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Comparative Review of Asthma
Biologics and Anti-Inflammatories
Coverage Across 3 Major Health Plans

The treatment of asthma is anchored in anti-inflammatory therapies that address the underlying airway inflammation driving disease progression. These agents span multiple categories—from inhaled corticosteroids (ICS) and ICS/long-acting beta-2 agonist (LABA) combinations to oral leukotriene modifiers and targeted biologics. Each class presents unique considerations for payers, as clinical efficacy, patient age groups, and cost vary widely across therapies.¹

Formulary positioning reflects these complexities. To better understand coverage patterns, *First Report Managed Care* reviewed the 2025 formularies of Blue Cross Blue Shield (BCBS), Cigna, and UnitedHealthcare. The analysis highlights how tiering, prior authorization (PA), quantity limits (QL), and other utilization management tools affect access to anti-inflammatory asthma therapies.

Table 1. Inhaled Corticosteroids

Tier 1-5 Plans							
Drug	Tier	Plan	Requirements/ Limits	Drug	Tier	Plan	Requirements/ Limits
QVAR REDIHALER AERB 40 MCG/ACT, 80 MCG/ACT	2	BCBS ^{2,a}		AVESCO AERS 80 MCG/ACT, 160 MCG/ACT	3	BCBS ^{2,a}	
PULMICORT SUSP .25 MG/2 ML, .5 MG/2 ML, 1 MG/2 ML	3	BCBS ^{2,a}		ARNUITY ELLIPTA AEPB 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	2	BCBS ^{2,a}	
PULMICORT FLEXHALER AERPB 90 MCG/ACT, 180 MCG/ACT	2	BCBS ^{2,a}		budesonide inhalation	3	Cigna ^{3,b}	B/D PA
budesonide (inhalation) susp .25 mg/2 ml, .5 mg/2 ml, 1 mg/2 ml	1	BCBS ^{2,a}		PULMICORT	4	Cigna ^{3,b}	B/D PA; QL (120/30)
fluticasone propionate (inhalation) aepb 50 mcg/act, 100 mcg/act, 250 mcg/act	1	BCBS ^{2,a}		flunisolide	3	Cigna ^{3,b}	QL (50/30)
fluticasone propionate hfa aero 44 mcg/act, 110 mcg/act, 220 mcg/act	1	BCBS ^{2,a}		ARNUITY ELLIPTA	3	Cigna ^{3,b}	QL (30/30)
ASMANEX HFA AERO 50 MCG/ACT, 100 MCG/ACT, 200 MCG/ACT	3	BCBS ^{2,a}		Qvar RediHaler (inhalation Aerosol Breath Activated)	3	UnitedHealthcare ^{4,c}	QL
ASMANEX TWISTHALER 14 MET AEPB 220 MCG/INH	3	BCBS ^{2,a}		Budesonide (Inhalation Suspension)	4	UnitedHealthcare ^{4,c}	B/D, PA
ASMANEX TWISTHALER 30 MET AEPB 110 MCG/INH, 220 MCG/INH	3	BCBS ^{2,a}		Flunisolide (Nasal Solution)	1	UnitedHealthcare ^{4,c}	
ASMANEX TWISTHALER 60 MET AEPB 220 MCG/INH	3	BCBS ^{2,a}		Fluticasone Propionate (Nasal Suspension)	1	UnitedHealthcare ^{4,c}	
ASMANEX TWISTHALER 120 ME AEPB 220 MCG/INH	3	BCBS ^{2,a}		Mometasone Furoate (Nasal Suspension)	4	UnitedHealthcare ^{4,c}	
				Arnuity Ellipta (Inhalation Aerosole Powder Breath Activated)	3	UnitedHealthcare ^{4,c}	QL

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.²

^bLevel or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs; Level or Tier 4: specialty drugs (preferred); Level or Tier 5: highest-cost drugs.³

^cLevel or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with \$25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.⁴

Abbreviations: BCBS, Blue Cross Blue Shield; B/D Medicare Part B versus D administrative prior authorization requirement; PA, prior authorization; QL, quantity limit

ICS remains the first-line anti-inflammatories for asthma across patient populations.

BCBS demonstrates favorable positioning, with generic budesonide and fluticasone propionate inhalers listed in Tier 1. Higher-cost brands such as Asmanex and Arnuity Ellipta are placed in Tiers 2 to 3. This reflects a cost-sensitive approach that prioritizes access to generics while maintaining coverage for branded options.

Cigna places most ICS therapies in Tier 3, with Pulmicort escalated to Tier 4 and requiring both PA and QL. This indicates a restrictive stance even on foundational agents, raising barriers to low-cost maintenance therapy.

UnitedHealthcare uses a mixed strategy, with QVAR RediHaler and Arnuity Ellipta placed in Tier 3 with QL, and Pulmicort relegated to Tier 4 with

PA. The plan also includes non-asthma nasal corticosteroids (flunisolide, fluticasone propionate, mometasone) in lower tiers, underscoring a formulary that prioritizes allergic rhinitis coverage while taking a more restrictive position on asthma-specific ICS.

ICS variability may stem from how each plan weighs population health against drug spend. BCBS's broad Tier 1 access could reflect a theory that lowering barriers to first-line therapies prevents downstream ER visits and hospitalizations, ultimately lowering total cost of care. Cigna's and UnitedHealthcare's more restrictive tiering suggests a theory that most patients can still achieve adequate control with preferred products, allowing them to reserve tighter access for non-preferred brands. Their PA use might also reflect concern that some ICS formulations are prescribed out of habit rather than necessity, prompting utilization review.

Table 2. ICS/LABA Combinations

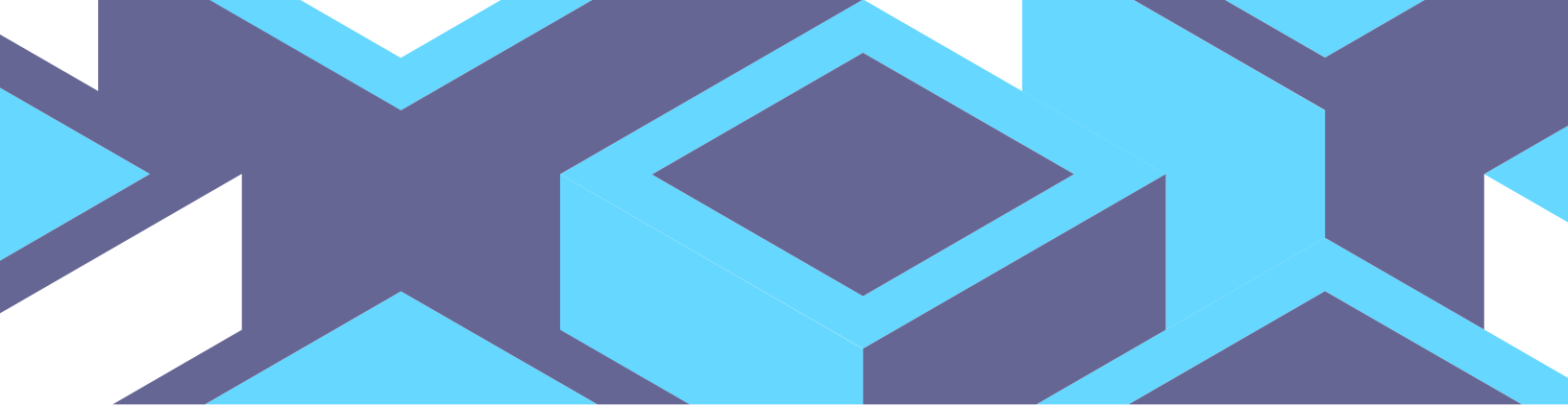
Tier 1-5 Plans							
Drug	Tier	Plan	Requirement/ Limits	Drug	Tier	Plan	Requirement/ Limits
ADVAIR DISKU AER 100/50; 250/50; 500/50	3	BCBS ^{2,a}		fluticasone-salmeterol inhal aerosol 45-21 mcg/act; 115-21 mcg/act; 230-21 mcg/act	1	BCBS ^{2,a}	
ADVAIR HFA AER 45/21; 115/21; 230/21	3	BCBS ^{2,a}		budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act; 160-4.5 mcg/act	1	BCBS ^{2,a}	
wixela inhub aer 100/50; 250/50; 500/50	1	BCBS ^{2,a}		fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act; 200-25 mcg/act	1	BCBS ^{2,a}	
AIRDUO RESPI INH 113-14	3	BCBS ^{2,a}		fluticasone propion-salmeterol inhalation blister with device	2	Cigna ^{3,b}	QL (60/30)
AIRDUO RESPI INH 232-14	3	BCBS ^{2,a}		ADVAIR HFA	3	Cigna ^{3,b}	QL (12/30)
SYMBICORT AER 80-4.5	3	BCBS ^{2,a}		wixela inhub	2	Cigna ^{3,b}	QL (60/30)
SYMBICORT AER 160-4.5	3	BCBS ^{2,a}		BREO ELLIPTA	3	Cigna ^{3,b}	QL (60/30)
breyana aer 80/4.5; 160/4.5	1	BCBS ^{2,a}		Breyana	3	Cigna ^{3,b}	QL (10.3/30)
DULERA AER 50-5 MCG; 100-5 MCG; 200-5 MCG	2	BCBS ^{2,a}		Wixela Inhub (Inhalation Aerosol Powder Breath Activated (Generic Advair)	3	UnitedHealthcare ^{4,c}	QL
BREO ELLIPTA INH 50-25 MCG; 100-25 MCG; 200-25 MCG	3	BCBS ^{2,a}		Symbicort (Inhalation Aerosol)	3	UnitedHealthcare ^{4,c}	QL
fluticasone-salmeterol aer powder ba 55-15 mcg/act; 100- 50 mcg/act; 113-14 mcg/act; 232-13 mcg/act; 250-50 mcg/act; 500-50 mcg/act	1	BCBS ^{2,a}		Dulera (Inhalation Aerosol)	4	UnitedHealthcare ^{4,c}	QL
				Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	3	UnitedHealthcare ^{4,c}	QL

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.²

^bLevel or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs; Level or Tier 4: specialty drugs (preferred); Level or Tier 5: highest-cost drugs.³

^cLevel or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with \$25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.⁴

Abbreviations: ICS, inhaled corticosteroids; LABA, long-acting beta-2 agonists; BCBS, Blue Cross Blue Shield; QL, quantity limit



ICS/LABA combinations remain a cornerstone of asthma management, with multiple branded and generic options available.

BCBS offers the broadest access of the plans, with several fluticasone-salmeterol and budesonide-formoterol formulations available at Tier 1. Other brands, such as Advair, Symbicort, and Breo Ellipta, fall in Tier 3 but remain accessible. This tiering approach reflects a clear preference for generics, with lower-tier placement that may improve affordability for patients.

Cigna applies relatively broad coverage, with most ICS/LABA therapies—including Advair HFA, Breo Ellipta, Breyna, and Wixela Inhub—listed in Tiers 2 and 3. However, across all agents, QL restrictions are consistently applied, signaling a tight layer of utilization control despite mid-tier placement.

UnitedHealthcare stands out as the most restrictive in this class, assigning Wixela Inhub, Symbicort, and Breo Ellipta to Tier 3 and Dulera to Tier 4, all with QL requirements. This suggests a formulary design that limits access through higher patient cost-sharing, even when generics are available.

The divergence across payers may reflect underlying rebate structures and negotiating leverage with manufacturers. BCBS's decision to place generics like Wixela Inhub in Tier 1 suggests a formulary strategy built on steering utilization toward lower-cost, high-volume products, likely supported by strong rebate guarantees. Cigna's reliance on mid-tier placement with strict QL controls may represent a balancing act between offering access and discouraging overuse. UnitedHealthcare's higher-tier positioning, even for generics, could signal a theory that patients and providers are "locked in" to certain brands, allowing the plan to demand higher rebates from manufacturers in exchange for formulary space.

Table 3. Leukotriene Modifiers

Tier 1-5 Plans							
Drug	Tier	Plan	Requirement/Limits	Drug	Tier	Plan	Requirement/Limits
montelukast sodium chew 4 mcg, 5 mcg; pack 4 mg; tabs 10 mg	1	BCBS ^{2,a}		montelukast oral tablet, chewable	1	Cigna ^{3,b}	QL (30/30)
SINGULAR CHEW 5 MG; TABS 10 MG	3	BCBS ^{2,a}		zafirlukast	4	Cigna ^{3,b}	QL (60/30)
zafirlukast tabs 10 mg, 20 mg	1	BCBS ^{2,a}		Montelukast Sodium (Oral Tablet)	1	UnitedHealthcare ^{4,c}	QL
ZYFLO TABS 600 MG	2	BCBS ^{2,a}		Montelukast Sodium (Oral Tablet Chewable)	1	UnitedHealthcare ^{4,c}	QL
montelukast oral tablet	1	Cigna ^{3,b}	QL (30/30)	Zafirlukast (Oral Tablet)	3	UnitedHealthcare ^{4,c}	QL

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.²

^bLevel or Tier 1: Generic drugs (low-cost); Level or Tier 2: preferred brand drugs (preferred), and some high-cost generic drugs; Level or Tier 3: non-preferred brand name drugs; Level or Tier 4: specialty drugs (preferred); Level or Tier 5: highest-cost drugs.³

^cLevel or Tier 1: lower-cost, commonly used generic drugs; Level or Tier 2: many generic drugs; Level or Tier 3: many common brand name drugs, called preferred brands and some higher-cost generic drugs. Insulin drugs with \$25 max copay; Level or Tier 4: Non-preferred generic and non-preferred brand name drugs. Level or Tier 5: Unique and/or very high-cost brand and generic drugs.⁴

Abbreviations: BCBS, Blue Cross Blue Shield; QL, quantity limit



Leukotriene receptor antagonists such as montelukast offer an oral alternative to inhaled therapy, particularly for pediatric patients.

BCBS offers the most favorable positioning overall, with montelukast available in Tier 1, though branded Singulair is positioned in Tier 3. Interestingly, zafirlukast is Tier 1 under BCBS, signaling broader acceptance of alternatives, while zileuton (Zyflo) is placed at Tier 2 with PA.

Cigna provides Tier 1 access to montelukast tablets and chewables, but places zafirlukast at Tier 4—suggesting that non-montelukast agents are discouraged through higher cost-sharing.

UnitedHealthcare assigns montelukast tablets and chewables to Tier 1 with QL requirements, but positions zafirlukast in Tier 3, reflecting a middle ground that permits access but discourages non-montelukast utilization.

Differences in leukotriene coverage may be driven less by direct cost than by clinical confidence. BCBS's willingness to list zafirlukast and zileuton more favorably could stem from a theory that prescriber autonomy in oral options supports adherence in difficult-to-treat populations, particularly pediatrics. By contrast, Cigna and UnitedHealthcare appear to operate under a theory that montelukast alone satisfies guideline-based need, and that covering alternatives broadly introduces unnecessary cost and potential safety liabilities.

Table 4. Anti-IgE Biologics

Tier 1-5 Plans							
Drug	Tier	Plan	Requirement/ Limits	Drug	Tier	Plan	Requirement/ Limits
XOLAIR SOAJ 75 MG/0.5 ML, 150 MG/ML, 300 MG/2 ML; SOLR 150 MG; SOSY 75 MG/0.5 ML, 150 MG/ML, 300 MG/2 ML	4	BCBS ^{2,a}	PA	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	Cigna ^{3,b}	PA; LA; QL (8/28); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	Cigna ^{3,b}	PA; LA; QL (8/28); NDS	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	Cigna ^{3,b}	PA; LA; QL (1/28); NDS
XOLAIR SUBCTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	Cigna ^{3,b}	PA; LA; QL (1/28); NDS	Xolair (Subcutaneous Solution Auto-Injector)	5	UnitedHealthcare ^{4,c}	PA; DL
XOLAIR SUBCUTANEOUS RECON SOLN	5	Cigna ^{3,b}	PA; LA; QL (8/28); NDS	Xolair (Subcutaneous Solution Prefilled Syringe)	5	UnitedHealthcare ^{4,c}	PA; DL
				Xolair (Subcutaneous Solution Reconstituted)	5	UnitedHealthcare ^{4,c}	PA; DL

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.²

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Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; LA, limited availability; QL, quantity limit; NDS, non-extended day supply medication; DL, dispensing limit

Omalizumab (Xolair), the only US Food and Drug Administration (FDA)-approved anti-IgE therapy for asthma, demonstrates restricted formulary placement due to cost and complexity of administration.

BCBS is somewhat less restrictive than the other payers, positioning Xolair at Tier 4 with PA only. While still subject to clinical review, the lower tiering suggests broader willingness to cover this high-cost agent compared to its competitors.

Cigna applies the most stringent policies, placing all formulations in Tier 5 with layered restrictions: PA, label adherence (LA), QL, and non-extended day supply (NDS). This creates multiple access hurdles for patients requiring anti-IgE therapy.

UnitedHealthcare takes a hybrid approach, placing Xolair in Tier 5 with both PA and dispensing limits (DL). This reflects restrictive access comparable to Cigna, though without the additional NDS criteria.

Payers' restrictive handling of omalizumab likely reflects broader theories about biologics' cost trajectory. BCBS's Tier 4 positioning could stem from a theory that long market experience with Xolair allows for predictable cost offsets via rebates. Cigna's layering of PA, LA, and NDS may reflect a theory that tight controls are necessary to ensure only the most severe, guideline-concordant patients receive access—minimizing budget impact. UnitedHealthcare's dispensing limits may represent a theory that controlling dose frequency and distribution channels reduces waste, shrinkage, and off-label utilization.

Table 5. Anti-IL-5/IL-5R Biologics

Tier 1-5 Plans							
Drug	Tier	Plan	Requirement/ Limits	Drug	Tier	Plan	Requirement/ Limits
NUCALA SOAJ 100 MG/ML; SOLR 100 MG; SOSY 40 MG/0.4 ML; 100 MG/ML	5	BCBS ^{2,a}	PA	FASENRA PEN	5	Cigna ^{3,b}	PA; QL (1/28); NDS
FASENRA SOSY 10 MG/0.5 ML, 30 MG/ML	5	BCBS ^{2,a}	PA	FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	Cigna ^{3,b}	PA; QL (0.5/28); NDS
FASENRA PEN SOAJ 30 MG/ML	5	BCBS ^{2,a}	PA	FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	Cigna ^{3,b}	PA; QL (1/28); NDS
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	Cigna ^{3,b}	PA; LA; QL (3/28); NDS	Fasenra Pen (Subcutaneous Solution Auto-Injector)	5	UnitedHealthcare ^{4,c}	PA; DL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	Cigna ^{3,b}	PA; LA; QL (3/28); NDS	Fasenra (Subcutaneous Solution Prefilled Syringe)	5	UnitedHealthcare ^{4,c}	PA; DL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	Cigna ^{3,b}	PA; LA; QL (0.4/28); NDS				

^aLevel or Tier 1: Preferred, low-cost generic drugs; Level or Tier 2: Preferred brand drugs; Level or Tier 3: non-preferred drugs and all compounded medications; Level or Tier 4: preferred specialty drugs; Level or Tier 5: non-preferred specialty drugs.²

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Abbreviations: BCBS, Blue Cross Blue Shield; PA, prior authorization; LA, limited availability; QL, quantity limit; NDS, non-extended day supply medication; DL, dispensing limit

IL-5–targeting biologics represent a high-cost but high-impact category for severe eosinophilic asthma.

BCBS is somewhat less restrictive than Cigna, assigning these agents to Tier 5 but requiring only PA. This allows for access once clinical criteria are met, without layering on additional barriers.

Cigna lists all available Nucala and Fasenra products in Tier 5, applying PA, LA, QL, and NDS restrictions. This reflects a highly restrictive stance, limiting access to only those patients who can clear multiple authorization barriers.

UnitedHealthcare mirrors Cigna's restrictive approach, placing Fasenra products in Tier 5 with both PA and DL requirements. This ensures utilization control but may add friction for prescribers and patients navigating benefit design.

The consistent high-tier placement of IL-5 biologics reflects payer concerns about the long-term sustainability of specialty drug costs. BCBS's use of PA alone may reflect a theory that clinical gatekeeping is sufficient to contain costs in a smaller eligible population. Cigna and UnitedHealthcare, by contrast, may operate under a theory that even with PA, additional barriers—like QL, LA, and DL—are essential because these therapies target chronic, high-cost patient groups with recurring utilization. In essence, their approach suggests a preemptive strategy against potential budget strain as biologics expand in asthma.

Conclusion

Asthma anti-inflammatories span a broad therapeutic spectrum, from widely available generics such as montelukast and fluticasone inhalers to high-cost biologics like omalizumab and benralizumab. Coverage patterns across BCBS, Cigna, and UnitedHealthcare reflect both cost-containment priorities and clinical positioning.

Generics—including ICS and leukotriene modifiers—are typically positioned in lower tiers, offering broad access with limited restrictions. By contrast, ICS/LABA combinations show greater variability, with generics preferred by BCBS but placed at higher tiers by Cigna and UnitedHealthcare. The most stringent controls are reserved for biologics, which consistently occupy Tier 4 to 5 across all payers, accompanied by PA, QL, and other restrictions.

This analysis highlights the balancing act between affordability, accessibility, and clinical necessity. While payers strive to manage costs in high-impact categories like biologics, overly restrictive strategies may delay initiation and complicate patient management. As new therapies emerge, ongoing evaluation of benefit design will remain critical to ensuring equitable access to life-changing treatments for asthma.

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References:

1. Expert Panel Working Group of the National Heart, Lung, and Blood Institute (NHLBI) administered and coordinated National Asthma Education and Prevention Program Coordinating Committee (NAEPCC), Cloutier MM, Baptist AP, et al. 2020 focused updates to the asthma management guidelines: a report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group. *J Allergy Clin Immunol*. 2020;146(6):1217-1270. doi:10.1016/j.jaci.2020.10.003
2. FEP Blue Standard Formulary. Blue Cross Blue Shield. Effective January 1, 2025. Accessed September 8, 2025. https://www.caremark.com/portal/asset/z6500_drug_list_OE.pdf
3. 2025 Cigna Healthcare Comprehensive Formulary. Cigna. 2025. Accessed September 8, 2025. <https://www.cigna.com/static/www-cigna-com/docs/medicare/plans-services/2025/formulary-mapd.pdf>
4. Complete Drug List (Formulary) 2025. United Healthcare. 2025. Accessed September 8, 2025. https://www.uhc.com/medicare/alphadog/AAUT25HM0255400_000

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