



CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

As of January 1, 2020

Together, all the way.®



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916154 fValue 4-Tier O/I SRx 10/19



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View your drug list online

This document was last updated 09/01/2019.* Here's where you can find a current list of the medications your plan covers:



The myCigna® app or website – Once you're registered, log in and click on Prescriptions. Then, click on Price a Medication.

Questions?

Call the toll-free number on your Cigna ID card. We're here to help. If it's easier, 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: 09/01/2019, for changes starting 01/01/2020

Next planned update: 03/01/2020, for changes starting 07/01/2020

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, 2020.^{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. You should log in to the **myCigna** app or website, or check your plan materials, to learn more about the 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 \$\$\$
HORMONAL AGENTS		
Amabelz	Androderm (PA, QL)	Activella
budesonide EC	AndroGel 1.62% (PA, QL)	Alora (QL)
cabergoline (QL)	Armour Thyroid	AndroGel 1.0% (PA, QL)
Covaryx	Cytomel 50mcg	Angeliq
Covaryx H.S.	Divigel	Climara
Decadron	Duavee	Climara Pro
desmopressin	Estring (QL)	Combipatch
dexamethasone	Premarin	Cytomel 5, 25mcg
estradiol-norethindrone	Premphase	Depo-Testosterone
estrogen-	Prempro	Elestrin
methyltestosterone	Synthroid	Entocort EC
levothyroxine		Estrace
Levoxyl		Estrogel
liothyronine		Evamist
medroxy-progesterone		Femring
methimazole		Intrarosa
methylprednisolone		Levo-T
Mimvey		Menostar (QL)
Mimvey Lo		Minivelle (QL)
Nature-Throid		Ospheña
NP Thyroid		Tirosint
prednisolone		Unithroid
prednisolone ODT		Vagifem (QL)
prednisone		Vivelle-Dot (QL)
prednisone intensol		
progesterone		

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; Speciality medications are listed on Tier 4 (pages 17-22)

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	(Lower-cost medication)	\$
› Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 – Typically Non-Preferred Brands	(Higher-cost medication)	\$\$\$
› Tier 4 – 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 conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. On this drug list, oral and injectable specialty medications are covered on Tier 4 (see page 18). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

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 on the drug list

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
ALLERGY/NASAL SPRAYS	6	FEMININE PRODUCTS	11
ALZHEIMER'S DISEASE	6	GASTROINTESTINAL/HEARTBURN	11, 12
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	HORMONAL AGENTS	12
ASTHMA/COPD/RESPIRATORY	6	INFECTIONS	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	MISCELLANEOUS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	13
BLOOD PRESSURE/HEART MEDICATIONS	7	NUTRITIONAL/DIETARY	13
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	14
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14
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	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	16
EAR MEDICATIONS	11	SUBSTANCE ABUSE	16
ERECTILE DYSFUNCTION	11	URINARY TRACT CONDITIONS	16
EYE CONDITIONS	11	VACCINES	16, 17
		WEIGHT MANAGEMENT	17

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ALLERGY/NASAL SPRAYS			ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)		
azelastine cromolyn ciproheptadine epinephrine (QL) fluticasone hydroxyzine capsule, solution, tablet ipratropium mometasone (QL) olopatadine promethazine		Astepro Clarinet-D 12 Hour Gastrocrom Grastek (PA, QL) Karbinal ER Odactra (PA, QL) Patanase Ragwitek (PA, QL) Vistaril	paroxetine ER (QL) sertraline (QL) trazodone venlafaxine (QL) venlafaxine ER (QL)		
ALZHEIMER'S DISEASE			ASTHMA/COPD/RESPIRATORY		
donepezil donepezil ODT memantine memantine ER memantine ER (QL) pyridostigmine pyridostigmine ER rivastigmine		Aricept Exelon Mestinon Namenda Namenda XR (QL) Namzaric (QL)	albuterol albuterol HFA budesonide fluticasone- salmeterol montelukast Wixela Inhub	Advair HFA Anoro Ellipta Atrovent HFA Breo Ellipta Dulera Flovent Flovent HFA Incruse Ellipta ProAir HFA ProAir RespiClick QVAR RediHaler Serevent Symbicort Trelegy Ellipta	Brovana Combivent RespiMat Daliresp (QL) Lonhala Magnair (PA) Perforomist (QL) Pulmicort respule Singulair
ANXIETY/DEPRESSION/BIPOLAR DISORDER			ATTENTION DEFICIT HYPERACTIVITY DISORDER		
alprazolam alprazolam ER alprazolam intensol alprazolam ODT alprazolam XR amitriptyline bupropion (QL) bupropion SR (QL) bupropion XL (QL) buspirone citalopram (QL) clomipramine desvenlafaxine ER (QL) duloxetine (QL) escitalopram (QL) fluoxetine (QL) fluoxetine DR (QL) fluvoxamine (QL) fluvoxamine ER (QL) lorazepam lorazepam intensol mirtazapine paroxetine (QL) paroxetine CR (QL)		Celexa (ST, QL) Effexor XR (ST, QL) Fetzima (ST, QL) Forfivo XL (ST, QL) Paxil (ST, QL) Paxil CR (ST, QL) Prozac (ST, QL) Remeron Sarafem (ST) Trintellix (ST, QL) Viibryd (ST, QL) Wellbutrin SR (ST, QL) Xanax Xanax XR Zoloft (ST, QL)	atomoxetine (QL) clonidine ER dexmethylphenidate (PA age) dexmethylphenidate ER (PA age, QL) dextroamphetamine- amphetamine ER (PA age, QL) dextroamphetamine- amphetamine (PA age) guanfacine ER metadate ER (PA age, QL) methylphenidate (PA age) methylphenidate CD (PA age, QL) methylphenidate ER (CD) (PA age, QL)		Adderall Adhansia XR Daytrana (PA age, QL) Evekeo (PA, ST) Focalin (PA, ST) Intuniv Kapvay Methylin (PA) Quillivant XR (PA age, QL) Ritalin tablet Strattera (QL)

Cigna Value 4-Tier Prescription Drug List

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 (cont)			BLOOD PRESSURE/HEART MEDICATIONS (cont)		
methylphenidate ER (LA) (PA age, QL) methylphenidate ER (PA age, QL) methylphenidate LA (PA age, QL) Relexxii (PA age, QL)			Ecotrin+ 81mg 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 medoxomil (QL) olmesartan-amlodipine-HCTZ olmesartan-HCTZ (QL) Pacerone 200mg prazosin propafenone propafenone ER propranolol tablet, solution propranolol ER ramipril ranolazine ER (QL) St. Joseph Aspirin+ Taztia XT telmisartan (QL) telmisartan-HCTZ (QL) valsartan valsartan-HCTZ verapamil capsule, tablet verapamil ER verapamil ER PM verapamil SR		
BLOOD MODIFIERS/BLEEDING DISORDERS					
Droxia					
BLOOD PRESSURE/HEART MEDICATIONS					
amiodarone amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-HCTZ Adult Aspirin Regimen+ Aspir EC+ aspirin EC+ Aspir-Low+ atenolol 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 Ecpirin+			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) Ecotrin+ 325mg Epaned Hemangeol Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Kapsargo Sprinkle (ST) Lopressor (ST) Minipress Multaq Nitrostat Norvasc Pacerone (PA) 100mg, 400mg Procardia Procardia XL Ranexa (QL) Rythmol SR (PA) Tenormin (ST) Tiazac Tikosyn (PA, QL) Toprol XL (ST) Verelan Verelan PM		

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
BLOOD THINNERS/ANTI-CLOTTING						CONTRACEPTION PRODUCTS					
aspirin-dipyridamole ER	Brilinta					Afirmelle+	Lo Loestrin FE	Annovera+			
clopidogrel	Eliquis					Aftera+	NuvaRing+	Balcoltra			
Jantoven	Xarelto					Altavera+	Taytulla	Ella+			
prasugrel						Alyacen+		Estrostep FE			
warfarin						Amethia+		Layolis FE			
						Amethyst+		Loestrin FE			
						Apri+		Minastrin 24 FE			
						Aranelle+		Natazia			
						Ashlyna+		Safyral			
						Aubra+		Today			
						Aubra EQ+		Contraceptive			
						Aurovela+		Sponge+			
						Aurovela FE+		Yasmin 28			
						Aurovela 24 FE+		Yaz			
						Aviane+					
						Ayuna+					
						Azurette+					
						Balziva+					
						Bekyree+					
						Blisovi FE+					
						Blisovi 24 FE+					
						Briellyn+					
						Camila+					
						Camrese+					
						Camrese Lo+					
						Caya Contoured+					
						Caziant+					
						Chateal+					
						Chateal EQ+					
						Cryselle+					
						Cyclafem+					
						Cyred+					
						Cyred EQ+					
						Dasetta+					
						Daysee+					
						Deblitane+					
						Delyla+					
						desogestrel-ethinyl estradiol+					
						dospirenone-ethinyl estradiol-levomefolate+					
						drosiprenone-ethinyl estradiol+					
CANCER											
anastrozole	Gleostine										
exemestane	Trexall										
letrozole											
mercaptopurine											
methotrexate											
tamoxifen+											
CHOLESTEROL MEDICATIONS											
amlodipine-atorvastatin (QL)	Repatha (PA)										
atorvastatin+	Vascepa (PA)										
colesevelam											
ezetimibe											
ezetimibe-simvastatin											
fenofibrate											
fenofibric acid											
fluvastatin+											
fluvastatin ER+											
lovastatin 10mg											
lovastatin+ 20mg, 40mg											
niacin											
niacin ER											
Niacor											
omega-3 acid ethyl esters											
pravastatin+											
rosuvastatin 20mg, 40mg (QL)											
rosuvastatin+ 5mg, 10mg (QL)											
CHOLESTEROL MEDICATIONS											
simvastatin 80mg (QL)											
simvastatin 10mg, 20mg, 40mg+											

Cigna Value 4-Tier Prescription Drug List

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)		
Econtra EZ ⁺			levonorgestrel-		
Econtra One-Step ⁺			ethinyl estradiol		
Elinest ⁺			ethinyl estradiol ⁺		
Emoquette ⁺			Levora-28 ⁺		
Enpresse ⁺			Lillow ⁺		
Enskyce ⁺			Loryna ⁺		
Errin ⁺			Low-Ogestrel ⁺		
Estarylla ⁺			Lo-Zumandimine ⁺		
ethynodiol-ethinyl			Lutera ⁺		
estradiol ⁺			Lyza ⁺		
Falmina ⁺			Marlissa ⁺		
Fayosim ⁺			medroxyprogesterone		
FemCap ⁺			150mg/ml ⁺		
Femynor ⁺			Melodetta 24 FE ⁺		
Gianvi ⁺			Mibelas 24 FE ⁺		
Gynol II ⁺			Mili ⁺		
Hailey 24 FE ⁺			Mono-Linyah ⁺		
Heather ⁺			My Choice ⁺		
Incassia ⁺			Necon ⁺		
Introvale ⁺			New Day ⁺		
Isibloom ⁺			Nikki ⁺		
Jasmiel ⁺			Nora-BE ⁺		
Jencycla ⁺			norethindrone ⁺		
Jolessa ⁺			norethindrone-		
Juleber ⁺			ethinyl estradiol ⁺		
Junel ⁺			norethindrone-		
Junel FE ⁺			ethinyl estradiol-		
Junel FE 24 ⁺			iron ⁺		
Kaitlib FE ⁺			norgestimate-ethinyl		
Kalliga ⁺			estradiol ⁺		
Kariva ⁺			Norlyda ⁺		
Kelnor 1-35 ⁺			Norlyroc ⁺		
Kelnor 1-50 ⁺			Nortrel ⁺		
Kurvelo ⁺			Ocella ⁺		
Larin ⁺			Opcon One-Step ⁺		
Larin FE ⁺			Option 2 ⁺		
Larin 24 FE ⁺			Orsythia ⁺		
Larissia ⁺			Philith ⁺		
Lessina ⁺			Pimtrea ⁺		
Levonest ⁺			Pirmella ⁺		
levonorgestrel ⁺			Portia ⁺		
levonorgestrel-			Previfem ⁺		
ethinyl estradiol ⁺			Reclipsen ⁺		
			Setlakin ⁺		
			Sharobel ⁺		
			Simliya ⁺		

Cigna Value 4-Tier Prescription Drug List

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)			DENTAL PRODUCTS		
Simpesse ⁺			chlorhexidine		Floriva ⁺ ^
Sprintec ⁺			doxycycline		Fluorabon ⁺ ^
Sronyx ⁺			fluoride ⁺ ^		
Syeda ⁺			Fluoritab ⁺ ^		
Tarina FE ⁺			Flura-Drops ⁺ ^		
Tarina 24 FE ⁺			Ludent Fluoride ⁺ ^		
Tarina FE 1-20 EQ ⁺			Oralone		
Tri Femynor ⁺			Paroex		
Tri-Estarylla ⁺			Peridex		
Tri-Legest FE ⁺			Periogard		
Tri-Linyah ⁺			sodium fluoride ⁺ ^		
Tri-Lo-Estarylla ⁺			0.25mg, 0.5mg,		
Tri-Lo-Marzia ⁺			1mg		
Tri-Lo-Mili ⁺			triamcinolone		
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			DIABETES		
benzonatate 100mg, 200mg		Tessalon Perle	glimepiride	Basaglar (QL)	Amaryl
Bromfed DM		Tuzistra XR (PA, QL)	glipizide	Bydureon (ST, QL)	Cycloset
brompheniramine- pseudoephedrine- DM			glipizide ER	Byetta (ST, QL)	Freestyle Libre
hydrocodone- chlorpheniramine ER (PA)			glipizide XL	Farxiga (ST, QL)	Sensor (PA, QL)
			metformin	GlucaGen HypoKit (QL)	Glucophage
			metformin ER	Glucagon	Glucophage XR
			NovoTwist	Emergency Kit (QL)	Korlym* (PA)
			pioglitazone	Glyxambi (ST, QL)	Riomet
				Humalog (QL)	
				Humulin (QL)	
				Insulin Lispro (QL)	
				Janumet (QL)	
				Janumet XR (QL)	
				Januvia (ST, QL)	
				Jardiance (ST, QL)	
				Levemir (QL)	
				OneTouch Test Strips	
				Ozempic (ST, QL)	
				Segluromet (QL)	
				Soliqua	
				Steglatro (ST, QL)	
				SymlinPen	
				Synjardy (QL)	
				Synjardy XR (QL)	
				Tresiba (QL)	
				Trulicity (ST, QL)	
				V-Go	
				Victoza (ST, QL)	
				Xigduo XR (QL)	
				Xultophy	

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIURETICS			EYE CONDITIONS (cont)		
acetazolamide acetazolamide ER bumetanide tablet chlorthalidone eplerenone furosemide tablet, solution hydrochlorothiazide spironolactone triamterene-HCTZ		Aldactone Diuril Dyazide Dyrenium Inspra Lasix Maxzide	timolol solution tobramycin tobramycin- dexamethasone		Istalol Lotemax gel, ointment Lotemax SM Maxitrol Moxeza Nevanac Ocuflox Oxervate* (PA) Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex drops, ointment Tobradex ST Trusopt Vigamox Xalatan Zioptan (ST, QL) Zirgan Zylet Zymaxid
EAR MEDICATIONS					
neomycin- polymyxin-HC ofloxacin drops		Cipro HC Ciprodex Coly-Mycin S Cortisporin-TC Dermotic Otovel			
ERECTILE DYSFUNCTION					
sildenafil oral suspension, tablet^ (PA age, QL) tadalafil^ 2.5mg, 10mg, 20mg (PA age, QL) tadalafil^ 5mg (PA, QL) vardenafil^ (PA age, QL)		Cialis^ (PA, ST, QL) Muse^ (PA, QL) Stendra^ (PA age, ST, QL) Viagra^ (PA age, ST, QL)			
EYE CONDITIONS			FEMININE PRODUCTS		
azelastine brimonidine ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin- polymyxin- dexamethasone ofloxacin olopatadine polymyxin B-TMP prednisolone solution	Combigan Restasis Simbrinza Travatan Z Xiidra	Acuvail Alphagan P 0.1% Alphagan P 0.15% Alrex Azasite Azopt Besivance Betimol Betoptic S Bromsite Cequa Cosopt Cosopt PF Cystaran* (QL) Durezol FML liquifilm, forte, ointment Ilevro Inveltys	Fem pH Gynazole 1 Miconazole 3 vaginal suppository terconazole cream, suppository		AVC
			GASTROINTESTINAL/HEARTBURN		
			Alophen+ Anucort-HC balsalazide bisacodyl+ Bisa-Lax+ chlordiazepoxide- clidinium cinacalcet* ClearLax+ dicyclomine capsule, solution, tablet diphenoxylate- atropine dronabinol Ducodyl+	Amitiza Apriso Carafate suspension Clenpiq+ Creon ENTYVIO*^ (PA) LINZESS Pentasa Prepopik+ SUPREP+ Trulance ZENPEP	Actigall Akyneo (PA, QL) Bonjesta Canasa Carafate tablet Correctol+ Diclegis Donnatal Dulcolax+ Gialax+ Kristalose Lialda Lithostat Lomotil MiraLax+

Cigna Value 4-Tier Prescription Drug List

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

GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
famotidine suspension		Motegrity	Decadron		Climara
GaviLax ⁺		Movantik (PA)	desmopressin solution, spray, tablet		Climara Pro
GaviLyte-C ⁺		Mugard	dexamethasone		CombiPatch
GaviLyte-G ⁺		Pancreaze	dexamethasone intensol		Crinone [^]
GaviLyte-N ⁺		Pertzye	Dotti (QL)		Cytomel
GentleLax ⁺		Rectiv	EEMT		Deltasone
GlycoLax ⁺		Relistor (PA)	EEMT H.S.		Depo-Testosterone
HealthyLax ⁺		Sancuso (PA, QL)	estradiol (QL)		Divigel
Hemmorex-HC hydrocortisone		sfRowasa	estradiol-norethindrone		Elestrin
LaxaClear ⁺		Symproic (PA)	estrogen-methyltestosterone		Entocort EC
laxative peg 3350 ⁺		Transderm-Scop	levothyroxine		Estrace
laxative ⁺		Urso	Levoxyl		Estring (QL)
mesalamine		Urso Forte	liothyronine		EstroGel
mesalamine DR		Varubi (PA, QL)	Lopreeza		Euthyrox
metoclopramide		Viberzi	medroxyprogesterone		Evamist
metoclopramide ODT		Viokace	methimazole		Imvexxy (QL)
QC Natura-Lax ⁺			methylprednisolone dosepak, tablet		Intrarosa
ondansetron			Mimvey		Levo-T
ondansetron ODT			Mimvey LO		Medrol
PEG-3350 and Electrolytes ⁺			Nature-Throid		Menostar (QL)
PEG-Prep ⁺			NP Thyroid		Minivelle (QL)
Phenadoz			prednisolone		Noctiva (PA)
polyethylene glycol 3350 ⁺			prednisolone ODT		Osphena
PowderLax ⁺			prednisone		Prometrium
prochlorperazine suppository, tablet			prednisone intensol		Royaldee
promethazine			progesterone capsule		Striant (PA, QL)
Promethegan			TaperDex		Synthroid
Purelax ⁺			testosterone (PA, QL)		Tirosint
ranitidine syrup			testosterone cypionate		Unithroid
Smooth LAX ⁺			thyroid		Vagifem (QL)
sucralfate			Unithroid 75mcg tablet		Vivelle-Dot (QL)
TriLyte With Flavor Packets ⁺			Westhroid		
ursodiol			WP Thyroid		
			Yuvafem (QL)		
HORMONAL AGENTS					
Amabelz	Duavee	Activella			
budesonide EC	Orilissa (PA, QL)	Alora (QL)			
budesonide ER (PA, QL)	Premarin cream, tablet	Androderm (PA, QL)			
cabergoline (QL)	Premphase	AndroGel (PA, QL)			
CovARYX	Prempro	Angeliq			
CovARYX HS		Armour Thyroid			

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
OSTEOPOROSIS PRODUCTS			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
alendronate (QL)	Fosamax Plus D (ST)	Actonel (ST)	ketorolac (QL)		Tylenol-codeine No.4 (PA)
calcitonin-salmon	(ST)	Atelvia (ST)	leflunomide		Uloric (QL)
ibandronate tablet	Tymlos* (PA, QL)	Binosto (ST)	lidocaine (QL)		Ultram (QL)
raloxifene+		Boniva tablet (ST)	lidocaine viscous		Voltaren (ST, QL)
risedronate		Evista	lidocaine-prilocaine		Zanaflex
risedronate DR		Fosamax (ST)	Lidopril		Zebutal (QL)
PAIN RELIEF AND INFLAMMATORY DISEASE			Lidopril XR		Zohydro ER (PA)
acetaminophen-codeine (PA)	Aimovig	Abstral (PA)	Lido-Prilo Caine Pack		Zyloprim
allopurinol	Autoinjector (PA)	Analpram HC	Livixil Pak		
Aprizio Pak	Belbuca (QL)	Arava	Lorcet (PA)		
baclofen tablet	Embeda (PA)	Arymo ER (PA)	Lorcet HD (PA)		
buprenorphine (QL)	Hysingla ER (PA)	Butrans (QL)	Lorcet Plus (PA)		
butalbital-acetaminophen-caffeine (QL)	Rasuvo (PA)	Celebrex (ST, QL)	Lortab (PA)		
carisoprodol	Xtampza ER (PA)	Colcrys	meloxicam		
celecoxib (QL)	Ztlido	diclofenac patch (ST, QL)	Metaxall		
colchicine		Duragesic (PA)	metaxalone		
cyclobenzaprine		EC-Naprosyn (ST)	methocarbamol tablet		
DermacinRx Empricaine		Esgic (QL)	morphine solution, suppository, tablet (PA)		
DermacinRx Prizopak		Fexmid	morphine ER (PA)		
diclofenac (QL)		Flector (ST, QL)	nabumetone		
diclofenac ER		Frova (QL)	Nalfon 600mg		
EC-naproxen		Kadian (PA)	Nalocet (PA)		
eletriptan (QL)		Lidoderm	naproxen		
Endocet (PA)		Mitigare	oxycodone (PA)		
etodolac		Mobic (ST)	oxycodone ER (PA)		
etodolac ER		Morphabond ER (PA)	oxycodone-acetaminophen (PA)		
fenoprofen		MS Contin (PA)	Phrenilin Forte (QL)		
fentanyl (PA)		Nalfon 400mg	Prilolid		
Fioricet (QL)		Naprosyn (ST)	Prilovix		
frovatriptan (QL)		Norco (PA)	Primlev (PA)		
Glydo		Nucynta (PA)	Relador Pak		
hydrocodone-acetaminophen (PA)		Nucynta ER (PA)	Relador Pak Plus		
hydromorphone solution, suppository, tablet (PA)		Otrexup (PA)	rizatriptan (QL)		
hydromorphone ER (PA)		Oxaydo (PA)	sumatriptan (QL)		
IBU		Pennsaid	sumatriptan-naproxen (QL)		
ibuprofen tablet		Percocet (PA)	tizanidine		
indomethacin capsule		Procort	tramadol (QL)		
indomethacin ER		Proctofoam-HC	tramadol ER (QL)		
		Qmiiz ODT (ST, QL)	Vicodin (PA)		
		Relpax (QL)	Vicodin ES (PA)		
		Roxybond (PA)	Vicodin HP (PA)		
		Savella			
		Skelaxin			
		Subsys (PA)			
		Tylenol-codeine No.3 (PA)			

Cigna Value 4-Tier Prescription Drug List

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

PARKINSON'S DISEASE			SEIZURE DISORDERS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
benztropine		Azilect (QL)	subvenite (blue, green, orange)		
bromocriptine		Mirapex	topiramate		
carbidopa-levodopa		Mirapex ER (QL)	topiramate ER		
carbidopa-levodopa ER		Neupro			
pramipexole		Osmolex ER (QL)			
pramipexole ER (QL)		Parlodel			
rasagiline (QL)		Rytary			
ropinirole		Sinemet			
ropinirole ER		Sinemet CR			
		Tasmar			
		Xadago (ST)			
SCHIZOPHRENIA/ANTI-PSYCHOTICS			SKIN CONDITIONS		
aripiprazole (QL)	Latuda (QL)	Fanapt (ST)	adapalene (PA age)	Eucrisa	Bryhali (ST)
aripiprazole ODT		Invega (ST)	adapalene-benzoyl peroxide	Fluoroplex	Celacyn
chlorpromazine tablet		Rexulti (ST, QL)	Amnesteem (QL)	Soolantra	Centany
olanzapine tablet		Risperdal (ST)	Avar Cleanser		Cleocin T
olanzapine ODT		Saphris (ST)	Avar-E		Cloderm (ST)
paliperidone ER (QL)		Seroquel (ST)	Avar-E Green		Condylox
quetiapine		Seroquel XR (ST)	azelaic acid		Cordran (ST)
quetiapine ER		Vraylar (ST, QL)	betamethasone dipropionate augmented		Cordran 0.025% cream
risperidone			betamethasone BP 10-1		Dermasorb ta (ST)
risperidone ODT			calcipotriene		Drysol
ziprasidone			calcipotriene-betamethasone DP		Ecoza
			calcitrene		Efudex
			Claravis (QL)		Elidel
			Clindacin ETZ		Evoclin
			Clindacin P		Finacea
			clindamycin-benzoyl peroxide		Impoyz (ST)
			clindamycin		Lotrisone
			clindamycin-tretinoin		MetroCream
			clobetasol		MetroGel
			Clodan shampoo		MetroLotion
			clotrimazole-betamethasone		MiCort-HC 2.5% cream (ST)
			dapsone		Mimyx
			desoximetasone		Naftin
			diflorasone diacetate		Nizoral
			fluocinonide		Olux (ST)
			fluorouracil cream, topical solution		Picato
			flurandrenolide		Pramosone
			hydrocortisone		Protopic
			imiquimod		Regranex (PA, QL)
			isotretinoin (QL)		Santyl (QL)
			ketoconazole		Temovate (ST)
					Tolak
					Topicort (ST)
					Ultravate 0.05% cream, 0.05% ointment (ST)
					Xepi
					Xolegel
SEIZURE DISORDERS					
carbamazepine	Dilantin 30 mg capsule (PA)	Aptiom (PA, QL)			
carbamazepine ER	Fycompa (PA)	Banzel (PA, QL)			
clonazepam	Lyrical oral solution	Briviact solution, tablet (PA)			
divalproex		Carbatrol (PA)			
divalproex ER		Depakote (PA)			
Epitol		Depakote ER (PA)			
gabapentin		Depakote Sprinkle (PA)			
lamotrigine		Dilantin 100mg, 50mg			
lamotrigine (blue, green, orange)		Klonopin (PA)			
lamotrigine ER		Neurontin (PA)			
lamotrigine ODT		Onfi (PA)			
levetiracetam		Oxtellar XR (PA)			
levetiracetam solution, tablet		Phenytek (PA)			
levetiracetam ER		Tegretol (PA)			
oxcarbazepine		Tegretol XR (PA)			
Roweepra		Vimpat solution, tablet (PA)			
Roweepra XR					
subvenite					

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)			SUBSTANCE ABUSE		
metronidazole MiCort HC 2.5% cream mupirocin Myorisan (QL) Neuac gel Nolix oxiconazole pimecrolimus Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Psorcon Rosadan sodium sulfacetamide- sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus ointment tazarotene tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone Triderm			buprenorphine- naloxone	Bunavail Lucemyra (QL) Narcan (QL) Zubsolv	Suboxone
SLEEP DISORDERS/SEDATIVES			URINARY TRACT CONDITIONS		
armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)	Belsomra (ST) Silenor (ST, QL)	Lunesta (ST) Rozerem (ST, QL)	cevimeline darifenacin ER (QL) finasteride 5mg oxybutynin chloride oxybutynin chloride ER phenazopyridine potassium citrate ER silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium chloride trospium chloride ER		Avodart Elmiron Evoxac Flomax Proscar Pyridium Rapaflo (QL) Urocit-K
SMOKING CESSATION			VACCINES		
bupropion SR+ NicoDerm CQ 21mg/24hr+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+		Chantix^ NicoDerm CQ 7mg/24hr, 14mg/24hr+ Nicorette+ Nicotrol^ Nicotrol NS^ Zyban^	For plans renewing on 2/1/20 and later, on your plan's renewal date vaccines will be covered under the pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, or check your plan materials, to find out how your specific plan covers them.		
			Diphtheria and Tetanus Toxoids- ped+ TdVax+	ActHIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Engerix-B+ FLUAD+ FLUARIX QUADRIVALENT+ FLUBLOK QUADRIVALENT+ FLUCELVAX QUADRIVALENT+ FLUALVAL QUADRIVALENT+ Fluzone High- dose+ Fluzone Quadrivalent Pedi+	FluMist Quad Nasal+ Rotarix+ RotaTeq+

Cigna Value 4-Tier Prescription Drug List

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

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

For plans renewing on 2/1/20 and later, on your plan's renewal date vaccines will be covered under the pharmacy benefit.

Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, or check your plan materials, to find out how your specific plan covers them.

	Fluzone Quadrivalent ⁺ GARDASIL 9 ⁺ HAVRIX ⁺ HEPLISAV-B ⁺ Hiberix ⁺ Infanrix DTaP ⁺ IPOL ⁺ KINRIX ⁺ Menactra ⁺ Menveo A-C-Y-W- 135-DIP ⁺ M-M-R II ⁺ PEDIARIX ⁺ PevaxHIB ⁺ Pentacel ⁺ PNEUMOVAX 23 ⁺ Prevnar 13 ⁺ ProQuad ⁺ Quadracel DTaP- IPV ⁺ Recombivax HB ⁺ SHINGRIX ⁺ Tenvirac ⁺ 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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Specialty medications

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

MEDICATION NAME	DRUG CLASS
abacavir-lamivudine** (PA)	AIDS/HIV
abiraterone** (PA)	CANCER
Actemra* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Actimmune* (PA)	CANCER
Adcirca** (PA)	ASTHMA/COPD/RESPIRATORY
Adempas** (PA)	ASTHMA/COPD/RESPIRATORY
Afinitor** (PA)	CANCER
Afinitor Disperz** (PA)	CANCER
Alecensa** (PA)	CANCER
Alyq** (PA)	ASTHMA/COPD/RESPIRATORY
Amicar**	BLOOD MODIFIERS/BLEEDING DISORDERS
aminocaproic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Ampyra** (PA)	MULTIPLE SCLEROSIS
Apokyn* (PA)	PARKINSON'S DISEASE
Aranesp*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Arikayce** (PA)	INFECTIONS
Arixtra* (QL)	BLOOD THINNERS/ANTI-CLOTTING
atazanavir** (PA)	AIDS/HIV
Atripla** (PA)	AIDS/HIV
Astagraf XL**	TRANSPLANT MEDICATIONS
Austedo** (PA)	MISCELLANEOUS
Avonex* (PA)	MULTIPLE SCLEROSIS
azathioprine**	TRANSPLANT MEDICATIONS
Baraclude**	INFECTIONS
Benlysta* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Betaseron* (PA)	MULTIPLE SCLEROSIS
Biktarvy**	AIDS/HIV
Bosulif** (PA)	CANCER
Cabometyx** (PA)	CANCER
capecitabine** (PA)	CANCER
Cayston** (PA, QL)	INFECTIONS
Cellcept**	TRANSPLANT MEDICATIONS
Cerdelga** (PA)	MISCELLANEOUS
Cetrotide*^ (PA)	HORMONAL AGENTS
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN
chorionic gonadotropin*^ (PA)	INFERTILITY
Cimduo** (PA)	AIDS/HIV
Cimzia* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
Cometriq** (PA)	CANCER
Complera** (PA)	AIDS/HIV
Cosentyx* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cystagon**	URINARY TRACT CONDITIONS
Daraprim** (PA)	INFECTIONS
Depen** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Descovy** (PA)	AIDS/HIV
Duopa**	PARKINSON'S DISEASE
Dupixent* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Egrifta* (PA)	HORMONAL AGENTS
Emflaza** (PA)	HORMONAL AGENTS
Enbrel* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
entecavir** (QL)	INFECTIONS
Entyvio*^ (PA)	GASTROINTESTINAL/HEARTBURN
Envarsus XR**	TRANSPLANT MEDICATIONS
Epidiolex** (PA)	SEIZURE DISORDERS
Epogen*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Erivedge** (PA)	CANCER
Erleada** (PA)	CANCER
Esbriet** (PA)	MISCELLANEOUS
Evotaz** (PA)	AIDS/HIV
Exjade** (PA)	MISCELLANEOUS
Extavia* (PA)	MULTIPLE SCLEROSIS
Ferriprox** (PA)	MISCELLANEOUS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Follistim AQ*^ (PA)	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Forteo* (PA, QL)	HORMONAL AGENTS
Fragmin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Fulphila*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Galafold** (PA)	MISCELLANEOUS
Ganirelix*^ (PA)	HORMONAL AGENTS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Genvoya**	AIDS/HIV
Gilenya 0.5mg** (PA)	MULTIPLE SCLEROSIS
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Gleevec** (PA)	CANCER
Gonal-F*^ (PA)	INFERTILITY
Granix*^	BLOOD MODIFIERS/BLEEDING DISORDERS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Hemlibra* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS

MEDICATION NAME	DRUG CLASS
Hetlioz** (PA)	SLEEP DISORDERS/SEDATIVES
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ibrance** (PA)	CANCER
Ilaris*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ilumya* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
imatinib** (PA)	CANCER
Imbruvica** (PA)	CANCER
Increlex* (PA)	HORMONAL AGENTS
Ingrezza** (PA)	MISCELLANEOUS
Inlyta** (PA)	CANCER
Intelence** (PA)	AIDS/HIV
Isentress**	AIDS/HIV
Isentress HD** (PA)	AIDS/HIV
Jadenu** (PA)	MISCELLANEOUS
Jadenu Sprinkle** (PA)	MISCELLANEOUS
Jakafi** (PA)	CANCER
Juluca** (PA)	AIDS/HIV
Jynarque** (PA)	DIURETICS
Kalydeco** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Kevzara* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kisqali** (PA)	CANCER
Kitabis Pak** (PA, QL)	INFECTIONS
Kuvan** (PA)	MISCELLANEOUS
ledipasvir-sofosbuvir** (PA)	INFECTIONS
Lenvima** (PA)	CANCER
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY
Lonsurf** (PA)	CANCER
Lovenox* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Lupron Depot*^ (PA)	CANCER
Lynparza** (PA)	CANCER
Lysteda**	BLOOD MODIFIERS/BLEEDING DISORDERS
Mavyret** (PA)	INFECTIONS
Mekinist** (PA)	CANCER
Menopur*^ (PA)	INFERTILITY
Myalept* (PA)	MISCELLANEOUS
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
Myfortic**	TRANSPLANT MEDICATIONS
Natpara* (PA)	HORMONAL AGENTS
Nerlynx** (PA)	CANCER
Neulasta*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS

MEDICATION NAME	DRUG CLASS
Neupogen*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Nexavar** (PA)	CANCER
Ninlaro** (PA)	CANCER
Nityr** (PA)	MISCELLANEOUS
Nivestym*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Norditropin Flexpro* (PA)	HORMONAL AGENTS
Northera** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Novarel*^ (PA)	INFERTILITY
Nucala* (PA)	ASTHMA/COPD/RESPIRATORY
Nuzyra** (PA)	INFECTIONS
Ocaliva** (PA)	GASTROINTESTINAL/HEARTBURN
Odefsey** (PA)	AIDS/HIV
Odomzo** (PA)	CANCER
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY
Olumiant** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Opsumit** (PA)	ASTHMA/COPD/RESPIRATORY
Orencia* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Orenitram ER** (PA)	ASTHMA/COPD/RESPIRATORY
Orfadin** (PA)	MISCELLANEOUS
Orkambi** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Otezla** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ovidrel*^ (PA)	INFERTILITY
Palyngiq* (PA)	MISCELLANEOUS
Pegasys* (PA)	INFECTIONS
Plegridy* (PA)	MULTIPLE SCLEROSIS
Pomalyst** (PA)	CANCER
Prevymis**	INFECTIONS
Prezcobix** (PA)	AIDS/HIV
Prezista**	AIDS/HIV
Procrit*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Procysbi** (PA)	URINARY TRACT CONDITIONS
Prograf**	TRANSPLANT MEDICATIONS
Promacta** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Pulmozyme** (PA)	ASTHMA/COPD/RESPIRATORY
Purixan**	CANCER
Rapamune**	TRANSPLANT MEDICATIONS
Ravicti** (PA)	GASTROINTESTINAL/HEARTBURN
Rebif* (PA)	MULTIPLE SCLEROSIS
Remicade*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Retacrit*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Revatio** (PA)	ASTHMA/COPD/RESPIRATORY
Revlimid** (PA)	CANCER

MEDICATION NAME	DRUG CLASS
ritonavir**	AIDS/HIV
Rubraca** (PA)	CANCER
Samsca**	DIURETICS
Sandostatin LAR Depot*^ (PA)	HORMONAL AGENTS
Selzentry** (PA)	AIDS/HIV
Sensipar**	GASTROINTESTINAL/HEARTBURN
Serostim* (PA)	HORMONAL AGENTS
Simponi* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Simponi Aria* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
Skyla**	CONTRACEPTION PRODUCTS
sofosbuvir-velpatasvir** (PA)	INFECTIONS
Somatuline Depot*^ (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq* (PA)	MISCELLANEOUS
Stribild** (PA)	AIDS/HIV
Stivarga** (PA)	CANCER
Sucraid** (PA)	GASTROINTESTINAL/HEARTBURN
Sutent** (PA)	CANCER
Symdeko** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Symfi**	AIDS/HIV
Symfi LO**	AIDS/HIV
Symtuza** (PA)	AIDS/HIV
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
Tafinlar** (PA)	CANCER
Tagrisso** (PA)	CANCER
Takhyro* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Taltz* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Targretin** (PA)	CANCER
Tasigna** (PA)	CANCER
Tavalisse** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Tecfidera** (PA)	MULTIPLE SCLEROSIS
Temodar** (PA)	CANCER
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
tetrabenazine** (PA)	MISCELLANEOUS
Thalomid** (PA)	INFECTIONS
Thiola**	URINARY TRACT CONDITIONS

MEDICATION NAME	DRUG CLASS
Tiglutik** (PA)	MISCELLANEOUS
Tivicay**	AIDS/HIV
TOBI podhaler** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml ampule** (PA, QL)	INFECTIONS
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Tremfya* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
trientine** (PA)	MISCELLANEOUS
Triumeq**	AIDS/HIV
Truvada**	AIDS/HIV
Tykerb** (PA)	CANCER
Tymlos* (PA, QL)	OSTEOPOROSIS PRODUCTS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY
Udenyca*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Uptravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valchlor**	SKIN CONDITIONS
Vemlidy**	INFECTIONS
Venclexta** (PA)	CANCER
Verzenio** (PA)	CANCER
Viread** (PA)	AIDS/HIV
vigabatrin**	SEIZURE DISORDERS
vigadrone**	SEIZURE DISORDERS
Vosevi** (PA)	INFECTIONS
Votrient** (PA)	CANCER
Xalkori** (PA)	CANCER
Xeljanz** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeljanz XR** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeloda** (PA)	CANCER
Xenazine** (PA)	MISCELLANEOUS
Xermelo** (PA)	GASTROINTESTINAL/HEARTBURN
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Xtandi** (PA)	CANCER
Xyrem** (PA)	SLEEP DISORDERS/SEDATIVES
Zarxio*^	BLOOD MODIFIERS/BLEEDING DISORDERS
Zejula** (PA)	CANCER
Zepatier** (PA)	INFECTIONS
Zorbitive* (PA)	HORMONAL AGENTS
Zortress**	TRANSPLANT MEDICATIONS

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

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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ASTHMA/COPD/RESPIRATORY	Advair Diskus AirDuo RespiClick	Advair HFA Breo Ellipta Dulera fluticasone-salmeterol Symbicort Wixela Inhub	
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler	
	Arcapta neohaler	Striverdi Respimat	
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	Anoro Ellipta	
	Elixophyllin	theophylline oral solution	
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir	
	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 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	
Vyvanse		dexmethylphenidate ER	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand HCT	candesartan HCTZ
	Avalide	irbesartan HCTZ
	Avapro	
	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
	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
	Prinivil	lisinopril
	Zestril	
	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	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin	
CANCER	Nilandron	nilutamide	
	Tarceva*	erlotinib*	
	Yonsa*	abiraterone*	
	Zytiga*		
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate	
	Altoprev Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin	
	Crestor	rosuvastatin	
	Lescol XL	fluvastatin	
	Lipitor	atorvastatin	
	Pravachol	pravastatin	
	Vytorin	ezetimibe-simvastatin	
	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)	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 Tradjenta	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
	Bepreve Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine
	Lumigan	bimatoprost latanoprost Travatan Z
	Vyzulta	bimatoprost latanoprost Lumigan Travatan Z
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (<i>cont</i>)	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
	Librax	chlordiazepoxide-clidinium
	Marinol Syndros	dronabinol
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pack)
	Rowasa	mesalamine rectal enema suspension
	Zofran	ondansetron
	Zuplenz	ondansetron ondansetron ODT
HORMONAL AGENTS	Cortrosyn	cosyntropin
	DDAVP	desmopressin
	Dxevo	dexamethasone
	Fortesta Natesto Testim Vogelxo Xyosted	AndgroGel testosterone
	Genotropin* Nutropin AQ nuspin* Omnitrope* Saizen* Saizen-Saizenprep* Zomacton*	Humatrope* (PA)
	Nocdurna	desompression acetate nasal spray or tablets
	HORMONAL AGENTS	Rayos
Uceris tablets		budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Seysara Solodyn Targadox Vibramycin Ximino	Generic products (e.g. doxycycline; minocycline)	
	Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine quinine	
	Augmentin/ES	amoxicillin-clavulanate	
	Bethkis* Tobi	tobramycin inhalation solution*	
	Diflucan	fluconazole	
	E.E.S. 200	erythromycin granules	
	Epclusa*	sofosbuvir-velpatasvir*	
	Eryped 400	erythromycin ethylsuccinate	
	Harvoni*	ledipasvir-sofosbuvir*	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	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*
	MULTIPLE SCLEROSIS	Aubagio*	Gilenya* Mayzent* Tecfidera*
		Copaxone*	Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
NUTRITIONAL/DIETARY	Azescoc	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Ajovy	butalbital-acetaminophen tablets
	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	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
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY (cont)	Siliq*	Cosentyx* Enbrel* (PA) Humira* (PA) Stelara*
	Soriatane	acitretin
	Sprix	ketorolac 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
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	Felbatol	felbamate
	Keppra oral solution, tablet	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (blue, green, orange)	lamotrigine ODT (blue, green, orange)
	Lamictal XR	lamotrigine ER
	Lamictal XR (blue, green, orange)	lamotrigine ER (blue, green, orange)
	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
	Qudexy XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
Zonegran	zonisamide	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
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
	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
	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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	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
	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
	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
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Ativan	lorazepam
	Edluar Intermezzo	zolpidem/ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
	Zolpimist	Belsomra eszopiclone Silenor zaleplon zolpidem/ER

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
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 VESicare	tolterodine ER trospium ER

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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 that medication. 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 begins 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 of your medication.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." For example, your plan excludes:

- › Medications that are available over-the-counter, without a prescription. These include medications commonly used to treat heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and allergies (ex. Allegra, Clarinex, Xyzal and any generics).
- › Medications used to treat lifestyle conditions (like infertility, weight loss, erectile dysfunction, smoking cessation³).
- › 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 medications 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 medicines) 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

Prescription drug list FAQs (cont)

PPACA No Cost-Share Preventive Medications drug list on Cigna.com/druglist.

For more information about health care reform, visit 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 or devices covered under standard pharmacy benefit plans. We review all newly approved medications to determine if they should be covered – and if so, at what tier level. 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. You can log in to the **myCigna** app or website and click on "Price 1 Medication" to see how much your medication will cost you at the different pharmacies in your 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.

What's the difference between brand name and generic medications?

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.⁵ The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:⁵

- Have the same active ingredient, strength and dosage form as the brand name medication
- Deliver the same amount of active ingredients into the bloodstream in the same amount of time as the brand name medication
- Be used in the same way as the brand name medication

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.

How can I get help with my specialty medication?

Managing a complex condition isn't easy. As part of your Cigna-administered pharmacy benefits, you have access to Accredo.⁶ Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo's team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your complex medical condition. They'll help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

To get started using Accredo, call **877.826.7657**. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Please 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.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to Cigna.com/specialty.

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.⁶

- If you're taking a medication every day 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. To get started, call **800.835.3784**.

Prescription drug list FAQs (cont)

- › If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo. Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).⁷ To get started, call Accredo at **877.826.7657**. They're available Monday-Friday, 7:00 am-10:00 pm CST and on Saturdays, 7:00 am-4:00 pm CST. **Please 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.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to **Cigna.com/specialty**.

Where can I find more information about my prescription medication plan?

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 connect to your online Accredo account to manage your specialty medication.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. **Illinois** state law allows you to receive continued coverage of your medication, and at your current cost share (tier) level, if your doctor requests approval through a coverage review process. 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 06/04/18.
6. Not all plans offer home delivery and Accredo as a covered pharmacy option. Please 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.
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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., Accredo Health Group, Inc., Express Scripts, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. "Accredo" refers to Accredo Health Group, Inc. Policy forms: OK - HP-APP-1 et al (CHLIC), OR - HP-POL38 02-13 (CHLIC), TN - HP-POL43/HC-CER1V1 et al (CHLIC), GSA-COVER, et al (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, Inc.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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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 Ỗ: 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).