

# 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 Healthcare<sup>SM</sup> 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**<sup>1</sup> or **myCigna.com**<sup>®</sup>, 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?

- **myCigna.com:** Click to Chat - Monday-Friday, 9:00 am-8:00 pm EST.
- **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  
VERQUVO (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  
glimpiride  
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-UEVITS-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-UEVITS-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](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



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## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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