvastatin rosuvastatin+
	niacin 500mg tablet NIACOR	niacin er
	ROSUVASTATIN-EZETIMIBE ZYPITAMAG	atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
	TUSSICAPS	hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup
DIABETES	ACCU-CHEK AVIVA PLUS TEST STRIPS ACCU-CHEK COMPACT PLUS STRIPS ACCU-CHEK GUIDE TEST STRIPS ACCU-CHEK SMARTVIEW TEST STRIPS ADVOCATE TEST STRIPS ASSURE 4 TEST STRIPS ASSURE PLATINUM TEST STRIPS ASSURE PRISM MULTI TEST STRIPS CONTOUR TEST STRIPS CVS ADVANCED GLUCOSE TEST STRIPS EASY TALK TEST STRIPS EASY TOUCH TEST STRIPS FORTISCARE G1 TEST STRIPS FREESTYLE TEST STRIPS FREESTYLE TEST STRIPS NFRS RELION TEST STRIPS RIGHTEST GT333 TEST STRIP TRUE METRIX TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
	ADLYXIN	BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA
	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP NOVOLOG	HUMALOG LYUMJEV
	AFREZZA	HUMALOG HUMULIN R LYUMJEV
	alogliptin alogliptin-metformin JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA	JANUMET JANUMET XR JANUVIA metformin
	alogliptin-pioglitazone OSENI	JANUMET JANUMET XR JANUVIA pioglitazone

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	BASAGLAR INSULIN GLARGINE LANTUS LANTUS SOLOSTAR TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	LEVEMIR SEMGLEE-YGFN TRESIBA FLEXTOUCH
	FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART INSULIN LISPRO NOVOLOG	HUMALOG LYUMJEV
	FORTAMET GLUMETZA metformin er gastric metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)
	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR
	INVOKANA STEGLATRO	FARXIGA JARDIANCE metformin
	NOVOLIN	HUMULIN
	STEGLUJAN	GLYXAMBI metformin QTERN TRIJARDY XR
DIURETICS	EDECRIN ethacrynic acid	bumetanide furosemide torsemide
	THALITONE	chlorthalidone
EYE CONDITIONS	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost
	RESTASIS TYRVAYA	cyclosporine 0.05% eye emulsion RESTASIS MULTIDOSE XIIDRA
GASTROINTESTINAL/HEARTBURN	ANTIVERT	meclizine
	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository
	ASACOL HD COLAZAL DELZICOL DIPENTUM	balsalazide mesalamine tablets or capsules PENTASA sulfasalazine

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	BYLVAY* LIVMARLI*	cholestyramine powder/packet rifampin ursodiol tablet
	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone
	CREON PERTZYE ZENPEP	PANCREAZE
	DARTISLA	glycopyrrolate 2mg tablet
	DEXLANSOPRAZOLE DR	DEXILANT
	GIMOTI*	metoclopramide oral solution or tablet
	glycopyrrolate 1.5mg tab ROBINUL, ROBINUL FORTE	glycopyrrolate 1mg tablet glycopyrrolate 2mg tablet
	GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+	CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+
	KRISTALOSE lactulose 10gm packet	CONSTULOSE ENULOSE lactulose oral solution
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	lubiprostone	AMITIZA
	MARINOL SYNDROS	dronabinol
	MOTEGRITY TRULANCE ZELNORM	AMITIZA LINZESS
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK PYLERA TALICIA	lansoprazole-amoxicillin-clarithromycin pak
	OMEPPI omeprazole-bicarbonate ZEGERID PACKET	omeprazole
	PEPCID	famotodine suspension
	PREVACID SOLUTAB	esomeprazole, lansoprazole, pantoprazole
	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet
	ursodiol 200mg, ursodiol 400mg	ursodiol 300mg
	ZEGERID CAPSULE	DEXILANT lansoprazole omeprazole

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	ZOFRAN	ondansetron
	ZUPLENZ	ondansetron ondansetron odt
HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet
	ARMOUR THYROID WP THYROID	NP Thyroid
	DDAVP NOCDURNA	desmopressin nasal spray or tablets
	DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DEXPAK DXEVO HIDEX TAPERDEX ZCORT	dexamethasone 1.5mg tablet
	FORTESTA JATENZO NATESTO TESTIM VOGELXO XYOSTED	ANDRODERM generic topical testosterone
	GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*	HUMATROPE* NORDITROPIN*
	HEMADY	dexamethasone 5mg tablet
	LEVOTHYROXINE	Generic SYNTHROID (also called levothyroxine)
	MYCAPSSA*	BYNFEZIA*
	ORTIKOS	budesonide capsule
	RAYOS	methylprednisolone prednisone
	SYNTHROID	levothyroxine
	THYQUIDITY TIROSINT TIROSINT-SOL	EUTHYROX LEVO-T levothyroxine LEVOXYL
	UCERIS 9MG ER TABLET	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisone
INFECTIONS	ACTICLATE DORYX DORYX MPC MINOCIN 50MG PEL CAPSULE MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER	Generic products (e.g. doxycycline; minocycline)

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS (cont)	MONODOX SEYSARA SOLODYN TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO	Generic products (e.g. doxycycline; minocycline)
	ARAKODA	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine
	AUGMENTIN AUGMENTIN XR	amoxicillin/clavulanate
	BARACLUDE TABLET*	entecavir tablet*
	BETHKIS* TOBI*	tobramycin inhalation solution*
	BREXAFEMME DIFLUCAN	fluconazole
	doxycycline hyclate dr 80mg tablet	generic products (e.g. minocycline)
	DOXYCYCLINE IR-DR LYMEPAK ORACEA soloxide	doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg
	E.E.S. 200 ERYPED 400	erythromycin granules erythromycin
	HUMATIN	paromomycin
	MEPRON	atovaquone
	MYCOBUTIN	rifabutin
	nitrofurantoin 25mg/5ml suspension	nitrofurantoin capsule sulfamethoxazole-trimethoprim suspension
	NOXAFIL DR 100MG TABLET	posaconazole dr 100mg tablet
	SITAVIG	acyclovir tablet famciclovir tablet valacyclovir tablet
	SPORANOX	itraconazole
	TOLSURA	oral itraconazole
	VALCYTE	valganciclovir
	VANCOCIN	vancomycin oral solution or capsule
	ZOVIRAX	acyclovir
MISCELLANEOUS	EXSERVAN*	riluzole TIGLUTIK
	HORIZANT	gabapentin
	KUVAN*	sapropterin tablet & powder packet*
	SENSIPAR*	cinacalcet
	SYPRINE*	penicillamine* trientine*
	XENAZINE*	tetrabenazine*

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*
	COPAXONE*	BETASERON* EXTAVIA* glatiramer* GLATOPA* KESIMPTA* PLEGRIDY* REBIF*
	TECFIDERA*	AUBAGIO* BAFIERTAM* dimethyl* GILENYA* MAYZENT* PONVORY* VUMERITY*
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT	Any generic prenatal vitamin
	NASCOBAL	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY DISEASE	ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets	butalbutal-acetaminophen 50-325mg tablet
	AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAX	generic triptans (e.g. sumatriptan; naratriptan)
	AMRIX cyclobenzaprine er	carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets methocarbamol orphenadrine er metaxalone
	BACLOFEN	baclofen tablet

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	CAMBIA DUEXIS ELYXYB fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr naproxen sodium er naproxen-esomeprazole mag RELAFEN RELAFEN DS TIVORBEX VIMOVO VIVLODEX ZIPSOR ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg chlorzoxazone 750mg	methocarbamol 500mg
	CONZIP	tramadol tramadol er
	COSENTYX*	ENBREL* HUMIRA* OTEZLA* STELARA* TALTZ*
	CUPRIMINE*	penicillamine* trientine*
	D.H.E.45	dihydroergotamine injection
	diclofenac 1.5% solution diclofenac 35mg capsule PENNSAID	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium

DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	GLOPERBA	colchicine probenecid-colchicine
	GRALISE	gabapentin
	ibuprofen-famotidine	Generic NSAID (e.g. celecoxib; meloxicam) famotidine
	IMITREX	dihydroergotamine sumatriptan
	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	LIDODERM	lidocaine 5% patch
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	MIGRANAL	Generic NSAID (e.g. celecoxib; meloxicam) Trudhesa
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER
	OZOBAX	baclofen tablet
	PROLATE SOLUTION	oxycodone-acetaminophen tablet
	QDOLO	tramadol 50mg tablet
	QULIPTA	NURTEC ODT
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	ROXICODONE	oxycodone
	SORIATANE	acitretin
	SUBSYS	fentanyl lozenge or buccal tablet
	tizanidine 2mg, 4mg, 6mg capsule	tizanidine 2mg, 4mg tablet
	TOSYMRA	sumatriptan
	TREXIMET	sumatriptan-naproxen
	vtol lq	butalbital-acetaminophen-caffeine PHRENILIN FORTE
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan
	ZOMIG ZMT	zolmitriptan odt
PARKINSON'S DISEASE	DHIVY LODOSYN	carbidopa/levodopa
	GOCOVRI	amantadine
	ONGENTYS	entacapone

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PARKINSON'S DISEASE (cont)	ZELAPAR	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone
	CAPLYTA LYBALVI	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone
	GEODON CAPSULE	aripiprazole paliperidone er ziprasidone
	VERSACLOZ	clozapine clozapine odt
	ZYPREXA	aripiprazole olanzapine tablets paliperidone er
	ZYPREXA ZYDIS	aripiprazole olanzapine olanzapine odt
SEIZURE DISORDERS	ELEPSIA XR KEPPRA XR	levetiracetam er
	EPRONTIA	topiramate sprinkle capsule, tablet
	FELBATOL	felbamate
	KEPPRA SOLUTION, TABLET	levetiracetam
	LAMICTAL	lamotrigine
	LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)	lamotrigine starter kit (blue, green, orange)
	LAMICTAL ODT	lamotrigine odt
	LAMICTAL ODT KIT (BLUE, GREEN, ORANGE)	lamotrigine odt starter kit (blue, green orange)
	LAMICTAL XR LAMICTAL XR KIT (BLUE, GREEN, ORANGE)	lamotrigine er
	LYRICA LYRICA CR pregabalin er	duloxetine gabapentin lidocaine 5% topical patch pregabalin
	MYSOLINE	primidone
	QUDEXY XR TROKENDI XR	topiramate er
	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
	ZONEGRAN	zonisamide

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE
	ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN DUAC EPIDUO FORTE FABIOR ONEXTON RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC TRETIN-X VELTIN WINLEVI ZIANA	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	acyclovir cream, ointment DENAVIR ZOVIRAX	acyclovir tablet famciclovir tablet valacyclovir tablet
	adapalene swab	adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel
	ALDARA imiquimod 3.75% ZYCLARA	imiquimod 5% cream
	ANUSOL-HC 2.5% CREAM	hydrocortisone 2.5% rectal cream
	APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone PSORCON	betamethasone cream, ointment clobetasol halobetasol cream, ointment
	BENZACLIN NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene	calcitriol ointment
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapsone 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX	imiquimod 5% cream packet podofilox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethason fluocinolone fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	diclofenac 3% gel	FLUROPLEX fluorouracil imiquimod 5% cream
	doxepin 5% cream PRUDOXIN ZONALON	generic topical steroid (e.g. betamethasone) topical tacrolimus
	DUOBRII	halobetasol plus tazarotene cream
	ENSTILAR TACLONEX	calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream topical betamethasone
	ERTACZO	ketoconazole cream
	EXELDERM oxiconazole OXISTAT SULCONAZOLE	econazole cream ketoconazole cream naftifine cream
	EXTINA	ketoconazole cream ketoconazole foam
	FINACEA METROCREAM METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone 1% lotion	betamethasone fluocinolone fluticasone
	halobetasol foam LEXETTE	augmented betamethasone dipropionate betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	HALOG SOLUTION	clobetasol cream, ointment halobetasol cream, ointment

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	IMPEKLO	betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	IMPOYZ	clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment
	JUBLIA KERYDIN tavaborole	ciclopirox topical solution itraconazole capsules terbinafine tablets
	KENALOG 0.147MG/GM SPRAY triamcinolone ointment triamcinolone spray	desoximetasone 0.05% cream, ointment fluocinolone 0.025% ointment flurandrenolide 0.05% ointment hydrocortisone 0.2% ointment mometasone 0.1% cream
	KLISYRI	FLUOROPLEX
	LOCOID	betamethasone lotion fluocinolone cream fluticasone cream hydrocortisone ointment prednicarbate ointment triamcinolone cream
	LOCOID LIPOCREAM nolix PANDEL	betamethasone cream fluocinolone cream fluticasone cream
	LOPROX 0.77% CREAM 1% SHAMPOO	ciclopirox cream, shampoo
	LUZU	econazole cream ketoconazole cream luliconazole
	NORITATE	azelaic acid metronidazole cream metronidazole gel
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment
	OPZELURA	EUCRISA pimecrolimus tacrolimus ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	alclometasone desonide triamcinolone

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	ULTRAVATE LOTION ULTRAVATE X	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream
	VERDESO	desonide cream desonide ointment
	VEREGEN	imiquimod 5% cream packet podofilox 0.5% topical solution
	WYNZORA	betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream
	XERESE	acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet
	XOLEGEL	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	AMBIEN	zolpidem
	AMBIEN CR	zolpidem er
	BELSOMRA	DAYVIGO
	EDLUAR	zolpidem or zolpidem er
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	RESTORIL	temazepam
	ZOLPIMIST	doxepin eszopiclone zaleplon zolpidem zolpidem ER
SUBSTANCE ABUSE	EVZIO	Kloxxado naloxone auto-injector NARCAN
TRANSPLANT MEDICATIONS	AZASAN*	azathioprine 50mg tablet
	LUPKYNIS*	BENLYSTA* tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS (cont)	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er
	ENABLEX	darifenacin er
	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE LS	darifenacin er oxybutynin er tolterodine er trospium er
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium
	MYRBETRIQ	oxybutynin er tolterodine er trospium er
	PROCYSBI*	CYSTAGON*
	THIOLA* THIOLA EC*	tiopronin*
	VESICARE	darifenacin er oxybutynin er solifenacin tolterodine er trospium er

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Frequently Asked Questions (FAQs)

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

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

A. Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:[1,2]

- Moving a medication to a lower cost tier. This can happen at any time during the year.
- Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1st and July 1st.
- Adding extra coverage requirements to a medication.

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options.

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

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

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

Q. How do you decide which medications to cover?

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

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

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

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

A. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a (PA) or (ST) next to it, your medication needs approval before your plan will cover it. If it has a (QL) next to it, you may need approval depending on the amount you're filling. If is has (AGE) next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

- May be unsafe when combined with other medications
- Have lower-cost, equally effective

alternatives available
- Should only be used for certain health conditions
- Are often misused or abused

Q. What types of medications typically have quantity limits?
A. Medications that:
- Are often taken in amounts larger than, or for longer than, may be appropriate
- Are often misused or abused

Q. What types of medications require Step Therapy?
A. The Step Therapy program includes medications that are used to treat many conditions, including, but not limited to:
- ADD/ADHD
- Allergies
- Bladder problems
- Breathing problems
- Depression
- High blood pressure
- High cholesterol
- Osteoporosis
- Pain
- Skin Conditions
- Sleep disorders

Q. Why does my medication have an age requirement?
A. Some medications are only considered clinically appropriate for people of a certain age.

Q. How do I get approval (prior authorization) for my medication?
A. Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at **cignaforhcp.com**.

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. If you meet guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?
A. When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna to start the coverage review process. Or, you can choose to pay its full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductibe or out-of-pocket maximum).

Q. What happens if I try to fill a prescription that has a quantity limit?
A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

Q. Are all of the medications on this drug list approved by the U.S. Food and Drug Administration (FDA)?
A. Yes. All medications are approved by the FDA.

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

Frequently Asked Questions (FAQs) *(cont)*

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

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

Q. How can I find out how much I'll pay for a specific medication?
A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.[4]

Q. How can I save money on my prescription medications?
A. You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options may work for you.

Q. Do generics work the same as brand-name medications?
A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.[5] Generic and brand-name medications have the same active ingredients, strength, dosage, form, effectiveness, quality, and safety.

Q. What are the differences between generic and brand-name medications?
A. The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand-name, but they're just as safe and effective.

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.[5] Just because generics cost less than brands, doesn't mean they're lower-quality medications.

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?
A. To receive in-network coverage under your plan, you'll need to switch to a pharmacy in your plan's network. If your plan offers out-of-network coverage, you'll pay out-of-network costs to fill a prescription there.

Q. Can I fill my prescriptions by mail?
A. Yes, as long as your plan offers home delivery.[6]

Home delivery with Express Scripts® Pharmacy

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

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

Here are three easy ways to get started.

1. **Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select

My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,

2. **Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,
3. **Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Accredo®, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).[8] They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost. To learn more , go to **Cigna.com/specialty**.

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost[7]
- Easy refills and free reminders
- 24/7 access to specialty-trained pharmacists and nurses
- Personalized care services like training on how to administer your medication
- Help with applying for third-party copay assistance programs and other options

To get started using Accredo, call 877.826.7657, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.

Q. Where can I find more information about my pharmacy benefits?

A. You can use the online tools and resources on the **myCigna** App or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.

Exclusions and limitations for coverage

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:[9]

- over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- implantable contraceptive devices covered under the Plan's medical benefit;
- medications that are not medically necessary;
- experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- medications that are not approved by the Food & Drug Administration (FDA);
- prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- medications used for fertility[10], sexual dysfunction, cosmetic purposes, weight loss, smoking cessation[10], or athletic enhancement;
- prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- replacement of prescription medications and related supplies due to loss or theft;
- medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- prescriptions more than one year from the date of issue; or
- coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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

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



1. State laws in **Connecticut, Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Plans that must follow state insurance laws, like **Delaware**'s state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.
4. **For insured plans that must follow Delaware's state insurance laws**: Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your Cigna ID card.
5. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
6. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers.
7. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
8. Standard shipping costs are included as part of your prescription plan.
9. As allowable by law. For medications administered by a health care provider, Acrredo will ship the medication directly to your doctor's office.
10. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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



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Proficiency of Language Assistance Services

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

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

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