



CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

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916154 h Value 4-Tier O/I SRx 12/20



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View your plan's drug list online



This document was last updated on 09/01/2020.* To see a more current list of medications your plan covers, log in to the **myCigna**® App or website. Click on the "Find Care & Costs" tab. Select "Price a Medication," then type in your medication name.

Questions?

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

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

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

Next planned update: 03/01/2021, for changes starting 07/01/2021

About your prescription drug list

This document shows the most commonly prescribed medications covered on the Value 4-Tier Prescription Drug List as of January 1, 2021.^{1,2} All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). **The Value 4-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers.** Also, your specific plan may not cover all of the medications in this document. Log in to the **myCigna** App or website, or check your plan materials, to see which medications your plan covers.

The Value 4-Tier Prescription Drug List also excludes from coverage prescription medications that are used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics). These medications have over-the-counter (OTC) alternatives, which are available without a prescription.

How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Value 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS		
Amabelz	Androderm (PA, QL)	Activella
budesonide EC	AndroGel 1.62% (PA, QL)	Alora (QL)
cabergoline (QL)	Armour Thyroid	AndroGel 1.0% (PA, QL)
Covaryx	Cytomel 50mcg	Angeliq
Covaryx H.S.	Divigel	Climara
Decadron	Duavee	Climara Pro
desmopressin	Estring (QL)	Combipatch
dexamethasone	Premarin	Cytomel 5, 25mcg
estradiol-norethindrone	Premphase	Depo-Testosterone
estrogen-	Prempro	Elestrin
methyltestosterone	Synthroid	Entocort EC
levothyroxine		Estrace
Levoxyl		Estrogel
liothyronine		Evamist
medroxy-progesterone		Femring
methimazole		Intrarosa
methylprednisolone		Levo-T
Mimvey		Menostar (QL)
Mimvey Lo		Minivelle (QL)
Nature-Throid		Osphena
NP Thyroid		Tirosint
prednisolone		Unithroid
prednisolone ODT		Vagifem (QL)
prednisone		Vivelle-Dot (QL)
prednisone intensol		
progesterone		

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

Medications are grouped by the **condition** they treat; Speciality medications are listed on Tier 4 (pages 17-22)

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

This chart is just a sample. It may not show how these medications are actually covered on the Value 4-Tier Prescription Drug List.

Tiers

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

› Tier 1 – Typically Generics	(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

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

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

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

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, oral and injectable specialty medications are covered on Tier 4 (see page 18). Injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the **myCigna** App or website, or check your plan materials, to learn more about how your plan covers specialty medications.

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

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

Plan exclusions

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

How to find your medication on the drug list

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

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

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)			BLOOD PRESSURE/HEART MEDICATIONS (cont)		
methylphenidate ER (LA) (PA age, QL)			Ecotrin+ 81mg		
methylphenidate ER (PA age, QL)			enalapril		
methylphenidate LA (PA age, QL)			flecainide		
Relexxii (PA age, QL)			hydralazine		
			irbesartan		
			irbesartan-HCTZ		
			isosorbide mononitrate		
			isosorbide mononitrate ER		
			labetalol		
			lisinopril		
			lisinopril-HCTZ		
			losartan		
			losartan-HCTZ		
			Low Dose Aspirin EC+		
			Matzim LA		
			metoprolol		
			nadolol		
			nifedipine		
			nifedipine ER		
			olmesartan medoxomil (QL)		
			olmesartan-amlodipine-HCTZ		
			olmesartan-HCTZ (QL)		
			Pacerone 200mg		
			prazosin		
			propafenone		
			propafenone ER		
			propranolol tablet, solution		
			propranolol ER		
			ramipril		
			ranolazine ER (QL)		
			St. Joseph Aspirin+		
			Taztia XT		
			telmisartan (QL)		
			telmisartan-HCTZ (QL)		
			valsartan		
			valsartan-HCTZ		
			verapamil capsule, tablet		
			verapamil ER		
			verapamil ER PM		
			verapamil SR		
BLOOD MODIFIERS/BLEEDING DISORDERS					
	Droxia				
BLOOD PRESSURE/HEART MEDICATIONS					
amiodarone	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			
Adult Aspirin Regimen+		Catapres-TTS 1			
Aspirin EC+		Catapres-TTS 2			
aspirin EC+		Catapres-TTS 3			
Aspirin-Low+		Coreg (ST)			
atenolol		Coreg CR (ST, QL)			
benazepril		Corgard (ST)			
benazepril-HCTZ		Ecotrin+ 325mg			
candesartan		Epaned			
candesartan-HCTZ		Hemangeol			
Cartia XT		Inderal LA (ST)			
carvedilol		Inderal XL (ST)			
carvedilol ER (QL)		InnoPran XL (ST)			
Children's Aspirin+		Kaspargo Sprinkle (ST)			
clonidine		Lopressor (ST)			
diltiazem		Minipress			
diltiazem 12hr ER		Multaq			
diltiazem 24hr ER		Nitrostat			
diltiazem 24hr ER (CD)		Norvasc			
diltiazem 24hr ER (LA)		Pacerone (PA) 100mg, 400mg			
diltiazem 24hr ER (XR)		Procardia			
Dilt-XR		Procardia XL			
dofetilide (QL)		Ranexa (QL)			
doxazosin		Rythmol SR (PA)			
Ecpirin+		Tenormin (ST)			
		Tiazac			
		Tikosyn (PA, QL)			
		Toprol XL (ST)			
		Verelan			
		Verelan PM			

Cigna Value 4-Tier Prescription Drug List

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

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

Cigna Value 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)		
Econtra EZ ⁺			levonorgestrel-ethinyl estradiol		
Econtra One-Step ⁺			ethinyl estradiol ⁺		
Elinest ⁺			Levora-28 ⁺		
eluryng vaginal ring			Lillow ⁺		
Emoquette ⁺			Loryna ⁺		
Enpresse ⁺			Low-Ogestrel ⁺		
Enskyce ⁺			Lo-Zumandimine ⁺		
Errin ⁺			Lutera ⁺		
Estarylla ⁺			Lyza ⁺		
ethynodiol-ethinyl estradiol ⁺			Marlissa ⁺		
etonogestrel-EE vaginal ring			medroxyprogesterone 150mg/ml ⁺		
Falmina ⁺			Melodetta 24 FE ⁺		
Fayosim ⁺			Mibelas 24 FE ⁺		
FemCap ⁺			Mili ⁺		
Femynor ⁺			Mono-Linyah ⁺		
Gianvi ⁺			My Choice ⁺		
Gynol II ⁺			Necon ⁺		
Hailey 24 FE ⁺			New Day ⁺		
Heather ⁺			Nikki ⁺		
Incassia ⁺			Nora-BE ⁺		
Introvale ⁺			norethindrone ⁺		
Isibloom ⁺			norethindrone-ethinyl estradiol ⁺		
Jasmiel ⁺			norethindrone-ethinyl estradiol-iron ⁺		
Jencycla ⁺			norgestimate-ethinyl estradiol ⁺		
Jolessa ⁺			Norlyda ⁺		
Juleber ⁺			Norlyroc ⁺		
Junel ⁺			Nortrel ⁺		
Junel FE ⁺			Ocella ⁺		
Junel FE 24 ⁺			Opcon One-Step ⁺		
Kaitlib FE ⁺			Option 2 ⁺		
Kalliga ⁺			Orsythia ⁺		
Kariva ⁺			Philith ⁺		
Kelnor 1-35 ⁺			Pimtrea ⁺		
Kelnor 1-50 ⁺			Pirmella ⁺		
Kurvelo ⁺			Portia ⁺		
Larin ⁺			Previfem ⁺		
Larin FE ⁺			Reclipsen ⁺		
Larin 24 FE ⁺			Setlakin ⁺		
Larissia ⁺			Sharobel ⁺		
Lessina ⁺			Simliya ⁺		
Levonest ⁺					
levonorgestrel ⁺					
levonorgestrel-ethinyl estradiol ⁺					

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			DENTAL PRODUCTS		
Simpesse+ Sprintec+ Sronyx+ Syeda+ Tarina FE+ Tarina 24 FE+ Tarina FE 1-20 EQ+ Tri Femynor+ Tri-Estarylla+ Tri-Legest FE+ Tri-Linyah+ Tri-Lo-Estarylla+ Tri-Lo-Marzia+ Tri-Lo-Mili+ Tri-Lo-Sprintec+ Tri-Mili+ Tri-Previfem+ Tri-Sprintec+ Trivora-28+ Tri-Vylibra+ Tri-Vylibra Lo+ Tulana+ Tydemy+ Velivet+ Vienva+ Viorele+ Vyfemla+ Vylibra+ Wera+ Wide Seal Diaphragm+ Wymzya FE+ Xulane+ Zarah+ Zovia+ Zumandimine+			chlorhexidine doxycycline fluoride+^ Fluoritab+^ Flura-Drops+^ Ludent Fluoride+^ Oralene Paroex Peridex Periogard sodium fluoride+^ 0.25mg, 0.5mg, 1mg triamcinolone		Floriva+^ Fluorabon+^
COUGH/COLD MEDICATIONS			DIABETES		
benzonatate 100mg, 200mg Bromfed DM brompheniramine- pseudoephedrine- DM hydrocodone- chlorpheniramine ER (PA)		Tessalon Perle Tuzistra XR (PA, QL)	glimepiride glipizide glipizide ER glipizide XL metformin metformin ER NovoTwist pioglitazone	Baqsimi (QL) Basaglar (QL) Bydureon (ST, QL) Byetta (ST, QL) Farxiga (ST, QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Insulin Lispro (QL) Janumet (ST, QL) Janumet XR (ST, QL) Januvia (ST, QL) Jardiance (ST, QL) Levemir (QL) OneTouch Test Strips Ozempic (ST, QL) Segluromet (QL) Soliqua Steglatro (ST, QL) SymlinPen Synjardy (ST, QL) Synjardy XR (ST, QL) Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (ST, QL) Xultophy	Amaryl Cycloset Freestyle Libre Sensor (PA, QL) Glucophage Glucophage XR Korlym* (PA) Riomet

Cigna Value 4-Tier Prescription Drug List

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

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

Cigna Value 4-Tier Prescription Drug List

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

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

Cigna Value 4-Tier Prescription Drug List

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

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

Cigna Value 4-Tier Prescription Drug List

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

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

Cigna Value 4-Tier Prescription Drug List

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

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

Cigna Value 4-Tier Prescription Drug List

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

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

For plans renewing on 2/1/20 and later: Starting on the date your new plan year begins, vaccines will be covered under your pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna App or website, or check your plan materials, to find out how your specific plan covers them.

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+
 Tenvirac+
 Trumenba+
 Twinrix+
 VAQTA+
 VARIVAX+
 ZOSTAVAX+

WEIGHT MANAGEMENT

Lomaira^ phentermine^	Contrave^ (PA) Qsymia^ (PA) Saxenda^ (PA)
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Specialty medications

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

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

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

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

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

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

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

Medications that are not covered

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

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Combivir*	lamivudine-zidovudine*
	Epivir*	lamivudine*
	Epzicom*	abacavir-lamivudine*
	Kaletra solution*	lopinavir-ritonavir solution*
	Lexiva tablet*	fosamprenavir*
	Norvir tablet*	ritonavir*
	Retrovir capsule, syrup*	zidovudine capsule, syrup*
	Reyataz capsule*	atazanavir*
	Sustiva*	efavirenz*
	Trizivir*	abacavir-lamivudine-zidovudine*
	Viramune*	nevirapine*
	Viramune XR*	nevirapine ER*
	Ziagen*	abacavir*
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto-injectors
	Dymista	Generic nasal steroids (e.g. fluticasone^)
	RyVent carbinoxamine 6mg tablet	carbinoxamine 4mg tablet
ANXIETY/DEPRESSION/BIPOLAR	Anafranil	clomipramine
	Aplenzin Wellbutrin XL	bupropion XL
	Ativan tablet	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline capsules
	Parnate	tranylcypromine
	Pexeva	paroxetine/CR/ER
	Pristiq	bupropion XL duloxetine
	Tofranil	imipramine tablet
ASTHMA/COPD/RESPIRATORY	Advair Diskus Advair HFA AirDuo RespiClick Breo Ellipta	Dulera fluticasone-salmeterol Symbicort Wixela Inhub
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
ASTHMA/COPD/RESPIRATORY (cont)	Arcapta neohaler	Striverdi Respimat	
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	Anoro Ellipta	
	Elixophyllin	theophylline oral solution	
	ProAir HFA ProAir Respiclick Proventil HFA Ventolin HFA Xopenex HFA	albuterol HFA	
	Pulmicort Flexhaler	QVAR	
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta	
	Striverdi Respimat	Serevent Diskus	
	Yupelri	Anoro Ellipta Incruse Ellipta Trelegy Ellipta	
	Zyflo	montelukast zafirlukast zileuton ER	
	ATTENTION DEFICIT HYPERACTIVITY	Adderall XR Adhansia XR Aptensio XR Concerta Cotempla XR-ODT Focalin XR Mydayis QuilliChew ER Ritalin LA	dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA
		Adzenys ER Adzenys XR-ODT	dexamethylphenidate ER methylphenidate ER/CD/LA
Desoxyn		methamphetamine	
Dexedrine		dextroamphetamine	
Dyanavel XR		methylphenidate ER/CD/LA	
Evekeo ODT		amphetamine dexamethylphenidate dextroamphetamine methamphetamine methylphenidate	
Vyvanse		dexamethylphenidate ER	
BLOOD PRESSURE/HEART MEDICATIONS		Accupril	quinapril
		Accuretic	quinapril HCTZ
		Altace	ramipril
		Atacand	candesartan
	Atacand HCT	candesartan HCTZ	
	Avalide	irbesartan HCTZ	
	Avapro		

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan HCTZ
	Betapace	sotalol oral
	Bystolic	Generic beta blockers (e.g. metoprolol, atenolol)
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan HCTZ
	Edarbi	Generic ARBs (e.g. losartan, cal sartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g. losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan HCTZ
	Firazyr*	icatibant
	Hyzaar	losartan HCTZ
	Isordil	isosorbide dinitrate
	Isordil Titradose	isosorbide dinitrate digoxin
	Lanoxin	Digitex digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan HCTZ
	Prinvil Zestril	lisinopril
	Tarka	trandolapril-verapamil
	Tekturna	Generic ACE/ARBs
	Tekturna HCT	Generic ACE/ARBs + HCTZ
	Tribenzor	olmesartan-amlodipine-HCTZ
	Twynsta	telmisartan-amlodipine
	Vaseretic	enalapril-HCTZ
	Vasotec	enalapril
Zestoretic	lisinopril HCTZ	
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin
CANCER	Nilandron	nilutamide
	Tarceva*	erlotinib*
	Yonsa* Zytiga*	abiraterone*

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Altoprev Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin
	Crestor	rosuvastatin
	Lescol XL	fluvastatin
	Lipitor	atorvastatin
	Pravachol	pravastatin
	Vytorin	ezetimibe-simvastatin
	CONTRACEPTION PRODUCTS	Balcoltra Natazia Slynd Taytulla
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
	TussiCaps	hydrocodone-chlorpheniramine ER promethazine with codeine syrup
DIABETES	Accu-Chek Aviva Plus test strips Accu-Chek Guide test strips Accu-Chek Smartview Accutrend glucose	One Touch test strips (e.g. Ultra; Verio)
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza
	Ademelog Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	alogliptin alogliptin-metformin	Janumet Janumet XR Januvia metformin
	alogliptin-pioglitazone	Janumet Janumet XR Januvia pioglitazone
	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)
	GlucaGen HypoKit Gvoke	Baqsimi Glucagon Emergency Kit

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Jentadueto Jentadueto XR Kazano	Janumet Janumet XR
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch
	Nesina Tradjenta	Januvia Janumet Janumet XR metformin
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia
	QTERN Steglujan	Glyxambi metformin
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn
	Cequa Restasis MultiDose Xiidra	Restasis
	Lumigan Travatan Z Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
	Pataday Patanol	azelastine^ epinastine^ olopatadine
	Vyzulta	bimatoprost latanoprost Lumigan
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN <i>(cont)</i>	CoLyte with Flavor Packets+ GoLyteLy+ MoviPrep+ NuLYTELY with flavor packs+ OsmoPrep+ Plenvu+	Clenpiq+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ 3550 Electrolyte+ Prepopik+ SuPrep+	
	Cortifoam Uceris foam	Prescription hydrocortisone enema, rectal cream, suppository	
	Creon Pertzye Zenpep	Pancreaze	
	Librax	chlordiazepoxide-clidinium	
	Linzess Motegrity Trulance Zelnorm	Amitiza	
	Marinol Syndros	dronabinol	
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pack)	
	Rowasa	mesalamine rectal enema suspension	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Cortrosyn	cosyntropin
		DDAVP	desmopressin
		Dxevo TaperDex 7-Day	dexamethasone 1.5mg tablet
		Fortesta Natesto Testim Vogelxo Xyosted	AndgroGel testosterone
		Genotropin* Nutropin AQ nuspin* Omnitrope* Saizen* Saizen-Saizenprep* Zomacton*	Humatrope* (PA)
		Nocdurna	desompression acetate nasal spray or tablets
Rayos		prednisone	
Uceris tablets		budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Seysara Solodyn Targadox Vibramycin Ximino	Generic products (e.g. doxycycline; minocycline)	
	Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine quinine	
	Augmentin/ES	amoxicillin-clavulanate	
	Baraclude tablet*	entecavir tablet	
	Bethkis* Tobi	tobramycin inhalation solution*	
	Diflucan	fluconazole	
	E.E.S. 200	erythromycin granules	
	Eryped 400	erythromycin ethylsuccinate	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Noxafil tablet	posaconazole DR 100mg tablet	
	Sitavig	acyclovir tablet famciclovir tablet valacyclovir tablet	
	Sporanox Tolsura	itraconazole oral	
	Valcyte	valganciclovir	
	Vancocin	vancomycin oral capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Syprine*	Depen* penicillamine* trientine*
		Xenazine*	tetrabenazine
	MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER
Aubagio*		Gilenya* Mayzent* Tecfidera*	
Copaxone*		Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
NUTRITIONAL/DIETARY	Azesco PreGenna Trinaz	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	Amerge Frova Maxalt Maxalt MLT RELPAX	generic triptans (e.g. naratriptan; sumatriptan)
	Amrix	cyclobenzaprine Other generic muscle relaxants
	BUPAP	butalbital-acetaminophen tablets
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g. celecoxib, meloxicam)
	ConZip	Tramadol Tramadol ER
	Cosentyx*	Enbrel* Humira* Otezla* Skyrizi* Stelara* Taltz*
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	diclofenac 1.3% patch Flector 1.3% patch Voltaren 1% gel	diclofenac 1% gel, generic oral NSAIDs (e.g. celecoxib; meloxicam)
	Gralise	gabapentin
	Imitrex Zembrace Symtouch	sumatriptan
	Kineret* Simponi*	Enbrel* (PA) Humira* (PA)
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY <i>(cont)</i>	Lorzone	chlorzoxazone 500mg
	Migranal	dihydroergotamine nasal spray
	ONZETRA Xsail	Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)
	Oxycontin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER
	Pennsaid	diclofenac 1% gel
	Roxicodone	oxycodone
	Siliq*	Enbrel* (PA) Humira* (PA) Skyrizi* Stelara*
	Soriatane	acitretin
	Sprix	ketorolac tablet
	SUBSYS	fentanyl lozenge or buccal tablet
	Tivorbex	indomethacin
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine
	Vivlodex	meloxicam
	Zomig	sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	Zorvolex	diclofenac
	PARKINSON'S DISEASE	Gocovri
Lodosyn		carbidopa
Requip XL		ropinirole extended release
Zelapar		selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Abilify MyCite	aripiprazole
	FazaClo Versacloz	clozapine clozapine ODT
	Geodon capsule	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Felbatol	felbamate
	Keppra oral solution, tablet	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (blue, green, orange)	lamotrigine ODT (blue, green, orange)
	Lamictal XR	lamotrigine ER
	Lamictal XR (blue, green, orange)	lamotrigine ER (blue, green, orange)
Lyrica CR	duloxetine gabapentin lidocaine 5% patch	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS <i>(cont)</i>	Mysoline	primidone
	Quedexy XR Trokendi XR	topiramate ER
	Sabril*	vigabatrin* vigadrone*
	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Zonegran	zonisamide
SKIN CONDITIONS	Absorica	Myorisan or Zenatane
	Acanya Aczone Aktipak Altreno Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Retin-A Micro Tazorac Veltin Ziana	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aldara Zyclara	imiquimod 5% cream
	Anusol-HC cream	hydrocortisone cream
	Apexicon E diflorasone Impoyz Olux Olux-E Psorcon	betamethasone, clobetasol, halobetasol
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin Neuac Kit	clindamycin-benzoyl peroxide
	Carac	fluorouracil 0.5% cream
	Clindagel	clindamycin gel, topical solution
	Condylox	imiquimod 5% cream packet podofilox 0.5% topical solution
	Cutivate lotion	fluticasone topical lotion
	Denavir Zovirax cream, ointment	acyclovir tablet famciclovir tablet valacyclovir tablet

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Dovonex	calcipotriene
	Duobrii	halobetasol plus tazarotene cream
	Enstilar Taclonex	calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam
	Finacea foam Finacea gel MetroCream MetroGel MetroLotion Soolantra	azelaic acid, topical metronidazole
	flurandrenolide hydrocortisone butyrate lipid cream, lotion Pandel	betamethasone fluocinolone fluticasone
	HALOG	clobetasol cream, ointment halobetasol cream, ointment
	Jublia Kerydin	ciclopirox topical solution itraconazole capsules terbinafine tablets
	Kenalog spray	triamcinolone acetonide aerosol spray
	Lexette	clobetasol cream, ointment halobetasol cream, foam, ointment
	Locoid	hydrocortisone cream, lipid cream, ointment, solution
	Locoid Lipocream	hydrocortisone lipid cream
	Loprox	ciclopirox cream, shampoo
	Luzu	econazole ketoconazole cream luliconazole oxiconazole
	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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Sorilux	calcipotriene
	Trianex	triamcinolone cream, ointment
	Tridesilon	alclometasone desonide triamcinolone
	Ultravate	clobetasol lotion
	Vanos	fluocinonide 0.1% cream
	Vectical	calcitriol ointment
	Verdeso	desonide cream, ointment
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet
	Xolegel	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium 2.5% lotion sodium sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Belsomra	Dayvigo
	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	darifenacin ER
	Myrbetriq	oxybutynin ER
	Toviaz	tolterodine ER
	VESIcare	tropium ER
Procysbi*	Cystagon*	

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Prescription drug list FAQs

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

Why do you make changes to the drug list?

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

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

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

Why doesn't my plan cover certain medications?

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

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

- › Prescription medications used to treat heartburn/stomach acid conditions (e.g., Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and any generics). These are available over-the-counter without a prescription.
- › Medications used to treat lifestyle conditions like infertility, weight loss, erectile dysfunction, smoking cessation.³
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

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

How do I request approval for a non-covered medication?

Ask your doctor's office to contact Cigna to 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 you meet coverage guidelines for the medication. We'll send you and your doctor a letter with our decision and next

Prescription drug list FAQs (cont)

steps. 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.

Which medications are covered under the health care reform law?

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

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

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

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

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

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

How can I save money on my prescription medications?

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

Do generics work the same as brand name medications?

Yes. A generic medication works in the same way and provides the same clinical benefit as its brand name version.⁵ Generic and brand name medications have the same active ingredients, strength/dosage form, effectiveness, quality and safety.

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

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

The review process helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

My medication needs prior approval. How do I get it?

Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at **cignaforhcp.com**.

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

When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your pharmacist won't be able to fill it.

Prescription drug list FAQs (cont)

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

Your pharmacist will only fill the amount your plan covers. If you want to fill more than what's allowed, your doctor's office will need to contact Cigna to request approval for coverage.

Can I fill my prescriptions by mail?

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

- › If you're taking a medication on a regular basis to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home – **at no extra cost**. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call **800.835.3784**.
- › If you're taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship

your medication to your home (or location of your choice).⁷ Their team of specialty trained pharmacists and nurses can also help you manage your complex medical condition – **at no extra cost**. To get started using Accredo, call **877.826.7657**, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. **Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office**. To learn more about Accredo, go to **Cigna.com/specialty**.

Where can I find more information about my pharmacy benefits?

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

Exclusions and limitations

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

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

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

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

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



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
4. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
5. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
6. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
7. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
8. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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