



CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

Coverage as of January 1, 2023



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

968435 Value 4-Tier 11/22



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View the drug list online

This document was last updated on 11/01/2022.* You can go online to see the current list of medications your plan covers.



myCigna^{®1} App or myCigna.com^{®.2} 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 Value 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.

* Drug list created: originally created 10/01/2011

Last updated: 11/01/2022, for changes starting 01/01/2023

Next planned update: 03/01/2023, for changes starting 07/01/2023

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Value 4-Tier Prescription Drug List as of January 1, 2023.^{3,4} 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.

Prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics) aren't covered on this drug list. These medications are considered plan (or benefit) exclusions. You can get over-the-counter (OTC) versions at the pharmacy without a prescription.

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 Value 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) dapson 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 tablet* (QL) CAYSTON* CLEOCIN CLNDESSE CRESEMBA (PA) DIFICID (QL) ERYPED 200 ERY-TAB 250mg MONUROL NOXAFIL suspension, tab PLAQUENIL SULFATRIM SUPRAX TAMIFLU (QL) TOBI Podhaler** URIBEL UROGESIC-BLUE UTA VALTRES 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 19-21).

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 Value 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. This means 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. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, injectable medications are covered on Tier 4 (listed on pages 19-21). 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.

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.

Some plans may cover certain non-covered medications

Plans can choose to offer coverage of certain medications/products and/or drug classes that aren't typically covered. In this drug list, these medications/products have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com** to see if your plan covers them.

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
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	13,14
ASTHMA/COPD/RESPIRATORY	6,7	INFERTILITY	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MISCELLANEOUS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	14
BLOOD PRESSURE/HEART MEDICATIONS	7,8	NUTRITIONAL/DIETARY	14,15
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	15
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	15,16
CHOLESTEROL MEDICATIONS	8	PARKINSON'S DISEASE	15
CONTRACEPTION PRODUCTS	9,10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	15,
DENTAL PRODUCTS	10,11	SKIN CONDITIONS	16,17
DIABETES	11	SLEEP DISORDERS/SEDATIVES	17
DIURETICS	11	SMOKING CESSATION	17
EAR MEDICATIONS	12	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	12	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	12	URINARY TRACT CONDITIONS	17
		VACCINES	18
		WEIGHT MANAGEMENT	18

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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AIDS/HIV

efavirenz-	BIKTARVY* (QL)	APRETUDE+ (PA)
emtricitabine-	DESCOVY*+ (PA)	CIMDUO* (PA)
tenofovir* (QL)	DOVATO* (QL)	COMPLERA* (PA,QL)
emtricitabine-	GENVOYA* (QL)	EVOTAZ* (PA)
tenofovir disop*+	ISENTRESS HD* (PA)	ODEFSEY* (PA,QL)
etravirine*	ISENTRESS*	PIFELTRO* (PA)
ritonavir*	JULUCA* (QL)	PREZCOBIX* (PA)
tenofovir* (PA)	PREZISTA*	STRIBILD* (PA,QL)
	SELZENTRY* (PA)	TEMIXYS* (PA)
	SYMTUZA* (QL)	
	TIVICAY PD*	
	TIVICAY*	
	TRIUMEQ* (QL)	
	TRIUMEQ PD* (QL)	

ALLERGY/NASAL SPRAYS

azelastine		GASTROCROM
azelastine-		GRASTEK (PA, QL)
fluticasone		KARBINAL ER
cromolyn oral		ODACTRA (PA, QL)
concentrate		ORALAIR (PA, QL)
desloratadine^ (QL)		PATANASE
fluticasone^		RAGWITEK (PA, QL)
hydroxyzine hcl		VISTARIL
solution, syrup,		
tablet		
hydroxyzine		
pamoate		
ipratropium		
levocetirizine^		
mometasone^ (QL)		
olopatadine		
promethazine		
solution, syrup,		
tablet		

ALZHEIMER'S DISEASE

donepezil		ARICEPT
donepezil odt		EXELON
memantine		MESTINON
memantine er (QL)		NAMENDA
pyridostigmine 60		NAMENDA XR (QL)
mg/5 ml, 60 mg		NAMZARIC (QL)
pyridostigmine er		
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER⁵

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/BIPOLAR DISORDER⁵ (cont)

alprazolam odt		EFFEXOR XR (QL, ST)
alprazolam xr		EMSAM (QL)
amitriptyline		FETZIMA (QL, ST)
bupropion (QL)		NUPLAZID* (PA)
bupropion sr (QL)		PAXIL (QL, ST)
bupropion xl 150 mg		PAXIL CR (QL, ST)
tablet (QL)		PROZAC (QL, ST)
bupropion xl 300 mg		REMERON
tablet (QL)		SPRAVATO* (PA)
bupropion		TRINTELLIX (QL, ST)
citalopram (QL)		WELLBUTRIN SR (QL, ST)
clomipramine		XANAX
duloxetine (QL)		XANAX XR
escitalopram (QL)		ZOLOFT (QL, ST)
fluoxetine dr (QL)		
fluoxetine (QL)		
fluvoxamine (QL)		
fluvoxamine er (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine cr (QL)		
paroxetine er (QL)		
paroxetine (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine er (QL)		

ASTHMA/COPD/RESPIRATORY

albuterol	ADEMPAS* (PA)	ADCIRCA* (PA)
ALBUTEROL HFA (QL)	ANORO ELLIPTA (QL)	AIRDUO DIGIHALER (QL,ST)
ALYQ* (PA)	ATROVENT HFA (QL)	BRONCHITOL* (PA)
AMBRISENTAN* (PA)	BREZTRI	COMBIVENT
budesonide (QL)	AEROSPHERE (QL)	RESPIMAT (QL)
fluticasone-	DULERA (QL)	DALIRESP (QL)
salmeterol (QL)	FLOVENT DISKUS (QL)	KALYDECO* (PA, QL)
ipratropium-	FLOVENT HFA (QL)	LETAIRIS* (PA)
albuterol	INCRUSE ELLIPTA OFEV* (PA)	LONHALA MAGNAIR (PA,QL)
montelukast	OPSUMIT* (PA)	ORENITRAM ER* (PA)
TADALAFIL* (PA)	QVAR REDIHALER	ORKAMBI* (PA, QL)
wixela inhub (QL)	SEREVENT DISKUS (QL)	PULMICORT (QL)
		PULMOZYME* (PA)
		REVATIO 10 MG/ML, 20 MG* (PA)
		SINGULAIR
		TRIKAFTA* (PA, QL)

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

ASTHMA/COPD/RESPIRATORY (cont)			BLOOD PRESSURE/HEART MEDICATIONS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
	SPIRIVA HANDIHALER (QL) STIOLTO RESPIMAT (QL) SYMBICORT (QL) TRACLEER 32 MG TABLET FOR SUSPENSION* (PA) TRELEGY ELLIPTA (QL) UPTRAVI* (PA))	TYVASO REFILL KIT* (PA)	amlodipine amlodipine- benazepril amlodipine- olmesartan (QL) amlodipine-valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol CARVEDILOL ER (QL) clonidine diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la) diltiazem 24hr er (xr) diltiazem DILT-XR DOFETILIDE (QL) doxazosin droxidopa* enalapril flecainide hydralazine tablet icatibant* (PA) irbesartan irbesartan- hctz labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol tablet nadolol nebivolol hcl (QL) nifedipine nifedipine er olmesartan (QL) olmesartan- amlodipine-hctz olmesartan-hctz (QL)	CORLANOR (PA) ENTRESTO (QL)	ADALAT BERINERT*^ (PA) BIDIL (QL) CALAN SR CARDIZEM LA (QL) CARDURA CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 CINRYZE*^ (PA) CORGARD (ST) EPANED HEMANGEOL INDERAL LA (ST) INDERAL XL (ST) KAPSPARGO SPRINKLE (ST) KATERZIA (QL) LOPRESSOR (ST) MINIPRESS NITROSTAT NORTHERA* (PA) NORVASC ORLADEYO* (PA, QL) PROCARDIA XL QBRELIS RANEXA (QL) TENORETIC 50 (ST) TENORETIC 100 (ST) TENORMIN (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) VERELAN VERELAN PM ZIAC (ST)
ATTENTION DEFICIT HYPERACTIVITY DISORDER⁵					
amphetamine (PA) atomoxetine dexmethylp- henidate (PA) dexmethylp- henidate er (PA, QL) dextroamphetamine -amphetamine (PA) dextroamp- hetamine- amphetamine er (PA, QL) guanfacine er methylphenidate (PA) methylphenidate er (la) (PA, QL) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate la (PA, QL) procentra (PA) zenzedi (PA,ST,QL)		ADDERALL (PA,ST) DAYTRANA (PA,QL) FOCALIN (PA,ST) INTUNIV METHYLIN (PA) QUILLIVANT XR (PA, QL) RITALIN (PA,ST) STRATTERA zenzedi 5 mg, 10 mg tablet (PA, ST)			
BLOOD MODIFIERS/BLEEDING DISORDERS					
aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg*	DROXIA	DOPTELET* (PA) LYSTEDA* PROMACTA* (PA) SIKLOS (PA) TAVALISSE* (PA)			

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont)			CANCER (cont)		
prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) taztia xt telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan valsartan-hctz verapamil tablet verapamil er verapamil er pm verapamil sr				VERZENIO* (PA) XTANDI* (PA)	MEKTOVI* (PA,QL) NERLYNX* (PA) NINLARO* (PA,QL) ODOMZO* (PA) ORGOVYX* (PA) PIQRAY* (PA) POMALYST* (PA,QL) ROZLYTREK* (PA) STIVARGA* (PA,QL) SUTENT* (PA,QL) TAFINLAR* (PA,QL) TAGRISSO* (PA) TALZENNA* (PA,QL) TARGRETIN* (PA) TASIGNA* (PA,QL) TEMODAR CAPSULE* (PA) TIBSOVO* (PA) TUKYSA* (PA) VENCLEXTA STARTING PACK* (PA) VENCLEXTA* (PA) VITRAKVI* (PA) VIZIMPRO* (PA) WELIREG* (PA,QL) XALKORI* (PA,QL) XELODA* (PA) XOSPATA* (PA) ZEJULA* (PA,QL)
BLOOD THINNERS/ANTI-CLOTTING			CHOLESTEROL MEDICATIONS		
clopidogrel fondaparinux sodium (QL) jantoven prasugrel warfarin	BRILINTA ELIQUIS (PA) XARELTO (PA)	ARIXTRA (QL) PLAVIX PRADAXA (PA) ZONTIVITY	atorvastatin+ amlodipine- atorvastatin (QL) colesevelam ezetimibe ezetimibe- simvastatin (QL) fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin+ omega-3 acid ethyl esters pravastatin+ rosuvastatin+ (QL) simvastatin+ (QL)	REPATHA (PA) VASCEPA (PA)	CADUET (QL) LIPOFEN (ST) ROSZET TRICOR (ST) TRILIPIX (ST) ZETIA
CANCER					
abiraterone* (PA) anastrozole+ bexarotene* (PA) capecitabine* (PA) everolimus* (PA,QL) exemestane+ hydroxyurea imatinib* (QL) letrozole methotrexate tamoxifen+ temozolomide* (PA)	ALECENSA* (PA,QL) BRUKINSA* (PA,QL) CABOMETYX* (PA) CALQUENCE* (PA) ERIVEDGE* (PA) ERLEADA* (PA) GLEOSTINE IBRANCE* (PA,QL) IMBRUVICA* (PA,QL) LYNPARZA* (PA,QL) NEXAVAR* (PA,QL) NUBEQA* (PA) REVLIMID* (PA,QL) RUBRACA* (PA,QL) SPRYCEL* (PA,QL) TREXALL	AFINITOR 2.5 MG TABLET* (PA) AFINITOR 5 MG TABLET* (PA) AFINITOR 7.5 MG TABLET* (PA) ALUNBRIG* (PA,QL) AROMASIN AYVAKIT* (PA, QL) BOSULIF* (PA,QL) BRAFTOVI* (PA) COMETRIQ* (PA,QL) EXKIVITY* (PA) ICLUSIG* (PA,QL) INLYTA* (PA) JAKAFI* (PA,QL) KISQALI* (PA) KISQALI FEMARA CO-PACK* (PA) LUMAKRAS* (PA, QL) LENVIMA* (PA) LONSURF* (PA) LORBENA* (PA,QL) MEKINIST* (PA,QL)			

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

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

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)		
LO-ZUMANDIMINE+			TRI FEMYNOR+		
LUTERA+			TRI-ESTARYLLA+		
LYLEQ+			TRI-LEGEST FE+		
LYZA+			TRI-LINYAH+		
MARLISSA+			TRI-LO-ESTARYLLA+		
medroxyprogesterone+			TRI-LO-MARZIA+		
MERZEE+			TRI-LO-MILI+		
MICROGESTIN+			TRI-LO-SPRINTEC+		
MICROGESTIN FE+			TRI-MILI+		
MILI+			TRI-NYMYO+		
MONO-LINYAH+			TRI-SPRINTEC+		
NECON+			TRIVORA+		
NIKKI+			TRI-VYLIBRA LO+		
NORA-BE+			TRI-VYLIBRA+		
norethindrone+			TULANA+		
norethindrone-ethinyl estradiol-iron+			TYDEMY+		
norethindrone-ethinyl estradiol+			VCF CONTRACEPTIVE GEL+		
norethindrone-ethinyl estradiol-ferrous fumarate			VELIVET+		
norgestimate-ethinyl estradiol+			VIENVA+		
NORTREL+			VESTURA+		
NYLIA+			VIORELE+		
NYMYO+			VOLNEA+		
OCELLA+			VYFEMLA+		
PHILITH+			VYLIBRA+		
PIMTREA+			WERA+		
PIRMELLA+			wide seal diaphragm+		
PORTIA+			WYMZYA FE+		
RECLIPSEN+			XULANE+		
RIVELSA+			ZAFEMY+		
SETLAKIN+			ZOVIA 1-35+		
SHAROBEL+			ZUMANDIMINE+		
SIMLIYA+					
SIMPESE+					
SPRINTEC+					
SRONYX+					
SYEDA+					
TARINA FE+					
TARINA FE 1-20 EQ+					
TARINA 24 FE+					
taysofy+					
TILIA FE+					
			COUGH/COLD MEDICATIONS		
			bromphen-iramine-pseudoephed-dm		HYCODAN (PA, QL)
			hydrocodone-chlorpheniramine (PA)		TUXARIN ER (PA, QL)
			promethazine-dm		TUZISTRA XR (PA, QL)
			DENTAL PRODUCTS		
			chlorhexidine		CLINPRO 5000
			DENTA 5000 PLUS		FLORIVA+^
			DENTAGEL		FLUORIDEX
			doxycycline hyclate		SENSITIVITY RELIEF

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DENTAL PRODUCTS (cont)			DIABETES (cont)		
FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone acetamide		JUSTRIGHT 5000 PERIDEX PREVIDENT 5000 DRY MOUTH	INSULIN SYRINGE INSULIN SYRINGE U-500 metformin metformin er MICROLET NEXT LANCING DEVICE MULTI-LANCET NANO 2ND GEN PEN NEEDLE NOVOFINE PARADIGM TECHLITE TRUE METRIX CONTROL SOULTION TRUEPLUS PEN NEEDLE TRUEPLUS SYRINGE ULTRA-FINE MICRO PEN NEEDLE VEO INSULIN SYRINGE	OMNIPOD DASH KITS, PODS (GEN 3,4,5) (PA,QL) ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP OZEMPIC (PA, QL) RYBELSUS (PA, 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)	
DIABETES			DIURETICS		
ACCU-CHEK LANCETS ACCU-CHEK SMARTVIEW CONTRL SOLUTION ACCUTREND GLUCOSE CONTROL AUTOSHIELD DUO PEN NEEDLE BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE CONTOUR SOLUTION DROPLET DROPSAFE glimepiride glipizide glipizide er glipizide xl GLUCOCARD EXPRESSION METER KIT (QL) GLUCOCARD EXPRESSION METER (QL) GLUCOCARD SHINE METER KIT (QL) GLUCOCARD SHINE METER (QL) GUARDIAN RT CHARGER GUARDIAN TEST PLUG INPEN	BAQSIMI (QL) BASAGLAR (QL) BYDUREON BCISE (PA, QL) BYETTA (PA, QL) DEXCOM G6 (PA, QL) FARXIGA (QL, ST) FREESTYLE LIBRE 2 SENSOR (PA, QL) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE READER (PA, QL) GLYXAMBI (QL, ST) HUMALOG (QL) HUMULIN (QL) HUMULIN R INSULIN LISPRO (QL) JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LEVEMIR (QL) LYUMJEV MOUNJARO (PA,QL)	ACCU-CHEK SMARTVIEW TEST STRIP CEOUR CONTOUR NEXT TEST STRIP CONTOUR TEST STRIP CYCLOSET GLUCOCARD EXPRESSION TEST STRIPS GLUCOCARD SHINE TEST STRIPS GLUCAGON EMERGENCY KIT (QL) KORLYM* (PA) PRECISION XTRA KETONE-GLUC KIT RIOMET	acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochloro- thiazide spironolactone triamterene-hctz	KERENDIA (PA, QL)	TRIAMTERENE-HCTZ CAROSPIR DIURIL JYNARQUE* (PA) LASIX MAXZIDE

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
EAR MEDICATIONS						EYE CONDITIONS (cont)					
ciprofloxacin-dexamethasone						CIPRODEX			TIMOPTIC		
neomycin-polymyxin b-hydrocortisone						CIPROFLOXACIN-FLUOCINOLONE			TIMOPTIC-XE		
ofloxacin						CIPRO HC			TOBRADEX		
						CORTISPORIN-TC			TOBRADEX ST		
						DERMOTIC			TIMOPTIC OCUDOSE		
						OTOVEL			VIGAMOX		
									ZIRGAN		
									ZYLET		
ERECTILE DYSFUNCTION						FEMININE PRODUCTS					
sildenafil^ (QL)						CIALIS^ (QL, ST)			GYNAZOLE 1		
TADALAFIL^ (QL)						STENDRA^ (QL, ST)			miconazole 3 200 mg		
varденаfil^ (QL)						VIAGRA^ (QL, ST)			terconazole		
EYE CONDITIONS						GASTROINTESTINAL/HEARTBURN					
BIMATOPROST (QL)		CEQUA	ACUVAIL		alose tron*		AMITIZA	APRISO			
brimonidine		COMBIGAN	ALPHAGAN P		ANUCORT-HC		CLENPIQ+	BONJESTA			
brimonidine tartrate-timolol		EYSUVIS (QL)	ALREX		balsalazide		LINZESS	CANASA			
brinzolamide		SIMBRINZA	AZASITE		cinacalcet*		NEXIUM DR 2.5 MG PACKET (QL)	CARAFATE			
ciprofloxacin		XIIDRA	AZOPT		constulose		NEXIUM DR 5 MG PACKET (QL)	CHOLBAM* (PA)			
cyclosporine			BESIVANCE		dicyclomine capsule, solution, tablet		PANCREAZE	CUVPOSA			
difluprednate			BETIMOL		dronabinol		PENTASA	CYTOTEC			
dorzolamide-timolol			BETOPTIC S		esomeprazole 20 mg capsule, 40 mg capsule, packets^ (QL)		SUPREP+	DICLEGIS			
erythromycin			BROMSITE		famotidine 40 mg/5 ml suspension		SUTAB+	LEVVID			
fluorome-tholone			COSOPT		GAVILYTE-C+ GAVILYTE-G+ GENTLE LAXATIVE TABLET+ glycopyrrolate		VIBERZI	LEVSIN			
latanoprost			COSOPT PF		HEMMOREX-HC			LEVSIN-SL			
loteprednol			CYSTADROPS* (PA, QL)		hydrocortisone			LITHOSTAT			
moxifloxacin eye drops			CYSTARAN* (PA, QL)		lactulose			MOTOFEN			
neomycin-polymyxin b-dexamethasone			DUREZOL		lansoprazole^ (QL)			MOVANTIK (PA)			
ofloxacin			FLAREX		mesalamine			NEXIUM DR 10 MG PACKET (QL)			
polymyxin b sulfate-trimethoprim			FML FORTE 0.25% EYE DROPS		mesalamine dr			NEXIUM DR 20 MG CAPSULE (QL)			
prednisolone			FML LIQUIFILM 0.1% EYE DROP		mesalamine er			NEXIUM DR 20 MG PACKET (QL)			
timolol			FML S.O.P. 0.1% OINTMENT		metoclopramide solution, tablet			NEXIUM DR 40 MG CAPSULE (QL)			
tobramycin			ILEVRO		OMEPRAZOLE^ (QL)			NULEV			
tobramycin-dexamethasone			INVELTYS		ondansetron			OCALIVA* (PA)			
travoprost			ISTALOL		ondansetron odt			RAVICTI* (PA)			
			LOTEMAX		pantoprazole ^ (QL)			RECTIV			
			LOTEMAX SM		peg 3350-electrolyte+			RELISTOR (PA)			
			MAXITROL					SALIVAMAX			
			OCUFLOX					SANCUSO (PA, QL)			
			OXERVATE* (PA)					SFROWASA			
			POLYTRIM					SUCRAID* (PA)			
			PRED FORTE								
			PROLENSA								
			RHOPRESSA								
			ROCKLATAN								

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

GASTROINTESTINAL/HEARTBURN (cont)			INFECTIONS (cont)		
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$
peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+ PEG-PREP+ prochlorperazine tablet promethazine promethegan rabeprazole tablet^ (QL) scopolamine sucralfate		SYMPROIC (PA) TRANSDERM-SCOP URSO URSO FORTE VARUBI (PA, QL) VIOKACE	amoxicillin-clavulanate er amoxicillin-clavulanate atovaquone atovaquone-proguanil AVIDOXY azithromycin packet, suspension, tablets cefдинир cefepodoxime proxetil cefuroxime tablets cephalexin ciprofloxacin clarithromycin clarithromycin er clindamycin clindamycin (pediatric) COREMIINO (QL) dapsone doxycycline monohydrate EMVERM entecavir* (QL) erythromycin erythromycin ethylsuccinate famciclovir fluconazole hydroxychloroquine itraconazole levofloxacin solution, tablet methenamine metronidazole gel, capsule, tablet minocycline minocycline er (QL) mondoxylene nl nitazoxanide nitrofurantoin nitrofurantoin monohydrate-macrocrystal	EPCLUSA* (PA, QL) EURAX 10% CREAM FIRVANQ HARVONI* (PA, QL) LAGEVRIO (EUA) (QL) LEDIPASVIR-SOFOSBUVIR* (PA,QL) MAVYRET* (PA, QL) MOLNUPIRAVIR (QL) NUZYRA VIAL PAXLOVID (QL) SIVEXTRO VIAL SOFOSBUVIR-VELPATASVIR* (PA,QL) SOVALDI* (PA, QL) THALOMID* (PA) TOBI PODHALER* (PA,QL) VEMLIDY* VOSEVI* (PA,QL) XIFAXAN (QL)	BACTRIM DS BAXDELA 450 MG TABLET (PA) CAYSTON* (PA, QL) CIPRO CLEOCIN CLEOCIN PEDIATRIC CLINDESSE CRESEMBA CAPSULE (PA) DARAPRIM* (PA) DIFICID* (PA, QL) E.E.S. 400 ELIMITE ERYPED 200 ERY-TAB DR EURAX 10% LOTION FLAGYL HIPREX IMPAVIDO (PA) KITABIS PAK* (PA, QL) LIVTENCITY* (PA,QL) MACROBID MACRODANTIN MALARONE (PA) NATROBA NUVESSA NUZYRA TABLET* (PA, QL) PLAQUENIL (PA) POSACONAZOLE SUSPENSION PREVYMIS TABLET* PRIFTIN SIVEXTRO TABLET (PA) SKLICE SOLOSEC SULFATRIM TAMIFLU (QL) URIBEL VALTRES VFEND (PA) XENLETA 600MG TABLET (PA, QL) XOFLUZA (QL) ZEPATIER* (PA,QL)
HORMONAL AGENTS			INFECTIONS		
AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) CABERGOLINE (QL) DECADRON desmopressin dexamethasone intensol DOTTI (QL) estradiol (QL) fyremadel^ (PA) LEVOXYL methimazole	COMBIPATCH DUAVEE ESTRING (QL) ESTROGEL FORTEO* (PA, QL) MYFEMBREE (PA, QL) ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO	ACTIVELLA ANDRODERM (PA, QL) ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA BYNFEZIA* (PA) CRINONE 4% GEL CYTOMEL DEPO-TESTOSTERONE EMFLAZA* (PA) ESTRACE EVAMIST INTRAROSA (QL) ISTURISA* (PA, QL) LUPANETA PACK*^ (PA) MEDROL MENOSTAR (QL) MYFEMBREE (QL) OSPHENA (QL) PROMETRIUM RAYALDEE UNITHROID	acyclovir capsule, suspension, tablet albendazole amoxicillin	BARACLUDGE SOLUTION* BAXDELA 300 MG VIAL	AEMCOLO (QL) ALINIA ARIKAYCE* (PA) BACTRIM

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
MISCELLANEOUS (cont)		
TECHLITE LANCETS	ESBRIET* (PA)	
TRUEPLUS KETONE	FLEXICHAMBER (QL)	
TEST STRIP	INSPIRACHAMBER (QL)	
	MICROCHAMBER (QL)	
	MICROSPACER (QL)	
	NITYR* (PA)	
	OPTICHAMBER DIAMOND (QL)	
	POCKET CHAMBER (QL)	
	PRO COMFORT SPACER WITH MASK (QL)	
	PROCARE SPACER WITH CHILD MASK (QL)	
	RITEFLO (QL)	
	SPACE CHAMBER (QL)	
	SPACE CHAMBER-MEDIUM MASK (QL)	
	SPACE CHAMBER-SMALL MASK (QL)	
	STRENSIQ* (PA)	
	VORTEX (QL)	

INFERTILITY		
clomiphene ^		CRINONE 8% GEL ^ ENDOMETRIN ^

MISCELLANEOUS		
ACCU-CHEK	ACE AEROSOL	ADDYI ^ (PA, QL)
deferiprone 500mg* (PA)	CLOUD ENHANCER (QL)	AUSTEDO* (PA)
disulfiram	AEROCHAMBER	EVRYSDI* (PA)
DROPLET LANCETS	MINI (QL)	INGREZZA* (PA)
FORA GTEL KETONE TEST STRIP	AEROCHAMBER MV (QL)	INGREZZA
GOJJI BLOOD KETONE TEST STRIP	AEROCHAMBER PLUS FLOW-VU (QL)	INITIATION PACK* (PA, QL)
KETONE CARE TEST STRIP	AEROCHAMBER Z-STAT PLUS (QL)	GALAFOLD* (PA)
KETONE TEST STRIP	AEROTRACH PLUS (QL)	NUEDEXTA (QL)
KETOSTIX REAGENT MICROLET	AEROVENT PLUS (QL)	ORFADIN* (PA)
NOVAMAX PLUS	BREATHRITE (QL)	TIGLUTIK* (PA)
ONETOUCH LANCETS	CERDELGA* (PA)	VYNDAMAX* (PA, QL)
POGO AUTOMATIC TEST CARTRIDGE	CLEVER CHOICE HOLDING CHAMBER (QL)	
PRECISION XTRA	COMPACT SPACE CHAMBER (QL)	
sapropterin* (PA)	EASIVENT (QL)	
sodium chloride inhalation vial, irrigation solution, vial		

MULTIPLE SCLEROSIS		
dalfampridine er* (PA)	AUBAGIO* (PA)	FIRDAPSE* (PA,QL)
dimethyl fumarate*	BAFIERTAM* (PA)	MAVENCLAD* (PA)
	GILENYA* (PA)	
	MAYZENT* (PA)	
	PONVORY* (PA)	
	VUMERITY* (PA)	
	ZEPOSIA* (PA)	

NUTRITIONAL/DIETARY		
betaine anhydrous*	DRISDOL ^	ACCRUFER ^
calcitriol capsule, solution ^	FLORIVA CHEWABLE	AURYXIA (QL)
cyanocobalamin	TABLET+	CITRANATAL 90 DHA
dodex	LOKELMA	CITRANATAL ASSURE
fluoride+ ^	NEEVO DHA ^	CITRANATAL B-CALM

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
NUTRITIONAL/DIETARY (cont)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
folic acid^+	OB COMPLETE	CITRANATAL BLOOM	EC-NAPROXEN	TRUDHESA (PA,	PERCOCET (PA)
folitab 500+	PREMIER	TABLET^	ECOTRIN EC 81 MG	QL)	PROCORT
klor-con	OB COMPLETE	CITRANATAL DHA	TABLET+	UBRELVY (PA, QL)	PROCTOFOAM-HC
KLOR-CON 8 MEQ	PREMIER	CITRANATAL	eletriptan (QL)	XELJANZ* (PA,	RASUVO (PA)
TABLET	POLY-VI-FLOR	HARMONY	ENDOCET (PA)	QL)	ROXYBOND (PA)
KLOR-CON 10 MEQ	WITH IRON+	DRISDOL^	FEBUXOSTAT (QL)	XELJANZ XR* (PA,	SAVELLA
TABLET	POLY-VI-FLOR+	K-TAB ER	FENTANYL (PA)	QL)	ULTRAM 50 MG
potassium chloride	PRENATE^	MEPHYTON^	FROVATRIPTAN (QL)	XTAMPZA ER (PA)	TABLET (QL)
10%, capsule,	QUFLORA	MULTI-VIT-FLOR+	GLYDO	ZTLIDO	ZANAFLEX
packet, tablet	PEDIATRIC 1	OB COMPLETE^	hydrocodone-		ZEBUTAL (QL)
sevelamer carbonate	MG CHEWABLE	PHOSLYRA	acetaminophen		ZOXYDRO ER (PA)
taron-prex prenatal^	TABLET+	PRENATE	(PA)		
vitamin d2 1.25 mg	QUFLORA	PRIMACARE	hydromorphone		
(50,000 unit)^	PEDIATRIC 0.25	RENVELA	(PA)		
VITAMINS A,C,D AND	MG/ML DROP+	ROCALTROL^	hydromorphone er		
FLUORIDE+	QUFLORA		(PA)		
	PEDIATRIC 0.5		IBU		
	MG/ML DROP+		ibuprofen		
	TRI-VI-FLOR+		indomethacin		
	VELPHORO		indomethacin er		
	VELTASSA		ketorolac		
			tromethamine (QL)		
			leflunomide		
			lidocaine 5%		
			ointment/patch		
			(QL)		
			lidocaine-prilocaine		
			lidocaine viscous		
			(QL)		
			meloxicam tablet		
			metaxalone		
			methocarbamol		
			morphine (PA)		
			morphine er (PA)		
			nabumetone		
			NALOCET (PA)		
			oxycodone (PA)		
			oxycodone er (PA)		
			oxycodone-		
			acetaminophen		
			(PA)		
			penicillamine*		
			(PA,QL)		
			PROLATE TABLET (PA)		
			rizatriptan (QL)		
			sumatriptan (QL)		
			sumatriptan succ-		
			naproxen sod (QL)		
OSTEOPOROSIS PRODUCTS					
alendronate	FOSAMAX PLUS	ACTONEL (ST)			
ibandronate 150 mg	D (ST)	ATELVIA (ST)			
tablet		BINOSTO (ST)			
raloxifene +		BONIVA (ST)			
risedronate		EVISTA			
risedronate dr		FOSAMAX (ST)			
PAIN RELIEF AND INFLAMMATORY DISEASE					
ACETAMINOPHEN-	AIMOVIG (PA)	ANALPRAM HC			
CODEINE (PA)	AJOVY (PA)	ARAVA			
allopurinol tablet	BELBUCA (QL)	BUTRANS (QL)			
baclofen tablet	EMGALITY (PA)	CELEBREX (QL, ST)			
buprenorphine	HYSINGLA ER (PA)	COLCHICINE 0.6 MG			
patch (QL)	MITIGARE	CAPSULE			
butalbital-	NURTEC ODT (PA,	DEPEN* (PA,QL)EC-			
acetaminophen-	QL)	NAPROSYN (ST)			
caffeine (QL)	ORENCIA 250 MG	ESGIC (QL)			
carisoprodol	VIAL	FEXMID			
CELECOXIB (QL)	OTEZLA* (PA, QL)	FIORICET (QL)			
colchicine	OTREXUP (PA)	MITIGARE			
colchicine 0.6 mg	QULIPTA (PA,QL)	NAPROSYN (ST)			
tablet	RASUVO (PA)	NUCYNTA (PA)			
cyclobenzaprine	REDITREX (PA)	NUCYNTA ER (PA)			
DICLOFENAC 1%	RINVOQ* (PA, QL)	OLUMIANT* (PA, QL)			
GEL (QL)	REDITREX (PA)	OTREXUP (PA)			
diclofenac dr	RINVOQ* (PA, QL)	OXAYDO (PA)			
diclofenac ec					

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

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

PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

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 (QL)		MIRAPEX ER (QL)
PRAMIPEXOLE ER (QL)		NEUPRO
RASAGILINE (QL)		NOURIANZ* (PA, QL)
ROPINIROLE ER		OSMOLEX ER (QL)
ROPINIROLE		RYTARY
		SINEMET 10-100
		SINEMET 25-100
		TASMAR
		XADAGO (ST)

SCHIZOPHRENIA/ANTI-PSYCHOTICS⁵

ARIPIRAZOLE (QL)	LATUDA (QL)	CLOZARIL (ST)
aripiprazole odt		FANAPT (QL, ST)
asenapine		INVEGA (QL, ST)
chlorpromazine tablet		REXULTI (QL, ST)
clozapine		RISPERDAL (ST)
clozapine odt		SAPHRIS (ST)
olanzapine tablet		SECUADO (ST)
olanzapine odt		SEROQUEL (ST)
PALIPERIDONE ER (QL)		SEROQUEL XR (ST)
quetiapine		VRAYLAR (QL, ST)
quetiapine er		
risperidone		
risperidone odt		
ziprasidone tablet		

SEIZURE DISORDERS

carbamazepine	BRIVIACT VIAL (PA)	APTiom (PA, QL)
carbamazepine er		BANZEL (PA, QL)
clonazepam	FYCOMPA (PA, QL)	BRIVIACT ORAL SOLUTION, TABLET (PA)
divalproex	NAYZILAM (PA, QL)	CARBATROL (PA)
divalproex er		DEPAKOTE (PA)
EPITOL	VIMPAT	DEPAKOTE ER (PA)
gabapentin	VIMPAT	DEPAKOTE SPRINKLE (PA)
lacosamide	SOLUTION, VIAL	DIASTAT (PA)
lamotrigine		EPIDIOLEX* (PA)
lamotrigine (blue)		
lamotrigine (green)		
lamotrigine (orange)		

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

SEIZURE DISORDERS (cont)

lamotrigine er		FINTEPLA* (PA)
lamotrigine er		KLONOPIN (PA)
lamotrigine odt		LYRICA ORAL SOLUTION (PA)
lamotrigine odt (blue)		NEURONTIN (PA)
lamotrigine odt (green)		OXTELLAR XR (PA)
lamotrigine odt (orange)		PHENYTEK (PA)
levetiracetam solution, tablet		SPRITAM (PA)
levetiracetam er		TEGRETOL (PA)
oxcarbazepine		TEGRETOL XR (PA)
pregabalin capsule, solution		VALTOCO (PA, QL)
ROWEEPRA		VIMPAT TABLET
rufinamide (PA,QL)		XCOPRI (PA, QL)
SUBVENITE		
SUBVENITE (BLUE)		
SUBVENITE (GREEN)		
SUBVENITE (ORANGE)		
topiramate		
topiramate er		
vigabatrin*		
vigadrone*		

SKIN CONDITIONS

AC CUTANE	CIBINQO* (PA,QL)	ANALPRAM HC 2.5%-1% LOTION
adapalene-benzoyl peroxide	EUCRISA (ST)	AVAR 9.5-5% CLEANSING PADS
AMNESTEEM		BRYHALI (ST)
AVAR CLEANSER		calcipotriene foam
azelaic acid		CAPEX SHAMPOO (ST)
BP 10-1		CLEOCIN T
AVAR CLEANSER		CLINDACIN ETZ KIT
azelaic acid		CLINDACIN PAC KIT
betamethasone augmented		CLODERM (ST)
betamethasone dipropionate		DESOWEN (ST)
betamethasone diprop augmented		DRYSOL
BP 10-1		EFUDEX
calcipotriene cream, ointment, solution		EVOCLIN
calcipotriene-betamethasone		NAFTIN
CLARAVIS		OPZELURA (PA)
CLINDACIN ETZ 1%		PICATO
PLEDGET		PRAMOSONE
		REGRANEX (PA,QL)
		SANTYL (QL)
		TEMOVATE (ST)

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)			SMOKING CESSATION⁵ (cont)		
clindamycin 1% foam, gel, lotion, pledget, solution		TWYNEO XENLETA 600 MG TABLET (PA, QL)	varenicline+^		NICORETTE+ NICOTROL NS+^ NICOTROL+^ VARENICLINE TARTRATE^
clindamycin-benzoyl peroxoxide		XEPI			
clindamycin- tretinoin			SUBSTANCE ABUSE		
CLOCORTOLONE PIVALATE			buprenorphine- naloxone	KLOXXADO (QL) LUCEMYRA (QL)	SUBOXONE ZIMHI (QL)
clobetasol			naltrexone hcl (QL)	NARCAN (QL) ZUBSOLV	
CLODAN			TRANSPLANT MEDICATIONS		
clotrimazole- betamethasone			everolimus 0.25 mg tablet*		ASTAGRAF XL* CELLCEPT ORAL SUSPENSION, TABLET*
dapsone gel			everolimus 0.5 mg tablet*		ENVARSUS XR* MYFORTIC* NEORAL* PROGRAF 0.2 MG GRANULE PACKET*
fluocinonide			mycophenolate mofetil*		PROGRAF 0.5 MG CAPSULE* PROGRAF 1 MG CAPSULE* PROGRAF 1 MG GRANULE PACKET*
fluorouracil cream, topical solution			mycophenolic acid*		PROGRAF 5 MG CAPSULE* RAPAMUNE* REZUROCK* (PA) ZORTRESS*
isotretinoin			sirolimus*		
ketoconazole			tacrolimus capsule*		
KETODAN					
metronidazole					
MYORISAN					
NEUAC GEL					
pimecrolimus					
ROSDAN					
sodium sulfacetamide- sulfur					
SSS 10-5					
SULFACLEANSE 8-4					
tacrolimus ointment					
tazarotene 0.1% cream					
TRETINOIN (PA)					
TRIDERM					
ZENATANE					
SLEEP DISORDERS/SEDATIVES			URINARY TRACT CONDITIONS		
armodafinil (PA)	DAYVIGO (QL, ST)	HETLIOZ LQ* (PA)	alfuzosin er	CYSTAGON	AVODART
eszopiclone	SUNOSI (PA, QL)	HETLIOZ* (PA)	cevimeline		ELMIRON
MODAFINIL (PA)		LUNESTA (ST)	dutasteride		FLOMAX
zolpidem		WAKIX* (PA, QL)	finasteride		K-PHOS ORIGINAL
ZOLPIDEM ER (QL)		XYREM* (PA,QL)	oxybutynin		PROSCAR
		XYWAV* (PA,QL)	oxybutynin er		PYRIDIUM
			phenazopyridine		RAPAFLO (QL)
			potassium er		UROCIT-K
			SILODOSIN (QL)		UROXATRAL
			SOLIFENACIN (QL)		
			tamsulosin		
			tolterodine		
			TOLTERODINE ER (QL)		
SMOKING CESSATION⁵					
bupropion sr 150 mg tablet+^		APO-VARENICLINE TABLET^			
varenicline tablet+		NICODERM CQ+			

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 19-21).

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

VACCINES

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.

TIER 1	TIER 2	TIER 3
	BEXSERO+	QUADRACEL DTAP-
	BOOSTRIX TDAP+	IPV SYRINGE+
	COMIRNATY+	
	DAPTACEL DTAP+	
	DENGVAXIA+	
	DIPHThERIA-	
	TETANUS	
	TOXOIDS-PED+	
	GARDASIL 9+	
	HEPLISAV-B+	
	HIBERIX+	
	INFANRIX DTAP+	
	IPOL+	
	ANSSSEN	
	COVID-19	
	VACCINE (EUA)+	
	KINRIX+	
	MENACTRA+	
	JMENQUADFI+	
	MENVEO A-C-Y-	
	W-135-DIP+	
	M-M-R II	
	VACCINE+	
	MODERNA	
	COVID-19	
	BOOSTER	
	(EUA)+	
	MODERNA COVID	
	(12Y UP) VAC	
	(EUA)+	
	MODERNA COVID	
	(6M-5Y) VACC	
	(EUA)+	
	NOVAVAX	
	COVID-19	
	VACC,ADJ	
	(EUA)+	
	PEDIARIX+	
	PEDVAXHIB+	
	PENTACEL+	
	PFIZER COVID	
	(12Y UP)	
	VAC(EUA)+	

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

VACCINES (cont)

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.

TIER 1	TIER 2	TIER 3
	PFIZER COVID (5-	
	11Y) VAC (EUA)+	
	PFIZER COVID	
	(6M-4Y)	
	VACC(EUA)+	
	PFIZER COVID-19	
	VACCINE (EUA)+	
	PNEUMOVAX 23+	
	PREHEVBRIO+	
	PREVNAR 13+	
	PREVNAR 20+	
	PROQUAD+	
	QUADRACEL	
	DTAP-IPV VIAL+	
	RECOMBIVAX	
	HB+	
	SHINGRIX+ (QL)	
	SPIKEVAX COVID	
	(18Y UP) VACC+	
	TDVAX+	
	TENIVAC+	
	TRUMENBA+	
	TWINRIX+	
	VARIVAX	
	VACCINE+	
	VAXELIS+	
	VAXNEUVANCE+	

WEIGHT MANAGEMENT

megestrol	WEGOVY^ (PA,	CONTRACE^ (PA)
suspension	QL)	IMCIVREE^ (PA,QL)
phentermine ^		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 SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPEN* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTIMMUNE (PA)	CANCER
ADBRY (PA)	SKIN CONDITIONS
ADVATE^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ADYNOVATE^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
AFSTYLA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARANESP^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARCALYST (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
AUBAGIO*	MULTIPLE SCLEROSIS
AVONEX (PA)	MULTIPLE SCLEROSIS
AVSOLA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BENLYSTA AUTO-INJECTOR SYRINGE (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON (PA)	MULTIPLE SCLEROSIS
BYNFEZIA (PA)	HORMONAL AGENTS
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
ELOCTATE^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EMPAVELI (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ENBREL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ENTYVIO^ (PA)	GASTROINTESTINAL/HEARTBURN
EPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ESPEROCT^ (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^ (PA)	HORMONAL AGENTS
GATTEX (PA)	GASTROINTESTINAL/HEARTBURN
glatiramer (PA)	MULTIPLE SCLEROSIS
GLATOPA (PA)	MULTIPLE SCLEROSIS

MEDICATION NAME	DRUG CLASS
GONAL-F*^ (PA)	INFERTILITY
GRANIX^ (PA)	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
INCRELEX (PA)	HORMONAL AGENTS
INFLECTRA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
JIVI^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
KALBITOR^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KESIMPTA (PA)	MULTIPLE SCLEROSIS
KEVZARA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KOGENATE FS^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
KOVALTRY^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
LANREOTIDE^ (PA)	HORMONAL AGENTS
MAVYRET*	INFECTIONS
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
NINLARO (PA, QL)	CANCER
NIVESTYM^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPOR (PA)	HORMONAL AGENTS
NOVAREL*^ (PA)	INFERTILITY
NOVOEIGHT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NUCALA AUTO-INJECTOR, SYRINGE (PA)	ASTHMA/COPD/RESPIRATORY
NYVEPRIA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ORENCIA SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OTEZLA*	PAIN RELIEF AND INFLAMMATORY DISEASE
OVIDREL^ (PA)	INFERTILITY
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

MEDICATION NAME	DRUG CLASS
sajazir (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SANDOSTATIN^ (PA)	HORMONAL AGENTS
SANDOSTATIN LAR DEPOT^ (PA)	HORMONAL AGENTS
SEROSTIM (PA)	HORMONAL AGENTS
SILIQ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI 100MG/ML (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
TEGSEDI (PA)	MISCELLANEOUS
TEZSPIRE (PA)	ASTHMA/COPD/RESPIRATORY
TREMFYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TYMLOS (PA, QL)	OSTEOPOROSIS PRODUCTS
UDENYCA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
VOXZOGO (PA)	MISCELLANEOUS
VYLEESI^ (PA, QL)	MISCELLANEOUS
XOLAIR (PA)	ASTHMA/COPD/RESPIRATORY
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 Value 3-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 100MG, 200MG TABLET*	etravirine*
	KALETRA*	lopinavir-ritonavir*
	LEXIVA 700MG TABLET*	fosamprenavir 700mg tablet*
	NORVIR 100MG TABLET*	ritonavir 100mg tablet*
	RETROVIR CAPSULE, SYRUP*	zidovudine capsule, syrup*
	REYATAZ CAPSULE*	atazanavir capsules*
	SUSTIVA*	efavirenz*
	SYMFI* SYMFI LO*	efavirenz-lamivudine-tenofovir*
	TRIZIVIR*	abacavir-lamivudine-zidovudine tablet*
	TRUVADA*	emtricitabine-tenofovir*
	VIRAMUNE*	nevirapine*
	VIRAMUNE XR*	nevirapine ER*
	VIREAD 300MG TABLET*	tenofovir 300mg tablet*
ZIAGEN*	abacavir*	
ALLERGY/NASAL SPRAYS	AUVI-Q EPIPEN EPIPEN JR SYMJEPI	epinephrine auto-injectors
	carbinoxamine 6mg tablet RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine RYCLORA	carbinoxamine oral solution cyproheptadine syrup hydroxyzine syrup
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)
	EPINEPHRINE 0.15 MG, 0.3 MG AUTO-INJECTOR	Generic EPIPEN (also called epinephrine)
	ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)
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

^^ 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)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	CYMBALTA VENLAFAXINE BESYLATE ER	desvenlafaxine ER duloxetine escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram
	PAMELOR	nortriptyline capsules
	PARNATE	tranylcypromine
	PEXEVA	paroxetine paroxetine cr
	PRISTIQ	desvenlafaxine succinate er bupropion sr duloxetine escitalopram sertraline venlafaxine er
	TOFRANIL	imipramine
	WELLBUTRIN XL	bupropion xl escitalopram fluoxetine
	ASTHMA/COPD/RESPIRATORY	ADVAIR HFA ADVAIR DISKUS AIRDUO RESPICLICK BREO ELLIPTA
ALBUTEROL HFA levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA		Generic PROAIR or PROVENTIL (albuterol hfa)
ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA PULMICORT FLEXHALER		FLOVENT DISKUS FLOVENT HFA QVAR
ARCAPTA NEOHALER STRIVERDI RESPIMAT		SEREVENT DISKUS
BEVESPI AEROSPHERE DUAKLIR PRESSAIR		ANORO ELLIPTA STIOLTO RESPIMAT
BROVANA		arformoterol
budesonide-formoterol		SYMBICORT
ELIXOPHYLLIN		theophylline er theophylline oral solution
PERFOROMIST		formoterol
TUDORZA PRESSAIR		INCRUSE ELLIPTA SPIRIVA RESPIMAT

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	YUPELRI	ANORO ELLIPTA BREZTRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA
	ZYFLO	montelukast zafirlukast zileuton er
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR ADZENYS XR-ODT APTENSIO XR AZSTARYS CONCERTA COTEMPLA XR-ODT DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER RITALIN LA VYVANSE	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er
	EVEKEO ODT	amphetamine dexmethylphenidate dextroamphetamine methamphetamine methylphenidate
	methylphenidate er 72mg tablet RELEXXII	methylphenidate er 36mg tablet
	QELBREE	atomoxetine
	BLOOD PRESSURE/HEART MEDICATIONS	ACCUPRIL
	ACCURETIC	quinapril-hctz
	ALTACE	ramipril
	ATACAND	candesartan
	ATACAND HCT	candesartan-hctz
	AVALIDE	irbesartan-hctz
	AVAPRO	irbesartan-hctz
	AZOR	amlodipine-olmesartan
	BENICAR	olmesartan
	BENICAR HCT	olmesartan-hctz
	BETAPACE	sotalol
	BYSTOLIC	generic beta blockers (e.g. metoprolol; atenolol)

^{^^}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)	CARDIZEM	diltiazem	
	CARDIZEM CD	diltiazem CD	
	CONJUPRI NORLIQVA	amlodipine felodipine er nicardipine nifedipine	
	CONSENSI	amlodipine celecoxib	
	COZAAR	losartan	
	DIOVAN	valsartan	
	DIOVAN HCT	valsartan-hctz	
	EDARBI	generic ARBs (e.g. losartan; valsartan)	
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)	
	EXFORGE	amlodipine-valsartan	
	EXFORGE HCT	amlodipine-valsartan hctz	
	FIRAZYR*	icatibant	
	GONITRO	nitroglycerin sublingual tablet or spray	
	HYZAAR	losartan-hctz	
	ISORDIL ISORDIL TITRADOSE	isosorbide dinitrate	
	LANOXIN	digoxin	
	LOTENSIN	benazepril	
	LOTENSIN HCT	benazepril-hctz	
	LOTREL	amlodipine-benazepril	
	MICARDIS	telmisartan	
	MICARDIS HCT	telmisartan-hctz	
	MULTAQ	amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af	
	PRINIVIL ZESTRIL	lisinopril	
	TEKURNA	aliskiren	
	TEKURNA HCT	generic ACE inhibitor + HCT (e.g. benazepril-HCT)	
	TRIBENZOR	olmesartan-amlodipine-hctz	
	VASERETIC	enalapril-hctz	
	VASOTEC	enalapril	
	ZESTORETIC	lisinopril-hctz	
	BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole YOSPRALA	aspirin or enteric aspirin

^{^^} 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)		
CANCER	BESREMIŞ*	hydroxyurea capsule		
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*		
	NILANDRON	nilutamide		
	TARCEVA*	erlotinib		
	YONSA*	abiraterone		
	ZYTIGA*			
CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE	fenofibrate		
	ALTOPREV	lovastatin+ atorvastatin+ simvastatin+ rosuvastatin+		
	CRESTOR	rosuvastatin+		
	EZALLOR SPRINKLE FLOLIPID LIVALO SIMVASTATIN 20mg/5ml SUSPENSION NEXLIZET	generic statins (e.g. atorvastatin; simvastatin)		
	JUXTAPID* PRALUENT	REPATHA		
	LESCOL XL	fluvastatin er+		
	LIPITOR	atorvastatin+ ezetimibe-simvastatin rosuvastatin+		
	NEXLETOL ROSUVASTATIN-EZETIMIBE ROSZET	generic statins (e.g. atorvastatin; simvastatin) ezetimibe-simvastatin		
	niacin 500mg tablet NIACOR	niacin er		
	PRAVACHOL	pravastatin+		
	VYTORIN	ezetimibe-simvastatin		
	ZYPITAMAG	atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+		
	CONTRACEPTION PRODUCTS	BALCOLTRA NATAZIA NEXTSTELLIS SLYND TAYTULLA TWIRLA	generic oral contraceptives	
		COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
			TUSSICAPS	hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup

^{^^}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	ACCU-CHEK TEST STRIPS CVS TEST STRIPS ADVOCATE TEST STRIPS ASSURE TEST STRIPS CONTOUR TEST STRIPS EASY TALK PLUS II TEST STRIPS FREESTYLE TEST STRIPS RELION TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
	ADLYXIN	BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA
	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART INSULIN GLARGINE NOVOLOG RIGHTEST GT333 TEST STRIPS	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
	FORTAMET GLUMETZA metformin er gastric metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)
	GLUCAGEN HYPOKIT GVOKE	BAQSIMI glucagon emergency kit (generic) ZEGALOGUE
	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX

^{^^} 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)	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR
	INVOKANA STEGLATRO	FARXIGA JARDIANCE metformin
	LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR LEVEMIR TRESIBA FLEXTOUCH
	NOVOLIN	HUMULIN
	QTERN STEGLUJAN	GLYXAMBI metformin TRIJARDY XR
DIURETICS	EDECIN ethacrynic acid	bumetanide furosemide torsemide
	THALITONE	chlorthalidone
EYE CONDITIONS	ALOCRIL ALOMIDE	cromolyn
	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost
	RESTASIS RESTASIS MULTIDOSE	cyclosporine 0.05% eye emulsion XIIDRA
	GASTROINTESTINAL/HEARTBURN	ANUSOL-HC 25MG SUPPOSITORY
ASACOL HD COLAZAL DELZICOL DIPENTUM		balsalazide mesalamine tablets or capsules PENTASA sulfasalazine
BYLVAY* LIVMARLI*		cholestyramine powder/packet rifampin ursodiol tablet
CORTIFOAM UCERIS 2MG RECTAL FOAM		COLOCORT hydrocortisone
CREON PERTZYE ZENPEP		PANCREAZE
DARTISLA glycopyrrolate 1.5mg tablet ROBINUL, ROBINUL FORTE		glycopyrrolate 1mg tablet glycopyrrolate 2mg tablet
GIMOTI*		metoclopramide oral solution or tablet

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	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 VOQUEZNA	lansoprazole-amoxicillin-clarithromycin pak
	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet
	ursodiol 200 mg, 400 mg capsule	ursodiol 300mg capsule ursodiol tablet
	ZOFRAN	ondansetron
	ZUPLENZ	ondansetron ondansetron odt
	HORMONAL AGENTS	ALKINDI SPRINKLE
DDAVP NOCDURNA		desmopressin nasal spray or tablets
DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DXEVO HIDEX TAPERDEX ZCORT		dexamethasone 1.5mg tablet
FORTESTA JATENZO NATESTO TESTIM VOGELXO XYOSTED		generic topical testosterone

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
HORMONAL AGENTS (cont)	GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*	HUMATROPE* NORDITROPIN*
	HEMADY	dexamethasone 5mg tablet
	MYCAPSSA*	BYNFEZIA*
	ORTIKOS	budesonide capsule
	RAYOS	methylprednisolone prednisone
	LEVOTHYROXINE CAPSULE SYNTHROID TIROSINT TIROSINT-SOL	levothyroxine tablet
	THYQUIDITY	EUTHYROX LEVO-T levothyroxine tablet LEVOXYL
	UCERIS 9MG ER TABLET	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone
	ARMOUR THYROID WP THYROID	np thyroid
	INFECTIONS	ACTICLATE DORYX DORYX MPC MINOCIN 50MG PEL CAPSULE MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER MONODOX SEYSARA SOLODYN TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO
ARAKODA		atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine
AUGMENTIN AUGMENTIN XR		amoxicillin/clavulanate
BARACLUDE TABLET*		entecavir tablet*
BETHKIS* TOBI*		tobramycin inhalation solution*

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INFECTIONS (cont)	BREXAFEMME DIFLUCAN	fluconazole	
	doxycycline hyclate dr 80mg tablet	generic products (e.g. minocycline)	
	DOXYCYCLINE IR-DR LYMEPAK ORACEA	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* RILUTEK*	riluzole* TIGLUTIK*
		HORIZANT	gabapentin
		KUVAN*	sapropterin tablet & powder packet*
SYPRINE*		penicillamine* trientine*	
XENAZINE*		tetrabenazine*	
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*	
	COPAXONE*	AVONEX* BETASERON* EXTAVIA* glatiramer* GLATOPA* KESIMPTA* PLEGRIDY* REBIF* TECFIDERA* AUBAGIO* BAFIERTAM* dimethyl* GILENYA* MAYZENT* PONVORY* VUMERITY*	

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
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 LYVISPAH OZOBAX	baclofen tablet
	CAMBIA DUEXIS ELYXYB fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO ibuprofen-famotidine 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	Generic NSAID (e.g. celecoxib; meloxicam)

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	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 45MG, 90MG* TALTZ*
	CUPRIMINE*	penicillamine* trientine*
	diclofenac 1.3% patch diclofenac 1.5% solution diclofenac 35mg capsule FLECTOR LICART PENNSAID VOLTAREN 1% GEL	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
	GLOPERBA	colchicine probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE IMITREX PEN INJECTOR	dihydroergotamine sumatriptan
	IMITREX TABLET	dihydroergotamine eletriptan rizatriptan sumatriptan tablets
	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	KINERET*	ACTEMRA* ENBREL* HUMIRA* XELJANZ/XR*
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	LIDODERM	lidocaine 5% patch
	LORZONE	chlorzoxazone 500mg cyclobenzaprine tablet
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER
	PROLATE SOLUTION	oxycodone-acetaminophen tablet
	QDOLO	tramadol 50mg tablet
	QULIPTA	NURTEC ODT
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	ROXICODONE	oxycodone
	SIMPONI* 50MG/0.5ML	ACTEMRA* ENBREL* HUMIRA* STELARA 45MG, 90MG* TALTZ* XELJANZ/XR*
	SORIATANE	acitretin
	SUBSYS	fentanyl lozenge or buccal tablet
	tizanidine 2 mg, 4 mg, 6 mg capsule	tizanidine 2mg tablet tizanidine 4mg tablet
	TOSYMRA	sumatriptan
	tramadol 100mg	tramadol
	TREXIMET	sumatriptan-naproxen
	vtol lq	butalbital-acetaminophen-caffeine capsule or tablets phrenilin forte
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan
	ZOMIG ZMT	zolmitriptan odt
	PARKINSON'S DISEASE	DHIVY
GOCOVRI		amantadine
LODOSYN		carbidopa
ONGENTYS		entacapone
ZELAPAR		selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY	aripiprazole
	ABILIFY MYCITE	paliperidone er risperidone

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SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)	CAPLYTA LYBALVI	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone
	GEODON CAPSULE	aripiprazole paliperidone er ziprasidone
	QUETIAPINE	quetipine
	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 topiramate 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	
SKIN CONDITIONS	ABSORICA	CLARAVIS
	ABSORICA LD	isotretinoin
		MYORISAN
		ZENATANE

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN 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	betamethasone cream, ointment clobetasol halobetasol cream, ointment
	BENZA CLIN NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene foam VTAMA	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution
	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapsone 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	CONDYLOX VEREGEN	imiquimod 5% cream packet podoflox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethason fluocinolone fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	diclofenac 3% gel KLISYRI	FLUOROPLEX fluorouracil imiquimod 5% cream
	DOVONEX	calcipotriene 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
	IMPEKLO	betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	IMPOYZ	clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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
	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
	mupirocin 2% cream	mupirocin 2% ointment
	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
	ULTRAVATE LOTION ULTRAVATE X	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream
	VECTICAL	calcitriol ointment calcipotriene ointment tazarotene cream

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
SKIN CONDITIONS (cont)	VERDESO	desonide cream desonide ointment	
	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	
	ATIVAN TABLET	lorazepam	
	BELSOMRA	DAYVIGO	
	EDLUAR	zolpidem or zolpidem er	
	NUVIGIL	armodafinil	
	PROVIGIL	modafinil	
	RESTORIL	temazepam	
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector NARCAN	
		AZASAN* azathioprine 75 mg, 100 mg tablet*	azathioprine 50mg tablet*
	LUPKYNIS*	BENLYSTA* tacrolimus*	
	URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine
		DETROL LA	darifenacin er oxybutynin er tolterodine er
		DITROPAN XL	oxybutynin er

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DRUG CLASS	MEDICATION NAME ^{**} <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS (cont)	GELNIQUE MYRBETRIQ OXYTROL VESICARE LS	darifenacin er oxybutynin er tolterodine er trospium er
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium
	PROCYSBI*	CYSTAGON*
	THIOLA* THIOLA EC*	tiopronin*
	TOVIAZ	darifenacin er fesoterodine er oxybutynin er tolterodine er trospium er
	VESICARE	darifenacin er oxybutynin er solifenacin tolterodine er trospium er

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. These changes may include:^{3,4}

- **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. We try to give you many options to choose from to treat your health condition.

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:

- Prescription medications used to treat heartburn/stomach acid conditions (e.g., Nexium, Prilosec and any generics) and

allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.

- Medications used to treat lifestyle conditions like infertility, erectile dysfunction, smoking cessation.⁶
- Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

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

Frequently Asked Questions (FAQs) (cont)

to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

- › May be unsafe when combined with other medications
- › Have lower-cost, equally effective alternatives available
- › Should only be used for certain health conditions
- › Are often misused or abused

Q. What types of medications typically have quantity limits?

A. Medications that:

- › Are often taken in amounts larger than, or for longer than, may be appropriate
- › Are often misused or abused

Q. What types of medications require Step Therapy?

A. The Step Therapy program includes medications that are used to treat many conditions, including, but not limited to:

- › ADD/ADHD
- › Allergies
- › Bladder problems
- › Breathing problems
- › Depression
- › High blood pressure
- › High cholesterol
- › Osteoporosis
- › Pain
- › Skin conditions
- › Sleep disorders

Q. Why does my medication have an age requirement?

A. Some medications are only considered clinically appropriate for people of a certain age.

Q. How do I get approval (prior authorization) for my medication?

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

Cigna will review information your doctor

provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. You can also log in to myCigna.com or the **myCigna** app to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

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.

Frequently Asked Questions (FAQs) (cont)

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 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.

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/PDL**.

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.⁷

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.⁸ 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.⁸ 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.⁹

Frequently Asked Questions (FAQs) (cont)

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 cost¹⁰
- › Automatic refills or refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

- 1. Log in to the myCigna App or myCigna.com to move your prescription electronically.** Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,
- 2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,
- 3. Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Accredo®, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).¹¹ 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 cost¹⁰

- › 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:¹²

- › 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 fertility¹³, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation¹³, 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. The downloading and use of the **myCigna** App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual App features available may vary depending on your plan and individual security profile.
2. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
3. State laws in **Connecticut, Louisiana, New York, and Texas** 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.
4. 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.
5. 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.
6. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, 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.
7. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
8. 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>.
9. 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.
10. Standard shipping costs are included as part of your prescription plan.
11. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
12. 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.
13. 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>.



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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