

Medication Coverage Changes

Starting July 1, 2024

These are the changes Cigna HealthcareSM is making to the **National Preferred 3-Tier Prescription Drug List** as of July 1, 2024.¹ Medications are listed alphabetically by the change taking place. If you're affected by one of these changes, we'll send you a letter with specific information on next steps.

Medications that will no longer be covered because they're being taken off the drug list – and their covered alternatives²

There are other medications available that can be used to treat the same condition. We've listed some covered options below.

Medication Name	Drug Class	Generic and/or Preferred Brand Medications
ADVAIR 100-50 DISKUS ³ , ADVAIR 250-50 DISKUS ³ , ADVAIR 500-50 DISKUS ³	Asthma/COPD/Respiratory	fluticasone-salmeterol, wixela inhub
COPAXONE 20 MG/ML SYRINGE ³ , COPAXONE 40 MG/ML SYRINGE ³	Multiple Sclerosis	glatiramer, glatopa
ENDOMETRIN 100 MG VAG INSERT	Infertility	CRINONE 8%
RUBRACA 200 MG TABLET ⁴ , RUBRACA 250 MG TABLET ⁴ , RUBRACA 300 MG TABLET ⁴	Cancer	LYNPARZA
ZEJULA 100 MG TABLET ⁴ , ZEJULA 200 MG TABLET ⁴ , ZEJULA 300 MG TABLET ⁴	Cancer	LYNPARZA

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.



Questions?

- **myCigna.com®**: Click to chat
Monday–Friday, 9:00 am–8:00 pm EST.
- **Phone**: Call the number on your Cigna
Healthcare ID card, 24/7/365.



1. **Important information about the changes listed in this flyer.** Certain state laws may require these changes to start at a later date. In **Connecticut, Louisiana, Nevada, New York and Texas**: Your plan may be required to continue covering your medication as it is now, until your new plan year starts. In **Illinois**: If you currently have approval from Cigna Healthcare for your medication to be covered, your plan may be required to continue covering your medication as it is now, until your new plan year starts.

For example, if Cigna Healthcare is making a change to your medication on July 1st but your new plan year doesn't start until October 1st, the change(s) won't affect you until October 1st.

We're letting you know now because we won't send you a reminder. It's up to you to remember that this change(s) will be taking place. To find out if these laws apply to you, please call customer service using the number on your Cigna Healthcare ID card.

2. If your doctor wants you to continue using this medication, ask your doctor's office to contact Cigna Healthcare to start the coverage review process or to appeal the denial of coverage. Your doctor's office knows how the process works and will take care of everything for you. If you don't get approval by July 1st and continue to fill/order this medication, it won't be covered and you'll pay its full cost out-of-pocket. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.
3. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it through June 30th (or the date you were approved through), whichever comes first.** After that time, it will no longer be covered.
4. **If you currently have approval from Cigna Healthcare for this medication to be covered, your plan will continue to cover it for one year, through June 30, 2025.** However, starting July 1st, it may cost you more to fill. You'll pay your Tier 3 cost-share.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

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 provider, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, customers may be required to use an in-network pharmacy to fill the prescription. If customers use a pharmacy that does not participate in your plan's network, the prescription may not be covered, or reimbursement may be limited by your plan's copay, coinsurance or deductible requirements.

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Cigna Healthcare National Preferred 3-Tier Prescription Drug List

Coverage as of July 1, 2024

About this drug list

This is a list of some of the most commonly prescribed medications covered on the Cigna HealthcareSM National Preferred 3-Tier Prescription Drug List as of July 1, 2024.

Here's some helpful information about this drug list:

- Medications are **listed alphabetically** by condition.
- **Generic medications are listed in all lowercase letters** and brand-name medications are listed in all capital letters.
- This **isn't a full list** of medications covered on the Cigna Healthcare National Preferred 3-Tier Prescription Drug List. Log in to the **myCigna® App**¹ or **myCigna.com**[®], or check your plan materials, to see all of the medications your plan covers.

Letters (acronyms) next to medication names

Certain medications may need approval from Cigna Healthcare before they can be covered.* This extra step helps make sure you're getting the right coverage for the right medication. In this drug list, medications that have extra coverage requirements or limits have letters (acronyms) in parenthesis next to them. Here's what they mean.

- **Prior Authorization (PA):** This medication needs approval from Cigna Healthcare before your plan will cover it. Your doctor's office will have to send us information to review to make sure the medication meets coverage requirements.
- **Quantity Limit (QL):** Your plan will only cover a certain amount of this medication at one time. If your doctor wants you to fill more than what's allowed, your doctor's office can ask Cigna Healthcare to approve more.
- **Step Therapy (ST):** Your plan doesn't cover this high-cost medication until you try at least one lower-cost option first (typically a generic or preferred brand) and it didn't work for you. If your doctor feels a different medication isn't right for you, your doctor's office can ask Cigna Healthcare to approve coverage of this medication.
- **Age Requirement (AGE):** Your plan will only cover this medication if you're a certain age or within a certain age range. If you're not within the allowed age range and your doctor wants you to take this medication, your doctor's office can ask Cigna Healthcare to approve coverage.

* 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.

View your drug list online

This document was last updated on 04/01/2024. Go online to see the most up-to-date list of medications your plan covers.

- **myCigna® App or myCigna.com®.** Click on the Prescriptions tab and select Price a Medication from the dropdown menu. Then type in your medication name.
- **Cigna.com/druglist.** Select your drug list name – **National Preferred 3 Tier** from the dropdown menu. Then type in your medication name or view the full list.

Questions?

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- **By phone:** Call the toll-free number on your Cigna Healthcare ID card. We're here 24/7/365.

Cigna Healthcare National Preferred Prescription Drug List

AIDS/HIV

BIKTARVY
CIMDUO
DESCOVY
DOVATO
GENVOYA
JULUCA
ODEFSEY
PREZISTA 100 MG/ML SUSPENSION
PREZISTA 75 MG, 150 MG TABLET
SYMFI
SYMFI LO
SYMTUZA
TRIUMEQ
TRIUMEQ PD

Allergy/Nasal Sprays

AUVI-Q (QL)
azelastine 0.1% (137 mcg) spray (QL)
epinephrine auto-injector (QL) (by
MYLAN SPECIALTY, TEVA USA)
EPIPEN (PA, QL)
EPIPEN JR (PA, QL)
fluticasone spray (QL)
GRASTEK (PA)
hydroxyzine syrup, tablet
hydroxyzine pamoate

mometasone spray (QL, ST)
ODACTRA (PA)
ORALAIR (PA)
RAGWITEK (PA)
SYMJEPI (QL)

Alzheimer's Disease

NAMZARIC (ST)

Anxiety/Depression/ Bipolar Disorder

alprazolam
amitriptyline
bupropion sr 150 mg (QL)
bupropion xl 150 mg, 300 mg (QL)
buspirone
citalopram tablet (QL)
desvenlafaxine succinate er 25 mg, 50
mg, 100 mg (QL, ST)
duloxetine (QL,ST)
escitalopram (QL, ST)
FETZIMA (QL, ST)
fluoxetine 60 mg tablet (ST)
lorazepam oral concentrate, tablet
mirtazapine odt, tablet
paroxetine suspension (ST)
paroxetine tablet (QL)
sertraline oral concentrate

sertraline tablet (QL)
trazodone
venlafaxine er capsule (QL)
venlafaxine er tablet (QL, ST)

Asthma/COPD/Respiratory

ADEMPAS (PA, QL)
ADVAIR HFA (PA, QL)
albuterol solution
albuterol hfa (QL)
ANORO ELLIPTA (QL)
ARNUITY ELLIPTA (QL)
ASMANEX HFA (QL)
ASMANEX TWISTHALER (QL)
BREO ELLIPTA (PA, QL)
BREZTRI AEROSPHERE (QL)
COMBIVENT RESPIMAT (QL)
DULERA (PA, QL)
FASENRA PEN (PA, QL)
montelukast
NUCALA AUTO-INJECTOR, SYRINGE (PA,
QL)
OFEV (PA, QL)
OPSUMIT (PA, QL)
QVAR REDHALER (QL)
SPIRIVA HANDHALER (QL)
SPIRIVA RESPIMAT (QL)
STIOLTO RESPIMAT (QL)

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Asthma/COPD/Respiratory

(Cont.)

STRIVERDI RESPIMAT (QL)
TEZSPIRE (PA, QL)
TRACLEER TABLET FOR SUSPENSION (PA, QL)
TRELEGY ELLIPTA (QL)
TYVASO DPI (PA)
UPTRAVI TABLET, TITRATION PACK (PA, QL)
XOLAIR (PA, QL)
YUPELRI (QL)

Attention Deficit Hyperactivity Disorder

atomoxetine
dexmethylphenidate er
dextroamphetamine-amphetamine
dextroamphetamine-amphetamine er
guanfacine er
methylphenidate (ST)
methylphenidate er capsule (ST)
methylphenidate er 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg tablet
VYVANSE CHEWABLE TABLET (ST)

Blood Modifiers/ Bleeding Disorders

DOPTELET (PA, QL)
EMPAVELI (PA)
FULPHILA (PA, QL)
PROMACTA (PA)
TAVALISSE (PA, QL)
ZIEXTENZO (PA, QL)

Blood Pressure/ Heart Medications

amlodipine
amlodipine-benazepril
atenolol
carvedilol
clonidine 0.2 mg, 0.3 mg tablet
diltiazem 24hr er (cd)
ENTRESTO (QL)
hydralazine tablet
irbesartan
labetalol tablet
lisinopril
lisinopril-hctz
losartan

losartan-hctz
metoprolol tablet
metoprolol er
nifedipine er
olmesartan
olmesartan-hctz
propranolol solution, tablet
propranolol er
ramipril
TAKHZYRO (PA, QL)
TEKTURNA HCT
valsartan-hctz
VERQUOVO (QL)

Blood Thinners/Anti-clotting

BRILINTA
clopidogrel
ELIQUIS
FRAGMIN
warfarin
XARELTO

Cancer

ALECENSA (PA, QL)
ALUNBRIG (PA, QL)
anastrozole
BOSULIF (PA, QL)
BRUKINSA (PA)
CABOMETYX (PA, QL)
CALQUENCE (PA, QL)
COMETRIQ (PA, QL)
COTELLIC (PA, QL)
ERIVEDGE (PA, QL)
ERLEADA (PA, QL)
EXKIVITY (PA, QL)
GAVRETO (PA, QL)
IMBRUVICA (PA, QL)
INLYTA (PA, QL)
JAKAFI (PA, QL)
KISQALI (PA, QL)
KISQALI FEMARA CO-PACK (PA, QL)
LENVIMA (PA, QL)
LORBRENA (PA, QL)
LYNPARZA (PA, QL)
MEKINIST (PA, QL)
methotrexate tablet
methotrexate 25 mg/ml, 50 mg/2 ml, 250 mg/10 ml, 1 gm/40 ml vial
NINLARO (PA, QL)
NUBEQA (PA, QL)
ODOMZO (PA, QL)

PIQRAY (PA)
REVLIMID (PA, QL)
ROZLYTREK (PA, QL)
SPRYCEL (PA, QL)
STIVARGA (PA, QL)
TAFINLAR (PA, QL)
TALZENNA (PA, QL)
tamoxifen
TASIGNA (PA, QL)
VERZENIO (PA, QL)
VITRAKVI (PA, QL)
VIZIMPRO (PA, QL)
XALKORI (PA, QL)
XTANDI (PA, QL)
ZELBORAF (PA, QL)

Cholesterol Medications

atorvastatin (QL)
fenofibrate 43 mg, 67 mg, 130 mg, 134 mg, 200 mg capsule (ST)
fenofibrate tablet (ST)
lovastatin (QL)
NEXLETOL (PA)
NEXLIZET (PA)
omega-3 acid ethyl esters (PA)
pravastatin (QL)
REPATHA PUSHTRONEX (PA)
REPATHA SURECLICK (PA)
REPATHA SYRINGE (PA)
rosuvastatin (QL)
simvastatin (QL)
VASCEPA (PA)

Contraception Products

blisovi fe
drospirenone-ethinyl estradiol
estarylla
junel fe
KYLEENA
MIRENA
norgestimate-ethinyl estradiol
SKYLA
sprintec
tri-sprintec

Cold/Cough Medications

benzonatate
brompheniramine-pseudoephedrine-dm
promethazine-dm

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Dental Products

chlorhexidine cup, rinse
doxycycline hyclate 20mg tablet
triamcinolone 0.1% paste

Diabetes

ACCU-CHEK FASTCLIX LANCING DEVICE
ACCU-CHEK SOFTCLIX LANCET KIT
ACCU-CHEK SOFTCLIX
BAQSIMI (QL)
BD AUTOSHIELD DUO PEN NEEDLE
BD NANO 2ND GEN PEN NEEDLE
BD ULTRA-FINE MICRO PEN NEEDLE
BD ULTRA-FINE MINI PEN NEEDLE
BD ULTRA-FINE NANO PEN NEEDLE
BD ULTRA-FINE ORIGINAL PEN NEEDLE
BD ULTRA-FINE SHORT PEN NEEDLE
BD VEO INSULIN SYRINGE
BYDUREON BCISE (PA, QL)
BYETTA (PA, QL)
CEQUR SIMPLICITY
CEQUR SIMPLICITY INSERTER
DEXCOM G6 RECEIVER (QL, ST)
DEXCOM G6 SENSOR (QL, ST)
DEXCOM G6 TRANSMITTER (QL, ST)
DEXCOM G7 RECEIVER (QL, ST)
DEXCOM G7 SENSOR (QL, ST)
DROPLET GENTEEL LANCING DEVICE
FARXIGA (QL, ST)
FREESTYLE INSULINX TEST STRIP
FREESTYLE LIBRE 2 READER (ST)
FREESTYLE LIBRE 2 SENSOR (QL, ST)
FREESTYLE LIBRE 3 SENSOR (QL, ST)
FREESTYLE LIBRE 14 DAY READER (ST)
FREESTYLE LIBRE 14 DAY SENSOR (QL, ST)
FREESTYLE LITE TEST STRIP
FREESTYLE PRECISION NEO TEST STRIP
FREESTYLE TEST STRIP
glimepiride
glipizide 5 mg, 10 mg tablet
glipizide er
GLYXAMBI (QL, ST)
GVOKE (QL)
GVOKE HYPOPEN (QL)
GVOKE PFS SYRINGE (QL)
HUMALOG
HUMALOG JUNIOR KWIKPEN
HUMALOG KWIKPEN U-100
HUMALOG KWIKPEN U-200

HUMALOG MIX 50-50
HUMALOG MIX 50-50 KWIKPEN
HUMALOG MIX 75-25
HUMALOG MIX 75-25 KWIKPEN
HUMALOG TEMPO PEN U-100
HUMULIN 70/30
HUMULIN 70-30 KWIKPEN
HUMULIN N
HUMULIN N KWIKPEN
HUMULIN R
HUMULIN R U-500
HUMULIN R U-500 KWIKPEN
INSULIN LISPRO
INSULIN LISPRO JUNIOR KWIKPEN
INSULIN LISPRO KWIKPEN U-100
INSULIN LISPRO PROTAMINE MIX
INSULIN SYRINGE
INSULIN SYRINGE U-500
JANUMET (QL, ST)
JANUMET XR (QL, ST)
JANUVIA (QL, ST)
JARDIANCE (QL, ST)
LYUMJEV
LYUMJEV KWIKPEN U-100
LYUMJEV KWIKPEN U-200
LYUMJEV TEMPO PEN U-100
MEDTRONIC EXTENDED INFUSION SET
metformin solution (ST)
metformin 850 mg tablet
metformin er (QL)
MICROLET 2 LANCING DEVICE
MICROLET NEXT LANCING DEVICE
MINIMED INFUSION SET
MINIMED MIO ADVANCE
MINIMED QUICK SET
MINIMED SILHOUETTE
MINIMED SURE T
MOUNJARO (PA, QL)
OMNIPOD 5 G6 PODS (GEN 5) (QL)
OMNIPOD CLASSIC PODS (GEN 3) (QL)
OMNIPOD DASH PODS (GEN 4) (QL)
OMNIPOD GO PODS (QL)
ONETOUCH ULTRA TEST STRIP
ONETOUCH VERIO TEST STRIP
OZEMPIC (PA, QL)
PARADIGM RESERVOIR
pioglitazone (QL)
PRECISION XTRA
RYBELSUS (PA, QL)
SAFETYGLIDE INSULIN SYRINGE
SEGLUROMET (QL, ST)

SEMGLEE (YFGN)
SEMGLEE (YFGN) PEN
SILHOUETTE
SOLIQUA 100-33 (QL)
STEGLATRO (QL, ST)
SYMLINPEN 120 (PA, QL)
SYMLINPEN 60 (PA, QL)
SYNJARDY (QL, ST)
SYNJARDY XR (QL, ST)
TOUJEO MAX SOLOSTAR
TOUJEO SOLOSTAR
TRESIBA
TRESIBA FLEXTOUCH U-100
TRESIBA FLEXTOUCH U-200
TRIJARDY XR (ST)
TRULICITY (PA, QL)
V-GO 20
V-GO 30
V-GO 40
XIGDUO XR (QL, ST)

Diuretics

chlorthalidone
furosemide solution, tablet
hydrochlorothiazide
KERENDIA (PA, QL)
spironolactone

Ear Medications

ofloxacin 0.3% ear drops

Eye Conditions

AZASITE
ciprofloxacin 0.3% eye drops
erythromycin ointment
latanoprost (PA)
polymyxin b-trimethoprim
prednisolone 1% eye drops
RESTASIS MULTIDOSE (PA, QL)
XIIDRA (PA, QL)

Gastrointestinal/Heartburn

CREON
dicyclomine capsule, solution, tablet
esomeprazole dr packet (QL, ST)
famotidine 40 mg tablet
famotidine 40 mg/5 ml suspension
lansoprazole dr 15 mg odt (QL, ST)
lansoprazole dr 30 mg capsule
lansoprazole dr 30 mg odt (ST)
LINZESS (QL)

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Gastrointestinal/Heartburn

(Cont.)

MOVANTIK (QL)
omeprazole capsule (QL)
ondansetron (QL)
ondansetron odt (QL)
PANCREAZE
pantoprazole dr 40 mg suspension
packet (ST)
pantoprazole dr 40 mg tablet
PENTASA 250 MG CAPSULE
RECTIV
RELISTOR (ST)
SYMPROIC
TALICIA (QL)
TRULANCE
UCERIS
VARUBI (QL)
VIBERZI
VIOKACE
ZENPEP

Hormonal Agents

ANDRODERM (QL)
ARMOUR THYROID
COMBIPATCH
dexamethasone elixir, liquid, tablet
dexamethasone 6, 10, 13 day 1.5 mg
tablet (PA)
dexamethasone intensol
DUAVEE
estradiol
estradiol gel packet, patch (QL)
GENOTROPIN (PA)
levothyroxine tablet
levoxyl
liothyronine tablet
medroxyprogesterone
methylprednisolone dosepack, tablet
MYFEMBREE (PA)
np thyroid
OMNITROPE (PA)
ORIAHNN (PA)
ORILISSA (PA, QL)
prednisone 1 mg, 2.5 mg, 5 mg, 10 mg, 20
mg, 50 mg tablet
prednisone dose pack
prednisone 5 mg/5 ml solution
PREMARIN
progesterone capsule

SOMAVERT (PA)
testosterone cypionate
XYOSTED (QL)

Infections

acyclovir capsule, suspension, tablet
amoxicillin
amoxicillin-clavulanate
ARIKAYCE (PA)
azithromycin packet, suspension, tablet
BARACLUDE
BAXDELA (PA, QL)
cefdinir
cephalexin
clindamycin
doxycycline monohydrate 150 mg
capsule (ST)
EMVERM (QL)
EPCLUSA (PA, QL)
fluconazole 150 mg tablet (QL)
HARVONI (PA, QL)
hydroxychloroquine
KITABIS PAK (PA, QL)
levofloxacin solution, tablet
metronidazole capsule, tablet, vaginal
gel
minocycline
nitrofurantoin mono-macro
oseltamivir (QL)
penicillin v potassium
SOLOSEC (QL)
sulfamethoxazole-tmp cup, suspension,
tablet
terbinafine 250 mg tablet
TOBI PODHALER (PA, QL)
valacyclovir (QL)
VEMLIDY
VOSEVI (PA, QL)
XACIATO
XIFAXAN (QL)
ZEPATIER (PA, QL)

Miscellaneous

ACCU-CHEK FASTCLIX LANCET DRUM
AUSTEDO (PA, QL)
AUSTEDO XR (PA, QL)
AUSTEDO XR TITRATION KIT (PA, QL)
CARBAGLU (PA)
CERDELGA (PA, QL)
deferiprone (PA)
DROPLET LANCET

MICROLET
NITYR (PA)
NUEDEXTA (PA)
ONETOUCH DELICA PLUS LANCET
ONETOUCH LANCET
ONETOUCH ULTRASOFT 2 LANCET
PARADIGM SILHOUETTE
RADICAVA ORS (PA)
SOFT TOUCH
STRENSIQ (PA)
SURE-T
TEGSEDI (PA, QL)

Multiple Sclerosis

AVONEX (PA, QL)
AVONEX PEN (PA, QL)
BAFIERTAM (PA, QL)
BETASERON (PA, QL)
FIRDAPSE (PA)
glatopa (PA, QL)
KESIMPTA PEN (PA, QL)
MAYZENT (PA, QL)
PLEGRIDY (PA, QL)
PLEGRIDY PEN (PA, QL)
PONVORY (PA, QL)
REBIF (PA, QL)
REBIF REBIDOSE (PA, QL)
VUMERITY (PA, QL)

Nutritional/Dietary

betaine anhydrous (PA)
LOKELMA (QL)
PHOSLYRA (QL)
potassium chloride 10% (20 meq/15ml),
(40 meq/15ml)
potassium chloride er capsule
potassium chloride er tablet
potassium chloride packet
VELPHORO (QL)
VELTASSA (QL)

Osteoporosis Products

alendronate (QL)
FORTEO (PA, QL)
TYMLOS (PA, QL)

Pain Relief and Inflammatory Disease

acetaminophen-codeine (PA, QL)
ACTEMRA (PA, QL)
ACTEMRA ACTPEN (PA, QL)

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Pain Relief and Inflammatory Disease *(Cont.)*

AIMOVIG AUTO-INJECTOR (PA, QL)
AJOVY AUTO-INJECTOR (PA, QL)
AJOVY SYRINGE (PA, QL)
allopurinol 100 mg, 300 mg tablet
baclofen suspension, tablet
BELBUCA (QL, ST)
butalbital-acetaminophen-caffeine
celecoxib
colchicine 0.6 mg capsule (ST)
cyclobenzaprine
CYLTEZO(CF) (PA, QL)
CYLTEZO(CF) PEN (PA, QL)
CYLTEZO(CF) PEN CROHN'S-UC-HS (PA, QL)
CYLTEZO(CF) PEN PSORIASIS-UV (PA, QL)
diclofenac 1% gel, 2% solution pump (QL, ST)
DUPIXENT PEN (PA, QL)
DUPIXENT SYRINGE (PA, QL)
EMGALITY PEN (PA, QL)
EMGALITY SYRINGE (PA, QL)
ENBREL (PA, QL)
ENBREL MINI (PA, QL)
ENBREL SURECLICK (PA, QL)
FLECTOR (QL, ST)
HUMIRA (PA, QL)
HUMIRA PEN (PA, QL)
HUMIRA PEN CROHN'S-UC-HS (PA, QL)
HUMIRA PEN PSOR-UVEITS-ADOL HS (PA, QL)
HUMIRA(CF) (PA, QL)
HUMIRA(CF) PEDIATRIC CROHN'S (PA, QL)
HUMIRA(CF) PEN (PA, QL)
HUMIRA(CF) PEN CROHN'S-UC-HS (PA, QL)
HUMIRA(CF) PEN PEDIATRIC UC (PA, QL)
HUMIRA(CF) PEN PSOR-UVEITS-ADOL HS (PA, QL)
hydrocodone-acetaminophen (PA, QL)
HYRIMOZ(CF) (PA, QL)
HYRIMOZ(CF) PEDIATRIC CROHN'S (PA, QL)
HYRIMOZ(CF) PEN (PA, QL)
HYRIMOZ(CF) PEN CROHN-UC START (PA, QL)
HYRIMOZ(CF) PEN PSORIASIS (PA, QL)
HYSINGLA ER (QL, ST)
ibu

ibuprofen 100 mg/5 ml suspension, 400 mg, 600 mg, 800 mg tablet
ketorolac carpject, syringe, tablet, vial (QL)
LICART (QL, ST)
lidocaine ointment, patch, solution (PA, QL)
meloxicam tablet (QL)
methocarbamol 500 mg, 750 mg tablet
MITIGARE (ST)
naproxen tablet
naproxen dr tablet
NURTEC ODT (PA, QL)
OTEZLA (PA, QL)
oxycodone (PA, QL)
oxycodone-acetaminophen (PA, QL)
OXYCONTIN (QL, ST)
QULIPTA (PA, QL)
RASUVO (ST)
RINVOQ (PA, QL)
rizatriptan (QL)
SAVELLA (QL, ST)
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE (PA, QL)
SKYRIZI 150 MG/ML SYRINGE (PA, QL)
SKYRIZI ON-BODY (PA, QL)
SKYRIZI PEN (PA, QL)
STELARA SYRINGE, 45 MG/0.5 ML VIAL (SP, PA, QL)
sumatriptan (QL)
TALTZ AUTO-INJECTOR (PA, QL)
TALTZ SYRINGE (PA, QL)
tizanidine
tramadol 50 mg tablet (PA, QL)
TREMIFYA (PA, QL)
UBRELVY (PA, QL)
XELJANZ (PA, QL)
XELJANZ XR (PA, QL)
ZEPOSIA (PA, QL)
ZOMIG 2.5 MG NASAL SPRAY (QL, ST)
ZTLIDO (PA)

Parkinson's Disease

INBRIJA (PA, QL)
ropinirole

Schizophrenia/Anti-psychotics

aripiprazole solution
aripiprazole tablet (QL)
quetiapine (QL)
risperidone solution

risperidone tablet (QL)

Seizure Disorders

clonazepam 0.125 mg, 0.5 mg, 1 mg disintegrating tablet
clonazepam 0.25 mg, 2 mg odt
clonazepam 0.5 mg, 1 mg, 2 mg tablet
DILANTIN 100 MG CAPSULE, 50 MG INFATAB, 125 MG/5 ML SUSPENSION
EPIDIOLEX (PA)
FYCOMPA
gabapentin capsule, tablet
gabapentin solution, solution cup
lamotrigine 25 mg, 150 mg, 100 mg, 200 mg tablet
lamotrigine 5 mg, 25 mg dispersible tablet
levetiracetam cup, solution, tablet
NAYZILAM (PA, QL)
oxcarbazepine
pregabalin
topiramate sprinkle capsule
topiramate tablet
topiramate er (ST)

Skin Conditions

ADBRY (PA, QL)
CIBINQO (PA, QL)
clobetasol (QL, ST)
DROPSAFE PREP PADS
ENSTILAR (QL, ST)
EUCRISA (QL, ST)
FINACEA 15% FOAM (ST)
isotretinoin
ketoconazole 2% foam (QL, ST)
MIRVASO (PA)
mupirocin 2% ointment (QL)
REGRANEX (QL)
SANTYL (QL)
tacrolimus (QL, ST)
tretinoin cream, gel

Sleep Disorders/Sedatives

eszopiclone (QL)
LUMRYZ (PA, QL)
SODIUM OXYBATE (PA, QL)
SUNOSI (PA, QL)
MOVANTIK (QL)
XYWAV (PA, QL)
zolpidem sublingual tablet, tablet (QL)
zolpidem er (QL)

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

^ Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.

Substance Abuse

buprenorphine-naloxone
KLOXXADO (QL)
ZUBSOLV

Urinary Tract Conditions

GELNIQUE (QL)
MYRBETRIQ
oxybutynin er
phenazopyridine
tolterodine er

Vaccines

SHINGRIX

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

^ Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

Cigna Healthcare reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna Healthcare does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna Healthcare 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 Healthcare. 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.

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 medically necessary. If your plan provides coverage for certain 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, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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 Healthcare representative.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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