



CIGNA PERFORMANCE 3-TIER PRESCRIPTION DRUG LIST

As of July 1, 2019

Together, all the way.®



Offered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

827293 z Performance 3-Tier 05/19



Table of Contents

Getting started

Your prescription drug list	3
How to read your drug list	3
How to find your medication	5
Medications that are not covered	17
Prescription drug list FAQs	25
Exclusions and limitations	27

View your drug list online

This document was last updated 03/01/2019.* Here's where you can find a current list of the medications your plan covers:



The myCigna® app or website - Once you're registered, log in and click on "Coverage." Then select "Pharmacy" from the drop down menu.



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

Questions?

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

* Drug list created: originally created 01/01/2008

Last updated: 03/01/2019, for changes starting 07/01/2019

Next planned update: 09/01/2019, for changes starting 01/01/2020

Your prescription drug list

This document shows the most commonly prescribed medications covered on the Performance 3-Tier Prescription Drug List as of July 1, 2019.¹ 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 Performance 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 on this list. You should log in to the **myCigna** app or website, or check your plan materials, to learn more about the medications your plan covers.

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 Performance 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 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 Performance 3-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

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

(PA) **Prior Authorization** – Cigna will review information provided by your doctor 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.

*This may not apply to your plan because not all plans have extra coverage requirements like prior authorization, quantity limits, Step Therapy and/or age. Please log in to the myCigna app or website, or check your plan materials, to find out if your plan includes these specific coverage requirements.

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier, may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Please 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). Please 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. Please 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
AIDS/HIV	6	EYE CONDITIONS	11
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, 7	INFECTIONS	12, 13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	INFERTILITY	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MISCELLANEOUS	13
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	MULTIPLE SCLEROSIS	13
BLOOD THINNERS/ANTI-CLOTTING	8	NUTRITIONAL/DIETARY	14
CANCER	8	OSTEOPOROSIS PRODUCTS	14
CHOLESTEROL MEDICATIONS	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CONTRACEPTIVE PRODUCTS	8–10	PARKINSON’S DISEASE	15
COUGH/COLD MEDICATIONS	10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
DENTAL PRODUCTS	10	SEIZURE DISORDERS	15
DIABETES	10, 11	SKIN CONDITIONS	15, 16
DIURETICS	11	SLEEP DISORDERS/SEDATIVES	16
EAR MEDICATIONS	11	SMOKING CESSATION	16
ERECTILE DYSFUNCTION	11	SUBSTANCE ABUSE	16
		TRANSPLANT MEDICATIONS	16
		URINARY TRACT CONDITIONS	16

Cigna Performance 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*	Atripla*	Complera*	alprazolam intensol		Fetzima (ST, QL)
atazanavir*	Biktarvy*	Evotaz*	alprazolam ODT		Forfivo XL (ST, QL)
ritonavir*	Descovy*	Juluca*	alprazolam XR		Pristiq (ST, QL)
tenofovir*	Genvoya*	Odefsey*	amitriptyline		Prozac (ST, QL)
	Intelence*	Prezcobix*	bupropion (QL)		Sarafem (ST)
	Isentress HD*	Stribild*	bupropion SR (QL)		Trintellix (ST)
	Isentress*	Viread* 300mg tablet	bupropion XL (QL)		Viiibryd (ST)
	Norvir* packet, solution		bupropion XL (QL)		Wellbutrin SR (ST, QL)
	Prezista*		buspirone		Xanax
	Reyataz* packet		citalopram (QL)		Xanax XR
	Selzentry*		clomipramine		Zoloft (ST, QL)
	Tivicay*		desvenlafaxine ER		
	Triumeq*		desvenlafaxine ER (QL)		
	Truvada*		duloxetine (QL)		
	Viread* 150mg, 200mg, 250 mg tablet, powder		escitalopram (QL)		
ALLERGY/NASAL SPRAYS			fluoxetine (QL)		
Adyphren		Astepro	fluoxetine DR (QL)		
Adyphren Amp		Clarinet-D 12 Hour	fluvoxamine (QL)		
azelastine		EpinephrineSnap-V	fluvoxamine ER (QL)		
cromolyn		EPIsnap	lorazepam		
cyproheptadine		Karbinal ER	lorazepam intensol		
desloratadine		Semprex-D	mirtazapine		
epinephrine (QL)		Sinuva* (PA)	paroxetine (QL)		
flunisolide			paroxetine CR (QL)		
fluticasone			paroxetine ER (QL)		
hydroxyzine			sertraline (QL)		
ipratropium			trazodone		
mometasone (QL)			venlafaxine (QL)		
olopatadine			venlafaxine ER (QL)		
Phenergan					
promethazine					
ALZHEIMER'S DISEASE			ASTHMA/COPD/RESPIRATORY		
donepezil	Mestinon	Mestinon tablet	albuterol	Advair Diskus	Adcirca* (PA)
donepezil ODT	syrup	Namenda	budesonide	Advair HFA	Adempas* (PA)
memantine	Namenda	Namenda XR (QL)	ipratropium-albuterol	Anoro Ellipta	Aralast NP* (PA)
memantine ER	titration pak	Namzaric (QL)	montelukast	Atrovent HFA	Arcapta Neohaler
pyridostigmine		Regonol		Breo Ellipta	Daliresp (QL)
pyridostigmine ER				Combivent	Fasenra* (PA)
rivastigmine				Respimat	Glassia* (PA)
ANXIETY/DEPRESSION/BIPOLAR DISORDER				Incruse Ellipta	Kalydeco* (PA, QL)
alprazolam		Celexa (ST, QL)		ProAir HFA	Letairis* (PA)
alprazolam ER		Effexor XR (ST, QL)		ProAir	Nucala* (PA)
				RespiClick	OFEV* (PA)
				Pulmicort	Opsumit* (PA)
				Flexhaler	Orenitram ER* (PA)
				Pulmozyme* (PA)	Orkambi* (PA, QL)
				QVAR	Pulmicort
				Redihaler	Repatha* (PA)
				Serevent	Revatio* (PA)
				Diskus	Symdeko* (PA, QL)
					Tracleer* (PA)

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ASTHMA/COPD/RESPIRATORY (cont)			BLOOD PRESSURE/HEART MEDICATIONS (cont)		
	Spiriva Spiriva Respimat Stiolto Respimat Striverdi Respimat Symbicort Trelegy Ellipta (ST) Ventolin HFA Xolair* (PA)	Tyvaso* (PA) Uptravi* (PA)	Aspir 81+ aspirin EC+ aspirin+ Aspir-Low+ atenolol atenolol- chlorthalidone benazepril benazepril-HCTZ Bufferin+ candesartan Cartia XT carvedilol carvedilol ER clonidine digitek Digox digoxin diltiazem diltiazem CD diltiazem ER Dilt-XR dofetilide (QL) doxazosin Ecotrin+ EcPirin+ enalapril flecainide hydralazine irbesartan irbesartan-HCTZ isosorbide isosorbide ER labetalol lisinopril lisinopril-HCTZ losartan losartan-HCTZ Matzim LA metoprolol nadolol nifedipine nifedipine ER olmesartan olmesartan- amlodipine-HCTZ olmesartan-HCTZ propafenone propafenone ER	Tekturna Tekturna HCT	Cardizem LA Cinryze* (PA) Coreg CR Cozaar (ST) Diovan (ST) Diovan HCT (ST) Edarbi (ST) Edarbyclor (ST) Epaned (ST) Exforge Firazyr* (PA) Haegarda* (PA) Hemangeol Inderal LA Inderal XL Innopran XL Kaspargo Sprinkle Nitro-Dur Nitrolingual Nitromist Nitrostat Northera* (PA) Norvasc Ranexa (ST, QL) Tiazac Tikosyn (QL) Toprol XL Tribenzor Vasotec (ST)
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
atomoxetine dexamethylphenidate dexamethylphenidate ER dextroamphetamine-amphetamine dextroamphetamine-amphetamine ER guanfacine ER Metadate ER methylphenidate methylphenidate CD methylphenidate ER methylphenidate LA Relexxii	Vyvanse (PA)	Adderall (ST) Adzenys ER (PA) Adzenys XR-ODT (PA) Daytrana (PA) Dyanavel XR (PA) Evekeo (ST) Focalin (ST) Methylin (ST) QuilliChew ER (PA) Quillivant XR (PA) Ritalin (ST)			
BLOOD MODIFIERS/BLEEDING DISORDERS					
tranexamic acid*	Amicar* 1,000mg tablet Aranesp* (PA) Droxia Epogen* (PA) Granix* Neulasta* (PA) Procrit* (PA) Soliris* (PA) Zarxio*	Amicar* 500mg, 0.25gram/ml Ceprotin* (PA) Hemlibra* (PA) Promacta* (PA) Siklos (PA)			
BLOOD PRESSURE/HEART MEDICATIONS					
amlodipine amlodipine-benazepril amlodipine- olmesartan amlodipine-valsartan amlodipine-valsartan- HCTZ	Bystolic Byvalson Corlanor (PA) Entresto Multaq Nitro-Dur 0.3mg, 0.8mg	Azor Bayer Chewable Aspirin+ Benicar (ST) Benicar HCT (ST) Berinert* (PA) BiDil (QL)			

Cigna Performance 3-Tier Prescription Drug List

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

BLOOD PRESSURE/HEART MEDICATIONS (cont)

propranolol
propranolol ER
quinapril
ramipril
Taztia XT
telmisartan
telmisartan-HCTZ
tri-buffered aspirin+
valsartan
valsartan-HCTZ
verapamil
verapamil ER
verapamil SR

BLOOD THINNERS/ANTI-CLOTTING

aspirin-dipyridamole ER	Brilinta	Bevyxxa (QL)
clopidogrel	Eliquis	Coumadin
enoxaparin* (QL)	Fragmin* (QL)	Pradaxa
fondaparinux* (QL)	Xarelto	Savaysa
Jantoven		Zontivity
prasugrel		
warfarin		

CANCER

anastrozole	Actimmune*	Afinitor Disperz* (PA)
bexarotene* (PA)	(PA)	Afinitor* (PA)
capecitabine* (PA)	Avastin* (PA)	Alecensa* (PA)
exemestane	Gleostine	Bosulif* (PA)
imatinib* (PA)	Herceptin* (PA)	Cabometyx* (PA)
letrozole	Intron A* (PA)	Cometriq* (PA)
mercaptopurine	Lupron Depot*	Cotellic* (PA)
methotrexate*	(PA)	Erivedge* (PA)
tamoxifen+	Nexavar* (PA)	Erleada* (PA)
temozolomide* (PA)	Revlimid* (PA)	Fareston (QL)
	Rituxan* (PA)	Gazyva* (PA)
	Sprycel* (PA)	Gleevec* (PA)
	Sutent* (PA)	Ibrance* (PA)
	Tarceva* (PA)	Iclusig* (PA)
	Tasigna* (PA)	Imbruvica* (PA)
	Trexall*	Inlyta* (PA)
	Valstar*	Jakafi* (PA)
		Kadcyla* (PA)
		Lenvima* (PA)
		Lonsurf* (PA)
		Lynparza* (PA)
		Mekinist* (PA)
		Nerlynx* (PA)
		Ninlaro* (PA)
		Perjeta* (PA)

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

CANCER (cont)

Pomalyst* (PA)
Stivarga* (PA)
Sylatron* (PA)
Tafinlar* (PA)
Tagrisso* (PA)
Targretin* capsule (PA)
Tecentriq* (PA)
Verzenio* (PA)
Votrient* (PA)
Xalkori* (PA)
Xtandi* (PA)
Zelboraf* (PA)
Zytiga* (PA)

CHOLESTEROL MEDICATIONS

atorvastatin 10mg, 20mg+	Repatha* (PA)	Crestor (ST)
atorvastatin 40mg, 80mg		Korlym* (PA)
colesevelam		Vascepa
ezetimibe		Vytorin (ST)
fenofibrate		Welchol
fenofibric acid		Zetia
fluvastatin+		
fluvastatin ER+		
lovastatin 20mg, 40mg+		
niacin ER		
Niacor		
omega-3 acid ethyl esters		
pravastatin+		
rosuvastatin 5mg, 10mg (QL)+		
rosuvastatin 20mg, 40mg (QL)		
simvastatin 10mg, 20mg, 40mg+		
simvastatin 80mg (QL)		

CONTRACEPTIVE PRODUCTS

Altavera+	Lo Loestrin FE	Beyaz
Alyacen+	NuvaRing+	Ella+
Amethia Lo+	Taytulla	Estrostep FE
Amethyst+		FC2 Female Condom+
Apri+		Kyleena*

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)			CONTRACEPTIVE PRODUCTS (cont)		
Aranelle ⁺		Loestrin FE	Jencycla ⁺		
Ashlyna ⁺		LoSeasonique	Jolessa ⁺		
Aubra EQ ⁺		Microgestin ⁺	Jolivette ⁺		
Aviane ⁺		Minastrin 24 FE	Juleber ⁺		
Azurette ⁺		Mirena [*]	Junel FE 24 ⁺		
Balziva ⁺		Nexplanon [*]	Junel FE ⁺		
Bekyree ⁺		Skyla [*]	Junel ⁺		
Blisovi 24 FE ⁺		Today Contraceptive	Kaitlib FE ⁺		
Blisovi FE ⁺		Sponge ⁺	Kariva ⁺		
Briellyn ⁺		Wide Seal	Kelnor 1-35 ⁺		
Camila ⁺		Diaphragm ⁺	Kelnor 1-50 ⁺		
Camrese Lo ⁺			Kurvelo ⁺		
Camrese ⁺			Larin FE 24 ⁺		
Caziant ⁺			Larin FE ⁺		
Chateal EQ ⁺			Larin ⁺		
Chateal ⁺			Larissia ⁺		
Cryelle ⁺			Leena ⁺		
Cyclafem ⁺			Lessina ⁺		
Cyred ⁺			Levonest ⁺		
Dasetta ⁺			levonorgestrel-ethinyl		
Daysee ⁺			estradiol ⁺		
Deblitane ⁺			Levora-28 ⁺		
Delyla ⁺			Lillow ⁺		
desogestrel-ethinyl			Loryna ⁺		
estradiol ⁺			Low-Ogestrel ⁺		
drospirenone-ethinyl			Lutera ⁺		
estradiol ⁺			Lyza ⁺		
drospirenone-			Marlissa ⁺		
ethinyl estradiol-			medroxyprogesterone		
levomefolate ⁺			150mg/ml ⁺		
Econtra EZ ⁺			Melodetta 24 FE ⁺		
Econtra One-Step ⁺			Mibelas 24 FE ⁺		
Elinest ⁺			Microgestin FE ⁺		
Emoquette ⁺			Mili ⁺		
Enpresse ⁺			Mono-Linyah ⁺		
Enskyce ⁺			Mononessa ⁺		
Errin ⁺			My Choice ⁺		
Estarylla ⁺			My Way ⁺		
ethynodiol-ethinyl			Myzila ⁺		
estradiol ⁺			Necon 0.5/35 ⁺		
Falmina ⁺			Nikki ⁺		
Fayosim ⁺			Nora-BE ⁺		
Femynor			norethindrone ⁺		
Gianvi ⁺			norethindrone-ethinyl		
Hailey 24 FE			estradiol ⁺		
Heather ⁺			norethindrone-ethinyl		
Introvale ⁺			estradiol-iron ⁺		
Isibloom ⁺					

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)			COUGH/COLD MEDICATIONS		
norgestimate-ethinyl estradiol ⁺ Norlyda ⁺ Norlyroc ⁺ Nortrel ⁺ Ocella ⁺ Opcicon One-Step ⁺ Option 2 ⁺ Orsythia ⁺ Philith ⁺ Pimtrea ⁺ Pirmella ⁺ Portia ⁺ Previfem ⁺ Reclipsen ⁺ Rivelsa ⁺ Setlakin ⁺ Sprintec ⁺ Sronyx ⁺ Syeda ⁺ Tarina FE 1-20 EQ ⁺ Tarina FE ⁺ Tilia FE ⁺ Tri Femynor ⁺ Tri-Estarylla ⁺ Tri-Legest FE ⁺ Tri-Linyah ⁺ Tri-Lo-Estarylla ⁺ Tri-Lo-Marzia ⁺ Tri-Lo-Sprintec ⁺ Tri-Mili ⁺ Tri-Previfem Tri-Sprintec ⁺ Trivora-28 ⁺ Tri-Vylibra ⁺ Tulana ⁺ Tydemy ⁺ VCF ⁺ Vienva ⁺ Viorele ⁺ Vyfemla ⁺ Vylibra ⁺ Wera ⁺ Wymzya FE ⁺ Xulane ⁺ Zarah ⁺ Zovia 1-35E ⁺			benzonatate Bromfed DM brompheniramine- pseudoephedrine- DM hydrocodone- chlorpheniramine ER hydrocodone- homatropine (QL) Hydromet (QL)		Tessalon Perle Tussionex Tuzistra XR (QL)
			DENTAL PRODUCTS		
			chlorhexidine Denta 5000 plus Dentagel doxycycline fluoride ⁺ Fluoridex Fluoritab ⁺ Flura-Drops ⁺ Ludent Fluoride ⁺ multivitamin-iron- fluoride ⁺ Oralone Paroex Peridex SF SF 5000 Plus sodium fluoride ⁺ triamcinolone Tri-Vitamin with Fluoride ⁺	Fluorabon ⁺ PreviDent 5000	Clinpro 5000 Escavite ⁺ Escavite D ⁺ Floriva ⁺ MVC-Fluoride ⁺ Poly-Vi-Flor with Iron ⁺ PreviDent PreviDent 5000 Plus Quflora ⁺
			DIABETES		
			glimepiride glipizide glipizide ER glipizide XL metformin metformin ER	Accu-Chek test strips and meters Basaglar Bydureon (QL) Byetta (QL) Dexcom G6 sensors (PA, QL) Farxiga FreeStyle Libre sensors (PA, QL) GlucaGen HypoKit (QL)	Cycloset NovoTwist

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont)			EYE CONDITIONS		
	Glucagon Emergency Kit (QL) Glyxambi Humalog Humulin Janumet Janumet XR Januvia Jardiance Kombiglyze XR Levemir OneTouch test strips and meters Onglyza Ozempic (QL) Qtern Soliqua SymlinPen Synjardy Synjardy XR Tresiba Trulicity (QL) Victoza (QL) Xigduo XR Xultophy		azelastine bacitracin bimatoprost (QL) brimonidine ciprofloxacin dorzolamide-timolol erythromycin fluorometholone gatifloxacin ketorolac latanoprost moxifloxacin neomycin-polymyxin- dexamethasone ofloxacin olopatadine polymyxin B-TMP prednisolone timolol tobramycin tobramycin- dexamethasone	Alphagan P 0.1% Azasite Azopt Betimol Betoptic S Lotemax drops, gel Moxeza Pazeo Pred Mild Restasis Simbrinza Tobradex ointment Travatan Z Xiidra	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Combigan Cosopt PF Cystaran* (QL) Durezol Eylea* (PA) Ilevro Iluvien* Inveltys Lotemax ointment Lucentis* (PA) Lumigan Nevanac Omnipred Ozurdex* Pataday Patanol Pred Forte Prolensa Tobradex drops Tobradex ST Vigamox Zioptan (ST, QL) Zirgan Zylet
DIURETICS			FEMININE PRODUCTS		
acetazolamide bumetanide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ	Diuril Dyrenium	Aldactone Carospir Jynarque* (PA) Lasix Samsca*	Fem pH Gynazole 1 Miconazole 3 terconazole		AVC Relagard
EAR MEDICATIONS			GASTROINTESTINAL/HEARTBURN		
neomycin-polymyxin- HC ofloxacin drops	Cipro HC Ciprodex	Coly-Mycin S Dermotic Otovel	Alopenh+ alosetron* Anucort-HC balsalazide bisacodyl+ chlordiazepoxide- clidinium Clearlax+ dicyclomine diphenoxylate- atropine	Amitiza Apriso Canasa Carafate Carafate suspension Creon Dexilant (QL) Entyvio* (PA) GoLYTELY packet Linzess	Aciphex (ST, QL) Aciphex Sprinkle (QL) Akynzeo* (PA, QL) Bonjesta Carafate tablet Cholbam* (PA) Clenpiq CoLyte with Flavor Packets+ Correctol+ Diclegis
ERECTILE DYSFUNCTION					
sildenafil (PA age, QL) tadalafil (PA, QL) vardenafil (QL)	Muse (QL)	Cialis (ST, QL) Viagra (ST, QL)			

Cigna Performance 3-Tier Prescription Drug List

GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
dronabinol	Pentasa	Donnatal	desmopressin tablet, spray, solution	Cytomel 50mcg	Aveed* (PA)
Ducodyl+	Zenpep	Dulcolax tablet+	desmopressin* vial, ampule, powder	Divigel	Climara
esomeprazole (QL)		Gattex* (PA)	dexamethasone	Duavee	Climara Pro
famotidine		Gialax+	dexamethasone intensol	Estring (QL)	CombiPatch
GaviLax+		GoLYTELY+ solution	EEMT	Forteo*	Cytomel 5mcg, 25mcg
GaviLyte-C+		Lialda (ST)	EEMT H.S.	Ganirelix*^	Deltasone
GaviLyte-G+		MiraLAX+	estradiol patch (QL)	Humatrope* (PA)	Depo-Testosterone
GaviLyte-N+		Movantik (PA)	estradiol- norethindrone	Lupron Depot* (PA)	Egrifta* (PA)
GentleLax+		MoviPrep+	acetate	Premarin	Elestrin
GlycoLax+		NuLYTELY with Flavor Packets+	estrogen- methyltestosterone	Premphase	Entocort EC
HealthyLax+		Ocaliva* (PA)	levothyroxine	Prempro	Estrace
Hemmorex-HC		OsmoPrep+	Levoxyl	Sandostatin LAR	EstroGel
hydrocortisone		Pancreaze	liothyronine	Serostim* (PA)	Euthyrox
lansoprazole (QL)		Pertzye	medroxyprogesterone	Somavert* (PA)	Evamist
lansoprazole- amoxicillin- clarithromycin (combo pak)		Prepopik+	Methergine	Synthroid	Femring
LaxaClear+		Prevacid (ST, QL)	methimazole	Zorbitive* (PA)	H.P. Acthar* (PA)
mesalamine		Ravicti* (PA)	methylergonovine		Intrarosa
metoclopramide		Rectiv	methylprednisolone		Levo-T
metoclopramide ODT		Relistor (PA)	Mimvey		Lupron Depot-Ped* (PA) 30mg
Natura-Lax+		Sancuso (PA, QL)	Mimvey LO		Menostar (QL)
omeprazole (QL)		Sensipar*	Nature-Throid		Minivelle (QL)
ondansetron		sfRowasa	NP Thyroid		Natpara* (PA)
ondansetron ODT		Sucraid* (PA)	prednisolone		Osphena
pantoprazole (QL)		Suprep+	prednisolone ODT		Prometrium
PEG-3350 and electrolytes		Sustol (PA)	prednisone		Royaldee
PEG-Prep+		Symproic (PA)	prednisone intensol		Somatuline Depot* (PA)
Phenadoz		Transderm-Scop	progesterone		Striant (PA, QL)
Powderlax+		Varubi* (PA, QL)	testosterone (PA, QL)		Supprelin LA* (PA)
promethazine		Viberzi	testosterone cypionate		Testopel (PA)
promethegan		Viokace	thyroid		Thyrogen*
Purelax+		Xermelo* (PA)	Westhroid		Tirosint
rabeprazole (QL)			WP Thyroid		Triostat
ranitidine			Yuvafem (QL)		Unithroid
Smooth LAX+					Vagifem (QL)
sucralfate					Vivelle-Dot (QL)
TriLyte with Flavor Packets+					
ursodiol					
HORMONAL AGENTS			INFECTIONS		
Amabelz	Androderm	Activella	acyclovir	Baraclude*	Albenza
budesonide ER (PA, QL)	(PA, QL)	Alora (QL)	amoxicillin	solution	Alinia
cabergoline (QL)	AndroGel 1%	AndroGel 1.62%, 1% (2.5g) (PA, QL)	amoxicillin- clavulanate ER	Cipro	Bactrim
Covaryx	(PA, QL)		amoxicillin- clavulanate	Daraprim* (PA)	Bactrim DS
Covaryx H.S.	Armour	Angeliq		Kitabis Pak*	Baraclude* tablet
Decadron	Thyroid	Armour Thyroid 15mg tablet			
	Crinone				

Cigna Performance 3-Tier Prescription Drug List

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

INFECTIONS (cont)

atovaquone	ledipasvir-	Cayston*
atovaquone-proguanil	sofosbuvir*	Cleocin
Avidoxy	(PA)	Clindesse
azithromycin	Mavyret* (PA)	Cresemba (PA)
cefdinir	Pegasys	Dificid (QL)
cefixime	ProClick* (PA)	E.E.S. 400
cefpodoxime	Pegasis* (PA)	EryPed 200
cefuroxime	sofosbuvir-	Ery-Tab
cephalexin	velpatasvir*	Firvanq
ciprofloxacin	(PA)	Harvoni* (PA)
clarithromycin	Sovaldi* (PA)	MetroGel-Vaginal
clarithromycin ER	Thalomid* (PA)	Minocin
clindamycin	Vosevi* (PA)	Monurol
Coremino		Natroba
dapsone		Noxafil
Doxy 100		Nuversa
doxycycline		PegIntron* (PA)
doxycycline IR-DR		Plaquenil
Emverm		Prevymis*
entecavir*		Sivextro (PA)
erythromycin		Sklice
erythromycin ES		Solosec
famciclovir		Sulfatrim
fluconazole		Suprax
hydroxychloroquine		Synagis* (PA)
itraconazole		Tamiflu (QL)
levofloxacin		Tobi Podhaler*
metronidazole		Uretron D-S
minocycline		Uribel
minocycline ER		Urogesic-Blue
Mondoxine NL		UTA
Morgidox		Valtrex
nitrofurantoin		Vemlidy*
nitrofurantoin mono-		Vibramycin
macro		Xifaxan
nystatin		Zepatier* (PA)
Okebo		
oseltamivir (QL)		
penicillin		
permethrin		
Soloxide		
sulfamethoxazole-		
TMP		
terbinafine		
tetracycline		
tinidazole		
tobramycin* ampule		
valacyclovir		
valganciclovir		

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

INFECTIONS (cont)

vancomycin		
Vandazole		
voriconazole (PA)		

INFERTILITY

chorionic gonadotropin*^ (PA)	Crinone^	Makena* (PA)
clomiphene^	Endometrin^	Menopur*^
hydroxyprogesterone caproate* (PA)	Follistim AQ*^	

MISCELLANEOUS

disulfiram	Cerdelga* (PA)	Austedo* (PA)
Nebusal 3%	Elaprase* (PA)	Botox* (PA)
Pulmosal	Nityr* (PA)	Brisdelle (QL)
sodium chloride	TechLITE	Cerezyme* (PA)
tetrabenazine* (PA)	Lancets	Dysport* (PA)
trientine* (PA)	Vivitrol*	Esbriet* (PA)
		Exjade*
		Ferriprox*
		Ingrezza* (PA)
		Jadenu*
		Kuvan* (PA)
		Lumizyme* (PA)
		Myalept* (PA)
		Naglazyme* (PA)
		Nuedexta (QL)
		Strensiq* (PA)
		Syprine* (PA)
		Vimizim* (PA)
		VPRIV* (PA)
		Xenazine* (PA)
		Xeomin* (PA)

MULTIPLE SCLEROSIS

glatiramer* (PA)	Ampyra* (PA)	Gilenya 0.25mg
Glatopa* (PA)	Aubagio* (PA)	Lemtrada* (PA)
	Avonex Pen* (PA)	Ocrevus* (PA)
	Avonex* (PA)	Tysabri* (PA)
	Betaseron* (PA)	
	Extavia* (PA)	
	Gilenya* (PA)	
	0.5mg	
	Plegridy* (PA)	
	Rebif* (PA)	
	Tecfidera* (PA)	

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
NUTRITIONAL/DIETARY			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
B-12 Compliance calcitriol calcium cyanocobalamin injection FA-8+ folic acid 1mg folic acid 0.4mg, 0.8mg+ Klor-Con Klor-Con M10 Klor-Con M20 Klor-Con Sprinkle lanthanum potassium chloride Prena1 Pearl prenatal vitamin+ Prenatal+ sevelamer Vitamin D2	CitraNatal Klor-Con M15 OB Complete Petite Prenate Mini Vitafof vitaMedMD One RX VitaPearl	Auryxia (QL) Klor-Con 10 Klor-Con 8 KPN+ K-Tab ER Mephyton Nascobal OB Complete Perry Prenatal+ Phoslyra Physicians EZ Use B-12 Renagel Renvela Urosex+ Velphoro Veltassa	diclofenac diclofenac (QL) diclofenac ER dihydroergotamine (QL) eletriptan (QL) Endocet (PA) etodolac etodolac ER fenoprofen fentanyl (PA) Fioricet (QL) frovatriptan (QL) Glydo hydrocodone- acetaminophen (PA) hydromorphone (PA) hydromorphone ER (PA) IBU ibuprofen indomethacin indomethacin ER ketorolac carpuject ketorolac (QL) leflunomide lidocaine lidocaine (QL) lidocaine viscos lidocaine-prilocaine Lidopril Lidopril XR Lido-Prilo Caine Pack Livixil Pak Lorcet (PA) Lorcet HD (PA) Lorcet Plus (PA) Lortab (PA) meloxicam Metaxall metaxalone methocarbamol morphine (PA) morphine ER (PA) nabumetone Nalfon (ST) Nalocet (PA) naproxen	Uloric Xtampza ER (PA)	Hyalgan* (PA) Ilaris* (PA) Kadian (PA) Kevzara* (PA) Kineret* (PA) Lazanda (PA) Mitigare Monovisc* (PA) Morphabond ER (PA) MS Contin (PA) Nucynta ER (PA) Orencia* (PA) Orthovisc* (PA) Otrexup* (PA) Oxaydo (PA) Pennsaid (ST) Percocet (PA) Procort Relpax (QL) Roxybond (PA) Simponi* (PA) Syprine* (PA) Synvisc-One* (PA) Taltz* (PA) Tremfya* (PA) Voltaren (ST, QL) Xeljanz XR* (PA) Xeljanz* (PA) Zohydro ER (PA)
OSTEOPOROSIS PRODUCTS					
alendronate (QL) calcitonin-salmon ibandronate tablet ibandronate* syringe, vial raloxifene+ risedronate risedronate DR	Tymlos*	Evista Fosamax Plus D (ST) Prolia* (PA) Xgeva* (PA)			
PAIN RELIEF AND INFLAMMATORY DISEASE					
acetaminophen- codeine (PA) allopurinol baclofen buprenorphine (QL) butalbital- acetaminophen- caffeine-codeine (PA) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) chlorzoxazone colchicine cyclobenzaprine R Dermacinx Empricaine DermacinRx Prizopak	Actemra* (PA) Belbuca (QL) Cuprimine* (PA) Depen* (PA) Embeda (PA) Enbrel* (PA) Humira* (PA) Hysingla ER (PA) Nucynta (PA) Otezla* (PA) Rasuvo* (PA) Remicade* (PA) Savella Stelara* (PA) Subsys (PA)	Abstral (PA) Actiq (PA) Analpram HC Arymo ER (PA) Benlysta* (PA) Buprenex Butrans (QL) Celebrex (ST, QL) Cimzia* (PA) Colcrys Cosentyx* (PA) Dupixent* (PA) Duragesic (PA) Durolane* (PA) Euflexxa* (PA) Fentora (PA) Flector (ST, QL) Gelsyn-3* (PA)			

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)			SCHIZOPHRENIA/ANTI-PSYCHOTICS (cont)		
naproxen DS oxycodone (PA) oxycodone ER (PA) oxycodone-acetaminophen (PA) oxymorphone (PA) oxymorphone ER (PA) Phrenilin Forte (QL) Prikaan Prikaan Lite Prilolid Prilovix Primlev (PA) Profeno Relador Pak Relador Pak Plus rizatriptan (QL) sumatriptan (QL) sumatriptan-naproxen (QL) tizanidine tramadol (QL) tramadol ER (QL) Verdrocet (PA) Vicodin (PA) Vicodin ES (PA) Vicodin HP (PA)			paliperidone ER quetiapine quetiapine ER risperidone risperidone ODT ziprasidone Saphris (ST) Seroquel (ST) Seroquel XR (ST) Vraylar (ST)		
PARKINSON'S DISEASE			SEIZURE DISORDERS		
amantadine benztropine bromocriptine carbidopa-levodopa carbidopa-levodopa ER pramipexole pramipexole ER rasagiline ropinirole ropinirole ER			carbamazepine carbamazepine ER clonazepam divalproex divalproex ER Epitol gabapentin lamotrigine lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT levetiracetam levetiracetam ER oxcarbazepine Roweepra Roweepra XR Subvenite Subvenite (blue, green, orange) topiramate topiramate ER Keppra vial Lyrica Vimpat tablet, solution (PA) Aptiom (PA) Banzel (PA, QL) Briviact Briviact (PA) Carbatrol Depakote Depakote ER Dilantin Fycompa (PA) Klonopin Onfi Oxtellar XR (PA) Phenytek Spritam (PA) Tegretol Tegretol XR Vimpat vial		
Apokyn* (PA) Azilect Neupro Rytary Sinemet Sinemet CR Tasmar Xadago			SKIN CONDITIONS		
SCHIZOPHRENIA/ANTI-PSYCHOTICS			adapalene (PA age) adapalene-benzoyl peroxide Ala-Cort Amnesteem (QL) Avar Avar-E Avar-E Green betamethasone dipropionate augmented betamethasone dipropionate BP 10-1 calcipotriene calcipotriene-betamethasone DP Calcitrene Eucrisa Finacea Naftin gel Santyl (QL) Benzamycin Celacyn Desonate (ST) Desowen (ST) Dovonex Drysol Ecoza Elidel Enstilar Impoyz (ST) Naftin cream Nizoral Olux (ST) Picato Soolantra Sorilux Taclonex Targretin* gel		
aripiprazole aripiprazole ODT chlorpromazine haloperidol olanzapine olanzapine ODT olanzapine-fluoxetine			Abilify Maintena (QL) Aristada (QL) Fanapt (ST, QL) Invega Sustenna (QL) Invega Trinza (QL) Latuda (ST) Rexulti (ST)		

Cigna Performance 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)			SLEEP DISORDERS/SEDATIVES		
Claravis (QL)		Temovate (ST)	armodafinil (PA)	Belsomra (ST)	Hetlioz* (PA)
Clindacin ETZ		Topicort (ST)	eszopiclone	Silenor (ST)	Lunesta (ST)
Clindacin P		Tridesilon (ST)	modafinil (PA)		Rozerem (ST, QL)
clindamycin		Xolegel	temazepam		Xyrem* (PA)
clindamycin-benzoyl peroxide			zolpidem		
clindamycin-tretinoin			zolpidem ER		
clobetasol			SMOKING CESSATION		
Clodan shampoo			bupropion SR+ 150mg	Chantix	Nicorette+
clotrimazole-			NicoDerm CQ+	Nicotrol	Zyban
betamethasone			Nicorelief+	Nicotrol NS	
dapsone			nicotine gum+		
desonide			nicotine lozenge+		
diflorasone diacetate			nicotine patch+		
fluocinonide			Quit 2+		
fluorouracil			Quit 4+		
flurandrenolide			SUBSTANCE ABUSE		
hydrocortisone			buprenorphine	Bunavail	
imiquimod 5% cream			buprenorphine-	Narcan	
isotretinoin (QL)			naloxone	Probuphine	
ketoconazole				Suboxone	
metronidazole				Zubsolv	
mupirocin			TRANSPLANT MEDICATIONS		
Myorisan (QL)			azathioprine*	Prograf*	Astagraf XL*
Neuac gel			mycophenolate*		CellCept*
Nolix			mycophenolic acid*		Envarsus XR*
nystatin-triamcinolone			sirolimus*		Myfortic*
oxiconazole			tacrolimus*		Neoral*
Plixda (PA age)					Prograf* 1 mg capsule
Procto-Med HC					Zortress*
Procto-Pak			URINARY TRACT CONDITIONS		
Proctosol-HC			darifenacin ER	Cystagon*	Avodart
Proctozone-HC			dutasteride	Elmiron	Procysbi* (PA)
Psorcon			finasteride	Thiola*	Pyridium
Rosadan			oxybutynin		Rapaflo
rosanil			oxybutynin ER		
sodium			phenazopyridine		
sulfacetamide-sulfur			potassium ER		
SSS 10-5			tamsulosin		
Sulfacleanse 8-4			tolterodine		
tacrolimus			tolterodine ER		
tazarotene					
tretinoin					
tretinoin (PA age)					
tretinoin microsphere (PA age)					
triamcinolone					
Triderm					
Zenatane (QL)					

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. **We want you to know your plan covers other medications that are used to treat the same condition.**^^ We've listed some below for you and your doctor to consider. **You should call your doctor's office to talk about your options.**

DRUG CLASS	MEDICATIONS NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Kaletra solution*	lopinavir-ritonavir*
	Norvir tablet*	ritonavir*
	Reyataz capsule*	atazanavir*
	Sustiva*	efavirenz*
	Videx EC*	didanosine*
	Viramune tablet*	nevirapine*
	Viramune XR*	nevirapine ER*
	Zerit*	stavudine*
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto injector
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g., fluticasone)
	QNASL Children's	budesonide fluticasone triamcinolone
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil	clomipramine
	Aplenzin Wellbutrin XL	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline
	Parnate	tranylcypromine
	Pexeva	paroxetine/CR/ER
	Tofranil	imipramine
ASTHMA/COPD/RESPIRATORY	Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA	QVAR RediHaler Pulmicort Flexhaler
	Bevespi	Anoro Ellipta
	Utibron Neohaler	Stiolto Respimat

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATIONS NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY <i>(cont)</i>	Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort
	Elixophyllin	theophylline oral solution
	Proventil HFA Xopenex HFA	ProAir HFA ProAir RespiClick Ventolin
	Seebri Neohaler Tudorza Pressair	Incruse Ellipta Spiriva
	Zyflo	montelukast zafirlukast
	Zyflo CR	zileuton ER
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT	dexmethylphenidate ER methylphenidate ER/CD/LA dextroamphetamine-amphetamine ER Vyvanse
	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
	Mydayis	dextroamphetamine-amphetamine ER Vyvanse
BLOOD PRESSURE/HEART MEDICATIONS	Betapace	sotalol
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Isordil Isordil Titradose	isosorbide dinitrate
	Lanoxin tablet	Digitek digoxin
CANCER	Nilandron*	nilutamide*
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Lipitor	atorvastatin
	Zypitamag	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin
COUGH/COLD MEDICATIONS	TussiCaps	hydrocodone-chlorpheniramine ER
DIABETES	Accu-Chek, Contour, FreeStyle all other test strips and meters	OneTouch test strips and meters
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATIONS NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Admelog Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	Fortamet Glumetza metformin ER (generic Fortamet and Glumetza)	metformin ER (generic Glucophage XR)
	Invokamet Invokamet XR Segluromet	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga Jardiance
	Jentadueto Jentadueto XR Kazano	alogliptin-metformin Janumet, Janumet XR Kombiglyze XR
	Nesina Tradjenta	alogliptin Januvia Onglyza
	Oseni	alogliptin-pioglitazone Januvia + pioglitazone
	Lantus Toujeo SoloStar	Basaglar, Levemir, Tresiba
	Steglatro	Farxiga Jardiance
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Vyzulta	bimatoprost latanoprost Travatan Z
GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository
	Asacol-HD Colazal Delzicol Dipentum mesalamine 800mg	Apriso balsalazide Lialda Pentasa sulfasalazine
	Librax	chlordiazepoxide-clidinium
	Lotronex	alosetron
	Marinol	dronabinol
	Nexium	esomeprazole
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)
	OmePPI	omeprazole

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATIONS NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN (<i>cont</i>)	Pepcid	famotidine	
	Prevacid SoluTab	lansoprazole	
	Rowasa	mesalamine enema	
	Syndros	dronabinol	
	Trulance	Amitiza, Linzess	
	Zegerid	omeprazole	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
HORMONAL AGENTS	Cortrosyn	cosyntropin	
	DDAVP	desmopressin	
	DexPak TaperDex	dexamethasone	
	Fortesta Natesto Testim Vogelxo	AndroGel 1.62% testosterone	
	Genotropin* Norditropin* Nutropin AQ* Omnitrope* Saizen* Zomacton*	Humatrope* (PA)	
	Hectorol	doxercalciferol	
	Rayos	prednisone prednisone intensol	
	Uceris tablet	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisone prednisolone	
	INFECTIONS	Acticlate Doryx Minocin capsule Oracea Solodyn Vibramycin capsule Ximino	Generic products (e.g., doxycycline; minocycline)
		Augmentin/ES	amoxicillin-clavulanate ER
Bethkis* TOBI*		Kitabis Pak* tobramycin*	
Diflucan		fluconazole	
E.E.S. 200 Eryped 400		erythromycin ES	
Mepron		atovaquone	
Mycobutin		rifabutin	

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATIONS NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS <i>(cont)</i>	Sitavig	acyclovir (oral) famciclovir valacyclovir
	Sporanox	itraconazole
	Targadox	doxycycline
	Valcyte	valganciclovir
	Vancocin	vancomycin
	Zovirax	acyclovir (oral) famciclovir valacyclovir
INFERTILITY	Bravelle*^ Gonal-F*^	Follistim AQ*^ (PA)
MISCELLANEOUS	Horizant	gabapentin
MULTIPLE SCLEROSIS	Copaxone*	Aubagio*, Avonex*, Betaseron*, Extavia*, Gilenya*, glatiramer*, Glatopa*, Plegridy*, Rebif*, Tecfidera*
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Bupap	butalbital-acetaminophen tablet Tencon
	Cambia diclofenac 1.5% solution Duexis Naprelan naproxen CR naproxen ER Pennsaid 2% pump Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)
	ConZip	tramadol tramadol ER
	D.H.E. 45	dihydroergotamine
	Gralise	gabapentin
	Imitrex Zembrace SymTouch	sumatriptan
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)
	Lidozion	lidocaine cream
	Lorzone	chlorzoxazone
	Migranal	dihydroergotamine
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATIONS NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	Roxicodone	oxycodone
	Siliq	Enbrel (PA) Humira (PA) Remicade (PA) Stelara (PA)
	Soriatane	acitretin
	SPRIX	ketorolac
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	Vanatol LQ	butalbital-acetaminophen-caffeine
	Zomig	zolmitriptan sumatriptan
	Zomig ZMT	zolmitriptan ODT
PARKINSON'S DISEASE	Gocovri	amantadine
	Lodosyn	carbidopa
	Requip XL	ropinirole ER
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	FazaClo Versacloz	clozapine clozapine ODT
	Geodon	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
SKIN CONDITIONS	Absorica	Myorisan Zenatane
	Aldara	imiquimod 5% cream
	Anusol-HC cream	hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC
	Bensal HP	salicylic acid
	BenzaClin Duac Neuac Kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Cutivate	fluticasone
	diclofenac 3% gel	Fluoroplex fluorouracil imiquimod 5% cream Picato

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATIONS NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Ertaczo Extina Luzu Vusion	ketoconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan solution ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Locoid Locoid Lipocream	hydrocortisone
	Loprox cream, shampoo	ciclopirox
	Noritate	metronidazole Rosadan
	Oxistat	ketoconazole
	Penlac	Ciclodan solution ciclopirox
	Prudoxin Zonalon	Generic topical steroid (e.g., betamethasone tacrolimus (topical))
	Sernivo	clobetasol spray triamcinolone spray
	Soriatane	acitretin
	Trianex	triamcinolone Triderm
	Ultravate lotion	clobetasol
	Vanos	fluocinonide
	Verdeso	desonide
	Xerese	acyclovir (oral) + hydrocortisone famciclovir + hydrocortisone valacyclovir + hydrocortisone
	Ziana	clindamycin-tretinoin gel
	Zyclara	imiquimod 5% cream
	SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo
Nuvigil		armodafinil
Provigil		modafinil
Restoril		temazepam
SUBSTANCE ABUSE	Evzio	Narcan

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATIONS NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS	Detrol Detrol LA Ditropan XL Enablex Gelnique Myrbetriq Oxytrol Toviaz VESIcare	darifenacin ER oxybutynin ER tolterodine ER trospium ER

^^ 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 the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

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

- › 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 requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

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

Why doesn't my plan cover certain medications?

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

Your plan may also exclude certain medications or products from coverage. This is known as a

“plan (or benefit) exclusion.” For example, your plan excludes medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

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

Which medications are covered under the health care reform law?

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

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

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

Newly approved medications may not be covered on your drug list for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices covered under standard

Prescription drug list FAQs (cont)

pharmacy benefit plans. We review all newly approved medications to determine if they should be covered – and if so, at what tier level. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

Prescription prices can vary by pharmacy. Before you pick up your prescription, compare your costs online. You can log in to the **myCigna** app or website and click on "Price A Medication" to see how much your medication will cost you at the different pharmacies in your network. You can also see if there are lower-cost alternatives available.²

How can I save money on my prescription medications?

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

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

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.³ The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:³

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

Generics typically cost much less than brand name medications – in some cases, up to 85% less.³ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy can help you manage your health and prescription needs.⁴ Their team of medical condition experts provide personalized, 24/7 support. They'll help you get approval for coverage of your medication, answer any questions you have about your medication and its cost, help you work through any side effects and make sure you have any supplies you need (at no extra cost). They'll also help you set up home delivery of your medication and give you information about financial assistance programs (if you need help paying for your medication). To learn more about the services they provide, please call **800.351.3606** or go to **Cigna.com/specialty-pharmacyservices**.

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.⁴

- If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.SM To learn more, call **800.835.3784** or go to **Cigna.com/home-delivery-pharmacy**.
- If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Cigna Specialty Pharmacy (our home delivery pharmacy). To learn more, call **800.351.3606** or go to **Cigna.com/specialty-pharmacy-services**.

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

You can use the online tools and resources on the **myCigna** app or website to help you better understand your pharmacy benefits. You can view your drug list or search for a specific medication, price a medication, find an in-network pharmacy near you, review your pharmacy claims and payment history, and track Cigna Home Delivery Pharmacy⁴ orders and request refills.

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:⁵

- › 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 medications 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, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.
2. 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.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
4. Not all plans are the same, so some plans may not include Cigna Home Delivery Pharmacy or Cigna Specialty Pharmacy. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
5. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., Tel-Drug, Inc., and Tel-Drug of Pennsylvania, L.L.C. "Cigna Specialty Pharmacy" refers to the specialty drug division of Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C., doing business as Cigna Home Delivery Pharmacy. Policy forms: OK - HP-APP-1 et al (CHLIC); OR - HP-POL38 02-13 (CHLIC); TN - HP-POL43/HC-CER1V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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

Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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