CIGNA STANDARD 3-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2023

Cigna®

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

595200 s Standard 3-Tier 03/23

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View the drug list online

This document was last updated on 03/01/2023.* You can go online to see the most up-to-date list of medications your plan covers.

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

Cigna.com/druglist. Select **Standard 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 Standard 3-Tier Prescription Drug List as of July 1, 2023.[2,3] Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

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

How to read this drug list

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

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

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

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 Standard 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 alternative(s) first.** These medications have a **(ST)** next to them. You have many covered options to choose from, and they can be used to treat the same condition.
(AGE)	**Age Requirements** – Certain medications will only be covered if you're within a specific age range. These medications have **(AGE)** next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna.

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

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

Brand-name medications are in all capital letters

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

Specialty medications 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
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Cigna Standard 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
AIDS/HIV		
efavirenz-emtricitabine-tenofovir* (QL) emtricitabine-tenofovir 200-300 mg*+ etravirine* ritonavir* tenofovir* (PA)	BIKTARVY* (QL) DESCOVY 200-25 MG* + (PA)DOVATO* (QL) GENVOYA* (QL) ISENTRESS HD* (PA) ISENTRESS* JULUCA* (QL) PREZISTA* SYMTUZA* (QL) TIVICAY PD* TIVICAY* TRIUMEQ* (QL) TRIUMEQ PD* (QL)	APRETUDE*+ (PA) CABENUVA*^ (PA) CIMDUO* (PA) COMPLERA* (PA, QL) DELSTRIGO* (PA,QL) ODEFSEY* (PA, QL) PIFELTRO* (PA) PREZCOBIX* (PA) RUKOBIA* (PA,QL) STRIBILD* (PA, QL) TEMIXYS* (PA)
ALLERGY/NASAL SPRAYS		
azelastine azelastine-fluticasone cromolyn desloratadine (QL) epinephrine (QL) fluticasone hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine dihydrochloride mometasone (QL) olopatadine promethazine solution, syrup, tablet		CLARINEX GASTROCROM GRASTEK (PA, QL) KARBINAL ER ODACTRA (PA, QL) ORALAIR (PA,QL) PATANASE RAGWITEK (PA, QL) VISTARIL
ALZHEIMER'S DISEASE		
donepezil donepezil odt memantine memantine er (QL) pyridostigmine 60 mg/5 ml, 60 mg pyridostigmine er rivastigmine venlafaxine er (QL) venlafaxine (QL)	NAMENDA 5-10 MG TITRATION PK	ARICEPT EXELON MESTINON NAMENDA 5 MG TABLET NAMENDA 10 MG TABLET NAMENDA XR (QL) NAMZARIC (QL)

TIER 1 $	TIER 2 $$	TIER 3 $$$
ANXIETY/DEPRESSION/BIPOLAR DISORDER[4]		
alprazolam alprazolam er alprazolam intensol alprazolam odt alprazolam xr amitriptyline bupropion (QL) bupropion sr (QL) bupropion xl 150 mg tablet (QL) bupropion xl 300 mg tablet (QL) buspirone clomipramine duloxetine (QL) escitalopram (QL) fluoxetine dr (QL) fluoxetine (QL) fluvoxamine (QL) fluvoxamine er (QL) lorazepam lorazepam intensol mirtazapine paroxetine cr (QL) paroxetine er (QL) paroxetine (QL) sertraline (QL) trazodone		CELEXA (QL, ST) DESVENLAFAXINE ER (QL,ST) EFFEXOR XR (QL, ST) EMSAM (QL) FETZIMA (QL, ST) NUPLAZID* (PA) PAXIL (QL, ST) PAXIL CR (QL, ST) PRISTIQ (QL, ST) PROZAC (QL, ST) REMERON SPRAVATO* (PA) TRINTELLIX (QL, ST) WELLBUTRIN SR (QL, ST) XANAX XANAX XR ZOLOFT (QL, ST)
ASTHMA/COPD/RESPIRATORY		
albuterol alyq* (PA) ambrisentan* (PA) budesonide (QL) fluticasone-salmeterol (QL) ipratropium-albuterol montelukast tadalafil* (PA)	ADEMPAS* (PA) ADVAIR HFA (QL) ANORO ELLIPTA (QL) ATROVENT HFA (QL) BEVESPI AEROSPHERE (QL) BREO ELLIPTA BREZTRI AEROSPHERE (QL) COMBIVENT RESPIMAT (QL) DULERA (QL) FASENRA PEN* (PA) FLOVENT DISKUS (QL)	ADCIRCA* (PA) AIRDUO DIGIHALER (QL, ST) BRONCHITOL* (PA) DALIRESP (QL) KALYDECO* (PA, QL) LETAIRIS* (PA) LONHALA MAGNAIR (PA, QL) ORENITRAM ER* (PA) ORKAMBI* (PA, QL) PULMICORT RESPULES (QL) REVATIO 10 MG/ML, 20 MG* (PA)

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TIER 1 $	TIER 2 $$	TIER 3 $$$
ASTHMA/COPD/RESPIRATORY *(cont)*		
	FLOVENT HFA (QL) INCRUSE ELLIPTA NUCALA * (PA) OFEV* (PA) OPSUMIT* (PA) PULMICORT FLEXHALER PULMOZYME* (PA) QVAR REDIHALER SEREVENT DISKUS (QL) SPIRIVA HANDIHALER (QL) SPIRIVA RESPIMAT (QL) STIOLTO RESPIMAT (QL) SYMBICORT (QL) TRACLEER* (PA) TRELEGY ELLIPTA (QL) UPTRAVI* (PA) XOLAIR* (PA)	SINGULAIR TEZSPIRE* (PA) TRIKAFTA* (PA, QL) TYVASO REFILL KIT* (PA)
ATTENTION DEFICIT HYPERACTIVITY DISORDER[4]		
amphetamine (PA) atomoxetine (QL) dexmethylph-enidate (PA) dexmethylph-enidate er (PA, QL) guanfacine er methylphenidate er 10-60 mg cap (PA,QL) methylphenidate cd (PA, QL) methylphenidate er (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate er (la) (PA, QL) methylphenidate la (PA, QL)	MYDAYIS (PA, QL) VYVANSE (PA, QL)	ADDERALL (PA, ST) ADZENYS XR-ODT (PA, QL) AZSTARYS (PA, ST, QL) DAYTRANA (PA, QL) DYANAVEL XR (PA, QL) EVEKEO ODT (PA) FOCALIN (PA, ST) INTUNIV METHYLIN (PA) QUILLICHEW ER (PA, QL) QUILLIVANT XR (PA, QL) RITALIN (PA, ST) STRATTERA (QL)

TIER 1 $	TIER 2 $$	TIER 3 $$$
BLOOD MODIFIERS/BLEEDING DISORDERS		
aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg*	ADYNOVATE*^ (PA) AFSTYLA*^ (PA) ARENSEP*^ (PA) DROXIA ELOCTATE*^ (PA) EMPAVELI* (PA) EPOGEN*^ (PA) ESPEROCT*^ (PA) JIVI*^ (PA) KOGENATE FS*^ (PA) KOVALTRY*^ (PA) NEULASTA* (PA) NIVESTYM*^ (PA) NOVOEIGHT*^ (PA) NYVEPRIA* (PA) PROCRIT*^ (PA) RETACRIT*^ (PA) ZARXIO*^ ZIEXTENZO* (PA)	ADVATE*^ (PA) DOPTELET* (PA) FULPHILA* (PA) GRANIX*^ (PA) HEMLIBRA* (PA) MIRCERA*^ (PA) NEUPOGEN*^ (PA) NUWIQ*^ (PA) PROMACTA* (PA) RECOMBINATE*^ (PA) SIKLOS (PA) TAVALISSE* (PA) UDENCAYA* (PA) XYNTHA SOLOFUSE*^ (PA) XYNTHA*^ (PA)
BLOOD PRESSURE/HEART MEDICATIONS		
amiodarone hcl amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol carvedilol er (QL) clonidine doxazosin diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la)	CORLANOR (PA) ENTRESTO (QL) TEKTURNA HCT (QL)	ALTACE (ST) AVAPRO (ST) AVALIDE (ST) BIDIL (QL) CALAN SR CARDIZEM LA (QL) CARDURA CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 CORGARD (ST) COZAAR (ST) DIOVAN (ST) DIOVAN HCT (ST) EPANED EXFORGE EXFORGE HCT HAEGARDA* (PA) HEMANGEOL HYZAAR (ST) INDERAL LA (ST) INDERAL XL (ST) KAPSPARGO SPRINKLE (ST) KATERZIA (QL)

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TIER 1 $	TIER 2 $$	TIER 3 $$$
BLOOD PRESSURE/HEART MEDICATIONS *(cont)*		
diltiazem 24hr er (xr)		LOPRESSOR (ST)
diltiazem		LOTENSIN (ST)
DILT-XR		MICARDIS (QL, ST)
dofetilide (QL)		MICARDIS HCT (QL, ST)
droxidopa*		MINIPRESS
enalapril		NITROSTAT
flecainide		NORTHERA* (PA)
guanfacine		NORVASC
hydralazine tablet		ORLADEYO* (PA, QL)
icatibant* (PA)		pacerone 100 mg, 400 mg tablet (PA)
irbesartan		PROCARDIA XL
irbesartan- hctz		QBRELIS
labetalol tablet		RANEXA (QL)
lisinopril		RELEUKO*^ (PA)
lisinopril-hctz		RUCONEST*^ (PA)
losartan		TAKHZYRO* (PA)
metoprolol		TEKTURNA (QL)
metyrosine (PA)		TENORMIN (ST)
nadolol		TENORETIC 50 (ST)
nebivolol		TENORETIC 100 (ST)
nifedipine		TIAZAC
nifedipine er		TIKOSYN (PA, QL)
olmesartan (QL)		TOPROL XL (ST)
olmesartan-amlodipine-hctz		VALSARTAN 4MG/ML SOLUTION (ST)
olmesartan-hctz (QL)		VERELAN
pacerone 200 mg tablet		VERELAN PM
prazosin		ZESTORETIC (ST)
propranolol tablet		ZESTRIL (ST)
propranolol er		ZIAC (ST)
ramipril		
ranolazine er (QL)		
sajazir* (PA)		
taztia xt		
telmisartan (QL)		
telmisartan-hctz (QL)		
tiadylt er		
valsartan 40mg		
valsartan 80mg		
valsartan 160mg		
valsartan 320mg		

TIER 1 $	TIER 2 $$	TIER 3 $$$
BLOOD PRESSURE/HEART MEDICATIONS *(cont)*		
valsartan-hctz		
verapamil er		
verapamil er pm		
verapamil tablet		
verapamil sr		
BLOOD THINNERS/ANTI-CLOTTING		
clopidogrel	BRILINTA	ARIXTRA* (QL)
enoxaparin* (QL)	ELIQUIS (PA)	LOVENOX* (QL)
fondaparinux sodium* (QL)	FRAGMIN* (QL)	PLAVIX
jantoven	XARELTO (PA)	SAVAYSA (PA,QL)
prasugrel		ZONTIVITY
warfarin		
CANCER		
abiraterone* (PA)	ALECENSA* (PA, QL)	ALUNBRIG* (PA, QL)
anastrozole+	BRUKINSA* (PA, QL)	ARIMIDEX
capecitabine* (PA)	CABOMETYX* (PA)	AROMASIN
everolimus* (PA, QL)	CALQUENCE* (PA)	AYVAKIT* (PA,QL)
exemestane+	ERIVEDGE* (PA)	BOSULIF* (PA, QL)
hydroxyurea	ERLEADA* (PA)	BRAFTOVI* (PA)
imatinib* (QL)	GLEOSTINE	COMETRIQ* (PA, QL)
lenalidomide* (PA,QL)	IBRANCE* (PA, QL)	EXKIVITY* (PA)
letrozole	IMBRUVICA* (PA, QL)	GAVRETO* (PA,QL)
mercaptopurine	LYNPARZA* (PA, QL)	ICLUSIG* (PA, QL)
methotrexate	NUBEQA* (PA)	INLYTA* (PA)
tamoxifen+	REVLIMID* (PA, QL)	JAKAFI* (PA, QL)
temozolomide* (PA)	RUBRACA* (PA, QL)	KISQALI* (PA)
	SPRYCEL* (PA, QL)	KISQALI FEMARA CO-PACK* (PA)
	TREXALL	LENVIMA* (PA)
	VENCLEXTA* (PA)	LONSURF* (PA)
	VENCLEXTA STARTING PACK* (PA)	LORBRENA* (PA, QL)
	VERZENIO* (PA)	LUMAKRAS* (PA,QL)
	XTANDI* (PA)	MEKINIST* (PA)
		MEKTOVI* (PA)
		NERLYNX* (PA)
		NINLARO* (PA, QL)
		ODOMZO* (PA)
		ORGOVYX* (PA)
		PHESGO*^ (PA)

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TIER 1 $	TIER 2 $$	TIER 3 $$$
CANCER *(cont)*		
		PIQRAY* (PA) POMALYST* (PA, QL) PURIXAN* ROZLYTREK* (PA) RETEVMO* (PA,QL) STIVARGA* (PA, QL) TAFINLAR* (PA, QL) TAGRISSO* (PA) TALZENNA* (PA,QL) TASIGNA* (PA, QL) TIBSOVO* (PA) TUKYSA* (PA) VENCLEXTA* (PA) VENCLEXTA STARTING PACK* (PA) VITRAKVI* (PA) VIZIMPRO* (PA) WELIREG* (PA,QL) XALKORI*(PA, QL) XELODA* (PA) XOSPATA* (PA) XTANDI* (PA) ZEJULA* (PA, QL)
CHOLESTEROL MEDICATIONS		
atorvastatin 10 mg, 20 mg+ colesevelam ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin 10 mg omega-3 acid ethyl esters pravastatin+ rosuvastatin+ (QL) simvastatin tablet+ (QL)	LIVALO (QL,ST) NEXLETOL (PA, QL) NEXLIZET (PA, QL) REPATHA (PA) VASCEPA (PA)	CADUET (QL) LIPOFEN (ST) ROSZET (PA) TRICOR (ST) TRILIPIX (ST) VYTORIN (ST) WELCHOL ZETIA ZOCOR (QL, ST)

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS		
AFIRMELLE+ ALTAVERA+ ALYACEN+ AMETHIA+ AMETHYST+ APRI+ ARANELLE+ ASHLYNA+ AUBRA EQ+ AUBRA+ AUROVELA 24 FE+ AUROVELA FE+ AUROVELA+ AVIANE+ AYUNA+ AZURETTE+ BALZIVA+ BLISOVI 24 FE+ BLISOVI FE+ BRIELLYN+ CAMILA+ CAMRESE LO+ CAMRESE+ CAYA CONTOURED+ CAZIANT+ CHARLOTTE 24 FE+ CHATEAL EQ+ CHATEAL+ CRYSELLE+ CYRED EQ+ CYRED+ DASETTA+ DAYSEE+ DEBLITANE+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol - ethinyl estradiol+ DOLISHALE+ drospirenone-ethinyl estradiol-levomefolate+	LO LOESTRIN FE NEXPLANON*+	ANNOVERA BALCOLTRA BEYAZ ELLA+ KYLEENA*+ LAYOLIS FE+ LILETTA*+ LOESTRIN FE MINASTRIN 24 FE MIRENA*+ NATAZIA NEXTSTELLIS NUVARING PARAGARD T 380-A*+ SAFYRAL SKYLA*+ SLYND TAYTULLA TWIRLA+ TYBLUME YASMIN 28 YAZ

Cigna Standard 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
drospirenone-ethinyl estradiol+		
ELINEST+		
ELURYNG+		
ENPRESSE+		
ENSKYCE+		
ERRIN+		
ESTARYLLA+		
ethynodiol-ethinyl estradiol+		
etonogestrel-ethinyl estradiol+		
FALMINA+		
FEMCAP+		
FEMYNOR+		
GEMMILY+		
HAILEY 24 FE+		
HAILEY FE+		
HAILEY+		
HEATHER+		
ICLEVIA+		
INCASSIA+		
ISIBLOOM+		
JAIMIESS+		
JASMIEL+		
JENCYCLA+		
JOLESSA+		
JULEBER+		
JUNEL FE 24+		
JUNEL FE+		
JUNEL+		
KAITLIB FE+		
KALLIGA+		
KARIVA+		
KELNOR 1-35+		
KELNOR 1-50+		
KURVELO+		
LARIN 24 FE+		
LARIN FE+		
LARIN+		
LEENA+		
LESSINA+		
LEVONEST+		
levonorgestrel-ethinyl estradiol+		

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
levonorgestrel-ethinyl estradiol		
LEVORA-28+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		
LO-ZUMANDIMINE+		
LUTERA+		
LYLEQ+		
LYZA+		
MARLISSA+		
MEDROXYPROGES-GESTERONE+		
MERZEE+		
MICROGESTIN 24 FE+		
MICROGESTIN FE+		
MICROGESTIN+		
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+		
PHILITH+		
PIMTREA+		
PIRMELLA+		
PORTIA+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		

Cigna Standard 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
CONTRACEPTION PRODUCTS *(cont)*		
SHAROBEL+		
SIMLIYA+		
SIMPESSE+		
SPRINTEC+		
SRONYX+		
SYEDA+		
TARINA 24 FE+		
TARINA FE 1-20 EQ+		
TARINA FE+		
taysofy+		
TILIA FE+		
TRI FEMYNOR+		
TRI-ESTARYLLA+		
TRI-LEGEST FE+		
TRI-LINYAH+		
TRI-LO-ESTARYLLA+ TRI-LO-MARZIA+		
TRI-LO-MILI+		
TRI-LO-SPRINTEC+		
TRI-MILI+		
TRI-NYMYO+		
TRI-SPRINTEC+		
TRIVORA-28+		
TRI-VYLIBRA LO+		
TRI-VYLIBRA+		
TULANA+		
TYDEMY+		
VELIVET+		
VESTURA+		
VIENVA+		
VIORELE+		
VOLNEA+		
VYFEMLA+		
VYLIBRA+		
WERA+		
wide seal diaphragm+		
WYMZYA FE+		
XULANE+		
ZAFEMY+		
ZOVIA 1-35+		
ZUMANDIMINE+		
COUGH/COLD MEDICATIONS		
brompheniramine-pseudoephedrine-dm		HYCODAN (PA, QL)
		TUXARIN ER (PA,QL)

TIER 1 $	TIER 2 $$	TIER 3 $$$
COUGH/COLD MEDICATIONS *(cont)*		
hydrocodone-chlorpheniramne er (PA)		TUZISTRA XR (PA, QL)
promethazine-dm		
DENTAL PRODUCTS		
chlorhexidine	PREVIDENT 0.2% RINSE	CLINPRO 5000
DENTA 5000 PLUS		FLORIVA+^
DENTAGEL		FLUORIDEX SENSITIVITY RELIEF
doxycycline hyclate		JUSTRIGHT 5000
FLUORIDEX DAILY DEFENSE 1.1%		PERIDEX
ORALONE		PREVIDENT 1.1% GEL
PERIOGARD		PREVIDENT 5000
SF 1.1% GEL		PREVIDENT 5000 BOOSTER PLUS
SF 5000 PLUS		PREVIDENT 5000 DRY MOUTH
sodium fluoride		PREVIDENT 5000 ENAMEL PROTECT
sodium fluoride 5000 dry mouth		PREVIDENT 5000 ORTHO DEFENSE
sodium fluoride 5000 plus		PREVIDENT 5000 PLUS
triamcinolone acetonide		PREVIDENT 5000 SENSITIVE
DIABETES		
1ST TIER UNIFINE PENTIPS	BAQSIMI (QL)	CEQUR
1ST TIER UNIFINE PENTIPS PLUS	BYDUREON (PA, QL)	CEQUR SIMPLICITY INSERTER
ABOUTTIME PEN NEEDLE	BYETTA (PA, QL)	CYCLOSET
ACCU-CHEK	DEXCOM G6 RECEIVER (PA, QL)	GLUCAGON EMERGENCY KIT (QL)
ACCUTREND GLUCOSE CONTROL	DEXCOM G6 SENSOR (PA, QL)	GVOKE (QL)
ADVOCATE PEN NEEDLES, SYRINGES	DEXCOM G6 TRANSMITTER (PA, QL)	KORLYM* (PA)
ASSURE ID INSULIN SAFETY, PEN NEEDLE	DROPLET	KETONE-GLUC KIT
BD INSULIN SYRINGE	DROPSAFE	RIOMET
BD LANCETS	FARXIGA (QL, ST)	RIOMET ER
BD PEN NEEDLE	FREESTYLE LIBRE 14 DAY SENSOR (PA, QL)	ULTIGUARD SAFE 0.3, 1ML 30G 12.7MM
	FREESTYLE LIBRE 2 SENSOR (PA, QL)	ULTIGUARD SAFEPACK 0.3, 1ML 31G 8MM
	GLUCAGEN (QL)	UNIFINE SAFECONTROL
	GLYXAMBI (QL, ST)	

Cigna Standard 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
DIABETES *(cont)*		
CAREFINE PEN NEEDLE	HUMULIN (QL)	
CARETOUCH INSULIN SYRINGE, PEN NEEDLE	HUMULIN R (QL)	
CLICKFINE	HUMALOG (QL)	
COMFORT EZ INSULIN SYRINGE, PEN NEEDLE	JANUMET (QL, ST)	
COMFORT TOUCH PEN NEEDLE	JANUMET XR (QL, ST)	
CONTOUR SOLUTION	JANUVIA (QL, ST)	
CONTOUR NEXT LEV 1, 2 CONTROL SOLUTION	JARDIANCE (QL, ST)	
DROPLET GENTEEL LANCING DEVICE	LEVEMIR (QL)	
DROPLET INSULIN SYRINGE	LYUMJEV (QL)	
DROPLET MICRON PEN NEEDLE	MOUNJARO (PA,QL)	
EASY COMFORT INSULIN SYRINGE, PEN NEEDLES	OMNIPOD 5 G6 (GEN 5) (QL)	
EASY GLIDE INSULIN SYRINGE, PEN NEEDLE	OMNIPOD CLASSIC (GEN 3) (QL)	
EASY TOUCH	OMNIPOD DASH (GEN 4) (QL)	
HEALTHWISE INSULIN SYRINGE, PEN NEEDLE	ONETOUCH ULTRA TEST STRIP	
HEALTHY ACCENTS UNIFINE PENTIP	ONETOUCH VERIO TEST STRIP	
glimepiride	OZEMPIC (PA, QL)	
glipizide	QTERN (QL, ST)	
glipizide er	RYBELSUS (PA, QL)	
glipizide xl	SOLIQUA 100-33	
GUARDIAN RT CHARGER	SYMLINPEN	
GUARDIAN TEST PLUG	SYNJARDY (QL, ST)	
INCONTROL PEN NEEDLE	SYNJARDY XR (QL, ST)	
INPEN	TRESIBA (QL)	
INSULIN PEN NEEDLE	TRIJARDY XR (ST, QL)	
	TRULICITY (PA,QL)	
	V-GO 20	
	V-GO 30	
	V-GO 40	
	VICTOZA (PA, QL)	
	XIGDUO XR (QL, ST)	
	XULTOPHY	
	ZEGALOGUE (QL)	

TIER 1 $	TIER 2 $$	TIER 3 $$$
DIABETES *(cont)*		
INSULIN SYRINGE U-500		
INSUPEN		
LITE TOUCH		
LITETOUCH INSULIN SYRINGE		
MAGELLAN INSULIN, SYRINGE SAFETY SYRINGE		
MAXI-COMFORT		
MAXICOMFORT II PEN NEEDLE, INSULIN SYRINGE, SAFETY PEN NEEDLE		
metformin er		
metformin hcl		
microlet		
MINIMED RESERVOIR		
MINI PEN NEEDLE		
MINI ULTRA-THIN II		
MONOJECT		
NOVOFINE		
PARADIGM		
PEN NEEDLES		
PENTIPS		
PREVENT DROPSAFE PEN NEEDLE		
PRO COMFORT INSULIN SYRINGE, PEN NEEDLE		
PRODIGY INSULIN SYRINGE		
PURE COMFORT PEN NEEDLE		
SAFETY PEN NEEDLE		
SAFETYGLIDE SYRINGE, INSULIN SYRINGE		
SECURESAFE PEN NEEDLE		
SURE COMFORT		
TECHLITE NEEDLE		

Cigna Standard 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
DIABETES *(cont)*		
TECHLITE NEEDLE		
TOPCARE CLICKFINE, ULTRA COMFORT		
TRUE COMFORT INSULIN SYRINGE, PEN NEEDLE		
TRUE COMFORT PRO INS SYRINGE, PEN NEEDLE		
TRUE METRIX LEVEL 1, 2, 3 CONTROL SOULTION		
TRUEPLUS PEN NEEDLE		
TRUEPLUS SYRINGE		
TRUETRACK BLOOD GLUCOSE SYSTEM		
ULTICARE		
ULTRA-FINE PEN NEEDLE		
ULTIGUARD SAFE 0.5ML 30G 12.7MM		
ULTIGUARD SAFEPACK-PEN NEEDLE		
ULTIGUARD SAFEPK 0.5ML 31G 8MM		
ULTILET PEN NEEDLE		
ULTRA COMFORT		
ULTRA FLO INSULIN SYRINGE, PEN NEEDLE		
ULTRA THIN		
ULTRA THIN II		
ULTRACARE INSULIN SYRINGE, PEN NEEDLE		
UNIFINE PEN NEEDLE, PENTIPS, PENTIPS MAXFLOW, PLUS, PLUS MAXFLOW, ULTRA PEN NEEDLE		

TIER 1 $	TIER 2 $$	TIER 3 $$$
DIABETES *(cont)*		
VEO INSULIN SYRINGE		
VANISHPOINT		
VANISHPOINT INSULIN SYRINGE		
DIURETICS		
ACETAZOLAMIDE TABLET	DIURIL	ALDACTONE
ACETAZOLAMIDE ER CAPSULE	KERENDIA (PA, QL)	CAROSPIR
BUMETANIDE TABLET		JYNARQUE* (PA)
chlorthalidone		LASIX
eplerenone		MAXZIDE
furosemide solution, tablet		
hydrochlorot-hiazide		
spironolactone		
triamterene-hctz		
EAR MEDICATIONS		
ciprofloxacin-dexamethasone	CIPRO HC	CIPRODEX
neomycin-polymyxin b-hydrocortisone		CIPROFLOXACIN HCL-FLUOCINOLONE
ofloxacin		CORTISPORIN-TC
		DERMOTIC
		OTOVEL
ERECTILE DYSFUNCTION		
sildenafil^ (QL)	MUSE^ (PA age, QL)	CIALIS^ (QL, ST)
tadalafil^ (QL)		STENDRA^ (QL, ST)
vardenafil^ (QL)		VIAGRA^ (QL, ST)
EYE CONDITIONS		
bimatoprost (QL)	ALOMIDE	ACULAR
brimonidine	AZASITE	ACULAR LS
brimonidine tartrate-timolol	BETIMOL	ACUVAIL
brinzolamide	BETOPTIC S	ALOCRIL
ciprofloxacin	EYSUVIS (QL)	ALREX
cyclosporine	FML FORTE	AZOPT
difluprednate	FML S.O.P. 0.1% OINTMENT	BEPREVE
dorzolamide-timolol	FLAREX	BESIVANCE
erythromycin	LOTEMAX SM	BROMSITE
fluorometholone	MAXIDEX	CEQUA
ketorolac solution	PRED MILD	COSOPT
	SIMBRINZA	COSOPT PF

Cigna Standard 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
EYE CONDITIONS *(cont)*		
latanoprost	XIIDRA	CYSTADROPS* (PA, QL)
loteprednol	ZERVIATE	CYSTARAN* (PA, QL)
moxifloxacin eye drops		DUREZOL
neomycin-polymyxin b-dexamethasone		FML LIQUIFILM 0.1% EYE DROP
ofloxacin		ILEVRO
polymyxin b sulfate-trimethoprim		INVELTYS
prednisolone		ISTALOL
timolol		LOTEMAX
tobramycin		MAXITROL
tobramycin-dexamethasone		NEVANAC
travoprost		OCUFLOX
		OXERVATE* (PA)
		POLYTRIM
		PRED FORTE
		PROLENSA
		RHOPRESSA
		ROCKLATAN
		TIMOPTIC
		TIMOPTIC-XE
		TIMOPTIC OCUDOSE
		TOBRADEX EYE DROPS
		TOBRADEX ST
		TRUSOPT
		VIGAMOX
		ZIRGAN
		ZYLET
FEMININE PRODUCTS		
GYNAZOLE 1		
miconazole 3 200 mg		
terconazole		
GASTROINTESTINAL/HEARTBURN		
alosetron*	CLENPIQ+	APRISO
ANUCORT-HC	ENTYVIO *^ (PA)	BONJESTA
balsalazide	LINZESS	CANASA
constulose	LITHOSTAT	CARAFATE
cinacalcet*	NEXIUM DR 2.5 MG PACKET (QL)	CHOLBAM* (PA)
dexlansoprazole dr (QL)	NEXIUM DR 5 MG PACKET (QL)	CUVPOSA
dicyclomine capsule, solution, tablet		CYTOTEC
		DICLEGIS

TIER 1 $	TIER 2 $$	TIER 3 $$$
GASTROINTESTINAL/HEARTBURN *(cont)*		
dronabinol	PANCREAZE	GATTEX* (PA)
esomeprazole 20 mg capsule, 40 mg capsule, packets (QL)	SUTAB+	LEVBID
famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet	TRULANCE	LEVSIN
GAVILYTE-C+	VIBERZI	LEVSIN- SL
GAVILYTE-G+		MOTOFEN
HEMMOREX-HC		MOVANTIK (PA)
hydrocortisone		NULEV
lansoprazole (QL)		OCALIVA* (PA)
lubiprostone		PREVACID DR 30 MG CAPSULE (QL, ST)
mesalaminex`		PROTONIX (QL, ST)
mesalamine dr		RAVICTI* (PA)
mesalamine er		RECTIV
metoclopramide solution, tablet		RELISTOR (PA)
misoprostol		SANCUSO (PA, QL)
omeprazole (QL)		SFROWASA
ondansetron		SUCRAID* (PA)
ondansetron odt		SYMPROIC (PA)
pantoprazole suspension, tablet (QL)		TRANSDERM-SCOP
peg 3350-electrolyte+		URSO
PEG3350-SODIUM SULFATE-SODIUM CHLORIDE-POTASSIUM CHLORIDE-SODIUM ASCORBATE-ASCORBIC ACID+		URSO FORTE
PEG-PREP+		VARUBI (PA, QL)
prochlorperazine tablet		VIOKACE
promethazine		XERMELO* (PA)
promethegan		
rabeprazole tablet (QL)		
scopolamine		
sucralfat		

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TIER 1 $	TIER 2 $$	TIER 3 $$$
HORMONAL AGENTS		
AMABELZ	ANDRODERM (PA, QL)	ACTIVELLA
budesonide dr	CETROTIDE*^ (PA)	ANDROGEL (PA, QL)
budesonide ec	COMBIPATCH	ANGELIQ
budesonide er (PA, QL)	DUAVEE	AYGESTIN
cabergoline (QL)	ESTROGEL	BIJUVA
desmopressin	ESTRING (QL)	CRINONE 4% (PA)
dexamethasone intensol	ESTROGEL	CYTOMEL
DOTTI (QL)	FORTEO* (PA, QL)	DEPO-TESTOSTERONE
estradiol 10mcg vaginal insert (QL)	GENOTROPIN* (PA)	EMFLAZA* (PA)
estradiol (twice weekly) (QL)	HUMATROPE* (PA)	EVAMIST
estradiol-norethindrone	INTRAROSA	FENSOLVI*
EUTHYROX	LUPRON DEPOT*^ (PA)	INTRAROSA (QL)
fyremadel*^ (PA)	LUPRON DEPOT-PED*^ (PA)	ISTURISA* (PA, QL)
LEVO-T	MEDROL 2 MG TABLET	LUPANETA PACK*^ (PA)
levothyroxine tablet	MYFEMBREE (QL)	MEDROL 8MG, 16MG, 32MG TABLET
LEVOXYL	NORDITROPIN FLEXPRO* (PA)	MEDROL 4 MG DOSEPAK
liothyronine	ORIAHNN (PA, QL)	MENOSTAR (QL)
LYLLANA (QL)	ORILISSA (PA, QL)	OMNITROPE* (PA)
medroxyprog-esterone	OSPHENA (QL)	PROMETRIUM
methylpred-nisolone	PREMARIN TABLET, VAGINAL CREAM APPLICATOR	RAYALDEE
MILLIPRED	PREMPHASE	SANDOSTATIN LAR DEPOT*^ (PA)
MIMVEY	PREMPRO	SIGNIFOR LAR*^ (PA)
norethindrone	SEROSTIM* (PA)	teriparatide*
NP THYROID	SOMATULINE DEPOT*^ (PA)	UNITHROID
prednisone	SOMAVERT* (PA)	
prednisolone solution		
prednisolone odt		
prednisone intensol		
progesterone tablet		
testosterone cypionate		
YUVAFEM (QL)		
INFECTIONS		
acyclovir capsule, suspension, tablet	BARACLUDE SOLUTION*	AEMCOLO (QL)
albendazole	CIPRO 5,10% SUSPENSION	ALINIA
amoxicillin		ANCOBON
		ARIKAYCE* (PA)

TIER 1 $	TIER 2 $$	TIER 3 $$$
INFECTIONS *(cont)*		
amoxicillin-clavulanate er	CLEOCIN 75 MG CAPSULE	BACTRIM
amoxicillin-clavulanate	e.e.s. 400	BACTRIM DS
atovaquone	EPCLUSA* (PA, QL)	BAXDELA 450 MG TABLET (PA)
atovaquone-proguanil	ERY-TAB DR 333 MG TABLET	CAYSTON* (PA, QL)
AVIDOXY	EURAX 10% CREAM	CIPRO 250, 500 MG TABLET
azithromycin packet, suspension, tablet	FIRVANQ	CLEOCIN PEDIATRIC
cefadroxil	HARVONI* (PA, QL)	CLEOCIN 150 MG CAPSULE
cefdinir	LAGEVRIO (EUA) (QL)	CLEOCIN 300 MG CAPSULE
cefpodoxime proxetil	LEDIPASVIR-SOFOSBUVIR* (PA, QL)	CLEOCIN 100 MG VAGINAL OVULE
cefuroxime tablet	MAVYRET* (PA, QL)	CLEOCIN 2% VAGINAL CREAM
cephalexin	PAXLOVID (QL)	CLINDESSE
ciprofloxacin	PEGASYS* (PA)	CRESEMBA CAPSULE (PA)
clarithromycin	SOFOSBUVIR-VELPATASVIR* (PA, QL)	DARAPRIM* (PA)
clarithromycin er	SOLOSEC	DIFICID (QL)
clindamycin	SOVALDI* (PA, QL)	ELIMITE
clindamycin (pediatric)	THALOMID* (PA)	ERYPED 200
COREMINO ER QL)	TOBI PODHALER* (PA, QL)	ERY-TAB DR 250 MG TABLET
dapsone tablets	VEMLIDY*	ERY-TAB DR 500 MG TABLET
doxycycline monohydrate	VIBRAMYCIN 50 MG/5 ML SYRUP	EURAX 10* LOTION
EMVERM	VOSEVI* (PA, QL)	FLAGYL
entecavir* (QL)	XIFAXAN (QL)	FOLLISTIM*^ (PA)
erythromycin		HIPREX
erythromycin ethylsuccinate		IMPAVIDO (PA)
famciclovir		KITABIS PAK* (PA, QL)
fluconazole		LIVTENCITY* (PA,QL)
flucytosine		MACROBID
hydroxychlo-roquine		MACRODANTIN
itraconazole		MALARONE (PA)
levofloxacin solution, tablet		NATROBA
methenamine		NUVESSA
metronidazole gel, capsule, tablet		NUZYRA 150 MG TABLET* (PA,QL)
minocycline		PLAQUENIL (PA)
minocycline er tablet (QL)		posaconazole suspension
mondoxyne nl		PREVYMIS TABLET*

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TIER 1 $	TIER 2 $$	TIER 3 $$$
INFECTIONS *(cont)*		
nitazoxanide		PRIFTIN
nitrofurantoin monohydrate-macrocrystal		SIVEXTRO 200 MG TABLET (PA)
nystatin suspension, tablet		SKLICE
oseltamivir (QL)		sulfatrim
penicillin v potassium		TAMIFLU (QL)
posaconazole tablet		URIBEL
sulfamethoxazole-trimethoprim suspension, tablet		VALTREX
terbinafine		VFEND (PA)
tetracycline		VIEKIRA PAK* (PA,QL)
tobramycin ampule* (PA,QL)		XENLETA (PA, QL)
valacyclovir		XOFLUZA (QL)
valganciclovir		ZEPATIER* (PA, QL)
vancomycin capsule, solution		ZITHROMAX
vandazole		ZITHROMAX TRI-PAK
voriconazole (PA)		ZYVOX SUSPENSION, TABLET (PA)
INFERTILITY		
CHORIONIC GONADO-TROPIN*^ (PA)	ENDOMETRIN^	CRINONE 8%^ (PA)
clomiphene ^	GONAL F*^ (PA)	FOLLISTIM AQ*^ (PA)
	MENOPUR*^ (PA)	
	NOVAREL*	
	OVIDREL*^ (PA)	
	PREGNYL*^ (PA)	
MISCELLANEOUS		
ACCU-CHEK FASTCLIX LANCET DRUM	ACE AEROSOL CLOUD ENHANCER (QL)	ADDYI^ (PA, QL)
ACCU-CHEK MULTICLIX LANCETS	AEROCHAMBER MINI (QL)	AUSTEDO* (PA)
ACCU-CHEK SAFE-T-PRO 23G LANCETS	AEROCHAMBER MV (QL)	BERINERT*^ (PA)
ACCU-CHEK SOFTCLIX LANCETS	AEROCHAMBER PLUS FLOW-VU (QL)	BRISDELLE (QL)
cinacalcet*	AEROCHAMBER Z-STAT PLUS (QL)	CINRYZE*^ (PA)
deferiprone* (PA)	AEROTRACH PLUS (QL)	EVRYSDI* (PA)
		GALAFOLD* (PA)
		HAEGARDA* (PA)
		HYPER-SAL
		INGREZZA INITIATION PACK* (PA, QL)
		INGREZZA* (PA)
		MYALEPT* (PA)

TIER 1 $	TIER 2 $$	TIER 3 $$$
MISCELLANEOUS *(cont)*		
disulfiram	AEROVENT PLUS (QL)	NOVAMAX PLUS
DROPLET LANCETS	BREATHRITE (QL)	NUEDEXTA (QL)
FORA GTEL KETONE TEST STRIP	CERDELGA* (PA)	ORFADIN* (PA)
GOJJI BLOOD KETONE TEST STRIP	CLEVER CHOICE HOLDING CHAMBER (QL)	PALYNZIQ* (PA)
KETONE CARE TEST STRIP	COMPACT SPACE CHAMBER (QL)	PRO COMFORT SPACER WITH MASK (QL)
KETONE TEST STRIP	EASIVENT (QL)	RADICAVA ORS* (PA,QL)
KETOSTIX REAGENT	EMPAVELI* (PA)	RUCONEST*^ (PA)
MICROLET	FLEXICHAMBER (QL)	TEGSEDI* (PA)
ONETOUCH LANCETS	INSPIRACHAMBER (QL)	TIGLUTIK* (PA)
POGO AUTOMATIC TEST CARTRIDGE	MICROCHAMBER (QL)	VOXZOGO* (PA)
PRECISION XTRA	NITYR* (PA)	VYLEESI*^ (PA, QL)
sapropterin* (PA)	OPTICHAMBER DIAMOND (QL)	VYNDAMAX* (PA, QL)
sodium chloride inhalation vial. Irrigation solution vial	POCKET CHAMBER (QL)	VYNDAQEL* (PA, QL)
TECHLITE LANCETS	PROCARE SPACER WITH CHILD MASK (QL)	
TRUEPLUS KETONE TEST STRIP	RITEFLO (QL)	
	SPACE CHAMBER (QL)	
	SPACE CHAMBER-MEDIUM MASK (QL)	
	SPACE CHAMBER-SMALL MASK (QL)	
	STRENSIQ* (PA)	
	VORTEX (QL)	
	VORTEX VHC FROG MASK (QL)	
	VORTEX VHC LADYBUG MASK (QL)	
MULTIPLE SCLEROSIS		
dalfampridine er* (PA)	AVONEX* (PA)	FIRDAPSE* (PA,QL)
dimethyl fumarate*	BAFIERTAM* (PA)	MAVENCLAD* (PA)
glatiramer acetate*	BETASERON* (PA)	PONVORY* (PA)
glatopa* (PA)		

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TIER 1 $	TIER 2 $$	TIER 3 $$$
MULTIPLE SCLEROSIS *(cont)*		
	KESIMPTA PEN* (PA) MAYZENT* (PA) PLEGRIDY PEN* (PA) REBIF* (PA) VUMERITY* (PA) ZEPOSIA* (PA)	
NUTRITIONAL/DIETARY		
betaine anhydrous* cyanocobalamin injection dodex fluoride+^ folic acid 1 mg^ klor-con KLOR-CON 8 MEQ KLOR-CON 10 MEQ KLOR-CON M10 TABLET lanthanum MULTI-VITAMIN W-FLUORIDE-IRON+ potassium chloride 10%, capsule, packet, tablet sodium fluoride+^ taron-prex prenatal^ vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+	CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL DHA CITRANATAL HARMONY CITRANATAL RX FLORIVA CHEWABLE TABLET+ LOKELMA NEEVO DHA^ OB COMPLETE ONE OB COMPLETE PETITE OB COMPLETE PREMIER OB COMPLETE WITH DHA POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+ PRENATE^ PRIMACARE QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+ QUFLORA PEDIATRIC 0.25 MG/ML DROP QUFLORA PEDIATRIC 0.5 MG/ML DROP+	ACCRUFER^ AURYXIA (QL) CITRANATAL BLOOM^ DRISDOL^ K-TAB ER OB COMPLETE^ PHOSLYRA PRENATAL FORMULA-DHA+ ROCALTROL^

TIER 1 $	TIER 2 $$	TIER 3 $$$
NUTRITIONAL/DIETARY *(cont)*		
	TRI-VI-FLOR+ VELPHORO VELTASSA	
OSTEOPOROSIS PRODUCTS		
alendronate ibandronate 150 mg tablet raloxifene+ risedronate risedronate dr	FORTEO* (PA,QL) TYMLOS* (PA, QL)	ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) BONIVA (ST) EVISTA FOSAMAX (ST) TERIPARATIDE* (PA,QL)
PAIN RELIEF AND INFLAMMATORY DISEASE		
acetaminophen-codeine (PA) allopurinol tablet baclofen tablet buprenorphine patch (QL) butalbital-acetaminophen-caffeine (QL) carisoprodol celecoxib (QL) celecoxib (QL) colchicine 0.6 mg tablet cyclobenzaprine diclofenac 1% gel (QL) diclofenac dr diclofenac ec EC-NAPROXEN ECOTRIN EC 81 MG TABLET+ eletriptan (QL) ENDOCET (PA) febuxostat (QL) fentanyl (PA) FIORICET (QL) frovatriptan (QL) GLYDO hydrocodone-acetaminophen (PA)	ACTEMRA* (PA,QL) AIMOVIG (PA) AJOVY (PA) AMJEVITA* (made by Amgen) (PA,QL) AVSOLA*^ (PA) BELBUCA (QL) CIMZIA* (PA,QL) DUPIXENT* (PA) EMGALITY (PA) ENBREL* (PA, QL) HUMIRA* (PA,QL) HYSINGLA ER (PA) INFLECTRA*^ (PA) MITIGARE NUCYNTA (PA) NURTEC ODT (PA, QL) OTEZLA* (PA, QL) OTREXUP (PA) PROCTOFOAM-HC QULIPTA (PA, QL) REDITREX (PA) RINVOQ* (PA, QL) SAVELLA SIMPONI ARIA* (PA) SIMPONI* 100MG/ML (PA, QL) SKYRIZI* (PA, QL)	NALPRAM HC ARAVA ARCALYST* (PA) BENLYSTA* (PA) BUTRANS (QL) CELEBREX (QL, ST) DEPEN* (PA, QL) EC-NAPROSYN (ST) ESGIC (QL) FEXMID FIORCET (QL) FLECTOR (PA, QL) ILARIS*^ (PA) ILUMYA* (PA, QL) INFLIXIMAB*^ (PA) KEVZARA* (PA, QL) KINERET* (PA,QL) LICART (PA, QL) NAPROSYN (ST) NUCYNTA ER (PA) OLUMIANT* (PA, QL) ORENCIA 50 MG/0.4 ML SYRINGE* (PA,QL) ORENCIA 87.5 MG/0.7 ML SYRINGE* (PA,QL) ORENCIA 125 MG/ML SYRINGE* (PA,QL)

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TIER 1 $	TIER 2 $$	TIER 3 $$$
PAIN RELIEF AND INFLAMMATORY DISEASE *(cont)*		
hydromorphone (PA) hydromorphone er (PA) IBU ibuprofen indomethacin indomethacin er ketorolac tromethamine (QL) leflunomide lidocaine (QL) lidocaine-prilocaine metaxalone methocarbamol MORPHINE (PA) MORPHINE ER (PA) 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) tramadol 50 mg tablet (QL) tramadol er (QL) VANADOM	STELARA* 45MG SYR/VIAL, 90MG SYR (PA, QL) TALTZ* (PA, QL) TREMFYA* (PA,QL) TRUDHESA (PA,QL) UBRELVY (PA, QL) XELJANZ* (PA, QL) XELJANZ XR* (PA, QL) XTAMPZA ER (PA) ZTLIDO	OXAYDO (PA) PERCOCET (PA) PROCORT REMICADE*^ (PA) ROXYBOND (PA) SILIQ* (PA, QL) SIMPONI* 50MG/0.5ML (PA, QL) ZANAFLEX ZEBUTAL (QL) ZOHYDRO ER (PA)
PARKINSON'S DISEASE		
benztropine tablet carbidopa-levodopa carbidopa-levodopa er pramipexole pramipexole er (QL) rasagiline (QL) ropinirole er	KYNMOBI (PA)	AZILECT (QL) DUOPA* INBRIJA* (PA) MIRAPEX ER (QL) NEUPRO NOURIANZ* (PA, QL) OSMOLEX ER (QL) RYTARY

TIER 1 $	TIER 2 $$	TIER 3 $$$
PARKINSON'S DISEASE *(cont)*		
ropinirole		SINEMET 10-100 SINEMET 25-100 XADAGO (ST)
SCHIZOPHRENIA/ANTI-PSYCHOTICS[5]		
aripiprazole (QL) aripiprazole odt asenapine chlorpromazine tablet clozapine clozapine odt olanzapine tablet olanzapine odt paliperidone er (QL) quetiapine quetiapine er risperidone risperidone odt ziprasidone tablet	LATUDA (QL)	CAPLYTA (QL,ST) CLOZARIL (ST) FANAPT (QL, ST) INVEGA (QL, ST) REXULTI (QL, ST) RISPERDAL (ST) SAPHRIS (ST) SECUADO (ST) SEROQUEL (ST) SEROQUEL XR (ST) VRAYLAR (QL, ST)
SEIZURE DISORDERS		
carbamazepine carbamazepine er clonazepam divalproex divalproex er EPITOL gabapentin lacosamide lamotrigine lamotrigine (blue) lamotrigine (green) lamotrigine (orange) lamotrigine er lamotrigine odt lamotrigine odt (blue) lamotrigine odt (green) lamotrigine odt (orange) levetiracetam solution, tablet levetiracetam er	DILANTIN 30 MG CAPSULE (PA) FYCOMPA 4 MG, 6 MG (PA,QL) NAYZILAM (PA, QL)	APTIOM 200 MG, 400 MG (PA,QL) BANZEL (PA, QL) BRIVIACT 10 MG/ML ORAL SOLUTION (PA) BRIVIACT TABLET (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DIASTAT (PA) DILANTIN 100 MG CAPSULE (PA) EPIDIOLEX* (PA) FINTEPLA* (PA) KLONOPIN (PA) LYRICA ORAL SOLUTION (PA) NEURONTIN (PA) OXTELLAR XR (PA) PHENYTEK (PA) SPRITAM (PA)

Cigna Standard 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
SEIZURE DISORDERS *(cont)*		
pregabalin capsule, solution		TEGRETOL XR (PA)
ROWEEPRA		VALTOCO (PA, QL)
rufinamide (PA,QL)		XCOPRI (PA, QL)
SUBVENITE		
SUBVENITE (BLUE)		
SUBVENITE (GREEN)		
SUBVENITE (ORANGE)		
topiramate		
topiramate er		
vigabatrin*		
vigadrone*		
SKIN CONDITIONS		
ACCUTANE	ADBRY* (PA)	ANALPRAM HC 2.5%-1% LOTION
adapalene (PA age)	CIBINQO* (PA,QL)	AVAR 9.5-5% CLEANSING PADS
adapalene-benzoyl peroxide	DRYSOL	BRYHALI (ST)
AMNESTEEM	EUCRISA (ST)	CALCIPOTRIENE FOAM
AVAR CLEANSER	NAFTIN	CAPEX SHAMPOO (ST)
AVAR-E	PICATO	CLEOCIN T
AVAR-E GREEN	SANTYL (QL)	CLINDACIN ETZ KIT
azelaic acid		CLINDACIN PAC KIT
BP 10-1		CLODERM (ST)
betamethasone diprop augmented		DOVONEX
betamethasone dipropionate		EFUDEX
calcipotriene cream, ointment, solution		EVOCLIN
CLARAVIS		OPZELURA (PA)
CLINDACIN ETZ 1% PLEDGET		PRAMOSONE LOTION
CLINDACIN P 1% PLEDGETS		REGRANEX (PA, QL)
CLINDAMYCIN 1% FOAM, GEL, LOTION, PLEDGET, SOLUTION		TEMOVATE (ST)
clindamycin-benzoyl peroxoxide		TWYNEO
clindamycin tretinoin		VECTICAL (QL)
clobetaso		XEPI
CLODAN		CAPEX SHAMPOO (ST)
		CLEOCIN T
		CLINDACIN ETZ KIT
		CLINDACIN PAC KIT
		CLODERM (ST)
		EFUDEX
		EVOCLIN
		OPZELURA (PA)

TIER 1 $	TIER 2 $$	TIER 3 $$$
SKIN CONDITIONS *(cont)*		
clotrimazole-betamethasone		PLEXION
CLOCORTOLONE PIVALATE		PRAMOSONE LOTION
dapsone 5% gel, 7.5% gel pump		REGRANEX (PA, QL)
DROPSAFE PREP PADS		TEMOVATE (ST)
fluocinonide		TWYNEO
fluorouracil cream, topical solution		VECTICAL (QL)
isotretinoin		XEPI
ketoconazole		
KETODAN		
metronidazole		
mupirocin ointment		
MYORISAN		
NEUAC GEL		
pimecrolimus		
ROSADAN		
sodium sulfacetamide-sulfur		
SSS 10-5		
SULFACLEANSE 8-4		
tacrolimus ointment		
tazarotene 0.1% cream		
tretinoin (PA age)		
TRIDERM		
ZENATANE		
SLEEP DISORDERS/SEDATIVES		
armodafinil (PA)	DAYVIGO (QL, ST)	HETLIOZ LQ* (PA)
doxepin tablet (QL)	SUNOSI (PA, QL)	HETLIOZ* (PA)
eszopiclone		LUNESTA (ST)
modafinil (PA)		SILENOR (QL,ST)
temazepam		WAKIX* (PA, QL)
zolpidem		XYREM* (PA, QL)
zolpidem er (QL)		XYWAV* (PA, QL)
SMOKING CESSATION[4]		
bupropion sr+^	NICOTROL NS+^	APO-VARENICLINE 0.5 MG TABLET^
varenicline 0.5 mg tablet+^	NICOTROL+^	
varenicline 1 mg tablet+^		

Cigna Standard 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
SUBSTANCE ABUSE		
buprenorphine-naloxone naltrexone hcl (QL)	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBOXONE ZIMHI (QL)
TRANSPLANT MEDICATIONS		
everolimus 0.25 mg tablet* everolimus 0.5 mg tablet* mycophenolate mofetil* mycophenolic acid* sirolimus* tacrolimus*		ASTAGRAF XL* CELLCEPT ORAL SUSPENSION, TABLET* ENVARSUS XR* MYFORTIC* NEORAL* 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 cevimeline finasteride oxybutynin oxybutynin er phenazopyridine potassium er silodosin (QL) solifenacin (QL) tamsulosin trospium trospium er tolterodine tolterodine er (QL)	CYSTAGON* ELMIRON K-PHOS ORIGINAL	FLOMAX PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL

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.		
	ACTHIB+ ADACEL TDAP+ BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENGVAXIA+ DIPHTHERIA-TETANUS TOXOIDS-PED+ ENGERIX-B ADULT+ ENGERIX-B PEDIATRIC-ADOLESCENT+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ JANSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W-135-DIP+ M-M-R II VACCINE+ MODERNA COVID (6M-5Y) VACCINE (EUA)+ MODERNA COVID (12Y UP) VACCINE (EUA)+ MODERNA COVID-19 BOOSTER (EUA)+ NOVAVAX COVID-19 VACCINE, ADJUVANTED (EUA)+	

Cigna Standard 3-Tier Prescription Drug List

TIER 1 $	TIER 2 $$	TIER 3 $$$
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.		
	PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (6M-4Y) VACCINE (EUA)+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP-IPV+ RECOMBIVAX HB+ SHINGRIX+ (QL) SPIKEVAX COVID (18Y UP) VACCINE+ TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+	
VITAMINS		
	POLY-VI-FLOR+ POLY-VI-FLOR WITH IRON+	
WEIGHT MANAGEMENT		
megestrol suspension phentermine ^	WEGOVY^ (PA, QL)	CONTRAVE^ (PA) IMCIVREE*^ (PA,QL) QSYMIA^ (PA) SAXENDA^ (PA)

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

These medications aren't covered on the Cigna Standard 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*	etravirine*
	KALETRA*	lopinavir-ritonavir*
	LEXIVA 700MG TABLET*	fosamprenavir 700mg tablet*
	NORVIR 100MG TABLET*	ritonavir 100mg tablet*
	RETROVIR CAPSULE, SYRUP*	zidovudine capsule, syrup*
	REYATAZ CAPSULE*	atazanavir capsules*
	SUSTIVA*	efavirenz*
	SYMFI*, SYMFI LO*	efavirenz-lamivudine-tenofovir*
	TRIZIVIR*	abacavir-lamivudine-zidovudine tablet*
	TRUVADA*	emtricitabine-tenofovir*
	VIRAMUNE*	nevirapine*
	VIRAMUNE XR*	nevirapine ER*
	VIREAD 300MG TABLET*	tenofovir 300mg tablet*
	ZIAGEN*	abacavir*
ALLERGY/NASAL SPRAYS	AUVI-Q, EPIPEN, EPIPEN JR, SYMJEPI	epinephrine auto-injectors
	BECONASE AQ, NASONEX, OMNARIS, QNASL, ZETONNA	generic nasal steroids (e.g. fluticasone)
	carbinoxamine 6mg tablet, RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine	carbinoxamine oral solution
	DYMISTA	azelastine-fluticasone generic nasal steroids (e.g. fluticasone)
	RYALTRIS	azelastine-fluticasone, mometasone, flunisolide, fluticasone
	RYCLORA	cyproheptadine syrup, hydroxyzine syrup
	QNASL CHILDREN'S	flunisolide
	XHANCE	fluticasone, mometasone
ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)	pyridostigmine 60mg tablet
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL	clomipramine
	APLENZIN	bupropion XL 150, 300mg tablet
	ATIVAN TABLET, LOREEV XR	lorazepam
	AUVELITY	bupropion sr, generic SNRI's (ex: venlafaxine, duloxetine) generic SSRI's (ex: citalopram, fluoxetine)
	bupropion xl 450mg tablet, FORFIVO XL	bupropion xl 150mg tablet

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	CITALOPRAM HBR	citalopram tablet
	CYMBALTA, VENLAFAXINE ER	desvenlafaxine ER, duloxetine, escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram
	PAMELOR	nortriptyline capsules
	PARNATE	tranylcypromine
	PEXEVA	paroxetine, paroxetine cr
	VIIBRYD	vilazodone
	WELLBUTRIN XL	bupropion xl, escitalopram, fluoxetine
ASTHMA/COPD/RESPIRATORY	ADVAIR DISKUS, AIRDUO RESPICLICK FLUTICASONE-VILANTEROL	ADVAIR HFA, BREO ELLIPTA, DULERA fluticasone-salmeterol, SYMBICORT WIXELA INHUB
	ALVESCO, ARMONAIR DIGIHALER ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA	FLOVENT DISKUS, FLOVENT HFA PULMICORT FLEXHALER, QVAR
	BROVANA	arformoterol
	budesonide-formoterol	SYMBICORT
	DUAKLIR PRESSAIR, UTIBRON NEOHALER	ANORO ELLIPTA, BEVESPI AEROSPHERE STIOLTO RESPIMAT
	ELIXOPHYLLIN	theophylline er, theophylline oral solution
	FLUTICASONE HFA	FLOVENT HFA
	levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol hfa
	PERFOROMIST	formoterol
	STRIVERDI RESPIMAT	SEREVENT DISKUS
	TADLIQ	ALYQ, sildenafil 20mg tablet, suspension, tadalafil 20mg tablet
	TUDORZA PRESSAIR	INCRUSE ELLIPTA, SPIRIVA RESPIMAT
	YUPELRI	ANORO ELLIPTA BEVESPI AEROSPHERE BREZTIRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA
	ZYFLO	montelukast zafirlukast zileuton er

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR APTENSIO XR CONCERTA COTEMPLA XR-ODT FOCALIN XR JORNAY PM RITALIN LA	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er MYDAYIS VYVANSE
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er, dextroamphetamine er, dextroamphetamine-amphetamine er
	METHYLPHENIDATE ER	generic methylphenidate tablet
	QELBREE	atomoxetine
	RELEXXII	methylphenidate er 36mg tablet
BLOOD PRESSURE/HEART MEDICATIONS	ASPRUZYO SPRINKLE	amlodipine, atenolol, isosorbide, nifedipine, propranolol, ranolazine er
	ATACAND	candesartan
	ATACAND HCT	candesartan-hctz
	AZOR	amlodipine-olmesartan
	BETAPACE	sotalol
	BYSTOLIC	nebivolol
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CLONIDINE ER	colnidine er 0.1mg tablet, patch
	CONJUPRI, LEVAMLODIPINE, NORLIQVA	amlodipine, felodipine er, nicardipine nifedipine
	CONSENSI	amlodipine, celecoxib
	COREG	carvedilol
	COREG CR	carvedilol er
	DEMSER	metyrosine
	digoxin 62.5mcg tablet	digoxin 0.125mg tablet, digoxin oral solution
	EDARBI	generic ARBs (e.g. losartan; valsartan)
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)
	FIRAZYR*	icatibant
	GONITRO	nitroglycerin sublingual tablet or spray
	INNOPRAN XL	propranolol er
	ISORDIL, ISORDIL TITRADOSE	isosorbide dinitrate
	LANOXIN	digoxin 0.125mg, 0.25mg tablet, oral solution
	LOTREL	amlodipine-benazepril
	MULTAQ	amiodarone, disopyramide, dofetilide, flecainide, propafenone, quinidine, sotalol af
	NEXICLON XR	clonidine ir tablet, clonidine patch
	VASOTEC	enalapril

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole, YOSPRALA	aspirin or enteric aspirin
	PRADAXA	dabigatran
CANCER	AFFINITOR*, AFFINITOR DISPERZ*	everolimus
	BESREMI*	hydroxyurea capsule, PEGASYS
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*
	GLEEVEC*	imatinib
	NEXAVAR*	sorafenib
	NILANDRON	nilutamide
	TARCEVA*	erlotinib
	YONSA*, ZYTIGA*	abiraterone
CHOLESTEROL MEDICATIONS	ANTARA, FENOGLIDE	fenofibrate
	CRESTOR	rosuvastatin+
	EZALLOR SPRINKLE FLOLIPID LIPITOR LIVALO SIMVASTATIN 20mg/5ml SUSPENSION	generic statins (e.g. atorvastatin; simvastatin)
	ezetimibe-atorvastatin, LIPITOR	atorvastatin+, ezetimibe-simvastatin rosuvastatin+
	JUXTAPID*, PRALUENT	REPATHA
	niacin 500mg tablet, NIACOR	niacin er
	ROSUVASTATIN-EZETIMIBE, ZYPITAMAG	atorvastatin+, lovastatin+, pravastatin+ rosuvastatin+, simvastatin+
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
	TUSSICAPS	hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup
DIABETES	ACCU-CHEK AVIVA PLUS TEST STRIPS ACCU-CHEK COMPACT PLUS STRIPS ACCU-CHEK GUIDE TEST STRIPS ACCU-CHEK SMARTVIEW TEST STRIPS ADVOCATE TEST STRIPS ASSURE 4 TEST STRIPS ASSURE PLATINUM TEST STRIPS ASSURE PRISM MULTI TEST STRIPS CONTOUR TEST STRIPS CVS ADVANCED GLUCOSE TEST STRIPS EASY TALK TEST STRIPS EASY TOUCH TEST STRIPS FORA 6 GLUCOSE STRIP FORTISCARE G1 TEST STRIPS FREESTYLE TEST STRIPS FREESTYLE TEST STRIPS NFRS RELION TEST STRIPS RIGHTEST GT333 TEST STRIP TRUE METRIX TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
	ACTOS	pioglitazone
	ADLYXIN	BYDUREON ,BYETTA, metformin, MOUNJARO

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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, NOVOLOG	HUMALOG LYUMJEV
	AFREZZA	HUMALOG, HUMULIN R, LYUMJEV
	alogliptin alogliptin-metformin JENTADUETO, JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA	JANUMET JANUMET XR JANUVIA metformin
	alogliptin-pioglitazone OSENI	JANUMET , JANUMET XR, JANUVIA pioglitazone
	BASAGLAR, BASAGLAR TEMPO INSULIN GLARGINE, INSULIN DEGLUDEC LANTUS, LANTUS SOLOSTAR, SEMGLEE TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR	LEVEMIR SEMGLEE-YGFN TRESIBA FLEXTOUCH
	FIASP FLEXTOUCH, FIASP PENFILL INSULIN ASPART, INSULIN LISPRO NOVOLOG	HUMALOG LYUMJEV
	FORTAMET, GLUMETZA metformin er gastric, metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)
	INSULIN ASPART PRO, NOVOLOG MIX	HUMALOG MIX
	INVOKAMET, INVOKAMET XR, SEGLUROMET	SYNJARDY, SYNJARDY XR, XIGDUO XR
	INVOKANA, STEGLATRO	FARXIGA, JARDIANCE, metformin
	NOVOLIN	HUMULIN
	PROGLYCEM	diazoxide oral suspension
	STEGLUJAN	GLYXAMBI, metformin, QTERN, TRIJARDY XR
DIURETICS	ALDACATAZIDE	spironolactone-hctz
	EDECRIN ethacrynic acid SOOANZ	bumetanide furosemide torsemide
	INSPRA	eplerenon
	THALITONE	chlorthalidone
EYE CONDITIONS	ALPHAGAN	brimonidine
	COMBIGAN	brimonidin-timolol
	LUMIGAN, TRAVATAN Z, VYZULTA XALATAN, XELPROS, ZIOPTAN	bimatoprost latanoprost travoprost
	RESTASIS, RESTASIS MULTIDOSE TYRVAYA	CEQUA, cyclosporine 0.05% eye emulsion XIIDRA
	VERKAZIA	ALOMIDE, azelastine, bepotastine, cromolyn, epinastine, olopatadine, ZERVIATE
	VUITY	azelastine; bepotastine; epinastine
GASTROINTESTINAL/HEARTBURN	ANTIVERT	meclizine
	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	ANZEMET	ondasetron, granisetron
	ASACOL HD, COLAZAL, DELZICOL, DIPENTUM	balsalazide, mesalamine tablets or capsules sulfasalazine
	BYLVAY*, LIVMARLI*	cholestyramine powder/packet rifampin, ursodiol tablet
	CORTIFOAM, UCERIS 2MG RECTAL FOAM	COLOCORT, hydrocortisone
	CREON, PERTZYE, ZENPEP	PANCREAZE
	DARTISLA	glycopyrrolate 2mg tablet
	DEXILANT	dexlansoprazole dr
	DONNATAL	belladonna-phenobarbital, phenohytro
	GIMOTI*	metoclopramide oral solution or tablet
	glycopyrrolate 1.5mg tab ROBINUL, ROBINUL FORTE	glycopyrrolate 1mg, 2mg tablet
	GOLYTELY+ MOVIPREP+ OSMOPREP+ PLENVU+, SUPREP+	CLENPIQ+, GAVILYTE-C+, GAVILYTE-G+ GAVILYTE-N+, PEG 3350 ELECTROLYTE+ SUTAB+
	IBSRELA, MOTEGRITY, ZELNORM	LINZESS, TRULANCE
	KRISTALOSE, lactulose 10gm packet	CONSTULOSE, ENULOSE, lactulose oral solution
	LIALDA DR, PENTASA DR	mesalamine tablet or capsule
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	MARINOL, SYNDROS	dronabinol
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK, PYLERA, TALICIA, VOQUEZNA	lansoprazole-amoxicillin-clarithromycin pak
	OMEPPI, omeprazole-bicarbonate ZEGERID PACKET	omeprazole
	PEPCID	famotodine suspension
	PHEBURANE	sodium phenylbutyrate
	PREVACID SOLUTAB	esomeprazole, lansoprazole, pantoprazole
	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet
	ursodiol 200mg, ursodiol 400mg	ursodiol 300mg
	ZEGERID CAPSULE	lansoprazole , omeprazole
	ZOFRAN	ondansetron
	ZUPLENZ	ondansetron, ondansetron odt
HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet
	ARMOUR THYROID, WP THYROID	NP THYROID
	CLIMARA, DIVIGEL, ELESTRIN MINIVELLE, VIVELLE-DOT	DOTTI, estradiol patch, ESTROGEL EVAMIST, LYLLANA
	CLIMARA PRO	COMBIPATCH
	DDAVP, NOCDURNA	desmopressin nasal spray or tablets

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
HORMONAL AGENTS (cont)	DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DEXPAK, DXEVO, HIDEX, TAPERDEX, ZCORT	dexamethasone 1.5mg tablet
	ESTRACE, FEMRING, IMVEXY, VAGIFEM	estradiol cream/tablet, ESTRING PREMARIN VAGINAL CREAM, YUVAFEM
	FORTESTA, JATENZO, KYZATREX, NATESTO TESTIM, TLANDO, VOGELXO, XYOSTED	ANDRODERM generic topical testosterone
	NUTROPIN AQ NUSPIN* SAIZEN* SAIZEN-SAIZENPREP* SKYTROFA* ZOMACTON*	HUMATROPE* NORDITROPIN*
	HEMADY	dexamethasone 5mg tablet
	LEVOTHYROXINE CAPSULE	Generic SYNTHROID (also called levothyroxine tablet)
	MYCAPSSA*	BYNFEZIA*
	ORTIKOS	budesonide capsule
	RAYOS, TARPEYO*	methylprednisolone, prednisone
	RECORLEV	ketoconazole tablet
	THYQUIDITY, TIROSINT, TIROSINT-SOL	EUTHYROX, LEVO-T, levothyroxine tablet LEVOXYL
	UCERIS 9MG ER TABLET	budesonide 9mg tablet, dexamethasone hydrocortisone, methylprednisolone prednisone
INFECTIONS	ACTICLATE, DORYX, DORYX MPC 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 LYMEPAK 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

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS (cont)	NOXAFIL DR 100MG TABLET	posaconazole dr 100mg tablet
	SITAVIG	acyclovir, famciclovir, valacyclovir tablets
	SPORANOX	itraconazole
	TOLSURA	oral itraconazole
	VALCYTE	valganciclovir
	VANCOCIN	vancomycin oral solution or capsule
	ZOVIRAX	acyclovir
MISCELLANEOUS	ESBRIET*	pirfenidone tablet
	EXSERVAN*	riluzole, TIGLUTIK
	HORIZANT	gabapentin
	KUVAN*	sapropterin tablet & powder packet*
	PIRFENIDONE 534MG	pirfenidone 267 tablet
	RELYVRIO*, RILUTEK*	riluzole
	SENSIPAR*	cinacalcet
	SYPRINE*	penicillamine*, trientine*
	XENAZINE*	tetrabenazine*
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*
	AUBAGIO*	teriflunomide*
	COPAXONE*	BETASERON*, glatiramer*, GLATOPA* KESIMPTA*, PLEGRIDY*, REBIF*
	GILENYA*, TASCENSO ODT*	fingolimod
	TECFIDERA*	BAFIERTAM*, dimethyl*, fingolimod, PON-VORY*, VUMERITY*, ZEPOSIA*
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX, PRENATRYL MULTI-MAC PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT	Any generic prenatal vitamin
	FOSRENOL	lanthanum carbonate
	NASCOBAL	cyanocobalamin injection
	RENAGEL TABLET	sevelamer
	RENVELA	sevelamer carbonate
PAIN RELIEF AND INFLAMMATORY DISEASE	ALLOPURINOL 200MG	allopurinol 100mg
	ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets	butalbutal-acetaminophen 50-325mg tablet
	AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT, MAXALT MLT RELPAX	generic triptans (e.g. sumatriptan; naratriptan)

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	AMRIX cyclobenzaprine er	carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets metaxalone methocarbamol orphenadrine er
	BACLOFEN FLEQSUVEY LYVISPAH OZOBAX	baclofen tablet
	CAMBIA ELYXYB fenoprofen 200mg, 400mg capsule FENORTHO INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena mefenamic acid meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr, naproxen sodium er RELAFEN RELAFEN DS RIDAURA TIVORBEX VIVLODEX ZIPSOR ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg, 750mg methocarbamol 1000mg	methocarbamol 500mg
	COLOCYRS, GLOPERBA	colchicine, MITIGARE
	CONZIP	tramadol, tramadol er
	COSENTYX*	ENBREL*, HUMIRA*, OTEZLA* STELARA*, TALTZ*
	CUPRIMINE*	penicillamine*, trientine*
	diclofenac 1.5% solution diclofenac 35mg capsule PENNSAID	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	GEMTESA	darifenacin er oxybutynin, oxybutynin er solifenacin tolterodine, tolterodine er trospium
	GRALISE	gabapentin
	ibuprofen-famotidine	Generic NSAID (e.g. celecoxib; meloxicam) famotidine
	IMITREX	dihydroergotamine sumatriptan
	LIDODERM	lidocaine 5% patch
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	MIGRANAL	Generic NSAID (e.g. celecoxib; meloxicam) Trudhesa
	NORGESIC 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
	RASUVO	OTREXUP, methotrexate 25mg vial, REDITREX
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	SUBSYS	fentanyl lozenge or buccal tablet
	tizanidine 2mg, 4mg, 6mg capsule	tizanidine 2mg, 4mg tablet
	TOSYMRA	sumatriptan
	TREXIMET	sumatriptan-naproxen
	ULORIC	febuxostat
	vtol lq	butalbital-acetaminophen-caffeine PHRENILIN FORTE
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan
	ZOMIG ZMT	zolmitriptan odt
	ZYLOPRIM	allopurinol
PARKINSON'S DISEASE	DHIVY LODOSYN	carbidopa/levodopa
	GOCOVRI	amantadine

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PARKINSON'S DISEASE (cont)	ONGENTYS	entacapone
	ZELAPAR	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole, paliperidone er risperidone
	LYBALVI	aripiprazole, olanzapine, paliperidone er quetiapine, quetiapine er, risperidone ziprasidone
	GEODON CAPSULE	aripiprazole, paliperidone er, ziprasidone
	QUETIAPINE	quetipine
	VERSACLOZ	clozapine , clozapine odt
	ZYPREXA	aripiprazole, olanzapine tablet, paliperidone er
	ZYPREXA ZYDIS	aripiprazole, olanzapine, olanzapine odt
SEIZURE DISORDERS	ELEPSIA XR, KEPPRA XR	levetiracetam er
	EPRONTIA	topiramate sprinkle capsule, 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
	VIMPAT	lacosamide tablet
	ZONASIDE	lamotrigine/ODT, zonisamide, topiramate
	ZONEGRAN	zonisamide
SKIN CONDITIONS	ABSORICA, ABSORICA LD	CLARAVIS, isotretinoin MYORISAN, ZENATANE
	ACANYA, ACZONE, AKLIEF ALTRENO, AMZEEQ ARAZLO, ATRALIN, AVITA AZELEX, DIFFERIN, DUAC EPIDUO FORTE, FABIOR, ONEXTON RETIN-A, RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC, TRETIN-X, VELTIN WINLEVI, ZIANA	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	acyclovir cream, ointment DENAVIR, ZOVIRAX	acyclovir, famciclovir, valacyclovir tablets
	adapalene swab	adapalene 0.1% cream, lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel
	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
	NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene, VTAMA	calcitriol ointment
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution
	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapsone 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX	imiquimod 5% cream packet podofilox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethasone, fluocinolone, fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	diclofenac 3% gel	FLUROPLEX, fluorouracil imiquimod 5% cream
	doxepin 5% cream PRUDOXIN ZONALON	generic topical steroid (e.g. betamethasone) topical tacrolimus
	DUOBRII	halobetasol plus tazarotene cream
	ELIDEL	pimecrolimus 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, foam
	FINACEA METROCREAM, METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone 1% lotion	betamethasone, fluocinolone fluticasone

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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
	imiquimod 3.75% ZYCLARA	imiquimod 5% cream
	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
	KLISYRI	FLUOROPLEX
	LOCOID	betamethasone lotion fluocinolone cream fluticasone cream hydrocortisone ointment prednicarbate ointment triamcinolone cream
	LOCOID LIPOCREAM nolix PANDEL	betamethasone cream fluocinolone cream fluticasone cream
	LOPROX 0.77% CREAM 1% SHAMPOO	ciclopirox cream, shampoo
	LUZU	econazole cream ketoconazole cream luliconazole
	NORITATE	azelaic acid metronidazole cream metronidazole gel
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment
	PROTOPIC	tacrolimus ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	alclometasone desonide triamcinolone
	ULTRAVATE LOTION	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream
	VERDESO	desonide cream desonide ointment
	VEREGEN	imiquimod 5% cream packet podofilox 0.5% topical solution
	WYNZORA, ZORYVE	betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream
	XERESE	acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet
	XOLEGEL	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	AMBIEN	zolpidem
	AMBIEN CR	zolpidem er
	BELSOMRA	DAYVIGO
	EDLUAR	zolpidem or zolpidem er
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	QUVIVIQ, ZOLPIMIST	doxepin, eszopiclone, zaleplon zolpidem, zolpidem ER
	RESTORIL	temazepam
SUBSTANCE ABUSE	EVZIO	Kloxxado, naloxone auto-injector NARCAN
TRANSPLANT MEDICATIONS	AZASAN*	azathioprine 50mg tablet
	LUPKYNIS*	BENLYSTA* tacrolimus*

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DRUG CLASS	MEDICATION NAME^^ *(Not covered)*	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
TRANSPLANT MEDICATIONS (cont)	PROGRAF**	tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er, oxybutynin, tolterodine
	DETROL LA	darifenacin er, oxybutynin er, tolterodine er
	DITROPAN XL	oxybutynin er
	ENTADFI	alfuzosin, dutasteride, finasteride 5mg, silodosin, tamsulosin
	GELNIQUE, MYRBETRIQ OXYTROL, VESICARE LS	darifenacin er, oxybutynin er tolterodine er, trospium er
	GEMTESA	darifenacin er, oxybutynin, oxybutynin er solifenacin, tolterodine, tolterodine er trospium
	MYRBETRIQ	oxybutynin er, tolterodine er, trospium er
	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:[2,3]

- **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 medications that aren't approved by the U.S. Food and Drug Administration (FDA). With excluded medications, there's no option to get coverage through Cigna's coverage review process.

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

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

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

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

- May be unsafe when combined with other medications

- Have lower-cost, equally effective alternatives available
- Should only be used for certain health conditions
- Are often misused or abused

Q. What types of medications typically have quantity limits?
A. Medications that are often:

- Taken in amounts larger than, or for longer than, may be appropriate
- Misused or abused

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

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

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

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

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

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

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

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

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

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.[5]

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

Q. Do generics work the same as brand-name medications?
A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.[6] Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality and safety.

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

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.[6] Just because generics cost less than brands, doesn't mean they're lower-quality medications.

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

Q. Can I fill my prescriptions by mail?
A. Yes, as long as your plan offers home delivery.[7]

Home delivery with Express Scripts® Pharmacy

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

- Easily order, manage, track and pay for your medications on your phone or online
- Standard shipping at no extra cost[8]
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time
- Helpful pharmacists available 24/7
- Flexible payment options

Frequently Asked Questions (FAQs) *(cont)*

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)[9] 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).[10] They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost. To learn more, go to **Cigna.com/specialty**.

- Easily manage and track your medications on your phone or online
- Fast shipping, at no extra cost[8]
- 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:[11]

- over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- implantable contraceptive devices covered under the Plan's medical benefit;
- medications that are not medically necessary;
- experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- medications that are not approved by the Food & Drug Administration (FDA);
- prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- medications used for fertility[12], sexual dysfunction, cosmetic purposes, weight loss, smoking cessation[12], or athletic enhancement;
- prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- replacement of prescription medications and related supplies due to loss or theft;
- medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- prescriptions more than one year from the date of issue; or
- coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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

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

1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
2. **If you're taking a medication that will be covered differently as of July 1st, you may not be affected by the change(s) at that time.** That's because there are state laws in **Connecticut**, **Louisiana**, **New York** and **Texas** that may require your plan to continue covering your medication as it is now, until your new plan year starts. For example, if Cigna is making a change to a medication on your drug list on July 1st but your new plan year doesn't start until November1st, the change(s) won't affect you until November 1st. It's up to you to remember that your coverage will change at that time. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
3. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
4. For insured plans that must follow **Delaware**'s state insurance laws: Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the **myCigna** App or **myCigna.com**, or call Customer Service using the number on your Cigna ID card.
5. Prices shown on **myCigna** are not guaranteed and coverage is subject to your plan terms and conditions. Visit **myCigna** for more information.
6. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers.
7. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about the pharmacies in your plan's network. *Cigna maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.*
8. Standard shipping costs are included as part of your prescription plan.
9. Certain medications may only be packaged in less than a 90-day supply. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
10. As allowable by law. For medications administered by a health care provider, Acrredo will ship the medication directly to your doctor's office.
11. 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.
12. 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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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 LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

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

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

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

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

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

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

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

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

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

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

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

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