



CIGNA STANDARD 4-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

Together, all the way.®



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

595201 m Standard 4-Tier 09/20



What's inside?

About your prescription drug list	3
How to read your drug list	3
How to find your medication	5
Specialty medications	18
Medications that are not covered	20
Prescription drug list FAQs	32
Exclusions and limitations	35

View your plan's drug list online



This document was last updated on 09/01/2020.* To see a more current list of medications your plan covers, log in to the **myCigna**® App or website. Click on the “Find Care & Costs” tab. Select “Price a Medication,” then type in your medication name.

Questions?

Call the toll-free number on your Cigna ID card. We're here to help. You can also chat with us online on the **myCigna** website, Monday–Friday, 9:00 am–8:00 pm EST.

* Drug list created: originally created 01/01/2004

Last updated: 09/01/2020, for changes starting 01/01/2021

Next planned update: 03/01/2021, for changes starting 07/01/2021

About your prescription drug list

This document shows the most commonly prescribed medications covered on the Standard 4-Tier Prescription Drug List as of January 1, 2021.^{1,2} All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

The Standard 4-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers. Also, your specific plan may not cover all of the medications in this document. Log in to the **myCigna** App or website, or check your plan materials, to see which medications your plan covers.

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Standard 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS		
acyclovir capsule, suspension, tablet amoxicillin amoxicillin-clavulanate ER amoxicillin-clavulanate atovaquone Avidoxy tablet azithromycin packet, suspension, tablet cefdinir cefixime cefuroxime tablet cephalexin ciprofloxacin clarithromycin clarithromycin ER clindamycin Coremino (QL) dapsone doxycycline capsule, suspension, tablet doxycycline IR-DR Emverm entecavir* (QL) erythromycin famciclovir fluconazole hydroxychloroquine	Albenza Baraclude solution* Cipro Daraprim* (PA) E.E.S. 400 Epclusa* (PA) Ery-Tab 333, 500mg Harvoni* (PA) Kitabis Pak* Mavyret* (PA) Sovaldi* (PA) Thalomid* (PA) Uretron D-S Vibramycin syrup Vosevi* (PA)	Alinia Bactrim Bactrim DS Baraclude tablet* (QL) Cayston* Cleocin Clindesse Cresemba (PA) Difucid (QL) EryPed 200 Ery-Tab 250mg Monurol Noxafil suspension, tablet Plaquenil Sulfatrim Suprax Tamiflu (QL) TOBI Podhaler* Uribel Urogestic-Blue UTA Valtrex Vemlidy* Vibramycin suspension Xifaxan Zepatier* (PA)

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

Medications are grouped by the **condition** they treat

Oral specialty medications have an asterisk (*) listed next to them; Injectable specialty medications are listed on tier 4 (pages 18 and 19).

Medications are listed in **alphabetical** order within each column

Medications that have extra coverage requirements will have an **abbreviation** listed next to them

Brand name medications are **capitalized**

Generic medications are **lowercase**

This chart is just a sample. It may not show how these medications are actually covered on the Standard 4-Tier Prescription Drug List.

Tiers

Covered medications are divided into tiers or cost levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

› Tier 1 – Typically Generics	(Lowest-cost medication)	\$
› Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 – Typically Non-Preferred Brands	(Higher-cost medication)	\$\$\$
› Tier 4 – Injectable Specialty Medications	(Highest-cost medication)	\$\$\$\$

Abbreviations next to medications

Some medications on your drug list have extra requirements before your plan will cover them.* This helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation. These medications will have an abbreviation next to them in the drug list. Here's what each of the abbreviations mean.

(PA)	Prior Authorization – Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.
(ST)	Step Therapy – Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).
(QL)	Quantity Limits – For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.
(AGE)	Age Requirements – For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.

*These coverage requirements may not apply to your specific plan. That's because some plans don't have prior authorization, quantity limits, Step Therapy and/or age requirements. Log in to the myCigna App or website, or check your plan materials, to find out if your plan includes these specific coverage requirements.

Brand name medications are capitalized

In this drug list, brand name medications are capitalized and generic medications are lowercase.

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, injectable specialty medications are covered on Tier 4 (listed on page 18). Oral specialty medications are covered on a lower tier (tiers 1-3). They are listed alphabetically by the condition they treat, and have an asterisk (*) next to them.

Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the **myCigna** App or website, or check your plan materials, to learn more about how your plan covers specialty medications.

No cost-share preventive medications are marked with a plus sign

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires that most plans cover certain categories of medications and other products as preventive care services. In this drug list, medications with a plus sign (+) next to them may be available to you at no cost-share (copay, coinsurance and/or deductible). Log in to the **myCigna** App or website, or check your plan materials, to learn more about how your plan covers preventive medications.

Plan exclusions

Your plan excludes certain types of medications or products from coverage. This is known as a “plan (or benefit) exclusion.” This means that your plan doesn’t cover any prescription medications in the drug class or to treat the specific condition. There’s also no option to receive coverage through a medication review process. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** App or website, or check your plan materials, to find out if your plan excludes your medication from coverage.

How to find your medication

Find your condition in the alphabetical list below. Then go to that page to see the covered medications available to treat the condition.

Condition	Page	Condition	Page
AIDS/HIV	6	FEMININE PRODUCTS	12
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	12
ALZHEIMER’S DISEASE	6	HORMONAL AGENTS	12, 13
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	13
ASTHMA/COPD/RESPIRATORY	6	INFERTILITY	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MISCELLANEOUS	13, 14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	14
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	NUTRITIONAL/DIETARY	14
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	14
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CHOLESTEROL MEDICATIONS	8, 9	PARKINSON’S DISEASE	15
CONTRACEPTION PRODUCTS	9, 10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	15
DENTAL PRODUCTS	10	SKIN CONDITIONS	16
DIABETES	11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	16
EAR MEDICATIONS	11	SUBSTANCE ABUSE	16
ERECTILE DYSFUNCTION	11	TRANSPLANT MEDICATIONS	16, 17
EYE CONDITIONS	11	URINARY TRACT CONDITIONS	17
		VACCINES	17
		WEIGHT MANAGEMENT	17

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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AIDS/HIV

abacavir- lamivudine* (PA)	Atripla* (PA)	Cimduo* (PA)
atazanavir* (PA)	Biktarvy*	Complera* (PA)
ritonavir*	Descovy*	Evotaz* (PA)
tenofovir* (PA)	Genvoya*	Intelence* (PA)
	Isentress*	Juluca* (PA)
	Isentress HD* (PA)	Odefsey* (PA)
	Prezista*	Prezcobix* (PA)
	Selzentry* (PA)	Stribild* (PA)
	Symfi*	
	Symfi Lo*	
	Symtuza*	
	Tivicay*	
	Triumeq*	
	Truvada*	
	Viread 150mg, 200mg, 250mg, powder* (PA)	

ALLERGY/NASAL SPRAYS

azelastine		Clarinet
cromolyn		Clarinet-D 12 hour
cyproheptadine		Gastrocrom
desloratadine (QL)		Grastek (PA, QL)
epinephrine (QL)		Karbinal ER
fluticasone		Odactra (PA, QL)
hydroxyzine		Patanase
ipratropium		Ragwitek (PA, QL)
mometasone (QL)		Vistaril
olopatadine		
promethazine solution, syrup, tablet		

ALZHEIMER'S DISEASE

donepezil	Namenda	Aricept
donepezil ODT	Titration Pack	Exelon
memantine		Mestinon
memantine ER (QL)		Namenda tablet
pyridostigmine		Namenda XR (QL)
pyridostigmine ER		Namzaric (QL)
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Celexa (ST, QL)
alprazolam ER		Effexor XR (ST, QL)
alprazolam intensol		Fetzima (ST, QL)
alprazolam ODT		Forfivo XL (ST, QL)
alprazolam XR		Paxil (ST, QL)
amitriptyline		Paxil CR (ST, QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)

bupropion (QL)		Pristiq (ST, QL)
bupropion SR (QL)		Prozac (ST, QL)
bupropion XL (QL)		Remeron
bupropion XL (QL)		Sarafem (ST)
buspirone		Trintellix (ST, QL)
citalopram (QL)		Viibryd (ST, QL)
clomipramine		Wellbutrin SR (ST, QL)
desvenlafaxine ER (QL)		Xanax
duloxetine (QL)		Xanax XR
escitalopram (QL)		Zoloft (ST, QL)
fluoxetine (QL)		
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair HFA	Adcirca* (PA)
albuterol HFA	Anoro Ellipta	Adempas* (PA)
Alyq* (PA)	Atrovent HFA	Arcapta Neohaler
budesonide	Bevespi	Brovana
fluticasone- salmeterol	Aerosphere	Daliresp (QL)
montelukast	Breo Ellipta	Kalydeco* (PA, QL)
tadalafil* 20mg (PA)	Combivent	Letairis* (PA)
Wixela Inhub	Respimat	Lonhala Magnair (PA)
	Dulera	Orenitram ER* (PA)
	Flovent Diskus	Orkambi* (PA, QL)
	Flovent HFA	Perforomist (QL)
	Incruse Ellipta	Pulmicort Respule
	Ofev* (PA)	Revatio suspension, tablet* (PA)
	Opsumit* (PA)	Singular
	Pulmicort Flexhaler	Symdeko* (PA, QL)
	Pulmozyme* (PA)	Tracleer tablet* (PA)
	QVAR RediHaler	Tyvaso* (PA)
	Serevent	Upravi* (PA)
	Symbicort	
	Trelegy Ellipta	

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine (QL)	Vyvanse (PA age, QL)	Adderall (PA age, ST)
clonidine ER		Adzenys ER (PA age, QL)
dexmethylphenidate (PA age)		Adzenys XR-ODT (PA age, QL)
dexmethylphenidate ER (PA age, QL)		Daytrana (PA age, QL)
dextroamphetamine-amphetamine (PA age)		Dyanavel XR (PA age, QL)
dextroamphetamine-amphetamine ER (PA age, QL)		Evekeo ODT (PA age)
guanfacine ER		Focalin (PA age, ST)
metadate ER (PA age, QL)		Intuniv ER
methylphenidate (PA age)		Kapvay
methylphenidate CD (PA age, QL)		Methylin (PA age)
methylphenidate ER (PA age, QL)		QuilliChew ER (PA age, QL)
methylphenidate ER (CD) (PA age, QL)		Quillivant XR (PA age, QL)
methylphenidate ER (LA) (PA age, QL)		Ritalin (PA age, ST)
methylphenidate LA (PA age, QL)		Strattera (QL)
Relexxii (PA age, QL)		

BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid tablet*	Droxia	Amicar*
tranexamic acid tablet*		Lysteda*
		Promacta* (PA)
		Siklos (PA)
		Tavalisse* (PA)

BLOOD PRESSURE/HEART MEDICATIONS

Adult Aspirin Regimen+	Bystolic (ST, QL)	Adalat CC
amiodarone	Corlanor (PA)	Altace (ST)
amlodipine	Entresto	Atacand (ST)
amlodipine-benazepril	Tekturna HCT (QL)	Atacand HCT (ST)
amlodipine-olmesartan (QL)		Avalide (ST)
amlodipine-valsartan		Avapro (ST)
amlodipine-valsartan-HCTZ		Azor (QL)
Aspirin EC+		Benicar (ST, QL)
		Benicar HCT (ST, QL)
		BiDil (QL)
		Calan SR
		Cardizem LA (QL)
		Cardura

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS (cont)

Aspirin-Low+		Catapres-TTS 1
aspirin 325mg tablet+		Catapres-TTS 2
aspirin EC+		Catapres-TTS 3
atenolol		Coreg (ST)
Bayer Aspirin 325mg tablet+		Coreg CR (ST, QL)
benazepril		Corgard (ST)
benazepril-HCTZ		Cozaar (ST)
candesartan		Diovan (ST)
candesartan-HCTZ		Diovan HCT (ST)
cartia XT		Edarbi (ST, QL)
carvedilol		Edarbyclor (ST)
carvedilol ER (QL)		Epaned
Children's Aspirin+		Exforge
clonidine		Exforge HCT
diltiazem		Hemangeol
diltiazem 12hr ER		Hyzaar (ST)
diltiazem 24hr ER		Inderal LA (ST)
diltiazem 24hr ER (CD)		Inderal XL (ST)
diltiazem 24hr ER (LA)		InnoPran XL (ST)
diltiazem 24hr ER (XR)		Kapsargo Sprinkle (ST)
Dilt-XR		Lopressor (ST)
dofetilide (QL)		Lotensin (ST)
doxazosin		Lotensin HCT (ST)
Ecotrin+		Lotrel
Ecpirin+		Micardis (ST, QL)
enalapril		Micardis HCT (ST, QL)
flecainide		Minipress
hydralazine tablet		Multaq
irbesartan		Nitrostat
irbesartan-HCTZ		Norpace CR 150mg
isosorbide		Northera* (PA)
isosorbide ER		Norvasc
labetalol tablet		Pacerone 100mg, 400mg (PA)
lisinopril		Prinivil (ST)
lisinopril-HCTZ		Procardia
losartan		Procardia XL
losartan-HCTZ		Ranexa (QL)
Low Dose Aspirin EC+		Rythmol SR (PA)
Matzim LA		Tekturna (QL)
metoprolol		Tenormin (ST)
nadolol		Tiazac ER
nifedipine		Tikosyn (PA, QL)
nifedipine ER		Toprol XL (ST)
olmesartan (QL)		Tribenzor
olmesartan-amlodipine-HCTZ		Vasotec (ST)
		Verelan
		Verelan PM
		Zestoretic (ST)
		Zestril (ST)

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS (cont)

olmesartan-HCTZ (QL)
Pacerone 200mg
prazosin
propafenone
propafenone ER
propranolol
 solution, tablet
propranolol ER
ramipril
ranolazine ER (QL)
St. Joseph Aspirin+
Taztia XT
telmisartan (QL)
telmisartan-HCTZ (QL)
valsartan
valsartan-HCTZ
verapamil capsule, tablet
verapamil ER
verapamil ER PM
verapamil SR

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER
clopidogrel
enoxaparin* (QL)
fondaparinux* (QL)
Jantoven
prasugrel
warfarin

Brilinta
Eliquis (PA)
Fragmin* (QL)
Xarelto (PA)

Aggrenox
Bevyxxa (QL)
Coumadin (PA)
Effient
Lovenox* (QL)
Plavix
Pradaxa (PA)
Savaysa (PA, QL)
Zontivity

CANCER

abiraterone* (PA)
anastrozole
capecitabine* (PA)
exemestane
imatinib* (PA)
letrozole
mercaptopurine
methotrexate
 tablet
tamoxifen+
temozolomide* (PA)

Erivedge* (PA)
Gleostine
Ibrance* (PA)
Nexavar* (PA)
Revlimid* (PA)
Sprycel* (PA)
Sutent* (PA)
Tasigna* (PA)
Trexall
Verzenio* (PA)

Afinitor* (PA)
Afinitor Disperz* (PA)
Alecensa* (PA)
Bosulif* (PA)
Cabometyx* (PA)
Cometriq* (PA)
Erleada* (PA)
Gleevec* (PA)
Imbruvica* (PA)
Inlyta* (PA)
Jakafi* (PA)
Kisqali* (PA)
Lenvima* (PA)
Lonsurf* (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CANCER (cont)

Lynparza* (PA)
Mekinist* (PA)
Nerlynx* (PA)
Ninlaro* (PA)
Odomzo* (PA)
Pomalyst* (PA)
Purixan*
Rubraca* (PA)
Stivarga* (PA)
Tabloid
Tafinlar* (PA)
Tagrisso* (PA)
Targretin capsule* (PA)
Temodar capsule* (PA)
Tykerb* (PA)
Venclexta* (PA)
Votrient* (PA)
Xalkori* (PA)
Xeloda* (PA)
Xtandi* (PA)
Zejula* (PA)

CHOLESTEROL MEDICATIONS

amlodipine-atorvastatin (QL)
atorvastatin 40mg, 80mg
atorvastatin 10mg, 20mg+
colesevelam
ezetimibe
ezetimibe-simvastatin
fenofibrate
fenofibric acid
fluvastatin+
fluvastatin ER+
lovastatin 10mg
lovastatin 20mg, 40mg+
niacin
niacin ER
Niacor
omega-3 acid ethyl esters
pravastatin+
rosuvastatin 5mg, 10mg+ (QL)
rosuvastatin 20mg, 40mg (QL)

Repatha (PA)
Vascepa (PA)

Caduet (QL)
Crestor (ST, QL)
Lipofen (ST)
Lovaza
Niaspan ER
Pravachol (ST)
TriCor (ST)
Triglide (ST)
Trilipix (ST)
Vytorin (ST)
Welchol
Zetia
Zocor (ST, QL)

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CHOLESTEROL MEDICATIONS (cont)

simvastatin 10mg,
20mg, 40mg+
simvastatin 80mg
(QL)

CONTRACEPTION PRODUCTS

Afirmelle+	Lo Loestrin FE	Annovera+
Aftera+	Taytulla	Balcoltra
Altavera+		Ella+
Alyacen+		Estrostep FE
Amethia+		Layolis FE
Amethyst+		Loestrin FE
Apri+		Minastrin 24 FE
Aranelle+		Natazia
Ashlyna+		NuvaRing
Aubra EQ+		Safyral
Aubra+		Skyla*
Aurovela+		Today Contraceptive
Aurovela FE+		Sponge+
Aurovela 24 FE+		Yasmin 28
Aviane+		Yaz
Ayuna+		
Azurette+		
Balziva+		
Bekyree+		
Blisovi FE+		
Blisovi 24 FE+		
Briellyn+		
Camila+		
Camrese+		
Camrese LO+		
Caya Contoured+		
Caziant+		
Chateal+		
Chateal EQ+		
Cryselle+		
Cyclafem+		
Cyred+		
Cyred EQ+		
Dasetta+		
Daysee+		
Deblitane+		
Delyla+		
desogestrel-ethinyl estradiol+		
desogestrel-ethinyl estradiol-ethinyl estradiol+		
dospirenone- ethinyl estradiol- levomefolate+		
dospirenone- ethinyl estradiol+		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTION PRODUCTS (cont)

Econtra EZ+
Econtra One-Step+
Elinest+
eluryng vaginal
ring+
Emoquette+
Enpresse+
Enskyce+
Errin+
Estarylla+
ethynodiol-ethinyl
estradiol+
etonogestrel-EE
vaginal ring+
Falmina+
Fayosim+
FemCap+
Femynor+
Gianvi+
Gynol II+
Hailey 24 FE+
Heather+
Incassia+
Introvale+
Isibloom+
Jasmiel+
Jencycla+
Jolessa+
Juleber+
Junel+
Junel FE+
Junel FE 24+
Kaitlib FE+
Kalliga+
Kariva+
Kelnor 1-35+
Kelnor 1-50+
Kurvelo+
Larin+
Larin FE+
Larin 24 FE+
Larissia+
Lessina+
Levonest+
levonorgestrel+
levonorgestrel-
ethinyl estradiol+
levonorgestrel-
ethinyl estradiol-
ethinyl estradiol+
Levora-28+
Lillow+
Loryna+

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTION PRODUCTS (cont)

Low-Ogestrel ⁺		
Lo-Zumandimine ⁺		
Lutera ⁺		
Lyza ⁺		
Marlissa ⁺		
medroxy- progesterone 150mg/ml ⁺		
Melodetta 24 FE ⁺		
Mibelas 24 FE ⁺		
Mili ⁺		
Mono-Linyah ⁺		
My Choice ⁺		
My Way ⁺		
Necon ⁺		
New Day ⁺		
Nikki ⁺		
Nora-Be ⁺		
norethindrone ⁺		
norethindrone- ethinyl estradiol ⁺		
norethindrone- ethinyl estradiol- iron ⁺		
norgestimate- ethinyl estradiol ⁺		
Norlyda ⁺		
Norlyroc ⁺		
Nortrel ⁺		
Ocella ⁺		
Opcicon One-Step ⁺		
Option 2 ⁺		
Orsythia ⁺		
Philith ⁺		
Pimtrea ⁺		
Pirmella ⁺		
Portia ⁺		
Previfem ⁺		
Reclipsen ⁺		
Setlakin ⁺		
Sharobel ⁺		
Simliya ⁺		
Simpesse ⁺		
Sprintec ⁺		
Sronyx ⁺		
Syeda ⁺		
Tarina FE ⁺		
Tarina 24 FE ⁺		
Tarina FE 1-20 EQ ⁺		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTION PRODUCTS (cont)

Tri Femynor ⁺		
Tri-Estarylla ⁺		
Tri-Legest FE ⁺		
Tri-Linyah ⁺		
Tri-Lo-Estarylla ⁺		
Tri-Lo-Marzia ⁺		
Tri-Lo-Mili ⁺		
Tri-Lo-Sprintec ⁺		
Tri-Mili ⁺		
Tri-Previfem ⁺		
Tri-Sprintec ⁺		
Trivora-28 ⁺		
Tri-Vylibra ⁺		
Tri-Vylibra Lo ⁺		
Tulana ⁺		
Tydemyl ⁺		
Velivet ⁺		
Vienva ⁺		
Viorele ⁺		
Vyfemla ⁺		
Vylibra ⁺		
Wera ⁺		
Wide Seal Diaphragm ⁺		
Wymzya FE ⁺		
Xulane ⁺		
Zarah ⁺		
Zovia ⁺		
Zumandimine ⁺		

COUGH/COLD MEDICATIONS

Bromfed DM brompheniramine- pseudoephedrine- DM		Tessalon Perle Tuzistra XR (PA, QL)
hydrocodone- chlorpheniramine ER (PA)		

DENTAL PRODUCTS

chlorhexidine doxycycline 20mg fluoride ^{+^} Fluoritab ^{+^} Flura-Drops ^{+^} Ludent ^{+^} Oralene Paroex Peridex Periogard sodium fluoride ^{+^} triamcinolone 0.1% paste		Floriva ^{+^} Fluorabon ^{+^}
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Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIABETES

glimepiride	Baqsimi (QL)	Amaryl
glipizide	Basaglar (QL)	Cycloset
glipizide ER	Bydureon (ST, QL)	Glucophage
glipizide XL	Byetta (ST, QL)	Glucophage XR
metformin	Farxiga (ST, QL)	Korlym* (PA)
metformin ER	Freestyle Libre	Riomet
NovoTwist	Sensor (PA, QL)	
pioglitazone	GlucaGen HypoKit (QL)	
	Glucagon	
	Emergency Kit (QL)	
	Glyxambi (ST, QL)	
	Humalog (QL)	
	Humulin (QL)	
	Janumet (ST, QL)	
	Janumet XR (ST, QL)	
	Januvia (ST, QL)	
	Jardiance (ST, QL)	
	Levemir (QL)	
	OneTouch test strips	
	Ozempic (ST, QL)	
	QTERN (ST, QL)	
	Segluromet (ST, QL)	
	Soliqua	
	Steglatro (ST, QL)	
	SymLinPen	
	Synjardy (ST, QL)	
	Synjardy XR (ST, QL)	
	Tresiba (QL)	
	Trulicity (ST, QL)	
	V-Go	
	Victoza (ST, QL)	
	Xigduo XR (ST, QL)	
	Xultophy	

DIURETICS

acetazolamide	Diuril	Aldactone
acetazolamide ER	Dyrenium	Dyazide
bumetanide tablet		Inspra
chlorthalidone		Jynarque* (PA)
eplerenone		Lasix
furosemide		Maxzide
hydrochlorothiazide		Samsca*
spironolactone		
triamterene-HCTZ		

EAR MEDICATIONS

neomycin-polymyxin-HC ofloxacin drops	Cipro HC Ciprodex	Coly-Mycin S Cortisporin-TC Dermotic Otovel
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ERECTILE DYSFUNCTION

sildenafil^ (PA age, QL)	Muse^ (PA, QL)	Caverject Impulse Syringe^ (PA, QL)
tadalafil^ 2.5mg, 10mg, 20mg (PA age, QL)		Cialis^ (PA age, ST, QL)
tadalafil^ 5mg (PA, QL)		Stendra^ (PA age, ST, QL)
varденаfil^ (PA age, QL)		Viagra^ (PA age, ST, QL)

EYE CONDITIONS

azelastine	Alphagan P 0.1%	Acuvail
brimonidine	Azasisite	Alphagan P 0.15%
ciprofloxacin	Azopt	Alrex
dorzolamide	Betimol	Bepreve
dorzolamide-timolol	Betoptic S	Besivance
erythromycin	Combigan	Bromsitem
fluorometholone	Lotemax gel	Cequa
gatifloxacin	Moxeza	Cosopt
latanoprost	Pazeo	Cosopt PF
moxifloxacin	Restasis	Cystaran* (QL)
neomycin-polymyxin-dexamethasone	Simbrinza	Durezol
ofloxacin	Tobradex eye ointment	FML Liquifilm
polymyxin B-TMP	Xiidra	Ilevro
prednisolone solution		Inveltys
timolol solution		Istalol
tobramycin		Lastacaft
tobramycin-dexamethasone		Lotemax drops, ointment
		Maxitrol
		Nevanac
		Ocuflox
		Oxervate* (PA)
		Patanol
		Polytrim
		Pred Forte
		Prolensa
		Rhopressa
		Timoptic
		Timoptic-XE
		Tobradex drops
		Tobradex ST
		Trusopt
		Vigamox
		Zirgan
		Zylet
		Zymaxid

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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FEMININE PRODUCTS

Fem pH gynazole 1 miconazole 3 suppository terconazole		AVC
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GASTROINTESTINAL/HEARTBURN

Alophen ⁺	Amitiza	Aciphex (ST, QL)
alosetron*	Apriso ER	Aciphex sprinkle (QL)
Anucort-HC	Carafate suspension	Akynzeo (PA, QL) capsule
balsalazide	CLENPIQ ⁺	Bonjesta
bisacodyl ⁺	Dexilant (QL)	Canasa
Bisa-Lax ⁺	Linzess	Carafate tablet
chlordiazepoxide-clidinium	Lithostat	Cholbam* (PA)
cinacalcet*	Pancreaze	Correctol ⁺
ClearLax ⁺	Pentasa	Diclegis
dicyclomine	Prepopik ⁺	Donnatal
diphenoxylate-atropine	SUPREP ⁺	Dulcolax ⁺
dronabinol		Kristalose
Ducodyl ⁺		Lomotil
esomeprazole (QL) capsule		MiraLax ⁺
famotidine tablet, suspension		Movantik (PA)
GaviLax ⁺		Ocaliva* (PA)
GaviLyte-C ⁺		Prevacid DR (ST, QL)
GaviLyte-G ⁺		Protonix suspension, tablet (ST, QL)
Gavilyte-N ⁺		Ravicti* (PA)
GentleLax ⁺		Rectiv
GlycoLax ⁺		Relistor (PA)
HealthyLax ⁺		Sancuso (PA, QL)
Hemmorex-HC		sfRowasa
hydrocortisone suppository		Sucraid* (PA)
lansoprazole (QL)		Symproic (PA)
LaxaClear ⁺		Transderm-Scop
laxative peg 3350 ⁺		Urso
laxative ⁺		Urso Forte
mesalamine		Varubi (PA, QL)
mesalamine DR		Viberzi
metoclopramide solution, tablet		Viokace
metoclopramide ODT		Xermelo* (PA)
omeprazole (QL)		
ondansetron		
ondansetron ODT		
pantoprazole tablet (QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN (cont)

PEG 3350-Electrolyte ⁺		
Peg-Prep ⁺		
Phenadoz		
polyethylene glycol 3350 ⁺		
prochlorperazine tablet, suppository		
promethazine solution, syrup, tablet		
Promethegan		
QC Natura-Lax ⁺		
rabeprazole (QL)		
ranitidine capsule, syrup, tablet		
SmoothLAX ⁺		
sucralfate		
Trilyte with Flavor Packets ⁺		
ursodiol		
Women's Gentle Laxative ⁺		
Women's Laxative ⁺		

HORMONAL AGENTS

Amabelz	Androderm (PA, QL)	Activella
budesonide EC	Divigel	Alora (QL)
budesonide ER (PA, QL)	Duavee	AndroGel (PA, QL)
cabergoline (QL)	Estring (QL)	Angeliq
Covaryx	Euthyrox	Armour Thyroid
Covaryx H.S.	Levo-T	Climara
Decadron	Medrol 2mg	Climara Pro
desmopressin tablet, solution, spray	Orilissa (PA, QL)	CombiPatch
dexamethasone	Premarin cream, tablet	Crinone [^]
dexamethasone intensol	Premphase	Cytomel
Dotti (QL)	Prempro	Depo-Testosterone
EEMT		Elestrin
EEMT H.S.		Emflaza* (PA)
estradiol (QL)		Entocort EC
estradiol-norethindrone		Estrace
estrogen-methyltestosterone		EstroGel
		Evamist
		Imvexxy (QL)
		Intraraso
		Medrol 4mg, 8mg, 16mg, 32mg
		Menostar (QL)
		Minivelle (QL)
		Noctiva (PA)
		Osphena

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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HORMONAL AGENTS (cont)

levothyroxine		Prometrium
Levoxyl		Royaldee
liothyronine		Striant (PA, QL)
Lopreeza		Synthroid
medroxy- progesterone		Tirosint
methimazole		Unithroid
methylprednisolone tablet, dosepak		Vagifem (QL)
Mimvey		Vivelle-Dot (QL)
Nature-Throid		
NP Thyroid		
prednisolone ODT		
prednisone		
prednisone intensol		
progesterone capsule		
testosterone (PA, QL)		
testosterone cypionate		
thyroid		
Vandazole		
Westhroid		
WP Thyroid		
Yuvaferm (QL)		

INFECTIONS

acyclovir capsule, suspension, tablet	Baraclude solution*	Albenza
albendazole tablet	Cipro suspension	Alinia
amoxicillin	Cleocin 75mg capsule	Arikayce* (PA)
amoxicillin- clavulanate	Daraprim* (PA)	Bactrim
amoxicillin- clavulanate ER	Epclusa* (PA)	Bactrim DS
atovaquone	Firvanq	Baxdela (PA) tablet
atovaquone- proguanil	Harvoni* (PA, QL)	Cayston* (PA, QL)
Avidoxy	Ledipasvir- Sofosbuvir* (PA)	Cipro tablet
azithromycin	Mavyret* (PA)	Cleocin
cefdinir	Sofosbuvir- Velpatasvir* (PA)	Clindesse
cefpodoxime	Sovaldi* (PA, QL)	Cresemba capsule (PA)
cefuroxime	Thalomid* (PA)	Dificid (QL)
cephalexin	TOBI Podhaler* (PA, QL)	Elimite
ciprofloxacin	Vibramycin syrup	EryPed 200
clarithromycin	Vosevi* (PA)	Flagyl
clarithromycin ER	Xifaxan (QL)	Keflex
clindamycin		Kitabis Pak* (PA, QL)
Coremino (QL)		Levaquin
dapsone		Macrobid
		Macrochantin
		Malarone (PA)
		Monurol

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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INFECTIONS (cont)

doxycycline		Natroba
Emverm		Noxafil suspension
entecavir* (QL)		Nuessa
erythromycin		Nuzyra* (PA) tablet
famciclovir		Oravig
fluconazole		Plaquenil (PA)
hydroxychloroquine		Prevymis* tablet
itraconazole		Priftin
levofloxacin solution, tablet		Sivextro (PA) tablet
metronidazole		Sklice
minocycline		Solosec
minocycline ER (QL)		Sulfatrim
Mondoxyme NL		Suprax
Morgidox capsule		Tamiflu (QL)
nitrofurantoin		Urogesic-Blue
nitrofurantoin mono-macro		Valtrex
nystatin		Vemlidy*
okebo		Vfend suspension, tablet (PA)
oseltamivir (QL)		Vibramycin suspension
penicillin V		Xofluza (QL)
permethrin		Zepatier* (PA)
sulfamethoxazole- TMP suspension, tablet		Zithromax packet, suspension, tablet
terbinafine tablet		Zyvox (PA)
tetracycline		
tobramycin ampule* (PA, QL)		
valacyclovir		
valganciclovir		
vancomycin capsule		
vandazole		
voriconazole suspension, tablet (PA)		

INFERTILITY

clomiphene^		Crinone^ 8% Endometrin^
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MISCELLANEOUS

disulfiram	Cerdelga* (PA)	Addyi^ (PA, QL)
Nebusal 3%	Esbriet* (PA)	Austedo* (PA)
PULMOSAL	Nityr* (PA)	Brisdelle (QL)

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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MISCELLANEOUS (cont)

sodium chloride inhalation vial		Exjade* (PA)
TechLITE Lancets		Ferriprox* (PA)
tetrabenazine* (PA)		Galafold* (PA)
trientine* (PA)		Ingrezza* (PA)
		Jadenu* (PA)
		Jadenu Sprinkle* (PA)
		Kuvan* (PA)
		Nuedexta (QL)
		Orfadin* (PA)
		Tiglutik* (PA)

MULTIPLE SCLEROSIS

	Gilenya* (PA)	
	Tecfidera* (PA)	

NUTRITIONAL/DIETARY

calcitriol capsule, solution	CitraNatal	Auryxia (QL)
calcium 667mg	Drisdol	Fosrenol chew
cyanocobalamin injection	Floriva+	K-Tab ER
Daily Prenatal+ FA-8+	Fosrenol packet	Lokelma
folic acid 1mg	Klor-Con M15	Phoslyra
folic acid+ 0.4mg, 0.8mg	Mephyton	Renvela
Klor-Con 8	MVC-Fluoride+	Velphoro
Klor-Con 10	OB Complete	Veltassa
Klor-Con M10	Perry Prenatal+	VitaPearl
Klor-Con M20	Prenate Mini	
lanthanum	Prenate Pixie	
phytonadione tablet	PrimaCare	
potassium chloride capsule, packet, solution, tablet	Quflora Ped 1mg chew, drops+	
Prena1 Pearl	Rocaltrol	
prenatal vitamin+ Prenatal+	Tri-Vi-Flor+	
prenatal vitamin+ sevelamer		
vitamin D2		
vitamin D3		

OSTEOPOROSIS PRODUCTS

alendronate (QL)	Tymlos* (PA, QL)	Actonel (ST)
calcitonin-salmon		Atelvia (ST)
ibandronate tablet		Binosto (ST)
raxofifene+		Boniva (ST) tablet

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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OSTEOPOROSIS PRODUCTS (cont)

risedronate		Evista
risedronate DR		Fosamax (ST)
		Fosamax Plus D (ST)

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA)	Aimovig autoinjector (PA)	Analpram HC
allopurinol	Ajovy (PA)	Arava
aprizio pak	Belbuca (QL)	Arymo ER (PA)
baclofen tablet	Depen* (PA)	Butrans (QL)
buprenorphine patch, tablet (QL)	Emgality (PA)	Celebrex (ST, QL)
butalbital-acetaminophen-caffeine (QL)	Hysingla ER (PA)	Colcrys
carisoprodol	Morphabond ER (PA)	diclofenac patch (PA,, QL)
celecoxib (QL)	Nucynta (PA)	Duragesic (PA)
colchicine	Otezla* (PA, QL)	EC-Naprosyn (ST)
cyclobenzaprine	Proctofoam-HC	Esgic (QL)
DermacinRx Empricaine	Rasuvo (PA)	Fexmid
DermacinRx Prizopak	Savella	Flector (PA, QL)
diclofenac (QL)	Uloric (QL)	Kadian (PA)
diclofenac ER	Xeljanz* (PA, QL)	Lidoderm
EC-naproxen	Xeljanz XR* (PA, QL)	Mitigare
eletriptan (QL)	Xtampza ER (PA)	Mobic (ST)
Endocet (PA)	Ztlido	MS Contin (PA)
etodolac		Nalfon 400mg(ST)
etodolac ER		Naprosyn (ST)
fentanyl (PA)		Norco (PA)
Fioricet (QL)		Nucynta ER (PA)
frovatriptan (QL)		Olumiant* (PA, QL)
Glydo		Otrexup (PA)
hydrocodone-acetaminophen (PA)		Oxaydo (PA)
hydromorphone solution, suppository, tablet (PA)		Percocet (PA)
hydromorphone ER (PA)		Procort
IBU		Qmiiz ODT (ST, QL)
ibuprofen 400mg, 600mg, 800mg		Skelaxin
indomethacin capsule		Tylenol with Codeine #3 (PA)
		Tylenol with Codeine #4 (PA)
		Ultram (QL)
		Voltaren (PA, QL)
		Zanaflex
		Zebutal (QL)
		Zohydro ER (PA)
		Zyloprim

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

indomethacin ER		
ketorolac (QL)		
leflunomide		
lidocaine (QL)		
lidocaine viscous		
lidocaine-prilocaine		
Lidopril		
Lidopril XR		
Lido-Prilo Caine Pack		
Livixil Pak		
Lorcet (PA)		
Lorcet HD (PA)		
Lorcet Plus (PA)		
Lortab (PA)		
meloxicam		
metaxalone		
methocarbamol tablet		
morphine solution, suppository, tablet (PA)		
morphine ER (PA)		
nabumetone		
Nalfon 600mg (ST)		
Nalocet (PA)		
naproxen		
oxycodone (PA)		
oxycodone ER (PA)		
oxycodone-acetaminophen (PA)		
Prilolid		
Prilovix		
Primlev (PA)		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan-naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Vicodin HP (PA)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PARKINSON'S DISEASE

benztropine		Azilect (QL)
bromocriptine		Duopa*
carbidopa-levodopa		Mirapex
carbidopa-levodopa ER		Mirapex ER (QL)
pramipexole		Neupro
pramipexole ER (QL)		Osmolex ER (QL)
rasagiline (QL)		Parlodel
ropinirole		Rytary
ropinirole ER		Sinemet
		Sinemet CR
		Tasmar
		Xadago (ST)

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole (QL)	Latuda (QL)	Fanapt (ST, QL)
aripiprazole ODT		Invega (ST, QL)
chlorpromazine tablet		Rexulti (ST, QL)
olanzapine tablet		Risperdal (ST)
olanzapine ODT		Saphris (ST)
paliperidone ER (QL)		Seroquel (ST)
quetiapine		Seroquel XR (ST)
quetiapine ER		Vraylar (ST, QL)
risperidone		
risperidone ODT		
ziprasidone		

SEIZURE DISORDERS

carbamazepine	Dilantin 30mg (PA)	Aptiom (PA, QL)
carbamazepine ER	Fycompa (PA, QL)	Banzel (PA, QL)
clonazepam	Vimpat solution, tablet (PA)	Briviact solution, tablet (PA)
divalproex		Carbatrol (PA)
divalproex ER		Depakote (PA)
epitol		Depakote ER (PA)
gabapentin		Depakote Sprinkle (PA)
lamotrigine		Dilantin 50mg, 100mg (PA)
lamotrigine (blue, green, orange)		Epidiolex* (PA)
lamotrigine ER		Klonopin (PA)
lamotrigine ODT		Lyrica oral solution (PA)
levetiracetam solution, tablet		Neurontin (PA)
levetiracetam ER		Onfi (PA)
oxcarbazepine		Oxtellar XR (PA)
Roweepra		Phenytek (PA)
Roweepra XR		Tegretol (PA)
subvenite		Tegretol XR (PA)
subvenite (blue, green, orange)		
topiramate		
topiramate ER		
vigabatrin*		
Vigadrone*		

Cigna Standard Complete 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SKIN CONDITIONS

adapalene (PA age)	Drysol	Bryhali (ST)
adapalene-benzoyl peroxide	Eucrisa	Celacyn
Amnesteem (QL)	Fluoroplex	Centany
Avar	Naftin gel	Cleocin T
Avar-E	Pramosone 1%-1% cream and 1% lotion, 1%-1%	Cloderm (ST)
Avar-E Green	ointment, 2.5%-1% ointment	Dovonex
azelaic acid	Santyl (QL)	Ecoza
betamethasone BP 10-1		Efudex
calcipotriene		Elidel
calcipotriene-betamethasone DP		Evoclin
Claravis (QL)		Lotrisone
Clindacin ETZ pledget		MiCort-HC 2.5% cream (ST)
Clindacin P pledget		Mimyx
clindamycin-benzoyl peroxide		Naftin 2% cream
clindamycin phosphate		Nizoral
clindamycin-tretinoin		Picato
clobetasol		Pramosone 2.5%-1% cream, lotion
Clodan shampoo, solution		Protopic
clotrimazole-betamethasone		Regranex (PA, QL)
dapsone		Targretin gel*
desoximetasone		Temovate (ST)
fluocinonide		Tolak
fluorouracil cream, solution		Topicort (ST)
hydrocortisone		Valchlor*
isotretinoin (QL)		Xepi
ketoconazole		
metronidazole		
MiCort-HC 2.5%		
mupirocin		
Myorisan (QL)		
Neuac gel		
Nolix		
oxiconazole		
pimecrolimus		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SKIN CONDITIONS (cont)

Rosadan sodium sulfacetamide-sulfur		
SSS 10-5		
Sulfacleanse 8-4		
tacrolimus ointment		
tazarotene		
tretinoin (PA age)		
tretinoin microsphere (PA age)		
triamcinolone		
triderm		
Zenatane (QL)		

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	Silenor (ST, QL)	Hetlioz* (PA)
eszopiclone		Lunesta (ST)
modafinil (PA)		Rozerem (ST, QL)
temazepam		Xyrem* (PA)
zolpidem		
zolpidem ER (QL)		

SMOKING CESSATION

bupropion SR+	Chantix^	NicoDerm CQ
NicoDerm CQ	Nicotrol NS^	7mg/24hr,
21mg/24hr+	Nicotrol^	14mg/24hr+
Nicorelief+		Nicorette+
nicotine gum+		
nicotine lozenge+		
nicotine patch+		
Quit 2+		
Quit 4+		

SUBSTANCE ABUSE

buprenorphine-naloxone	Lucemyra (QL)	Bunavail
	NARCAN (QL)	Suboxone
	Zubsolv	

TRANSPLANT MEDICATIONS

azathioprine tablet*		Astagraf XL*
mycophenolate capsule, suspension, tablet*		Cellcept capsule, suspension, tablet*
		Envarsus XR*
		Myfortic*

Cigna Standard 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on page 18).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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TRANSPLANT MEDICATIONS (cont)

mycophenolic acid*		Prograf capsule, packet*
sirolimus*		Rapamune*
tacrolimus capsule*		Zortress*

URINARY TRACT CONDITIONS

cevimeline	Cystagon*	Avodart
darifenacin ER (QL)	Elmiron	Evoxac
finasteride 5mg	Thiola*	Flomax
oxybutynin		Proscar
oxybutynin ER		Pyridium
phenazopyridine		Rapaflo (QL)
potassium ER		Urocit-K
silodosin (QL)		
solifenacin (QL)		
tamsulosin		
tolterodine		
tolterodine ER (QL)		
tropium		
tropium ER		

VACCINES

For plans renewing on 2/1/20 and later: Starting on the date your new plan year begins, vaccines will be covered under your pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna App or website, or check your plan materials, to find out how your specific plan covers them.

Diphtheria and Tetanus Toxoids-ped+ TdVax+	ActHIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Engerix-B+ FLUAD+ FLUARIX QUADRIVALENT+ FLUBLOK QUADRIVALENT+ FLUCELVAX QUADRIVALENT+ FLUALVAL QUADRIVALENT+ Fluzone High-dose+ Fluzone Quadrivalent Pedi+	FluMist Quad Nasal+ Rotarix+ RotaTeq+
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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VACCINES (cont)

For plans renewing on 2/1/20 and later: Starting on the date your new plan year begins, vaccines will be covered under your pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna App or website, or check your plan materials, to find out how your specific plan covers them.

	Fluzone Quadrivalent+ GARDASIL 9+ HAVRIX+ HEPLISAV-B+ Hiberix+ Infanrix DTaP+ IPOL+ KINRIX+ Menactra+ Menveo A-C-Y-W-135-DIP+ M-M-R II+ PEDIARIX+ PedvaxHIB+ Pentacel+ PNEUMOVAX 23+ Pprevnar 13+ ProQuad+ Quadracel DTaP-IPV+ Recombivax HB+ SHINGRIX+ Tenivac+ Trumenba+ Twinrix+ VAQTA+ VARIVAX+ ZOSTAVAX+	
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WEIGHT MANAGEMENT

Lomaira^ phentermine^		Belviq^ (PA) Belviq XR^ (PA) Contrave^ (PA) Megace ES solution Qsymia^ (PA) Saxenda^ (PA)
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Injectable specialty medications

The medications listed below are covered on Tier 4 and need approval from Cigna before your plan will cover them.

MEDICATION NAME	DRUG CLASS
Actemra (PA, QL) syringe	PAIN RELIEF AND INFLAMMATORY DISEASE
Actimmune (PA)	CANCER
Apokyn (PA)	PARKINSON'S DISEASE
Aranesp^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Avonex pen (PA)	MULTIPLE SCLEROSIS
Avonex (PA)	MULTIPLE SCLEROSIS
Benlysta (PA) 200mg	PAIN RELIEF AND INFLAMMATORY DISEASE
Betaseron (PA)	MULTIPLE SCLEROSIS
Cimzia (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Dupixent (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Egrifta (PA)	HORMONAL AGENTS
Enbrel (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Entyvio^ (PA)	GASTROINTESTINAL/HEARTBURN
Epogen^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Extavia (PA)	MULTIPLE SCLEROSIS
Fulphila^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Gattex (PA)	GASTROINTESTINAL/HEARTBURN
glatiramer (PA)	MULTIPLE SCLEROSIS
Glatopa (PA)	MULTIPLE SCLEROSIS
Granix^	BLOOD MODIFIERS/BLEEDING DISORDERS
Haegarda (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Hemlibra (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Humatrope (PA)	HORMONAL AGENTS
Humira (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ilaris^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ilumya (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Increlex (PA)	HORMONAL AGENTS
Kevzara (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kineret (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Lupron Depot^ (PA)	CANCER
Myalept (PA)	MISCELLANEOUS
Natpara (PA)	HORMONAL AGENTS
Neulasta^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Neupogen^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Nivestym^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Norditropin FlexPro (PA)	HORMONAL AGENTS
Orencia (PA, QL) syringe	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
Palyngiq (PA)	MISCELLANEOUS
Pegasy (PA)	INFECTIONS
Plegridy (PA)	MULTIPLE SCLEROSIS
Procrit^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Rebif (PA)	MULTIPLE SCLEROSIS
Remicade^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Retacrit^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Serostim (PA)	HORMONAL AGENTS
Simponi Aria (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Simponi (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Somatuline Depot^ (PA)	HORMONAL AGENTS
Somavert (PA)	HORMONAL AGENTS
Stelara (PA, QL) syringe, 45mg/0.5ml vial	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq (PA)	MISCELLANEOUS
Takhzyro (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Taltz (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Tremfya (PA, QL) syringe	PAIN RELIEF AND INFLAMMATORY DISEASE
Udenyca^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Xolair (PA)	ASTHMA/COPD/RESPIRATORY
Zarxio^	BLOOD MODIFIERS/BLEEDING DISORDERS
Zorbtive (PA)	HORMONAL AGENTS

Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay its full cost out-of-pocket and the cost can't be applied to your annual deductible or out-of-pocket maximum. **Your plan covers other medications that are used to treat the same condition.**^^ They're listed below.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
AIDS/HIV	Combivir*	lamivudine-zidovudine*	
	Epivir*	lamivudine*	
	Epzicom*	abacavir-lamivudine*	
	Kaletra solution*	lopinavir-ritonavir solution*	
	Lexiva tablet*	fosamprenavir*	
	Norvir tablet*	ritonavir*	
	Retrovir capsule, syrup*	zidovudine capsule, syrup*	
	Reyataz capsule*	atazanavir*	
	Sustiva*	efavirenz*	
	Trizivir*	abacavir-lamivudine-zidovudine*	
	Viramune*	nevirapine*	
	Viramune XR*	nevirapine ER*	
	Ziagen*	abacavir*	
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto-injectors	
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g. fluticasone)	
	QNASL Children's	budesonide fluticasone triamcinolone	
	RyVent carbinoxamine 6mg tablet	carbinoxamine 4mg tablet	
	ANXIETY/DEPRESSION/BIPOLAR	Anafranil	clomipramine
		Aplenzin Wellbutrin XL	bupropion XL
Ativan tablet		lorazepam	
Cymbalta		duloxetine	
Lexapro		escitalopram	
Pamelor		nortriptyline capsules	
Parnate		tranylcypromine	
Pexeva		paroxetine/CR/ER	
Tofranil		imipramine tablet	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY	Advair Diskus AirDuo RespiClick	Advair HFA Breo Ellipta Dulera fluticasone-salmeterol Symbicort Wixela Inhub
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler Pulmicort Flexhaler
	Stiolto Respimat Utibron Neohaler	Anoro Ellipta
	Elixophyllin	theophylline oral solution
	ProAir HFA ProAir RespiClick Proventil HFA Ventolin HFA Xopenex HFA	albuterol HFA
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Striverdi Respimat	Serevent Diskus
	Yupelri	Anoro Ellipta Incruse Ellipta Trelegy Ellipta
	Zyflo	montelukast zafirlukast zileuton ER
ATTENTION DEFICIT HYPERACTIVITY	Adderall XR Adhansia XR Aptensio XR Concerta Cotempla XR-ODT Mydayis Focalin XR Ritalin LA	dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA Vyvanse
	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
BLOOD PRESSURE/HEART MEDICATIONS	Betapace	sotalol oral
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
	Firazyr*	icatibant
	Isordil	isosorbide dinitrate
	Isordil Titradose	isosorbide dinitrate digoxin

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin
CANCER	Nilandron	nilutamide
	Tarceva*	erlotinib*
	Yonsa*	abiraterone*
	Zytiga*	
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin
	Lipitor	atorvastatin
	Praluent Pen	Repatha
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
	TussiCaps	hydrocodone-chlorpheniramine ER promethazine with codeine syrup
DIABETES	Accu-Chek Aviva Plus test strips Accu-Chek Guide test strips Accu-Chek Smartview Accutrend glucose	One Touch test strips (e.g. Ultra; Verio)
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza
	Ademelog Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	alogliptin alogliptin-metformin Kombiglyze XR Nesina Onglyza Tradjenta	Janumet Janumet XR Januvia metformin
	alogliptin-pioglitazone	Janumet Janumet XR Januvia pioglitazone
	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Jentadueto Jentadueto XR Kazano	Janumet Janumet XR
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia
	Steglujan	Glyxambi metformin QTERN
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Lumigan TRAVATAN Z Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
	Vyzulta	bimatoprost latanoprost
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine
	CoLyte with Flavor Packets+ GoLyteLyte+ MoviPrep+ NuLYTELY with flavor packs+ OsmoPrep+ Plenvu+	Clenpiq+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ 3550 Electrolyte+ Prepopik+ SuPrep+
	Cortifoam Uceris foam	Prescription hydrocortisone enema, rectal cream, suppository

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN (<i>cont</i>)	Creon Pertzye Zenpep	Pancreaze	
	Librax	chlordiazepoxide-clidinium	
	Marinol Syndros	dronabinol	
	Motegrity Trulance Zelnorm	Amitiza Linzess	
	Nexium capsule	esomeprazole	
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pack)	
	OmePPI Zegerid packet, 40mg capsule	omeprazole	
	Pepcid	famotodine	
	Prevacid SoluTab	Generic prescription PPIs (e.g. lansoprazole)	
	Rowasa	mesalamine rectal enema suspension	
	Sensipar*	cinacalcet*	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Cortrosyn	cosyntropin
		DDAVP	desmopressin
Dxevo TaperDex		dexamethasone	
Fortesta Natesto Testim Vogelxo Xyosted		AndgroGel testosterone	
Genotropin* Nutropin AQ nuspin* Omnitrope* Saizen* Saizen-Saizenprep* Zomacton*		Humatrope* (PA)	
Nocdurna		desompression acetate nasal spray or tablets	
Rayos		prednisone	
Uceris tablets		budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Seysara Solodyn Targadox Vibramycin Ximino	Generic products (e.g. doxycycline; minocycline)	
	Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine quinine	
	Augmentin/ES	amoxicillin-clavulanate	
	Baraclude tablet*	entecavir tablet*	
	Bethkis* Tobi	tobramycin inhalation solution*	
	Diflucan	fluconazole	
	E.E.S. 200	erythromycin granules	
	Eryped 400	erythromycin ethylsuccinate	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Noxafil tablet	posaconazole DR 100mg tablet	
	Sitavig	acyclovir tablet famciclovir tablet valacyclovir tablet	
	Sporanox Tolsura	itraconazole oral	
	Valcycte	valganciclovir	
	Vancocin	vancomycin oral capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Syprine*	Depen* penicillamine* trientine*
		Xenazine*	tetrabenazine*
	MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER*
Aubagio*		Gilenya* Mayzent* Tecfidera*	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS <i>(cont)</i>	Copaxone*	Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*
NUTRITIONAL/DIETARY	Azesco PreGenna Trinaz	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	Amerge Frova Maxalt Maxalt MLT Relpax	generic triptans (e.g. naratriptan; sumatriptan)
	Amrix	cyclobenzaprine Other generic muscle relaxants
	Bupap	butalbital-acetaminophen tablets
	butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g. celecoxib, meloxicam)
	ConZip	Tramadol Tramadol ER
	Cosentyx*	Enbrel* Humira* Otezla* Stelara* Taltz*
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	Gloperba	colchicine, probenecid-colchicine
	Gralise	gabapentin

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY (cont)	Imitrex Zembrace Symtouch	sumatriptan	
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER	
	Lido-Sorb Lidozion	lidocaine cream, ointment	
	Lorzone	chlorzoxazone 500mg	
	Migranal	dihydroergotamine nasal spray	
	ONZETRA Xsail	Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)	
	Oxycontin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER	
	Pennsaid	diclofenac 1% gel	
	Roxicodone	oxycodone	
	Siliq*	Enbrel* Humira* Stelara*	
	Soriatane	acitretin	
	Sprix	ketorolac tablet	
	SUBSYS	fentanyl lozenge or buccal tablet	
	Tivorbex	indomethacin	
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine	
	Vivlodex	meloxicam	
	Zomig	sumatriptan zolmitriptan	
	Zomig ZMT	zolmitriptan ODT	
	Zorvolex	diclofenac	
	PARKINSON'S DISEASE	Gocovri	amantadine
		Lodosyn	carbidopa
		Requip XL	ropinirole extended release
		Zelapar	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Abilify MyCite	aripiprazole	
	FazaClo Versacloz	clozapine clozapine ODT	
	Geodon capsule	ziprasidone	
	Zyprexa	olanzapine	
	Zyprexa Zydis	olanzapine ODT	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS	Felbatol	felbamate
	Keppra oral solution, tablet	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (blue, green, orange)	lamotrigine ODT (blue, green, orange)
	Lamictal XR	lamotrigine ER
	Lamictal XR (blue, green, orange)	lamotrigine ER (blue, green, orange)
	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
	Qudexy XR	topiramate ER
	Trokendi XR	
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Zonegran	zonisamide
SKIN CONDITIONS	Absorica	Myorisan or Zenatane
	Acanya	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aczone	
	Aktipak	
	Altreno	
	Amzeeq	
	Atralin	
	Avita	
	Azelex	
	Differin	
	Duac	
	Epiduo	
	Epiduo Forte	
	Fabior	
	Onexton	
Retin-A		
Retin-A Micro		
Tazorac	imiquimod 5% cream	
Zyclara		
Anusol-HC cream	hydrocortisone cream	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Apexicon E Cordran diflorasone Impoyz Olux Olux-E Psorcon	betamethasone clobetasol halobetasol
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin Neuac Kit	clindamycin-benzoyl peroxide
	Carac	fluorouracil 0.5% cream
	Clindagel	clindamycin gel, topical solution
	Condylox	imiquimod 5% cream packet podofilox 0.5% topical solution
	Cutivate lotion	fluticasone topical lotion
	Denavir Zovirax cream, ointment	acyclovir tablet famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Duobrii	halobetasol plus tazarotene cream
	Enstilar Taclonex	calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam
	Finacea Foam Finacea Gel MetroCream MetroGel MetroLotion Soolantra	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone butyrate lipid cream, lotion, Pandel	betamethasone fluocinolone fluticasone
	HALOG	clobetasol cream, ointment halobetasol cream, ointment

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Jublia Kerydin	ciclopirox topical solution itraconazole capsules terbinafine tablets
	Kenalog spray	triamcinolone acetonide aerosol spray
	Lexette	clobetasol cream, ointment halobetasol cream, foam, ointment
	Locoid	hydrocortisone cream, lipid cream, ointment, solution
	Locoid Lipocream	hydrocortisone lipid cream
	Loprox	ciclopirox cream, shampoo
	Luzu	econazole ketoconazole cream luliconazole oxiconazole
	Noritate	metronidazole cream
	Oxistat	etoconazole cream
	Penlac	ciclopirox solution
	Prudoxin Zonalon	Generic topical steroid (e.g. topical tacrolimus)
	Sernivo	clobetasol spray triamcinolone acetonide aerosol spray
	Sorilux	calcitriol calcipotriene tazarotene
	Trianex	triamcinolone cream, ointment
	Tridesilon	alclometasone desonide triamcinolone
	Ultravate	clobetasol lotion
	Vanos	fluocinonide 0.1% cream
	Verdeso	desonide cream, ointment
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet
	Xolegel	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium 2.5% lotion sodium sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Ativan	lorazepam

^^ 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 and the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SLEEP DISORDERS/SEDATIVES <i>(cont)</i>	Belsomra	Dayvigo
	Edluar Intermezzo	zolpidem/ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
	Zolpimist	eszopiclone Silenor zaleplon zolpidem/ER
SUBSTANCE ABUSE	Evzio	narcan nasal spray
URINARY TRACT CONDITIONS	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique	darifenacin ER
	Myrbetriq	oxybutynin ER
	Toviaz	tolterodine ER
	VESIcare	trospium ER
Procysbi*	Cystagon*	

^^ 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 and the cost can't be applied to your annual deductible or out-of-pocket maximum.

Prescription drug list FAQs

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

Why do you make changes to the drug list?

Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:^{1,2}

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1st and July 1st.
- › Adding coverage requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

When a medication changes tiers or is no longer covered, you may pay a different amount to fill it. It's important to know that when we make a change that affects the coverage of a medication you're taking, we let you know before it happens so you have time to talk with your doctor.

Why doesn't my plan cover certain medications?

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

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Pharmacy Management® Business Decision Team then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

Which medications are covered under the health care reform law?

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

For more information about health care reform, go to www.informedonreform.com or [Cigna.com](https://www.cigna.com).

Prescription drug list FAQs (cont)

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

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

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

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. Log in to the **myCigna** App or website and click on "Price a Medication" to see how much your medication may cost you at the different pharmacies in your plan's network. You can also see if there are lower-cost alternatives available.³

How can I save money on my prescription medications?

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

Do generics work the same as brand name medications?

Yes. A generic medication works in the same way and provides the same clinical benefit as its brand name version.⁴ Generic and brand name medications have the same active ingredients, strength/dosage form, effectiveness, quality and safety.

Generics typically cost much less than brand name medications – in some cases, up to 85% less.⁴ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

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

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

My medication needs prior approval. How do I get it?

Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at **cignaforhcp.com**.

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

When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your pharmacist won't be able to fill it.

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

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

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.⁵

- › If you're taking a medication on a regular basis to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home – **at no extra cost**. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call **800.835.3784**.

Prescription drug list FAQs (cont)

- › If you're taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).⁶ Their team of specialty trained pharmacists and nurses can also help you manage your complex medical condition – **at no extra cost**. To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. **Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.** To learn more about Accredo, go to **Cigna.com/specialty**.

Where can I find more information about my pharmacy benefits?

You can use the online tools and resources on the **myCigna** App or website to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.⁵

Exclusions and limitations

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 be medically necessary. If your plan provides coverage for certain preventive 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, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁷

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- › medications that are not approved by the Food & Drug Administration (FDA);
- › prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- › medications used for fertility, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna as medically necessary.

Cigna reserves the right to make changes to the 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.



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. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
5. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
7. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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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).