

CIGNA NATIONAL PREFERRED 3-TIER PRESCRIPTION DRUG LIST



Coverage as of July 1, 2022

About this drug list

This is a list of the most commonly prescribed preferred medications covered on the Cigna National Preferred 3-Tier Prescription Drug List as of July 1, 2022.^{1,2} Medications are listed by the condition they treat. Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

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.

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.

- **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.
- **Quantity limits:** Some medications have a quantity limit - meaning, your plan will only cover up to a certain amount over a certain length of time. These medications have a **(QL)** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.

- **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 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.



Go generic and save

Ask your doctor if a preventive generic medication may be right for you. Generics have the same strength and active ingredients as brand-name medications, but often cost much less - in some cases, up to 85% less.³



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

948519 d CNPF 5/22

View the drug list online

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



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



Cigna.com/PDL. Scroll down until you see a pdf of the **Cigna National Preferred 3-Tier Prescription Drug List (Abridged).**

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.

Cigna National Preferred 3-Tier Prescription Drug List

AIDS/HIV

APRETUDE ER (PA)
BIKTARVY
CIMDUO
DESCOVY
emtricitabine/tenofovir
disoproxil fumarate
GENVOYA
JULUCA
ODEFSEY
SYMFI
SYMFI LO
SYMTUZA
TEMIXYS
TRIUMEQ

ALLERGY/NASAL SPRAYS

AUVI-Q (ST, QL)
azelastine nasal spray
desloratadine
DYMISTA (ST, QL)
epinephrine auto-injector
(QL) (by MYLAN, TEVA)
EPIPEN (PA, QL), EPIPEN
JR (PA, QL)
fluticasone nasal spray (QL)
GRASSTEK (PA)
hydroxyzine
hydroxyzine pamoate
levocetirizine
ODACTRA (PA)

ORALAIR (PA)
promethazine
RAGWITEK (PA)
SYMJEPI

ALZHEIMER'S DISEASE

donepezil (ST)
NAMZARIC (ST)

ANXIETY/ DEPRESSION/ BIPOLAR DISORDER

alprazolam
amitriptyline
bupropion
bupropion er
buspirone
citalopram (QL)
desvenlafaxine er (ST, QL)
diazepam
duloxetine dr (QL)
escitalopram (QL)
FETZIMA (ST, QL)
fluoxetine (QL)
lorazepam
mirtazapine
nortriptyline
paroxetine (QL)
trazodone
venlafaxine (ST, QL)
venlafaxine er (ST, QL)

ASTHMA/COPD/ RESPIRATORY

ADEMPAS (PA)
ADVAIR HFA (PA, QL)
AIRDUO DIGIHALER 113-14,
232-14, 55-14 MCG (PA,
QL)
albuterol hfa (by
CIPLA, PAR, PERRIGO,
PROFICIENT RX & TEVA)
albuterol nebulization
solution
ANORO ELLIPTA (QL)
ARNUITY ELLIPTA (QL)
ASMANEX HFA (QL)
ASMANEX TWISTHALER
(QL)
BEVESPI AEROSPHERE
(QL)
BREO ELLIPTA (PA, QL)
BREZTRI AEROSPHERE
(QL)
budesonide nebulization
suspension
COMBIVENT RESPIMAT
(QL)
DULERA (PA, QL)
FASENRA (PA)
FLOVENT DISKUS (QL)
FLOVENT HFA (QL)
INCRUSE ELLIPTA (QL)
montelukast

NUCALA (PA, QL)
OFEV (PA, QL)
OPSUMIT (PA)
PERFORMIST (QL)
QVAR REDIHALER (QL)
SEREVENT DISKUS (QL)
sildenafil
SPIRIVA HANDIHALER
(QL)
SPIRIVA RESPIMAT (QL)
STIOLTO RESPIMAT (QL)
SYMBICORT (PA, QL)
tadalafil 20mg
TRACLEER SUSPENSION
(PA)
TRELEGY ELLIPTA (QL)
TRIKAFTA (PA, QL)
UPTRAVI (PA)
XOLAIR (PA, QL)
YUPELRI (QL)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine
AZSTARYS (ST)
DAYTRANA (ST)
dexamethylphenidate er
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine er
DYANAVEL XR

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

^ Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.

Cigna National Preferred 3-Tier Prescription Drug List

ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont.)

guanfacine er
methylphenidate
methylphenidate er (ST)
MYDAYIS
QUILLICHEW ER (ST)
QUILLIVANT XR (ST)
VYVANSE (ST)

BLOOD MODIFIERS/ BLEEDING DISORDERS

EMPAVELI (PA)
FULPHILA (PA, QL)
TAVALISSE (PA, QL)
ZIENTENZO (PA)

BLOOD PRESSURE/ HEART MEDICATIONS

amiodarone
amlodipine
amlodipine/benazepril
amlodipine/valsartan
atenolol
atenolol/chlorthalidone
benazepril
bisoprolol/hctz
carvedilol
clonidine
digoxin
diltiazem er
doxazosin (QL)
droxidopa (PA)
enalapril
ENTRESTO (QL)
hydralazine
irbesartan
isosorbide er
isosorbide mononitrate er
labetalol
lisinopril
lisinopril/hctz
losartan
losartan/hctz
metoprolol succinate er
(ST)
metoprolol tartrate
nifedipine er
olmesartan
olmesartan/hctz
propranolol

propranolol er
quinapril
ramipril
TAKHZYRO (PA, ST)
TEKTURN HCT
telmisartan
terazosin (QL)
valsartan
valsartan/hctz
verapamil er (ST)
VERQUVO (QL)

BLOOD THINNERS/ ANTI-CLOTTING

AGGRENOX 25 MG-200
MG CAPSULE
BEVYXXA CAPSULES
BRILINTA
clopidogrel
ELIQUIS (PA)
enoxaparin
FRAGMIN
warfarin
XARELTO (PA)

CANCER

ALECENSA (PA, QL)
ALUNBRIG (PA, QL)
anastrozole
ARRANON
BOSULIF (PA, QL)
CABOMETYX (PA, QL)
CALQUENCE (PA, QL)
COMETRIQ (PA, QL)
ERIVEDGE (PA, QL)
ERLEADA (PA)
EXKIVITY (PA, QL)
GILOTRIF (PA, QL)
IBRANCE (PA, QL)
IMBRUVICA (PA, QL)
INLYTA (PA, QL)
IRESSA (PA, QL)
LENVIMA (PA, QL)
LORBRENA (PA, QL)
LYNPARZA (PA)
methotrexate
NINLARO (PA, QL)
NUBEQA
ODOMZO (PA, QL)
POMALYST (PA)
REVLIMID (PA)
ROZLYTREK (PA, QL)

RUBRACA (PA, QL)
RYDAPT (PA, QL)
SPRYCEL (PA, QL)
STIVARGA (PA, QL)
SUTENT (PA, QL)
TABRECTA (PA)
TAGRISSO (PA, QL)
TALZENNA (PA, QL)
tamoxifen
TASIGNA (PA, QL)
VENCLEXTA (PA, QL)
VERZENIO (PA)
VISTOGARD (PA, QL)
VITRAKVI (PA, QL)
VIZIMPRO (PA, QL)
VONJO (PA)
WELIREG
XALKORI (PA, QL)
XELODA (PA)
XOSPATA (PA, QL)
XTANDI (PA, QL)
YONSA (PA)
ZEJULA (QL)
ZOLINZA (PA, QL)

CHOLESTEROL MEDICATIONS

atorvastatin (QL)
ezetimibe (ST)
ezetimibe/simvastatin (QL)
fenofibrate (ST)
fenofibrate micronized
fenofibrate acid delayed
release
fenofibric acid dr
gemfibrozil
LIPOFEN
LIVALO (ST, QL)
lovastatin (QL)
NEXLETOL
NEXLIZET
niacin er
omega-3 acid ethyl esters
pravastatin (QL)
PRAVACHOL (ST, QL)
REPATHA (PA)
rosuvastatin (QL)
simvastatin (QL)
VASCEPA

CONTRACEPTION PRODUCTS

BLISOVI FE
ethinyl estradiol/
drospirenone
ethinyl estradiol/
drospirenone/levomefolate
ethinyl estradiol/
etonogestrel vaginal ring
ethinyl estradiol/
levonorgestrel
ethinyl estradiol/
norelgestromin patches
ethinyl estradiol/
norethindrone acetate
ethinyl estradiol/
norethindrone/iron
ethinyl estradiol/
norgestimate
EUFLEXXA
etonogestrel-ethinyl
estradiol vaginal ring (QL)
JUNEL
JUNEL FE
KYLEENA
MICROGESTIN FE
MIRENA
SKYLA
SPRINTEC
TRI-LO-MARZIA
TRINESSA
TRI-SPRINTEC

COUGH/COLD MEDICATIONS

benzonatate
hydrocodone/
chlorpheniramine er
hydrocodone/
chlorphedamine polistirex
er
promethazine/
dextromethorphan

DENTAL PRODUCTS

chlorhexidine

DIABETES

ACCU-CHEK LANCETS
BAQSIMI
BD AUTOSHIELD DUO
NEEDLES

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

^ Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.

Cigna National Preferred 3-Tier Prescription Drug List

DIABETES (cont.)

BD INSULIN SYRINGE
BD PEN NEEDLE
BD ULTRAFINE INSULIN SYRINGES
BD ULTRAFINE PEN NEEDLES
BYDUREON (PA, QL)
BYETTA (PA, QL)
DEXCOM SENSOR
DEXCOM G6 RECEIVER (PA)
DEXCOM G6 TRANSMITTER (PA, QL)
DROPLET LANCETS
FARXIGA (ST, QL)
FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE,
FREESTYLE INSULINX, FREESTYLE LITE
FREESTYLE LIBRE READER (PA)
FREESTYLE LIBRE SENSOR (PA, QL)
FREESTYLE LIBRE 2 SENSOR
FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE
glimepiride
glipizide
glipizide er
GLUCAGEN (QL)
GLUCAGON
GLUCOPHAGE (ST)
GLUCOPHAGE XR (ST, QL)
glyburide
GLYXAMBI (ST, QL)
GVOKE
HUMALOG
HUMULIN
JANUMET (ST, QL)
JANUMET XR (ST, QL)
JANUVIA (ST, QL)
JARDIANCE (ST, QL)
LEVEMIR
LYUMJEV
metformin (ST)
metformin er (QL)
MICROLET LANCETS
NOVOFINE AUTOSHIELD

NEEDLES
NOVOFINE NEEDLES
NOVOTWIST NEEDLES
OMNIPOD
OMNIPOD DASH
ONETOUCH TEST STRIPS: ULTRA, VERIO
ONETOUCH ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX
OZEMPIC (PA, QL)
pioglitazone (QL)
PRECISION XTRA TEST STRIPS, B-KETONE STRIPS
RYBELSUS
SEGLUROMET
SEMGLEE
SOLIQUA (QL)
STEGLATRO
STEGLUJAN
SYMLINPEN (QL)
SYNJARDY (ST, QL)
SYNJARDY XR (ST, QL)
TECHLITE LANCETS
TOUJEO
TRESIBA
TRIARDY XR
TRULICITY (PA, QL)
V-GO
XIGDUO XR (ST, QL)
XULTOPHY (QL)
ZEGALOGUE (QL)

DIURETICS

chlorthalidone
furosemide
hydrochlorothiazide
KERENDIA (PA)
spironolactone
triamterene/hctz

EAR MEDICATIONS

neomycin/polymyxin/hydrocortisone ear solution

ERECTILE DYSFUNCTION

MUSE^ (PA, QL)
tadalafil^ (PA, QL) 2.5mg, 5mg, 10mg, 20mg

EYE CONDITIONS

AZASITE

erythromycin eye ointment
latanoprost eye solution (PA)
loteprednol eye drops
loteprednol eye suspension
moxifloxacin eye solution
PATADAY
polymyxin/trimethoprim eye solution
prednisolone eye suspension
RESTASIS (PA, QL)
timolol eye solution
tobramycin eye solution
tobramycin/dexamethasone eye suspension
travoprost eye solution (PA)
TYRVAYA 0.03 MG NASAL SPRAY (PA)
XIIDRA (PA, QL)

FEMININE PRODUCTS

terconazole vaginal

GASTROINTESTINAL/HEARTBURN

BYLVAY (PA, QL)
CREON
dicyclomine
diphenoxylate/atropine
esomeprazole dr (QL)
famotidine
lansoprazole dr (QL)
LINZESS (QL)
LIVMARLI (PA)
meclizine
metoclopramide
MOVANTIK (QL)
omeprazole dr (ST)
ondansetron
ondansetron ODT
PANCREAZE
pantoprazole dr (QL)
PENTASA
rabeprazole dr
RECTIV
RELISTOR (ST)
RELISTOR TABLETS (ST)
SYMPROIC
TALICIA (QL)
TRULANCE
UCERIS FOAM
VARUBI (QL)
VIBERZI

VIOKACE
ZENPEP

HORMONAL AGENTS

ANDRODERM (PA, QL)
BYNFEZIA PEN (PA, ST)
CETROTIDE
COMBIPATCH
dexamethasone
DUAVEE
estradiol (QL)
estradiol patches (QL)
estradiol/norethindrone (QL)
estradiol vaginal inserts (QL)
GENOTROPIN (PA)
levothyroxine sodium
liothyronine
LUPRON DEPOT 3.75 MG, 11.25 MG (PA)
LUPRON DEPOT-PED (PA)
medroxyprogesterone
methimazole
methylprednisolone
MYFEMBREE (PA)
ethylprednisolone
NATESTO (PA)
NORDITROPIN (PA)
ORIAHNN (PA)
ORILISSA (PA)
prednisolone sodium phosphate
prednisone
PREMARIN CREAM
SANDOSTATIN (PA, ST)
SOMATULINE DEPOT (PA)
SOMAVERT (PA)
SYNAREL (PA)
TARPEYO DR (PA)
testosterone cypionate (PA)
XYOSTED (PA, QL)
YUVAFEM

INFECTIONS

acyclovir (PA, QL)
amoxicillin
amoxicillin/potassium clavulanate
ARIKAYCE (PA)
azithromycin
BARACLUDE SOLUTION
BAXDELA (QL)
cefдинир

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

^ Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.

Cigna National Preferred 3-Tier Prescription Drug List

INFECTIONS (cont.)

cefuroxime
cephalexin
ciprofloxacin
clarithromycin
clindamycin oral
doxycycline hyclate (ST)
doxycycline monohydrate
EMVERM
EPCLUSA (QL)
fluconazole
HARVONI (PA, QL)
hydroxychloroquine
KITABIS PAK (PA, QL)
levofloxacin
LIVTENCITY (PA)
metronidazole
metronidazole vaginal
minocycline
MOLNUPIRAVIR
nitrofurantoin macrocrystal
nystatin (QL)
ofloxacin
oseltamivir
PAXLOVID
PEGASYS (QL)
PEGINTRON (QL)
penicillin vk
SOLOSEC
sulfamethoxazole/
trimethoprim
THALOMID (PA)
TOBI PODHALER (PA, QL)
valacyclovir (QL)
VOSEVI (PA)
XIFAXAN (QL)
ZEPATIER (PA, QL)

INFERTILITY

ENDOMETRIN^
GONAL-F^ (PA), GONAL-F
RFF^ (PA), GONAL-F RFF
REDI-JECT^ (PA)
NOVAREL^ (QL)
OVIDREL^

MISCELLANEOUS

COVID AT-HOME TESTS
AUSTEDO (PA, QL)
CERDELGA (ST)
ESBRIET (PA, QL)

NITYR
NUEDEXTA (PA)
STRENSIQ (PA)
TEGSEDI (PA)
VOXZOGO (PA)

MULTIPLE SCLEROSIS

AUBAGIO (PA, QL)
AVONEX (PA, QL)
BAFIERTAM (PA, QL)
BETASERON (PA, QL)
dimethyl fumarate (PA, QL)
FIRDAPSE (PA)
FIRDAPSE 10 MG TABLET
(PA, ST)
GILENYA (PA, QL)
GLATOPA (PA, QL)
KESIMPTA (PA, QL)
MAYZENT (PA)
PLEGRIDY (PA, QL)
PONVORY (PA, QL)
REBIF (PA, QL)
VUMERITY (PA, QL)
ZEPOSIA (PA, QL)

NUTRITIONAL/ DIETARY

calcium 667mg (QL)
cyanocobalamin injectable
ergocalciferol
folic acid
LOKELMA (QL)
NASCOBAL (QL)
PHOSLYRA (QL)
potassium chloride er
VELPHORO (QL)
VELTASSA (ST, QL)

OSTEOPOROSIS PRODUCTS

alendronate (QL)
FORTEO (PA, QL)
ibandronate (QL)
raloxifene
TYMLOS (PA)

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen/codeine
(PA, QL)
ACTEMRA (PA, QL)

AIMOVIG (PA, QL)
AJOVY (PA, QL)
allopurinol
baclofen
BACLOFEN ORAL
SOLUTION (BRAND) (ST)
BELBUCA (ST, PA, QL)
butalbital/acetaminophen/
caffeine
celecoxib
colchicine tablets
cyclobenzaprine
CYCLOBENZAPRINE ER
(ST)
diclofenac dr
DUPIXENT (PA, QL)
DURAGESIC 12, 25, 50, 75,
100 MCG/HR PATCH (QL)
EMGALITY (PA)
ENBREL (PA, QL)
fentanyl patches (QL)
FLECTOR (ST, QL)
HUMIRA (PA, QL)
hydrocodone/
acetaminophen
hydromorphone
HYSINGLA ER (PA, ST, QL)
ibuprofen (ST)
indomethacin
ketorolac (QL)
LICART PATCHES
lidocaine patches
meloxicam (QL)
metaxalone
methocarbamol
MITIGARE
MORPHABOND ER (QL)
morphine er (QL)
morphine sulfate er (PA, ST,
QL)
nabumetone
naproxen (ST)
NORCO
OTEZLA (PA)
oxycodone (PA)
oxycodone/acetaminophen
OXYCONTIN (PA, ST, QL)
QULIPTA (PA)
RASUVO (ST)
RINVOQ ER (PA, ST, QL)
rizatriptan (QL)
SAPHNELO (PA)
SAVELLA (ST, QL)

SIMPONI 100 MG (PA, QL)
(ONLY FOR ULCERATIVE
COLITIS)
SKYRIZI (PA, QL)
STELARA (PA)
sumatriptan (QL)
TALTZ (PA)
tizanidine
tramadol (PA, QL)
TREMFYA (PA)
TRUDHESA NASAL SPRAY
(ST)
XELJANZ (PA, QL)
XELJANZ XR (PA, QL)
ZOMIG NASAL (ST, QL)
ZTLIDO

PARKINSON'S DISEASE

carbidopa/levodopa
INBRIJA (PA, QL)
KYNMOBI (PA, QL)
pramipexole
ropinirole

SCHIZOPHRENIA/ ANTI-PSYCHOTICS

aripiprazole
CAPLYTA (QL)
LATUDA (QL)
olanzapine
quetiapine
risperidone (QL)

SEIZURE DISORDERS

clonazepam
DILANTIN
divalproex dr
divalproex er
EPIDIOLEX (PA)
FYCOMPA
gabapentin
lamotrigine
levetiracetam
NAYZILAM
oxcarbazepine
pregabalin
QUDEXY XR (ST)
topiramate
VALTOCO (PA, QL)
VIMPAT

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

^ Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.

Cigna National Preferred 3-Tier Prescription Drug List

SKIN CONDITIONS

ABSORICA (ST)
ADBRY (PA)
clindamycin 1% gel
clindamycin topical (ST)
clindamycin/benzoyl peroxide
clobetasol (ST, QL)
clotrimazole/betamethasone (QL)
dapson topical
ENSTILAR (QL, ST)
EPIDUO FORTE GEL PUMP (ST)
FINACEA FOAM (ST)
gentamicin (QL)
fluocinonide (QL)
hydrocortisone topical (ST, QL)
isotretinoin (ST)
ketoconazole topical (QL)
metronidazole topical
MIRVASO (PA)
mometasone (ST, QL)
mupirocin (ST, QL)
nystatin topical (QL)
ONEXTON
PICATO
tacrolimus topical (ST, QL)
tretinoin (PA)
triamcinolone topical (QL)
WYNZORA 0.005%-0.064% CREAM (ST, QL)

SLEEP DISORDERS/ SEDATIVES

eszopiclone (QL)
SUNOSI
XYREM (PA, QL)
XYWAV (PA, QL)
zolpidem (QL)
zolpidem er (QL)

SMOKING CESSATION

CHANTIX (QL)

SUBSTANCE ABUSE

BUPRENORPHINE/
NALOXONE (QL)
KLOXXADO (QL)
NARCAN (QL)
ZUBSOLV (QL)

TRANSPLANT MEDICATIONS

REZUROCK TABLET (PA, QL)
ZORTRESS 1 MG TABLET

URINARY TRACT CONDITIONS

finasteride
GELNIQUE (QL)
MYRBETRIQ
oxybutynin er
tamsulosin er
TOVIAZ

VACCINES

FLUMIST QUAD
PFIZER COVID VACCINE
TICOVAC 2.4 MCG/0.5 ML SYRINGE
VAXNEUVANCE 0.5 ML SYRINGE

WEIGHT MANAGEMENT

WEGOVY^ (PA, QL)

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

^ Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.

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

These medications aren't covered on the Cigna National Preferred 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-emtricitenofovir disoproxil fumarate
	CABENUVA SUSP	atazanavir, lamivudine, DOVATO, EDURANT, JULUCA, PREZISTA, TIVICAY
	COMPLERA	Odefsey
	DELSTRIGO	BIKTARVY, GENVOYA, ODEFSEY, SYMFY, SYMTUZA, TRIUMEQ
	PIFELTRO	efavirenz, EDURANT
	PREZCOBIX	atazanavir, lopinavir-ritonavir, ritonavir, PREZISTA
	STRIBILD	BIKTARVY, GENVOYA
	TRUVADA	emtricitabine/tenofovir (tdf)
ALLERGY/NASAL SPRAYS	epinephrine	generic epinephrine auto-injector, EPIPEN, EPIPEN JR.
	BECONASE AQ, OMNARIS, ZETONNA	flunisolide, fluticasone, mometasone
	NASONEX	mometasone
	PALFORZIA	No alternatives recommended.
	QNASL, QNASL CHILDREN'S	flunisolide, fluticasone, mometasone
ALZHEIMER'S DISEASE	MESTINON	pyridostigmine
	NAMENDA XR	memantine er
ANXIETY/DEPRESSION/BIPOLAR DISORDER	BUPROPION HCL XL 450 MG TABLET , FORFIVO XL 450 MG TABLET, WELLBUTRIN XL	bupropion xl
	CELEXA, citalopram 30mg capsules	citalopram hbr
	CYMBALTA	duloxetine
	DRIZALMA SPRINKLE	desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA
	EFFEXOR XR	venlafaxine er
	LEXAPRO	escitalopram
	LOREEV XR 1 MG CAPSULE, LOREEV XR 2 MG CAPSULE, LOREEV XR 3 MG CAPSULE	lorazepam tablets
	PEXEVA, VIIBRYD	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
	PRISTIQ	desvenlafaxine er
	PROZAC	fluoxetine
	SERTRALINE , SERTRALINE 150MG, 200MG CAPSULES	sertraline tablets
	SPRAVATO	olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline
	VALIUM	diazepam
	WELLBUTRIN SR	bupropion sr
	XANAX	alprazolam
	XANAX XR	alprazolam er
	ZOLOFT	sertraline
ASTHMA/COPD/RESPIRATORY	ADCIRCA	tadalafil
	AIRDUO DIGIHALER, AIRDUO RESPICLICK, budesonide-formoterol	fluticasone-salmeterol (by PRASCO, PROFICIENT RX), WIXELA INHUB, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT

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

DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	albuterol sulfate hfa (by A-S Medication, Prasco), levalbuterol hfa, PROAIR DIGIHALER, PROAIR RESPICLICK, PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA, XOPENEX HFA	albuterol hfa (by CIPLA, PAR, PERRIGO, PROFICIENT RX & TEVA)
	ARMONAIR DIGIHALER, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, FLOVENT DISKUS, FLOVENT HFA, QVAR REDHALER
	CINQAIR	DUPIXENT, FASENRA, NUCALA
	DALIRESP	ARNUITY ELLIPTA, ASMANEX HFA, FLOVENT HFA, INCRUSE ELLIPTA, QVAR REDHALER, SEREVENT DISKUS, SPIRIVA RESPIMAT
	DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
	fluticasone-salmeterol (By A-S MEDICATION, TEVA)	fluticasone-salmeterol (by PRASCO, PROFICIENT RX), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT
	LETAIRIS	ambrisentan
	PULMICORT	budesonide
	SINGULAIR	montelukast
	STRIVERDI RESPIMAT	SEREVENT DISKUS
	TUDORZA PRESSAIR	INCRUSE ELLIPTA, SPIRIVA RESPIMAT, SPIRIVA
	TEZSPIRE 210MG/1.91 ML SYRINGE	
ATTENTION DEFICIT HYPERACTIVITY DISORDER	ADDERALL, ADDERALL XR	dextroamphetamine-amphetamine
	AMPHETAMINE ER SUSPENSION	dextroamphetamine er, dextroamphetamine-amphetamine er, DYANAVEL XR, MYDAYIS, VYVANSE
	CONCERTA	methylphenidate er
	FOCALIN	dexmethylphenidate
	FOCALIN XR	dexmethylphenidate er
	INTUNIV	guanfacine er
	QELBREE	atomoxetine, clonidine er, guanfacine er
	STRATTERA	atomoxetine
BLOOD MODIFIERS/BLEEDING DISORDERS	MULPLETA	DOPTelet
	NYVEPRIA, UDENYCA	FULPHILA, ZIEXTENZO
	OXBRYTA 300 MG TABLET FOR SUSP	hydroxyurea, ADAKVEO, DROXIA
	SIKLOS	DROXIA
	TAVNEOS	azathioprine, cyclophosphamide, mycophenolate, RUXIENCE
BLOOD PRESSURE/HEART MEDICATIONS	ATACAND	candesartan
	ATACAND HCT	candesartan-hctz
	AVALIDE	irbesartan-hctz
	AVAPRO	irbesartan
	AZOR	amlodipine-olmesartan
	BENICAR	olmesartan
	BENICAR HCT	olmesartan-hctz
	BYSTOLIC	atenolol, carvedilol, metoprolol succinate
	CONJUPRI	amlodipine, felodipine, nifedipine, nicardipine
	COREG	carvedilol

^{^^} 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)	CORLANOR	atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol
	COZAAR	losartan
	DIOVAN	valsartan
	DIOVAN HCT	valsartan-hctz
	DUTOPROL	metoprolol tartrate-hctz, metoprolol succinate er-hctz
	EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	EDARBYCLOR	candesartan-hctz, irbesartan-hctz, losartan-hctz, olmesartan-hctz, valsartan-hctz, chlorthalidone plus valsartan
	EPANED SOLUTION	enalapril
	EXFORGE	amlodipine-valsartan
	EXFORGE HCT	amlodipine-valsartan-hctz
	HEMANGEOL 4.28 MG/ML ORAL SOLN	propranolol hcl (solution)
	HYZAAR	losartan-hctz
	INDERAL LA, INDERAL XL, INNOPRAN XL	propranolol er
	KAPSPARGO SPRINKLE	metoprolol succinate
	KATERZIA	amlodipine
	LOTREL	amlodipine-benazepril
	MICARDIS	telmisartan
	MICARDIS HCT	telmisartan-hctz
	NEXICLON XR	clonidine patches, tablets
	NORTHERA	desmopressin, fludrocortisone, indomethacin, midodrine, pyridostigmine
	NORVASC	amlodipine
	QBRELIS	lisinopril
	RANEXA	ranolazine er
	TEKTURNA	aliskiren
	TIKOSYN	dofetilide
	TOPROL XL	metoprolol succinate
	TRIBENZOR	olmesartan-amlodipine-hctz
BLOOD THINNERS/ANTI-CLOTTING	AGGRENOX	aspirin-dipyridamole er
	aspirin-omeprazole, YOSPRALA	aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole, rabeprazole
	LOVENOX	enoxaparin
	PLAVIX	clopidogrel
	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
CANCER	AFINITOR 2.5MG, 5MG, 7.5MG, 10MG TABLET, AFINITOR DISPERZ 2 MG, 3MG, 5 MG TABLET	everolimus
	ARIMIDEX	anastrozole
	BESREMI 500MCG/ML SYRINGE	
	FOTIVDA	everolimus, CABOMETYX, INLYTA, LENVIMA, NEXAVAR, SUTENT, VOTRIENT
	GLEEVEC	imatinib
	INQOVI	decitabine

^{^^} 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 (cont)	INREBIC	JAKAFI
	KISQALI, KISQALI FEMARA CO-PACK, PIQRAY	IBRANCE, VERZENIO
	ONUREG	azacitidine, decitabine
	QINLOCK	imatinib, NEXAVAR, SPRYCEL, STIVARGA, SUTENT, TASIGNA, VOTRIENT
	SCEMBLIX, SCEMBLIX 20MG TABLET, SCEMBLIX 40MG TABLET	imatinib, BOSULIF, ICLUSIG, SPRYCEL, TASIGNA
	TARGRETIN	bexarotene
	TEPMETKO	TABRECTA
	TRUSELTIQ	PEMAZYRE
	XATMEP	methotrexate
	XPOVIO	DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE
	ZYTIGA	abiraterone
CHOLESTEROL MEDICATIONS	ALTOPREV, EZALLOR SPRINKLE	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO
	ANTARA 30MG, 90MG CAPSULE	fenofibrate, fenofibric acid
	CRESTOR	rosuvastatin
	LIPITOR	atorvastatin
	LEQVIO 284 MG/1.5 ML SYRINGE , PRALUENT	REPATHA
	ROSUVASTATIN-EZETIMIBE 5-10MG, ROSUVASTATIN-EZETIMIBE 10-10MG, ROSUVASTATIN-EZETIMIBE 20-10MG, ROSUVASTATIN-EZETIMIBE 40-10MG	ezetimibe, atorvastatin, rosuvastatin
	TRICOR	fenofibrate
	VYTORIN	ezetimibe-simvastatin
	WELCHOL 625MG TABLET	colesevelam hcl
	ZETIA	ezetimibe
	ZOCOR	simvastatin
CONTRACEPTION PRODUCTS	ANNOVERA	generic oral contraceptives, XULANE PATCHES
	BALCOLTRA	AVIANE, LARISSIA, LESSINA, levonorgestrel-eth estradiol, SRONYX, VIENVA
	ESTROSTEP FE	TRI-LEGEST FE, TILIA FE
	GENERESS FE	KAITLIB FE, LAYOLIS FE, norethindrone-estradiol-iron
	LO LOESTRIN FE	BLISOLVI FE, BLISOLVI 24 FE, HAILEY FE, JUNEL FE, LARIN FE, MELODETTA 24 FE, norethindrone- eth estradiol fe
	LOESTRIN	AUROVELA, JUNEL, LARIN, MICROGESTIN, norethindrone-ethinyl estradiol
	LOESTRIN FE	AUROVELA FE, BLISOLVI FE, JUNEL FE, LARIN FE, MICROGESTIN FE, norethindrone-ethinyl estradiol fe, TARINA FE
	LOSEASONIQUE	AMETHIA LO, CAMRESE LO, levonorg-estradiol, LOJAIMIESS
	MINASTRIN 24 FE	MIBELAS, norethindrone-ethinyl estradiol fe

^{^^} 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)
CONTRACEPTION PRODUCTS <i>(cont)</i>	MIRCETTE	AZURETTE, BEKYREE, desogestrone estradiol, KARIVA, PIMTREA, SIMLIYA, VIORELE
	NATAZIA	BLISOLVI FE, drospirenone-ethinyl estradiol, ESTARYLLA, JUNEL FE, TRI-SPRINTEC
	NEXTSTELLIS	AUROVELA FE, BLISOLVI FE, drospirenone ethinyl estradiol, ESTARYLLA, JUNEL FE, TRI-SPRINTEC, SPRINTEC
	NUVARING	eluryng, etonogestrel-ethinyl estradiol
	PHEXXI	FC2 FEMALE CONDOM, FEMCAP, GYNOL, VCF
	QUARTETTE	FAYOSIM, levonorg-estradiol, RIVELSA
	SAYFRAL	drospirenone-estradiol, TYDEMY
	SEASONIQUE	AMETHIA, ASHLYNA, CAMRESE, DAYSEE, JAIMIESS, levonorg-esgradiol, SIMPESSSE
	SLYND	generic progestin-only oral contraceptives
	TAYTULLA	GEMMILY, norethindrone-eth estradiol fe
	TWIRLA	BLISOVI FE, etonogestrel-ethinyl estradiol, HAILEY FE, JUNEL FE, XULANE
	TYBLUME	altavera, aviane, falmina, lessina, portia
	YASMIN	OCELLA, SYEDA, ZARAH
DIABETES	ADLYXIN, VICTOZA	BYDUREON, BYETTA, OZEMPIC, TRULICITY
	ADMELOG SOLOSTAR	HUMALOG PEN
	ADMELOG, AFREZZA	HUMALOG VIAL
	alogliptin, NESINA, ONGLYZA, TRADJENTA	JANUVIA
	alogliptin-metformin, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR
	alogliptin-pioglitazone	pioglitazine, JANUVIA
	APIDRA, APIDRA SOLOSTAR, INSULIN ASPART, INSULIN LISPRO, NOVOLOG	HUMALOG
	ASCENSIA (BREEZE, CONTOUR) GLUCOGUARD, ROCHE (ACCU-CHEK), TRIVIDIA (TRUETEST, TRUETRACK) All other test strips that are not listed as preferred	FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX
	FIASP, FIASP FLEXTOUCH, FIASP PENFILL	HUMALOG, LYUMJEV
	GLUMETZA	metformin
	INSULIN GLARGINE U100 PEN, INSULIN GLARGINE U100 VL	LANTUS SOLOSTAR, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100
	INVOKAMET, INVOKAMET XR	SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
	INVOKANA	FARXIGA, JARDIANCE, STEGLATRO
	KORLYM	ketoconazole, LYSODREN
	LANTUS	SEMGLEE, TOUJEO, TRESIBA, LEVEMIR
	NOVOLIN, RELION NOVOLIN	HUMULIN
	QTERN	GLYXAMBI, STEGLUJAN
	SEMGLEE 100 UNIT/ML PEN, SEMGLEE 100 UNIT/ML VIAL	LANTUS SOLOSTAR, LEVEMIR FLEXTOUCH, TOUJEO SOLOSTAR, TRESIBA FLEXTOUCH U-100

^{^^} 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)
DIURETICS	CAROSPIR	spironolactone
	THALITONE	chlorthalidone
EAR MEDICATIONS	CIPRO HC, ciprofloxacin-fluocinolone, OTOVEL	ciprofloxacin-dexamethasone
	CETRAXAL 0.2% EAR SOLUTION	ciprofloxacin otic, ofloxacin otic
ERECTILE DYSFUNCTION	CIALIS	tadalafil
	VIAGRA	sildenafil
EYE CONDITIONS	ACUVAIL, BROMSITE, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops
	ALOCRIL, ALOMIDE, LASTACFT, PAZEO, ZERVIAE	azelastine drops, bepotastine, cromolyn drops, epinastine drops, olopatadine drops
	ALREX	azelastine, bepotastine, cromolyn sodium, dexamethasone, epinastine, fluorometholone, olopatadine
	AZOPT	brinzolamide
	BEPREVE	bepotastine besilate
	BESIVANCE, CILOXAN OINTMENT	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops
	BETIMOL	timolol maleate, betaxolol, levobunolol
	COSOPT, COSOPT PF	dorzolamide-timolol
	CYSTADROPS	CYSTARAN
	DUREZOL 0.05% EYE DROPS	difluprednate
	DURYSTA, XELPROS, ZIOPTAN	bimatoprost drops, latanoprost drops, travoprost drops
	FLAREX, FML FORTE, FMP SOP, MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops
	ISTALOL	timolol
	RHOPRESSA, ROCKLATAN	betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost
	TIMOPTIC OCUDOSE	betaxolol drops, brimonidine 0.15% drops, brimonidine 0.2% drops, levobunolol drops, timolol drops
	TOBRADEX ST EYE DROPS, ZYLET	tobramycin/dexamethasone (drops)
	TRAVATAN Z	travoprost
	TYRVAYA	RESTASIS, XIIDRA
	VUITY 1.25% EYE DROP	
	XALATAN	latanoprost drops
GASTROINTESTINAL/HEARTBURN	ACIPHEX	rabeprazole
	ACIPHEX SPRINKLE, ESOMEPRAZOLE STRONTIUM, PRILOSEC RX, RABEPRAZOLE DR SPRINKLE, ZEGERID	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
	AKYNZEO	granisetron, ondansetron, aprepitant, VARUBI TABLETS
	AMITIZA, LUBIPROSTONE	LINZESS, TRULANCE
	ASACOL HD, CANASA	mesalamine
	BONJESTA ER 20-20 MG TABLET	doxylamine succ-pyridoxine hcl

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

DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN <i>(cont)</i>	CLENPIQ, GOLYTELY, OSMOPREP, PLENVU, SUPREP, SUTAB	gavilyte-g, peg 3350 electrolyte, trilyte with flavor packets
	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
	DARTISLA ODT 1.7 MG TABLET	glycopyrrolate tablets
	DELZICOL	mesalamine dr
	DEXLANSOPRAZOLE DR	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
	DIPENTUM	balsalazide, mesalamine dr, mesalamine er, sulfasalazine, PENTASA
	EMEND	aprepitant
	HELIDAC, PYLERA	lansoprazole-amoxicillin-clarithromycin, TALICIA
	LIBRAX	clidinium with chlordiazepoxide
	LOTRONEX	alosetron
	MOVIPREP	peg-electrolyte solution
	MYTESI	diphenoxylate/atropine, loperamide
	NEXIUM PACKETS	esomeprazole
	PERTZYE	CREON, ZENPEP
	PREVACID RX	lansoprazole
	PROTONIX SUSPENSION	pantoprazole
	RELTONE	ursodiol
	SENSIPAR	cinacalcet
HORMONAL AGENTS	TRANSDERM-SCOP	scopolamine
	ALKINDI SPRINKLE	hydrocortisone
	ANDROGEL, TESTIM, AVEED	testosterone
	BIJUVA, PREMPHASE, PREMPRO	AMABELZ, estradiol-norethindrone acetate, FYAVOLV, JINTELI, MIMVEY, norethindrone-ethinyl estradiol
	CLIMARA PRO	COMBIPATCH
	CORTROPHIN	
	CRINONE 4%	medroxyprogesterone, megestrol, norethindrone, progesterone
	CYTOMEL	liothyronine
	DIVIGEL, EVAMIST	estradiol patches
	ELESTRIN, ESTRACE, ESTROGEL, MINIVELLE, VIVELLE DOT	estradiol
	EMFLAZA	prednisone solution, prednisone tablets
	ESTRING, IMVEXXY	estradiol cream, estradiol tablets, yuvafem, PREMARIN CREAM
	FEMRING, INTRAROSA	estradiol cream, estradiol patches, estradiol tablets, yuvafem, PREMARIN CREAM,
	HEMADY	dexamethasone
	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, SKYTROFA, ZOMACTON	GENOTROPIN, NORDITROPIN

^{^^} 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)
HORMONAL AGENTS <i>(cont)</i>	ISTURISA	SIGNIFOR
	MENEST, PREMARIN TABLETS	estradiol tablets
	MYCAPSSA	somatuline depot
	OSPHENA	estradiol cream, yuvafem, PREMARIN CREAM
	SYNTHROID	euthyrox, levo-t, levothyroxine, levoxyl, unithroid
	THYQUIDITY, TIROSINT, TIROSINT SOL	euthyrox, levo-t, levothyroxine sodium, levoxyl, unithroid
	VAGIFEM	estradiol, YUVAFEM
INFECTIONS	BARACLUDE	entecavir
	BREXAFEMME	fluconazole
	DORYX	doxycycline hyclate
	DORYX MPC, DOXYCYCLINE 40MG CAPSULES	doxycycline hyclate, doxycycline monohydrate
	FIRVANQ	vancomycin capsules
	LAMPIT	benznidazole
	LEDIPASVIR-SOFOSBUVIR	HARVONI
	MAVYRET, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
	MINOCYCLINE ER CAPSULES, XIMINO	minocycline er tablets
	NATROBA	spinosad
	NOXAFIL	posaconazole
	ORACEA	doxycycline hyclate, doxycycline monohydrate, azelaic acid, ivermectin, metronidazole
	PLAQUENIL	hydroxychloroquine
	SITAVIG	acyclovir oral or cream, famciclovir, valacyclovir
	SOFOSBUVIR-VELPATASVIR	EPCLUSA
	TOBI	tobramycin
	TOLSURA	itraconazole
	VALTREX	valacyclovir
MISCELLANEOUS	BRISDELLE	paroxetine
	EXJADE, JADENU, JADENU SPRINKLE	deferasirox
	FIRAZYR	icatibant
	NOCTIVA	desmopressin
	XENAZINE	tetrabenazine
	ZAVESCA	miglustat
MULTIPLE SCLEROSIS	AMPYRA	dalfampridine er
	EXTAVIA	AVONEX, BETASERON, PLEGRIDY, REBIF
	TECFIDERA	dimethyl fumarate
NUTRITIONAL/DIETARY	FOSRENOL POWDER PACKET	lanthanum, sevelamer, Phoslyra, Velporo
	MONOFERRIC	sodium ferric gluconate complex, VENOFER
	PREGENNA, TRINAZ	generic prenatal vitamins
	RENAGEL	sevelamer
OSTEOPOROSIS PRODUCTS	EVENITY	alendronate, ibandronate, risedonate, zoledronic acid, FORTEO, TYMLOS

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

DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE	AMRIX	cyclobenzaprine
	APADAZ, benzhydrocodone- acetaminophen	hydrocodone-acetaminophen
	BACLOFEN 5 MG/5 ML SOLUTION	baclofen tablets
	bupap	acetaminophen-butalbital
	BUTRANS	buprenorphine
	CELEBREX	celecoxib
	CIMZIA, ILUMYA, ORENCIA, SIMPONI 50mg/ml	ENBREL, HUMIRA, OTEZLA, RINVOQ ER, STELARA SC, TALTZ, XELJANZ
	colchicine capsules, COLCRYS	colchicine tablets, MITIGARE
	COSENTYX, SILIQ	TALTZ, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA, TREMFYA
	CUPRIMINE	penicillamine
	diclofenac epolamine patches	FLECTOR PATCHES
	DICLOFENAC POTASSIUM 25MG TABLET	diclofenac potassium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
	ELYXYB	celecoxib
	fenoprofen capsules, FENORTHO, NALFON	fenoprofen tablets, etodolac, flurbiprofen, ibuprofen, meloxicam, nabumetone
	fentanyl buccal tablets, FENTORA, LAZANDA, SUBSYS	fentanyl lozenges
	Imitrex	sumatriptan
	INDOCIN 25 MG/5 ML SUSPENSION	ibuprofen (suspension), naproxen (suspension)
	INDOCIN 50 MG SUPPOSITORY	etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, naproxen sodium
	INDOMETHACIN 20MG CAPSULES, ketorolac nasal spray, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac, indomethacin, ibuprofen, meloxicam, naproxen, nabumetone
	KEVZARA, KINERET, OLUMIANT	ACTEMRA, ENBREL, HUMIRA, RINVOQ ER, XELJANZ
	lidocaine-tetracaine, PLIAGLIS	lidocaine-prilocaine, lidocaine cream
	LIDODERM	lidocaine cream
	MAXALT, MAXALT MLT	rizatriptan
	oxycodone er, XTAMPZA ER, NUCYNTA ER	hydromorphone er, morphine er, oxymorphone er, HYSINGLA ER, OXYCONTIN
	NUCYNTA	hydrocodone-acetaminophen, morphine, oxycodone, tramadol, tramadol-acetaminophen
	ONZETRA XSAIL	sumatriptan, ZOMIG
	OTREXUP	RASUVO
	OZOBAX	oral baclofen tablets
	PENNSAID	diclofenac topical, FLECTOR PATCHES
	PERCOCET, PRIMLEV	oxycodone-acetaminophen
	PROCTOFOAM-HC	pramoxine/hydrocortisone
	QDOLO	tramadol (generic tablet)
	REDITREX	methotrexate inj, RASUVO

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

DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	RELAFEN DS	nabumetone, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, oxaprozin
	RELPAK	eletriptan
	SELENTIS 56 MG-44 MG TABLET	celecoxib, tramadol tablets
	TRAMADOL HCL 25MG/5ML CUP	tramadol tablets
	TREXIMET	sumatriptan-naproxen
	ULORIC	febuxostat
	VIMOVO	naproxen-esomeprazole
	ZOHYDRO ER	hydrocodone
	ZOMIG	zolmitriptan
	ZOMIG ZMT	zolmitriptan odt
PARKINSON'S DISEASE	APOKYN	KYNMOBI
	DHIVY	carbidopa-levodopa
	GOCOVRI	amantadine capsules, amantadine tablets, amantadine oral solution
	ONGENTYS	entacapone
	XADAGO, ZELAPAR	rasagiline, selegiline
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY	aripiprazole
	LYBALVI	aripiprazole, asenapine, olanzapine, paliperidone er, quetiapine, quetiapine er, LATUDA
	SAPRHIS	asenapine
	SEROQUEL	quetiapine
	SEROQUEL XR	quetiapine er
SEIZURE DISORDERS	APTOM	carbamazepine, oxcarbazepine, pregabalin, topiramate, VIMPAT
	EPRONTIA	topiramate sprinkle caps
	FINTEPLA	DIACOMIT, EPIDIOLEX
	KEPPRA, KEPPRA XR	levetiracetam
	LAMICTAL	lamotrigine
	LAMICTAL ODT	lamotrigine odt
	LAMICTAL XR	lamotrigine er
	LYRICA, LYRICA CR	pregabalin
	NEURONTIN	gabapentin
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
	ZONEGRAN	zonisamide
SKIN CONDITIONS	ABSORICA 8MG, 16MG, 24MG, 32MG CAPSULE	accutane, amnesteem, claravis, isotretinoin, myorisan, zenatane
	ACANYA	clindamycin-benzoyl peroxide
	ALCORTIN A	hydrocortisone, betamethasone, clobetasol, fluocinolone, fluocinonide, mometasone, mupirocin
	ANUSOL-HC	hydrocortisone
	ATRALIN	tretinoin

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

DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	calcipotriene foam, SORILUX	calipotriene, calcitriol
	CARAC, imiquimod 3.75% cream pump, KLISYRI	"diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream"
	CLENIA PLUS	sodium sulfacetamide sulfure
	CLINDAGEL	clindamycin gel, erythromycin gel
	clocortolone	betamethasone, fluocinolone, triamcinolone
	DRYSOL	over-the-counter alternatives
	ECOZA, luliconazole, sulconazole nitrate, XOLEGEL	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
	ELIDEL	pimecrolimus
	EPIDUO, EPIDUO FORTE	adapalene-benzoyl peroxide
	ERTACZO	ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
	FABIOR, TAZORAC GEL	tazarotene, tretinoin
	HALOBETASOL 0.05% FOAM, IMPEKLO, IMPOYZ 0.025% CREAM, LEXETTE 0.05% FOAM, ULTRAVATE 0.05% LOTION	betamethasone, clobetasol, desoximetasone, diflorasone, fluocinonide, halobetasol propionate
	KERYDIN	tavaborole
	LOCOID, LOCOID LIPOCREAM	hydrocortisone
	NORITATE 1% CREAM	metronidazole
	OPZELURA 1.5% CREAM	pimecrolimus, tacrolimus, betamethasone dipropionate, fluocinonide, halcinonide, triamcinolone
	QBREXZA 2.4% CLOTH	certain, BROMI-LOTION
	RETIN-A MICRO 0.6% & 0.8%	tretinoin microsphere 0.04% & 0.1%
	SERNIVO 0.05% SPRAY	betamethasone, betamethasone, desoximetasone, fluocinolone, fluocinonide, triamcinolone
	TAZAROTENE 0.1% FOAM, TAZORAC 0.05% CREAM,	tazarotene 0.1% cream
	TAZORAC 0.05%. 1% GEL:	tazarotene 0.1% cream, tretinoin
	TOPICORT	desoximetasone
	TRI-LUMA	fluocinolone, hydroquinone, tretinoin
	ULTRAVATE 0.05% CREAM, OINTMENT	halobetasol propionate
	VANOS	fluocinonide
	VELTIN	clindamycin-benzoyl peroxide, clindamycin-tretinoin, erythromycin- benzoyl peroxide, tretinoin, ONEXTON
	VERDESO	desonide
	VEREGEN 15% OINTMENT	imiquimod, podofilox
	WINLEVI	clindamycin topical, clindamycin-tretinoin, erythromycin topical, tretinoin, ONEXTON
	XERESE 5%-1% CREAM	acyclovir (cream), acyclovir (oral), famciclovir, valacyclovir
	ZILXI	azelaic acid, metronidazole, ROSULA, FINACEA
	ZOVIRAX	acyclovir

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

DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	ZYCLARA	imiquimod 5% cream
SLEEP DISORDERS/SEDATIVES	AMBIEN	zolpidem
	AMBIEN CR	zolpidem er
	DORAL, QUAZEPAM	estazolam, lorazepam
	LUNESTA	eszopiclone
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	ROZEREM	ramelteon
SUBSTANCE ABUSE	BUNAVAIL	buprenorphine/naloxone, ZUBSOLV
	LUCEMYRA	clonidine
	SUBOXONE	buprenorphine-naloxone
	ZIMHI 5 MG/0.5 ML SYRINGE	naloxone syringe (generic)
TRANSPLANT MEDICATIONS	ENVARUSUS XR	tacrolimus
	LUPKYNIS	mycophenolate, prednisone
URINARY TRACT CONDITIONS	DETROL LA	tolterodine er
	PROCYSBI	CYSTAGON
	RAPAFLO	silodosin
	UROXATRAL	alfuzosin er
	VESICARE	solifenacin
	VESICARE LS	oxybutynin, oxybutynin er

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



1. State laws in **Connecticut, Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. 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>.

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

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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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