



CIGNA VALUE 3-TIER PRESCRIPTION DRUG LIST

As of January 1, 2020

Together, all the way.®



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

876397 u Value 3-Tier 09/19



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View your drug list online

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



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



Cigna.com/druglist – Select your drug list name – Value 3 Tier – from the drop down menu.

Questions?

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

* Drug list created: originally created 10/01/2011

Last updated: 09/01/2019, for changes starting 01/01/2020

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

About your prescription drug list

This document shows the most commonly prescribed medications covered on the Value 3-Tier Prescription Drug List as of January 1, 2020.^{1,2} All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). **The Value 3-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers.** Also, your specific plan may not cover all of the medications in this document. You should log in to the **myCigna** app or website, or check your plan materials, to learn more about the medications your plan covers.

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

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Value 3-Tier Prescription Drug List.

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

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

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

Tiers

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

- | | | |
|--|--------------------------|--------|
| › Tier 1 – Typically Generics | (Lower-cost medication) | \$ |
| › Tier 2 – Typically Preferred Brands | (Medium-cost medication) | \$\$ |
| › Tier 3 – Typically Non-Preferred Brands | (Higher-cost medication) | \$\$\$ |

Abbreviations next to medications

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

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

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

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier, may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the **myCigna** app or website, or check your plan materials, to learn more about how your plan covers specialty medications.

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

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

Plan exclusions

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

How to find your medication

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

| Condition | Page | Condition | Page |
|--|--------|--------------------------------------|--------|
| BLOOD PRESSURE/HEART MEDICATIONS | 3 | FEMININE PRODUCTS | 12 |
| AIDS/HIV | 6 | GASTROINTESTINAL/HEARTBURN | 12 |
| ALLERGY/NASAL SPRAYS | 6 | HORMONAL AGENTS | 12, 13 |
| ALZHEIMER’S DISEASE | 6 | INFECTIONS | 13 |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | 6 | INFERTILITY | 14 |
| ASTHMA/COPD/RESPIRATORY | 6 | MISCELLANEOUS | 14 |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | 7 | MULTIPLE SCLEROSIS | 14 |
| BLOOD MODIFIERS/BLEEDING DISORDERS | 7 | NUTRITIONAL/DIETARY | 14 |
| BLOOD PRESSURE/HEART MEDICATIONS | 7, 8 | OSTEOPOROSIS PRODUCTS | 14 |
| BLOOD THINNERS/ANTI-CLOTTING | 8 | PAIN RELIEF AND INFLAMMATORY DISEASE | 14, 15 |
| CANCER | 8 | PARKINSON’S DISEASE | 15 |
| CHOLESTEROL MEDICATIONS | 8, 9 | SCHIZOPHRENIA/ANTI-PSYCHOTICS | 15 |
| CONTRACEPTION PRODUCTS | 9, 10 | SEIZURE DISORDERS | 15, 16 |
| COUGH/COLD MEDICATIONS | 11 | SKIN CONDITIONS | 16 |
| DENTAL PRODUCTS | 11 | SLEEP DISORDERS/SEDATIVES | 16 |
| DIABETES | 11 | SMOKING CESSATION | 16, 17 |
| DIURETICS | 11 | SUBSTANCE ABUSE | 17 |
| EAR MEDICATIONS | 11 | TRANSPLANT MEDICATIONS | 17 |
| ERECTILE DYSFUNCTION | 11 | URINARY TRACT CONDITIONS | 17 |
| EYE CONDITIONS | 11, 12 | VACCINES | 17 |
| | | WEIGHT MANAGEMENT | 17 |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|--|---------------------|---|--|---|
| AIDS/HIV | | | ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont) | | |
| abacavir- lamivudine* (PA) | Atripla* (PA) | CIMDUO* (PA) | bupropion XL (QL) | | Sarafem (ST) |
| atazanavir* (PA) | Biktarvy* | Complera* (PA) | buspirone | | Trintellix (ST, QL) |
| ritonavir* | Descovy* (PA) | Evotaz* (PA) | citalopram (QL) | | Viiibryd (ST, QL) |
| tenofovir* (PA) | Genvoya* | Juluca* (PA) | clomipramine | | Wellbutrin SR (ST, QL) |
| | Intelence* (PA) | Odefsey* (PA) | desvenlafaxine ER (QL) | | Xanax |
| | Isentress* | Prezcobix* (PA) | duloxetine (QL) | | Xanax XR |
| | Isentress HD* (PA) | Stribild* (PA) | escitalopram (QL) | | Zoloft (ST, QL) |
| | Prezista* | Symtuza* (PA) | fluoxetine (QL) | | |
| | Selzentry* (PA) | | fluoxetine DR (QL) | | |
| | Symfi* | | fluvoxamine (QL) | | |
| | Symfi Lo* | | fluvoxamine ER (QL) | | |
| | Tivicay* | | lorazepam | | |
| | Triumeq* | | lorazepam intensol | | |
| | Truvada* | | mirtazapine | | |
| | Viread 150mg, 200mg, 250mg tablet, powder* (PA) | | paroxetine (QL) | | |
| | | | paroxetine CR (QL) | | |
| | | | paroxetine ER (QL) | | |
| | | | sertraline (QL) | | |
| | | | trazodone | | |
| | | | venlafaxine (QL) | | |
| | | | venlafaxine ER (QL) | | |
| ALLERGY/NASAL SPRAYS | | | ASTHMA/COPD/RESPIRATORY | | |
| azelastine | | Astepro | albuterol | Advair HFA | Adcirca* (PA) |
| cromolyn | | Clarinet-D 12 Hour | albuterol HFA | Anoro Ellipta | Adempas* (PA) |
| cyproheptadine | | Gastrocrom | alyq* (PA) | Atrovent HFA | Brovana |
| epinephrine (QL) | | Grastek (PA, QL) | budesonide | Breo Ellipta | Combivent Respimat |
| fluticasone | | Karbinal ER | fluticasone- salmeterol | Dulera | Daliresp (QL) |
| hydroxyzine capsule, solution, tablet | | Odactra (PA, QL) | montelukast | Flovent | Kalydeco* (PA, QL) |
| ipratropium | | Patanase | tadalafil* (PA) | Flovent HFA | Letairis* (PA) |
| mometasone (QL) | | Ragwitek (PA, QL) | wixela inhub | Incruse Ellipta | Lonhala Magnair (PA) |
| olopatadine | | Vistaril | | Ofev* (PA) | Nucala auto-injector, syringe* (PA) |
| promethazine | | | | Opsumit* (PA) | Orenitram ER* (PA) |
| | | | | ProAir HFA | Orkambi* (PA, QL) |
| | | | | ProAir RespiClick | Perforomist (QL) |
| | | | | QVAR RediHaler | Pulmicort respule |
| | | | | Serevent | Pulmozyme* (PA) |
| | | | | Symbicort | Revatio oral suspension, tablet* (PA) |
| | | | | Tracleer 32mg tablet for suspension* (PA) | Singulair |
| | | | | Trelegy Ellipta | Symdeko* (PA, QL) |
| | | | | Xolair* (PA) | Tracleer tablet* (PA) |
| | | | | | Tyvaso* (PA) |
| | | | | | Uptravi* (PA) |
| ALZHEIMER'S DISEASE | | | | | |
| donepezil | | Aricept | | | |
| donepezil ODT | | Exelon | | | |
| memantine | | Mestinon | | | |
| memantine ER (QL) | | Namenda tablet | | | |
| pyridostigmine | | Namenda XR (QL) | | | |
| pyridostigmine ER | | Namzaric (QL) | | | |
| rivastigmine | | | | | |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | | | | | |
| alprazolam | | Celexa (ST, QL) | | | |
| alprazolam ER | | Effexor XR (ST, QL) | | | |
| alprazolam intensol | | Fetzima (ST, QL) | | | |
| alprazolam ODT | | Forfivo XL (ST, QL) | | | |
| alprazolam XR | | Paxil (ST, QL) | | | |
| amitriptyline | | Paxil CR (ST, QL) | | | |
| bupropion (QL) | | Prozac (ST, QL) | | | |
| bupropion SR (QL) | | Remeron | | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|-----------------|----------------------------------|--|----------------|-------------------------------|
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | | BLOOD PRESSURE/HEART MEDICATIONS (cont) | | |
| atomoxetine (QL) | | Adderall | Adult Aspirin Regimen ⁺ | | Coreg (ST) |
| clonidine ER | | Adhansia XR | Aspirin EC ⁺ | | Coreg CR (ST, QL) |
| dexmethylphenidate (PA age) | | Daytrana (PA age, QL) | aspirin EC ⁺ | | Corgard (ST) |
| dexmethylphenidate ER (PA age, QL) | | Evekeo ODT | aspirin 325 mg tablet ⁺ | | Epaned |
| dextroamphetamine- amphetamine ER (PA age, QL) | | Focalin (PA age, ST) | Aspir-Low ⁺ | | Firazyr* (PA) |
| dextroamphetamine- amphetamine (PA age) | | Intuniv | atenolol | | Haegarda* (PA) |
| guanfacine ER | | Kapvay | Bayer Aspirin 325mg tablet ⁺ | | Hemangeol |
| metadate ER (PA age, QL) | | Methylin (PA age, ST) | benazepril | | Inderal LA (ST) |
| methylphenidate (PA age) | | Quillivant XR (PA age, QL) | benazepril-HCTZ | | Inderal XL (ST) |
| methylphenidate CD (PA age, QL) | | Ritalin tablet | candesartan | | InnoPran XL (ST) |
| methylphenidate ER (CD) (PA age, QL) | | Strattera (QL) | candesartan-HCTZ | | Kapsargo Sprinkle (ST) |
| methylphenidate ER (LA) (PA age, QL) | | | cartia XT | | Lopressor (ST) |
| methylphenidate ER (PA age, QL) | | | carvedilol | | Minipress |
| methylphenidate LA (PA age, QL) | | | carvedilol ER (QL) | | Multaq |
| Relexxii (PA age, QL) | | | Children's Aspirin ⁺ | | Nitrostat |
| | | | clonidine | | Northera* (PA) |
| | | | diltiazem | | Norvasc |
| | | | diltiazem 12hr ER | | Pacerone 100mg, 400mg (PA) |
| | | | diltiazem 24hr ER | | Procardia |
| | | | diltiazem 24hr ER (CD) | | Procardia XL |
| | | | diltiazem 24hr ER (LA) | | Ranexa (QL) |
| | | | diltiazem 24hr ER (XR) | | Rythmol SR (PA) |
| | | | Dilt-XR | | Takhzyro* (PA) |
| | | | dofetilide (QL) | | Tenormin (ST) |
| | | | doxazosin | | Tiazac |
| | | | Ecotrin ⁺ | | Tikosyn (PA, QL) |
| | | | Ecpirin ⁺ | | Toprol XL (ST) |
| | | | enalapril | | Verelan |
| | | | flecainide | | Verelan PM |
| | | | hydralazine | | |
| | | | irbesartan | | |
| | | | irbesartan-HCTZ | | |
| | | | isosorbide mononitrate | | |
| | | | isosorbide mononitrate ER | | |
| | | | labetalol | | |
| | | | lisinopril | | |
| | | | lisinopril-HCTZ | | |
| | | | losartan | | |
| | | | losartan-HCTZ | | |
| | | | Low Dose Aspirin EC ⁺ | | |
| | | | Matzim LA | | |
| BLOOD MODIFIERS/BLEEDING DISORDERS | | | | | |
| aminocaproic acid* tranexamic acid* | Aranesp*^ (PA) | Amicar tablet, oral solution* | | | |
| | Droxia | Hemlibra* (PA) | | | |
| | Epogen*^ (PA) | Lysteda* | | | |
| | Fulphila*^ (PA) | Neupogen*^ (PA) | | | |
| | Granix*^ | Nivestym*^ (PA) | | | |
| | Neulasta*^ (PA) | Promacta* (PA) | | | |
| | Procrit*^ (PA) | Siklos (PA) | | | |
| | Retacrit*^ (PA) | Tavalisse* (PA) | | | |
| | Udenyca*^ (PA) | | | | |
| | Zarxio*^ | | | | |
| BLOOD PRESSURE/HEART MEDICATIONS | | | | | |
| amiodarone | Corlanor (PA) | Adalat CC | | | |
| amlodipine | Entresto | BiDil (QL) | | | |
| amlodipine- benazepril | | Calan | | | |
| amlodipine- olmesartan (QL) | | Calan SR | | | |
| amlodipine-valsartan | | Cardizem LA (QL) | | | |
| amlodipine- valsartan-HCTZ | | Cardura | | | |
| | | Catapres-TTS 1 | | | |
| | | Catapres-TTS 2 | | | |
| | | Catapres-TTS 3 | | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|---|--|---|---|--|
| BLOOD PRESSURE/HEART MEDICATIONS (cont) | | | CANCER (cont) | | |
| metoprolol nadolol nifedipine nifedipine ER olmesartan (QL) olmesartan-amlodipine-HCTZ olmesartan-HCTZ (QL) Pacerone 200mg tablet prazosin propafenone propafenone ER propranolol solution, tablet propranolol ER ramipril St. Joseph Aspirin+ ranolazine ER (QL) Taztia XT telmisartan (QL) telmisartan-HCTZ (QL) valsartan valsartan-HCTZ verapamil capsule, tablet verapamil ER verapamil ER PM verapamil SR | | | exemestane imatinib* (PA) letrozole mercaptopurine methotrexate tamoxifen+ temozolomide* (PA) | Gleostine Ibrance* (PA) Lupron Depot*^ (PA) Nexavar* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tasigna* (PA) Trexall Tykerb* (PA) Verzenio* (PA) | Cabometyx* (PA) Cometriq* (PA) Erleada* (PA) Gleevec* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Kisqali* (PA) Lenvima* (PA) Lonsurf* (PA) Lynparza* (PA) Mekinist* (PA) Nerlynx* (PA) Ninlaro* (PA) Odomzo* (PA) Pomalyst* (PA) Purixan* Rubraca* (PA) Stivarga* (PA) Tafinlar* (PA) Tagrisso* (PA) Targretin capsule* (PA) Temodar capsule* (PA) Venclexta* (PA) Votrient* (PA) Xalkori* (PA) Xeloda* (PA) Xtandi* (PA) Zejula* (PA) |
| BLOOD THINNERS/ANTI-CLOTTING | | | CHOLESTEROL MEDICATIONS | | |
| aspirin-dipyridamole ER clopidogrel enoxaparin* (QL) fondaparinux* (QL) Jantoven prasugrel warfarin | Brilinta Eliquis Fragmin* (QL) Xarelto | Aggrenox Arixtra* (QL) Bevyxxa (QL) Coumadin (PA) Effient Lovenox* (QL) Plavix Pradaxa Savaysa (QL) Zontivity | amlodipine-atorvastatin (QL) atorvastatin+ colesevelam ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin ER+ fluvastatin+ lovastatin 10mg lovastatin 20mg, 40mg+ niacin niacin ER niacor | Repatha (PA) Vascepa (PA) | Caduet (QL) Lipofen (ST) Lovaza Niaspan TriCor (ST) Triglide (ST) Trilipix (ST) Welchol Zetia |
| CANCER | | | | | |
| abiraterone* (PA) anastrozole capecitabine* (PA) | Actimmune* (PA) Afinitor* (PA) Erivedge* (PA) | Afinitor Disperz* (PA) Alecensa* (PA) Bosulif* (PA) | | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|-----------------------|-------------------------|---|----------------|------------------|
| CHOLESTEROL MEDICATIONS (cont) | | | CONTRACEPTION PRODUCTS (cont) | | |
| omega-3 acid ethyl esters | | | Dasetta ⁺ | | |
| pravastatin ⁺ | | | Daysee ⁺ | | |
| rosuvastatin (QL) | | | Deblitane ⁺ | | |
| rosuvastatin 5mg, 10mg ⁺ (QL) | | | Delyla ⁺ | | |
| simvastatin 80mg (QL) | | | desogestrel-ethinyl estradiol ⁺ | | |
| simvastatin 10mg, 20mg, 40mg ⁺ | | | desogestrel-ethinyl estradiol ethinyl estradiol | | |
| | | | dospirenone-ethinyl estradiol-levomefolate ⁺ | | |
| | | | drosiprenone-ethinyl estradiol ⁺ | | |
| | | | Econtra EZ ⁺ | | |
| | | | Econtra One-Step ⁺ | | |
| | | | Elinest ⁺ | | |
| | | | Emoquette ⁺ | | |
| | | | Enpresse ⁺ | | |
| | | | Enskyce ⁺ | | |
| | | | Errin ⁺ | | |
| | | | Estartylla ⁺ | | |
| | | | ethynodiol-ethinyl estradiol ⁺ | | |
| | | | Falmina ⁺ | | |
| | | | Fayosim ⁺ | | |
| | | | FemCap ⁺ | | |
| | | | Femynor ⁺ | | |
| | | | Gianvi ⁺ | | |
| | | | Gynol II ⁺ | | |
| | | | Hailey 24 FE ⁺ | | |
| | | | Heather ⁺ | | |
| | | | Incassia ⁺ | | |
| | | | Introvale ⁺ | | |
| | | | Isibloom ⁺ | | |
| | | | Jasmiel ⁺ | | |
| | | | Jencycla ⁺ | | |
| | | | Jolessa ⁺ | | |
| | | | Juleber ⁺ | | |
| | | | Junel ⁺ | | |
| | | | Junel FE ⁺ | | |
| | | | Junel FE 24 ⁺ | | |
| | | | Kaitlib FE ⁺ | | |
| | | | Kalliga ⁺ | | |
| | | | Kariva ⁺ | | |
| | | | Kelnor 1-35 ⁺ | | |
| | | | Kelnor 1-50 ⁺ | | |
| | | | Kurvelo ⁺ | | |
| | | | | | |
| CONTRACEPTION PRODUCTS | | | | | |
| Afirmelle ⁺ | Lo Loestrin FE | Annovera ⁺ | | | |
| Aftera ⁺ | NuvaRing ⁺ | Balcoltra | | | |
| Altavera ⁺ | Taytulla | Ella ⁺ | | | |
| Alyacen ⁺ | | Estrostep FE | | | |
| Amethia ⁺ | | Layolis FE ⁺ | | | |
| Amethia Lo ⁺ | | Loestrin FE | | | |
| Amethyst ⁺ | | Minastrin 24 FE | | | |
| Apri ⁺ | | Natazia | | | |
| Aranelle ⁺ | | Safyral | | | |
| Ashlyna ⁺ | | Skyla [*] | | | |
| Aubra EQ ⁺ | | Today Contraceptive | | | |
| Aubra ⁺ | | Sponge ⁺ | | | |
| Aurovela ⁺ | | Yasmin 28 | | | |
| Aurovela FE ⁺ | | Yaz | | | |
| Aurovela 24 FE ⁺ | | | | | |
| Aviane ⁺ | | | | | |
| Ayuna ⁺ | | | | | |
| Azurette ⁺ | | | | | |
| Balziva ⁺ | | | | | |
| Bekyree ⁺ | | | | | |
| Blisovi FE ⁺ | | | | | |
| Blisovi 24 FE ⁺ | | | | | |
| Briellyn ⁺ | | | | | |
| Camila ⁺ | | | | | |
| Camrese ⁺ | | | | | |
| Camrese LO ⁺ | | | | | |
| Caya Contoured ⁺ | | | | | |
| Caziant ⁺ | | | | | |
| Chateal ⁺ | | | | | |
| Chateal EQ ⁺ | | | | | |
| Cryselle ⁺ | | | | | |
| Cyclafem ⁺ | | | | | |
| Cyred ⁺ | | | | | |
| Cyred EQ ⁺ | | | | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|----------------|------------------|--------------------------------------|----------------|------------------|
| CONTRACEPTION PRODUCTS (cont) | | | CONTRACEPTION PRODUCTS (cont) | | |
| Larin ⁺ | | | Philith ⁺ | | |
| Larin FE ⁺ | | | Pimtrea ⁺ | | |
| Larin 24 FE ⁺ | | | Pirmella ⁺ | | |
| Larissia ⁺ | | | Portia ⁺ | | |
| Leena 28 tablet ⁺ | | | Previfem ⁺ | | |
| Lessina ⁺ | | | Reclipsen ⁺ | | |
| Levonest ⁺ | | | Rivelsa tablet ⁺ | | |
| levonorgestrel ⁺ | | | Setlakin ⁺ | | |
| levonorgestrel- ethinyl estradiol ⁺ | | | Sharobel ⁺ | | |
| levonorgestrel-ethinyl estradiol ethinyl estradiol ⁺ | | | Simliya ⁺ | | |
| Levora-28 ⁺ | | | Simpesse ⁺ | | |
| Lillow ⁺ | | | Sprintec ⁺ | | |
| Loryna ⁺ | | | Sronyx ⁺ | | |
| Low-Ogestrel ⁺ | | | Syeda ⁺ | | |
| Lo-Zumandimine ⁺ | | | Tarina 24 FE ⁺ | | |
| Lutera ⁺ | | | Tarina FE 1-20 EQ ⁺ | | |
| Lyza ⁺ | | | Tilia FE 28 ⁺ | | |
| Marlissa ⁺ | | | Tri Femynor ⁺ | | |
| medroxyprogesterone 150mg/ml ⁺ | | | Tri-Estarylla ⁺ | | |
| Melodetta 24 FE ⁺ | | | Tri-Legest FE ⁺ | | |
| Mibelas 24 FE ⁺ | | | Tri-Linyah ⁺ | | |
| Microgestin ⁺ | | | Tri-Lo-Estarylla ⁺ | | |
| Microgestin FE ⁺ | | | Tri-Lo-Marzia ⁺ | | |
| Mili ⁺ | | | Tri-Lo-Mili ⁺ | | |
| Mono-Linyah ⁺ | | | Tri-Lo-Sprintec ⁺ | | |
| My Choice ⁺ | | | Tri-Mili ⁺ | | |
| My Way ⁺ | | | Tri-Previfem ⁺ | | |
| Necon ⁺ | | | Tri-Sprintec ⁺ | | |
| Nikki ⁺ | | | Trivora-28 ⁺ | | |
| Nora-BE ⁺ | | | Tri-Vylibra Lo ⁺ | | |
| norethindrone ⁺ | | | Tri-Vylibra ⁺ | | |
| norethindrone- ethinyl estradiol ⁺ | | | Tulana ⁺ | | |
| norethindrone- ethinyl estradiol- iron ⁺ | | | Tydemy ⁺ | | |
| norgestimate-ethinyl estradiol ⁺ | | | VCF foam, gel ⁺ | | |
| Norlyda ⁺ | | | Velivet ⁺ | | |
| Norlyroc ⁺ | | | Vienva ⁺ | | |
| Nortrel ⁺ | | | Viorele ⁺ | | |
| Ocella ⁺ | | | Vyfemla ⁺ | | |
| Option 2 ⁺ | | | Vylibra ⁺ | | |
| Orsythia ⁺ | | | Wera ⁺ | | |
| | | | Wide Seal Diaphragm ⁺ | | |
| | | | Wymzya FE ⁺ | | |
| | | | Xulane ⁺ | | |
| | | | Zarah ⁺ | | |
| | | | Zovia ⁺ | | |
| | | | Zumandimine ⁺ | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|---|---|---|---|--|
| COUGH/COLD MEDICATIONS | | | DIABETES (cont) | | |
| Bromfed DM brompheniramine- pseudoephedrine- DM hydrocodone- chlorpheniramine ER (PA) | | Tessalon Perle Tuzistra XR (PA, QL) | | Soliqua Steglatro (ST, QL) SymlinPen Synjardy (QL) Synjardy XR (QL) Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (QL) Xultophy | |
| DENTAL PRODUCTS | | | DIURETICS | | |
| chlorhexidine doxycycline fluoride+^ Fluoritab+^ Flura-Drops+^ Ludent Fluoride+^ Oralone Paroex Peridex Periogard sodium fluoride 0.25mg, 0.5mg, 1mg+^ triamcinolone | | Floriva+^ Fluorabon+^ | acetazolamide acetazolamide ER bumetanide tablet chlorthalidone eplerenone furosemide tablet, solution hydrochlorothiazide spironolactone triamterene-HCTZ | | Aldactone Diuril Dyazide Dyrenium Inspra Jynarque* (PA) Lasix Maxzide Maxzide-25 mg Samsca* |
| DIABETES | | | EAR MEDICATIONS | | |
| glimepiride glipizide glipizide ER glipizide XL metformin metformin ER NovoTwist pioglitazone | Basaglar (QL) Bydureon (ST, QL) Byetta (ST, QL) Farxiga (ST, QL) Freestyle Libre Sensor (PA, QL) GlucaGen HypoKit (QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Insulin Lispro (QL) Janumet (QL) Janumet XR (QL) Januvia (ST, QL) Jardiance (ST, QL) Levemir (QL) OneTouch test strips Ozempic (ST, QL) Segluromet (QL) | Amaryl Cycloset Glucophage Glucophage XR Korlym* (PA) Riomet | neomycin- polymyxin-HC ofloxacin drops | | Cipro HC Ciprodex Coly-Mycin S Cortisporin-TC Dermotic Otovel |
| | | | ERECTILE DYSFUNCTION | | |
| | | | sildenafil oral suspension, tablet^ (PA age, QL) tadalafil 5mg^ (PA age, QL) vardenafil^ (PA age, QL) | | Cialis^ (PA age, ST, QL) Muse^ (PA, QL) Stendra^ (PA age, ST, QL) Viagra^ (PA age, ST, QL) |
| | | | EYE CONDITIONS | | |
| | | | azelastine brimonidine ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost | Combigan Restasis Simbrinza Travatan Z Xiidra | Acuvail Alphagan P 0.15% Alrex Azasite Azopt Besivance Betimol Betoptic S Bromsite Cequa |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|--|---|---|--|--|
| EYE CONDITIONS (cont) | | | GASTROINTESTINAL/HEARTBURN (cont) | | |
| moxifloxacin neomycin- polymyxin- dexamethasone ofloxacin olopatadine polymyxin B-TMP prednisolone solution timolol solution tobramycin tobramycin- dexamethasone | | Cosopt Cosopt PF Cystaran* (QL) Durezol Ilevro Inveltys Istalol Lotemax Lotemax ointment Lotemax SM Maxitrol Moxeza Nevanac Ocuflax Oxervate* (PA) Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex drops, ointment Tobradex ST Trusopt Vigamox Xalatan Zioptan (ST, QL) Zirgan Zylet Zymaxid | dronabinol Ducodyl+ famotidine suspension GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ GentleLax+ GlycoLax+ HealthyLax+ Hemmorex-HC hydrocortisone LaxaClear+ mesalamine mesalamine DR metoclopramide metoclopramide ODT QC Natura-Lax+ ondansetron ondansetron ODT PEG 3350 and Electrolytes+ PEG-Prep+ Phenadoz polyethylene glycol 3350+ PowderLax+ prochlorperazine suppository, tablet promethazine Promethegan ranitidine syrup sucralfate TriLyte With Flavor Packets+ ursodiol | | Lithostat Lomotil MiraLax+ Motegrity Movantik (PA) MuGard Ocaliva* (PA) Pancrease Pertzye Ravicti* (PA) Rectiv Relistor (PA) Sancuso (PA, QL) Sensipar* sfRowasa Sucraid* (PA) Symproic (PA) Transderm-Scop Urso Urso Forte Varubi (PA, QL) Viberzi Viokace Xermelo* (PA) |
| FEMININE PRODUCTS | | | HORMONAL AGENTS | | |
| Fem pH Gynazole 2 Miconazole 3 vaginal suppository terconazole | | AVC | Amabelz budesonide EC budesonide ER (PA, QL) cabergoline (QL) CovARYX CovARYX HS Decadron desmopressin solution, spray, tablet | Cetrotide*^ (PA) Duavee Forteo* (PA, QL) Ganirelix*^ (PA) Humatrope* (PA) Increlex* (PA) Lupron Depot*^ (PA) Lupron Depot- PED*^ (PA) | Activella Alora (QL) Androderm (PA, QL) AndroGel (PA, QL) Angeliq Armour Thyroid Climara Climara Pro CombiPatch Crinone 4% Cytomel |
| GASTROINTESTINAL/HEARTBURN | | | | | |
| Alophen+ Anucort-HC balsalazide bisacodyl+ Bisa-Lax+ chlordiazepoxide- clidinium cinacalcet* ClearLax+ dicyclomine capsule, solution, tablet diphenoxylate- atropine | Amitiza Apriso Carafate suspension Clenpiq+ Creon Entyvio*^ (PA) Linzess Pentasa Prepopik+ SUPREP+ Trulance Zenpep | Akynzeo capsule (PA, QL) Bonjesta Canasa Carafate tablet Cholbam* (PA) Correctol+ Diclegis Donnatal Dulcolax+ Gattex* (PA) Gialax+ Kristalose | | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|--|--|---|---|--|
| HORMONAL AGENTS (cont) | | | INFECTIONS (cont) | | |
| dexamethasone dexamethasone intensol EEMT EEMT H.S. estradiol patch, vaginal insert (QL) estradiol- norethindrone estrogen- methyltestosterone levothyroxine Levoxyl liothyronine Lopreeza medroxyprogesterone methimazole methylprednisolone dosepak, tablet Mimvey Mimvey LO Nature-Throid NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone capsule TaperDex testosterone (PA, QL) testosterone cypionate thyroid Westhroid WP Thyroid Yuvaferm (QL) | Norditropin FlexPro* (PA) Orilissa (PA, QL) Premarin tablet Premphase Prempro Sandostatin LAR Depot*^ (PA) Serostim* (PA) Somavert* (PA) Zorbitive* (PA) | Deltasone Depo-Testosterone Divigel Egrifta* (PA) Elestrin Emflaza* (PA) Entocort EC Estrace Estring (QL) EstroGel Euthyrox Evamist Imvexxy (QL) Intrarosa Levo-T Medrol Menostar (QL) Minivelle (QL) Natpara* (PA) Noctiva (PA) Osphepa Prometrium Rayaldee Somatuline Depot*^ (PA) Striant (PA, QL) Synthroid Tirosint Unithroid Vagifem (QL) Vivelle-Dot (QL) | cefдинир cefpodoxime cefuroxime cephalexin ciprofloxacin clarithromycin clarithromycin ER clindamycin clindamycin phosphate Coremino (QL) dapsonе doxycycline Emverm entecavir* (QL) erythromycin erythromycin ES famciclovir fluconazole hydroxychloroquine itraconazole levofloxacin eye drops, solution, tablet metronidazole minocycline minocycline ER (QL) Mondoxyne NL nitrofurantoin Nitrofurantoin Mono-Macro nystatin Okebo oseltamivir (QL) penicillin V permethrin Soloxide sulfamethoxazole- TMP terbinafine tablet tetracycline capsule tobramycin ampule* (PA, QL) valacyclovir valganciclovir vancomycin capsule Vandazole voriconazole tablet (PA) | Thalomid* (PA) TOBI Podhaler* (PA, QL) Vosevi* (PA) Xifaxan 550mg (QL) | Cresemba capsule (PA) Daraprim* (PA) Difucid (QL) Elimite EryPed 200 Eurax Flagyl Keflex Levaquin Macrobid Macrochantin Malarone (PA) MetroGel-Vaginal Monurol Natroba Noxafil suspension, tablet Nuversa Nuzrya* (PA) Oravig Plaquenil (PA) Prevymis tablet* Priftin Sivextro tablet (PA) Sklice Solosec Sulfatrim Suprax Tamiflu (QL) Urogesic-Blue Valtrex Vemlidy* Vibramycin syrup, suspension Xofluza (QL) Zepatier* (PA) Zithromax packet, suspension, tablet Zyvox (PA) |
| INFECTIONS | | | | | |
| acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin- clavulanate ER amoxicillin- clavulanate atovaquone atovaquone- proguanil Avidoxy azithromycin | Baraclude 0.05mg/ml* Firvanq Kitabis Pak* (PA, QL) Ledipasvir- Sofosbuvir* (PA) Mavyret* (PA) Pegasys* (PA) Sofosbuvir- Velpatasvir* (PA) Sovaldi* (PA) | Albenza Alinia Arikayce* (PA) Bactrim Bactrim DS Baraclude 0.5mg* (QL) Baxdela (PA) Cayston* (PA, QL) Cipro Cleocin Clindesse | | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|---|---|--|--|---|
| INFERTILITY | | | NUTRITIONAL/DIETARY (cont) | | |
| chorionic gonadotropin 10,000 unit vial*^ (PA) clomiphene tablet^ | Gonal-F*^ (PA) Menopur*^ (PA) Novarel*^ (PA) Ovidrel*^ (PA) | Crinone 8%^ Endometrin^ Follistim AQ*^ (PA) | Klor-Con Sprinkle lanthanum phytonadione tablet potassium chloride capsule, packet, solution, tablet Prena1 Pearl Prenatal+ Prenatal Vitamin+ sevelamer vitamin D2 vitamin D3 5,000 unit+ | | Veltassa Vitafo+ vitaPearl |
| MISCELLANEOUS | | | OSTEOPOROSIS PRODUCTS | | |
| disulfiram Nebusal 3% PulmoSal sodium chloride inhalation vial TechLITE Lancets tetrabenazine* (PA) trientine* (PA) | Cerdelga* (PA) Esbriet* (PA) Nityr* (PA) Strensiq* (PA) | Addyi^ (PA, QL) Austedo* (PA) Brisdelle (QL) Exjade* (PA) Ferriprox* (PA) Galafold* (PA) Ingrezza* (PA) Jadenu* (PA) Kuvan* (PA) Myalept* (PA) Nuedexta (QL) Orfadin* (PA) Palynziq* (PA) Tiglutik* (PA) Xenazine* (PA) | alendronate (QL) calcitonin-salmon ibandronate tablet raloxifene+ risedronate risedronate DR | Fosamax Plus D (ST) Tymlos* (PA, QL) | Actonel (ST) Atelvia (ST) Binosto (ST) Boniva tablet (ST) Evista Fosamax (ST) |
| MULTIPLE SCLEROSIS | | | PAIN RELIEF AND INFLAMMATORY DISEASE | | |
| glatiramer* (PA) Glatopa* (PA) | Ampyra* (PA) Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya 0.5mg* (PA) Plegridy* (PA) Rebif Rebidose* (PA) Rebif* (PA) Tecfidera* (PA) | Gilenya 0.25mg | acetaminophen-codeine (PA) allopurinol aprizio pak baclofen tablet buprenorphine (QL) butalbital-acetaminophen-caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine DermacinRx Empricaine DermacinRx Prizopak diclofenac (QL) diclofenac ER EC-naproxen eletriptan (QL) endocet (PA) etodolac etodolac ER fentanyl (PA) Fioricet (QL) frovatriptan (QL) Glydo | Actemra* (PA, QL) Aimovig (PA) Belbuca (QL) Cosentyx* (PA, QL) Embeda (PA) Enbrel* (PA, QL) Humira* (PA, QL) Hysingla ER (PA) Otezla* (PA, QL) Rasuvo (PA) Remicade*^ (PA) Simponi Aria* (PA) Stelara 45mg/0.5ml, 90mg/ml* (PA, QL) Tremfya* (PA, QL) Xeljanz XR* (PA, QL) Xeljanz* (PA, QL) Xtampza ER (PA) Ztlido | Abstral (PA) Analpram HC Arava Arymo ER (PA) Benlysta* (PA) Butrans (QL) Celebrex (ST, QL) Cimzia* (PA, QL) Colcrys Depen* (PA) Diclofenac patch (ST, QL) D-Penammine* (PA) Dupixent* (PA) Duragesic (PA) EC-naprosyn (ST) Esgic (QL) Fexmid Flector (ST, QL) Frova (QL) Ilaris*^ (PA) Ilumya* (PA, QL) Kadian (PA) Kevzara* (PA, QL) Lidoderm Mitigare Mobic (ST) Morphabond ER (PA) |
| NUTRITIONAL/DIETARY | | | | | |
| calcitriol capsule, solution calcium 667mg cyanocobalamin injection daily prenatal+ FA-8+ folic acid 1mg folic acid 0.4mg, 0.8mg+ Klor-Con Klor-Con 10 Klor-Con 8 Klor-Con M10 Klor-Con M20 | Drisdol Escavite+ Escavite D+ Floriva+ Mephyton OB Complete Petite Quflora+ Rocaltrol Urosex+ | Auryxia (QL) CitraNatal Klor-Con M15 KPN+ K-Tab ER Lokelma OB Complete Perry Prenatal+ Phoslyra Prenate Mini Prenate Pixie PrimaCare Renvela Velphoro | | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|----------------|-------------------------------|--|--------------------------------|-----------------------------------|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | | | PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | | |
| hydrocodone- acetaminophen (PA) | | MS Contin (PA) | Relador Pak | | |
| hydromorphone solution, suppository, tablet (PA) | | Nalfon 400 mg (ST) | Relador Pak Plus | | |
| hydromorphone ER (PA) | | Naprosyn (ST) | rizatriptan (QL) | | |
| IBU | | Norco (PA) | sumatriptan (QL) | | |
| ibuprofen tablet | | Nucynta (PA) | sumatriptan- naproxen (QL) | | |
| indomethacin capsule | | Nucynta ER (PA) | tizanidine | | |
| indomethacin ER | | Olumiant* (PA, QL) | tramadol (QL) | | |
| ketorolac (QL) | | Orencia syringe* (PA, QL) | tramadol ER (QL) | | |
| leflunomide | | Otrexup (PA) | Vicodin (PA) | | |
| lidocaine (QL) | | Oxaydo (PA) | Vicodin ES (PA) | | |
| lidocaine viscous | | Percocet (PA) | Vicodin HP (PA) | | |
| lidocaine-prilocaine | | Procor | | | |
| Lidopril | | Proctofoam-HC | PARKINSON'S DISEASE | | |
| Lidopril XR | | Qmiiz ODT (ST, QL) | benztropine | Apokyn* (PA) | Azilect (QL) |
| Lido-Prilo Caine Pack | | Relpax (QL) | bromocriptine | | Duopa* |
| Livixil Pak | | Roxybond (PA) | carbidopa-levodopa | | Mirapex |
| Lorcet (PA) | | Savella | carbidopa-levodopa ER | | Mirapex ER (QL) |
| Lorcet HD (PA) | | Simponi 100mg/ml* (PA, QL) | pramipexole | | Neupro |
| Lorcet Plus (PA) | | Skelaxin | pramipexole ER (QL) | | Osmolex ER (QL) |
| Lortab (PA) | | Subsys (PA) | rasagiline (QL) | | Parlodel |
| meloxicam | | Taltz* (PA, QL) | ropinirole | | Rytary |
| Metaxall | | Tylenol-Codeine No.3 (PA) | ropinirole ER | | Sinemet |
| metaxalone | | Tylenol-Codeine No.4 (PA) | | | Sinemet CR |
| methocarbamol tablet | | Uloric (QL) | | | Tasmar |
| morphine solution, suppository, tablet (PA) | | Ultram (QL) | | | Xadago (ST) |
| morphine ER (PA) | | Voltaren (ST, QL) | SCHIZOPHRENIA/ANTI-PSYCHOTICS | | |
| nabumetone | | Zanaflex | aripiprazole (QL) | Latuda (QL) | Fanapt (ST, QL) |
| Nalfon 600mg (ST) | | Zebutal (QL) | aripiprazole ODT | | Invega (ST, QL) |
| Nalocet (PA) | | Zohydro ER (PA) | chlorpromazine tablet | | Rexulti (ST, QL) |
| naproxen | | Zyloprim | olanzapine tablet | | Risperdal (ST) |
| oxycodone (PA) | | | olanzapine ODT | | Saphris (ST) |
| oxycodone ER (PA) | | | paliperidone ER (QL) | | Seroquel (ST) |
| oxycodone- acetaminophen (PA) | | | quetiapine | | Seroquel XR (ST) |
| Phrenilin Forte (QL) | | | quetiapine ER | | Vraylar (ST, QL) |
| Prilolid | | | risperidone | | |
| Prilovix | | | risperidone ODT | | |
| Primlev (PA) | | | ziprasidone | | |
| | | | SEIZURE DISORDERS | | |
| | | | carbamazepine | Dilantin 30 mg capsule (PA) | Aptiom (PA, QL) |
| | | | carbamazepine ER | Fycompa (PA, QL) | Banzel (PA, QL) |
| | | | clonazepam | | Brievact solution, tablet (PA) |
| | | | divalproex | | Carbatrol (PA) |
| | | | divalproex ER | | Depakote (PA) |
| | | | epitol | | Depakote ER (PA) |
| | | | gabapentin | | Depakote Sprinkle (PA) |
| | | | lamotrigine | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|--|--|--|-----------------------------------|--|
| SEIZURE DISORDERS (cont) | | | SKIN CONDITIONS (cont) | | |
| lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT levetiracetam solution, tablet levetiracetam ER oxcarbazepine Roweepra Roweepra XR Subvenite Subvenite (Blue, Green, Orange) topiramate topiramate ER vigabatrin* Vigadrone* | | Dilantin 50mg and 100mg (PA) Epidiolex* (PA) Klonopin (PA) Neurontin (PA) Onfi (PA) Oxtellar XR (PA) Phenytek (PA) Tegretol (PA) Tegretol XR (PA) Vimpat solution, tablet (PA) | diflorasone fluocinonide fluorouracil cream, topical solution flurandrenolide hydrocortisone isotretinoin (QL) ketoconazole metronidazole Micort HC 2.5% cream mupirocin Myorisan (QL) Neuac gel Nolix oxiconazole nitrate pimecrolimus Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Psorcon Rosadan sodium sulfacetamide-sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus ointment tazarotene tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone triderm Zenatane (QL) | | Ultravate cream, ointment (ST) Valchlor* Xepi Xolegel |
| SKIN CONDITIONS | | | SLEEP DISORDERS/SEDATIVES | | |
| adapalene (PA age) adapalene-benzoyl peroxide Amnesteem (QL) Avar Cleanser Avar-E Avar-E Green azelaic acid betamethasone dipropionate augmented betamethasone BP 10-1 calcipotriene calcipotriene-betamethasone DP Calcitrene Claravis (QL) Clindacin ETZ pledget Clindacin P pledget clindamycin-benzoyl peroxide clindamycin phosphate clindamycin-tretinoin clobetasol Clodan shampoo clotrimazole-betamethasone dapsone desoximetasone | Eucrisa Fluoroplex Soolantra Targretin gel* | Bryhali (ST) Celacyn Centany Cleocin T Cloderm (ST) Condylox Cordran (ST) Dermasorb TA (ST) Drysol Ecoza Efudex Elidel Evoclin Finacea Impoyz (ST) Lotrisone MetroCream MetroGel MetroLotion MiCort-HC 2.5% cream (ST) Mimyx Naftin Nizoral Olux (ST) Picato Pramosone Protopic Regranex (PA, QL) Santyl (QL) Temovate (ST) Tolak Topicort (ST) | armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL) | Belsomra (ST) Silenor (ST, QL) | Hetlioz* (PA) Lunesta (ST) Rozerem (ST, QL) Xyrem* (PA) |
| | | | SMOKING CESSATION | | |
| | | | bupropion SR+ NicoDerm CQ 21mg/24hr+ Nicorelief+ nicotine gum+ | | Chantix^ NicoDerm CQ 7mg/24hr, 14mg/24hr+ Nicorette+ |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

SMOKING CESSATION (cont)

| | | |
|--|--|---|
| nicotine lozenge ⁺ nicotine patch ⁺ Quit 2 ⁺ Quit 4 ⁺ | | Nicotrol [^] Nicotrol NS [^] Zyban [^] |
|--|--|---|

SUBSTANCE ABUSE

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

TRANSPLANT MEDICATIONS

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

URINARY TRACT CONDITIONS

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

VACCINES

Starting on the date your plan renews, your plan will cover vaccines under the pharmacy benefit.

| | | |
|---|--|--|
| Diphtheria and Tetanus Toxoids-ped ⁺ TdVax ⁺ | ActHIB ⁺ Adacel Tdap ⁺ Afluria Quad ⁺ BEXSERO ⁺ Boostrix Tdap ⁺ DAPTACEL DTaP ⁺ Engerix-B ⁺ FLUAD ⁺ FLUARIX QUADRIVALENT ⁺ | Rotarix ⁺ RotaTeq ⁺ |
|---|--|--|

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

VACCINES

Starting on the date your plan renews, your plan will cover vaccines under the pharmacy benefit.

| | | |
|--|---|--|
| | FLUBLOK QUADRIVALENT ⁺ FLUCELVAX QUADRIVALENT ⁺ FLUALVAL QUADRIVALENT ⁺ Fluzone High-dose ⁺ Fluzone Quadrivalent Pedi ⁺ Fluzone Quadrivalent ⁺ GARDASIL 9 ⁺ HAVRIX ⁺ HEPLISAV-B ⁺ Hiberix ⁺ Infanrix DTaP ⁺ IPOL ⁺ KINRIX ⁺ Menactra ⁺ Menveo A-C-Y-W-135-DIP ⁺ M-M-R II ⁺ PEDIARIX ⁺ PedvaxHIB ⁺ Pentacel ⁺ PNEUMOVAX 23 ⁺ Prevnar 13 ⁺ ProQuad ⁺ Quadracel DTaP-IPV ⁺ Recombivax HB ⁺ SHINGRIX ⁺ Tenivac ⁺ Trumenba ⁺ Twinrix ⁺ VAQTA ⁺ VARIVAX ⁺ ZOSTAVAX ⁺ | |
|--|---|--|

WEIGHT MANAGEMENT

| | | |
|--|--|--|
| Lomaira [^] phentermine [^] | | Belviq [^] (PA) Belviq XR [^] (PA) Contrave [^] (PA) Qsymia [^] (PA) Saxenda [^] (PA) |
|--|--|--|

Medications that are not covered

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

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

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| DRUG CLASS | MEDICATIONS THAT ARE NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|------------------------------|--|---|
| ASTHMA/COPD/RESPIRATORY | Advair Diskus AirDuo RespiClick | Advair HFA Breo Ellipta Dulera fluticasone-salmeterol Symbicort Wixela Inhub |
| | Alvesco Arnuity Ellipta Asmanex Asmanex HFA | Flovent QVAR RediHaler |
| | Arcapta neohaler | Striverdi Respimat |
| | Bevespi Aerosphere Stiolto Respimat Utibron Neohaler | Anoro Ellipta |
| | Elixophyllin | theophylline oral solution |
| | Proventil HFA Ventolin HFA Xopenex HFA | ProAir |
| | Pulmicort Flexhaler | QVAR |
| | Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair | Incruse Ellipta |
| | Striverdi Respimat | Serevent Diskus |
| | Yupelri | Anoro Ellipta Incruse Ellipta Trelegy Ellipta |
| | Zyflo | montelukast zafirlukast zileuton ER |
| | ATTENTION DEFICIT HYPERACTIVITY | Adderall XR Aptensio XR Concerta Cotempla XR-ODT Focalin XR Mydayis QuilliChew ER Ritalin LA |
| Adzenys ER Adzenys XR-ODT | | dexmethylphenidate ER methylphenidate ER/CD/LA |
| Desoxyn | | methamphetamine |
| Dexedrine | | dextroamphetamine |
| Dyanavel XR | | methylphenidate ER/CD/LA |
| Vyvanse | | dexmethylphenidate ER |

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| DRUG CLASS | MEDICATIONS THAT ARE NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|----------------------------------|------------------------------------|---|
| BLOOD PRESSURE/HEART MEDICATIONS | Accupril | quinapril |
| | Accuretic | quinapril HCTZ |
| | Altace | ramipril |
| | Atacand | candesartan |
| | Atacand HCT | candesartan HCTZ |
| | Avalide Avapro | irbesartan HCTZ |
| | Azor | amlodipine-olmesartan |
| | Benicar | olmesartan |
| | Benicar HCT | olmesartan HCTZ |
| | Betapace | sotalol oral |
| | Bystolic | Generic beta blockers (e.g. metoprolol, atenolol) |
| | Cardizem | diltiazem |
| | Cardizem CD | diltiazem CD |
| | Cozaar | losartan |
| | Diovan | valsartan |
| | Diovan HCT | valsartan HCTZ |
| | Edarbi | Generic ARBs (e.g. losartan, cal sartan) |
| | Edarbyclor | Generic ARBs + HCTZ (e.g. losartan-HCTZ) |
| | Exforge | amlodipine-valsartan |
| | Exforge HCT | amlodipine-valsartan HCTZ |
| | Hyzaar | losartan HCTZ |
| | Isordil | isosorbide dinitrate |
| | Isordil Titrados | isosorbide dinitrate digoxin |
| | Lanoxin | Digitex digoxin |
| | Lotensin | benazepril |
| | Lotensin HCT | benazepril HCTZ |
| | Lotrel | amlodipine-benazepril |
| | Micardis | telmisartan |
| | Micardis HCT | telmisartan HCTZ |
| | Prinvil Zestril | lisinopril |
| | Tarka | trandolapril-verapamil |
| | Tekturna | Generic ACE/ARBs |
| | Tekturna HCT | Generic ACE/ARBs + HCTZ |
| | Tribenzor | olmesartan-amlodipine-HCTZ |
| | Twynsta | telmisartan-amlodipine |
| | Vaseretic | enalapril-HCTZ |
| | Vasotec | enalapril |
| | Zestoretic | lisinopril HCTZ |

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

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| DRUG CLASS | MEDICATIONS THAT ARE NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|-----------------|---|--|
| DIABETES (cont) | Invokamet Invokamet XR | Segluromet Synjardy Synjardy XR Xigduo XR |
| | Invokana | Farxiga Jardiance metformin Steglatro |
| | Jentadueto Jentadueto XR Kazano | Janumet Janumet XR |
| | Lantus Toujeo SoloStar | Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch |
| | Nesina Tadjenta | Januvia Janumet Janumet XR metformin |
| | Oseni | Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia |
| | QTERN Steglujan | Glyxambi metformin |
| DIURETICS | Edecrin ethacrynic acid | bumetanide furosemide torsemide |
| EYE CONDITIONS | Alocril Alomide | cromolyn |
| | Bepreve Lastacaft Pataday Patanol Pazeo | azelastine epinastine olopatadine |
| | Lumigan | bimatoprost latanoprost Travatan Z |
| | Vyzulta | bimatoprost latanoprost Lumigan Travatan Z |

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| DRUG CLASS | MEDICATIONS THAT ARE NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) | |
|--|--|--|--------------|
| GASTROINTESTINAL/HEARTBURN | Anusol HC suppository | hydrocortisone suppository | |
| | Asacol HD Colazal Delzicol Dipentum | Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine | |
| | Colyte with Flavor Packets+ GoLyteLy+ MoviPrep+ NuLYTELY with flavor packs+ OsmoPrep+ Plenvu+ | Clenpiq+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ 3550 Electrolyte+ Prepopik+ SuPrep+ | |
| | Cortifoam Uceris foam | Prescription hydrocortisone enema, rectal cream, suppository | |
| | Librax | chlordiazepoxide-clidinium | |
| | Marinol Syndros | dronabinol | |
| | Nexium capsule | esomeprazole | |
| | Omeclamox-Pak Pylera | lansoprazole-amoxicillin-clarithromycin (combo pack) | |
| | OmePPI Zegerid packet, 40mg capsule | omeprazole | |
| | Pepcid | famotidine | |
| | Prevacid SoluTab | Generic prescription PPIs (e.g. lansoprazole) | |
| | Rowasa | mesalamine rectal enema suspension | |
| | Zofran | ondansetron | |
| | Zuplenz | ondansetron ondansetron ODT | |
| | HORMONAL AGENTS | Cortrosyn | cosyntropin |
| | | DDAVP | desmopressin |
| Dxevo | | dexamethasone | |
| Fortesta Natesto Testim Vogelxo Xyosted | | AndgroGel testosterone | |
| Genotropin* Nutropin AQ nuspin* Omnitrope* Saizen* Saizen-Saizenprep* Zomacton* | | Humatrope* (PA) | |
| Nocdurna | | desompression acetate nasal spray or tablets | |
| Rayos | | prednisone | |

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| DRUG CLASS | MEDICATIONS THAT ARE NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|-------------------------------|---|--|
| HORMONAL AGENTS <i>(cont)</i> | Uceris tablets | budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone |
| INFECTIONS | Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Seysara Solodyn Targadox Vibramycin Ximino | Generic products (e.g. doxycycline; minocycline) |
| | Arakoda | atovaquone-proguanil doxycycline hydroxychloroquine quinine |
| | Augmentin/ES | amoxicillin-clavulanate |
| | Bethkis* Tobi | tobramycin inhalation solution* |
| | Diflucan | fluconazole |
| | E.E.S. 200 | erythromycin granules |
| | Epclusa* | sofosbuvir-velpatasvir* |
| | Eryped 400 | erythromycin ethylsuccinate |
| | Harvoni* | ledipasvir-sofosbuvir* |
| | Mepron | atovaquone |
| | Mycobutin | rifabutin |
| | Sitavig | acyclovir tablet famciclovir tablet valacyclovir tablet |
| | Sporanox Tolsura | itraconazole oral |
| | Valcycte | valganciclovir |
| | Vancocin | vancomycin oral capsule |
| | Zovirax | acyclovir |
| | MISCELLANEOUS | Horizant |
| Syprine* | | Depen* penicillamine* trientine* |
| MULTIPLE SCLEROSIS | Aubagio* | Gilenya* Mayzent* Tecfidera* |

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| DRUG CLASS | MEDICATIONS THAT ARE NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|----------------------------------|--|--|
| MULTIPLE SCLEROSIS <i>(cont)</i> | Copaxone* | Aubagio* Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera* |
| NUTRITIONAL/DIETARY | Azesco | Any generic prenatal vitamin |
| | Nascobal | cyanocobalamin injection |
| PAIN RELIEF AND INFLAMMATORY | Ajovy | butalbital-acetaminophen tablets |
| | Allzital | butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets |
| | Amrix | cyclobenzaprine Other generic muscle relaxants |
| | Bupap | butalbital-acetaminophen tablets |
| | Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor | Generic prescription NSAID (e.g.celecoxib, meloxicam) |
| | ConZip | Tramadol Tramadol ER |
| | Cuprimine* | Depen* penicillamine* trientine* |
| | D.H.E. 45 | dihydroergotamine injection |
| | Gralise | gabapentin |
| | Imitrex Zembrace Symtouch | sumatriptan |
| | Kineret* Simponi* | Enbrel* (PA) Humira* (PA) |
| | levorphanol | codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER |
| | Lorzone | chlorzoxazone 500mg |

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| DRUG CLASS | MEDICATIONS THAT ARE NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|-------------------------------------|------------------------------------|---|
| PAIN RELIEF AND INFLAMMATORY (cont) | Migranal | dihydroergotamine nasal spray |
| | ONZETRA Xsail | Generic triptans (e.g. nasal sumatriptan; naratriptan tablet) |
| | Oxycontin | Embeda ER (PA) Hysingla ER (PA) Xtampza ER |
| | Pennsaid | diclofenac 1% gel |
| | Roxicodone | oxycodone |
| | Siliq* | Cosentyx* Enbrel* (PA) Humira* (PA) Stelara* |
| | Soriatane | acitretin |
| | Sprix | ketorolac tablet |
| | Tivorbex | indomethacin |
| | Vanatol LQ Vanatol S | butalbital-acetaminophen-caffeine |
| | Vivlodex | meloxicam |
| | Zomig | sumatriptan zolmitriptan |
| | Zomig ZMT | zolmitriptan ODT |
| | Zorvolex | diclofenac |
| | PARKINSON'S DISEASE | Gocovri |
| Lodosyn | | carbidopa |
| Requip XL | | ropinirole extended release |
| Zelapar | | selegiline tablets or capsules |
| SCHIZOPHRENIA/ANTI-PSYCHOTICS | Abilify Abilify MyCite | aripiprazole |
| | FazaClo Versacloz | clozapine clozapine ODT |
| | Geodon capsule | ziprasidone |
| | Zyprexa | olanzapine |
| | Zyprexa Zydis | olanzapine ODT |
| SEIZURE DISORDERS | Felbatol | felbamate |
| | Keppra oral solution, tablet | levetiracetam |
| | Keppra XR | levetiracetam ER |
| | Lamictal | lamotrigine |
| | Lamictal (blue, green, orange) | lamotrigine (blue, green, orange) |
| | Lamictal ODT | lamotrigine ODT |
| | Lamictal ODT (blue, green, orange) | lamotrigine ODT (blue, green, orange) |
| | Lamictal XR | lamotrigine ER |
| | Lamictal XR (blue, green, orange) | lamotrigine ER (blue, green, orange) |

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| DRUG CLASS | MEDICATIONS THAT ARE NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|---------------------------------|---|--|
| SEIZURE DISORDERS <i>(cont)</i> | Lyrica CR | duloxetine gabapentin lidocaine 5% patch Lyrica |
| | Mysoline | primidone |
| | Qudexy XR | topiramate ER |
| | Sabril* | vigabatrin* |
| | Sympazan | clobazam |
| | Topamax | topiramate |
| | Zonegran | zonisamide |
| SKIN CONDITIONS | Absorica | Myorisan or Zenatane |
| | Acanya Aczone Aktipak Altreno Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Retin-A Micro Tazorac Veltin Ziana | Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide) |
| | Aldara Zyclara | imiquimod 5% cream |
| | Anusol-HC cream | hydrocortisone cream |
| | Bensal HP | salicylic acid 6% cream, cream kit, gel, lotion |
| | Benzacilin Neuac Kit | clindamycin-benzoyl peroxide |
| | Carac | fluorouracil 0.5% cream |
| | Clindagel | clindamycin gel, topical solution |
| | Cutivate lotion | fluticasone topical lotion |
| | Denavir Zovirax cream, ointment | acyclovir tablet famciclovir tablet valacyclovir tablet |
| | diclofenac 3% gel | Fluoroplex imiquimod 5% cream Picato topical fluorouracil |
| | Dovonex | calcipotriene |

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| DRUG CLASS | MEDICATIONS THAT ARE NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|-------------------------------|------------------------------------|--|
| SKIN CONDITIONS <i>(cont)</i> | Duobrii | halobetasol plus tazarotene cream |
| | Enstilar Taclonex | calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone |
| | Ertaczo | ketoconazole cream |
| | Exelderm | topical econazole topical ketoconazole topical oxiconazole |
| | Extina | ketoconazole cream, foam |
| | HALOG | clobetasol cream, ointment halobetasol cream, ointment |
| | Jublia Kerydin | ciclopirox topical solution itraconazole capsules terbinafine tablets |
| | Kenalog spray | triamcinolone acetonide aerosol spray |
| | Lexette | clobetasol cream, ointment halobetasol cream, foam, ointment |
| | Locoid | hydrocortisone cream, lipid cream, ointment, solution |
| | Locoid Lipocream | hydrocortisone lipid cream |
| | Loprox | ciclopirox cream, shampoo |
| | Luzu | econazole ketoconazole cream luliconazole oxiconazole |
| | Noritate | metronidazole cream |
| | Oxistat | etoconazole cream |
| | Penlac | ciclopirox solution |
| | Prudoxin Zonalon | Generic topical steroid (e.g. topical tacrolimus) |
| | Sernivo | clobetasol spray triamcinolone acetonide aerosol spray |
| | Sorilux | calcipotriene |
| | Trianex | triamcinolone cream, ointment |
| | Ultravate | clobetasol lotion |
| | Vanos | fluocinonide 0.1% cream |
| | Vectical | calcitriol ointment |
| | Verdeso | desonide cream, ointment |
| | Xerese | acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet |

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| DRUG CLASS | MEDICATIONS THAT ARE NOT COVERED^^ | GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S) |
|---------------------------|---|--|
| SLEEP DISORDERS/SEDATIVES | Ambien | zolpidem |
| | Ambien CR | zolpidem ER |
| | Ativan | lorazepam |
| | Edluar Intermezzo | zolpidem/ER |
| | Nuvigil | armodafinil |
| | Provigil | modafinil |
| | Restoril | temazepam |
| | Zolpimist | Belsomra eszopiclone Silenor zaleplon zolpidem/ER |
| SUBSTANCE ABUSE | Evzio | narcan nasal spray |
| URINARY TRACT CONDITIONS | Detrol | tolterodine |
| | Detrol LA | tolterodine ER |
| | Ditropan XL | oxybutynin ER |
| | Enablex | darifenacin ER |
| | Gelnique Myrbetriq Toviaz VESicare | darifenacin ER oxybutynin ER tolterodine ER trospium ER |

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Prescription drug list FAQs

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

Why do you make changes to the drug list?

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

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

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

Why doesn't my plan cover certain medications?

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

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

- › Medications that are available over-the-counter, without a prescription. These include medications commonly used to treat heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and allergies (ex. Allegra, Clarinex, Xyzal and any generics).
- › Medications used to treat lifestyle conditions (like infertility, weight loss, erectile dysfunction, smoking cessation³).
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

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

Which medications are covered under the health care reform law?

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

Prescription drug list FAQs (cont)

For more information about health care reform, visit www.informedonreform.com or Cigna.com.

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

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

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

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. You can log in to the **myCigna** app or website and click on "Price a Medication" to see how much your medication will cost you at the different pharmacies in your network. You can also see if there are lower-cost alternatives available.⁴

How can I save money on my prescription medications?

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

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

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

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

- › Be used in the same way as the brand name medication

Generics typically cost much less than brand name medications – in some cases, up to 85% less.⁵ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

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

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

Can I fill my prescriptions by mail?

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

- › If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. To get started, call **800.835.3784**.
- › If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo. Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).⁷ To get started, call Accredo at **877.826.7657**. They're available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to Cigna.com/specialty.

Prescription drug list FAQs *(cont)*

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

You can use the online tools and resources on the **myCigna** app or website to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question, see your pharmacy claims and coverage details and manage your home delivery orders.⁶

Exclusions and limitations

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁸

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

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

Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. **Illinois** state law allows you to receive continued coverage of your medication, and at your current cost share (tier) level, if your doctor requests approval through a coverage review process. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
4. Prices are not guaranteed, and even though a price is displayed, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown. Coverage and pricing may change.
5. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
6. Not all plans offer home delivery and Accredo as a covered pharmacy option. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
7. As allowable by law.
8. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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