



CIGNA ADVANTAGE 3-TIER PRESCRIPTION DRUG LIST

Coverage as of January 1, 2023



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

968436 Advantage 3-Tier 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/druglist. Select **Advantage 3 Tier** from the dropdown menu. Then type in your medication name or view the full list.

Questions?

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

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Advantage 3-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 Advantage 3-Tier Prescription Drug List.

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

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

Medications are grouped by the **condition** they treat

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

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

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

Generic medications are in all **lowercase letters**

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

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Advantage 3-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

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

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

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

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

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

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

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

Brand-name medications are in all capital letters

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

Specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. 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, specialty medications have an asterisk (*) next to them.

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
AIDS/HIV	6	GASTROINTESTINAL/HEARTBURN	12
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	13
ALZHEIMER'S DISEASE	6	INFECTIONS	13
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFERTILITY	14
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	14
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	OSTEOPOROSIS PRODUCTS	15
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	15
CANCER	8	PARKINSON'S DISEASE	15
CHOLESTEROL MEDICATIONS	8, 9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
CONTRACEPTION PRODUCTS	9, 10	SEIZURE DISORDERS	16
COUGH/COLD MEDICATIONS	10	SKIN CONDITIONS	16, 17
DENTAL PRODUCTS	10,	SLEEP DISORDERS/SEDATIVES	17
DIABETES	11	SMOKING CESSATION	17
DIURETICS	11	SUBSTANCE ABUSE	17
EAR MEDICATIONS	11	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	12	URINARY TRACT CONDITIONS	17, 18
FEMININE PRODUCTS	12	VACCINES	18

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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AIDS/HIV

efavirenz-	BIKTARVY* (QL)	APRETUDE*+ (PA)
emtricitabine-	DESCOVY*+ (PA)	CABENUVA* (PA)
tenofovir* (QL)	DOVATO* (QL)	CIMDUO* (PA)
emtricitabine-	GENVOYA* (QL)	COMPLERA*
tenofovir disop*+	ISENTRESS HD* (PA)	(PA,QL)
etravirine*	ISENTRESS*	ODEFSEY* (PA,QL)
ritonavir*	JULUCA* (QL)	PIFELTRO* (PA)
tenofovir* (PA)	PREZISTA*	PREZCOBIX* (PA)
	SYM TUZA* (QL)	STRIBILD* (PA,QL)
	TIVICAY PD*	TEMIXYS* (PA)
	TIVICAY*	
	TRIUMEQ*(QL)	
	TRIUMEQ PD* (QL)	

ALLERGY/NASAL SPRAYS

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

ALZHEIMER'S DISEASE

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER⁵

alprazolam		CELEXA (QL, ST)
alprazolam er		DESVENLAFAXINE
alprazolam intensol		ER (QL, ST)
alprazolam odt		EFFEXOR XR (QL,
alprazolam xr		ST)
amitriptyline		EMSAM (QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/BIPOLAR DISORDER⁵

(cont)

bupropion (QL)		FETZIMA (QL, ST)
bupropion sr (QL)		PAXIL (QL, ST)
bupropion xl 150		PAXIL CR (QL, ST)
mg tablet (QL)		NUPLAZID* (PA)
bupropion xl 300		PROZAC (QL, ST)
mg tablet (QL)		REMERON
bupropion		SPRAVATO* (PA)
citalopram (QL)		TRINTELLIX (QL, ST)
clomipramine		VIIBRYD (QL, ST)
duloxetine (QL)		WELLBUTRIN SR
escitalopram (QL)		(QL, ST)
fluoxetine dr (QL)		XANAX
fluoxetine (QL)		XANAX XR
fluvoxamine (QL)		ZOLOFT (QL, ST)
fluvoxamine er		
(QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine cr (QL)		
paroxetine er (QL)		
paroxetine (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine er (QL)		

ASTHMA/COPD/RESPIRATORY

albuterol	ADEMPAS* (PA)	ADCIRCA* (PA)
albuterol hfa (QL)	ANORO ELLIPTA(QL)	AIRDUO DIGIHALER
alyq* (PA)	ATROVENT HFA (QL)	(ST,QL)
ambrisentan* (PA)	BREZTRI	ARALAST NP* (PA)
budesonide (QL)	AEROSPHERE (QL)	BRONCHITOL* (PA)
fluticasone-	DULERA (QL)	COMBIVENT
salmeterol (QL)	FASENRA* (PA)	RESPIMAT (QL)
ipratropium-	FLOVENT DISKUS	DALIRESQ (QL)
albuterol	(QL)	GLASSIA* (PA)
montelukast	FLOVENT HFA (QL)	KALYDECO* (PA,QL)
tadalafil* (PA)	INCRUSE ELLIPTA	LETAIRIS* (PA)
treprostiniil* (PA)	NUCALA* (PA)	LONHALA
wixela inhub (QL)	OFEV* (PA)	MAGNAIR (PA,QL)
albuterol	OPSUMIT* (PA)	ORENITRAM ER*
albuterol hfa (QL)	QVAR REDHALER	(PA)
alyq* (PA)	SEREVENT DISKUS	ORKAMBI* (PA, QL)
ambrisentan* (PA)	(QL)	PROLASTIN C* (PA)
budesonide (QL)	SPIRIVA	PULMICORT
fluticasone-	HANDIHALER (QL)	RESPULE (QL)
salmeterol (QL)	SPIRIVA RESPIMAT	PULMOZYME* (PA)
ipratropium-	(QL)	REVATIO 10 MG/ML,
albuterol	STIOLTO RESPIMAT	20 MG* (PA)
montelukast	(QL)	SINGULAIR
tadalafil* (PA)	SYMBICORT (QL)	TEZSPIRE* (PA)

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ASTHMA/COPD/RESPIRATORY (cont)

treprostinil* (PA) wixela inhub (QL)	TRACLEER 32 MG TABLET FOR SUSPENSION* (PA) TRELLEGY ELLIPTA UPTRAVI* (PA) XOLAIR* (PA)	TYVASO REFILL KIT* (PA) TRIKAFTA* (PA, QL) UPTRAVI 1800MCG VIAL* (PA)
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ATTENTION DEFICIT HYPERACTIVITY DISORDER⁵

amphetamine (PA) atomoxetine dexmethylp- henidate (PA) dexmethylp- henidate er (PA, QL) dextroamp hetamin -e -amphetamine (PA) dextroamp- hetamine-amphet er (PA, QL) guanfacine er methylphenidate er (la) (PA, QL) methylphenidate er (PA, QL) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate la (PA, QL) procentra (PA)		ADDERALL (PA, ST) DAYTRANA (PA, QL) FOCALIN (PA, ST) INTUNIV METHYLIN (PA) QUILLIVANT XR (PA, QL) RITALIN (PA, ST) STRATTERA ZENZEDI (PA, ST, QL)
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BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg*	ADYNOVATE* (PA) AFSTYLA (PA) ARANESP* (PA) DROXIA ELOCTATE* (PA) EMPAVELI* (PA) EPOGEN* (PA) ESPEROCT* (PA) JIMI* (PA) KOGENATE FS* (QL) KOVALTRY* (QL) NEULASTA* (PA) NIVESTYM* (PA) NOVOEIGHT* (PA) NYVEPRIA* (PA) PROCRIT* (PA) RETACRIT* (PA) ZARXIO* (PA) ZIEXTENZO* (PA)	ADVATE* (PA) CYKLOKAPRON* DOPTELET* (PA) FULPHILA* (PA) GRANIX* (PA) HEMLIBRA* (PA) LYSTEDA* NEUPOGEN* (PA) PROMACTA* (PA) SIKLOS (PA) TAVALISSE* (PA) UDENYCA* (PA)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS

amlodipine amlodipine- benazepril amlodipine- olmesartan (QL) amlodipine- valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol carvedilol er (QL) clonidine diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la) diltiazem 24hr er (xr) diltiazem DILT-XR dofetilide (QL) doxazosin droxidopa* enalapril flecainide guanfacine hydralazine tablet icatibant* (PA) irbesartan irbesartan-hctz labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol tablet nadolol nebivolol (QL) nifedipine nifedipine er olmesartan (QL) olmesartan- amlodipine-hctz olmesartan-hctz (QL)	CORLANOR (PA) ENTRESTO (QL)	BERINERT* (PA) BIDIL (QL) CALAN SR CARDIZEM LA 120MG (QL) CARDURA CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 CINRYZE* (PA) COREG (ST) CORGARD (ST) EPANED HAEGARDA* (PA) HEMANGEOL INDERAL LA (ST) INDERAL XL (ST) INNOPRAN XL (ST) ISOSORBIDE DINIT- HYDRALAZINE (QL) KALBITOR* (PA) KAPSPARGO SPRINKLE (ST) KATERZIA (QL) LOPRESSOR (ST) MINIPRESS NITROSTAT NORTHERA* (PA) NORVASC ORLADEYO* (PA, QL) PROCARDIA XL QBRELIS RANEXA (QL) RUCONEST* (PA) TAKHZYRO* (PA) TENORETIC 50 (ST) TENORETIC 100 (ST) TENORMIN (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) VERELAN VERELAN PM ZIAC (ST)
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Cigna Advantage 3-Tier Prescription Drug List

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

(cont)

prazosin		
propranolol tablet		
propranolol er		
prazosin		
propranolol tablet		
propranolol er		
ramipril		
ranolazine er (QL)		
sajazir* (PA)		
taztia xt		
telmisartan (QL)		
telmisartan-hctz (QL)		
tiadylt er		
valsartan		
valsartan-hctz		
verapamil er		
verapamil er pm		
verapamil tablet		
verapamil sr		

BLOOD THINNERS/ANTI-CLOTTING

clopidogrel	BRILINTA	ARIXTRA* (QL)
enoxaparin* (QL)	ELIQUIS (PA)	BAYER CHEWABLE
fondaparinux sodium* (QL)	XARELTO (PA)	ASPIRIN+
jantoven		FRAGMIN* (QL)
prasugrel		LOVENOX* (QL)
warfarin		PLAVIX
		PRADAXA (PA)
		ZONTIVITY

CANCER

abiraterone* (PA)	ALECENSA* (PA,QL)	AFINITOR DISPERZ* (PA)
anastrozole+	BRUKINSA* (PA,QL)	AFINITOR* (PA)
bexarotene* (PA)	CABOMETYX* (PA)	ALUNBRIG* (PA,QL)
capecitabine* (PA)	CALQUENCE* (PA)	AROMASIN
everolimus* (PA,QL)	ERIVEDGE* (PA)	AYVAKIT* (PA, QL)
exemestane+	ERLEADA* (PA)	BOSULIF* (PA,QL)
hydroxyurea	GLEOSTINE	BRAFTOVI* (PA)
imatinib* (QL)	IBRANCE* (PA,QL)	COMETRIQ* (PA)
letrozole	IMBRUVICA* (PA,QL)	ELIGARD*
methotrexate	KANJINTI* (PA)	EXKIVITY* (PA)
tamoxifen+	LYNPARZA* (PA,QL)	GLEEVEC* (PA)
temozolomide* (PA)	MVASI* (PA)	ICLUSIG* (PA,QL)
	NEXAVAR* (PA,QL)	INLYTA* (PA)
	NUBEQA* (PA)	JAKAFI* (PA,QL)
	REVLIMID* (PA,QL)	KISQALI* (PA)
	RIABNI* (PA)	KISQALI FEMARA CO-PACK* (PA)
	RUBRACA* (PA,QL)	LENVIMA* (PA)
	RUXIENC* (PA)	LONSURF* (PA)
	SPRYCEL* (PA,QL)	LORBRENA* (PA,QL)
	TRAZIMERA* (PA)	

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

TREXALL		LUMAKRAS* (PA, QL)
VERZENIO* (PA)		MEKINIST* (PA,QL)
XTANDI* (PA)		MEKTOVI* (PA,QL)
ZIRABEV* (PA)		NERLYNX* (PA)
		NINLARO* (PA,QL)
		ODOMZO* (PA)
		OGIVRI* (PA)
		ONTRUZANT* (PA)
		ORGOVYX* (PA)
		PIQRAY* (PA)
		POMALYST* (PA,QL)
		ROZLYTREK* (PA)
		STIVARGA* (PA,QL)
		TAFINLAR* (PA,QL)
		TAGRISSO* (PA)
		TALZENNA* (PA,QL)
		TARGRETIN* (PA)
		TASIGNA* (PA,QL)
		TEMODAR CAPSULE* (PA)
		TIBSOVO* (PA)
		TUKYSA* (PA)
		VENCLEXTA STARTING PACK* (PA)
		SUTENT* (PA,QL)
		VENCLEXTA* (PA)
		VITRAKVI* (PA)
		VIZIMPRO* (PA)
		WELIREG* (PA,QL)
		XALKORI* (PA,QL)
		XELODA* (PA)
		XOSPATA* (PA)
		ZEJULA* (PA,QL)

CHOLESTEROL MEDICATIONS

amlodipine-atorvastatin (QL)	REPATHA (PA)	CADUET (QL)
atorvastatin+colesevelam	VASCEPA (PA)	LIPOFEN (ST)
ezetimibe		ROSZET
ezetimibe-simvastatin		TRICOR (ST)
fenofibrate		TRILIPIX (ST)
fenofibric acid		ZETIA
fluvastatin er+		
fluvastatin+icosapent ethyl		
lovastatin+		
omega-3 acid ethyl esters		
pravastatin+		

Cigna Advantage 3-Tier Prescription Drug List

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

rosuvastatin+ (QL)		
simvastatin tablet+ (QL)		

CONTRACEPTION PRODUCTS

AFIRMELLE+	LO LOESTRIN FE	ANNOVERA
ALTAVERA+		BEYAZ
ALYACEN+		CAYA
AMETHIA+		CONTOURED+
AMETHYST+		ELLA+
APRI+		FEMCAP+
ARANELLE+		KYLEENA*+
ASHLYNA+		LAYOLIS FE+
AUBRA+		LILETTA*+
AUBRA EQ+		LOESTRIN FE
AUROVELA FE+		MICROGESTIN 24 FE
AUROVELA 24 FE+		MINASTRIN 24 FE
AVIANE+		MIRENA*+
AYUNA+		NEXPLANON*+
AZURETTE+		NEXTSTELLIS
BALZIVA+		NUVARING
BLISOVI FE+		PARAGARD T 380-
BLISOVI 24 FE+		A*+
BRIELLYN+		SAFYRAL
CAMILA+		SKYLA*+
CAMRESE+		TWIRLA+
CAMRESE LO+		wide seal
CAYA		diaphragm+
CONTOURED+		YASMIN 28
CAZIAN+		YAZ
CHARLOTTE 24 FE+		
CHATEAL+		
CHATEAL EQ+		
CRYSSELLE+		
CYCLAFEM+		
CYRED+		
CYRED EQ+		
DASETTA+		
DAYSEE+		
DEBLITANE+		
desogestrel-ethinyl estradiol+		
desogestrel-ethinyl estradiol - ethinyl estradiol+		
DOLISHALE+		
drosiprenone-ethinyl estradiol-levomefolate+		
drosiprenone-ethinyl estradiol+		
ELINEST+		
ELURYNG+		

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

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

Cigna Advantage 3-Tier Prescription Drug List

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

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

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

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

COUGH/COLD MEDICATIONS

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

DENTAL PRODUCTS

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

Cigna Advantage 3-Tier Prescription Drug List

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DIABETES

glimepiride	BAQSIMI (QL)	ACCU-CHEK
glipizide	BASAGLAR (QL)	SMARTVIEW
glipizide er	BD INSULIN	CONTRL
glipizide xl	SYRINGE	SOLUTION
metformin	BD LANCETS	ACCUTREND
metformin er	BD PEN NEEDLE	GLUCOSE
	BYDUREON BCISE (PA,QL)	CONTROL
	BYETTA (PA,QL)	AUTOSHIELD DUO
	DEXCOM G6 (PA, QL)	PEN NEEDLE
	DROPLET	CEQR
	DROPSAFE	CONTOUR METER
	FARXIGA (QL, ST)	CONTOUR NEXT
	FREESTYLE LIBRE 14	TEST STRIP
	DAY SENSOR (PA, QL)	CONTOUR NEXT EZ
	FREESTYLE LIBRE 2	CONTOUR TEST
	SENSOR (PA, QL)	STRIP
	GLYXAMBI (QL, ST)	CYCLOSET SENSOR
	HUMULIN R	KIT
	JANUMET (QL, ST)	FREESTYLE
	JANUMET XR (QL, ST)	FREEDOM LITE
	JANUVIA (QL, ST)	GLUCAGON
	JARDIANCE (QL, ST)	EMERGENCY KIT (QL)
	HUMALOG (QL)	GLUCOCARD
	HUMULIN (QL)	INPEN
	HUMULIN R (QL)	GLUCOCARD SHINE
	INSULIN LISPRO (QL)	CONNEX METER
	INSULIN SYRINGE	GLUCOCARD SHINE
	LEVEMIR (QL)	EXPRESS METER
	LYUMJEV (QL)	GUARDIAN RT
	MICROLET NEXT	CHARGER
	LANCING DEVICE	GUARDIAN TEST
	MOUNJARO (PA,QL)	PLUG
	MULTI-LANCET	KORLYM* (PA)
	NANO 2ND GEN	MINIMED
	PEN NEEDLE	RESERVOIR
	NOVOFINE	PARADIGM
	OMNIPOD DASH	POGO AUTOMATIC
	PODS (GEN 3/4/5) (PA, QL)	BLOOD GLUCOSE
	ONETOUCH ULTRA	SYSTEM
	TEST STRIP	PRECISION XTRA
	ONETOUCH	KETONE-GLUC KIT
	ULTRAMINI	RIOMET
	ONETOUCH VERIO	TRUE METRIX
	FLEX METER	
	ONETOUCH VERIO	
	IQ METER	
	ONETOUCH VERIO	
	METER	

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

	ONETOUCH VERIO	
	REFLECT METER	
	ONETOUCH VERIO	
	TEST STRIP	
	OZEMPIC (PA,QL)	
	RYBELSUS (PA, QL)	
	SOLIQUA 100-33	
	SYMLINPEN	
	SYNJARDY (QL, ST)	
	SYNJARDY XR (QL, ST)	
	TECHLITE	
	TRESIBA (QL)	
	TRIJARDY XR (ST, QL)	
	TRUEPLUS PEN	
	NEEDLE	
	TRUEPLUS SYRINGE	
	TRULICITY (PA, QL)	
	ULTRA-FINE PEN	
	NEEDLE	
	V-GO 20	
	V-GO 30	
	V-GO 40	
	VEO INSULIN	
	SYRINGE	
	VICTOZA (PA, QL)	
	XIGDUO XR (QL, ST)	
	XULTOPHY	
	ZEGALOGUE (QL)	

DIURETICS

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

EAR MEDICATIONS

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

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EYE CONDITIONS

bimatoprost (QL)	CEQUA	ACUVAIL
brimonidine	COMBIGAN	ALPHAGAN P
brimonidine tartrate-timolol	EYSUVIS (QL)	ALREX
brinzolamide	SIMBRINZA	AZASITE
ciprofloxacin	XIIDRA	AZOPT
cyclosporine		BESIVANCE
difluprednate		BETIMOL
dorzolamide- timolol		BETOPTIC S
erythromycin		BROMSITE
fluorometholone		COSOPT
latanoprost		COSOPT PF
loteprednol		CYSTDROPS* (PA, QL)
moxifloxacin eye drops		CYSTARAN* (PA, QL)
neomycin- polymyxin b-dexamethasone		DURYSTA* (PA)
ofloxacin		DUREZOL
polymyxin b sulfate- trimethoprim		FLAREX
prednisolone		FML FORTE 0.25% EYE DROPS
timolol		FML LIQUIFILM 0.1% EYE DROP
tobramycin		FML S.O.P. 0.1% OINTMENT
tobramycin- dexamethasone		ILEVRO
travoprost		INVELTYS
		ISTALOL
		LOTEMAX
		LOTEMAX SM
		MAXITROL
		OCUFLOX
		OXERVATE* (PA)
		POLYTRIM
		PRED FORTE
		PROLENSA
		RHOPRESSA
		ROCKLATAN
		TEPEZZA* (PA)
		TIMOPTIC
		TIMOPTIC-XE
		TIMPOTIC
		OCUDOSE
		TOBRADEX
		TOBRADEX ST
		VIGAMOX
		ZIRGAN
		ZYLET

FEMININE PRODUCTS

GYNAZOLE 1		
miconazole 3 200 mg		
terconazole		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN

alosetron*	AMITIZA	APRISO
ANUCORT-HC	CLENPIQ+	BONJESTA
balsalazide	ENTYVIO* (PA)	CANASA
constulose	LINZESS	CARAFATE
cinacalcet*	NEXIUM DR 25 MG PACKET (QL)	CHOLBAM* (PA)
dicyclomine capsule, solution, tablet	NEXIUM DR 2 MG PACKET (QL)	CUVPOSA
dronabinol	NEXIUM DR 5 MG PACKET (QL)	CYTOTEC
esomeprazole (QL)	PANCREAZE	DICLEGIS
famotidine 40 mg/5 ml suspension	PENTASA	GATTEX* (PA)
GAVILYTE-C+	SUPREP+	HYOSCYAMINE SULFATE
GAVILYTE-G+	SUTAB+	LEVBIID
GENTLE LAXATIVE TABLET+	VIBERZI	LEVSIN
glycopyrrolate tablet		LEVSIN-SL
HEMMOREX-HC		LITHOSTAT
hydrocortisone		MOTOFEN
lansoprazole^ (QL)		MOVANTIK (PA)
mesalamine		NULEV
mesalamine dr		OCALIVA* (PA)
mesalamine er		RAVICTI* (PA)
metoclopramide solution, tablet		RECTIV
omeprazole^ (QL)		RELISTOR (PA)
ondansetron		SANCUSO (PA, QL)
ondansetron odt		SFROWASA
pantoprazole ^ (QL)		SUCRAID* (PA)
peg 3350-electrolyte+		SYMPROIC (PA)
peg3350-sodium sulfate-sodium chloride- potassium chloride-sodium ascorbate-ascorbic acid+		TRANSDERM-SCOP
PEG-PREP+		URSO
prochlorperazine tablet		URSO FORTE
promethazine		VARUBI (PA, QL)
promethegan		VIOKACE
rabeprazole tablet^ (QL)		
scopolamine		
sucralfate		

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HORMONAL AGENTS			INFECTIONS		
AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) cabergoline (QL) desmopressin* dexamethasone intensol DOTTI (QL) estradiol (once weekly) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol-norethindrone acetat EUTHYROX fyremadel*^ (PA) LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxyprogesterone methimazole methylprednisolone MIMVEY norethindrone NP THYROID prednisone prednisone intensol progesterone tablet testosterone cypionate YUVAFEM	COMBIPATCH DUAVEE ESTRING (QL) ESTROGEL FORTEO* (PA, QL) HUMATROPE* (PA) LUPRON DEPOT* (PA) LUPRON DEPOT-PED* (PA) MYFEMBREE (PA, QL) NORDITROPIN FLEXPRO* (PA) ORIAHNN (PA, QL) ORLISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO SEROSTIM* (PA) SOMATULINE DEPOT*(PA)	ACTHAR GEL* (PA) ACTIVELLA ANDRODERM (PA, QL) ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA CETROTIDE*^ (PA) CLIMARA CLIMARA PRO CORTROPHIN* (PA) CRINONE 4% GEL CYTOMEL DEPO-TESTOSTERONE DIVIGEL ELESTRIN EMFLAZA* (PA) ESTRACE EVAMIST FENSOLVI* (PA) GANIRELIX ACET 250 MCG/0.5 ML*^ (PA) IMVEXXY (QL) INTRAROSA (QL) ISTURISA* (PA, QL) LANREOTIDE* (PA) LUPANETA PACK* (PA) MEDROL MENOSTAR (QL) MINIVELLE (QL) MYFEMBREE (QL) OSPHENA (QL) PROMETRIUM RAYALDEE SANDOSTATIN LAR DEPOT* (PA) SKYTROFA* (PA) SOMAVERT* (PA) SUPPRELIN LA* (PA) TESTOPEL (PA) TERIPARATIDE* (PA,QL) TRIOSTAT TRIPTODUR* (PA) UNITHROID VAGIFEM (QL) VIVELLE-DOT (QL)	acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin-clavulanate er amoxicillin-clavulanate atovaquone atovaquone-proguanil AVIDOXY azithromycin packet, suspension, tablet cefdinir cefepodoxime proxetil cefuroxime tablet cephalexin ciprofloxacin clarithromycin clarithromycin er clindamycin clindamycin (pediatric) COREMINO ER (QL) dapson doxycycline monohydrate EMVERM entecavir* (QL) erythromycin erythromycin ethylsuccinate famciclovir fluconazole hydroxychloroquine itraconazole levofloxacin solution, tablet methenamine metronidazole gel, capsule, tablet minocycline minocycline er (QL) mondoxylene nl nitazoxanide nitrofurantoin monohydrate-macrocrystal nystatin suspension, tablet voriconazole (PA)	BARACLUDE SOLUTION* EPCLUSA* (PA, QL) EURAX 10% CREAM FIRVANQ FOLLISTIM*^ (PA) HARVONI* (PA, QL) LAGEVRIO(EUA)(QL) LEDIPASVIR-SOFOSBUVIR* (PA,QL) MAVYRET* (PA, QL) MOLNUPIRAVIR (QL) PAXLOVID (QL) PEGASYS* (PA) SOFOSBUVIR-VELPATASVIR* (PA,QL) SOVALDI* (PA, QL) THALOMID* (PA) TOBI PODHALER* (PA,QL) VEMLIDY* VOSEVI* (PA,QL) XIFAXAN (QL)	AEMCOLO (QL) ALBENZA ALINIA ARIKAYCE* (PA) BACTRIM BACTRIM DS BAXDELA TABLET (PA) CAYSTON* (PA, QL) CIPRO CLEOCIN CLEOCIN PEDIATRIC CLINDESSE CRESEMBA CAPSULE (PA) DARAPRIM* (PA) DIFICID (QL) e.e.s. 400 ELIMITE ERYPED 200 ERY-TAB DR EURAX 10% LOTION FLAGYL HIPREX IMPAVIDO (PA) KITABIS PAK* (PA, QL) LIVTENCITY* (PA,QL) MACROBID MACRODANTIN MALARONE (PA) NATROBA NUVESSA NUZYRA TABLET* (PA, QL) PLAQUENIL SYNAGIS* (PA) VFEND (PA) VFEND IV XOFLUZA (QL)

Cigna Advantage 3-Tier Prescription Drug List

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INFERTILITY

clomiphene ^ hydroxypro- gesterone caproate* (PA)	GONAL-F*^ (PA)	CRINONE^ ENDOMETRIN^ FOLLISTIM AQ*^ (PA) MAKENA* (PA) MENOPUR*^ (PA) NOVAREL*^ (PA) OVIDREL*^ (PA)
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MISCELLANEOUS

deferiprone 500mg* (PA)	ACCU-CHEK CERDELGA* (PA)	AUSTEDO* (PA) BOTOX* (PA)
disulfiram	DROPLET LANCETS	CEREZYME* (PA)
sapropterin* (PA)	ESBRIET* (PA)	DYSPORT* (PA)
sodium chloride inhalation vial, irrigation solution, vial	MICROLET NITYR* (PA) ONETOUCH PRECISION XTRA STRENSIQ* (PA) TECHLITE LANCETS	EVRYSDI* (PA) FORA GTEL KETONE TEST STRIP GALAFOLD* (PA) GOJJI BLOOD KETONE TEST STRIP INGREZZA* (PA) INGREZZA INITIATION PACK* (PA, QL) KETONE CARE TEST STRIP KETONE TEST STRIP KETOSTIX REAGENT MYALEPT* (PA) NOVAMAX PLUS NUEDEXTA (QL) ORFADIN* (PA) PALYNZIQ* (PA) POGO AUTOMATIC TEST CARTRIDGE PRECISION XTR B-KETONE STRIP TEGSEDI* (PA) TIGLUTIK* (PA) TRUEPLUS KETONE TEST STRIP VIVITROL* VOXZOGO* (PA) VYNDAMAX* (PA, QL)

MULTIPLE SCLEROSIS

dalfampridine er* (PA)	UBAGIO* (PA)	FIRDAPSE* (PA)
dimethyl fumarate*	AVENOX* (PA)	MAVENCLAD* (PA)
glatiramer acetate*	BAFIERTAM* (PA)	OCREVUS* (PA)
glatopa*	BETASERON* (PA) EXTAVIA* (PA)	PONVORY* (PA) TYSABRI* (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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MULTIPLE SCLEROSIS (cont)

	GILENYA* (PA) KESIMPTA PEN* (PA) MAYZENT* (PA) PLEGRIDY* (PA) PONVORY* (PA) REBIF* (PA) VUMERITY* (PA) ZEPOSIA* (PA)	
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NUTRITIONAL/DIETARY

betaine anhydrous*	LOKELMA	ACCRUFER
calcitriol capsule, solution^	PETITE	AURYXIA (QL)
cyanocobalamin	OB COMPLETE	CITRANATAL BLOOM
dodex	VELPHORO	CITRANATAL 90 DHA
fluoride+	VELTASSA	CITRANATAL ASSURE
folic acid^+		CITRANATAL B-CALM
klor-con 8		CITRANATAL DHA CITRANATAL HARMONY
klor-con 10		CITRANATAL RX DRISDOL
MULTI-VITAMIN W-FLUORIDE- IRON+		FLORIVA+ INFUVITE ADULT K-TAB ER
MULTIVITAMIN WITH FLUORIDE+		MEPHYTON NEEVO DHA
MULTIVITAMIN- IRON-FLUORIDE		OB COMPLETE PHOSLYRA
potassium chloride 10%, capsule, conc, packet, tablet		POLY-VI-FLOR WITH IRON+
sevelamer carbonate		POLY-VI-FLOR+ POTASIMUM CL 2 MEQ/ML CONC
sodium fluoride+		PRENATE PRIMACARE
taron-prex prenatal		QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+
RI-VITE WITH FLUORIDE+		QUFLORA PEDIATRIC 0.25 MG/ML DROP+
vitamin d2 1.25 mg (50,000 unit)^		QUFLORA PEDIATRIC 0.5 MG/ ML DROP+
VITAMINS A,C,D AND FLUORIDE+		REVELLA ROCALTROL TRI-VI-FLOR+

Cigna Advantage 3-Tier Prescription Drug List

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OSTEOPOROSIS PRODUCTS

alendronate	TYMLOS* (PA, QL)	ACTONEL (ST)
ibandronate*		ATELVIA (ST)
ibandronate 3 mg/3 ml syringe*		BINOSTO (ST)
ibandronate 3 mg/3 ml vial*		BONIVA (ST)
raloxifene + risedronate dr		EVISTA
		EVENITY (2 SYRINGES)* (PA,QL)
		EVENITY* (PA,QL)
		FOSAMAX (ST)
		PROLIA* (PA)
		XGEVA* (PA)

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA)	ACTEMRA* (PA, QL)	ANALPRAM HC
allopurinol tablet	AIMOVIG (PA)	ARAVA
baclofen tablet	AJOVY (PA)	ARCALYST* (PA)
buprenorphine patch (QL)	AVSOLA* (PA)	BENLYSTA* (PA)
butalbital-acetaminophen-caffeine (QL)	BELBUCA (QL)	BUPRENEX
buprenorphine (QL)	CIMZIA* (PA, QL)	BUTRANS (QL)
butalbital-acetaminophen-caffe (QL)	DUPIXENT* (PA)	CELEBREX (QL, ST)
buprenorphine (QL)	DUROLANE*	COLCRYS
butalbital-acetaminophen-caffe (QL)	EMGALITY (PA)	DEPEN* (PA,QL)
carisoprodol	ENBREL* (PA, QL)	DUROLANE* (PA)
celecoxib (QL)	EUFLEXXA* (PA)	EC-NAPROSYN (ST)
colchicine 0.6mg tablet	HUMIRA* (PA, QL)	ESGIC (QL)
cyclobenzaprine	HYSINGLA ER (PA)	EUFLEXXA* (PA)
diclofenac 1% gel (QL)	INFLECTRA* (PA)	FEXMID
diclofenac dr	MITIGARE	FIORICET (QL)
diclofenac ec	NURTEC ODT (PA, QL)	GABLOFEN
EC-NAPROXEN	OTEZLA* (PA, QL)	GELSYN-3 (PA)
ECOTRIN EC 81 MG TABLET+	QULIPTA (PA,QL)	HYALGAN* (PA)
eletriptan (QL)	RASUVO (PA)	HYMOVIS* (PA)
ENDOCET (PA)	REDITREX (PA)	ILARIS* (PA)
febuxostat (QL)	RINVOQ* (PA, QL)	ILUMYA* (PA, QL)
fentanyl (PA)	SIMPONI 100MG* (PA, QL)	KEVZARA* (PA, QL)
frovatriptan (QL)	SIMPONI ARIA* (PA)	MONOVISC* (PA)
GEL-ONE* (PA)	SKYRIZI* (PA, QL)	NAPROSYN (ST)
GENVISC 850* (PA)	STELARA* (PA, QL)	NUCYNTA (PA)
GLYDO	TALTZ* (PA, QL)	NUCYNTA ER (PA)
hydromorphone (PA)	TREMFYA* (PA,QL)	OLUMIANT* (PA, QL)
hydromorphone er (PA)	TRUDHESA (PA,QL)	ORENCIA* (PA, QL)
hydrocodone-acetaminophen (PA)	UBRELVY (PA, QL)	ORTHOVISC* (PA)
	XELJANZ XR* (PA, QL)	OTREXUP (PA)
	XELJANZ* (PA, QL)	OXAYDO (PA)
	XTAMPZA ER (PA)	PERCOCET (PA)
	ZTLIDO	PROCORT
		PROCTOFOAM-HC
		RENFLEXIS* (PA)
		ROBAXIN
		ROXYBOND (PA)
		SAVELLA
		RENFLEXIS* (PA)
		ROBAXIN

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PAIN RELIEF AND INFLAMMATORY DISEASE

(cont)

IBU		ROXYBOND (PA)
ibuprofen		SAVELLA
indomethacin		SILIQ* (PA, QL)
indomethacin er		SKELAXIN
ketorolac		SYNVISC* (PA)
tromethamine (QL)		SYNVISC-ONE* (PA)
leflunomide		TRILURON* (PA)
lidocaine (QL)		ULORIC (QL)
lidocaine-prilocaine		ULTRAM 50 MG TABLET (QL)
meloxicam tablet		XIAFLEX* (PA)
metaxalone		ZANAFLEX
methocarbamol		ZEBUTAL (QL)
morphine (PA)		ZOHYDRO ER (PA)
morphine er (PA)		ZYLOPRIM
nabumetone		
NALOCET (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
penicillamine* (PA,QL)		
PROLATE TABLET (PA)		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan succ-naproxen sod (QL)		
SUPARTZ FX* (PA)		
tramadol 50 mg tablet (QL)		
tramadol er (QL)		
TRIVISC* (PA)		
VANADOM		
VISCO-3* (PA)		

PARKINSON'S DISEASE

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

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SCHIZOPHRENIA/ANTI-PSYCHOTICS⁵

aripiprazole (QL)	ABILIFY MAINTENA (QL)	ARISTADA (QL)
aripiprazole odt	(QL)	CLOZARIL (ST)
asenapine	LATUDA (QL)	FANAPT (QL, ST)
chlorpromazine		INVEGA HAFYERA (QL, ST)
clozapine		INVEGA SUSTENNA (QL, ST)
clozapine odt		INVEGA TRINZA (QL, ST)
olanzapine tablet		PERSERIS (QL)
olanzapine odt		REXULTI (QL, ST)
paliperidone er (QL)		RISPERDAL CONSTA (ST)
quetiapine		SAPHRIS (ST)
quetiapine er		SECUADO (ST)
risperidone		SEROQUEL (ST)
risperidone odt		SEROQUEL XR (ST)
ziprasidone tablet		VRAYLAR (QL, ST)

SEIZURE DISORDERS

carbamazepine	DILANTIN 30 MG CAPSULE (PA)	APTIOM (PA, QL)
carbamazepine er	FYCOMPA (PA, QL)	BANZEL (PA, QL)
clonazepam	NAYZILAM (PA, QL)	BRIVIACT ORAL SOLUTION, TABLET (PA)
divalproex	VIMPAT 10MG/ML SOLUTION	CARBATROL (PA)
divalproex er		DEPAKOTE (PA)
EPITOL		DEPAKOTE ER (PA)
gabapentin		DEPAKOTE SPRINKLE (PA)
lacosamide		DIASTAT (PA)
lamotrigine		DILANTIN 100 MG CAPSULE (PA)
lamotrigine (blue)		DILANTIN 50 MG INFATAB (PA)
lamotrigine (green)		EPIDIOLEX* (PA)
lamotrigine (orange)		FINTEPLA* (PA)
lamotrigine er		KLONOPIN (PA)
lamotrigine odt		LYRICA ORAL SOLUTION (PA)
lamotrigine odt (blue)		NEURONTIN (PA)
lamotrigine odt (green)		OXTELLAR XR (PA)
lamotrigine odt (orange)		PHENYTEK (PA)
levetiracetam solution, tablet		SPRITAM (PA)
levetiracetam er		TEGRETOL (PA)
oxcarbazepine		TEGRETOL XR (PA)
pregabalin capsule, solution		VALTOCO (PA, QL)
ROWEEPRA		VIMPAT 200MG/ML VIAL)
rufinamide (PA, QL)		XCOPRI (PA, QL)
SUBVENITE		
SUBVENITE (BLUE)		
SUBVENITE (GREEN)		
SUBVENITE (ORANGE)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SEIZURE DISORDERS (cont)

topiramate		
topiramate er		
vigabatrin*		
vigadrone*		

SKIN CONDITIONS

ACCUTANE	DBRY*	ANALPRAM HC 2.5%-1% LOTION
adapalene (PA age)	CIBINQO* (PA,QL)	AVAR 9.5-5% CLEANSING PADS
adapalene-benzoyl peroxide	EUCRISA (ST)	BRYHALI (ST)
AMNESTEEM	TARGETIN*	calcipotriene foam
AVAR CLEANSER		CAPEX SHAMPOO (ST)
azelaic acid		CLEOCIN T
betamethasone diprop augmented		CLINDACIN ETZ KIT
betamethasone dipropionate		CLINDACIN PAC KIT
BP 10-1		CLODERM (ST)
CLARAVIS		DRYSOL
CLINDACIN ETZ 1% PLEDGET		EFUDEX
CLINDACIN P 1% PLEDGETS		ELIDEL
clindamycin 1% foam, gel, lotion, pledget, solution		EVOCLIN
clindamycin-benzoyl peroxide		NAFTIN
clindamycin-tretinoin		OPZELURA (PA)
clobetasol		PICATO
CLOCORTOLONE PIVALATE		PRAMOSONE
CLODAN		PROTOPIC
clotrimazole-betamethasone		REGRANEX (PA,QL)
dapsone gel		SANTYL (QL)
fluocinonide		TEMOVATE (ST)
fluorouracil cream, topical solution		TWYNEO
isotretinoin		XEPI
ketoconazole		
KETODAN		
metronidazole		
MYORISAN		
NEUAC GEL		
pimecrolimus		
ROSADAN		
sodium sulfacetamide-sulfur		
SSS 10-5		
SULFACLEANSE 8-4		

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SKIN CONDITIONS (cont)

tacrolimus ointment		
tazarotene 0.1% cream		
tretinoin (PA age)		
TRIDERM		
ZENATANE		

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	DAYVIGO (QL, ST)	HETLIOZ* (PA)
doxepin (QL)	SUNOSI (PA, QL)	HETLIOZ LQ* (PA)
eszopiclone		LUNESTA (ST)
modafinil (PA)		SILENOR (QL, ST)
naltrexone hcl (QL)		WAKIX* (PA, QL)
zolpidem		XYREM* (PA, QL)
zolpidem er (QL)		XYWAV* (PA, QL)

SUBSTANCE ABUSE

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

TRANSPLANT MEDICATIONS

everolimus 0.25 mg tablet*	PROGRAF 5 MG/ML AMPULE*	ASTAGRAF XL*
everolimus 0.5 mg tablet*		CELLCEPT ORAL SUSPENSION, TABLET*
mycophenolate mofetil*		ENVARUSUS XR*
mycophenolic acid*		MYFORTIC*
sirolimus*		NEORAL*
tacrolimus capsule*		PROGRAF 0.2 MG GRANULE PACKET*
		PROGRAF 0.5 MG CAPSULE*
		PROGRAF 1 MG CAPSULE*
		PROGRAF 1 MG GRANULE PACKET*
		PROGRAF 5 MG CAPSULE*
		RAPAMUNE*
		REZUROCK* (PA)
		ZORTRESS*

URINARY TRACT CONDITIONS

alfuzosin er	CYSTAGON*	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 \$\$\$
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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.

ENGERIX-B ADULT+	AFLURIA QUAD
ENGERIX-B PEDIATRIC-ADOLESCENT+	2021-22 (6-35MO)+
	BEXSERO+
	BOOSTRIX TDAP+
	COMIRNATY+
	DAPTACEL DTAP+
	DENGVAXIA+
	DIPHThERIA-TETANUS TOXOIDS-PED+
	FLUAD QUAD 2021-2022+
	FLUARIX QUAD 2021-2022+
	FLUBLOK QUAD 2021-2022+
	FLUCELVAX QUAD 2021-2022+
	FLULAVAL QUAD 2021-2022+
	FLULAVAL QUAD 2021-2022+
	FLUZONE HIGH-DOSE QUAD 2021-22+
	FLUZONE QUAD 2021-2022+
	GARDASIL 9+
	HEPLISAV-B+
	HIBERIX+
	INFANRIX DTAP+
	IPOL+
	ANSSEN COVID-19 VACCINE (EUA)+
	KINRIX+
	MENACTRA+
	MENQUADFI+
	MENVEO A-C-Y-W-135-DIP+

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

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

		M-M-R II VACCINE+ MODERNA COVID-19 BOOSTER (EUA)+ MODERNA COVID-19 VACCINE (EUA)+ MODERNA COVID (12Y UP) VAC (EUA)+ MODERNA COVID (6M-5Y) VACC (EUA)+ NOVAVAX COVID-19 VACC, ADJ (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (5- 11Y) VAC (EUA)+ PFIZER COVID (6M- 4Y) VACC (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+
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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WEIGHT MANAGEMENT

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

These medications aren't covered on the Cigna Advantage 3-Tier Prescription Drug List.^^ **However, there are other medications available that are used to treat the same condition.** They're listed below.

DRUG CLASS	MEDICATION NAME^^ (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	ATRIPLA*	efavirenz-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)
ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)	pyridostigmine 60mg tablet
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL	clomipramine
	APLENZIN	bupropion XL 150, 300 mg tablets
	ATIVAN TABLET LOREEV XR	lorazepam
	bupropion xl 450mg tablet FORFIVO XL	bupropion xl 150mg tablets
	CITALOPRAM HBR	citalopram tablet
	CYMBALTA VENLAFAXINE BESYLATE ER	desvenlafaxine ER duloxetine escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	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	DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB
	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
	ALBUTEROL HFA levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	Generic PROAIR or PROVENTIL (albuterol hfa)
	PERFORMIST	formoterol
	TUDORZA PRESSAIR	INCRUSE ELLIPTA SPIRIVA RESPIMAT
	YUPELRI	ANORO ELLIPTA BREZTRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	ZYFLO	montelukast zafirlukast zileuton er
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR ADZENYS XR-ODT APTENSIO XR AZSTARYS CONCERTA COTEMPLA XR-ODT DYANAVAL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER RITALIN LA VYVANSE	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er
	EVEKEO ODT	amphetamine dexmethylphenidate dextroamphetamine methamphetamine methylphenidate
	methylphenidate er 72mg tablet RELEXII	methylphenidate er 36mg tablet
	QELBREE	atomoxetine
BLOOD PRESSURE/HEART MEDICATIONS	ACCUPRIL	quinapril
	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)
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CONJUPRI NORLIQVA	amlodipine felodipine er nicardipine nifedipine
	CONSENSI	amlodipine celecoxib

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	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
CANCER	BESREMI*	hydroxyurea capsule
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*
	NILANDRON	nilutamide
	TARCEVA*	erlotinib
	YONSA* ZYTIGA*	abiraterone
CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE	fenofibrate
	ALTOPREV	lovastatin+ atorvastatin+ simvastatin+ rosuvastatin+

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CHOLESTEROL MEDICATIONS (cont)	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
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
	TUSSICAPS	hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup
DIABETES	ACCU-CHEK TEST STRIPS CVS TEST STRIPS ADVOCATE TEST STRIPS ASSURE TEST STRIPS CONTOUR TEST STRIPS EASY TALK PLUS II FREESTYLE TEST STRIPS RELION TEST STRIPS RIGHTEST GT333 TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
	ADLYXIN	BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART NOVOLOG	HUMALOG LYUMJEV
	AFREZZA INSULIN GLARGINE	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	glucagon emergency kit (generic) BAQSIMI ZEGALOGUE
	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR
	INVOKANA STEGLATRO	FARXIGA JARDIANCE metformin
	LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR LEVEMIR TRESIBA FLEXTOUCH
	NOVOLIN	HUMULIN
	QTERN STEGLUJAN	GLYXAMBI metformin TRIJARDY XR
	DIURETICS	EDECRIIN ethacrynic acid

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
DIURETICS (cont)	THALITONE	chlorthalidone	
EYE CONDITIONS	ALOCRI ALOMIDE	cromolyn	
	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost	
	RESTASIS TYRVAYA	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	
GIMOTI*		metoclopramide oral solution or tablet	
DARTISLA glycopyrrolate 1.5mg tablet ROBINUL ROBINUL FORTE		glycopyrrolate 1mg tablet glycopyrrolate 2mg tablet	
GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+		CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+	
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	

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	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
ARMOUR THYROID WP THYROID		np thyroid
CORTROSYN		cosyntropin
DDAVP NOCDURNA		desmopressin nasal spray or tablets
DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DXEVO HIDEX TAPERDEX ZCORT		dexamethasone 1.5mg tablet
FORTESTA JATENZO NATESTO TESTIM VOGELXO XYOSTED		generic topical testosterone
GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*		HUMATROPE* NORDITROPIN*
HEMADY		dexamethasone 5mg tablet
LEVOTHYROXINE CAPSULE SYNTHROID TIROSINT TIROSINT-SOL		Generic SYNTHROID (also called levothyroxine tablet)
MYCAPSSA*		BYNFEZIA*
ORTIKOS		budesonide capsule
RAYOS		methylprednisolone prednisone
THYQUIDITY		EUTHYROX LEVO-T levothyroxine tablet LEVOXYL

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
HORMONAL AGENTS (cont)	UCERIS 9MG ER TABLET	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone
INFECTIONS	ACTICLATE DORYX DORYX MPC LYMEPAK MINOCIN 50MG PEL CAPSULE MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER MONODOX SEYSARA SOLODYN TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO	Generic products (e.g. doxycycline; minocycline)
	ARAKODA	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine
	AUGMENTIN AUGMENTIN XR	amoxicillin/clavulanate
	BARACLUDE TABLET*	entecavir tablet*
	BETHKIS* TOBI*	tobramycin inhalation solution*
	BREXAFEMME DIFLUCAN	fluconazole
	doxycycline hyclate dr 80mg tablet	generic products (e.g. minocycline)
	DOXYCYCLINE IR-DR ORACEA	doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg
	E.E.S. 200 ERYPED 400	erythromycin granules erythromycin
	HUMATIN	paromomycin
	MEPRON	atovaquone
	MYCOBUTIN	rifabutin
	nitrofurantoin 25mg/5ml suspension	nitrofurantoin capsule sulfamethoxazole-trimethoprim suspension
	NOXAFIL DR 100MG TABLET	posaconazole dr 100mg tablet
	SITAVIG	acyclovir tablet famciclovir tablet valacyclovir tablet
	SPORANOX	itraconazole
	TOLSURA	oral itraconazole
	VALCYTE	valganciclovir
	VANCOGIN	vancomycin oral solution or capsule

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INCETIONS (cont)	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
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

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	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
	COSENTYX*	ENBREL* HUMIRA* OTEZLA* STELARA* TALTZ*
	CUPRIMINE*	penicillamine* trientine*
	diclofenace 1.3% patch diclofenac 1.5% solution diclofenac 35mg capsule FLECTOR LICART PENNSAID VOLTAREN 1% GEL	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	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
	INFLIXIMAB*	AVSOLA* INFLECTRA*
	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	KINERET*	ACTEMRA* ENBREL* HUMIRA* XELJANZ/XR*
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	LIDODERM	lidocaine 5% patch
	LORZONE	chlorzoxazone 500mg cyclobenzaprine tablet
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER
	PROLATE SOLUTION	oxycodone-acetaminophen tablet
	QDOLO	tramadol 50mg tablet
	QULIPTA	NURTEC ODT
	REMICADE*	AVSOLA* INFLECTRA*
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	ROXICODONE	oxycodone

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	SIMPONI* 50MG/0.5ML	ACTEMRA* ENBREL* HUMIRA* STELARA* TALTZ* XELJANZ/XR*
	SORIATANE	acitretin
	SUBSYS	fentanyl lozenge or buccal tablet
	tizanidine 2 mg, 4 mg, 6 mg capsule	tizanidine 2mg, 4mg tablet
	TOSYMRA	sumatriptan
	tramadol 100mg	tramadol
	TREXIMET	sumatriptan-naproxen
	vtol lq	butalbital-acetaminophen-caffeine capsule or tablets phrenilin forte
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan
ZOMIG ZMT	zolmitriptan odt	
PARKINSON'S DISEASE	DHIVY	carbidopa/levodopa
	GOCOVRI	amantadine
	LODOSYN	carbidopa
	ONGENTYS	entacapone
	ZELAPAR	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone
	CAPLYTA LYBALVI	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone
	GEODON CAPSULE	aripiprazole paliperidone er ziprasidone
	VERSACLOZ	clozapine clozapine odt
	QUETIAPINE	quetiapine
	ZYPREXA	aripiprazole olanzapine tablets paliperidone er
	ZYPREXA ZYDIS	aripiprazole olanzapine olanzapine odt
	SEIZURE DISORDERS	ELEPSIA XR KEPPRA XR
EPRONTIA		topiramate sprinkle capsule, tablet
FELBATOL		felbamate

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS (cont)	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	lamotrigine er
	LAMICTAL XR KIT (BLUE, GREEN, ORANGE)	
	LYRICA	duloxetine
	LYRICA CR	gabapentin
	pregabalin er	lidocaine 5% topical patch pregabalin
	MYSOLINE	primidone
	QUDEXY XR	topiramate er
	TROKENDI XR	
	SABRIL*	vigabatrin*
SYMPAZAN	clobazam	
TOPAMAX	topiramate	
TRILEPTAL	oxcarbazepine	
ZONEGRAN	zonisamide	
SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE
	ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	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

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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
	BENZACLIN 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) dapson 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX VEREGEN	imiquimod 5% cream packet podofilox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethason fluocinolone fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	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

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SKIN CONDITIONS (cont)	EXTINA	ketoconazole cream ketoconazole foam
	FINACEA METROCREAM METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone 1% lotion	betamethasone fluocinolone fluticasone
	halobetasol foam LEXETTE	augmented betamethasone dipropionate betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	HALOG SOLUTION	clobetasol cream, ointment halobetasol cream, ointment
	IMPEKLO	betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	IMPOYZ	clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment
	JUBLIA KERYDIN tavaborole	ciclopirox topical solution itraconazole capsules terbinafine tablets
	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
	LOCOID	betamethasone lotion fluocinolone cream fluticasone cream hydrocortisone ointment prednicarbate ointment triamcinolone cream
	LOCOID LIPOCREAM nolix PANDEL	betamethasone cream fluocinolone cream fluticasone cream
	LOPROX 0.77% CREAM 1% SHAMPOO	ciclopirox cream, shampoo
	LUZU	econazole cream ketoconazole cream luliconazole
	NORITATE	azelaic acid metronidazole cream metronidazole gel
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment

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SKIN CONDITIONS (cont)	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
	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
AMBIEN CR		zolpidem er
ATIVAN TABLET		lorazepam
BELSOMRA		DAYVIGO
EDLUAR		zolpidem or zolpidem er
NUVIGIL		armodafinil
PROVIGIL		modafinil
RESTORIL		temazepam

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SLEEP DISORDERS/SEDATIVES	ZOLPIMIST	doxepin eszopiclone zaleplon zolpidem zolpidem ER
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector NARCAN
	AZASAN* azathioprine 75 mg, 100 mg tablet*	azathioprine 50mg tablet*
TRANSPLANT MEDICATIONS	LUPKYNIS*	BENLYSTA* tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine
	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er
	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*
	THIOLA* THIOLA EC*	tiopronin*
	TOVIAZ	darifenacin er fesoterodine er oxybutynin er tolterodine er trospium er
	VESICARE	darifenacin er oxybutynin er solifenacin tolterodine er trospium er

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Frequently Asked Questions (FAQs)

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

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

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

Home delivery with Express Scripts® Pharmacy
Express Scripts® Pharmacy, our home delivery

Frequently Asked Questions (FAQs) (cont)

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.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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