

CHANGES TO YOUR PLAN'S DRUG LIST



Starting January 1, 2021^{*,**}

We're making changes to your plan's drug list on January 1, 2021.^{***} If you're affected by one of these changes, we'll send you a letter with specific information on next steps. In the meantime, here is a list of all the changes taking place.

Medications moving to a higher tier.

On January 1st, the medications listed below will become non-preferred brand on your plan's drug list. This means that these medications may cost you more to fill at the pharmacy. **Your plan covers other medications that are used to treat the same condition, but at a lower copay or coinsurance.** We've listed some options below.

DRUG CLASS	MEDICATIONS BECOMING NON-PREFERRED BRAND	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Intelence ¹	Talk to your doctor about other alternatives.
ERECTILE DYSFUNCTION	Caverject Impulse Syringe	MUSE
HORMONAL AGENTS	Unithroid 75mcg tablet	levothyroxine
INFECTIONS	Kitabis Pak ¹	tobramycin pak 300mg/5ml
SEIZURE DISORDERS	Lyrica 20mg/ml oral solution	pregabalin 20mg/ml oral solution
SUBSTANCE ABUSE	Bunavail	buprenorphine/naloxone film or sublingual tablet, Zubsolv
WEIGHT MANAGEMENT	Megace ES 625mg/5ml oral suspension	megestrol 625ml/5ml oral suspension

Generic medications start with a lowercase letter and brand-name medications start with a capital letter.

1. This is a specialty medication. For plans that cover specialty medications on a specialty tier, this change won't affect the cost of the medication. Log in to the myCigna[®] App or website, or check your plan materials, to learn more about how your plan covers specialty medications.
2. Log in to the myCigna App or website, or check your plan materials, to learn more about how your plan covers brand name medications that have a generic equivalent available. Depending on your plan, you may have to pay an additional charge (on top of your plan's cost-share) for filling the brand name medication.

Together, all the way.[®]



Medications that need approval for coverage.¹

Starting January 1st, the medications listed below will need approval from Cigna before your plan will cover them.¹ This review process helps make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

DRUG CLASS	MEDICATIONS THAT WILL NEED APPROVAL (PRIOR AUTHORIZATION)	ADDITIONAL INFORMATION
BLOOD THINNERS/ANTI-CLOTTING	Eliquis ² , Pradaxa ² , Savaysa ² , Xarelto ²	Your plan only covers this medication if your doctor's office requests and receives approval from Cigna.
HORMONAL AGENTS	Tirosint, Tirosint-Sol	

Generic medications start with a lowercase letter and brand-name medications start with a capital letter.

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

2. If you're currently taking this medication, this change won't affect you.

Medications being taken off of your drug list.¹

Starting January 1st, the medications listed below will no longer be covered on your plan's drug list.¹ This means if you fill a prescription for any of these medications on or after January 1st, 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.** We've listed some below.

DRUG CLASS	MEDICATIONS THAT WILL NO LONGER BE COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY	Advair HFA ² , Breo Ellipta ²	Dulera, fluticasone-salmeterol (generic Advair Diskus), fluticasone-salmeterol (generic Airduo), Symbicort, Wixela Inhub
	ProAir HFA ² , ProAir RespiClick ²	albuterol HFA
CONTRACEPTION PRODUCTS	Balcoltra, Natazia, Slynd, Taytulla	Generic oral contraceptives (e.g. levonorgestrel-ethinyl estradiol)
DIABETES	GlucaGen HypoKit ² , Gvoke	Baqsimi, Glucagon Emergency Kit
EYE CONDITIONS	Cequa, Restasis MultiDose ² , Xiidra ²	Restasis
	Travatan Z, Xalatan, Xelpros, Zioptan ³	bimatoprost, latanoprost, travoprost
GASTROINTESTINAL/HEARTBURN	Creon ² , Pertzye, Zenpep ²	Pancreaze
	Linzess ² , Motegrity, Trulance ² , Zelnorm	Amitiza
	Sensipar	cinacalcet
HORMONAL AGENTS	TaperDex	dexamethasone 1.5mg tablet
INFECTIONS	Baraclude	entecavir tablet
	Noxafil tablet	posaconazole DR 100mg tablet
MULTIPLE SCLEROSIS	Ampyra ER ²	dalfampridine ER
NUTRITIONAL/DIETARY	PreGenna, Trinaz	Any generic prenatal vitamin
PAIN RELIEF AND INFLAMMATORY DISEASE	Amerge	generic triptans (e.g. naratriptan; sumatriptan)
	butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
	Cosentyx ⁴	Enbrel, Humira, Otezla, Stelara, Taltz
	diclofenac 1.3% patch, Flector 1.3% patch ³ , Voltaren 1% gel ³	diclofenac 1% gel, generic oral NSAIDs (e.g. celecoxib; meloxicam)
	Frova, Maxalt, Maxalt MLT, Relpax	generic triptans (e.g. naratriptan; sumatriptan)

DRUG CLASS	MEDICATIONS THAT WILL NO LONGER BE COVERED	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS	Felbatol ⁵	felbamate
	Keppra/Keppra XR ⁵	levetiracetam/levetiracetam ER
	Lamictal XR Start Kit ⁵	lamotrigine ER
	Lamictal/ODT/XR ⁵	lamotrigine, lamotrigine ER, lamotrigine ODT
	Qudexy XR ⁵ , Trokendi XR ⁵	topiramate ER
	Sabril ⁵	vigabatrin, vigadrone
	Topamax ⁵	topiramate
	Trileptal ⁵	oxcarbazepine
SKIN CONDITIONS	Zonegran ⁵	zonisamide
	Apexicon E ³ , diflorasone, Impoyz ³ , Olux ³ , Olux-E ³ , Psorcon	betamethasone, clobetasol, halobetasol
	Condylox	imiquimod 5% cream packet, podofilox 0.5% topical solution
	Cordran ³	betamethasone, clobetasol, fluocinolone, fluticasone, halobetasol
	Finacea, MetroCream, MetroGel, MetroLotion, Soolantra ⁶	azelaic acid, topical metronidazole
	flurandrenolide, hydrocortisone butyrate lipid cream, lotion ³ , Pandel ³	betamethasone, fluocinolone, fluticasone
	Tridesilon ³	alclometasone, desonide, triamcinolone
SLEEP DISORDERS/SEDATIVES	Xolegel	ciclopirox 0.77% gel, ciclopirox 1% shampoo, ketoconazole 2% cream, ketoconazole 2% foam, selenium 2.5% lotion, sodium sulfacetamide 10% shampoo
	Belsomra ⁷	Dayvigo
URINARY TRACT CONDITIONS	Procysbi ⁸	Cystagon

Generic medications start with a lowercase letter and brand-name medications start with a capital letter.

1. These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your medication. If you don't get approval and you continue to fill this prescription on or after January 1st, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy and the cost can't be applied to your annual deductible or out-of-pocket maximum.
2. If Cigna approves coverage of this medication through a review process, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.
3. If you currently have approval for your plan to cover this medication, it's important to know that your approval will end on January 1, 2021. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process.
4. If you currently have approval for your plan to cover this medication, it's important to know that your approval will end on January 1, 2021. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process. If Cigna re-approves coverage, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.
5. **This change will only affect you if you're taking this medication to treat a seizure condition.** Also, it's important to know that your current approval to receive coverage for this medication will end on January 1, 2021. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process.
6. If Cigna approves coverage of this medication through a review process, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it. Also, because this medication has a generic equivalent available, you may have to pay an additional charge on top of your non-preferred brand cost-share. Check your plan materials to find out how your plan covers brand name medications.
7. This medication will no longer be part of Step Therapy as of January 1, 2021. If you currently have approval for your plan to cover this medication, your approval will end on January 1, 2021. If your doctor wants you to continue taking this medication, ask his or her office to contact Cigna to start the coverage review process. If Cigna approves coverage of this medication through a review process, it may cost you more as of January 1st. You'll pay your tier 3 (non-preferred brand) copay or coinsurance when you fill it.
8. If you're currently taking this medication, this change won't affect you.

Medications that will be excluded from coverage.

Starting January 1st, your plan will exclude the medication listed below from coverage. This means that your plan will no longer cover any prescription medications in this drug class or to treat this condition. There's also no option to receive coverage by showing that you need the medication for your treatment. If you fill a prescription for this medication on or after January 1st, you'll pay its full cost out-of-pocket directly to the pharmacy and the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATIONS THAT WILL BE EXCLUDED	ADDITIONAL INFORMATION
ALLERGY/NASAL SPRAYS	Beconase AQ, flunisolide, mometasone, Nasonex, Omnaris, Qnasl, Qnasl Children, Xhance, Zetonna	generics products available over-the-counter (e.g. budesonide, fluticasone)
	fluticasone 50 mcg spray	generics products available over-the-counter (e.g. budesonide)
EYE CONDITIONS	azelastine, Bepreve, epinastine, Lastacaft, Pazeo, Zerviate	products available over-the-counter (e.g. Alaway, Pataday)
SKIN CONDITIONS	Rosadan Kits	azelaic acid, topical metronidazole

Generic medications start with a lowercase letter and brand-name medications start with a capital letter.

Medications that will move to a lower tier.

The medications listed below are becoming, or recently became, preferred brand on your plan's drug list. This means that these medications may cost you less to fill at the pharmacy.

DRUG CLASS	PREFERRED BRAND MEDICATION
DIABETES	Baqsimi
GASTROINTESTINAL/HEARTBURN	Pancreaze
INFECTIONS	Epclusa, Harvoni
PAIN RELIEF AND INFLAMMATORY DISEASE	Ajovy ¹ , Emgality ¹ , Taltz
SEIZURE DISORDERS	Vimpat
URINARY TRACT CONDITIONS	Cystagon

Generic medications start with a lowercase letter and brand-name medications start with a capital letter.

1. If you currently have approval for your plan to cover this medication, you can continue to receive coverage until your approval ends.



Questions?

Call the number on your Cigna ID card. We're here 24/7/365 to answer any questions you have. You can also chat with us online on the **myCigna** website, Monday-Friday, 9:00 am-8:00 pm EST.

Accessibility Assistance
If you are an individual with a disability who requires assistance to access Cigna's services you can call us at 1 (800) 853-2713. Please provide the Customer Service Representative with information about the nature of the request, as well as your contact information, such as an email, address, or telephone number where you can be reached.



CIGNA VALUE 3-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

Together, all the way.®



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

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View your plan's drug list online

This document was last updated on 09/01/2020.* You can go online to see a more current list of medications your plan covers.



The myCigna® App or website – Log in and click on the “Find Care & Costs” tab. Select “Price a Medication,” then type in your medication name.



Cigna.com/druglist – Select your drug list name – **Value 3 Tier** – from the drop down menu. Then type in your medication name or view the full list.

Questions?

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

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

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

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

About your prescription drug list

This document shows the most commonly prescribed medications covered on the Value 3-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 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. Log in to the **myCigna** App or website, or check your plan materials, to see which 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	Berinert* (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 | (Lowest-cost medication) | \$ |
| › Tier 2 – Typically Preferred Brands | (Medium-cost medication) | \$\$ |
| › Tier 3 – Typically Non-Preferred Brands | (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, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier, limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the **myCigna** App or website, or check your plan materials, to learn more about how your plan covers specialty medications.

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

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

Plan exclusions

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

How to find your medication

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

Condition	Page	Condition	Page
AIDS/HIV	6	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
FEMININE PRODUCTS	12	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 SR (QL)		Remeron
atazanavir* (PA)	Biktarvy*	Complera* (PA)	bupropion XL (QL)		Sarafem (ST)
ritonavir*	Descovy* (PA)	Evotaz* (PA)	buspirone		Trintellix (ST, QL)
tenofovir* (PA)	Genvoya*	Intelence* (PA)	citalopram (QL)		Viiibryd (ST, QL)
	Isentress*	Juluca* (PA)	clomipramine		Wellbutrin SR (ST, QL)
	Isentress HD* (PA)	Odefsey* (PA)	desvenlafaxine ER (QL)		Xanax
	Prezista*	Prezcobix* (PA)	duloxetine (QL)		Xanax XR
	Selzentry* (PA)	Stribild* (PA)	escitalopram (QL)		Zoloft (ST, QL)
	Symfi*		fluoxetine (QL)		
	Symfi Lo*		fluoxetine DR (QL)		
	Symtuza*		fluvoxamine (QL)		
	Tivicay*		fluvoxamine ER (QL)		
	Triumeq*		lorazepam		
	Truvada*		lorazepam intensol		
	Viread 150mg, 200mg, 250mg tablet, powder* (PA)		mirtazapine		
ALLERGY/NASAL SPRAYS			paroxetine (QL)		
azelastine^		Clarinet-D 12 Hour	paroxetine CR (QL)		
cromolyn		Gastrocrom	paroxetine ER (QL)		
cyproheptadine		Grastek (PA, QL)	sertraline (QL)		
epinephrine (QL)		Karbinal ER	trazodone		
flunisolide^		Odactra (PA, QL)	venlafaxine (QL)		
fluticasone^		Patanase	venlafaxine ER (QL)		
hydroxyzine capsule, solution, tablet		Ragwitek (PA, QL)			
ipratropium		Vistaril			
mometasone^ (QL)					
olopatadine					
promethazine					
ALZHEIMER'S DISEASE			ASTHMA/COPD/RESPIRATORY		
donepezil		Aricept	albuterol	Anoro Ellipta	Adcirca* (PA)
donepezil ODT		Exelon	albuterol HFA	Atrovent HFA	Adempas* (PA)
memantine		Mestinon	alyq* (PA)	Dulera	Brovana
memantine ER (QL)		Namenda tablet	budesonide	Flovent	Combivent Respimat
pyridostigmine		Namenda XR (QL)	fluticasone- salmeterol	Flovent HFA	Daliresp (QL)
pyridostigmine ER		Namzaric (QL)	montelukast	Incruse Ellipta	Kalydeco* (PA, QL)
rivastigmine			tadalafil 20mg* (PA)	Ofev* (PA)	Letairis* (PA)
			Wixela Inhub	Opsumit* (PA)	Lonhala Magnair (PA)
				QVAR RediHaler	Nucala auto-injector, syringe* (PA)
				Serevent	Orenitram ER* (PA)
				Symbicort	Orkambi* (PA, QL)
				Tracleer 32mg tablet for suspension* (PA)	Perforomist (QL)
				Trelegy Ellipta	Pulmicort Respule
				Xolair* (PA)	Pulmozyme* (PA)
					Revatio oral suspension, tablet* (PA)
					Singular
					Symdeko* (PA, QL)
					Tracleer tablet* (PA)
					Tyvaso* (PA)
					Uptravi* (PA)
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)			

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) clonidine ER dexamethylphenidate (PA age) dexamethylphenidate ER (PA age, QL) dextroamphetamine-amphetamine (PA age) dextroamphetamine-amphetamine ER (PA age, QL) guanfacine ER metadate ER (PA age, QL) methylphenidate (PA age) methylphenidate CD (PA age, QL) methylphenidate ER (CD) (PA age, QL) methylphenidate ER (LA) (PA age, QL) methylphenidate ER (PA age, QL) methylphenidate LA (PA age, QL) Relexxii (PA age, QL)		Adderall (PA age, ST) Daytrana (PA age, QL) Evekeo (PA age, ST) Focalin (PA age, ST) Intuniv ER Kapvay Methylin (PA age) Quillivant XR (PA age, QL) Ritalin tablet Strattera (QL)	Adult Aspirin Regimen+ Aspirin EC+ aspirin EC+ aspirin 325 mg tablet+ Aspir-Low+ atenolol Bayer Aspirin 325mg tablet+ benazepril benazepril-HCTZ candesartan candesartan-HCTZ cartia XT carvedilol carvedilol ER (QL) Children's Aspirin+ clonidine diltiazem diltiazem 12hr ER diltiazem 24hr ER diltiazem 24hr ER (CD) diltiazem 24hr ER (LA) diltiazem 24hr ER (XR) Dilt-XR dofetilide (QL) doxazosin Ecotrin+ Ecpirin+ enalapril flecainide hydralazine irbesartan irbesartan-HCTZ isosorbide mononitrate isosorbide mononitrate ER labetalol lisinopril lisinopril-HCTZ losartan losartan-HCTZ Low Dose Aspirin EC+ Matzim LA		Coreg (ST) Coreg CR (ST, QL) Corgard (ST) Epaned Haegarda* (PA) Hemangeol Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Kapsargo Sprinkle (ST) Lopressor (ST) Minipress Multaq Nitrostat Northera* (PA) Norvasc Pacerone 100mg, 400mg (PA) Procardia Procardia XL Ranexa (QL) Rythmol SR (PA) Takhzyro* (PA) Tenormin (ST) Tiazac Tikosyn (PA, QL) Toprol XL (ST) Verelan Verelan PM
BLOOD MODIFIERS/BLEEDING DISORDERS					
aminocaproic acid* tranexamic acid*	Aranesp*^ (PA) Droxia Epogen*^ (PA) Fulphila* (PA) Granix*^ Neulasta*^ (PA) Procrit*^ (PA) Retacrit*^ (PA) Udenyca*^ (PA) Zarxio*^	Amicar* Hemlibra* (PA) Lysteda* Neupogen*^ (PA) Nivestym*^ (PA) Promacta* (PA) Siklos (PA) Tavalisse* (PA)			
BLOOD PRESSURE/HEART MEDICATIONS					
amiodarone amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-HCTZ	Corlanor (PA) Entresto	Adalat CC BiDil (QL) Calan Calan SR Cardizem LA (QL) 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			exemestane	Erivedge* (PA)	Alecensa* (PA)
nadolol			imatinib* (PA)	Gleostine	Bosulif* (PA)
nifedipine			letrozole	Ibrance* (PA)	Cabometyx* (PA)
nifedipine ER			mercaptopurine	Lupron Depot*^ (PA)	Cometriq* (PA)
olmesartan (QL)			methotrexate	Nexavar* (PA)	Erleada* (PA)
olmesartan-amlodipine-HCTZ			tamoxifen+	Revlimid* (PA)	Gleevec* (PA)
olmesartan-HCTZ (QL)			temozolomide* (PA)	Sprycel* (PA)	Imbruvica* (PA)
Pacerone 200mg tablet				Sutent* (PA)	Inlyta* (PA)
prazosin				Tasigna* (PA)	Jakafi* (PA)
propafenone				Trexall	Kisqali* (PA)
propafenone ER				Tykerb* (PA)	Lenvima* (PA)
propranolol solution, tablet				Verzenio* (PA)	Lonsurf* (PA)
propranolol ER					Lynparza* (PA)
ramipril					Mekinist* (PA)
St. Joseph Aspirin+					Nerlynx* (PA)
ranolazine ER (QL)					Ninlaro* (PA)
Taztia XT					Odomzo* (PA)
telmisartan (QL)					Pomalyst* (PA)
telmisartan-HCTZ (QL)					Purixan*
valsartan					Rubraca* (PA)
valsartan-HCTZ					Stivarga* (PA)
verapamil capsule, tablet					Tafinlar* (PA)
verapamil ER					Tagrisso* (PA)
verapamil ER PM					Targretin capsule* (PA)
verapamil SR					Temodar capsule* (PA)
					Venclexta* (PA)
					Votrient* (PA)
					Xalkori* (PA)
					Xeloda* (PA)
					Xtandi* (PA)
					Zejula* (PA)
BLOOD THINNERS/ANTI-CLOTTING			CHOLESTEROL MEDICATIONS		
aspirin-dipyridamole ER	Brilinta	Aggrenox	amlodipine-atorvastatin (QL)	Repatha (PA)	Caduet (QL)
clopidogrel	Eliquis (PA)	Arixtra* (QL)	atorvastatin+	Vascepa (PA)	Lipofen (ST)
enoxaparin* (QL)	Fragmin* (QL)	Bevyxxa (QL)	colesevelam		Lovaza
fondaparinux* (QL)	Xarelto (PA)	Coumadin (PA)	ezetimibe		Niaspan
Jantoven		Effient	ezetimibe-simvastatin		TriCor (ST)
prasugrel		Lovenox* (QL)	fenofibrate		Triglide (ST)
warfarin		Plavix	fenofibric acid		Trilipix (ST)
		Pradaxa (PA)	fluvastatin ER+		Welchol
		Savaysa (PA, QL)	fluvastatin+		Zetia
		Zontivity	lovastatin 10mg		
			lovastatin 20mg,		
			40mg+		
			niacin		
CANCER					
abiraterone* (PA)	Actimmune* (PA)	Afinitor 2.5mg, 5mg,			
anastrozole	Afinitor 10mg* (PA)	7.5mg* (PA)			
capecitabine* (PA)	(PA)	Afinitor Disperz* (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)		
niacin ER niacor omega-3 acid ethyl esters pravastatin+ rosuvastatin (QL) rosuvastatin 5mg, 10mg+ (QL) simvastatin 80mg (QL) simvastatin 10mg, 20mg, 40mg+			Dasetta+ Daysee+ Deblitane+ Delyla+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol ethinyl estradiol dospirenone-ethinyl estradiol-levomefolate+ drospirenone-ethinyl estradiol+ Econtra EZ+ Econtra One-Step+ Elinest+ eluryng vaginal ring Emoquette+ Enpresse+ Enskyce+ Errin+ Estarylla+ ethynodiol-ethinyl estradiol+ etonogestrel-EE vaginal ring 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+ Aftera+ Altavera+ Alyacen+ Amethia+ Amethia Lo+ 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+ Cryselle+ Cyclafem+ Cyred+ Cyred EQ+	Lo Loestrin FE	Annovera+ Ella+ Estrostep FE Layolis FE Loestrin FE Minastrin 24 FE NuvaRing Safyral Skyla* Today Contraceptive Sponge+ Yasmin 28 Yaz			

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 ⁺		
norethindrone ⁺			Tri-Vylibra Lo ⁺		
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 (ST, QL) Synjardy XR (ST, QL) Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (ST, QL) Xultophy	
DENTAL PRODUCTS			DIURETICS		
chlorhexidine doxycycline fluoride+^ Fluoritab+^ Flura-Drops+^ Ludent Fluoride+^ Oralene 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	Baqsimi (QL) Basaglar (QL) Bydureon (ST, QL) Byetta (ST, QL) Farxiga (ST, QL) Freestyle Libre Sensor (PA, QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Insulin Lispro (QL) Janumet (ST, QL) Janumet XR (ST, QL) Januvia (ST, QL) Jardiance (ST, QL) Levemir (QL) OneTouch test strips Ozempic (ST, QL) Segluromet (ST, QL)	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)		Caverject^ (PA, QL) Cialis^ (PA age, ST, QL) Muse^ (PA, QL) Stendra^ (PA age, ST, QL) Viagra^ (PA age, ST, QL)
			EYE CONDITIONS		
			azelastine^ brimonidine ciprofloxacin dorzolamide dorzolamide-timolol epinastine^ erythromycin fluorometholone gatifloxacin	Combigan Restasis Simbrinza	Acuvail Alphagan P Alrex Azasite Azopt Besivance Betimol Betoptic S Bromsite

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

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+		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) Ferroprox* (PA) Galafold* (PA) Ingrezza* (PA) Jadenu* (PA) Kuvan* (PA) Myalept* (PA) Nuedexta (QL) Orfadin* (PA) Palynziq* (PA) Tiglutik* (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)	Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya 0.5mg* (PA) Plegridy* (PA) Rebif* (PA) Rebif Rebidose* (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) Ajovy (PA) Aimovig (PA) Belbuca (QL) Embeda (PA) Emgality (PA) Enbrel* (PA, QL) Humira* (PA, QL) Hysingla ER (PA) Morphabond ER (PA) Otezla* (PA, QL) Rasuvo (PA) Remicade*^ (PA) Simponi Aria* (PA) Stelara 45mg/0.5ml, 90mg/ml* (PA, QL) Taltz* (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) D-Penammine* (PA) Dupixent* (PA) Duragesic (PA) EC-naprosyn (ST) Esgic (QL) Fexmid Illaris*^ (PA) Ilumya* (PA, QL) Kadian (PA) Kevzara* (PA, QL) Lidoderm Mitigare Mobic (ST) MS Contin (PA) Nalfon 400 mg (ST) Naprosyn (ST) Norco (PA) Nucynta (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 Floriva+ Mephyton OB Complete Petite Quflora+ Rocaltrol	Auryxia (QL) CitraNatal Klor-Con M15 KPN+ K-Tab ER Lokelma OB Complete Perry Prenatal+ Phoslyra Prenate Mini Prenate Pixie PrimaCare Renvela Velphoro Veltassa			

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 ER lamotrigine ODT levetiracetam solution, tablet levetiracetam ER oxcarbazepine Roweepra Roweepra XR Subvenite Subvenite (Blue, Green, Orange) topiramate topiramate ER vigabatrin* Vigadrone*		Epidiolex* (PA) Klonopin (PA) Lyrica oral solution (PA) Neurontin (PA) Onfi (PA) Oxtellar XR (PA) Phenytek (PA) Tegretol (PA) Tegretol XR (PA)	fluorouracil cream, topical solution 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 Rosadan cream, gel sodium sulfacetamide- sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus ointment tazarotene tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone triderm Zenatane (QL)		
SKIN CONDITIONS			SLEEP DISORDERS/SEDATIVES		
adapalene (PA age) adapalene-benzoyl peroxide Amnesteem (QL) Avar 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 flucaninonide	Eucrisa Fluoroplex Targretin gel*	Bryhali (ST) Celacyn Centany Cleocin T Cloderm (ST) Dermasorb TA (ST) Drysol Ecoza Efudex Elidel Evoclin Lotrisone MiCort-HC 2.5% cream (ST) Mimyx Naftin Nizoral Picato Pramosone Protopic Regranex (PA, QL) Santyl (QL) Temovate (ST) Tolak Topicort (ST) Ultravate cream, ointment (ST) Valchlor* Xepi	armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)	Silenor (ST, QL)	Hetlioz* (PA) Lunesta (ST) Rozerem (ST, QL) Xyrem* (PA)
			SMOKING CESSATION		
			bupropion SR+ NicoDerm CQ 21mg/24hr+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+		Chantix^ NicoDerm CQ 7mg/24hr, 14mg/24hr+ Nicorette+ Nicotrol^

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SMOKING CESSATION (cont)

Quit 2+		Nicotrol NS^
Quit 4+		Zyban^

SUBSTANCE ABUSE

buprenorphine-naloxone	Lucemyra (QL) NARCAN (QL) Zubsolv	Bunavail Suboxone
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TRANSPLANT MEDICATIONS

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

URINARY TRACT CONDITIONS

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

VACCINES

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

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

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.

	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^		Belviq^ (PA)
phentermine^		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 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 <i>(cont)</i>	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 Avapro	irbesartan HCTZ	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan HCTZ
	Betapace	sotalol oral
	Bystolic	Generic beta blockers (e.g. metoprolol, atenolol)
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan HCTZ
	Edarbi	Generic ARBs (e.g. losartan, valsartan)
	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 Titradoso	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	Yospala	aspirin or enteric aspirin
CANCER	Nilandron	nilutamide
	Tarceva*	erlotinib*
	Yonsa*	abiraterone*
	Zytiga*	

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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	GlucaGen HypoKit Gvoke	Baqsimi Glucagon Emergency Kit
	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Jentadueto Jentadueto XR Kazano	Janumet Janumet XR
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch
	Nesina 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
	Pataday Patanol	azelastine^ epinastine^ olopatadine
	Cequa Restasis MultiDose Xiidra	Restasis
	Lumigan Travatan Z Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
	Vyzulta	bimatoprost latanoprost Lumigan

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository	
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine	
	CoLyte with Flavor Packets+ GoLyteLyte+ MoviPrep+ NuLYTELY with flavor packs+ OsmoPrep+ Plenvu+	Clenpiq+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ 3550 Electrolyte+ Prepopik+ SuPrep+	
	Cortifoam Uceris foam	Prescription hydrocortisone enema, rectal cream, suppository	
	Creon Pertzye Zenpep	Pancrease	
	Librax	chlordiazepoxide-clidinium	
	Linzess Motegrity Trulance Zelnorm	Amitiza	
	Marinol Syndros	dronabinol	
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pack)	
	Rowasa	mesalamine rectal enema suspension	
	Sensipar*	cinacalcet	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Cortrosyn	cosyntropin
		DDAVP	desmopressin
Dxevo TaperDex 7-Day		dexamethasone 1.5mg tablet	
Fortesta Natesto Testim Vogelxo Xyosted		AndgroGel testosterone	
Genotropin* Nutropin AQ nuspin* Omnitrope* Saizen* Saizen-Saizenprep* Zomacton*		Humatrope* (PA)	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
HORMONAL AGENTS <i>(cont)</i>	Nocurna	desompression acetate nasal spray or tablets	
	Rayos	prednisone	
	Uceris tablets	budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin capsule Minolira ER Oracea Seysara Solodyn Targadox Vibramycin Ximino	Generic products (e.g. doxycycline; minocycline)	
	Arakoda	atovaquone-proguanil doxycycline hydroxychloroquine quinine	
	Augmentin/ES	amoxicillin-clavulanate	
	Baraclude tablet*	entecavir tablet	
	Bethkis* Tobi	tobramycin inhalation solution*	
	Diflucan	fluconazole	
	E.E.S. 200	erythromycin granules	
	Eryped 400	erythromycin ethylsuccinate	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	Noxafil tablet	posaconazole DR 100mg tablet	
	Sitavig	acyclovir tablet famciclovir tablet valacyclovir tablet	
	Sporanox Tolsura	itraconazole oral	
	Valcycte	valganciclovir	
	Vancocin	vancomycin oral capsule	
	Zovirax	acyclovir	
	MISCELLANEOUS	Horizant	gabapentin
		Syprine*	Depen* penicillamine* trientine*
		Xenazine*	tetrabenazine*

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS	Ampyra ER*	dalfampridine ER
	Aubagio*	Gilenya* Mayzent* Tecfidera*
	Copaxone*	Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*
NUTRITIONAL/DIETARY	Azesco PreGenna Trinaz	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	Amerge Frova Maxalt Maxalt MLT Relpax	generic triptans (e.g. naratriptan; sumatriptan)
	Amrix	cyclobenzaprine Other generic muscle relaxants
	BUPAP	butalbital-acetaminophen tablets
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g. celecoxib, meloxicam)
	ConZip	Tramadol Tramadol ER
	Cosentyx*	Enbrel* Humira* Otezla* Stelara* Taltz*
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY (cont)	diclofenac 1.3% patch Flector 1.3% patch Voltaren 1% gel	diclofenac 1% gel, generic oral NSAIDs (e.g. celecoxib; meloxicam)	
	Gralise	gabapentin	
	Imitrex Zembrace Symtouch	sumatriptan	
	Kineret* Simponi*	Enbrel* (PA) Humira* (PA)	
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER	
	Lorzone	chlorzoxazone 500mg	
	Migranal	dihydroergotamine nasal spray	
	ONZETRA Xsail	Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)	
	Oxycontin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER	
	Pennsaid	diclofenac 1% gel	
	Roxicodone	oxycodone	
	Siliq*	Enbrel* (PA) Humira* (PA) Stelara*	
	Soriatane	acitretin	
	Sprix	ketorolac tablet	
	SUBSYS	fentanyl lozenge or buccal tablet	
	Tivorbex	indomethacin	
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine	
	Vivlodex	meloxicam	
	Zomig	sumatriptan zolmitriptan	
	Zomig ZMT	zolmitriptan ODT	
	Zorvolex	diclofenac	
	PARKINSON'S DISEASE	Gocovri	amantadine
		Lodosyn	carbidopa
Requip XL		ropinirole extended release	
Zelapar		selegiline tablets or capsules	
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Abilify MyCite	aripiprazole	
	FazaClo Versacloz	clozapine clozapine ODT	
	Geodon capsule	ziprasidone	
	Zyprexa	olanzapine	
	Zyprexa Zydis	olanzapine ODT	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS	Felbatol	felbamate
	Keppra oral solution, tablet	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (blue, green, orange)	lamotrigine ODT (blue, green, orange)
	Lamictal XR	lamotrigine ER
	Lamictal XR (blue, green, orange)	lamotrigine ER (blue, green, orange)
	Lyrica CR	duloxetine gabapentin lidocaine 5% patch
	Mysoline	primidone
	Qudexy XR	topiramate ER
	Trokendi XR	
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Zonegran	zonisamide
SKIN CONDITIONS	Absorica	Myorisan or Zenatane
	Acanya Aczone Aktipak Altreno Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Retin-A Micro Tazorac Veltin Ziana	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aldara Zyclara	imiquimod 5% cream
	Anusol-HC cream	hydrocortisone cream
	Apexicon E diflorasone Impoyz Olux Olux-E Psorcon	betamethasone, clobetasol, halobetasol
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin Neuac Kit	clindamycin-benzoyl peroxide

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	Carac	fluorouracil 0.5% cream
	Clindagel	clindamycin gel, topical solution
	Condylox	imiquimod 5% cream packet podoflox 0.5% topical solution
	Cutivate lotion	fluticasone topical lotion
	Denavir Zovirax cream, ointment	acyclovir tablet famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Dovonex	calcipotriene
	Duobrii	halobetasol plus tazarotene cream
	Enstilar Taclonex	calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam
	Finacea foam Finacea gel MetroCream MetroGel MetroLotion Soolantra	azelaic acid, topical metronidazole
	flurandrenolide hydrocortisone butyrate lipid cream, lotion Pandel	betamethasone fluocinolone fluticasone
	HALOG	clobetasol cream, ointment halobetasol cream, ointment
	Jublia Kerydin	ciclopirox topical solution itraconazole capsules terbinafine tablets
	Kenalog spray	triamcinolone acetonide aerosol spray
	Lexette	clobetasol cream, ointment halobetasol cream, foam, ointment
	Locoid	hydrocortisone cream, lipid cream, ointment, solution
	Locoid Lipocream	hydrocortisone lipid cream
	Loprox	ciclopirox cream, shampoo
	Luzu	econazole ketoconazole cream luliconazole oxiconazole

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Noritate	metronidazole cream
	Oxistat	etoconazole cream
	Penlac	ciclopirox solution
	Prudoxin Zonalon	Generic topical steroid (e.g. topical tacrolimus)
	Sernivo	clobetasol spray triamcinolone acetonide aerosol spray
	Sorilux	calcipotriene
	Trianex	triamcinolone cream, ointment
	Tridesilon	alclometasone desonide triamcinolone
	Ultravate	clobetasol lotion
	Vanos	fluocinonide 0.1% cream
	Vectical	calcitriol ointment
	Verdeso	desonide cream, ointment
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet
	Xolegel	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium 2.5% lotion sodium sulfacetamide 10% shampoo
	SLEEP DISORDERS/SEDATIVES	Ambien
Ambien CR		zolpidem ER
Ativan		lorazepam
Belsomra		Dayvigo
Edluar		zolpidem/ER
Intermezzo		
Nuvigil		armodafinil
Provigil		modafinil
Restoril		temazepam
Zolpimist	Belsomra eszopiclone Silenor zaleplon zolpidem/ER	
SUBSTANCE ABUSE	Evzio	narcan nasal spray
URINARY TRACT CONDITIONS	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique	darifenacin ER
	Myrbetriq	oxybutynin ER
	Toviaz	tolterodine ER
	VESIcare	tropium ER
Procysbi*	Cystagon*	

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Prescription drug list FAQs

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

Why do you make changes to the drug list?

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

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

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

Why doesn't my plan cover certain medications?

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

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

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

How do you decide which medications are covered?

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

Which medications are covered under the health care reform law?

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

Prescription drug list FAQs (cont)

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

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

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

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

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

How can I save money on my prescription medications?

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

Do generics work the same as brand name medications?

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

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

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

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

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

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

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

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

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

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

Can I fill my prescriptions by mail?

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

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

Prescription drug list FAQs (cont)

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

Where can I find more information about my pharmacy benefit?

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 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 06/01/18.
6. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
7. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
8. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



* 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.

** 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.

Para obtener ayuda en español llame al número en su tarjeta de Cigna.

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 provider, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, customers may be required to use an in-network pharmacy to fill the prescription. If customers use a pharmacy that does not participate in your plan's network, the prescription may not be covered, or reimbursement may be limited by your plan's copay, coinsurance or deductible requirements.

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