



CIGNA STANDARD 4-TIER PRESCRIPTION DRUG LIST

Coverage as of January 1, 2022

Together, all the way.®



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

916152j Standard 4-Tier O/I SRx 08/21



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View the drug list online

This document was last updated on 08/01/2021.* You can go online to see the current list of medications your plan covers.



myCigna® App and myCigna.com. Click on the “Find Care & Costs” tab and select “Price a Medication.” Then type in your medication name to see how it’s covered.



Cigna.com/PDL. Scroll down until you see a pdf of the **Cigna Standard 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: 08/01/2021, for changes starting 01/01/2022

Next planned update: 03/01/2022, for changes starting 07/01/2022

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Standard 4-Tier Prescription Drug List as of January 1, 2022.^{1,2} Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

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

How to read this drug list

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS		
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	SYNTHROID	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 19-25)

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

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

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

Generic medications are in all **lowercase letters**

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

Tiers

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

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

Abbreviations next to medications

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

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

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

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

Brand-name medications are in all capital letters

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

Specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. In this drug list, oral and injectable specialty medications are covered on Tier 4 (see pages 18-24). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to learn more about how your plan covers specialty medications.

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

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

Plan/benefit exclusions

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

How to find your medication

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

Condition	Page	Condition	Page
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, 15
BLOOD THINNERS/ANTI-CLOTTING	7, 8	OSTEOPOROSIS PRODUCTS	15
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	15, 16
CHOLESTEROL MEDICATIONS	8	PARKINSON'S DISEASE	16
CONTRACEPTION PRODUCTS	8–10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	16
DENTAL PRODUCTS	10	SKIN CONDITIONS	16, 17
DIABETES	10, 11	SLEEP DISORDERS/SEDATIVES	17
DIURETICS	11	SMOKING CESSATION	17
EAR MEDICATIONS	11	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	11	URINARY TRACT CONDITIONS	17
EYE CONDITIONS	11, 12	VACCINES	17
		WEIGHT MANAGEMENT	17

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
azelastine		CLARINEX
azelastine- fluticasone		CLARINEX-D 12 HOUR
cromolyn		GASTROCROM
desloratadine (QL)		GRASSTK (PA, QL)
fluticasone		KARBINAL ER
hydroxyzine hcl solution, syrup, tablet		ODACTRA (PA, QL) PATANASE
hydroxyzine pamoate		RAGWITEK (PA, QL)
ipratropium		VISTARIL
mometasone (QL)		
olopatadine		
promethazine solution, syrup, tablet		

ALZHEIMER'S DISEASE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
donepezil	NAMENDA 5-10	ARICEPT
donepezil odt	MG TITRATION PK	EXELON
memantine		MESTINON
memantine er (QL)		NAMENDA 10 MG TABLET
pyridostigmine 60 mg/5 ml, 60 mg		NAMENDA 5 MG TABLET
pyridostigmine er		NAMENDA XR (QL)
rivastigmine		NAMZARIC (QL)

ANXIETY/DEPRESSION/BIPOLAR DISORDER⁴

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
alprazolam		CELEXA (QL, ST)
alprazolam er		EFFEXOR XR (QL, ST)
alprazolam intensol		FETZIMA (QL, ST)
alprazolam odt		PAXIL (QL, ST)
alprazolam xr		PAXIL CR (QL, ST)
amitriptyline		PRISTIQ (QL, ST)
bupropion (QL)		PROZAC (QL, ST)
bupropion sr (QL)		REMERON
bupropion xl 150 mg tablet (QL)		SPRAVATO* (PA)
bupropion xl 300 mg tablet (QL)		TRINTELLIX (QL, ST)
buspirone		VIIBRYD (QL, ST)
citalopram (QL)		WELLBUTRIN SR (QL, ST)
clomipramine		XANAX
desvenlafaxine er (QL)		XANAX XR
duloxetine (QL)		ZOLOFT (QL, ST)
escitalopram (QL)		
fluoxetine dr (QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/BIPOLAR DISORDER⁴

(cont)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
fluoxetine (QL)		
fluvoxamine (QL)		
fluvoxamine er (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine cr (QL)		
paroxetine er (QL)		
paroxetine (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine er (QL)		

ASTHMA/COPD/RESPIRATORY

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
albuterol	ADVAIR HFA	DALIRESP (QL)
albuterol hfa (QL)	ANORO ELLIPTA	LETAIRIS* (PA)
ambrisentan* (PA)	ATROVENT HFA	LONHALA
budesonide	BREO ELLIPTA	MAGNAIR REFILL (PA)
fluticasone- salmeterol	BREZTRI AEROSPHERE	LONHALA
ipratropium- albuterol	COMBIVENT RESPIMAT	MAGNAIR STARTER (PA)
montelukast	DULERA	PULMICORT
	FLOVENT DISKUS	RESPULES
	FLOVENT HFA	SINGULAIR
	INCRUSE ELLIPTA	
	PULMICORT	
	FLEXHALER	
	QVAR REDHALER	
	SEREVENT DISKUS	
	SPIRIVA	
	SPIRIVA RESPIMAT	
	STIOLTO RESPIMAT	
	SYMBICORT	
	TRELEGY ELLIPTA	

ATTENTION DEFICIT HYPERACTIVITY DISORDER⁴

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
amphetamine (PA)	MYDAYIS (PA, QL)	ADDERALL (PA,ST)
atomoxetine (QL)	VYVANSE (PA, QL)	ADZENYS ER (PA, QL)
dexmethyl- phenidate (PA)		ADZENYS XR-ODT (PA, QL)
dexmethyl- phenidate er (PA, QL)		AMPHETAMINE ER (PA,QL)
dextroamphet- amine-amphet er (PA, QL)		DAYTRANA (PA, QL)
		DYANAVEL XR (PA, QL)

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER⁴ (cont)

dextroamphet- amine- amphetamine (PA)		EVEKEO (PA,ST)
guanfacine er		FOCALIN (PA,ST)
methylphenidate er (la) (PA, QL)		INTUNIV
methylphenidate er (PA, QL)		METHYLIN (PA)
methylphenidate (PA)		QUILLICHEW ER (PA, QL)
methylphenidate cd (PA, QL)		QUILLIVANT XR (PA, QL)
methylphenidate er (cd) (PA, QL)		RITALIN (PA,ST)
methylphenidate la (PA, QL)		STRATTERA (QL)

BLOOD MODIFIERS/BLEEDING DISORDERS

	DROXIA	SIKLOS (PA)
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BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	BYSTOLIC (QL, ST)	ADALAT CC
amlodipine- benazepril	CORLANOR (PA)	ALTACE (ST)
amlodipine- olmesartan (QL)	ENTRESTO	ATACAND (ST)
amlodipine- valsartan	TEKTURNA HCT (QL)	AVAPRO (ST)
atenolol		AZOR (QL)
benazepril		BENICAR (QL, ST)
bisoprolol		BENICAR HCT (ST)
bisoprolol-hctz		BIDIL (QL)
candesartan		CALAN SR
cartia xt		CARDIZEM LA 120mg (QL)
carvedilol		CARDURA
carvedilol er (QL)		CATAPRES-TTS 1
clonidine		CATAPRES-TTS 2
diltiazem 12hr er		CATAPRES-TTS 3
diltiazem 24hr er		COREG (ST)
diltiazem 24hr er (cd)		CORGARD (ST)
diltiazem 24hr er (la)		COZAAR (ST)
diltiazem 24hr er (xr)		DIOVAN (ST)
diltiazem		DIOVAN HCT (ST)
DILT-XR		EPANED
dofetilide (QL)		EXFORGE
		HEMANGEOL
		HYZAAR (ST)
		INDERAL LA (ST)
		INDERAL XL (ST)
		INNOPRAN XL (ST)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS (cont)

doxazosin		KAPSPARGO
droxidopa*		SPRINKLE (ST)
enalapril		KATERZIA (QL)
flecainide		LOPRESSOR (ST)
hydralazine tablet		LOTENSIN (ST)
irbesartan		LOTREL
labetalol tablet		MICARDIS (QL, ST)
lisinopril		MICARDIS HCT (QL, ST)
lisinopril-hctz		MINIPRESS
losartan		NITROSTAT
losartan-hctz		NORTHERA* (PA)
matzim la		NORVASC
metoprolol succinate		ORLADEYO* (PA, QL)
metoprolol		PRINIVIL (ST)
nadolol		PROCARDIA XL
nifedipine		RANEXA (QL)
nifedipine er		TEKTURNA (QL)
olmesartan (QL)		TENORMIN (ST)
olmesartan- amlodipine-hctz		TENORETIC 50 (ST)
olmesartan-hctz (QL)		TENORETIC 100 (ST)
prazosin		TIAZAC
propranolol tablet		TIKOSYN (PA, QL)
propranolol er		TOPROL XL (ST)
ramipril		TRIBENZOR
ranolazine er (QL)		VASOTEC (ST)
taztia xt		VERELAN
telmisartan (QL)		VERELAN PM
telmisartan-hctz (QL)		ZESTORETIC (ST)
tiadylt er		ZESTRIL (ST)
valsartan		ZIAC (ST)
valsartan-hctz		
verapamil er		
verapamil er pm		
verapamil tablet		
verapamil sr		

BLOOD THINNERS/ANTI-CLOTTING

adult aspirin regimen+	BRILINTA	BAYER CHEWABLE ASPIRIN+
aspirin ec+	ELIQUIS (PA)	EFFIENT
aspirin+	XARELTO (PA)	PLAVIX
aspirin- dipyridamole er		PRADAXA (PA)
children's aspirin+		SAVAYSA (PA, QL)
clopidogrel		ZONTIVITY

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD THINNERS/ANTI-CLOTTING (cont)

jantoven		
low dose aspirin		
ec+		
prasugrel		
st. joseph aspirin		
ec+		
st. joseph aspirin+		
warfarin		

CANCER

anastrozole+	GLEOSTINE	
exemestane+	TREXALL	
hydroxyurea		
letrozole		
methotrexate		
tamoxifen+		
temozolomide* (PA)		

CHOLESTEROL MEDICATIONS

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

CONTRACEPTION PRODUCTS

AFIRMELLE+	LO LOESTRIN FE	BALCOLTRA
AFTERA+		BEYAZ
ALTAVERA+		ELLA+
ALYACEN+		ESTROSTEP FE
AMETHIA+		LAYOLIS FE+
AMETHYST+		LOESTRIN FE
APRI+		MICROGESTIN 24 FE
ARANELLE+		MINASTRIN 24 FE
ASHLYNA+		NATAZIA
AUBRA EQ+		NEXTSTELLIS
AUBRA+		

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

AUROVELA 24 FE+		NUVARING
AUROVELA FE+		SAFYRAL
AUROVELA+		SLYND
AVIANE+		TAYTULLA
AYUNA+		TODAY
AZURETTE+		CONTRACEPTIVE SPONGE+
BALZIVA+		TWIRLA+
BLISOVI 24 FE+		VCF
BLISOVI FE+		CONTRACEPTIVE FILM+
BRIELLYN+		YASMIN 28
CAMILA+		YAZ
CAMRESE LO+		
CAMRESE+		
CAYA		
CONTOURED+		
CAZIAN+T+		
CHARLOTTE 24 FE+		
CHATEAL EQ+		
CHATEAL+		
CRYSSELLE+		
CYCLAFEM+		
CYRED EQ+		
CYRED+		
DASETTA+		
DAYSEE+		
DEBLITANE+		
desogestrel-ethinyl estradiol+		
desogestrel-ethinyl estradiol - ethinyl estradiol+		
DOLISHALE+		
drospirenone- ethinyl estradiol- levomefolate+		
drospirenone- ethinyl estradiol+		
ECONTRA EZ+		
ECONTRA ONE- STEP+		
ELINEST+		
ELURYNG+		
EMOQUETTE+		
ENPRESSE+		
ENSKYCE+		
ERRIN+		
ESTARYLLA+		

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

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

ethynodiol-ethinyl estradiol+		
etonogestrel-		
ethinyl estradiol+		
FALMINA+		
FAYOSIM+		
FEMCAP+		
FEMYNOR+		
GEMMILY+		
GYNOL II+		
HAILEY 24 FE+		
HAILEY FE+		
HAILEY+		
HEATHER+		
ICLEVIA+		
INCASSIA+		
ISIBLOOM+		
JAIMIESS+		
JASMIEL+		
JENCYCLA+		
JOLESSA+		
JULEBER+		
JUNEL FE 24+		
JUNEL FE+		
JUNEL+		
KAITLIB FE+		
KALLIGA+		
KARIVA+		
KELNOR 1-35+		
KELNOR 1-50+		
KURVELO+		
LARIN 24 FE+		
LARIN FE+		
LARIN+		
LARISSIA+		
LEENA+		
LESSINA+		
LEVONEST+		
levonorgestrel+		
levonorgestrel-		
ethinyl estradiol+		
levonorgestrel-		
ethinyl estradiol		
ethinyl estradiol+		
LEVORA-28+		
LILLOW+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		

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

LO-		
ZUMANDIMINE+		
LUTERA+		
LYLEQ+		
LYZA+		
MARLISSA+		
MERZEE+		
MICROGESTIN FE+		
MICROGESTIN+		
MILI+		
MONO-LINYAH+		
MY CHOICE+		
MY WAY+		
NECON+		
NEW DAY+		
NIKKI+		
NORA-BE+		
norethindrone+		
norethindrone-		
ethinyl estradiol-		
iron+		
norethindrone-		
ethinyl estradiol+		
norethindrone-		
ethinyl estradiol-		
ferrous fumarate		
norgestimate-		
ethinyl estradiol+		
NORLYDA+		
NORTREL+		
NYLIA+		
NYMYO+		
OCELLA+		
OPCICON ONE-		
STEP+		
OPTION 2+		
ORSYTHIA+		
PHILITH+		
PIMTREA+		
PIRMELLA+		
PORTIA+		
PREVIFEM+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		
SHAROBEL+		
SIMLIYA+		
SIMPESSE+		
SPRINTEC+		

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

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

SRONYX+		
SYEDA+		
TAKE ACTION+		
TARINA 24 FE+		
TARINA FE 1-20		
EQ+		
TARINA FE+		
TILIA FE+		
TRI FEMYNOR+		
TRI-ESTARYLLA+		
TRI-LEGEST FE+		
TRI-LINYAH+		
TRI-LO-		
ESTARYLLA+		
TRI-LO-MARZIA+		
TRI-LO-MILI+		
TRI-LO-SPRINTEC+		
TRI-MILI+		
TRI-NYMYO+		
TRI-PREVIFEM+		
TRI-SPRINTEC+		
TRIVORA-28+		
TRI-VYLIBRA LO+		
TRI-VYLIBRA+		
TULANA+		
TYDEMY+		
VCF		
CONTRACEPTIVE		
FOAM+		
VCF		
CONTRACEPTIVE		
GEL+		
VELIVET+		
VESTURA+		
VIENVA+		
VIORELE+		
VOLNEA+		
VYFEMLA+		
VYLIBRA+		
WERA+		
wide seal		
diaphragm+		
WYMZYA FE+		
XULANE+		
ZAFEMY+		
ZARAH+		
ZOVIA 1-35+		
ZOVIA 1-35E+		
ZUMANDIMINE+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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COUGH/COLD MEDICATIONS

bromphenir- amine-		HYCODAN (PA, QL)
pseudoephedrine		TESSALON PERLE
-dm		TUZISTRA XR (PA, QL)
hydrocodone-		
homatropine (PA, QL)		
promethazine-dm		

DENTAL PRODUCTS

chlorhexidine	PREVIDENT 0.2%	CLINPRO 5000
DENTA 5000 PLUS	RINSE	FLORIVA+^
DENTAGEL		FLUORIDEX
doxycycline hyclate		SENSITIVITY RELIEF
FLUORIDEX DAILY		PREVIDENT 1.1%
DEFENSE 1.1%		GEL
ORALONE		PREVIDENT 5000
PERIDEX		PREVIDENT 5000
PERIOGARD		BOOSTER PLUS
SF 1.1% GEL		PREVIDENT 5000
SF 5000 PLUS		ENAMEL PROTECT
sodium fluoride		PREVIDENT 5000
sodium fluoride		ORTHO DEFENSE
5000 dry mouth		PREVIDENT 5000
sodium fluoride		PLUS
5000 plus		PREVIDENT 5000
triamcinolone		SENSITIVE

DIABETES

ACCU-CHEK	BASAGLAR (QL)	AMARYL
COMPACT PLUS	BAQSIMI (QL)	CEQUR
CONTROL	DEXCOM G6 (PA, QL)	CYCLOSET
ACCU-CHEK GUIDE	QL)	GLUCAGON
L1-L2 CONTROL	DROPLET	EMERGENCY KIT
SOLUTION	DROPSAFE	(QL)
ACCU-CHEK AVIVA	FARXIGA (QL, ST)	GVOKE (QL)
SOLUTION	FREESTYLE LIBRE	PRECISION XTRA
ACCU-CHEK	14 DAY SENSOR	KETONE-GLUC KIT
SOFTCLIX LANCET	(PA, QL)	RIOMET
KIT	FREESTYLE LIBRE 2	
ACCU-CHEK	SENSOR (PA, QL)	
FASTCLIX	GLUCAGEN HYPO	
LANCING DEVICE	KIT	
ACCU-CHEK	GLYXAMBI (QL, ST)	
MULTICLIX	HUMULIN (QL)	
LANCET KIT	JANUMET (QL, ST)	
ACCU-CHEK	JANUMET XR (QL, ST)	
SMARTVIEW	ST)	
CONTROL	JANUVIA (QL, ST)	
SOLUTION	JARDIANCE (QL, ST)	

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DIABETES (cont)

ACUTREND GLUCOSE CONTROL	LYUMJEV (QL) OMNIPOD DASH (PA, QL)	
BD PEN NEEDLE CONTOUR SOLUTION	ONETOUCH ULTRA TEST STRIP	
CONTOUR NEXT LEV 1 CONTROL SOLUTION	ONETOUCH VERIO TEST STRIP	
CONTOUR SOLUTION	QTERN (QL, ST)	
CONTOUR SOLUTION	RYBELSUS (PA, QL)	
CONTOUR SOLUTION	SOLIQUA 100-33	
CONTOUR SOLUTION	SYMLINPEN	
CONTOUR SOLUTION	SYNJARDY (QL, ST)	
CONTOUR NEXT LEV 2 CONTROL SOLUTION	SYNJARDY XR (QL, ST)	
glimepiride	TRIJARDY XR (ST, QL)	
glipizide	V-GO 20	
glipizide er	V-GO 30	
glipizide xl	V-GO 40	
INPEN	VICTOZA (PA, QL)	
metformin	XIGDUO XR (QL, ST)	
metformin er	Xultophy	
NOVOFINE		
NOVOTWIST		
TECHLITE		
TRUE METRIX LEVEL 1 CONTROL SOLUTION		
TRUE METRIX LEVEL 2 CONTROL SOLUTION		
TRUE METRIX LEVEL 3 CONTROL SOLUTION		
TRUEPLUS SYRINGE		

DIURETICS

ACETAZOLAMIDE TABLET	DIURIL	ALDACTONE
ACETAZOLAMIDE ER CAPSULE		CAROSPIR
BUMETANIDE TABLET		INSPIRA
chlorthalidone		KERENDIA
eplerenone		LASIX
furosemide solution, tablet		MAXZIDE
hydrochloro- thiazide		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIURETICS (cont)

spironolactone		
triamterene-hctz		

EAR MEDICATIONS

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

ERECTILE DYSFUNCTION

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

EYE CONDITIONS

bimatoprost (QL)	ALPHAGAN P 0.1%	ACULAR
brimonidine	DROPS	ACULAR LS
brinzolamide	AZASITE	ACUVAIL
ciprofloxacin	BETIMOL	ALPHAGAN P
dorzolamide	BETOPTIC S	0.15% EYE DROPS
dorzolamide- timolol	COMBIGAN	ALREX
erythromycin	EYSUVIS (QL)	AZOPT
fluorometholone	FML FORTE 0.25%	BEPREVE
ketorolac	EYE DROPS	BESIVANCE
latanoprost	FML S.O.P. 0.1%	BROMSITE
loteprednol	OINTMENT	CEQUA
moxifloxacin eye	FLAREX	COSOPT
drops	LOTEMAX SM	COSOPT PF
neomycin- polymyxin	RESTASIS	DUREZOL
b-dexamethasone	RESTASIS	FML LIQUIFILM
ofloxacin	MULTIDOSE	0.1% EYE DROP
olopatadine	SIMBRINZA	ILEVRO
polymyxin	XIIDRA	INVELTYS
b sulfate- trimethoprim	ZERVIAE	ISTALOL
prednisolone		LASTACFT
timolol		LOTEMAX
tobramycin- dexamethasone		MAXITROL
travoprost		MOXEZA
		NEVANAC
		OCUFLOX
		PRED FORTE
		PROLENSA
		RHOPRESSA
		ROCKLATAN
		TIMOPTIC
		TIMOPTIC-XE
		TOBRADEX EYE DROPS

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EYE CONDITIONS (cont)

		TOBRADEX ST TRUSOPT VIGAMOX ZIRGAN ZYLET
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FEMININE PRODUCTS

FEM PH GYNAZOLE 1 miconazole 3 200 mg terconazole		
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GASTROINTESTINAL/HEARTBURN

ALOPHEN PILLS+	AMITIZA	ACIPHEX (QL, ST)
ANUCORT-HC	CLENPIQ+	AKYNZEO 300-0.5
balsalazide	DEXILANT (QL)	MG CAPSULE
bisacodyl tablet+	LINZESS	APRISO
cinacalcet*	LITHOSTAT	BONJESTA
CLEARLAX+	NEXIUM DR 2.5 MG	CANASA
CONSTULOSE	PACKET (QL)	CARAFATE
dicyclomine	NEXIUM DR 5 MG	CORRECTOL+
capsule, solution, tablet	PACKET (QL)	CUVPOSA
esomeprazole	PANCREAZE	DICLEGIS
20 mg capsule, 40 mg capsule, packets (QL)	PENTASA	DONNATAL
famotidine	SUPREP+	DULCOLAX EC 5
40 mg/5 ml	SUTAB+	MG TABLET+
suspension, 20	VIBERZI	MIRALAX+
mg tablet, 40 mg		MOVANTIK (PA)
tablet		PREVACID DR 30
GAVILAX+		MG CAPSULE (QL, ST)
GAVILYTE-C+		PROTONIX (QL, ST)
GAVILYTE-G+		RECTIV
GAVILYTE-N+		RELISTOR (PA)
GENTLE		SANCUSO (PA, QL)
LAXATIVE+		SFROWASA
GENTLELAX+		SUCRAID* (PA)
GLYCOLAX+		SYMPROIC (PA)
glycopyrrolate		TRANSDERM-SCOP
tablet		URSO
HEMMOREX-HC		URSO FORTE
hydrocortisone		VARUBI (PA, QL)
lansoprazole (QL)		VIOKACE
LAXACLEAR+		
LAXATIVE PEG		
3350+		
LAXATIVE 5 MG		
TABLET+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN (cont)

LAXATIVE EC 5 MG TABLET+		
mesalamine		
mesalamine dr		
mesalamine er		
metoclopramide		
solution, tablet		
metoclopramide		
odt		
misoprostol		
NATURA-LAX+		
omeprazole (QL)		
ondansetron		
ondansetron odt		
pantoprazole		
suspension, tablet		
(QL)		
peg		
3350-electrolyte+		
PEG3350-SODIUM		
SULFATE-SODIUM		
CHLORIDE-		
POTASSIUM		
CHLORIDE-		
SODIUM		
ASCORBATE-		
ASCORBIC ACID+		
PEG-PREP+		
polyethylene glycol		
3350+		
prochlorperazine		
tablet		
promethazine		
suppository		
promethegan		
PURELAX+		
rabeprazole tablet		
(QL)		
scopolamine		
SMOOTHLAX+		
sucrafate		
ursodiol		
WOMEN'S GENTLE		
LAXATIVE+		
WOMEN'S		
LAXATIVE+		

HORMONAL AGENTS

AMABELZ	ANDRODERM (PA,	ACTIVELLA
budesonide ec	QL)	ALORA (QL)
	DIVIGEL	

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

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HORMONAL AGENTS (cont)

budesonide er (PA, QL)	DUAVEE	ANDROGEL (PA, QL)
cabergoline (QL)	ESTRING (QL)	ANGELIQ
COVARYX	MEDROL 2 MG	ARMOUR THYROID
COVARYX H.S.	TABLET	AYGESTIN
DECADRON	ORIAHNN (PA, QL)	BIJUVA
desmopressin	ORILISSA (PA, QL)	CLIMARA
dexamethasone	PREMARIN TABLET,	CLIMARA PRO
intensol	VAGINAL CREAM	COMBIPATCH
DOTTI (QL)	APPLICATOR	CRINONE 4% GEL
EEMT	PREMPHASE	CYTOMEL
EEMT H.S.	PREMPRO	ELESTRIN
estradiol (once weekly)		ENTOCORT EC
estradiol 10mcg vaginal insert (QL)		ESTRACE
estradiol (twice weekly) (QL)		ESTROGEL
estradiol-norethindrone		EVAMIST
estrogen-methyltestosterone		IMVEXXY (QL)
EUTHYROX		INTRAROSA
LEVO-T		LEVOTHYROXINE
levothyroxine tablet		CAPSULE
LEVOXYL		MEDROL 8MG, 16MG, 32MG
liothyronine		TABLET
LYLLANA (QL)		MEDROL 4 MG
medroxyprogesterone		DOSEPAK
methimazole		MENOSTAR (QL)
methylprednisolone		MINIVELLE (QL)
MIMVEY		MYFEMBREE (QL)
norethindrone		OSPHENA
NP THYROID		PROMETRIUM
prednisone		RAYALDEE
prednisone intensol		TIROSINT-SOL
progesterone tablet		UNITHROID
testosterone (PA, QL)		VAGIFEM (QL)
WESTHROID		VIVELLE-DOT (QL)
YUVAFEM (QL)		

INFECTIONS

acyclovir capsule, suspension, tablet	CIPRO SUSPENSION	AEMCOLO (QL)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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INFECTIONS (cont)

albendazole	CLEOCIN 75 MG	ALBENZA
amoxicillin	CAPSULE	ALINIA
amoxicillin-clavulanate er	ERY-TAB DR 333 MG	BACTRIM
amoxicillin-clavulanate	TABLET	BACTRIM DS
atovaquone	EURAX 10% CREAM	BAXDELA (PA)
atovaquone-proguanil	FIRVANQ	CIPRO TABLET
AVIDOXY	SOLOSEC	CLEOCIN 150 MG
azithromycin packet,	VIBRAMYCIN 50	CAPSULE
suspension, tablet	MG/5 ML SYRUP	CLEOCIN 300 MG
cefdirir	XIFAXAN (QL)	CAPSULE
cefuroxime tablet		CLEOCIN 100 MG
cephalexin		VAGINAL OVULE
ciprofloxacin		CLEOCIN 2%
clarithromycin		VAGINAL CREAM
clarithromycin er		CLINDESSE
clindamycin		CRESEMBA
COREMINO ER QL)		CAPSULE (PA)
dapsone tablets		DIFICID (QL)
doxycycline hyclate capsule, tablet		ELIMITE
doxycycline monohydrate		ERYPED 200
EMVERM		ERY-TAB DR 250 MG
erythromycin		TABLET
erythromycin ethylsuccinate		ERY-TAB DR 500 MG
famciclovir		TABLET
fluconazole		EURAX 10%
hydroxychloroquine		LOTION
ivermectin		FLAGYL
levofloxacin solution, tablet		HIPREX
methenamine		KEFLEX
metronidazole gel, capsule, tablet		MACROBID
minocycline		MACRODANTIN
minocycline er tablet (QL)		MALARONE (PA)
mondoxnye nl		NATROBA
MORGIDOX		NUVESSA
nitazoxanide		ORAVIG
nitrofurantoin		PLAQUENIL
		posaconazole suspension
		PRIFTIN
		SIVEXTRO TABLET (PA)
		SKLICE
		STROMECTOL
		sulfatrim
		URIBEL
		VALTREX
		VIBRAMYCIN 25
		MG/5 ML SUSP

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INFECTIONS (cont)

nitrofurantoin monohydrate-macrocrystal		XENLETA 600mg tablet (PA, QL)
nystatin suspension, tablet		XOFLUZA (QL)
penicillin v potassium		ZITHROMAX
permethrin		ZITHROMAX TRI-PAK
posaconazole tablet		ZYVOX
sulfamethoxazole-trimethoprim suspension, tablet		SUSPENSION, TABLET (PA)
terbinafine		
tetracycline		
valacyclovir		
valganciclovir		
vancomycin capsule, solution		
vandazole		

INFERTILITY

clomiphene ^		CRINONE 8% GEL^ ENDOMETRIN^
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MISCELLANEOUS

ACCU-CHEK SAFE-T-PRO 23G LANCETS	ACE AEROSOL CLOUD ENHANCER (QL)	ADDYI^ (PA, QL) BRISDELLE (QL) NUEDEXTA (QL)
ACCU-CHEK SOFTCLIX LANCETS	AEROCHAMBER MINI (QL)	
ACCU-CHEK MULTICLIX LANCETS	AEROCHAMBER MV (QL)	
ACCU-CHEK FASTCLIX LANCET DRUM	AEROCHAMBER PLUS FLOW-VU (QL)	
FC2 FEMALE CONDOM+ KETONE CARE TEST STRIP	AEROCHAMBER WITH FLOWSIGNAL (QL)	
KETONE TEST STRIP	AEROCHAMBER Z-STAT PLUS (QL)	
KETOSTIX REAGENT MICROLET	AEROTRACH PLUS (QL)	
PRECISION XTRA sodium chloride inhalation vial	AEROVENT PLUS (QL)	
Irrigation solution vial	BREATHRITE (QL) CLEVER CHOICE HOLDING CHAMBER (QL)	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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MISCELLANEOUS (cont)

TECHLITE LANCETS	COMPACT SPACE CHAMBER (QL)	
TRUEPLUS KETONE TEST STRIP	EASIVENT (QL)	
	FLEXICHAMBER (QL)	
	INSPIRACHAMBER (QL)	
	MICROCHAMBER (QL)	
	NITYR* (PA)	
	OPTICHAMBER DIAMOND (QL)	
	POCKET CHAMBER (QL)	
	PRO COMFORT SPACER WITH MASK (QL)	
	PROCARE SPACER WITH CHILD MASK (QL)	
	RITEFLO (QL)	
	SPACE CHAMBER (QL)	
	SPACE CHAMBER-MEDIUM MASK (QL)	
	SPACE CHAMBER-SMALL MASK (QL)	
	VORTEX (QL)	
	VORTEX VHC FROG MASK (QL)	
	VORTEX VHC LADYBUG MASK (QL)	

NUTRITIONAL/DIETARY

calcitriol capsule, solution^	CITRANATAL 90 DHA	ALIVE PRENATAL+ AURYXIA (QL)
FA-8+	CITRANATAL	BRAINSTRONG PRENATAL+
folic acid^+	ASSURE	CLASSIC PRENATAL+
klor-con	CITRANATAL	EXPECTA PRENATAL+
KLOR-CON 10 MEQ TABLET	B-CALM	EXPECTA PRENATAL+
KLOR-CON 8 MEQ TABLET	CITRANATAL DHA	FOSRENOL 1,000 MG CHEWABLE TABLET
KLOR-CON M10 TABLET	CITRANATAL HARMONY	FOSRENOL 500 MG CHEWABLE TABLET
KLOR-CON M10 TABLET	CITRANATAL RX	
	DRISDOL^	

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NUTRITIONAL/DIETARY (cont)

MULTI-VITAMIN W-FLUORIDE-IRON+	FLORIVA CHEWABLE TABLET+	FOSRENOL 750 MG CHEWABLE TABLET
MULTIVITAMIN WITH FLUORIDE+	FOSRENOL 1,000 MG POWDER PACK	K-TAB ER
MULTIVITAMIN-IRON-FLUORIDE ONE DAILY	FOSRENOL 750 MG POWDER PACKET	LOKELMA
PRENATAL+ potassium chloride 10%, capsule, packet, tablet prenatal complete+	MEPHYTON^	MINI PRENATAL+
PRENATAL GUMMIES+	NEEVO DHA^	OB COMPLETE^
PRENATAL MULTI+ prenatal multi-dha+	OB COMPLETE PETITE	ONE A DAY WOMEN'S PRENATAL DHA+
PRENATAL MULTIVITAMIN+	OB COMPLETE PREMIER	ONE-A-DAY PRENATAL-1+
PRENATAL MULTIVITAMIN-DHA+	PERRY PRENATAL+	PHOSLYRA PRENATAL
PRENATAL ONE DAILY+	POLY-VI-FLO WITH IRON+	FORMULA-DHA+
PRENATAL VITAMIN + DHA+	POLY-VI-FLO+ PRENATE^	REVELA
PRENATAL VITAMINS+	PRIMACARE	SIMILAC PRENATAL+
PRENATAL+ sevelamer carbonate	QUFLORA	STUART ONE+
TRI-VITE WITH FLUORIDE+	QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+	ULTRA PRENATAL PLUS DHA+
vitamin d2 1.25 mg (50,000 unit)^	QUFLORA PEDIATRIC 0.25 MG/ML DROP+	VELTASSA
VITAMINS A,C,D AND FLUORIDE+	QUFLORA PEDIATRIC 0.5 MG/ML DROP+	
	ROCALTROL^	
	TRI-VI-FLO+	
	VELPHORO	

OSTEOPOROSIS PRODUCTS

alendronate		ACTONEL (ST)
ibandronate 150 mg tablet		ATELVIA (ST)
raloxifene+		BINOSTO (ST)
risedronate		BONIVA 150 MG TABLET (ST)
risedronate dr		EVISTA
		FOSAMAX (ST)

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PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA)	AIMOVIG (PA)	ANALPRAM HC 1% CREAM
allopurinol tablet	AJOVY (PA)	ANALPRAM HC 2.5%-1% CREAM
ASPIRIN EC+ aspirin tablet+	BELBUCA (QL)	ANALPRAM HC 2.5%-1% CREAM SINGLE
baclofen tablet	EMGALITY (PA)	ARAVA
buprenorphine patch (QL)	HYSINGLA ER (PA)	BUTRANS (QL)
butalbital-acetaminophen-caffeine (QL)	NUCYNTA (PA)	CELEBREX (QL, ST)
carisoprodol	NURTEC ODT (PA, QL)	COLCRYS
celecoxib (QL)	PROCTOFOAM-HC	EC-NAPROSYN (ST)
colchicine	RASUVO (PA)	ECOTRIN EC 325 MG TABLET+
cyclobenzaprine	REDITREX (PA)	ESGIC (QL)
diclofenac 1% gel (QL)	SAVELLA	FEXMID
diclofenac dr	UBRELVY (PA, QL)	FLECTOR (PA, QL)
diclofenac ec	ULORIC (QL)	LAZANDA (PA)
EC-NAPROXEN	XTAMPZA ER (PA)	LICART (PA, QL)
ECOTRIN EC 81 MG TABLET+	ZTLIDO	LIDODERM
eletriptan (QL)		MITIGARE
ENDOCET (PA)		MOBIC (ST)
febuxostat (QL)		NAPROSYN (ST)
fentanyl (PA)		NUCYNTA ER (PA)
FIORICET (QL)		OTREXUP (PA)
frovatriptan (QL)		OXAYDO (PA)
GLYDO		PERCOCET (PA)
hydrocodone-acetaminophen (PA)		PROCORT
hydromorphone er (PA)		SKELAXIN
hydromorphone (PA)		ULTRAM 50 MG TABLET (QL)
IBU		VTOL LQ
ibuprofen		ZANAFLEX
indomethacin		ZEBUTAL (QL)
indomethacin er		ZOHYDRO ER (PA)
ketorolac		ZYLOPRIM
tromethamine (QL)		
leflunomide		
lidocaine 5% ointment (QL)		
lidocaine 5% patch		
lidocaine viscous		
meloxicam tablet		
metaxalone		

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PAIN RELIEF AND INFLAMMATORY DISEASE

(cont)

methocarbamol		
MORPHINE (PA)		
MORPHINE ER (PA)		
NALFON 600 MG TABLET (ST)		
NALOCET (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
PROLATE TABLET (PA)		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine		
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		OSMOLEX ER (QL)
pramipexole er (QL)		RYTARY
rasagiline (QL)		SINEMET 10-100
ropinirole er		SINEMET 25-100
ropinirole		TASMAR
		XADAGO (ST)

SCHIZOPHRENIA/ANTI-PSYCHOTICS⁴

aripiprazole (QL)	LATUDA (QL)	FANAPT (QL, ST)
aripiprazole odt		INVEGA (QL, ST)
asenapine		REXULTI (QL, ST)
chlorpromazine tablet		RISPERDAL (ST)
haloperidol		SAPHRIS (ST)
olanzapine tablet		SECUADO (ST)
olanzapine odt		SEROQUEL (ST)
paliperidone er (QL)		SEROQUEL XR (ST)
quetiapine		VRAYLAR (QL, ST)
quetiapine er		
risperidone		
risperidone odt		
ziprasidone tablet		

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SEIZURE DISORDERS

carbamazepine	DILANTIN 30 MG CAPSULE (PA)	APTIOM 600, 800 MG TABLETS (PA)
carbamazepine er		APTIOM 200, 400 MG TABLETS (PA, QL)
clonazepam	FYCOMPA (PA, QL)	
divalproex	NAYZILAM (PA, QL)	
divalproex er	VIMPAT SOLTUION, TABLET (PA)	BRIVIACT ORAL SOLUTION, TABLET (PA)
EPITOL		
gabapentin		CARBATROL (PA)
lamotrigine		DEPAKOTE (PA)
lamotrigine (blue)		DEPAKOTE ER (PA)
lamotrigine (green)		DEPAKOTE
lamotrigine (orange)		SPRINKLE (PA)
lamotrigine er		DILANTIN 100 MG CAPSULE (PA)
lamotrigine odt		DILANTIN 50 MG INFATAB (PA)
lamotrigine odt (blue)		KLONOPIN (PA)
lamotrigine odt (green)		LYRICA ORAL SOLUTION (PA)
lamotrigine odt (orange)		NEURONTIN (PA)
levetiracetam solution, tablet		OXTELLAR XR (PA)
levetiracetam er		PHENYTEK (PA)
oxcarbazepine		SPRITAM (PA)
pregabalin capsule, solution		TEGRETOL (PA)
ROWEEPRA		TEGRETOL XR (PA)
SUBVENITE		VALTOCO (PA, QL)
SUBVENITE (BLUE)		XCOPRI (PA, QL)
SUBVENITE (GREEN)		
SUBVENITE (ORANGE)		
topiramate		
topiramate er		
vigabatrin*		
vigadrone*		

SKIN CONDITIONS

ACCUTANE	DRYSOL	ANALPRAM HC 2.5%-1% LOTION
adapalene (PA)	EUCRISA	AVAR 9.5-5% CLEANSING PADS
adapalene-benzoyl peroxide	NAFTIN	BRYHALI (ST)
AMNESTEEM	PICATO	CALCIPOTRIENE FOAM
AVAR CLEANSER	PRAMOSONE 1% LOTION	CAPEX SHAMPOO (ST)
azelaic acid	PRAMOSONE 1%-1% CREAM	CLEOCIN T
betamethasone augmented	PRAMOSONE 1%-1% OINTMENT	CLINDACIN ETZ KIT
betamethasone dipropionate		

Cigna Standard 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)		
BP 10-1 calcipotriene cream, ointment, solution calcipotriene- betamethasone CLARAVIS CLINDACIN ETZ 1% PLEDGET CLINDACIN P 1% PLEDGETS CLINDAMYCIN 1% FOAM, GEL, LOTION, PLEDGET, SOLUTION clindamycin- benzoyl peroxide clindamycin- tretinoin clobetasol clocortolone CLODAN clotrimazole- betamethasone dapson 5% gel, 7.5% gel pump fluocinonide fluorouracil cream, topical solution isotretinoin ketoconazole KETODAN metronidazole mupirocin MYORISAN NEUAC GEL pimecrolimus ROSDAN sodium sulfacetamide- sulfur SSS 10-5 SULFACLEANSE 8-4 tacrolimus ointment tazarotene 0.1% cream tretinoin (PA) TRIDERM ZENATANE	PRAMOSONE 2.5%- 1% OINTMENT SANTYL (QL)	CLINDACIN PAC KIT CLODERM (ST) DESOWEN (ST) DOVONEX EFUDEX ELIDEL EVOCLIN PRAMOSONE 2.5%- 1% CREAM PRAMOSONE 2.5%- 1% LOTION PROTOPIC REGRANEX (PA, QL) TEMOVATE (ST) VECTICAL (QL) XEPI

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SLEEP DISORDERS/SEDATIVES		
armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	LUNESTA (ST) SILENOR (QL, ST)
SMOKING CESSATION⁴		
bupropion sr+^ NICODERM CQ 21 MG/24HR PATCH+ nicotine gum+ nicotine lozenge+ nicotine patch+ QUIT 2+ QUIT 4+ STOP SMOKING AID+	CHANTIX^ NICOTROL NS+^ NICOTROL+^	NICODERM CQ 14 MG/24HR PATCH+ NICODERM CQ 7 MG/24HR PATCH+ NICORETTE+
SUBSTANCE ABUSE		
buprenorphine- naloxone	LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	BUNAVAIL KLOXXADO (QL) SUBOXONE
URINARY TRACT CONDITIONS		
alfuzosin er cevimeline darifenacin er (QL) finasteride oxybutynin oxybutynin er phenazopyridine potassium er silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine er (QL)	ELMIRON K-PHOS ORIGINAL	AVODART EVOXAC FLOMAX PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL
VACCINES		
<p>Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out how your specific plan covers them.</p>		
		ROTARIX+ ROTATEQ+
WEIGHT MANAGEMENT		
megestrol suspension phentermine ^	WEGOVY^ (PA, QL)	CONTRAVE^ (PA) QSYMIA^ (PA) SAXENDA^ (PA)

Specialty medications

The oral and injectable specialty medications listed below are covered on Tier 4 and 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
ACTIMMUNE* (PA)	CANCER
ADCIRCA** (PA)	ASTHMA/COPD/RESPIRATORY
ADEMPAS** (PA)	ASTHMA/COPD/RESPIRATORY
AFINITOR** (PA)	CANCER
AFINITOR DISPERZ** (PA)	CANCER
ALECENSA** (PA)	CANCER
alosetron**	GASTROINTESTINAL/HEARTBURN
ALUNBRIG** (PA)	CANCER
ALYQ** (PA)	ASTHMA/COPD/RESPIRATORY
AMICAR**	BLOOD MODIFIERS/BLEEDING DISORDERS
aminocaproic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
APOKYN* (PA)	PARKINSON'S DISEASE
ARANESP^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARIKAYCE** (PA)	INFECTIONS
ARIXTRA* (QL)	BLOOD THINNERS/ANTI-CLOTTING
atazanavir** (PA)	AIDS/HIV
ATRIPLA** (PA)	AIDS/HIV
ASTAGRAF XL**	TRANSPLANT MEDICATIONS
AUSTEDO** (PA)	MISCELLANEOUS
AVONEX* (PA)	MULTIPLE SCLEROSIS
AVSOLA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
azathioprine**	TRANSPLANT MEDICATIONS
BAFIERTAM** (PA)	MULTIPLE SCLEROSIS
BARACLUDE SOLUTION**	INFECTIONS
BENLYSTA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON* (PA)	MULTIPLE SCLEROSIS
BIKTARVY**	AIDS/HIV
BOSULIF** (PA)	CANCER
BYNFEZIA* (PA)	HORMONAL AGENTS
CABOMETYX** (PA)	CANCER
capecitabine** (PA)	CANCER
CAYSTON** (PA, QL)	INFECTIONS
CELLCEPT**	TRANSPLANT MEDICATIONS
CERDELGA** (PA)	MISCELLANEOUS

MEDICATION NAME	DRUG CLASS
CETROTIDE*^ (PA)	HORMONAL AGENTS
CHOLBAM** (PA)	GASTROINTESTINAL/HEARTBURN
chorionic gonadotropin*^ (PA)	INFERTILITY
CIMDUO** (PA)	AIDS/HIV
CIMZIA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
cinacalcet**	GASTROINTESTINAL/HEARTBURN
COMETRIQ** (PA)	CANCER
COMPLERA** (PA)	AIDS/HIV
CYSTARAN** (QL)	EYE CONDITIONS
CYSTAGON**	URINARY TRACT CONDITIONS
DARAPRIM*** (PA)	INFECTIONS
DEPEN** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
DESCOVY**	AIDS/HIV
DOVATO**	AIDS/HIV
DUOPA**	PARKINSON'S DISEASE
DUPIXENT* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EGRIFTA* (PA)	HORMONAL AGENTS
EMFLAZA** (PA)	HORMONAL AGENTS
ENBREL* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
entecavir** (QL)	INFECTIONS
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
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
EVOTAZ** (PA)	AIDS/HIV
EXJADE** (PA)	MISCELLANEOUS
EXTAVIA* (PA)	MULTIPLE SCLEROSIS
FASENRA PEN* (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI**^ (PA)	HORMONAL AGENTS
FERRIPROX** (PA)	MISCELLANEOUS
FIRDAPSE** (PA, QL)	MULTIPLE SCLEROSIS
FOLLISTIM AQ*^ (PA)	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FORTEO* (PA, QL)	HORMONAL AGENTS
FRAGMIN* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FULPHILA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
GALAFOLD** (PA)	MISCELLANEOUS

MEDICATION NAME	DRUG CLASS
GANIRELIX*^ (PA)	HORMONAL AGENTS
GATTEX* (PA)	GASTROINTESTINAL/HEARTBURN
GENVOYA**	AIDS/HIV
GILENYA 0.5MG** (PA)	MULTIPLE SCLEROSIS
glatiramer* (PA)	MULTIPLE SCLEROSIS
GLATOPA* (PA)	MULTIPLE SCLEROSIS
GLEEVEC** (PA)	CANCER
GONAL-F*^ (PA)	INFERTILITY
GONAL-F RFF*^ (PA)	INFERTILITY
GRANIX*^	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HARVONI** (PA, QL)	INFECTIONS
HEMLIBRA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HETLIOZ** (PA)	SLEEP DISORDERS/SEDATIVES
HUMATROPE* (PA)	HORMONAL AGENTS
HUMIRA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
IBRANCE** (PA)	CANCER
ILARIS*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
imatinib** (PA)	CANCER
IMBRUVICA** (PA)	CANCER
INBRIJA** (PA)	PARKINSON'S DISEASE
INCRELEX* (PA)	HORMONAL AGENTS
INFLECTRA*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
INLYTA** (PA)	CANCER
INTELENCE** (PA)	AIDS/HIV
ISENTRESS**	AIDS/HIV
ISENTRESS HD** (PA)	AIDS/HIV
JADENU** (PA)	MISCELLANEOUS
JADENU SPRINKLE** (PA)	MISCELLANEOUS
JAKAFI** (PA)	CANCER
JULUCA**	AIDS/HIV
JYNARQUE** (PA)	DIURETICS
KALBITOR*^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KALYDECO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
KESIMPTA PEN* (PA)	MULTIPLE SCLEROSIS
KEVZARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KINERET* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KISQALI** (PA)	CANCER
KISQALI FEMARA** (PA)	CANCER
KITABIS PAK** (PA, QL)	INFECTIONS
KORLYM** (PA)	DIABETES

MEDICATION NAME	DRUG CLASS
KUVAN** (PA)	MISCELLANEOUS
KYLEENA**+	CONTRACEPTIVE PRODUCTS
LEDIPASVIR-SOFOSBUVIR** (PA)	INFECTIONS
LENVIMA** (PA)	CANCER
LETAIRIS** (PA)	ASTHMA/COPD/RESPIRATORY
LONSURF** (PA)	CANCER
LORBRENA** (PA)	CANCER
LOVENOX* (QL)	BLOOD THINNERS/ANTI-CLOTTING
LUPANETA**^ (PA)	CANCER
LUPRON DEPOT*^ (PA)	CANCER
LUPRON DEPOT-PED*^ (PA)	HORMONAL AGENTS
LYNPARZA** (PA)	CANCER
LYSTEDA**	BLOOD MODIFIERS/BLEEDING DISORDERS
MAVENCLAD** (PA)	MULTIPLE SCLEROSIS
MAVYRET** (PA)	INFECTIONS
MAYZENT** (PA)	MULTIPLE SCLEROSIS
MEKINIST** (PA)	CANCER
MENOPUR*^ (PA)	INFERTILITY
MIRENA**+	CONTRACEPTION PRODUCTS
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)	CANCER
NINLARO** (PA)	CANCER
NITYR** (PA)	MISCELLANEOUS
NIVESTYM*^	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPRO* (PA)	HORMONAL AGENTS
NORTHERA** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
NOURIANZ** (PA, QL)	PARKINSON'S DISEASE
NOVAREL*^ (PA)	INFERTILITY
NUBEQA** (PA)	CANCER
NUCALA* (PA)	ASTHMA/COPD/RESPIRATORY
NUZYRA** (PA)	INFECTIONS
NYVEPRIA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
OCALIVA** (PA)	GASTROINTESTINAL/HEARTBURN
ODEFSEY** (PA)	AIDS/HIV
ODOMZO** (PA)	CANCER

MEDICATION NAME	DRUG CLASS
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY
OLUMIANT** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OPSUMIT** (PA)	ASTHMA/COPD/RESPIRATORY
ORENCIA* CLICKJET, SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ORENITRAM ER** (PA)	ASTHMA/COPD/RESPIRATORY
ORFADIN** (PA)	MISCELLANEOUS
ORKAMBI** (PA, QL)	ASTHMA/COPD/RESPIRATORY
OTEZLA** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OVIDREL*^ (PA)	INFERTILITY
OXERVATE** (PA)	EYE CONDITIONS
PALYNZIQ* (PA)	MISCELLANEOUS
PEGASYS* (PA)	INFECTIONS
PLEGRIDY* (PA)	MULTIPLE SCLEROSIS
POMALYST** (PA)	CANCER
PREVYMIS**	INFECTIONS
PREZCOBIX** (PA)	AIDS/HIV
PREZISTA**	AIDS/HIV
PROCRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PROGRAF**	TRANSPLANT MEDICATIONS
PROMACTA** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PULMOZYME** (PA)	ASTHMA/COPD/RESPIRATORY
PURIXAN**	CANCER
RAPAMUNE**	TRANSPLANT MEDICATIONS
RAVICTI** (PA)	GASTROINTESTINAL/HEARTBURN
REBIF* (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE* (PA)	MULTIPLE SCLEROSIS
REMICADE*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REVATIO** SUSPENSION, TABLET (PA)	ASTHMA/COPD/RESPIRATORY
REVLIMID** (PA)	CANCER
RINVOQ ER** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ritonavir**	AIDS/HIV
RUBRACA** (PA)	CANCER
RUCONEST*^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SAMSCA**	DIURETICS
SANDOSTATIN*^ (PA)	HORMONAL AGENTS
SANDOSTATIN LAR DEPOT*^ (PA)	HORMONAL AGENTS
SELZENTRY** (PA)	AIDS/HIV
SEROSTIM* (PA)	HORMONAL AGENTS
SIMPONI* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS

MEDICATION NAME	DRUG CLASS
SKYLA**+	CONTRACEPTION PRODUCTS
SKYRIZI* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
sofosbuvir-velpatasvir** (PA)	INFECTIONS
SOMATULINE DEPOT*^ (PA)	HORMONAL AGENTS
SOMAVERT* (PA)	HORMONAL AGENTS
SOVALDI** (PA, QL)	INFECTIONS
SPRYCEL** (PA)	CANCER
STELARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STRENSIQ* (PA)	MISCELLANEOUS
STRIBILD** (PA)	AIDS/HIV
STIVARGA** (PA)	CANCER
SUCRAID** (PA)	GASTROINTESTINAL/HEARTBURN
SUTENT** (PA)	CANCER
SYMDEKO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
SYMFI**	AIDS/HIV
SYMFI LO**	AIDS/HIV
SYMTUZA**	AIDS/HIV
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
TAFINLAR** (PA)	CANCER
TAGRISSO** (PA)	CANCER
TAKHZYRO* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALZENNA** (PA)	CANCER
TARGRETIN** (PA)	CANCER
TARGRETIN GEL**	SKIN CONDITIONS
TASIGNA** (PA)	CANCER
TAVALISSE** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
TEGSEDI* (PA)	MISCELLANEOUS
TEMIXYS** (PA)	AIDS/HIV
TEMODAR** (PA)	CANCER
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
teriparatide* (PA, QL)	HORMONAL AGENTS
tetrabenazine** (PA)	MISCELLANEOUS
THALOMID** (PA)	INFECTIONS
THIOLA**	URINARY TRACT CONDITIONS
TIGLUTIK** (PA)	MISCELLANEOUS
TIVICAY**	AIDS/HIV
TOBI PODHALER** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml** (PA, QL)	INFECTIONS
TRACLEER** (PA)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
TREMFYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
trientine** (PA)	MISCELLANEOUS
TRIUMEQ**	AIDS/HIV
TYKERB** (PA)	CANCER
TYMLOS* (PA, QL)	OSTEOPOROSIS PRODUCTS
TYVASO** (PA)	ASTHMA/COPD/RESPIRATORY
UDENYCA*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UPTRAVI** (PA)	ASTHMA/COPD/RESPIRATORY
VALCHLOR**	SKIN CONDITIONS
VEMLIDY**	INFECTIONS
VENCLEXTA** (PA)	CANCER
VERZENIO** (PA)	CANCER
VIREAD** (PA)	AIDS/HIV
vigabatrin**	SEIZURE DISORDERS
VIGADRONE**	SEIZURE DISORDERS
VIZIMPRO** (PA)	CANCER
VOSEVI** (PA)	INFECTIONS
VOTRIENT** (PA)	CANCER
VUMERITY** (PA)	MULTIPLE SCLEROSIS
VYLEESI*^ (PA, QL)	MISCELLANEOUS
WAKIX** (PA, QL)	SLEEP DISORDERS/SEDATIVES
XALKORI** (PA)	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
XOLAIR* (PA)	ASTHMA/COPD/RESPIRATORY
XTANDI** (PA)	CANCER
XYREM** (PA)	SLEEP DISORDERS/SEDATIVES
ZARXIO*^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZEJULA** (PA)	CANCER
ZEPATIER** (PA)	INFECTIONS
ZEPOSIA** (PA)	MULTIPLE SCLEROSIS
ZIEXTENZO* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZORBTIVE* (PA)	HORMONAL AGENTS
ZORTRESS**	TRANSPLANT MEDICATIONS

Medications that aren't covered

Your plan covers other medications that are used to treat the same condition.^.^ They're listed below.

DRUG CLASS	MEDICATION NAME^^	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	
	BECONASE AQ NASONEX OMNARIS QNASL ZETONNA	generic nasal steroids (e.g. fluticasone)	
	carbinoxamine 6mg tablet RYVENT	carbinoxamine 4mg tablet	
	dexchlorpheniramine	carbinoxamine oral solution	
	RYCLORA	cyproheptadine syrup hydroxyzine syrup	
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)	
	QNASL CHILDREN'S	flunisolide	
	XHANCE	fluticasone mometasone	
	ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)	pyridostigmine 60mg tablet

^^ These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL	clomipramine	
	APLENZIN	bupropion XL 150, 300 mg tablets	
	ATIVAN TABLET	lorazepam	
	bupropion xl 450mg tablet FORFIVO XL	bupropion xl 150mg tablets	
	CYMBALTA	desvenlafaxine ER duloxetine escitalopram	
	DRIZALMA SPRINKLE	duloxetine dr capsules	
	LEXAPRO	escitalopram	
	PAMELOR	nortriptyline capsules	
	PARNATE	tranylcypromine	
	PEXEVA	paroxetine paroxetine cr	
	TOFRANIL	imipramine	
	WELLBUTRIN XL	bupropion xl escitalopram fluoxetine	
	ASTHMA/COPD/RESPIRATORY	ADVAIR DISKUS AIRDUO DIGIHALER AIRDUO RESPICLICK	ADVAIR HFA BREO ELLIPTA DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB
		ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA	FLOVENT DISKUS FLOVENT HFA PULMICORT FLEXHALER QVAR
BROVANA		arformoterol	
budesonide-formoterol		SYMBICORT	
DUAKLIR PRESSAIR UTIBRON NEOHALER		ANORO ELLIPTA BEVESPI AEROSPHERE STIOLTO RESPIMAT	
ELIXOPHYLLIN		theophylline er theophylline oral solution	
levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA		albuterol hfa	
PERFOROMIST		formoterol	
SEEBRI NEOHALER TUDORZA PRESSAIR		INCRUSE ELLIPTA SPIRIVA RESPIMAT	
STRIVERDI RESPIMAT		SEREVENT DISKUS	

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	YUPELRI	ANORO ELLIPTA BEVESPI AEROSPHERE BREZTIRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA
	ZYFLO	montelukast zafirlukast zileuton er
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR APTENSIO XR CONCERTA COTEMPLA XR-ODT FOCALIN XR JORNAY PM RITALIN LA	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er MYDAYIS VYVANSE
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er
	QELBREE	atomoxetine
	RELEXII	methylphenidate er 36mg tablet
	BLOOD PRESSURE/HEART MEDICATIONS	BETAPACE
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CONJUPRI	amlodipine felodipine er nicardipine nifedipine
	CONSENSI	amlodipine celecoxib
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	ISORDIL ISORDIL TITRADOSE	isosorbide dinitrate
	LANOXIN	digoxin
	MULTAQ	amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af
BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole YOSPRALA	aspirin or enteric aspirin

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CANCER	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*
	NILANDRON	nilutamide
	TARCEVA*	erlotinib
	YONSA*	abiraterone
	ZYTIGA*	
CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE	fenofibrate
	CRESTOR	rosuvastatin+
	EZALLOR SPRINKLE FLOLIPID LIVALO SIMVASTATIN 20mg/5ml SUSPENSION	generic statins (e.g. atorvastatin; simvastatin)
	JUXTAPID* PRALUENT	REPATHA
	LIPITOR	atorvastatin+ ezetimibe-simvastatin rosuvastatin+
	niacin 500mg tablet NIACOR	niacin er
	ZYPITAMAG	atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+
	COUGH/COLD MEDICATIONS	benzonatate 150mg
TUSSICAPS		hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup
DIABETES	ACCU-CHEK AVIVA PLUS TEST STRIPS ACCU-CHEK COMPACT PLUS STRIPS ACCU-CHEK GUIDE TEST STRIPS ACCU-CHEK SMARTVIEW TEST STRIPS CVS ADVANCED GLUCOSE TEST STRIPS ADVOCATE TEST STRIPS ASSURE 4 TEST STRIPS ASSURE PLATINUM TEST STRIPS ASSURE PRISM MULTI TEST STRIPS CONTOUR TEST STRIPS FREESTYLE TEST STRIPS FREESTYLE TEST STRIPS NFRS RELION TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
	ADLYXIN	BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA
	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP	HUMALOG LYUMJEV

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
DIABETES (cont)	FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART NOVOLOG	HUMALOG LYUMJEV	
	AFREZZA	HUMALOG HUMULIN R LYUMJEV	
	alogliptin alogliptin-metformin JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA	JANUMET JANUMET XR JANUVIA metformin	
	alogliptin-pioglitazone OSENİ	JANUMET JANUMET XR JANUVIA pioglitazone	
	FORTAMET GLUMETZA metformin er gastric metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)	
	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX	
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR	
	INVOKANA STEGLATRO	FARXIGA JARDIANCE metformin	
	LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR LEVEMIR TRESIBA FLEXTOUCH	
	NOVOLIN	HUMULIN	
	STEGLUJAN	GLYXAMBI metformin QTERN TRIJARDY XR	
	DIURETICS	EDECRIN ethacrynic acid	bumetanide furosemide torsemide
	EYE CONDITIONS	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository
	ASACOL HD COLAZAL DELZICOL DIPENTUM	balsalazide mesalamine tablets or capsules PENTASA sulfasalazine
	COLYTE WITH FLAVOR PACKETS+ GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+	CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+
	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone
	CREON PERTZYE ZENPEP	PANCREAZE
	GIMOTI*	metoclopramide oral solution or tablet
	HELIDAC	bismuth subsalicylate lansoprazole-amoxicillin-clarithromycin pak metronidazole tetracycline
	KRISTALOSE lactulose 10gm packet	CONSTULOSE ENULOSE lactulose oral solution
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	lubiprostone	AMITIZA
	MARINOL SYNDROS	dronabinol
	MOTEGRITY TRULANCE ZELNORM	AMITIZA LINZESS
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK PYLERA TALICIA	lansoprazole-amoxicillin-clarithromycin pak
	OMEPPi omeprazole-bicarbonate ZEGERID PACKET	omeprazole
	PEPCID	famotodine suspension
	PREVACID SOLUTAB	esomeprazole, lansoprazole, pantoprazole
	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN (cont)	ZEGERID CAPSULE	DEXILANT lansoprazole omeprazole	
	ZOFRAN	ondansetron	
	ZUPLENZ	ondansetron ondansetron odt	
HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet	
	DDAVP NOCDURNA	desmopressin nasal spray or tablets	
	DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DEXPAK DXEVO HIDEX TAPERDEX ZCORT	dexamethasone 1.5mg tablet	
	FORTESTA JATENZO NATESTO TESTIM VOGELXO XYOSTED	ANDRODERM generic topical testosterone	
	GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*	HUMATROPE* NORDITROPIN*	
	HEMADY	dexamethasone 5mg tablet	
	MYCAPSSA*	BYNFEZIA*	
	ORTIKOS	budesonide capsule	
	RAYOS	methylprednisolone prednisone	
	SYNTHROID	levothyroxine	
	THYQUIDITY	EUTHYROX LEVO-T levothyroxine LEVOXYL	
	UCERIS 9MG ER TABLET	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	
	INFECTIIONS	ACTICLATE DORYX DORYX MPC MINOCIN 50MG PEL CAPSULE MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER	Generic products (e.g. doxycycline; minocycline)

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS (cont)	MONODOX SEYSARA SOLODYN TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO	Generic products (e.g. doxycycline; minocycline)	
	ARAKODA	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine	
	AUGMENTIN AUGMENTIN XR	amoxicillin/clavulanate	
	BARACLUDE TABLET*	entecavir tablet*	
	BETHKIS* TOBI*	tobramycin inhalation solution*	
	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 tablet famciclovir tablet valacyclovir tablet	
	SPORANOX	itraconazole	
	TOLSURA	oral itraconazole	
	VALCYTE	valganciclovir	
	VANCOGIN	vancomycin oral solution or capsule	
	ZOVIRAX	acyclovir	
	MISCELLANEOUS	HORIZANT	gabapentin
		KUVAN*	sapropterin tablet & powder packet*
		SYPRINE*	penicillamine* trientine*
XENAZINE*		tetrabenazine*	
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*	

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS (cont)	COPAXONE*	BETASERON* EXTAVIA* glatiramer* GLATOPA* KESIMPTA* PLEGRIDY* REBIF*
	TECFIDERA*	AUBAGIO* BAFIERTAM* dimethyl* GILENYA* MAYZENT* PONVORY* VUMERITY*
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT	Any generic prenatal vitamin
	NASCOBAL	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY DISEASE	ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets	butalbital-acetaminophen 50-325mg tablet
	AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAX	generic triptans (e.g. sumatriptan; naratriptan)
	AMRIX cyclobenzaprine er	carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets methocarbamol orphenadrine er metaxalone
	CAMBIA DUEXIS fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION	Generic NSAID (e.g. celecoxib; meloxicam)

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	naproxen naproxen sodium cr naproxen sodium er naproxen-esomeprazole mag RELAFEN RELAFEN DS TIVORBEX VIMOVO VIVLODEX ZIPSOR ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	CAPITAL WITH CODEINE	acetaminophen-codeine
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg chlorzoxazone 750mg	methocarbamol 500mg
	CONZIP	tramadol tramadol er
	COSENTYX*	ENBREL* HUMIRA* OTEZLA* STELARA* TALTZ*
	CUPRIMINE*	penicillamine* trientine*
	D.H.E.45	dihydroergotamine injection
	diclofenac 1.5% solution diclofenac 35mg capsule PENNSAID	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray
	GLOPERBA	colchicine probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE IMITREX PEN INJECTOR	dihydroergotamine sumatriptan
	IMITREX TABLET	dihydroergotamine eletriptan rizatriptan sumatriptan tablets
	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	LORZONE	chlorzoxazone 500mg cyclobenzaprine tablet	
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER	
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER	
	OZOBAX	baclofen tablet	
	PROLATE SOLUTION	oxycodone-acetaminophen tablet	
	QDOLO	tramadol 50mg tablet	
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY	
	ROXICODONE	oxycodone	
	SILIQ*	ENBREL* HUMIRA* STELARA* TALTZ* TREMIFYA*	
	SORIATANE	acitretin	
	SUBSYS	fentanyl lozenge or buccal tablet	
	SUMAVEL DOSEPRO TOSYMRA	sumatriptan	
	TREXIMET	sumatriptan-naproxen	
	VANATOL LQ VANATOL S	butalbital-acetaminophen-caffeine capsule or tablets	
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan	
	ZOMIG ZMT	zolmitriptan odt	
	PARKINSON'S DISEASE	GOCOVRI	amantadine
		LODOSYN	carbidopa
		ONGENTYS	entacapone
		REQUIP XL	ropinirole er
ZELAPAR		selegiline tablets or capsules	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone	
	CAPLYTA	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone	

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SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)	GEODON CAPSULE	aripiprazole paliperidone er ziprasidone
	VERSACLOZ	clozapine clozapine odt
	ZYPREXA	aripiprazole olanzapine tablets paliperidone er
	ZYPREXA ZYDIS	aripiprazole olanzapine olanzapine odt
SEIZURE DISORDERS	ELEPSIA XR KEPPRA XR	levetiracetam er
	FELBATOL	felbamate
	KEPPRA SOLUTION, TABLET	levetiracetam
	LAMICTAL	lamotrigine
	LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)	lamotrigine starter kit (blue, green, orange)
	LAMICTAL ODT	lamotrigine odt
	LAMICTAL ODT KIT (BLUE, GREEN, ORANGE)	lamotrigine odt starter kit (blue, green orange)
	LAMICTAL XR LAMICTAL XR KIT (BLUE, GREEN, ORANGE)	lamotrigine er
	LYRICA LYRICA CR pregabalin er	duloxetine gabapentin lidocaine 5% topical patch pregabalin
	MYSOLINE	primidone
	QUDEXY XR TROKENDI XR	topiramate er
	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
ZONEGRAN	zonisamide	
SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE
	ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)

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SKIN CONDITIONS (cont)	DUAC EPIDUO FORTE FABIOR ONEXTON RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC TRETIN-X VELTIN WINLEVI ZIANA	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	acyclovir cream, ointment DENA VIR ZOVIRAX	acyclovir tablet famciclovir tablet valacyclovir tablet
	adapalene swab PLIXDA	adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel
	ALDARA imiquimod 3.75% ZYCLARA	imiquimod 5% cream
	ANUSOL-HC 2.5% CREAM	hydrocortisone 2.5% rectal cream
	APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone PSORCON	betamethasone cream, ointment clobetasol halobetasol cream, ointment
	BENZA CLIN NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene foam	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution
	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapsone 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX	imiquimod 5% cream packet podoflox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethason fluocinolone fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	DAPSONE 7.5% GEL PUMP	generic topical acne products (e.g. tretinoin; clindamycin-benzoyl peroxide)

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SKIN CONDITIONS (cont)	diclofenac 3% gel KLISYRI	FLUROPLEX fluorouracil imiquimod 5% cream
	doxepin 5% cream PRUDOXIN ZONALON	generic topical steroid (e.g. betamethasone) topical tacrolimus
	DUOBRII	halobetasol plus tazarotene cream
	ENSTILAR TACLONEX	calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream topical betamethasone
	ERTACZO	ketoconazole cream
	EXELDERM oxiconazole OXISTAT SULCONAZOLE	econazole cream ketoconazole cream naftifine cream
	EXTINA	ketoconazole cream ketoconazole foam
	FINACEA METROCREAM METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone 1% lotion	betamethasone flucinolone 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
	KENALOG 0.147MG/GM SPRAY triamcinolone ointment triamcinolone spray	desoximetasone 0.05% cream, ointment flucinolone 0.025% ointment flurandrenolide 0.05% ointment hydrocortisone 0.2% ointment mometasone 0.1% cream

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	alclometasone desonide triamcinolone
	ULTRAVATE LOTION ULTRAVATE X	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream
	VERDESO	desonide cream desonide ointment
	WYNZORA	betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream
	XERESE	acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	XOLEGEL	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	AMBIEN	zolpidem
	AMBIEN CR	zolpidem er
	BELSOMRA	DAYVIGO
	EDLUAR	zolpidem or zolpidem er
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	RESTORIL	temazepam
	ZOLPIMIST	doxepin eszopiclone zaleplon zolpidem zolpidem ER
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector NARCAN
TRANSPLANT MEDICATIONS	LUPKYNIS*	BENLYSTA* tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine
	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er
	ENABLEX	darifenacin er
	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE LS	darifenacin er oxybutynin er tolterodine er trospium er
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium
	PROCYSBI*	CYSTAGON*
	THIOLA* THIOLA EC*	tiopronin*
	VESICARE	darifenacin er oxybutynin er solifenacin tolterodine er trospium er

^^ These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

Frequently Asked Questions (FAQs)

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

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

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

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

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

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

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

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

Q. How do you decide which medications to cover?

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

Q. Why do certain medications need approval before my plan will cover them?

A. The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

Q. How do I know if I'm taking a medication that needs approval?

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

Frequently Asked Questions (FAQs) (cont)

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that:

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

Q. What types of medications require Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

A. Ask your doctor's office to contact Cigna so we can start the coverage review process. They

know how the review process works and will take of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at cignaforhcp.com.

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

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

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

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

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

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

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

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

A. Newly approved medications may not be covered on your drug list for the first six months

Frequently Asked Questions (FAQs) (cont)

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

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

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

For more information about health care reform, go to www.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.⁵

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.⁶ 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.⁶ 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.⁷

Home delivery with Express Scripts® Pharmacy

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy.

- Easily order, manage and track your medications on your phone or online

Frequently Asked Questions (FAQs) (cont)

- › Standard shipping at no extra cost⁸
- › Automatic refills and 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).

2. Call your doctor's office.

Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery.

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).⁹ They'll also provide you with the personalized care and support you need to manage your therapy - at no extra cost.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost
- › 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. To learn more about Accredo, go to **Cigna.com/specialty**.

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:¹⁰

- › 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 fertility³, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation³, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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

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



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.
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 or myCigna.com, or call Customer Service using the number on your Cigna ID card.
5. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
6. 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>.
7. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
8. Standard shipping costs are included as part of your prescription plan.
9. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
10. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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

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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 or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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