

Individual and Family Plans

Cigna Health and Life Insurance Company
Connecticut General Life Insurance Company
Cigna HealthCare of Arizona, Inc.
Cigna HealthCare of Illinois, Inc. and
Cigna HealthCare of North Carolina, Inc.

PRESCRIPTION DRUG LIST CHANGES

Cigna Pharmacy Management®

Starting January 1, 2020¹

To help make sure you have access to coverage for safe, clinically effective and low-cost medications, we review and update the Cigna Prescription Drug List each year. **Below is a list of the changes starting on January 1, 2020.¹** Changes are listed by drug list name. Medications are listed alphabetically by the type of change that's taking place.

If you're taking a medication that's changing coverage, call your doctor's office to talk about your options.

Only you and your doctor can decide what's best for your treatment.

If you have Cigna pharmacy benefits, you can also log in to the **myCigna**® app or website to find out how these changes may affect your specific plan.

CIGNA RX ESSENTIAL PRESCRIPTION DRUG LIST *(used in CO and UT)*

Medications moving to a higher cost-share tier	New cost-share tier	Generic and/or preferred brand alternatives
adefovir dipivoxil	Tier 4	Talk with your doctor to see if there is a lower-cost alternative available.
amnestem	Tier 4	
anagrelide HCL	Tier 4	
apexicon E	Tier 4	
atovaquone	Tier 4	
calcipotriene/betamethasone dipropionate	Tier 4	
carbidopa	Tier 4	
claravis	Tier 4	
Dexilant	Tier 4	
diflorasone diacetate	Tier 4	
emverm	Tier 4	
flurandrenolide	Tier 4	
granisetron HCL	Tier 4	
isotretinoin	Tier 4	
leuprolide acetate	Tier 4	
levorphanol tartrate	Tier 5	
metaxall	Tier 4	

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

Together, all the way.®



CIGNA RX ESSENTIAL PRESCRIPTION DRUG LIST (used in CO and UT), cont.

Medications moving to a higher cost-share tier	New cost-share tier	Generic and/or preferred brand alternatives
metaxalone	Tier 4	Talk with your doctor to see if there is a lower-cost alternative available.
methamphetamine HCL	Tier 4	
methergine	Tier 4	
methitest	Tier 5	
methylergonovine	Tier 4	
methyltestosterone	Tier 5	
migergot	Tier 4	
moderiba	Tier 4	
myorisan	Tier 4	
nilutamide	Tier 5	
nimodipine	Tier 4	
oxandrolone	Tier 4	
phenoxybenzamine HCL	Tier 5	
phytonadione	Tier 4	
pyridostigmine bromide ER	Tier 4	
ribavirin	Tier 4	
riluzole	Tier 4	
seconal sodium	Tier 4	
sevelamer carbonate	Tier 4	
sildenafil 20mg	Tier 4	
sodium phenylbutyrate	Tier 5	
tetrabenazine	Tier 5	
tolcapone	Tier 5	
vigabatrin	Tier 5	
vigadrone	Tier 5	
zenatane	Tier 4	
Medications that will have a quantity limit	Additional information	
Actemra	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.	
Admelog ²		
Adzenys ER ²		
Afrezza ²		
Apidra ²		
Aplenzin ER ²		
Aptensio XR ²		
Basaglar		
Bethkis ²		

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

CIGNA RX ESSENTIAL PRESCRIPTION DRUG LIST (used in CO and UT), cont.

Medications that will have a quantity limit	Additional information
Bevyxxa ²	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
bimatoprost 0.03% eye drops	
Briviact ²	
butalbital-acetaminophen-caffeine capsule and tablet	
butalbital-aspirin-caffeine capsule and tablet	
Cayston ²	
Cimzia ²	
citalopram HBR 20mg/10mg solution ²	
Cosentyx	
Cotempla XR-ODT ²	
cromolyn 20mg/2ml nebulizer solution ²	
Cystaran	
Daliresp ²	
Daytrana ²	
Denavir ²	
desvenlafaxine ER tablet ²	
dexmethylphenidate ER capsule	
dextroamphetamine ER capsule	
dextroamphetamine/amphetamine ER capsule	
Difcid ²	
Dynavel XR suspension ²	
Enbrel	
ergotamine-caffeine tablet ²	
estradiol 10mcg vaginal tablet	
estradiol patch	
Estring ²	
Evzio ²	
Fanapt 1mg, 2mg, 4mg tablet ²	
Fiasp ²	
Forfivo XL ²	
Forteo	
Fragmin 95,000 units/3.8ml vial	
Glucagon	
Glyxambi ²	
Humalog & Humalog Mix	
Humira	
Humulin & Humulin 70-30	
Hycofenix ²	

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

CIGNA RX ESSENTIAL PRESCRIPTION DRUG LIST (used in CO and UT), cont.

Medications that will have a quantity limit	Additional information
hydrocodone-homatropine syrup and tablet	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
hydromet syrup	
Illumya ²	
insulin lispro ²	
Invokamet & Invokamet XR ²	
Invokana ²	
Janumet & Janumet XR ²	
Januvia ²	
Jardiance ²	
Jentadueto ²	
Kalydeco ²	
Kevzara ²	
Khedezla ER ²	
Kineret	
Lantus ²	
Levemir ²	
Menostar ²	
metadate ER 20mg tablet	
methylphenidate CD capsule	
methylphenidate ER tablet	
methylphenidate LA capsule	
mometasone furoate nasal spray	
Mydayis ER ²	
naltrexone tablet	
Namenda XR titration pack ²	
Namzaric titration pack ²	
Narcan nasal spray	
Novolin/Novolin 70/30 ²	
Novolog ²	
Olumiant ²	
Orencia ²	
Orkambi ²	
oseltamivir phosphate capsule and suspension	
Otezla	
Paxil 10mg/5ml suspension ²	
Perforomist ²	
promethazine VC with codeine	
promethazine with codeine	
Qtern ²	
Quillichew ER ²	

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CIGNA RX ESSENTIAL PRESCRIPTION DRUG LIST (used in CO and UT), cont.

Medications that will have a quantity limit	Additional information
Quillivant XR ²	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
ranolazine ER	
Regranex ²	
Relenza	
Relexxii ER ²	
Rezira solution ²	
Santyl ²	
Segluromet ²	
Simponi ²	
Sitavig ²	
Skyrizi	
Steglatro ²	
Steglujan ²	
Stelara	
Synjardy & Synjardy XR ²	
Taltz ²	
TOBI Podhaler ²	
tobramycin 300mg/5ml ampule	
Toujeo ²	
Tradjenta ²	
Tremfya ²	
Tresiba ²	
Tuzistra XR ²	
Tymlos ²	
Vyvanse capsule & chewable tablet ²	
Xeljanz & Xeljanz XR	
Xerese ²	
Xifaxan ³	
yuvaferm 10mcg vaginal tablet	
Zioptan ²	
Zovirax cream & ointment ²	
Zyclara ²	
Medications that will have Quantity limit changes	Additional information
Fragmin 18,000 units/0.72ml	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

CIGNA RX ESSENTIAL PRESCRIPTION DRUG LIST (used in CO and UT), cont.

Medications being added to the step therapy program	Additional information
Actemra	Humira (needs approval)
Enbrel	
Otezla	Cosentyx (needs approval), Enbrel (needs approval), Humira (needs approval), Stelara (needs approval), Xeljanz/Xeljanz XR (needs approval)
Medications that will no longer be covered ⁴	Generic and/or preferred brand alternatives
acyclovir 5% ointment	acyclovir oral, famciclovir, valacyclovir
Adcirca	tadalafil 20mg
Advair Diskus	Wixela Inhub, Breo Ellipta
Advair HFA	Wixela Inhub, Breo Ellipta
Akynzeo capsule	aprepitant, ondansetron
Albenza	albendazole
Ampyra	dalfampridine
benzonatate 150mg capsule	benzonatate 100mg or 200mg capsule
Biltricide	praziquantel
Cesamet	ondansetron, granisetron
Epclusa	Sofosbuvir-velpatasvir (preferred medication on January 1, 2020). This is the Authorized Generic for Epclusa. It's exactly the same as the brand – in ingredients and how it works – just without the brand name on its label.
Epogen	This medication is covered under the medical benefit.
Ergomar	naratriptan, rizatriptan, sumatriptan, zolmitriptan
ethacrynic acid 25mg tablet	bumetanide, furosemide, torsemide
Fareston	toremifene citrate
Firmagon	This medication is covered under the medical benefit.
Harvoni	Ledipasvir-sofosbuvir (preferred medication on January 1, 2020). This is the Authorized Generic for Harvoni. It's exactly the same as the brand – in ingredients and how it works – just without the brand name on its label.
hydrocortisone 1% cream in absorbase	hydrocortisone 1% cream
Lupron Depot/Lupron Depot-Ped	This medication is covered under the medical benefit.
Mephyton	phytonadione
Neupogen	Granix, Zarxio
Norvir 100mg tablet	ritonavir
Praluent	Repatha (needs approval)
Primlev	oxycodone-acetaminophen
Rapamune 1mg/ml oral solution	sirolimus
Renagel	sevelamer HCL
Reyataz 150mg, 200mg, 300mg capsule	atazanavir sulfate
Sabril 500mg tablet	vigabatrin
Somatuline Depot	This medication is covered under the medical benefit.

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CIGNA RX ESSENTIAL PRESCRIPTION DRUG LIST (used in CO and UT), cont.

Medications that will no longer be covered ⁴	Generic and/or preferred brand alternatives	
Sustiva	efavirenz	
Tamiflu 30mg, 45mg, 75mg capsule	oseltamivir phosphate	
Varubi tablet	aprepitant	
Vecamyl	This medication needs approval from Cigna before your plan will cover it.	
Vesicare	solifenacin succinate	
Viread 300mg tablet	tenofovir disoproxil fumarate	
Zavesca	miglustat	
Zytiga	abiraterone acetate	
Medications that will be excluded from coverage	Additional information	
Benzepro foaming cloths	Talk with your doctor about switching to a covered alternative.	
BP wash 7% liquid		
BPO gel		
cheratussin AC syrup	prescription clotrimazole 1% cream	
clotrimazole 1% cream		
clotrimazole 1% solution	prescription clotrimazole 1% solution	
codeine-guaifen 10mg-100mg/5ml	Talk with your doctor about switching to a covered alternative.	
cytra-2 oral solution		
cytra-k oral solution		
decara		
guaiaatussin AC liquid		
guaifen-codeine 100mg-10mg/5ml		
guaifenesin AC cough syrup		
guaifenesin-codeine syrup		
hydrocortisone 1% cream		prescription hydrocortisone 1% cream
hydrocortisone 1% ointment		prescription hydrocortisone 1% ointment
iophen-c NR	Talk with your doctor about switching to a covered alternative.	
l-methylfolate		
l-methylfolate calcium		
l-methylfolate forte		
Phospha 250 Neutral		
potassium citrate-citric acid solution		
PR benzoyl peroxide 7% wash		
sodium citrate-citric acid solution		
tricitrates oral solution		
virt-phos 250 neutral tablet		
virtrate-2 solution		
virtrate-k solution		
virtussin AC liquid		

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CIGNA RX PLUS PRESCRIPTION DRUG LIST *(used in FL, IL*, KS, MO, NC, TN)*

Medications moving to a higher cost-share tier	New cost-share tier	Generic and/or preferred brand alternatives
adefovir dipivoxil	Tier 4	Talk with your doctor to see if there is a lower-cost alternative available.
amnestem	Tier 4	
anagrelide HCL	Tier 4	
apexicon E	Tier 4	
atovaquone	Tier 4	
calcipotriene/betamethasone dipropionate	Tier 4	
carbidopa	Tier 4	
claravis	Tier 4	
Combivir <i>(Florida Only)</i>	Tier 4	
Dexilant	Tier 4	
diflorasone diacetate	Tier 4	
emverm	Tier 4	
Epivir <i>(Florida Only)</i>	Tier 4	
Epzicom <i>(Florida Only)</i>	Tier 4	
flurandrenolide	Tier 4	
granisetron HCL	Tier 4	
isotretinoin	Tier 4	
Kaletra 80mg-20mg/ml solution <i>(Florida Only)</i>	Tier 4	
lanthanum carbonate	Tier 4	
leuprolide acetate	Tier 4	
levorphanol tartrate	Tier 5	
Lexiva 700mg tablet <i>(Florida Only)</i>	Tier 4	
metaxall	Tier 4	
metaxalone	Tier 4	
methamphetamine HCL	Tier 4	
methergine	Tier 4	
methitest	Tier 5	
methylergonovine	Tier 4	
methyltestosterone	Tier 5	
migergot	Tier 4	
moderiba	Tier 4	
myorisan	Tier 4	
nilutamide	Tier 5	
nimodipine	Tier 4	
Norvir 100mg tablet <i>(Florida Only)</i>	Tier 4	
oxandrolone	Tier 4	
phenoxybenzamine HCL	Tier 5	
phytonadione	Tier 4	
pyridostigmine bromide ER	Tier 4	
Retrovir capsule and syrup <i>(Florida Only)</i>	Tier 4	
Reyataz 150mg, 200mg, 300mg, capsule <i>(Florida Only)</i>	Tier 4	
ribavirin	Tier 4	
riluzole	Tier 4	
seconal sodium	Tier 4	

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CIGNA RX PLUS PRESCRIPTION DRUG LIST (used in FL, IL*, KS, MO, NC, TN)

Medications moving to a higher cost-share tier	New cost-share tier	Generic and/or preferred brand alternatives
sevelamer carbonate	Tier 4	Talk with your doctor to see if there is a lower-cost alternative available.
sildenafil 20mg	Tier 4	
sodium phenylbutyrate	Tier 5	
Sustiva (Florida Only)	Tier 4	
tetrabenazine	Tier 5	
tolcapone	Tier 5	
Trizivir (Florida Only)	Tier 4	
Videx EC (Florida Only)	Tier 4	
vigabatrin	Tier 5	
vigadrone	Tier 5	
Viramune (Florida Only)	Tier 4	
Viramune XR (Florida Only)	Tier 4	
Viread 300mg tablet (Florida Only)	Tier 4	
Ziagen (Florida Only)	Tier 4	
zenatane	Tier 4	
zileuton ER	Tier 5	
Medications that will need approval (prior authorization)		
Aptiom ¹		Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication, ask the office to contact us soon so we can start the coverage review process.
Medications that will have a quantity limit		Additional information
Actemra		Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
Admelog ²		
Adzenys ER ²		
Afrezza ²		
Apidra & Apidra Solostar		
Aplenzin ER ²		
Aptensio XR ²		
Basaglar		
Bethkis ²		
Bevyxxa ²		
bimatoprost 0.03% eye drops		
Briivact ²		
butalbital-acetaminophen-caffeine capsule and tablet		
butalbital-aspirin-caffeine capsule and tablet		
Cayston ²		
Cimzia ²		
citalopram HBR 20mg/10mg solution ²		
Cosentyx		
Cotempla XR-ODT ²		

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CIGNA RX PLUS PRESCRIPTION DRUG LIST (used in FL, IL*, KS, MO, NC, TN), cont.

Medications that will have a quantity limit	Additional information
cromolyn 20mg/2ml nebulizer solution	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
Cystaran	
Daliresp	
Daytrana ²	
Denavir ²	
desvenlafaxine ER tablet ²	
dexmethylphenidate ER capsule	
dextroamphetamine ER capsule	
dextroamphetamine/amphetamine ER capsule	
Difucid	
Dynavel XR suspension ²	
Enbrel	
ergotamine-caffeine tablet ²	
estradiol 10mcg vaginal tablet	
estradiol patch	
Estring ²	
Evzio ²	
Fiasp ²	
Forfivo XL ²	
Forteo	
Fragmin 95,000 units/3.8ml vial	
Glucagon	
Glyxambi ²	
Humalog & Humalog Mix	
Humira	
Humulin & Humulin 70-30	
Hycofenix ²	
hydrocodone-homatropine syrup and tablet	
hydromet syrup	
Ilumya ²	
insulin lispro ²	
Invokamet & Invokamet XR ²	
Invokana ²	
Janumet & Janumet XR ²	
Januvia ²	
Jardiance ²	
Jentadueto ²	
Kalydeco ²	
Kevzara ²	
Khedezla ER ²	
Kineret	
Lantus ²	
Levemir & Levemir Flextouch	
Menostar ²	
metadate ER 20mg tablet	

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CIGNA RX PLUS PRESCRIPTION DRUG LIST (used in FL, IL*, KS, MO, NC, TN), cont.

Medications that will have a quantity limit	Additional information
methylphenidate CD capsule	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
methylphenidate ER tablet	
methylphenidate LA capsule	
mometasone furoate nasal spray	
Mydayis ER ²	
naltrexone tablet	
Namenda XR titration pack ²	
Namzaric titration pack ²	
Narcan nasal spray	
Novolin/Novolin 70/30 ²	
Novolog & Novolog Mix	
Olumiant ²	
Orencia ²	
Orkambi ²	
oseltamivir phosphate capsule and suspension	
Otezla	
Paxil 10mg/5ml suspension ²	
Perforomist	
promethazine VC with codeine	
promethazine with codeine	
Qtern ²	
Quillichew ER ²	
Quillivant XR ²	
ranolazine ER	
Regranex	
Relenza	
Relexxii ER ²	
Rezira solution ²	
Santyl	
Segluromet ²	
Simponi ²	
Sitavig ²	
Skyrizi	
Steglatro ²	
Steglujan ²	
Stelara	
Synjardy & Synjardy XR ²	
Taltz ²	
TOBI Podhaler ²	
tobramycin 300mg/5ml ampule	
Toujeo ²	
Tradjenta ²	
Tremfya ²	
Tresiba ²	
Tuzistra XR ²	

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CIGNA RX PLUS PRESCRIPTION DRUG LIST (used in FL, IL*, KS, MO, NC, TN), cont.

Medications that will have a quantity limit	Additional information
Tymlos ²	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
Vyvanse capsule & chewable tablet ²	
Xeljanz & Xeljanz XR	
Xerese ²	
Xifaxan ³	
yuvafem 10mcg vaginal tablet	
Zioptan	
Zovirax cream & ointment ²	
Zyclara ²	
Medications that will have Quantity limit changes	Additional information
Fanapt 1mg, 2mg, 4mg tablet	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
Fragmin 18,000 units/0.72ml	
Medications being added to the step therapy program	Generic and/or preferred brand alternatives
Actemra	Humira (needs approval)
Enbrel	Cosentyx (needs approval), Enbrel (needs approval), Humira (needs approval), Stelara (needs approval), Xeljanz/Xeljanz XR (needs approval)
Otezla	
Medications that will no longer be covered ⁴	Generic and/or preferred brand alternatives
acyclovir 5% ointment	acyclovir oral, famciclovir, valacyclovir
Adcirca	tadalafil 20mg
Advair Diskus	Wixela Inhub, Breo Ellipta
Advair HFA	Wixela Inhub, Breo Ellipta
Albenza	albendazole
Ampyra	dalfampridine
benzonatate 150mg capsule	benzonatate 100mg or 200mg capsule
Biltricide	praziquantel
Cialis 10mg, 20mg (North Carolina Only)	tadalafil 10mg, 20mg
Cialis 2.5mg, 5mg	tadalafil 2.5mg, 5mg
Cimzia (Does not apply to Florida)	Actemra (needs approval), Cosentyx (needs approval), Enbrel (needs approval), Humira (needs approval), Skyrizi (needs approval)
Denavir	acyclovir oral, famciclovir, valacyclovir
Elidel	pimecrolimus
Epclusa	Sofosbuvir-velpatasvir (preferred medication on January 1, 2020). This is the Authorized Generic for Epclusa. It's exactly the same as the brand – in ingredients and how it works – just without the brand name on its label.

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

CIGNA RX PLUS PRESCRIPTION DRUG LIST (used in FL, IL*, KS, MO, NC, TN), cont.

Medications that will no longer be covered ⁴	Generic and/or preferred brand alternatives
Epogen	This medication is covered under the medical benefit.
Ergomar	naratriptan, rizatriptan, sumatriptan, zolmitriptan
ethacrynic acid 25mg tablet	bumetanide, furosemide, torsemide
Eurax 10% Lotion	crotamiton
Exelderm 1% cream & solution	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
Fareston	toremifene citrate
Finacea 15% gel	azelaic acid
Firmagon	This medication is covered under the medical benefit.
Flector patch	diclofenac epolamine
Harvoni	Ledipasvir-sofosbuvir (preferred medication on January 1, 2020). This is the Authorized Generic for Harvoni. It's exactly the same as the brand – in ingredients and how it works – just without the brand name on its label.
hydrocortisone 1% cream in absorbase	hydrocortisone 1% cream
Kristalose 10gm packet	lactulose
Livalo	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Lupron Depot/Lupron Depot-Ped	This medication is covered under the medical benefit.
Mephyton	phytonadione
Neupogen	Granix, Zarxio
Norvir 100mg tablet <i>(Does not apply to Florida)</i>	ritonavir
Oxtellar XR	oxcarbazine
Praluent	Repatha (needs approval)
Primlev	oxycodone-acetaminophen
Quillivant XR	methylphenidate ER, Metadate ER, dexamethylphenidate ER
Ranexa	ranolazine
Rapaflo	silodosin
Rapamune 1mg/ml oral solution	sirolimus
Renagel	sevelamer HCL
Reyataz 150mg, 200mg, 300mg capsule <i>(Does not apply to Florida)</i>	atazanavir sulfate
Sabril 500mg tablet	vigabatrin
Simponi <i>(Does not apply to Florida)</i>	Actemra (needs approval), Cosentyx (needs approval), Enbrel (needs approval), Humira (needs approval),
Simponi Aria <i>(Does not apply to Florida)</i>	This medication is covered under the medical benefit.
Somatuline Depot	This medication is covered under the medical benefit.
Sustiva <i>(Does not apply to Florida)</i>	efavirenz
Syprine 250mg capsule	trientine HCL
Tamiflu 30mg, 45mg, 75mg capsule	oseltamivir phosphate
Tekturna	aliskiren hemifumarate
Vecamyl	This medication needs approval from Cigna before your plan will cover it.
Vesicare	solifenacin succinate
Viread 300mg tablet <i>(Does not apply to Florida)</i>	tenofovir disoproxil fumarate

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CIGNA RX PLUS PRESCRIPTION DRUG LIST (used in FL, IL*, KS, MO, NC, TN), cont.

Medications that will no longer be covered ⁴	Generic and/or preferred brand alternatives
Vyvanse capsule	dextroamphetamine-amphetamine ER, dextroamphetamine ER
Welchol	colesevelam HCL
Xerese	famciclovir, valacyclovir
Zavesca	miglustat
Zytiga	abiraterone acetate
Medications that will be excluded from coverage	Additional information
Benzepro foaming cloths	Talk with your doctor about switching to a covered alternative.
BP wash 7% liquid	
BPO gel	
capcof liquid	
cheratussin AC syrup	
clotrimazole 1% cream	prescription clotrimazole 1% cream
clotrimazole 1% solution	prescription clotrimazole 1% solution
codeine-guaifen 10mg-100mg/5ml	Talk with your doctor about switching to a covered alternative.
cytra-2 oral solution	
cytra-k oral solution	
decara	
guaiatussin AC liquid	
guaifen-codeine 100mg-10mg/5ml	
guaifenesin AC cough syrup	
guaifenesin-codeine syrup	
hydrocortisone 1% cream	prescription hydrocortisone 1% cream
hydrocortisone 1% ointment	prescription hydrocortisone 1% ointment
iophen-c NR	Talk with your doctor about switching to a covered alternative.
l-methylfolate	
l-methylfolate calcium	
l-methylfolate forte	
Phospha 250 Neutral	
potassium citrate-citric acid solution	
PR benzoyl peroxide 7% wash	
sodium citrate-citric acid solution	
tricitrates oral solution	
virt-phos 250 neutral tablet	
virtrate-2 solution	
virtrate-k solution	
virtussin AC liquid	
Xerac AC 6.25% solution	

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

CIGNA RX PREMIERE PRESCRIPTION DRUG LIST *(used in AZ and VA)*

Medications moving to a higher cost-share tier	New cost-share tier	Generic and/or preferred brand alternatives
adefovir dipivoxil	Tier 4	Talk with your doctor to see if there is a lower-cost alternative available.
amnesteam	Tier 4	
anagrelide HCL	Tier 4	
apexicon E	Tier 4	
atovaquone	Tier 4	
calcipotriene/betamethasone dipropionate	Tier 4	
carbidopa	Tier 4	
claravis	Tier 4	
Dexilant	Tier 4	
diflorasone diacetate	Tier 4	
emverm	Tier 4	
flurandrenolide	Tier 4	
granisetron HCL	Tier 4	
isotretinoin	Tier 4	
lanthanum carbonate	Tier 4	
leuprolide acetate	Tier 4	
levorphanol tartrate	Tier 5	
metaxall	Tier 4	
metaxalone	Tier 4	
methamphetamine HCL	Tier 4	
methergine	Tier 4	
methitest	Tier 5	
methylergonovine	Tier 4	
methyltestosterone	Tier 5	
migergot	Tier 4	
moderiba	Tier 4	
myorisan	Tier 4	
nilutamide	Tier 5	
nimodipine	Tier 4	
oxandrolone	Tier 4	
phenoxybenzamine HCL	Tier 5	
phytonadione	Tier 4	
pyridostigmine bromide ER	Tier 4	
ribavirin	Tier 4	
riluzole	Tier 4	
seconal sodium	Tier 4	
sevelamer carbonate	Tier 4	
sildenafil 20mg	Tier 4	
sodium phenylbutyrate	Tier 5	
tetrabenazine	Tier 5	
tolcapone	Tier 5	

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

CIGNA RX PREMIERE PRESCRIPTION DRUG LIST (used in AZ and VA), cont.

Medications moving to a higher cost-share tier	New cost-share tier	Generic and/or preferred brand alternatives
vigabatrin	Tier 5	Talk with your doctor to see if there is a lower-cost alternative available.
vigadrone	Tier 5	
zenatane	Tier 4	
zileuton ER	Tier 5	
Medications that will need approval (prior authorization)	Additional information	
Aptiom ¹	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna. If your doctor wants you to continue taking this medication, ask the office to contact us soon so we can start the coverage review process.	
Medications that will have a quantity limit	Additional information	
Actemra	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.	
Admelog ²		
Adzenys ER ²		
Afrezza ²		
Apidra & Apidra Solostar		
Aplenzin ER ²		
Aptensio XR ²		
Basaglar		
Bethkis ²		
Bevyxxa ²		
bimatoprost 0.03% eye drops		
Briviact ²		
butalbital-acetaminophen-caffeine capsule and tablet		
butalbital-aspirin-caffeine capsule and tablet		
Cayston ²		
Cimzia ²		
citalopram HBR 20mg/10mg solution ²		
Cosentyx		
Cotempla XR-ODT ²		
cromolyn 20mg/2ml nebulizer solution		
Cystaran		
Daliresp		
Daytrana ²		
Denavir ²		
desvenlafaxine ER tablet ²		
dexmethylphenidate ER capsule		
dextroamphetamine ER capsule		
dextroamphetamine/amphetamine ER capsule		
Dificid		
Dynavel XR suspension ²		
Enbrel		
ergotamine-caffeine tablet ²		
estradiol 10mcg vaginal tablet		

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

CIGNA RX PREMIERE PRESCRIPTION DRUG LIST (used in AZ and VA), cont.

Medications that will have a quantity limit	Additional information
estradiol patch	Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.
Estring ²	
Evzio ²	
Fiasp ²	
Forfivo XL ²	
Forteo	
Fragmin 95,000 units/3.8ml vial	
Glucagon	
Glyxambi ²	
Humalog & Humalog Mix	
Humira	
Humulin & Humulin 70-30	
Hycofenix ²	
hydrocodone-homatropine syrup and tablet	
hydromet syrup	
llumya ²	
insulin lispro ²	
Invokamet & Invokamet XR ²	
Invokana ²	
Janumet & Janumet XR ²	
Januvia ²	
Jardiance ²	
Jentadueto ²	
Kalydeco ²	
Kevzara ²	
Khedezla ER ²	
Kineret	
Lantus ²	
Levemir & Levemir Flextouch	
Menostar ²	
metadate ER 20mg tablet	
methylphenidate CD capsule	
methylphenidate ER tablet	
methylphenidate LA capsule	
mometasone furoate nasal spray	
Mydayis ER ²	
naltrexone tablet	
Namenda XR titration pack ²	
Namzaric titration pack ²	
Narcan nasal spray	
Novolin/Novolin 70/30 ²	
Novolog & Novolog Mix	
Olumiant ²	
Orencia ²	
Orkambi ²	
oseltamivir phosphate capsule and suspension	

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

CIGNA RX PREMIERE PRESCRIPTION DRUG LIST (used in AZ and VA), cont.

Medications that will have a quantity limit	Additional information
<p>Otezla</p> <p>Paxil 10mg/5ml suspension²</p> <p>Perforomist</p> <p>promethazine VC with codeine</p> <p>promethazine with codeine</p> <p>Qtern²</p> <p>Quillichew ER²</p> <p>Quillivant XR²</p> <p>ranolazine ER</p> <p>Regranex</p> <p>Relenza</p> <p>Rellexii ER²</p> <p>Rezira solution²</p> <p>Santyl</p> <p>Segluromet²</p> <p>Simponi²</p> <p>Sitavig²</p> <p>Skyrizi</p> <p>Steglatro²</p> <p>Steglujan²</p> <p>Stelara</p> <p>Synjardy & Synjardy XR²</p> <p>Taltz²</p> <p>TOBI Podhaler²</p> <p>tobramycin 300mg/5ml ampule</p> <p>Toujeo²</p> <p>Tradjenta²</p> <p>Tremfya²</p> <p>Tresiba²</p> <p>Tuzistra XR²</p> <p>Tymlos²</p> <p>Vyvanse capsule & chewable tablet²</p> <p>Xeljanz & Xeljanz XR</p> <p>Xerese²</p> <p>Xifaxan³</p> <p>yuvafem 10mcg vaginal tablet</p> <p>Zioptan</p> <p>Zovirax cream & ointment²</p> <p>Zyclara²</p>	<p>Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.</p>
Medications that will have Quantity limit changes	Additional information
<p>Fanapt 1mg, 2mg, 4mg tablet</p> <p>Fragmin 18,000 units/0.72ml</p>	<p>Your plan only covers up to a certain amount of this medication over a certain length of time. If you're taking this medication, you may need approval for your plan to cover it. Depending on how much you're filling, your doctor's office may need to contact Cigna to request approval for coverage of the medication, or talk with you about your options.</p>

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

CIGNA RX PREMIERE PRESCRIPTION DRUG LIST (used in AZ and VA), cont.

Medications being added to the step therapy program	Generic and/or preferred brand alternatives
Actemra	Humira (needs approval)
Enbrel	
Otezla	Cosentyx (needs approval), Enbrel (needs approval), Humira (needs approval), Stelara (needs approval), Xeljanz/Xeljanz XR (needs approval)
Medications that will no longer be covered ⁴	Generic and/or preferred brand alternatives
acyclovir 5% ointment	acyclovir oral, famciclovir, valacyclovir
Adcirca	tadalafil 20mg
Advair Diskus	Wixela Inhub, Breo Ellipta
Advair HFA	Wixela Inhub, Breo Ellipta
Albenza	albendazole
Ampyra	dalfampridine
benzonatate 150mg capsule	benzonatate 100mg or 200mg capsule
Biltricide	praziquantel
Cialis 2.5mg, 5mg	tadalafil 2.5mg, 5mg
Cimzia	Actemra (needs approval), Cosentyx (needs approval), Enbrel (needs approval), Humira (needs approval), Skyrizi (needs approval)
Denavir	acyclovir oral, famciclovir, valacyclovir
Elidel	pimecrolimus
Epclusa	Sofosbuvir-velpatasvir (preferred medication on January 1, 2020). This is the Authorized Generic for Epclusa. It's exactly the same as the brand – in ingredients and how it works – just without the brand name on its label.
Epogen	This medication is covered under the medical benefit.
Ergomar	naratriptan, rizatriptan, sumatriptan, zolmitriptan
ethacrynic acid 25mg tablet	bumetanide, furosemide, torsemide
Eurax 10% Lotion	crotamiton
Exelderm 1% cream & solution	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
Fareston	toremifene citrate
Finacea 15% gel	azelaic acid
Firmagon	This medication is covered under the medical benefit.
Flector patch	diclofenac epolamine
Harvoni	Ledipasvir-sofosbuvir (preferred medication on January 1, 2020). This is the Authorized Generic for Harvoni. It's exactly the same as the brand – in ingredients and how it works – just without the brand name on its label.
hydrocortisone 1% cream in absorbase	hydrocortisone 1% cream
Kristalose 10gm packet	lactulose
Livalo	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Lupron Depot/Lupron Depot-Ped	This medication is covered under the medical benefit.
Mephyton	phytonadione

Generic medications start with a lowercase letter and brand name medications start with a capital letter.

CIGNA RX PREMIERE PRESCRIPTION DRUG LIST (used in AZ and VA), cont.

Medications that will no longer be covered ⁴	Generic and/or preferred brand alternatives
Neupogen	Granix, Zarxio
Northera ¹	This medication needs approval from Cigna before your plan will cover it.
Norvir 100mg tablet	ritonavir
Orencia	Actemra (needs approval), Enbrel (needs approval), Humira (needs approval)
Oxtellar XR	oxcarbazine
Praluent	Repatha (needs approval)
Primlev	oxycodone-acetaminophen
Quillivant XR	methylphenidate ER, Metadate ER, dexamethylphenidate ER
Ranexa	ranolazine
Rapaflo	silodosin
Rapamune 1mg/ml oral solution	sirolimus
Renagel	sevelamer HCL
Reyataz 150mg, 200mg, 300mg capsule	atazanavir sulfate
Sabril 500mg tablet	vigabatrin
Simponi	Actemra (needs approval), Cosentyx (needs approval), Enbrel (needs approval), Humira (needs approval),
Simponi Aria	This medication is covered under the medical benefit.
Somatuline Depot	This medication is covered under the medical benefit.
Sustiva ⁴	efavirenz
Syprine 250mg capsule	trientine HCL
Tamiflu 30mg, 45mg, 75mg capsule	oseltamivir phosphate
Tekturna	aliskiren hemifumarate
Vecamyl	This medication needs approval from Cigna before your plan will cover it.
Vesicare	solifenacin succinate
Viread 300mg tablet	tenofovir disoproxil fumarate
Vyvanse capsule	dextroamphetamine-amphetamine ER, dextroamphetamine ER
Welchol	colesevelam HCL
Xerese	famciclovir, valacyclovir
Zavesca	miglustat
Zytiga	abiraterone acetate
Medications that will be excluded from coverage	Additional information
Benzepro foaming cloths	Talk with your doctor about switching to a covered alternative.
BP wash 7% liquid	
BPO gel	
capcof liquid	
cheratussin AC syrup	

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CIGNA RX PREMIERE PRESCRIPTION DRUG LIST (used in AZ and VA), cont.

Medications that will be excluded from coverage	Additional information	
clotrimazole 1% cream	prescription clotrimazole 1% cream	
clotrimazole 1% solution	prescription clotrimazole 1% solution	
codeine-guaifen 10mg-100mg/5ml	Talk with your doctor about switching to a covered alternative.	
cytra-2 oral solution		
cytra-k oral solution		
decara		
guaiaatusin AC liquid		
guaifen-codeine 100mg-10mg/5ml		
guaifenesin AC cough syrup		
guaifenesin-codeine syrup		
hydrocortisone 1% cream		prescription hydrocortisone 1% cream
hydrocortisone 1% ointment		prescription hydrocortisone 1% ointment
iophen-c NR	Talk with your doctor about switching to a covered alternative.	
l-methylfolate		
l-methylfolate calcium		
l-methylfolate forte		
Phospha 250 Neutral		
potassium citrate-citric acid solution		
PR benzoyl peroxide 7% wash		
sodium citrate-citric acid solution		
tricitrates oral solution		
virt-phos 250 neutral tablet		
virtrate-2 solution		
virtrate-k solution		
virtussin AC liquid		
Xerac AC 6.25% solution		

Generic medications start with a lowercase letter and brand name medications start with a capital letter.



* State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.

1. If you're currently taking this medication, this change won't affect you until January 1, 2021.
2. If you currently have approval for your plan to cover this medication, starting January 1st, you won't be able to receive coverage for more than the new quantity limit.
3. If you're taking this medication to treat hepatic encephalopathy, this change won't affect you.
4. These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication. If you don't get approval and you continue to fill this prescription on or after January 1st, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

If you need language assistance, or have a disability, please call us at 866.494.2111 (For TTY services, dial 711). Accommodations are available and provided at no cost to you.

Your coverage for drugs included on this list is subject at all times to the terms and conditions of your benefit plan, including, but not limited to, eligibility and medical necessity.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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