

CIGNA NATIONAL PREFERRED PRESCRIPTION DRUG LIST



Starting July 1, 2021

About this drug list.

This is a list of the most commonly prescribed preferred medications covered on the Cigna National Preferred 3-Tier Prescription Drug List as of July 1, 2021.^{1,2} Medications are listed alphabetically by the condition they treat. Brand name medications are capitalized and generic medications are lowercase. **This drug list is updated often so it isn't a complete list of the medications your plan covers.** Also, your specific plan may not cover all of these medications.

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

- **Prior authorization:** Certain medications need approval from Cigna before your plan will cover them. These medications have a **(PA)** next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.
- **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 a **(QL)** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.

- **Step Therapy:** Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a **(ST)** next to them. You have many covered options to choose from, and they're used to treat the same condition.
- **Age requirements:** 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 a **(QL)** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.

*These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy and/or age requirements.

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



Go generic and save.

Ask your doctor if a generic medication may be right for you. Generics have the same strength and active ingredients as brand name medications, but often cost much less – in some cases, up to 85% less.³

Together, all the way.®



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

948519 b CNPF 05/21

View the drug list online

This document was last updated on 03/01/2021.* You can go online to see the current list of medications your plan covers.



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/PDL. Scroll down until you see a pdf of the Cigna National Preferred 3-Tier Prescription Drug List (Abridged).

Questions?

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

Cigna National Preferred Prescription Drug List

AIDS/HIV

Biktarvy
CIMDUO
Descovy
Genvoya
Juluca
Odefsey
SYMFI
SYMFI LO
Symtuza
Temixys
Triumeq

ALLERGY/NASAL SPRAYS

azelastine nasal spray
desloratadine
Dymista (ST, QL)
epinephrine auto-injector
(QL) (by Mylan, Teva)
EpiPen (ST, QL), EpiPen Jr
(ST, QL)
fluticasone nasal spray
(ST)
Grastek (PA)
hydroxyzine
hydroxyzine pamoate
levocetirizine
ODACTRA (PA)
Oralair (PA)

promethazine
QNASL (ST, QL)
RAGWITEK (PA)
Symjepi

ALZHEIMER’S DISEASE

donepezil (ST)
Namzaric (ST)

ANXIETY/ DEPRESSION/ BIPOLAR DISORDER

alprazolam
amitriptyline
bupropion
bupropion ER
buspirone
citalopram (ST)
desvenlafaxine ER (ST,
QL)
diazepam (ST)
duloxetine DR (ST)
escitalopram (ST)
Fetzima (ST, QL)
fluoxetine (ST)
lorazepam
mirtazapine
nortriptyline
paroxetine (ST)
sertraline (ST)
trazodone (ST)

venlafaxine (ST, QL)
venlafaxine ER (ST, QL)
Viibryd (ST, QL)

ASTHMA/COPD/ RESPIRATORY

Adempas (PA)
ADVAIR HFA (PA, QL)
albuterol HFA (by Cipla,
Par, Perrigo, Proficient Rx
& Teva)
albuterol nebulization
solution
ANORO ELLIPTA (QL)
Armonair RespiClick
Arnuity Ellipta (QL)
Asmanex HFA (ST, QL)
Asmanex Twisthaler (ST,
QL)
Bevespi Aerosphere
BREO ELLIPTA (PA, QL)
budesonide nebulization
suspension
Combivent Respimat (QL)
Daliresp (PA)
Dulera (PA, QL)
Fasenra (PA)
Flovent Diskus (ST, QL)
Flovent HFA (ST, QL)
INCRUSE ELLIPTA (QL)
montelukast (ST)

Nucala (PA, QL)
OFEV (PA, QL)
Opsumit (PA)
Perforomist (QL)
Pulmicort Flexhaler (ST,
QL)
QVAR RediHaler (ST, QL)
Serevent Diskus (QL)
sildenafil
Spiriva HandiHaler (QL)
Spiriva Respimat (QL)
Stiolto Respimat (QL)
Symbicort (PA, QL)
tadalafil 20mg
Tracleer suspension (PA)
TRELEGY ELLIPTA (QL)
Trikafta (PA, QL)
Upravi (PA)
Xolair (PA, QL)
Yupelri (QL)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine
Daytrana (ST)
dexamethylphenidate ER
(ST)
dextroamphetamine/
amphetamine (ST)
dextroamphetamine/

Brand name medications are capitalized and generic medications are lowercase.

^ Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.

Cigna National Preferred Prescription Drug List

amphetamine ER (ST)

ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont.)

Dyanavel XR
guanfacine ER
methylphenidate (ST)
methylphenidate ER (ST)
Mydayis
QuilliChew ER (ST)
Quillivant XR (ST)
Vyvanse (ST)

BLOOD MODIFIERS/ BLEEDING DISORDERS

Afstyla
Fulphila
Nivestym (PA)
Nyvepria (PA)
PROCRI (PA)
Retacrit (PA)
Zarxio (PA)
Ziextenzo

BLOOD PRESSURE/ HEART MEDICATIONS

amiodarone
amlodipine (ST)
amlodipine/benazepril (ST)
amlodipine/valsartan (ST)
atenolol (ST)
atenolol/chlorthalidone (ST)
benazepril
bisoprolol/HCTZ (ST)
Bystolic (ST)
carvedilol (ST)
clonidine
Corlanor (PA)
digoxin
diltiazem ER
doxazosin (ST)
Edarbi (ST)
Edarbyclor (ST)
enalapril
Entresto (QL)
hydralazine
irbesartan (ST)
isosorbide ER

labetalol (ST)
lisinopril
lisinopril/HCTZ
losartan (ST)
losartan/HCTZ (ST)
metoprolol succinate ER (ST)
metoprolol tartrate (ST)
nifedipine ER (ST)
olmesartan (ST)
olmesartan/HCTZ (ST)
propranolol
propranolol ER
quinapril
ramipril
Tekturna HCT
terazosin (ST, QL)
valsartan (ST)
valsartan/HCTZ
verapamil ER (ST)
Verquvo (QL)

BLOOD THINNERS/ ANTI-CLOTTING

BRILINTA
clopidogrel
Eliquis (PA)
enoxaparin
Fragmin
warfarin
Xarelto (PA)

CANCER

ALECENSA (PA, QL)
Alunbrig (PA)
anastrozole
Bosulif (PA, QL)
CABOMETYX (PA, QL)
COMETRIQ (PA)
Erivedge (PA, QL)
Erleada (PA)
Gilotrif (PA, QL)
IBRANCE (PA, QL)
Inlyta (PA, QL)
Iressa (PA, QL)
Lorbrena (PA, QL)
Lynparza (PA)
methotrexate (ST)
NINLARO (PA, QL)
NUBEQA
Odomzo (PA, QL)

Pomalyst (PA)
Revlimid (PA)
Rubraca (PA, QL)
SPRYCEL (PA, QL)
Sutent (PA, QL)
Tabrecta (PA)
Talzenna (PA, QL)
tamoxifen
Tasigna (PA, QL)
Verzenio (PA)
Vitrakvi (PA, QL)
Vizimpro (PA, QL)
XALKORI (PA, QL)
Xtandi (PA, QL)
Yonsa (PA)
Zejula (QL)
Zytiga 500 Mg (PA, QL)

CHOLESTEROL MEDICATIONS

atorvastatin (ST)
ezetimibe (ST)
ezetimibe/simvastatin (ST)
fenofibrate (ST)
fenofibric acid DR
gemfibrozil
Lipofen (ST)
Livalo (ST, QL)
lovastatin (ST)
NEXLETOL
NEXLIZET
niacin ER
omega-3 acid ethyl esters
pravastatin (ST)
Repatha (PA, QL)
rosuvastatin (ST)
simvastatin (ST)
Vascepa

CONTRACEPTION PRODUCTS

Blisovi FE
etonogestrel-ethinyl estradiol vaginal ring
Junel
Junel FE
Kyleena
Lo Loestrin FE
Microgestin FE
Mirena

Skyla
Sprintec
Taytulla
Tri-Lo-Marzia
Trinessa
Tri-Sprintec

COUGH/COLD MEDICATIONS

benzonatate
hydrocodone/
chlorpheniramine ER (ST)
promethazine/
dextromethorphan

DENTAL PRODUCTS

chlorhexidine

DIABETES

Baqsimi
BD Autosield Duo
Needles
BD Ultrafine Insulin
Syringes
BD Ultrafine Pen Needles
Bydureon (PA, QL)
Byetta (PA, QL)
Dexcom Sensor
Farxiga (ST, QL)
Freestyle Freedom,
Freestyle Freedom
Lite, Freestyle Insulinx,
Freestyle Lite
Freestyle Libre Sensor,
Freestyle Libre 2 Sensor
Freestyle Test Strips:
Freestyle, Freestyle
Insulinx, Freestyle Lite
glimepiride
glipizide
glipizide ER
GlucaGen (QL)
Glucagon
glyburide
Glyxambi (ST, QL)
Gvoke (QL)
Humalog (ST)
Humulin (ST)
Invokamet (ST, QL)
Invokamet XR (ST, QL)
Invokana (ST, QL)

Brand name medications are capitalized and generic medications are lowercase.

^ Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.

DIABETES *(cont.)*

Janumet (ST, QL)
Janumet XR (ST, QL)
Januvia (ST, QL)
Jardiance (ST, QL)
Lantus
Levemir
LYUMJEV
metformin (ST)
metformin ER (ST)
Novofine Autosshield
Needles
Novofine Needles
NovoTwist Needles
OneTouch Test Strips:
Ultra, Verio
OneTouch Ultra 2,
Ultramini, Verio, Verio
Flex
Ozempic (PA, QL)
pioglitazone (ST)
Precision Xtra Test Strips,
B-Ketone Strips
RYBELSUS
Segluromet
SOLIQUA (QL)
Steglatro
Steglujan
SymlinPen (QL)
Synjardy (QL)
Synjardy XR (QL)
Toujeo
TRESIBA
Trijardy XR
Trulicity (ST, QL)
Xigduo XR (ST, QL)
Xultophy (QL)

DIURETICS

chlorthalidone
furosemide
hydrochlorothiazide
spironolactone
triamterene/HCTZ

EAR MEDICATIONS

neomycin/polymyxin/
hydrocortisone ear
solution
OTOVEL (ST)

ERECTILE DYSFUNCTION

MUSE[^] (PA, QL)

tadalafil[^] (PA, QL) 2.5mg,
5mg, 10mg, 20mg

EYE CONDITIONS

Alphagan P 0.1% (ST)
AzaSite
Azopt
Combigan (ST)
erythromycin eye
ointment
Inveltys
latanoprost eye solution
(ST)
LOTEMAX Gel/Ointment
LOTEMAX SM
loteprednol eye drops
Lumigan (PA, ST)
moxifloxacin eye solution
polymyxin/trimethoprim
eye solution
prednisolone eye
suspension
Restasis (PA, QL)
Rhopressa
timolol eye solution (ST)
TobraDex Ointment
TobraDex ST
tobramycin eye solution
tobramycin/
dexamethasone eye
suspension
travoprost eye solution
(ST)
Xiidra (PA, QL)
ZERVIAE
Zioptan (PA, ST)
Zylet

FEMININE PRODUCTS

terconazole vaginal

GASTROINTESTINAL/ HEARTBURN

CLENPIQ
Creon (ST)
dicyclomine
diphenoxylate/atropine
esomeprazole DR (ST)
famotidine
lansoprazole DR (ST)
Linzess (ST)
meclizine
metoclopramide
Movantik (ST)

omeprazole DR (ST)
ondansetron
ondansetron ODT
pantoprazole DR (ST)
Pentasa (ST)
rabeprazole DR (ST)
RECTIV
RELISTOR (ST)
RELISTOR Tablets (ST)
SUPREP
Symproic
Talicea (QL)
Trulance (ST)
Uceris Foam
VARUBI (QL)
Viberzi
Viokace
Zenpep (ST)

HORMONAL AGENTS

Androderm (PA)
CombiPatch
dexamethasone (ST)
Divigel (ST, QL)
Duavee
estradiol
estradiol patches
estradiol/norethindrone
Estring (ST)
Genotropin (PA)
levothyroxine sodium
liothyronine
Lupaneta (PA)
Lupron Depot 3.75 Mg,
11.25 Mg (PA)
LUPRON DEPOT-PED
(PA)
medroxyprogesterone
methimazole
methylprednisolone
Natesto (PA)
Norditropin (PA)
Orilissa (PA)
prednisolone sodium
phosphate
prednisone (ST)
Premarin Cream (ST)
Premarin Tablets
Premphase
Prempro
Somatuline Depot
Synarel (PA)
testosterone cypionate
(PA)

Xyosted (PA, QL)
Yuvafem (ST)

INFECTIONS

acyclovir (ST)
amoxicillin
amoxicillin/potassium
clavulanate
Arikayce (PA)
azithromycin
Baraclude solution
Baxdela (QL)
Bethkis (PA, QL)
cefdinir
cefuroxime
cephalexin
ciprofloxacin (ST)
clarithromycin
clindamycin oral
Difcid
doxycycline hyclate (ST)
doxycycline monohydrate
Emverm
EPCLUSA (PA, QL)
fluconazole
HARVONI (PA, QL)
hydroxychloroquine
Kitabis Pak (PA, QL)
levofloxacin
metronidazole (ST)
metronidazole vaginal
minocycline
nitrofurantoin
macrocrystal
nystatin (QL)
ofloxacin
oseltamivir
penicillin VK
Solosec
sulfamethoxazole/
trimethoprim
Thalomid (PA)
TOBI Podhaler (PA, QL)
valacyclovir (ST)
VOSEVI (PA)
Xifaxan (QL)
ZEPATIER

INFERTILITY

clomiphene (QL)
Endometrin[^](ST)
Gonal-f[^] (PA), Gonal-f
RFF[^] (PA), Gonal-f RFF
Redi-Ject[^] (PA)

Brand name medications are capitalized and generic medications are lowercase.

[^] Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.

Novarel[^] (QL)
OVIDREL[^]

MISCELLANEOUS

Austedo (PA, QL)
Cerdelga (ST)
Esbriet (PA, QL)
Kuvan (PA)
Nityr
Nuedexta (PA)
Ruconest (PA)
Strensiq (PA)
Tegsedi (PA)

MULTIPLE SCLEROSIS

Aubagio (PA, QL)
AVONEX (PA, QL)
BETASERON (PA, QL)
GILENYA
MAYZENT (PA)
Plegridy (PA, QL)
Rebif (PA, QL)
Tecfidera
VUMERITY
ZEPOSIA

NUTRITIONAL/ DIETARY

calcium 667mg (QL)
cyanocobalamin injectable
ergocalciferol
folic acid
Lokelma (ST, QL)
Nascobal (QL)
Phoslyra (ST, QL)
potassium chloride ER
Renvela (QL)
VELPHORO (ST, QL)

OSTEOPOROSIS PRODUCTS

alendronate (ST)
Forteo (PA, QL)
ibandronate (ST)
raloxifene
TYMLOS (PA)

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen/codeine

ACTEMRA (PA)
Aimovig (PA)
AJOVY (PA)
allopurinol (ST)
baclofen
BELBUCA (PA, QL)
butalbital/acetaminophen/
caffeine (ST)
celecoxib
colchicine tablets (ST)
cyclobenzaprine (ST)
diclofenac DR (ST)
DUPIXENT (PA, QL)
Emgality (PA)
Enbrel (PA, QL)
fentanyl patches (QL)
Flector (ST, QL)
Humira (PA, QL)
hydrocodone/
acetaminophen
hydromorphone
Hysingla ER (PA, ST, QL)
ibuprofen (ST)
indomethacin (ST)
ketorolac (ST)
Licart Patches
lidocaine patches
meloxicam (ST)
metaxalone
methocarbamol
Mitigare (ST)
morphine ER (QL)
nabumetone (ST)
naproxen (ST)
Otezla (PA)
oxycodone (PA)
oxycodone/
acetaminophen
OxyContin (PA, ST, QL)
Rasuvo (ST)
Remicade (PA)
RINVOQ ER
rizatriptan (ST)
Savella (ST, QL)
Simponi 100 Mg (PA, QL)
(for Ulcerative Colitis
only)
Skyrizi
Stelara (PA)
sumatriptan (ST, QL)
Taltz (PA)

tizanidine
tramadol (ST, QL)
Tremfya (PA)
XELJANZ (PA)
XELJANZ XR (PA)
Zomig Nasal (ST, QL)
ZTlido

PARKINSON'S DISEASE

carbidopa/levodopa
Inbrija (PA, QL)
pramipexole
ropinirole

SCHIZOPHRENIA/ ANTI-PSYCHOTICS

aripiprazole
Latuda (QL)
olanzapine
quetiapine
risperidone (QL)

SEIZURE DISORDERS

clonazepam
divalproex DR (ST)
divalproex ER (ST)
Epidiolex (PA)
Fycompa (ST)
gabapentin (ST)
lamotrigine (ST)
levetiracetam (ST)
Nayzilam
oxcarbazepine (ST)
pregabalin (ST)
Qudexy XR (ST)
topiramate (ST)
Vimpat (ST)

SKIN CONDITIONS

Amzeeq
clindamycin topical (ST)
clindamycin/benzoyl
peroxide
clobetasol (ST, QL)
clotrimazole/
betamethasone (QL)
Condylox (QL)
Enstilar
Finacea Foam (ST)
gentamicin (QL)

fluocinonide (ST, QL)
hydrocortisone topical
(ST)
ketoconazole topical (QL)
metronidazole topical (ST)
Mirvaso (PA)
mometasone (ST)
mupirocin (ST)
nystatin topical (QL)
Onexton
Picato (ST)
tacrolimus topical (ST)
Tazorac 0.05% Cream
(PA)
Tazorac Gel (PA)
triamcinolone topical (QL)

SLEEP DISORDERS/ SEDATIVES

eszopiclone (ST)
Hetlioz (QL)
SUNOSI
XYREM (PA, QL)
Xywav (PA, QL)
zolpidem
zolpidem ER (ST)

SMOKING CESSATION

CHANTIX

SUBSTANCE ABUSE

NARCAN Nasal Spray
(QL)
Zubsolv (QL)

URINARY TRACT CONDITIONS

finasteride (ST)
Gelnique (ST, QL)
Myrbetriq (ST)
oxybutynin ER (ST)
tamsulosin ER
Toviaz (ST)

Brand name medications are capitalized and generic medications are lowercase.

[^] Not all plans cover this medication. Log in to the myCigna App or myCigna.com, or check your plan materials, to see if your plan covers it.

Medications that aren't covered

Your plan covers other medications that are used to treat the same condition.^^ They're listed below.

DRUG CLASS	MEDICATION NAME	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Atripla, Delstrigo	Biktarvy, Genvoya, Odefsey, SYMFI, Symtuza, Triumeq
	Cabenuva ER susp	atazanavir, lamivudine, Dovato, Edurant, Juluca, Prezista, Tivicay
	Complera	Odefsey
	Pifeltro	efavirenz, Edurant
	Prezcobix	atazanavir, ritonavir, Kaletra tablets, Prezista
	Stribild	Biktarvy, Genvoya
	Truvada	emtricitabine/tenofovir (tdf)
ALLERGY/NASAL SPRAYS	Auvi-Q, epinephrine	epinephrine, EpiPen, EpiPen JR.
	Beconase AQ, Omnaris, Zetonna	budesonide, flunisolide, fluticasone, mometasone QNASL
	Nasonex	mometasone
	Palforzia	No alternatives recommended.
	QNASL, QNASL Children's	flunisolide, fluticasone propionate, mometasone furoate
ALZHEIMER'S DISEASE	Namenda XR	memantine ER
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Celexa	citalopram HBR
	Cymbalta	duloxetine
	Drizalma Sprinkle	desvenlafaxine ER, venlafaxine ER, Fetzima
	Effexor XR	venlafaxine ER
	Lexapro	escitalopram
	Pexeva, Viibryd	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
	Pristiq	desvenlafaxine ER
	Prozac	fluoxetine
	Spravato	olanzapine/fluoxetine, bupropion, desvenlafaxine ER, duloxetine, escitalopram, mirtazapine, sertraline
	Valium	diazepam
	Wellbutrin SR	bupropion SR
	Xanax	alprazolam
	Xanax XR	alprazolam ER
	Zoloft	sertraline
ASTHMA/COPD/RESPIRATORY	Adcirca	tadalafil

Brand name medications are capitalized and generic medications are lowercase.

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY <i>(cont.)</i>	Airduo Respiclick, budesonide-formoterol, fluticasone-salmeterol (By A-S Medication, Teva)	fluticasone-salmeterol (by Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, Dulera, Symbicort
	albuterol sulfate HFA (by A-S Medication, Prasco), levalbuterol HFA, ProAir DigiHaler, ProAir Respiclick, Proventil HFA, Ventolin HFA, Xopenex HFA	albuterol HFA (by Cipla, Par, Perrigo, Proficient Rx & Teva)
	Cinqair	Fasenra, Nucala
	Daliresp	ARNUITY ELLIPTA, Asmanex HFA, Flovent HFA, INCRUSE ELLIPTA, QVAR Redihaler, Serevent Diskus, Spiriva Respimat
	Duaklir Pressair	ANORO ELLIPTA, Bevespi Aerosphere, Stiolto Respimat
	Letairis	abrisentan
	Pulmicort	budesonide
	Pulmicort FlexHaler	ARNUITY ELLIPTA, Asmanex, Asmanex HFA, Flovent Diskus, Flovent HFA, QVAR Redihaler
	Singulair	montelukast
	Striverdi Respimat	Serevent Diskus
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Tudorza Pressair	INCRUSE ELLIPTA, Spiriva Respimat, Spiriva
	Adderall	dextroamphetamine-amphetamine
	Amphetamine ER suspension	dextroamphetamine ER, dextroamphetamine-amphetamine ER, Dyanavel XR, Mydayis, Quillichew ER, Quillivant XR, Vyvanse
	Focalin	dexmethylphenidate
	Focalin XR	dexmethylphenidate ER
	Intuniv	guanfacine ER
	Strattera	atomoxetine
BLOOD MODIFIERS/BLEEDING DISORDERS	Aranesp, Epogen, Mircera	PROCRIT, Retacrit
	Granix, Neupogen	Nivestym, Zarxio
	Mulpleta	Doptelet
	Neulasta, UDENYCA	Fulphila, Ziextenzo
	Oxbryta	hydroxyurea, Adakveo, Droxia
	Siklos	Droxia
	Tavalisse	Doptelet, Promacta, Nplate
BLOOD PRESSURE/HEART MEDICATIONS	Atacand	candesartan
	Atacand HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan

Brand name medications are capitalized and generic medications are lowercase.

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont.)	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan-HCTZ
	Bystolic	atenolol, carvedilol, metoprolol succinate
	Coreg	carvedilol
	Corlanor	atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol
	Conjupri	amlodipine, felodipine, nifedipine, nicardipine
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
	Dutoprol	metoprolol tartrate-HCTZ, metoprolol succinate ER-HCTZ
	Edarbi	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	Edarbyclor	candesartan-HCTZ, irbesartan-HCTZ, losartan-HCTZ, olmesartan-HCTZ, telmisartan-HCTZ, valsartan-HCTZ, chlorthalidone plus valsartan
	Epaned	enalapril
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Hyzaar	losartan-HCTZ
	Inderal LA, Inderal XL, Innopran XL	propranolol ER
	Kaspargo Sprinkle	metoprolol succinate
	Katerzia	amlodipine
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Northera	droxidopa
	Norvasc	amlodipine
	Qbrelis	lisinopril
	Ranexa	ranolazine ER
	Tikosyn	dofetilide
	Toprol XL	metoprolol succinate
	Tribenzor	olmesartan-amlodipine-HCTZ
BLOOD THINNERS/ANTI-CLOTTING	Aggrenox	aspirin-dipyridamole ER
	aspirin-omeprazole, Yosprala	aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole, rabeprazole
	Lovenox	enoxaparin

Brand name medications are capitalized and generic medications are lowercase.

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD THINNERS/ANTI-CLOTTING <i>(cont.)</i>	Plavix	clopidogrel
	Pradaxa, Savaysa	Eliquis, Xarelto
CANCER	Arimidex	anastrozole
	Calquence	Imbruvica, Venclexta
	Gleevec	imatinib
	imiquimod 3.75% cream pump, Zyclara	diclofenac 3% gel, fluorouracil 2% solution & 5% cream, imiquimod 5% cream, Picato
	Inrebic	Jakafi
	Kisqali, Kisqali Femara Co-Pack, Piqray	Ibrance, Verzenio
	Orgovyx	Eligard, Firmagon
	Qinlock	imatinib, Nexavar, Sprycel, Stivarga, Sutent, Tasigna, Votrient
	Riabni	Ruxience
	Targretin	bexarotene
	Tepmetko	Tabrecta
	Xatmep	methotrexate
	Xpovio	Darzalex, Kyprolis, Ninlaro, Pomalyst, Revlimid, Thalomid, Velcade
	Zytiga 250mg, 500mg	abiraterone
CHOLESTEROL MEDICATIONS	Altoprev, Ezallor Sprinkle, simvastatin suspension	atorvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, Livalo
	CRESTOR	rosuvastatin
	Lipitor	atorvastatin
	Pravachol	pravastatin
	Tricor	fenofibrate
	Vytorin	ezetimibe-simvastatin
	Welchol 625mg tablet	colesevelam hcl
	Zetia	ezetimibe
	Zocor	simvastatin
CONTRACEPTION PRODUCTS	Annovera	generic oral contraceptives, Xulane patches
	Balcotra	Aviane, Larissia, Lessina, levonorgestrel-eth estradiol, Sronyx, Vienva
	Lo Loestrin FE	Blisolvi FE, Blisolvi 24 FE, Hailey FE, Junel FE, Larin FE, Melodetta 24 FE, norethindrone-eth estradiol FE
	Loestrin	Aurovela, Junel, Larin, Microgestin, norethindrone-ethinyl estradiol
	Loestrin Fe	Aurovela FE, Blisovi FE, Junel FE, Larin FE, Microgestin FE, norethindrone-ethinyl estradiol FE, Tarina FE

Brand name medications are capitalized and generic medications are lowercase.

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CONTRACEPTION PRODUCTS <i>(cont.)</i>	Minastrin 24 Fe	Mibelas, norethindrone-ethinyl estradiol FE
	Natazia	Blisolvi FE, drospirenone-ethinyl estradiol, Estarylla, Junel FE, Sprintec, Tri-Sprintec
	Phexxi	FC2 Female Condom, Femcap, Gynol, VCF
	Slynd	generic progestin-only oral contraceptives
	Taytulla	Gemmily, norethindrone-eth estradiol FE
	Tyblume	altavera, aviane, falmina, lessina, portia
	Yasmin	Ocella, Syeda, Zarah
DIABETES	Adlyxin, Victoza	Bydureon, Byetta, Ozempic, Trulicity
	Admelog, Admelog Solostar, Afrezza, Apidra, Apidra Solostar, Insulin Aspart	Humalog, LYUMJEV
	alogliptin, Nesina, Onglyza, Tradjenta	Januvia
	alogliptin-metformin, Kazano, Kombiglyze XR	Janumet, Janumet XR
	alogliptin-pioglitazone	pioglitazone, Januvia
	Ascensia (Breeze, Contour) Roche (Accu-Chek) Trividia (Truetest, Truetrack) All other test strips that are not listed as preferred.	Freestyle Test Strips, Precision Xtra Test Strips, Onetouch Ultra 2, Ultramini, Verio, Verio Flex, Precision Xtra Test Strips, B-Ketone Strips
	Fiasp, Fiasp Flextouch, Fiasp Penfill, Insulin Lispro, Novolog	Humalog
	Glucophage XR	metformin ER
	Glucophage, Glumetza	metformin
	Novolin, Relion Novolin	Humulin
EAR MEDICATIONS	Qtern	Glyxambi, Steglujan
	Cetralax ciprofloxacin-fluocinolone	ciprofloxacin, ofloxacin, Ciprodex, Otovel Ciprodex, Otovel
ERECTILE DYSFUNCTION	Cialis	tadalafil
	VIAGRA	sildenafil
EYE CONDITIONS	TIMOPTIC Ocodose	betaxolol drops, brimonidine 0.15% drops, brimonidine 0.2% drops, levobunolol drops, timolol drops, Alphagan P 0.1%, Azopt, Combigan
	Acuvail, BromSite, Nevanac	bromfenac drops, diclofenac drops, ketorolac drops, Ilevro, Prolensa
	Alocril, Alomide, Lastacaft, Pazeo	azelastine drops, cromolyn drops, epinastine drops, ketotifen drops, olopatadine drops, Zerviate
	Betimol	timolol maleate, betaxolol, levobunolol, Alphagan P, Combigan
	Besivance, Ciloxan ointment	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops

Brand name medications are capitalized and generic medications are lowercase.

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
EYE CONDITIONS <i>(cont.)</i>	Cosopt	dorzolamide-timolol
	Durysta, Xelpros	bimatoprost drops, latanoprost drops, travoprost drops, Lumigan, Zioptan
	FML, Flarex, Maxidex, Pred Mild	dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops, Inveltys, LOTEMAX
	Rhopressa, Rocklatan	betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost
	TobraDex ST eye drops, Zylet	tobramycin/dexamethasone drops, Tobradex ointment
	Xalatan	latanoprost drops
GASTROINTESTINAL/HEARTBURN	Aciphex	rabeprazole
	Aciphex Sprinkle, Esomeprazole Strontium, Nexium packets, Prilosec Rx, Protonix suspension, Rabeprazole DR sprinkle	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
	Akynzeo	granisetron, ondansetron, aprepitant, Varubi tablets
	Amitiza, Lubiprostone	Linzess, Trulance
	Asacol HD, Canasa	mesalamine
	Clenpiq, Colytesy Packets, Plenvu, Suprep, Sutab	Gavilyte-G, peg-electrolyte solution, peg-3350, Trilyte with Flavor packets
	Cortifoam	hydrocortisone enema, Uceris foam
	Delzicol	mesalamine DR
	Dipentum	balsalazide, mesalamine DR, mesalamine ER, sulfasalazine, Pentasa
	Emend	aprepitant, Varubi tablets
	Helidac, Pylera	lansoprazole-amoxicillin-clarithromycin, Talicia
	Librax	clidinium with chlordiazepoxide
	Moviprep, Osmoprep	peg-electrolyte solution, Clenpiq, Suprep
	Mytesi	diphenoxylate/atropine, loperamide
	Pancreaze, Pertzye	Creon, ZENPEP
	Prevacid Rx	lansoprazole
	Protonix	pantoprazole
	Reltone	ursodiol
	Sensipar	cinacalcet
	Transderm-Scop	scopolamine
HORMONAL AGENTS	Androgel, Testim	testosterone
	Bijuva, Premphase, Prempro	Amabelz, estradiol-norethindrone acetate, Fyavolv, Jinteli, Mimvey, norethindrone-ethinyl estradiol

Brand name medications are capitalized and generic medications are lowercase.

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
HORMONAL AGENTS <i>(cont.)</i>	Climara Pro	Combipatch	
	Crinone 4%	medroxyprogesterone, megestrol, norethindrone, progesterone	
	Cytomel	liothyronine	
	Divigel, Evamist	estradiol patches	
	Elestrin, Estrogel	Divigel	
	Emflaza	prednisone solution, prednisone tablets	
	Estring, Imvexxy	estradiol cream, estradiol tablets, yuvafem, Premarin cream	
	Femring, Intrarosa	estradiol cream, estradiol patches, estradiol tablets, yuvafem, Premarin cream	
	Fensolvi	Lupron Depot-Ped, Triptodur	
	Humatrope, Nutropin AQ Nuspin, Omnitrope, Saizen, Saizenprep, Zomacton	Genotropin, Norditropin	
	Isturisa	Signifor	
	Jatenzo	testosterone (gel, packets, pump), Androderm	
	Menest, Premarin tablets	estradiol tablets	
	Mycapssa, Sandostatin LAR Depot, Signifor LAR	somatuline depot	
	Osphena	estradiol cream, Yuvafem, Estring, Premarin cream	
	Thyquidity, Tirosint, Tirosint SOL	euthyrox, levo-t, levothyroxine sodium, levoxyl, unithroid	
	Vagifem	estradiol, Yuvafem	
	Vivelle- Dot	estradiol	
	INFECTIONS	Baraclude	entecavir
		doxycycline 40mg capsules	doxycycline hyclate, doxycycline monohydrate
Firvanq		vancomycin capsules	
ledipasvir-sofosbuvir		HARVONI	
MAVYRET, SOVALDI		EPCLUSA, HARVONI, VOSEVI, ZEPATIER	
minocycline ER capsules, Ximino		minocycline ER tablets	
Noxafil		posaconazole	
Plaquenil		hydroxychloroquine	
Sitavig		acyclovir oral or cream, famciclovir, valacyclovir	
sofosbuvir-velpatasvir		EPCLUSA	
TOBI		tobramycin	
Tolsura		itraconazole	
Valtrex		valacyclovir	

Brand name medications are capitalized and generic medications are lowercase.

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MISCELLANEOUS	Berinert	Ruconest
	Brisdelle	paroxetine
	Firazyr	icatibant
	FIRDAPSE	Ruzurgi
	Ingrezza	Austedo
	Jadenu Sprinkle	deferasirox
	Noctiva	desmopressin
	Xenazine	tetrabenazine
	Zavesca	miglustat
MULTIPLE SCLEROSIS	Extavia	AVONEX, BETASERON, Plegridy, Rebif
NUTRITIONAL/DIETARY	Fosrenol Powder Packet	lanthanum, sevelamer, Phoslyra, Velporo
	Pregenna, Trinaz	generic prenatal vitamins
	Renagel	sevelamer hcl
	Veltassa	Lokelma
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine
	Apadaz, benzhydrocodone-acetaminophen, Norco	hydrocodone-acetaminophen
	bupap	acetaminophen-butalbital
	Butrans	BELBUCA, buprenorphine
	Celebrex	celecoxib
	colchicine capsules, Colcrys	colchicine tablets, Mitigare
	Cosentyx	Taltz, Cimzia, Enbrel, Otezla, Skyrizi, Stelara, Tremfya, Xeljanz, Xeljanz XR
	Cuprimine	penicillamine
	diclofenac epolamine patches	Flector Patches
	Embeda, Morphabond ER, oxycodone ER, Xtampza ER	hydromorphone ER, morphine ER, oxymorphone ER, Hysingla ER, Nucynta ER, Oxycontin
	fenoprofen capsules, Fenortho, Nalfon	fenoprofen tablets, diclofenac, indomethacin, ibuprofen, meloxicam, naproxen, nabumetone
	fentanyl buccal tablets, Fentora, Lazanda, Subsys	fentanyl lozenges
	Imitrex, Zolmitriptan nasal spray	sumatriptan
	Indomethacin 20mg capsules, ketorolac nasal spray, Tivorbex, Vivlodex, Zipsor, Zorvolex	diclofenac, indomethacin, ibuprofen, meloxicam, naproxen, nabumetone, piroxicam
	lidocaine-tetracaine, Pliaglis	lidocaine-prilocaine, lidocaine cream
	Lidoderm	lidocaine cream
	Maxalt, Maxalt MLT	rizatriptan

Brand name medications are capitalized and generic medications are lowercase.

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont.)	Otrexup	Rasuvo
	Ozobax	baclofen, tizanidine
	Pennsaid	diclofenac topical, Flector patches
	Percocet, primlev	oxycodone-acetaminophen
	Proctofoam-HC	pramoxine/hydrocortisone
	Qdolo	tramadol (generic tablet)
	RediTrex	methotrexate inj, Rasuvo
	Treximet	sumatriptan-naproxen
	Uloric	febuxostat
	Zomig	zolmitriptan
	Zomig ZMT	zolmitriptan ODT
PARKINSON'S DISEASE	Apokyn	Kynmobi
	Gocovri	amantadine capsules, amantadine tablets, amantadine oral solution
	Ongentys	entacapone
	Xadago, Zelapar	rasagiline, selegiline
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	Caplyta	aripiprazole, olanzapine, quetiapine, risperidone, ziprasidone, Latuda
	Saphris	asenapine
	Seroquel	quetiapine
	Seroquel XR	quetiapine ER
SEIZURE DISORDERS	Aptiom	carbamazepine, oxcarbazepine, pregabalin, topiramate, Vimpat
	Fintepla	Diacomit, Epidiolex
	Keppra, Keppra XR	levetiracetam
	Lamictal	lamotrigine
	Lamictal ODT	lamotrigine ODT
	Lamictal XR	lamotrigine ER
	Lyrica, Lyrica CR	pregabalin
	Neurontin	gabapentin
	Topamax	topiramate
	topiramate ER	topiramate, Qudexy XR
	Trileptal	oxcarbazepine
	Zonegran	zonisamide
SKIN CONDITIONS	Acanya	clindamycin-benzoyl peroxide
	Alcortin A	hydrocortisone, mupirocin
	Anusol-HC	Procto-Med HC
	Atralin	tretinoin
	calcipotriene foam	calipotriene, calcitriol

Brand name medications are capitalized and generic medications are lowercase.

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont.)</i>	Carac, fluorouracil 0.5% CREAM, imiquimod 3.75% cream pump, Klisyri, Zyclara	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, Picato
	Clindagel, clindamycin 1% gel (by Oceanside)	clindamycin gel, erythromycin gel, Amzeeq
	clo cortolone	betamethasone, fluocinolone, triamcinolone
	Drysol	over-the-counter alternatives
	Ecoza, luliconazole, sulconazole nitrate, Xolegel	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
	Elidel	pimecrolimus
	EPIDUO FORTE	adapalene-benzoyl peroxide
	Impeklo	betamethasone, clobetasol, desonide, desoximetasone, diflorasone, fluocinonide, halcinonide
	RETIN-A MICRO 0.6% & 0.8%	tretinoin microsphere 0.04% & 0.1%
	Tazarotene 0.1% foam	tazarotene cream, Tazorac gel
	Topicort	desoximetasone
	Vanos	fluocinonide
	Veltin	clindamycin-benzoyl peroxide, clindamycin-tretinoin, erythromycin-benzoyl peroxide, tretinoin, Onexton
	Verdeso	desonide 0.05% cream/ointment, desoximetasone 0.25% cream/ointment
	Winlevi	clindamycin topical, clindamycin-tretinoin, erythromycin topical, tretinoin, Amzeeq, Onexton
	Wynzora	betamethasone, calcipotriene-betamethasone, clobetasol, diflorasone, calcipotriene (generic), Enstilar
	Zovirax	acyclovir
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Doral, quazepam	estazolam, lorazepam
	Lunesta	eszopiclone
	Nuvigil	armodafinil
	Provigil	modafinil
	Rozerem	ramelteon
SUBSTANCE ABUSE	Bunavail	buprenorphine/naloxone, Zubsolv
	Evzio, naloxone Auto-Injector	naloxone, Narcan
	Lucemyra	clonidine
TRANSPLANT MEDICATIONS	Envarsus	tacrolimus
	Lupkynis	mycophenolate, prednisone

Brand name medications are capitalized and generic medications are lowercase.

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATION NAME	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS	Avodart	dutasteride
	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Procysbi	Cystagon
	RAPAFLO	silodosin
	Uroxatral	alfuzosin ER
	VESicare	solifenacin

Brand name medications are capitalized and generic medications are lowercase.

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.



1. State laws in Texas and Louisiana may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. 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.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.

Cigna reserves the right to make changes to this drug list without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna 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.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Certain features described in this document may not be applicable to your specific health plan, and plan features may vary by location and plan type. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, "Together, all the way," and "myCigna" are trademarks of Cigna Intellectual Property, Inc.

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

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

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

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

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

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

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

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

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

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

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

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

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