



CIGNA VALUE 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.

876398 w Value 4-Tier 09/20



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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 10/01/2011

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 Value 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 Value 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.

The Value 4-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 Value 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS		
acyclovir capsule, suspension, tablet	Albenza	Alinia
amoxicillin	Baraclude solution**	Bactrim
amoxicillin-clavulanate ER	Cipro	Bactrim DS
amoxicillin-clavulanate	Daraprim** (PA)	Baraclude tablet* (QL)
atovaquone	E.E.S. 400	Cayston*
Avidoxy tablet	Epclusa** (PA)	Cleocin
azithromycin packet, suspension, tablet	Ery-Tab 333, 500mg	Clindesse
cefdinir	Harvoni** (PA)	Cresemba (PA)
cefixime	Kitabis Pak*	Difficid (QL)
cefuroxime tablet	Mavyret** (PA)	Ery-Ped 200
cephalexin	Sovaldi** (PA)	Ery-Tab 250mg
ciprofloxacin	Thalomid** (PA)	Monurol
clarithromycin	Uretron D-S	Noxafil suspension, tablet
clarithromycin ER	Vibramycin syrup	Plaquenil
clindamycin	Vosevi** (PA)	Sulfatrim
Coremino (QL)		Suprax
dapsone		Tamiflu (QL)
doxycycline capsule, suspension, tablet		TOBI Podhaler**
doxycycline IR-DR		Uribel
Emverm		Urogesic-Blue
entecavir** (QL)		UTA
erythromycin		Valtrex
famciclovir		Vemlidy**
fluconazole		Vibramycin suspension
hydroxychloroquine		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 17 and 18).

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 Value 4-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.

› 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, 14
ASTHMA/COPD/RESPIRATORY	6	INFERTILITY	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MISCELLANEOUS	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, 16
DENTAL PRODUCTS	11	SKIN CONDITIONS	16
DIABETES	11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	16, 17
EAR MEDICATIONS	11	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	11	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	11, 12	URINARY TRACT CONDITIONS	17
		VACCINES	17
		WEIGHT MANAGEMENT	17

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$		
AIDS/HIV								
abacavir-lamivudine* (PA)	Atripla* (PA)	CIMDUO* (PA)						
atazanavir* (PA)	Biktarvy*	Complera* (PA)						
ritonavir*	Descovy* (PA)	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* (PA)							
	Tivicay*							
	Triumeq*							
	Truvada*							
	Viread 150mg, 200mg, 250mg, powder* (PA)							
ALLERGY/NASAL SPRAYS								
azelastine^		Astepro						
cromolyn oral concentrate		Clarinet-D 12 hour						
cyproheptadine		Gastrocrom						
epinephrine (QL)		Grastek (PA, QL)						
flunisolide^		Karbinal ER						
fluticasone^		Odactra (PA, QL)						
hydroxyzine solution, syrup, tablet		Patanase						
hydroxyzine capsule		Ragwitek (PA, QL)						
ipratropium		Vistaril						
mometasone^ (QL)								
olopatadine								
promethazine solution, syrup, tablet								
ALZHEIMER'S DISEASE								
donepezil		Aricept						
donepezil ODT		Exelon						
memantine		Mestinon						
memantine ER (QL)		Namenda						
pyridostigmine		Namenda XR (QL)						
pyridostigmine ER		Namzaric (QL)						
rivastigmine								
ANXIETY/DEPRESSION/BIPOLAR DISORDER								
alprazolam		Celexa (ST, QL)						
alprazolam ER		desvenlafaxine ER (ST, QL)						
alprazolam intensol		Effexor XR (ST, QL)						
alprazolam ODT		Fetzima (ST, QL)						
alprazolam XR								
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)								
amitriptyline		Forfivo XL (ST, QL)						
bupropion (QL)		Paxil (ST, QL)						
bupropion SR (QL)		Paxil CR (ST, QL)						
bupropion XL (QL)		Prozac (ST, QL)						
bupropion XL (QL)		Remeron						
buspirone		Sarafem (ST)						
citalopram (QL)		Trintellix (ST, QL)						
clomipramine		Viibryd (ST, QL)						
duloxetine (QL)		Wellbutrin SR (ST, QL)						
escitalopram (QL)		Xanax						
fluoxetine (QL)		Xanax XR						
fluoxetine DR (QL)		Zoloft (ST, QL)						
fluvoxamine (QL)								
fluvoxamine ER (QL)								
lorazepam oral concentrate, tablet								
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	Atrovent HFA	Adempas* (PA)						
Alyq* (PA)	Dulera	Brovana						
budesonide	Flovent Diskus	Combivent Respimat						
fluticasone-salmeterol	Flovent HFA	Daliresp (QL)						
montelukast	Incruse Ellipta	Kalydeco* (PA, QL)						
tadalafil* 20mg (PA)	Ofev* (PA)	Letairis* (PA)						
Wixela Inhub	Opsumit* (PA)	Lonhala Magnair Refill (PA)						
	QVAR RediHaler	Lonhala Magnair Starter (PA)						
	Serevent Diskus	Orenitram ER* (PA)						
	Symbicort	Orkambi* (PA, QL)						
	Trelegy Ellipta	Perforomist (QL)						
		Pulmicort						
		Pulmozyme* (PA)						
		Revatio suspension, tablet* (PA)						
		Singular						
		Symdeko* (PA, QL)						
		Tyvaso* (PA)						
		Upravi* (PA)						

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ATTENTION DEFICIT HYPERACTIVITY DISORDER			BLOOD PRESSURE/HEART MEDICATIONS (cont)		
atomoxetine (QL) clonidine ER dexamethylphenidate (PA age) dexamethylphenidate ER (PA age, QL) dextroamphetamine-amphetamine (PA age) dextroamphetamine-amphetamine ER (PA age, QL) 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)		Adderall (PA age, ST) Daytrana (PA age, QL) Evekeo (PA age, ST) Focalin (PA age, ST) Intuniv ER Kapvay Methylin (PA age) Quillivant XR (PA age, QL) Ritalin (PA age, ST) Strattera (QL)	Aspir EC+ Aspir-Low+ aspirin 325mg tablet+ aspirin EC+ atenolol Bayer Aspirin 325mg tablet+ benazepril benazepril-HCTZ candesartan candesartan-HCTZ 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 EC 81mg+ Ecpirin+ enalapril flecainide hydralazine tablet irbesartan irbesartan-HCTZ isosorbide isosorbide ER labetalol tablet lisinopril lisinopril-HCTZ losartan losartan-HCTZ Low Dose Aspirin EC+ Matzim LA metoprolol tablet nadolol nifedipine nifedipine ER olmesartan (QL)		Corgard (ST) Ecotrin+ 325mg Epaned Hemangeol Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Kapspargo Sprinkle (ST) Lopressor (ST) Minipress Multaq Nitrostat Northera* (PA) Norvasc Pacerone 100mg, 400mg (PA) Procardia Procardia XL Ranexa (QL) Rythmol SR (PA) Tenormin (ST) Tiazac Tikosyn (PA, QL) Toprol XL (ST) Verelan Verelan PM
BLOOD MODIFIERS/BLEEDING DISORDERS					
aminocaproic acid tablet* tranexamic acid tablet*	Droxia	Amicar* Lysteda* Promacta* (PA) Siklos (PA) Tavalisse* (PA)			
BLOOD PRESSURE/HEART MEDICATIONS					
amiodarone tablet amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-HCTZ Adult Aspirin Regimen+	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)			

Cigna Value 4-Tier Prescription Drug List

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

BLOOD PRESSURE/ HEART MEDICATIONS (cont)			CANCER (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
olmesartan-amlodipine-HCTZ 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					Lonsurf* (PA) Lynparza* (PA) Mekinist* (PA) Nerlynx* (PA) Ninlaro* (PA) Odomzo* (PA) Pomalyst* (PA) Purixan* Rubraca* (PA) Stivarga* (PA) Tafinlar* (PA) Tagrisso* (PA) Targretin capsule* (PA) Temodar capsule* (PA) Venclexta* (PA) Votrient* (PA) Xalkori* (PA) Xeloda* (PA) XTANDI* (PA) ZEJULA* (PA)
BLOOD THINNERS/ANTI-CLOTTING			CHOLESTEROL MEDICATIONS		
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	amlodipine-atorvastatin (QL) atorvastatin 40mg, 80mg atorvastatin 10mg, 20mg+ colesevelam ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin ER+ fluvastatin+ lovastatin 20mg, 40mg+ lovastatin 10mg niacin niacin ER Niacor omega-3 acid ethyl esters pravastatin+ rosuvastatin 20mg, 40mg (QL) rosuvastatin 5mg, 10mg+ (QL)	Vascepa (PA)	Caduet (QL) Lipofen (ST) Lovaza Niaspan TriCor (ST) Triglide (ST) Trilipix (ST) Welchol Zetia
CANCER					
abiraterone* (PA) anastrozole capecitabine* (PA) exemestane imatinib* (PA) letrozole mercaptopurine methotrexate tablet tamoxifen+ temozolomide* (PA)	Afinitor 10mg* (PA) Erivedge* (PA) Gleostine Ibrance* (PA) Nexavar* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tassigna* (PA) Trexall Tykerb* (PA) Verzenio* (PA)	Afinitor 2.5mg, 5mg, 7.5mg* (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)			

Cigna Value 4-Tier Prescription Drug List

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

CHOLESTEROL MEDICATIONS (cont)			CONTRACEPTION PRODUCTS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
simvastatin 80mg (QL)			drosiprone-ethinyl estradiol+		
simvastatin 10mg, 20mg, 40mg+			Econtra EZ+		
CONTRACEPTION PRODUCTS			Econtra One-Step+		
Afirmelle+	Lo Loestrin FE	Annovera+	Elinest+		
Aftera+		Ella+	eluryng vaginal ring		
Altavera+		Estrostep FE	Emoquette+		
Alyacen+		Layolis FE	Enpresse+		
Amethia+		Loestrin FE	Enskyce+		
Amethyst+		Minastrin 24 FE	Errin+		
Apri+		NuvaRing	Estarilla+		
Aranelle+		Safyral	ethynodiol-ethinyl estradiol+		
Ashlyna+		Skyla*	etonogestrel-EE vaginal ring		
Aubra+		Today Contraceptive Sponge+	Falmina+		
Aubra EQ+		Yasmin 28	Fayosim+		
Aurovela+		Yaz	FemCap+		
Aurovela FE+			Femynor+		
Aurovela 24 FE+			Gianvi+		
Aviane+			Gynol II+		
Ayuna+			Hailey 24 FE+		
Azurette+			Heather+		
Balziva+			Incassia+		
Bekyree+			Introvale+		
Blisovi FE+			Isibloom+		
Blisovi 24 FE+			Jasmiel+		
Briellyn+			Jencycla+		
Camila+			Jolessa+		
Camrese+			Juleber+		
Camrese LO+			Junel+		
Caya Contoured+			Junel FE+		
Caziant+			Junel FE 24+		
Chateal+			Kaitlib FE+		
Chateal EQ+			Kalliga+		
Cryselle+			Kariva+		
Cyclafem+			Kelnor 1-35+		
Cyred+			Kelnor 1-50+		
Cyred EQ+			Kurvelo+		
Dasetta+			Larin+		
Daysee+			Larin FE+		
Deblitane+			Larin 24 FE+		
Delyla+			Larissia+		
desogestrel-ethinyl estradiol+			Lessina+		
desogestrel-ethinyl estradiol ethinyl estradiol+			Levonest+		
dospirenone-ethinyl estradiol-levomefolate+			levonorgestrel+		
			levonorgestrel-ethinyl estradiol+		

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	
CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)			
levonorgestrel-ethinyl estradiol ethinyl estradiol ⁺ Levora-28 ⁺ Lillow ⁺ Loryna ⁺ Low-Ogestrel ⁺ Lo-Zumandimine ⁺ Lutera ⁺ Lyza ⁺ Marlissa ⁺ medroxyprogesterone 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 ⁺ 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 ⁺ Tydemy ⁺ Velivet ⁺ Vienva ⁺ Viorele ⁺ Vyfemla ⁺ Vylibra ⁺ Wera ⁺ Wide Seal Diaphragm ⁺ Wymzya FE ⁺ Xulane ⁺ Zarah ⁺ Zovia ⁺ Zumandimine ⁺			
			COUGH/COLD MEDICATIONS			
			Bromfed DM brompheniramine-pseudoephedrine-DM hydrocodone-chlorpheniramine ER (PA)		Tessalon Perle Tuzistra XR (PA, QL)	

Cigna Value 4-Tier Prescription Drug List

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

DENTAL PRODUCTS			DIURETICS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
chlorhexidine doxycycline 20mg tablet fluoride+^ Fluoritab+^ Flura-Drops+^ Ludent+^ Oralene Paroex Peridex Periogard sodium fluoride+^ triamcinolone 0.1% paste		Floriva+^ Fluorabon+^	acetazolamide acetazolamide ER bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochlorothiazide spironolactone triamterene-HCTZ		Aldactone Diuril Dyazide Dyrenium Inspra Jynarque* (PA) Lasix Maxzide Samsca*
DIABETES			EAR MEDICATIONS		
glimepiride glipizide glipizide ER glipizide XL metformin metformin ER NovoTwist pioglitazone	Baqsimi (QL) Basaglar (QL) Bydureon (ST, QL) Byetta (ST, QL) Farxiga (ST, QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Insulin Lispro (QL) Janumet (ST, QL) Janumet XR (ST, QL) Januvia (ST, QL) Jardiance (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) Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (ST, QL) Xultophy	Amaryl Cycloset Glucofage Glucofage XR Korlym* (PA) Riomet	neomycin-polymyxin ofloxacin drops		Cipro HC Ciprodex Coly-Mycin S Cortisporin-TC Dermotic Otovel
			ERECTILE DYSFUNCTION		
			sildenafil^ (PA age, QL) tadalafil^ 2.5mg, 10mg, 20mg (PA age, QL) tadalafil^ 5mg (PA, QL) vardenafil^ (PA age, QL)		Caverject^ (PA, QL) Cialis^ (PA age, ST, QL) Muse^ (PA, QL) Stendra^ (PA age, ST, QL) Viagra^ (PA age, ST, QL)
			EYE CONDITIONS		
			azelastine^ brimonidine ciprofloxacin dorzolamide dorzolamide-timolol epinastine^ erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin-polymyxin- dexamethasone ofloxacin 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 FML Ilevro Inveltys Istalol Lotemax eye ointment Lotemax SM Maxitrol

Cigna Value 4-Tier Prescription Drug List

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

EYE CONDITIONS (cont)			GASTROINTESTINAL/HEARTBURN (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		Moxeza Nevanac Ocuflax Oxervate* (PA) Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex Tobradex ST Trusopt Vigamox Zirgan Zylet Zymaxid	hydrocortisone suppository LaxaClear+ laxative peg 3350+ laxative+ mesalamine mesalamine DR metoclopramide tablet, solution metoclopramide ODT Natura-Lax+ ondansetron ondansetron ODT PEG 3350-electrolyte+ Peg-Prep+ Phenadoz polyethylene glycol 3350+ Powderlax+ prochlorperazine tablet, suppository promethazine suppository Promethegan PureLax+ ranitidine syrup, capsule, tablet SmoothLax+ sucralfate Trilyte with Flavor Packets+ ursodiol Women's Gentle Laxative+ Women's Laxative+		Relistor (PA) Sancuso (PA, QL) sfRowasa Sucraid* (PA) Symproic (PA) Transderm-Scop Urso Urso Forte Varubi (PA, QL) Viberzi Viokace Xermelo* (PA)
FEMININE PRODUCTS			GASTROINTESTINAL/HEARTBURN		
		AVC			
fem pH gynazole 1 miconazole 3 suppository terconazole			Alophen+ anucort-HC balsalazide bisacodyl+ Bisa-Lax+ chlordiazepoxide- clidinium cinacalcet* ClearLax+ dicyclomine diphenoxylate- atropine dronabinol Ducodyl+ famotidine suspension GaviLax+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ Hemmorex-HC	Amitiza Apriso Carafate suspension CLENPIQ+ Pancreaze DR Pentasa Prepopik+ SUPREP+	Actigall Akynteo (PA, QL) capsule Bonjesta Canasa Carafate 1 GM tablet Cholbam* (PA) Correctol+ Diclegis Donnatal Dulcolax+ Kristalose Lithostat Lomotil MiraLax+ Movantik (PA) Mugard Ocaliva* (PA) Ravicti* (PA) Rectiv
HORMONAL AGENTS					
			Amabelz budesonide EC budesonide ER (PA, QL) cabergoline (QL) Covaryx Covaryx H.S. Decadron desmopressin tablet, solution, spray	Duavee Orilissa (PA, QL) Premarin Premphase Prempro	Activella Alora (QL) Androderm (PA, QL) AndroGel (PA, QL) Angeliq Armour Thyroid Climara Climara Pro CombiPatch Crinone

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
HORMONAL AGENTS (cont)						INFECTIONS (cont)					
dexamethasone tablet, elixir, liquid		Cytomel	Avidoxy	TOBI Podhaler* (PA, QL)	Cresemba (PA) capsule						
dexamethasone intensol		Depo-Testosterone	azithromycin tablet, suspension	Vosevi* (PA)	Daraprim* (PA)						
Dotti (QL)		Divigel	cefdirin	Xifaxan (QL)	Dificid (QL)						
EEMT		Elestrin	cefpodoxime proxetil		Elimite						
EEMT H.S.		Emflaza* (PA)	cefuroxime		EryPed 200						
estradiol (QL)		Entocort EC	cephalexin		Flagyl						
estradiol- norethindrone		Estrace	ciprofloxacin		Keflex						
estrogen- methyltestosterone		Estring (QL)	clarithromycin		Kitabis Pak* (PA, QL)						
levothyroxine		EstroGel	clarithromycin ER		Levaquin						
Levoxyl		Euthyrox	clindamycin		Macrobid						
liothyronine		Evamist	clindamycin 1%		Macrochantin						
Lopreeza		Imvexxy (QL)	coremino (QL)		Malarone (PA)						
medroxyprogesterone		Intrarosa	dapsone		Metrogel-Vaginal						
methimazole		Levo-T	doxycycline		Monurol						
methylprednisolone tablet, dosepak		Medrol	emverm		Natroba						
Mimvey		Menostar (QL)	entecavir* (QL)		Noxafil suspension						
Mimvey LO		Minivelle (QL)	erythromycin		Nuessa						
Nature-Throid		Noctiva (PA)	famciclovir		Nuzyra* (PA) tablet						
NP Thyroid		Osphena	fluconazole		Oravig						
prednisolone ODT		Prometrium	hydroxychloroquine		Plaquenil (PA)						
prednisone		Royaldee	itraconazole		Prevymis* tablet						
prednisone intensol		Striant (PA, QL)	levofloxacin tablet, solution, drops		Priftin						
progesterone		Synthroid	metronidazole		Sivextro (PA) tablet						
testosterone (PA, QL)		TIROSINT (PA)	minocycline		Sklice						
testosterone cypionate		TIROSINT-SOL (PA)	minocycline ER (QL)		Solosec						
thyroid		Unithroid	Mondoxyne NL		Sulfatrim						
Westhroid		Vagifem (QL)	nitrofurantoin		Suprax						
WP Thyroid		Vivelle-Dot (QL)	nitrofurantoin mono- macro		Tamiflu (QL)						
Yuvaferm (QL)			nystatin		Urogesic-Blue						
			okebo		Valtrex						
			oseltamivir (QL)		Vemlidy*						
			penicillin V		Vfend (PA)						
			permethrin		Vibramycin 25mg/5ml suspension						
			sulfamethoxazole- trimethoprim tablet, suspension		Xofluza (QL)						
			terbinafine tablet		Zepatier* (PA)						
			tetracycline		Zithromax tablet, suspension, packet						
			tobramycin* (PA, QL) 300mg		Zithromax tri-pak						
			valacyclovir		Zyvox (PA) tablet, suspension						
INFECTIONS											
acyclovir capsule, suspension, tablet	Epclusa* (PA)	Albenza									
albendazole tablet	Epclusa** (PA)	Alinia									
amoxicillin	Firvanq	Arikayce* (PA)									
amoxicillin- clavulanate ER	Harvoni* (PA, QL)	Bactrim									
amoxicillin- clavulanate	Ledipasvir- Sofosbuvir* (PA)	Bactrim DS									
atovaquone	Mavyret* (PA)	Baxdela (PA) tablet									
atovaquone- proguanil	Sofosbuvir- Velpatasvir* (PA)	Cayston* (PA, QL)									
	Sovaldi* (PA, QL)	Cipro tablet									
	Thalomid* (PA)	Cleocin									
		Clindesse									

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
INFECTIONS (cont)						NUTRITIONAL/DIETARY (cont)					
valganciclovir						potassium chloride			Vitafof Ultra		
vancomycin capsule						capsule, packet,			VitaPearl		
vandazole						solution, tablet					
voriconazole (PA)						prenatal vitamin+					
tablet, suspension						Prenatal+					
						sevelamer					
INFERTILITY						vitamin D2 1.25mg					
clomiphene^						vitamin D3+ 5000u					
			Crinone^ 8%			fast dissolve					
			Endometrin^			OSTEOPOROSIS PRODUCTS					
MISCELLANEOUS						alendronate (QL)					
disulfiram		Cerdelga* (PA)		Addyi^ (PA, QL)		alendronate (QL)		Fosamax Plus D (ST)		Actonel (ST)	
Nebusal 3%		Esbriet* (PA)		Austedo* (PA)		calcitonin-salmon		Tymlos* (PA, QL)		Atelvia (ST)	
Pulmosal		Nityr* (PA)		Brisdelle (QL)		ibandronate tablet				Binosto (ST)	
sodium chloride				Exjade* (PA)		raloxifene+				Boniva (ST) tablet	
inhalation vial				Ferriprox* (PA)		risedronate				Evista	
TechLITE Lancets				Galafold* (PA)		risedronate DR				Fosamax (ST)	
tetrabenazine* (PA)				Ingrezza* (PA)		PAIN RELIEF AND INFLAMMATORY DISEASE					
trientine* (PA)				Jadenu sprinkle* (PA)		acetaminophen-codeine (PA)		Aimovig autoinjector (PA)		Abstral (PA)	
				Jadenu* (PA)		allopurinol		Ajovy (PA)		Analpram HC	
				Kuvan* (PA)		aprizio pak		Belbuca (QL)		Arava	
				Nuedexta (QL)		baclofen tablet		Embeda (PA)		Arymo ER (PA)	
				Orfadin* (PA)		buprenorphine (QL) patch, tablet		Emgality (PA)		Butrans (QL)	
				Tiglutik* (PA)		butalbital-acetaminophen-caffeine (QL)		Hysingla ER (PA)		Celebrex (ST, QL)	
MULTIPLE SCLEROSIS						carisoprodol		Morphabond ER (PA)		Colcrys	
		Gilenya* (PA) 0.5mg		Gilenya 0.25mg		celecoxib (QL)		Otezla* (PA, QL)		Depen* (PA)	
		Tecfidera* (PA)				colchicine		Xeljanz XR* (PA, QL)		D-penaminate* (PA)	
NUTRITIONAL/DIETARY						cyclobenzaprine		Xeljanz* (PA, QL)		Duragesic (PA)	
calcitriol capsule, solution		Drisdol		Auryxia (QL)		DermacinRx Empricaine		Xtampza ER (PA)		Ec-naprosyn (ST)	
calcium 667mg		Floriva+		CitraNatal		DermacinRx Prizopak		Ztlido		Esgic (QL)	
cyanocobalamin injection		Fosrenol packet		Fosrenol chew		diclofenac (QL)				Fexmid	
daily prenatal+		Mephyton		Klor-Con M15		diclofenac ER				Kadian (PA)	
FA-8+		OB Complete Petite		KPN+		EC-naproxen				Lidoderm	
folic acid+ 0.4mg, 0.8mg		Quflora+ drop, 1mg tablet		K-Tab ER		eletriptan (QL)				Mitigare	
Kor-Con 10		Rocaltrol		Lokelma		Endocet (PA)				Mobic (ST)	
Klor-Con 8		Tri-vi-flor+		OB Complete caplet		etodolac				MS Contin (PA)	
Klor-Con M10				Phoslyra		etodolac ER				Nalfon 400mg(ST)	
Klor-Con M20				Prenate Mini		fentanyl (PA)				Naprosyn (ST)	
Klor-Con Sprinkle				Prenate Pixie		Fioricet (QL)				Norco (PA)	
lanthanum				PrimaCare		frovatriptan (QL)				Nucynta (PA)	
phytonadione tablet				Renvela		Glydo				Nucynta ER (PA)	
				Velphoro		hydrocodone-acetaminophen (PA)				Olumiant* (PA, QL)	
				Veltassa						Oxaydo (PA)	
				Vitafof gummies						Percocet (PA)	
										Procort	
										Proctofoam-HC	
										Qmiiz ODT (ST)	

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
hydromorphone (PA) tablet, solution, suppository		Qmiiz ODT (ST, QL) RoxyBond (PA)	rizatriptan (QL)		
hydromorphone ER (PA)		Savella	sumatriptan (QL)		
IBU		Skelaxin	sumatriptan-naproxen (QL)		
ibuprofen 400mg, 600mg, 800mg		Tylenol with Codeine #3 (PA)	tizanidine		
indomethacin capsule		Tylenol with Codeine #4 (PA)	tramadol (QL)		
indomethacin ER		Uloric (QL)	tramadol ER (QL)		
ketorolac (QL)		Ultram (QL)	Vicodin HP (PA)		
leflunomide		Zanaflex			
lidocaine (QL) ointment, patch		Zebutal (QL)	PARKINSON'S DISEASE		
lidocaine viscous		Zohydro ER (PA)	benztropine		Azilect (QL)
lidocaine-prilocaine		Zyloprim	bromocriptine		Duopa*
Lidopril			carbidopa-levodopa		Mirapex
Lidopril XR			carbidopa-levodopa ER		Mirapex ER (QL)
Lido-Prilo Caine Pack			pramipexole		Neupro
Livixil Pak			pramipexole ER (QL)		Osmolex ER (QL)
Lorcet (PA)			rasagiline (QL)		Parlodol
Lorcet HD (PA)			ropinirole		Rytary
Lorcet Plus (PA)			ropinirole ER		Sinemet
Lortab (PA)					Sinemet CR
meloxicam					Tasmar
metaxall					Xadago (ST)
metaxalone			SCHIZOPHRENIA/ANTI-PSYCHOTICS		
methocarbamol tablet			aripiprazole (QL)	Latuda (QL)	Fanapt (ST, QL)
morphine (PA) solution, suppository, tablet			aripiprazole ODT		Invega (ST, QL)
morphine ER (PA)			chlorpromazine tablet		Rexulti (ST, QL)
nabumetone			olanzapine tablet		Risperdal (ST)
Nalfon 600mg (ST)			olanzapine ODT		Saphris (ST)
nalocet (PA)			paliperidone ER (QL)		Seroquel (ST)
naproxen			quetiapine		Seroquel XR (ST)
oxycodone (PA)			quetiapine ER		Vraylar (ST, QL)
oxycodone ER (PA)			risperidone		
oxycodone-acetaminophen (PA)			risperidone ODT		
Phrenilin Forte (QL)			ziprasidone		
Prilolid			SEIZURE DISORDERS		
Prilovix			carbamazepine	Dilantin 30mg (PA)	Aptiom (PA)
Primlev (PA)			carbamazepine ER	Fycompa (PA, QL)	Aptiom (PA, QL)
Relador Pak			clonazepam	VIMPAT solution, tablet (PA)	Banzel (PA, QL)
Relador Pak Plus			divalproex		Briviact tablet (PA)
			divalproex ER		Carbatrol (PA)
			Epitol		Depakote (PA)
			gabapentin		Depakote ER (PA)
			lamotrigine		Depakote Sprinkle (PA)
			lamotrigine (blue, green, orange)		Dilantin 100mg (PA)
			lamotrigine ER		Dilantin 50mg (PA)

Cigna Value 4-Tier Prescription Drug List

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

SEIZURE DISORDERS (cont)			SKIN CONDITIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
lamotrigine ODT levetiracetam tablet levetiracetam ER oxcarbazepine Roweepra Roweepra XR Subvenite Subvenite (blue, green, orange) topiramate topiramate ER vigabatrin* vigadrone*		Epidolex* (PA) Klonopin (PA) Lyrica oral solution (PA) Neurontin (PA) Onfi (PA) Oxtellar XR (PA) Phenytek (PA) Tegretol (PA) Tegretol XR (PA)	fluocinonide fluorouracil cream, solution hydrocortisone isotretinoin (QL) ketoconazole metronidazole MiCort-HC 2.5% mupirocin myorisan (QL) Neuac gel Nolix oxiconazole pimecrolimus Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Rosadan cream, gel sodium sulfacetamide-sulfur SSS 10-5 sulfacetamide sodium-sulfur Sulfacleanse 8-4 tacrolimus ointment tazarotene tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone triderm Zenatane (QL)		
SKIN CONDITIONS			SLEEP DISORDERS/SEDATIVES		
adapalene (PA age) adapalene-benzoyl peroxide Amnesteem (QL) Avar Avar-E Avar-E Green azelaic acid betamethasone dipropionate augmented betamethasone dipropionate BP 10-1 calcipotriene calcipotriene- betamethasone DP Calcitrene Claravis (QL) Clindacin ETZ pledget Clindacin P clindamycin-benzoyl peroxide clindamycin clindamycin- tretinoin clobetasol Clodan shampoo, solution clotrimazole- betamethasone dapsone desoximetasone	Eucrisa Fluoroplex Targretin gel*	Bryhali (ST) Celacyn Centany Cleocin T Cloderm (ST) Dermasorb TA (ST) Drysol Ecoza Efudex Elidel 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	armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)	Silenor (ST, QL)	Hetlioz* (PA) Lunesta (ST) Rozerem (ST, QL) Xyrem* (PA)
SMOKING CESSATION			bupropion SR+ Nicorelieft NicoDerm CQ 21mg/24hr+		Chantix^ NicoDerm CQ 7mg/24hr, 14mg/24hr+

Cigna Value 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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SMOKING CESSATION (cont)

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

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 [*]		Myfortic [*]
tacrolimus capsule [*]		Prograf capsule, packet [*]
		Rapamune [*]
		Zortress [*]

URINARY TRACT CONDITIONS

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

	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 ⁺	
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WEIGHT MANAGEMENT

Lomaira [^] phentermine [^]		Belviq XR [^] (PA) Belviq [^] (PA) Contrave [^] (PA) Qsymia [^] (PA) Saxenda [^] (PA)
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Injectable specialty medications

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

MEDICATION NAME	DRUG CLASS
Actemra syringe (PA, QL)	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 200mg (PA)	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
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 syringe (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Palyntiq (PA)	MISCELLANEOUS
Pegasys (PA)	INFECTIONS

MEDICATION NAME	DRUG CLASS
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 syringe, 45mg/0.5ml vial (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq (PA)	MISCELLANEOUS
Takhzyro (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Taltz (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Tremfya syringe (PA, QL)	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
	Dymista	Generic nasal steroids (e.g. fluticasone^)
	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
	Pristiq	bupropion XL duloxetine
Tofranil	imipramine tablet	
ASTHMA/COPD/RESPIRATORY	Advair Diskus Advair HFA AirDuo RespiClick Breo Ellipta	Dulera fluticasone-salmeterol Symbicort Wixela Inhub
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ASTHMA/COPD/RESPIRATORY (cont)	Arcapta neohaler	Striverdi Respimat	
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	Anoro Ellipta	
	Elixophyllin	theophylline oral solution	
	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	
Evekeo ODT		amphetamine dexmethylphenidate dextroamphetamine methamphetamine methylphenidate	
Vyvanse		dexmethylphenidate ER	
BLOOD PRESSURE/HEART MEDICATIONS		Accupril	quinapril
		Accuretic	quinapril HCTZ
		Altace	ramipril
	Atacand	candesartan	
	Atacand HCT	candesartan HCTZ	
	Avalide Avapro	irbesartan HCTZ	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	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, cal sartan)
	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 Titrados	isosorbide dinitrate digoxin
	Lanoxin	Digitex digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan HCTZ
	Prinvil Zestril	lisinopril
	Tarka	trandolapril-verapamil
	Tekturna	Generic ACE/ARBs
	Tekturna HCT	Generic 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
	Tarceva*	erlotinib*
	Yonsa*	abiraterone*
	Zytiga*	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Altoprev Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin
	Crestor	rosuvastatin
	Lescol XL	fluvastatin
	Lipitor	atorvastatin
	Pravachol	pravastatin
	Vytorin	ezetimibe-simvastatin
	CONTRACEPTION PRODUCTS	Balcoltra Natazia Slynd Taytulla
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	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)	GlucaGen HypoKit Gvoke	Baqsimi Glucagon Emergency Kit
	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
	Nesina Tadjenta	Januvia Janumet Janumet XR metformin
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia
	QTERN Steglujan	Glyxambi metformin
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn
	Pataday Patanol	azelastine^ epinastine^ olopatadine
	Cequa Restasis MultiDose Xiidra	Restasis
	Lumigan Travatan Z Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
	Vyzulta	bimatoprost latanoprost Lumigan

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository	
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine	
	CoLyte with Flavor Packets+ GoLyteLy+ 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	
	Creon Pertzye Zenpep	Pancrease	
	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	Cortrosyn	cosyntropin
		DDAVP	desmopressin
		Dxevo TaperDex 7-Day	dexamethasone 1.5mg tablet
Fortesta Natesto Testim Vogelxo Xyosted		AndgroGel testosterone	
Genotropin* Nutropin AQ nuspin* Omnitrope* Saizen* Saizen-Saizenprep* Zomacton*		Humatrope* (PA)	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
HORMONAL AGENTS <i>(cont)</i>	Nocurna	desompression acetate nasal spray or tablets	
	Rayos	prednisone	
	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	
	Valcycte	valganciclovir	
	Vancocin	vancomycin oral capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Syprine*	Depen* penicillamine* trientine*
		Xenazine*	tetrabenazine*

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER
	Aubagio*	Gilenya* Mayzent* Tecfidera*
	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
	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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY <i>(cont)</i>	diclofenac 1.3% patch Flector 1.3% patch Voltaren 1% gel	diclofenac 1% gel, generic oral NSAIDs (e.g. celecoxib; meloxicam)	
	Gralise	gabapentin	
	Imitrex Zembrace Symtouch	sumatriptan	
	Kineret* Simponi*	Enbrel* (PA) Humira* (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)	
	Oxycontin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER	
	Pennsaid	diclofenac 1% gel	
	Roxicodone	oxycodone	
	Siliq*	Enbrel* (PA) Humira* (PA) 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
	Mysoline	primidone
	Qudexy XR Trokendi XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Zonegran	zonisamide
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 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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	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
	Dovonex	calcipotriene
	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
	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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	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
	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 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium 2.5% lotion sodium sulfacetamide 10% shampoo
	SLEEP DISORDERS/SEDATIVES	Ambien
Ambien CR		zolpidem ER
Ativan		lorazepam
Belsomra		Dayvigo
Edluar Intermezzo		zolpidem/ER
Nuvigil		armodafinil
Provigil		modafinil
Restoril		temazepam
Zolpimist		Belsomra 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	tropium 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:^{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:

- › 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.³
- › 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**.

Prescription drug list FAQs (cont)

For more information about health care reform, go to www.informedonreform.com or 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.⁴

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.⁵ 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.⁵ 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?

A 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.⁶

- 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).⁷ 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.⁶

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:⁸

- › 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 shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
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 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 تماس بگیرید (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).