CIGNA NATIONAL PREFERRED 3-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2022

Cigna

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

939967 d CNPF 05/22

What's inside?

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 Prescription Drug List (Abridged)**. It's a shortened version of the drug list. To view the full drug list, log into the **myCigna** App or **myCigna.com**.

Questions?

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

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna National Preferred 3-Tier Prescription Drug List as of July 1, 2022.[1,2] Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

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

How to read this drug list

Use the chart below to help you read this drug list. This chart is just an example. It may not show how these medications are actually covered on the Cigna National Preferred 3-Tier Prescription Drug List.

TIER 1 $	TIER 2 $$
BLOOD PRESSURE/HEART MEDICATIONS	
afeditab CR	BERINERT* (PA)
amlodipine besylate	BIDIL
amlodipine besylate-benazepril	BYSTOLIC
amlodipine-valsartan	CINRYZE* (PA)
amlodipine-valsartan-HCTZ	COREG CR
atenolol	COZAAR (ST)
atenolol-chlorthalidone	DIOVAN (ST)
benazepril	DIOVAN HCT (ST)
benazepril-HCTZ	EDARBI (ST)
candesartan cilexetil	EDARBYCLOR (ST)
cartia XT	EXFORGE
carvedilol	EXFORGE HCT
clonidine	FIRAZYR* (PA)
digitek	HEMANGEOL
digox	INDERAL LA
digoxin	INDERAL XL
diltiazem ER	INNOPRAN XL
diltiazem CD	LOTREL
diltiazem	MICARDIS (ST)
dilt-XR	MULTAQ
enalapril	NITRO-DUR
flecainide acetate	NITROLINGUAL
hydralazine	NITROMIST
irbesartan	NITRONAL
isosorbide mononitrat	NITROSTAT
	NORTHERA* (PA)
	NORVASC
	RANEXA (ST)
	TEKTURNA
	TEKTURNA HCT

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

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

Specialty medications have an asterisk (*) listed next to them

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

Generic medications are in all **lowercase letters**

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

This chart is just a sample. It may not show how these medications are actually covered on the Cigna National Preferred 3-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)	**$$**
› **Tier 3 – Typically Non-Preferred Brands**	(Highest-cost medication)	**$$$**

Abbreviations next to medications

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

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

* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy, and/or age requirements.

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

Brand-name medications are in all capital letters

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

Specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. In this drug list, specialty medications have an asterisk **(*)** next to them. Some plans cover specialty medications on a specialty tier, limit coverage to a 30-day supply, and/or require you to use a preferred specialty pharmacy to get coverage. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

No cost-share preventive medications have a plus sign next to them

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

Plan/benefit exclusions

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

How to find your medication

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

Cigna National Preferred 3-Tier Prescription Drug List

AIDS/HIV

TIER 1 $	TIER 2 $$	TIER 3 $$$
emtricitabine/ tenofovir disoproxil fumarate* emtricitabine/ tenofovir (TDF) 200mg-300mg+	BIKTARVY* CIMDUO* DESCOVY* GENVOYA* JULUCA* ODEFSEY* SYMFI LO* SYMFI* SYMTUZA TEMIXYS* TRIUMEQ*	APRETUDE ER (PA)* EVOTAZ* VIREAD 300MG TABLET*

ALLERGY/NASAL SPRAYS

TIER 1 $	TIER 2 $$	TIER 3 $$$
azelastine nasal spray desloratadine epinephrine auto-injector (QL) (by MYLAN, TEVA) fluticasone nasal spray (ST) hydroxyzine hydroxyzine pamoate levocetirizine promethazine	DYMISTA (ST, QL) EPIPEN (PA, QL) EPIPEN JR (PA, QL) GRASTEK (PA) ODACTRA (PA) ORALAIR (PA) RAGWITEK (PA) SYMJEPI	AUVI-Q (ST, QL) CLARINEX (QL) GASTROCROM KARBINAL ER (ST) PATANASE (QL) RYCLORA RYVENT (ST) VISTARIL XHANCE (ST, QL)

ALZHEIMER'S DISEASE

TIER 1 $	TIER 2 $$	TIER 3 $$$
donepezil (ST)	NAMZARIC (ST)	ARICEPT (ST) EXELON (ST) MEMANTINE TITRATION PACK NAMENDA NAMENDA XR

ANXIETY/DEPRESSION/BIPOLAR DISORDER

TIER 1 $	TIER 2 $$	TIER 3 $$$
alprazolam amitriptyline bupropion bupropion er buspirone citalopram (QL) desvenlafaxine er (ST, QL) diazepam duloxetine dr (QL) escitalopram (QL) fluoxetine (ST, QL) lorazepam mirtazapine nortriptyline paroxetine (QL) sertraline (QL)	FETZIMA (ST, QL)	ANAFRANIL APLENZIN (ST, QL) ATIVAN PAMELOR PAXIL (ST, QL) PAXIL CR (ST, QL) REMERON SARAFEM (QL) TOFRANIL TRINTELLIX (ST, QL)

ASTHMA/COPD/RESPIRATORY

TIER 1 $	TIER 2 $$	TIER 3 $$$
albuterol hfa (by CIPLA, PAR, PERRIGO, PROFICIENT RX & TEVA) albuterol nebulization solution budesonide nebulization suspension montelukast sildenafil * (PA, QL) tadalafil 20mg*	ADEMPAS* (PA) ADVAIR HFA (PA, QL) ANORO ELLIPTA (QL) ARNUITY ELLIPTA (QL) ASMANEX HFA/ TWISTHALER (QL) BEVESPI AEROSPHERE (QL) BREO ELLIPTA (PA, QL) BREZTRI AEROSPHERE (QL) COMBIVENT RESPIMAT (QL) DULERA (PA, QL) FASENRA* (PA) FLOVENT DISKUS (QL) FLOVENT HFA (QL) INCRUSE ELLIPTA (QL) NUCALA* (PA, QL) OFEV* (PA, QL) OPSUMIT* (PA) QVAR REDIHALER (QL) SEREVENT DISKUS (QL) SPIRIVA HANDIHALER/ RESPIMAT (QL) STIOLTO RESPIMAT (QL) SYMBICORT (PA, QL) TRACLEER SUSP* (PA) TRELEGY ELLIPTA (QL) TRIKAFTA*(PA, QL) UPTRAVI* (PA) XOLAIR* (PA, QL) YUPELRI (QL)	ADVAIR DISKUS (PA, QL) AIRDUO DIGIHALER (PA, QL) ALVESCO (QL) ARCAPTA NEOHALER (QL) ATROVENT HFA(QL) BRONCHITOL *(PA) BROVANA (QL) LONHALA MAGNAIR ORENITRAM ER* (PA) PERFOROMIST (QL) REVATIO* (PA, QL) SEEBRI NEOHALER (QL) TRACLEER* (PA) UTIBRON NEOHALER (QL) ZOKINVY* (PA, QL)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

TIER 1 $	TIER 2 $$	TIER 3 $$$
atomoxetine dexmethylphenidate er	DAYTRANA (ST) DYANAVEL XR	ADDERALL XR (PA) ADHANSIA XR (ST)

Cigna National Preferred 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
ATTENTION DEFICIT HYPERACTIVITY DISORDER *(cont)*		
dextroamphetamine/ amphetamine dextroamphetamine/ amphetamine er guanfacine er methylphenidate methylphenidate er	MYDAYIS QUILLICHEW ER (ST) QUILLIVANT XR (ST) VYVANSE (ST)	ADZENYS ER (ST) ADZENYS XR-ODT (ST) APTENSIO XR (ST) AZSTARYS (ST) COTEMPLA XR-ODT (ST) EVEKEO JORNAY PM (ST) KAPVAY (ST) METHYLIN RELEXXII (ST) RITALIN RITALIN LA (ST)
BLOOD MODIFIERS/BLEEDING DISORDERS		
aspirin ec+ aspirin tablet+ ASPIR-TRIN+	EMPAVELI (PA) FULPHILA* (PA, QL) TAVALISSE* (PA, QL) ZIEXTENZO* (PA)	ENDARI (PA) LYSTEDA*
BLOOD PRESSURE/HEART MEDICATIONS		
amiodarone amlodipine amlodipine/ benazepril amlodipine/valsartan atenolol (ST) atenolol/ chlorthalidone benazepril bisoprolol/hctz BUFFERED ASPIRIN+ BUFFERIN+ carvedilol (ST) children's chewable aspirin+ clonidine digoxin diltiazem er doxazosin (QL) droxidopa (PA) ECPIRIN+ enalapril hydralazine irbesartan isosorbide er	ECOTRIN+ ENTRESTO (QL) TAKHZYRO* (PA, ST) TEKTURNA HCT VERQUVO (QL)	ADALAT (ST) ALTACE BIDIL CALAN SR (ST) CARDIZEM CARDIZEM CD CARDIZEM LA CARDURA (ST, QL) CATAPRES (QL) CATAPRES-TTS (QL) CONSENSI COREG CR (ST) CORGARD (ST) GONITRO HAEGARDA* (PA) HEMANGEOL KALBITOR* (PA) LOPRESSOR (ST) LOTENSIN MINIPRESS MORGIDOX MULTAQ NITROSTAT ORLADEYO* (PA)
BLOOD PRESSURE/HEART MEDICATIONS *(cont)*		
isosorbide mononitrate er labetalollisinopril lisinopril/hctz LITE COAT ASPIRIN+ losartan losartan/hctz LOW DOSE ASPIRIN EC+ metoprolol succinate er (ST) metoprolol tartrate nifedipine er olmesartan olmesartan/hctz propranolol propranolol er quinapril ramipril telmisartan terazosin (QL) TRIBUFFERED ASPIRIN+ valsartan valsartan/hctz verapamil er		PRINIVIL PROCARDIA PROCARDIA XL (ST) TAKHZYRO* (PA) TENORETIC (ST) TENORMIN (ST) TIAZAC VASOTEC VERELAN (ST) VERELAN PM ZESTORETIC ZESTRIL ZIAC (ST)
BLOOD THINNERS/ANTI-CLOTTING		
clopidogrel enoxaparin* warfarin	BRILINTA ELIQUIS (PA) FRAGMIN* XARELTO (PA)	AGGRENOX 25 MG-200 MG CAPSULE ARIXTRA* ARRANON BEVYXXA COUMADIN EFFIENT ZONTIVITY (PA)
CANCER		
anastrozole+ exemestane+ methotrexate tamoxifen+	ALECENSA* (PA, QL) ALUNBRIG* (PA, QL) BOSULIF* (PA, QL) CABOMETYX* (PA, QL) CALQUENCE* (PA, QL) COMETRIQ* (PA)	BRAFTOVI* (PA, QL) CYCLOPHO-SPHAMIDE TABLETS* EXKIVITY (PA, QL) LUMAKRAS* (PA) LUPRON DEPOT* (PA)

Cigna National Preferred 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
CANCER *(cont)*		
	ERIVEDGE* (PA, QL) ERLEADA* (PA) GILOTRIF* (PA, QL) IBRANCE* (PA, QL) IMBRUVICA* (PA, QL) INLYTA* (PA, QL) IRESSA* (PA, QL) LORBRENA* (PA, QL) LYNPARZA* (PA) NINLARO* (PA, QL) NUBEQA* ODOMZO* (PA, QL) POMALYST* (PA) REVLIMID* (PA) ROZLYTREK*(PA, QL) RUBRACA* (PA, QL) SPRYCEL* (PA, QL) STIVARGA* (PA, QL SUTENT* (PA, QL) TABRECTA* (PA) TAGRISSO*(PA,QL) TALZENNA* (PA, QL) TASIGNA* (PA, QL) VERZENIO* (PA) VITRAKVI* (PA, QL) VIZIMPRO* (PA, QL) XALKORI* (PA, QL) XTANDI* (PA, QL) YONSA* (PA) ZEJULA* (QL)	MEKTOVI* (PA, QL) ORGOVYX* (PA, QL) SOLTAMOX+ TEMODAR* (PA) TREXALL TUKYSA* (PA, QL) UKONIQ* (PA, QL) SUTENT* (PA, QL) WELIREG* XELODA* (PA)
CHOLESTEROL MEDICATIONS		
atorvastatin 10mg, 20mg+ (QL) atorvastatin 40mg, 80mg (QL) ezetimibe (ST) ezetimibe/simvastatin (QL) fenofibrate (ST) fenofibric acid dr fenofibrate micronized fenofibrate acid delayed release fluvastatin/er+ (QL) gemfibrozil lovastatin+ (QL) niacin er	LIPOFEN LIVALO (ST, QL) NEXLETOL NEXLIZET REPATHA (PA) VASCEPA	CADUET (PA, QL) FENOGLIDE (ST) FLOLIPID (ST, QL) LOVAZA (PA) NIACOR NIASPAN PRAVACHOL (ST, QL) ROSZET (ST, QL) TRILIPIX (ST) ZYPITAMAG (ST, QL)

TIER 1 $	TIER 2 $$	TIER 3 $$$
CHOLESTEROL MEDICATIONS *(cont)*		
omega-3 acid ethyl esters pravastatin+ (QL) rosuvastatin 20mg, 40mg (QL) rosuvastatin 5mg, 10mg+ (QL) simvastatin (QL)		
CONTRACEPTION PRODUCTS		
AFIRMELLE+ ALTAVERA+ ALYACEN+ AMETHIA LO+ AMETHIA+ AMETHYST+ APRI+ ARANELLE+ ASHLYNA+ AUBRA/EQ+ AUROVELA 24 FE+ AUROVELA FE+ AUROVELA+ AVIANE+ AYUNA+ AZURETTE+ BALZIVA+ BEKYREE+ BLISOVI 24 FE+ BLISOVI FE+ BRIELLYN+ CAMILA+ CAMRESE LO+ CAMRESE+ CAZIANT+ CHATEAL EQ+ CHATEAL+ CRYSELLE+ CYCLAFEM+ CYRED EQ+ CYRED+ DASETTA+ DAYSEE+ DEBLITANE+ DESOGESTREL-ETHINYLESTRADIOL ETHINYL ESTRADIOL+ ETHINYLESTRADI-OL +	DEPO-PROVERA+ (QL) FC2 FEMALE CONDOM+ FEMCAP+ KYLEENA*+ MIRENA*+ SKYLA*+ VCF+	AFTERA+ BEYAZ+ CAYA CONTOURED+ ELLA+ (QL) LILETTA+ NUVARING+ ORTHO TRI-CYCLEN LO+ (ST) ORTHO-NOVUM+ PARAGARD+ TAKE ACTION+ WIDE SEAL DIAPHRAGM+ YAZ+ (ST)

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
DROSPIRENONE-ETHINYLESTRADIOL+		
DROSPIRENONE-ETHINYL ESTRA-LEVOMEF+		
ELINEST+		
ELURYNG+		
EMOQUETTE+		
ENPRESSE+		
ENSKYCE+		
ERRIN+		
ESTARYLLA+		
ETHYNODIOL-ETHINYL ESTRADIOL+		
ETONOGESTREL-ETHINYL ESTRADIOL VAGINAL RING+		
ETHINYL ESTRADIOL/ DROSPIRENONE		
ETHINYL ESTRADIOL/ DROSPIRENONE/ LEVOMEFOLATE		
ETHINYL ESTRADIOL / ETONOGESTREL VAGINAL RING		
DESOGESTREL-ETHINYL ESTRADIOL/ LEVONORGESTREL		
ETHINYL ESTRADIOL/ NORELGESTROMIN PATCHES		
ETHINYL ESTRADIOL/ NORETHINDRONE ACETATE		
ETHINYL ESTRADIOL/ NORETHINDRONE/ IRON		
ETHINYL ESTRADIOL/ NORGESTIMATE		
EUFLEXXA		
GYNOL II+		
HAILEY 24 FE+		
HAILEY FE+		
HAILEY+		
INCASSIA+		
INTROVALE+		
ISIBLOOM+		

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
JAIMIESS+		
JASMIEL+		
JENCYCLA+		
JOLESSA+		
JULEBER+		
JUNEL 24 FE+		
JUNEL FE+		
JUNEL+		
KAITLIB FE+		
KALLIGA+		
KARIVA+		
KELNOR 1-35+		
KELNOR 1-50+		
KURVELO+		
LARIN 24 FE+		
LARIN FE+		
LARIN+		
LARISSIA+		
LAYOLIS+		
LEENA+		
LESSINA+		
LEVONEST+		
LEVONORGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL+		
LEVONORGESTREL-ETHINYL ESTRADIOL+		
LEVORA-28+		
LILLOW+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		
LO-ZUMANDIMINE+		
LUTERA+		
LYZA+		
MARLISSA+		
MEDROXY-PROGESTER- ONE+		
MELODETTA 24 FE+		
MIBELAS 24 FE+		
MICROGESTIN 24 FE+		
MICROGESTIN FE+		
MICROGESTIN+		
MILI+		
MONO-LINYAH+		
MY CHOICE+ (QL)		
MY WAY+ (QL)		
NECON+		

Cigna National Preferred 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
NEW DAY+		
NIKKI+		
NORA-BE+		
NORETHINDRONE+		
NORETHINDRONE-ETHINYL ESTRADIOL+		
NORETHINDRONE-ETHINYL ESTRADIOL-FE+		
NORGESTIMATE-ETHINYL ESTRADIOL+		
NORGESTREL-ETHINYL ESTRADIOL+		
NORLYDA+		
NORTREL+		
OCELLA+		
OGESTREL+		
OPTION 2+ (QL)		
ORSYTHIA+		
PHILITH+		
PIMTREA+		
PIRMELLA+		
PORTIA+		
PREVIFEM+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		
SHAROBEL+		
SIMLIYA+		
SIMPESSE+		
SPRINTEC+		
SRONYX+		
SYEDA+		
TARINA 24 FE+		
TARINA FE 1-20 EQ+		
TARINA FE+		
TILIA FE+		
TRI-ESTARYLLA+		
TRI-LEGEST FE+		
TRI-LINYAH+		
TRI-LO-ESTARYLLA+		
TRI-LO-MARZIA+		
TRI-LO-MILI+		
TRI-LO-SPRINTEC+		
TRI-MILI+		
TRINESSA+		
TRI-PREVIFEM+		
TRI-SPRINTEC+		

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
TRIVORA-28+		
TRI-VYLIBRA LO+		
TRI-VYLIBRA+		
TULANA+		
TYDEMY+		
VELIVET+		
VIENVA+		
VIORELE+		
VYFEMLA+		
VYLIBRA+		
WERA+		
WYMZYA FE+		
XULANE+		
ZARAH+		
ZOVIA 1-35E+		
ZOVIA 1-50E+		
ZUMANDIMINE+		
COUGH/COLD MEDICATIONS		
benzonatate		HYCODAN
hydrocodone/chlorpheniramine er		TESSALON PERLE
hydrocodone/chlorpheiramine polistirex er		TUZISTRA XR (PA)
promethazine/dextromethorphan		
DENTAL PRODUCTS		
chlorhexidine		ARESTIN*
fluoride+		FLORIVA^
FLUORITAB+		FLUORABON^
LUDENT FLUORIDE+		FLURA-DROPS^
		PERIDEX

TIER 1 $	TIER 2 $$	TIER 3 $$$
DIABETES		
glimepiride	ACCU-CHEK LANCETS	ACCU-CHEK SOLUTION
glipizide	BAQSIMI	BASAGLAR
glipizide er	BD AUTOSHIELD DUO NEEDLES	BASAGLAR KWIKPEN
glyburide	BD INSULIN SYRINGE	CEQUR SIMPLICITY
metformin (ST)	BD PEN NEEDLE	CYCLOSET (PA, QL)
metformin er (QL)	BD ULTRAFINE INSULIN SYRINGES	DROPLET INSULIN SYRINGE
pioglitazone (QL)	BD ULTRAFINE PEN NEEDLES	DROPLET PEN NEEDLES
	BYDUREON (PA, QL)	FORTAMET (ST)
		GLUCOPHAGE(ST)

Cigna National Preferred 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
DIABETES *(cont)*		
	BYETTA (PA, QL) DEXCOM G6 RECEIVER (PA) DEXCOM SENSOR DEXCOM G6 TRANSMITTER (PA, QL) FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX, FREESTYLE LITE GLUCAGEN (QL) GLUCAGON GLYXAMBI (ST, QL) GVOKE (QL) HUMALOG HUMULIN JANUMET (ST, QL) JANUMET XR (ST, QL) JANUVIA (ST, QL) JARDIANCE (ST, QL) LEVEMIR LYUMJEV 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) PRECISION XTRA TEST STRIPS, B-KETONE STRIPS RYBELSUS SEGLUROMET SEMGLEE SOLIQUA (QL) STEGLATRO STEGLUJAN	GLUCOPHAGE XR (ST, QL) OSENI (ST, QL) RIOMET (ST) RIOMET ER (ST) TECHLITE INSULIN SYRINGES TECHLITE PEN NEEDLE TRUEPLUS PEN NEEDLES TRUEPLUS SYRINGE

TIER 1 $	TIER 2 $$	TIER 3 $$$
DIABETES *(cont)*		
	SYMLINPEN (QL) SYNJARDY (ST, QL) SYNJARDY XR (ST, QL) TECHLITE LANCETS TOUJEO TRESIBA TRIJARDY XR TRULICITY (PA, QL) V-GO XIGDUO XR (ST, QL) XULTOPHY (QL) ZEGALOGUE (QL)	
DIURETICS		
chlorthalidone furosemide hydrochlorothiazide spironolactone triamterene/hctz	KERENDIA (PA) STEGLUJAN	ALDACTONE DIURIL EDECRIN INSPRA JYNARQUE* (PA, QL) LASIX MAXZIDE SAMSCA 30MG TABLET* (QL
EAR MEDICATIONS		
neomycin/ polymyxin/ hydrocortisone ear solution		CIPRO HC DERMOTIC
ERECTILE DYSFUNCTION		
sildenafil^ 25mg, 50mg, 100mg tadalafil^ (PA, QL) 2.5mg, 5mg, 10mg, 20mg vardenafil^ (PA, QL)		EDEX^ (PA, QL) LEVITRA^ (QL) STAXYN^ (QL) STENDRA^ (PA, QL)
EYE CONDITIONS		
erythromycin eye ointment latanoprost eye solution (PA) loteprednol eye drops loteprednol eye suspension moxifloxacin eye solution polymyxin/ trimethoprim eye solution	AZASITE COMBIGAN (ST) INVELTYS (ST) LOTEMAX GEL/ OINTMENT (ST) LOTEMAX SM (ST) LUMIGAN (PA) MYFEMBREE (PA) ORIAHNN (PA) RESTASIS (PA, QL) SOMAVERT* (PA)	ACULAR (ST) ALPHAGAN P (ST) AZOPT BETOPTIC S CEQUA (PA) EYSUVIS (PA, QL) DUREZOL (ST) FML LIQUIFILM (ST) ILEVRO

Cigna National Preferred 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
EYE CONDITIONS *(cont)*		
prednisolone eye suspension timolol eye solution tobramycin eye solution tobramycin/ dexamethasone eye suspension travoprost eye solution (PA)	TOBRADEX OINTMENT XIIDRA (PA, QL)	IOPIDINE (ST) LACRISERT (PA) LATANOPROST (ST) LOTEMAX MAXITROL MOXEZA OCUFLOX PATADAY POLYTRIM PRED FORTE PROLENSA SIMBRINZA TIMOPTIC-XE (ST) TRUSOPT (ST) TYRVAYA 0.03 MG NASAL SPRAY (PA) VIGAMOX VYZULTA (PA) ZIRGAN
FEMININE PRODUCTS		
terconazole vaginal		GYNAZOLE 1 MICONAZOLE 3
GASTROINTESTINAL/HEARTBURN		
ALOPHEN PILLS+ bisacodyl tablets+ BISA-LAX+ CITROMA+ CLEARLAX dicyclomine diphenoxylate/ atropine esomeprazole dr (QL) famotidine FEMININE LAXATIVE+ GAVILAX+ GENTLELAX+ GLYCOLAX+ lansoprazole dr (QL) Laxative+ meclizine metoclopramide milk of magnesia+ NATURA-LAX+ omeprazole dr (ST) ondansetron ondansetron odt	CREON LINZESS (QL) MIRALAX+ MOVANTIK (QL) PANCREAZE PENTASA RECTIV RELISTOR (ST) RELISTOR TABLETS (ST) SYMPROIC TALICIA (QL) TRULANCE UCERIS FOAM VARUBI (QL) VIBERZI VIOKACE ZENPEP	ACTIGALL APRISO (ST) BONJESTA (QL) BYLVAY* (PA, QL) CARAFATE COLAZAL CUVPOSA DEXILANT (ST, QL) DICLEGIS (QL) DONNATAL GATTEX* (PA) GLYCATE KRISTALOSE LITHOSTAT LIVMARLI* (PA) MOTEGRITY (QL) MUGARD NEUTRASAL NULYTELY WITH FLAVOR PACKS OMECLAMOX - PAK (QL) SALIVAMAX SANCUSO (QL)

TIER 1 $	TIER 2 $$	TIER 3 $$$
GASTROINTESTINAL/HEARTBURN *(cont)*		
oral saline laxative+ pantoprazole dr (QL) PEG 3350+ phosphate laxative+ polyethylene glycol+ POWDERLAX+ PURELAX+ rabeprazole dr SMOOTHLAX+ WOMEN'S GENTLE LAXATIVE+ WOMEN'S LAXATIVE+		SFROWASA SYNDROS (PA) URSO URSO FORTE ZELNORM ZOFRAN (QL) ZUPLENZ (QL
HORMONAL AGENTS		
dexamethasone estradiol (QL) estradiol patches (QL) estradiol/ norethindrone (QL) estradiol vaginal inserts (QL) levothyroxine sodium liothyronine methimazole methylprednisolone prednisolone sodium phosphate prednisone testosterone cypionate (PA)	ANDRODERM (PA,QL) CETROTIDE* COMBIPATCH DUAVEE GENOTROPIN* (PA) LUPRON DEPOT 3.75 MG*, 11.25 MG* (PA) NATESTO (PA) NORDITROPIN* (PA) ORILISSA (PA) PREMARIN CREAM YUVAFEM	ACTIVELLA ALORA (QL) ANGELIQ AYGESTIN BYNFEZIA PEN* (PA, ST) CLIMARA (QL) DDAVP TABLET, NASAL SPRAY* DEPO-TESTOSTERONE (PA) ENTOCORT EC ESTRACE FORTESTA (PA, QL) JATENZO (PA, QL) KENALOG (ST, QL) MEDROL MENOSTAR (QL) NOCDURNA (PA, QL) ORTIKOS PROMETRIUM RAYALDEE (ST) RAYOS (PA) SANDOSTATIN* (PA, ST) SOMATULINE DEPOT* (PA) SUPPRELIN LA* (PA) SYNTHROID TAPERDEX TARPEYO DR* (PA) TESTOPEL TESTRED (PA)

Cigna National Preferred 3-Tier Prescription Drug List

HORMONAL AGENTS *(cont)*

TIER 1 $	TIER 2 $$	TIER 3 $$$
		VOGELXO (PA, QL) WP THYROID XYOSTED (PA, QL) ZORBTIVE* (PA)

INFECTIONS

TIER 1 $	TIER 2 $$	TIER 3 $$$
acyclovir (PA, QL) amoxicillin amoxicillin/potassium clavulanate azithromycin cefdinir cefuroxime cephalexin ciprofloxacin clarithromycin clindamycin 1% gel clindamycin oral doxycycline hyclate (ST) doxycycline monohydrate fluconazole hydroxychloroquine levofloxacin metronidazole metronidazole vaginal minocycline nitrofurantoin macrocrystal nystatin (QL) ofloxacin oseltamivir penicillin vk sulfamethoxazole/ trimethoprim valacyclovir (QL)	ARIKAYCE* (PA) BARACLUDE SOLUTION* BAXDELA (QL) BETHKIS* (PA, QL) EMVERM EPCLUSA* (QL) HARVONI* (PA, QL) KITABIS PAK* (PA, QL) MOLNUPIRAVIR PAXLOVID PEGASYS* (QL) SOLOSEC THALOMID* (PA) TOBI PODHALER* (PA, QL) VOSEVI* (PA) XIFAXAN (QL) ZEPATIER * (PA, QL)	ACTICLATE (ST) AEMCOLO (QL) ALBENZA (QL) ALINIA (QL) ANCOBON ARAKODA (QL) AUGMENTIN BACTRIM BACTRIM DS CIPRO CLEOCIN CLEOCIN PALMITATE CLINDESSE DAPSONE TABLET (ST) DARAPRIM* (PA) DAXBIA DIFICID (QL) DIFLUCAN DORYX DORYX MPC ELIMITE ERYPED 200 ERYPED 400 ERY-TAB EURAX FLAGYL HIPREX KEFLEX LIVTENCITY* (PA) MACROBID MACRODANTIN MALARONE (QL) MEPRON METROGEL (ST) MINOLIRA ER (ST) MONUROL MORGIDOX KIT NUVESSA NUZYRA* (QL) ORAVIG PEGINTRON* (QL) SEYSARA (ST)

INFECTIONS *(cont)*

TIER 1 $	TIER 2 $$	TIER 3 $$$
		SIVEXTRO SKLICE SOLODYN (ST) STROMECTOL (PA, QL) TAMIFLU (QL) TARGADOX URIBEL VALCYTE VANCOCIN VANCOCIN HCL (PA, QL) VIBRAMYCIN (ST) XENLETA XOFLUZA (QL) ZITHROMAX ZOVIRAX (PA, QL) ZYVOX

INFERTILITY

TIER 1 $	TIER 2 $$	TIER 3 $$$
ganirelix^ (ST	CETROTIDE^ (PA, QL) ENDOMETRIN^ GONAL-F RFF REDI-JECT^ (PA) GONAL-F RFF^ (PA) GONAL-F^ (PA) MENOPUR^ NOVAREL^ (QL) OVIDREL^	FOLLISTIM*^ (ST)

MISCELLANEOUS

TIER 1 $	TIER 2 $$	TIER 3 $$$
	AUSTEDO* (PA, QL) CERDELGA* (ST) COVID AT-HOME TESTS ESBRIET* (PA, QL) KUVAN* (PA) NITYR* NUEDEXTA (PA) STRENSIQ* (PA) TEGSEDI* (PA)	ADDYI^ (PA) ASSURE 4 EVRYSDI* (PA, QL) EXSERVAN* (PA) GALAFOLD* (PA) HAEGARDA* (PA) HORIZANT (ST) INGREZZA* (PA, QL) KEVEYIS* (PA) ORFADIN* (PA) SYPRINE* (PA) TIGLUTIK* (PA) VOXZOGO* (PA) VYLEESI*^

Cigna National Preferred 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
MULTIPLE SCLEROSIS		
dimethyl fumarate (PA, QL) glatopa (PA, QL)	AUBAGIO* (PA, QL) AVONEX* (PA, QL) BAFIERTAM* (PA, QL) BETASERON* (PA, QL) FIRDAPSE (PA) GILENYA* (PA, QL) KESIMPTA*(PA, QL) MAYZENT* (PA) PLEGRIDY* (PA, QL) PONVORY* (PA, QL REBIF* (PA, QL) VUMERITY* (PA, QL) ZEPOSIA (PA, QL)	COPAXONE* MAVENCLAD* (PA, QL)
NUTRITIONAL/DIETARY		
B COMPLEX+^ cyanocobalamin injectable calcium 667mg(QL) DAILY PRENATAL+^ DIALYVITE 800+ ergocalciferol folic acid 0.4mg, 0.8mg+^ FOLTABS 800+ multivitamin with fluoride+ MVC-FLUORIDE+	LOKELMA (QL) NASCOBAL (QL) PHOSLYRA (QL) VELPHORO (QL) VELTASSA (ST, QL)	ACCRUFER^ ALIVE PRENATAL^ AURYXIA BIFERA RX^ BRAINSTRONG PRENATAL^ CEREFOLIN^ CITRANATAL 90 DHA^ CITRANATAL ASSURE^ CITRANATAL B-CALM^ CITRANATAL DHA^ CITRANATAL HARMONY^ CITRANATAL RX^ CITRANATAL^ DEPLIN^ DRISDOL^ FA-8^ FLORIVA^ FOLTX^ MEPHYTON^ (QL) METANX^ MINI PRENATAL^ MINIPRESS NEEVO DHA GELCAP^ OB COMPLETE^

TIER 1 $	TIER 2 $$	TIER 3 $$$
NUTRITIONAL/DIETARY *(cont)*		
		ONE A DAY WOMEN'S PRENATAL DHA^ ONE-A-DAY PRENATAL-1^ POLY-VI-FLOR^ POLY-VI-FLOR WITH IRON^ PRENATAL+^ PRENATAL FORMULA-DHA^ PRENATAL GUMMIES^ PRENATAL MULTI^ PRENATAL MULTIVITAMIN+^ PRENATAL PLUS-DHA^ PRENATE MINI^ PRENATE PIXIE^ PRIMACARE^ QUFLORA^ RENVELA (QL) RENVELA POWDER PACKETS, TABS (QL) ROCALTROL (ST) SIMILAC PRENATAL^ STUART ONE^ TRI-VI-FLOR^ ULTRA PRENATAL PLUS DHA^ VITAMIN D2^ VITAMIN D3^
OSTEOPOROSIS PRODUCTS		
alendronate (QL) ibandronate (QL) raloxifene+	FORTEO* (PA, QL) TYMLOS* (PA)	ACTONEL (ST, QL) ATELVIA (QL) BINOSTO (ST, QL)

Cigna National Preferred 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
OSTEOPOROSIS PRODUCTS *(cont)*		
		BONIVA (ST, QL) EVISTA FOSAMAX (ST, QL) teriparatide* (PA, QL)
PAIN RELIEF AND INFLAMMATORY DISEASE		
acetaminophen/codeine (PA, QL) allopurinol butalbital/acetaminophen/caffeine celecoxib colchicine tablets cyclobenzaprine (ST) diclofenac dr fentanyl patches (QL) hydrocodone/acetaminophen hydromorphone ibuprofen (ST) indomethacin ketorolac (QL) lidocaine patches meloxicam (QL) metaxalone methocarbamol morphine er (QL) morphine sulfate er (PA, ST, QL) nabumetone naproxen (ST) oxycodone (PA) oxycodone/acetaminophen rizatriptan (QL) sumatriptan (QL) tizanidine tramadol (PA, QL)	ACTEMRA* (PA, QL) AIMOVIG (PA, QL) AJOVY (PA, QL) BELBUCA (ST, PA, QL) DUPIXENT*(PA, QL) EMGALITY (PA) ENBREL* (PA, QL) FLECTOR (ST, QL) HUMIRA* (PA, QL) HYSINGLA ER (PA, ST, QL) LICART PATCHES MITIGARE OTEZLA* (PA) OXYCONTIN (PA, ST, QL) RASUVO (ST) RINVOQ ER* (PA, ST, QL) SAVELLA (ST, QL) SIMPONI 100 MG* (PA, QL) (FOR ULCERATIVE COLITIS ONLY) SKYRIZI* (PA, QL) STELARA* (PA) TALTZ* (PA) TREMFYA* (PA) XELJANZ XR *(PA, QL) XELJANZ* (PA, QL) ZOMIG NASAL (ST, QL) ZTLIDO	ANALPRAM HC ARAVA (QL) ARYMO ER (PA) BACLOFEN ORAL SOLUTION (ST) CAMBIA (ST, QL) COLCRYS (ST) CONZIP (ST, QL) DEPEN (PA) D.H.E.45 DUEXIS (ST) DURAGESIC 12, 25, 50, 75, 100 MCG/HR PATCH (QL) EC-NAPROSYN (ST) ESGIC (PA) FEXMID (ST) FIORICET (ST) FROVA (ST, QL) GLOPERBA GRALISE (ST) KADIAN (ST, QL) LORTAB MIGRANAL (ST, QL) MOBIC (ST, QL) MORPHABOND ER (QL) MS CONTIN (PA, QL) NALOCET (PA, QL) NAPRELAN (ST) NAPROSYN (ST) NORCO NURTEC ODT (PA, QL) ONZETRA XSAIL OXAYDO (PA, QL) PROCORT QMIIZ ODT (ST) QULIPTA (PA)
PAIN RELIEF AND INFLAMMATORY DISEASE *(cont)*		
		RELPAX (ST, QL) REYVOW (PA, QL) ROXICODONE (PA, QL) ROXYBOND (PA, QL) SAPHNELO* (PA) SIMPONI ARIA* (PA) SKELAXIN SPRIX (ST, QL) TOSYMRA (PA, QL) TRUDHESA (ST, QL) UBRELVY ULTRAM (PA, QL) VANATOL LQ (ST) VANATOL S VIMOVO (ST) VOLTAREN (ST, QL) ZANAFLEX ZEMBRACE SYMTOUCH (QL,ST) ZYLOPRIM
PARKINSON'S DISEASE		
carbidopa/levodopa pramipexole ropinirole	KYNMOBI (PA, QL) INBRIJA* (PA, QL)	Azilect (ST) Duopa* (PA) Mirapex Mirapex ER Neupro NOURIANZ* (PA, QL) OSMOLEX ER (PA, QL) Requip XL Rytary SINEMET Tasmar (PA)
SCHIZOPHRENIA/ANTI-PSYCHOTICS		
aripiprazole olanzapine quetiapine risperidone (QL)	LATUDA (QL)	ABILIFY MYCITE (QL) CAPLYTA (QL) FANAPT (QL) GEODON (QL) INVEGA (QL)

Cigna National Preferred 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
SCHIZOPHRENIA/ANTI-PSYCHOTICS *(cont)*		
		REXULTI (QL) SECUADO (QL) RISPERDAL (QL) VRAYLAR (QL) ZYPREXA (QL) ZYPREXA ZYDIS (QL)
SEIZURE DISORDERS		
clonazepam divalproex dr divalproex er gabapentin lamotrigine levetiracetam oxcarbazepine pregabalin topiramate	EPIDIOLEX* (PA) FYCOMPA NAYZILAM VIMPAT	BRIVIACT (ST) CARBATROL DEPAKOTE (ST) DEPAKOTE ER (ST) DEPAKOTE SPRINKLE (ST) DILANTIN ELEPSIA XR (ST) KLONOPIN LAMICTAL XR (BLUE, GREEN) (ST) MYSOLINE ONFI (PA) OXTELLAR XR (ST) PHENYTEK QUDEXY XR (ST) SABRIL* (PA) SANCUSO (QL) SPRITAM (ST) SYMPAZAN (PA) TEGRETOL/XR TROKENDI XR (ST) VALTOCO (PA, QL) XCOPRI (QL)
SKIN CONDITIONS		
clindamycin topical (ST) clindamycin/benzoyl peroxide clobetasol (ST, QL) clotrimazole/ betamethasone (QL) dapsone topical fluocinonide (QL) gentamicin cream, ointment (QL) hydrocortisone topical (ST, QL) ketoconazole topical (QL)	ADBRY* (PA) AMZEEQ (ST) ENSTILAR ENSTILAR FOAM (QL,ST) FINACEA FOAM (ST) MIRVASO (PA) ONEXTON PICATO TAZORAC 0.05% CREAM (PA) TAZORAC GEL (PA)	ABSORICA (ST) ACZONE (ST) AKLIEF (PA, ST) ARAZLO (PA) AVAR-E (ST) AVITA (PA) BENZACLIN (ST) BRYHALI (ST) CAPEX (ST)

TIER 1 $	TIER 2 $$	TIER 3 $$$
SKIN CONDITIONS *(cont)*		
metronidazole topical mometasone (ST, QL) mupirocin (ST, QL) nystatin topical (QL) tacrolimus topical (ST, QL) tretinoin (PA) triamcinolone topical (QL)		CENTANY CLEOCIN T (ST, QL) CLINDACIN ETZ KIT CLOBEX (ST, QL) CLODERM (ST) CONDYLOX (QL) CORDRAN (ST) DENAVIR DERMASORB HC (ST) DERMASORB TA (ST) DESONATE (ST) DESOWEN (ST) DIFFERIN (ST) DOVONEX (QL, ST) DUOBRII (QL, ST) EFUDEX (ST) EPIDUO FORTE GEL PUMP (ST) ERTACZO (QL) EUCRISA (QL, ST) EVOCLIN (QL, ST) EXELDERM (QL) EXTINA (QL) FABIOR (PA) FINACEA (ST) halobetasol (ST) HALOG (ST) IMPOYZ isotretinoin (ST) JUBLIA (ST) KENALOG (ST, QL KERYDIN (ST) LEXETTE (ST) LUZU (QL) METROCREAM (ST) METROGEL (ST) METROLOTION (ST) NAFTIN (QL) NEUAC NORITATE (ST) OLUX (ST, QL) OXISTAT (QL) PRAMOSONE (ST) PROTOPIC (ST, QL)

SKIN CONDITIONS *(cont)*

TIER 1 $	TIER 2 $$	TIER 3 $$$
		PSORCON (QL) QBREXZA (PA) RETIN-A (PA) RETIN-A MICRO/ PUMP (PA) RHOFADE (PA) ROSADAN (ST) SERNIVO (ST) SOOLANTRA (ST, QL) SORILUX TACLONEX (QL) TAZORAC (PA) TEMOVATE (ST, QL) TOLAK TRIDESILON TRI-LUMA ULTRAVATE (ST) ULTRAVATE X (ST) VECTICAL VEREGEN XEPI (QL, ST) XERESE ZIANA (PA, ST) ZOVIRAX (PA, QL) WYNZORA 0.005%-0.064% CREAM* (QL, ST)

SLEEP DISORDERS/SEDATIVES

TIER 1 $	TIER 2 $$	TIER 3 $$$
eszopiclone (QL) zolpidem zolpidem er (QL)	SUNOSI XYREM* (PA, QL) XYWAV* (PA, QL)	ATIVAN (QL) BELSOMRA (ST, QL) DAYVIGO (ST) EDLUAR HETLIOZ* (PA, QL) HETLIOZ LQ* (ST, QL) INTERMEZZO (ST, QL) RESTORIL SILENOR (ST, QL) WAKIX* (PA, QL) ZOLPIMIST (QL, ST)

SMOKING CESSATION

TIER 1 $	TIER 2 $$	TIER 3 $$$
NICORELIEF+ nicotine gum+ nicotine lozenge+ NICOTINE+ QUIT 2+ QUIT 4+ STOP SMOKING AID+	NICORETTE+	CHANTIX+(QL) NICOTROL (QL) NICOTROL NS (QL)

SUBSTANCE ABUSE

TIER 1 $	TIER 2 $$	TIER 3 $$$
buprenorphine/ naloxone (QL)	KLOXXADO (QL) NARCAN NASAL SPRAY (QL) ZUBSOLV (QL	BUNAVAIL (QL) PROBUPHINE SUBOXONE (QL)

TRANSPLANT MEDICATIONS

TIER 1 $	TIER 2 $$	TIER 3 $$$
		ASTAGRAF XL* (PA) CELLCEPT* MYFORTIC* NEORAL* PROGRAF* RAPAMUNE* REZUROCK TABLET (PA, QL) ZORTRESS*

URINARY TRACT CONDITIONS

TIER 1 $	TIER 2 $$	TIER 3 $$$
finasteride oxybutynin er tamsulosin er	GELNIQUE (QL) MYRBETRIQ TOVIAZ	DITROPAN XL (ST) ENABLEX (ST) EVOXAC FLOMAX (ST) GEMTESA PROSCAR (ST) PYRIDIUM THIOLA EC* THIOLA* UROCIT-K

VACCINES

Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.

TIER 1 $	TIER 2 $$	TIER 3 $$$
	ACTHIB+ ADACEL TDAP+ AFLURIA QUAD+ BEXSERO+ BOOSTRIX TDAP+ DAPTACEL DTAP+ DIPHTHERIA-TETANUS TOXOIDS-PED+ ENGERIX-B+ FLUAD+ FLUARIX QUAD+ FLUBLOK QUAD+ FLUCELVAX QUAD+ FLULAVAL QUAD+	FLUMIST QUAD+ HEPLISAV-B+ KINRIX MENVEO+ ROTARIX TENIVAC+ VAXELIS ZOSTAVAX+

TIER 1 $	TIER 2 $$	TIER 3 $$$
VACCINES *(cont)*		
Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.		
	FLUZONE HIGH-DOSE+ FLUZONE QUAD+ GARDASIL 9+ HAVRIX+ HIBERIX+ INFANRIX DTAP+ IPOL+ MENACTRA+ M-M-R II+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID VACCINE+ PNEUMOVAX 23+ PREVNAR 13+ PROQUAD+ QUADRACEL DTAP-IPV+ RECOMBIVAX HB+ ROTATEQ+ SHINGRIX+ (PA, QL) TICOVAC 2.4 MCG/0.5 ML SYRINGE+ TDVAX+ TRUMENBA+ TWINRIX+ VARIVAX+ VAXNEUVANCE+	
WEIGHT MANAGEMENT		
benzphetamine^ diethylpropion^ (PA, QL) diethylpropion er^ (PA, QL) phendimetrazine er^ phendimetrazine^ phentermine^	WEGOVY^ (PA, QL)	ADIPEX-P^ (PA) BELVIQ ^(PA) BELVIQ XR ^(PA) CONTRAVE^ (PA, QL) CONTRAVE ER^ LOMAIRA^ QSYMIA^ (PA, QL) SAXENDA^ (PA, QL) XENICAL^ (PA

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-emtric-tenofov disop
	CABENUVA SUSP	atazanavir, lamivudine, DOVATO, EDURANT, JULUCA, PREZISTA, TIVICAY
	COMPLERA	Odefsey
	DELSTRIGO	BIKTARVY, GENVOYA, ODEFSEY, SYMFI, 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	lorazepam tablets
	PEXEVA, VIIBRYD	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
	PRISTIQ	desvenlafaxine er
	PROZAC	fluoxetine
	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 REDIHALER
	CINQAIR	DUPIXENT, FASENRA, NUCALA
	DALIRESP	ARNUITY ELLIPTA, ASMANEX HFA, FLOVENT HFA, INCRUSE ELLIPTA, QVAR REDIHALER, 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	HYDROXYUREA, DROXIA
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, esomepreazole, lansoprazole, pantoprazole, rabeprazole
	LOVENOX	enoxaparin
	PLAVIX	clopidogrel
	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
CANCER	AFINITOR, AFINITOR DISPERZ	everolimus
	ARIMIDEX	anastrozole
	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	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 , PRALUENT	REPATHA
	ROSUVASTATIN-EZETIMIBE 5-10MG, 10-10MG, 20-10MG, 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 *(cont)*	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-esgtradiol, SIMPESSE
	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, LEVEMIR, TOUJEO SOLOSTAR, TRESIBA
	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, LASTACAFT, PAZEO, ZERVIATE	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, omperazole, pantoprazole, rabeprazole
	AKYNZEO	granistetron, 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 *(cont)*	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 *(cont)*	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, Velphoro
	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, trmadol, 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
	RELPAX	eletriptan
	SEGLENTIS 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	APTIOM	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	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-tretionin, 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 *(cont)*	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	ENVARSUS XR	tacrolimus
	LUPKYNIS	mycophenolate, prednisone
URINARY TRACT CONDITIONS	DETROL LA	tolterodine er
	PROCYSBI	CYSTAGON
	RAPAFLO	silodosin
	UROXATRAL	alfuzosin er
	VESICARE	solifenacin
	VESICARE LS	oxybutynin, oxbutynin er

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

Frequently Asked Questions (FAQs)

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

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

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

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

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

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

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

Q. Why do certain medications need approval before my plan will cover them?
A. The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

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

Q. What types of medications typically need approval?
A. Medications that:

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

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

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

Q. What types of medications require Step Therapy?
A. The Step Therapy program includes medications that are used to treat many conditions, including, but not limited to:

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

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) *(cont)*

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

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

Q. How can I find out how much I'll pay for a specific medication?
A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.[3]

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.[4] Generic and brand-name medications have the same active ingredients, strength, dosage, form, effectiveness, quality, and safety.

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

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

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

Q. Can I fill my prescriptions by mail?
A. Yes, as long as your plan offers home delivery.[5]

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 and track your medications on your phone or online
- Standard shipping at no extra cost[6]
- 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).[7] They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost. To learn more , go to **Cigna.com/specialty**.

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost[6]
- 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:[8]

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

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

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

1. State laws in **Connecticut, Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. 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.
5. 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.
6. Standard shipping costs are included as part of your prescription plan.
7. As allowable by law. For medications administered by a health care provider, Acrredo will ship the medication directly to your doctor's office.
8. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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

CRP2009_004431.1

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.

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

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

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

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

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

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

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

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

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

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

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

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