



CIGNA STANDARD 4-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2022



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

595201 p Standard 4-Tier 05/22



What's inside?

About this drug list	3
How to read this drug list	3
How to find your medication	5
Injectable specialty medications	20
Medications that aren't covered - and their covered alternatives	23
Frequently Asked Questions (FAQs)	39
Exclusions and limitations for coverage	43

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 (injectable 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.

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.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS acyclovir capsule, suspension, tablet amoxicillin amoxicillin-clavulanate ER amoxicillin-clavulanate atovaquone AVIDOXY tablet azithromycin packet, suspension, tablet cefdinir cefixime cefuroxime tablet cephalexin ciprofloxacin clarithromycin clarithromycin ER clindamycin COREMINO (QL) dapsone doxycycline capsule, suspension, tablet doxycycline IR-DR EMVERM entecavir* (QL) erythromycin famciclovir fluconazole hydroxychloroquine		
	ALBENZA BARACLUDE solution* CIPRO DARAPRIM* (PA) E.E.S. 400 EPCLUSA* (PA) ERY-TAB 333, 500mg HARVONI* (PA) KITABIS PAK* MAVYRET* (PA) SOVALDI* (PA) THALOMID* (PA) URETRON D-S VIBRAMYCIN syrup VOSEVI* (PA)	ALINIA BACTRIM BACTRIM DS BARACLUDE tab* (QL) CAYSTON* CLEOCIN CLINDESSE CRESEMBA (PA) DIFICID (QL) ERYPED 200 ERY-TAB 250mg MONUROL NOXAFIL suspension, tablet PLAQUENIL SULFATRIM SUPRAX TAMIFLU (QL) TOBI Podhaler* URIBEL UROGESIC-BLUE UTA VALTREX VEMLIDY* VIBRAMYCIN suspension XIFAXAN ZEPATIER* (PA)

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

Medications are grouped by the **condition** they treat

Oral specialty medications have an asterisk (*) listed next to them; Injectable specialty medications are listed on tier 4 (pages 20-22).

Medications are listed in **alphabetical** order within each column

Medications that have extra coverage requirements have an **abbreviation** listed next to them

Brand-name medications are in all **capital letters**

Generic medications are in all **lowercase letters**

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 – Injectable 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.

Oral specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. In this drug list, injectable medications are covered on Tier 4 (listed on pages 20-22). Oral medications are covered on a lower tier (tiers 1-3). They're listed alphabetically by the condition they treat, and have an asterisk (*) next to them.

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	Condition	Page
AIDS/HIV	6	FEMININE PRODUCTS	12
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	12, 13
ALZHEIMER'S DISEASE	6	HORMONAL AGENTS	13, 14
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	14, 15
ASTHMA/COPD/RESPIRATORY	6, 7	INFERTILITY	15
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MISCELLANEOUS	15
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	15
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	NUTRITIONAL/DIETARY	15, 16
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	16
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	16, 17
CHOLESTEROL MEDICATIONS	8, 9	PARKINSON'S DISEASE	17
CONTRACEPTION PRODUCTS	9-11	SCHIZOPHRENIA/ANTI-PSYCHOTICS	17
COUGH/COLD MEDICATIONS	11	SEIZURE DISORDERS	17
DENTAL PRODUCTS	11	SKIN CONDITIONS	17, 18
DIABETES	11, 12	SLEEP DISORDERS/SEDATIVES	18
DIURETICS	12	SMOKING CESSATION	18
EAR MEDICATIONS	12	SUBSTANCE ABUSE	18
ERECTILE DYSFUNCTION	12	TRANSPLANT MEDICATIONS	18, 19
EYE CONDITIONS	12	URINARY TRACT CONDITIONS	19
		VACCINES	19
		WEIGHT MANAGEMENT	19

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

AIDS/HIV

abacavir-lamivudine* (PA)	BIKTARVY*	CIMDUO* (PA)
efavirenz-emtricitabine-tenofovir*	DESCOVY*+ (PA)	COMPLERA* (PA)
emtricitabine-tenofovir*+	DOVATO*	ODEFSEY* (PA)
etravirine*	GENVOYA*	PIFELTRO* (PA)
ritonavir*	ISENTRESS HD* (PA)	PREZCOBIX* (PA)
tenofovir* (PA)	ISENTRESS*	STRIBILD* (PA)
	JULUCA*	TEMIXYS* (PA)
	PREZISTA*	
	SYM TUZA*	
	TIVICAY PD*	
	TIVICAY*	
	TRIUMEQ*	
	TRIUMEQ PD* (QL)	

ALLERGY/NASAL SPRAYS

azelastine		CLARINEX
azelastine-fluticasone		GASTROCROM
cromolyn		GRAS TEK (PA, QL)
desloratadine (QL)		KARBINAL ER
epinephrine (QL)		ODACTRA (PA, QL)
fluticasone		ORALAIR (PA, QL)
hydroxyzine hcl solution, syrup, tablet		PATANASE
hydroxyzine pamoate		RAGWITEK (PA, QL)
ipratropium		VISTARIL
levocetirizine dihydrochloride		
mometasone (QL)		
olopatadine		
promethazine solution, syrup, tablet		

ALZHEIMER'S DISEASE

donepezil	NAMENDA 5-10	ARICEPT
donepezil odt	MG TITRATION PK	EXELON
memantine		MESTINON
memantine er (QL)		NAMENDA 5 MG TABLET
pyridostigmine 60 mg/5 ml, 60 mg		NAMENDA 10 MG TABLET
pyridostigmine er		NAMENDA XR (QL)
rivastigmine		NAMZARIC (QL)

ANXIETY/DEPRESSION/BIPOLAR DISORDER³

alprazolam		CELEXA (QL, ST)
alprazolam er		DESVENLAFAXINE
alprazolam intensol		ER (QL, ST)

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER³

(cont)

alprazolam odt		EFFEXOR XR (QL, ST)
alprazolam xr		FETZIMA (QL, ST)
amitriptyline		NUPLAZID* (PA)
bupropion (QL)		PAXIL (QL, ST)
bupropion sr (QL)		PAXIL CR (QL, ST)
bupropion xl 150 mg tablet (QL)		PRISTIQ (QL, ST)
bupropion xl 300 mg tablet (QL)		PROZAC (QL, ST)
buspirone		REMERON
citalopram (QL)		SPRAVATO* (PA)
clomipramine		TRINTELLIX (QL, ST)
desvenlafaxine er (QL)		VIIBRYD (QL, ST)
duloxetine (QL)		WELLBUTRIN SR (QL, ST)
escitalopram (QL)		XANAX
fluoxetine dr (QL)		XANAX XR
fluoxetine (QL)		ZOLOFT (QL, ST)
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)		

ASTHMA/COPD/RESPIRATORY

albuterol	ADEMPAS* (PA)	ADCIRCA* (PA)
albuterol hfa (QL)	ADVAIR HFA	AIRDUO DIGIHALER (ST)
alyq* (PA)	ANORO ELLIPTA	BRONCHITOL* (PA)
ambrisentan* (PA)	ATROVENT HFA	DALIRESP (QL)
budesonide	BEVESPI	KALYDECO* (PA, QL)
fluticasone-salmeterol	AEROSPHERE	LETAIRIS* (PA)
ipratropium-albuterol	BREO ELLIPTA	LONHALA
montelukast	BREZTRI	MAGNAIR (PA)
tadalafil* (PA)	AEROSPHERE	ORENITRAM ER* (PA)
	COMBIVENT	ORKAMBI* (PA, QL)
	RESPIMAT	
	DULERA	
	FLOVENT DISKUS	
	FLOVENT HFA	
	INCRUSE ELLIPTA	

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

ASTHMA/COPD/RESPIRATORY (cont)

	OFEV* (PA)	PULMICORT
	OPSUMIT* (PA)	RESPULES
	PULMICORT	REVATIO 10 MG/ ML, 20 MG* (PA)
	FLEXHALER	SINGULAIR
	PULMOZYME* (PA)	TRIKAFTA* (PA, QL)
	QVAR REDHALER	
	SEREVENT DISKUS	
	SPIRIVA	
	SPIRIVA RESPIMAT	
	STIOLTO RESPIMAT	
	SYMBICORT	
	TRACLEER* (PA)	
	TRELEGY ELLIPTA	
	UPTRAVI* (PA)	

ATTENTION DEFICIT HYPERACTIVITY DISORDER³

amphetamine (PA)	MYDAYIS (PA, QL)	ADDERALL (PA,ST)
atomoxetine (QL)	VYVANSE (PA, QL)	ADZENYS ER (PA, QL)
dexmethylph- enidate (PA)		ADZENYS XR-ODT (PA, QL)
dexmethylph- enidate er (PA, QL)		AZSTARYS (PA, ST, QL)
dextroamph- etamine- amphetamine (PA, QL)		DAYTRANA (PA, QL)
dextroamph- etamine-amphet er (PA, QL)		DYANAVEL XR (PA, QL)
guanfacine er		EVEKEO ODT (PA)
methylphenidate er (la) (PA, QL)		FOCALIN (PA,ST)
methylphenidate er (PA, QL)		INTUNIV
methylphenidate (PA)		METHYLIN (PA)
methylphenidate cd (PA, QL)		QUILLICHEW ER (PA, QL)
methylphenidate er (cd) (PA, QL)		QUILLIVANT XR (PA, QL)
methylphenidate la (PA, QL)		RITALIN (PA,ST)
procentra (PA)		STRATTERA (QL)
		zenzedi (PA,ST)

BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg*	DROXIA	DOPTELET* (PA)
		LYSTEDA*
		PROMACTA* (PA)

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

BLOOD MODIFIERS/BLEEDING DISORDERS (cont)

tranexamic acid 650 mg*		SIKLOS (PA)
		TAVALISSE* (PA)

BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	CORLANOR (PA)	ADALAT CC
amlodipine- benazepril	ENTRESTO	ALTACE (ST)
amlodipine- olmesartan (QL)	TEKTURNA HCT (QL)	ATACAND (ST)
amlodipine- valsartan		AVAPRO (ST)
atenolol		AZOR (QL)
benazepril		BENICAR (QL, ST)
bisoprolol		BENICAR HCT (ST)
bisoprolol-hctz candesartan		BIDIL (QL)
cartia xt		CALAN SR
carvedilol		CARDIZEM LA 120mg (QL)
carvedilol er (QL)		CATAPRES-TTS 1
clonidine		CATAPRES-TTS 2
diltiazem 12hr er		CATAPRES-TTS 3
diltiazem 24hr er		COREG (ST)
diltiazem 24hr er (cd)		CORGARD (ST)
diltiazem 24hr er (la)		COZAAR (ST)
diltiazem 24hr er (xr)		DIOVAN (ST)
diltiazem		DIOVAN HCT (ST)
DILT-XR		EPANED
dofetilide (QL)		EXFORGE
droxidopa*		EXFORGE HCT
enalapril		HEMANGEOL
flecainide		HYZAAR (ST)
guanfacine		INDERAL LA (ST)
hydralazine tablet		INDERAL XL (ST)
icatibant* (PA)		INNOPRAN XL (ST)
irbesartan		ISOSORBIDE
labetalol tablet		HYDRALAZINE (QL)
lisinopril		KAPSPARGO
lisinopril-hctz		SPRINKLE (ST)
losartan		KATERZIA (QL)
metoprolol		LOPRESSOR (ST)
metoprolol succinate		LOTENSIN (ST)
nadolol		LOTREL
nebivolol		MICARDIS (QL, ST)
nifedipine		MICARDIS HCT (QL, ST)
		MINIPRESS
		NITROSTAT
		NORTHERA* (PA)
		NORVASC

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

BLOOD PRESSURE/HEART MEDICATIONS (cont)

nifedipine er		ORLADEYO* (PA, QL)
olmesartan (QL)		PROCARDIA X
olmesartan-amlodipine-hctz		RANEXA (QL)
olmesartan-hctz (QL)		TEKTURNA (QL)L
prazosin		TENORMIN (ST)
propranolol tablet		TENORETIC 50 (ST)
propranolol er		TENORETIC 100 (ST)
ramipril		TIAZAC
ranolazine er (QL)		TIKOSYN (PA, QL)
taztia xt		TOPROL XL (ST)
telmisartan (QL)		TRIBENZOR
telmisartan-hctz (QL)		VASOTEC (ST)
tiadylt er		VERELAN
valsartan		VERELAN PM
valsartan-hctz		ZESTORETIC (ST)
verapamil er		ZESTRIL (ST)
verapamil er pm		ZIAC (ST)
verapamil tablet		
verapamil sr		

BLOOD THINNERS/ANTI-CLOTTING

clopidogrel	BRILINTA	EFFIENT
jantoven	ELIQUIS (PA)	PLAVIX
prasugrel	XARELTO (PA)	PRADAXA (PA)
warfarin		ZONTIVITY

CANCER

abiraterone* (PA)	ALECENSA* (PA)	AFINITOR* (PA)
anastrozole+	ERIVEDGE* (PA)	AFINITOR DISPERZ* (PA)
bexarotene* (PA)	ERLEADA* (PA)	ALUNBRIG* (PA)
capecitabine* (PA)	GLEOSTINE	AYVAKIT* (PA,QL)
everolimus* (PA)	IBRANCE* (PA)	BOSULIF* (PA)
exemestane+	LYNPARZA* (PA)	BRAFTOVI* (PA)
imatinib* (PA)	REVLIMID* (PA)	CABOMETYX* (PA)
letrozole	RUBRACA* (PA)	CALQUENCE* (PA)
methotrexate	SPRYCEL* (PA)	COMETRIQ* (PA)
tamoxifen+	TREXALL	GLEEVEC* (PA)
temozolomide* (PA)	VERZENIO* (PA)	ICLUSIG* (PA)
		IMBRUVICA* (PA)
		INLYTA* (PA)
		JAKAFI* (PA)
		KISQALI* (PA)
		LENVIMA* (PA)
		LONSURF* (PA)

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

CANCER (cont)

		LUMAKRAS* (PA,QL)
		MEKINIST* (PA)
		MEKTOVI* (PA)
		NERLYNX* (PA)
		NINLARO* (PA)
		NUBEQA* (PA)
		ODOMZO* (PA)
		ORGOVYX* (PA)
		POMALYST* (PA)
		ROZLYTREK* (PA)
		STIVARGA* (PA)
		TAFINLAR* (PA)
		TAGRISSO* (PA)
		TARGRETIN* (PA)
		TASIGNA* (PA)
		TEMODAR
		CAPSULE* (PA)
		TUKYSA* (PA)
		UKONIQ* (PA, QL)
		VENCLEXTA
		STARTING PACK* (PA)
		VENCLEXTA* (PA)
		VITRAKVI* (PA)
		XELODA* (PA)
		XOSPATA* (PA)
		XTANDI* (PA)
		ZEJULA* (PA)

CHOLESTEROL MEDICATIONS

atorvastatin+	LIVALO (QL,ST)	CADUET (QL)
colesevelam	NEXLETOL (PA, QL)	LIPOFEN (ST)
ezetimibe	NEXLIZET (PA, QL)	ROSZET (PA)
fenofibrate	REPATHA (PA)	TRICOR (ST)
fenofibric acid	VASCEPA (PA)	TRILIPIX (ST)
fluvastatin+		WELCHOL
fluvastatin er+		ZETIA
icosapent ethyl		ZOCOR (QL, ST)
lovastatin+		
omega-3 acid ethyl esters		
pravastatin+		
simvastatin tablet+ (QL)		

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS			CONTRACEPTION PRODUCTS (cont)		
AFIRMELLE+	LO LOESTRIN FE	ANNOVERA	ELURYNG+		
ALTAVERA+	NEXPLANON*+	BALCOLTRA	ENPRESSE+		
ALYACEN+		BEYAZ	ENSKYCE+		
AMETHIA+		ELLA+	ERRIN+		
AMETHYST+		KYLEENA*+	ESTARYLLA+		
APRI+		LAYOLIS FE+	ethynodiol-ethinyl		
ARANELLE+		LILETTA*+	estradiol+		
ASHLYNA+		LOESTRIN FE	etonogestrel-		
AUBRA EQ+		MICROGESTIN 24	ethinyl estradiol+		
AUBRA+		FE	FALMINA+		
AUROVELA 24 FE+		MINASTRIN 24 FE	FEMCAP+		
AUROVELA FE+		MIRENA*+	FEMYNOR+		
AUROVELA+		NATAZIA	GEMMILY+		
AVIANE+		NEXTSTELLIS	HAILEY 24 FE+		
AYUNA+		NUVARING	HAILEY FE+		
AZURETTE+		PARAGARD T 380-	HAILEY+		
BALZIVA+		A*+	HEATHER+		
BLISOVI 24 FE+		SAFYRAL	ICLEVIA+		
BLISOVI FE+		SKYLA*+	INCASSIA+		
BRIELLYN+		SLYND	ISIBLOOM+		
CAMILA+		TAYTULLA	JAIMIESS+		
CAMRESE LO+		TWIRLA+	JASMIEL+		
CAMRESE+		YASMIN 28	JENCYCLA+		
CAYA		YAZ	JOLESSA+		
CONTOURED+			JULEBER+		
CAZIAN+T			JUNEL FE 24+		
CHARLOTTE 24			JUNEL FE+		
FE+			JUNEL+		
CHATEAL EQ+			KAITLIB FE+		
CHATEAL+			KALLIGA+		
CRYSELLE+			KARIVA+		
CYCLAFEM+			KELNOR 1-35+		
CYRED EQ+			KELNOR 1-50+		
CYRED+			KURVELO+		
DASETTA+			LARIN 24 FE+		
DAYSEE+			LARIN FE+		
DEBLITANE+			LARIN+		
desogestrel-ethinyl			LARISSIA+		
estradiol+			LEENA+		
desogestrel-ethinyl			LESSINA+		
estradiol - ethinyl			LEVONEST+		
estradiol+			levonorgestrel-		
DOLISHALE+			ethinyl estradiol+		
drospirenone-			levonorgestrel-		
ethinyl estradiol-			ethinyl estradiol		
levomefolate+			ethinyl estradiol+		
drospirenone-			LEVORA-28+		
ethinyl estradiol+			LILLOW+		
ELINEST+					

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)		
LOJAIMIESS+			SYEDA+		
LORYNA+			TARINA 24 FE+		
LOW-OGESTREL+			TARINA FE 1-20		
LO-			EQ+		
ZUMANDIMINE+			TARINA FE+		
LUTERA+			taysofy+		
LYLEQ+			TILIA FE+		
LYZA+			TRI FEMYNOR+		
MARLISSA+			TRI-ESTARYLLA+		
MEDROXYPROGES			TRI-LEGEST FE+		
-GESTERONE+			TRI-LINYAH+		
MERZEE+			TRI-LO-		
MICROGESTIN FE+			ESTARYLLA+ TRI-		
MICROGESTIN+			LO-MARZIA+		
MILI+			TRI-LO-MILI+		
MONO-LINYAH+			TRI-LO-SPRINTEC+		
NECON+			TRI-MILI+		
NIKKI+			TRI-NYMYO+		
NORA-BE+			TRI-SPRINTEC+		
norethindrone+			TRIVORA-28+		
norethindrone-			TRI-VYLIBRA LO+		
ethinyl estradiol-			TRI-VYLIBRA+		
iron+			TULANA+		
norethindrone-			TYDEMY+		
ethinyl estradiol+			VELIVET+		
norethindrone-			VESTURA+		
ethinyl estradiol-			VIENVA+		
ferrous fumarate			VIORELE+		
norgestimate-			VOLNEA+		
ethinyl estradiol+			VYFEMLA+		
NORLYDA+			VYLIBRA+		
NORTREL+ NYLIA+			WERA+		
NYMYO+			wide seal		
OCELLA+			diaphragm+		
ORSYTHIA+			WYMZYA FE+		
PHILITH+			XULANE+		
PIMTREA+			ZAFEMY+		
PIRMELLA+			ZOVIA 1-35+		
PORTIA+			ZUMANDIMINE+		
PREVIFEM+					
RECLIPSEN+					
RIVELSA+					
SETLAKIN+					
SHAROBEL+					
SIMLIYA+					
SIMPESSE+					
SPRINTEC+					
SRONYX+					
			COUGH/COLD MEDICATIONS		
			brompheniramine-		HYCODAN (PA, QL)
			pseudoephedrine		TUXARIN ER (PA,QL)
			-dm		TUZISTRA XR (PA,
			hydrocodone-		QL)
			homatropine (PA,		
			QL)		
			promethazine-dm		

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

DENTAL PRODUCTS

chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIDEX PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone acetamide	PREVIDENT 0.2% RINSE	CLINPRO 5000 FLORIVA+^ FLUORIDEX SENSITIVITY RELIEF PREVIDENT 1.1% GEL PREVIDENT 5000 PREVIDENT 5000 BOOSTER PLUS 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 ACCU-TREND GLUCOSE CONTROL BD LANCETS BD PEN NEEDLE BD INSULIN SYRINGE	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)	CEQUR CYCLOSET GLUCAGON EMERGENCY KIT (QL) GVOKE (QL) KORLYM* (PA) PRECISION XTRA KETONE-GLUC KIT RIOMET
--	--	---

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

DIABETES (cont)

CONTOUR SOLUTION CONTOUR NEXT LEV 1 CONTROL SOLUTION CONTOUR NEXT LEV 2 CONTROL SOLUTION DROPLET GENTEEL LANCING DEVICE DROPLET INSULIN SYRINGE DROPLET MICRON PEN NEEDLE glimepiride glipizide glipizide er glipizide xl INPEN metformin metformin er microlet NOVOTWIST NOVOFINE PARADIGM TECHLITE NEEDLE TRUE METRIX LEVEL 1 CONTROL SOLUTION TRUE METRIX LEVEL 2 CONTROL SOLUTION TRUE METRIX LEVEL 3 CONTROL SOLUTION TRUEPLUS SYRINGE ULTRA-FINE PEN NEEDLE VEO INSULIN SYRINGE	JARDIANCE (QL, ST) LEVEMIR (QL) LYUMJEV (QL) OMNIPOD DASH PODS (GEN 4) (PA,QL) ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP OZEMPIC (PA, QL) QTERN (QL, ST) RYBELSUS (PA, QL) SEMGLEE (QL) SOLIQUA 100-33 SYMLINPEN SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRESIBA (QL) TRIJARDY XR (ST, QL) TRULICITY (PA,QL) V-GO 20 V-GO 30 V-GO 40 VICTOZA (PA, QL) XIGDUO XR (QL, ST) XULTOPHY ZEGALOGUE (QL)	
--	--	--

DIURETICS

ACETAZOLAMIDE TABLET ACETAZOLAMIDE ER CAPSULE BUMETANIDE TABLET chlorthalidone eplerenone	DIURIL KERENDIA (PA, QL)	ALDACTONE CAROSPIR INSPIRA JYNARQUE* (PA) LASIX MAXZIDE
--	-----------------------------	--

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

DIURETICS (cont)

furosemide solution, tablet		
hydrochlorot- hiazide		
spironolactone		
torsemide		
triamterene-hctz		

EAR MEDICATIONS

ciprofloxacin- dexamethasone	CIPRO HC	CIPRODEX
neomycin- polymyxin		CIPROFLOXACIN
b-hydrocortisone		HCL-
ofloxacin		FLUOCINOLONE
		CORTISPORIN-TC
		DERMOTIC
		OTOVEL

ERECTILE DYSFUNCTION

sildenafil^ (QL)	MUSE^ (PA, QL)	CIALIS^ (QL, ST)
tadalafil^ (QL)		STENDRA^ (QL, ST)
varafenafil^ (QL)		VIAGRA^ (QL, ST)

EYE CONDITIONS

bimatoprost (QL)	ALPHAGAN P 0.1%	ACUVAIL
brimonidine	DROPS	ALPHAGAN P
brinzolamide	AZASITE	0.15% EYE DROPS
ciprofloxacin	BETIMOL	ALREX
difluprednate	BETOPTIC S	AZOPT
dorzolamide-	COMBIGAN	BEPREVE
timolol	EYSUVIS (QL)	BESIVANCE
erythromycin	FML FORTE 0.25%	BROMSITE
fluorometholone	EYE DROPS	CEQUA
ketorolac	FML S.O.P. 0.1%	COSOPT
latanoprost	OINTMENT	COSOPT PF
loteprednol	FLAREX	CYSTADROPS* (PA,
moxifloxacin eye	LOTEMAX SM	QL)
drops	RESTASIS	CYSTARAN* (PA,
neomycin-	MULTIDOSE	QL)
polymyxin	SIMBRINZA	DUREZOL
b-dexamethasone	XIIDRA	FML LIQUIFILM
ofloxacin	ZERVATE	0.1% EYE DROP
polymyxin		ILEVRO
b sulfate-		INVELTYS
trimethoprim		ISTALOL
prednisolone		LOTEMAX
timolol		MAXITROL
tobramycin-		OCUFLOX
dexamethasone		OXERVATE* (PA)
travoprost		POLYTRIM
		PRED FORTE

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

EYE CONDITIONS (cont)

		PROLENSA
		RHOPRESSA
		ROCKLATAN
		TIMOPTIC
		TIMOPTIC-XE
		TOBRADEX EYE
		DROPS
		TOBRADEX ST
		TRUSOPT
		VIGAMOX
		ZIRGAN
		ZYLET

FEMININE PRODUCTS

GYNAZOLE 1		
miconazole 3 200		
mg		
terconazole		

GASTROINTESTINAL/HEARTBURN

alosetron*	AMITIZA	ACIPHEX (QL, ST)
ANUCORT-HC	CLENPIQ+	APRISO
balsalazide	DEXILANT (QL)	BONJESTA
cinacalcet*	LINZESS	CANASA
dicyclomine	NEXIUM DR 2.5 MG	CARAFATE
capsule, solution,	PACKET (QL)	CHOLBAM* (PA)
tablet	NEXIUM DR 5 MG	DICLEGIS
esomeprazole	PACKET (QL)	MOVANTIK (PA)
20 mg capsule,	PANCREAZE	OCALIVA* (PA)
40 mg capsule,	PENTASA	PREVACID DR 30
packets (QL)	SUPREP+	MG CAPSULE (QL,
famotidine	SUTAB+	ST)
40 mg/5 ml	VIBERZI	PROTONIX (QL, ST)
suspension, 20		RAVICTI* (PA)
mg tablet, 40 mg		RECTIV
tablet		RELISTOR (PA)
GAVILYTE-C+		SANCUSO (PA, QL)
GAVILYTE-G+		SFROWASA
GAVILYTE-N+		SUCRAID* (PA)
HEMMOREX-HC		SYMPROIC (PA)
hydrocortisone		TRANSDERM-SCOP
lansoprazole (QL)		URSO
mesalaminex`		URSO FORTE
mesalamine dr		VARUBI (PA, QL)
mesalamine er		VIOKACE
metoclopramide		
solution, tablet		
metoclopramide		
odt		
omeprazole (QL)		
ondansetron		

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

GASTROINTESTINAL/HEARTBURN (cont)

ondansetron odt
pantoprazole
suspension, tablet
(QL)
peg
3350-electrolyte+
PEG3350-SODIUM
SULFATE-SODIUM
CHLORIDE-
POTASSIUM
CHLORIDE-
SODIUM
ASCORBATE-
ASCORBIC ACID+
PEG-PREP+
prochlorperazine
tablet
rabeprazole tablet
(QL)
scopolamine
sucralfate

HORMONAL AGENTS

AMABELZ	ANDRODERM (PA, QL)	ACTIVELLA
budesonide dr	QL)	ALORA (QL)
budesonide ec	DIVIGEL	ANDROGEL (PA, QL)
budesonide er (PA, QL)	DUAVEE	ANGELIQ
cabergoline (QL)	ESTRING (QL)	ARMOUR THYROID
desmopressin	FORTEO* (PA, QL)	AYGESTIN
dexamethasone	MEDROL 2 MG	BIJUVA
intensol	TABLET	CLIMARA
DOTTI (QL)	MYFEMBREE (QL)	CLIMARA PRO
estradiol 10mcg		COMBIPATCH
vaginal insert (QL)		CRINONE 4% GEL
estradiol (twice weekly) (QL)		CYTOMEL
estradiol-norethindrone		DEPO-TESTOSTERONE
EUTHYROX		ELESTRIN
LEVO-T		EMFLAZA* (PA)
levothyroxine tablet		ESTRACE
LEVOXYL		ESTROGEL
liothyronine		EVAMIST
LYLLANA (QL)		IMVEXXY (QL)
medroxyprogesterone		INTRAROSA
methylprednisolone		ISTURISA* (PA, QL)
		LUPANETA PACK*^ (PA)
		LEVOTHYROXINE CAPSULE

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

HORMONAL AGENTS (cont)

MIMVEY	ORIAHNN (PA, QL)	MEDROL 8MG, 16MG, 32MG TABLET
norethindrone	ORILISSA (PA, QL)	MEDROL 4 MG DOSEPAK
NP THYROID	PREMARIN TABLET, VAGINAL CREAM APPLICATOR	MENOSTAR (QL)
prednisone	PREMPHASE	MINIVELLE (QL)
prednisone intensol	PREMPRO	OSPHENA
progesterone tablet		PROMETRIUM
testosterone cypionate		RAYALDEE
YUVAFEM (QL)		SYNTHROID
		teriparatide*
		TIROSINT-SOL
		UNITHROID
		VAGIFEM (QL)
		VIVELLE-DOT (QL)

INFECTIONS

acyclovir capsule, suspension, tablet	BARACLUDE SOLUTION*	AEMCOLO (QL)
albendazole	CLEOCIN 75 MG CAPSULE	ALBENZA
amoxicillin	e.e.s. 400	ALINIA
amoxicillin-clavulanate er	EPCLUSA* (PA, QL)	ARIKAYCE* (PA)
amoxicillin-clavulanate	ERY-TAB DR 333 MG TABLET	BACTRIM
atovaquone	EURAX 10% CREAM	BACTRIM DS
atovaquone-proguanil	HARVONI* (PA, QL)	BAXDELA (PA)
AVIDOXY	LEDIPASVIR-SOFOSBUVIR* (PA)	CAYSTON* (PA, QL)
azithromycin packet, suspension, tablet	MAVYRET* (PA, QL)	CIPRO
cefdirinir	MOLNUPIRAVIR (QL)	CLEOCIN 150 MG CAPSULE
cefuroxime tablet	PAXLOVID (QL)	CLEOCIN 300 MG CAPSULE
cephalexin	SOFOSBUVIR-VELPATASVIR* (PA)	CLEOCIN 100 MG VAGINAL OVULE
ciprofloxacin	SOLOSEC	CLEOCIN 2% VAGINAL CREAM
clindamycin	SOVALDI* (PA, QL)	CLINDESSE
COREMINO ER QL	VEMLIDY*	CRESEMBA
dapsone tablets	VIBRAMYCIN 50 MG/5 ML SYRUP	CAPSULE (PA)
doxycycline monohydrate	VOSEVI* (PA)	DARAPRIM* (PA)
EMVERM	XIFAXAN (QL)	DIFICID (QL)
entecavir* (QL)		ELIMITE
erythromycin		ERYPED 200
erythromycin ethylsuccinate		ERY-TAB DR 250 MG TABLET
famciclovir		ERY-TAB DR 500 MG TABLET
fluconazole		EURAX 10* LOTION
		FLAGYL
		FOLLISTIM*^ (PA)

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)			MISCELLANEOUS (cont)		
hydroxychloroquine		KITABIS PAK* (PA, QL)	ACCU-CHEK MULTICLIX LANCETS	AEROCHAMBER MV (QL)	EVRYSDI* (PA)
ivermectin (PA)		MACROBID	ACCUCHEK SAFE-T-PRO 23G LANCETS	AEROCHAMBER PLUS FLOW-VU (QL)	HAEGARDA* (PA)
levofloxacin solution, tablet		MACRODANTIN	ACCUCHEK SOFTCLIX LANCETS	AEROCHAMBER Z-STAT PLUS (QL)	INGREZZA
metronidazole gel, capsule, tablet		MALARONE (PA)	cinacalcet* deferiprone 500mg* (PA)	AEROTRACH PLUS (QL)	INITIATION PACK* (PA, QL)
minocycline		NUVESSA	disulfiram	AEROVENT PLUS (QL)	INGREZZA* (PA)
minocycline er tablet (QL)		NUZYRA* (PA, QL)	DROPLET LANCETS	CERDELGA* (PA)	NUEDEXTA (QL)
mondoxylene nl		PLAQUENIL (PA)	KETONE CARE TEST STRIP	CLEVER CHOICE HOLDING CHAMBER (QL)	ORFADIN* (PA)
nitazoxanide		posaconazole suspension	KETONE TEST STRIP	COMPACT SPACE CHAMBER (QL)	RUCONEST*^ (PA)
nitrofurantoin		PREVYMIS TABLET*	KETOSTIX REAGENT MICROLET	EASIVENT (QL)	TEGSEDI* (PA)
nitrofurantoin monohydrate-macrocrystal		PRIFTIN	ONETOUCH LANCETS	ESBRIET* (PA)	TIGLUTIK* (PA)
nystatin suspension, tablet		SIVEXTRO TABLET (PA)	POGO AUTOMATIC TEST CARTRIDGE	FLEXICHAMBER (QL)	VYLEESI*^ (PA, QL)
oseltamivir (QL)		SKLICE	PRECISION XTRA	INSPIRACHAMBER (QL)	VYNDAMAX* (PA, QL)
penicillin v potassium		STROMECTOL (PA)	sapropterin* (PA)	MICROCHAMBER (QL)	VYNDAMAX* (PA, QL)
posaconazole tablet		sulfatrim	sodium chloride inhalation vial. Irrigation solution vial	NITYR* (PA)	
ribavirin*		TAMIFLU (QL)	TECHLITE LANCETS	OPTICHAMBER DIAMOND (QL)	
sulfamethoxazole-trimethoprim suspension, tablet		URIBEL	TRUEPLUS KETONE TEST STRIP	POCKET CHAMBER (QL)	
terbinafine		VALTREX		PRO COMFORT SPACER WITH MASK (QL)	
tetracycline		VEMLIDY*		PROCARE SPACER WITH CHILD MASK (QL)	
tobramycin ampule* (PA, QL)		XENLETA (PA, QL)		RITEFLO (QL)	
valacyclovir		XOFLUZA (QL)		SPACE CHAMBER (QL)	
valganciclovir		ZEPATIER* (PA)		SPACE CHAMBER-MEDIUM MASK (QL)	
vancomycin capsule, solution		ZITHROMAX		SPACE CHAMBER-SMALL MASK (QL)	
vandazole		ZITHROMAX TRI-PAK		VORTEX (QL)	
		ZYVOX		VORTEX VHC FROG MASK (QL)	
		SUSPENSION, TABLET (PA)			
INFERTILITY					
clomiphene ^	GONAL F*^ (PA)	CRINONE 8% GEL^			
	MENOPUR*^ (PA)	ENDOMETRIN^			
	NOVAREL*				
	OVIDREL*^ (PA)				
MISCELLANEOUS					
ACCU-CHEK FASTCLIX LANCET DRUM	ACE AEROSOL CLOUD	ADDYI^ (PA, QL)			
	ENHANCER (QL)	AUSTEDO* (PA)			
	AEROCHAMBER MINI (QL)	BERINERT*^ (PA)			
		BRISDELLE (QL)			
		CINRYZE*^ (PA)			

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

MISCELLANEOUS (cont)

	VORTEX VHC LADYBUG MASK (QL)	
--	------------------------------------	--

MULTIPLE SCLEROSIS

dalfampridine er* (PA)	AUBAGIO* (PA)	MAVENCLAD* (PA)
dimethyl fumarate* (PA)	BAFIERTAM* (PA)	PONVORY* (PA)
	GILENYA* (PA)	
	MAYZENT* (PA)	
	VUMERITY* (PA)	
	ZEPOSIA* (PA)	

NUTRITIONAL/DIETARY

cyanocobalamin injection	CITRANATAL	ACCRUFER^
dodex	ASSURE	AURYXIA (QL)
fluoride+^	CITRANATAL	CITRANATAL
folic acid^	B-CALM	BLOOM^
klor-con	CITRANATAL DHA	DRISDOL^
KLOR-CON 8 MEQ	CITRANATAL	K-TAB ER
KLOR-CON 10 MEQ	HARMONY	MEPHYTON^
KLOR-CON M10	CITRANATAL RX	MULTI-VIT-FLOR+
TABLET	FLORIVA	OB COMPLETE^
MULTI-VITAMIN	CHEWABLE	PHOSLYRA
W-FLUORIDE-	TABLET+	PRENATAL
IRON+	FOSRENOL 1,000	FORMULA-DHA+
potassium chloride	MG POWDER	REVELA
10%, capsule,	PACK	ROCALTROL^
packet, tablet	FOSRENOL 750 MG	
sodium fluoride+^	POWDER PACKET	
vitamin d2 1.25 mg	LOKELMA	
(50,000 unit)^	NEEVO DHA^	
VITAMINS A,C,D	OB COMPLETE ONE	
AND FLUORIDE+	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+	

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

NUTRITIONAL/DIETARY (cont)

	QUFLORA	
	PEDIATRIC 0.25	
	MG/ML DROP+	
	QUFLORA	
	PEDIATRIC 0.5 MG/	
	ML DROP+	
	TRI-VI-FLOR+	
	VELPHORO	
	VELTASSA	

OSTEOPOROSIS PRODUCTS

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

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-	AIMOVIG (PA)	ARAVA
codeine (PA)	AJOVY (PA)	BUTRANS (QL)
allopurinol tablet	BELBUCA (QL)	CELEBREX (QL, ST)
baclofen tablet	EMGALITY (PA)	COLCRYS
buprenorphine	HYSINGLA ER (PA)	DEPEN* (PA)
patch (QL)	NUCYNTA (PA)	EC-NAPROSYN (ST)
butalbital-	NURTEC ODT (PA,	ESGIC (QL)
acetaminophen-	QL)	FEXMID
caffeine (QL)	OTEZLA* (PA, QL)	FLECTOR (PA, QL)
carisoprodol	PROCTOFOAM-HC	LICART (PA, QL)
celecoxib (QL)	RASUVO (PA)	MITIGARE
colchicine	REDITREX (PA)	NAPROSYN (ST)
cyclobenzaprine	RINVOQ* (PA, QL)	NUCYNTA ER (PA)
diclofenac 1% gel	SAVELLA	OLUMIANT* (PA,
(QL)	TRUDHESA (PA,QL)	QL)
diclofenac dr	UBRELVY (PA, QL)	OTREXUP (PA)
diclofenac ec	XELJANZ* (PA, QL)	OXAYDO (PA)
EC-NAPROXEN	XELJANZ XR* (PA,	PERCOCET (PA)
ECOTRIN EC 81 MG	QL)	SKELAXIN
TABLET+	XTAMPZA ER (PA)	ULORIC (QL)
eletriptan (QL)	ZTLIDO	ULTRAM 50 MG
ENDOCET (PA)		TABLET (QL)
febuxostat (QL)		ZANAFLEX
FIORICET (QL)		ZEBUTAL (QL)
GLYDO		ZOHYDRO ER (PA)
hydrocodone-		ZYLOPRIM
acetaminophen		
(PA)		
hydromorphone		
(PA)		

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

PAIN RELIEF AND INFLAMMATORY DISEASE

(cont)

hydromorphone er (PA)		
IBU		
ibuprofen		
indomethacin		
indomethacin er		
ketorolac		
tromethamine (QL)		
leflunomide		
lidocaine 5% ointment (QL)		
lidocaine 5% patch		
meloxicam tablet		
metaxalone		
methocarbamol		
MORPHINE (PA)		
MORPHINE ER (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
penicillamine* (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		DUOPA*
carbidopa-levodopa er		INBRIJA* (PA)
pramipexole		MIRAPEX ER (QL)
pramipexole er (QL)		NEUPRO
rasagiline (QL)		NOURIANZ* (PA, QL)
ropinirole		OSMOLEX ER (QL)
ropinirole		RYTARY
		SINEMET 10-100
		SINEMET 25-100
		TASMAR
		XADAGO (ST)

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

SCHIZOPHRENIA/ANTI-PSYCHOTICS³

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		

SEIZURE DISORDERS

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

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

SEIZURE DISORDERS (cont)

topiramate
topiramate er
vigabatrin*
vigadrone*

SKIN CONDITIONS

ACCUTANE	DRYSOL	ANALPRAM HC
adapalene (PA)	EUCRISA	2.5%-1% LOTION
adapalene-benzoyl peroxide	NAFTIN	AVAR 9.5-5%
AMNESTEEM	PICATO	CLEANSING PADS
AVAR CLEANSER	SANTYL (QL)	BRYHALI (ST)
azelaic acid		CALCIPOTRIENE FOAM
BP 10-1		CAPEX SHAMPOO (ST)
CLARAVIS		CLEOCIN T
CLINDACIN ETZ 1% PLEDGET		CLINDACIN ETZ KIT
CLINDACIN P 1% PLEDGETS		CLINDACIN PAC KIT
CLINDAMYCIN 1% FOAM, GEL, LOTION, PLEDGET, SOLUTION		CLODERM (ST)
clindamycin-benzoyl peroxide		DESOWEN (ST)
clindamycin tretinoin		EFUDEX
clobetaso		ELIDEL
CLODAN		EVOCLIN
clotrimazole-betamethasone		PRAMOSONE LOTION
dapsone 5% gel, 7.5% gel pump		PROTOPIC
fluocinonide		TARGRETIN*
fluorouracil cream, topical solution		TEMOVATE (ST)
isotretinoin		VALCHLOR*
ketoconazole		VECTICAL (QL)
KETODAN		XEPI
metronidazole		
MYORISAN		
NEUAC GEL		
pimecrolimus		
ROSADAN		
sodium sulfacetamide-sulfur		
SSS 10-5		
SULFACLEANSE 8-4		

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

SKIN CONDITIONS (cont)

tacrolimus ointment
tazarotene 0.1% cream
tretinoin (PA)
TRIDERM
ZENATANE

SLEEP DISORDERS/SEDATIVES

doxepin (PA)	DAYVIGO (QL, ST)	HETLIOZ LQ* (PA)
eszopiclone	SUNOSI (PA, QL)	HETLIOZ* (PA)
modafinil (PA)		LUNESTA (ST)
zolpidem		SILENOR (QL, ST)
zolpidem er (QL)		WAKIX* (PA, QL)
		XYREM* (PA)
		XYWAV* (PA)

SMOKING CESSATION³

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

SUBSTANCE ABUSE

buprenorphine-naloxone	KLOXXADO (QL)	SUBOXONE
	LUCEMYRA (QL)	ZIMHI (QL)
	NARCAN (QL)	
	ZUBSOLV	

TRANSPLANT MEDICATIONS

everolimus 0.25 mg tablet*	ASTAGRAF XL*
everolimus 0.5 mg tablet*	CELLCEPT ORAL SUSPENSION, TABLET*
mycophenolate mofetil*	ENVARUS XR*
mycophenolic acid*	MYFORTIC*
sirolimus*	NEORAL*
tacrolimus*	PROGRAF 0.2 MG GRANULE PACKET*
	PROGRAF 0.5 MG CAPSULE*
	PROGRAF 1 MG CAPSULE*
	PROGRAF 1 MG GRANULE PACKET*
	PROGRAF 5 MG CAPSULE*
	RAPAMUNE*
	REZUROCK* (PA)
	ZORTRESS*

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

URINARY TRACT CONDITIONS

alfuzosin er	CYSTAGON*	AVODART
cevimeline	ELMIRON	EVOXAC
dutasteride	K-PHOS ORIGINAL	FLOMAX
finasteride		PROSCAR
oxybutynin		PYRIDIUM
oxybutynin er		RAPAFLO (QL)
phenazopyridine		UROCIT-K
potassium er		UROXATRAL
silodosin (QL)		
solifenacin (QL)		
tamsulosin		
tolterodine		
tolterodine er (QL)		

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+	QUADRACEL DTAP- IPV SYRINGE+
	ADACEL TDAP+	
	AFLURIA QUAD 2021-2022+	
	AFLURIA QUAD 2021-22 (3YR UP)+	
	AFLURIA QUAD 2021-22 (6- 35MO)+	
	BEXSERO+	
	BOOSTRIX TDAP+	
	COMIRNATY+	
	DAPTACEL DTAP+	
	DENGVAIXA+	
	DIPHTHERIA- TETANUS	
	TOXOIDS-PED+	
	ENGRIX-B ADULT+	
	ENGRIX-B PEDIATRIC- ADOLESCENT+	
	FLUAD QUAD 2021- 2022+	
	FLUARIX QUAD 2021-2022+	
	FLUBLOK QUAD 2021-2022+	
	FLUCELVAX QUAD 2021-2022+	

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.

	FLULAVAL QUAD 2021-2022+	
	FLUZONE HIGH- DOSE QUAD 2021-22+	
	FLUZONE QUAD 2021-2022+	
	GARDASIL 9+	
	HEPLISAV-B+	
	HIBERIX+	
	INFANRIX DTAP+	
	IPOL+	
	JANSSSEN 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+	
	PROQUAD+	
	QUADRACEL DTAP- IPV VIAL+	
	RECOMBIVAX HB+	
	SHINGRIX+ (QL)	
	TDVAX+	

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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.

	TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+	
--	---	--

WEIGHT MANAGEMENT

megestrol suspension phentermine ^	WEGOVY^ (PA, QL)	CONTRACE^ (PA) QSYMIA^ (PA) SAXENDA^ (PA)
--	------------------	---

Injectable Specialty Medications

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

MEDICATION NAME	DRUG CLASS
ACTEMRA (PA, QL) SYRINGE	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPEN (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTIMMUNE (PA)	CANCER
ARACALYST (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ARANESP^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
AVONEX (PA)	MULTIPLE SCLEROSIS
AVONEX PEN (PA)	MULTIPLE SCLEROSIS
AVSOLA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BYNFEZIA (PA)	HORMONAL AGENTS
BENLYSTA (PA) 200MG	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON (PA)	MULTIPLE SCLEROSIS
CABENUVA^ (PA)	AIDS/HIV
CABLIVI^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
CETROTIDE^ (PA)	HORMONAL AGENTS
chorionic gonadotropin^ (PA)	INFERTILITY
CIMZIA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
DUPIXENT (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EGRIFTA (PA)	HORMONAL AGENTS
EMPAVELI (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ENBRELE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ENTYVIO^ (PA)	GASTROINTESTINAL/HEARTBURN
EPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EXTAVIA (PA)	MULTIPLE SCLEROSIS
FASENRA PEN (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI^ (PA)	HORMONAL AGENTS
FOLLISTIM AQ^ (PA)	INFERTILITY
FRAGMIN* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FULPHILA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
GANIRELIX^	HORMONAL AGENTS
GATTEX (PA)	GASTROINTESTINAL/HEARTBURN
glatiramer (PA)	MULTIPLE SCLEROSIS
glatopa (PA)	MULTIPLE SCLEROSIS
GRANIX^	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HEMLIBRA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HUMATROPE (PA)	HORMONAL AGENTS
HUMIRA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILARIS^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
INCRELEX (PA)	HORMONAL AGENTS
INFLECTRA (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
KALBITOR^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KESIMPTA PEN (PA)	MULTIPLE SCLEROSIS
KEVZARA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KINERET (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
LANREOTIDE ACETATE^ (PA)	HORMONAL AGENTS
LUPRON DEPOT-PED^ (PA)	HORMONAL AGENTS
MYALEPT (PA)	MISCELLANEOUS
NATPARA (PA)	HORMONAL AGENTS
NEULASTA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEULASTA ONPRO^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NIVESTYM^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPOR (PA)	HORMONAL AGENTS
NUCALA (PA)	ASTHMA/COPD/RESPIRATORY
NYVEPRIA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ORENCIA SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
PALYNZIQ (PA)	MISCELLANEOUS
PEGASYS (PA)	INFECTIONS
PLEGRIDY (PA)	MULTIPLE SCLEROSIS
PROCRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REBIF (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE (PA)	MULTIPLE SCLEROSIS
REMICADE^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
RUCONEST^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SAJAZIR (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SANDOSTATIN^ (PA)	HORMONAL AGENTS
SANDOSTATIN LAR^ (PA)	HORMONAL AGENTS
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
SKYRIZI (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYTROFA (PA)	HORMONAL AGENTS
SOMATULINE DEPOT^ (PA)	HORMONAL AGENTS
SOMAVERT (PA)	HORMONAL AGENTS
STELARA SYRINGE, 45MG/0.5ML VIAL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STRENSIQ (PA)	MISCELLANEOUS
TAKHZYRO (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
TEGSEDI (PA)	MISCELLANEOUS
TREMFYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
UDENYCA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
XOLAIR (PA)	ASTHMA/COPD/RESPIRATORY
VYLEESI^ (PA, QL)	MISCELLANEOUS
ZARXIO^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZIEXTENZO (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZORBTIVE (PA)	HORMONAL AGENTS

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*	efavirenz-lamivudine-tenofovir*
	SYMFI LO*	
	TRIZIVIR*	abacavir-lamivudine-zidovudine tablet*
	TRUVADA*	emtricitabine-tenofovir*
	VIDEX EC	
	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

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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
	RELEXII	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

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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+

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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 OSENİ	JANUMET JANUMET XR JANUVIA pioglitazone

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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 NOC DURNA	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)

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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*

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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	butalbital-acetaminophen 50-325mg tablet
	AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAX	generic triptans (e.g. sumatriptan; naratriptan)
	AMRIX cyclobenzaprine er	carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets methocarbamol orphenadrine er metaxalone
	BACLOFEN	baclofen tablet

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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 DENA VIR 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
	BENZA CLIN NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene	calcitriol ointment
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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

^{^^} This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

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 it has (AGE) next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

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

Frequently Asked Questions (FAQs) (cont)

- 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 deductible or out-of-pocket maximum).

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

A. Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

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

A. Yes. All medications are approved by the FDA.

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 cost⁷
- 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

Frequently Asked Questions (FAQs) (cont)

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 cost⁷
- › 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 fertility¹⁰, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation¹⁰, 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. **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.
4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
5. 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>.
6. 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.
7. Standard shipping costs are included as part of your prescription plan.
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
9. 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.
10. 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.

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Accredo Health Group, Inc., Express Scripts, Inc., ESI Mail Pharmacy Service, Inc., Express Scripts Pharmacy, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., (CHC-TN), and Cigna HealthCare of Texas, Inc. "Accredo" refers to Accredo Health Group, Inc. "Express Scripts Pharmacy" refers to ESI Mail Pharmacy, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, "Together all the way," and "myCigna" are trademarks of Cigna Intellectual Property, Inc. "Accredo" and "Express Scripts Pharmacy" are trademarks of Express Scripts Strategic Development, Inc.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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

Proficiency of Language Assistance Services

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

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

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

Vietnamese – XIN 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 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

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

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

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

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

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

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

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

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

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

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

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