



2022 CIGNA ESSENTIAL COLORADO 5-TIER PRESCRIPTION DRUG LIST

Coverage as of January 1, 2022

Together, all the way.®





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View the drug list online



The myCigna® App and/or myCigna.com. Click on the “Find Care & Costs” tab and select “Price a Medication.” Then type in your medication name to see how it’s covered.



Cigna.com/ifp-drug-list. Select **Colorado** from the drop down menu, and choose your search method. Then type in your medication name or view the full list.

Questions? We’re here to help.

Call **866.494.2111**, or the toll-free number on your Cigna ID card. We’re here 24/7/365.

About this drug list

This is a list of the prescription medications covered on the Cigna Essential Colorado 5-Tier Prescription Drug List as of January 1, 2022. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed alphabetically. **If you don't see a specific medication on this list, log in to the myCigna App or myCigna.com to see all of the medications your plan covers.**

How to read this drug list

Use the chart below to help you read this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the 2022 Cigna Essential Colorado 5-Tier Prescription Drug List.

Medications are listed in **alphabetical** order

MEDICATION NAME	Tier	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2	
ABACAVIR-LAMIVUDINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2	
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSPENSION	2	
ACYCLOVIR 400 MG TABLET	2	
ACYCLOVIR 800 MG TABLET	2	
ADACEL TDAP	3	
ADAPALENE 0.1% CREAM	2	AGE
ALLOPURINOL	1	
ALMOTRIPTAN	2	QL
ALOSETRON	4	
ALPRAZOLAM	2	
ALPRAZOLAM ER	2	
ALPRAZOLAM INTENSOL	2	
ALPRAZOLAM ODT	2	
ALPRAZOLAM XR	2	
ALTAVERA	1	
ARMOUR THYROID	2	
ARNUIITY ELLIPTA	3	
ASCOMP WITH CODEINE	2	
ASHLYNA	1	
ASPIRIN-DIPYRIDAMOLE ER	2	
ASTAGRAF XL	5	SRX
ATAZANAVIR	2	
ATENOLOL	1	

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

Medications that have extra coverage requirements will have an **abbreviation** in the Notes section

Specialty medications have SRX listed next to them in the Notes section

This chart is just a sample. It may not show how these medications are actually covered on the 2022 Cigna Essential Colorado 5-Tier Prescription Drug List.

Tiers

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

Tier 1 – Preferred Generic Medications. This tier typically includes preferred generic medications. These medications have the same strength and active ingredients as brand-name medications, but often cost much less. Preferred generic medications are covered at your plan's lowest cost share.	Lowest-cost medication	\$
Tier 2 – Generic Medications. This tier typically includes most generic medications and some low cost brand-name medications. Generic medications have the same strength and active ingredients as brand-name medications, but often cost much less.	Lower-cost medication	\$\$
Tier 3 – Preferred Brand Medications. This tier typically includes preferred brand-name medications and some high-cost generic medications.	Medium-cost medication	\$\$\$
Tier 4 – Non-Preferred Medications. This tier typically includes non-preferred brand-name medications and some high-cost generic medications.	Higher-cost medication	\$\$\$\$
Tier 5 – Specialty and Other High-Cost Medications. This tier typically includes specialty medications and high-cost generic and brand-name medications.	Highest-cost medication	\$\$\$\$\$

Abbreviations next to medications

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

PA	Prior Authorization – Certain medications need approval from Cigna before your plan will cover them. These medications have PA next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.
ST	Step Therapy – This is a prior authorization program. Your plan doesn't cover certain high-cost medications until you try one or more lower-cost alternatives first.* These medications have ST next to them. You have many covered options to choose from, and they're used to treat the same condition.
QL	Quantity Limits – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have QL next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.
AGE	Age Requirements – Your plan will only cover certain medications if you're within a specific age range. These medications have AGE next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna.
SRX	Specialty Medications – These medications are used to treat complex medical conditions. They're typically injected or infused and may require refrigeration. These medications have SRX next to them.
LDD	Limited Distribution Drugs – These medications are only available at specific pharmacies in the United States. They're used to treat conditions that are extremely hard to manage, require special handling, and patient support and monitoring. These medications have LDD next to them.

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

Specialty medications

Specialty medications are used to treat complex medical conditions. They're typically injected or infused and may require refrigeration. In this drug list, specialty medications have SRX listed next to them in the Notes section. **Your plan limits specialty medications to a 30-day supply.** Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers these medications.

Plan exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. This means there's no option to receive coverage through Cigna's review process by showing that you need the medication for your treatment. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

How to find your medication

Use the table below to find the page your medication is listed on.

Letter your medication starts with	Page
A–B	6–10
C–D	10–14
E–G	14–17
H–J	17–19
K–L	19–21
M–N	21–25
O–P	25–28
Q–S	28–30
T–U	30–32
V–Z	32–33

2022 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)
ABACAVIR	2		ALBUTEROL	2	
ABACAVIR-LAMIVUDINE	2		ALCAINE	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2		ALCLOMETASONE	2	
ABIRATERONE 500 MG TABLET	5	PA, SRX, LDD	ALCOHOL PREP PADS	3	
ABIRATERONE 250 MG TABLET	5	PA, SRX, LDD	ALECENSA	5	PA, SRX, LDD
ACAMPROSATE	3		ALENDRONATE 70 MG/75 ML	2	
ACARBOSE	2		ALENDRONATE 10 MG TABLET	1	
ACEBUTOLOL	2		ALENDRONATE 35 MG TABLET	1	
ACETAMINOPHEN-CODEINE 300-30 MG/12.5	2		ALENDRONATE 40 MG TABLET	1	
ACETAMINOPHEN-CODEINE 120-12 MG/5	2		ALENDRONATE 5 MG TABLET	1	
ACETAMINOPHEN-CODEINE #2 TABLET	2		ALENDRONATE 70 MG TABLET	2	
ACETAMINOPHEN-CODEINE #3 TABLET	2		ALFUZOSIN ER	2	
ACETAMINOPHEN-CODEINE #4 TABLET	2		ALINIA	4	
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE 320.5	2		ALLOPURINOL	1	
ACETAZOLAMIDE	2		ALMOTRIPTAN	2	QL
ACETAZOLAMIDE ER	2		ALOSETRON	4	
ACETIC ACID	2		ALPRAZOLAM	2	
ACETYLCYSTEINE 10% VIAL	2		ALPRAZOLAM ER	2	
ACETYLCYSTEINE 20% VIAL	2		ALPRAZOLAM INTENSOL	2	
ACITRETIN	4		ALPRAZOLAM ODT	2	
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, ST, QL, SRX	ALPRAZOLAM XR	2	
ACTEMRA ACTPEN	5	PA, ST, QL, SRX	ALTACAIN	2	
ACTHIB	3		ALTAVERA	1	
ACTIMMUNE	5	PA, SRX, LDD	ALYACEN	1	
ACYCLOVIR 200 MG CAPSULE	1		ALYQ	5	PA, SRX
ACYCLOVIR 200 MG/5 ML SUSPENSION	2		AMABELZ	2	
ACYCLOVIR 400 MG TABLET	1		AMANTADINE	2	
ACYCLOVIR 800 MG TABLET	1		AMBRISANTAN	5	PA, SRX, LDD
ADACEL TDAP	3		AMCINONIDE	2	
ADAPALENE 0.1% CREAM	2	AGE	AMETHIA	1	
ADAPALENE 0.1% GEL	2	AGE	AMETHIA LO	1	
ADAPALENE 0.1% LOTION	2	AGE	AMETHYST	1	
ADAPALENE 0.1% SOLUTION	2	AGE	AMILORIDE	2	
ADAPALENE 0.3% GEL	2	AGE	AMILORIDE-HCTZ	2	
ADAPALENE 0.3% GEL PUMP	2	AGE	AMINOCAPROIC ACID	4	
ADEFOVIR DIPIVOXIL	4		AMIODARONE 100 MG TABLET	2	
ADEMPAS	5	PA, SRX, LDD	AMIODARONE 200 MG TABLET	2	
AFINITOR DISPERZ	5	PA, SRX	AMIODARONE 400 MG TABLET	2	
AFIRMELLE	1		AMITRIPTYLINE 10 MG TABLET	1	
AFLURIA QUAD	3		AMITRIPTYLINE 100 MG TABLET	2	
AFTERA	4		AMITRIPTYLINE 150 MG TABLET	2	
AK-POLY-BAC	2		AMITRIPTYLINE 25 MG TABLET	1	
ALBENDAZOLE	4		AMITRIPTYLINE 50 MG TABLET	1	
ALBUTEROL HFA 90 MCG INHALER	2	QL	AMITRIPTYLINE 75 MG TABLET	1	
			AMLODIPINE	2	
			AMLODIPINE-BENAZEPRIL	2	
			AMLODIPINE-ATORVASTATIN	2	
			AMLODIPINE-OLMESARTAN	2	
			AMLODIPINE-VALSARTAN	2	
			AMLODIPINE-VALSARTAN-HCTZ	2	

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2022 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)
AMMONIUM LACTATE 12% CREAM	2		APRI	1	
AMMONIUM LACTATE 12% LOTION	2		APTIVUS	3	
AMNESTEEM	4		AQUA CARE 0.9% NACL IRRIGATION	2	
AMOXAPINE	2		AQUA CARE STERILE WATER IRRIGATION	2	
AMOXICILLIN-CLAVULANATE 200-28.5 MG TABLET CHEWABLE	2		ARANELLE	1	
AMOXICILLIN-CLAVULANATE 200-28.5 MG SUSPENSION	2		ARANESP	5	PA, SRX
AMOXICILLIN-CLAVULANATE 250-125 MG TABLET	1		ARCALYST	5	PA, SRX, LDD
AMOXICILLIN-CLAVULANATE 250-62.5 MG/5 ML SUSPENSION	2		ARIPIRAZOLE 1 MG/ML SOLUTION	3	
AMOXICILLIN-CLAVULANATE 400-57 MG TABLET CHEWABLE	2		ARIPIRAZOLE 10 MG TABLET	2	
AMOXICILLIN-CLAVULANATE 400-57 MG/5 ML SUSPENSION	2		ARIPIRAZOLE 15 MG TABLET	2	
AMOXICILLIN-CLAVULANATE 500-125 MG TABLET	1		ARIPIRAZOLE 2 MG TABLET	2	
AMOXICILLIN-CLAVULANATE 600-42.9 MG/5 ML SUSPENSION	2		ARIPIRAZOLE 20 MG TABLET	2	
AMOXICILLIN-CLAVULANATE 875-125 MG TABLET	1		ARIPIRAZOLE 30 MG TABLET	2	
AMOXICILLIN 125 MG TABLET CHEWABLE	1		ARIPIRAZOLE 5 MG TABLET	2	
AMOXICILLIN 125 MG/5 ML SUSPENSION	1		ARIPIRAZOLE ODT	4	
AMOXICILLIN 200 MG/5 ML SUSPENSION	1		ARMODAFINIL	2	PA
AMOXICILLIN 250 MG CAPSULE	1		ARMOUR THYROID	3	
AMOXICILLIN 250 MG TABLET CHEWABLE	2		ARNUITY ELLIPTA	3	
AMOXICILLIN 250 MG/5 ML SUSPENSION	1		ASPIRIN-BUTALBITAL-CAFFEINE-CODEINE #3 CAPSULE	2	
AMOXICILLIN 400 MG/5 ML SUSPENSION	1		ASCOMP WITH CODEINE	2	
AMOXICILLIN 500 MG CAPSULE	1		ASENAPINE	4	QL
AMOXICILLIN 500 MG TABLET	1		ASHLYNA	1	
AMOXICILLIN 875 MG TABLET	1		ASPIRIN-DIPYRIDAMOLE ER	2	
AMOXICILLIN-CLAVULANATE ER	2		ASTAGRAF XL	5	SRX
AMPHETAMINE	2		ATAZANAVIR	2	
AMPICILLIN	2		ATENOLOL	1	
ANAGRELIDE	4		ATENOLOL-CHLORTHALIDONE	2	
ANASTROZOLE	2		ATOMOXETINE	2	
ANORO ELLIPTA	3		ATORVASTATIN	2	
ANUCORT-HC	2		ATOVAQUONE	4	
APEXICON E	4		ATOVAQUONE-PROGUANIL	2	
APOKYN	5	PA, SRX, LDD	ATROPINE 1% EYE DROPS	2	
APRACLOINIDINE	2		ATROPINE 1% EYE OINTMENT	2	
APREPITANT 125 MG CAPSULE	2	QL	AUBRA	1	
APREPITANT 125-80-80 MG PACK	2	QL	AUBRA EQ	1	
APREPITANT 40 MG CAPSULE	2	QL	AUROVELA	1	
APREPITANT 80 MG CAPSULE	2	QL	AUROVELA 24 FE	1	
			AUROVELA FE	1	
			AVIANE	1	
			AVONEX	5	PA, SRX
			AVONEX PEN	5	PA, SRX
			AYUNA	1	
			AZATHIOPRINE	2	
			AZELASTINE	2	
			AZITHROMYCIN 1 GM POWDER PACKET	2	QL
			AZITHROMYCIN 100 MG/5 ML SUSPENSION	2	QL

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AZITHROMYCIN 200 MG/5 ML SUSPENSION	2	QL	BD INSULIN SYRINGE ULTRA FINE 1 ML 12.7MMX30G	3	
AZITHROMYCIN 250 MG TABLET	1	QL	BD INSULIN SYRINGE 0.3 ML 29GX12.7MM	3	
AZITHROMYCIN 500 MG TABLET	1	QL	BD INSULIN SYRINGE 0.5 ML 29GX12.7MM	3	
AZITHROMYCIN 600 MG TABLET	2	QL	BD INSULIN SYRINGE ULTRA FINE 0.3 ML 8MMX31G	3	
AZOPT	3		BD INSULIN SYRINGE ULTRA FINE 0.5 ML 8MMX31G	3	
AZURETTE	1		BD INSULIN SYRINGE 0.5 ML 28GX1/2"	3	
BACITRACIN 500 UNIT/GM OPHTHALMIC	2		BD INSULIN SYRINGE 0.5 ML 29GX1/2"	3	
BACITRACIN-POLYMYXIN EYE OINTMENT	2		BD INSULIN SYRINGE 1 ML 25GX1"	3	
BACLOFEN 10 MG TABLET	2		BD INSULIN SYRINGE 1 ML 25GX5/8"	3	
BACLOFEN 20 MG TABLET	2		BD INSULIN SYRINGE 1 ML 26GX1/2"	3	
BACLOFEN 5 MG TABLET	2		BD INSULIN SYRINGE 1 ML 27GX12.7MM	3	
BAL-CARE DHA COMBO PACK	1		BD INSULIN SYRINGE 1 ML 27GX5/8"	3	
BALCOLTRA	4		BD INSULIN SYRINGE 1 ML 28GX1/2"	3	
BALSALAZIDE	2		BD INSULIN SYRINGE 1 ML 29GX1/2"	3	
BALZIVA	1		BD INSULIN SYRINGE 1 ML 29GX12.7MM	3	
BANZEL 200 MG TABLET	4	QL	BD INSULIN SYRINGE ULTRA FINE 1 ML 8MMX31G	3	
BANZEL 400 MG TABLET	4	QL	BD INSULIN SYRINGE 1 ML	3	
BARACLUDE 0.05 MG/ML SOLUTION	5	SRX	BD INTEGRA NEEDLE 25G X 5/8"	3	
BASAGLAR KWIKPEN U-100	3	QL	BD INTEGRA RETRACTING NEEDLE 23GX1"	3	
BD 3 ML SYRINGE 18GX1-1/2"	3		BD INTEGRA SYRINGE 3 ML 21GX1 1/2"	3	
BD 3 ML SYRINGE 20GX1-1/2"	3		BD LUER-LOK SYRINGE 3 ML 25GX5/8"	3	
BD 3 ML SYRINGE 25GX1"	3		BD LUER-LOK SYRINGE 1 ML	3	
BD 3 ML SYRINGE 25GX1-1/2"	3		BD MAGNI-GUIDE MAGNIFIER	3	
BD 3 ML SYRINGE WITH NEEDLE	3		BD NANO 2ND GEN PEN NEEDLE 32GX4MM	3	
BD AUTOSHIELD DUO NEEDLE 5MMX30G	3		BD NEEDLE 18GX1 1/2"	3	
BD BLUNT NEEDLE 18GX1-1/2"	3		BD NEEDLE 19GX1 1/2"	3	
BD ECLIPSE 30GX1/2" SYRINGE	3		BD NEEDLE 20GX1 1/2"	3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML	3		BD NEEDLE 21GX1 1/2"	3	
BD ECLIPSE NEEDLE 18GX1 1/2"	3		BD NEEDLE 21GX1"	3	
BD ECLIPSE NEEDLE 21GX1"	3		BD NEEDLE 22GX1 1/2"	3	
BD ECLIPSE NEEDLE 22GX1"	3		BD NEEDLE 22GX3/4"	3	
BD ECLIPSE NEEDLE 23GX1"	3		BD NEEDLE 23GX1 1/2"	3	
BD ECLIPSE NEEDLE 25GX1"	3		BD NEEDLE 23GX1"	3	
BD ECLIPSE NEEDLE 25GX1.5"	3		BD NEEDLE 25GX1"	3	
BD ECLIPSE NEEDLE 25GX5/8"	3		BD NEEDLE 25GX5/8"	3	
BD ECLIPSE NEEDLE 27GX1/2"	3		BD NEEDLE 26GX0.625"	3	
BD ECLIPSE NEEDLE 30GX1/2"	3		BD NEEDLES 16GX1"	3	
BD ECLIPSE NEEDLE 30GX1.5"	3				
BD ECLIPSE NEEDLE 21GX1.5"	3				
BD FILTER NEEDLE	3				
BD INSULIN SYRINGE 0.3 ML 8MMX31G(1/2)	3				
BD INSULIN SYRINGE U-500 1/2ML 6MMX31G	3				
BD INSULIN SYRINGE ULTRA FINE 0.3 ML 12.7MMX30G	3				
BD INSULIN SYRINGE ULTRA FINE 0.5 ML 12.7MMX30G	3				

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BD NEEDLES 16GX1.5"	3		BD SAFETYGLIDE NEEDLE 27GX5/8"	3	
BD NEEDLES 18GX1"	3		BD SAFETYGLIDE SYRINGE 27GX5/8	3	
BD NEEDLES 18GX1.5"	3		BD SAFETYGLIDE INSULIN SYRINGE	3	
BD NEEDLES 19GX1"	3		0.3 ML 6MMX31G		
BD NEEDLES 19GX1.5"	3		BD SAFETYGLIDE INSULIN SYRINGE	3	
BD NEEDLES 20GX1"	3		0.5 ML 6MMX31G		
BD NEEDLES 20GX1.5"	3		BD SYRINGE-SAFETY GLIDE	3	
BD NEEDLES 21GX1"	3		BD ULTRA FINE MICRO PEN NEEDLE	3	
BD NEEDLES 21GX1.5"	3		6MMX32G		
BD NEEDLES 21GX2"	3		BD ULTRA FINE MINI PEN NEEDLE	3	
BD NEEDLES 22GX1"	3		5MMX31G		
BD NEEDLES 22GX1.5"	3		BD ULTRA FINE NANO PEN NEEDLE	3	
BD NEEDLES 23GX0.75"	3		4MMX32G		
BD NEEDLES 23GX1.25"	3		BD ULTRA FINE ORIGINAL PEN NEEDLE	3	
BD NEEDLES 25GX0.625"	3		12.7MMX29G		
BD NEEDLES 25GX0.875"	3		BD ULTRA FINE SHORT PEN NEEDLE	3	
BD NEEDLES 25GX1.5"	3		8MMX31G		
BD NEEDLES 26GX0.375"	3		BD VEO INSULIN SYRINGE 0.3ML	3	
BD NEEDLES 26GX0.5"	3		6MMX31G (1/2)		
BD NEEDLES 27GX0.5"	3		BD VEO INSULIN SYRINGE 1 ML	3	
BD NEEDLES 27GX1X1.25"	3		6MMX31G		
BD NEEDLES 30GX0.5"	3		BD VEO INSULIN SYRINGE 0.3 ML	3	
BD NEEDLES 30GX1"	3		6MMX31G		
BD NOKOR ADMIX NEEDLE 18GX1.5"	3		BD VEO INSULIN SYRINGE 0.5 ML	3	
BD NOKOR NEEDLE 16GX1"	3		6MMX31G		
BD NOKOR NEEDLE 18GX1"	3		BEKYREE	1	
BD PEN NEEDLE 29GX1/2"	3		BELLADONNA-OPIMUM	2	
BD PRECISIONGLIDE 27GX1-1/2"	3		BENAZEPRIL	1	
NEEDLE			BENAZEPRIL-HCTZ	2	
BD PRECISIONGLIDE 3 ML 22GX3/4	3		BENZONATATE 100 MG CAPSULE	2	
BD PRECISIONGLIDE NEEDLE 25G	3		BENZONATATE 200 MG CAPSULE	2	
BD SAFETYGLIDE INSULIN SYRINGE	3		BENZONATATE PERLE 100 MG	2	
0.3 ML 8MMX31G			CAPSULE		
BD SAFETYGLIDE INSULIN SYRINGE	3		BENZTROPINE 0.5 MG TABLET	2	
0.3ML 13MMX29G			BENZTROPINE 1 MG TABLET	2	
BD SAFETYGLIDE INSULIN SYRINGE	3		BENZTROPINE 2 MG TABLET	2	
0.5 ML 8MMX30G			BESER 0.05% LOTION	2	
BD SAFETYGLIDE INSULIN SYRINGE	3		BETAMETHASONE AUGMENTED	2	
0.5ML 13MMX29G			BETAMETHASONE	2	
BD SAFETYGLIDE INSULIN SYRINGE 1	3		BETAMETHASONE VALERATE	2	
ML 13MMX29G			BETAXOLOL	2	
BD SAFETYGLIDE INSULIN SYRINGE 1	3		BETHANECHOL	2	
ML 6MMX31G			BEXAROTENE	4	PA
BD SAFETYGLIDE 3 ML SYRINGE	3		BEXSERO	3	
BD SAFETYGLIDE NEEDLE	3		BICALUTAMIDE	2	
BD SAFETYGLIDE NEEDLE 18GX1.5"	3		BIKTARVY	3	
BD SAFETYGLIDE NEEDLE 21GX1"	3		BIMATOPROST 0.03% EYE DROPS	2	QL
BD SAFETYGLIDE NEEDLE 21GX1.5"	3		BISOPROLOL	2	
BD SAFETYGLIDE NEEDLE 22GX1.5"	3		BISOPROLOL-HCTZ	1	
BD SAFETYGLIDE NEEDLE 25GX1"	3		BLISOVI 24 FE	1	
			BLISOVI FE	1	

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BOOSTRIX TDAP	3		BYDUREON PEN	3	QL
BOSENTAN	5	PA, SRX, LDD	BYETTA	3	QL
BOSULIF	5	PA, SRX, LDD	CABERGOLINE	2	QL
BREO ELLIPTA	3		CABOMETYX	5	PA, SRX, LDD
BRIELLYN	1		CAFFEINE 60 MG/3 ML ORAL	2	
BRILINTA	4		CALCIPOTRIENE 0.005% CREAM	2	
BRIMONIDINE 0.15% DROPS	2		CALCIPOTRIENE 0.005% OINTMENT	2	
BRINZOLAMIDE	3		CALCIPOTRIENE 0.005% SOLUTION	2	
BRIVIACT 10 MG TABLET	4	PA, QL	CALCIPOTRIENE-BETAMETHASONE	4	
BRIVIACT 10 MG/ML ORAL SOLUTION	4	PA, QL	CALCITONIN-SALMON	2	
BRIVIACT 100 MG TABLET	4	PA, QL	CALCITRENE	2	
BRIVIACT 25 MG TABLET	4	PA, QL	CALCITRIOL 0.25 MCG CAPSULE	2	
BRIVIACT 50 MG TABLET	4	PA, QL	CALCITRIOL 0.5 MCG CAPSULE	2	
BRIVIACT 75 MG TABLET	4	PA, QL	CALCITRIOL 1 MCG/ML SOLUTION	2	
BROMFED DM	2		CALCITRIOL 3 MCG/G OINTMENT	2	QL
BROMFENAC 0.09% EYE DROPS	2		CALCIUM ACETATE 667 MG CAPSULE	2	
BROMOCRIPTINE	2		CALCIUM ACETATE 667 MG GELCAP	2	
BROMPHENIRAMINE- PSEUDOEPHEDRINE-DM	2		CALCIUM ACETATE 667 MG TABLET	2	
BUDESONIDE	4		CAMILA	1	
BUDESONIDE EC	4		CAMRESE	1	
BUDESONIDE ER	5	PA, QL, SRX	CAMRESE LO	1	
BUMETANIDE 0.5 MG TABLET	2		CANDESARTAN	2	
BUMETANIDE 1 MG TABLET	2		CANDESARTAN-HCTZ	2	
BUMETANIDE 2 MG TABLET	2		CAPECITABINE	4	PA
BUPRENORPHINE 2 MG TABLET SL	2		CAPRELSA	5	PA, SRX, LDD
BUPRENORPHINE 8 MG TABLET SL	2		CAPTOPRIL	2	
BUPRENORPHINE PATCH	2	QL	CAPTOPRIL-HCTZ	2	QL
BUPRENORPHINE-NALOXONE	2		CARBAGLU	4	PA, LDD
BUPROPION	2	QL	CARBAMAZEPINE 100 MG TABLET CHEWABLE	2	
BUPROPION SR 100 MG TABLET	2	QL	CARBAMAZEPINE 100 MG/5 ML SUSPENSION	2	
BUPROPION SR 150 MG TABLET	2	QL	CARBAMAZEPINE 200 MG TABLET	2	
BUPROPION SR 200 MG TABLET	2	QL	CARBAMAZEPINE ER 100 MG CAPSULE	2	
BUPROPION XL 150 MG TABLET	2	QL	CARBAMAZEPINE ER 100 MG TABLET	2	
BUPROPION XL 300 MG TABLET	2	QL	CARBAMAZEPINE ER 200 MG CAPSULE	2	
BUSPIRONE 10 MG TABLET	1		CARBAMAZEPINE ER 200 MG TABLET	2	
BUSPIRONE 15 MG TABLET	2		CARBAMAZEPINE ER 300 MG CAPSULE	2	
BUSPIRONE 30 MG TABLET	2		CARBAMAZEPINE ER 400 MG TABLET	2	
BUSPIRONE 5 MG TABLET	1		CARBIDOPA	4	
BUSPIRONE 7.5 MG TABLET	2		CARBIDOPA-LEVODOPA	2	
BUTALBITAL-ACETAMINOPHEN- CAFFEINE-CODEINE	2		CARBIDOPA-LEVODOPA ER	2	
BUTALBITAL COMPOUND-CODEINE	2		CARBIDOPA-LEVODOPA-ENTACAPONE	2	
BUTALBITAL-ACETAMINOPHEN- CAFFEINE	2	QL	CARBINOXAMINE 4 MG/5 ML LIQUID	2	
BUTALBITAL-ACETAMINOPHEN 50-325	2		CARBINOXAMINE 4 MG TABLET	2	
BUTALBITAL-ASPIRIN-CAFFEINE	2	QL	CARETOUCH ALCOHOL PREP PAD	3	
BUTORPHANOL 10 MG/ML SPRAY	2	QL	CARISOPRODOL	2	
BYDUREON BCISE	3	QL			

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MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)
CARISOPRODOL COMPOUND	2		CHOLESTYRAMINE	2	
CARISOPRODOL-ASPIRIN	2		CHOLESTYRAMINE LIGHT	2	
CARISOPRODOL-ASPIRIN-CODEINE	2		CHOLINE TRISALICYLATE	2	
CARTEOLOL	2		CICLODAN 0.77% CREAM	2	
CARTIA XT	2		CICLODAN 8% SOLUTION	2	
CARVEDILOL	1		CICLOPIROX 0.77% CREAM	2	
CAYSTON	5	PA, QL, SRX, LDD	CICLOPIROX 0.77% GEL	2	
CAZANT	1		CICLOPIROX 0.77% TOPICAL SUSPENSION	2	
CEFACLOL	2		CICLOPIROX 1% SHAMPOO	2	
CEFACLOL ER	2		CICLOPIROX 8% SOLUTION	2	
CEFADROXIL	2		CIOSTAZOL	2	
CEFDINIR	2		CIMETIDINE 200 MG TABLET	2	
CEFDITOREN	2		CIMETIDINE 300 MG TABLET	2	
CEFIXIME 100 MG/5 ML SUSPENSION	2		CIMETIDINE 300 MG/5 ML SOLUTION	2	
CEFIXIME 200 MG/5 ML SUSPENSION	2		CIMETIDINE 400 MG TABLET	2	
CEFIXIME 400 MG CAPSULE	3		CIMETIDINE 800 MG TABLET	2	
CEFPODOXIME	2		CINACALCET	5	SRX
CEFPROZIL	2		CIPROFLOXACIN	2	
CEFUROXIME	2		CIPROFLOXACIN 0.2% OTIC SOLUTION	2	
CELECOXIB	2	QL	CIPROFLOXACIN 0.3% EYE DROPS	2	
CENTERGY	2		CIPROFLOXACIN ER	2	
CENTERGY DM	2		CIPROFLOXACIN 100 MG TABLET	2	
CEPHELEXIN 125 MG/5 ML SUSPENSION	2		CIPROFLOXACIN 250 MG TABLET	1	
CEPHELEXIN 250 MG CAPSULE	1		CIPROFLOXACIN 500 MG TABLET	1	
CEPHELEXIN 250 MG/5 ML SUSPENSION	2		CIPROFLOXACIN 750 MG TABLET	1	
CEPHELEXIN 500 MG CAPSULE	1		CIPROFLOXACIN-DEXAMETHASONE	3	
CEPHELEXIN 750 MG CAPSULE	2		CITALOPRAM 10 MG TABLET	1	QL
CETIRIZINE 1 MG/ML SOLUTION	2		CITALOPRAM 10 MG/5 ML SOLUTION	2	QL
CETIRIZINE 1 MG/ML SYRUP	2		CITALOPRAM 20 MG TABLET	1	QL
CEVIMELINE	2		CITALOPRAM 40 MG TABLET	1	QL
CHARLOTTE 24 FE	1		CLARAVIS	4	
CHATEAL	1		CLARITHROMYCIN	2	
CHATEAL EQ	1		CLARITHROMYCIN ER	2	
CHLORDIAZEPOXIDE	2		CLEMASTINE 2.68 MG TABLET	2	
CHLORDIAZEPOXIDE-AMITRIPTYLINE	2		CLINDAMYCIN-BENZOYL PEROXIDE 1-5%	2	
CHLORDIAZEPOXIDE-CLIDINIUM	2		CLINDACIN ETZ 1% PLEDGET	2	
CHLORHEXIDINE 0.12% RINSE	2		CLINDACIN P	2	
CHLOROQUINE	2		CLINDAMYCIN (PEDIATRIC)	2	
CHLOROTHIAZIDE	2		CLINDAMYCIN 2% VAGINAL CREAM	2	
CHLORPROMAZINE 10 MG TABLET	2		CLINDAMYCIN	2	
CHLORPROMAZINE 100 MG TABLET	2		CLINDAMYCIN 1% GEL	2	
CHLORPROMAZINE 200 MG TABLET	2		CLINDAMYCIN 1% SOLUTION	2	
CHLORPROMAZINE 25 MG TABLET	2		CLINDAMYCIN 1% PLEDGET	2	
CHLORPROMAZINE 50 MG TABLET	2		CLINDAMYCIN 1% LOTION	2	
CHLORPROPAMIDE	1		CLINDAMYCIN 1% FOAM	2	
CHLORTHALIDONE	1		CLINDAMYCIN-TRETINOIN	2	
CHLORZOXAZONE 500 MG TABLET	2				
CHOLBAM	5	PA, SRX, LDD			

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CLINDAMYCIN-BENZOYL PEROXIDE 1-5%	2		CROMOLYN 20 MG/2 ML NEBULIZER SOLUTION	4	QL
CLINDAMYCIN-BENZOYL PEROXIDE 1-5% PUMP	2		CROMOLYN 4% EYE DROPS	2	
CLOBAZAM	4	PA	CRYSELLE	1	
CLOBETASOL EMOLLIENT	2		CURITY ALCOHOL PREPS	3	
CLOBETASOL EMULSION	2		CYANOCOBALAMIN INJECTION	2	
CLOBETASOL	2		CYCLAFEM	1	
CLOCORTOLONE PIVALATE	2		CYCLOBENZAPRINE 10 MG TABLET	1	
CLODAN 0.05% SHAMPOO	2		CYCLOBENZAPRINE 5 MG TABLET	1	
CLOMIPRAMINE	4		CYCLOBENZAPRINE 7.5 MG TABLET	3	
CLONAZEPAM	2		CYCLOPENTOLATE	2	
CLONIDINE 0.1 MG TABLET	1		CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	
CLONIDINE 0.2MG TABLET	1		CYCLOPHOSPHAMIDE 25 MG TABLET	3	
CLONIDINE 0.3MG TABLET	1		CYCLOPHOSPHAMIDE 50 MG CAPSULE	3	
CLONIDINE ER	2		CYCLOPHOSPHAMIDE 50 MG TABLET	3	
CLONIDINE PATCH	2		CYCLOSERINE	2	
CLOPIDOGREL 300 MG TABLET	2		CYCLOSET	4	
CLOPIDOGREL 75 MG TABLET	1		CYCLOSPORINE 100 MG CAPSULE	2	
CLORAZEPATE	2		CYCLOSPORINE 25 MG CAPSULE	2	
CLORPRES	2		CYCLOSPORINE MODIFIED	2	
CLOTIMAZOLE 1% SOLUTION	2		CYPROHEPTADINE 2 MG/5 ML SOLUTION	2	
CLOTIMAZOLE 1% TOPICAL CREAM	2		CYPROHEPTADINE 2 MG/5 ML SYRUP	2	
CLOTIMAZOLE 10 MG TROCHE	2		CYPROHEPTADINE 4 MG TABLET	2	
CLOTIMAZOLE-BETAMETHASONE	2		CYRED	1	
CLOZAPINE	2		CYRED EQ	1	
CLOZAPINE ODT	4		CYSTADANE	5	SRX, LDD
C-NATE DHA	1		CYSTAGON	5	SRX, LDD
COARTEM	4	QL	CYSTARAN	4	PA, QL, LDD
CODEINE	2		CYTRA-K CRYSTALS PACKET	2	
COLCHICINE	2		DALFAMPRIDINE ER	5	PA, SRX, LDD
COLESTIPOL	2		DANAZOL	2	
COLOCORT	2		DANTROLENE 100 MG CAPSULE	2	
COLY-MYCIN S	4		DANTROLENE 25 MG CAPSULE	2	
COMETRIQ	5	PA, SRX, LDD	DANTROLENE 50 MG CAPSULE	2	
COMPLERA	3		DAPSONE	4	
COMPLETE NATAL DHA	1		DAPTACEL DTAP	3	
COMPLETENATE	1		DARIFENACIN ER	2	
COMPRO	2		DASETTA	1	
CONSTULOSE	2		DAYSEE	1	
CORMAX	2		DEBLITANE	1	
CORTISONE 25 MG TABLET	2		DECADRON 0.5 MG/5 ML ELIXIR	2	
CORTISPORIN-TC	4		DEFERASIROX	5	PA, SRX, LDD
COTELLIC	5	PA, SRX, LDD	DEMECLOCYCLINE	2	
COVARYX	2		DENTA 5000 PLUS	2	
COVARYX H.S.	2		DENTAGEL	2	
CRIXIVAN	3		DESCOVY	4	PA
CROMOLYN 100 MG/5 ML ORAL CONCENTRATE	4		DESIPRAMINE	2	

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DESLORATADINE	2	QL	DEXMETHYLPHENIDATE	2	
DESMOPRESSIN 0.01% SOLUTION	2		DEXTROAMPHETAMINE	2	
DESMOPRESSIN 0.01% SPRAY	2		DEXTROAMPHETAMINE ER	2	QL
DESMOPRESSIN 10 MCG/0.1 ML SPRAY	2		DEXTROAMPHETAMINE-AMPHETAMINE ER	2	QL
DESMOPRESSIN 0.1 MG TABLET	2		DEXTROAMPHETAMINE-AMPHETAMINE	2	
DESMOPRESSIN 0.2 MG TABLET	2		DIAZEPAM 10 MG RECTAL GEL SYSTEM	2	
DESOGESTREL-ETHINYL ESTRADIOL	1		DIAZEPAM 10 MG TABLET	2	
DESOGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL	1		DIAZEPAM 2 MG TABLET	2	
DESONIDE 0.05% CREAM	2		DIAZEPAM 2.5 MG RECTAL GEL SYSTEM	2	
DESONIDE 0.05% LOTION	2		DIAZEPAM 20 MG RECTAL GEL SYSTEM	2	
DESONIDE 0.05% OINTMENT	2		DIAZEPAM 5 MG TABLET	2	
DESOXIMETASONE 0.05% CREAM	2		DIAZEPAM 5 MG/5 ML ORAL SOLUTION	2	
DESOXIMETASONE 0.05% GEL	2		DIAZEPAM 5 MG/ML ORAL CONCENTRATE	2	
DESOXIMETASONE 0.05% OINTMENT	2		DIAZOXIDE	4	
DESOXIMETASONE 0.25% CREAM	2		DICLOFENAC 0.1% EYE DROPS	2	
DESOXIMETASONE 0.25% OINTMENT	2		DICLOFENAC 1.5% TOPICAL SOLUTION	2	
DESVENLAFAXINE ER	2	QL	DICLOFENAC	2	
DEXAMETHASONE 0.1% EYE DROP	2		DICLOFENAC DR 25 MG TABLET	2	
DEXAMETHASONE 0.5 MG TABLET	2		DICLOFENAC DR 50 MG TABLET	2	
DEXAMETHASONE 0.5 MG/5 ML ELIXIR	2		DICLOFENAC DR 75 MG TABLET	2	
DEXAMETHASONE 0.5 MG/5 ML LIQUID	2		DICLOFENAC EC 25 MG TABLET	2	
DEXAMETHASONE 0.75 MG TABLET	2		DICLOFENAC EC 50 MG TABLET	2	
DEXAMETHASONE 1 MG TABLET	2		DICLOFENAC EC 75 MG TABLET	2	
DEXAMETHASONE 1.5 MG TABLET	2		DICLOFENAC 1% GEL	2	QL
DEXAMETHASONE 2 MG TABLET	2		DICLOFENAC ER	2	
DEXAMETHASONE 4 MG TABLET	2		DICLOFENAC-MISOPROSTOL	2	
DEXAMETHASONE 6 MG TABLET	2		DICLOXACILLIN	2	
DEXAMETHASONE INTENSOL	2		DICYCLOMINE 10 MG CAPSULE	2	
DEXCOM G6 READER, SENSOR & TRANSMITTER	3	PA, QL	DICYCLOMINE 10 MG/5 ML SOLUTION	2	
DEXILANT	4	ST, QL	DICYCLOMINE 20 MG TABLET	2	
DEXMETHYLPHENIDATE ER 10 MG CAPSULE	2	QL	DIDANOSINE	2	
DEXMETHYLPHENIDATE ER 15 MG CAPSULE	2	QL	DIFLORASONE	4	
DEXMETHYLPHENIDATE ER 20 MG CAPSULE	2	QL	DIFLUNISAL	2	
DEXMETHYLPHENIDATE ER 25 MG CAPSULE	2	QL	DIGITEK	2	
DEXMETHYLPHENIDATE ER 30 MG CAPSULE	2	QL	DIGOX	2	
DEXMETHYLPHENIDATE ER 35 MG CAPSULE	2	QL	DIGOXIN 0.05 MG/ML SOLUTION	2	
DEXMETHYLPHENIDATE ER 40 MG CAPSULE	2	QL	DIGOXIN 0.125 MG TABLET	2	
DEXMETHYLPHENIDATE ER 5 MG CAPSULE	2	QL	DIGOXIN 0.25 MG TABLET	2	
			DIGOXIN 125 MCG TABLET	2	
			DIGOXIN 250 MCG TABLET	2	
			DIHYDROERGOTAMINE	4	QL
			DILTIAZEM 120 MG TABLET	1	

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DILTIAZEM 12HR ER 120 MG CAPSULE	2		DOXYCYCLINE 100 MG TABLET	1	
DILTIAZEM 12HR ER 60 MG CAPSULE	2		DOXYCYCLINE 20 MG TABLET	2	
DILTIAZEM 12HR ER 90 MG CAPSULE	2		DOXYCYCLINE 50 MG CAPSULE	1	
DILTIAZEM 24HR ER	2		DOXYCYCLINE MONOHYDRATE 100 MG CAPSULE	1	
DILTIAZEM 24HR ER (CD)	2		DOXYCYCLINE MONOHYDRATE 100 MG TABLET	1	
DILTIAZEM 24HR ER (LA)	2		DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE	2	
DILTIAZEM 24HR ER (XR)	2		DOXYCYCLINE MONOHYDRATE 150 MG TABLET	2	
DILTIAZEM 30 MG TABLET	1		DOXYCYCLINE MONOHYDRATE 50 MG CAPSULE	1	
DILTIAZEM 60 MG TABLET	1		DOXYCYCLINE MONOHYDRATE 50 MG TABLET	1	
DILTIAZEM 90 MG TABLET	1		DOXYCYCLINE MONOHYDRATE 75 MG CAPSULE	2	
DILT-XR	2		DOXYCYCLINE MONOHYDRATE 75 MG TABLET	2	
DIMETHYL 30D STARTER PACK	5	PA, SRX, LDD	DRONABINOL	4	
DIMETHYL DR 120 MG CAPSULE	5	PA, SRX, LDD	DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE	1	
DIMETHYL DR 240 MG CAPSULE	5	PA, SRX, LDD	DROSPIRENONE-ETHINYL ESTRADIOL	1	
DIPHEN	4		DROXIA	4	
DIPHENHYDRAMINE 12.5 MG/5 ML	2		DULOXETINE DR 20 MG CAPSULE	2	QL
DIPHENHYDRAMINE 25 MG/10 ML	2		DULOXETINE DR 30 MG CAPSULE	2	QL
DIPHENOXYLATE-ATROPINE	2		DULOXETINE DR 60 MG CAPSULE	2	QL
DIPHTheria-TETANUS TOXOIDS-PEDIATRIC	3		DUPIXENT PEN	5	PA, SRX
DIPYRIDAMOLE 25 MG TABLET	2		DUPIXENT SYRINGE	5	PA, SRX
DIPYRIDAMOLE 50 MG TABLET	2		DUTASTERIDE	2	
DIPYRIDAMOLE 75 MG TABLET	2		DUTASTERIDE-TAMSULOSIN	2	
DISOPYRAMIDE PHOSPHATE	2		EASY COMFORT ALCOHOL PAD	3	
DISULFIRAM	2		EASY TOUCH ALCOHOL PREP PADS	3	
DIVALPROEX	2		EC-NAPROXEN	2	
DIVALPROEX ER	2		ECONAZOLE	2	
DOFETILIDE	4	QL	ECONTRA EZ	4	
DONEPEZIL	2		ED-SPAZ	2	
DONEPEZIL ODT	2		EDURANT	3	
DORZOLAMIDE	2		EEMT	2	
DORZOLAMIDE-TIMOLOL EYE DROPS	2		EEMT H.S.	2	
DOTTI	2	QL	EFAVIRENZ	2	
DOVATO	3		EFAVIRENZ-EMTRICITABINE-TENOFOVIR	2	
DOXAZOSIN	2		EFAVIRENZ-LAMIVUDINE-TENOFOVIR	2	
DOXEPIN 10 MG CAPSULE	2		EGRIFTA	5	PA, SRX, LDD
DOXEPIN 10 MG/ML ORAL CONCENTRATE	2		EGRIFTA SV	5	PA, SRX, LDD
DOXEPIN 100 MG CAPSULE	2		ELINEST	1	
DOXEPIN 150 MG CAPSULE	2		ELIQUIS	3	PA, QL
DOXEPIN 25 MG CAPSULE	2		ELITE OB DHA	1	
DOXEPIN 5% CREAM	4		ELITE-OB	1	
DOXEPIN 50 MG CAPSULE	2		ELITE-OB 400	1	
DOXEPIN 75 MG CAPSULE	2				
DOXERCALCIFEROL 0.5 MCG CAPSULE	2				
DOXERCALCIFEROL 1 MCG CAPSULE	2				
DOXERCALCIFEROL 2.5 MCG CAPSULE	2				
DOXYCYCLINE 25 MG/5 ML SUSPENSION	2				
DOXYCYCLINE 100 MG CAPSULE	1				

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ELLA	4		ERY	2	
ELMIRON	4		ERYTHROCIN	4	
ELURYNG	2		ERYTHROMYCIN 0.5% EYE OINTMENT	2	
EMCYT	5	SRX	ERYTHROMYCIN 2% GEL	2	
EMEND 125 MG POWDER PACKET	5	PA, QL, SRX	ERYTHROMYCIN 2% PLEDGETS	2	
EMOQUETTE	1		ERYTHROMYCIN 2% SOLUTION	2	
EMSAM	4	QL	ERYTHROMYCIN 250 MG FILMTAB	2	
EMTRICITABINE	2		ERYTHROMYCIN 500 MG FILMTAB	2	
EMTRICITABINE-TENOFOVIR 100-150 MG	2		ERYTHROMYCIN DR 250 MG CAP	2	
EMTRICITABINE-TENOFOVIR 133-200 MG	2		ERYTHROMYCIN ETHYLSUCCINATE	2	
EMTRICITABINE-TENOFOVIR 167-250 MG	2		ERYTHROMYCIN-BENZOYL PEROXIDE	2	
EMTRICITABINE-TENOFOVIR 200-300 MG	2		ESBRIET	5	PA, SRX, LDD
EMTRIVA 10 MG/ML SOLUTION	3		ESCITALOPRAM OXALATE	2	QL
EMVERM	4		ESOMEPRAZOLE DR 10 MG PACKET	3	QL
ENALAPRIL	1		ESOMEPRAZOLE DR 20 MG PACKET	3	QL
ENALAPRIL-HCTZ	1		ESOMEPRAZOLE DR 40 MG PACKET	3	QL
ENBREL 25 MG KIT	5	PA, QL, SRX	ESOMEPRAZOLE DR 20 MG CAPSULE	2	QL
ENBREL 25 MG/0.5 ML SYRINGE	5	PA, QL, SRX	ESOMEPRAZOLE DR 40 MG CAPSULE	2	QL
ENBREL 50 MG/ML SYRINGE	5	PA, QL, SRX	ESOMEPRAZOLE DR 49.3 MG CAPSULE	2	QL
ENBREL MINI	5	PA, QL, SRX			
ENBREL SURECLICK	5	PA, QL, SRX	ESTARYLLA	1	
ENDOCET	2		ESTAZOLAM	2	
ENERGIX-B ADULT	3		ESTRADIOL (ONCE WEEKLY)	2	
ENERGIX-B PEDIATRIC	3		ESTRADIOL (TWICE WEEKLY)	2	QL
ENOXAPARIN	4	QL	ESTRADIOL 0.5 MG TABLET	1	
ENPRESSE	1		ESTRADIOL 1 MG TABLET	1	
ENSKYCE	1		ESTRADIOL 10 MCG VAGINAL INSERT	2	QL
ENTACAPONE	2		ESTRADIOL 2 MG TABLET	1	
ENTECAVIR	4		ESTRADIOL-NORETHINDRONE	2	
ENTRESTO	3		ESTROGEN-METHYLTESTOSTERONE	2	
ENULOSE	2		ESZOPICLONE	2	
EPCLUSA 200 MG-50 MG TABLET	5	PA, QL, SRX	ETHAMBUTOL	2	
EPCLUSA 400 MG-100 MG TABLET	5	PA, SRX	ETHOSUXIMIDE	2	
EPIDIOLEX	4	PA, LDD	ETHYL CHLORIDE	2	
EPINASTINE	2		ETHYNODIOL-ETHINYL ESTRADIOL	1	
EPINEPHRINE 0.15 MG AUTO-INJECTOR	2	QL	ETIDRONATE	2	
EPINEPHRINE 0.3 MG AUTO-INJECTOR	2	QL	ETODOLAC	2	
EPITOL	2		ETODOLAC ER	2	
EPIVIR HBV 25 MG/5 ML SOLUTION	5	SRX	ETONOGESTREL-ETHINYL ESTRADIOL	2	
EPLERENONE	2		ETOPOSIDE 50 MG CAPSULE	4	
EPROSARTAN	2		EUTHYROX	1	
ERGOLOID	1		EVEROLIMUS 0.25 MG TABLET	5	SRX
ERIVEDGE	5	PA, SRX, LDD	EVEROLIMUS 0.5 MG TABLET	5	SRX
ERLOTINIB	5	PA, SRX, LDD	EVEROLIMUS 0.75 MG TABLET	5	SRX
ERRIN	1		EVEROLIMUS 2.5 MG TABLET	5	PA, SRX
			EVEROLIMUS 5 MG TABLET	5	PA, SRX
			EVEROLIMUS 7.5 MG TABLET	5	PA, SRX
			EVOTAZ	3	
			EXEMESTANE	2	
			EXTRA-VIRT PLUS DHA	1	

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EZETIMIBE	2		FLUAD QUAD	3	
EZETIMIBE-SIMVASTATIN	2		FLUARIX QUAD	3	
FALMINA	1		FLUBLOK QUAD	3	
FAMCICLOVIR	2		FLUCELVAX QUAD	3	
FAMOTIDINE 20 MG TABLET	1		FLUCONAZOLE	2	
FAMOTIDINE 40 MG TABLET	1		FLUCYTOSINE	4	
FAMOTIDINE 40 MG/5 ML SUSPENSION	2		FLUDROCORTISONE	2	
FARXIGA	3	QL	FLULAVAL QUAD	3	
FARYDAK	5	PA, SRX	FLUMIST QUAD	3	
FAYOSIM	1		FLUNISOLIDE	2	
FEBUXOSTAT	4	QL	FLUOCINOLONE	2	
FELBAMATE	4		FLUOCINOLONE OIL	2	
FELODIPINE ER	2		FLUOCINONIDE	2	
FEM PH	2		FLUOCINONIDE-E	2	
FEMYNOR	1		FLUORABON	2	
FENOFIBRATE 120 MG TABLET	2		FLUORIDE	2	
FENOFIBRATE 130 MG CAPSULE	2		FLUORIDEX	2	
FENOFIBRATE 134 MG CAPSULE	2		FLUORIDEX SENSITIVITY RELIEF	2	
FENOFIBRATE 145 MG TABLET	2		FLUORITAB	2	
FENOFIBRATE 150 MG CAPSULE	2		FLUOROMETHOLONE	2	
FENOFIBRATE 160 MG TABLET	2		FLUOROURACIL 0.5% CREAM	4	
FENOFIBRATE 200 MG CAPSULE	2		FLUOROURACIL 2% TOPICAL SOLUTION	2	
FENOFIBRATE 40 MG TABLET	2		FLUOROURACIL 5% CREAM	2	
FENOFIBRATE 43 MG CAPSULE	2		FLUOROURACIL 5% TOPICAL SOLUTION	2	
FENOFIBRATE 48 MG TABLET	2		FLUOXETINE 20 MG/5 ML SOLUTION	2	QL
FENOFIBRATE 50 MG CAPSULE	2		FLUOXETINE DR	2	QL
FENOFIBRATE 54 MG TABLET	2		FLUOXETINE 10 MG CAPSULE	1	QL
FENOFIBRATE 67 MG CAPSULE	2		FLUOXETINE 20 MG CAPSULE	1	QL
FENOFIBRIC ACID	2		FLUOXETINE 40 MG CAPSULE	1	QL
FENOPROFEN 600 MG TABLET	2		FLUPHENAZINE 1 MG TABLET	2	
FENTANYL OTFC 1,200 MCG	4	PA	FLUPHENAZINE 10 MG TABLET	2	
FENTANYL OTFC 1,600 MCG	4	PA	FLUPHENAZINE 2.5 MG TABLET	2	
FENTANYL OTFC 200 MCG	4	PA	FLUPHENAZINE 2.5 MG/5 ML ELIXIR	2	
FENTANYL OTFC 400 MCG	4	PA	FLUPHENAZINE 5 MG TABLET	2	
FENTANYL OTFC 600 MCG	4	PA	FLUPHENAZINE 5 MG/ML CONCENTRATE	2	
FENTANYL OTFC 800 MCG	4	PA	FLURA-DROPS	2	
FENTANYL PATCH	2	PA	FLURANDRENOLIDE	4	
FEXOFENADINE 180 MG TABLET	2		FLURAZEPAM	2	
FEXOFENADINE 30 MG TABLET	2		FLURBIPROFEN 0.03% EYE DROP	2	
FEXOFENADINE 60 MG TABLET	2		FLURBIPROFEN	2	
FINASTERIDE 5 MG TABLET	2		FLUTAMIDE	2	
FIORICET	2	QL	FLUTICASONE 0.005% OINTMENT	2	
FIRVANQ	3		FLUTICASONE 0.05% CREAM	2	
FLAC OTIC OIL	2		FLUTICASONE 0.05% LOTION	2	
FLAVOXATE	2		FLUTICASONE 50 MCG SPRAY	2	
FLECAINIDE	2		FLUTICASONE-SALMETEROL 100-50	2	
FLOVENT DISKUS	3		FLUTICASONE-SALMETEROL 113-14	2	
FLOVENT HFA	3				
FLUAD	3				

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MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)
FLUTICASONE-SALMETEROL 232-14	2		GIANVI	1	
FLUTICASONE-SALMETEROL 250-50	2		GLOTRIF	5	PA, SRX, LDD
FLUTICASONE-SALMETEROL 55-14	2		GLATIRAMER	5	PA, SRX
FLUVASTATIN ER	2		GLATOPA	5	PA, SRX
FLUVASTATIN	2		GLEOSTINE	4	
FLUVOXAMINE	2	QL	GLIMEPIRIDE	1	
FLUVOXAMINE ER	2	QL	GLIPIZIDE	1	
FLUZONE HIGH-DOSE QUAD	3		GLIPIZIDE ER	1	
FLUZONE QUAD	3		GLIPIZIDE XL	1	
FOLIC ACID 1 MG TABLET	1		GLIPIZIDE-METFORMIN	2	
FOLIVANE-OB	1		GLYBURIDE	1	
FONDAPARINUX	4	QL	GLYBURIDE MICRONIZED	1	
FORMADON	2		GLYBURIDE-METFORMIN	2	
FOSAMPRENAVIR	2		GLYCINE 1.5% IRRIGATION	2	
FOSINOPRIL	1		GLYCOPYRROLATE 1 MG TABLET	2	
FOSINOPRIL-HCTZ	2		GLYCOPYRROLATE 2 MG TABLET	2	
FRAGMIN	5	QL, SRX	GLYDO	2	
FREESTYLE LIBRE 10 DAY READER & SENSOR	3	PA, QL	GRANISETRON	4	
FREESTYLE LIBRE 14 DAY READER & SENSOR	3	PA, QL	GRISEOFULVIN	2	
FREESTYLE LIBRE 2 READER & SENSOR	3	PA, QL	GRISEOFULVIN ULTRAMICROSIZED	2	
FROVATRIPTAN	2	QL	GUANFACINE	2	
FUROSEMIDE 10 MG/ML SOLUTION	1		GUANFACINE ER	2	
FUROSEMIDE 20 MG TABLET	1		GUANIDINE	2	
FUROSEMIDE 40 MG TABLET	1		GVOKE HYPOPEN 1-PACK	3	QL
FUROSEMIDE 40 MG/5 ML SOLUTION	1		GVOKE HYPOPEN 2-PACK	3	QL
FUROSEMIDE 80 MG TABLET	1		GVOKE PFS 1-PACK SYRINGE	3	QL
FYAVOLV	2		GVOKE PFS 2-PACK SYRINGE	3	QL
GABAPENTIN	2		GYNAZOLE 1	2	
GALANTAMINE ER	2	QL	HAILEY	1	
GALANTAMINE	2		HAILEY 24 FE	1	
GARDASIL 9	3		HAILEY FE	1	
GATIFLOXACIN	2		HALOBETASOL 0.05% CREAM	2	
GATTEX	5	PA, SRX, LDD	HALOBETASOL 0.05% OINTMENT	2	
GAVILYTE-C	2		HALOPERIDOL	2	
GAVILYTE-G	2		HALOPERIDOL 2 MG/ML CONCENTRATE	2	
GAVILYTE-N	2		HARVONI 33.75-150 MG PELLET PACKET	5	PA, QL, SRX
GEMFIBROZIL	2		HARVONI 45-200 MG PELLET PACKET	5	PA, QL, SRX
GEMMILY	1		HARVONI 45-200 MG TABLET	5	PA, SRX
GENERLAC	2		HARVONI 90-400 MG TABLET	5	PA, SRX
GENGRAF	2		HAVRIX	3	
GENOTROPIN	5	PA, ST, SRX	HEATHER	1	
GENTAK	2		HEMENATAL OB + DHA	1	
GENTAMICIN 0.1% CREAM	2		HEMMOREX-HC	2	
GENTAMICIN 0.1% OINTMENT	2		HEPARIN 5,000 UNIT/0.5 ML	2	
GENTAMICIN 0.3% EYE DROP	2		HEPARIN 5,000 UNIT/ML SYRINGE	2	
GENTAMICIN 3 MG/ML EYE DROP	2		HEPLISAV-B	3	
GENVOYA	3		HETLIOZ	5	PA, SRX, LDD
			HETLIOZ LQ	5	PA, SRX, LDD

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HIBERIX VACCINE WITH DILUENT	3		HYDROCORTISONE BUTYRATE 0.1% LIPO CREAM	3	
HOMATROPAIRE	2		HYDROCORTISONE 1% CREAM	2	
HOMATROPINE	2		HYDROCORTISONE 1% OINTMENT	2	
HUMALOG	3	QL	HYDROCORTISONE 10 MG TABLET	2	
HUMALOG JUNIOR KWIKPEN	3	QL	HYDROCORTISONE 100 MG/60 ML	2	
HUMALOG KWIKPEN U-100	3	QL	HYDROCORTISONE 2.5% CREAM	2	
HUMALOG KWIKPEN U-200	3	QL	HYDROCORTISONE 2.5% LOTION	2	
HUMALOG MIX 50-50	3	QL	HYDROCORTISONE 2.5% OINTMENT	2	
HUMALOG MIX 50-50 KWIKPEN	3	QL	HYDROCORTISONE 20 MG TABLET	2	
HUMALOG MIX 75-25	3	QL	HYDROCORTISONE 5 MG TABLET	2	
HUMALOG MIX 75-25 KWIKPEN	3	QL	HYDROCORTISONE 25 MG SUPPOSITORY	2	
HUMATROPE	5	PA, SRX	HYDROCORTISONE 30 MG SUPPOSITORY	2	
HUMIRA	5	PA, QL, SRX, LDD	HYDROCORTISONE BUTYRATE 0.1% CREAM	2	
HUMIRA PEDIATRIC CROHN'S	5	PA, QL, SRX	HYDROCORTISONE BUTYRATE 0.1% LOTION	3	
HUMIRA PEN	5	PA, QL, SRX, LDD	HYDROCORTISONE BUTYRATE 0.1% OINTMENT	2	
HUMIRA PEN CROHN'S-UC-HS	5	PA, QL, SRX, LDD	HYDROCORTISONE BUTYRATE 0.1% SOLUTION	2	
HUMIRA PEN PSORIASIS-UVEITIS-ADOLESCENT HS	5	PA, QL, SRX, LDD	HYDROCORTISONE VALERATE	2	
HUMIRA(CF)	5	PA, QL, SRX	HYDROCORTISONE-ACETIC ACID SOLUTION	2	
HUMIRA(CF) PEDIATRIC CROHN'S	5	PA, QL, SRX, LDD	HYDROCORTISONE-PRAMOXINE 1%-1% CREAM	2	
HUMIRA(CF) PEN 40 MG/0.4 ML	5	PA, QL, SRX, LDD	HYDROMET	2	QL
HUMIRA(CF) PEN 80 MG/0.8 ML	5	PA, QL, SRX, LDD	HYDROMORPHONE 1 MG/ML SOLUTION	2	
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA, QL, SRX, LDD	HYDROMORPHONE 2 MG TABLET	2	
HUMIRA(CF) PEN PEDIATRIC UC	5	PA, QL, SRX, LDD	HYDROMORPHONE 3 MG SUPPOSITORY	2	
HUMIRA(CF) PEN PSORIASIS-UVEITIS-ADOLESCENT HS	5	PA, QL, SRX, LDD	HYDROMORPHONE 4 MG TABLET	2	
HUMULIN 70/30 KWIKPEN	3	QL	HYDROMORPHONE 5 MG/5 ML SOLUTION	2	
HUMULIN 70-30	3	QL	HYDROMORPHONE 8 MG TABLET	2	
HUMULIN N	3	QL	HYDROMORPHONE ER	2	
HUMULIN N KWIKPEN	3	QL	HYDROXYCHLOROQUINE SULFATE	2	
HUMULIN R	3	QL	HYDROXYUREA	2	
HUMULIN R U-500	3	QL	HYDROXYZINE 10 MG/5 ML SOLUTION	2	
HUMULIN R U-500 KWIKPEN	3	QL	HYDROXYZINE 10 MG/5 ML SYRUP	2	
HYCANTIN 0.25 MG CAPSULE	5	PA, SRX	HYDROXYZINE 10 MG TABLET	2	
HYCANTIN 1 MG CAPSULE	5	PA, SRX	HYDROXYZINE 25 MG TABLET	2	
HYDRALAZINE 10 MG TABLET	1		HYDROXYZINE 50 MG TABLET	2	
HYDRALAZINE 100 MG TABLET	2		HYDROXYZINE	2	
HYDRALAZINE 25 MG TABLET	1		HYOPHEN	2	
HYDRALAZINE 50 MG TABLET	1		HYOSCYAMINE 0.125 MG ODT	2	
HYDROCHLOROTHIAZIDE	1		HYOSCYAMINE 0.125 MG TABLET SL	2	
HYDROCODONE-CHLORPHENIRAMINE-PSEUDOEPHEDRINE	2		HYOSCYAMINE 0.125 MG/5 ML ELIXIR	2	
HYDROCODONE-ACETAMINOPHEN	2				
HYDROCODONE-CHLORPHENIRAMNE ER	2				
HYDROCODONE-HOMATROPINE MBR	2	QL			
HYDROCODONE-IBUPROFEN	2				
HYDROCORTISONE BUTYRATE 0.1% LIPID CREAM	3				

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HYOSCYAMINE 0.125 MG/ML DROPS	2		ISONIAZID 50 MG/5 ML SOLUTION	2	
HYOSCYAMINE 0.125 MG TABLET	2		ISOSORBIDE DINITRATE 10 MG TABLET	2	
HYOSCYAMINE ER	2		ISOSORBIDE DINITRATE 20 MG TABLET	2	
HYOSCYAMINE SR	2		ISOSORBIDE DINITRATE 30 MG TABLET	2	
HYOSYNE	2		ISOSORBIDE DINITRATE 5 MG TABLET	2	
IBANDRONATE 150 MG TABLET	2		ISOSORBIDE DINITRATE ER 40 MG TABLET	2	
IBRANCE	5	PA, SRX, LDD	ISOSORBIDE MONONITRATE ER 120 MG	2	
IBU	1		ISOSORBIDE MONONITRATE ER 30 MG TABLET	1	
IBUDONE	2		ISOSORBIDE MONONITRATE ER 60 MG TABLET	1	
IBUPROFEN 100 MG/5 ML SUSPENSION	2		ISOSORBIDE MONONITRATE	1	
IBUPROFEN 400 MG TABLET	1		ISOTRETINOIN	4	
IBUPROFEN 600 MG TABLET	1		ISOXSUPRINE	2	
IBUPROFEN 800 MG TABLET	1		ISRADIPINE	2	
ICATIBANT	5	PA, SRX, LDD	ITRACONAZOLE	3	
ICLEVIA	1		IV ANTISEPTIC WIPES	3	
ICLUSIG	5	PA, SRX, LDD	IV PREP WIPES	3	
ICOSAPENT	4	PA	IVERMECTIN 3 MG TABLET	2	
ILARIS	5	PA, SRX, LDD	JAIMIESS	1	
IMATINIB	4	PA	JAKAFI	5	PA, SRX, LDD
IMBRUVICA	5	PA, SRX, LDD	JANSSEN COVID-19 VACCINE (EUA)	3	
IMIPRAMINE	2		JANTOVEN	1	
IMIPRAMINE PAMOATE	2		JASMIEL	1	
IMIQUIMOD 5% CREAM PACKET	2		JENCYCLA	1	
INCASSIA	1		JINTELI	2	
INCONTROL ALCOHOL PADS	3		JOLESSA	1	
INCRELEX	5	PA, SRX, LDD	JOLIVETTE	1	
INCRUSE ELLIPTA	3		JULEBER	1	
INDAPAMIDE	1		JULUCA	3	
INDOMETHACIN 25 MG CAPSULE	2		JUNEL	1	
INDOMETHACIN 50 MG CAPSULE	2		JUNEL FE	1	
INDOMETHACIN ER	2		JUNEL FE 24	1	
INFANRIX DTAP	3		KAITLIB FE	1	
INLYTA	5	PA, SRX, LDD	KALETRA 100-25 MG TABLET	3	
INTELENCE	3		KALETRA 200-50 MG TABLET	3	
INTRON A	4	PA	KALLIGA	1	
INTROVALE	1		KALYDECO	5	PA, QL, SRX, LDD
IPOL	3		KARIVA	1	
IPRATROPIUM	2		KELNOR 1-35	1	
IPRATROPIUM-ALBUTEROL	2		KELNOR 1-50	1	
IRBESARTAN	1		KETOCONAZOLE 2% CREAM	2	
IRBESARTAN-HCTZ	1		KETOCONAZOLE 2% FOAM	3	
IRESSA	5	PA, SRX, LDD	KETOCONAZOLE 2% SHAMPOO	2	
ISENTRESS	3		KETOCONAZOLE 200 MG TABLET	2	
ISENTRESS HD	3		KETODAN 2% FOAM	3	
ISIBLOOM	1		KETOPROFEN 50 MG CAPSULE	2	
ISOCHRON	2		KETOPROFEN 75 MG CAPSULE	2	
ISONIAZID 100 MG TABLET	1				
ISONIAZID 300 MG TABLET	1				

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KETOPROFEN ER 200 MG CAPSULE	2		LANSOPRAZOLE DR 30 MG CAPSULE	2	QL
KETOROLAC 0.4% OPHTHALMIC SOLUTION	2		LAPATINIB	5	PA, SRX
KETOROLAC 0.5% OPHTHALMIC SOLUTION	2		LARIN	1	
KETOROLAC 10 MG TABLET	2	QL	LARIN 24 FE	1	
KETOROLAC 15 MG/ML CARPUJECT	2	QL	LARIN FE	1	
KETOROLAC 15 MG/ML ISECURE SYRINGE	2	QL	LARISSIA	1	
KETOROLAC 15 MG/ML SYRINGE	2	QL	LATANOPROST 0.005% EYE DROPS	2	
KETOROLAC 15 MG/ML VIAL	2	QL	LATUDA	4	ST, QL
KETOROLAC 30 MG/ML CARPUJECT	2	QL	LAYOLIS FE	4	
KETOROLAC 30 MG/ML ISECURE SYRINGE	2	QL	LEDIPASVIR-SOFOSBUVIR	5	PA, SRX
KETOROLAC 30 MG/ML SYRINGE	2	QL	LEENA	1	
KETOROLAC 30 MG/ML VIAL	2	QL	LEFLUNOMIDE	2	
KETOROLAC 300 MG/10 ML VIAL	2	QL	LENVIMA	5	PA, SRX, LDD
KETOROLAC 60 MG/2 ML CARPUJECT	2	QL	LESSINA	1	
KETOROLAC 60 MG/2 ML SYRINGE	2	QL	LETROZOLE	2	
KETOROLAC 60 MG/2 ML VIAL	2	QL	LEUCOVORIN 10 MG TABLET	2	
KINERET	5	PA, ST, QL, SRX, LDD	LEUCOVORIN 15 MG TABLET	2	
KINRIX	3		LEUCOVORIN 25 MG TABLET	2	
KIONEX	2		LEUCOVORIN 5 MG TABLET	2	
KLOR-CON	2		LEUKERAN	4	
KLOR-CON 10	2		LEUKINE	5	SRX
KLOR-CON 8	2		LEUPROLIDE 2WK 1 MG/0.2 ML KIT	4	PA
KLOR-CON M10	2		LEUPROLIDE 2WK 14 MG/2.8 ML KT	4	PA
KLOR-CON M20	2		LEVALBUTEROL CONCENTRATE	2	
KOMBIGLYZE XR	3	QL	LEVALBUTEROL	2	
KURVELO	1		LEVALBUTEROL HFA	2	QL
LABETALOL 100 MG TABLET	2		LEVETIRACETAM 1,000 MG TABLET	2	
LABETALOL 200 MG TABLET	2		LEVETIRACETAM 100 MG/ML SOLUTION	2	
LABETALOL 300 MG TABLET	2		LEVETIRACETAM 1000 MG/10 ML	2	
LACTATED RINGERS IRRIGATION	2		LEVETIRACETAM 250 MG TABLET	2	
LACTULOSE 10 GM/15 ML SOLUTION	2		LEVETIRACETAM 500 MG TABLET	2	
LACTULOSE 20 GM/30 ML SOLUTION	2		LEVETIRACETAM 500 MG/5 ML SOLUTION	2	
LAMIVUDINE	2		LEVETIRACETAM 750 MG TABLET	2	
LAMIVUDINE HBV	2		LEVETIRACETAM ER	2	
LAMIVUDINE-ZIDOVUDINE	2		LEVOBUNOLOL	2	
LAMOTRIGINE	2		LEVOCARNITINE 1 G/10 ML SOLN	2	
LAMOTRIGINE (BLUE)	2		LEVOCARNITINE 330 MG TABLET	2	
LAMOTRIGINE (GREEN)	2		LEVOCARNITINE SF	2	
LAMOTRIGINE (ORANGE)	2		LEVETIRACETAM 100 MG/ML SOLUTION	2	
LAMOTRIGINE ER	2		LEVOCETIRIZINE 5 MG TABLET	2	
LAMOTRIGINE ODT	2		LEVOFLOXACIN 0.5% EYE DROPS	2	
LAMOTRIGINE ODT (BLUE)	2		LEVOFLOXACIN 25 MG/ML SOLUTION	2	
LAMOTRIGINE ODT (GREEN)	2		LEVOFLOXACIN 250 MG TABLET	2	
LAMOTRIGINE ODT (ORANGE)	2		LEVOFLOXACIN 500 MG TABLET	2	
LANSOPRAZOLE-AMOXICILLIN-CLARITHROMYCIN	2		LEVOFLOXACIN 750 MG TABLET	2	
LANSOPRAZOLE DR 15 MG CAPSULE	2	QL	LEVONEST	1	

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LEVONORGESTREL-ETHINYL ESTRADIOL	1		LOPREEZA	2	
LEVONORGESTREL-ETHINYL ESTRADIOL ETHINYL ESTRADIOL	1		LORAZEPAM 0.5 MG TABLET	2	
LEVORA-28	1		LORAZEPAM 1 MG TABLET	2	
LEVORPHANOL	5	SRX	LORAZEPAM 2 MG TABLET	2	
LEVO-T	1		LORAZEPAM 2 MG/ML ORAL CONCENTRATE	2	
LEVOTHYROXINE 100 MCG TABLET	1		LORAZEPAM INTENSOL	2	
LEVOTHYROXINE 112 MCG TABLET	1		LORCET	2	
LEVOTHYROXINE 125 MCG TABLET	1		LORCET HD	2	
LEVOTHYROXINE 137 MCG TABLET	1		LORCET PLUS	2	
LEVOTHYROXINE 150 MCG TABLET	1		LORTAB	2	
LEVOTHYROXINE 175 MCG TABLET	1		LORYNA	1	
LEVOTHYROXINE 200 MCG TABLET	1		LOSARTAN	1	
LEVOTHYROXINE 25 MCG TABLET	1		LOSARTAN-HCTZ	1	
LEVOTHYROXINE 300 MCG TABLET	1		LOVASTATIN	1	
LEVOTHYROXINE 50 MCG TABLET	1		LOW-OGESTREL	1	
LEVOTHYROXINE 75 MCG TABLET	1		LOXAPINE	2	
LEVOTHYROXINE 88 MCG TABLET	1		LO-ZUMANDIMINE	1	
LEVOXYL	1		LUBIPROSTONE	4	
LEXIVA 50 MG/ML SUSPENSION	3		LUDENT FLUORIDE	2	
LIDOCAINE 5% OINTMENT	2	QL	LUTERA	1	
LIDOCAINE 5% PATCH	2		LYLLANA	2	QL
LIDOCAINE 2% JELLY URO-JET AC	2		LYNPARZA	5	PA, SRX, LDD
LIDOCAINE 2% JELLY	2		LYSODREN	4	LDD
LIDOCAINE 2% JELLY URO-JET	2		LYZA	1	
LIDOCAINE 4% SOLUTION	2		MALATHION	2	
LIDOCAINE VISCOUS	2		MAPROTILINE	2	
LIDOCAINE-PRILOCAINE	2		MARLISSA	1	
LILLOW	1		MATERNITY	1	
LINDANE	2		MATULANE	5	SRX, LDD
LINEZOLID 100 MG/5 ML SUSPENSION	4	PA	MATZIM LA	2	
LINEZOLID 600 MG TABLET	2	PA	MECLIZINE 12.5 MG TABLET	2	
LIOthyRONINE 25 MCG TABLET	2		MECLIZINE 25 MG TABLET	2	
LIOthyRONINE 5 MCG TABLET	2		MECLOFENAMATE	2	
LIOthyRONINE 50 MCG TABLET	2		MEDROL 2 MG TABLET	4	
LISINAPRIL	1		MEDROXYPROGESTERONE	1	
LISINAPRIL-HCTZ	1		MEFENAMIC ACID	2	
LITHIUM 150 MG CAPSULE	1		MEFLOQUINE	2	QL
LITHIUM 300 MG CAPSULE	1		MEGESTROL 20 MG TABLET	2	
LITHIUM 300 MG TABLET	1		MEGESTROL 40 MG TABLET	2	
LITHIUM 600 MG CAPSULE	1		MEGESTROL 625 MG/5 ML SUSPENSION	4	
LITHIUM ER	2		MEGESTROL 40 MG/ML SUSPENSION	2	
LITHIUM ER 450 MG TABLET	2		MEGESTROL 400 MG/10 ML	2	
LITHIUM SOLUTION	2		MEKINIST	5	PA, SRX
LO LOESTRIN FE	3		MELODETTA 24 FE	1	
LOJAIMIESS	1		MELOXICAM 15 MG TABLET	1	
LONSURF	5	PA, SRX, LDD	MELOXICAM 7.5 MG TABLET	1	
LOPERAMIDE 2 MG CAPSULE	2		MELOXICAM 7.5 MG/5 ML SUSPENSION	2	
LOPINAVIR-RITONAVIR	2				

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MELPHALAN	2		METHYLPHENIDATE ER 20 MG TABLET	2	QL
MEMANTINE	2		METHYLPHENIDATE ER 27 MG TABLET	2	QL
MENACTRA	3		METHYLPHENIDATE ER 36 MG TABLET	2	QL
MENEST	4		METHYLPHENIDATE ER 54 MG TABLET	2	QL
MENQUADFI	3		METHYLPHENIDATE	2	
MENVEO A-C-Y-W-135-DIP	3		METHYLPHENIDATE CD	2	QL
MEPERIDINE 100 MG TABLET	2		METHYLPHENIDATE ER (CD)	2	QL
MEPERIDINE 50 MG TABLET	2		METHYLPHENIDATE LA	2	QL
MEPERIDINE 50 MG/5 ML SOLUTION	2		METHYLPREDNISOLONE	2	
MEPROBAMATE	2		METHYLTESTOSTERONE	5	SRX
MERCAPTOPYRINE	2		METIPRANOLOL	2	
MERZEE	1		METOCLOPRAMIDE 10 MG TABLET	1	
MESALAMINE	4		METOCLOPRAMIDE 10 MG/10 ML SOLUTION	2	
MESALAMINE ER	3		METOCLOPRAMIDE 5 MG TABLET	1	
MESNEX 400 MG TABLET	5	SRX	METOCLOPRAMIDE 5 MG/5 ML SOLUTION	2	
METADATE ER	2	QL	METOCLOPRAMIDE ODT	2	
METAPROTERENOL	2		METOLAZONE	2	
METAXALL	4		METOPROLOL ER	2	
METAXALONE	4		METOPROLOL 100 MG TABLET	1	
METFORMIN 1,000 MG TABLET	1		METOPROLOL 25 MG TABLET	1	
METFORMIN 500 MG TABLET	1		METOPROLOL 37.5 MG TABLET	2	
METFORMIN 850 MG TABLET	1		METOPROLOL 50 MG TABLET	1	
METFORMIN ER	2		METOPROLOL 75 MG TABLET	2	
METHADONE 10 MG/5 ML SOLUTION	2	PA	METOPROLOL-HCTZ	2	
METHADONE 10 MG/ML ORAL CONCENTRATE	2	PA	METRONIDAZOLE 0.75% CREAM	2	
METHADONE 5 MG/5 ML SOLUTION	2	PA	METRONIDAZOLE 0.75% LOTION	2	
METHADONE 10 MG TABLET	2	PA	METRONIDAZOLE 250 MG TABLET	2	
METHADONE 5 MG TABLET	2	PA	METRONIDAZOLE 375 MG CAPSULE	2	
METHADONE INTENSOL	2	PA	METRONIDAZOLE 500 MG TABLET	2	
METHAMPHETAMINE	4		METRONIDAZOLE TOPICAL 1% GEL PUMP	2	
METHAZOLAMIDE	2		METRONIDAZOLE TOPICAL 0.75% GEL	2	
METHENAMINE HIPPURATE	2		METRONIDAZOLE TOPICAL 1% GEL	2	
METHENAMINE MANDELATE	2		METRONIDAZOLE VAGINAL 0.75% GEL	2	
METHERGINE	4		METYROSINE	4	
METHIMAZOLE	2		MEXILETINE	2	
METHITEST	5	SRX	MIBELAS 24 FE	1	
METHOCARBAMOL 500 MG TABLET	2		MICONAZOLE 3 200 MG VAGINAL SUPPOSITORY	2	
METHOCARBAMOL 750 MG TABLET	2		MICORT-HC	2	
METHOTREXATE 2.5 MG TABLET	2		MICROGESTIN	1	
METHOXSALIN	4		MICROGESTIN 24 FE	1	
METHSCOPOLAMINE	2		MICROGESTIN FE	1	
METHYLCLOTHIAZIDE	2		MIDAZOLAM 2 MG/ML SYRUP	2	
METHYLDOPA	2		MIDODRINE	2	
METHYLDOPA-HCTZ	2		MIGERGOT	4	
METHYLERGONOVINE	4		MIGLITOL	2	
METHYLPHENIDATE ER (LA)	2	QL	MIGLUSTAT	5	PA, SRX
METHYLPHENIDATE ER 10 MG TABLET	2	QL			
METHYLPHENIDATE ER 18 MG TABLET	2	QL			

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MILI	1		MULTIVITAMIN-FLUORIDE 1 MG TABLET CHEWABLE	2	
MIMVEY	2		MUPIROCIN	2	
MIMVEY LO	2		MVW COMPLETE FORMULATION PEDIATRIC	2	
MINITRAN	2		MVW COMPLETE FORMULATION PROBIOTIC	2	
MINOCYCLINE	1		MVW COMPLETE FORMULATION D3000	2	
MINOXIDIL 10 MG TABLET	2		MVW COMPLETE FORMULATION D5000	2	
MINOXIDIL 2.5 MG TABLET	2		MVW COMPLETE FORMULATION MULTIVITAMIN	2	
MIRTAZAPINE	2		MYCOPHENOLATE 200 MG/ML SUSPENSION	2	
MISOPROSTOL	2		MYCOPHENOLATE 250 MG CAPSULE	2	
M-M-R II VACCINE	3		MYCOPHENOLATE 500 MG TABLET	2	
M-NATAL PLUS	1		MYCOPHENOLIC ACID	2	
MODAFINIL	4	PA	MYNATAL	1	
MODERIBA	4		MYNATAL ADVANCE	1	
MODERNA COVID-19 VACCINE (EUA)	3		MYNATAL PLUS	1	
MOEXIPRIL	2		MYNATAL-Z	1	
MOLINDONE	2		MYNATE 90 PLUS	1	
MOMETASONE 0.1% CREAM	2		MYORISAN	4	
MOMETASONE 0.1% OINTMENT	2		MYZILRA	1	
MOMETASONE 0.1% SOLUTION	2		NABUMETONE	2	
MOMETASONE 50 MCG SPRAY	2	QL	NADOLOL	2	
MONDOXYNE NL 100 MG CAPSULE	1		NADOLOL-BENDROFLUMETHIAZIDE	2	
MONDOXYNE NL 75 MG CAPSULE	2		NAFTIFINE	2	
MONO-LINYAH	1		NALOXONE 0.4 MG/ML CARPUJECT	2	
MONONESSA	1		NALOXONE 2 MG/2 ML SYRINGE	2	
MONTELUKAST SODIUM	2		NALTREXONE	1	QL
MORGIDOX 100 MG CAPSULE	1		NAPROXEN 125 MG/5 ML SUSPENSION	4	
MORGIDOX 50 MG CAPSULE	1		NAPROXEN 250 MG TABLET	1	
MORPHINE 10 MG SUPPOSITORY	2		NAPROXEN 375 MG TABLET	1	
MORPHINE 10 MG/5 ML SOLUTION	2		NAPROXEN 500 MG KIT	1	
MORPHINE 100 MG/5 ML CONCENTRATE	2		NAPROXEN 500 MG TABLET	1	
MORPHINE 20 MG SUPPOSITORY	2		NAPROXEN CR 375 MG TABLET	2	
MORPHINE 20 MG/5 ML SOLUTION	2		NAPROXEN ER 375 MG TABLET	2	
MORPHINE 30 MG SUPPOSITORY	2		NAPROXEN 275 MG TABLET	2	
MORPHINE 5 MG SUPPOSITORY	2		NAPROXEN 550 MG TABLET	2	
MORPHINE ER	2		NARATRIPTAN	2	QL
MORPHINE IR 15 MG TABLET	2		NARCAN	3	QL
MORPHINE IR 30 MG TABLET	2		NATAZIA	4	
MOXIFLOXACIN 0.5% EYE DROPS	2		NATEGLINIDE	2	
MOXIFLOXACIN 400 MG TABLET	2		NATPARA	5	PA, SRX, LDD
MULTAQ	4		NATURE-THROID	1	
MULTIVITAMIN-FLUORIDE 0.25 MG TABLET CHEWABLE	2		NAYZILAM	5	PA, QL, SRX
MULTIVITAMIN-FLUORIDE 0.25 MG/ ML DROPS	2		NEBUSAL 3% VIAL	2	
MULTIVITAMIN-FLUORIDE 0.5 MG TABLET CHEWABLE	2		NECON	1	
MULTIVITAMIN-FLUORIDE 0.5 MG/ ML DROPS	2				

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NEFAZODONE	2		NITROGLYCERIN ER 9 MG CAPSULE	2	
NEOMYCIN	2		NITROGLYCERIN PATCH	2	
NEOMYCIN-BACITRACIN-POLYMYXIN	2		NITRO-TIME	2	
NEOMYCIN-BACITRACIN-POLYMYXIN-HYDROCORTISONE	2		NIVA-PLUS	1	
NEOMYCIN-POLYMYXIN B	2		NIVESTYM	5	SRX
NEOMYCIN-POLYMYXIN-DEXAMETHASONE	2		NIZATIDINE	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2		NOLIX	4	
NEOMYCIN-POLYMYXIN-HYDROCORTISONE	2		NORA-BE	1	
NEO-POLYCIN	2		NORDITROPIN FLEXPROM	5	PA, ST, SRX
NEO-POLYCIN HC	2		NORETHINDRONE-ETHINYL ESTRADIOL 0.5-2.5	2	
NEUAC GEL	2		NORETHINDRONE-ETHINYL ESTRADIOL 1-0.02 MG	1	
NEULASTA	5	PA, SRX	NORETHINDRONE	1	
NEULASTA ONPRO	5	PA, SRX	NORETHINDRONE ACETATE 5 MG TABLET	2	
NEVIRAPINE	2		NORETHINDRONE-ETHINYL ESTRADIOL-FE	1	
NEVIRAPINE ER	2		NORETHINDRONE-ETHINYL ESTRADIOL 1.5-0.03 MG(21) TABLET	1	
NEWGEN	1		NORETHINDRONE-ETHINYL ESTRADIOL 1 MG-5 MCG	2	
NEXAVAR	5	PA, SRX, LDD	NORETHINDRONE-ETHINYL ESTRADIOL-FERROUS	1	
NIACIN ER	2		NORGESTIMATE-ETHINYL ESTRADIOL	1	
NICARDIPINE 20 MG CAPSULE	2		NORLYDA	1	
NICARDIPINE 30 MG CAPSULE	2		NORPACE CR	4	
NICOTROL	4		NORTREL	1	
NICOTROL NS	4		NORTRIPTYLINE 10 MG/5 ML SOLUTION	2	
NIFEDIPINE	2		NORTRIPTYLINE 10 MG CAPSULE	1	
NIFEDIPINE ER	2		NORTRIPTYLINE 25 MG CAPSULE	1	
NIKKI	1		NORTRIPTYLINE 50 MG CAPSULE	1	
NILUTAMIDE	5	SRX	NORTRIPTYLINE 75 MG CAPSULE	1	
NIMODIPINE	4		NORVIR 100 MG POWDER PACKET	3	
NINLARO	5	PA, SRX, LDD	NORVIR 100 MG SOFTGEL CAPSULE	3	
NISOLDIPINE	2	QL	NORVIR 80 MG/ML SOLUTION	3	
NITAZOXANIDE	4		NOVOFINE 32G NEEDLES	3	
NITRO-BID	2		NOVOFINE AUTOCOVER 30G NEEDLE	3	
NITRO-DUR 0.8 MG/HR PATCH	4		NOVOFINE PLUS PEN NEEDLE 32GX1/6"	3	
NITROFURANTOIN 25 MG/5 ML SUSPENSION	4		NOVOTWIST NEEDLE 32G 5MM	3	
NITROFURANTOIN MACROCRYSTALS 100 MG CAPSULE	1		NOXAFIL 40 MG/ML SUSPENSION	4	
NITROFURANTOIN MACROCRYSTALS 25 MG CAPSULE	2		NP THYROID	1	
NITROFURANTOIN MACROCRYSTALS 50 MG CAPSULE	1		NUEDEXTA	4	PA
NITROFURANTOIN MONO-MACRO	1		NULEV	2	
NITROGLYCERIN 0.3 MG TABLET SL	2		NUTROPIN AQ NUSPIN	5	PA, ST, SRX
NITROGLYCERIN 0.4 MG TABLET SL	2		NYAMYC	2	
NITROGLYCERIN 0.6 MG TABLET SL	2		NYLIA	1	
NITROGLYCERIN 400 MCG SPRAY	2		NYMYO	1	
NITROGLYCERIN ER 2.5 MG CAPSULE	2		NYSTATIN	2	
NITROGLYCERIN ER 6.5 MG CAPSULE	2				

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NYSTATIN-TRIAMCINOLONE	2		ONETOUCH ULTRA BLUE TEST STRIPS	3	
NYSTOP	2		ONETOUCH ULTRA2	1	
NYVEPRIA	5	PA, SRX	ONETOUCH ULTRAMINI	1	
OBSTETRIX DHA	1		ONETOUCH ULTRASOFT LANCETS	3	
OBSTETRIX ONE	1		ONETOUCH VERIO FLEX METER	1	
O-CAL FA	4		ONETOUCH VERIO FLEX STARTER KIT	1	
O-CAL PRENATAL	4		ONETOUCH VERIO IQ METER	1	
OCELLA	1		ONETOUCH VERIO IQ SYSTEM KIT	1	
OCTREOTIDE	2	PA	ONETOUCH VERIO METER	1	
ODEFSEY	3		ONETOUCH VERIO REFLECT METER	1	
ODOMZO	5	PA, SRX, LDD	ONETOUCH VERIO TEST STRIP	3	
OFLOXACIN	2		ONGLYZA	3	QL
OGESTREL	1		OPCICON ONE-STEP	1	
OKEBO	2		OPIUM TINCTURE	2	
OLANZAPINE 10 MG TABLET	2		OPSUMIT	5	PA, SRX, LDD
OLANZAPINE 15 MG TABLET	2		ORALONE	2	
OLANZAPINE 2.5 MG TABLET	2		ORKAMBI	5	PA, QL, SRX, LDD
OLANZAPINE 20 MG TABLET	2		ORPHENADRINE ER	2	
OLANZAPINE 5 MG TABLET	2		ORPHENADRINE-ASPIRIN-CAFFEINE	2	
OLANZAPINE 7.5 MG TABLET	2		ORPHENGESIC FORTE	2	
OLANZAPINE ODT	2		ORSYTHIA	1	
OLANZAPINE-FLUOXETINE	2		ORTHO MICRONOR	4	
OLMESARTAN	2		ORTHO TRI-CYCLEN	4	
OLMESARTAN-AMLODIPINE-HCTZ	2		ORTHO TRI-CYCLEN LO	4	
OLMESARTAN-HCTZ	2		ORTHO-CYCLEN	4	
OLOPATADINE 665 MCG NASAL SPRAY	2		ORTHO-NOVUM	4	
OLOPATADINE 0.1% EYE DROPS	2		OSCIMIN	2	
OLOPATADINE 0.2% EYE DROPS	2		OSCIMIN SL	2	
OMEGA-3 ACID ETHYL ESTERS	2		OSCIMIN SR	2	
OMEPRAZOLE DR 10 MG CAPSULE	2	QL	OSELTAMIVIR	2	QL
OMEPRAZOLE DR 20 MG CAPSULE	2	QL	OTEZLA	5	PA, QL, SRX
OMEPRAZOLE DR 40 MG CAPSULE	2	QL	OXANDROLONE	4	PA
OMNITROPE	5	PA, ST, SRX	OXAPROZIN	2	
ONDANSETRON	2		OXAZEPAM	2	
ONDANSETRON ODT	2		OXCARBAZEPINE	2	
ONETOUCH DELICA 30G LANCETS	3		OXICONAZOLE	3	
ONETOUCH DELICA 33G LANCETS	3		OXYBUTYNIN 5 MG TABLET	1	
ONETOUCH DELICA LANCING DEVICE	3		OXYBUTYNIN 5 MG/5 ML SYRUP	2	
ONETOUCH DELICA PLUS 30G LANCETS	3		OXYBUTYNIN ER	2	
ONETOUCH DELICA PLUS 33G LANCETS	3		OXYCODONE	2	
ONETOUCH DELICA PLUS LANCING DEVICE	3		OXYCODONE-ASPIRIN	2	
ONETOUCH SURESOFT 18G LANCING DEVICE	3		OXYCODONE-IBUPROFEN	2	
ONETOUCH SURESOFT 21G LANCING DEVICE	3		OXYCODONE-ACETAMINOPHEN 10-325	2	
ONETOUCH SURESOFT 28G LANCING DEVICE	3		OXYCODONE-ACETAMINOPHEN 5-325	2	
			OXYCODONE-ACETAMINOPHN 2.5-325	2	
			OXYCODONE-ACETAMINOPHN 7.5-325	2	
			OXYMORPHONE	2	

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OXYMORPHONE ER 10 MG TABLET	2		PHENOXYBENZAMINE	5	SRX
OXYMORPHONE ER 15 MG TABLET	2		PHENYLEPHRINE 10% EYE DROPS	2	
OXYMORPHONE ER 20 MG TABLET	2		PHENYLEPHRINE 2.5% EYE DROPS	2	
OXYMORPHONE ER 30 MG TABLET	2		PHENYTOIN	2	
OXYMORPHONE ER 40 MG TABLET	2		PHENYTOIN EXTENDED	2	
OXYMORPHONE ER 5 MG TABLET	2		PHILITH	1	
OXYMORPHONE ER 7.5 MG TABLET	2		PHOSPHASAL	2	
PACERONE 200 MG TABLET	2		PHRENILIN FORTE	2	QL
PALIPERIDONE ER	4		PHYTONADIONE	4	
PANCREAZE	3		PILOCARPINE	2	
PANRETIN	5	SRX	PIMOZIDE	2	
PANTOPRAZOLE DR 20 MG TABLET	2	QL	PIMTREA	1	
PANTOPRAZOLE DR 40 MG TABLET	2	QL	PINDOLOL	2	
PAREGORIC	2		PIOGLITAZONE 15 MG TABLET	2	
PARICALCITOL 1 MCG CAPSULE	2		PIOGLITAZONE 30 MG TABLET	2	
PARICALCITOL 2 MCG CAPSULE	2		PIOGLITAZONE 45 MG TABLET	2	
PARICALCITOL 4 MCG CAPSULE	2		PIOGLITAZONE-GLIMEPIRIDE	2	
PAROEX	2		PIOGLITAZONE-METFORMIN	2	
PAROMOMYCIN	2		PIRMELLA	1	
PAROXETINE	1	QL	PIROXICAM	2	
PASER	4		PLAN B ONE-STEP	4	
PEDIARIX	3		PNEUMOVAX 23	3	
PEDVAXHIB	3		PNV 29-1	1	
PEG 3350-ELECTROLYTE	2		PNV OB+DHA	1	
PEG-3350 WITH FLAVOR PACKS	2		PNV-DHA	1	
PEGANONE	4		PNV-DHA + DOCUSATE	1	
PEGINTRON	4	PA	PNV-FERROUS-DOCU-FA	1	
PEG-PREP	2		PNV-OMEGA	1	
PENICILLAMINE	4	PA	PNV-SELECT	1	
PENICILLIN V POTASSIUM	2		PNV-VP-U	1	
PENTACEL	3		PODOFILOX	2	
PENTACEL ACTHIB COMPONENT VIAL	3		POLYCIN	2	
PENTACEL DTAP-IPV COMPONENT VIAL	3		POLYMYXIN B-TRIMETHOPRIM EYE DROPS	2	
PENTAMIDINE 300 MG INHALATION POWDER	3		POMALYST	5	PA, SRX
PENTASA	4		PORTIA	1	
PENTAZOCINE-NALOXONE	2		POSACONAZOLE	4	
PENTOXIFYLLINE	2		POTASSIUM CITRATE ER	2	
PERFOROMIST	4	QL	POTASSIUM CHLORIDE 10% (20 MEQ/15ML)	2	
PERINDOPRIL	2		POTASSIUM CHLORIDE 10% (40 MEQ/30ML)	2	
PERIOGARD 0.12% ORAL RINSE	2		POTASSIUM CHLORIDE 20 MEQ PACKET	2	
PERMETHRIN	2		POTASSIUM CHLORIDE 20% (40 MEQ/15ML)	2	
PERPHENAZINE	2		POTASSIUM CHLORIDE ER 10 MEQ CAPSULE	2	
PERPHENAZINE-AMITRIPTYLINE	2		POTASSIUM CHLORIDE ER 10 MEQ TABLET	2	
PFIZER COVID-19 VACCINE (EUA)	3				
PHENADOZ	2				
PHENAZOPYRIDINE	2				
PHENELZINE	2				
PHENOBARBITAL	2				

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POTASSIUM CHLORIDE ER 20 MEQ TABLET	2		PROCENTRA	2	
POTASSIUM CHLORIDE ER 8 MEQ CAPSULE	2		PROCHLORPERAZINE 25 MG SUPPOSITORY	2	
POTASSIUM CHLORIDE ER 8 MEQ TABLET	2		PROCHLORPERAZINE TABLET	2	
PR NATAL 400	1		PROCTO-MED HC	2	
PR NATAL 400 EC	1		PROCTO-PAK	2	
PR NATAL 430	1		PROCTOSOL-HC	2	
PR NATAL 430 EC	1		PROCTOZONE-HC	2	
PRAMIPEXOLE	2		PROGESTERONE 100 MG CAPSULE	2	
PRAMIPEXOLE ER	2		PROGESTERONE 200 MG CAPSULE	2	
PRASUGREL	2		PROGRAF 0.2 MG GRANULE PACKET	4	
PRAVASTATIN	2		PROGRAF 1 MG GRANULE PACKET		
PRAZICUANTEL 600 MG TABLET	2		PROMACTA	5	PA, SRX, LDD
PRAZOSIN	2		PROMETHAZINE 12.5 MG SUPPOSITORY	2	
PREDNICARBATE	2		PROMETHAZINE 12.5 MG TABLET	2	
PREDNISOLONE	2		PROMETHAZINE 25 MG SUPPOSITORY	2	
PREDNISOLONE 15 MG/5 ML SOLUTION	2		PROMETHAZINE 25 MG TABLET	2	
PREDNISOLONE 5 MG/5 ML SOLUTION	2		PROMETHAZINE 50 MG SUPPOSITORY	2	
PREDNISOLONE 1% EYE DROPS	2		PROMETHAZINE 50 MG TABLET	2	
PREDNISOLONE 1% EYE DROPS	2		PROMETHAZINE 6.25 MG/5 ML SOLUTION	2	
PREDNISOLONE 25 MG/5 ML	2		PROMETHAZINE 6.25 MG/5 ML SYRUP	2	
PREDNISOLONE ODT	2		PROMETHAZINE VC	2	
PREDNISONE	2		PROMETHAZINE VC-CODEINE SOLUTION	2	QL
PREDNISONE INTENSOL	2		PROMETHAZINE-CODEINE	2	QL
PREFEST	2		PROMETHAZINE-DM	2	QL
PREGABALIN	2	QL	PROMETHAZINE-PHENYLEPHRINE-CODEINE	2	
PRENA1 TRUE	1		PROMETHAZINE-PHENYLEPHRINE	2	
PRENAISSANCE	1		PROMETHEGAN	2	
PRENAISSANCE PLUS	1		PROPAFENONE	2	
PRENATAL 19	1		PROPAFENONE ER	2	
PRENATAL LOW IRON	1		PROPANTHELINE	2	
PRENATAL PLUS	1		PROPARACAINE	2	
PRENATAL PLUS-DHA COMBO PACK	1		PROPRANOLOL 10 MG TABLET	2	
PRENATAL VITAMIN PLUS LOW IRON	1		PROPRANOLOL 20 MG TABLET	2	
PRENATAL-U	1		PROPRANOLOL 20 MG/5 ML SOLUTION	2	
PREPLUS	1		PROPRANOLOL 40 MG TABLET	2	
PRETAB	1		PROPRANOLOL 40 MG/5 ML SOLUTION	2	
PREVALITE	2		PROPRANOLOL 60 MG TABLET	2	
PREVIFEM	1		PROPRANOLOL 80 MG TABLET	2	
PREVNAR 13	3		PROPRANOLOL ER	2	
PREZCOBIX	3		PROPRANOLOL-HCTZ	2	
PREZISTA	3		PROPYLTHIOURACIL	2	
PRIFTIN	4		PROQUAD	3	
PRIMAQUINE	2		PROTRIPTYLINE	2	
PRIMIDONE	2				
PRO COMFORT ALCOHOL 70% PADS	3				
PROBENECID	2				
PROBENECID-COLCHICINE	2				

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PSORCON	4		RIBASPHERE	4	
PULMOSAL	2		RIBAVIRIN	4	
PULMOZYME	5	PA, SRX	RIFABUTIN	3	
PURE COMFORT ALCOHOL PAD	3		RIFAMATE	4	
PURIXAN 20 MG/ML ORAL SUSPENSION	5	PA, SRX	RIFAMPIN 150 MG CAPSULE	2	
PYRAZINAMIDE	2		RIFAMPIN 300 MG CAPSULE	2	
PYRIDOSTIGMINE 60 MG/5 ML SOLUTION	5	PA, SRX	RILUZOLE	4	
PYRIDOSTIGMINE 60 MG TABLET	4		RIMANTADINE	2	
PYRIDOSTIGMINE ER	4		RINVOQ	5	PA, QL, SRX, LDD
QUADRACEL DTAP-IPV	3		RISEDRONATE	2	
QUAZEPAM	2		RISEDRONATE DR	2	
QUETIAPINE	2		RISPERIDONE 0.25 MG TABLET	1	
QUETIAPINE ER	2		RISPERIDONE 0.5 MG TABLET	1	
QUINAPRIL	1		RISPERIDONE 1 MG TABLET	1	
QUINAPRIL-HCTZ	1		RISPERIDONE 1 MG/ML SOLUTION	2	
QUINIDINE	2		RISPERIDONE 2 MG TABLET	1	
QUINIDINE ER	2		RISPERIDONE 3 MG TABLET	1	
QUININE	2		RISPERIDONE 4 MG TABLET	1	
RABEPRAZOLE DR 20 MG TABLET	2	QL	RISPERIDONE ODT	2	
RALOXIFENE	2		RITONAVIR	2	
RAMELTEON	3	QL	RIVASTIGMINE	2	
RAMIPRIL 1.25 MG CAPSULE	2		RIVELSA	1	
RAMIPRIL 10 MG CAPSULE	1		RIZATRIPTAN	2	QL
RAMIPRIL 2.5 MG CAPSULE	1		R-NATAL OB	1	
RAMIPRIL 5 MG CAPSULE	1		ROPINIROLE ER	2	
RANITIDINE 15 MG/ML SYRUP	2		ROPINIROLE	2	
RANITIDINE 150 MG CAPSULE	1		ROSDAN 0.75% CREAM	2	
RANITIDINE 150 MG TABLET	1		ROSDAN 0.75% GEL	2	
RANITIDINE 150 MG/10 ML SYRUP	2		ROSUVASTATIN	2	
RANITIDINE 300 MG CAPSULE	1		ROTARIX	3	
RANITIDINE 300 MG TABLET	1		ROTATEQ	3	
RASAGILINE	2		ROWEEPRA	2	
REBETOL	4		ROWEEPRA XR	2	
RECLIPSEN	1		RUFINAMIDE	4	QL
RECOMBIVAX HB	3		SAIZEN	5	PA, ST, SRX
RECTIV	4		SAIZEN-SAIZENPREP	5	PA, ST, SRX
REGRANEX	4	PA, QL	SALICYLIC ACID 27.5% LIQUID	2	
RELENZA	4	QL	SALSALATE	2	
RELISTOR	4	PA	SANTYL	4	QL
REPAGLINIDE	2		SAPROPTERIN	5	PA, SRX
REPAGLINIDE-METFORMIN	2		SCOPOLAMINE	2	
REPATHA PUSHTRONEX	5	PA, ST, SRX	SECONAL	4	
REPATHA SURECLICK	5	PA, ST, SRX	SELEGILINE	2	
REPATHA SYRINGE	5	PA, ST, SRX	SELENIUM 2.25% SHAMPOO	2	
REPREXAIN	2		SELENIUM 2.5% LOTION	2	
RESTASIS	4		SE-NATAL 19	1	
REVLIMID	5	PA, SRX, LDD	SEREVENT DISKUS	3	
REYATAZ 50 MG POWDER PACKET	3		SEROSTIM 4 MG VIAL	5	PA, ST, SRX
			SEROSTIM 5 MG VIAL	5	PA, ST, SRX
			SEROSTIM 6 MG VIAL	5	PA, ST, SRX

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2022 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)
SERTRALINE 20 MG/ML ORAL CONCENTRATE	2	QL	SODIUM FLUORIDE SENSITIVE	2	
SERTRALINE 100 MG TABLET	1	QL	SODIUM PHENYLBUTYRATE	5	SRX
SERTRALINE 25 MG TABLET	1	QL	SODIUM POLYSTYRENE POWDER	2	
SERTRALINE 50 MG TABLET	1	QL	SOFOSBUVIR-VELPATASVIR	5	PA, SRX
SETLAKIN	1		SOLIFENACIN	3	QL
SEVELAMER CARBONATE	4		SOLQUA 100-33	4	
SEVELAMER	4		SOMAVERT	5	PA, SRX, LDD
SF 1.1% GEL	2		SOTALOL	2	
SF 5000 PLUS	2		SOTALOL AF	2	
SHAROBEL	1		SOTYLIZE	4	PA
SHINGRIX	3		SPINOSAD	2	
SILDENAFIL 20 MG TABLET	4	PA	SPIRONOLACTONE	2	
SILVER NITRATE	2		SPIRONOLACTONE-HCTZ	2	
SILVER SULFADIAZINE	2		SPRINTEC	1	
SIMLIYA	1		SPRYCEL	5	PA, SRX
SIMPESSE	1		SPS	2	
SIMVASTATIN 10 MG TABLET	1		SRONYX	1	
SIMVASTATIN 20 MG TABLET	1		SSKI	4	
SIMVASTATIN 40 MG TABLET	1		STAVUDINE	2	
SIMVASTATIN 5 MG TABLET	1		STELARA 45 MG/0.5 ML SYRINGE	5	PA, QL, SRX
SIMVASTATIN 80 MG TABLET	1	QL	STELARA 45 MG/0.5 ML VIAL	5	PA, QL, SRX
SINGLE USE SWAB	3		STELARA 90 MG/ML SYRINGE	5	PA, QL, SRX
SIROLIMUS 0.5 MG TABLET	2		STERILE WATER FOR IRRIGATION	2	
SIROLIMUS 1 MG TABLET	2		STIMATE	5	PA, SRX
SIROLIMUS 1 MG/ML SOLUTION	5	SRX	STIVARGA	5	PA, SRX, LDD
SIROLIMUS 2 MG TABLET	2		STRIBILD	3	
SIRTURO	4	PA, LDD	SUBVENITE	2	
SKYRIZI	5	PA, QL, SRX	SUBVENITE (BLUE)	2	
SKYRIZI (2 SYRINGES) KIT	5	PA, QL, SRX	SUBVENITE (GREEN)	2	
SLYND	4		SUBVENITE (ORANGE)	2	
SODIUM POLYSTYRENE 15 G/60 ML	2		SUCRAID	5	SRX, LDD
SODIUM CHLORIDE 0.9% INHALATION VIAL	2		SUCRALFATE 1 GM TABLET	2	
SODIUM CHLORIDE 0.9% IRRIGATION	2		SODIUM SULFACETAMIDE 10% LOTION	2	
SODIUM CHLORIDE 0.9% PROCESSING SOLUTION	2		SULFACETAMIDE-PREDNISOLONE 10-0.23% EYE DROPS	2	
SODIUM CHLORIDE 10% VIAL	2		SULFADIAZINE	2	
SODIUM CHLORIDE 3% VIAL	2		SULFAMETHOXAZOLE-TRIMETHOPRIM DS TABLET	1	
SODIUM CHLORIDE 7% VIAL	2		SULFAMETHOXAZOLE-TRIMETHOPRIM SS TABLET	1	
SODIUM FLUORIDE 0.25 (0.55) MG	2		SULFAMETHOXAZOLE-TRIMETHOPRIM SUSPENSION	2	
SODIUM FLUORIDE 0.5 MG(1.1 MG)	2		SULFASALAZINE	2	
SODIUM FLUORIDE 0.5 MG/ML DROPS	2		SULFASALAZINE DR	2	
SODIUM FLUORIDE 1 MG (2.2 MG)	2		SULINDAC	2	
SODIUM FLUORIDE 1.1% CREAM	2		SUMATRIPTAN 20 MG NASAL SPRAY	2	QL
SODIUM FLUORIDE 1.1% GEL	2		SUMATRIPTAN 5 MG NASAL SPRAY	2	QL
SODIUM FLUORIDE 5000 DRY MOUTH	2		SUMATRIPTAN	2	QL
SODIUM FLUORIDE 5000 PLUS CREAM	2		SURE COMFORT ALCOHOL	3	
SODIUM FLUORIDE 5000 PPM CREAM	2		SURE-PREP ALCOHOL PREP PADS	3	
SODIUM FLUORIDE 5000 PPM PASTE	2				
SODIUM FLUORIDE ENAMEL PROTECT	2				

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2022 Cigna Essential Colorado 5-Tier Prescription Drug List

MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)	MEDICATION NAME	TIER	NOTES (PA, ST, QL, AGE, SRX, LDD)
SUTENT	5	PA, SRX	TESTOSTERONE 1% (25MG/2.5G) PACKET	2	QL
SYEDA	1		TESTOSTERONE 1% (50 MG/5 G) PACKET	2	QL
SYLATRON	5	PA, SRX	TESTOSTERONE 1.62% (2.5 G) PACKET	2	QL
SYMAX	2		TESTOSTERONE 1.62% GEL PUMP	2	QL
SYMAX-SL	2		TESTOSTERONE 1.62%(1.25 G) PACKET	2	QL
SYMAX-SR	2		TESTOSTERONE 10 MG GEL PUMP	2	QL
SYMTUZA	3		TESTOSTERONE 12.5 MG/1.25 GRAM	2	QL
SYNAREL	5	SRX	TESTOSTERONE 50 MG/5 GRAM GEL	2	QL
SYNTHROID	4		TESTOSTERONE 50 MG/5 GRAM PACKET	2	QL
TABLOID	4		TESTOSTERONE CYPIONATE 1,000 MG/5 ML	2	
TACROLIMUS	2		TESTOSTERONE CYPIONATE 100 MG/ML	2	
TADALAFIL 20 MG TABLET	5	PA, SRX	TESTOSTERONE CYPIONATE 200 MG/ML	2	
TAFINLAR	5	PA, SRX, LDD	TESTOSTERONE CYPIONATE 500 MG/2.5 ML	2	
TAGRISSO	5	PA, SRX, LDD	TESTOSTERONE CYPIONATE 500 MG/5 ML	2	
TAKE ACTION	4		TESTOSTERONE CYPIONATE 6,000 MG/30ML	2	
TALTZ AUTOINJECTOR	5	PA, QL, SRX, LDD	TESTOSTERONE ENANTHATE 1,000 MG/5 ML	2	
TALTZ AUTOINJECTOR (2 PACK)	5	PA, QL, SRX, LDD	TETCAINE	2	
TALTZ AUTOINJECTOR (3 PACK)	5	PA, QL, SRX, LDD	TETRABENAZINE	5	PA, SRX
TALTZ SYRINGE	5	PA, QL, SRX, LDD	TETRACAINE 0.5% EYE DROPS	2	
TAMOXIFEN	2		TETRACAINE 0.5% STERI-UNIT SOLUTION	2	
TAMSULOSIN	2		TETRACYCLINE	2	
TARGRETIN 1% GEL	5	SRX	THALOMID	5	PA, SRX, LDD
TARINA 24 FE	1		THEOCHRON	2	
TARINA FE	1		THEOPHYLLINE	2	
TARINA FE 1-20 EQ	1		THIORIDAZINE	2	
TARON-C DHA	1		THIOTHIXENE	2	
TARON-PREX PRENATAL	1		THRIVITE 19	1	
TASIGNA	5	PA, SRX	THYROID	1	
TAYTULLA	3		TIADYL ER	2	
TAZAROTENE 0.1% CREAM	2		TIAGABINE	2	
TAZTIA XT	2		TILIA FE	1	
TDVAX VIAL	3		TIMOLOL 0.25% GEL-SOLUTION	2	
TELMISARTAN	2		TIMOLOL 0.25% GFS GEL-SOLUTION	2	
TELMISARTAN-AMLODIPINE	2		TIMOLOL 0.5% GEL-SOLUTION	2	
TELMISARTAN-HCTZ	2		TIMOLOL 0.5% GFS GEL-SOLUTION	2	
TEMAZEPAM	2		TIMOLOL 0.25% EYE DROPS	2	
TEMOZOLOMIDE	4	PA	TIMOLOL 0.5% EYE DROPS	2	
TENCON	2		TIMOLOL 10 MG TABLET	2	
TENIVAC	3		TIMOLOL 20 MG TABLET	2	
TENOFOVIR	2		TIMOLOL 5 MG TABLET	2	
TERAZOSIN	1		TINIDAZOLE	2	
TERBINAFINE	1		TIVICAY	3	
TERBUTALINE 2.5 MG TABLET	2		TIVICAY PD	3	
TERBUTALINE 5 MG TABLET	2		TIZANIDINE 2 MG CAPSULE	2	
TERCONAZOLE 0.4% CREAM	2		TIZANIDINE 2 MG TABLET	2	
TERCONAZOLE 0.8% CREAM	2				
TERCONAZOLE 80 MG SUPPOSITORY	2				
TERIPARATIDE	5	PA, QL, SRX			
TESTOSTERONE CYPIONATE 1,000 MG/10 ML	2				
TESTOSTERONE CYPIONATE 2,000 MG/10 ML	2				

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TIZANIDINE 4 MG CAPSULE	2		TRIAMCINOLONE 0.1% CREAM	2	
TIZANIDINE 4 MG TABLET	2		TRIAMCINOLONE 0.1% LOTION	2	
TIZANIDINE 6 MG CAPSULE	2		TRIAMCINOLONE 0.1% OINTMENT	2	
TL-SELECT	1		TRIAMCINOLONE 0.1% PASTE	2	
TOBRAMYCIN 0.3% EYE DROPS	2		TRIAMCINOLONE 0.147 MG/G SPRAY	4	
TOBRAMYCIN 300 MG/5 ML AMPULE	4	PA, QL	TRIAMCINOLONE 0.5% CREAM	2	
TOBRAMYCIN PAK 300 MG/5 ML	4	PA, QL	TRIAMCINOLONE 0.5% OINTMENT	2	
TOBRAMYCIN-DEXAMETHASONE	2		TRIAMTERENE-HCTZ 37.5-25 MG CAPSULE	2	
TOLAZAMIDE	2		TRIAMTERENE-HCTZ 37.5-25 MG TABLET	1	
TOLBUTAMIDE	2		TRIAMTERENE-HCTZ 50-25 MG CAPSULE	2	
TOLCAPONE	5	SRX	TRIAMTERENE-HCTZ 75-50 MG TABLET	1	
TOLMETIN	2		TRIAZOLAM	2	
TOLTERODINE	2		TRIDERM	2	
TOLTERODINE ER	2		TRI-ESTARYLLA	1	
TOLVAPTAN	5	SRX	TRIFLUOPERAZINE	2	
TOPIRAMATE	2		TRIFLURIDINE	2	
TOPIRAMATE ER	2		TRIHEXYPHENIDYL 2 MG TABLET	1	
TOREMIFENE	4		TRIHEXYPHENIDYL 2 MG/5 ML ELXIR	2	
TORSEMIDE	2		TRIHEXYPHENIDYL 5 MG TABLET	2	
TOVET EMOLLIENT	2		TRIKAFTA	5	PA, QL, SRX, LDD
TRACLEER 32 MG TABLET FOR SUSPENSION	5	PA, SRX, LDD	TRIKLO	2	
TRAMADOL 50 MG TABLET	2	QL	TRI-LEGEST FE	1	
TRAMADOL ER 100 MG TABLET	2	QL	TRI-LINYAH	1	
TRAMADOL ER 150 MG CAPSULE	2	QL	TRI-LO-ESTARYLLA	1	
TRAMADOL ER 200 MG TABLET	2	QL	TRI-LO-MARZIA	1	
TRAMADOL ER 300 MG TABLET	2	QL	TRI-LO-MILI	1	
TRAMADOL-ACETAMINOPHEN	2	QL	TRI-LO-SPRINTEC	1	
TRANDOLAPRIL	1		TRILYTE WITH FLAVOR PACKETS	2	
TRANDOLAPRIL-VERAPAMIL ER	2		TRIMETHOBENZAMIDE	2	
TRANEXAMIC ACID 650 MG TABLET	2		TRIMETHOPRIM	2	
TRANLYCYPROMINE	2		TRI-MILI	1	
TRAVOPROST	2		TRIMIPRAMINE	2	
TRAZODONE 100 MG TABLET	1		TRINATAL RX 1	1	
TRAZODONE 150 MG TABLET	1		TRI-NORINYL	4	
TRAZODONE 300 MG TABLET	2		TRI-NYMYO	1	
TRAZODONE 50 MG TABLET	1		TRI-PREVIFEM	1	
TRECTOR	4		TRI-SPRINTEC	1	
TREMFYA	5	PA, QL, SRX	TRIUMEQ	3	
TRETINOIN 0.01% GEL	2	AGE	TRIVEEN-DUO DHA	1	
TRETINOIN 0.025% CREAM	2	AGE	TRIVEEN-ONE	1	
TRETINOIN 0.025% GEL	2	AGE	TRIVEEN-PRX RNF	1	
TRETINOIN 0.05% CREAM	2	AGE	TRIVEEN-U	1	
TRETINOIN 0.05% GEL	2	AGE	TRI-VITE WITH FLUORIDE	2	
TRETINOIN 0.1% CREAM	2	AGE	TRIVORA-28	1	
TRETINOIN 10 MG CAPSULE	4	PA	TRI-VYLIBRA	1	
TRETINOIN MICROSPHERE	2	AGE	TRI-VYLIBRA LO	1	
TRI FEMYNOR	1		TROPICAMIDE	2	
TRIADVANCE	1		TROSPIMUM	2	
TRIAMCINOLONE 0.025% CREAM	2				
TRIAMCINOLONE 0.025% LOTION	2				
TRIAMCINOLONE 0.025% OINTMENT	2				

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TROSPIMUM ER	2		VESTURA	1	
TRUE COMFORT ALCOHOL 70% PADS	3		VIDEX	3	
TRULICITY	3	QL	VIENVA	1	
TRUMENBA	3		VIGABATRIN 500 MG POWDER PACKET	5	QL, SRX, LDD
TRUST NATAL DHA	1		VIGABATRIN 500 MG TABLET	5	QL, SRX, LDD
TULANA	1		VIGADRONE	5	QL, SRX, LDD
TWINRIX	3		VIMPAT 10 MG/ML SOLUTION	4	PA, QL
TYBOST	3		VIMPAT 100 MG TABLET	4	PA, QL
TYDEMY	1		VIMPAT 150 MG TABLET	4	PA, QL
TYVASO	5	PA, SRX, LDD	VIMPAT 200 MG TABLET	4	PA, QL
TYVASO INSTITUTIONAL STARTER KIT	5	PA, SRX, LDD	VIMPAT 50 MG TABLET	4	PA, QL
TYVASO REFILL KIT	5	PA, SRX, LDD	VINACAL	1	
TYVASO STARTER KIT	5	PA, SRX, LDD	VINATE GT	1	
UDENYCA	5	PA, SRX	VINATE II	1	
ULTILET ALCOHOL SWAB	3		VINATE ONE	1	
UNITHROID	1		VINATE PN CARE	1	
URIN D.S.	2		VINATE ULTRA	1	
URSODIOL	2		VINATE-M	1	
USTELL	2		VIOKACE	4	
UTIRA-C	2		VIORELE	1	
VALACYCLOVIR	2		VIREAD 150 MG TABLET	3	
VALCHLOR	5	SRX, LDD	VIREAD 200 MG TABLET	3	
VALGANCICLOVIR	4		VIREAD 250 MG TABLET	3	
VALPROIC ACID	2		VIREAD POWDER	3	
VALSARTAN	2		VIRT-C DHA	1	
VALSARTAN - HCTZ	2		VIRT-NATE DHA	1	
VANADOM	2		VIRT-PN	1	
VANCOMYCIN	4		VIRT-PN DHA	1	
VANDAZOLE	2		VIRT-PN PLUS	1	
VAQTA	3		VISTOGARD	5	SRX, LDD
VARIVAX VACCINE	3		VITAMINS A,C,D-FLUORIDE 0.25 MG/ML	2	
VASCEPA 0.5 GM CAPSULE	4	PA	VITAFOL-OB	1	
VAXELIS	3		VITAMIN D2 1.25 MG(50,000 UNIT)	2	
VELIVET	1		VITASPIRE	1	
VEMLIDY	5	PA, SRX	VOL-NATE	1	
VENA-BAL DHA	1		VOLNEA	1	
VENATAL COMPLETE DHA	1		VOL-PLUS	1	
VENCLEXTA	5	PA, SRX, LDD	VORICONAZOLE 200 MG TABLET	4	PA
VENCLEXTA STARTING PACK	5	PA, SRX, LDD	VORICONAZOLE 40 MG/ML SUSPENSION	4	PA
VENLAFAXINE	2	QL	VORICONAZOLE 50 MG TABLET	4	PA
VENLAFAXINE ER 150 MG CAPSULE	2	QL	VOTRIENT	5	PA, SRX
VENLAFAXINE ER 37.5 MG CAPSULE	2	QL	VP-CH PLUS	1	
VENLAFAXINE ER 75 MG CAPSULE	2	QL	VP-CH-PNV	1	
VENTAVIS	5	PA, SRX, LDD	VRAYLAR	4	ST, QL
VERAPAMIL 120 MG TABLET	2		VYFEMLA	1	
VERAPAMIL 360 MG CAPSULE PELLETT	2		VYLIBRA	1	
VERAPAMIL 40 MG TABLET	2		VYNATAL-FA	1	
VERAPAMIL 80 MG TABLET	2		WARFARIN	1	
VERAPAMIL ER	2		WEBCOL	3	
VERAPAMIL ER PM	2				
VERAPAMIL SR	2				
VERDROCET	2				

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WERA	1		ZARAH	1	
WESTAB PLUS	1		ZARXIO	5	SRX
WESTHROID	1		ZATEAN-PN DHA	1	
WIXELA INHUB	2		ZATEAN-PN PLUS	1	
WP THYROID	3		ZAZOLE	2	
WYMZYA FE	1		ZELBORAF	5	PA, SRX, LDD
XALKORI	5	PA, SRX, LDD	ZENATANE	4	
XARELTO	3	PA, QL	ZENZEDI 10 MG TABLET	2	
XELJANZ 1 MG/ML SOLUTION	5	PA, ST, QL, SRX	ZENZEDI 5 MG TABLET	2	
XELJANZ 10 MG TABLET	5	PA, ST, QL, SRX	ZETONNA	4	ST
XELJANZ 5 MG TABLET	5	PA, ST, QL, SRX	ZIDOVUDINE	2	
XELJANZ XR	5	PA, ST, QL, SRX	ZIPRASIDONE	2	
XIFAXAN 550 MG TABLET	4	QL	ZOLADEX	5	PA, SRX
XIGDUO XR	3	QL	ZOLINZA	5	PA, SRX
XOLAIR	5	PA, SRX, LDD	ZOLMITRIPTAN 2.5 MG TABLET	2	QL
XTAMPZA ER	3		ZOLMITRIPTAN 5 MG TABLET	2	QL
XTANDI 40 MG CAPSULE	5	PA, ST, SRX, LDD	ZOLMITRIPTAN ODT	2	QL
XTANDI 40 MG TABLET	5	PA, ST, SRX, LDD	ZOLPIDEM	2	
XTANDI 80 MG TABLET	5	PA, ST, SRX, LDD	ZOLPIDEM ER	2	
XULANE	1		ZONISAMIDE	2	
XURIDEN	5	PA, SRX, LDD	ZOSTAVAX	3	
XYLON 10	2		ZOVIA 1-35	1	
XYREM	5	PA, SRX, LDD	ZOVIA 1-35E	1	
YUVAFEM	2	QL	ZUMANDIMINE	1	
ZAFEMY	1		ZYDELIG	5	PA, SRX, LDD
ZAFIRLUKAST	2		ZYKADIA	5	PA, SRX
ZALEPLON	2				

Frequently Asked Questions (FAQs)

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

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

A. Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:

- Moving a medication to a lower cost tier.
- Moving a brand medication to a higher cost tier when a generic becomes available.
- Moving a medication to a higher cost tier and/or no longer covering a medication.
- 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.

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

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

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

Q. How do you decide which medications to cover?

A. The Prescription Drug List is managed by the Business Decision Team, which makes, subject to the Pharmacy and Therapeutics Committee's review and approval of the Prescription Drug List, coverage tier placement decisions of Prescription Drugs or Related Supplies and/or applies utilization management requirements to certain Prescription Drugs or Related Supplies. Your Policy/Service Agreement coverage tiers may contain Prescription Drugs or Related Supplies that are Generic Drugs, Brand Drugs or Specialty Medications. Placement of any Prescription Drug or Related Supplies in a specific tier, and application of utilization management requirements to a Prescription Drug, depends on a number of clinical and economic factors. Clinical factors include, without limitation, the P&T Committee's

evaluations of the place in therapy, or relative safety or relative efficacy of the Prescription Drug or Related Supplies, and economic factors include, without limitation, the cost and/or available rebates for Prescription Drugs or Related Supplies. Whether a particular Prescription Drug or Related Supply is appropriate for You or any of Your Family Member(s), regardless of its eligibility coverage under Your Policy/Service Agreement is a determination that is made by You (or Your Family Member) and the prescribing Physician.

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

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

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

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

Q. What types of medications typically need approval?

A. Medications that:

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

Q. What types of medications typically have quantity limits?

A. Medications that:

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

Frequently Asked Questions (FAQs) (cont)

Q. What types of medications require Step Therapy?

A. The Cigna Step Therapy program includes medications used to treat the following common medical conditions:

- › Allergies
- › Asthma/COPD
- › Cardiovascular health
- › Diabetes
- › High cholesterol
- › Mental health
- › Overactive bladder/bladder problems
- › Stomach acid/heartburn/ulcer

Q. Why does my medication have an age requirement?

A. Some medications are only considered clinically appropriate if you're 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 so we can 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 Cigna's provider portal at cignaforhcp.com.

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision's been made. If you meet guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

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

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

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

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

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

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

Q. Are medications newly approved by the FDA covered on my drug list?

A. Newly approved medications may not be covered on your drug list for the first six months after they receive approval from the U.S. Food and Drug Administration (FDA). These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefit plans. We review all newly approved medications to see if they should be covered – and if so, on what tier. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

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

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

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

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter – or, even before you leave your doctor's office.¹

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

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

Frequently Asked Questions (FAQs) (cont)

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.² Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality, and safety.

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

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

Generics typically cost much less than brand-name medications – in some cases, up to 85% less.² Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

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

A. To get coverage under your plan, you'll need to switch to a pharmacy in your plan's network. I

Q. Can I fill my prescriptions by mail?

A. Yes, your plan allows fills through Cigna's home delivery and in-network retail pharmacies.

Home delivery with Express Scripts® Pharmacy

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

- Easily order, manage and track your medications on your phone or online
- Standard shipping at no extra cost³
- Refill reminders
- Fill up to a 90-day supply at one time⁴
- Helpful pharmacists available 24/7

Here are three easy ways to get started.

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

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

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

3. Call Express Scripts® Pharmacy at 800.835.3784.

They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Accredo, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁵ They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost.

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

To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office. 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 and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.

LIMITATIONS/EXCLUSIONS (WHAT IS NOT COVERED)

Excluded Services

In addition to any other exclusions and limitations described in this Policy, there are no benefits provided for the following:

- Services obtained from a Non-Participating/Out-of-Network Provider, except for treatment of an Emergency Medical Condition.
- Any amounts in excess of maximum benefit limitations of Covered Expenses stated in this Policy.
- Services not specifically listed as Covered Services in this Policy.
- Services or supplies that are not Medically Necessary.
- Services or supplies that Cigna considers to be for Experimental Procedures or Investigative Procedures or Unproven Procedures.
- Services received before the Effective Date of coverage.
- Services received after coverage under this Policy ends.
- Services for which you have no legal obligation to pay or for which no charge would be made if you did not have health plan or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) an act of war (declared or un-declared); (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person participating in the military service of any country; (d) an Insured Person participating in an insurrection, rebellion, or riot, unless it occurred during a community protest; (e) services received as a direct result of an Insured Person's commission of, or attempt to commit a felony (whether or not charged) or as a direct result of the Insured Person being engaged in an illegal occupation.
- Any services provided by a local, state or federal government agency, except (a) when payment under this Policy is expressly required by federal or state law.
- Any services required by state or federal law to be supplied by a public school system or school district.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid or medical assistance benefits under the Colorado Medical Assistance Act, Title 25.5, Articles 4, 5, and 6, C.R.S.). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- If the Insured Person is enrolled in Medicare part A, B, C or D, Cigna will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna would have paid if it were the sole insurance carrier.
- Court-ordered treatment or hospitalization, unless such treatment is medically necessary and listed as covered in this Policy.
- Professional services or supplies received or purchased from Yourself or a facility or health care professional that provides remuneration to You, directly or indirectly, or to an organization from which You receive, directly or indirectly, remuneration.
- Services of a Hospital emergency room for any condition that is not an Emergency Medical Condition as defined in this Policy.
- Custodial Care, including but not limited to rest cures; infant, child or adult day care, including geriatric day care.
- Private duty nursing except when provided as part of the Home Health Care Services or Hospice Services benefit in this Policy or as specifically stated in the section of this Policy titled "Benefits/Coverage (What is Covered)."
- Inpatient room and board Charges in connection with a Hospital stay primarily for environmental change or physical therapy.
- Services received during an inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of Mental Health Disorder.
- Complementary and alternative medicine services, including but not limited to: massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture (this exclusion does not apply to the Cigna Connect + Acupuncture plans); acupressure; acupuncture point injection therapy; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing

exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under “Rehabilitative Therapy” and “Habilitative Therapy” are not subject to this exclusion.

- Any services or supplies provided by or at a place for the aged, a nursing home, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.
- Assistance in activities of daily living, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or Homemaker Services, and services primarily for rest, domiciliary or convalescent care.
- Services performed by unlicensed practitioners or services which do not require licensure to perform, for example mediation, breathing exercises, guided visualization.
- Inpatient room and board Charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Services which are self-directed to a free-standing or Hospital based diagnostic facility.
- Services ordered by a Physician or other Provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other Provider:
- Has not been actively involved in Your medical care prior to ordering the service, or
- Is not actively involved in Your medical care after the service is received.
- This exclusion does not apply to mammography.
- Dental services, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
- Orthodontic Services, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction , except for treatment for medically necessary orthodontia for a person born with a cleft lip or cleft palate.
- Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants, excludes medically necessary treatment of

cleft lip, cleft palate.

- Any services covered under both this medical plan and an accompanying exchange-certified pediatric dental plan and reimbursed under the dental plan will not be reimbursed under this plan.
- Hearing aids, except as specifically stated in this Policy, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), limited to the least expensive professionally adequate device. A hearing aid is any device that amplifies sound.
- Routine hearing tests except as specifically provided in this Policy under “Benefits/Coverage (What is Covered).”
- Genetic screening or pre-implantations genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Gene Therapy including, but not limited to, the cost of the Gene Therapy product, and any medical, surgical, professional and facility services directly related to the administration of the Gene Therapy product.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision.
- An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- Cosmetic surgery, therapy or other services for beautification, to improve or alter appearance or self-esteem or to treat psychological or psychosocial complaints regarding one’s appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury, medically necessary surgery or congenital defect of a Newborn child, or to treat congenital hemangioma (port wine stains) on the face and neck of an insured person 18 years and younger, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
- Aids or devices that assist with nonverbal communication, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille

typewriters, visual alert systems for the deaf and memory books.

- Non-Medical counseling or ancillary services, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities and developmental delays, except as specifically stated in this Policy. This exclusion does not apply to health education services for chronic diseases and self-care on topics such as stress management and nutrition.
- Services and procedures for redundant skin surgery including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty and blepharoplasty, regardless of clinical indications.
- Any treatment, prescription drug, service or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire
- The following services related to the evaluation or treatment of fertility and/or Infertility, sterilization reversals; donor semen and donor eggs; ovum transplants; In vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this Policy.
- Cryopreservation of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition
- Orthopedic shoes (except when joined to Braces), shoe inserts, foot orthotic devices (except for treatment as a result of diabetes).
- External and internal power enhancements or power controls for prosthetic limbs and terminal devices.
- Myoelectric prostheses peripheral nerve stimulators.
- Electronic prosthetic limbs or appliances unless Medically Necessary, when a less-costly alternative is not sufficient.
- Prefabricated foot Orthoses.
- Cranial banding/cranial orthoses/other similar devices, except when used postoperatively for synostotic plagiocephaly.
- Orthosis shoes, shoe additions, procedures for foot orthopedic shoes, shoe modifications and transfers.
- Orthoses primarily used for cosmetic rather than functional reasons.
- Non-foot Orthoses, except only the following non-foot orthoses are covered when Medically Necessary:
 - Rigid and semi-rigid custom fabricated Orthoses;
 - Semi-rigid pre-fabricated and flexible Orthoses; and
 - Rigid pre-fabricated Orthoses, including preparation, fitting and basic additions, such as bars and joints.
- Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction, except as otherwise stated in this Policy under "Bariatric Surgery."
- Routine physical exams or tests that do not directly treat an actual Illness, Injury or condition. This includes reports, evaluations, or hospitalization not required for health reasons; physical exams required for or by an employer or for school, or sports physicals, or for insurance or government authority, and court ordered, forensic, or custodial evaluations, except as otherwise specifically stated in this Policy.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Educational services except for Diabetes Self-Management Training Program, and as specifically provided or arranged by Cigna.

- Nutritional counseling or food supplements, except as stated in this Policy.
- Exercise equipment, comfort items and other medical supplies and equipment not specifically listed as Covered Services in the Covered Services section of this Policy. Excluded medical equipment includes, but is not limited to: air purifiers, air conditioners, humidifiers treadmills; spas; elevators; supplies for comfort, hygiene or beautification; wigs, disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
- Physical, and/or Occupational Therapy/Medicine except when provided during an inpatient Hospital confinement or as specifically stated in the benefit schedule and under "Rehabilitative Therapy Services (Physical Therapy, Occupational Therapy and Speech Therapy)" in the section of this Policy titled "Benefits/Coverage (What is Covered)."
- All Foreign Country Provider Charges are excluded under this Policy except as specifically stated under "Foreign Country Providers" in the section of this Policy titled "Benefits/Coverage (What is Covered)."
- Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, a systemic condition, Injury or symptoms involving the feet, except as otherwise stated in this Policy.
- Charges for which We are unable to determine Our liability because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
- Charges for the services of a standby Physician.
- Charges for animal to human organ transplants.
- Claims received by Cigna after 15 months from the date service was rendered, except in the event of a legal incapacity.

Prescription Drug Benefit Exclusions

The following are not covered under this Policy. No payment will be made for the following expenses:

- • Drugs not approved by the Food and Drug

Administration;

- Any drugs that are not on the Prescription Drug List and not otherwise approved for coverage through the non-Prescription Drug List exception process.
- Drugs, devices and/or supplies available over the counter that do not require a prescription by federal or state law, except as otherwise stated in this Policy, or specifically designated as No Cost Preventive Care and required under the Patient Protection and Affordable Care Act (PPACA);
- Drugs that do not require a Federal legend (a Federal designation for drugs requiring supervision of a Physician), other than insulin;
- Any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin;
- A drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee;
- Injectable infertility drugs and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs are covered under the medical benefits of this Policy and require Prior Authorization. The following are examples of Physician supervised drugs: Injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents;
- Infused Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions are covered under the medical benefits of this Policy;
- Any drugs used for the treatment of sexual dysfunction, including, but not limited to erectile dysfunction, delayed ejaculation, anorgasm, and decreased libido and/or sexual desire;
- Any drugs used for weight loss, weight management, metabolic syndrome, and antiobesity agents;
- Any drugs that are Experimental or Investigational or Unproven as described in this Policy; except as specifically stated in the sections of this Policy titled "Clinical Trials," and any benefit language concerning "Off Label Drugs";
- Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (The American

Hospital Formulary Service Drug Information or AHFS) or in medical literature. Medical literature means scientific studies published in a peer-reviewed English-language bio-medical journals ;

- Implantable contraceptive products inserted by the Physician are covered under the Policy's medical benefits
- Prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than Related Supplies except for those pertaining to Diabetic Supplies and Equipment;
- Prescription vitamins other than prenatal vitamins, dietary supplements, herbal supplements and fluoride other than supplements specifically designated as preventive under the Patient Protection and Affordable Care Act (PPACA);
- Drugs used for cosmetic purposes that have no medically acceptable use, such as drugs used to reduce wrinkles, drugs to promote hair growth, drugs used to control perspiration and fade cream products;
- Medications used for travel prophylaxis, except anti-malarial drugs
- Drugs obtained outside the United States;
- Any fill or refill of Prescription Drugs and Related Supplies to replace those lost, stolen, spilled, spoiled or damaged before the next refill date;
- Drugs used to enhance athletic performance;
- Drugs which are to be taken by or administered to the Insured Person while 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;
- Any Drugs, medications, or other substances dispensed or administered in any outpatient setting. This includes, but is not limited to, items dispensed by a Physician.
- Drug convenience kits;
- Prescriptions more than one year from the original date of issue;
- Any costs related to the mailing, sending or delivery of Prescription Drugs;
- Any intentional misuse of this benefit, including prescriptions purchased for consumption by someone other than the Insured Person.

Prescription Drug Benefit Limitations

- Up to a 30-day supply, at a Retail Pharmacy

for drug tiers 1 through 4 and up to a 30-day supply of tier 5 drugs, unless limited by the drug manufacturer's packaging (for detailed information about drug tiers please refer to the benefit schedule);or

- Up to a 90-day supply, at a 90 Day Retail Pharmacy for drug tiers 1 through 4 and up to a 30-day supply of tier 5 drugs, unless limited by the drug manufacturer's packaging. To locate a 90Day Retail Pharmacy You can call the customer service number on Your ID card or go to www.cigna.com/ifp-providers (for detailed information about drug tiers please refer to the benefit schedule).
- Up to a 90-day supply at Express Scripts Pharmacy, Cigna's home delivery Pharmacy for drugs tiers 1 through 4 and Up to a 30-day supply of tier 5 drugs, unless limited by the drug manufacturer's packaging (for detailed information about drug tiers please refer to the benefit schedule).
- Tobacco cessation medications that are included on Cigna's Prescription Drug List are limited to two 90-day supplies per Year.
- Managed drug limits (MDL) may apply to dose and/or number of days' supply of certain drugs; managed drug limits are based on recommendations of the federal Food and Drug Administration (FDA) and the drug manufacturer.
- To a dosage and/or dispensing limit as determined by the P&T Committee.

Supplemental Drug Discount Program

You are responsible for paying 100% of the cost for any Prescription Drugs or Related Supplies excluded by this plan. However, the Supplemental Drug Discount Program allows participating pharmacies to charge You and Your Family Member(s) the discounted cost of non-covered Prescription Drugs and Supplies. This means you will pay 100% of the discounted cost, rather than the full cost, of Prescription Drugs and Supplies the plan does not cover. Please Note: the out-of-pocket costs that You and Your Family Member(s) pay for any Prescription Drugs or Related Supplies the plan does not cover will not be applied to the Insured Person's Deductible or Out-of-Pocket Maximum.

Pediatric Vision Benefit Exclusions

- Services not provided by a Cigna vision in-network provider
- Orthoptic or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.

- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
- Any Injury or Illness when paid or payable by Workers' Compensation or similar law, or which is work related.
- Charges in excess of the usual and customary charge for the service or material.
- Charges incurred after the Policy ends or your coverage under the Policy ends or the Insured's coverage under the Policy ends, except as stated in the Policy.
- Experimental or Investigational or Unproven non-conventional treatment or device.
- Magnification or low vision aids not otherwise listed in "What Is Covered" within the Pediatric Vision Benefits section, above.
- Any non-prescription eyeglasses, lenses, or contact lenses.
- Spectacle lens treatments, "add ons", or lens coatings not otherwise listed in "What Is Covered." within the Pediatric Vision Benefits section above.
- Two pairs of glasses, in lieu of bifocals or trifocals.
- Safety glasses or lenses required for employment.
- VDT (video display terminal)/computer eyeglass benefit.
- For or in connection with Experimental or Investigational or Unproven procedures or treatment methods not approved by the American Medical Association or the appropriate vision specialty society.
- Claims submitted and received in-excess of twelve-(12) months from the original date of service.
- Services provided out-of-network without Cigna's prior approval are not covered

Cigna reserves the right to make changes to this drug list without notice. Please reference [Cigna.com/ifp-drug-list](https://cigna.com/ifp-drug-list) for an up-to-date listing. Your plan may cover additional medications; please refer to your policy/service agreement for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.

1. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.

2. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.

3. Standard shipping costs are included as part of your prescription plan.

4. Tier 5 medications are limited to a 30-day supply.

5. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.

Product availability may vary by location and plan type and is subject to change. All health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, 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). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. 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).

Proficiency of Language Assistance Services

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

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

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

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

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 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).