



# CIGNA TOTAL SAVINGS 3-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.

939837 a Total Savings 3-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
Medications that are not covered	18
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.\* You can go online to see a more current list of medications your plan covers.



**The myCigna® App or website** – Log in and click on the “Find Care & Costs” tab. Select “Price a Medication,” then type in your medication name.



**Pre-enrollment Site** – Go to [connections.cigna.com/aonactivehealth-2021/understand-your-benefits/pharmacy/#checkdruglist](https://connections.cigna.com/aonactivehealth-2021/understand-your-benefits/pharmacy/#checkdruglist)

### 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 10/01/2011

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

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

## About your prescription drug list

This document shows the most commonly prescribed medications covered on the Cigna Total Savings 3-Tier Prescription Drug List as of January 1, 2021.<sup>1,2</sup> 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 Cigna Total Savings 3-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.

The Cigna Total Savings 3-Tier Prescription Drug List also excludes from coverage prescription medications that are used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics). These medications have over-the-counter (OTC) alternatives, which are available without a prescription.

## 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 Cigna Total Savings 3-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>	
afeditab CR	Beriner <sup>*</sup> (PA)
amlodipine besylate	Bidil
amlodipine besylate-benazepril	Bystolic
amlodipine-valsartan	Cinryze <sup>*</sup> (PA)
amlodipine-valsartan-HCTZ	Coreg CR
atenolol	Cozaar (ST)
atenolol-chlorthalidone	Diovan (ST)
benazepril	Diovan HCT (ST)
benazepril-HCTZ	Edarbi (ST)
candesartan cilexetil	Edarbyclor (ST)
cartia XT	Exforge
carvedilol	Exforge HCT
clonidine	Firazy <sup>*</sup> (PA)
digitek	Hemangeol
digox	Inderal LA
digoxin	Inderal XL
diltiazem ER	Innopran XL
diltiazem CD	Lotrel
diltiazem	Micardis (ST)
dilt-XR	Multaq
enalapril	Nitro-dur
flecainide acetate	Nitrolingual
hydralazine	Nitromist
irbesartan	Nitronal
isosorbide mononitrat	Nitrostat
	Northera <sup>*</sup> (PA)
	Norvasc
	Ranexa (ST)
	Tekturna
	Tekturna HCT

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

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

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

**Specialty medications** have an asterisk (\*) listed next to them

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Total Savings 3-Tier Prescription Drug List.

## Tiers

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

- |  |                           |        |
|--|---------------------------|--------|
| › <b>Tier 1 - Typically Generics</b>             | (Lowest-cost medication)  | \$     |
| › <b>Tier 2 - Typically Preferred Brands</b>     | (Medium-cost medication)  | \$\$   |
| › <b>Tier 3 - Typically Non-Preferred Brands</b> | (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.

- |              |  |
|--------------|--|
| <b>(PA)</b>  | <b>Prior Authorization</b> - 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.  |
| <b>(ST)</b>  | <b>Step Therapy</b> - 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). |
| <b>(QL)</b>  | <b>Quantity Limits</b> - 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.  |
| <b>(AGE)</b> | <b>Age Requirements</b> - 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, specialty medications are marked with an asterisk (\*). Some plans may cover these medications on a specialty tier, 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	6, 7	MISCELLANEOUS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	13
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	NUTRITIONAL/DIETARY	13, 14
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	14
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CHOLESTEROL MEDICATIONS	8	PARKINSON’S DISEASE	15
CONTRACEPTION PRODUCTS	8–10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	15
DENTAL PRODUCTS	10	SKIN CONDITIONS	15, 16
DIABETES	10, 11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	16
EAR MEDICATIONS	11	SUBSTANCE ABUSE	16
ERECTILE DYSFUNCTION	11	TRANSPLANT MEDICATIONS	16
EYE CONDITIONS	11, 12	URINARY TRACT CONDITIONS	16
		VACCINES	16, 17
		WEIGHT MANAGEMENT	17

## Cigna Total Savings 3-Tier Prescription Drug List

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

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

### ALLERGY/NASAL SPRAYS

azelastine		Clarinet-D 12 Hour
cromolyn		Gastrocrom
cyproheptadine		Grastek (PA, QL)
epinephrine (QL)		Karbinal ER
hydroxyzine capsule, solution, tablet		Odactra (PA, QL)
ipratropium		Patanase
olopatadine		Ragwitek (PA, QL)
promethazine		Vistaril

### ALZHEIMER'S DISEASE

donepezil		Aricept
donepezil ODT		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		Paxil (ST, QL)
alprazolam XR		Prozac (ST, QL)
amitriptyline		Remeron
bupropion (QL)		Sarafem (ST)
bupropion SR (QL)		Trintellix (ST, QL)
bupropion XL (QL)		Viibryd (ST, QL)
bupirone		Wellbutrin SR (ST, QL)
citalopram (QL)		Xanax
clomipramine		Xanax XR
desvenlafaxine ER (QL)		Zoloft (ST, QL)
duloxetine (QL)		

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

escitalopram (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	Anoro Ellipta	Adcirca* (PA)
albuterol HFA (QL)	Atrovent HFA	Adempas* (PA)
alyq* (PA)	Dulera	Brovana
budesonide	Flovent	Combivent Respimat
fluticasone-salmeterol	Flovent HFA	Daliresp (QL)
montelukast	Incruse Ellipta	Letairis* (PA)
tadalafil 20mg* (PA)	Ofev* (PA)	Lonhala Magnair (PA)
Wixela Inhub	Opsumit* (PA)	Nucala auto-injector, syringe* (PA)
	QVAR RediHaler	Orenitram ER* (PA)
	Serevent	Perforomist (QL)
	Symbicort	Pulmicort Respule
	Tracleer 32mg tablet for suspension* (PA)	Pulmozyme* (PA)
	Trelegy Ellipta	Revatio oral suspension, tablet* (PA)
	Xolair* (PA)	Singulair
		Tracleer tablet* (PA)
		Tyvaso* (PA)
		Upravi* (PA)

### ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine (QL)		Adderall (PA age, ST)
clonidine ER		Daytrana (PA age, QL)
dexmethylphenidate (PA age)		Evekeo (PA age, ST)
dexmethylphenidate ER (PA age, QL)		Focalin (PA age, ST)
dextroamphetamine-amphetamine (PA age)		Kapvay
dextroamphetamine-amphetamine ER (PA age, QL)		Methylin (PA age)
dextroamphetamine-amphetamine ER (PA age, QL)		Quillivant XR (PA age, QL)
		Ritalin tablet

## Cigna Total Savings 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)</b>			<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>		
guanfacine ER metadate ER (PA age, QL) methylphenidate (PA age) methylphenidate CD (PA age, QL) methylphenidate ER (CD) (PA age, QL) methylphenidate ER (LA) (PA age, QL) methylphenidate ER (PA age, QL) methylphenidate LA (PA age, QL) Relexxii (PA age, QL)			cartia XT carvedilol carvedilol ER (QL) Children's Aspirin+ clonidine diltiazem diltiazem 12hr ER diltiazem 24hr ER diltiazem 24hr ER (CD) diltiazem 24hr ER (LA) diltiazem 24hr ER (XR) Dilt-XR dofetilide (QL) doxazosin Ecotrin+ Ecpirin+ enalapril flecainide hydralazine irbesartan irbesartan-HCTZ isosorbide mononitrate isosorbide mononitrate ER labetalol lisinopril lisinopril-HCTZ losartan losartan-HCTZ Low Dose Aspirin EC+ Matzim LA metoprolol nadolol nifedipine nifedipine ER olmesartan (QL) olmesartan- amlodipine-HCTZ olmesartan-HCTZ (QL) Pacerone 200mg tablet prazosin propafenone propafenone ER		Nitrostat Northera* (PA) Norvasc Pacerone 100mg, 400mg (PA) Procardia Procardia XL Rythmol SR (PA) Takhzyro* (PA) Tenormin (ST) Tiazac Tikosyn (PA, QL) Toprol XL (ST) Verelan Verelan PM
<b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>					
aminocaproic acid* tranexamic acid*	Droxia Fulphila* (PA) Udenyca* (PA)	Amicar* Hemlibra* (PA) Lysteda* Promacta* (PA) Siklos (PA) Tavalisse* (PA)			
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>					
amiodarone amlodipine amlodipine- benazepril amlodipine- olmesartan (QL) amlodipine-valsartan amlodipine- valsartan-HCTZ Adult Aspirin Regimen+ Aspir EC+ aspirin EC+ aspirin 325 mg tablet+ Aspir-Low+ atenolol Bayer Aspirin 325mg tablet+ benazepril benazepril-HCTZ candesartan candesartan-HCTZ	Corlanor (PA) Entresto	Adalat CC BiDil (QL) Calan Calan SR Cardizem LA (QL) Cardura Catapres-TTS 1 Catapres-TTS 2 Catapres-TTS 3 Coreg (ST) Coreg CR (ST, QL) Corgard (ST) Epaned Haegarda* (PA) Hemangeol Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Kapsargo Sprinkle (ST) Lopressor (ST) Minipress Multaq			

## Cigna Total Savings 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>			<b>CANCER (cont)</b>		
propranolol solution, tablet					Odomzo* (PA)
propranolol ER					Purixan*
ramipril					Rubraca* (PA)
St. Joseph Aspirin <sup>+</sup>					Stivarga* (PA)
ranolazine ER (QL)					Tafinlar* (PA)
Taztia XT					Tagrisso* (PA)
telmisartan (QL)					Targetretin capsule* (PA)
telmisartan-HCTZ (QL)					Temodar capsule* (PA)
valsartan					Venclexta* (PA)
valsartan-HCTZ					Votrient* (PA)
verapamil capsule, tablet					Xalkori* (PA)
verapamil ER					Xeloda* (PA)
verapamil ER PM					Xtandi* (PA)
verapamil SR					Zejala* (PA)
<b>BLOOD THINNERS/ANTI-CLOTTING</b>			<b>CHOLESTEROL MEDICATIONS</b>		
aspirin-dipyridamole ER	Brilinta	Aggrenox	amlodipine-atorvastatin (QL)	Repatha (PA)	Caduet (QL)
clopidogrel	Eliquis (PA)	Arixtra* (QL)	atorvastatin <sup>+</sup>	Vascepa (PA)	Lipofen (ST)
enoxaparin* (QL)	Fragmin* (QL)	Bevyxxa (QL)	colesevelam		Niaspan
fondaparinux* (QL)	Xarelto (PA)	Coumadin (PA)	ezetimibe		TriCor (ST)
Jantoven		Effient	ezetimibe-simvastatin		Triglide (ST)
prasugrel		Lovenox* (QL)	fenofibrate		Trilipix (ST)
warfarin		Plavix	fenofibric acid		Welchol
		Pradaxa (PA)	fluvastatin ER <sup>+</sup>		Zetia
		Savaysa (PA, QL)	fluvastatin <sup>+</sup>		
		Zontivity	lovastatin 10mg		
<b>CANCER</b>			lovastatin 20mg, 40mg <sup>+</sup>		
abiraterone* (PA)	Actimmune* (PA)	Afinitor 2.5mg, 5mg, 7.5mg* (PA)	niacin		
anastrozole	Afinitor 10mg* (PA)	Afinitor Disperz* (PA)	niacin ER		
capecitabine* (PA)	Erivedge* (PA)	Alecensa* (PA)	niacor		
exemestane	Gleostine	Bosulif* (PA)	omega-3 acid ethyl esters		
imatinib* (PA)	Ibrance* (PA)	Cabometyx* (PA)	pravastatin <sup>+</sup>		
letrozole	Nexavar* (PA)	Cometriq* (PA)	rosuvastatin (QL)		
mercaptopurine	Revlimid* (PA)	Erleada* (PA)	rosuvastatin 5mg, 10mg <sup>+</sup> (QL)		
methotrexate	Sprycel* (PA)	Gleevec* (PA)	simvastatin 80mg (QL)		
tamoxifen <sup>+</sup>	Sutent* (PA)	Imbruvica* (PA)	simvastatin 10mg, 20mg, 40mg <sup>+</sup>		
temozolomide* (PA)	Tasigna* (PA)	Inlyta* (PA)			
	Trexall	Jakafi* (PA)			
	Tykerb* (PA)	Kisqali* (PA)			
	Verzenio* (PA)	Lenvima* (PA)			
		Lonsurf* (PA)			
		Lynparza* (PA)			
		Mekinist* (PA)			
		Nerlynx* (PA)			
		Ninlaro* (PA)			
			<b>CONTRACEPTION PRODUCTS</b>		
			Afirmelle <sup>+</sup>	Lo Loestrin FE	Annovera <sup>+</sup>
			Aftera <sup>+</sup>		Ella <sup>+</sup>
			Altavera <sup>+</sup>		Skyla <sup>*</sup>
			Alyacen <sup>+</sup>		



## Cigna Total Savings 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTION PRODUCTS (cont)</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
Amethia <sup>+</sup>		Today Contraceptive Sponge <sup>+</sup>	Enskyce <sup>+</sup>		
Amethia Lo <sup>+</sup>			Errin <sup>+</sup>		
Amethyst <sup>+</sup>			Estarlylla <sup>+</sup>		
Apri <sup>+</sup>			ethynodiol-ethinyl estradiol <sup>+</sup>		
Aranelle <sup>+</sup>			etonogestrel-EE vaginal ring		
Ashlyna <sup>+</sup>			Falmina <sup>+</sup>		
Aubra <sup>+</sup>			Fayosim <sup>+</sup>		
Aubra EQ <sup>+</sup>			FemCap <sup>+</sup>		
Aurovela <sup>+</sup>			Femynor <sup>+</sup>		
Aurovela FE <sup>+</sup>			Gianvi <sup>+</sup>		
Aurovela 24 FE <sup>+</sup>			Gynol II <sup>+</sup>		
Aviane <sup>+</sup>			Hailey 24 FE <sup>+</sup>		
Ayuna <sup>+</sup>			Heather <sup>+</sup>		
Azurette <sup>+</sup>			Incassia <sup>+</sup>		
Balziva <sup>+</sup>			Introvale <sup>+</sup>		
Bekyree <sup>+</sup>			Isibloom <sup>+</sup>		
Blisovi FE <sup>+</sup>			Jasmiel <sup>+</sup>		
Blisovi 24 FE <sup>+</sup>			Jencycla <sup>+</sup>		
Briellyn <sup>+</sup>			Jolessa <sup>+</sup>		
Camila <sup>+</sup>			Juleber <sup>+</sup>		
Camrese <sup>+</sup>			Junel <sup>+</sup>		
Camrese LO <sup>+</sup>			Junel FE <sup>+</sup>		
Caya Contoured <sup>+</sup>			Junel FE 24 <sup>+</sup>		
Caziant <sup>+</sup>			Kaitlib FE <sup>+</sup>		
Chateal <sup>+</sup>			Kalliga <sup>+</sup>		
Chateal EQ <sup>+</sup>			Kariva <sup>+</sup>		
Cryselle <sup>+</sup>			Kelnor 1-35 <sup>+</sup>		
Cyclafem <sup>+</sup>			Kelnor 1-50 <sup>+</sup>		
Cyred <sup>+</sup>			Kurvelo <sup>+</sup>		
Cyred EQ <sup>+</sup>			Larin <sup>+</sup>		
Dasetta <sup>+</sup>			Larin FE <sup>+</sup>		
Daysee <sup>+</sup>			Larin 24 FE <sup>+</sup>		
Deblitane <sup>+</sup>			Larissia <sup>+</sup>		
Delyla <sup>+</sup>			Leena 28 tablet <sup>+</sup>		
desogestrel-ethinyl estradiol <sup>+</sup>			Lessina <sup>+</sup>		
desogestrel-ethinyl estradiol ethinyl estradiol			Levonest <sup>+</sup>		
dospirenone- ethinyl estradiol- levomefolate <sup>+</sup>			levonorgestrel <sup>+</sup>		
drosiprenone-ethinyl estradiol <sup>+</sup>			levonorgestrel- ethinyl estradiol <sup>+</sup>		
Econtra EZ <sup>+</sup>			levonorgestrel-ethinyl estradiol ethinyl estradiol <sup>+</sup>		
Econtra One-Step <sup>+</sup>			Levora-28 <sup>+</sup>		
Elinest <sup>+</sup>			Lillow <sup>+</sup>		
eluryng vaginal ring			Loryna <sup>+</sup>		
Emoquette <sup>+</sup>			Low-Ogestrel <sup>+</sup>		
Enpresse <sup>+</sup>			Lo-Zumandimine <sup>+</sup>		
			Lutera <sup>+</sup>		

## Cigna Total Savings 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTION PRODUCTS (cont)</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
Lyza <sup>+</sup>			Tri-Lo-Estarylla <sup>+</sup>		
Marlissa <sup>+</sup>			Tri-Lo-Marzia <sup>+</sup>		
medroxyprogesterone 150mg/ml <sup>+</sup>			Tri-Lo-Mili <sup>+</sup>		
Melodetta 24 FE <sup>+</sup>			Tri-Lo-Sprintec <sup>+</sup>		
Mibelas 24 FE <sup>+</sup>			Tri-Mili <sup>+</sup>		
Microgestin <sup>+</sup>			Tri-Previfem <sup>+</sup>		
Microgestin FE <sup>+</sup>			Tri-Sprintec <sup>+</sup>		
Mili <sup>+</sup>			Trivora-28 <sup>+</sup>		
Mono-Linyah <sup>+</sup>			Tri-Vylibra <sup>+</sup>		
My Choice <sup>+</sup>			Tri-Vylibra Lo <sup>+</sup>		
My Way <sup>+</sup>			Tulana <sup>+</sup>		
Necon <sup>+</sup>			Tydemy <sup>+</sup>		
Nikki <sup>+</sup>			VCF foam, gel <sup>+</sup>		
Nora-BE <sup>+</sup>			Velivet <sup>+</sup>		
norethindrone <sup>+</sup>			Vienva <sup>+</sup>		
norethindrone- ethinyl estradiol <sup>+</sup>			Viorele <sup>+</sup>		
norethindrone- ethinyl estradiol- iron <sup>+</sup>			Vyfemla <sup>+</sup>		
norgestimate-ethinyl estradiol <sup>+</sup>			Vylibra <sup>+</sup>		
Norlyda <sup>+</sup>			Wera <sup>+</sup>		
Norlyroc <sup>+</sup>			Wide Seal Diaphragm <sup>+</sup>		
Nortrel <sup>+</sup>			Wymzya FE <sup>+</sup>		
Ocella <sup>+</sup>			Xulane <sup>+</sup>		
Option 2 <sup>+</sup>			Zarah <sup>+</sup>		
Orsythia <sup>+</sup>			Zovia <sup>+</sup>		
Philith <sup>+</sup>			Zumandimine <sup>+</sup>		
Pimtreea <sup>+</sup>					
Pirmella <sup>+</sup>			<b>COUGH/COLD MEDICATIONS</b>		
Portia <sup>+</sup>			Bromfed DM		Tessalon Perle
Previfem <sup>+</sup>			brompheniramine- pseudoephedrine- DM		Tuzistra XR (PA, QL)
Reclipsen <sup>+</sup>			hydrocodone- chlorpheniramine ER (PA)		
Rivelsa tablet <sup>+</sup>					
Setlakin <sup>+</sup>			<b>DENTAL PRODUCTS</b>		
Sharobel <sup>+</sup>			chlorhexidine		
Simliya <sup>+</sup>			doxycycline		
Simpesse <sup>+</sup>			Oralene		
Sprintec <sup>+</sup>			Paroex		
Sronyx <sup>+</sup>			Peridex		
Syeda <sup>+</sup>			Periogard		
Tarina 24 FE <sup>+</sup>			sodium fluoride 0.5mg <sup>^</sup>		
Tarina FE 1-20 EQ <sup>+</sup>			triamcinolone		
Tilia FE 28 <sup>+</sup>					
Tri Femynor <sup>+</sup>			<b>DIABETES</b>		
Tri-Estarylla <sup>+</sup>			glimepiride	Baqsimi (QL)	Amaryl
Tri-Legest FE <sup>+</sup>			glipizide	Basaglar (QL)	Cycloset
Tri-Linyah <sup>+</sup>			glipizide ER	Bydureon (ST, QL)	Glucophage

## Cigna Total Savings 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DIABETES (cont)</b>			<b>EAR MEDICATIONS</b>		
glipizide XL metformin metformin ER NovoTwist pioglitazone	Byetta (ST, QL) Farxiga (ST, QL) Freestyle Libre Sensor (PA, QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Insulin Lispro (QL) Jardiance (ST, QL) Jentaduetto (ST, QL) Jentaduetto XR (ST, QL) Levemir (QL) OneTouch test strips Ozempic (ST, QL) Segluromet (ST, QL) Soliqua Steglatro (ST, QL) SymlinPen Synjardy (ST, QL) Synjardy XR (ST, QL) Tadjenta (ST, QL) Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (ST, QL) Xultophy	Glucophage XR Korlym* (PA) Riomet	neomycin-polymyxin-HC ofloxacin drops		Cipro HC Ciprodex Coly-Mycin S Cortisporin-TC Dermotic Otovel
			<b>ERECTILE DYSFUNCTION</b>		
			sildenafil oral suspension* (PA) sildenafil 20 mg tablet* (PA) sildenafil 25mg, 50mg 100mg tablet^ (PA age, QL) tadalafil 5mg^ (PA age, QL) vardenafil^ (PA age, QL)		Caverject Impulse^ (PA, QL) Cialis^ (PA age, ST, QL) Muse^ (PA, QL) Stendra^ (PA age, ST, QL) Viagra^ (PA age, ST, QL)
			<b>EYE CONDITIONS</b>		
			brimonidine ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin-polymyxin-dexamethasone ofloxacin olopatadine polymyxin B-TMP prednisolone solution timolol solution tobramycin tobramycin-dexamethasone	Combigan Restasis Simbrinza	Acuvail Alphagan P Alrex Azasite Azopt Besivance Betimol Betoptic S Bromsite Cosopt Cosopt PF Cystaran* (QL) Durezol Ilevro Inveltys Istalol Lotemax ointment Lotemax SM Maxitrol Moxeza Nevanac Ocuflox Oxervate* (PA) Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex drops, ointment Tobradex ST Trusopt
			<b>DIURETICS</b>		
acetazolamide acetazolamide ER bumetanide tablet chlorthalidone eplerenone furosemide tablet, solution hydrochlorothiazide spironolactone triamterene-HCTZ		Aldactone Diuril Dyazide Dyrenium Inspra Jynarque* (PA) Lasix Maxzide Maxzide-25 mg Samsca*			

## Cigna Total Savings 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>EYE CONDITIONS (cont)</b>			<b>GASTROINTESTINAL/HEARTBURN (cont)</b>		
		Vigamox Zirgan Zylet Zymaxid	PowderLax+ prochlorperazine suppository, tablet promethazine Promethegan ranitidine syrup sucralfate TriLyte With Flavor Packets+ ursodiol		
<b>FEMININE PRODUCTS</b>			<b>HORMONAL AGENTS</b>		
Fem pH gynazole 1 miconazole 3 vaginal suppository terconazole		AVC	Amabelz budesonide EC budesonide ER (PA, QL) cabergoline (QL) CovARYX CovARYX HS Decadron desmopressin solution, spray, tablet dexamethasone dexamethasone intensol EEMT EEMT H.S. estradiol patch, vaginal insert (QL) estradiol- norethindrone estrogen- methyltestosterone levothyroxine Levoxyl liothyronine Lopreeza medroxyprogesterone methimazole methylprednisolone dosepak, tablet Mimvey Mimvey LO Nature-Throid NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone capsule testosterone (PA, QL)	Duavee Forteo* (PA, QL) Humatrope* (PA) Imvexxy (QL) Increlex* (PA) Intrarosa Norditropin FlexPro* (PA) Orilissa (PA, QL) Premarin tablet Premphase Prempro Serostim* (PA) Somavert* (PA) Zorbtive* (PA)	Activella Alora (QL) Androderm (PA, QL) AndroGel (PA, QL) Angeliq Climara Climara Pro CombiPatch Crinone 4% Cytomel Depo-Testosterone Divigel Egrifta* (PA) Elestrin Emflaza* (PA) Entocort EC Estrace Estring (QL) EstroGel Euthyrox Evamist Levo-T Medrol Menostar (QL) Natpara* (PA) Noctiva (PA) Osphena Prometrium RayaLdee Striant (PA, QL) Vagifem (QL)
<b>GASTROINTESTINAL/HEARTBURN</b>					
Alophen+ Anucort-HC balsalazide bisacodyl+ Bisa-Lax+ chlordiazepoxide- clidinium cinacalcet* ClearLax+ dicyclomine capsule, solution, tablet diphenoxylate- atropine dronabinol Ducodyl+ famotidine suspension GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ GentleLax+ GlycoLax+ HealthyLax+ Hemmorex-HC hydrocortisone LaxaClear+ mesalamine mesalamine DR metoclopramide metoclopramide ODT ondansetron ondansetron ODT PEG 3350 and Electrolytes+ PEG-Prep+ Phenadoz polyethylene glycol 3350+	Amitiza CLENPIQ+ Pancreaze Pentasa Prepopik+ SUPREP+	Akynzeo capsule (PA, QL) Bonjesta Canasa Cholbam* (PA) Correctol+ Diclegis Donnatal Dulcolax+ Gattex* (PA) Kristalose Lithostat Lomotil MiraLax+ Movantik (PA) MuGard Ocaliva* (PA) Ravicti* (PA) Rectiv Relistor (PA) Sancuso (PA, QL) sfRowasa Sucraid* (PA) Symproic (PA) Transderm-Scop Urso Urso Forte Varubi (PA, QL) Viberzi Viokace Xermelo* (PA)			

## Cigna Total Savings 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>HORMONAL AGENTS (cont)</b>			<b>INFECTIONS (cont)</b>		
testosterone cypionate thyroid Westhroid WP Thyroid Yuvaferm (QL)			nystatin Okebo oseltamivir (QL) penicillin V permethrin sulfamethoxazole- TMP terbinafine tablet tetracycline capsule tobramycin ampule* (PA, QL) valacyclovir valganciclovir vancomycin capsule Vandazole voriconazole tablet (PA)		Xofluza (QL) Zepatier* (PA) Zithromax packet, suspension, tablet Zyvox (PA)
<b>INFECTIONS</b>			<b>INFERTILITY</b>		
acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin- clavulanate ER amoxicillin- clavulanate atovaquone atovaquone- proguanil Avidoxy azithromycin cefdinir cefpodoxime cefuroxime cephalexin ciprofloxacin clarithromycin clarithromycin ER clindamycin clindamycin phosphate Coremino (QL) dapson doxycycline Emverm entecavir* (QL) erythromycin erythromycin ES famciclovir fluconazole hydroxychloroquine itraconazole levofloxacin eye drops, solution, tablet metronidazole minocycline minocycline ER (QL) Mondoxylene NL nitrofurantoin Nitrofurantoin Mono-Macro	Baraclude solution* Eplclusa* (PA) Firvanq Harvoni* (PA, QL) Ledipasvir- Sofosbuvir* (PA) Mavyret* (PA) Pegasys* (PA) Sofosbuvir- Velpatasvir* (PA) Sovaldi* (PA, QL) Thalomid* (PA) TOBI Podhaler* (PA, QL) Vosevi* (PA) Xifaxan 550mg (QL)	Albenza Alinia Arikayce* (PA) Bactrim Bactrim DS Baxdela (PA) Cayston* (PA, QL) Cipro Cleocin Clindesse Cresemba capsule (PA) Daraprim* (PA) Dificid (QL) Elimite EryPed 200 Flagyl Keflex Kitabis Pak* (PA, QL) Levaquin Macrobid Macrochantin Malarone (PA) MetroGel-Vaginal Monurol Natroba Noxafil suspension Nuversa Nuzyra* (PA) Oravig Plaquenil (PA) Prevymis tablet* Priftin Sivextro tablet (PA) Sklice Solosec Suprax Urogesic-Blue Valtrex Vemlidy* Vibramycin syrup, suspension	clomiphene tablet^		Crinone 8%^ Endometrin^
			<b>MISCELLANEOUS</b>		
			disulfiram Nebusal 3% PulmoSal sodium chloride inhalation vial TechLITE Lancets tetrabenazine* (PA) trientine* (PA)	Cerdelga* (PA) Esbriet* (PA) Nityr* (PA) Stremsiq* (PA)	Addyi^ (PA, QL) Austedo* (PA) Brisdelle (QL) Exjade* (PA) Ferriprox* (PA) Galafold* (PA) Ingrezza* (PA) Jadenu* (PA) Kuvan* (PA) Myalept* (PA) Nuedexta (QL) Orfadin* (PA) Palynziq* (PA) Tiglutik* (PA)
			<b>MULTIPLE SCLEROSIS</b>		
			glatiramer* (PA) Glatopa* (PA)	Betaseron* (PA) Plegridy* (PA)	
			<b>NUTRITIONAL/DIETARY</b>		
			calcitriol capsule, solution calcium 667mg cyanocobalamin injection daily prenatal+ FA-8+ folic acid 1mg	Drisdol Floriva+ Mephyton OB Complete Petite Quflora+ Rocaltrol	Auryxia (QL) CitraNatal Klor-Con M15 KPN+ K-Tab ER Lokelma OB Complete Perry Prenatal+ Phoslyra

## Cigna Total Savings 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>NUTRITIONAL/DIETARY (cont)</b>			<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>		
folic acid 0.4mg, 0.8mg <sup>+</sup> Klor-Con Klor-Con 10 Klor-Con 8 Klor-Con M10 Klor-Con M20 Klor-Con Sprinkle lanthanum phytonadione tablet potassium chloride capsule, packet, solution, tablet Prena1 Pearl Prenatal <sup>+</sup> Prenatal Vitamin <sup>+</sup> sevelamer vitamin D2 vitamin D3 5,000 unit <sup>+</sup>		Prenate Mini Prenate Pixie PrimaCare Renvela Velphoro Veltassa Vitafo1 <sup>+</sup> vitaPearl	endocet (PA) etodolac etodolac ER fentanyl (PA) Fioricet (QL) frovatriptan (QL) Glydo hydrocodone- acetaminophen (PA) hydromorphone solution, suppository, tablet (PA) hydromorphone ER (PA) IBU ibuprofen tablet indomethacin capsule 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 Metaxall metaxalone methocarbamol tablet morphine solution, suppository, tablet (PA) morphine ER (PA) nabumetone Nalfon 600mg (ST) Nalocet (PA) naproxen oxycodone (PA) oxycodone ER (PA)	Stelara 45mg/0.5ml, 90mg/ml* (PA, QL) Tremfya* (PA, QL) Xtampza ER (PA) Ztlido	Nalfon 400 mg (ST) Naprosyn (ST) Norco (PA) Nucynta (PA) Nucynta ER (PA) Otrexup (PA) Oxaydo (PA) Percocet (PA) Procort Proctofoam-HC Qmiiiz ODT (ST, QL) Roxybond (PA) Savella Simponi 100mg/ml* (PA, QL) Skelaxin Taltz* (PA, QL) Tylenol-Codeine No.3 (PA) Tylenol-Codeine No.4 (PA) Ultram (QL) Zanaflex Zebutal (QL) Zohydro ER (PA) Zyloprim
<b>OSTEOPOROSIS PRODUCTS</b>					
alendronate (QL) calcitonin-salmon ibandronate tablet raloxifene <sup>+</sup> risedronate risedronate DR	Fosamax Plus D (ST) Tymlos* (PA, QL)	Actonel (ST) Atelvia (ST) Binosto (ST) Boniva tablet (ST) Evista Fosamax (ST)			
<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>					
acetaminophen- codeine (PA) allopurinol aprizio pak baclofen tablet buprenorphine (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine DermacinRx Empricaine DermacinRx Prizopak diclofenac (QL) diclofenac ER EC-naproxen eletriptan (QL)	Actemra* (PA, QL) Aimovig (PA) Ajovy (PA) Belbuca (QL) Cimzia* (PA, QL) Cosentyx* (PA, QL) Embeda (PA) Emgality* (PA) Enbrel* (PA, QL) Hysingla ER (PA) Morphabond ER (PA) Olumiant* (PA, QL) Rasuvo (PA) Remicade* (PA) Simponi Aria* (PA)	Abstral (PA) Analpram HC Arava Arymo ER (PA) Benlysta* (PA) Butrans (QL) Celebrex (ST, QL) Colcrys Depen* (PA) D-Penamime* (PA) Dupixent* (PA) Duragesic (PA) EC-naprosyn (ST) Esgic (QL) Fexmid Kadian (PA) Lidoderm Mitigare Mobic (ST) MS Contin (PA)			

## Cigna Total Savings 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>			<b>SEIZURE DISORDERS (cont)</b>		
oxycodone- acetaminophen (PA) Phrenilin Forte (QL) 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)			divalproex divalproex ER epitol gabapentin lamotrigine lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT levetiracetam solution, tablet levetiracetam ER oxcarbazepine Roweepra Roweepra XR Subvenite Subvenite (Blue, Green, Orange) topiramate topiramate ER vigabatrin* Vigadrone*	VIMPAT solution, starter kit, tablet (PA)	Briviact solution, tablet (PA) Dilantin 50mg and 100mg (PA) Epidiolex* (PA) Klonopin (PA) Lyrcia solution (PA) Neurontin (PA) Oxtellar XR (PA) Phenytek (PA) Tegretol (PA)
<b>PARKINSON'S DISEASE</b>			<b>SKIN CONDITIONS</b>		
benztropine bromocriptine carbidopa-levodopa carbidopa-levodopa ER pramipexole pramipexole ER (QL) rasagiline (QL) ropinirole ropinirole ER	Apokyn* (PA)	Azilect (QL) Duopa* Mirapex Mirapex ER (QL) Neupro Osmolex ER (QL) Parlodel Rytary Sinemet Sinemet CR Tasmar Xadago (ST)	adapalene (PA age) adapalene-benzoyl peroxide Amnesteem (QL) Avar Cleanser Avar-E Avar-E Green azelaic acid betamethasone dipropionate augmented betamethasone BP 10-1 calcipotriene calcipotriene- betamethasone DP Calcitrene Claravis (QL) Clindacin ETZ pledget Clindacin P pledget clindamycin-benzoyl peroxide clindamycin phosphate clindamycin- tretinoin clobetasol	Eucrisa Fluoroplex Targretin gel*	Bryhali (ST) Celacyn Centany Cleocin T Cloderm (ST) Dermasorb TA (ST) Drysol Ecoza Efudex Evoclin Lotrisone MiCort-HC 2.5% cream (ST) Mimyx Naftin Nizoral Picato Pramosone Protopic Regranex (PA, QL) Santyl (QL) Temovate (ST) Tolak Topicort (ST) Ultravate cream, ointment (ST) Valchlor* Xepi
<b>SCHIZOPHRENIA/ANTI-PSYCHOTICS</b>					
aripiprazole (QL) aripiprazole ODT chlorpromazine tablet olanzapine tablet olanzapine ODT paliperidone ER (QL) quetiapine quetiapine ER risperidone risperidone ODT ziprasidone	Latuda (QL)	Fanapt (ST, QL) Invega (ST, QL) Rexulti (ST, QL) Risperdal (ST) Saphris (ST) Seroquel (ST) Seroquel XR (ST) Vraylar (ST, QL)			
<b>SEIZURE DISORDERS</b>					
carbamazepine carbamazepine ER clonazepam	Dilantin 30 mg capsule (PA) Fycompa (PA, QL)	Aptiom (PA, QL) Banzel (PA, QL)			

## Cigna Total Savings 3-Tier Prescription Drug List

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

Clodan shampoo		
clotrimazole- betamethasone		
dapsone		
desoximetasone		
fluocinonide		
fluorouracil cream, topical solution		
hydrocortisone		
isotretinoin (QL)		
ketoconazole		
metronidazole		
Micort HC 2.5% cream		
mupirocin		
Myorisan (QL)		
Neuac gel		
Nolix		
oxiconazole nitrate		
pimecrolimus		
Procto-Med HC		
Procto-Pak		
Proctosol-HC		
Proctozone-HC		
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 21mg/24hr+		NicoDerm CQ 7mg/24hr,
Nicorelief+		14mg/24hr+

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### SMOKING CESSATION (cont)

nicotine gum+		Nicorette+
nicotine lozenge+		Nicotrol^
nicotine patch+		Nicotrol NS^
Quit 2+		Zyban^
Quit 4+		

### SUBSTANCE ABUSE

buprenorphine- naloxone	Lucemyra (QL) NARCAN (QL) Zubsolv	Bunavail Suboxone
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### TRANSPLANT MEDICATIONS

azathioprine tablet*		Astagraf XL*
mycophenolate capsule, suspension, tablet*		Cellcept capsule, suspension, tablet*
mycophenolic acid*		Envarsus XR*
sirolimus*		Prograf granule packet*
tacrolimus capsule*		Rapamune* Zortress*

### URINARY TRACT CONDITIONS

cevimeline	Cystagon*	Avodart
darifenacin ER (QL)		Elmiron
finasteride 5mg		Evoxac
oxybutynin		Flomax
oxybutynin ER		Proscar
phenazopyridine		Pyridium
potassium ER		Rapaflo (QL)
silodosin (QL)		Thiola*
solifenacin (QL)		Thiola EC*
tamsulosin		Urocit-K
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+	ActHIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Engerix-B+ FLUAD+	FluMist Quad Nasal+ Rotarix+ RotaTeq+
TdVax+		



## Cigna Total Savings 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>VACCINES (cont)</b>			<b>WEIGHT MANAGEMENT</b>		
<p>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.</p>			<p>Lomaira^ phentermine^</p>		
	FLUARIX QUADRIVALENT+ FLUBLOK QUADRIVALENT+ FLUCELVAX QUADRIVALENT+ FLUALVAL QUADRIVALENT+ Fluzone High-dose+ Fluzone Quadrivalent Pedi+ 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+ Prevnar 13+ ProQuad+ Quadracel DTaP-IPV+ Recombivax HB+ SHINGRIX+ Tenivac+ Trumenba+ Twinrix+ VAQTA+ VARIVAX+ ZOSTAVAX+			Belviq^ (PA) Belviq XR^ (PA) Contrave^ (PA) Qsymia^ (PA) Saxenda^ (PA)	

## 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
	Dymista	azelastine/fluticasone
	RyVent carbinoxamine 6mg tablet	carbinoxamine 4mg tablet
ANXIETY/DEPRESSION/BIPOLAR	Anafranil	clomipramine
	Aplenzin Forfivo XL Wellbutrin XL	bupropion XL
	Ativan tablet	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline capsules
	Paxil CR	paroxetine ER
	Parnate	tranylcypromine
	Pexeva	paroxetine/CR/ER
	Pristiq	bupropion XL duloxetine
Tofranil	imipramine tablet	
ASTHMA/COPD/RESPIRATORY	Advair Diskus Advair HFA AirDuo RespiClick Breo Ellipta	Dulera fluticasone-salmeterol Symbicort Wixela Inhub

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ASTHMA/COPD/RESPIRATORY <i>(cont)</i>	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler	
	Arcapta neohaler	Striverdi Respimat	
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	Anoro Ellipta	
	Elixophyllin	theophylline oral solution	
	Kalydeco* Orkambi* Symdeko*	Trikafta*	
	ProAir HFA ProAir RespiClick Proventil HFA Ventolin HFA Xopenex HFA	albuterol HFA	
	Pulmicort Flexhaler	QVAR	
	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 Focalin XR Mydayis QuilliChew ER Ritalin LA	dexmethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA
		Adzenys ER Adzenys XR-ODT	dexmethylphenidate ER methylphenidate ER/CD/LA
Desoxyn		methamphetamine	
Dexedrine		dextroamphetamine	
Dyanavel XR		methylphenidate ER/CD/LA	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ATTENTION DEFICIT HYPERACTIVITY (cont)	Evekeo ODT	amphetamine dexmethylphenidate dextroamphetamine methamphetamine methylphenidate
	Intuniv ER	guanfacine ER
	Strattera	atomoxetine
	Vyvanse	dexmethylphenidate ER
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand HCT	candesartan HCTZ
	Avalide Avapro	irbesartan HCTZ
	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan HCTZ
	Betapace	sotalol oral
	Bystolic	Generic beta blockers (e.g. metoprolol, atenolol)
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan HCTZ
	Edarbi	Generic ARBs (e.g. losartan, calsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g. losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan HCTZ
	Firazyr*	icatibant
	Hyzaar	losartan HCTZ
	Isordil	isosorbide dinitrate
	Isordil Titradoso	isosorbide dinitrate digoxin
	Lanoxin	Digitex digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan HCTZ
	Prinvil Zestril	lisinopril

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BLOOD PRESSURE/HEART MEDICATIONS <i>(cont)</i>	Ranexa	ranolazine ER	
	Tarka	trandolapril-verapamil	
	Tekturna	Generica ACE/ARBs	
	Tekturna HCT	Generica ACE/ARBs + HCTZ	
	Tribenzor	olmesartan-amlodipine-HCTZ	
	Twynsta	telmisartan-amlodipine	
	Vaseretic	enalapril-HCTZ	
	Vasotec	enalapril	
	Zestoretic	lisinopril HCTZ	
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin	
CANCER	Nilandron	nilutamide	
	Pomalyst*	Revlimid*	
	Tarceva*	erlotinib*	
	Yonsa*	abiraterone*	
	Zytiga*		
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate	
	Altoprev Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	
	Crestor	rosuvastatin	
	Lescol XL	fluvastatin	
	Lipitor	atorvastatin	
	Lovaza	omega-3 acid ethyl esters capsule	
	Pravachol	pravastatin	
	Vytorin	ezetimibe-simvastatin	
	CONTRACEPTION PRODUCTS	Balcoltra Natazia Slynd Taytulla	Generic oral contraceptives (e.g. levonorgestrel-ethinyl estradiol)
		Beyaz 28 Safyral	drospirenone-ethinyl estradiol-levomefolate
Depo-Provera		medroxyprogesterone	
Estrostep FE		Tilia FE, Tri-Legest FE	
Generess FE Layolis FE		norethindrone-ethinyl estradiol-FE 0.8mg-0.025mg	
Loestrin		Generic oral contraceptives (e.g. norethindrone-ethinyl estradiol)	
Loestrin FE		Generic oral contraceptives (e.g. norethindrone-ethinyl estradiol-FE)	
Loseasonique		levonorgestrel-ethinyl estradiol	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CONTRACEPTION PRODUCTS <i>(cont)</i>	Minastrin 24 FE	norethindrone-ethinyl estradiol-FE
	Mircette	desogestrel-ethinyl estradiol
	NuvaRing	etonogestrel-ethinyl estradiol vaginal ring
	Ortho Micronor	norethindrone 0.35mg
	Quartette	levonorgestrel-ethinyl estradiol
	Yasmin 28	drospirenone-ethinyl estradiol
	Yaz	drospirenone-ethinyl estradiol
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	metformin
	alogliptin-pioglitazone	pioglitazone
	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)
	Glucagen HypoKit Gvoke	Baqsimi, Glucagon Emergency Kit
	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Janumet Janumet XR Januvia	Jentadueto Jentadueto XR metformin Tradjenta

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DIABETES ( <i>cont</i> )	Kazano	Jentaduetto Jentaduetto XR metformin Tradjenta
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch
	Nesina	metformin
	Oseni	Generic TZDs (e.g. pioglitazone)
	QTERN Steglujan	Glyxambi metformin
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn
	Pataday Patanol	olopatadine
	Cequa	Restasis
	FML Liquifilm	fluorometholone eye drops
	lotemax	loteprednol 0.5% drops
	Lumigan Travatan Z Vyzulta Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
	Restasis MultiDose Xiidra	Restasis
	Vyzulta	bimatoprost latanoprost
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Apriso ER	mesalamine ER capsule
	Asacol HD Colazal Delzicol Dipentum	balsalazide mesalamine tablets or capsules Pentasa sulfasalazine
	Carafate	sucralfate
	CoLyte with Flavor Packets <sup>+</sup> GoLyteLy <sup>+</sup> MoviPrep <sup>+</sup> NuLYTELY with flavor packs <sup>+</sup> OsmoPrep <sup>+</sup> Plenvu <sup>+</sup>	Clenpiq <sup>+</sup> GaviLyte-C <sup>+</sup> GaviLyte-G <sup>+</sup> GaviLyte-N <sup>+</sup> 3550 Electrolyte <sup>+</sup> Prepopik <sup>+</sup> SuPrep <sup>+</sup>

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GASTROINTESTINAL/HEARTBURN <i>(cont)</i>	Cortifoam Uceris foam	Prescription hydrocortisone enema, rectal cream, suppository
	Creon Pertzye Zenpep	Pancreaze
	Librax	chlordiazepoxide-clidinium
	Linzess Motegrity Trulance Zelnorm	Amitiza
	Marinol Syndros	dronabinol
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pack)
	Rowasa	mesalamine rectal enema suspension
	Sensipar*	cinacalcet*
	Zofran	ondansetron
	Zuplenz	ondansetron ondansetron ODT
HORMONAL AGENTS	Armour Thyroid Synthroid Tirosint Tirosint-Sol Unithroid	levothyroxine
	Cortef	hydrocortisone tablet
	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)
	Minivelle Vivelle-Dot	estradiol patch
	Nocdurna	desompression acetate nasal spray or tablets
	Rayos	prednisone

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HORMONAL AGENTS <i>(cont)</i>	Uceris tablets	budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	
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	
	Sulfatrim	sulfamethoxazole-TMP suspension	
	Tamiflu	oseltamivir	
	Valcycte	valganciclovir	
	Vancocin	vancomycin oral capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Syprine*	Depen* penicillamine* trientine*
Xenazine*		tetrabenazine*	

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MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER*
	Aubagio* Gilenya* Mavenclad* Mayzent* Tecfidera* Zeposia*	Vumerity*
NUTRITIONAL/DIETARY	Avonex* Copaxone* Extavia* Plegridy* Rebif*	Betaseron* glatiramer* Glatopa*
	Azesco Pregenna Trinaz	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
	Prenatabs FA VitaTrue Combo Pack	Pretab 29mg-1mg tablet Prena1 True Combo Pack
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	Amrix	cyclobenzaprine Other generic muscle relaxants
	Amerge Frova Maxalt Maxalt MLT Relpax	generic triptans (e.g. naratriptan; sumatriptan)
	butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
	Bupap	butalbital-acetaminophen tablets
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g. celecoxib, meloxicam)
	ConZip	Tramadol Tramadol ER
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection

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PAIN RELIEF AND INFLAMMATORY (cont)	diclofenac epolamine 1.3% patch Flector 1.3% patch Voltaren 1% gel	diclofenac 1% gel, oral generic Rx NSAIDs (e.g. celecoxib; meloxicam)
	Gralise	gabapentin
	Humira*	Actemra*, Cimzia*, Cosentyx*, Enbrel*, Simponi 100mg*, Stelara*, Tremfya*
	Ilumya* Otezla* Skyrizi*	Cimzia*, Cosentyx*, Enbrel*, Olumiant* Stelara*, Tremfya*
	Imitrex Zembrace Symtouch	sumatriptan
	Kevzara* Rinvoq*	Actemra* Cimzia* Enbrel* Olumiant*
	Kineret* Simponi*	Enbrel* (PA)
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER
	Lorzone	chlorzoxazone 500mg
	Migranal	dihydroergotamine nasal spray
	ONZETRA Xsail	Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)
	Orencia syringe*	Actemra*, Cimzia*, Cosentyx*, Enbrel*, Olumiant*, Stelara*
	Oxycontin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER
	Pennsaid	diclofenac 1% gel
	Roxicodone	oxycodone
	Siliq*	Cosentyx* Enbrel* (PA) Stelara*
	Soriatane	acitretin
	Sprix	ketorolac tablet
	SUBSYS	fentanyl lozenge or buccal tablet
	Tivorbex	indomethacin
	Uloric	febuxostat
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine

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PAIN RELIEF AND INFLAMMATORY <i>(cont)</i>	Vivlodex	meloxicam
	Xeljanz* Xeljanz XR*	Actemra*, Cimzia*, Cosentyx*, Enbrel*, Olumiant*, Simponi 100mg*, Stelara*
	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
SEIZURE DISORDERS	Carbatrol Tegretol XR	carbamazepine ER capsule
	Depakote Depakote ER Depakote Sprinkle	divalproex divalproex DR sprinkle capsule divalproex ER
	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
	Mysoline	primidone
	Onfi Sympazan	clobazam
	Qudexy XR Trokendi XR	topiramate ER
	Sabril*	vigabatrin*
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Zonegran	zonisamide

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SKIN CONDITIONS	Absorica	Myorisan or Zenatane
	Acanya Aczone Aktipak Altreno Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Retin-A Micro Tazorac Veltin Ziana	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aldara Zyclara	imiquimod 5% cream
	Anusol-HC cream	hydrocortisone cream
	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	podoflox 0.5% topical solution, imiquimod 5% cream packet
	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
	Dovonex	calcipotriene

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Duobrii	halobetasol plus tazarotene cream
	Elidel	pimecrolimus 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 MetroCream MetroGel MetroLotion Soolantra	azelaic acid, topical metronidazole
	flurandrenolide topical Pandel	betamethasone, fluocinolone, fluticasone
	HALOG	clobetasol cream, ointment halobetasol cream, ointment
	Hydrocortisone lipid cream Hydrocortisone lotion	betamethasone, fluocinolone, fluticasone
	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, 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	calcipotriene
	Trianex	triamcinolone 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>	Tridesilon	alclometasone, desonide, triamcinolone
	Ultravate	clobetasol lotion
	Vanos	fluocinonide 0.1% cream
	Vectical	calcitriol ointment
	Verdeso	desonide cream, ointment
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet
	Xolegel	Ciclopirox gel 0.77%, Ciclopirox 1% shampoo, ketoconazole 2% foam, ketoconazole 2% cream, Selenium lotion 2.5%, sodium sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Ativan	lorazepam
	Belsomra	Davigo
	Edluar Intermezzo	zolpidem/ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
	Zolpimist	eszopiclone Silenor zaleplon zolpidem/ER
SUBSTANCE ABUSE	Evzio	narcan nasal spray
TRANSPLANT MEDICATIONS	Myfortic*	mycophenolic acid*
	Prograf capsule*	tacrolimus*
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*	

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## 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:<sup>1,2</sup>

- › 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 1<sup>st</sup> and July 1<sup>st</sup>.
- › 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:

- › Prescription medications used to treat heartburn/stomach acid conditions (e.g., Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.
- › Medications used to treat lifestyle conditions like infertility, weight loss, erectile dysfunction, smoking cessation.<sup>3</sup>
- › 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](http://Cigna.com/druglist).



## Prescription drug list FAQs (cont)

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

### **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.<sup>4</sup>

### **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.<sup>5</sup> 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.<sup>5</sup> 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](http://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.<sup>6</sup>

- ▶ 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).<sup>7</sup> 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 benefit?

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.<sup>6</sup>

## 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:<sup>8</sup>

- › 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. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, 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.
4. Prices are not guaranteed, and even though a price is displayed, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown. Coverage and pricing may change.
5. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
6. 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.
7. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
8. 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](mailto: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](mailto: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 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).