



CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

Coverage as of January 1, 2023



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

916154 m Value 4-Tier O/I SRx 11/22



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View the drug list online

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



myCigna^{®1} App or myCigna.com^{®.2} Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



Cigna.com/PDL. Scroll down until you see a pdf of the **Cigna Value 4-Tier Prescription Drug List (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: 11/01/2022, for changes starting 01/01/2023

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

About this drug list

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

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

How to read this drug list

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

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|-----------------------------|-------------------------|------------------------|
| 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 | | ENTOCORT EC |
| LEVOXYL | | ESTRACE |
| liothyronine | | ESTROGEL |
| medroxy-progesterone | | EVAMIST |
| methimazole | | FEMRING |
| methylprednisolone | | INTRAROSA |
| MIMVEY | | LEVO-T |
| MIMVEY LO | | MENOSTAR (QL) |
| NATURE-THROID | | MINIVELLE (QL) |
| NP THYROID | | OSPHENA |
| prednisolone | | TIROSINT |
| prednisolone ODT | | UNITHROID |
| prednisone | | VAGIFEM (QL) |
| prednisone intensol | | VIVELLE-DOT (QL) |
| progesterone | | |

Tier (cost-share level) gives you an idea of how much you may pay for a medication

Medications are grouped by the **condition** they treat; Speciality medications are listed on Tier 4 (pages 18-27)

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

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

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

Generic medications are in all **lowercase letters**

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

Tiers

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

| | | |
|---|---------------------------|----------|
| › Tier 1 – Typically Generics | (Lowest-cost medication) | \$ |
| › Tier 2 – Typically Preferred Brands | (Medium-cost medication) | \$\$ |
| › Tier 3 – Typically Non-Preferred Brands | (Higher-cost medication) | \$\$\$ |
| › Tier 4 – 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 are covered on Tier 4

Specialty medications are used to treat complex medical conditions. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, all specialty medications are covered on Tier 4 (see pages 18-27). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

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

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

Some plans may cover certain non-covered medications

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

How to find your medication

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

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

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-27).

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|----------------|------------------------------|---|--------------------------|---------------------------|
| ALLERGY/NASAL SPRAYS | | | ANXIETY/DEPRESSION/BIPOLAR DISORDER⁵ (cont) | | |
| azelastine | | GASTROCROM | fluvoxamine er (QL) | | |
| azelastine- fluticasone | | GRASTEK (PA, QL) | lorazepam | | |
| cromolyn oral concentrate | | KARBINAL ER | lorazepam intensol | | |
| desloratadine^ (QL) | | ODACTRA (PA, QL) | mirtazapine | | |
| fluticasone^ | | ORALAIR (PA, QL) | paroxetine cr (QL) | | |
| hydroxyzine hcl solution, syrup, tablet | | QNASL | paroxetine er (QL) | | |
| hydroxyzine pamoate | | QNASL CHILDREN | paroxetine (QL) | | |
| ipratropium | | PATANASE | sertraline (QL) | | |
| levocetirizine^ | | RAGWITEK (PA, QL) | trazodone | | |
| mometasone^ (QL) | | XHANCE | venlafaxine (QL) | | |
| olopatadine | | VISTARIL | venlafaxine er (QL) | | |
| promethazine solution, syrup, tablet | | | | | |
| ALZHEIMER'S DISEASE | | | ASTHMA/COPD/RESPIRATORY | | |
| donepezil | | ARICEPT | albuterol | ANORO ELLIPTA | AIRDUO DIGIHALER |
| donepezil odt | | EXELON | ALBUTEROL HFA (QL) | (QL) | (QL,ST) |
| memantine | | MESTINON | budesonide (QL) | ATROVENT HFA | COMBIVENT |
| memantine er (QL) | | NAMENDA | fluticasone- salmeterol (QL) | (QL) | RESPIMAT (QL) |
| pyridostigmine 60 mg/5 ml, 60 mg | | NAMENDA XR (QL) | ipratropium- albuterol | BREZTRI | DALIRESP (QL) |
| pyridostigmine er | | NAMZARIC (QL) | montelukast | AEROSPHERE | LONHALA MAGNAIR |
| rivastigmine | | | wixela inhub (QL) | (QL) | (PA,QL) |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER⁵ | | | | FLOVENT HFA | PULMICORT (QL) |
| alprazolam | | CELEXA (QL, ST) | | (QL) | SINGULAIR |
| alprazolam er | | DESVENLAFAXINE ER (QL,ST) | | FLOVENT HFA (QL) | |
| alprazolam intensol | | EFFEXOR XR (QL, ST) | | INCRUSE ELLIPTA | |
| alprazolam odt | | EMSAM (QL) | | QVAR REDIHALER | |
| alprazolam xr | | FETZIMA (QL, ST) | | SEREVENT | |
| amitriptyline | | PAXIL (QL, ST) | | DISKUS (QL) | |
| bupropion (QL) | | PAXIL CR (QL, ST) | | SPIRIVA | |
| bupropion sr (QL) | | PROZAC (QL, ST) | | HANDIHALER | |
| bupropion xl 150 mg tablet (QL) | | REMERON | | (QL) | |
| bupropion xl 300 mg tablet (QL) | | TRINTELLIX (QL, ST) | | SPIRIVA RESPIMAT (QL) | |
| buspiron | | WELLBUTRIN SR (QL, ST) | | STIOLTO | |
| citalopram (QL) | | XANAX | | RESPIMAT (QL) | |
| clomipramine | | XANAX XR | | SYMBICORT (QL) | |
| duloxetine (QL) | | ZOLOFT (QL, ST) | | TRELEGY ELLIPTA (QL) | |
| escitalopram (QL) | | | | | |
| fluoxetine dr (QL) | | | | | |
| fluoxetine (QL) | | | | | |
| fluvoxamine (QL) | | | | | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER⁵ | | | | | |
| | | | amphetamine (PA) | | ADDERALL (PA,ST) |
| | | | atomoxetine | | DAYTRANA (PA, QL) |
| | | | dexmethylp- henidate (PA) | | FOCALIN (PA,ST) |
| | | | dexmethylp- henidate er (PA, QL) | | INTUNIV |
| | | | dextroamphetamine -amphetamine (PA) | | METHYLIN (PA) |
| | | | | | QUILLIVANT XR (PA, QL) |
| | | | | | RITALIN (PA,ST) |

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-27).

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|--------------|----------------|------------------|
|--------------|----------------|------------------|--------------|----------------|------------------|

ATTENTION DEFICIT HYPERACTIVITY DISORDER⁵ (cont)

| | | |
|---|--|--|
| dextroamp- hetamine- amphetamine er (PA, QL) | | STRATTERA |
| guanfacine er | | zenzedi 5 mg, 10 mg tablet (PA,ST,QL) |
| methylphenidate (PA,QL) | | |
| methylphenidate er (la) (PA, QL) | | |
| methylphenidate cd (PA, QL) | | |
| methylphenidate er (cd) (PA, QL) | | |
| methylphenidate la (PA, QL) | | |
| procentra (PA) | | |

BLOOD MODIFIERS/BLEEDING DISORDERS

| | |
|--------|-------------|
| DROXIA | SIKLOS (PA) |
|--------|-------------|

BLOOD PRESSURE/HEART MEDICATIONS

| | | |
|--------------------------------|---------------|--------------------|
| amlodipine | CORLANOR (PA) | ADALAT |
| amlodipine- benazepril | ENTRESTO (QL) | BIDIL (QL) |
| amlodipine- olmesartan (QL) | | CALAN SR |
| amlodipine-valsartan | | CARDIZEM LA (QL) |
| atenolol | | CARDURA |
| benazepril | | CATAPRES-TTS 1 |
| bisoprolol | | CATAPRES-TTS 2 |
| bisoprolol-hctz | | CATAPRES-TTS 3 |
| candesartan | | CORGARD (ST) |
| cartia xt | | EPANED |
| carvedilol | | HEMANGEOL |
| CARVEDILOL ER (QL) | | INDERAL LA (ST) |
| clonidine | | INDERAL XL (ST) |
| diltiazem 12hr er | | KAPSPARGO |
| diltiazem 24hr er | | SPRINKLE (ST) |
| diltiazem 24hr er (cd) | | KATERZIA (QL) |
| diltiazem 24hr er (la) | | LOPRESSOR (ST) |
| diltiazem 24hr er (xr) | | MINIPRESS |
| diltiazem | | NITROSTAT |
| DILT-XR | | NORVASC |
| DOFETILIDE (QL) | | PROCARDIA XL |
| doxazosin | | QBRELIS |
| enalapril | | RANEXA (QL) |
| flecainide | | TENORETIC 50 (ST) |
| hydralazine tablet | | TENORETIC 100 (ST) |
| irbesartan | | TENORMIN (ST) |
| | | TIAZAC |
| | | TIKOSYN (PA, QL) |

BLOOD PRESSURE/HEART MEDICATIONS (cont)

| | | |
|--------------------------------|--|----------------|
| irbesartan- hctz | | TOPROL XL (ST) |
| labetalol tablet | | VERELAN |
| lisinopril | | VERELAN PM |
| lisinopril-hctz | | ZIAC (ST) |
| losartan | | |
| losartan-hctz | | |
| matzim la | | |
| metoprolol succinate | | |
| metoprolol tablet | | |
| nadolol | | |
| nebivolol hcl (QL) | | |
| nifedipine | | |
| nifedipine er | | |
| olmesartan (QL) | | |
| olmesartan- amlodipine-hctz | | |
| olmesartan-hctz (QL) | | |
| prazosin | | |
| propranolol tablet | | |
| propranolol er | | |
| ramipril | | |
| ranolazine er (QL) | | |
| taztia xt | | |
| telmisartan (QL) | | |
| telmisartan-hctz (QL) | | |
| tiadyt er | | |
| valsartan | | |
| valsartan-hctz | | |
| verapamil tablet | | |
| verapamil er | | |
| verapamil er pm | | |
| verapamil sr | | |

BLOOD THINNERS/ANTI-CLOTTING

| | | |
|-------------|--------------|--------------|
| clopidogrel | BRILINTA | PLAVIX |
| jantoven | ELIQUIS (PA) | PRADAXA (PA) |
| prasugrel | XARELTO (PA) | ZONTIVITY) |
| warfarin | | |

CANCER

| | | |
|--------------|-----------|----------|
| anastrozole+ | GLEOSTINE | AROMASIN |
| exemestane+ | | |
| hydroxyurea | | |
| letrozole | | |
| methotrexate | | |
| tamoxifen+ | | |

CHOLESTEROL MEDICATIONS

| | | |
|----------------------------------|--------------|--------------|
| amlodipine- atorvastatin (QL) | REPATHA (PA) | CADUET (QL) |
| atorvastatin+ | VASCEPA (PA) | LIPOFEN (ST) |
| | | ROSZET |

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-27).

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|--------------|----------------|------------------|
|--------------|----------------|------------------|--------------|----------------|------------------|

CHOLESTEROL MEDICATIONS (cont)

| | | |
|------------------------------|--|---------------|
| colesevelam | | TRICOR (ST) |
| ezetimibe | | TRILIPIX (ST) |
| ezetimibe- simvastatin | | ZETIA |
| fenofibrate | | |
| fenofibric acid | | |
| fluvastatin+ | | |
| fluvastatin er+ | | |
| icosapent ethyl | | |
| lovastatin+ | | |
| omega-3 acid ethyl esters | | |
| pravastatin+ | | |
| rosuvastatin+ (QL) | | |
| simvastatin+ (QL) | | |

CONTRACEPTION PRODUCTS (cont)

| | | |
|--|--|--|
| DASETTA+ | | |
| DAYSEE+ | | |
| DEBLITANE+ | | |
| desogestrel-ethinyl estradiol+ | | |
| desogestrel-ethinyl estradiol+ | | |
| desogestrel-ethinyl estradiol - ethinyl estradiol+ | | |
| DOLISHALE+ | | |
| drospirenone- ethinyl estradiol- levomefolate+ | | |
| drospirenone-ethinyl estradiol+ | | |
| ELINEST+ | | |
| ELURYNG+ | | |
| ENPRESSE+ | | |
| ENSKYCE+ | | |
| ERRIN+ | | |
| ESTARYLLA+ | | |
| ethynodiol-ethinyl estradiol+ | | |
| etonogestrel-ethinyl estradiol+ | | |
| FALMINA+ | | |
| FEMCAP+ | | |
| FEMYNOR+ | | |
| GEMMILY+ | | |
| HAILEY+ | | |
| HAILEY FE+ | | |
| HAILEY 24 FE+ | | |
| HEATHER+ | | |
| ICLEVIA+ | | |
| INCASSIA+ | | |
| ISIBLOOM+ | | |
| JAIMIESS+ | | |
| JASMIEL+ | | |
| JENCYCLA+ | | |
| JOLESSA+ | | |
| JULEBER+ | | |
| JUNEL+ | | |
| JUNEL FE+ | | |
| JUNEL FE 24+ | | |
| KAITLIB FE+ | | |
| KALLIGA+ | | |
| KARIVA+ | | |
| KELNOR 1-35+ | | |

CONTRACEPTION PRODUCTS

| | | |
|------------------|----------------|-------------------|
| AFIRMELLE+ | LO LOESTRIN FE | ANNOVERA |
| AFTERA+ | | BEYAZ |
| ALTAVERA+ | | ELLA+ |
| ALYACEN+ | | LAYOLIS FE+ |
| AMETHIA+ | | LOESTRIN FE |
| AMETHYST+ | | MICROGESTIN 24 FE |
| APRI+ | | MINASTRIN 24 FE |
| ARANELLE+ | | NEXTSTELLIS |
| ASHLYNA+ | | NUVARING |
| AUBRA+ | | SAFYRAL |
| AUBRA EQ+ | | VCF+ |
| AUROVELA+ | | YASMIN 28 |
| AUROVELA FE+ | | YAZ |
| AUROVELA 24 FE+ | | |
| AVIANE+ | | |
| AYUNA+ | | |
| AZURETTE+ | | |
| BALZIVA+ | | |
| BLISOVI FE+ | | |
| BLISOVI 24 FE+ | | |
| BRIELLYN+ | | |
| CAMILA+ | | |
| CAMRESE+ | | |
| CAMRESE LO+ | | |
| CAYA CONTOURED+ | | |
| CAZIAN+ | | |
| CHARLOTTE 24 FE+ | | |
| CHATEAL+ | | |
| CHATEAL EQ+ | | |
| CRYSSELLE+ | | |
| CYRED+ | | |
| CYRED EQ+ | | |

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-27).

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------------------------------|----------------|------------------|--------------------------------------|----------------|------------------|
| CONTRACEPTION PRODUCTS (cont) | | | CONTRACEPTION PRODUCTS (cont) | | |
| KELNOR 1-50+ | | | PIMTREA+ | | |
| KURVELO+ | | | PIRMELLA+ | | |
| LARIN+ | | | PORTIA+ | | |
| LARIN FE+ | | | RECLIPSEN+ | | |
| LARIN 24 FE+ | | | RIVELSA+ | | |
| LEENA+ | | | SETLAKIN+ | | |
| LESSINA+ | | | SHAROBEL+ | | |
| LEVONEST+ | | | SIMLIYA+ | | |
| levonorgestrel- | | | SIMPESSE+ | | |
| ethinyl estradiol+ | | | SPRINTEC+ | | |
| levonorgestrel- | | | SRONYX+ | | |
| ethinyl estradiol | | | SYEDA+ | | |
| ethinyl estradiol+ | | | TARINA FE+ | | |
| LEVORA+ | | | TARINA FE 1-20 EQ+ | | |
| LOJAIMIESS+ | | | TARINA 24 FE+ | | |
| LORYNA+ | | | taysofy+ | | |
| LOW-OGESTREL+ | | | TILIA FE+ | | |
| LO-ZUMANDIMINE+ | | | TRI FEMYNOR+ | | |
| LUTERA+ | | | TRI-ESTARYLLA+ | | |
| LYLEQ+ | | | TRI-LEGEST FE+ | | |
| LYZA+ | | | TRI-LINYAH+ | | |
| MARLISSA+ | | | TRI-LO-ESTARYLLA+ | | |
| medroxyprogest- | | | TRI-LO-MARZIA+ | | |
| erone+ | | | TRI-LO-MILI+ | | |
| MERZEE+ | | | TRI-LO-SPRINTEC+ | | |
| MICROGESTIN+ | | | TRI-MILI+ | | |
| MICROGESTIN FE+ | | | TRI-NYMYO+ | | |
| MILI+ | | | TRI-SPRINTEC+ | | |
| MONO-LINYAH+ | | | TRIVORA+ | | |
| NECON+ | | | TRI-VYLIBRA LO+ | | |
| NIKKI+ | | | TRI-VYLIBRA+ | | |
| NORA-BE+ | | | TULANA+ | | |
| norethindrone+ | | | TYDEMY+ | | |
| norethindrone- | | | VELIVET+ | | |
| ethinyl estradiol- | | | VESTURA+ | | |
| iron+ | | | VIENVA+ | | |
| norethindrone- | | | VIORELE+ | | |
| ethinyl estradiol+ | | | VOLNEA+ | | |
| norethindrone- | | | VYFEMLA+ | | |
| ethinyl estradiol- | | | VYLIBRA+ | | |
| ferrous fumarate | | | WERA+ | | |
| norgestimate-ethinyl | | | wide seal | | |
| estradiol+ | | | diaphragm+ | | |
| NORTREL+ | | | WYMZYA FE+ | | |
| NYLIA+ | | | XULANE+ | | |
| NYMYO+ | | | ZAFEMY+ | | |
| OCELLA+ | | | ZOVIA 1-35+ | | |
| PHILITH+ | | | ZUMANDIMINE+ | | |

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-27).

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|---|--|---|--|------------------|
| COUGH/COLD MEDICATIONS | | | DIABETES (cont) | | |
| bromphen-iramine- pseudoephed -dm hydrocodone- chlorpheniramne er (PA) promethazine-dm | | HYCODAN (PA, QL) TUXARIN ER (PA, QL) TUZISTRA XR (PA, QL) | CONTOUR NEXT ONE CONTOUR SOLUTION DROPLET DROPSAFE FREESTYLE FREEDOM LITE FREESTYLE LITE METER glimepiride glipizide glipizide er glipizide xl GLUCOCARD SHINE CONNEX, EXPRESS, XL GUARDIAN RT CHARGER GUARDIAN TEST PLUG INPEN INSULIN SYRINGE metformin metformin er MICROLET NEXT LANCING DEVICE MULTI-LANCET NANO 2ND GEN PEN NEEDLE NOVOFINE ONETOUCH ULTRA2 ONETOUCH ULTRAMINI ONETOUCH VERIO FLEX, REFLECT, METER PARADIGM POGO AUTOMATIC BLOOD GLUC SYS TECHLITE TRU METRIX AIR GLUCOS METER TRU METRIX BLOOD GLUCOSE MTR TRUE METRIX CONTROL SOULTION TRUEPLUS PEN NEEDLE | HUMALOG (QL) HUMULIN (QL) HUMULIN R INSULIN LISPRO (QL) JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LEVEMIR (QL) LYUMJEV MOUNJARO (PA,QL) OMNIPOD CLASSIC PDM, PODS (GEN 3) (QL) OMNIPOD DASH INTRO KIT, PODS (GEN 4) (QL) OMIPOD 5 G6 INTRO KIT, PODS (GEN 5) (QL) ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP OZEMPIC (PA, QL) RYBELSUS (PA, QL) SOLIQUA 100-33 SYMLINPEN SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRESIBA (QL) TRIJARDY XR (ST, QL) TRULICITY (PA, QL) V-GO 20 | |
| DENTAL PRODUCTS | | | | | |
| chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone acetonide | | CLINPRO 5000 FLORIVA+^ FLUORIDEX SENSITIVITY RELIEF JUSTRIGHT 5000 PERIDEX PREVIDENT 5000 DRY MOUTH | | | |
| DIABETES | | | | | |
| ACCU-CHEK LANCETS GUIDE ME GLUCOSE MTR ACCU-CHEK LANCETS GUIDE MONITOR SYSTEM ACCU-CHEK LANCETS ACCU-CHEK SMARTVIEW CONTRL SOLUTION ACCUTREND GLUCOSE CONTROL AUTOSHIELD DUO PEN NEEDLE BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE CONTOUR CONTOUR NEXT CONTOUR NEXT EZ | BAQSIMI (QL) BASAGLAR (QL) BYDUREON BCISE (PA, QL) BYETTA (PA, QL) DEXCOM G6 RECEIVER, SENSOR, TRANSMITTER (PA, QL) FARXIGA (QL, ST) FREESTYLE LIBRE 2 SENSOR (PA, QL) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE READER (PA, QL) GLYXAMBI (QL, ST) | CEQUR CONTOUR NEXT TEST STRIP CONTOUR TEST STRIP CYCLOSET GLUCAGON EMERGENCY KIT (QL) PRECISION XTRA KETONE-GLUC KIT RIOMET | | | |

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-27).

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|--|---|---|--|---|
| DIABETES (cont) | | | EYE CONDITIONS (cont) | | |
| TRUEPLUS SYRINGE ULTRA-FINE MICRO PEN NEEDLE VEO INSULIN SYRINGE | V-GO 30 V-GO 40 VICTOZA (PA, QL) XIGDUO XR (QL, ST) XULTOPHY ZEGALOGUE (QL) | | loteprednol moxifloxacin eye drops neomycin-polymyxin b-dexamethasone ofloxacin polymyxin b sulfate- trimethoprim prednisolone timolol tobramycin tobramycin- dexamethasone travoprost | | COSOPT PF DUREZOL FLAREX FML FORTE 0.25% EYE DROPS FML LIQUIFILM 0.1% EYE DROP FML S.O.P. 0.1% OINTMENT ILEVRO INVELTYS ISTALOL LOTEMAX LOTEMAX SM MAXITROL OCUFLOX POLYTRIM PRED FORTE PROLENSA RHOPRESSA ROCKLATAN TIMOPTIC TIMOPTIC OCUDOSE TIMOPTIC-XE TOBRADEX TOBRADEX ST VIGAMOX ZERVIAE ZIRGAN ZYLET |
| DIURETICS | | | | | |
| acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochloro- thiazide spironolactone triamterene-hctz | KERENDIA (PA, QL) | TRIAMTERENE-HCTZ CAROSPIR DIURIL LASIX MAXZIDE | | | |
| EAR MEDICATIONS | | | | | |
| ciprofloxacin- dexamethasone neomycin-polymyxin b-hydrocortisone ofloxacin | | CIPRODEX CIPROFLOXACIN- FLUOCINOLONE CIPRO HC CORTISPORIN-TC DERMOTIC OTOVEL | | | |
| ERECTILE DYSFUNCTION | | | FEMININE PRODUCTS | | |
| sildenafil^ (QL) TADALAFIL^ (QL) vardenafil^ (QL) | | CIALIS^ (QL, ST) MUSE^ (PA, QL) STENDRA^ (QL, ST) VIAGRA^ (QL, ST) | GYNAZOLE 1 miconazole 3 200 mg terconazole | | |
| EYE CONDITIONS | | | GASTROINTESTINAL/HEARTBURN | | |
| BIMATOPROST (QL) brimonidine brinzolamide cyclosporine brimonidine tartrate- timolol difluprednate dorzolamide-timolol erythromycin fluorome-tholone latanoprost | CEQUA COMBIGAN EYSUVIS (QL) SIMBRINZA XIIDRA | ACUVAIL ALPHAGAN P ALREX AZASITE AZOPT BEPREVE BESIVANCE BETIMOL BETOPTIC S BROMSITE COSOPT | ANUCORT-HC balsalazide constulose dicyclomine capsule, solution, tablet dronabinol esomeprazole 20 mg capsule, 40 mg capsule, packets^ (QL) famotidine 40 mg/5 ml suspension | AMITIZA CLENPIQ+ LINZESS PANCREAZE PENTASA SUPREP+ SUTAB+ VIBERZI | APRISO BONJESTA CANASA CARAFATE CUVPOSA CYTOTEC DEXILANT (QL) DICLEGIS LEVBIID LEVSIN LEVSIN-SL |

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-27).

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|--------------------|------------------------------|--|-----------------|-------------------------|
| GASTROINTESTINAL/HEARTBURN (cont) | | | HORMONAL AGENTS (cont) | | |
| GAVILYTE-C+ | | LITHOSTAT | | PREMPHASE | ESTRING (QL) |
| GAVILYTE-G+ | | MOTOFEN | | PREMPRO | EVAMIST |
| GENTLE LAXATIVE TABLET+ | | MOVANTIK (PA) | | | EVAMIST |
| glycopyrrolate | | NEXIUM DR 2.5 MG PACKET (QL) | | | INTRAROSA (QL) |
| HEMMOREX-HC | | NEXIUM DR 5 MG PACKET (QL) | | | MEDROL |
| hydrocortisone | | NULEV | | | MENOSTAR (QL) |
| lactulose | | RECTIV | | | MYFEMBREE (QL) |
| lansoprazole^ (QL) | | RELISTOR (PA) | | | OSPHENA (QL) |
| mesalamine | | SALIVAMAX | | | PROMETRIUM |
| mesalamine dr | | SANCUSO (PA, QL) | | | RAYALDEE |
| mesalamine er | | SFROWASA | | | UNITHROID |
| metoclopramide solution, tablet | | SYMPROIC (PA) | | | |
| OMEPRAZOLE^ (QL) | | TRANSDERM-SCOP | | | |
| ondansetron | | URSO | | | |
| ondansetron odt | | URSO FORTE | | | |
| pantoprazole ^ (QL) | | VARUBI (PA, QL) | | | |
| peg 3350- electrolyte+ | | VIOKACE | | | |
| peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+ | | | | | |
| PEG-PREP+ | | | | | |
| prochlorperazine tablet | | | | | |
| promethazine | | | | | |
| promethegan | | | | | |
| rabeprazole tablet^ (QL) | | | | | |
| scopolamine | | | | | |
| sucralfate | | | | | |
| HORMONAL AGENTS | | | INFECTIONS | | |
| AMABELZ | DUAVEE | ACTIVELLA | acyclovir capsule, suspension, tablet | EURAX 10% CREAM | AEMCOLO (QL) |
| budesonide dr | COMBIPATCH | ANDRODERM (PA, QL) | albendazole | FIRVANQ | ALINIA |
| budesonide ec | ESTROGEL (QL) | | amoxicillin | LAGEVRIO (EUA) | BACTRIM |
| budesonide er (PA, QL) | MYFEMBREE (PA, QL) | ANDROGEL (PA, QL) | amoxicillin-clavulanate er | (QL) | BACTRIM DS |
| CABERGOLINE (QL) | ORIAHNN (PA, QL) | ANGELIQ | amoxicillin-clavulanate | PAXLOVID (QL) | BAXDELA |
| desmopressin | ORLISSA (PA, QL) | AYGESTIN | atovaquone | XIFAXAN (QL) | CIPRO |
| dexamethasone intensol | PREMARIN | BIJUVA | atovaquone-proguanil | | CLEOCIN |
| DOTTI (QL) | TABLET, | CRINONE 4% GEL | AVIDOXY | | CLEOCIN PEDIATRIC |
| LEVOXYL | VAGINAL CREAM | CYTOMEL | azithromycin packet, suspension, tablets | | CLINDESSE |
| methimazole | APPLICATOR | DEPO-TESTOSTERONE | cefdinir | | CRESEMBA CAPSULE (PA) |
| | | ESTRACE | cefpodoxime proxetil | | E.E.S. 400 |
| | | | cefuroxime tablets | | ELIMITE |
| | | | cephalexin | | ERYPED 200 |
| | | | ciprofloxacin | | ERY-TAB DR |
| | | | clarithromycin | | EURAX 10% LOTION |
| | | | clarithromycin er | | FLAGYL |
| | | | clindamycin | | HIPREX |
| | | | clindamycin (pediatric) | | IMPAVIDO (PA) |
| | | | COREMINO ER (QL) | | MACROBID |
| | | | dapsone | | MACRODANTIN |
| | | | doxycycline monohydrate | | MALARONE (PA) |
| | | | EMVERM | | NATROBA |
| | | | erythromycin | | NUVESSA |
| | | | erythromycin ethylsuccinate | | PLAQUENIL (PA) |
| | | | famciclovir | | POSACONAZOLE SUSPENSION |
| | | | fluconazole | | PRIFTIN |
| | | | | | SIVEXTRO (PA) |
| | | | | | SKLICE |
| | | | | | SOLOSEC |
| | | | | | SULFATRIM |
| | | | | | TAMIFLU (QL) |
| | | | | | URIBEL |

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-27).

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|-------------------------------|----------------------------------|---|-------------------------------------|--------------------------|
| INFECTIONS (cont) | | | MISCELLANEOUS (cont) | | |
| hydroxychloroquine | | VALTREX | KETOSTIX REAGENT | AEROCHAMBER | |
| itraconazole | | VFEND (PA) | MICROLET | Z-STAT PLUS | |
| levofloxacin solution, tablet | | XENLETA 600MG TABLET (PA, QL) | NOVAMAX PLUS | (QL) | |
| methenamine | | XOFLUZA (QL) | ONETOUCH LANCETS | AEROTRACH PLUS (QL) | |
| metronidazole gel, capsule, tablet | | ZITHROMAX | POGO AUTOMATIC TEST CARTRIDGE | AEROVENT PLUS (QL) | |
| minocycline (QL) | | ZITHROMAX TRI-PAK | PRECISION XTRA sodium chloride inhalation vial, irrigation solution, vial | BREATHRITE (QL) | |
| minocycline er tablet (QL) | | ZYVOX | TECHLITE LANCETS | CLEVER CHOICE HOLDING CHAMBER (QL) | |
| mondoxynel | | SUSPENSION, TABLET (PA) | TRUEPLUS KETONE TEST STRIP | EASIVENT (QL) | |
| nitazoxanide | | | | FLEXICHAMBER (QL) | |
| nitrofurantoin | | | | INSPIRACHAMBER (QL) | |
| nitrofurantoin monohydrate-macrocrystal | | | | MICROCHAMBER (QL) | |
| nystatin suspension, tablet | | | | MICROSPACER (QL) | |
| oseltamivir (QL) | | | | OPTICHAMBER DIAMOND (QL) | |
| penicillin v potassium | | | | POCKET CHAMBER (QL) | |
| posaconazole tablet | | | | PRO COMFORT SPACER WITH MASK (QL) | |
| sulfamethoxazole-trimethoprim suspension, tablet | | | | PROCARE SPACER WITH CHILD MASK (QL) | |
| terbinafine | | | | RITEFLO (QL) | |
| tetracycline | | | | SPACE CHAMBER (QL) | |
| valganciclovir | | | | SPACE CHAMBER-MEDIUM MASK (QL) | |
| valganciclovir | | | | SPACE CHAMBER-SMALL MASK (QL) | |
| vancomycin capsule, solution | | | | VORTEX (QL) | |
| vandazole | | | | | |
| voriconazole (PA) | | | | | |
| INFERTILITY | | | | | |
| clomiphene ^ | | CRINONE 8% GEL^ ENDOMETRIN^ | | | |
| MISCELLANEOUS | | | | | |
| ACCU-CHEK disulfram | ACE AEROSOL CLOUD | ADDYI^ (PA, QL) NUEDEXTA (QL) | | | |
| DROPLET LANCETS | ENHANCER (QL) | | | | |
| FORA GTEL KETONE TEST STRIP | AEROCHAMBER MINI (QL) | | | | |
| GOJJI BLOOD KETONE TEST STRIP | AEROCHAMBER MV (QL) | | | | |
| KETONE CARE TEST STRIP | AEROCHAMBER PLUS FLOW-VU (QL) | | | | |
| KETONE TEST STRIP | | | | | |
| | | | NUTRITIONAL/DIETARY | | |
| | | | calcitriol capsule, solution^ | DRISDOL^ | ACCRUFER^ |
| | | | cyanocobalamin dodox | FLORIVA CHEWABLE TABLET+ | AURYXIA (QL) |
| | | | fluoride+^ | LOKELMA | CITRANATAL 90 DHA |
| | | | folic acid+^ | NEEVO DHA^ | CITRANATAL ASSURE |
| | | | folitab 500+ klor-con | OB COMPLETE PREMIER | CITRANATAL B-CALM |
| | | | | | CITRANATAL BLOOM TABLET^ |

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-27).

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|-------------------|---------------------------|---|----------------|--------------------------------|
| PARKINSON'S DISEASE (cont) | | | SEIZURE DISORDERS (cont) | | |
| RASAGILINE (QL) | | SINEMET 25-100 | SUBVENITE (BLUE) | | |
| ROPINIROLE ER | | TASMAR | SUBVENITE (GREEN) | | |
| ROPINIROLE | | XADAGO (ST) | SUBVENITE (ORANGE) | | |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS⁵ | | | topiramate | | |
| aripiprazole (QL) | ABILIFY | CLOZARIL (ST) | topiramate er | | |
| aripiprazole odt | MAINTENA | FANAPT (QL, ST) | | | |
| asenapine | ARISTADA | INVEGA (QL, ST) | SKIN CONDITIONS | | |
| chlorpromazine tablet | ARISTADA INITIO | INVEGA HAFYERA | ACCUTANE | EUCRISA (ST) | ANALPRAM HC 2.5%-1% LOTION |
| clozapine | INVEGA | REXULTI (QL, ST) | ADAPALENE (PA) | | AVAR 9.5-5% CLEANSING PADS |
| clozapine odt | SUSTENNA | RISPERDAL (ST) | adapalene-benzoyl peroxide | | BRYHALI (ST) |
| olanzapine tablet | INVEGA TRINZA | SAPHRIS (ST) | AMNESTEEM | | calcipotriene foam |
| olanzapine odt | LATUDA (QL) | SECUADO (ST) | AVAR CLEANSER | | CAPEX SHAMPOO (ST) |
| paliperidone er (QL) | PERSERIS (QL) | SEROQUEL (ST) | azelaic acid | | CLEOCINT |
| quetiapine | RISPERDAL | SEROQUEL XR (ST) | AVAR CLEANSER | | CLINDACIN ETZ KIT |
| quetiapine er | CONSTA | VRAYLAR (QL, ST) | azelaic acid | | CLINDACIN PAC KIT |
| risperidone | | | betamethasone augmented | | CLODERM (ST) |
| risperidone odt | | | betamethasone diprop augmented | | DESOWEN (ST) |
| ziprasidone tablet | | | betamethasone dipropionate | | DRYSOL |
| SEIZURE DISORDERS | | | BP 10-1 | | EFUDEX |
| carbamazepine | FYCOMPA (PA, QL) | APTIOM (PA, QL) | calcipotriene cream, ointment, solution | | ELIDEL |
| carbamazepine er | QL | BANZEL (PA, QL) | calcipotriene-betamethasone | | EVOCLIN |
| clonazepam | NAYZILAM (PA, QL) | BRIVIACT (PA) | CLARAVIS | | NAFTIN |
| divalproex | QL | CARBATROL (PA) | CLINDACIN ETZ 1% PLEDGET | | OPZELURA (PA) |
| divalproex er | VIMPAT | DEPAKOTE (PA) | CLINDACIN P 1% PLEDGETS | | PICATO |
| EPITOL | | DEPAKOTE ER (PA) | clindamycin 1% foam, gel, lotion, pledget, solution | | PRAMOSONE |
| gabapentin | | DEPAKOTE SPRINKLE (PA) | clindamycin-benzoyl peroxide | | REGRANEX (PA, QL) |
| lacosamide | | DIASTAT (PA) | clindamycin-tretinoin | | SANTYL (QL) |
| lamotrigine | | KLONOPIN (PA) | CLOCORTOLONE PIVALATE | | TEMOVATE (ST) |
| lamotrigine (blue) | | LYRICA ORAL SOLUTION (PA) | CLODAN | | TWYNEO |
| lamotrigine (green) | | NEURONTIN (PA) | clotrimazole-betamethasone | | XENLETA 600 MG TABLET (PA, QL) |
| lamotrigine (orange) | | OXTELLAR XR (PA) | dapsone gel | | XEPI |
| lamotrigine er | | PHENYTEK (PA) | fluocinonide | | |
| lamotrigine odt | | SPRITAM (PA) | fluorouracil cream, topical solution | | |
| lamotrigine odt (blue) | | TEGRETOL (PA) | isotretinoin | | |
| lamotrigine odt (green) | | TEGRETOL XR (PA) | | | |
| lamotrigine odt (orange) | | VALTOCO (PA, QL) | | | |
| levetiracetam solution, tablet | | XCOPRI (PA, QL) | | | |
| levetiracetam er | | | | | |
| oxcarbazepine | | | | | |
| pregabalin capsule, solution | | | | | |
| ROWEEPRA | | | | | |
| rufinamide (PA, QL) | | | | | |
| SUBVENITE | | | | | |

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-27).

| TIER 1 | TIER 2 | TIER 3 |
|--------|--------|--------|
| \$ | \$\$ | \$\$\$ |

SKIN CONDITIONS (cont)

| | | |
|-----------------------------|--|--|
| ketoconazole | | |
| KETODAN | | |
| metronidazole | | |
| MYORISAN | | |
| NEUAC GEL | | |
| pimecrolimus | | |
| ROSADAN | | |
| sodium sulfacetamide-sulfur | | |
| SSS 10-5 | | |
| SULFACLEANSE 8-4 | | |
| tacrolimus ointment | | |
| tazarotene 0.1% cream | | |
| TRETINOIN (PA) | | |
| TRIDERM | | |
| ZENATANE | | |

SLEEP DISORDERS/SEDATIVES

| | | |
|------------------|------------------|--------------|
| armodafinil (PA) | DAYVIGO (QL, ST) | LUNESTA (ST) |
| eszopiclone | SUNOSI (PA, QL) | |
| MODAFINIL (PA) | | |
| zolpidem | | |
| ZOLPIDEM ER (QL) | | |

SMOKING CESSATION⁵

| | | |
|------------------------------|--|------------------|
| bupropion sr 150 mg tablet+^ | | APO-VARENICLINE^ |
| varenicline+^ | | NICODERM CQ+ |
| | | NICORETTE+ |
| | | NICOTROL NS+^ |
| | | NICOTROL+^ |
| | | VARENICLINE |
| | | TARTRATE^ |

SUBSTANCE ABUSE

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

URINARY TRACT CONDITIONS

| | | |
|-----------------|--|-----------------|
| alfuzosin er | | AVODART |
| cevimeline | | ELMIRON |
| dutasteride | | FLOMAX |
| finasteride | | K-PHOS ORIGINAL |
| oxybutynin | | PROSCAR |
| oxybutynin er | | PYRIDIUM |
| phenazopyridine | | RAPAFLO (QL) |
| potassium er | | UROCIT-K |
| SILODOSIN (QL) | | UROXATRAL |

| TIER 1 | TIER 2 | TIER 3 |
|--------|--------|--------|
| \$ | \$\$ | \$\$\$ |

URINARY TRACT CONDITIONS (cont)

| | | |
|---------------------|--|--|
| SOLIFENACIN (QL) | | |
| tamsulosin | | |
| tolterodine | | |
| TOLTERODINE ER (QL) | | |

VACCINES

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

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

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-27).

| TIER 1 | TIER 2 | TIER 3 |
|--------|--------|--------|
| \$ | \$\$ | \$\$\$ |

VACCINES

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

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

WEIGHT MANAGEMENT

| | | |
|----------------------|------------------|----------------|
| megestrol suspension | WEGOVY^ (PA, QL) | CONTRACE^ (PA) |
| phentermine ^ | | QSYMIA^ (PA) |
| | | SAXENDA^ (PA) |

Specialty medications

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

| MEDICATION NAME | DRUG CLASS |
|--|--------------------------------------|
| abacavir-lamivudine** (PA) | AIDS/HIV |
| abiraterone** (PA) | CANCER |
| ACTEMRA SYRINGE* (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| ACTEMRA ACTPEN* (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| ACTHAR* | HORMONAL AGENTS |
| ACTIMMUNE* (PA) | CANCER |
| ADBRY* | SKIN CONDITIONS |
| ADCIRCA** (PA) | ASTHMA/COPD/RESPIRATORY |
| ADEMPAS** (PA) | ASTHMA/COPD/RESPIRATORY |
| ADVATE*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| ADYNOVATE*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| AFINITOR** (PA) | CANCER |
| AFINITOR DISPERZ** (PA) | CANCER |
| AFSTYLA*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| ALECENSA** (PA,QL) | CANCER |
| ALUNBRIG** (PA,QL) | CANCER |
| ALYQ** (PA) | ASTHMA/COPD/RESPIRATORY |
| AMICAR** | BLOOD MODIFIERS/BLEEDING DISORDERS |
| aminocaproic acid 0.25 gram/ml, tablets ** | BLOOD MODIFIERS/BLEEDING DISORDERS |
| APRETUDE*+ (PA) | AIDS/HIV |
| APOKYN* (PA) | PARKINSON'S DISEASE |
| ARALAST NP* | ASTHMA/COPD/RESPIRATORY |
| ARANESP*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| ARCALYST* (PA) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| ARIKAYCE** (PA) | INFECTIONS |
| ARIXTRA* (QL) | BLOOD THINNERS/ANTI-CLOTTING |
| ASTAGRAF XL** | TRANSPLANT MEDICATIONS |
| atazanavir** (PA) | AIDS/HIV |
| ATRIPLA** (PA) | AIDS/HIV |
| AUBAGIO* (PA) | MULTIPLE SCLEROSIS |
| AUSTEDO** (PA) | MISCELLANEOUS |
| AVONEX* (PA) | MULTIPLE SCLEROSIS |
| AVSOLA*^ (PA) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| AYVAKIT** (PA, QL) | CANCER |
| azathioprine tablet** | TRANSPLANT MEDICATIONS |
| BAFIERTAM** (PA) | MULTIPLE SCLEROSIS |
| BARACLUDE SOLUTION** | INFECTIONS |
| BENLYSTA* (PA) | PAIN RELIEF AND INFLAMMATORY DISEASE |

| MEDICATION NAME | DRUG CLASS |
|---|--------------------------------------|
| betaine anhydrous** | NUTRITIONAL/DIETARY |
| BETASERON* (PA) | MULTIPLE SCLEROSIS |
| bexarotene** (PA) | CANCER |
| BIKTARVY** (QL) | AIDS/HIV |
| BOSULIF** (PA,QL) | CANCER |
| BRONCHITOL** (PA) | ASTHMA/COPD/RESPIRATORY |
| BRUKINSA ** (PA,QL) | CANCER |
| BYNFEZIA* (PA) | HORMONAL AGENTS |
| CABENUVA*^ (PA) | AIDS/HIV |
| CABLIVI*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| CABOMETYX** (PA) | CANCER |
| CALQUENCE* (PA) | CANCER |
| capecitabine** (PA) | CANCER |
| CAYSTON** (PA, QL) | INFECTIONS |
| CELLCEPT** | TRANSPLANT MEDICATIONS |
| CERDELGA** (PA) | MISCELLANEOUS |
| CEREZYME* | MISCELLANEOUS |
| CETROTIDE*^ (PA) | HORMONAL AGENTS |
| CHOLBAM** (PA) | GASTROINTESTINAL/HEARTBURN |
| chorionic gonadotropin*^ (PA) | INFERTILITY |
| CIBINQO** (PA,QL) | SKIN CONDITIONS |
| CIMDUO** (PA) | AIDS/HIV |
| CIMZIA* (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| COMETRIQ** (PA,QL) | CANCER |
| COMPLERA** (PA,QL) | AIDS/HIV |
| CORTROPHIN* | HORMONAL AGENTS |
| CYSTAGON** | URINARY TRACT CONDITIONS |
| CYSTARAN** (PA, QL) | EYE CONDITIONS |
| DARAPRIM** (PA) | INFECTIONS |
| deferiprone** (PA) | MISCELLANEOUS |
| DEPEN** (PA,QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| DESCOVY**+ (PA) | AIDS/HIV |
| DIFICID* (QL) | INFECTIONS |
| dimethyl fumarate** | MULTIPLE SCLEROSIS |
| DOPTELET* (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| DOVATO** (QL) | AIDS/HIV |
| DUOPA** | PARKINSON'S DISEASE |
| DUPIXENT* (PA) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| DUROLANE* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| DYSPORT* | MISCELLANEOUS |
| efavirenz-emtric-tenofovir disop** (QL) | AIDS/HIV |
| EGRIFTA* (PA) | HORMONAL AGENTS |

| MEDICATION NAME | DRUG CLASS |
|----------------------------------|--------------------------------------|
| ELIGARD* | CANCER |
| ELOCTATE*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| EMFLAZA** (PA) | HORMONAL AGENTS |
| EMPAVELI* (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| emtricitabine-tenofovir disop**+ | AIDS/HIV |
| ENBREL* (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| enoxaparin* (QL) | BLOOD THINNERS/ANTI-CLOTTING |
| entecavir** (QL) | INFECTIONS |
| ENTYVIO*^ (PA) | GASTROINTESTINAL/HEARTBURN |
| ENVARUSUS XR** | TRANSPLANT MEDICATIONS |
| EPCLUSA** (PA, QL) | INFECTIONS |
| EPIDIOLEX** (PA) | SEIZURE DISORDERS |
| EPOGEN*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| ERIVEDGE** (PA) | CANCER |
| ERLEADA** (PA) | CANCER |
| ESBRIET** (PA) | MISCELLANEOUS |
| ESPEROCT*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| ETRAVIRINE** | AIDS/HIV |
| EUFLEXXA* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| everolimus** (PA,QL) | CANCER |
| EVOTAZ** (PA) | AIDS/HIV |
| EXJADE** (PA) | MISCELLANEOUS |
| EXKIVITY** (PA,QL) | CANCER |
| EXTAVIA* (PA) | MULTIPLE SCLEROSIS |
| FASENRA* | ASTHMA/COPD/RESPIRATORY |
| 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 |
| fondaparinux sodium* (QL) | BLOOD THINNERS/ANTI-CLOTTING |
| Forteo* (PA, QL) | HORMONAL AGENTS |
| FRAGMIN* (QL) | BLOOD THINNERS/ANTI-CLOTTING |
| FULPHILA* (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| fyremadel*^ (PA) | HORMONAL AGENTS |
| GALAFOLD** (PA) | MISCELLANEOUS |
| GANIRELIX*^ (PA) | HORMONAL AGENTS |
| GANIRELIX ACETATE*^ (PA) | HORMONAL AGENTS |
| GATTEX* (PA) | GASTROINTESTINAL/HEARTBURN |
| GEL-ONE* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| GELSYN-3* | PAIN RELIEF AND INFLAMMATORY DISEASE |

| MEDICATION NAME | DRUG CLASS |
|------------------------------|--------------------------------------|
| GENVOYA** (QL) | AIDS/HIV |
| GILENYA** (PA) | MULTIPLE SCLEROSIS |
| glatiramer* | MULTIPLE SCLEROSIS |
| GLASSIA* | ASTHMA/COPD/RESPIRATORY |
| GLATOPA* | MULTIPLE SCLEROSIS |
| GLEEVEC** (PA) | CANCER |
| GONAL-F*^ (PA) | INFERTILITY |
| GONAL-F RFF*^ (PA) | INFERTILITY |
| GONAL F RFF REDI-JECT*^ (PA) | INFERTILITY |
| GRANIX*^ (PA) | 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 |
| HIZENTRA* | MISCELLANEOUS |
| HUMATROPE* (PA) | HORMONAL AGENTS |
| HUMIRA* (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| HYALGAN* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| HYMOVIS* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| IBRANCE** (PA,QL) | CANCER |
| ICLUSIG** (PA,QL) | CANCER |
| ILARIS*^ (PA) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| ILUMYA* (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| imatinib** (QL) | CANCER |
| IMBRUVICA** (PA,QL) | CANCER |
| IMCIVREE*^ (PA,QL) | WEIGHT MANAGEMENT |
| INBRIJA** (PA) | PARKINSON'S DISEASE |
| INCRELEX* (PA) | HORMONAL AGENTS |
| INFLECTRA*^ (PA) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| INGREZZA** (PA) | MISCELLANEOUS |
| INLYTA** (PA) | CANCER |
| INTELENCE** (PA) | AIDS/HIV |
| ISENTRESS** | AIDS/HIV |
| ISENTRESS HD** (PA) | AIDS/HIV |
| JADENU** (PA) | MISCELLANEOUS |
| JADENU SPRINKLE** (PA) | MISCELLANEOUS |
| JAKAFI** (PA,QL) | CANCER |
| JIVI*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| JULUCA** (QL) | AIDS/HIV |
| JYNARQUE** (PA) | DIURETICS |
| KALBITOR*^ (PA) | BLOOD PRESSURE/HEART MEDICATIONS |
| KALYDECO** (PA, QL) | ASTHMA/COPD/RESPIRATORY |

| MEDICATION NAME | DRUG CLASS |
|---------------------------------|--------------------------------------|
| KANJINTI* | CANCER |
| KESIMPTA* (PA) | MULTIPLE SCLEROSIS |
| KEVZARA* (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| KISQALI** (PA) | CANCER |
| KISQALI FEMARA CO-PACK** (PA) | CANCER |
| KITABIS PAK*** (PA, QL) | INFECTIONS |
| KOGENATE FS*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| KORLYM** (PA) | DIABETES |
| KOVALTRY*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| KUVAN** (PA) | MISCELLANEOUS |
| KYLEENA***+ | CONTRACEPTION PRODUCTS |
| LANREOTIDE*^ (PA) | HORMONAL AGENTS |
| ledipasvir-sofosbuvir** (PA,QL) | INFECTIONS |
| LENVIMA** (PA) | CANCER |
| LETAIRIS** (PA) | ASTHMA/COPD/RESPIRATORY |
| LIVTENCITY** (PA,QL) | INFECTIONS |
| LONSURF** (PA) | CANCER |
| LORBRENA** (PA,QL) | CANCER |
| LOVENOX* (QL) | BLOOD THINNERS/ANTI-CLOTTING |
| LUMAKRAS** (PA, QL) | CANCER |
| LUPANETA PACK**^ (PA) | HORMONAL AGENTS |
| LUPRON DEPOT*^ (PA) | CANCER |
| LUPRON DEPOT-PED*^ (PA) | CANCER |
| LYNPARZA** (PA,QL) | CANCER |
| LYSTEDA** | BLOOD MODIFIERS/BLEEDING DISORDERS |
| MAKENA* | INFERTILITY |
| MAVENCLAD** (PA) | MULTIPLE SCLEROSIS |
| MAVYRET** (PA, QL) | INFECTIONS |
| MAYZENT** (PA) | MULTIPLE SCLEROSIS |
| MEKINIST** (PA,QL) | CANCER |
| MEKTOVI** (PA,QL) | CANCER |
| MENOPUR*^ (PA) | INFERTILITY |
| MIRENA***+ | CONTRACEPTION PRODUCTS |
| MONOVISC* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| MVASI* | CANCER |
| MYALEPT* (PA) | MISCELLANEOUS |
| mycophenolate** | TRANSPLANT MEDICATIONS |
| mycophenolic acid** | TRANSPLANT MEDICATIONS |
| MYFORTIC** | TRANSPLANT MEDICATIONS |
| NATPARA* (PA) | HORMONAL AGENTS |
| NERLYNX** (PA) | CANCER |
| NEULASTA*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |

| MEDICATION NAME | DRUG CLASS |
|---------------------------|--------------------------------------|
| NEULASTA ONPRO*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| NEUPOGEN*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| NEXAVAR** (PA,QL) | CANCER |
| NINLARO** (PA,QL) | CANCER |
| NITYR** (PA) | MISCELLANEOUS |
| NIVESTYM*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| NORDITROPIN FLEXPRO* (PA) | HORMONAL AGENTS |
| NORTHERA** (PA) | BLOOD PRESSURE/HEART MEDICATIONS |
| NOURIANZ** (PA, QL) | PARKINSON'S DISEASE |
| NOVAREL*^ (PA) | INFERTILITY |
| NOVOEIGHT*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| NUBEQA** (PA) | CANCER |
| NUCALA* (PA) | ASTHMA/COPD/RESPIRATORY |
| NUZYRA* (PA,QL) | INFECTIONS |
| NYVEPRIA* (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| OCALIVA** (PA) | GASTROINTESTINAL/HEARTBURN |
| OCREVUS* | MULTIPLE SCLEROSIS |
| ODEFSEY** (PA,QL) | AIDS/HIV |
| ODOMZO** (PA) | CANCER |
| OFEV** (PA) | ASTHMA/COPD/RESPIRATORY |
| OGIVRI* | CANCER |
| OLUMIANT** (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| ONTRUZANT* | CANCER |
| OPSUMIT** (PA) | ASTHMA/COPD/RESPIRATORY |
| ORENCIA* (PA,QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| ORENITRAM ER** (PA) | ASTHMA/COPD/RESPIRATORY |
| ORFADIN** (PA) | MISCELLANEOUS |
| ORGOVYX** (PA) | CANCER |
| ORKAMBI** (PA, QL) | ASTHMA/COPD/RESPIRATORY |
| ORLADEYO* (PA, QL) | BLOOD PRESSURE/HEART MEDICATIONS |
| ORTHOVISC* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| OTEZLA** (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| OVIDREL*^ (PA) | INFERTILITY |
| OXERVATE** (PA) | EYE CONDITIONS |
| PALYNZIQ* (PA) | MISCELLANEOUS |
| PEGASYS* (PA) | INFECTIONS |
| penicillamine** (PA,QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| PIQRAY** (PA) | CANCER |
| PLEGRIDY* (PA) | MULTIPLE SCLEROSIS |
| POMALYST** (PA,QL) | CANCER |
| PONVORY** (PA) | MULTIPLE SCLEROSIS |
| PREVYMIS** | INFECTIONS |

| MEDICATION NAME | DRUG CLASS |
|----------------------------------|--------------------------------------|
| PREZCOBIX** (PA) | AIDS/HIV |
| PREZISTA** | AIDS/HIV |
| PROCRIT*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| PROGRAF** | TRANSPLANT MEDICATIONS |
| PROLASTIN C* | ASTHMA/COPD/RESPIRATORY |
| PROLIA* | OSTEOPOROSIS PRODUCTS |
| 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 |
| RENFLEXIS* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| RETACRIT*^ (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| REVATIO** (PA) | ASTHMA/COPD/RESPIRATORY |
| REVLIMID** (PA,QL) | CANCER |
| REZUROCK** (PA) | TRANSPLANT MEDICATIONS |
| RIABNI* | CANCER |
| ribavirin** | INFECTIONS |
| RINVOQ ER** (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| ritonavir** | AIDS/HIV |
| ROZLYTREK** (PA) | CANCER |
| RUBRACA** (PA,QL) | CANCER |
| RUCONEST*^ (PA) | BLOOD PRESSURE/HEART MEDICATIONS |
| RUXIENCE* | CANCER |
| sajazir* (PA) | BLOOD PRESSURE/HEART MEDICATIONS |
| SAMSCA** | DIURETICS |
| SANDOSTATIN*^ (PA) | HORMONAL AGENTS |
| SANDOSTATIN LAR DEPOT*^ (PA) | HORMONAL AGENTS |
| sapropterin** (PA) | MISCELLANEOUS |
| SELZENTRY** (PA) | AIDS/HIV |
| SEROSTIM* (PA) | HORMONAL AGENTS |
| SILIQ* (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| SIMPONI* 100MG/ML (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| SIMPONI ARIA* (PA) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| sirolimus** | TRANSPLANT MEDICATIONS |
| SKYLA**+ | CONTRACEPTION PRODUCTS |
| SKYRIZI* (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| SKYTROFA* (PA) | HORMONAL AGENTS |
| sofosbuvir-velpatasvir** (PA,QL) | INFECTIONS |

| MEDICATION NAME | DRUG CLASS |
|-------------------------|--------------------------------------|
| SOMATULINE DEPOT*^ (PA) | HORMONAL AGENTS |
| SOMAVERT* (PA) | HORMONAL AGENTS |
| SOVALDI** (PA,QL) | INFECTIONS |
| SPRYCEL** (PA,QL) | CANCER |
| STELARA* (PA,QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| STRENSIQ* (PA) | MISCELLANEOUS |
| STRIBILD** (PA,QL) | AIDS/HIV |
| STIVARGA** (PA,QL) | CANCER |
| SUBLOCADE* | SUBSTANCE ABUSE |
| SUCRAID** (PA) | GASTROINTESTINAL/HEARTBURN |
| SUPARTZ FX* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| SUPPRELIN LA** | HORMONAL AGENTS |
| SUTENT** (PA,QL) | CANCER |
| SYMDEKO** (PA,QL) | ASTHMA/COPD/RESPIRATORY |
| SYMTUZA** (QL) | AIDS/HIV |
| SYMFI** | AIDS/HIV |
| SYMFI LO** | AIDS/HIV |
| SYMTUZA** | AIDS/HIV |
| SYNVISC* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| SYNVISC-ONE* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| tacrolimus capsule** | TRANSPLANT MEDICATIONS |
| tadalafil 20mg** (PA) | ASTHMA/COPD/RESPIRATORY |
| TAFINLAR** (PA,QL) | CANCER |
| TAGRISSO** (PA) | CANCER |
| TAKHZYRO* (PA) | BLOOD PRESSURE/HEART MEDICATIONS |
| TALTZ* (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| TALZENNA** (PA,QL) | CANCER |
| TARGRETIN** (PA,QL) | SKIN CONDITIONS |
| TASIGNA** (PA,QL) | CANCER |
| TAVALISSE** (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| TECFIDERA** (PA) | MULTIPLE SCLEROSIS |
| TEGSEDI* (PA) | MISCELLANEOUS |
| TEMODAR** (PA) | CANCER |
| TEMIXYS** (PA) | AIDS/HIV |
| temozolomide** (PA) | CANCER |
| tenofovir** (PA) | AIDS/HIV |
| teriparatide* (PA, QL) | HORMONAL AGENTS |
| TEZSPIRE* (PA) | ASTHMA/COPD/RESPIRATORY |
| tetrabenazine** (PA) | MISCELLANEOUS |
| THALOMID** (PA) | INFECTIONS |
| THIOLA** | URINARY TRACT CONDITIONS |
| THIOLA EC** | URINARY TRACT CONDITIONS |

| MEDICATION NAME | DRUG CLASS |
|--------------------------|--------------------------------------|
| TIBSOVO** (PA) | CANCER |
| TIGLUTIK** (PA) | MISCELLANEOUS |
| TIVICAY** | AIDS/HIV |
| TOBI PODHALER** (PA,QL) | INFECTIONS |
| tobramycin** (QL) | INFECTIONS |
| TRACLEER** (PA) | ASTHMA/COPD/RESPIRATORY |
| tranexamic acid** | BLOOD MODIFIERS/BLEEDING DISORDERS |
| TRAZIMERA* | CANCER |
| TREMFYA* (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| trientine** (PA) | MISCELLANEOUS |
| TRILURON* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| TRIPTODUR* | HORMONAL AGENTS |
| TRIUMEQ** (QL) | AIDS/HIV |
| TRIUMEQ PD** (QL) | AIDS/HIV |
| TYKERB** (PA) | CANCER |
| TYMLOS* (PA, QL) | OSTEOPOROSIS PRODUCTS |
| TYSABRI* | MULTIPLE SCLEROSIS |
| TYVASO** (PA) | ASTHMA/COPD/RESPIRATORY |
| TYVASO REFILL KIT** (PA) | ASTHMA/COPD/RESPIRATORY |
| UDENYCA* (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| UKONIQ** (PA, QL) | CANCER |
| UPTRAVI** (PA) | ASTHMA/COPD/RESPIRATORY |
| VALCHLOR** | SKIN CONDITIONS |
| VEMLIDY** | INFECTIONS |
| VENCLEXTA** (PA) | CANCER |
| VERZENIO** (PA) | CANCER |
| vigabatrin** | SEIZURE DISORDERS |
| VIGADRONE** | SEIZURE DISORDERS |
| VIREAD** (PA) | AIDS/HIV |
| VISCO-3* | PAIN RELIEF AND INFLAMMATORY DISEASE |
| VITRAKVI** (PA) | CANCER |
| VIZIMPRO** (PA) | CANCER |
| VOSEVI** (PA,QL) | INFECTIONS |
| VOTRIENT** (PA) | CANCER |
| VOXZOGO* (PA) | MISCELLANEOUS |
| VUMERITY** (PA) | MULTIPLE SCLEROSIS |
| VYLEESI*^ (PA, QL) | MISCELLANEOUS |
| WAKIX** (PA, QL) | SLEEP DISORDERS/SEDATIVES |
| WELIREG** (PA,QL) | CANCER |
| XALKORI** (PA,QL) | CANCER |
| XELJANZ** (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |
| XELJANZ XR** (PA, QL) | PAIN RELIEF AND INFLAMMATORY DISEASE |

| MEDICATION NAME | DRUG CLASS |
|--------------------|------------------------------------|
| XELODA** (PA) | CANCER |
| XERMELO** (PA) | GASTROINTESTINAL/HEARTBURN |
| XOLAIR* (PA) | ASTHMA/COPD/RESPIRATORY |
| XTANDI** (PA) | CANCER |
| XYREM** (PA,QL) | SLEEP DISORDERS/SEDATIVES |
| XYWAV* (PA,QL) | SLEEP DISORDERS/SEDATIVES |
| ZARXIO*^ | BLOOD MODIFIERS/BLEEDING DISORDERS |
| ZEJULA** (PA,QL) | CANCER |
| ZEPATIER** (PA,QL) | INFECTIONS |
| ZEPOSIA** (PA) | MULTIPLE SCLEROSIS |
| ZIEXTENZO* (PA) | BLOOD MODIFIERS/BLEEDING DISORDERS |
| ZIRABEV* | CANCER |
| ZORBTIVE* (PA) | HORMONAL AGENTS |
| ZORTRESS** | TRANSPLANT MEDICATIONS |

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

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

| DRUG CLASS | MEDICATION NAME^^ (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|-------------------------------------|---|--|
| AIDS/HIV | ATRIPLA* | efavirenz-emtricitabine-tenofovir* |
| | COMBIVIR* | lamivudine-zidovudine* |
| | EMTRIVA* | emtricitabine* |
| | EPIVIR* | lamivudine* |
| | EPZICOM* | abacavir-lamivudine* |
| | INTELENCE 100MG, 200MG TABLET* | etravirine* |
| | KALETRA* | lopinavir-ritonavir* |
| | LEXIVA 700MG TABLET* | fosamprenavir 700mg tablet* |
| | NORVIR 100MG TABLET* | ritonavir 100mg tablet* |
| | RETROVIR CAPSULE, SYRUP* | zidovudine capsule, syrup* |
| | REYATAZ CAPSULE* | atazanavir capsules* |
| | SUSTIVA* | efavirenz* |
| | SYMFI* SYMFI LO* | efavirenz-lamivudine-tenofovir* |
| | TRIZIVIR* | abacavir-lamivudine-zidovudine tablet* |
| | TRUVADA* | emtricitabine-tenofovir* |
| | VIRAMUNE* | nevirapine* |
| | VIRAMUNE XR* | nevirapine ER* |
| | VIREAD 300MG TABLET* | tenofovir 300mg tablet* |
| ZIAGEN* | abacavir* | |
| ALLERGY/NASAL SPRAYS | AUVI-Q EPIPEN EPIPEN JR SYMJEPI | epinephrine auto-injectors |
| | carbinoxamine 6mg tablet RYVENT | carbinoxamine 4mg tablet |
| | dexchlorpheniramine RYCLORA | carbinoxamine oral solution cyproheptadine syrup hydroxyzine syrup |
| | DYMISTA | azelastine-fluticasone Generic nasal steroids (e.g. fluticasone) |
| | EPINEPHRINE 0.15 MG, 0.3 MG AUTO-INJECTOR | Generic EPIPEN (also called epinephrine) |
| | ALZHEIMER'S DISEASE | pyridostigmine 30mg tablet (QL) |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | ANAFRANIL | clomipramine |
| | APLENZIN | bupropion XL 150, 300 mg tablets |
| | ATIVAN TABLET LOREEV XR | lorazepam |
| | bupropion xl 450mg tablet FORFIVO XL | bupropion xl 150mg tablets |
| | CITALOPRAM HBR | citalopram tablet |

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| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|--|--|---|
| ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont) | CYMBALTA VENLAFAXINE BESYLATE ER | desvenlafaxine ER duloxetine escitalopram |
| | DRIZALMA SPRINKLE | duloxetine dr capsules |
| | LEXAPRO | escitalopram |
| | PAMELOR | nortriptyline capsules |
| | PARNATE | tranylcypromine |
| | PEXEVA | paroxetine paroxetine cr |
| | PRISTIQ | desvenlafaxine succinate er bupropion sr duloxetine escitalopram sertraline venlafaxine er |
| | TOFRANIL | imipramine |
| | WELLBUTRIN XL | bupropion xl escitalopram fluoxetine |
| | ASTHMA/COPD/RESPIRATORY | ADVAIR HFA ADVAIR DISKUS AIRDUO RESPICLICK BREO ELLIPTA |
| ALBUTEROL HFA levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA | | Generic PROAIR or PROVENTIL (albuterol hfa) |
| ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA PULMICORT FLEXHALER | | FLOVENT DISKUS FLOVENT HFA QVAR |
| ARCAPTA NEOHALER STRIVERDI RESPIMAT | | SEREVENT DISKUS |
| BEVESPI AEROSPHERE DUAKLIR PRESSAIR | | ANORO ELLIPTA STIOLTO RESPIMAT |
| BROVANA | | arformoterol |
| budesonide-formoterol | | SYMBICORT |
| ELIXOPHYLLIN | | theophylline er theophylline oral solution |
| PERFOROMIST | | formoterol |
| TUDORZA PRESSAIR | | INCRUSE ELLIPTA SPIRIVA RESPIMAT |

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|---------------------------------|---|--|
| ASTHMA/COPD/RESPIRATORY (cont) | YUPELRI | ANORO ELLIPTA BREZTRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA |
| | ZYFLO | montelukast zafirlukast zileuton er |
| ATTENTION DEFICIT HYPERACTIVITY | ADDERALL XR ADHANSIA XR ADZENYS XR-ODT APTENSIO XR AZSTARYS CONCERTA COTEMPLA XR-ODT DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER RITALIN LA VYVANSE | dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er |
| | DESOXYN | methamphetamine |
| | DEXEDRINE | dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er |
| | EVEKEO ODT | amphetamine dexmethylphenidate dextroamphetamine methamphetamine methylphenidate |
| | methylphenidate er 72mg tablet RELEXXII | methylphenidate er 36mg tablet |
| | QELBREE | atomoxetine |
| | BLOOD PRESSURE/HEART MEDICATIONS | ACCUPRIL |
| | ACCURETIC | quinapril-hctz |
| | ALTACE | ramipril |
| | ATACAND | candesartan |
| | ATACAND HCT | candesartan-hctz |
| | AVALIDE | irbesartan-hctz |
| | AVAPRO | irbesartan-hctz |
| | AZOR | amlodipine-olmesartan |
| | BENICAR | olmesartan |
| | BENICAR HCT | olmesartan-hctz |
| | BETAPACE | sotalol |
| | BYSTOLIC | generic beta blockers (e.g. metoprolol; atenolol) |

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

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

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|------------|---|--|
| DIABETES | ACCU-CHEK TEST STRIPS CVS TEST STRIPS ADVOCATE TEST STRIPS ASSURE TEST STRIPS CONTOUR TEST STRIPS EASY TALK PLUS II TEST STRIPS FREESTYLE TEST STRIPS RELION TEST STRIPS | ONE TOUCH TEST STRIPS (e.g. Ultra; Verio) |
| | ADLYXIN | BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA |
| | ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART INSULIN GLARGINE NOVOLOG RIGHTEST GT333 TEST STRIPS | HUMALOG LYUMJEV |
| | AFREZZA | HUMALOG HUMULIN R LYUMJEV |
| | alogliptin alogliptin-metformin JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA | JANUMET JANUMET XR JANUVIA metformin |
| | alogliptin-pioglitazone OSENİ | JANUMET JANUMET XR JANUVIA pioglitazone |
| | FORTAMET GLUMETZA metformin er gastric metformin er osmotic | metformin er (generic to GLUCOPHAGE XR) |
| | GLUCAGEN HYPOKIT GVOKE | BAQSIMI glucagon emergency kit (generic) ZEGALOGUE |
| | INSULIN ASPART PRO NOVOLOG MIX | HUMALOG MIX |
| | INVOKAMET INVOKAMET XR SEGLUROMET | SYNJARDY SYNJARDY XR XIGDUO XR |

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|----------------------------|--|---|
| DIABETES (cont) | INVOKANA STEGLATRO | FARXIGA JARDIANCE metformin |
| | LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR | BASAGLAR LEVEMIR TRESIBA FLEXTOUCH |
| | NOVOLIN | HUMULIN |
| | QTERN STEGLUJAN | GLYXAMBI metformin TRIJARDY XR |
| | EDECRIN ethacrynic acid | bumetanide furosemide torsemide |
| DIURETICS | THALITONE | chlorthalidone |
| | EYE CONDITIONS | |
| EYE CONDITIONS | ALOCRI ALOMIDE | cromolyn |
| | LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN | bimatoprost latanoprost travoprost |
| | RESTASIS RESTASIS MULTIDOSE | cyclosporine 0.05% eye emulsion XIIDRA |
| GASTROINTESTINAL/HEARTBURN | ANUSOL-HC 25MG SUPPOSITORY | hydrocortisone 25mg suppository |
| | ASACOL HD COLAZAL DELZICOL DIPENTUM | balsalazide mesalamine tablets or capsules PENTASA sulfasalazine |
| | BYLVAY* LIVMARLI* | cholestyramine powder/packet rifampin ursodiol tablet |
| | CORTIFOAM UCERIS 2MG RECTAL FOAM | COLOCORT hydrocortisone |
| | CREON PERTZYE ZENPEP | PANCREAZE |
| | DARTISLA glycopyrrolate 1.5mg tablet ROBINUL, ROBINUL FORTE | glycopyrrolate 1mg tablet glycopyrrolate 2mg tablet |
| | GIMOTI* | metoclopramide oral solution or tablet |
| | GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+ | CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+ |

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|--|---|--|
| GASTROINTESTINAL/HEARTBURN (cont) | KRISTALOSE lactulose 10gm packet | CONSTULOSE ENULOSE lactulose oral solution |
| | LIBRAX | chlordiazepoxide |
| | LOTRONEX* | alosetron* |
| | lubiprostone | AMITIZA |
| | MARINOL SYNDROS | dronabinol |
| | MOTEGRITY TRULANCE ZELNORM | AMITIZA LINZESS |
| | NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE | esomeprazole packets, esomeprazole magnesium |
| | OMECLAMOX-PAK PYLERA TALICIA VOQUEZNA | lansoprazole-amoxicillin-clarithromycin pak |
| | RELTONE | ursodiol |
| | ROWASA | mesalamine rectal enema suspension |
| | SENSIPAR* | cinacalcet |
| | ursodiol 200 mg, 400 mg capsule | ursodiol 300mg capsule ursodiol tablet |
| | ZOFRAN | ondansetron |
| | ZUPLENZ | ondansetron ondansetron odt |
| | HORMONAL AGENTS | ALKINDI SPRINKLE |
| DDAVP NOCDURNA | | desmopressin nasal spray or tablets |
| DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DXEVO HIDEX TAPERDEX ZCORT | | dexamethasone 1.5mg tablet |
| FORTESTA JATENZO NATESTO TESTIM VOGELXO XYOSTED | | generic topical testosterone |
| GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON* | | HUMATROPE* NORDITROPIN* |
| HEMADY | | dexamethasone 5mg tablet |
| MYCAPSSA* | | BYNFEZIA* |

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|------------------------|---|--|
| HORMONAL AGENTS (cont) | ORTIKOS | budesonide capsule |
| | RAYOS | methylprednisolone prednisone |
| | LEVOTHYROXINE CAPSULE SYNTHROID TIROSINT TIROSINT-SOL | levothyroxine tablet |
| | THYQUIDITY | EUTHYROX LEVO-T levothyroxine tablet LEVOXYL |
| | UCERIS 9MG ER TABLET | budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone |
| | ARMOUR THYROID WP THYROID | np thyroid |
| INFECTIONS | ACTICLATE DORYX DORYX MPC MINOCIN 50MG PEL CAPSULE MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER MONODOX SEYSARA SOLODYN soloxide TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO | generic products (e.g. doxycycline; minocycline) |
| | ARAKODA | atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine |
| | AUGMENTIN AUGMENTIN XR | amoxicillin/clavulanate |
| | BARACLUDE TABLET* | entecavir tablet* |
| | BETHKIS* TOBI* | tobramycin inhalation solution* |
| | BREXAFEMME DIFLUCAN | fluconazole |
| | doxycycline hyclate dr 80mg tablet | generic products (e.g. minocycline) |
| | DOXYCYCLINE IR-DR LYMEPAK ORACEA | doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg |
| | E.E.S. 200 ERYPED 400 | erythromycin granules erythromycin |

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|---------------------|---|--|
| INFECTIONS (cont) | HUMATIN | paromomycin |
| | MEPRON | atovaquone |
| | MYCOBUTIN | rifabutin |
| | nitrofurantoin 25mg/5ml suspension | nitrofurantoin capsule sulfamethoxazole-trimethoprim suspension |
| | NOXAFIL DR 100MG TABLET | posaconazole dr 100mg tablet |
| | SITAVIG | acyclovir tablet |
| | | famciclovir tablet valacyclovir tablet |
| | SPORANOX | itraconazole |
| | TOLSURA | oral itraconazole |
| | VALCYTE | valganciclovir |
| | VANCOCIN | vancomycin oral solution or capsule |
| | ZOVIRAX | acyclovir |
| MISCELLANEOUS | EXSERVAN* | riluzole* |
| | RILUTEK* | TIGLUTIK* |
| | HORIZANT | gabapentin |
| | KUVAN* | sapropterin tablet & powder packet* |
| | SYPRINE* | penicillamine* |
| | | trientine* |
| XENAZINE* | tetrabenazine* | |
| MULTIPLE SCLEROSIS | AMPYRA* | dalfampridine er* |
| | COPAXONE* | AVONEX* BETASERON* EXTAVIA* glatiramer* GLATOPA* KESIMPTA* PLEGRIDY* REBIF* |
| | | TECFIDERA* AUBAGIO* BAFIERTAM* dimethyl* GILENYA* MAYZENT* PONVORY* VUMERITY* |
| NUTRITIONAL/DIETARY | AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT | Any generic prenatal vitamin |
| | NASCOBAL | cyanocobalamin injection |

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|--------------------------------------|---|--|
| PAIN RELIEF AND INFLAMMATORY DISEASE | ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets | butalbital-acetaminophen 50-325mg tablet |
| | AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAX | generic triptans (e.g. sumatriptan; naratriptan) |
| | AMRIX cyclobenzaprine er | carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets methocarbamol orphenadrine er metaxalone |
| | BACLOFEN LYVISPAH OZOBAX | baclofen tablet |
| | CAMBIA DUEXIS ELYXYB fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO ibuprofen-famotidine INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr naproxen sodium er naproxen-esomeprazole mag RELAFEN, RELAFEN DS TIVORBEX VIMOVO VIVLODEX ZIPSOR ZORVOLEX | Generic NSAID (e.g. celecoxib; meloxicam) |
| | chlorzoxazone 250mg | chlorzoxazone 500mg |
| | chlorzoxazone 375mg chlorzoxazone 750mg | methocarbamol 500mg |
| | CONZIP | tramadol tramadol er |

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|---|---|---|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | COSENTYX* | ENBREL* HUMIRA* OTEZLA* STELARA 45MG, 90MG* TALTZ* |
| | CUPRIMINE* | penicillamine* trientine* |
| | diclofenace 1.3% patch diclofenac 1.5% solution diclofenac 35mg capsule FLECTOR LICART PENNSAID VOLTAREN 1% GEL | generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel |
| | dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG | sumatriptan nasal spray |
| | GLOPERBA | colchicine probenecid-colchicine |
| | GRALISE | gabapentin |
| | IMITREX CARTRIDGE IMITREX PEN INJECTOR | dihydroergotamine sumatriptan |
| | IMITREX TABLET | dihydroergotamine eletriptan rizatriptan sumatriptan tablets |
| | KETOROLAC 15.75MG NASAL SPRAY SPRIX | ketorolac tablet |
| | KINERET* | ACTEMRA* ENBREL* HUMIRA* XELJANZ/XR* |
| | levorphanol | codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER |
| | LIDODERM | lidocaine 5% patch |
| | LORZONE | chlorzoxazone 500mg cyclobenzaprine tablet |
| | NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE | chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER |

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|---|--|--|--------------------|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | OXYCONTIN | HYSINGLA ER MORPHABOND ER XTAMPZA ER | |
| | PROLATE SOLUTION | oxycodone-acetaminophen tablet | |
| | QDOLO | tramadol 50mg tablet | |
| | QULIPTA | NURTEC ODT | |
| | REYVOW | generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY | |
| | ROXICODONE | oxycodone | |
| | SIMPONI* 50MG/0.5ML | ACTEMRA* ENBREL* HUMIRA* STELARA 45MG, 90MG* TALTZ* XELJANZ/XR* | |
| | SORIATANE | acitretin | |
| | SUBSYS | fentanyl lozenge or buccal tablet | |
| | tizanidine 2 mg, 4 mg, 6 mg capsule | tizanidine 2mg tablet tizanidine 4mg tablet | |
| | TOSYMRA | sumatriptan | |
| | tramadol 100mg | tramadol | |
| | TREXIMET | sumatriptan-naproxen | |
| | vtol lq | butalbital-acetaminophen-caffeine capsule or tablets phrenilin forte | |
| | ZEMBRACE SYMTOUCH | dihydroergotamine sumatriptan | |
| | ZOMIG ZMT | zolmitriptan odt | |
| | PARKINSON'S DISEASE | DHIVY | carbidopa/levodopa |
| | | GOCOVRI | amantadine |
| LODOSYN | | carbidopa | |
| ONGENTYS | | entacapone | |
| ZELAPAR | | selegiline tablets or capsules | |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS | ABILIFY ABILIFY MYCITE | aripiprazole paliperidone er risperidone | |
| | CAPLYTA LYBALVI | aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone | |
| | GEODON CAPSULE | aripiprazole paliperidone er ziprasidone | |

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| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|--------------------------------------|--|--|
| SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont) | QUETIAPINE | quetipine |
| | VERSACLOZ | clozapine clozapine odt |
| | ZYPREXA | aripiprazole olanzapine tablets paliperidone er |
| | ZYPREXA ZYDIS | aripiprazole olanzapine olanzapine odt |
| SEIZURE DISORDERS | ELEPSIA XR KEPPRA XR | levetiracetam er |
| | EPRONTIA | topiramate sprinkle capsule topiramate tablet |
| | FELBATOL | felbamate |
| | KEPPRA SOLUTION, TABLET | levetiracetam |
| | LAMICTAL | lamotrigine |
| | LAMICTAL TAB KIT (BLUE, GREEN, ORANGE) | lamotrigine starter kit (blue, green, orange) |
| | LAMICTAL ODT | lamotrigine odt |
| | LAMICTAL ODT KIT (BLUE, GREEN, ORANGE) | lamotrigine odt starter kit (blue, green orange) |
| | LAMICTAL XR LAMICTAL XR KIT (BLUE, GREEN, ORANGE) | lamotrigine er |
| | LYRICA LYRICA CR pregabalin er | duloxetine gabapentin lidocaine 5% topical patch pregabalin |
| | MYSOLINE | primidone |
| | QUDEXY XR TROKENDI XR | topiramate er |
| | SABRIL* | vigabatrin* |
| | SYMPAZAN | clobazam |
| | TOPAMAX | topiramate |
| | TRILEPTAL | oxcarbazepine |
| ZONEGRAN | zonisamide | |
| SKIN CONDITIONS | ABSORICA ABSORICA LD | CLARAVIS isotretinoin MYORISAN ZENATANE |
| | ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA | Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide) |

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| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|------------------------|--|---|
| SKIN CONDITIONS (cont) | AZELEX DIFFERIN EPIDUO FORTE FABIOR ONEXTON RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC TRETIN-X VELTIN WINLEVI ZIANA | Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide) |
| | acyclovir cream, ointment DENA VIR ZOVIRAX | acyclovir tablet famciclovir tablet valacyclovir tablet |
| | adapalene swab | adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel |
| | ALDARA imiquimod 3.75% ZYCLARA | imiquimod 5% cream |
| | ANUSOL-HC 2.5% CREAM | hydrocortisone 2.5% rectal cream |
| | APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone | betamethasone cream, ointment clobetasol halobetasol cream, ointment |
| | BENZA CLIN NEUAC 1.2-5% KIT | clindamycin-benzoyl peroxide |
| | calcipotriene foam VTAMA | calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream |
| | CARAC | fluorouracil 0.5% cream |
| | CLINDAGEL | clindamycin gel clindamycin topical solution |
| | CLINDAMYCIN 1% GEL | clindamycin 1% gel (generic Cleocin T) dapsone 5% gel erythromycin 2% gel |
| | CLOBEX | clobetasol lotion, shampoo, spray |
| | CONDYLOX VERE GEN | imiquimod 5% cream packet podoflox 0.5% topical solution |
| | CORDRAN CREAM, LOTION, OINTMENT | betamethason fluocinolone fluticasone |
| | CUTIVATE | betamethasone lotion fluticasone topical lotion triamcinolone lotion |

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| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|------------------------|---|---|
| SKIN CONDITIONS (cont) | diclofenac 3% gel KLISYRI | FLUOROPLEX fluorouracil imiquimod 5% cream |
| | DOVONEX | calcipotriene cream |
| | doxepin 5% cream PRUDOXIN ZONALON | generic topical steroid (e.g. betamethasone) topical tacrolimus |
| | DUOBRII | halobetasol plus tazarotene cream |
| | ENSTILAR TACLONEX | calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream topical betamethasone |
| | ERTACZO | ketoconazole cream |
| | EXELDERM oxiconazole OXISTAT SULCONAZOLE | econazole cream ketoconazole cream naftifine cream |
| | EXTINA | ketoconazole cream ketoconazole foam |
| | FINACEA METROCREAM METROGEL SOOLANTRA ZILXI | azelaic acid topical metronidazole |
| | flurandrenolide hydrocortisone 1% lotion | betamethasone fluocinolone fluticasone |
| | halobetasol foam LEXETTE | augmented betamethasone dipropionate betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment |
| | HALOG SOLUTION | clobetasol cream, ointment halobetasol cream, ointment |
| | IMPEKLO | betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment |
| | IMPOYZ | clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment |
| | JUBLIA KERYDIN tavorole | ciclopirox topical solution itraconazole capsules terbinafine tablets |
| | KENALOG 0.147MG/GM SPRAY triamcinolone ointment triamcinolone spray | desoximetasone 0.05% cream, ointment fluocinolone 0.025% ointment flurandrenolide 0.05% ointment hydrocortisone 0.2% ointment mometasone 0.1% cream |

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| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | 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 |
| | mupirocin 2% cream | mupirocin 2% ointment |
| | NORITATE | azelaic acid metronidazole cream metronidazole gel |
| | OLUX OLUX-E | betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment |
| | OPZELURA | EUCRISA pimecrolimus tacrolimus ointment |
| | QBREXZA | DRYSOL |
| | SERNIVO | betamethasone |
| | SORILUX | calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream |
| | TRIANEX | triamcinolone cream |
| | TRIDESILON | alclometasone desonide triamcinolone |
| | ULTRAVATE LOTION ULTRAVATE X | betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment |
| | VANOS | clobetasol cream fluocinonide 0.1% cream halobetasol cream |
| | VECTICAL | calcitriol ointment calcipotriene ointment tazarotene cream |
| | VERDESO | desonide cream desonide ointment |
| | WYNZORA | betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream |

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| DRUG CLASS | MEDICATION NAME ^{^^} (Not covered) | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|---------------------------|---|--|
| SKIN CONDITIONS (cont) | XERESE | acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet |
| | XOLEGEL | ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo |
| SLEEP DISORDERS/SEDATIVES | AMBIEN | zolpidem |
| | AMBIEN CR | zolpidem er |
| | ATIVAN TABLET | lorazepam |
| | BELSOMRA | DAYVIGO |
| | EDLUAR | zolpidem or zolpidem er |
| | NUVIGIL | armodafinil |
| | PROVIGIL | modafinil |
| | RESTORIL | temazepam |
| SUBSTANCE ABUSE | EVZIO | naloxone auto-injector NARCAN |
| | | |
| TRANSPLANT MEDICATIONS | AZASAN* azathioprine 75 mg, 100 mg tablet* | azathioprine 50mg tablet* |
| | LUPKYNIS* | BENLYSTA* tacrolimus* |
| URINARY TRACT CONDITIONS | DETROL | darifenacin er oxybutynin tolterodine |
| | DETROL LA | darifenacin er oxybutynin er tolterodine er |
| | DITROPAN XL | oxybutynin er |
| | GELNIQUE MYRBETRIQ OXYTROL VESICARE LS | darifenacin er oxybutynin er tolterodine er trospium er |
| | GEMTESA | darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium |
| | PROCYSBI* | CYSTAGON* |
| | | |

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

Frequently Asked Questions (FAQs)

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

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

A. Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:^{3,4}

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

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

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

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

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

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

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

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

Q. How do you decide which medications to cover?

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont)

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

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that:

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

Q. What types of medications require Step Therapy?

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

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

Q. Why does my medication have an age requirement?

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

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

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

Cigna will review information your doctor

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

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont)

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

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

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

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

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

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

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.⁷

Q. How can I save money on my prescription medications?

A. You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options may work for you.

Q. Do generics work the same as brand-name medications?

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁸ Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality, and safety.

Q. What are the differences between generic and brand-name medications?

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

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.⁸ Just because generics cost less than brands, doesn't mean they're lower-quality medications.

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?

A. To receive in-network coverage under your plan, you'll need to switch to a pharmacy in your plan's network. If your plan offers out-of-network coverage, you'll pay out-of-network costs to fill a prescription there.

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁹

Frequently Asked Questions (FAQs) (cont)

Home delivery with Express Scripts® Pharmacy

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

- › Easily order, manage, track, and pay for your medications on your phone or online
- › Standard shipping at no extra cost¹⁰
- › Automatic refills or refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

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

Accredo®, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).¹¹ They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost. To learn more, go to **Cigna.com/specialty**.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost¹⁰

- › Easy refills and free reminders
- › 24/7 access to specialty-trained pharmacists and nurses
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.

Q. Where can I find more information about my pharmacy benefits?

A. You can use the online tools and resources on the **myCigna** App or **myCigna.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.

Exclusions and limitations for coverage

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:¹²

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility¹³, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation¹³, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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

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



1. The downloading and use of the **myCigna** App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply. Actual App features available may vary depending on your plan and individual security profile.
2. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
3. State laws in **Connecticut, Louisiana, New York, and Texas** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
4. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
5. For insured plans that must follow **Delaware's** state insurance laws: Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the **myCigna** App or **myCigna.com**, or call Customer Service using the number on your Cigna ID card.
6. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
7. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
8. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
9. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about the pharmacies in your plan's network.
10. Standard shipping costs are included as part of your prescription plan.
11. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
12. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
13. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the **myCigna** App or **myCigna.com**, or check your plan materials.

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

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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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

Proficiency of Language Assistance Services

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

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

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

Vietnamese – XIN 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).