



# **CIGNA ADVANTAGE 4-TIER PRESCRIPTION DRUG LIST**

**Coverage as of July 1, 2023**



Offered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

893304 y Advantage 4-Tier 06/23



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### View the drug list online

This document was last updated on 06/01/2023.\* You can go online to see the most up-to-date list of medications your plan covers.



**myCigna® App<sup>1</sup> 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 Advantage 4-Tier Prescription Drug List (all specialty medications covered on Tier 4).**

#### Questions?

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

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

Last updated: 06/01/2023, for changes starting 07/01/2023

Next planned update: 11/01/2023, for changes starting 01/01/2024

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Advantage 4-Tier Prescription Drug List as of July 1, 2023.<sup>2,3</sup> Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). **The drug list is updated often so it isn't a complete list of the medications your plan covers.** Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

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

## How to read this drug list

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>HORMONAL AGENTS</b>		
AMABELZ	ANDRODERM (PA, QL)	ACTIVELLA
budesonide EC	ANDROGEL 1.62% (PA, QL)	ALORA (QL)
cabergoline (QL)	ARMOUR THYROID	ANDROGEL 1.0% (PA, QL)
COVARYX	CYTOMEL 50mcg	ANGELIQ
COVARYX H.S.	DIVIGEL	CLIMARA
DECADRON	DUAVEE	CLIMARA PRO
desmopressin	ESTRING (QL)	COMBIPATCH
dexamethasone	PREMARIN	CYTOMEL 5, 25mcg
estradiol-norethindrone	PREMPHASE	DEPO-TESTOSTERONE
estrogen-methyltestosterone	PREMPRO	ELESTRIN
levothyroxine		ENTOCORT EC
LEVOXYL		ESTRACE
liothyronine		ESTROGEL
medroxy-progesterone		EVAMIST
methimazole		FEMRING
methylprednisolone		INTRAROSA
MIMVEY		LEVO-T
MIMVEY LO		MENOSTAR (QL)
NATURE-THROID		MINIVELLE (QL)
NP THYROID		OSPHENA
prednisolone		TIROSINT
prednisolone ODT		UNITHROID
prednisone		VAGIFEM (QL)
prednisone intensol		VIVELLE-DOT (QL)
progesterone		

**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; Speciality medications are listed on Tier 4 (pages 18-28)

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

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

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

Generic medications are in all **lowercase letters**

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

## Tiers

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

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

## Abbreviations next to medications

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

**(PA)** **Prior Authorization** – Certain medications need approval from Cigna before your plan will cover them. These medications have a **(PA)** next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.

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

**(ST)** **Step Therapy** – Certain high-cost medications aren't covered until you try one or more lower-cost alternative(s) first.\*\* These medications have a **(ST)** next to them. You have many covered options to choose from, and they can be used to treat the same condition.

**(AGE)** **Age Requirements** – Certain medications will only be covered if you're within a specific age range. These medications have **(AGE)** next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna.

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

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

## Brand-name medications are in all capital letters

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

## Specialty medications are covered on Tier 4

Specialty medications are used to treat complex medical conditions. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, all specialty medications are covered on Tier 4 (see pages 18-28). Injectable specialty medications are marked with an asterisk (\*) and oral specialty medications are marked with a double asterisk (\*\*).

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

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0), to you. In this drug list, these medications have a plus sign (+) next to them.

## Some plans may cover certain non-covered medications

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

## How to find your medication

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

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

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ALLERGY/NASAL SPRAYS

azelastine		BECONASE AQ
azelastine- fluticasone		EPINEPHRINE PROFESSIONAL
cromolyn oral concentrate		GASTROCROM
desloratadine^ (QL)		GRASSTK (PA, QL)
epinephrine (QL)		KARBINAL ER
fluticasone^		ODACTRA (PA, QL)
hydroxyzine hcl solution, syrup, tablet		OMNARIS
hydroxyzine pamoate		ORALAIR (PA, QL)
ipratropium		PATANASE
levocetirizine^		QNASL
mometasone^ (QL)		QNASL CHILDREN
olopatadine		RAGWITEK (PA, QL)
phenylephrine hcl		regonol
promethazine solution, syrup, tablet		VISTARIL
		XHANCE
		ZETONNA

### ALZHEIMER'S DISEASE

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

### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>4</sup>

alprazolam		CELEXA (QL, ST)
alprazolam er		DESVENLAFAXINE
alprazolam intensol		ER (QL, ST)
alprazolam odt		EFFEXOR XR (QL, ST)
alprazolam xr		EMSAM (QL)
amitriptyline		FETZIMA (QL, ST)
bupropion (QL)		PAXIL (QL, ST)
bupropion sr (QL)		PAXIL CR (QL, ST)
bupropion xl 150 mg tablet (QL)		PROZAC (QL, ST)
bupropion xl 300 mg tablet (QL)		REMERON
buspiron		TRINTELLIX (QL, ST)
citalopram (QL)		VIIBRYD (QL, ST)
clomipramine		WELLBUTRIN SR
duloxetine (QL)		(QL, ST)
escitalopram (QL)		XANAX
fluoxetine dr (QL)		XANAX XR
fluoxetine (QL)		ZOLOFT (QL, ST)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>4</sup>

(cont)

fluvoxamine (QL)		
fluvoxamine er (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine cr (QL)		
paroxetine er (QL)		
paroxetine (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine er (QL)		

### ASTHMA/COPD/RESPIRATORY

albuterol	ANORO ELLIPTA(QL)	AIRDUO DIGIHALER (QL,ST)
albuterol hfa (QL)	ATROVENT HFA (QL)	ARALAST NP (PA)
budesonide (QL)	BREZTRI	COMBIVENT
fluticasone- salmeterol (QL)	AEROSPHERE (QL)	RESPIMAT (QL)
ipratropium- albuterol	DULERA (QL)	LONHALA
montelukast	FLOVENT DISKUS (QL)	MAGNAIR (PA,QL)
	FLOVENT HFA (QL)	PULMICORT (QL)
	INCRUSE ELLIPTA	RESPULE
	QVAR REDIHALER	SINGULAIR
	SEREVENT DISKUS (QL)	
	SPIRIVA	
	HANDIHALER (QL)	
	SPIRIVA RESPIMAT (QL)	
	STIOLTO RESPIMAT (QL)	
	SYMBICORT (QL)	
	TRELEGY ELLIPTA (QL)	

### ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>4</sup>

amphetamine (PA)		ADDERALL (PA,ST)
atomoxetine (QL)		DAYTRANA (PA, QL)
dexmethylp- henidate (PA)		FOCALIN (PA,ST)
dexmethylp- henidate er (PA)		INTUNIV
guanfacine er		METHYLIN (PA)
methylphenidate er (la) (PA, QL)		QUILLIVANT XR (PA, QL)
methylphenidate er (PA, QL)		RITALIN (PA,ST)
methylphenidate cd (PA, QL)		STRATTERA (QL)

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>4</sup>

(cont)

methylphenidate er (cd) (PA, QL)  
methylphenidate la (PA, QL)

### BLOOD MODIFIERS/BLEEDING DISORDERS

DROXIA

SIKLOS (PA)

### BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	CORLANOR (PA)	ADALAT CC
amlodipine-benazepril	ENTRESTO (QL)	BETAPACE AF
amlodipine-olmesartan (QL)		BIDIL (QL)
amlodipine-valsartan		CALAN SR
atenolol		CARDIZEM LA (QL)
bisoprolol		CATAPRES-TTS 1
bisoprolol-hctz		CATAPRES-TTS 2
candesartan		CATAPRES-TTS 3
cartia xt		COREG (ST)
carvedilol		CORGARD (ST)
carvedilol er (QL)		EPANED
clonidine		HEMANGEOL
diltiazem 12hr er		INDERAL LA (ST)
diltiazem 24hr er		INDERAL XL (ST)
diltiazem 24hr er (cd)		INNOPRAN XL (ST)
diltiazem 24hr er (la)		KAPSPARGO
diltiazem 24hr er (xr)		SPRINKLE (ST)
diltiazem		KATERZIA (QL)
DILT-XR		LOPRESSOR (ST)
dofetilide (QL)		MINIPRESS
enalapril		NITROSTAT
flecainide		NORVASC
guanfacine		pacerone 400 mg tablet (PA)
hydralazine tablet		PROCARDIA XL
irbesartan		QBRELIS
labetalol tablet		RANEXA (QL)
lisinopril		SOTYLIZE (ST)
lisinopril-hctz		TENORETIC 50 (ST)
losartan		TENORETIC 100 (ST)
losartan-hctz		TENORMIN (ST)
matzim la		TIAZAC
metoprolol succinate		TIKOSYN (PA, QL)
metoprolol tablet		TOPROL XL (ST)
metyrosine (PA)		VERELAN
nadolol		VERELAN PM
		ZIAC (ST)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### BLOOD PRESSURE/HEART MEDICATIONS

(cont)

nebivolol (QL)  
nifedipine  
nifedipine er  
olmesartan (QL)  
olmesartan-hctz (QL)  
olmesartan-amlodipine-hctz  
olmesartan-hctz (QL)  
prazosin  
propranolol tablet  
propranolol er  
ramipril  
ranolazine er (QL)  
SOTALOL HCL  
taztia xt  
telmisartan (QL)  
telmisartan-hctz (QL)  
tiadylt er  
valsartan  
valsartan-hctz  
verapamil er  
verapamil er pm  
verapamil tablet  
verapamil sr

### BLOOD THINNERS/ANTI-CLOTTING

clopidogrel	BRILINTA	BAYER CHEWABLE
jantoven	ELIQUIS (PA)	ASPIRIN+
prasugrel	XARELTO (PA)	PLAVIX
warfarin		PRADAXA (PA)
		SAVAYSA (PA,QL)
		ZONTIVITY

### CANCER

anastrozole+	TREXALL	ARIMIDEX
exemestane+		AROMASIN
hydroxyurea		
letrozole		
methotrexate		
tamoxifen+		

### CHOLESTEROL MEDICATIONS

atorvastatin+	REPATHA (PA)	CADUET (QL)
colesevelam	VASCEPA (PA)	LIPOFEN (ST)
ezetimibe		ROSZET
fenofibrate		TRICOR (ST)
fluvastatin er+		TRILIPIX (ST)
icosapent ethyl		ZETIA
lovastatin+		

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CHOLESTEROL MEDICATIONS (cont)

omega-3 acid ethyl esters  
pravastatin+  
rosuvastatin+ (QL)  
simvastatin+ (QL)

### CONTRACEPTION PRODUCTS

AFIRMELLE+	LO LOESTRIN FE	ANNOVERA
ALTAVERA+		BEYAZ
ALYACEN+		CAYA
AMETHIA+		CONTOURED+
AMETHYST+		ELLA+
APRI+		FEMCAP+
ARANELLE+		LAYOLIS FE+
ASHLYNA+		LOESTRIN FE
AUBRA+		MICROGESTIN 24
AUBRA EQ+		FE
AUROVELA FE+		MINASTRIN 24 FE
AUROVELA 24 FE+		NEXTSTELLIS
AVIANE+		NUVARING
AYUNA+		SAFYRAL
AZURETTE+		TWIRLA+
BALZIVA+		TYBLUME
BLISOVI FE+		VCF+
BLISOVI 24 FE+		wide seal
BRIELLYN+		diaphragm+
CAMILA+		YASMIN 28
CAMRESE+		YAZ
CAMRESE LO+		
CAYA		
CONTOURED+		
CAZIAN+		
CHARLOTTE 24 FE+		
CHATEAL+		
CHATEAL EQ+		
CRYSSELLE+		
CYCLAFEM+		
CYRED+		
CYRED EQ+		
DASETTE+		
DAYSEE+		
DEBLITANE+		
desogestrel-ethinyl estradiol+		
desogestrel-ethinyl estradiol - ethinyl estradiol+		
DOLISHALE+		
drosiprenone-ethinyl estradiol-levomefolate+		
drosiprenone-ethinyl estradiol+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CONTRACEPTION PRODUCTS (cont)

ELINEST+		
ELURYNG+		
ENPRESSE+		
ENSKYCE+		
ERRIN+		
ESTARYLLA+		
ethynodiol-ethinyl estradiol+		
etonogestrel-ethinyl estradiol+		
FALMINA+		
FEMYNOR+		
GEMMILY+		
HAILEY+		
HAILEY FE+		
HAILEY 24 FE+		
HEATHER+		
ICLEVIA+		
INCASSIA+		
ISIBLOOM+		
JAIMIESS+		
JASMIEL+		
JENCYCLA+		
JOLESSA+		
JULEBER+		
JUNEL+		
JUNEL FE+		
JUNEL FE 24+		
KAITLIB FE+		
KALLIGA+		
KARIVA+		
KELNOR 1-35+		
KELNOR 1-50+		
KURVELO+		
LARIN+		
LARIN FE+		
LARIN 24 FE+		
LEENA+		
LESSINA+		
LEVONEST+		
levonorgestrel-ethinyl estradiol+		
levonorgestrel-ethinyl estradiol ethinyl estradiol+		
LEVORA+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		
LO-		
ZUMANDIMINE+		
LUTERA+		
LYLEQ+		



## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CONTRACEPTION PRODUCTS (cont)

LYZA+		
MARLISSA+		
medroxy- progesterone+ 125mg/ml		
MERZEE+		
MICROGESTIN+		
MICROGESTIN FE+		
microgestin 24 fe+		
MILI+		
MONO-LINYAH+		
NECON+		
NIKKI+		
NORA-BE+		
norethindrone+		
norethindrone- ethinyl estradiol- iron+		
norethindrone- ethinyl estradiol+		
norethindrone- ethinyl estradiol- ferrous fumarate		
norgestimate- ethinyl estradiol+		
NORTREL+		
NYLIA+		
NYMYO+		
OCELLA+		
ORSYTHIA+		
PHILITH+		
PIMTREA+		
PIRMELLA+		
PORTIA+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		
SHAROBEL+		
SIMLIYA+		
SIMPESSE+		
SPRINTEC+		
SRONYX+		
SYEDA+		
TARINA FE+		
TARINA FE 1-20 EQ+		
TARINA 24 FE+		
taysofy+		
TILIA FE+		
TRI FEMYNOR+		
TRI-ESTARYLLA++		
TRI-LEGEST FE+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CONTRACEPTION PRODUCTS (cont)

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

### COUGH/COLD MEDICATIONS

brompheniramine- pseudoephed-dm		HYCODAN (PA, QL)
hydrocodone- homatropine (PA,QL)		TUZISTRA XR (PA, QL)
promethazine-dm		

### DENTAL PRODUCTS

chlorhexidine		CLINPRO 5000
DENTA 5000 PLUS		FLORIVA+
DENTAGEL		FLUORIDEX
doxycycline hyclate		SENSITIVITY RELIEF
FLUORIDEX DAILY		JUSTRIGHT 5000
DEFENSE 1.1%		PERIDEX
ORALONE		CLINPRO 5000
PERIOGARD		FLORIVA+
SF 1.1% GEL		FLUORIDEX
SF 5000 PLUS		SENSITIVITY RELIEF
sodium fluoride		JUSTRIGHT 5000
sodium fluoride		PERIDEX
5000 dry mouth		PREVIDENT 5000
sodium fluoride		DRY MOUTH
5000 plus		
triamcinolone		

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DIABETES</b>			<b>DIABETES (cont)</b>		
glimepiride	1ST TIER UNIFINE	ACCU-CHEK		JANUMET (QL, ST)	
glipizide	PENTIPS	SMARTVIEW		JANUMET XR (QL, ST)	
glipizide er	1ST TIER UNIFINE	CONTRL		JANUVIA (QL, ST)	
glipizide xl	PENTIPS PLUS	SOLUTION		JARDIANCE (QL, ST)	
metformin	ABOUTTIME PEN	ACCUTREND		HUMALOG (QL)	
metformin er	NEEDLE	GLUCOSE		HUMULIN (QL)	
	ACCU-CHEK	CONTROL		HUMULIN R (QL)	
	ADVOCATE	AUTOSHIELD DUO		INCONTROL PEN	
	PEN NEEDLES,	PEN NEEDLE		NEEDLE	
	SYRINGES	CEQUR		INSULIN LISPRO	
	ASSURE ID INSULIN	CEQUR SIMPLICITY		(QL)	
	SAFETY, PEN	INSERTER		INSULIN PEN	
	NEEDLE	CONTOUR METER		NEEDLE	
	BAQSIMI (QL)	CONTOUR NEXT		INSULIN SYRINGE	
	BASAGLAR (QL)	TEST STRIP		INSULIN SYRINGE	
	BD INSULIN	CONTOUR NEXT EZ		U-500	
	SYRINGE	CONTOUR NEXT		INSUPEN	
	BD LANCETS	GEN		INSUPEN PEN	
	BD PEN NEEDLE	CONTOUR TEST		NEEDLE	
	BYDUREON BCISE	STRIP		LEVEMIR (QL)	
	(PA,QL)	CYCLOSET SENSOR		LITE TOUCH	
	BYETTA (PA,QL)	KIT		LYUMJEV (QL)	
	CAREFINE PEN	FREESTYLE		MAGELLAN	
	NEEDLE	FREEDOM LITE		INSULIN SAFETY	
	CARETOUCH	GLUCAGON		SYRNG	
	INSULIN SYRINGE,	EMERGENCY KIT		MAGELLAN	
	PEN NEEDLE	(QL)		INSULIN SYRINGE	
	CLICKFINE	GLUCOCARD		MAXI-COMFORT	
	COMFORT EZ	INPEN		MICROLET NEXT	
	INSULIN SYRINGE,	GLUCOCARD SHINE		LANCING DEVICE	
	PEN NEEDLE	CONNEX METER		MINI PEN NEEDLE	
	DEXCOM G6 (PA,	GLUCOCARD SHINE		MINI ULTRA-THIN II	
	QL)	EXPRESS METER		MONOJECT	
	DROPLET	GUARDIAN RT		MOUNJARO (PA,QL)	
	DROPSAFE	CHARGER		MULTI-LANCET	
	EASY COMFORT	GUARDIAN TEST		NANO 2ND GEN	
	INSULIN SYRINGE,	PLUG		PEN NEEDLE	
	PEN NEEDLE	PARADIGM		NOVOFINE	
	EASY GLIDE	POGO AUTOMATIC		NOVOTWIST	
	INSULIN SYRINGE,	BLOOD GLUCOSE		OMNIPOD DASH	
	PEN NEEDLE	SYSTEM		PODS, KITS (GEN	
	EASY TOUCH	PRECISION XTRA		3/4/5) (PA ,QL)	
	FARXIGA (QL, ST)	KETONE-GLUC		ONETOUCH ULTRA	
	FREESTYLE LIBRE 14	KIT		TEST STRIP	
	DAY SENSOR (PA,	RIOMET		ONETOUCH VERIO	
	QL)	TRUE METRIX		FLEX METER	
	FREESTYLE LIBRE 2	ULTIGUARD		ONETOUCH VERIO	
	SENSOR (PA, QL)	SAFEPACK-		METER	
	GLYXAMBI (QL, ST)	INSULIN SYRINGE,		ONETOUCH VERIO	
	HEALTHWISE	PEN NEEDLE		REFLECT METER	
	INSULIN SYRINGE,			ONETOUCH VERIO	
	PEN NEEDLE			TEST STRIP	
	HEALTHY ACCENTS			OZEMPIC (PA,QL)	
	UNIFINE PENTIP				

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### DIABETES (cont)

	PEN NEEDLES	
	PENTIPS	
	PREVENT	
	DROPSAFE PEN	
	NEEDLE	
	PRO COMFORT	
	INSULIN SYRINGE,	
	PEN NEEDLE	
	PRODIGY INSULIN	
	SYRINGE	
	PURE COMFORT	
	PEN NEEDLE	
	RYBELSUS (PA, QL)	
	SAFETY PEN	
	NEEDLE	
	SAFETYGLIDE	
	INSULIN SYRINGE	
	SAFETYGLIDE	
	SYRINGE	
	SECURESAFE PEN	
	NEEDLE	
	SOLIQUA 100-33	
	SURE COMFORT	
	INSULIN SYRINGE,	
	PEN NEEDLE	
	SYMLINPEN	
	SYNJARDY (QL, ST)	
	SYNJARDY XR (QL,	
	ST)	
	TECHLITE	
	TOPCARE	
	CLICKFINE	
	TOPCARE ULTRA	
	COMFORT	
	TRESIBA (QL)	
	TRIJARDY XR (ST,	
	QL)	
	TRUE COMFORT	
	INSULIN SYRINGE,	
	PEN NEEDLE	
	TRUE COMFORT	
	PRO INS SYRINGE,	
	PEN NEEDLE	
	TRUEPLUS PEN	
	NEEDLE, SYRINGE	
	TRULICITY (PA, QL)	
	ULTICARE INSULIN	
	SYRINGE, PEN	
	NEEDLE	
	ULTICARE SAFETY	
	PEN NEEDLE,	
	INSULIN SYRINGE	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### DIABETES (cont)

	ULTILET PEN	
	NEEDLE	
	ULTRA COMFORT	
	ULTRA FLO INSULIN	
	SYRINGE, PEN	
	NEEDLE	
	ULTRA-FINE PEN	
	NEEDLE	
	ULTRA THIN	
	ULTRA-THIN II	
	ULTRACARE	
	INSULIN SYRINGE,	
	PEN NEEDLE	
	UNIFINE PEN	
	NEEDLE	
	UNIFINE PENTIPS,	
	MAXFLOW, PLUS,	
	PLUS MAXFLOW,	
	SAFECONTROL,	
	ULTRA PEN	
	NEEDLE	
	V-GO 20, 30, 40	
	VEO INSULIN	
	SYRINGE	
	VICTOZA (PA, QL)	
	XIGDUO XR (QL, ST)	
	XULTOPHY	
	ZEGALOGUE (QL)	

### DIURETICS

acetazolamide	KERENDIA (PA, QL)	ALDACTONE
tablet		CAROSPIR
acetazolamide er		INSPRA
capsule		LASIX
bumetanide tablet		MAXZIDE
chlorthalidone		
eplerenone		
furosemide		
solution, tablet		
hydrochlorot-		
hiazide		
spironolactone		
triamterene-hctz		

### EAR MEDICATIONS

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

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ERECTILE DYSFUNCTION

		MUSE (QL) STENDRA (QL,ST) VIAGRA (QL,ST)
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### EYE CONDITIONS

bimatoprost (QL)	CEQUA	ACULAR
brimonidine	EYSUVIS (QL)	ACULAR LS
brimonidine tartrate-timolol	XIIDRA	ACUVAIL
brinzolamide		ALREX
ciprofloxacin		AZASITE
cyclosporine		AZOPT
difluprednate		BEPREVE
dorzolamide-timolol		BESIVANCE
erythromycin		BETIMOL
fluorometholone		BETOPTIC S
ketorolac		BROMSITE
latanoprost		COSOPT
loteprednol		COSOPT PF
moxifloxacin eye drops		DUREZOL
neomycin-polymyxin b-dexamethasone		FLAREX
ofloxacin		FML FORTE
polymyxin b sulfate-trimethoprim		FML FORTE 0.25% EYE DROPS
prednisolone		FML LIQUIFILM 0.1% EYE DROP
timolol		FML S.O.P. 0.1% OINTMENT
tobramycin		ILEVRO
tobramycin-dexamethasone		INVELTYS
		ISTALOL
		LOTEMAX
		LOTEMAX SM
		MAXIDEX
		MAXITROL
		OCUFLOX
		POLYTRIM
		PRED FORTE
		PRED MILD
		PROLENSA
		RHOPRESSA
		ROCKLATAN
		TIMOPTIC
		TIMOPTIC-XE
		TIMOPTIC OCUDOSE
		TOBRADEX
		TOBRADEX ST
		VIGAMOX
		ZERVIAE
		ZIRGAN
		ZYLET

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### FEMININE PRODUCTS

GYNAZOLE 1 miconazole 3 200 mg terconazole		
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### GASTROINTESTINAL/HEARTBURN

ANUCORT-HC	CLENPIQ+	APRISO
constulose	LINZESS	BONJESTA
dexlansoprazole dr^ (QL)	PANCREAZE	CANASA
dicyclomine capsule, solution, tablet	SUTAB+	CARAFATE
esomeprazole (QL)	TRULANCE	CUVPOSA
famotidine 40 mg/5 ml suspension	VIBERZI	DICLEGIS
GAVILYTE-C+		LITHOSTAT
GAVILYTE-G+		MOTOFEN
GENTLE LAXATIVE TABLET+		MOVANTIK (PA)
glycopyrrolate		PROTONIX (QL,ST)
HEMMOREX-HC		RECTIV
hydrocortisone lactulose		RELISTOR (PA)
lansoprazole^ (QL)		SANCUSO (PA, QL)
lubiprostone		SFROWASA
mesalamine		SYMPROIC (PA)
mesalamine dr		TRANSDERM-SCOP
mesalamine er		URSO
metoclopramide solution, tablet		URSO FORTE
omeprazole^ (QL)		VARUBI (PA, QL)
ondansetron		VIOKACE
ondansetron odt		
peg 3350-electrolyte+		
peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+		
PEG-PREP+		
scopolamine		
sucralfate		

### HORMONAL AGENTS

AMABELZ budesonide dr budesonide ec	COMBIPATCH DUAVEE ESTRING (QL)	ACTIVELLA ANDRODERM (PA, QL)
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## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>HORMONAL AGENTS (cont)</b>			<b>INFECTIONS (cont)</b>		
budesonide er (PA, QL) cabergoline (QL) dexamethasone intensol DOTTI (QL) estradiol (once weekly) (QL) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol-norethindrone acetat (QL) EUTHYROX LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxyprogesterone methylprednisolone MIMVEY norethindrone NP THYROID prednisolone odt prednisolone sodium phosphate prednisone prednisone intensol progesterone tablet testosterone cypionate YUVAFEM	ESTROGEL MYFEMBREE (PA, QL) ORIAHNN (PA, QL) ORLISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO	ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA CLIMARA CLIMARA PRO CRINONE 4% (PA) CYTOMEL DEPO-TESTOSTERONE DIVIGEL ELESTRIN ESTRACE EVAMIST IMVEXXY (QL) INTRAROSA (QL) MEDROL MENOSTAR (QL) MINIVELLE (QL) MYFEMBREE (QL) OSPHENA (QL) PROMETRIUM RAYALDEE TRIOSTAT UNITHROID VAGIFEM (QL) VIVELLE-DOT (QL)	AVIDOXY azithromycin packet, suspension, tablet cefdinir cefuroxime tablet cephalexin ciprofloxacin clarithromycin clarithromycin er clindamycin clindamycin (pediatric) coremino (QL) COREMINO ER (QL) dapson doxycycline monohydrate EMVERM erythromycin erythromycin ethylsuccinate famciclovir fluconazole flucytosine hydroxychloroquine levofloxacin solution, tablet methenamine metronidazole gel, capsule, tablet minocycline (QL) minocycline er (QL) minocycline hcl er (QL) mondoxylene nl nitazoxanide nitrofurantoin nitrofurantoin monohydrate-macrocrystal nystatin suspension oseltamivir (QL) penicillin v potassium posaconazole tablet sulfamethoxazole-trimethoprim suspension, tablet terbinafine		CRESEMBA (PA) DIFICID (QL) e.e.s. 400 ELIMITE ERYPED 200 ERY-TAB DR EURAX 10% LOTION FLAGYL HIPREX IMPAVIDO (PA) MACROBID MACRODANTIN MALARONE (PA) NATROBA NUVESSA PLAQUENIL POSACONAZOLE SUSPENSION PREVYMIS TABLET ORAVIG PLAQUENIL (PA) POSACONAZOLE SUSPENSION PRIFTIN SIVEXTRO (PA) SKLICE SOLOSEC sulfatrim TAMIFLU (QL) URIBEL VALTREX XENLETA 600mg tablet (PA, QL) XIFAXAN (QL) XOFLUZA (QL) ZITHROMAX ZITHROMAX TRI-PAK ZYVOX SUSPENSION, TABLET (PA)
<b>INFECTIONS</b>					
acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin-clavulanate er amoxicillin-clavulanate amoxicillin-clavulanate atovaquone atovaquone-proguanil	EURAX 10% CREAM LAGEVRIO (EUA) (QL) MOLNUPIRAVIR (QL) PAXLOVID (QL) XIFAXAN (QL)	AEMCOLO (QL) ALBENZA ALINIA ANCOBON BACTRIM BACTRIM DS BAXDELA (PA) CIPRO CLEOCIN CLEOCIN PEDIATRIC CLINDESSE			

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### INFECTIONS (cont)

tetracycline		
valacyclovir		
valganciclovir		
vancomycin capsule, solution		
vandazole		

### INFERTILITY

clomiphene ^		CRINONE 8%^ (PA) ENDOMETRIN^ MAKENA (PA)
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### MISCELLANEOUS

disulfiram	ACCU-CHEK	ADDYI (QL)
sodium chloride inhalation vial, irrigation solution, vial	DROPLET LANCETS MICROLET PRECISION XTRA TECHLITE LANCETS	KETONE CARE TEST STRIP KETONE TEST STRIP KETOSTIX REAGENT NUEDEXTA (QL) POGO AUTOMATIC TEST CARTRIDGE PRECISION XTR B-KETONE STRIP TRUEPLUS KETONE TEST STRIP

### NUTRITIONAL/DIETARY

calcitriol capsule, solution^	LOKELMA	ACCRUFER
fluoride+	PETITE	AURYXIA (QL)
folic acid+	OB COMPLETE	CITRANATAL
folitab 500+	VELPHORO	BLOOM
klor-con 8	VELTASSA	CITRANATAL 90
klor-con 10		DHA
lanthanum		CITRANATAL
MULTI-VITAMIN		ASSURE
W-FLUORIDE- IRON+		CITRANATAL
MULTIVITAMIN		B-CALM
WITH FLUORIDE+		CITRANATAL DHA
MULTIVITAMIN- IRON-FLUORIDE		CITRANATAL
sevelamer		HARMONY
carbonate		CITRANATAL RX
sodium fluoride+		DRISDOL
TRI-VITE WITH		FLORIVA+
FLUORIDE+		INFUVITE ADULT
vitamin d2 1.25 mg (50,000 unit)^		K-TAB ER
VITAMINS A,C,D AND FLUORIDE+		MONOFERRIC (PA)
		NEEVO DHA
		OB COMPLETE
		PHOSLYRA
		POTASSIUM
		CHLORIDE
		POLY-VI-FLOR WITH IRON+

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### NUTRITIONAL/DIETARY (cont)

		PRENATE
		PRIMACARE
		QUFLORA
		PEDIATRIC 1 MG CHEWABLE TABLET+
		QUFLORA
		PEDIATRIC 0.25 MG/ML DROP+
		QUFLORA
		PEDIATRIC 0.5 MG/ML DROP+
		ROCALTROL
		ROXYBOND (PA)
		TRI-VI-FLOR+

### OSTEOPOROSIS PRODUCTS

alendronate		ACTONEL (ST)
raloxifene + risedronate dr		ATELVIA (ST) BINOSTO (ST) BONIVA (ST) EVISTA FOSAMAX (ST)

### PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA)	AIMOVIG (PA)	ANALPRAM HC
allopurinol tablet	AJOVY (PA)	ARAVA
baclofen tablet	AMJEVITA* (made by Amgen) (PA,QL)	BUPRENEX
buprenorphine patch (QL)	BELBUCA (QL)	BUTRANS (QL)
butalbital- acetaminophen- caffeine (QL)	EMGALITY (PA)	CELEBREX (QL, ST)
buprenorphine (QL)	HYSINGLA ER (PA)	COLCRYS
butalbital- acetaminophen- caffe (QL)	MITIGARE	EC-NAPROSYN (ST)
carisoprodol	NURTEC ODT (PA, QL)	ESGIC (QL)
celecoxib (QL)	OTREXUP (PA)	FEXMID
colchicine	QULIPTA (PA,QL)	FIORICET (QL)
cyclobenzaprine	REDITREX (PA)	GABLOFEN
diclofenac (QL)	TRUDHESA (PA,QL)	GELSYN-3 (PA)
diclofenac dr	UBRELVY (PA, QL)	NAPROSYN (ST)
diclofenac ec	XTAMPZA ER (PA)	NUCYNTA (PA)
EC-NAPROXEN	ZTLIDO	NUCYNTA ER (PA)
ECOTRIN EC 81 MG TABLET+		OXAYDO (PA)
eletriptan (QL)		PERCOCET (PA)
ENDOCET (PA)		PROCORT
febuxostat (QL)		PROCTOFOAM-HC
GLYDO		ROBAXIN
		SAVELLA
		SKELAXIN
		ULORIC (QL)
		ZANAFLEX
		ZEBUTAL (QL)
		ZOHYDRO ER (PA)
		ZYLOPRIM

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### PAIN RELIEF AND INFLAMMATORY DISEASE

(cont)

hydromorphone (PA)		
hydromorphone er (PA)		
hydrocodone-acetaminophen (PA)		
IBU		
ibuprofen		
indomethacin		
indomethacin er		
ketorolac		
tromethamine (QL)		
leflunomide		
lidocaine (QL)		
meloxicam tablet		
methocarbamol		
morphine (PA)		
morphine er (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
PROLATE TABLET (PA)		
rizatriptan (QL)		
sumatriptan (QL)		
tramadol 50 mg tablet (QL)		
tramadol er (QL)		
VANADOM		

### PARKINSON'S DISEASE

benztropine tablet	KYNMOBI (PA)	AZILECT (QL)
carbidopa-levodopa		MIRAPEX ER (QL)
carbidopa-levodopa er		NEUPRO
pramipexole (QL)		OSMOLEX ER (QL)
pramipexole er (QL)		RYTARY
rasagiline (QL)		SINEMET 10-100
ropinirole er		SINEMET 25-100
ropinirole		XADAGO (ST)

### PARKINSON'S DISEASE

aripiprazole (QL)	ABILIFY MAINTENA (QL)	ARISTADA (QL)
aripiprazole odt		CAPLYTA (QL,ST)
asenapine		CLOZARIL (ST)
chlorpromazine tablet		FANAPT (QL, ST)
		INVEGA (QL, ST)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>4</sup>

olanzapine tablet		PERSERIS (QL)
olanzapine odt		REXULTI (QL, ST)
paliperidone er (QL)		RISPERDAL (ST)
olanzapine tablet		RISPERDAL
olanzapine odt		CONSTA (QL)
quetiapine		RISPERDAL (ST)
quetiapine er		RISPERDAL
risperidone		CONSTA (QL)
risperidone odt		SAPHRIS (ST)
ziprasidone tablet		SECUADO (ST)
		SEROQUEL (ST)
		SEROQUEL XR (ST)
		VRAYLAR (QL, ST)
		ZYPREXA
		RELPREVV (QL)

### SEIZURE DISORDERS

arbamazepine	FYCOMPA (PA, QL)	APTIOM (PA, QL)
carbamazepine er	NAYZILAM (PA, QL)	BRIVIAC (PA)
clonazepam		CARBATROL (PA)
divalproex		DEPAKOTE (PA)
divalproex er		DEPAKOTE ER (PA)
EPITOL		DEPAKOTE
gabapentin		SPRINKLE (PA)
lacosamide		DIASTAT (PA)
lamotrigine		KLONOPIN (PA)
lamotrigine (blue)		LYRICA ORAL
lamotrigine (green)		SOLUTION (PA)
lamotrigine (orange)		NEURONTIN (PA)
lamotrigine er		OXTELLAR XR (PA)
lamotrigine odt		PHENYTEK (PA)
lamotrigine odt (blue)		SPRITAM (PA)
lamotrigine odt (green)		TEGRETOL (PA)
lamotrigine odt (orange)		TEGRETOL XR (PA)
levetiracetam solution, tablet		VALTOCO (PA, QL)
levetiracetam er		VIMPAT
oxcarbazepine		XCOPRI (PA, QL)
pregabalin capsule, solution		
ROWEEPRA		
SUBVENITE		
SUBVENITE (BLUE)		
SUBVENITE (GREEN)		
SUBVENITE (ORANGE)		
topiramate		
topiramate er		

## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SKIN CONDITIONS

ACCUTANE	DROPSAFE PREP	ANALPRAM HC
adapalene-benzoyl peroxide	PADS	2.5%-1% LOTION
AMNESTEEM	EUCRISA (ST)	AVAR 9.5-5%
AVAR CLEANSER		CLEANSING PADS
AVAR-E		BRYHALI (ST)
AVAR-E GREEN		calcipotriene foam
azelaic acid		CAPEX SHAMPOO (ST)
BP 10-1		CLEOCINT
CLARAVIS		CLINDACIN ETZ KIT
CLINDACIN ETZ 1% PLEDGET		CLINDACIN PAC KIT
CLINDACIN P 1% PLEDGETS		CLODERM (ST)
clindamycin 1% foam, gel, lotion, pledget, solution		DESOWEN
clindamycin-benzoyl peroxide		DRYSOL
clindamycin-tretinoin		EFUDEX
clobetasol		ELIDEL
CLODAN		EVOCLIN
clotrimazole-betamethasone		NAFTIN
dapsone gel		OPZELURA (PA)
fluocinonide		PICATO
fluorouracil cream, topical solution		PLEXION
isotretinoin		PRAMOSONE
ketoconazole		PROTOPIC
KETODAN		REGRANEX (PA,QL)
metronidazole		SANTYL (QL)
MYORISAN		TEMOVATE (ST)
NEUAC GEL		TWYNEO
pimecrolimus		XEPI
ROSADAN		
sodium sulfacetamide-sulfur		
SSS 10-5		
SULFACLEANSE 8-4		
tacrolimus ointment		
tazarotene 0.1% cream		
tretinoin (PA)		
TRIDERM		
ZENATANE		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SLEEP DISORDERS/SEDATIVES

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

### SMOKING CESSATION<sup>4</sup>

varenicline+		NICODERM CQ+
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### SUBSTANCE ABUSE

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

### URINARY TRACT CONDITIONS

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

### VACCINES

Not all plans cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

ENGERIX-B ADULT+	AFLURIA QUAD
ENGERIX-B PEDIATRIC-ADOLESCENT+	2021-22 (6-35MO)+
	BEXSERO+
	BOOSTRIX TDAP+
	COMIRNATY+
	DAPTACEL DTAP+
	DENGVAXIA+
	DIPHThERIA-TETANUS
	TOXOIDS-PED+
	FLUAD QUAD
	2021-2022+



## Cigna Advantage 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-28).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### VACCINES (cont)

Not all plans cover vaccines in the same way. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.

		FLUARIX QUAD 2021-2022+ FLUBLOK QUAD 2021-2022+ FLUCELVAX QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLUZONE QUAD 2021-2022+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ ANSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W- 135-DIP+ M-M-R II VACCINE+ MODERNA COVID-19 BOOSTER (EUA)+ MODERNA COVID-19 VACCINE (EUA)+ MODERNA COVID (12Y UP) VAC (EUA)+ MODERNA COVID (6M-5Y) VACC (EUA)+ NOVAVAX COVID-19 VACC, ADJ (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### VACCINES (cont)

Not all plans cover vaccines in the same way. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.

		PFIZER COVID (6M- 4Y) VACC (EUA)+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (5- 11Y) VAC (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+PROQUAD+ QUADRACEL DTAP- IPV VIAL+ RECOMBIVAX HB+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) VACC+ TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+
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### VITAMINS

		POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+
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### WEIGHT MANAGEMENT

megestrol suspension		
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## Specialty medications

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

MEDICATION NAME	DRUG CLASS
abacavir-lamivudine** (PA)	AIDS/HIV
abiraterone** (PA)	CANCER
ACTEMRA SYRINGE* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPEN* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTHAR GEL* (PA)	HORMONAL AGENTS
ACTIMMUNE* (PA)	CANCER
ADBRY* (PA)	SKIN CONDITIONS
ADCIRCA** (PA)	ASTHMA/COPD/RESPIRATORY
ADEMPAS** (PA)	ASTHMA/COPD/RESPIRATORY
ADVATE* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ADYNOVATE* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
AFINITOR** (PA)	CANCER
AFINITOR DISPERZ** (PA)	CANCER
AFSTYLA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ALECENSA** (PA,QL)	CANCER
ALUNBRIG** (PA,QL)	CANCER
ALYQ** (PA)	ASTHMA/COPD/RESPIRATORY
AMICAR**	BLOOD MODIFIERS/BLEEDING DISORDERS
aminocaproic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
APOKYN* (PA)	PARKINSON'S DISEASE
ARALAST NP** (PA)	ASTHMA/COPD/RESPIRATORY
ARANESP* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARCALYST* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ARIKAYCE** (PA)	INFECTIONS
ARIXTRA* (QL)	BLOOD THINNERS/ANTI-CLOTTING
ASTAGRAF XL**	TRANSPLANT MEDICATIONS
atazanavir** (PA)	AIDS/HIV
ATRIPLA** (PA)	AIDS/HIV
AUSTEDO** (PA)	MISCELLANEOUS
AVEED*	HORMONAL AGENTS
AVONEX* (PA)	MULTIPLE SCLEROSIS
AVSOLA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
AYVAKIT** (PA,QL)	CANCER
azathioprine**	TRANSPLANT MEDICATIONS
BAFIERTAM* (PA)	MULTIPLE SCLEROSIS
BARACLUDE SOLUTION**	INFECTIONS
BENLYSTA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BERINERT*	BLOOD PRESSURE/HEART MEDICATIONS

MEDICATION NAME	DRUG CLASS
betaine anhydrous**	NUTRITIONAL/DIETARY
BETASERON* (PA)	MULTIPLE SCLEROSIS
BEXAROTENE*** (PA)	CANCER
BIKTARVY** (QL)	AIDS/HIV
BONIVA**	OSTEOPOROSIS PRODUCTS
BOSULIF** (PA,QL)	CANCER
BOTOX*(PA)	MISCELLANEOUS
BRONCHITOL** (PA)	ASTHMA/COPD/RESPIRATORY
BRUKINSA** (PA,QL)	CANCER
BYNFEZIA* (PA)	HORMONAL AGENTS
CABENUVA* (PA)	AIDS/HIV
CABLIVI* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
CABOMETYX** (PA)	CANCER
CAMZYOS** (PA,QL)	BLOOD PRESSURE/HEART MEDICATIONS
capecitabine** (PA)	CANCER
CARBAGLU**	MISCELLANEOUS
CAYSTON** (PA, QL)	INFECTIONS
CELLCEPT**	TRANSPLANT MEDICATIONS
CELLCEPT VIAL*	TRANSPLANT MEDICATIONS
CERDELGA** (PA)	MISCELLANEOUS
CEREZYME* (PA)	MISCELLANEOUS
CETROTIDE*^ (PA)	HORMONAL AGENTS
CHOLBAM** (PA)	GASTROINTESTINAL/HEARTBURN
chorionic gonadotropin*^ (PA)	INFERTILITY
CIBINQO** (PA,QL)	SKIN CONDITIONS
cinacalcet**	GASTROINTESTINAL/HEARTBURN
CIMDUO** (PA)	AIDS/HIV
CIMZIA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
CINRYZE* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
COMETRIQ** (PA,QL)	CANCER
COMPLERA** (PA,QL)	AIDS/HIV
CORTROPHIN* (PA)	HORMONAL AGENTS
CYKLOKAPRON*	BLOOD MODIFIERS/BLEEDING DISORDERS
CYSTADANE**	NUTRITIONAL/DIETARY
CYSTAGON**	URINARY TRACT CONDITIONS
CYSTARAN** (PA, QL)	EYE CONDITONS
DARAPRIM** (PA)	INFECTIONS
deferiprone** (PA)	MISCELLANEOUS
DELSTRIGO** (PA,QL)	AIDS/HIV
DEPEN** (PA,QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
DESCOVY**+ (PA)	AIDS/HIV
desmopressin ampule, vial*	HORMONAL AGENTS
dimethyl fumarate**	MULTIPLE SCLEROSIS

MEDICATION NAME	DRUG CLASS
DOVATO**(QL)	AIDS/HIV
DUOPA**	PARKINSON'S DISEASE
DUPIXENT* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
DUROLANE* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
DURYSTA** (PA)	EYE CONDITIONS
DYSPORT* (PA)	MISCELLANEOUS
efavirenz-emtricitabine-tenofovir disoproxil fumarate**+ (QL)	AIDS/HIV
ELAPRASE* (PA)	MISCELLANEOUS
ELIGARD*	CANCER
ELOCTATE* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EMFLAZA** (PA)	HORMONAL AGENTS
EMPAVELI* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
emtricitabine-tenofovir disoproxil fumarate**+	AIDS/HIV
ENBREL* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir** (QL)	INFECTIONS
ENTYVIO* (PA)	GASTROINTESTINAL/HEARTBURN
ENVARUS XR**	TRANSPLANT MEDICATIONS
EPCLUSA** (PA, QL)	INFECTIONS
EPIDIOLEX** (PA)	SEIZURE DISORDERS
EPOGEN* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ERIVEDGE** (PA)	CANCER
ERLEADA** (PA)	CANCER
ESBRIET** (PA)	MISCELLANEOUS
ESPEROCT* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
etravirine**	AIDS/HIV
EUFLEXXA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EVENITY (2 SYRINGES)* (PA,QL)	OSTEOPOROSIS PRODUCTS
EVENITY* (PA,QL)	OSTEOPOROSIS PRODUCTS
everolimus** (PA,QL)	CANCER
EVOTAZ** (PA)	AIDS/HIV
EXJADE** (PA)	MISCELLANEOUS
EXKIVITY** (PA)	CANCER
EXTAVIA* (PA)	MULTIPLE SCLEROSIS
FASENRA* (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI* (PA)	HORMONAL AGENTS
FERRIPROX** (PA)	MISCELLANEOUS
FIRDAPSE** (PA, QL)	MULTIPLE SCLEROSIS
fluorouracil bottle, vial* (PA)	CANCER
FOLLISTIM AQ** (PA)	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FORTEO* (PA, QL)	HORMONAL AGENTS
FRAGMIN* (QL)	BLOOD THINNERS/ANTI-CLOTTING

MEDICATION NAME	DRUG CLASS
FULPHILA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
FYREMADEL*^ (PA)	HORMONAL AGENTS
GALAFOLD** (PA)	MISCELLANEOUS
GANIRELIX*^ (PA)	HORMONAL AGENTS
GATTEX* (PA)	GASTROINTESTINAL/HEARTBURN
GAVRETO** (PA,QL)	CANCER
GEL-ONE* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
GELSYN-3* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
GENOTROPIN* (PA)	HORMONAL AGENTS
GENVISC 850* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
GENVOYA**	AIDS/HIV
GILENYA** (PA)	MULTIPLE SCLEROSIS
GLASSIA*(PA)	ASTHMA/COPD/RESPIRATORY
glatiramer*	MULTIPLE SCLEROSIS
GLATOPA*	MULTIPLE SCLEROSIS
GLEEVEC** (PA)	CANCER
GONAL-F*^ (PA)	INFERTILITY
GONAL-F RFF*^ (PA)	INFERTILITY
GRANIX* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HARVONI** (PA, QL)	INFECTIONS
HEMLIBRA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HERCEPTIN* (PA)	CANCER
HERCEPTIN HYLECTA* (PA)	CANCER
HETLIOZ** (PA)	SLEEP DISORDERS/SEDATIVES
HIZENTRA*	MISCELLANEOUS
HUMATROPE* (PA)	HORMONAL AGENTS
HUMIRA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
HYALGAN* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
HYMOVIS* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
hydroxyprogesterone*	INFERTILITY
hydroxyprogesterone caproate* (PA)	INFERTILITY
ibandronate syringe, vial *	OSTEOPOROSIS PRODUCTS
IBRANCE** (PA,QL)	CANCER
ICLUSIG** *(PA,QL)	
ILARIS* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
imatinib** (QL)	CANCER
Imbruvica** (PA,QL)	CANCER
INBRIJA** (PA)	PARKINSON'S DISEASE
INFLECTRA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
INGREZZA* (PA)	MISCELLANEOUS
INLYTA** (PA)	CANCER

MEDICATION NAME	DRUG CLASS
INTELENCE** (PA)	AIDS/HIV
ISENTRESS**	AIDS/HIV
ISENTRESS HD** (PA)	AIDS/HIV
JADENU** (PA)	MISCELLANEOUS
JADENU SPRINKLE** (PA)	MISCELLANEOUS
JAKAFI** (PA,QL)	CANCER
JIVI* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
JULUCA** (QL)	AIDS/HIV
JYNARQUE** (PA)	DIURETICS
KALBITOR* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KALYDECO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
KANJINTI* (PA)	CANCER
KESIMPTA PEN* (PA)	MULTIPLE SCLEROSIS
KEVZARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KISQALI** (PA)	CANCER
KISQALI FEMARA CO-PACK** (PA)	CANCER
KITABIS PAK** (PA, QL)	INFECTIONS
KOGENATES FS* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
KORLYM** (PA)	DIABETES
KOVALTRY* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
KYLEENA**+	CONTRACEPTION PRODUCTS
LANREOTIDE* (PA)	HORMONAL AGENTS
ledipasvir-sofosbuvir** (PA,QL)	INFECTIONS
lenalidomide** (PA,QL)	CANCER
LENVIMA** (PA)	CANCER
LETAIRIS** (PA)	ASTHMA/COPD/RESPIRATORY
LONSURF** (PA)	CANCER
LORBRENA** (PA,QL)	CANCER
LOVENOX* (QL)	BLOOD THINNERS/ANTI-CLOTTING
LUCENTIS** (PA)	EYE CONDITIONS
LUMAKRAS** (PA,QL)	CANCER
LUMIZYME* (PA)	MISCELLANEOUS
LUPANETA PACK** (PA)	HORMONAL AGENTS
LUPRON DEPOT* (PA)	CANCER
LUPRON DEPOT-PED* (PA)	HORMONAL AGENTS
LYNPARZA** (PA,QL)	CANCER
LYSTEDA**	BLOOD MODIFIERS/BLEEDING DISORDERS
MAKENA* (PA)	INFERTILITY
MAVENCLAD** (PA)	MULTIPLE SCLEROSIS
MAVYRET** (PA, QL)	INFECTIONS
MAYZENT** (PA)	MULTIPLE SCLEROSIS
MEKINIST** (PA,QL)	CANCER
MEKTOVI** (PA,QL)	CANCER
MENOPUR*^ (PA)	INFERTILITY

MEDICATION NAME	DRUG CLASS
MIRCERA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
MIRENA**+	CONTRACEPTION PRODUCTS
MONOVISC* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
MVASI* (PA)	CANCER
MYALEPT* (PA)	MISCELLANEOUS
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
MYFORTIC**	TRANSPLANT MEDICATIONS
NATPARA* (PA)	HORMONAL AGENTS
NERLYNX** (PA)	CANCER
NEULASTA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEXAVAR** (PA, QL)	CANCER
NEXPLANON**	CONTRACEPTION PRODUCTS
NINLARO** (PA,QL)	CANCER
NITYR** (PA)	MISCELLANEOUS
NIVESTYM*	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPOR* (PA)	HORMONAL AGENTS
NORTHERA** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
NOURIANZ** (PA, QL)	PARKINSON'S DISEASE
NOVAREL*^ (PA)	INFERTILITY
NOVOEIGHT* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NUBEQA** (PA)	CANCER
NUCALA* (PA)	ASTHMA/COPD/RESPIRATORY
NUPLAZID** (PA)	ANXIETY/DEPRESSION/BIPOLAR DISORDER
NUWIQ* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NUZYRA** (PA, QL)	INFECTIONS
NYVEPRIA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
OCALIVA** (PA)	GASTROINTESTINAL/HEARTBURN
OCREVUS* (PA)	MULTIPLE SCLEROSIS
ODEFSEY** (PA,QL)	AIDS/HIV
ODOMZO** (PA)	CANCER
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY
OGIVRI* (PA)	CANCER
OLUMIANT** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OMNITROPE* (PA)	HORMONAL AGENTS
ONTRUZANT* (PA)	CANCER
OPSUMIT** (PA)	ASTHMA/COPD/RESPIRATORY
ORENCIA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ORENITRAM ER** (PA)	ASTHMA/COPD/RESPIRATORY
ORFADIN** (PA)	MISCELLANEOUS
ORGOVYX** (PA)	CANCER
ORKAMBI** (PA, QL)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
ORLADEYO* (PA, QL)	BLOOD PRESSURE/HEART MEDICATIONS
ORTHOVISC* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
OTEZLA** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OVIDREL*^ (PA)	INFERTILITY
OXERVATE** (PA)	EYE CONDITIONS
PALYNZIQ* (PA)	MISCELLANEOUS
PEGASYS* (PA)	INFECTIONS
penicillamine** (PA,QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
PHESGO* (PA)	CANCER
PIQRAY** (PA)	CANCER
PLEGRIDY* (PA)	MULTIPLE SCLEROSIS
POMALYST** (PA,QL)	CANCER
PONVORY** (PA)	MULTIPLE SCLEROSIS
PREGNYL*^ (PA)	INFERTILITY
PREVYMIS**	INFECTIONS
PREVYMIS VIAL*	INFECTIONS
PREZCOBIX** (PA)	AIDS/HIV
PREZISTA**	AIDS/HIV
PROCRIT* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
progesterone vial*	HORMONAL AGENTS
PROGRAF**	TRANSPLANT MEDICATIONS
PROGRAF VIAL*	TRANSPLANT MEDICATIONS
PROLASTIN C* (PA)	ASTHMA/COPD/RESPIRATORY
PROLIA* (PA)	OSTEOPOROSIS PRODUCTS
PROMACTA** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PULMOZYME** (PA)	ASTHMA/COPD/RESPIRATORY
PURIXAN**	CANCER
RADICAVA* (PA)	MISCELLANEOUS
RADICAVA ORS** (PA,QL)	MISCELLANEOUS
RAPAMUNE**	TRANSPLANT MEDICATIONS
RAVICTI** (PA)	GASTROINTESTINAL/HEARTBURN
REBIF* (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE* (PA)	MULTIPLE SCLEROSIS
RECOMBINATE* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
RELEUKO* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REMODULIN* (PA)	ASTHMA/COPD/RESPIRATORY
RENFLIXIS* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
RETEVMO** (PA,QL)	CANCER
REVATIO** (PA)	ASTHMA/COPD/RESPIRATORY
REVATIO VIAL* (PA)	ASTHMA/COPD/RESPIRATORY
REVLIMID** (PA,QL)	CANCER



MEDICATION NAME	DRUG CLASS
REZUROCK** (PA)	TRANSPLANT MEDICATIONS
RIABNI* (PA)	CANCER
RINVOQ ER** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ritonavir**	AIDS/HIV
ROZLYTREK** (PA)	CANCER
RUBRACA** (PA,QL)	CANCER
RUCONEST* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
RUKOBIA** (PA,QL)	AIDS/HIV
RUXIENCE* (PA)	CANCER
sajazir* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SAMSCA**	DIURETICS
SANDOSTATIN LAR DEPOT* (PA)	HORMONAL AGENTS
sapropterin** (PA)	MISCELLANEOUS
SCSEMBLIX** (PA,QL)	CANCER
SELZENTRY** (PA)	AIDS/HIV
SEROSTIM* (PA)	HORMONAL AGENTS
SIGNIFOR LAR* (PA)	HORMONAL AGENTS
SILIQ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI 100MG* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
SKYLA**+	CONTRACEPTION PRODUCTS
SKYRIZI* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYTROFA* (PA)	HORMONAL AGENTS
sofosbuvir-velpatasvir** (PA,QL)	INFECTIONS
SOLIRIS* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
SOMATULINE DEPOT* (PA)	HORMONAL AGENTS
SOMAVERT* (PA)	HORMONAL AGENTS
SOVALDI** (PA, QL)	INFECTIONS
SPRYCEL ** (PA,QL)	CANCER
STELARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STIVARGA** (PA,QL)	CANCER
STRENSIQ* (PA)	MISCELLANEOUS
STRIBILD** (PA,QL)	AIDS/HIV
SUBLOCADE*	SUBSTANCE ABUSE
SUCRAID** (PA)	GASTROINTESTINAL/HEARTBURN
SUPARTZ FX* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
SUPPRELIN LA** (PA)	HORMONAL AGENTS
SUTENT** (PA,QL)	CANCER
SYMDEKO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
SYMFI**	AIDS/HIV
SYMFI LO**	AIDS/HIV

MEDICATION NAME	DRUG CLASS
SYMTUZA** (QL)	AIDS/HIV
SYNAGIS* (PA)	INFECTIONS
SYNVISC* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
TAFINLAR** (PA,QL)	CANCER
TAGRISSO** (PA)	CANCER
TAKHZYRO* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALZENNA** (PA,QL)	CANCER
TARGRETIN** (PA)	CANCER
TASIGNA** (PA,QL)	CANCER
TAVALISSE** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
TEGSEDI* (PA)	MISCELLANEOUS
TEMIXYS** (PA)	AIDS/HIV
TEMODAR** (PA)	CANCER
TEMODAR* (PA)	CANCER
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
TEPEZZA* (PA)	EYE CONDITIONS
teriparatide* (PA, QL)	HORMONAL AGENTS
tetrabenazine** (PA)	MISCELLANEOUS
TEZSPIRE* (PA)	ASTHMA/COPD/RESPIRATORY
THALOMID** (PA)	INFECTIONS
THIOLA**	URINARY TRACT CONDITIONS
THYROGEN*	HORMONAL AGENTS
TIBSOVO** (PA)	CANCER
TIGLUTIK** (PA)	MISCELLANEOUS
TIVICAY**	AIDS/HIV
TOBI PODHALER** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml ampule** (PA, QL)	INFECTIONS
TRACLEER** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
TRAZIMERA* (PA)	CANCER
TRELSTAR*	CANCER
TREMFYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
treprostinil* (PA)	ASTHMA/COPD/RESPIRATORY
trientine** (PA)	MISCELLANEOUS
TRILURON* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
TRIPTODUR* (PA)	HORMONAL AGENTS
TRIUMEQ** (QL)	AIDS/HIV
TRIUMEQ PD** (QL)	AIDS/HIV

MEDICATION NAME	DRUG CLASS
TRIVISC* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
TYKERB** (PA)	CANCER
TYMLOS* (PA, QL)	OSTEOPOROSIS PRODUCTS
TYSABRI* (PA)	MULTIPLE SCLEROSIS
TYVASO** (PA)	ASTHMA/COPD/RESPIRATORY
TYVASO REFILL KIT** (PA)	ASTHMA/COPD/RESPIRATORY
UDENYCA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UKONIQ** (PA, QL)	CANCER
ULTOMIRIS* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UPTRAVI** (PA)	ASTHMA/COPD/RESPIRATORY
VALCHLOR**	SKIN CONDITIONS
VEMLIDY**	INFECTIONS
VENCLEXTA** (PA)	CANCER
VERZENIO** (PA)	CANCER
VIEKIRA PAK** (PA,QL)	INFECTIONS
vigabatrin**	SEIZURE DISORDERS
VIGADRONE**	SEIZURE DISORDERS
VIJOICE** (PA,QL)	ASTHMA/COPD/RESPIRATORY
VISCO-3* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
VIREAD** (PA)	AIDS/HIV
VITRAKVI** (PA)	CANCER
VIVITROL*	MISCELLANEOUS
VIZIMPRO** (PA)	CANCER
VOSEVI** (PA,QL)	INFECTIONS
VOTRIENT** (PA)	CANCER
VOXZOGO* (PA)	MISCELLANEOUS
VUMERITY** (PA)	MULTIPLE SCLEROSIS
VYLEESI* (PA,QL)	MISCELLANEOUS
WAKIX** (PA, QL)	SLEEP DISORDERS/SEDATIVES
WELIREG** (PA,QL)	CANCER
XALKORI** (PA,QL)	CANCER
XELJANZ** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELJANZ XR** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELODA** (PA)	CANCER
XERMELO** (PA)	GASTROINTESTINAL/HEARTBURN
XGEVA* (PA)	OSTEOPOROSIS PRODUCTS
XIAFLEX* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
XOLAIR* (PA)	ASTHMA/COPD/RESPIRATORY
XTANDI** (PA)	CANCER
XYNTHA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
XYNTHA SOLOFUSE* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
XYWAV* (PA,QL)	SLEEP DISORDERS/SEDATIVES

MEDICATION NAME	DRUG CLASS
XYREM** (PA,QL)	SLEEP DISORDERS/SEDATIVES
ZARXIO*	BLOOD MODIFIERS/BLEEDING DISORDERS
ZEJULA** (PA,QL)	CANCER
ZEPATIER** (PA,QL)	INFECTIONS
ZEPOSIA** (PA)	MULTIPLE SCLEROSIS
ZIEXTENZO* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZIRABEV* (PA)	CANCER
ZORBTIVE* (PA)	HORMONAL AGENTS
ZORTRESS**	TRANSPLANT MEDICATIONS

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

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

DRUG CLASS	MEDICATION NAME^^ (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	ATRIPLA*	efavirenz-emtricitabine-tenofovir*
	COMBIVIR*	lamivudine-zidovudine*
	EMTRIVA*	emtricitabine*
	EPIVIR*	lamivudine*
	EPZICOM*	abacavir-lamivudine*
	INTELENCE 100MG, 200MG TABLET*	etravirine*
	KALETRA*	lopinavir-ritonavir*
	LEXIVA 700MG TABLET*	fosamprenavir 700mg tablet*
	NORVIR 100MG TABLET*	ritonavir 100mg tablet*
	RETROVIR CAPSULE, SYRUP*	zidovudine capsule, syrup*
	REYATAZ CAPSULE*	atazanavir capsules*
	SUSTIVA*	efavirenz*
	SYMFI*, SYMFI LO*	efavirenz-lamivudine-tenofovir*
	TRIZIVIR*	abacavir-lamivudine-zidovudine tablet*
	TRUVADA*	emtricitabine-tenofovir*
	VIRAMUNE*	nevirapine*
	VIRAMUNE XR*	nevirapine ER*
VIREAD 300MG TABLET*	tenofovir 300mg tablet*	
ZIAGEN*	abacavir*	
ALLERGY/NASAL SPRAYS	AUVI-Q, EPIPEN, EPIPEN JR, SYMJEPI	epinephrine auto-injectors
	carbinoxamine 6mg tablet, RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine, RYCLORA	carbinoxamine oral solution, cyproheptadine syrup, hydroxyzine syrup
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)
	RYALTRIS	azelastine-fluticasone, mometasone, flunisolide, fluticasone
ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)	pyridostigmine 60mg tablet
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL	clomipramine
	APLENZIN	bupropion XL 150, 300 mg tablets
	ATIVAN TABLET, LOREEV XR	lorazepam
	AUVELITY	bupropion sr, generic SNRI's (ex: venlafaxine, duloxetine) generic SSRI's (ex: citalopram, fluoxetine)
	bupropion xl 450mg tablet, FORFIVO XL	bupropion xl 150mg tablets
	CITALOPRAM HBR	citalopram tablet
	CYMBALTA, VENLAFAXINE ER	desvenlafaxine ER, duloxetine, escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram
	PAMELOR	nortriptyline capsules
	PARNATE	tranylcypromine

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	PEXEVA	paroxetine, paroxetine cr
	PRISTIQ	desvenlafaxine succinate er, bupropion sr duloxetine, escitalopram sertraline, venlafaxine er
	VIIBRYD	vilazodone
	WELLBUTRIN XL	bupropion xl, escitalopram, fluoxetine
ASTHMA/COPD/RESPIRATORY	ADVAIR HFA, ADVAIR DISKUS AIRDUO RESPICLICK, BREO ELLIPTA	DULERA, fluticasone-salmeterol SYMBICORT, WIXELA INHUB
	ALBUTEROL HFA, levalbuterol hfa PROAIR DIGIHALER, PROAIR HFA PROAIR RESPICLICK, PROVENTIL HFA VENTOLIN HFA, XOPENEX HFA	Generic PROAIR or PROVENTIL (albuterol hfa)
	ALVESCO, ARMONAIR DIGIHALER ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA PULMICORT FLEXHALER	FLOVENT DISKUS, FLOVENT HFA QVAR
	ARCAPTA NEOHALER STRIVERDI RESPIMAT	SEREVENT DISKUS
	BEVESPI AEROSPHERE DUAKLIR PRESSAIR	ANORO ELLIPTA STIOLTO RESPIMAT
	BROVANA	arformoterol
	budesonide-formoterol	SYMBICORT
	ELIXOPHYLLIN	theophylline er, theophylline oral solution
	FLUTICASONE-SALMETEROL HFA	DULERA, fluticasone-salmeterol, SYMBICORT, WIXELA INHUB
	PERFORMIST	formoterol
	TADLIQ	ALYQ, sildenafil 20mg tablet, suspension, tadalafil 20mg tablet
	TUDORZA PRESSAIR	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
	YUPELRI	ANORO ELLIPTA, BREZTRI AEROSPHERE INCRUSE ELLIPTA, SPIRIVA STIOLTO RESPIMAT, TRELEGY ELLIPTA
	ZYFLO	montelukast, zafirlukast, zileuton er
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR ADZENYS XR-ODT APTENSIO XR AZSTARYS CONCERTA COTEMPLA XR-ODT DYANAVAL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER RITALIN LA VYVANSE	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ATTENTION DEFICIT HYPERACTIVITY (cont)	EVEKEO ODT	amphetamine, dextmethylphenidate dextroamphetamine, methamphetamine methylphenidate
	METHYLPHENIDATE ER	generic methylphenidate tablet
	methylphenidate er 72mg tablet, RELEXXII	methylphenidate er 36mg tablet
	QELBREE	atomoxetine
BLOOD PRESSURE/HEART MEDICATIONS	ACCUPRIL	quinapril
	ACCURETIC	quinapril-hctz
	ALTACE	ramipril
	ASPRUZYO SPRINKLE	amlodipine, atenolol, isosorbide, nifedipine, propranolol, ranolazine er
	ATACAND	candesartan
	ATACAND HCT	candesartan-hctz
	AVALIDE	irbesartan-hctz
	AVAPRO	irbesartan-hctz
	AZOR	amlodipine-olmesartan
	BENICAR	olmesartan
	BENICAR HCT	olmesartan-hctz
	BETAPACE	sotalol
	BYSTOLIC	generic beta blockers (e.g. metoprolol; atenolol)
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CLONIDINE ER	clonidine er 0.1mg tablet, patch
	CONJUPRI, NORLIQVA	amlodipine, felodipine er, nifedipine, nifedipine
	CONSENSI	amlodipine, celecoxib
	COZAAR	losartan
	DIOVAN	valsartan
	DIOVAN HCT	valsartan-hctz
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	EXFORGE	amlodipine-valsartan
	EXFORGE HCT	amlodipine-valsartan hctz
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	HYZAAR	losartan-hctz
	ISORDIL, ISORDIL TITRADOSE	isosorbide dinitrate
	LANOXIN	digoxin
	LOTENSIN	benazepril
	LOTENSIN HCT	benazepril-hctz
	LOTREL	amlodipine-benazepril
MICARDIS	telmisartan	
MICARDIS HCT	telmisartan-hctz	
MULTAQ	amiodarone, disopyramide, dofetilide, flecainide propafenone, quinidine, sotalol af	

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BLOOD PRESSURE/HEART MEDICATIONS (cont)	PRINIVIL, ZESTRIL	lisinopril		
	TEKTURNA	aliskiren		
	TEKTURNA HCT	generic ACE inhibitor + HCT (e.g. benazepril-HCT)		
	TRIBENZOR	olmesartan-amlodipine-hctz		
	VASERETIC	enalapril-hctz		
	VASOTEC	enalapril		
	ZESTORETIC	lisinopril-hctz		
BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole, YOSPRALA	aspirin or enteric aspirin		
	PRADAXA	dabigatran		
CANCER	AFFINITOR*, AFFINITOR DISPERZ*	everolimus		
	BESREMI*	hydroxyurea capsule		
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*		
	GLEEVEC*	imatinib		
	NEXAVAR*	sorafenib		
	NILANDRON	nilutamide		
	TARCEVA*	erlotinib		
	YONSA*, ZYTIGA*	abiraterone		
CHOLESTEROL MEDICATIONS	ANTARA, FENOGLIDE	fenofibrate		
	ALTOPREV	lovastatin+, atorvastatin+, simvastatin+ rosuvastatin+		
	CRESTOR	rosuvastatin+		
	EZALLOR SPRINKLE FLOLIPID LIVALO SIMVASTATIN 20mg/5ml SUSPENSION NEXLIZET	generic statins (e.g. atorvastatin; simvastatin)		
	ezetimibe-atorvastatin, LIPITOR	atorvastatin+, ezetimibe-simvastatin rosuvastatin+		
	JUXTAPID*, PRALUENT	REPATHA		
	LESCOL XL	fluvastatin er+		
	NEXLETOL ROSUVASTATIN-EZETIMIBE ROSZET	generic statins (e.g. atorvastatin; simvastatin) ezetimibe-simvastatin		
	niacin 500mg tablet, NIACOR	niacin er		
	PRAVACHOL	pravastatin+		
	VYTORIN	ezetimibe-simvastatin		
	ZYPITAMAG	atorvastatin+, lovastatin+, pravastatin+ rosuvastatin+, simvastatin+		
	CONTRACEPTION PRODUCTS	BALCOLTRA NATAZIA NEXTSTELLIS SLYND TAYTULLA TWIRLA	generic oral contraceptives	
		COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
			TUSSICAPS	hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
DIABETES	ACCU-CHEK TEST STRIPS CVS TEST STRIPS ADVOCATE TEST STRIPS ASSURE TEST STRIPS CONTOUR TEST STRIPS EASY TALK PLUS II FORA 6 GLUCOSE STRIP FORTISCARE G1 TEST STRIPS FREESTYLE TEST STRIPS RELION TEST STRIPS RIGHTTEST GT333 TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)	
	ADLYXIN	BYDUREON, BYETTA, metformin, OZEMPIC TRULICITY, VICTOZA	
	ADMELOG, ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP, INSULIN ASPART, NOVOLOG	HUMALOG LYUMJEV	
	AFREZZA INSULIN GLARGINE	HUMALOG, HUMULIN R LYUMJEV	
	alogliptin, alogliptin-metformin JENTADUETO, JENTADUETO XR KAZANO, KOMBIGLYZE XR NESINA, ONGLYZA, TRAJENTA	JANUMET JANUMET XR JANUVIA metformin	
	alogliptin-pioglitazone OSENI	JANUMET, JANUMET XR, JANUVIA pioglitazone	
	FORTAMET, GLUMETZA metformin er gastric, metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)	
	GLUCAGEN HYPOKIT	generic glucagon, BAQSIMI	
	GVOKE	generic glucagon, glucagon emergency kit (generic) BAQSIMI	
	INSULIN ASPART PRO, NOVOLOG MIX	HUMALOG MIX	
	INVOKAMET, INVOKAMET XR SEGLUROMET	SYNJARDY, SYNJARDY XR, XIGDUO XR	
	INVOKANA, STEGLATRO	FARXIGA, JARDIANCE, metformin	
	LANTUS, LANTUS SOLOSTAR INSULIN DEGLUDEC, SEMGLEE, TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR	BASAGLAR LEVEMIR TRESIBA FLEXTOUCH	
	NOVOLIN	HUMULIN	
	QTERN, STEGLUJAN	GLYXAMBI, metformin, TRIJARDY XR	
	DIURETICS	EDECRIN, ethacrynic acid, SOOANZ	bumetanide, furosemide, torsemide
		THALITONE	chlorthalidone
EYE CONDITIONS	ALOCRI, ALOMIDE	cromolyn	
	ALPHAGAN	brimonidine	
	COMBIGAN	brimonidin-timolol	
	LUMIGAN, TRAVATAN Z, VYZULTA XALATAN, XELPROS, ZIOPTAN	bimatoprost, latanoprost, travoprost	
	RESTASIS, RESTASIS MULTIDOSE, TYRVAYA	cyclosporine 0.05% eye emulsion, XIIDRA	
GASTROINTESTINAL/HEARTBURN	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository	

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GASTROINTESTINAL/HEARTBURN (cont)	ASACOL HD, COLAZAL DELZICOL, DIPENTUM	balsalazide mesalamine tablets or capsules, sulfasalazine
	BYLVAY* LIVMARLI*	cholestyramine powder/packet, rifampin ursodiol tablet
	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone
	CREON, PERTZYE, ZENPEP	PANCREAZE
	GIMOTI*	metoclopramide oral solution or tablet
	DARTISLA, glycopyrrolate 1.5mg tablet ROBINUL, ROBINUL FORTE	glycopyrrolate 1mg, 2mg tablet
	GOLYTELY+, MOVIPREP+ OSMOPREP+, PLENVU+, SUPREP+	CLENPIQ+, GAVILYTE-C+, GAVILYTE-G+ GAVILYTE-N+, PEG 3350 ELECTROLYTE+, SUTAB+
	IBSRELA, MOTEGRITY, ZELNORM	LINZESS
	KRISTALOSE lactulose 10gm packet	CONSTULOSE, ENULOSE lactulose oral solution
	LIALDA DR, PENTASA DR	mesalamine tablet or capsule
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	MARINOL, SYNDROS	dronabinol
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK, PYLERA TALICIA, VOQUEZNA	lansoprazole-amoxicillin-clarithromycin pak
	PHEBURANE	sodium phenylbutyrate
	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet
	URSODIOL 200 MG, 400 MG CAPSULE	ursodiol 300mg capsule, ursodiol tablet
ZOFRAN	ondansetron	
ZUPLENZ	ondansetron, ondansetron odt	
HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet
	ADTHYZA, ARMOUR THYROID, WP THYROID	np thyroid
	CLIMARA PRO	COMBIPATCH
	CORTROSYN	cosyntropin
	DDAVP, NOCDURNA	desmopressin nasal spray or tablets
	DEXABLISS dexamethasone 6, 10, 13 Day 1.5mg tablets DXEVO, HIDEX, TAPERDEX, ZCORT	dexamethasone 1.5mg tablet
	DIVIGEL	estradiol gel patches
	ERMEZA, THYQUIDITY	EUTHYROX, LEVO-T, levothyroxine tablet, LEVOXYL
	FORTESTA, JATENZO, KYZATREX, NATESTO TESTIM, TLANDO, VOGELXO, XYOSTED	generic topical testosterone
	NUTROPIN AQ NUSPIN* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*	HUMATROPE* NORDITROPIN*

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HORMONAL AGENTS (cont)	HEMADY	dexamethasone 5mg tablet	
	LEVOTHYROXINE SODIUM, SYNTHROID TIROSINT, TIROSINT-SOL	Generic SYNTHROID (also called levothyroxine tablet)	
	MYCAPSSA*	BYNFEZIA*	
	ORTIKOS	budesonide capsule	
	RAYOS, TARPEYO	methylprednisolone, prednisone	
	UCERIS 9MG ER TABLET	budesonide 9mg tablet, dexamethasone hydrocortisone, methylprednisolone prednisolone, prednisone	
INFECTIONS	ACTICLATE, DORYX, DORYX MPC, LYMEPAK MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER, MONODOX, SEYSARA SOLODYN, TARGADOX VIBRAMYCIN 100MG CAPSULE, XIMINO	Generic products (e.g. doxycycline; minocycline)	
	ARAKODA	atovaquone-proguanil, doxycycline hydroxychloroquine, mefloquine, quinine	
	AUGMENTIN, AUGMENTIN XR	amoxicillin/clavulanate	
	BARACLUDE TABLET*	entecavir tablet*	
	BETHKIS*, TOBI*	tobramycin inhalation solution*	
	BREXAFEMME, DIFLUCAN	fluconazole	
	doxycycline hyclate dr 80mg tablet	generic products (e.g. minocycline)	
	DOXYCYCLINE IR-DR ORACEA	doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg	
	E.E.S. 200 ERYPED 400	erythromycin granules erythromycin	
	HUMATIN	paromomycin	
	MEPRON	atovaquone	
	MYCOBUTIN	rifabutin	
	nitrofurantoin 25mg/5ml suspension	nitrofurantoin capsule sulfamethoxazole-trimethoprim suspension	
	NOXAFIL DR 100MG TABLET	posaconazole dr 100mg tablet	
	SITAVIG	acyclovir, famciclovir, valacyclovir tablets	
	SPORANOX	itraconazole	
	TOLSURA	oral itraconazole	
	VALCYTE	valganciclovir	
	VANCOGIN	vancomycin oral solution or capsule	
	VANCOMYCIN HCL	FIRVANQ, vancomycin hcl 50mg/ml solution	
	ZOVIRAX	acyclovir	
	MISCELLANEOUS	ESBRIET*	pirfenidone tablet
		EXSERVAN*, RILUTEK*	riluzole*, TIGLUTIK*
HORIZANT		gabapentin	
KUVAN*		sapropterin tablet & powder packet*	
PIRFENIDONE 534MG		pirfenidone 267 tablet	
RELYVRIO*, RILUTEK*		riluzole	
SYPRINE*		penicillamine*, trientine*	

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MISCELLANEOUS (cont)	XENAZINE*	tetrabenazine*	
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*	
	AUBAGIO*	teriflunomide*	
	COPAXONE*	BETASERON*, glatiramer*, GLATOPA* KESIMPTA*, PLEGRIDY*, REBIF*	
	GILENYA*, TASCENSO ODT*	fingolimod	
	TECFIDERA*	BAFIERTAM*, dimethyl*, fingolimod, PONVORY*, VUMERITY*, ZEPOSIA*	
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT	Any generic prenatal vitamin	
	FOSRENOL	lanthanum carbonate	
	NASCOBAL	cyanocobalamin injection	
	RENAGEL TABLET	sevelamer	
	REVELA	sevelamer carbonate	
	PAIN RELIEF AND INFLAMMATORY DISEASE	ALLOPURINOL 200MG	allopurinol 100mg
		ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets	butalbital-acetaminophen 50-325mg tablet
		AMERGE, ERGOMAR FROVA 2.5MG TABLET MAXALT, MAXALT MLT, RELPAX	generic triptans (e.g. sumatriptan; naratriptan)
		AMRIX cyclobenzaprine er	carisoprodol, chlorzoxazone 500mg cyclobenzaprine tablets, methocarbamol orphenadrine er, metaxalone
BACLOFEN, FLEQSUVY, LYVISPAH OZOBAX		baclofen tablet	
CAMBIA, DUEXIS, ELYXYB fenoprofen 200mg, 400mg capsule FENORTHO ibuprofen-famotidine, INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr, naproxen sodium er naproxen-esomeprazole mag		Generic NSAID (e.g. celecoxib; meloxicam)	

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	RELAFEN, RELAFEN DS TIVORBEX, VIMOVO, VIVLODEX ZIPSOR, ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg, 750mg methocarbamol 1000mg	methocarbamol 500mg
	CONZIP	tramadol tramadol er
	COSENTYX*	ENBREL*, HUMIRA*, OTEZLA* STELARA*, TALTZ*
	CUPRIMINE*	penicillamine*, trientine*
	diclofenace 1.3% patch diclofenac 1.5% solution diclofenac 35mg capsule FLECTOR LICART PENNSAID VOLTAREN 1% GEL	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray
	GEMTESA	darifenacin er oxybutynin, oxybutynin er solifenacin tolterodine, tolterodine er trospium
	GLOPERBA	colchicine, probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE, PEN INJECTOR	dihydroergotamine, sumatriptan
	IMITREX TABLET	dihydroergotamine, eletriptan rizatriptan, sumatriptan tablets
	INFLIXIMAB*	AVSOLA*, INFLECTRA*
	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	KINERET*	ACTEMRA* ENBREL* HUMIRA* XELJANZ/XR*
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	LIDODERM	lidocaine 5% patch
	LORZONE	chlorzoxazone 500mg cyclobenzaprine tablet

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER	
	OXYCONTIN	HYSINGLA ER, MORPHABOND ER, XTAMPZA ER	
	PROLATE SOLUTION	oxycodone-acetaminophen tablet	
	QDOLO	tramadol 50mg tablet	
	REMICADE*	AVSOLA*, INFLECTRA*	
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT, UBRELVY	
	ROXICODONE	oxycodone	
	SIMPONI* 50MG/0.5ML	ACTEMRA* ENBREL* HUMIRA* STELARA* TALTZ* XELJANZ/XR*	
	SORIATANE	acitretin	
	SUBSYS	fentanyl lozenge or buccal tablet	
	tizanidine 2 mg, 4 mg, 6 mg capsule	tizanidine 2mg, 4mg tablet	
	TOSYMRA	sumatriptan	
	tramadol 100mg	tramadol	
	TREXIMET	sumatriptan-naproxen	
	vtol lq	butalbital-acetaminophen-caffeine capsule or tablets phrenilin forte	
	ZEMBRACE SYMTOUCH	dihydroergotamine, sumatriptan	
	ZOMIG ZMT	zolmitriptan odt	
	PARKINSON'S DISEASE	DHIVY	carbidopa/levodopa
		GOCOVRI	amantadine
		LODOSYN	carbidopa
ONGENTYS		entacapone	
ZELAPAR		selegiline tablets or capsules	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY, ABILIFY MYCITE	aripiprazole, paliperidone er, risperidone	
	LYBALVI	aripiprazole, olanzapine, paliperidone er quetiapine, quetiapine er, risperidone ziprasidone	
	GEODON CAPSULE	aripiprazole, paliperidone er, ziprasidone	
	LATUDA	lurasidone	
	QUETIAPINE	quetipine	
	VERSACLOZ	clozapine, clozapine odt	
	ZYPREXA	aripiprazole ,olanzapine tablets, paliperidone er	
	ZYPREXA ZYDIS	aripiprazole, olanzapine, olanzapine odt	
SEIZURE DISORDERS	ELEPSIA XR, KEPBRA XR	levetiracetam er	
	EPRONTIA	topiramate sprinkle capsule, tablet	
	FELBATOL	felbamate	
	KEPPRA SOLUTION, TABLET	levetiracetam	

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS (cont)	LAMICTAL	lamotrigine
	LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)	lamotrigine starter kit (blue, green, orange)
	LAMICTAL ODT	lamotrigine odt
	LAMICTAL ODT KIT (BLUE, GREEN, ORANGE)	lamotrigine odt starter kit (blue, green orange)
	LAMICTAL XR LAMICTAL XR KIT (BLUE, GREEN, ORANGE)	lamotrigine er
	LYRICA, LYRICA CR pregabalin er	duloxetine, gabapentin lidocaine 5% topical patch, pregabalin
	MYSOLINE	primidone
	QUDEXY XR TROKENDI XR	topiramate er
	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
	VIMPAT	lacosamide tablet
	ZONASIDE	lamotrigine/ODT, zonisamide, topiramate
	ZONEGRAN	zonisamide
SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE
	ACANYA, ACZONE, AKLIEF AKTIPAK, ALTRENO, AMZEEQ ARAZLO, ATRALIN, AVITA AZELEX, DIFFERIN, EPIDUO FORTE FABIOR, ONEXTON RETIN-A, RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC, TRETIN-X, VELTIN WINLEVI, ZIANA	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	acyclovir cream, ointment DENA VIR, ZOVIRAX	acyclovir, famciclovir, valacyclovir tablets
	adapalene swab	adapalene 0.1% cream, lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel
	ALDARA imiquimod 3.75% ZYCLARA	imiquimod 5% cream
	ANUSOL-HC 2.5% CREAM	hydrocortisone 2.5% rectal cream
	APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone	betamethasone cream, ointment clobetasol halobetasol cream, ointment
	BENZA CLIN, NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene foam VTAMA	calcipotriene cream, ointment, solution calcitriol ointment, tazarotene cream
	CARAC	fluorouracil 0.5% cream

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

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

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	WYNZORA, ZORYVE	betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream
	XERESE	acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet
	XOLEGEL	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	AMBIEN	zolpidem
	AMBIEN CR	zolpidem er
	ATIVAN TABLET	lorazepam
	BELSOMRA	DAYVIGO
	EDLUAR	zolpidem or zolpidem er
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	QUVIVIQ, ZOLPIMIST	doxepin, eszopiclone, zaleplon zolpidem, zolpidem er
RESTORIL	temazepam	
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector, NARCAN
TRANSPLANT MEDICATIONS	AZASAN* azathioprine 75 mg, 100 mg tablet*	azathioprine 50mg tablet*
	LUPKYNIS*	BENLYSTA*, tacrolimus*
	PROGRAF**	tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er, oxybutynin, tolterodine
	DETROL LA	darifenacin er, oxybutynin er, tolterodine er
	DITROPAN XL	oxybutynin er
	GELNIQUE, MYRBETRIQ OXYTROL, VESICARE LS	darifenacin er, oxybutynin er tolterodine er, trospium er
	GEMTESA	darifenacin er, oxybutynin, oxybutynin er solifenacin, tolterodine, tolterodine er trospium
	MYRBETRIQ	oxybutynin er, tolterodine er, trospium er
	OXYBUTYNIN CHLORIDE	oxybutynin 5 mg tablet, oxybutynin syrup
	PROCYSBI*	CYSTAGON*
	THIOLA* THIOLA EC*	tiopronin*
	TOVIAZ	darifenacin er, fesoterodine er, oxybutynin er tolterodine er, trospium er
	VESICARE	darifenacin er, oxybutynin er, solifenacin tolterodine er, trospium er

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## Frequently Asked Questions (FAQs)

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

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

**A.** Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:<sup>2,3</sup>

- › **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 1<sup>st</sup> and July 1<sup>st</sup>.
- › **Adding extra coverage requirements** to a medication.

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options. We try to give you many options to choose from to treat your health condition.

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

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

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes:

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

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

- › Medications used to treat lifestyle conditions like infertility, erectile dysfunction, smoking cessation.<sup>5</sup>
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

### **Q. How do you decide which medications to cover?**

**A.** The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Health Plan Commercial Value Assessment Committee (HVAC) 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

## Frequently Asked Questions (FAQs) (cont)

on the amount you're filling. If it has **(AGE)** next to it, you may need approval depending on the covered age range for the medication.

### **Q. What types of medications typically need approval?**

**A.** Medications that:

- › May be unsafe when combined with other medications
- › Have lower-cost, equally effective 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
- › 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 business days to hear from us. You can always check with your doctor's office to find out if a decision has been made. You can also log in to the **myCigna** app or **myCigna.com** to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

If your medication meets guidelines, it will be approved for coverage. If it doesn't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

### **Q. What happens if I try to fill a prescription that needs approval but I don't get approval ahead of time?**

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

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

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

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

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

## Frequently Asked Questions (FAQs) (cont)

### **Q. Are medications newly approved by the FDA covered on my drug list?**

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

### **Q. Which medications are covered under the health care reform law?**

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

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

### **Q. How can I find out how much I'll pay for a specific medication?**

**A.** When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.<sup>6</sup>

### **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.<sup>7</sup> 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.<sup>7</sup> 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.<sup>8</sup>

**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

## Frequently Asked Questions (FAQs) (cont)

safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- › Easily order, manage, track and pay for your medications on your phone or online
- › Standard shipping at no extra cost<sup>9</sup>
- › 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)<sup>10</sup> 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).<sup>11</sup> 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<sup>9</sup>
- › 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:<sup>12</sup>

- › 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<sup>13</sup>, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation<sup>13</sup>, 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. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](https://mycigna.com).
2. **If you're taking a medication that will be covered differently as of July 1<sup>st</sup>, you may not be affected by the change(s) at that time.** That's because there are state laws in **Connecticut, Louisiana, New York and Texas** that may require your plan to continue covering your medication as it is now, until your new plan year starts. For example, if Cigna is making a change to a medication on your drug list on July 1<sup>st</sup> but your new plan year doesn't start until November 1<sup>st</sup>, the change(s) won't affect you until November 1<sup>st</sup>. It's up to you to remember that your coverage will change at that time. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
3. 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.
4. For insured plans that must follow **Delaware's** state insurance laws: Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the [myCigna App](https://mycigna.com) or [myCigna.com](https://mycigna.com), or call Customer Service using the number on your Cigna ID card.
5. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
6. Prices shown on [myCigna](https://mycigna.com) are not guaranteed and coverage is subject to your plan terms and conditions. Visit [myCigna](https://mycigna.com) for more information.
7. 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>.
8. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the [myCigna App](https://mycigna.com) or [myCigna.com](https://mycigna.com), or check your plan materials, to learn more about the pharmacies in your plan's network. *Cigna maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.*
9. Standard shipping costs are included as part of your prescription plan.
10. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
11. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
12. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
13. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the [myCigna App](https://mycigna.com) or [myCigna.com](https://mycigna.com), or check your plan materials.

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

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# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

### Cigna:

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

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

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to [ACAGrievance@Cigna.com](mailto: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](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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



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## Proficiency of Language Assistance Services

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

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

**Chinese - 注意:** 我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224 (聽障專線：聽障 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 가입자님께서는 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 - يرجى الانتباه:** خدمت الترجمة اللغوية متاحة لكم مع خدمات Cigna الحاليين. يرجى الاتصال بالرقم المذكور على ظهر بطاقتكم الشخصية. لو 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 deyè 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. Wszyscy inni osoby prosimy o skorzystania 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 یا شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت یا شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711) یا شماره 711 (شماره 711).