



Cigna Healthcare Standard 4-Tier Prescription Drug List

Coverage as of January 1, 2025



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View your drug list online

This document was last updated on 02/01/2025.*

- As soon as your new plan year starts, log into the **myCigna® App¹ or myCigna.com[®]**. Use the Price a Medication tool to get real-time information about the medications your plan covers.
- You can also view a pdf of this document online at **Cigna.com/PDL**. Click on the dropdown next to "Drug Lists for Employer Plans." Scroll down until you see **Cigna Standard Prescription Drug List**; then click on the **4-Tier (all specialty medications covered on Tier 4) [PDF]**.

Questions?

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

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Healthcare Standard 4-Tier Prescription Drug List as of January 1, 2025. Medications are listed alphabetically by the condition they treat.

The drug list is updated on a regular basis, so this document doesn't show all of the medications your plan covers. Also, your plan may not cover every medication on this list. Log in to the **myCigna App** or **myCigna.com** to see the most up-to-date list of covered medications.

How to read this drug list

Use the chart below to understand how medications are covered.*

BLOOD PRESSURE/HEART MEDICATIONS		
Medication	Tier	Notes
amlodipine	1	
amlodipine-valsartan	1	
atenolol	1	
AVAPRO	3	ST
BIDIL	3	QL
CARDIZEM LA	3	QL
cardia xt	1	
carvedilol	1	
carvedilol er	1	QL
clonidine	1	
CORLANOR 5MG/5ML ORAL SOLUTION	4	SP, PA
COZAAR	3	ST
diltiazem tablet	1	
diltiazem 12hr er	1	
diltiazem 24hr er	1	
diltiazem 24hr er (cd)	1	
diltiazem 24hr er (la)	1	QL
diltiazem 24hr er (xr)	1	
dilt xr	1	
DIOVAN	3	ST
DIOVAN HCT	3	ST
ENTRESTO	2	QL
flecainide	1	
HYZAAR	3	ST
irbesartan	1	
labetalol tablet	1	
lisinopril	1	

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

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

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

Medications that may have extra coverage requirements or may be covered in a certain way have an **abbreviation** listed next to them in the Notes column

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

Generic medications are in all **lowercase letters**

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

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.

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	Generic Medications. Generics have the same strength and active ingredients as brand-name medications, but often cost much less. These medications are covered at your plan's lowest cost-share.	\$
Tier 2	Preferred Brand Medications. These medications typically have a lower-cost generic alternative available.	\$\$
Tier 3	Non-Preferred Brand Medications. These medications typically have a generic and/or preferred brand alternative.	\$\$\$
Tier 4	Specialty Medications. These medications are covered at your plan's highest cost-share.	\$\$\$\$

Letters (acronyms) in the Notes column

In this drug list, some medications have **letters (acronyms)** next to them in the Notes column. Here's what they mean.

PA	Prior Authorization* – 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 you meet coverage requirements for the medication.
QL	Quantity Limit* – 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.
ST	Step Therapy* – 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	Age Requirement* – 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.
SP	This is a specialty medication , which is used to treat a complex medical condition. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive 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.

Letters (acronyms) in the Notes column (cont.)

PPACA	Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover this preventive medication/product at 100%, or no cost-share (\$0), to you.
OC	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 OC next to them. Log in to the myCigna App or myCigna.com to see if your plan covers them.

How to find your medication

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

Condition	Page	Condition	Page
AIDS/HIV	6	GASTROINTESTINAL/HEARTBURN	18, 19
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	19, 20
ALZHEIMER'S DISEASE	6	INFECTIONS	21, 22
ANXIETY/DEPRESSION/BIPOLAR DISORDER	7	INFERTILITY	22
ASTHMA/COPD/RESPIRATORY	7, 8	MISCELLANEOUS	22, 23
ATTENTION DEFICIT HYPERACTIVITY DISORDER	8	MULTIPLE SCLEROSIS	23, 24
BLOOD MODIFIERS/BLEEDING DISORDERS	8, 9	NUTRITIONAL/DIETARY	24
BLOOD PRESSURE/HEART MEDICATIONS	9, 10	OSTEOPOROSIS PRODUCTS	24
BLOOD THINNERS/ANTI-CLOTTING	10, 11	PAIN RELIEF AND INFLAMMATORY DISEASE	25, 26
CANCER	11, 12	PARKINSON'S DISEASE	26, 27
CHOLESTEROL MEDICATIONS	12	SCHIZOPHRENIA/ANTI-PSYCHOTICS	27
CONTRACEPTION PRODUCTS	12-15	SEIZURE DISORDERS	27, 28
COUGH/COLD MEDICATIONS	15	SKIN CONDITIONS	28, 29
DENTAL PRODUCTS	15, 16	SLEEP DISORDERS/SEDATIVES	29
DIABETES	16, 17	SMOKING CESSATION	29
DIURETICS	17	SUBSTANCE ABUSE	29
EAR MEDICATIONS	17	TRANSPLANT MEDICATIONS	29
ERECTILE DYSFUNCTION	17	URINARY TRACT CONDITIONS	29, 30
EYE CONDITIONS	17, 18	VACCINES	30, 31
FEMININE PRODUCTS	18	VITAMINS	31
		WEIGHT MANAGEMENT	31

Cigna Healthcare Standard 4-Tier Prescription Drug List

AIDS/HIV		
Medication	Tier	Notes
abacavir-lamivudine	4	SP, PA
APRETUDE	4	SP, PA, PPACA
BIKTARVY	4	SP, QL
CABENUVA	4	SP, PA, OC
CIMDUO	4	SP, PA
DESCOVY 200-25 MG TABLET	4	SP, PPACA
DOVATO	4	SP, QL
efavirenz-emtricitabine-tenofovir	4	SP, QL
emtricitabine-tenofovir 200-300 mg	4	SP, PPACA
GENVOYA	4	SP, QL
ISENTRESS	4	SP
ISENTRESS HD	4	SP, PA
JULUCA	4	SP, QL
ODEFSEY	4	SP, PA, QL
PREZCOBIX	4	SP, PA
PREZISTA 100 MG/ML SUSPENSION, 75 MG, 150 MG TABLET	4	SP
ritonavir	4	SP
RUKOBIA	4	SP, PA, QL
STRIBILD	4	SP, PA, QL
SYMTUZA	4	SP, QL
tenofovir	4	SP, PA
TIVICAY	4	SP
TIVICAY PD	4	SP
TRIUMEQ	4	SP, QL
TRIUMEQ PD	4	SP, QL

ALLERGY/NASAL SPRAYS (cont.)		
Medication	Tier	Notes
epinephrine 0.15 mg, 0.3 mg auto-injector, spray	1	QL
fluticasone spray	1	
GASTROCROM	3	
GRASTEK	3	PA, QL
hydroxyzine solution, syrup, tablet	1	
hydroxyzine pamoate	1	
ipratropium spray	1	
levocetirizine	1	
mometasone spray	1	QL
ODACTRA	3	PA, QL
olopatadine spray	1	
ORALAIR	3	PA, QL
PATANASE	3	
RAGWITEK	3	PA, QL
VISTARIL	3	

ALZHEIMER'S DISEASE		
Medication	Tier	Notes
ADLARITY	2	PA, QL
ARICEPT	3	
donepezil	1	
donepezil odt	1	
EXELON	3	
memantine	1	
memantine er	1	QL
NAMENDA 5-10 MG TITRATION PACK	2	
NAMENDA XR	3	QL
NAMZARIC	3	QL
pyridostigmine 60 mg cup, solution, tablet	1	
pyridostigmine er	1	
rivastigmine	1	

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

Tier 1 – Generics

PA – Prior Authorization

Tier 2 – Preferred Brands

QL – Quantity Limit

Tier 3 – Non-Preferred Brands

ST – Step Therapy

Tier 4 – Specialty Medications

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Standard 4-Tier Prescription Drug List

ANXIETY/DEPRESSION/BIPOLAR DISORDER ²			ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont.) ²		
Medication	Tier	Notes	Medication	Tier	Notes
alprazolam	1		venlafaxine	1	QL
alprazolam er	1		venlafaxine er	1	QL
alprazolam intensol	1		ZURZUVAE	4	SP, PA, QL
alprazolam odt	1				
alprazolam xr	1				
amitriptyline	1				
bupropion	1	QL			
bupropion sr	1	QL			
bupropion xl 150 mg, 300 mg tablet	1	QL			
buspirone	1				
citalopram solution, tablet	1	QL			
clomipramine	1				
desvenlafaxine er 25 mg, 50 mg, 100 mg tablet	1	QL			
duloxetine	1	QL			
EMSAM	3	QL			
escitalopram	1	QL			
FETZIMA	3	QL, ST			
fluoxetine	1	QL			
fluoxetine dr	1	QL			
fluvoxamine	1	QL			
fluvoxamine er	1	QL			
lorazepam oral concentrate, tablet	1				
lorazepam intensol	1				
mirtazapine	1				
NUPLAZID	4	SP, PA			
paroxetine	1	QL			
paroxetine cr	1	QL			
paroxetine er	1	QL			
sertraline oral concentrate, tablet	1	QL			
SPRAVATO	4	SP, PA			
trazodone	1				
TRINTELLIX	2	QL			

ASTHMA/COPD/RESPIRATORY					
Medication	Tier	Notes	Medication	Tier	Notes
ADEMPAS	4	SP, PA			
ADVAIR HFA	2	QL			
AIRDUO DIGIHALER	3	QL, ST			
AIRSUPRA	2	QL			
albuterol	1				
albuterol hfa 90 mcg inhaler	1	QL			
ALVESCO	2				
ambrisentan	4	SP, PA			
ANORO ELLIPTA	2	QL			
ASMANEX, ASMANEX HFA	2	QL			
ATROVENT HFA	2	QL			
BREO ELLIPTA	2	QL			
breyna	1	QL			
BREZTRI AEROSPHERE	2	QL			
BRONCHITOL	4	SP, PA			
budesonide inhalation suspension	1	QL			
budesonide-formoterol	1	QL			
COMBIVENT RESPIMAT	2	QL			
DULERA	2	QL			
FASENRA PEN	4	SP, PA			
fluticasone-salmeterol 100-50, 250-50, 500-50	1	QL			
INCRUSE ELLIPTA	2				
KALYDECO	4	SP, PA, QL			
LETAIRIS	4	SP, PA			
montelukast	1				
NUCALA AUTO-INJECTOR, SYRINGE	4	SP, PA			
OFEV	4	SP, PA			
OPSUMIT	4	SP, PA			

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Tier 1 – Generics

PA – Prior Authorization

SP – Specialty Medication

Tier 2 – Preferred Brands

QL – Quantity Limit

PPACA – No Cost-Share Preventive Medication

Tier 3 – Non-Preferred Brands

ST – Step Therapy

OC – Optional Coverage

Tier 4 – Specialty Medications

AGE – Age Requirement

Cigna Healthcare Standard 4-Tier Prescription Drug List

ASTHMA/COPD/RESPIRATORY (cont.)			ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont.) ²		
Medication	Tier	Notes	Medication	Tier	Notes
OPSYNVI	4	SP, PA, QL	dextroamphetamine-amphetamine er	1	PA, QL
ORENITRAM ER	4	SP, PA	DYANAVEL XR	3	PA, QL
ORENITRAM TITRATION KIT	4	SP, PA, QL	EVEKEO ODT	3	PA
PULMICORT	3	QL	FOCALIN	3	PA, ST
PULMOZYME	4	SP, PA	guanfacine er	1	
QVAR REDIHALER	2		METHYLIN	3	PA
SINGULAIR	3		methylphenidate chewable tablet, solution, tablet	1	PA
SPIRIVA HANDIHALER	2	QL	methylphenidate cd	1	PA, QL
SPIRIVA RESPIMAT	2	QL	methylphenidate er (cd)	1	PA, QL
STIOLTO RESPIMAT	2	QL	methylphenidate er (la)	1	PA, QL
STRIVERDI RESPIMAT	2	QL	methylphenidate er 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg tablet	1	PA, QL
SYMDEKO	4	SP, PA, QL	methylphenidate er capsule	1	PA, QL
TEZSPIRE 210 MG/1.91 ML PEN	4	SP, PA, QL	methylphenidate la	1	PA, QL
TEZSPIRE 210 MG/1.91 ML SYRINGE	4	SP, PA	MYDAYIS	3	PA, QL
TRACLEER 32 MG TABLET FOR SUSPENSION	4	SP, PA	QUILLICHEW ER	3	PA, QL
TRELEGY ELLIPTA	2	QL	QUILLIVANT XR	3	PA, QL
TRIKAFTA	4	SP, PA, QL	RITALIN	3	PA, ST
TYVASO DPI	4	SP, PA	VYVANSE	3	PA, QL
TYVASO SOLUTION, KIT	4	SP, PA	XELSTRYM	3	PA, QL
UPTRAVI TABLET, TITRATION PACK	4	SP, PA	BLOOD MODIFIERS/BLEEDING DISORDERS		
VUJOICE	4	SP, PA, QL	Medication		
wixela inhub	1	QL	ADVATE	4	SP, PA, OC
XOLAIR	4	SP, PA	ADYNNOVATE	4	SP, PA, OC
ATTENTION DEFICIT HYPERACTIVITY DISORDER ²					
Medication	Tier	Notes	Medication		
ADDERALL	3	PA, ST	AFSTYLA	4	SP, PA, OC
ADZENYS XR-ODT	3	PA, QL	ALPHANATE	4	SP, PA, OC
atomoxetine	1	QL	ALTUVIPIO	4	SP, PA, OC
AZSTARYS	3	PA, QL, ST	aminocaproic acid solution, tablet	4	SP
DAYTRANA	3	PA, QL	ARANESP	4	SP, PA, OC
dexamethylphenidate	1	PA	DOPTELET	4	SP, PA
dexamethylphenidate er	1	PA, QL	ELOCTATE	4	SP, PA, OC
dextroamphetamine-amphetamine	1	PA	EMPAVELI	4	SP, PA

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Tier 1 – Generics

PA – Prior Authorization

SP – Specialty Medication

Tier 2 – Preferred Brands

QL – Quantity Limit

PPACA – No Cost-Share Preventive Medication

Tier 3 – Non-Preferred Brands

ST – Step Therapy

OC – Optional Coverage

Tier 4 – Specialty Medications

AGE – Age Requirement

Cigna Healthcare Standard 4-Tier Prescription Drug List

BLOOD MODIFIERS/BLEEDING DISORDERS (cont.)			BLOOD PRESSURE/HEART MEDICATIONS (cont.)		
Medication	Tier	Notes	Medication	Tier	Notes
ESPEROCT	4	SP, PA, OC	amlodipine-olmesartan	1	QL
FABHALTA	4	SP, PA, QL	amlodipine-valsartan	1	
FULPHILA	4	SP, PA	atenolol	1	
GRANIX	4	SP, PA	bisoprolol-hctz	1	
HEMLIBRA	4	SP, PA	CALAN SR	3	
HUMATE-P	4	SP, PA, OC	CAMZYOS	4	SP, PA, QL
JIVI	4	SP, PA, OC	candesartan	1	
KOGENATE FS	4	SP, PA, OC	cartia xt	1	
KOVALTRY	4	SP, PA, OC	carvedilol	1	
NEULASTA	4	SP, PA	carvedilol er	1	QL
NEULASTA ONPRO	4	SP, PA, OC	CATAPRES-TTS 1	3	
NEUPOGEN	4	SP, PA	CATAPRES-TTS 2	3	
NIVESTYM	4	SP	CATAPRES-TTS 3	3	
NOVOEIGHT	4	SP, PA, QL	clonidine patch, tablet	1	
NYVEPRIA	4	SP, PA	CORLANOR ORAL SOLUTION	4	SP, PA
PROCRIT	4	SP, PA, OC	CORLANOR TABLET	2	PA
PROMACTA	4	SP, PA	dilt xr	1	
RETACRIT	4	SP, PA, OC	diltiazem tablet	1	
STIMUFEND	4	SP, PA	diltiazem 12hr er	1	
TAVALISSE	4	SP, PA	diltiazem 24hr er	1	
tranexamic acid 650 mg tablet	4	SP	diltiazem 24hr er (cd)	1	
UDENYCA AUTO-INJECTOR, SYRINGE	4	SP, PA	diltiazem 24hr er (la)	1	QL
UDENYCA ONBODY	4	SP, PA, OC	diltiazem 24hr er (xr)	1	
VOYDEYA	4	SP, PA, QL	DIOVAN	3	ST
WILATE	4	SP, PA, OC	DIOVAN HCT	3	ST
XYNTHA	4	SP, PA, OC	dofetilide	1	QL
XYNTHA SOLOFUSE	4	SP, PA, OC	droxidopa	4	SP
ZARXIO	4	SP	ENTRESTO	2	QL
ZIEXTENZO	4	SP, PA	flecainide	1	
BLOOD PRESSURE/HEART MEDICATIONS					
Medication	Tier	Notes	Medication	Tier	Notes
amlodipine	1		HYZAAR	3	ST
amlodipine-benazepril	1		icatibant	4	SP, PA

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Tier 1 – Generics

PA – Prior Authorization

SP – Specialty Medication

Tier 2 – Preferred Brands

QL – Quantity Limit

PPACA – No Cost-Share Preventive Medication

Tier 3 – Non-Preferred Brands

ST – Step Therapy

OC – Optional Coverage

Tier 4 – Specialty Medications

AGE – Age Requirement

Cigna Healthcare Standard 4-Tier Prescription Drug List

BLOOD PRESSURE/HEART MEDICATIONS (cont.)			BLOOD PRESSURE/HEART MEDICATIONS (cont.)		
Medication	Tier	Notes	Medication	Tier	Notes
irbesartan	1		taztia xt	1	
labetalol tablet	1		TEKTURNNA HCT	2	
lisinopril	1		telmisartan	1	QL
lisinopril-hctz	1		telmisartan-hctz	1	QL
losartan	1		tiadylt er	1	
losartan-hctz	1		TIAZAC	3	
matzim la	1		TIKOSYN	3	PA, QL
metoprolol er	1		VALSARTAN SOLUTION	3	ST
metoprolol tablet	1		valsartan tablet	1	
metyrosine	1	PA	valsartan-hctz	1	
MICARDIS	3	QL, ST	verapamil er	1	
MICARDIS HCT	3	QL, ST	verapamil er pm	1	
MINIPRESS	3		verapamil sr	1	
minoxidil tablet	1		verapamil tablet	1	
MULTAQ	2		VERELAN	3	
nadolol	1		VERELAN PM	3	
nebivolol	1	QL	VERQUVO	2	PA, QL
nifedipine	1		ZESTORETIC	3	ST
nifedipine er	1		BLOOD THINNERS/ANTI-CLOTTING		
NITROSTAT	3		Medication		
NORLIQVA	2	PA, QL	ARIXTRA	4	SP, QL
NORVASC	3		BRILINTA	2	
olmesartan	1	QL	clopidogrel	1	
olmesartan-amlodipine-hctz	1		ELIQUIS	2	PA
olmesartan-hctz	1	QL	enoxaparin	4	SP, QL
ORLADEYO	4	SP, PA, QL	fondaparinux	4	SP, QL
prazosin	1		FRAGMIN	4	SP, QL
propranolol er	1		jantoven	1	
propranolol solution, tablet	1		LOVENOX	4	SP, QL
ramipril	1		PLAVIX	3	
ranolazine er	1	QL	prasugrel	1	
sajazir	4	SP, PA	warfarin	1	
TAKHZYRO	4	SP, PA			

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OC – Optional Coverage

Tier 4 – Specialty Medications

AGE – Age Requirement

Cigna Healthcare Standard 4-Tier Prescription Drug List

BLOOD THINNERS/ANTI-CLOTTING (cont.)			CANCER (cont.)		
Medication	Tier	Notes	Medication	Tier	Notes
XARELTO	2	PA	LENVIMA	4	SP, PA
ZONTIVITY	3		letrozole	1	
CANCER					
Medication	Tier	Notes	Medication	Tier	Notes
anastrozole	1	PPACA	LONSURF	4	SP, PA
ARIMIDEX	3		LORBRENA	4	SP, PA, QL
AYVAKIT	4	SP, PA, QL	LUMAKRAS	4	SP, PA, QL
BOSULIF	4	SP, PA, QL	LUPRON DEPOT 7.5 MG KIT, 22.5 MG 3 MONTH KIT, 45 MG 6 MONTH KIT, 4 MONTH KIT	4	SP, PA, OC
BRUKINSA	4	SP, PA, QL	LYNPARZA	4	SP, PA, QL
CABOMETYX	4	SP, PA	MEKINIST	4	SP, PA, QL
capecitabine	4	SP, PA	mercaptopurine	1	
COMETRIQ	4	SP, PA, QL	methotrexate 2.5 mg tablet, 25 mg/ ml, 50 mg/2 ml, 250 mg/10 ml, 1 gram/40 ml vial	1	
CALQUENCE	4	SP, PA	NERLYNX	4	SP, PA
COTELLIC	4	SP, PA	NINLARO	4	SP, PA, QL
ERIVEDGE	4	SP, PA	NUBEQA	4	SP, PA
ERLEADA	4	SP, PA	ODOMZO	4	SP, PA
everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet, tablet for suspension	4	SP, PA, QL	ORGOVYX	4	SP, PA
exemestane	1	PPACA	PHESGO	4	SP, PA, OC
EXKIVITY	4	SP, PA	PIQRAY	4	SP, PA
GAVRETO	4	SP, PA, QL	POMALYST	4	SP, PA, QL
GLEOSTINE	2		RETEVMO	4	SP, PA, QL
hydroxyurea	1		REVLIMID	4	SP, PA, QL
IBRANCE	4	SP, PA, QL	ROZLYTREK	4	SP, PA
imatinib	4	SP, QL	RUBRACA	4	SP, PA, QL
IMBRUVICA	4	SP, PA, QL	SCEMBLIX	4	SP, PA, QL
INLYTA	4	SP, PA	STIVARGA	4	SP, PA, QL
JAKAFI	4	SP, PA, QL	TAFINLAR	4	SP, PA, QL
JYLAMVO	3		TAGRISSO	4	SP, PA
KISQALI	4	SP, PA, QL	TALZENNA	4	SP, PA, QL
KISQALI FEMARA CO-PACK	4	SP, PA, QL	tamoxifen	1	PPACA
lenalidomide	4	SP, PA, QL	TASIGNA	4	SP, PA, QL

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Tier 4 – Specialty Medications

AGE – Age Requirement

Cigna Healthcare Standard 4-Tier Prescription Drug List

CANCER (cont.)		
Medication	Tier	Notes
temozolomide	4	SP, PA
TIBSOVO	4	SP, PA
TREXALL	2	
TUKYSA	4	SP, PA
VENCLEXTA STARTING PACK, TABLET	4	SP, PA
VERZENIO	4	SP, PA, QL
VITRAKVI	4	SP, PA
VIZIMPRO	4	SP, PA
WELIREG	4	SP, PA, QL
XALKORI	4	SP, PA, QL
XELODA	4	SP, PA
XOSPATA	4	SP, PA
XTANDI	4	SP, PA
ZEJULA	4	SP, PA, QL
ZELBORA	4	SP, PA

CHOLESTEROL MEDICATIONS (cont.)		
Medication	Tier	Notes
omega-3 acid ethyl esters	1	
pitavastatin	1	QL, PPACA
pravastatin	1	PPACA
REPATHA PUSHTRONEX, SURECLICK, SYRINGE	2	PA
rosuvastatin 20 mg, 40 mg tablet	1	QL
rosuvastatin 5 mg, 10 mg tablet	1	QL, PPACA
simvastatin 5 mg, 80 mg tablet	1	QL
simvastatin 10 mg, 20 mg, 40 mg tablet	1	PPACA
TRICOR	3	ST
VASCEPA	2	PA
ZETIA	3	

CONTRACEPTION PRODUCTS		
Medication	Tier	Notes
afirmelle	1	PPACA
altavera	1	PPACA
alyacen	1	PPACA
amethia	1	PPACA
amethyst	1	PPACA
ANNOVERA	3	
apri	1	PPACA
aranelle	1	PPACA
ashlyna	1	PPACA
aubra	1	PPACA
aubra eq	1	PPACA
aurovela	1	PPACA
aurovela 24 fe	1	PPACA
aurovela fe	1	PPACA
aviane	1	PPACA
ayuna	1	PPACA
azurette	1	PPACA
BALCOLTRA	3	

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Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

Tier 4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Standard 4-Tier Prescription Drug List

CONTRACEPTION PRODUCTS (cont.)			CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes	Medication	Tier	Notes
balziva	1	PPACA	estarrylla	1	PPACA
BEYAZ	3		ethynodiol-ethinyl estradiol	1	PPACA
blisovi 24 fe	1	PPACA	etongestrel-ethinyl estradiol	1	PPACA
blisovi fe	1	PPACA	falmina	1	PPACA
briellyn	1	PPACA	FEMCAP	1	PPACA
camila	1	PPACA	finzala	1	PPACA
camrese	1	PPACA	gemma	1	PPACA
camrese lo	1	PPACA	hailey	1	PPACA
CAYA CONTOURED	1	PPACA	hailey 24 fe	1	PPACA
caziant	1	PPACA	hailey fe	1	PPACA
charlotte 24 fe	1	PPACA	haloette	1	PPACA
chateal	1	PPACA	heather	1	PPACA
chateal eq	1	PPACA	iclevia	1	PPACA
cryselle	1	PPACA	incassia	1	PPACA
cyred	1	PPACA	isibloom	1	PPACA
cyred eq	1	PPACA	jaimiess	1	PPACA
dasetta	1	PPACA	jasmiel	1	PPACA
daysee	1	PPACA	jencycla	1	PPACA
deblitane	1	PPACA	jolessa	1	PPACA
desogestrel-ethinyl estradiol	1	PPACA	joyeaux	1	PPACA
desogestrel-ethinyl estradiol ethinyl estradiol	1	PPACA	juleber	1	PPACA
dolishale	1	PPACA	junel	1	PPACA
drospirenone-ethinyl estradiol	1	PPACA	junel fe	1	PPACA
drospirenone-ethinyl estradiol-levomefolide	1	PPACA	junel fe 24	1	PPACA
elinest	1	PPACA	kaitlib fe	1	PPACA
ELLA	3	PPACA	kalliga	1	PPACA
eluryng	1	PPACA	kariva	1	PPACA
emzahh	1	PPACA	kelnor 1-35	1	PPACA
enilloring	1	PPACA	kelnor 1-50	1	PPACA
enpresse	1	PPACA	kurvelo	1	PPACA
enskyce	1	PPACA	KYLEENA	4	SP, PPACA
errin	1	PPACA	larin	1	PPACA
			larin 24 fe	1	PPACA

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Tier 4 – Specialty Medications

AGE – Age Requirement

Cigna Healthcare Standard 4-Tier Prescription Drug List

CONTRACEPTION PRODUCTS (cont.)			CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes	Medication	Tier	Notes
larin fe	1	PPACA	NEXTSTELLIS	3	
layolis fe	3	PPACA	nikki	1	PPACA
leena	1	PPACA	nora-be	1	PPACA
lessina	1	PPACA	norelgestromin-ethynodiol estradiol	1	PPACA
levonest	1	PPACA	norethindrone	1	PPACA
levonorgestrel-ethynodiol estradiol	1	PPACA	norethindrone-ethynodiol estradiol	1	PPACA
levonorgestrel-ethynodiol estradiol ethynodiol	1	PPACA	norethindrone-ethynodiol-ethynodiol-fe	1	PPACA
levonorgestrel-ethynodiol estradiol-fe bisglycinate	1	PPACA	norgestimate-ethynodiol estradiol	1	PPACA
levora-28	1	PPACA	nortrel	1	PPACA
LILETTA	4	SP, PPACA	NUVARING	3	
LOESTRIN FE	3		nylia	1	PPACA
lojaimiess	1	PPACA	nymyo	1	PPACA
loryna	1	PPACA	ocella	1	PPACA
low-ogestrel	1	PPACA	PARAGARD T 380-A	4	SP, PPACA
lo-zumandimine	1	PPACA	philith	1	PPACA
lutera	1	PPACA	pimtrea	1	PPACA
lyeq	1	PPACA	pirmella	1	PPACA
lyza	1	PPACA	portia	1	PPACA
marlissa	1	PPACA	previfem	1	PPACA
medroxyprogesterone 150mg/ml syringe, vial	1	PPACA	reclipsen	1	PPACA
merzee	1	PPACA	rivelsa	1	PPACA
mibelas 24 fe	1	PPACA	SAFYRAL	3	
microgestin	1	PPACA	setlakin	1	PPACA
microgestin 24 fe	1	PPACA	sharobel	1	PPACA
microgestin fe	1	PPACA	simliya	1	PPACA
milki	1	PPACA	simpesse	1	PPACA
MIRENA	4	SP, PPACA	SKYLA	4	SP, PPACA
mono-linyah	1	PPACA	SLYND	3	
NATAZIA	3		sprintec	1	PPACA
necon	1	PPACA	sronyx	1	PPACA
NEXPLANON	4	SP, PPACA	syeda	1	PPACA
			tarina 24 fe	1	PPACA

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Cigna Healthcare Standard 4-Tier Prescription Drug List

CONTRACEPTION PRODUCTS (cont.)			CONTRACEPTION PRODUCTS (cont.)		
Medication	Tier	Notes	Medication	Tier	Notes
tarina fe	1	PPACA	WIDE SEAL DIAPHRAGM	1	PPACA
tarina fe 1-20 eq	1	PPACA	wymzya fe	1	PPACA
taysofy	1	PPACA	xulane	1	PPACA
TAYTULLA	3		YASMIN 28	3	
tilia fe	1	PPACA	YAZ	3	
tri femynor	1	PPACA	zafemy	1	PPACA
tri-estarrylla	1	PPACA	zarah	1	PPACA
tri-legest fe	1	PPACA	zovia 1-35	1	PPACA
tri-linyah	1	PPACA	zumandimine	1	PPACA
tri-lo-estarrylla	1	PPACA	COUGH/COLD MEDICATIONS		
tri-lo-marzia	1	PPACA	Medication Tier Notes		
tri-lo-mili	1	PPACA	brompheniramine-pseudoephedrine-dm	1	
tri-lo-sprintec	1	PPACA	HYCODAN	3	PA, QL
tri-mili	1	PPACA	promethazine-dm	1	
tri-nymyo	1	PPACA	DENTAL PRODUCTS		
tri-previfem	1	PPACA	Medication Tier Notes		
tri-sprintec	1	PPACA	chlorhexidine 0.12% cup, rinse	1	
trivora-28	1	PPACA	CLINPRO 5000	3	
tri-vylibra	1	PPACA	denta 5000 plus	1	
tri-vylibra lo	1	PPACA	dentagel	1	
tulana	1	PPACA	doxycycline hyclate 20 mg tablet	1	
turqoz	1	PPACA	FLORIVA	3	PPACA, OC
TWIRLA	3	PPACA	FLUORIDEX DAILY DEFENSE 1.1%	1	
tydemy	1	PPACA	FLUORIDEX SENSITIVITY RELIEF	3	
velivet	1	PPACA	JUST RIGHT 5000	3	
vestura	1	PPACA	oralone	1	
vienna	1	PPACA	PERIDEX	3	
viorele	1	PPACA	periogard	1	
volnea	1	PPACA	PREVIDENT 0.2% RINSE	2	
vyfemla	1	PPACA	PREVIDENT 1.1% GEL	3	
vylibra	1	PPACA			
wera	1	PPACA			

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Tier 1 – Generics

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Tier 4 – Specialty Medications

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Cigna Healthcare Standard 4-Tier Prescription Drug List

DENTAL PRODUCTS (cont.)			DIABETES (cont.)		
Medication	Tier	Notes	Medication	Tier	Notes
PREVENTID 5000	3		GLIPIZIDE 2.5 MG TABLET	3	
sodium fluoride	1		glipizide 5 mg, 10 mg tablet	1	
triamcinolone 0.1% paste	1		glipizide er	1	
DIABETES			glipizide xl	1	
Medication	Tier	Notes	DIABETES		
Medication	Tier	Notes	GLUCAGEN HYPOKIT	2	QL
ACCU-CHEK MULTICLIX LANCET KIT	1		GLUCAGON EMERGENCY KIT	3	QL
ACCU-CHEK CONTROL SOLUTION	1		GLYXAMBI	2	QL, ST
ACCU-CHEK FASTCLIX LANCING DEVICE	1		GUARDIAN RT CHARGER	1	
ACCU-CHEK SOFTCLIX LANCET KIT	1		GUARDIAN TEST PLUG	1	
BAQSIMI	2	QL	GVOKE	2	QL
BD AUTOSHIELD DUO PEN NEEDLE	1		HUMALOG	2	QL
BD INSULIN PEN NEEDLE, SYRINGE	1		HUMULIN N, HUMULIN R, HUMULIN 70/30	2	QL
BD NANO 2 PEN NEEDLE	1		INPEN (FOR HUMALOG, NOVOLOG OR FIASP)	1	
BD SAFETYGLIDE INSULIN SYRINGE	1		INSULIN GLARGINE-YFGN	2	QL
BD ULTRA-FINE PEN NEEDLE	1		INSULIN LISPRO	2	QL
BD VEO INSULIN SYRINGE	1		JANUMET	2	QL, ST
BYDUREON BCISE	2	PA, QL	JANUMET XR	2	QL, ST
BYETTA	2	PA, QL	JANUVIA	2	QL, ST
CEQUR SIMPLICITY	2		JARDIANCE	2	QL, ST
CEQUR SIMPLICITY INSERTER	2		LYUMJEV	2	QL
CYCLOSET	3		metformin cup, solution, 500 mg, 850 mg, 1000 mg tablet	1	
DEXCOM G6	2	PA, QL	metformin er 500 mg, 750 mg tablet	1	
DEXCOM G7 RECEIVER, SENSOR	2	PA, QL	MICROLET LANCET	1	
DROPLET INSULIN SYRINGE	1		MICROLET 2 LANCING DEVICE	1	
DROPLET LANCET	1		MICROLET NEXT LANCING DEVICE	1	
DROPLET GENTEL LANCING DEVICE	1		MOUNJARO	2	PA, QL
FARXIGA	2	QL, ST	OMNIPOD 5 (G6-LIBRE 2 PLUS)	2	QL
FREESTYLE LIBRE 2 READER, SENSOR	2	PA, QL	OMNIPOD 5 G6 PODS (GEN 5)	2	QL
FREESTYLE LIBRE 3 READER, SENSOR	2	PA, QL	OMNIPOD 5 G6-G7 INTRO KIT (GEN 5)	2	QL
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA, QL	OMNIPOD 5 INTRO (G6-LIBRE 2 PLUS)	2	QL
FREESTYLE LIBRE 14 DAY READER, SENSOR	2	PA, QL	OMNIPOD CLASSIC PDM KIT (GEN 3)	2	QL
glimepiride	1				

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ST – Step Therapy

Tier 4 – Specialty Medications

AGE – Age Requirement

SP – Specialty Medication

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Cigna Healthcare Standard 4-Tier Prescription Drug List

DIABETES (cont.)		
Medication	Tier	Notes
OMNIPOD CLASSIC PODS (GEN 3)	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4)	2	QL
OMNIPOD GO PODS	2	QL
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH VERIO TEST STRIP	2	
OZEMPIK	2	PA, QL
PARADIGM RESERVOIR	1	
pioglitazone	1	
RIOMET	3	
RYBELSUS	2	PA, QL
SEMGLEE (YFGN)	2	QL
SEMGLEE (YFGN) PEN	2	QL
SOLIQUA 100-33	2	
SYMLINPEN	2	
SYNJARDY	2	QL, ST
SYNJARDY XR	2	QL, ST
TECHLITE INSULIN SYRINGE	1	
TRESIBA	2	QL
TRIJARDY XR	2	QL, ST
TRUEPLUS INSULIN SYRINGE	1	
TRULICITY	2	PA, QL
V-GO	2	
XIGDUO XR	2	QL, ST
ZEGALOGUE	2	QL
DIURETICS		
Medication	Tier	Notes
acetazolamide tablet	1	
acetazolamide er	1	
bumetanide tablet	1	
CAROSPIR	2	PA
chlorthalidone	1	
DIURIL	2	
eplerenone	1	

DIURETICS (cont.)		
Medication	Tier	Notes
furosemide solution, tablet	1	
hydrochlorothiazide	1	
JYNARQUE	4	SP, PA
KERENDIA	2	PA, QL
spironolactone	1	
tolvaptan	4	SP
EAR MEDICATIONS		
Medication	Tier	Notes
CIPRO HC	2	
ciprofloxacin-dexamethasone	1	
CIPROFLOXACIN-FLUOCINOLONE	3	
DERMOTIC	3	
neomycin-polymyxin-hc	1	
ofloxacin 0.3% ear drops	1	
OTOVEL	3	
ERECTILE DYSFUNCTION		
Medication	Tier	Notes
CAVERJECT	3	PA, AGE, QL, OC
CIALIS	3	QL, ST, OC
EDEX	3	PA, AGE, QL, OC
MUSE	2	PA, AGE, QL, OC
sildenafil tablet	1	QL, OC
STENDRA	3	QL, ST, OC
tadalafil	1	QL, OC
vardenafil	1	QL, OC
VIAGRA	3	QL, ST, OC
EYE CONDITIONS		
Medication	Tier	Notes
ACUVAIL	3	
ALREX	3	
AZASITE	2	
BESIVANCE	2	
BETOPTIC S	2	

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Tier 1 – Generics

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Tier 3 – Non-Preferred Brands

ST – Step Therapy

Tier 4 – Specialty Medications

AGE – Age Requirement

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Cigna Healthcare Standard 4-Tier Prescription Drug List

EYE CONDITIONS (cont.)		
Medication	Tier	Notes
bimatoprost drops	1	QL
brimonidine drops	1	
brimonidine-timolol	1	
brinzolamide	1	
bromfenac drops	1	
BROMSITE	2	
CEQUA	2	
ciprofloxacin drops	1	
cyclosporine 0.05% eye emulsion	1	
CYSTADROPS	4	SP, PA, QL
CYSTARAN	4	SP, PA, QL
difluprednate	1	
dorzolamide-timolol	1	
erythromycin ointment	1	
EYSUVIS	2	QL
FLAREX	2	
fluorometholone	1	
ILEVRO	3	
INVELTYS	2	
latanoprost	1	
LOTEMAX 0.5% EYE OINTMENT	2	
LOTEMAX SM	2	
loteprednol	1	
MIEBO	2	QL
moxifloxacin drops	1	
neomycin-polymyxin-dexamethasone	1	
ofloxacin drops	1	
OXERVATE	4	SP, PA
polymyxin b sulfate-trimethoprim	1	
prednisolone 1% eye drops	1	
PROLENSA	3	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	2	

EYE CONDITIONS (cont.)		
Medication	Tier	Notes
timolol gel-solution, drops	1	
TOBRADEX EYE OINTMENT	2	
TOBRADEX ST	2	
tobramycin drops	1	
tobramycin-dexamethasone	1	
travoprost	1	
TYRVAYA	2	QL
XDEMVY	4	SP, PA, QL
XIIDRA	2	
ZERVIATE	2	
ZIRGAN	3	
ZYLET	3	
FEMININE PRODUCTS		
Medication	Tier	Notes
fem ph	1	
GYNIAZOLE 1	1	
miconazole 3 200 mg suppository	1	
terconazole	1	
GASTROINTESTINAL/HEARTBURN		
Medication	Tier	Notes
alosetron	4	SP
anucort-hc	1	
aprepitant	1	QL
APRISO	3	
BONJESTA	3	
CHOLBAM	4	SP, PA
constulose	1	
CUVPOSA	3	
dexlansoprazole dr	1	QL
dicyclomine capsule, solution, tablet	1	
ENTYVIO VIAL	4	SP, PA, OC
esomeprazole capsule, packet	1	QL
famotidine suspension, 20 mg, 40 mg tablet	1	

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Cigna Healthcare Standard 4-Tier Prescription Drug List

GASTROINTESTINAL/HEARTBURN (cont.)		
Medication	Tier	Notes
GATTEX	4	SP, PA
gavilyte-c	1	PPACA
gavilyte-g	1	PPACA
gavilyte-n	1	PPACA
hemmorex-hc	1	
hydrocortisone enema, suppository	1	
Iansoprazole	1	QL
LEVBID	3	
LEVSIN	3	
LEVSIN-SL	3	
LINZESS	2	
LITHOSTAT	2	
lubiprostone	1	
mesalamine	1	
mesalamine dr	1	
mesalamine er	1	
metoclopramide cup, solution, tablet	1	
misoprostol	1	
MOTOFEN	3	
MOVANTIK	2	PA
NEXIUM DR 2.5 MG, 5 MG PACKET	2	QL
NULEV	3	
OCALIVA	4	SP, PA
OLPRUVA	4	SP, PA
omeprazole 10 mg, 20 mg, 40 mg capsule	1	QL
ondansetron	1	
ondansetron odt 4 mg, 8 mg	1	
PANCREAZE	2	
pantoprazole packet, tablet	1	QL
peg 3350-electrolyte	1	PPACA
PENTASA 500 MG CAPSULE	3	
PHEBURANE	4	SP, PA, QL
PREVACID DR CAPSULE	3	QL, ST
PROTONIX SUSPENSION, TABLET	3	QL, ST

GASTROINTESTINAL/HEARTBURN (cont.)		
Medication	Tier	Notes
rabeprazole tablet	1	QL
RECTIV	3	
RELISTOR SYRINGE, VIAL	3	PA
SANCUSO	3	PA, QL
scopolamine	1	
SFROWASA	3	
SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE	1	PPACA
SUCRAID	4	SP, PA
sucralfate	1	
SYMPROIC	2	PA
TRANSDERM-SCOP	3	
TRULANCE	2	
URSO	3	
URSO FORTE	3	
VARUBI	3	PA, QL
VIBERZI	2	
VIOKACE	3	
VOQUEZNA TABLET	3	PA, QL
VOWST	4	SP, PA, QL
XERMELO	4	SP, PA
ZENPEP	2	

HORMONAL AGENTS		
Medication	Tier	Notes
ACTIVELLA	3	
amabelz	1	
ANDROGEL	3	PA, QL
ANGELIQ	3	
BIJUVA	3	
budesonide dr	1	
budesonide ec	1	
budesonide er	1	PA, QL
cabergoline	1	QL
CETROTIDE	4	SP, PA, OC

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ST – Step Therapy

Tier 4 – Specialty Medications

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Cigna Healthcare Standard 4-Tier Prescription Drug List

HORMONAL AGENTS (cont.)		
Medication	Tier	Notes
COMBIPATCH	2	
CRINONE 4% GEL	3	PA
CYTOMEL	3	
DEPO-ESTRADIOL	3	
DEPO-TESTOSTERONE	3	
desmopressin ampule, vial	4	SP
desmopressin solution, 10 mcg/0.1 ml spray, tablet	1	
dexamethasone intensol	1	
dotti	1	QL
DUAVEE	2	
EGRIFTA SV	4	SP, PA
EMFLAZA	4	SP, PA
estradiol cream, gel packet, patch, tablet	1	QL
estradiol-norethindrone	1	
ESTRING	2	QL
ESTROGEL	2	
euthyrox	1	
EVAMIST	3	
FENSOLVI	4	SP, PA, OC
fyremadel	4	SP, PA, OC
GENOTROPIN	4	SP, PA
INTRAROSA	3	QL
LANREOTIDE	4	SP, PA, OC
levo-t	1	
levothyroxine tablet	1	
levoxyl	1	
liothyronine tablet	1	
LUPRON DEPOT 3.75 MG, 11.25 MG KIT	4	SP, PA, OC
LUPRON DEPOT-PED	4	SP, PA, OC
lyllana	1	QL

HORMONAL AGENTS (cont.)		
Medication	Tier	Notes
MEDROL 4 MG DOSEPAK, 4 MG, 8 MG, 16 MG TABLET	3	
MEDROL 2 MG TABLET	2	
medroxyprogesterone	1	
MENOSTAR	3	QL
methylprednisolone dosepack, tablet	1	
mimvey	1	
MYFEMBREE	2	PA, QL
NGENLA	4	SP, PA
norethindrone	1	
np thyroid	1	
OMNITROPE	4	SP, PA
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
OSPHENA	3	QL
prednisone	1	
prednisone intensol	1	
PREMARIN VAGINAL CREAM, TABLET	2	
PREMPHASE	2	
PREMPRO	2	
progesterone capsule	1	
RAYALDEE	3	
SANDOSTATIN LAR DEPOT	4	SP, PA, OC
SEROSTIM	4	SP, PA
SKYTROFA	4	SP, PA
SOMATULINE DEPOT	4	SP, PA, OC
SOMAVERT	4	SP, PA
testosterone gel, gel pump, packet	1	PA, QL
testosterone cypionate 200 mg/ml, 1,000 mg/10 ml, 2,000 mg/10 ml, 6,000 mg/30 ml	1	
unithroid	3	
XYOSTED	3	PA, QL
yuvafem	1	QL

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Tier 4 – Specialty Medications

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Cigna Healthcare Standard 4-Tier Prescription Drug List

INFECTIONS			INFECTIONS (cont.)		
Medication	Tier	Notes	Medication	Tier	Notes
acyclovir capsule, suspension, tablet	1		coremino	1	QL
AEMCOLO	3	QL	crotan	1	
albendazole	1		DIFICID	3	QL
ALINIA	3		doxycycline monohydrate	1	
amoxicillin	1		e.e.s. 400	2	
amoxicillin-clavulanate	1		EMVERM	1	
amoxicillin-clavulanate er	1		entecavir	4	SP, QL
ANCOBON	3		EPCLUSA	4	SP, PA, QL
ARIKAYCE	4	SP, PA	ERYPED 200	3	
atovaquone	1		ery-tab dr 250 mg tablet	3	
atovaquone-proguanil	1		ery-tab dr 333 mg tablet	2	
avidoxy	1		ERY-TAB DR 500 MG TABLET	3	
azithromycin packet, suspension, tablet	1		erythromycin	1	
BACTRIM	3		famciclovir	1	
BACTRIM DS	3		FLAGYL	3	
BARACLUDE ORAL SOLUTION	4	SP	fluconazole	1	
BAXDELA 450 MG TABLET	3	PA	flucytosine	1	
BEYFORTUS	3	PPACA	fosfomycin	1	
CAYSTON	4	SP, PA, QL	HARVONI	4	SP, PA, QL
cefdinir	1		hydroxychloroquine	1	
cefpodoxime	1		IMPAVIDO	3	PA
cefuroxime axetil	1		itraconazole	1	
cephalexin	1		KITABIS PAK	4	SP, PA, QL
CIPRO SUSPENSION	2		LAGEVRIO (EUA)	2	QL
CIPRO TABLET	3		levofloxacin solution, tablet	1	
ciprofloxacin	1		LIKMEZ	3	PA
clarithromycin	1		LIVTENCITY	4	SP, PA, QL
clarithromycin er	1		MACROBID	3	
CLEOCIN 75 MG CAPSULE	2		MACRODANTIN	3	
CLEOCIN 150 MG, 300 MG CAPSULE	3		MALARONE	3	PA
clindamycin capsule, vaginal cream, solution	1		methenamine	1	

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Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

Tier 4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Standard 4-Tier Prescription Drug List

INFECTIONS (cont.)		
Medication	Tier	Notes
metronidazole capsule, tablet, vaginal gel	1	
minocycline	1	
minocycline er tablet	1	QL
monodoxine nl	1	
nitazoxanide	1	
nitrofurantoin capsule, 25 mg/5 ml suspension	1	
NUZYRA 150 MG TABLET	4	SP, PA, QL
nystatin	1	
oseltamivir	1	QL
PAXLOVID	2	QL
PEGASYS	4	SP, PA
penicillin v potassium	1	
permethrin	1	
PLAQUENIL	3	PA
posaconazole suspension, tablet	1	
PREVYMIS TABLET	4	SP
PRIFTIN	3	
SIVEXTRO TABLET	3	PA
SOVALDI	4	SP, PA, QL
sulfamethoxazole-tmp suspension, tablet	1	
sulfatrim	3	
TAMIFLU	3	QL
terbinafine	1	
THALOMID	4	SP, PA
TOBI PODHALER	4	SP, PA, QL
tobramycin ampule	4	SP, PA, QL
valacyclovir	1	
valganciclovir	1	
VALTREX	3	
vancomycin capsule, oral solution	1	
vandazole	1	

INFECTIONS (cont.)		
Medication	Tier	Notes
VELMLIDY	4	SP
VIVJOA	4	SP, PA
VOSEVI	4	SP, PA, QL
XENLETA TABLET	3	PA, QL
XIFAXAN	2	QL
XOFLUZA	3	QL
ZEPATIER	4	SP, PA, QL
ZITHROMAX PACKET, SUSPENSION, TABLET	3	
ZITHROMAX TRI-PAK	3	
ZYVOX ORAL SUSPENSION, TABLET	3	PA
INFERTILITY		
Medication	Tier	Notes
clomiphene	1	OC
CRINONE 8% GEL	2	OC
ENDOMETRIN	2	OC
FOLLISTIM AQ	4	SP, PA, OC
GONAL-F	4	SP, PA, OC
GONAL-F RFF	4	SP, PA, OC
GONAL-F RFF REDI-JECT	4	SP, PA, OC
MENOPUR	4	SP, PA, OC
NOVAREL	4	SP, PA, OC
OVIDREL	4	SP, PA, OC
PREGNYL	4	SP, PA, OC
MISCELLANEOUS		
Medication	Tier	Notes
ACCU-CHEK FASTCLIX LANCET DRUM	1	
ADDYI	3	PA, QL, OC
AEROCHAMBER MINI	2	QL
AEROCHAMBER MV HOLD CHAMBER	2	QL
AEROCHAMBER PLUS FLOW-VU	2	QL
AEROCHAMBER Z-STAT PLUS	2	QL
AEROTRACH HOLDING CHAMBER	2	QL

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Tier 1 – Generics

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Tier 2 – Preferred Brands

QL – Quantity Limit

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Tier 3 – Non-Preferred Brands

ST – Step Therapy

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Tier 4 – Specialty Medications

AGE – Age Requirement

Cigna Healthcare Standard 4-Tier Prescription Drug List

MISCELLANEOUS (cont.)			MISCELLANEOUS (cont.)		
Medication	Tier	Notes	Medication	Tier	Notes
AEROVENT PLUS HOLDING CHAMBER	2	QL	POCKET CHAMBER	2	QL
AUSTEDO	4	SP, PA	POGO AUTOMATIC TEST CARTRIDGE	1	
AUSTEDO XR	4	SP, PA, QL	PRECISION XTR B-KETONE STRIP	1	
AUSTEDO XR TITRATION KIT	4	SP, PA, QL	PRO COMFORT SPACER WITH MASK	3	QL
BERINERT	4	SP, PA, OC	PROCARE SPACER WITH MASK	2	QL
BREATHRITE	2	QL	RADICAVA ORS	4	SP, PA, QL
CARBAGLU	4	SP	RELION KETONE TEST STRIP	1	
CERDELGA	4	SP, PA	RITEFLO SPACER	2	QL
cinacalcet	4	SP	RUCONEST	4	SP, PA, OC
CINRYZE	4	SP, PA, OC	sapropterin	4	SP, PA
CLEVER CHOICE HOLDING CHAMBER	2	QL	sodium chloride	1	
COMPACT SPACE CHAMBER	2	QL	SOFT TOUCH LANCET	1	
CVS KETONE CARE TEST STRIP	1		SPACE CHAMBER	2	QL
deferiprone	4	SP, PA	SPACE CHAMBER WITH MASK	2	QL
DROPLET LANCET	1		STRENSIQ	4	SP, PA
EASIVENT	2	QL	TECHLITE LANCET	1	
EVRYSDI	4	SP, PA	TEGLUTIK	4	SP, PA
FLEXICHAMBER	2	QL	TEGSEDI	4	SP, PA
GALAFOLD	4	SP, PA	TIGLUTIK	4	SP, PA
HAEGARDA	4	SP, PA	TRUEPLUS KETONE TEST STRIP	1	
INGREZZA CAPSULE, INITIATION PACK, SPRINKLE CAPSULE	4	SP, PA, QL	VEOZAH	3	QL
KETOSTIX REAGENT	1		VORTEX HOLDING CHAMBER	2	QL
MICROCHAMBER	2	QL	VORTEX VHC FROG MASK	2	QL
MICROSPACER	2	QL	VORTEX VHC LADYBUG MASK	2	QL
MYALEPT	4	SP, PA	VOXZOGO	4	SP, PA
NITYR	4	SP, PA	VYLEESI	4	SP, PA, QL, OC
NUEDEXTA	3	QL	VYNDAMAX	4	SP, PA, QL
ONETOUCH DELICA PLUS LANCET	1		MULTIPLE SCLEROSIS		
ONETOUCH ULTRASOFT LANCET	1		Medication	Tier	Notes
ONETOUCH ULTRASOFT 2 LANCET	1		AVONEX	4	SP, PA
OPTICHAMBER DIAMOND	2	QL	BAFIERTAM	4	SP, PA
ORFADIN	4	SP, PA	BETASERON	4	SP, PA
PALYNZIQ	4	SP, PA	dalfampridine er	4	SP, PA

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Tier 1 – Generics

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Tier 3 – Non-Preferred Brands

ST – Step Therapy

Tier 4 – Specialty Medications

AGE – Age Requirement

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Cigna Healthcare Standard 4-Tier Prescription Drug List

MULTIPLE SCLEROSIS (cont.)		
Medication	Tier	Notes
FIRDAPSE	4	SP, PA, QL
glatiramer	4	SP
glatopa	4	SP
KESIMPTA PEN	4	SP, PA
MAVENCLAD	4	SP, PA
MAYZENT	4	SP, PA
PLEGRIDY	4	SP, PA
PONVORY	4	SP, PA
REBIF	4	SP, PA
REBIF REBIDOSE	4	SP, PA
VUMERTY	4	SP, PA
NUTRITIONAL/DIETARY		
Medication	Tier	Notes
ACCRUFER	3	OC
AURYXIA	3	QL
betaine anhydrous	4	SP
calcitriol ampule, capsule	1	OC
CYSTADANE	4	SP
FLORIVA CHEWABLE TABLET	2	PPACA
fluoride	1	PPACA, OC
folic acid 1 mg tablet	1	OC
folic acid 1000 mcg tablet	1	
klor-con 8 meq, 10 meq, 20 meq	1	
klor-con m10, m20	1	
klor-con m15	2	
K-TAB ER	3	
lanthanum	1	
LOKELMA	2	
Iudent fluoride	1	PPACA, OC
multivitamin-fluoride chewable tablet	1	PPACA
mvf-fluoride	2	PPACA
NEEVODHA	2	OC
OB COMPLETE CAPLET	3	OC

NUTRITIONAL/DIETARY (cont.)		
Medication	Tier	Notes
OB COMPLETE ONE, PETITE, PREMIER, WITH DHA	2	
PHOSLYRA	3	
POLY-VI-FLOR	2	PPACA
POLY-VI-FLOR WITH IRON CHEWABLE TABLET	2	PPACA
potassium chloride liquid, packet	1	
potassium chloride er	1	
PRENATE CHEWABLE, ESSENTIAL	2	OC
PRENATE DHA, ELITE, ENHANCE, MINI, PIXIE, RESTORE	2	
PRIMACARE	2	
QUFLORA PED DROPS, 1 MG CHEWABLE TABLET	2	PPACA
QUFLORA PED 0.25 MG, 0.5 MG CHEWABLE TABLET	2	
ROCALTROL	3	OC
sevelamer	1	
sodium fluoride	1	PPACA, OC
soluvita	1	PPACA, OC
TRI-VI-FLOR	2	PPACA
tri-vit-fluor	1	PPACA
VELPHORO	2	
VELTASSA	2	
vitamin d2 1.25mg (50,000 unit)	1	OC
vit a,c,d-fluoride	1	PPACA
OSTEOPOROSIS PRODUCTS		
Medication	Tier	Notes
alendronate	1	
BINOSTO	3	ST
EVISTA	3	
FOSAMAX	3	ST
ibandronate tablet	1	
raloxifene	1	PPACA

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Tier 1 – Generics

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Tier 3 – Non-Preferred Brands

Tier 4 – Specialty Medications

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ST – Step Therapy

AGE – Age Requirement

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Cigna Healthcare Standard 4-Tier Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE		
Medication	Tier	Notes
acetaminophen-codeine	1	PA
ACTEMRA SYRINGE	4	SP, PA, QL
ACTEMRA ACTPEN	4	SP, PA, QL
ADALIMUMAB-ADAZ(CF)	4	SP, PA, QL
ADALIMUMAB-ADBM (CF)	4	SP, PA, QL
AIMOVIG	2	PA
AJOVY	2	PA
allopurinol 100 mg, 300 mg tablet	1	
ARAVA	3	
ARCALYST	4	SP, PA
AVSOLA	4	SP, PA, OC
baclofen tablet	1	
BELBUCA	2	QL
BENLYSTA AUTO-INJECTOR, SYRINGE	4	SP, PA
BIMZELX	4	SP, PA, QL
buprenorphine film, patch	1	QL
butalbital-acetaminophen-caffeine	1	QL
BUTRANS	3	QL
carisoprodol	1	
CELEBREX	3	QL, ST
celecoxib	1	QL
CIMZIA	4	SP, PA, QL
colchicine	1	
COSENTYX PEN, SYRINGE	4	SP, PA, QL
cyclobenzaprine	1	
CYLTEZO (CF)	4	SP, PA, QL
diclofenac 1% gel, 50 mg tablet	1	QL
diclofenac er	1	
DUPIXENT	4	SP, PA
EC-NAPROSYN	3	ST
ec-naproxen	1	
eletriptan	1	QL

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)		
Medication	Tier	Notes
EMGALITY	2	PA
ENBREL	4	SP, PA, QL
ENBREL MINI	4	SP, PA, QL
ENBREL SURECLICK	4	SP, PA, QL
endocet	1	PA
ENSPRYNG	4	SP, PA
febuxostat	1	QL
FEXMID	3	
FLECTOR	2	PA, QL
glydo	1	
HUMIRA	4	SP, PA, QL
hydrocodone-acetaminophen	1	PA
hydromorphone solution, suppository, tablet	1	PA
hydromorphone er	1	PA
HYSINGLA ER	2	PA
ibu 400 mg, 600 mg, 800 mg tablet	1	
ibuprofen suspension, 400 mg, 600 mg, 800 mg tablet	1	
ILARIS	4	SP, PA, OC
ILUMYA	4	SP, PA, QL
indomethacin 25 mg, 50 mg capsule, suspension, 50 mg suppository	1	
indomethacin er	1	
INFLECTRA	4	SP, PA, OC
INFLIXIMAB	4	SP, PA, OC
ketorolac carpuject, syringe, tablet, vial	1	QL
KEVZARA	4	SP, PA, QL
KINERET	4	SP, PA, QL
leflunomide	1	
LICART	2	PA, QL
lidocaine jelly, ointment, 5% patch, solution	1	QL

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Tier 1 – Generics

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Tier 3 – Non-Preferred Brands

ST – Step Therapy

OC – Optional Coverage

Tier 4 – Specialty Medications

AGE – Age Requirement

Cigna Healthcare Standard 4-Tier Prescription Drug List

PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)		
Medication	Tier	Notes	Medication	Tier	Notes
lidocaine viscous	1		SIMPONI ARIA	4	SP, PA
meloxicam tablet	1		SKYRIZI ON-BODY, PEN, SYRINGE	4	SP, PA, QL
methocarbamol tablet	1		SOTYKTU	4	SP, PA, QL
MITIGARE	2		STELARA 45 MG/0.5 ML SYRINGE, VIAL, 90 MG/ML SYRINGE	4	SP, PA, QL
morphine concentrate, solution, suppository, tablet	1	PA	sumatriptan	1	QL
morphine er	1	PA	TALTZ 80 MG/ML AUTO-INJECTOR, SYRINGE	4	SP, PA, QL
NAPROSYN TABLET	3	ST	tramadol 50 mg tablet	1	QL
NUCYNTA	2	PA	TRAMADOL ER	1	QL
NUCYNTA ER	3	PA	TREMFYA	4	SP, PA, QL
NURTEC ODT	2	PA, QL	TYENNE AUTO-INJECTOR, SYRINGE	4	SP, PA, QL
OLUMIANT	4	SP, PA, QL	UBRELVY	2	PA, QL
OMVOH PEN	4	SP, PA, QL	vanadom	1	
ORENCIA CLICKJECT, SYRINGE	4	SP, PA, QL	XELJANZ	4	SP, PA, QL
OTEZLA	4	SP, PA, QL	XELJANZ XR	4	SP, PA, QL
OTREXUP	2	PA	XTAMPZA ER	2	PA
OXAYDO	3	PA	ZAVZPRET	2	PA, QL
oxycodone	1	PA	ZANAFLEX	3	
OXYCODONE ER	1	PA	zebutal	3	QL
OXYCODONE-ACETAMINOPHEN	1	PA	ZEPOSIA	4	SP, PA
PERCOCET	3	PA	ZTLIDO	2	
PROCTOFOAM-HC	2		PARKINSON'S DISEASE		
prolate tablet	1	PA	Medication		
QULIPTA	2	PA, QL	Tier		
REMICADE	4	SP, PA, OC	Notes		
RINVOQ	4	SP, PA, QL	APOKYN		
rizatriptan	1	QL	4		
ROXYBOND	3	PA	AZILECT		
SAVELLA	2		3		
SIMLANDI(ICF)	4	SP, PA, QL	benztropine tablet		
SIMPONI 50 MG/0.5 ML PEN INJECTOR, SYRINGE	4	SP, PA, QL	1		
SIMPONI 100 MG/ML PEN INJECTOR, SYRINGE	4	SP, PA, QL	carbidopa-levodopa		

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Tier 3 – Non-Preferred Brands

ST – Step Therapy

OC – Optional Coverage

Tier 4 – Specialty Medications

AGE – Age Requirement

Cigna Healthcare Standard 4-Tier Prescription Drug List

PARKINSON'S DISEASE (cont.)			SEIZURE DISORDERS		
Medication	Tier	Notes	Medication	Tier	Notes
NOURIANZ	4	SP, PA, QL	APTIOM	3	PA, QL
pramipexole	1		BRIVIACT ORAL SOLUTION, TABLET	3	PA
pramipexole er	1	QL	carbamazepine	1	
ropinirole	1		carbamazepine er	1	
ropinirole er	1		CARBATROL	3	PA
RYTARY	3		clonazepam	1	
SINEMET	3		DIASTAT	3	PA
XADAGO	3	ST	DILANTIN 30 MG CAPSULE	2	PA
SCHIZOPHRENIA/ANTI-PSYCHOTICS ²					
Medication	Tier	Notes	Medication	Tier	Notes
aripiprazole	1	QL	divalproex dr	1	
aripiprazole odt	1		divalproex er	1	
asenapine	1		EPIDIOLEX	4	SP, PA
CAPLYTA	3	QL, ST	epitol	1	
chlorpromazine concentrate, tablet	1		FINTEPLA	4	SP, PA
clozapine	1		FYCOMPA	2	PA, QL
clozapine odt	1		gabapentin	1	
INVEGA ER	3	QL, ST	KLONOPIN	3	PA
olanzapine odt	1		lacosamide solution, tablet	1	
olanzapine tablet	1		lamotrigine	1	
paliperidone er	1	QL	lamotrigine (blue), (green), (orange)	1	
quetiapine	1		lamotrigine er	1	
quetiapine er	1		lamotrigine odt	1	
REXULTI	2	QL, ST	lamotrigine odt (blue), (green), (orange)	1	
risperidone	1		levetiracetam oral solution, tablet	1	
risperidone odt	1		levetiracetam er	1	
SAPHRIS	3	ST	LYRICA	3	PA
SECUADO	3	ST	NAYZILAM	2	PA, QL
SEROQUEL	3	ST	NEURONTIN	3	PA
SEROQUEL XR	3	ST	oxcarbazepine	1	
VRAYLAR	3	QL, ST	OXTELLAR XR	3	PA
ziprasidone capsule	1		PHENYTEK	3	PA

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Cigna Healthcare Standard 4-Tier Prescription Drug List

SEIZURE DISORDERS (cont.)			SKIN CONDITIONS (cont.)		
Medication	Tier	Notes	Medication	Tier	Notes
pregabalin	1		clodan cream, shampoo, solution	1	
roweepra	1		CLODERM	3	ST
SPRITAM	3	PA	clotrimazole-betamethasone	1	
subvenite	1		dapsone	1	
subvenite (blue), (green), (orange)	1		DROPSAFE PREP PAD	1	
TEGRETOL	3	PA	DRYSOL	2	
TEGRETOL XR	3	PA	EFUDEX	3	
topiramate	1		EUCRISA	2	ST
topiramate er	1	QL	EVOCLIN	3	
VALTOCO	3	PA, QL	fluorouracil	1	
vigabatrin	4	SP	halobetasol	1	
vigadrone powder packet	4	SP	isotretinoin	1	
VIMPAT SOLUTION	2		ketoconazole	1	
XCOPRI	3	PA, QL	ketodan foam	1	
SKIN CONDITIONS			LITFULO	4	SP, PA, QL
Medication	Tier	Notes	metronidazole	1	
ABSORICA	3		mupirocin 2% ointment	1	
adapalene-benzoyl peroxide	1		myorisan	1	
ADBRY AUTO-INJECTOR, SYRINGE	4	SP, PA	NAFTIN	2	
amnesteem	1		neuac gel	1	
avar	1		OPZELURA	3	PA
azelaic acid	1		pimecrolimus	1	
bp 10-1	1		PRAMOSONE 1% LOTION, 1%-1% CREAM, OINTMENT, 2.5%-1% OINTMENT	2	
BRYHALI	3	ST	PRAMOSONE 2.5%-1% CREAM, LOTION	3	
CAPEX SHAMPOO	3	ST	QBREXZA	3	PA
CIBINQO	4	SP, PA, QL	REGRANEX	3	PA, QL
claravis	1		rosadan cream, gel	1	
CLEOCINT	3		SANTYL	2	QL
clindacin etz 1% pledget	1		sodium sulfacetamide-sulfur	1	
clindacin p	1		SOOLANTRA	3	
clindamycin	1		sss 10-5	1	
clindamycin-benzoyl peroxide	1				
clobetasol	1				

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AGE – Age Requirement

Cigna Healthcare Standard 4-Tier Prescription Drug List

SKIN CONDITIONS (cont.)		
Medication	Tier	Notes
sulfacleanse 8-4	1	
TACLONEX SUSPENSION	3	
tacrolimus	1	
tazarotene cream, gel	1	
TEMOVATE	3	ST
tretinoin	1	PA, AGE
triderm	1	
TWYNEO	3	
VALCHLOR	4	SP
VECTICAL	3	QL
XEPI	3	
zenatane	1	

SLEEP DISORDERS/SEDATIVES		
Medication	Tier	Notes
DAYVIGO	2	QL, ST
doxepin	1	QL
eszopiclone	1	
HETLIOZ	4	SP, PA
HETLIOZ LQ	4	SP, PA
LUMRYZ ER	4	SP, PA, QL
modafinil	1	PA
SODIUM OXYBATE (by Hikma)	4	SP, PA, QL
SUNOSI	2	PA, QL
WAKIX	4	SP, PA, QL
XYWAV	4	SP, PA, QL
zolpidem er	1	QL
zolpidem sublingual tablet, tablet	1	

SMOKING CESSATION		
Medication	Tier	Notes
APO-VARENICLINE	3	OC
bupropion sr 150 mg	1	PPACA, OC
NICOTROL	2	PPACA, OC
NICOTROL NS	2	PPACA, OC
varenicline	1	PPACA, OC

SUBSTANCE ABUSE		
Medication	Tier	Notes
buprenorphine-naloxone	1	
KLOXXADO	2	QL
LUCEMYRA	2	QL
NARCAN	2	QL
OPVEE	3	QL
SUBOXONE	3	
ZIMHI	3	QL
ZUBSOLV	2	

TRANSPLANT MEDICATIONS		
Medication	Tier	Notes
ASTAGRAF XL	4	SP
ENVARSUS XR	4	SP
everolimus	4	SP
LUPKYNIS	4	SP, PA, QL
mycophenolate capsule, suspension, tablet	4	SP
mycophenolic acid	4	SP
REZUROCK	4	SP, PA
sirolimus	4	SP
tacrolimus	4	SP
ZORTRESS	4	SP

URINARY TRACT CONDITIONS		
Medication	Tier	Notes
alfuzosin er	1	
CYSTAGON	4	SP
dutasteride	1	
ELMIRON	2	
finasteride	1	
K-PHOS NO. 2	2	
K-PHOS ORIGINAL	2	
oxybutynin solution, syrup, 5 mg tablet	1	
oxybutynin er	1	
phenazopyridine 100 mg, 200 mg tablet	1	

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Cigna Healthcare Standard 4-Tier Prescription Drug List

URINARY TRACT CONDITIONS (cont.)

Medication	Tier	Notes
potassium er	1	
PROSCAR	3	
PYRIDIUM	3	
RAPAFLO	3	QL
silodosin	1	QL
solifenacin	1	QL
tamsulosin	1	
tolterodine	1	
tolterodine er	1	QL
trospium	1	
trospium er	1	
UROCIT-K	3	
UROXATRAL	3	

VACCINES

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

Medication	Tier	Notes
ABRYSVO	3	PPACA
ACTHIB	2	PPACA
ADACEL TDAP	2	PPACA
AFLURIA	2	PPACA
AREXVY	3	PPACA
BEXSERO	2	PPACA
BOOSTRIX TDAP	2	PPACA
CAPVAXIVE	2	PPACA
COMIRNATY	2	PPACA
DAPTACEL DTAP	2	PPACA
DENGVAXIA	2	PPACA
ENGERIX-B	2	PPACA
FLUAD	2	PPACA
FLUARIX	2	PPACA
FLUBLOK	2	PPACA
FLUCELVAX	2	PPACA

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.

Medication	Tier	Notes
FLULAVAL	2	PPACA
FLUMIST	3	PPACA
FLUZONE HIGH-DOSE	2	PPACA
FLUZONE	2	PPACA
GARDASIL 9	2	PPACA
HEPLISAV-B	2	PPACA
HIBERIX	2	PPACA
INFANRIX DTAP	2	PPACA
IPOL	2	PPACA
JANSSEN COVID	2	PPACA
KINRIX	2	PPACA
MENACTRA	2	
MENQUADFI	2	PPACA
MENVEO A-C-Y-W-135-DIP	2	PPACA
M-M-R II VACCINE	2	PPACA
MODERNA COVID	2	PPACA
MRESVIA	3	PPACA
NOVAVAX COVID	2	PPACA
PEDIARIX	2	PPACA
PEDVAXHIB	2	PPACA
PENBRAYA	2	PPACA
PENTACEL	2	PPACA
PENTACEL ACTHIB COMPONENT	2	PPACA
PFIZER COVID	2	PPACA
PNEUMOVAX 23	2	PPACA
PREHEVBRI	2	PPACA
PREVNAR 20	2	PPACA
PRIORIX	2	PPACA
PROQUAD	2	PPACA
QUADRACEL DTAP-IPV	2	PPACA
RECOMBIVAX HB	2	PPACA

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

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

Tier 4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

Cigna Healthcare Standard 4-Tier Prescription Drug List

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.

Medication	Tier	Notes
ROTARIX	3	PPACA
ROTATEQ	3	PPACA
SHINGRIX	2	QL, PPACA
SPIKEVAX COVID	2	PPACA
TDVAX	2	PPACA
TENIVAC	2	PPACA
TRUMENBA	2	PPACA
TWINRIX	2	PPACA
VARIVAX VACCINE	2	PPACA
VAXELIS	2	PPACA
VAXNEUVANCE	2	PPACA

VITAMINS

Medication	Tier	Notes
POLY-VI-FLOR	2	PPACA
POLY-VI-FLOR WITH IRON	2	PPACA

WEIGHT MANAGEMENT

Medication	Tier	Notes
CONTRAVE	3	PA, OC
IMCIVREE	4	SP, PA, QL, OC
phentermine	1	OC
QSYMIA	3	PA, OC
SAXENDA	2	PA, OC
WEGOVY	2	PA, QL, OC
ZEPBOUND	2	PA, QL, OC

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

Tier 1 – Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred Brands

Tier 4 – Specialty Medications

PA – Prior Authorization

QL – Quantity Limit

ST – Step Therapy

AGE – Age Requirement

SP – Specialty Medication

PPACA – No Cost-Share Preventive Medication

OC – Optional Coverage

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. We regularly review and update your plan's drug list to make sure you're getting coverage for low-cost, safe, clinically effective medications. 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:

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

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options. Only you and your doctor can decide what's best for your treatment.

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-name medications that have lower-cost alternatives. That's because these lower-cost options work the same as, or similar to, the non-covered medication. If you're taking a medication that isn't covered and your doctor feels a different medication isn't right for you, he or she can ask Cigna Healthcare to consider approving your medication through the coverage review process.

There are also certain medications and products that can't be covered by your plan for any reason because they're considered to be a "plan or benefit exclusion." This means the medication or product isn't on your plan's drug list, and there's no option to ask

Cigna Healthcare to consider approving it through the coverage review process. For example, your plan doesn't cover, or "excludes," medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

A. The Cigna Healthcare Prescription Drug List is developed with the help of the Cigna Healthcare Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna Healthcare. 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 Healthcare Health Plan Commercial Value Assessment Committee (HVAC) then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

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

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

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

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

Frequently Asked Questions (FAQs) (cont.)

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that are often:

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

Q. What types of medications require Step Therapy?

A. High-cost medications that are used to treat many conditions, such as:

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

Q. Why does my medication have an age requirement?

A. The FDA considers certain medication to only be clinically appropriate for people of a certain age or within a certain age range.

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

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

Cigna Healthcare will review information your doctor sends us to make sure you meet coverage

requirements for the medication. We'll send you and your doctor a letter with the decision and next steps. It can take up to five (5) business days to hear from us. You can always check with your doctor's office to find out if a decision's been made. You can also log in to the **myCigna App** or **myCigna.com** to check the status of your approval.

If your medication isn't approved, your doctor can send us more information to review, using the same process as before. We're happy to review the request again. Depending on what your doctor sends this time, we may be able to approve coverage. Or, you and your doctor can appeal the decision by sending Cigna Healthcare a written request explaining 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 preapproval from Cigna Healthcare. Because you didn't get approval ahead of time, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna Healthcare to start the coverage review process. Or, you can choose to pay the medication's 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 have to contact Cigna Healthcare and ask us to approve a larger amount.

Q. Are all of the medications on this drug list approved by the FDA?

A. Yes.

Q. Does my plan cover medications that the FDA recently approved?

A. We review all recently approved medications and products to see if they should be covered – and if so, at what cost-share (tier). It can take up to six months

Frequently Asked Questions (FAQs) (cont.)

from the date the FDA approved them to make a decision. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefits. If your doctor wants you to use a recently approved medication, he or she can ask Cigna Healthcare to consider approving it through the coverage review process.

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 **www.informedonreform.com** or **CignaHealthcare.com**.

Q. What are preventive medications?

A. Preventive medications are used to keep certain conditions from developing or from coming back. These conditions include, but are not limited to asthma, depression, diabetes, heart attack, high blood pressure, high cholesterol, osteoporosis, prenatal nutrient deficiency and stroke.

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.³

Q. What's a cost-share?

A. It's the amount you pay out of your own pocket for a covered prescription and/or an eligible health care

or related service. For some plans, the cost-share is a copay; for other plans, it's a coinsurance.

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

A. Consider using a medication that's covered on a lower tier (such as a generic or preferred brand medication) or by filling a 90-day supply (if your plan allows). You should talk with your doctor to see if one of these options may work for you.

Q. What's a generic medication?

A. A generic medication is the same as its brand-name version in safety, effectiveness, quality, strength and dosage, as well as in the way it's taken and used.⁴

Brand-name medications are protected by patents. Patents keep other manufacturers from selling generic versions of the brand-name medication. Once a patent ends, other companies can make and sell a generic version of the brand-name medication. Generics are typically sold under their chemical or scientific name, instead of the manufacturer's patented brand name.

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.

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 their brand-name versions. They may also have a different flavor, have different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than their brand-name versions, but they're just as safe and effective.

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

Frequently Asked Questions (FAQs) (cont.)

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

A. To get the most from your plan coverage, you should use an in-network pharmacy. If your plan offers out-of-network coverage, you'll pay your out-of-network cost-share to fill a prescription there.

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁵

Express Scripts® Pharmacy for maintenance medications

Express Scripts® 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 cost⁶
- Automatic refills or refill reminders
- Fill up to a 90-day supply at one time⁷
- 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 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 Healthcare ID card, doctor's contact information and medication name(s) ready when you call.

Accredo® for specialty medications

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specially-trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁸ They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

- 24/7 access to specially-trained pharmacists and nurses
- Personalized care services such as training on how to administer your medication
- Help you find ways to pay for your medications
- Fast shipping at no extra cost
- Easy refills and reminders
- Easily manage your medications online and track your orders

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. To learn more about Accredo, go to Cigna.com/specialty.

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, see your pharmacy claims and coverage details and more. You can also manage your Express Scripts® Pharmacy 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:⁹

- 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 Healthcare.
- Implantable contraceptive devices covered under the Plan's medical benefit.
- Medications that are not medically necessary.
- Experimental or investigational medications, including U.S. Food and Drug Administration (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 FDA.
- Prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered.
- Medications used for fertility,¹⁰ sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,¹⁰ 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.
- 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 Healthcare as medically necessary.

Cigna Healthcare 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 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 U.S. 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.



1. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressants, 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 plan covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. fda.gov/drugs/questions-answers/generic-drugs-questions-answers.
5. Not all plans offer Express Scripts® Pharmacy and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna Healthcare maintains an ownership interest in Express Scripts® Pharmacy's home delivery services and Accredo's specialty pharmacy services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions.
6. Standard shipping costs are included as part of your prescription plan.
7. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
8. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
9. 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.
10. **For plans that must follow state insurance laws, such as Delaware:** Your plan 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.

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

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

Cigna Healthcare:

- 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 Healthcare 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 Healthcare

Nondiscrimination Complaint Coordinator
P.O. Box 188016
Chattanooga, TN 37422

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna برجاء الاتصال بالرقم المدون على 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 می شود. 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 ناشنوا ایان: شماره 711 را شماره‌گیری کنید).