



CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2022



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

916154 k Value 4-Tier 0/1 SRx 05/22



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View the drug list online

This document was last updated on 05/01/2022.* You can go online to see the current list of medications your plan covers.



myCigna® App or myCigna.com. Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



Cigna.com/PDL. Scroll down until you see a pdf of the **Cigna Value 4-Tier Prescription Drug List (all specialty medications covered on Tier 4).**

Questions?

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

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

Last updated: 05/01/2022, for changes starting 07/01/2022

Next planned update: 08/01/2022, for changes starting 01/01/2023

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Value 4-Tier Prescription Drug List as of July 1, 2022.^{1,2} Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). The drug list is updated often so it isn't a complete list of the medications your plan covers. Also, your specific plan may not cover all of these medications. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

Prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics) aren't covered on this drug list. These medications are considered plan (or benefit) exclusions. You can get over-the-counter (OTC) versions at the pharmacy without a prescription.

How to read this drug list

Use the chart below to help you read this drug list. This chart is just an example. It may not show how these medications are actually covered on the Cigna 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- methyltestosterone	PREMPRO	ELESTRIN
levothyroxine		ENTOCORT EC
LEVOXYL		ESTRACE
liothyronine		ESTROGEL
medroxy-progesterone		EVAMIST
methimazole		FEMRING
methylprednisolone		INTRAROSA
MIMVEY		LEVO-T
MIMVEY LO		MENOSTAR (QL)
NATURE-THROID		MINIVELLE (QL)
NP THYROID		OSPHENA
prednisolone		TIROSINT
prednisolone ODT		UNITHROID
prednisone		VAGIFEM (QL)
prednisone intensol		VIVELLE-DOT (QL)
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 18-24)

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

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

Brand-name medications are in all **capital letters**

Generic medications are in all **lowercase letters**

This chart is just a sample. It may not show how these medications are actually covered on the Cigna 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 – Specialty Medications	(Highest-cost medication)	\$\$\$\$

Abbreviations next to medications

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

(PA)	Prior Authorization – Certain medications need approval from Cigna before your plan will cover them. These medications have a (PA) next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.
(QL)	Quantity Limits – Some medications have a quantity limit - meaning, your plan will only cover up to a certain amount over a certain length of time. These medications have a (QL) next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.
(ST)	Step Therapy – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a (ST) next to them. You have many covered options to choose from, and they're used to treat the same condition.
(AGE)	Age Requirements – Certain medications will only be covered if you're within a specific age range. These medications have (AGE) next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna.

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

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

Brand-name medications are in all capital letters

In this drug list, generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Specialty medications are covered on Tier 4

Specialty medications are used to treat complex medical conditions. In this drug list, all specialty medications are covered on Tier 4 (see pages 18-24). 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 **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

No cost-share preventive medications have a plus sign next to them

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0), to you. In this drug list, these medications have a plus sign (+) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

Plan/benefit exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. This means there's no option to receive coverage through Cigna's review process by showing that you need the medication or product for your treatment. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

How to find your medication

First, look for 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, 13
ASTHMA/COPD/RESPIRATORY	6	INFECTIONS	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	INFERTILITY	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MISCELLANEOUS	13, 14
BLOOD PRESSURE/HEART MEDICATIONS	7	NUTRITIONAL/DIETARY	14
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	14
CANCER	7, 8	PAIN RELIEF AND INFLAMMATORY DISEASE	14
CHOLESTEROL MEDICATIONS	8	PARKINSON'S DISEASE	14, 15
CONTRACEPTION PRODUCTS	8–10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	16
DENTAL PRODUCTS	10	SKIN CONDITIONS	16
DIABETES	10, 11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	17
EAR MEDICATIONS	11	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	11	URINARY TRACT CONDITIONS	17
EYE CONDITIONS	11	VACCINES	17
		WEIGHT MANAGEMENT	17

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ATTENTION DEFICIT HYPERACTIVITY DISORDER³ <i>(cont)</i>			BLOOD PRESSURE/HEART MEDICATIONS (cont)		
methylphenidate er (cd) (PA, QL) methylphenidate la (PA, QL)			olmesartan-amlodipine-hctz olmesartan-hctz (QL) prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) taztia xt telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan valsartan-hctz verapamil tablet verapamil er verapamil er pm verapamil sr		
BLOOD MODIFIERS/BLEEDING DISORDERS			BLOOD THINNERS/ANTI-CLOTTING		
DROXIA SIKLOS (PA)			clopidogrel jantoven prasugrel warfarin BRILINTA ELIQUIS (PA) XARELTO (PA) EFFIENT PLAVIX PRADAXA (PA)		
BLOOD PRESSURE/HEART MEDICATIONS			CANCER		
amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol CARVEDILOL ER (QL) clonidine diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (cd) diltiazem 24hr er (la) diltiazem 24hr er (xr) diltiazem DILT-XR DOFETILIDE (QL) enalapril flecainide hydralazine tablet irbesartan labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol tablet nadolol nebivolol (QL) nifedipine nifedipine er olmesartan (QL)			CORLANOR (PA) ENTRESTO ADALAT BIDIL (QL) CALAN SR CARDIZEM LA 120MG (QL) CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 COREG (ST) CORGARD (ST) EPANED HEMANGEOL INDERAL LA (ST) INDERAL XL (ST) INNOPRAN XL (ST) ISOSORBIDE DINIT-HYDRALAZINE (QL) KAPSPARGO SPRINKLE (ST) KATERZIA (QL) LOPRESSOR (ST) MINIPRESS NITROSTAT NORVASC PROCARDIA XL RANEXA (QL) TENORETIC 50 (ST) TENORETIC 100 (ST) TENORMIN (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) VERELAN VERELAN PM ZIAC (ST) anastrozole+ exemestane+ letrozole methotrexate tamoxifen+ GLEOSTINE		
			CHOLESTEROL MEDICATIONS		
			atorvastatin+ colesevelam ezetimibe fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin+ omega-3 acid ethyl esters pravastatin+ simvastatin tablet+ (QL) REPATHA (PA) VASCEPA (PA) CADUET (QL) LIPOFEN (ST) ROSZET TRICOR (ST) TRILIPIX (ST) WELCHOL ZETIA		

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS			CONTRACEPTION PRODUCTS (cont)		
AFIRMELLE+	LO LOESTRIN FE	ANNOVERA	ENPRESSE+		
AFTERA+		BEYAZ	ENSKYCE+		
ALTAVERA+		ELLA+	ERRIN+		
ALYACEN+		LAYOLIS FE+	ESTARYLLA+		
AMETHIA+		LOESTRIN FE	ethynodiol-ethinyl		
AMETHYST+		MICROGESTIN 24 FE	estradiol+		
APRI+		MINASTRIN 24 FE	etonogestrel-ethinyl		
ARANELLE+		NEXTSTELLIS	estradiol+		
ASHLYNA+		NUVARING	FALMINA+		
AUBRA+		SAFYRAL	FEMCAP+		
AUBRA EQ+		YASMIN 28	FEMYNOR+		
AUROVELA+		YAZ	GEMMILY+		
AUROVELA FE+			HAILEY+		
AUROVELA 24 FE+			HAILEY FE+		
AVIANE+			HAILEY 24 FE+		
AYUNA+			HEATHER+		
AZURETTE+			ICLEVIA+		
BALZIVA+			INCASSIA+		
BLISOVI FE+			ISIBLOOM+		
BLISOVI 24 FE+			JAIMIESS+		
BRIELLYN+			JASMIEL+		
CAMILA+			JENCYCLA+		
CAMRESE+			JOLESSA+		
CAMRESE LO+			JULEBER+		
CAYA CONTOURED+			JUNEL+		
CAZIAN+			JUNEL FE+		
CHARLOTTE 24 FE+			JUNEL FE 24+		
CHATEAL+			KAITLIB FE+		
CHATEAL EQ+			KALLIGA+		
CRYSSELLE+			KARIVA+		
CYCLAFEM+			KELNOR 1-35+		
CYRED+			KELNOR 1-50+		
CYRED EQ+			KURVELO+		
DASETTA+			LARIN+		
DAYSEE+			LARIN FE+		
DEBLITANE+			LARIN 24 FE+		
desogestrel-ethinyl			LARISSIA+		
estradiol+			LEENA+		
desogestrel-ethinyl			LESSINA+		
estradiol - ethinyl			LEVONEST+		
estradiol+			levonorgestrel-		
DOLISHALE+			ethinyl estradiol+		
drospirenone-			levonorgestrel-		
ethinyl estradiol-			ethinyl estradiol		
levomefolate+			ethinyl estradiol+		
drospirenone-ethinyl			LEVORA+		
estradiol+			LILLOW+		
ELINEST+			LOJAIMIESS+		
ELURYNG+			LORYNA+		

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)		
LOW-OGESTREL+			TARINA 24 FE+		
LO-ZUMANDIMINE+			taysofy+		
LUTERA+			TILIA FE+		
LYLEQ+			TRI FEMYNOR+		
LYZA+			TRI-ESTARYLLA+		
MARLISSA+			TRI-LEGEST FE+		
medroxyprogesterone+			TRI-LINYAH+		
MERZEE+			TRI-LO-ESTARYLLA+		
MICROGESTIN+			TRI-LO-MARZIA+		
MICROGESTIN FE+			TRI-LO-MILI+		
MILI+			TRI-LO-SPRINTEC+		
MONO-LINYAH+			TRI-MILI+		
NECON+			TRI-NYMYO+		
NIKKI+			TRI-SPRINTEC+		
NORA-BE+			TRIVORA+		
norethindrone+			TRI-VYLIBRA LO+		
norethindrone-ethinyl estradiol-iron+			TRI-VYLIBRA+		
norethindrone-ethinyl estradiol+			TULANA+		
norethindrone-ethinyl estradiol-ferrous fumarate			TYDEMY+		
norgestimate-ethinyl estradiol+			VELIVET+		
NORLYDA+			VESTURA+		
NORTREL+			VIENVA+		
NYLIA+			VIORELE+		
NYMYO+			VOLNEA+		
OCELLA+			VYFEMLA+		
ORSYTHIA+			VYLIBRA+		
PHILITH+			WERA+		
PIMTREA+			wide seal		
PIRMELLA+			diaphragm+		
PORTIA+			WYMZYA FE+		
PREVIFEM+			XULANE+		
RECLIPSEN+			ZAFEMY+		
RIVELSA+			ZOVIA 1-35+		
SETLAKIN+			ZUMANDIMINE+		
SHAROBEL+					
SIMLIYA+					
SIMPESSE+					
SPRINTEC+					
SRONYX+					
SYEDA+					
TARINA FE+					
TARINA FE 1-20 EQ+					
			COUGH/COLD MEDICATIONS		
			bromphen-iramine-pseudoephed-dm		HYCODAN (PA, QL)
			hydrocodone-homatropine (PA,QL)		TUXARIN ER (PA, QL)
			promethazine-dm		TUZISTRA XR (PA, QL)
			DENTAL PRODUCTS		
			chlorhexidine		CLINPRO 5000
			DENTA 5000 PLUS		FLORIVA+^
			DENTAGEL		FLUORIDEX
			doxycycline hyclate		SENSITIVITY RELIEF

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DENTAL PRODUCTS (cont)			DIABETES (cont)		
FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIDEX PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone acetonide		PREVIDENT 5000 DRY MOUTH	TRUE METRIX CONTROL SOULTION TRUEPLUS PEN NEEDLE TRUEPLUS SYRINGE ULTRA-FINE MICRO PEN NEEDLE VEO INSULIN SYRINGE	OMNIPOD DASH PODS (GEN 4) (PA, QL) ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP OZEMPIC (PA, QL) RYBELSUS (PA, QL) SOLIQUA 100-33 SYMLINPEN SYNJARDY (QL, ST) SYNJARDY XR (QL, ST) TRESIBA (QL) TRIJARDY XR (ST, QL) TRULICITY (PA, QL) V-GO 20 V-GO 30 V-GO 40 VICTOZA (PA, QL) XIGDUO XR (QL, ST) XULTOPHY ZEGALOGUE (QL)	
DIABETES			DIURETICS		
ACCU-CHEK LANCETS ACCU-CHEK SMARTVIEW CONTRL SOLUTION ACCUTREND GLUCOSE CONTROL AUTOSHIELD DUO PEN NEEDLE BD INSULIN SYRINGE BD LANCETS BD PEN NEEDLE CONTOUR SOLUTION DROPLET DROPSAFE glimepiride glipizide glipizide er glipizide xl INPEN INSULIN SYRINGE metformin metformin er MICROLET NEXT LANCING DEVICE MULTI-LANCET NANO 2ND GEN PEN NEEDLE NOVOFINE NOVOTWIST PARADIGM TECHLITE	BAQSIMI (QL) BASAGLAR (QL) BYDUREON BCISE (PA, QL) BYETTA (PA, QL) DEXCOM G6 (PA, QL) FARXIGA (QL, ST) FREESTYLE LIBRE 2 SENSOR (PA, QL) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE READER (PA, QL) GLYXAMBI (QL, ST) HUMALOG (QL) HUMULIN (QL) HUMULIN R (QL) JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST) JARDIANCE (QL, ST) LEVEMIR (QL) LYUMJEV	CEQUR CONTOUR NEXT TEST STRIP CONTOUR TEST STRIP CYCLOSET GLUCAGON EMERGENCY KIT (QL) PRECISION XTRA KETONE-GLUC KIT RIOMET	acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochloro-thiazide spironolactone torsemide triamterene-hctz	KERENDIA (PA, QL)	TRIAMTERENE-HCTZ CAROSPIR DIURIL INSPIRA LASIX MAXZIDE

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

EAR MEDICATIONS			EYE CONDITIONS (cont)		
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$
ciprofloxacin-dexamethasone		CIPRODEX			TOBRADEX ST
neomycin-polymyxin b-hydrocortisone		CIPROFLOXACIN-FLUOCINOLONE			VIGAMOX
ofloxacin		CIPRO HC			ZIRGAN
		CORTISPORIN-TC			ZYLET
		DERMOTIC			
		OTOVEL			
ERECTILE DYSFUNCTION			FEMININE PRODUCTS		
sildenafil^ (QL)		CIALIS^ (QL, ST)	GYNAZOLE 1		
TADALAFIL^ (QL)		MUSE^ (PA, QL)	miconazole 3 200 mg		
varденаfil^ (QL)		STENDRA^ (QL, ST)	terconazole		
		VIAGRA^ (QL, ST)			
EYE CONDITIONS			GASTROINTESTINAL/HEARTBURN		
BIMATOPROST (QL)	COMBIGAN	ACUVAIL	ANUCORT-HC	AMITIZA	APRISO
brimonidine	EYSUVIS (QL)	ALPHAGAN P	balsalazide	CLENPIQ+	BONJESTA
brinzolamide	SIMBRINZA	ALREX	dicyclomine capsule, solution, tablet	LINZESS	CANASA
ciprofloxacin	XIIDRA	AZASITE	esomeprazole 20 mg capsule, 40 mg capsule, packets^ (QL)	NEXIUM DR 2.5 MG PACKET (QL)	CARAFATE
difluprednate		AZOPT	famotidine 40 mg/5 ml suspension	NEXIUM DR 5 MG PACKET (QL)	DICLEGIS
dorzolamide-timolol		BESIVANCE	GAVILYTE-C+	PANCREAZE	MOVANTIK (PA)
erythromycin		BETIMOL	GAVILYTE-G+	PENTASA	RECTIV
fluorome-tholone		BETOPTIC S	GAVILYTE-N+	SUPREP+	RELISTOR (PA)
latanoprost		BROMSITE	GENTLE LAXATIVE TABLET+	SUTAB+	SALIVAMAX
loteprednol		CEQUA	HEMMOREX-HC	VIBERZI	SANCUSO (PA, QL)
moxifloxacin eye drops		COSOPT	hydrocortisone		SFROWASA
neomycin-polymyxin b-dexamethasone		COSOPT PF	lansoprazole^ (QL)		SYMPROIC (PA)
ofloxacin		DUREZOL	mesalamine		TRANSDERM-SCOP
polymyxin b sulfate-trimethoprim		FLAREX	mesalamine dr		URSO
prednisolone		FML FORTE 0.25% EYE DROPS	mesalamine er		URSO FORTE
timolol		FML LIQUIFILM 0.1% EYE DROP	metoclopramide solution, tablet		VARUBI (PA, QL)
tobramycin-dexamethasone		FML S.O.P. 0.1% OINTMENT	metoclopramide odt		VIOKACE
travoprost		ILEVRO	OMEPRAZOLE^ (QL)		
		INVELTYS	ondansetron		
		ISTALOL	ondansetron odt		
		LOTEMAX	pantoprazole ^ (QL)		
		LOTEMAX SM	peg 3350-electrolyte+		
		MAXITROL	peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+		
		OCUFLOX	PEG-PREP+		
		POLYTRIM	prochlorperazine tablet		
		PRED FORTE			
		PROLENSA			
		RHOPRESSA			
		ROCKLATAN			
		TIMOPTIC			
		TIMOPTIC-XE			
		TOBRADEX			

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GASTROINTESTINAL/HEARTBURN			INFECTIONS (cont)		
rabeprazole tablet^ (QL)			amoxicillin- clavulanate		BAXDELA TABLET (PA)
scopolamine			atovaquone		CIPRO
sucralfate			atovaquone- proguanil		CLEOCIN
HORMONAL AGENTS			AVIDOXY		CLINDESSE
AMABELZ	DUAVEE	ACTIVELLA	azithromycin packet, suspension, tablets		CRESEMBA CAPSULE (PA)
budesonide dr	MYFEMBREE (PA, QL)	ALORA (QL)	cefdinir		E.E.S. 400
budesonide ec	ORIAHNN (PA, QL)	ANDRODERM (PA, QL)	cefuroxime tablets		ELIMITE
budesonide er (PA, QL)	ORLISSA (PA, QL)	ANDROGEL (PA, QL)	cephalexin		ERYPED 200
CABERGOLINE (QL)	PREMARIN	ANGELIQ	ciprofloxacin		ERY-TAB DR
desmopressin	TABLET, VAGINAL CREAM	AYGESTIN	clindamycin		EURAX 10% LOTION
dexamethasone	APPLICATOR	BIJUVA	COREMINO ER QL)		FLAGYL
intensol	PREMPHASE	CLIMARA	dapsone		MACROBID
DOTTI (QL)	PREMPRO	CLIMARA PRO	doxycycline monohydrate		MACRODANTIN
LEVOXYL		COMBIPATCH	EMVERM		MALARONE (PA)
		CRINONE 4% GEL	erythromycin		NUVESSA
		CYTOMEL	erythromycin ethylsuccinate		PLAQUENIL (PA)
		DEPO- TESTOSTERONE	famciclovir		POSACONAZOLE SUSPENSION
		DIVIGEL	fluconazole		PRIFTIN
		ELESTRIN	hydroxychlor- oquine		SIVEXTRO TABLET (PA)
		ESTRACE	ivermectin (PA)		SKLICE
		ESTRING (QL)	levofloxacin solution, tablet		SOLOSEC
		ESTROGEL	metronidazole gel, capsule, tablet		STROMEKTOL (PA)
		EVAMIST	minocycline		SULFATRIM
		IMVEXXY (QL)	minocycline er tablet (QL)		TAMIFLU (QL)
		INTRAROSA	mondoxyne nl		URIBEL
		MEDROL	nitazoxanide		VALTRES
		MENOSTAR (QL)	nitrofurantoin		XENLETA 600MG TABLET (PA, QL)
		MINIVELLE (QL)	nitrofurantoin monohydrate- macrocrystal		XOFLUZA (QL)
		MYFEMBREE (QL)	nystatin suspension, tablet		ZITHROMAX
		OSPHENA	oseltamivir (QL)		ZITHROMAX TRI-PAK
		PROMETRIUM	penicillin v potassium		ZYVOX
		RAYALDEE	posaconazole tablet		SUSPENSION, TABLET (PA)
		UNITHROID	sulfamethoxazole- trimethoprim		
		VAGIFEM (QL)	suspension, tablet		
		VIVELLE-DOT (QL)	terbinafine		
INFECTIONS					
acyclovir capsule, suspension, tablet	EURAX 10% CREAM	AEMCOLO (QL)			
albendazole	MOLNUPIRAVIR (QL)	ALBENZA			
amoxicillin	PAXLOVID (QL)	ALINIA			
amoxicillin- clavulanate er	XIFAXAN (QL)	BACTRIM DS			

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
INFECTIONS (cont)						MISCELLANEOUS (cont)					
tetracycline									PROCARE SPACER WITH CHILD MASK (QL)		
valacyclovir									RITFLO (QL)		
valganciclovir									SPACE CHAMBER (QL)		
vancomycin capsule, solution									SPACE CHAMBER-MEDIUM MASK (QL)		
vandazole									SPACE CHAMBER-SMALL MASK (QL)		
INFERTILITY						NUTRITIONAL/DIETARY					
clomiphene ^			CRINONE 8% GEL ^			calcitriol capsule, solution ^			DRISDOL ^		
			ENDOMETRIN ^			cyanocobalamin dodex			FLORIVA		
MISCELLANEOUS						OSTEOPOROSIS PRODUCTS					
ACCU-CHEK disulfram			ACE AEROSOL CLOUD			ADDYI ^ (PA, QL)			ACCRUFER ^		
DROPLET LANCETS			ENHANCER (QL)			NUDEXTA (QL)			AURYXIA (QL)		
KETONE CARE TEST STRIP			AEROCHAMBER MINI (QL)						CITRANATAL 90 DHA		
KETONE TEST STRIP			AEROCHAMBER MV (QL)						CITRANATAL ASSURE		
KETOSTIX REAGENT MICROLET			AEROCHAMBER PLUS FLOW-VU (QL)						CITRANATAL B-CALM		
ONETOUCH LANCETS			AEROCHAMBER Z-STAT PLUS (QL)						CITRANATAL BLOOM TABLET ^		
POGO AUTOMATIC TEST CARTRIDGE			AEROTRACH PLUS (QL)						CITRANATAL DHA		
PRECISION XTRA sodium chloride inhalation vial, irrigation solution, vial			AEROVENT PLUS (QL)						CITRANATAL HARMONY		
TECHLITE LANCETS			BREATHRITE (QL)						CITRANATAL RX		
TRUEPLUS KETONE TEST STRIP			CLEVER CHOICE HOLDING CHAMBER (QL)						DRISDOL ^		
			COMPACT SPACE CHAMBER (QL)						K-TAB ER		
			EASIVENT (QL)						MEPHYTON ^		
			FLEXICHAMBER (QL)						MULTI-VIT-FLOR+ OB COMPLETE ^		
			INSPIRACHAMBER (QL)						PHOSLYRA		
			MICROCHAMBER (QL)						PRENATE		
			MICROSPACER (QL)						PRIMACARE		
			OPTICHAMBER DIAMOND (QL)						REVELA		
			POCKET CHAMBER (QL)						ROCALTROL ^		
			PRO COMFORT SPACER WITH MASK (QL)						VELPHORO		
									alendronate		
									ibandronate 150 mg tablet		
									FOSAMAX PLUS D (ST)		
									raloxifene + risedronate		
									risedronate dr		
									ACTONEL (ST)		
									ATELVIA (ST)		
									BINOSTO (ST)		
									EVISTA		
									FOSAMAX (ST)		

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SEIZURE DISORDERS (cont)			SKIN CONDITIONS (cont)		
lamotrigine odt (blue)		DILANTIN 50 MG INFATAB (PA)	clindamycin-tretinoin		
lamotrigine odt (green)		KLONOPIN (PA)	clobetasol		
lamotrigine odt (orange)		LYRICA ORAL SOLUTION (PA)	CLODAN		
levetiracetam		NEURONTIN (PA)	clotrimazole-betamethasone		
solution, tablet		OXTELLAR XR (PA)	dapsone gel		
levetiracetam er		PHENYTEK (PA)	fluocinonide		
oxcarbazepine		SPRITAM (PA)	fluorouracil cream, topical solution		
pregabalin capsule, solution		TEGRETOL (PA)	isotretinoin		
ROWEEPRA		TEGRETOL XR (PA)	ketoconazole		
rufinamide (PA, QL)		VALTOCO (PA, QL)	KETODAN		
SUBVENITE		XCOPRI (PA, QL)	metronidazole		
SUBVENITE (BLUE)			MYORISAN		
SUBVENITE (GREEN)			NEUAC GEL		
SUBVENITE (ORANGE)			pimecrolimus		
topiramate			ROSADAN		
topiramate er			sodium sulfacetamide-sulfur		
SKIN CONDITIONS			SSS 10-5		
ACCUTANE	EUCRISA	ANALPRAM HC 2.5%-1% LOTION	SULFACLEANSE 8-4		
ADAPALENE (PA)		AVAR 9.5-5% CLEANSING PADS	tacrolimus ointment		
adapalene-benzoyl peroxide		BRYHALI (ST)	tazarotene 0.1% cream		
AMNESTEEM		calcipotriene foam	TRETINOIN (PA)		
AVAR CLEANSER		CAPEX SHAMPOO (ST)	TRIDERM		
azelaic acid		CLEOCIN T	ZENATANE		
BP 10-1		CLINDACIN ETZ KIT	SLEEP DISORDERS/SEDATIVES		
AVAR CLEANSER		CLINDACIN PAC KIT	doxepin 3 mg tablet (QL)	DAYVIGO (QL, ST)	LUNESTA (ST)
azelaic acid		CLODERM (ST)	eszopiclone	SUNOSI (PA, QL)	SILENOR (QL, ST)
betamethasone augmented		DESOWEN (ST)	MODAFINIL (PA)		
betamethasone dipropionate		DRYSOL	zolpidem		
BP 10-1		EFUDEX	ZOLPIDEM ER (QL)		
calcipotriene cream, ointment, solution		ELIDEL	SMOKING CESSATION³		
calcipotriene-betamethasone		EVOCLIN	bupropion sr 150 mg tablet+^		APO-VARENICLINE^
CLARAVIS		NAFTIN			NICORETTE+
CLINDACIN ETZ 1% PLEDGET		PICATO			NICOTROL NS+^
CLINDACIN P 1% PLEDGETS		PRAMOSONE			NICOTROL+^
clindamycin 1% foam, gel, lotion, pledget, solution		PROTOPIC	SUBSTANCE ABUSE		
clindamycin-benzoyl peroxide		SANTYL (QL)	buprenorphine-naloxone	KLOXXADO (QL)	SUBOXONE
		TEMOVATE (ST)		LUCEMYRA (QL)	ZIMHI (QL)
		XENLETA 600 MG TABLET (PA, QL)		NARCAN (QL)	
		XEPI		ZUBSOLV	

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
URINARY TRACT CONDITIONS			VACCINES		
alfuzosin er cevimeline dutasteride finasteride oxybutynin oxybutynin er phenazopyridine potassium er SILODOSIN (QL) SOLIFENACIN (QL) tamsulosin tolterodine TOLTERODINE ER (QL)		AVODART ELMIRON EVOXAC FLOMAX K-PHOS ORIGINAL PROSCAR PYRIDIUM RAPAFLO (QL) UROCIT-K UROXATRAL	<p>Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out how your specific plan covers them.</p>		
VACCINES					
<p>Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out how your specific plan covers them.</p>					
	AFLURIA QUAD 2021-22 (6-35MO)+ BEXSERO+ BOOSTRIX TDAP+ COMIRNATY+ DAPTACEL DTAP+ DENGVAIXIA+ DIPHThERIA-TETANUS TOXOIDS-PED+ FLUAD QUAD 2021-2022+ FLUARIX QUAD 2021-2022+ FLUBLOK QUAD 2021-2022+ FLUCELVAX QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLULAVAL QUAD 2021-2022+ FLUZONE HIGH-DOSE QUAD 2021-22+ FLUZONE QUAD 2021-2022+	QUADRACEL DTAP-IPV SYRINGE+	<p>GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ ANSSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ JMENQUADFI+ MENVEO A-C-Y-W-135-DIP+ M-M-R II VACCINE+ MODERNA COVID-19 BOOSTER (EUA)+ MODERNA COVID-19 VACCINE (EUA)+ PEDIARIX+ PEDVAXHIB+ PENTACEL+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (5-11Y) VAC (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP-IPV VIAL+ RECOMBIVAX HB+ SHINGRIX+ (QL) TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+</p>		

Cigna Value 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on pages 18-25).

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

VACCINES

Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out how your specific plan covers them.

	VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+	
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WEIGHT MANAGEMENT

megestrol suspension phentermine ^	WEGOVY^ (PA, QL)	CONTRACE^ (PA) QSYMIA^ (PA) SAXENDA^ (PA)
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Specialty medications

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

MEDICATION NAME	DRUG CLASS
abacavir-lamivudine** (PA)	AIDS/HIV
abiraterone** (PA)	CANCER
ACTEMRA SYRINGE* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPEN* (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
ALUNBRIG** (PA)	CANCER
ALYQ** (PA)	ASTHMA/COPD/RESPIRATORY
AMICAR**	BLOOD MODIFIERS/BLEEDING DISORDERS
aminocaproic acid 0.25 gram/ml, tablets **	BLOOD MODIFIERS/BLEEDING DISORDERS
APOKYN* (PA)	PARKINSON'S DISEASE
ARANESP*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARCALYST* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ARIKAYCE** (PA)	INFECTIONS
ARIXTRA* (QL)	BLOOD THINNERS/ANTI-CLOTTING
ASTAGRAF XL**	TRANSPLANT MEDICATIONS
atazanavir** (PA)	AIDS/HIV
ATRIPLA** (PA)	AIDS/HIV
AUBAGIO* (PA)	MULTIPLE SCLEROSIS
AUSTEDO** (PA)	MISCELLANEOUS
AVONEX* (PA)	MULTIPLE SCLEROSIS
AVSOLA*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
AYVAKIT** (PA, QL)	CANCER
azathioprine tablet**	TRANSPLANT MEDICATIONS
BAFIERTAM** (PA)	MULTIPLE SCLEROSIS
BARACLUDE SOLUTION**	INFECTIONS
BENLYSTA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON* (PA)	MULTIPLE SCLEROSIS
BIKTARVY**	AIDS/HIV
BOSULIF** (PA)	CANCER
BRONCHITOL** (PA)	ASTHMA/COPD/RESPIRATORY
BYNFEZIA* (PA)	HORMONAL AGENTS
CABENUVA*^ (PA)	AIDS/HIV
CABLIVI*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS

MEDICATION NAME	DRUG CLASS
CABOMETYX** (PA)	CANCER
CALQUENCE* (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
COMETRIQ** (PA)	CANCER
COMPLERA** (PA)	AIDS/HIV
CYSTAGON**	URINARY TRACT CONDITIONS
CYSTARAN** (PA, QL)	EYE CONDITIONS
DARAPRIM** (PA)	INFECTIONS
DEPEN** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
DESCOVY** (PA)	AIDS/HIV
DIFICID* (QL)	INFECTIONS
dimethyl** (PA)	MULTIPLE SCLEROSIS
DOPTELET* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
DOVATO**	AIDS/HIV
DUOPA**	PARKINSON'S DISEASE
DUPIXENT* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EGRIFTA* (PA)	HORMONAL AGENTS
EMFLAZA** (PA)	HORMONAL AGENTS
EMPAVELI* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
emtricitabine-tenofovir disop**+	AIDS/HIV
ENBREL* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir** (QL)	INFECTIONS
ENTYVIO*^ (PA)	GASTROINTESTINAL/HEARTBURN
ENVARUSUS XR**	TRANSPLANT MEDICATIONS
EPCLUSA** (PA, QL)	INFECTIONS
EPIDIOLEX** (PA)	SEIZURE DISORDERS
EPOGEN*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ERIVEDGE** (PA)	CANCER
ERLEADA** (PA)	CANCER
ESBRIET** (PA)	MISCELLANEOUS
ETRAVIRINE**	AIDS/HIV
EVOTAZ** (PA)	AIDS/HIV
EXJADE** (PA)	MISCELLANEOUS

MEDICATION NAME	DRUG CLASS
EXTAVIA* (PA)	MULTIPLE SCLEROSIS
FASENRA PEN* (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI*^ (PA)	HORMONAL AGENTS
FERRIPROX** (PA)	MISCELLANEOUS
FIRDAPSE** (PA, QL)	MULTIPLE SCLEROSIS
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** (PA)	MULTIPLE SCLEROSIS
glatiramer* (PA)	MULTIPLE SCLEROSIS
GLATOPA* (PA)	MULTIPLE SCLEROSIS
GLEEVEC** (PA)	CANCER
GONAL-F*^ (PA)	INFERTILITY
GONAL-F RFF*^ (PA)	INFERTILITY
GONAL F RFF REDI-JECT*^ (PA)	INFERTILITY
GRANIX*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HARVONI** (PA, QL)	INFECTIONS
HEMLIBRA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
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
INBRIJA** (PA)	PARKINSON'S DISEASE
INCRELEX* (PA)	HORMONAL AGENTS
INFLECTRA*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
INGREZZA** (PA)	MISCELLANEOUS
INLYTA** (PA)	CANCER
INTELENCE** (PA)	AIDS/HIV
ISENTRESS**	AIDS/HIV
ISENTRESS HD** (PA)	AIDS/HIV
JADENU** (PA)	MISCELLANEOUS

MEDICATION NAME	DRUG CLASS
JADENU SPRINKLE** (PA)	MISCELLANEOUS
JAKAFI** (PA)	CANCER
JULUCA**	AIDS/HIV
JYNARQUE** (PA)	DIURETICS
KALBITOR*^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KALYDECO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
KESIMPTA* (PA)	MULTIPLE SCLEROSIS
KEVZARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KISQALI** (PA)	CANCER
KITABIS PAK** (PA, QL)	INFECTIONS
KORLYM** (PA)	DIABETES
KUVAN** (PA)	MISCELLANEOUS
KYLEENA**+	CONTRACEPTION PRODUCTS
LANREOTIDE*^ (PA)	HORMONAL AGENTS
ledipasvir-sofosbuvir** (PA)	INFECTIONS
LENVIMA** (PA)	CANCER
LETAIRIS** (PA)	ASTHMA/COPD/RESPIRATORY
LONSURF** (PA)	CANCER
LORBRENA** (PA)	CANCER
LOVENOX* (QL)	BLOOD THINNERS/ANTI-CLOTTING
LUMAKRAS** (PA, QL)	CANCER
LUPANETA PACK**^ (PA)	HORMONAL AGENTS
LUPRON DEPOT*^ (PA)	CANCER
LUPRON DEPOT-PED*^ (PA)	CANCER
LYNPARZA** (PA)	CANCER
LYSTEDA**	BLOOD MODIFIERS/BLEEDING DISORDERS
MAVENCLAD** (PA)	MULTIPLE SCLEROSIS
MAVYRET** (PA, QL)	INFECTIONS
MAYZENT** (PA)	MULTIPLE SCLEROSIS
MEKINIST** (PA)	CANCER
MENOPUR*^ (PA)	INFERTILITY
MIRENA**+	CONTRACEPTION PRODUCTS
MYALEPT* (PA)	MISCELLANEOUS
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
MYFORTIC**	TRANSPLANT MEDICATIONS
NATPARA* (PA)	HORMONAL AGENTS
NERLYNX** (PA)	CANCER
NUBEQA** (PA)	CANCER
NEULASTA*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEULASTA ONPRO*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS

MEDICATION NAME	DRUG CLASS
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
NOURIANZ** (PA, QL)	PARKINSON'S DISEASE
NOVAREL*^ (PA)	INFERTILITY
NUBEQA** (PA)	CANCER
NUCALA* (PA)	ASTHMA/COPD/RESPIRATORY
NUZYRA** (PA)	INFECTIONS
NYVEPRIA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
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
ORGOVYX** (PA)	CANCER
ORKAMBI** (PA, QL)	ASTHMA/COPD/RESPIRATORY
ORLADEYO* (PA, QL)	BLOOD PRESSURE/HEART MEDICATIONS
OTEZLA** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OVIDREL*^ (PA)	INFERTILITY
OXERVATE** (PA)	EYE CONDITIONS
PALYNZIQ* (PA)	MISCELLANEOUS
PEGASYS* (PA)	INFECTIONS
PLEGRIDY* (PA)	MULTIPLE SCLEROSIS
POMALYST** (PA)	CANCER
PONVORY** (PA)	MULTIPLE SCLEROSIS
PREVYMIS**	INFECTIONS
PREZCOBIX** (PA)	AIDS/HIV
PREZISTA**	AIDS/HIV
PROCRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PROGRAF**	TRANSPLANT MEDICATIONS
PROMACTA** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PULMOZYME** (PA)	ASTHMA/COPD/RESPIRATORY
PURIXAN**	CANCER
RAPAMUNE**	TRANSPLANT MEDICATIONS
RAVICTI** (PA)	GASTROINTESTINAL/HEARTBURN

MEDICATION NAME	DRUG CLASS
REBIF* (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE* (PA)	MULTIPLE SCLEROSIS
REMICADE*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REVATIO** (PA)	ASTHMA/COPD/RESPIRATORY
REVLIMID** (PA)	CANCER
REZUROCK** (PA)	TRANSPLANT MEDICATIONS
ribavirin**	INFECTIONS
RINVOQ ER** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ritonavir**	AIDS/HIV
ROZLYTREK** (PA)	CANCER
RUBRACA** (PA)	CANCER
RUCONEST*^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
sajazir* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SAMSCA**	DIURETICS
SANDOSTATIN*^ (PA)	HORMONAL AGENTS
SANDOSTATIN LAR DEPOT*^ (PA)	HORMONAL AGENTS
sapropterin** (PA)	MISCELLANEOUS
SELZENTRY** (PA)	AIDS/HIV
SEROSTIM* (PA)	HORMONAL AGENTS
SILIQ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI* 100MG/ML (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
SKYLA**+	CONTRACEPTION PRODUCTS
SKYRIZI* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYTROFA* (PA)	HORMONAL AGENTS
sofosbuvir-velpatasvir** (PA)	INFECTIONS
SOMATULINE DEPOT*^ (PA)	HORMONAL AGENTS
SOMAVERT* (PA)	HORMONAL AGENTS
SOVALDI** (PA, QL)	INFECTIONS
SPRYCEL** (PA)	CANCER
STELARA SYRINGE, 45MG/ML VIAL* (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**	AIDS/HIV

MEDICATION NAME	DRUG CLASS
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
TAFINLAR** (PA)	CANCER
TAGRISSO** (PA)	CANCER
TAKHZYRO* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALZENNA** (PA)	CANCER
TARGETIN GEL ** (PA)	SKIN CONDITIONS
TASIGNA** (PA)	CANCER
TAVALISSE** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
TECFIDERA** (PA)	MULTIPLE SCLEROSIS
TEGSEDI* (PA)	MISCELLANEOUS
TEMODAR** (PA)	CANCER
TEMIXYS** (PA)	AIDS/HIV
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
teriparatide* (PA, QL)	HORMONAL AGENTS
tetrabenazine** (PA)	MISCELLANEOUS
THALOMID** (PA)	INFECTIONS
THIOLA**	URINARY TRACT CONDITIONS
THIOLA EC**	URINARY TRACT CONDITIONS
TIGLUTIK** (PA)	MISCELLANEOUS
TIVICAY**	AIDS/HIV
TOBI PODHALER** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml ampule** (PA, QL)	INFECTIONS
TRACLEER** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
TREMFYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
trientine** (PA)	MISCELLANEOUS
TRIUMEQ**	AIDS/HIV
TRIUMEQ PD** (QL)	AIDS/HIV
TYKERB** (PA)	CANCER
TYMLOS* (PA, QL)	OSTEOPOROSIS PRODUCTS
TYVASO** (PA)	ASTHMA/COPD/RESPIRATORY
UDENYCA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UKONIQ** (PA, QL)	CANCER
UPTRAVI** (PA)	ASTHMA/COPD/RESPIRATORY
VALCHLOR**	SKIN CONDITIONS
VEMLIDY**	INFECTIONS
VENCLEXTA** (PA)	CANCER
VERZENIO** (PA)	CANCER
vigabatrin**	SEIZURE DISORDERS

MEDICATION NAME	DRUG CLASS
VIGADRONE**	SEIZURE DISORDERS
VIREAD** (PA)	AIDS/HIV
VITRAKVI** (PA)	CANCER
VIZIMPRO** (PA)	CANCER
VOSEVI** (PA)	INFECTIONS
VOTRIENT** (PA)	CANCER
VUMERITY** (PA)	MULTIPLE SCLEROSIS
VYLEESI*^ (PA, QL)	MISCELLANEOUS
WAKIX** (PA, QL)	SLEEP DISORDERS/SEDATIVES
XALKORI** (PA)	CANCER
XELJANZ** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELJANZ XR** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELODA** (PA)	CANCER
XERMELO** (PA)	GASTROINTESTINAL/HEARTBURN
XOLAIR* (PA)	ASTHMA/COPD/RESPIRATORY
XTANDI** (PA)	CANCER
XYREM** (PA)	SLEEP DISORDERS/SEDATIVES
XYWAV* (PA)	SLEEP DISORDERS/SEDATIVES
ZARXIO*^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZEJULA** (PA)	CANCER
ZEPATIER** (PA)	INFECTIONS
ZEPOSIA** (PA)	MULTIPLE SCLEROSIS
ZIEXTENZO* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZORBTIVE* (PA)	HORMONAL AGENTS
ZORTRESS**	TRANSPLANT MEDICATIONS

Medications that aren't covered - and their covered alternative(s)

These medications aren't covered on the Cigna Value 4-Tier Prescription Drug List.^{^^} **However, there are other medications available that are used to treat the same condition.** They're listed below.

DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	ATRIPLA*	efavirenz-emtricitabine-tenofovir*
	COMBIVIR*	lamivudine-zidovudine*
	EMTRIVA*	emtricitabine*
	EPIVIR*	lamivudine*
	EPZICOM*	abacavir-lamivudine*
	INTELENCE 100MG, 200MG TABLET*	etravirine*
	KALETRA*	lopinavir-ritonavir*
	LEXIVA 700MG TABLET*	fosamprenavir 700mg tablet*
	NORVIR 100MG TABLET*	ritonavir 100mg tablet*
	RETROVIR CAPSULE, SYRUP*	zidovudine capsule, syrup*
	REYATAZ CAPSULE*	atazanavir capsules*
	SUSTIVA*	efavirenz*
	SYMFI* SYMFI LO*	efavirenz-lamivudine-tenofovir*
	TRIZIVIR*	abacavir-lamivudine-zidovudine tablet*
	TRUVADA*	emtricitabine-tenofovir*
	VIRAMUNE*	nevirapine*
	VIRAMUNE XR*	nevirapine ER*
	VIREAD 300MG TABLET*	tenofovir 300mg tablet*
ZIAGEN*	abacavir*	
ALLERGY/NASAL SPRAYS	AUVI-Q EPIPEN EPIPEN JR SYMJEPI	epinephrine auto-injectors
	carbinoxamine 6mg tablet RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine RYCLORA	carbinoxamine oral solution cyproheptadine syrup hydroxyzine syrup
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)
	EPINEPHRINE 0.15 MG, 0.3 MG AUTO-INJECTOR	Generic EPIPEN (also called epinephrine)
	ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL	clomipramine
	APLENZIN	bupropion XL 150, 300 mg tablets
	ATIVAN TABLET LOREEV XR	lorazepam
	bupropion xl 450mg tablet FORFIVO XL	bupropion xl 150mg tablets
	CITALOPRAM HBR	citalopram tablet
	CYMBALTA	desvenlafaxine ER duloxetine escitalopram

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	DRIZALMA SPRINKLE	duloxetine dr capsules	
	LEXAPRO	escitalopram	
	PAMELOR	nortriptyline capsules	
	PARNATE	tranylcypromine	
	PEXEVA	paroxetine paroxetine cr	
	PRISTIQ	desvenlafaxine succinate er bupropion sr duloxetine escitalopram sertraline venlafaxine er	
	TOFRANIL	imipramine	
	WELLBUTRIN XL	bupropion xl escitalopram fluoxetine	
	ASTHMA/COPD/RESPIRATORY	ADVAIR HFA ADVAIR DISKUS AIRDUO RESPICLICK BREO ELLIPTA	DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB
		ALBUTEROL HFA levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	Generic PROAIR or PROVENTIL (albuterol hfa)
ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA PULMICORT FLEXHALER		FLOVENT DISKUS FLOVENT HFA QVAR	
ARCAPTA NEOHALER STRIVERDI RESPIMAT		SEREVENT DISKUS	
BEVESPI AEROSPHERE DUAKLIR PRESSAIR		ANORO ELLIPTA STIOLTO RESPIMAT	
BROVANA		arformoterol	
budesonide-formoterol		SYMBICORT	
ELIXOPHYLLIN		theophylline er theophylline oral solution	
PERFOROMIST		formoterol	
TUDORZA PRESSAIR		INCRUSE ELLIPTA SPIRIVA RESPIMAT	

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ASTHMA/COPD/RESPIRATORY (cont)	YUPELRI	ANORO ELLIPTA BREZTRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA	
	ZYFLO	montelukast zafirlukast zileuton er	
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR ADZENYS ER ADZENYS XR-ODT APTENSIO XR AZSTARYS CONCERTA COTEMPLA XR-ODT DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER RITALIN LA VYVANSE	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er	
	DESOXYN	methamphetamine	
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er	
	EVEKEO ODT	amphetamine dexmethylphenidate dextroamphetamine methamphetamine methylphenidate	
	methylphenidate er 72mg tablet RELEXXII	methylphenidate er 36mg tablet	
	QELBREE	atomoxetine	
	BLOOD PRESSURE/HEART MEDICATIONS	ACCUPRIL	quinapril
	ACCURETIC	quinapril-hctz	
	ALTACE	ramipril	
	ATACAND	candesartan	
ATACAND HCT	candesartan-hctz		
AVALIDE	irbesartan-hctz		
AVAPRO	irbesartan-hctz		
AZOR	amlodipine-olmesartan		
BENICAR	olmesartan		
BENICAR HCT	olmesartan-hctz		
BETAPACE	sotalol		
BYSTOLIC	generic beta blockers (e.g. metoprolol; atenolol)		

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
BLOOD PRESSURE/HEART MEDICATIONS (cont)	CARDIZEM	diltiazem	
	CARDIZEM CD	diltiazem CD	
	CONJUPRI	amlodipine felodipine er nicardipine nifedipine	
	CONSENSI	amlodipine celecoxib	
	COZAAR	losartan	
	DIOVAN	valsartan	
	DIOVAN HCT	valsartan-hctz	
	EDARBI	generic ARBs (e.g. losartan; valsartan)	
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)	
	EXFORGE	amlodipine-valsartan	
	EXFORGE HCT	amlodipine-valsartan hctz	
	FIRAZYR*	icatibant	
	GONITRO	nitroglycerin sublingual tablet or spray	
	HYZAAR	losartan-hctz	
	ISORDIL ISORDIL TITRADOSE	isosorbide dinitrate	
	LANOXIN	digoxin	
	LOTENSIN	benazepril	
	LOTENSIN HCT	benazepril-hctz	
	LOTREL	amlodipine-benazepril	
	MICARDIS	telmisartan	
	MICARDIS HCT	telmisartan-hctz	
	MULTAQ	amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af	
	PRINIVIL ZESTRIL	lisinopril	
	TEKURNA	aliskiren	
	TEKURNA HCT	generic ACE inhibitor + HCT (e.g. benazepril-HCT)	
	TRIBENZOR	olmesartan-amlodipine-hctz	
	VASERETIC	enalapril-hctz	
	VASOTEC	enalapril	
	ZESTORETIC	lisinopril-hctz	
	BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole YOSPRALA	aspirin or enteric aspirin

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
CANCER	BESREMIŞ*	hydroxyurea capsule	
	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*	
	NILANDRON	nilutamide	
	TARCEVA*	erlotinib	
	YONSA* ZYTIGA*	abiraterone	
CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE	fenofibrate	
	ALTOPREV	lovastatin+ atorvastatin+ simvastatin+ rosuvastatin+	
	CRESTOR	rosuvastatin+	
	EZALLOR SPRINKLE FLOLIPID LIVALO SIMVASTATIN 20mg/5ml SUSPENSION NEXLIZET	generic statins (e.g. atorvastatin; simvastatin)	
	JUXTAPID* PRALUENT	REPATHA	
	LESCOL XL	fluvastatin er+	
	LIPITOR	atorvastatin+ ezetimibe-simvastatin rosuvastatin+	
	NEXLETOL ROSUVASTATIN-EZETIMIBE ROSZET	generic statins (e.g. atorvastatin; simvastatin) ezetimibe-simvastatin	
	niacin 500mg tablet NIACOR	niacin er	
	PRAVACHOL	pravastatin+	
	VYTORIN	ezetimibe-simvastatin	
	ZYPITAMAG	atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+	
	CONTRACEPTION PRODUCTS	BALCOLTRA NATAZIA NEXTSTELLIS SLYND TAYTULLA TWIRLA	generic oral contraceptives
		COUGH/COLD MEDICATIONS	benzonatate 150mg
TUSSICAPS			hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES	ACCU-CHEK TEST STRIPS CVS TEST STRIPS ADVOCATE TEST STRIPS ASSURE TEST STRIPS CONTOUR TEST STRIPS EASY TALK PLUS II TEST STRIPS FREESTYLE TEST STRIPS RELION TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
	ADLYXIN	BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA
	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART INSULIN GLARGINE NOVOLOG RIGHTEST GT333 TEST STRIPS	HUMALOG LYUMJEV
	AFREZZA	HUMALOG HUMULIN R LYUMJEV
	alogliptin alogliptin-metformin JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA	JANUMET JANUMET XR JANUVIA metformin
	alogliptin-pioglitazone OSENİ	JANUMET JANUMET XR JANUVIA pioglitazone
	FORTAMET GLUMETZA metformin er gastric metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)
	GLUCAGEN HYPOKIT GVOKE	BAQSIMI glucagon emergency kit (generic) ZEGALOGUE
	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	INVOKANA STEGLATRO	FARXIGA JARDIANCE metformin
	LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR LEVEMIR TRESIBA FLEXTOUCH
	NOVOLIN	HUMULIN
	QTERN STEGLUJAN	GLYXAMBI metformin TRIJARDY XR
	EDECRIN ethacrynic acid	bumetanide furosemide torsemide
DIURETICS	THALITONE	chlorthalidone
	EYE CONDITIONS	
EYE CONDITIONS	ALOCRI ALOMIDE	cromolyn
	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost
GASTROINTESTINAL/HEARTBURN	RESTASIS RESTASIS MULTIDOSE	cyclosporine 0.05% eye emulsion XIIDRA
	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository
GASTROINTESTINAL/HEARTBURN	ASACOL HD COLAZAL DELZICOL DIPENTUM	balsalazide mesalamine tablets or capsules PENTASA sulfasalazine
	BYLVAY* LIVMARLI*	cholestyramine powder/packet rifampin ursodiol tablet
	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone
	CREON PERTZYE ZENPEP	PANCREAZE
	DARTISLA glycopyrrolate 1.5mg tablet ROBINUL, ROBINUL FORTE	glycopyrrolate 1mg tablet glycopyrrolate 2mg tablet
	GIMOTI*	metoclopramide oral solution or tablet
	GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+	CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN (cont)	KRISTALOSE lactulose 10gm packet	CONSTULOSE ENULOSE lactulose oral solution
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	lubiprostone	AMITIZA
	MARINOL SYNDROS	dronabinol
	MOTEGRITY TRULANCE ZELNORM	AMITIZA LINZESS
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK PYLERA TALICIA	lansoprazole-amoxicillin-clarithromycin pak
	RELTONE	ursodiol
	ROWASA	mesalamine rectal enema suspension
	SENSIPAR*	cinacalcet
	ursodiol 200 mg, 400 mg capsule	ursodiol 300mg capsule ursodiol tablet
	ZOFRAN	ondansetron
	ZUPLENZ	ondansetron ondansetron odt
	HORMONAL AGENTS	ALKINDI SPRINKLE
DDAVP NOCDURNA		desmopressin nasal spray or tablets
DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets DXEVO HIDEX TAPERDEX ZCORT		dexamethasone 1.5mg tablet
FORTESTA JATENZO NATESTO TESTIM VOGELXO XYOSTED		generic topical testosterone
GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*		HUMATROPE* NORDITROPIN*
HEMADY		dexamethasone 5mg tablet
LEVOTHYROXINE CAPSULE		generic SYNTHROID (also called levothyroxine tablet)

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
HORMONAL AGENTS (cont)	MYCAPSSA*	BYNFEZIA*
	ORTIKOS	budesonide capsule
	RAYOS	methylprednisolone, prednisone
	SYNTHROID TIROSINT TIROSINT-SOL	levothyroxine tablet
	THYQUIDITY	EUTHYROX LEVO-T levothyroxine tablet LEVOXYL
	UCERIS 9MG ERTABLET	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone
	ARMOUR THYROID WP THYROID	np thyroid
INFECTIONS	ACTICLATE DORYX DORYX MPC MINOCIN 50MG PEL CAPSULE MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER MONODOX SEYSARA SOLODYN soloxide TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO	generic products (e.g. doxycycline; minocycline)
	ARAKODA	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine
	AUGMENTIN AUGMENTIN XR	amoxicillin/clavulanate
	BARACLUDE TABLET*	entecavir tablet*
	BETHKIS* TOBI*	tobramycin inhalation solution*
	BREXAFEMME DIFLUCAN	fluconazole
	doxycycline hyclate dr 80mg tablet	generic products (e.g. minocycline)
	DOXYCYCLINE IR-DR LYMEPAK ORACEA	doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg
	E.E.S. 200 ERYPED 400	erythromycin granules erythromycin
	HUMATIN	paromomycin

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)		
INFECTIONS (cont)	MEPRON	atovaquone		
	MYCOBUTIN	rifabutin		
	nitrofurantoin 25mg/5ml suspension	nitrofurantoin capsule sulfamethoxazole-trimethoprim suspension		
	NOXAFIL DR 100MG TABLET	posaconazole dr 100mg tablet		
	SITAVIG	acyclovir tablet		
		famciclovir tablet		
		valacyclovir tablet		
	SPORANOX	itraconazole		
	TOLSURA	oral itraconazole		
	VALCYTE	valganciclovir		
VANCOCIN	vancomycin oral solution or capsule			
ZOVIRAX	acyclovir			
MISCELLANEOUS	EXSERVAN*	riluzole*		
		TIGLUTIK*		
	HORIZANT	gabapentin		
	KUVAN*	sapropterin tablet & powder packet*		
	SYPRINE*	penicillamine*		
trientine*				
XENAZINE*	tetrabenazine*			
MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*		
	COPAXONE*	AVONEX*		
		BETASERON*		
EXTAVIA*				
glatiramer*				
GLATOPA*				
KESIMPTA*				
PLEGRIDY*				
REBIF*				
TECFIDERA*	AUBAGIO*			
	BAFIERTAM*			
	dimethyl*			
	GILENYA*			
	MAYZENT*			
	PONVORY*			
	VUMERITY*			
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT	Any generic prenatal vitamin		
			NASCOBAL	cyanocobalamin injection

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE	ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets	butalbital-acetaminophen 50-325mg tablet
	AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAX	generic triptans (e.g. sumatriptan; naratriptan)
	AMRIX cyclobenzaprine er	carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets methocarbamol orphenadrine er metaxalone
	BACLOFEN	baclofen tablet
	CAMBIA DUEXIS ELYXYB fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO ibuprofen-famotidine INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule lofena meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr naproxen sodium er naproxen-esomeprazole mag RELAFEN, RELAFEN DS TIVORBEX VIMOVO VIVLODEX ZIPSOR ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg chlorzoxazone 750mg	methocarbamol 500mg
	CONZIP	tramadol tramadol er
	COSENTYX*	ENBREL* HUMIRA* OTEZLA* STELARA 45MG, 90MG* TALTZ*

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	CUPRIMINE*	penicillamine* trientine*
	D.H.E.45	dihydroergotamine injection
	diclofenace 1.3% patch diclofenac 1.5% solution diclofenac 35mg capsule FLECTOR LICART PENNSAID VOLTAREN 1% GEL	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray
	GLOPERBA	colchicine probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE IMITREX PEN INJECTOR	dihydroergotamine sumatriptan
	IMITREX TABLET	dihydroergotamine eletriptan rizatriptan sumatriptan tablets
	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	KINERET*	ACTEMRA* ENBREL* HUMIRA* XELJANZ/XR*
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	LIDODERM	lidocaine 5% patch
	LORZONE	chlorzoxazone 500mg cyclobenzaprine tablet
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER
	OZOBAX	baclofen tablet

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	PROLATE SOLUTION	oxycodone-acetaminophen tablet	
	QDOLO	tramadol 50mg tablet	
	QULIPTA	NURTEC ODT	
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY	
	ROXICODONE	oxycodone	
	SIMPONI* 50MG/0.5ML	ACTEMRA* ENBREL* HUMIRA* STELARA 45MG, 90MG* TALTZ* XELJANZ/XR*	
	SORIATANE	acitretin	
	SUBSYS	fentanyl lozenge or buccal tablet	
	tizanidine 2 mg, 4 mg, 6 mg capsule	tizanidine 2mg tablet tizanidine 4mg tablet	
	TOSYMRA	sumatriptan	
	tramadol 100mg	tramadol	
	TREXIMET	sumatriptan-naproxen	
	vtol lq	butalbital-acetaminophen-caffeine capsule or tablets phenilin forte	
	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan	
	ZOMIG ZMT	zolmitriptan odt	
	PARKINSON'S DISEASE	DHIVY	carbidopa/levodopa
		GOCOVRI	amantadine
LODOSYN		carbidopa	
ONGENTYS		entacapone	
ZELAPAR		selegiline tablets or capsules	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone	
	CAPLYTA LYBALVI	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone	

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)	GEODON CAPSULE	aripiprazole paliperidone er ziprasidone
	VERSACLOZ	clozapine clozapine odt
	ZYPREXA	aripiprazole olanzapine tablets paliperidone er
	ZYPREXA ZYDIS	aripiprazole olanzapine olanzapine odt
SEIZURE DISORDERS	ELEPSIA XR KEPPRA XR	levetiracetam er
	EPRONTIA	topiramate sprinkle capsule topiramate tablet
	FELBATOL	felbamate
	KEPPRA SOLUTION, TABLET	levetiracetam
	LAMICTAL	lamotrigine
	LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)	lamotrigine starter kit (blue, green, orange)
	LAMICTAL ODT	lamotrigine odt
	LAMICTAL ODT KIT (BLUE, GREEN, ORANGE)	lamotrigine odt starter kit (blue, green orange)
	LAMICTAL XR LAMICTAL XR KIT (BLUE, GREEN, ORANGE)	lamotrigine er
	LYRICA LYRICA CR pregabalin er	duloxetine gabapentin lidocaine 5% topical patch pregabalin
	MYSOLINE	primidone
	QUDEXY XR TROKENDI XR	topiramate er
	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
ZONEGRAN	zonisamide	
SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN EPIDUO FORTE FABIOR ONEXTON RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC TRETIN-X VELTIN WINLEVI ZIANA	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	acyclovir cream, ointment DENA VIR ZOVIRAX	acyclovir tablet famciclovir tablet valacyclovir tablet
	adapalene swab	adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel
	ALDARA imiquimod 3.75% ZYCLARA	imiquimod 5% cream
	ANUSOL-HC 2.5% CREAM	hydrocortisone 2.5% rectal cream
	APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone PSORCON	betamethasone cream, ointment clobetasol halobetasol cream, ointment
	BENZA CLIN NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene foam	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution
	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapsone 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	CONDYLOX VEREGEN	imiquimod 5% cream packet podoflox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethason fluocinolone fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	diclofenac 3% gel KLISYRI	FLUOROPLEX fluorouracil imiquimod 5% cream
	DOVONEX	calcipotriene cream
	doxepin 5% cream PRUDOXIN ZONALON	generic topical steroid (e.g. betamethasone) topical tacrolimus
	DUOBRII	halobetasol plus tazarotene cream
	ENSTILAR TACLONEX	calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream topical betamethasone
	ERTACZO	ketoconazole cream
	EXELDERM oxiconazole OXISTAT SULCONAZOLE	econazole cream ketoconazole cream naftifine cream
	EXTINA	ketoconazole cream ketoconazole foam
	FINACEA METROCREAM METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone 1% lotion	betamethasone fluocinolone fluticasone
	halobetasol foam LEXETTE	augmented betamethasone dipropionate betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	HALOG SOLUTION	clobetasol cream, ointment halobetasol cream, ointment
	IMPEKLO	betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	IMPOYZ	clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment
	JUBLIA KERYDIN tavaborole	ciclopirox topical solution itraconazole capsules terbinafine tablets
	KENALOG 0.147MG/GM SPRAY triamcinolone ointment triamcinolone spray	desoximetasone 0.05% cream, ointment fluocinolone 0.025% ointment flurandrenolide 0.05% ointment hydrocortisone 0.2% ointment mometasone 0.1% cream
	LOCOID	betamethasone lotion fluocinolone cream fluticasone cream hydrocortisone ointment prednicarbate ointment triamcinolone cream
	LOCOID LIPOCREAM nolix PANDEL	betamethasone cream fluocinolone cream fluticasone cream
	LOPROX 0.77% CREAM 1% SHAMPOO	ciclopirox cream, shampoo
	LUZU	econazole cream ketoconazole cream luliconazole
	mupirocin 2% cream	mupirocin 2% ointment
	NORITATE	azelaic acid metronidazole cream metronidazole gel
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment
	OPZELURA	EUCRISA pimecrolimus tacrolimus ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	aldometasone desonide triamcinolone
	ULTRAVATE LOTION ULTRAVATE X	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream

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DRUG CLASS	MEDICATION NAME ^{^^} (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	VECTICAL	calcitriol ointment calcipotriene ointment tazarotene cream
	VERDESO	desonide cream desonide ointment
	WYNZORA	betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream
	XERESE	acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet
	XOLEGEL	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	AMBIEN	zolpidem
	AMBIEN CR	zolpidem er
	ATIVAN TABLET	lorazepam
	BELSOMRA	DAYVIGO
	EDLUAR	zolpidem or zolpidem er
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	RESTORIL	temazepam
	ZOLPIMIST	doxepin eszopiclone zaleplon zolpidem zolpidem ER
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector NARCAN
TRANSPLANT MEDICATIONS	AZASAN* azathioprine 75 mg, 100 mg tablet*	azathioprine 50mg tablet*
	LUPKYNIS*	BENLYSTA* tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine
	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er

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DRUG CLASS	MEDICATION NAME ^{^^} <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS (cont)	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE LS	darifenacin er oxybutynin er tolterodine er trospium er
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium
	PROCYSBI*	CYSTAGON*
	THIOLA* THIOLA EC*	tiopronin*
	VESICARE	darifenacin er oxybutynin er solifenacin tolterodine er trospium er

Frequently Asked Questions (FAQs)

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

Q. Why do you make changes to the drug list?

A. 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 extra coverage requirements to a medication.

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options.

Q. Why doesn't my plan cover certain medications?

A. 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." With excluded medications, there's no option to get coverage through Cigna's coverage review process. 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, erectile dysfunction, smoking cessation.⁴
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

A. 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.

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

A. 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.

Q. How do I know if I'm taking a medication that needs approval?

A. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a (PA) or (ST) next to it, your medication needs approval before your plan will cover it. If it has a (QL) next to it, you may need approval depending on the amount

Frequently Asked Questions (FAQs) (cont)

you're filling. If it has (AGE) next to it, you may need approval depending on the covered age range for the medication.

Q. What types of medications typically need approval?

A. Medications that:

- › May be unsafe when combined with other medications
- › Have lower-cost, equally effective alternatives available
- › Should only be used for certain health conditions
- › Are often misused or abused

Q. What types of medications typically have quantity limits?

A. Medications that:

- › Are often taken in amounts larger than, or for longer than, may be appropriate
- › Are often misused or abused

Q. What types of medications require Step Therapy?

A. The Step Therapy program includes medications that are used to treat many conditions, including, but not limited to:

- › ADD/ADHD
- › Allergies
- › Bladder problems
- › Breathing problems
- › Depression
- › High blood pressure
- › High cholesterol
- › Osteoporosis
- › Pain
- › Skin Conditions
- › Sleep disorders

Q. Why does my medication have an age requirement?

A. Some medications are only considered clinically appropriate for people of a certain age.

Q. How do I get approval (prior authorization) for my medication?

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.

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. If you meet guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

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

A. 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 plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna to start the coverage review process. Or, you can choose to pay its full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

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

A. 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.

Q. Are all of the medications on this drug list approved by the U.S. Food and Drug Administration (FDA)?

A. Yes. All medications are approved by the FDA.

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

A. Newly approved medications may not be covered on your drug list for the first six months after they receive approval from the U.S. Food and Drug Administration (FDA). These include, but are not limited to, medications, medical supplies and/or devices covered under standard

Frequently Asked Questions (FAQs) (cont)

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.

Q. Which medications are covered under the health care reform law?

A. 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 **myCigna.com**, 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**.

For more information about health care reform, go to **informedonreform.com** or **Cigna.com**.

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

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.⁵

Q. How can I save money on my prescription medications?

A. 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.

Q. Do generics work the same as brand-name medications?

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁶ Generic and brand-name medications have the same active ingredients, strength, dosage, form, effectiveness, quality, and safety.

Q. What are the differences between generic and brand-name medications?

A. The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand-name, but they're just as safe and effective.

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.⁶ Just because generics cost less than brands, doesn't mean they're lower-quality medications.

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?

A. To receive in-network coverage under your plan, you'll need to switch to a pharmacy in your plan's network. If your plan offers out-of-network coverage, you'll pay out-of-network costs to fill a prescription there.

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁷

Home delivery with Express Scripts® Pharmacy

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy. To learn more, go to **Cigna.com/homedelivery**.

- Easily order, manage, track, and pay for your medications on your phone or online
- Standard shipping at no extra cost⁸

Frequently Asked Questions (FAQs) (cont)

- › Automatic refills or refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

1. Log in to the myCigna App or myCigna.com to move your prescription electronically.

Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s). Or,

2. Call your doctor's office. Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery. Or,

3. Call Express Scripts® Pharmacy at 800.835.3784. They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Accredo®, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁹ They'll also provide you with the personalized care and support you need to

manage your therapy - at no extra cost. To learn more, go to **Cigna.com/specialty**.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost
- › Easy refills and free reminders
- › 24/7 access to specialty-trained pharmacists and nurses
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

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.

Q. Where can I find more information about my pharmacy benefits?

A. You can use the online tools and resources on the **myCigna** App or **myCigna.com** 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.

Exclusions and limitations for coverage

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:¹⁰

- › 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 fertility¹¹, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation¹¹, 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 **Connecticut, 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. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your Cigna ID card.
4. 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.
5. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
6. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
7. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
8. Standard shipping costs are included as part of your prescription plan.
9. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
10. 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.
11. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Accredo Health Group, Inc., Express Scripts, Inc., ESI Mail Pharmacy Service, Inc., Express Scripts Pharmacy, Inc., 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 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. "Express Scripts Pharmacy" refers to ESI Mail Pharmacy, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, "Together all the way," and "myCigna" are trademarks of Cigna Intellectual Property, Inc. "Accredo" and "Express Scripts Pharmacy" are trademarks 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>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

Chinese – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

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

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

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

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

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

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

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

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

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

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

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

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

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