



# **CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST**

**Coverage as of January 1, 2023**



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

932539 f Performance 3-Tier 08/22



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### View the drug list online

This document was last updated on 08/01/2022.\* You can go online to see the current list of medications your plan covers.



**myCigna®<sup>1</sup> App or myCigna.com®.<sup>2</sup>** Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



**Cigna.com/druglist.** Select **Performance 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.

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

Last updated: 08/01/2022, for changes starting 01/01/2023

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

## About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Performance 3-Tier Prescription Drug List as of January 1, 2023.<sup>3,4</sup> Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

**The drug list is updated often so it isn't a complete list of the medications your plan covers.**

Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

## 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 Performance 3-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>	
afeditab CR	BERINERT* (PA)
amlodipine	BIDIL
amlodipine-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	NITROLINGUAL
hydralazine	NITROMIST
irbesartan	NITRONAL
isosorbide mononitrat	NITROSTAT
	NORTHERA* (PA)
	NORVASC
	RANEXA (ST)
	TEKTURNA
	TEKTURNA HCT

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

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

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

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

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

Generic medications are in all **lowercase letters**

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

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

## Tiers

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

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

## Abbreviations next to medications

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

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

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

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

## Brand-name medications are in all capital letters

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

## Specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, specialty medications have an asterisk (\*) next to them.

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

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

## Some plans may cover certain non-covered medications

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

## How to find your medication

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

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

## Cigna Performance 3-Tier Prescription Drug List

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

abacavir-lamivudine* (PA)	BIKTARVY* (QL) DESCOVY*+ (PA)	APRETUDE*+ (PA) CABENUVA* (PA)
efavirenz-emtricitabine-tenofovir* (QL)	DOVATO* (QL) GENVOYA* (QL)	CIMDUO* (PA) COMPLERA* (PA, QL)
emtricitabine-tenofovir 200-300 mg*+	ISENTRESS HD* (PA) ISENTRESS* JULUCA* (QL)	ODEFSEY* (PA, QL) PIFELTRO* (PA) PREZCOBIX* (PA)
etravirine* ritonavir* tenofovir* (PA)	PREZISTA* SYMTUZA* (QL) TIVICAY PD* TIVICAY*	STRIBILD* (PA, QL) TEMIXYS* (PA)
tenofovir disoproxil fumarate* (PA)	TRIUMEQ* (QL) TRIUMEQ PD* (QL)	

### ALLERGY/NASAL SPRAYS

azelastine azelastine-fluticasone cromolyn desloratadine (QL) epinephrine (QL) fluticasone hydroxyzine hcl solution, syrup, tablet hydroxyzine pamoate ipratropium levocetirizine mometasone (QL) olopatadine promethazine solution, syrup, tablet		CLARINEX EPINEPHRINE PROFESSIONAL EMS GASTROCROM GRASSTEK (PA, QL) KARBINAL ER ODACTRA (PA, QL) ORALAIR (PA, QL) PATANASE RAGWITEK (PA, QL) VISTARIL
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### ALZHEIMER'S DISEASE

donepezil donepezil odt memantine memantine er (QL) pyridostigmine 60 mg/5 ml, 60 mg pyridostigmine er rivastigmine	MESTINON 60 MG/5 ML SOLUTION NAMENDA 5-10 MG TITRATION PK	ARICEPT EXELON MESTINON 180 MG TIMESPAN MESTINON 60 MG TABLET NAMENDA 10 MG TABLET NAMENDA 5 MG TABLET NAMENDA XR (QL) NAMZARIC (QL) regonol
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### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>5</sup>

alprazolam alprazolam er alprazolam intensol alprazolam odt		CELEXA (QL, ST) DESVENLAFAXINE ER (QL, ST)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ANXIETY/DEPRESSION/BIPOLAR DISORDER<sup>5</sup>

(cont)

alprazolam xr amitriptyline bupropion (QL) bupropion sr (QL) bupropion xl 150 mg tablet (QL) bupropion xl 300 mg tablet (QL) buspirone citalopram (QL) clomipramine desvenlafaxine er (QL) duloxetine (QL) escitalopram (QL) fluoxetine dr (QL) fluoxetine (QL) flvoxamine (QL) flvoxamine er (QL) lorazepam lorazepam intensol mirtazapine paroxetine cr (QL) paroxetine er (QL) paroxetine (QL) sertraline (QL) trazodone venlafaxine (QL) venlafaxine er (QL)		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)
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### ASTHMA/COPD/RESPIRATORY

albuterol albuterol hfa (QL) alyq* (PA) ambroxolant* (PA) budesonide (QL) fluticasone-salmeterol (QL) ipratropium-albuterol montelukast tadalafil* (PA) treprostinil* (PA) wixela inhub (QL)	ADEMPAS* (PA) ADVAIR HFA (QL) ANORO ELLIPTA (QL) ATROVENT HFA (QL) BEVESPI AEROSPHERE (QL) BREQ ELLIPTA (QL) BREZTRI AEROSPHERE (QL) COMBIVENT RESPIMAT (QL) DULERA (QL) FASENRA PEN* (PA) FLOVENT DISKUS (QL)	ADCIRCA* (PA) AIRDUO DIGIHALER (QL, ST) ARALAST NP* (PA) BRONCHITOL* (PA) DALIRESP (QL) GLASSIA* (PA) KALYDECO* (PA, QL) LETAIRIS* (PA) LONHALA MAGNAIR (PA, QL) ORENITRAM ER* (PA) ORKAMBI* (PA, QL) PROLASTIN C* (PA) PULMICORT RESPULES (QL)
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## Cigna Performance 3-Tier Prescription Drug List

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

FLOVENT HFA (QL)	REVATIO 10 MG/ML, 20 MG* (PA)	
INCRUSE ELLIPTA	SINGULAIR	
NUCALA* (PA)	TEZSPIRE* (PA)	
OFEV* (PA)	TRIKAFTA* (PA, QL)	
OPSUMIT* (PA)	UPTRAVI 1,800 MCG VIAL* (PA)	
PULMICORT FLEXHALER QVAR		
REDIHALER		
SEREVENT		
DISKUS (QL)		
SPIRIVA (QL)		
SPIRIVA RESPIMAT (QL)		
STIOLTO		
RESPIMAT (QL)		
SYMBICORT (QL)		
TRACLEER 32 MG TABLET FOR SUSP* (PA)		
TRELEGY ELLIPTA (QL)		
UPTRAVI* (PA)		
XOLAIR* (PA)		

### ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>5</sup>

amphetamine (PA)	MYDAYIS (PA, QL)	ADDERALL (PA,ST, QL)
atomoxetine (QL)		
dexmethylphenidate (PA)	VYVANSE (PA, QL)	ADZENYS XR-ODT (PA, QL)
dexmethylphenidate er (PA, QL)		amphetamine er (PA,QL)
dextroamphetamine-amphetamine (PA)		AZSTARYS (PA, ST, QL)
dextroamphetamine-amphetamine er (PA, QL)		DAYTRANA (PA, QL)
guanfacine er (QL)		DYANAVEL XR (PA, QL)
methylphenidate er (PA, QL)		EVEKEO ODT (PA)
methylphenidate cd (PA, QL)		FOCALIN (PA, ST, QL)
methylphenidate er (cd) (PA, QL)		INTUNIV (QL)
methylphenidate la (PA, QL)		METHYLIN (PA QL)
procentra (PA, QL)		QUILLICHEW ER (PA, QL)
		QUILLIVANT XR (PA, QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>5</sup> (cont)

		RITALIN (PA, ST, QL)
		STRATTERA (QL)
		ZENZEDI (PA, ST, QL)

### BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg*	ADYNOVATE* (PA)	ADVATE* (PA)
tranexamic acid 650 mg*	AFSTYLA* (PA)	CABLIVI* (PA)
	ARANESP* (PA)	CYKLOKAPRON*
	DROXIA	DOPTELET* (PA)
	ELOCTATE* (PA)	FULPHILA* (PA)
	EMPAVELI* (PA)	GRANIX* (PA)
	EPOGEN* (PA)	HEMLIBRA* (PA)
	ESPEROCT* (PA)	LYSTEDA*
	JIVI* (PA)	NEUPOGEN* (PA)
	KOGENATE FS* (PA)	PROMACTA* (PA)
	KOVALTRY* (PA)	SIKLOS (PA)
	NEULASTA* (PA)	TAVALISSE* (PA)
	NIVESTYM	UDENYCA* (PA)
	NOVOEIGHT* (PA)	
	NYVEPRIA* (PA)	
	PROCRIT* (PA)	
	RETACRIT* (PA)	
	ZARXIO*	
	ZIEXTENZO* (PA)	

### BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	CORLANOR (PA)	ALTACE (ST)
amlodipine-benzazepril	ENTRESTO (QL)	AVAPRO (ST)
amlodipine-olmesartan (QL)	TEKTURN HCT (QL)	BENICAR (QL, ST)
amlodipine-valsartan		BENICAR HCT (QL, ST)
atenolol		BERINERT* (PA)
benazepril		BIDIL (QL)
bisoprolol		CALAN SR
bisoprolol-hctz		CARDIZEM LA 120mg (QL)
candesartan		CATAPRES-TTS 1
cartia xt		CATAPRES-TTS 2
carvedilol		CATAPRES-TTS 3
carvedilol er (QL)		CINRYZE* (PA)
clonidine		CORGARD (ST)
diltiazem 12hr er		COZAAR (ST)
diltiazem 24hr er		DIOVAN (ST)
diltiazem 24hr er (cd)		DIOVAN HCT (ST)
diltiazem 24hr er (la)		EPANED
		EXFORGE
		HAEGARDA* (PA)



## Cigna Performance 3-Tier Prescription Drug List

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

(cont)

diltiazem 24hr er (xr)		HEMANGEOL
diltiazem		HYZAAR (ST)
DILT-XR		INDERAL LA (ST)
dofetilide (QL)		INDERAL XL (ST)
droxidopa*		KALBITOR* (PA)
enalapril		KAPSPARGO
flecainide		SPRINKLE (ST)
hydralazine tablet		KATERZIA (QL)
icatibant* (PA)		LOPRESSOR (ST)
irbesartan		LOTENSIN (ST)
labetalol tablet		MICARDIS (QL, ST)
lisinopril		MICARDIS HCT (QL, ST)
lisinopril-hctz		MINIPRESS
losartan		NITROSTAT
losartan-hctz		NORTHERA* (PA)
matzim la		NORVASC
metoprolol succinate		ORLADEYO* (PA, QL)
metoprolol		PROCARDIA XL
nadolol		RANEXA (QL)
nebivolol (QL)		RUCONEST* (PA)
nifedipine		TAKHZYRO* PA
nifedipine er		TEKTURNA (QL)
olmesartan (QL)		TENORETIC 50 (ST)
olmesartan-amlodipine-hctz		TENORETIC 100 (ST)
olmesartan-hctz (QL)		TENORMIN (ST)
prazosin		TIAZAC
propranolol tablet		TIKOSYN (PA, QL)
propranolol er		TOPROL XL (ST)
ramipril		TRIBENZOR
ranolazine er (QL)		VALSARTAN 4 MG/ML SOLUTION (ST)
sajazir* (PA)		VERELAN
taztia xt		VERELAN PM
telmisartan (QL)		ZESTORETIC (ST)
telmisartan-hctz (QL)		ZESTRIL (ST)
tiadylt er		ZIAC (ST)
valsartan 40 mg		
valsartan 80 mg		
valsartan 160 mg		
valsartan 320 mg		
valsartan-hctz		
verapamil er		
verapamil er pm		
verapamil tablet		
verapamil sr		

### BLOOD THINNERS/ANTI-CLOTTING

clopidogrel	BRILINTA	EFFIENT
enoxaparin* (QL)	ELIQUIS (PA)	LOVENOX* (QL)
jantoven	FRAGMIN* (QL)	PLAVIX
prasugrel	XARELTO (PA)	PRADAXA (PA)
warfarin		SAVAYSA (PA, QL)
		ZONTIVITY

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CANCER

abiraterone* (PA)	ALECENSA* (PA, QL)	ALUNBRIG* (PA, QL)
anastrozole+		AYVAKIT* (PA, QL)
capecitabine* (PA)	CABOMETYX* (PA)	BOSULIF* (PA, QL)
everolimus* (PA, QL)	CALQUENCE* (PA)	BRAFTOVI* (PA)
exemestane+		BRUKINSA* (PA, QL)
imatinib* (QL)	ERIVEDGE* (PA)	COMETRIQ* (PA, QL)
letrozole	ERLEADA* (PA)	ELIGARD*
methotrexate	GLEOSTINE	EXKIVITY* (PA)
tamoxifen+	IBRANCE* (PA, QL)	ICLUSIG* (PA, QL)
temozolomide* (PA)	KANJINTI* (PA)	IMBRUVICA* (PA, QL)
	LYNPARZA* (PA, QL)	INLYTA* (PA)
	MVASI* (PA)	JAKAFI* (PA, QL)
	NUBEQA* (PA)	KISQALI* (PA)
	REVLIMID* (PA, QL)	KISQALI FEMARA CO-PACK* (PA)
	RIABNI* (PA)	LENVIMA* (PA)
	RUBRACA* (PA, QL)	LONSURF* (PA)
	RUXIENCE* (PA)	LORBRENA* (PA, QL)
	SPRYCEL* (PA, QL)	LUMAKRAS* (PA, QL)
	TRAZIMERA* (PA)	MEKINIST* (PA, QL)
	TREXALL	MEKTOVI* (PA, QL)
	VERZENIO* (PA)	NERLYNX* (PA)
	XTANDI* (PA)	NINLARO* (PA, QL)
	ZIRABEV* (PA)	ODOMZO* (PA)
		OGIVRI* (PA)
		ONTRUZANT* (PA)
		ORGOVYX* (PA)
		POMALYST* (PA, QL)
		ROZLYTREK* (PA)
		STIVARGA* (PA, QL)
		SUTENT* (PA, QL)
		TAFINLAR* (PA, QL)
		TAGRISO* (PA)
		TALZENNA* (PA, QL)
		TASIGNA* (PA, QL)
		TEMODAR CAPSULE* (PA)
		TUKYSA* (PA)
		VENCLEXTA* (PA)
		VENCLEXTA STARTING PACK* (PA)
		VITRAKVI* (PA)
		VIZIMPRO* (PA)
		XALKORI* (PA, QL)
		XELODA* (PA)
		XOSPATA* (PA)
		ZEJULA* (PA, QL)

### CHOLESTEROL MEDICATIONS

atorvastatin+	LIVALO (QL, ST)	CADUET (QL)
colestevlam	NEXLETOL (PA, QL)	LIPOFEN (ST)
ezetimibe		ROSZET (PA)
fenofibrate	NEXLIZET (PA, QL)	TRICOR (ST)
fenofibric acid		TRILIPIX (ST)



## Cigna Performance 3-Tier Prescription Drug List

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

fluvastatin+	REPATHA (PA)	WELCHOL
fluvastatin er+	VASCEPA (PA)	ZETIA
icosapent ethyl		ZOCOR (QL, ST)
lovastatin+		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin+ (QL)		
simvastatin tablet+ (QL)		

### CONTRACEPTION PRODUCTS

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

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

ELINEST+		
ELURYNG+		
ENPRESSE+		
ENSKYCE+		
ERRIN+		
ESTARYLLA+		
ethynodiol-ethinyl estradiol+		
etonogestrel-ethinyl estradiol+		
FALMINA+		
FEMYNOR+		
GEMMILY+		
HAILEY 24 FE+		
HAILEY FE+		
HAILEY+		
HEATHER+		
ICLEVIA+		
INCASSIA+		
ISIBLOOM+		
JAIMIESS+		
JASMIEL+		
JENCYCLA+		
JOLESSA+		
JULEBER+		
JUNEL FE 24+		
JUNEL FE+		
JUNEL+		
KAITLIB FE+		
KALLIGA+		
KARIVA+		
KELNOR 1-35+		
KELNOR 1-50+		
KURVELO+		
LARIN 24 FE+		
LARIN FE+		
LARIN+		
LARISSIA+		
LEENA+		
LESSINA+		
LEVONEST+		
levonorgestrel-ethinyl estradiol+		
levonorgestrel-ethinyl estradiol		
ethinyl estradiol+		
LEVORA-28+		
LILLOW+		
LOJAIMIESS+		
LORYNA+		
LOW-OGESTREL+		
LO-		
ZUMANDIMINE+		
LUTERA+		
LYLEQ+		
LYZA+		
MARLISSA+		

## Cigna Performance 3-Tier Prescription Drug List

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

medroxyprogesterone+ 150mg/ml		
MERZEE+		
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+		
NORLYDA+		
NORTREL+		
NYLIA+		
NYMYO+		
OCELLA+		
PHILITH+		
PIMTREA+		
PIRMELLA+		
PORTIA+		
PREVIFEM+		
RECLIPSEN+		
RIVELSA+		
SETLAKIN+		
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+		

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

TRIVORA-28+		
TRI-VYLIBRA LO+		
TRI-VYLIBRA+		
TULANA+		
TYDEMY+		
VELIVET+		
VESTURA+		
VIENVA+		
VIORELE+		
VOLNEA+		
VYFEMLA+		
VYLIBRA+		
WERA+		
WYMZYA FE+		
XULANE+		
ZAFEMY+		
ZOVIA 1-35+		
ZUMANDIMINE+		

### COUGH/COLD MEDICATIONS

brompheniramine-pseudoephedrine-dm		HYCODAN (PA, QL)
promethazine-dm		TUXARIN ER (PA,QL)
		TUZISTRA XR (PA, QL)

### DENTAL PRODUCTS

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

### DIABETES

glimepiride	ACCU-CHEK	ACCU-CHEK
glipizide	GUIDE ME	COMPACT PLUS
glipizide er	GLUCOSE MTR	CONTROL
glipizide xl	ACCU-CHEK	ACCU-CHEK GUIDE
metformin	GUIDE	L1-L2 CONTROL
metformin er	MONITOR	SOLUTION
TECHLITE INSULIN SYRINGE	SYSTEM	ACCU-CHEK AVIVA
	BAQSIMI (QL)	SOLUTION
	BD INSULIN SYRINGE	ACCU-CHEK SMARTVIEW
	BD LANCETS	CONTROL
	BD PEN NEEDLE	SOLUTION

## Cigna Performance 3-Tier Prescription Drug List

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### DIABETES (cont)

BYDUREON	AUTOSHIELD DUO	
BCISE (PA,QL)	PEN NEEDLE	
BYETTA (PA,QL)	CEQR	
DEXCOM G6 (PA, QL)	CONTOUR NEXT EZ	
DEXCOM G6	CYCLOSET	
RECEIVER (PA, QL)	DEXCOM G4	
DEXCOM G6	DEXCOM G5	
SENSOR (PA, QL)	DEXCOM G5-G4	
DEXCOM G6	SENSOR	
SENSOR (PA, QL)	FREESTYLE	
DEXCOM G6	FREEDOM LITE	
TRANSMITTER	GLUCAGON	
(PA, QL)	EMERGENCY KIT	
DROPLET	(QL)	
DROPSAFE	GLUCOCARD	
FARXIGA (QL, ST)	EXPRESSION	
FREESTYLE LIBRE	GLUCOCARD SHINE	
14 DAY SENSOR	GLUCOCARD SHINE	
(PA, QL)	CONNEX METER	
FREESTYLE LIBRE	GLUCOCARD SHINE	
2 SENSOR (PA, QL)	EXPRESS METER	
FREESTYLE LIBRE	GUARDIAN RT	
READER (PA, QL)	CHARGER	
GLUCAGEN	GUARDIAN TEST	
HYPO KIT (QL)	PLUG	
GLYXAMBI (QL, ST)	GVOKE (QL)	
HUMALOG (QL)	INPEN	
HUMULIN (QL)	KORLYM* (PA)	
HUMULIN R (QL)	MINIMED	
INSULIN	RESERVOIR	
SYRINGE	PARADIGM	
INSULIN	RESERVOIR,	
SYRINGE U-500	REMOTE CONTROL	
JANUMET (QL, ST)	POGO AUTOMATIC	
JANUMET XR	BLOOD GLUC SYS	
(QL, ST)	PRECISION XTRA	
JANUVIA (QL, ST)	MONITOR NFRS	
JARDIANCE (QL, ST)	PRECISION XTRA	
LEVEMIR (QL)	MONITOR	
LYUMJEV (QL)	PRECISION XTRA	
MICROLET	KETONE-GLUC KIT	
NEXT LANCING	RIOMET	
DEVICE	RIOMET ER	
MULTI-LANCET	TRUETRACK BLOOD	
NOVOFINE	GLUCOSE SYSTEM	
OMNIPOD DASH	TRUE METRIX	
PODS (GEN 4)		
(QL)		
OMNIPOD 5 G6		
PODS (GEN 5)		
(QL)		

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

	OMNIPOD	
	CLASSIC PODS	
	(GEN 3) (QL)	
	ONETOUCH	
	ULTRA TEST	
	STRIP	
	ONETOUCH	
	ULTRAMINI	
	ONETOUCH	
	VERIO FLEX	
	METER	
	ONETOUCH	
	VERIO IQ METER	
	ONETOUCH	
	VERIO METER	
	ONETOUCH	
	VERIO REFLECT	
	METER	
	ONETOUCH	
	VERIO TEST	
	STRIP	
	OZEMPIC (PA,	
	QL)	
	QTERN (QL, ST)	
	RYBELSUS (PA,	
	QL)	
	SOLIQUA 100-33	
	SYMLINPEN	
	SYNJARDY (QL,	
	ST)	
	SYNJARDY XR	
	(QL, ST)	
	TECHLITE	
	NEEDLE	
	TRESIBA (QL)	
	TRIJARDY XR (ST,	
	QL)	
	TRUEPLUS	
	SYRINGE	
	TRULICITY	
	(PA,QL)	
	V-GO 20	
	V-GO 30	
	V-GO 40	
	VEO INSULIN	
	SYRINGE	
	VICTOZA (PA,	
	QL)	
	XIGDUO XR (QL,	
	ST)	
	XULTOPHY	
	ZEGALOGUE	
	(QL)	

## Cigna Performance 3-Tier Prescription Drug List

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### DIURETICS

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

### EAR MEDICATIONS

ciprofloxacin-dexamethasone neomycin-polymyxin b-hydrocortisone ofloxacin	CIPRO HC	CIPROFLOXACIN-FLUOCINOLONE CIPRODEX CORTISPORIN-TC DERMOTIC OTOVEL
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### ERECTILE DYSFUNCTION

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

### EYE CONDITIONS

bimatoprost (QL)	ALPHAGAN P 0.1% DROPS	ACUVAIL
brimonidine	AZASITE	ALPHAGAN P 0.15% EYE DROPS
brinzolamide	BETIMOL	ALREX
ciprofloxacin	BETOPTIC S	AZOPT
difluprednate	CEQUA	BEPREVE
dorzolamide-timolol	COMBIGAN	BESIVANCE
erythromycin	EYSUVIS (QL)	BROMSITE
fluorometholone	FLAREX	COSOPT
latanoprost	FML FORTE	COSOPT PF
loteprednol	0.25% EYE DROPS	CYSTADROPS* (PA, QL)
moxifloxacin eye drops	FML S.O.P. 0.1% OINTMENT	CYSTARAN* (PA, QL)
neomycin-polymyxin b-dexamethasone ofloxacin polymyxin b sulfate-trimethoprim prednisolone timolol	FLAREX	DUREZOL
tobramycin-dexamethasone travoprost	LOTEMAX SM	DURYSTA* (PA)
	SIMBRINZA	FML LIQUIFILM 0.1% EYE DROP
	XIIDRA	ILEVRO
	ZERVIAE	INVELTYS
		ISTALOL
		LOTEMAX
		MAXITROL
		OCUFLOX
		OXERVATE* (PA)
		PRED FORTE
		PROLENSA
		RHOPRESSA
		ROCKLATAN

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### EYE CONDITIONS (cont)

		TIMOPTIC
		TIMOPTIC-XE
		TIMOPTIC
		OCUDOSE
		TOBRADEX EYE DROPS
		TOBRADEX ST
		VIGAMOX
		ZIRGAN
		ZYLET

### FEMININE PRODUCTS

GYNAZOLE 1		
miconazole 3 200 mg		
terconazole		

### GASTROINTESTINAL/HEARTBURN

alosetron*	AMITIZA	ACIPHEX (QL, ST)
ANUCORT-HC	CLENPIQ+	APRISO
balsalazide	DEXILANT (QL)	BONJESTA
cinacalcet*	ENTYVIO* (PA)	CANASA
dicyclomine capsule, solution, tablet	LINZESS	CARAFATE
esomeprazole 20 mg capsule, 40 mg capsule, packets (QL)	LITHOSTAT	CHOLBAM* (PA)
famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet	NEXIUM DR 2.5 MG PACKET (QL)	DICLEGIS
GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ GAVILYTE-N+ HEMMOREX-HC hydrocortisone	NEXIUM DR 5 MG PACKET (QL)	GATTEX* (PA)
lansoprazole (QL)	PANCREAZE	MOTOFEN
mesalamine	PENTASA	MOVANTIK (PA)
mesalamine dr	SUPREP+	OCALIVA* (PA)
mesalamine er	SUTAB+	PREVACID DR 30 MG CAPSULE (QL, ST)
metoclopramide solution, tablet	VIBERZI	PROTONIX (ST, QL)
metoclopramide odt		RAVICTI* (PA)
omeprazole (QL)		RECTIV
ondansetron		RELISTOR (PA)
ondansetron odt		SANCUSO (PA, QL)
pantoprazole suspension, tablet (QL)		SFROWASA
peg 3350-electrolyte+		SUCRAID* (PA)
		SYMPROIC (PA)
		TRANSDERM-SCOP
		URSO
		URSO FORTE
		VARUBI (PA, QL)
		VIOKACE

## Cigna Performance 3-Tier Prescription Drug List

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### GASTROINTESTINAL/HEARTBURN (cont)

peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+ PEG-PREP+ prochlorperazine tablet rabeprazole tablet (QL) scopolamine sucralfate		
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### HORMONAL AGENTS

AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) cabergoline (QL) desmopressin* ampule, vial dexamethasone intensol DOTTI (QL) estradiol (once weekly) estradiol 10mcg vaginal insert (QL) estradiol (twice weekly) (QL) estradiol-norethindrone EUTHYROX LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxyprogesterone methylprednisolone MIMVEY norethindrone NP THYROID prednisone prednisone intensol progesterone vial* testosterone (PA, QL) testosterone cypionate YUVAFEM (QL)	ANDRODERM (PA, QL) CETROTIDE*^ (PA) COMBIPATCH CRINONE DUAVEE ESTRING (QL) ESTROGEL FORTEO* (PA, QL) HUMATROPE* (PA) LUPRON DEPOT* (PA) LUPRON DEPOT-PED* (PA) MEDROL 2 MG TABLET MYFEMBREE (PA,QL) NORDITROPIN FLEXPRO* (PA) ORIAHNN (PA, QL) ORLISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO SEROSTIM* (PA) SOMATULINE DEPOT* (PA) SOMAVERT* (PA)	ACTHAR GEL* (PA) ACTIVELLA ALORA (QL) ANDROGEL (PA, QL) ANGELIQ AYGESTIN BIJUVA CORTROPHIN* (PA) CYTOMEL DEPO-TESTOSTERONE EMFLAZA* (PA) EVAMIST FENSOLVI* (PA) INTRAROSA (QL) ISTURISA* (PA, QL) LANREOTIDE* (PA) LUPANETA PACK* (PA) MEDROL 8MG, 16MG, 32MG TABLET MEDROL 4 MG DOSEPAK MENOSTAR (QL) MYFEMBREE (QL) OSPHENA (QL) PROMETRIUM RAYALDEE SANDOSTATIN LAR DEPOT* (PA) SUPPRELIN LA* (PA) TESTOPEL (PA) TRIOSTAT TRIPTODUR* (PA) UNITHROID
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### INFECTIONS

acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin-clavulanate er amoxicillin-clavulanate atovaquone atovaquone-proguanil AVIDOXY azithromycin packet, suspension, tablet cefdinir cefuroxime tablet cephalixin ciprofloxacin clindamycin COREMINO ER QL dapsone tablets doxycycline capsule, tablet doxycycline monohydrate EMVERM entecavir* (QL) erythromycin erythromycin ethylsuccinate famciclovir fluconazole hydroxychloroquine ivermectin 3 mg tablet (PA) levofloxacin solution, tablet metronidazole gel, capsule, tablet minocycline minocycline er tablet (QL) mondoxyne nl nitazoxanide nitrofurantoin nitrofurantoin monohydrate-macrocrystal nystatin suspension, tablet oseltamivir (QL) penicillin v potassium	BARACLUDE SOLUTION* CLEOCIN 75 MG CAPSULE EPCLUSA* (PA, QL) EURAX 10% CREAM HARVONI* (PA, QL) LAGEVRIO (EUA) (QL) LEDIPASVIR-SOFOSBUVIR* (PA, QL) MAVYRET* (PA, QL) PAXLOVID (QL) PEGASYS* (PA) SOFOSBUVIR-VELPATASVIR* (PA, QL) SOLOSEC SOVALDI* (PA, QL) TOBI PODHALER* (PA, QL) VEMLIDY* VOSEVI* (PA, QL) XIFAXAN (QL)	AEMCOLO (QL) ALINIA ARIKAYCE* (PA) BACTRIM BACTRIM DS BAXDELA (PA) CAYSTON* (PA, QL) CIPRO TABLET CLEOCIN 150 MG CAPSULE CLEOCIN 300 MG CAPSULE CLEOCIN 100 MG VAGINAL OVULE CLEOCIN 2% VAGINAL CREAM CLINDESSE CRESEMBA CAPSULE (PA) DARAPRIM* (PA) DIFICID (QL) e.e.s. 400 ELIMITE ERYPED 200 ERY-TAB DR EURAX 10% LOTION FLAGYL KITABIS PAK* (PA, QL) MACROBID MACRODANTIN MALARONE (PA) NUVESSA NUZYRA TABLET* (PA, QL) PLAQUENIL (PA) posaconazole suspension PREVYMIS TABLET* PRIFTIN posaconazole suspension SIVEXTRO TABLET (PA) SKLICE STROMECTOL (PA) sulfatrim SYNAGIS* (PA) TAMIFLU (QL) URIBEL VALTREX XENLETA 600mg tablet (PA, QL) XOFLUZA (QL)
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## Cigna Performance 3-Tier Prescription Drug List

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

posconazole tablet		ZEPATIER* (PA, QL)
sulfamethoxazole- trimethoprim suspension, tablet		ZITHROMAX ZITHROMAX TRI- PAK
terbinafine		ZYVOX
tetracycline		SUSPENSION, TABLET (PA)
tobramycin ampule* (PA, QL)		
valacyclovir		
valganciclovir		
vancomycin capsule, solution		
vandazole		

### INFERTILITY

	CRINONE 8% GEL^	FOLLISTIM* (PA) MAKENA* (PA)
	ENDOMETRIN^	MENOPUR*^ (PA)
	GONAL-F*^ (PA)	NOVAREL 10,000 UNITS VIAL*^ (PA)
	NOVAREL 5,000 UNIT VIAL*^ (PA)	
	OVIDREL*^ (PA)	

### MISCELLANEOUS

deferiprone* (PA)	ACCU-CHEK	ADDYI (QL)
disulfiram	SAFE-T-PRO	BOTOX* (PA)
sapropterin* (PA)	23G LANCETS	CEREZYME* (PA)
sodium chloride inhalation vial.	ACCU-CHEK	DYSPORE* (PA)
Irrigation solution vial	SOFTCLIX LANCETS	AUSTEDO* (PA) EVRYSDI* (PA)
	ACCU-CHEK MULTICLIX LANCETS	INGREZZA* (PA) INGREZZA INITIATION PACK* (PA, QL)
	ACCU-CHEK FASTCLIX LANCET DRUM	KETONE CARE TEST STRIP
	CERDELGA* (PA)	KETONE TEST STRIP
	DROPLET LANCETS	KETOSTIX REAGENT NUEDEXTA (QL)
	ESBRIET* (PA)	ORFADIN* (PA)
	MICROLET	PALYNZIQ* (PA)
	NITYR* (PA)	POGO AUTOMATIC TEST CARTRIDGE
	ONETOUCH DELICA	PRECISION XTRA TEGSEDJ* (PA)
	ONETOUCH LANCETS	TIGLUTIK* (PA)
	STRENSIQ* (PA)	TRUEPLUS KETONE TEST STRIP
	TECHLITE LANCETS	VYLEESI* (PA, QL) VYNDAMAX* (PA, QL)

### MULTIPLE SCLEROSIS

dalfampridine er* (PA)	AVONEX* (PA)	FIRDAPSE* (PA, QL)
dimethyl fumarate* (PA)	AUBAGIO* (PA)	MAVENCLAD* (PA)
	BAFIERTAM* (PA)	OCREVUS* (PA)
		PONVORY* (PA)

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

glatiramer* (PA)	BETASERON* (PA)	TYSABRI* (PA)
glatopa* (PA)	EXTAVIA* (PA) GILENYA* (PA) KESIMPTA PEN* (PA) MAYZENT* (PA) PLEGRIDY* (PA) PONVORY* (PA) REBIF* (PA) VUMERITY* (PA) ZEPOSIA* (PA)	

### NUTRITIONAL/DIETARY

betaine*	CITRANATAL 90 DHA	ACCRUFER AURYXIA (QL)
calcitriol	CITRANATAL	CITRANATAL
cyanocobalamin injection	ASSURE	BLOOM
dodex	CITRANATAL	DRISDOL
fluoride+	B-CALM	FLORIVA+
folic acid^+	CITRANATAL	K-TAB ER
klor-con	DHA	MEPHYTON
KLOR-CON 8 MEQ TABLET	CITRANATAL HARMONY	PERRY PRENATAL+ PHOSLYRA
KLOR-CON 10 MEQ TABLET	LOKELMA NEEVO DHA	POLY-VI-FLOR WITH IRON+
MULTI-VITAMIN W-FLUORIDE- IRON+	OB COMPLETE DHA	POLY-VI-FLOR+ PRENATAL
MULTIVITAMIN WITH FLUORIDE+	OB COMPLETE ONE	FORMULA-DHA+ PRENATE
MULTIVITAMIN- IRON-FLUORIDE	OB COMPLETE PETITE	QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+
potassium chloride 10%, capsule, packet, tablet	PREMIER PRENATE CHEWABLE	QUFLORA PEDIATRIC 0.25 MG/ML DROP+
sevelamer carbonate	PRENATE DHA PRENATE ELITE	QUFLORA PEDIATRIC 0.5 MG/ ML DROP+
TRI-VITE WITH FLUORIDE+	PRENATE ENHANCE	RENVELA
vitamin d2 1.25 mg (50,000 unit)^	PRENATE ESSENTIAL	ROCALTROL
VITAMINS A,C,D AND FLUORIDE+	PRENATE MINI PRENATE PIXIE PRENATE RESTORE PRIMACARE TRI-VI-FLOR+ VELPHORO VELTASSA	

### OSTEOPOROSIS PRODUCTS

alendronate	FORTEO* (PA,QL)	ACTONEL (ST)
ibandronate* 150 mg tablet	TYMLOS* (PA, QL)	ATELVIA (ST)
raloxifene+		BINOSTO (ST)
risedronate		EVISTA
risedronate dr		FOSAMAX (ST)
teriparatide* (PA, QL)		PROLIA* (PA) XGEVA* (PA)



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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>		
acetaminophen-codeine (PA)	ACTEMRA* (PA)	ARCALYST* (PA)
allopurinol tablet	AIMOVIG (PA)	ARAVA
baclofen tablet	AJOVY (PA)	BENLYSTA* (PA)
buprenorphine patch (QL)	AVSOLA* (PA)	BUPRENEX9PA0
butalbital-acetaminophen-caffeine (QL)	BELBUCA (QL)	BUTRANS (QL)
carisoprodol	CIMZIA* (PA, QL)	CELEBREX (QL, ST)
celecoxib (QL)	DUPIXENT* (PA)	DEPEN* (PA, QL)
colchicine 0.6 mg	DUROLANE* (PA)	EC-NAPROSYN (ST)
cyclobenzaprine	EMGALITY (PA)	ESGIC (QL)
diclofenac 1% gel (QL)	ENBREL* (PA, QL)	FEXMID
diclofenac dr (PA)	EUFLEXXA* (PA)	FIORICET (QL)
diclofenac ec	GELSYN-3* (PA)	FLECTOR (PA, QL)
EC-NAPROXEN	HUMIRA* (PA, QL)	GABLOFEN
ECOTRIN EC 81 MG TABLET+	HYSINGLA ER (PA)	GLASSIA*
eletriptan (QL)	INFLECTRA* (PA)	HYALGAN* (PA)
ENDOCET (PA)	MITIGARE	HYMOVIS* (PA)
febuxostat (QL)	NUCYNTA (PA)	ILARIS* (PA)
GEL-ONE* (PA)	NURTEC ODT (PA, QL)	ILUMYA* (PA, QL)
GLYDO	OTEZLA* (PA, QL)	KEVZARA* (PA, QL)
hydrocodone-acetaminophen (PA)	PROCTOFOAM-HC	KINERET* (PA, QL)
IBU	QULIPTA (PA, QL)	LAZANDA (PA)
ibuprofen	RASUVO (PA)	LICART (PA, QL)
indomethacin	REDITREX (PA)	MONOVISC* (PA)
indomethacin er	RINVOQ* (PA, QL)	NAPROSYN (ST)
ketorolac tromethamine (QL)	SAVELLA	NUCYNTA ER (PA)
leflunomide	SIMPONI 100 MG/ML* (PA, QL)	OLUMIANT* (PA, QL)
lidocaine 5% ointment (QL)	SIMPONI ARIA* (PA)	ORENCIA* (PA)
lidocaine 5% patch	SKYRIZI* (PA, QL)	ORTHOVISC* (PA)
lidocaine viscous	STELARA* (PA)	OTREXUP (PA)
meloxicam tablet	TALTZ* (PA, QL)	OXAYDO (PA)
metaxalone	TREMFYA* (PA, QL)	PERCOCET (PA)
methocarbamol	TRUDHESA (PA, QL)	RENFLEXIS* (PA)
morphine (PA)	UBRELVY (PA, QL)	ROXYBOND (PA)
morphine er (PA)	XELJANZ XR* (PA, QL)	SILIQ* (PA, QL)
oxycodone (PA)	XELJANZ* (PA, QL)	SIMPONI 50 MG/0.5 ML* (PA, QL)
oxycodone er (PA)	XTAMPZA ER (PA)	SYNVISC* (PA)
oxycodone-acetaminophen (PA)	ZTLIDO	SYNVISC-ONE* (PA)
penicillamine* (PA, QL)		TRILURON* (PA)
PROLATE TABLET (PA)		ULTRAM 50 MG TABLET (QL)
rizatriptan (QL)		XIAFLEX* (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>		
sumatriptan (QL)		
SUPARTZ FX* (PA)		
tramadol 50 mg tablet (QL)		
tramadol er (QL)		
VANADOM		
VISCO-3* (PA)		
<b>PARKINSON'S DISEASE</b>		
benztropine tablet	KYNMOBI (PA)	AZILECT (QL)
carbidopa-levodopa		DUOPA*
carbidopa-levodopa er		INBRIJA* (PA)
pramipexole		MIRAPEX ER (QL)
pramipexole er (QL)		NEUPRO
rasagiline (QL)		NOURIANZ* (PA, QL)
ropinirole er		OSMOLEX ER (QL)
ropinirole		RYTARY
		SINEMET 10-100
		SINEMET 25-100
		TASMAR
		XADAGO (ST)
<b>SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>5</sup></b>		
aripiprazole (QL)	ABILIFY	ARISTADA (QL)
aripiprazole odt	MAINTENA (QL)	ARISTADA INITIO
asenapine	LATUDA (QL)	FANAPT (QL, ST)
chlorpromazine tablet		INVEGA (QL, ST)
olanzapine tablet		INVEGA SUSTENNA (QL)
olanzapine odt		INVEGA TRINZA (QL)
paliperidone er (QL)		PERSERIS (QL)
quetiapine		REXULTI (QL, ST)
quetiapine er		RISPERDAL (ST)
risperidone		RISPERDAL CONSTA (QL)
risperidone odt		SAPHRIS (ST)
ziprasidone tablet		SECUADO (ST)
		SEROQUEL (ST)
		SEROQUEL XR (ST)
		VRAYLAR (QL, ST)
<b>SEIZURE DISORDERS</b>		
carbamazepine	FYCOMPA (PA, QL)	APTiom (PA, QL)
carbamazepine er		BANZEL (PA, QL)
clonazepam	NAYZILAM (PA, QL)	BRIVIACT ORAL SOLUTION, TABLET (PA)
divalproex	VIMPAT 10 MG/ML SOLUTION	CARBATROL (PA)
divalproex er		DEPAKOTE (PA)
EPITOL		DEPAKOTE ER (PA)
gabapentin		DEPAKOTE SPRINKLE (PA)
lamotrigine		DIASTAT (PA)
lamotrigine (blue)		DILANTIN (PA)
lamotrigine (green)		
lamotrigine (orange)		



## Cigna Performance 3-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
lamotrigine er		EPIDIOLEX* (PA)
lamotrigine odt		FINTEPLA* (PA)
lamotrigine odt (blue)		FYCOMPA (PA, QL)
lamotrigine odt (green)		KLONOPIN (PA)
lamotrigine odt (orange)		LYRICA ORAL SOLUTION (PA)
levetiracetam solution, tablet		NEURONTIN (PA)
levetiracetam er		OXTELLAR XR (PA)
oxcarbazepine		PHENYTEK (PA)
pregabalin capsule, solution		SPRITAM (PA)
ROWEEPRA		TEGRETOL (PA)
rufinamide (PA, QL)		TEGRETOL XR (PA)
SUBVENITE		VALTOCO (PA, QL)
SUBVENITE (BLUE)		VIMPAT 200 MG/20 ML VIAL
SUBVENITE (GREEN)		XCOPRI (PA, QL)
SUBVENITE (ORANGE)		
topiramate		
topiramate er		
vigabatrin*		
vigadrone*		

### SKIN CONDITIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AC CUTANE	ADBRY* (PA)	ANALPRAM HC
adapalene (PA)	CIBINQO* (PA, QL)	2.5%-1% LOTION
adapalene-benzoyl peroxide	EUCRISA (ST)	AVAR 9.5-5% CLEANSING PADS
AMNESTEEM	NAFTIN	BRYHALI (ST)
AVAR CLEANSER	PICATO	calcipotriene foam
azelaic acid	PRAMOSONE LOTION	CAPEX SHAMPOO (ST)
BP 10-1	SANTYL (QL)	CLEOCIN T
calcipotriene-betamethasone		CLINDACIN ETZ KIT
CLARAVIS		CLINDACIN PAC KIT
CLINDACIN ETZ 1% PLEDGET		CLODERM (ST)
CLINDACIN P 1% PLEDGETS		DRYSOL
clindamycin 1% foam, gel, lotion, pledget, solution		EFUDEX
clindamycin-benzoyl peroxide		EVOCLIN
clindamycin-tretinoin		OPZELURA (PA)
clobetasol		REGRANEX (PA, QL)
CLODAN		TEMOVATE (ST)
clotrimazole-betamethasone		VALCHLOR*
		VECTICAL (QL)
		XEPI

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
dapsone 5% gel, 7.5% gel pump		
fluocinonide		
fluorouracil cream, topical solution		
isotretinoin		
ketoconazole		
KETODAN		
metronidazole		
MYORISAN		
NEUAC GEL		
pimecrolimus		
ROSADAN		
sodium sulfacetamide-sulfur		
SSS 10-5		
SULFACLEANSE 8-4		
tacrolimus ointment		
tazarotene 0.1% cream		
tretinoin (PA)		
TRIDERM		
ZENATANE		

### SLEEP DISORDERS/SEDATIVES

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
eszopiclone	DAYVIGO (QL, ST)	HETLIOZ* (PA)
modafinil (PA)	SUNOSI (PA, QL)	HETLIOZ LQ* (PA)
zolpidem		LUNESTA (ST)
zolpidem er (QL)		WAKIX* (PA, QL)
		XYREM* (PA, QL)
		XYWAV* (PA, QL)

### SMOKING CESSATION<sup>5</sup>

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
bupropion sr+ 150 mg tablet	NICOTROL NS+ NICOTROL+	APO-VARENICLINE
varenicline+		CHANTIX^ (PA)

### SUBSTANCE ABUSE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
buprenorphine-naloxone	LUCEMYRA (QL)	KLOXXADO (QL)
	NARCAN (QL)	SUBLOCADE*
	ZUBSOLV	SUBOXONE
		ZIMHI (QL)

### TRANSPLANT MEDICATIONS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
everolimus 0.25 mg tablet*	CELLCEPT VIAL*	ASTAGRAF XL*
everolimus 0.5 mg tablet*		CELLCEPT ORAL SUSPENSION, TABLET*
mycophenolate mofetil*		ENVARUS XR*
mycophenolic acid*		MYFORTIC*
sirolimus*		NEORAL*
tacrolimus capsule*		RAPAMUNE*
		REZUROCK* (PA)
		ZORTRESS*

## Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### URINARY TRACT CONDITIONS

alfuzosin er cevimeline dutasteride finasteride oxybutynin oxybutynin er phenazopyridine potassium er silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine er (QL)	CYSTAGON* ELMIRON K-PHOS ORIGINAL	AVODART EVOXAC FLOMAX PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL
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### 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-19 BOOSTER (EUA)+ MODERNA COVID (6M-5Y) VACC(EUA)+
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### VACCINES (cont)

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

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

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

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

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

^^ This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	bupropion xl 450mg tablet FORFIVO XL	bupropion xl 150mg tablets
	CYMBALTA	desvenlafaxine ER duloxetine escitalopram
	CITALOPRAM HBR	citalopram tablet
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram
	PAMELOR	nortriptyline capsules
	PARNATE	tranylcypromine
	PEXEVA	paroxetine paroxetine cr
	TOFRANIL	imipramine
	VIIBRYD	citalopram tablet escitalopram fluoxetine paroxetine paroxetine er sertraline tablet
WELLBUTRIN XL	bupropion xl escitalopram fluoxetine	
ASTHMA/COPD/RESPIRATORY	ADVAIR DISKUS AIRDUO RESPICLICK FLUTICASONE HFA FLUTICASONE-VILANTEROL	ADVAIR HFA BREO ELLIPTA DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB
	ALBUTEROL HFA levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	Generic PROAIR or PROVENTIL (albuterol hfa)
	ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA	FLOVENT DISKUS FLOVENT HFA PULMICORT FLEXHALER QVAR
	BROVANA	arformoterol
	budesonide-formoterol	SYMBICORT
	DUAKLIR PRESSAIR	ANORO ELLIPTA BEVESPI AEROSPHERE STIOLTO RESPIMAT
	ELIXOPHYLLIN	theophylline er theophylline oral solution
	PERFOROMIST	formoterol
	TUDORZA PRESSAIR	INCRUSE ELLIPTA SPIRIVA RESPIMAT
	STRIVERDI RESPIMAT	SEREVENT DISKUS

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	YUPELRI	ANORO ELLIPTA BEVESPI AEROSPHERE BREZTIRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA
	ZYFLO	montelukast zafirlukast zileuton er
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR APTENSIO XR CONCERTA COTEMPLA XR-ODT FOCALIN XR JORNAY PM RITALIN LA	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er MYDAYIS VYVANSE
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er
	QELBREE	atomoxetine
	RELEXXII	methylphenidate er 36mg tablet
BLOOD PRESSURE/HEART MEDICATIONS	ATACAND	candesartan
	ATACAND HCT	candesartan-HCTZ
	AZOR	amlodipine-olmesartan
	BETAPACE	sotalol
	BYSTOLIC	nebivolol
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CONJUPRI LEVAMLODIPINE	amlodipine felodipine er nicardipine nifedipine
	CONSENSI	amlodipine celecoxib
	COREG	carvedilol
	COREG CR	carvedilol er
	DEMSER	metyrosine
	digoxin 62.5mcg tablet LANOXIN	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

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	LOTREL	amlodipine-benazepril
	MULTAQ	amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af
	NEXICLON XR	clonidine IR tablet clonidine patch
	VASOTEC	enalapril
BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole YOSPRALA	aspirin or enteric aspirin
CANCER	AFINITOR* AFINITOR DISPERZ	everolimus
	BESREMI*	hydroxyurea capsule PEGASYS
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*
	GLEEVEC	imatinib
	NILANDRON	nilutamide
	TARCEVA*	erlotinib
	YONSA* ZYTIGA*	abiraterone
CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE	fenofibrate
	CRESTOR	rosuvastatin+
	EZALLOR SPRINKLE FLOLIPID SIMVASTATIN 20mg/5ml SUSPENSION	generic statins (e.g. atorvastatin; simvastatin)
	JUXTAPID* PRALUENT	REPATHA
	LIPITOR	atorvastatin+ ezetimibe-simvastatin rosuvastatin+
	niacin 500mg tablet NIACOR	niacin er
	ROSUVASTATIN-EZETIMIBE ZYPITAMAG	atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+
	COUGH/COLD MEDICATIONS	benzonatate 150mg
TUSSICAPS		hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES	ACCU-CHEK AVIVA PLUS TEST STRIPS ACCU-CHEK COMPACT PLUS STRIPS ACCU-CHEK GUIDE TEST STRIPS ACCU-CHEK SMARTVIEW TEST STRIPS CVS ADVANCED GLUCOSE TEST STRIPS ADVOCATE TEST STRIPS ASSURE 4 TEST STRIPS ASSURE PLATINUM TEST STRIPS ASSURE PRISM MULTI TEST STRIPS CONTOUR TEST STRIPS FREESTYLE TEST STRIPS FREESTYLE TEST STRIPS NFRS RELION TEST STRIPS RIGHTEST GT333 TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
	ACTOS	pioglitazone
	ADLYXIN	BYDUREON BYETTA metformin MOUNJARO
	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART NOVOLOG	HUMALOG LYUMJEV
	AFREZZA	HUMALOG HUMULIN R LYUMJEV
	alogliptin alogliptin-metformin JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA	JANUMET JANUMET XR JANUVIA metformin
	alogliptin-pioglitazone OSENI	JANUMET JANUMET XR JANUVIA pioglitazone
	BASAGLAR LANTUS LANTUS SOLOSTAR TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	LEVEMIR TRESIBA FLEXTOUCH
	FORTAMET GLUMETZA metformin er gastric metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX
	INSULIN GLARGINE INSULIN GLARGINE SOLOSTAR	LEVEMIR SEMGLÉE-YFGN TRESIBA
	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	ALDACTAZIDE	spironolactone-hctz
	EDECIN ethacrynic acid	bumetanide furosemide torsemide
	INSPRA	eplerenone
	SOAANZ	bumetanide furosemide torsemide
	THALITONE	chlorthalidone
EYE CONDITIONS	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 epinastine ZERVIAE
GASTROINTESTINAL/HEARTBURN	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository
	ANZEMET	granisetron ondansetron
	ASACOL HD COLAZAL DELZICOL DIPENTUM	balsalazide mesalamine tablets or capsules PENTASA sulfasalazine
	BYLVAY* LIVMARLI*	cholestyramine powder/packet rifampin ursodiol tablet

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone
	CREON PERTZYE ZENPEP	PANCREAZE
	DARTISLA glycopyrrolate 1.5mg tablet ROBINUL ROBINUL FORTE	glycopyrrolate 1mg tablet glycopyrrolate 2mg tablet
	DEXLANSOPRAZOLE DR	DEXILANT
	DONNATAL	belladonna-phenobarbital phenohydro
	GIMOTI*	metoclopramide oral solution or tablet
	GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+	CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+
	IBSRELA MOTTEGRITY TRULANCE ZELNORM	AMITIZA LINZESS
	KRISTALOSE lactulose 10gm packet	CONSTULOSE ENULOSE lactulose oral solution
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	lubiprostone	AMITIZA
	MARINOL SYNDROS	dronabinol
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK PYLERA TALICIA	lansoprazole-amoxicillin-clarithromycin pak
	OMEPPi omeprazole-bicarbonate ZEGERID PACKET	omeprazole
	PEPCID	famotodine suspension
	PREVACID SOLUTAB	esomeprazole, lansoprazole, pantoprazole
	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet
ZEGERID CAPSULE	DEXILANT lansoprazole omeprazole	

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	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
	DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DXEVO HIDEX TAPERDEX ZCORT	dexamethasone 1.5mg tablet
	ESTRACE 0.01% cream FEMRING IMVEXXY VAGIFEM	estradiol vaginal cream estradiol vaginal tablet ESTRING Premarin vaginal cream YUVAFEM
	FORTESTA JATENZO NATESTO TESTIM TLANDO VOGELXO XYOSTED	ANDRODERM generic topical testosterone
	GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*	HUMATROPE* NORDITROPIN*
	HEMADY	dexamethasone 5mg tablet
	LEVOTHYROXINE CAPSULE SYNTHROID TIROSINT TIROSINT-SOL	Generic SYNTHROID (also called levothyroxine tablet)
	MYCAPSSA*	BYNFEZIA*
	ORTIKOS	budesonide capsule
	RAYOS	methylprednisolone prednisone
	RECORLEV*	ketokonazole tablet
	SKYTROFA*	HUMATROPE NORDITROPIN FLEXP
	TARPEYO*	methylprednisolone prednisone

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

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS (cont)	TOLSURA	oral itraconazole
	VALCYTE	valganciclovir
	VANCOCIN	vancomycin oral solution or capsule
	ZOVIRAX	acyclovir
MISCELLANEOUS	EXSERVAN*	riluzole* TIGLUTIK*
	HORIZANT	gabapentin
	KUVAN*	sapropterin tablet & powder packet*
	SYPRINE*	penicillamine* trientine*
	XENAZINE*	tetraabenazine*
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*
	COPAXONE*	BETASERON* EXTAVIA* glatiramer* GLATOPA* KESIMPTA* PLEGRIDY* REBIF*
		AUBAGIO* BAFIERTAM* dimethyl* GILENYA* MAYZENT* PONVORY* VUMERITY*
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL MULTI-MAC PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT ZIPHEX	Any generic prenatal vitamin
	NASCOBAL	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY DISEASE	ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets	butalbital-acetaminophen 50-325mg tablet
	AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAK	generic triptans (e.g. sumatriptan; naratriptan)

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	AMRIX cyclobenzaprine er NORGESIC orphenadrine-aspirin-caffeine	carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets metaxalone methocarbamol orphenadrine er
	BACLOFEN FLEQSUVY	baclofen tablet
	CAMBIA DUEXIS ELYXYB fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO ibuprofen-famotidine 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 naproxen-esomeprazole mag RELAFEN RELAFEN DS RIDAURA TIVORBEX VIMOVO VIVLODEX ZIPSOR ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg chlorzoxazone 750mg	methocarbamol 500mg
	COLCHICINE 0.6MG CAPSULE COLCRYS GLOPERBA	colchicine tablet MITIGARE
	CONZIP	tramadol tramadol er
	COSENTYX*	ENBREL* HUMIRA* OTEZLA* STELARA* TALTZ*
	CUPRIMINE*	penicillamine* trientine*
	D.H.E.45	dihydroergotamine injection

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	diclofenac 1.5% solution diclofenac 35mg capsule PENNSAID	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray
	GLOPERBA	colchicine probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE IMITREX PEN INJECTOR	dihydroergotamine sumatriptan
	IMITREX TABLET	dihydroergotamine eletriptan rizatriptan sumatriptan tablets
	INFLIXIMAB*	AVSOLA* INFLECTRA*
	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	LIDODERM	lidocaine 5% patch
	LORZONE	chlorzoxazone 500mg cyclobenzaprine tablet
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER
	OZOBAX	baclofen tablet
	PROLATE SOLUTION	oxycodone-acetaminophen tablet
	QDOLO	tramadol 50mg tablet
	QULIPTA	NURTEC ODT
	REMICADE*	AVSOLA* INFLECTRA*
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	ROXICODONE	oxycodone

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DRUG CLASS	MEDICATION NAME <sup>**</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	SEGLENTIS	celecoxib tramadol 50mg tablet	
	SORIATANE	acitretin	
	SUBSYS	fentanyl lozenge or buccal tablet	
	tizanidine capsule	tizanidine tablet	
	TOSYMRA	sumatriptan	
	TREXIMET	sumatriptan-naproxen	
	ULORIC	febuxostat	
	vtol lq	butalbital-acetaminophen-caffeine capsule or tablets phrenilin forte	
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan	
	ZOMIG ZMT	zolmitriptan odt	
	ZYLOPRIM	allopurinol	
PARKINSON'S DISEASE	DHIVY	carbidopa/levodopa	
	GOCOVRI	amantadine	
	LODOSYN	carbidopa	
	ONGENTYS	entacapone	
	ZELAPAR	selegiline tablets or capsules	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone	
	CAPLYTA LYBALVI	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone	
	GEODON CAPSULE	aripiprazole paliperidone er ziprasidone	
	VERSACLOZ	clozapine clozapine odt	
	ZYPREXA	aripiprazole olanzapine tablets paliperidone er	
	ZYPREXA ZYDIS	aripiprazole olanzapine olanzapine odt	
	SEIZURE DISORDERS	ELEPSIA XR KEPPRA XR	levetiracetam er
		EPRONTIA	topiramate sprinkle capsule topiramate tablet
FELBATOL		felbamate	
KEPPRA SOLUTION, TABLET		levetiracetam	
LAMICTAL		lamotrigine	
LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)		lamotrigine starter kit (blue, green, orange)	
LAMICTAL ODT		lamotrigine odt	

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
SEIZURE DISORDERS (cont)	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 TABLET	lacosamide tablet	
	ZONEGRAN	zonisamide	
	SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE
		ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN EPIDUO FORTE FABIOR ONEXTON RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC TRETIN-X VELTIN WINLEVI ZIANA	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
acyclovir cream, ointment DENA VIR ZOVIRAX		acyclovir tablet famciclovir tablet valacyclovir tablet	
adapalene swab		adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel	

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	ALDARA imiquimod 3.75% ZYCLARA	imiquimod 5% cream
	ANUSOL-HC 2.5% CREAM	hydrocortisone 2.5% rectal cream
	APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone PSORCON	betamethasone cream, ointment clobetasol halobetasol cream, ointment
	BENZACLIN NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene foam	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution
	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapson 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX VERGEN	imiquimod 5% cream packet podofilox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethason fluocinolone fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	diclofenac 3% gel KLISYRI	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 ketoconazole foam

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	FINACEA METROCREAM METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone 1% lotion	betamethasone fluocinolone fluticasone
	halobetasol foam LEXETTE	augmented betamethasone dipropionate betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	HALOG SOLUTION	clobetasol cream, ointment halobetasol cream, ointment
	IMPEKLO	betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	IMPOYZ	clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment
	JUBLIA KERYDIN tavaborole	ciclopirox topical solution itraconazole capsules terbinafine tablets
	KENALOG 0.147MG/GM SPRAY triamcinolone ointment triamcinolone spray	desoximetasone 0.05% cream, ointment fluocinolone 0.025% ointment flurandrenolide 0.05% ointment hydrocortisone 0.2% ointment mometasone 0.1% cream
	LOCOID	betamethasone lotion fluocinolone cream fluticasone cream hydrocortisone ointment prednicarbate ointment triamcinolone cream
	LOCOID LIPOCREAM nolix PANDEL	betamethasone cream fluocinolone cream fluticasone cream
	LOPROX 0.77% CREAM 1% SHAMPOO	ciclopirox cream, shampoo
	LUZU	econazole cream ketoconazole cream luliconazole
	mupirocin 2% cream	mupirocin 2% ointment
	NORITATE	azelaic acid metronidazole cream metronidazole gel

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DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment
	OPZELURA	Eucrisa pimecrolimus tacrolimus ointment
	PROTOPIC	tacrolimus ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	alclometasone desonide triamcinolone
	ULTRAVATE LOTION ULTRAVATE X	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream
	VERDESO	desonide cream desonide ointment
	WYNZORA	betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream
	XERESE	acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet
	XOLEGEL	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo
	SLEEP DISORDERS/SEDATIVES	AMBIEN
AMBIEN CR		zolpidem er
BELSOMRA		DAYVIGO
EDLUAR		zolpidem or zolpidem er
NUVIGIL		armodafinil
PROVIGIL		modafinil
QUVIVIQ ZOLPIMIST		doxepin eszopiclone zaleplon; zolpidem zolpidem er

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SLEEP DISORDERS/SEDATIVES (cont)	RESTORIL	temazepam
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector NARCAN
TRANSPLANT MEDICATIONS	AZASAN* azathioprine 75 mg, 100 mg tablet*	azathioprine 50mg tablet*
	LUPKYNIS*	BENLYSTA* tacrolimus*
	PROGRAF* CAPSULE	tacrolimus
URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine
	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er
	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE LS	darifenacin er oxybutynin er tolterodine er trospium er
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium
	PROCYSBI*	CYSTAGON*
	THIOLA* THIOLA EC*	tiopronin*
	VESICARE	darifenacin er oxybutynin er solifenacin tolterodine er trospium er

## Frequently Asked Questions (FAQs)

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

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

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

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

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

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

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

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

coverage review process.

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

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

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

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

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

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

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

**A.** Medications that:

- May be unsafe when combined with other

## Frequently Asked Questions (FAQs) (cont)

medications

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

### **Q. What types of medications typically have quantity limits?**

**A.** Medications that:

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

### **Q. What types of medications require Step Therapy?**

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

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

### **Q. Why does my medication have an age requirement?**

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

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

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

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. You can also log in to [myCigna.com](http://myCigna.com) or the **myCigna** app

to check the status of your approval. Click on Prescriptions, then choose My Medications from the dropdown menu. On the left side of the page under "Prior Authorization," click the "View List" button.

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

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

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

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

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

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

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

### **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



## Frequently Asked Questions (FAQs) (cont)

if they should be covered - and if so, on what tier. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

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

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

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

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

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

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

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

**A.** Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.<sup>7</sup> Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality, and safety.

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

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

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.<sup>7</sup> Just because generics cost less than brands, doesn't mean they're lower-quality medications.

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

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

### **Q. Can I fill my prescriptions by mail?**

**A.** Yes, as long as your plan offers home delivery.<sup>8</sup>

### **Home delivery with Express Scripts® Pharmacy**

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

- Easily order, manage, track, and pay for your medications on your phone or online
- Standard shipping at no extra cost<sup>9</sup>

## Frequently Asked Questions (FAQs) (cont)

- › Automatic refills or refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

**1. Log in to the myCigna App or myCigna.com to move your prescription electronically.**

Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,

**2. Call your doctor's office.** Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,

**3. Call Express Scripts® Pharmacy at 800.835.3784.** They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

### Accredo®, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).<sup>10</sup> They'll also provide you with the personalized care and support you need to manage your therapy - at no extra cost. To learn more, go to **Cigna.com/specialty**.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost<sup>9</sup>
- › Easy refills and free reminders
- › 24/7 access to specialty-trained pharmacists and nurses
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

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

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

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

## Exclusions and limitations for coverage

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:<sup>11</sup>

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

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

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



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

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



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## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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