



CIGNA ADVANTAGE 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

887152 s Advantage 3-Tier 05/19



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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 – Advantage 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.

Your prescription drug list

This document shows the most commonly prescribed medications covered on the Advantage 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 Advantage 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.

The Advantage 3-Tier Prescription Drug List also excludes from coverage 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 medicines are available over-the-counter at the pharmacy 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 Advantage 3-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$
BLOOD PRESSURE/HEART MEDICATIONS	
afeditab CR	Beriner [*] (PA)
amlodipine besylate	Bidil
amlodipine besylate-benazepril	Bystolic
amlodipine-valsartan	Cinryze [*] (PA)
amlodipine-valsartan-HCTZ	Coreg CR
atenolol	Cozaar (ST)
atenolol-chlorthalidone	Diovan (ST)
benazepril	Diovan HCT (ST)
benazepril-HCTZ	Edarbi (ST)
candesartan cilexetil	Edarbyclor (ST)
cartia XT	Exforge
carvedilol	Exforge HCT
clonidine	Firazy [*] (PA)
digitek	Hemangeol
digoxin	Inderal LA
diltiazem ER	Inderal XL
diltiazem CD	Innopran XL
diltiazem	Lotrel
dilt-XR	Micardis (ST)
enalapril	Multaq
flecainide acetate	Nitro-dur
hydralazine	Nitrolingual
irbesartan	Nitromist
isosorbide mononitrat	Nitronal
	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 Advantage 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	FEMININE PRODUCTS	11
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	11
ALZHEIMER’S DISEASE	6	HORMONAL AGENTS	11, 12
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	12
ASTHMA/COPD/RESPIRATORY	6	INFERTILITY	12
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MISCELLANEOUS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	13
BLOOD PRESSURE/HEART MEDICATIONS	7	NUTRITIONAL/DIETARY	13
BLOOD THINNERS/ANTI-CLOTTING	7	OSTEOPOROSIS PRODUCTS	13
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	13, 14
CHOLESTEROL MEDICATIONS	8	PARKINSON’S DISEASE	14
CONTRACEPTIVE PRODUCTS	8–10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	14
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	14, 15
DENTAL PRODUCTS	10	SKIN CONDITIONS	15
DIABETES	10	SLEEP DISORDERS/SEDATIVES	15
DIURETICS	10	SMOKING CESSATION	15
EAR MEDICATIONS	10	SUBSTANCE ABUSE	16
EYE CONDITIONS	10, 11	TRANSPLANT MEDICATIONS	16
		URINARY TRACT CONDITIONS	16

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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AIDS/HIV

abacavir- lamivudine*	Atripla*	Complera*
atazanavir*	Biktarvy*	Evotaz*
ritonavir*	Descovy*	Juluca*
tenofovir*	Genvoya*	Odefsey*
	Intelence*	Prezcobix*
	Isentress HD*	Stribild*
	Isentress*	Viread 300mg*
	Norvir powder packet, solution*	
	Prezista*	
	Reyataz powder packet*	
	Selzentry*	
	Tivicay*	
	Triumeq*	
	Truvada*	
	Viread powder, 150mg, 200mg, 250mg*	

ALLERGY/NASAL SPRAYS

Adyphren		Astepro
Adyphren Amp		Clarinet-D 12 Hour
azelastine		EpinephrineSnap-V
cromolyn		EPIsnap
cyproheptadine		Karbinal ER
epinephrine (QL)		Semprex-D
flunisolide		Sinuva* (PA)
fluticasone		
hydroxyzine		
ipratropium		
mometasone (QL)		
olopatadine		
Phenergan		
promethazine		

ALZHEIMER'S DISEASE

donepezil		Mestinon
donepezil ODT		Namenda
memantine		Namenda XR (QL)
memantine ER		Namzaric (QL)
pyridostigmine		Regonol
pyridostigmine ER		
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Celexa (ST, QL)
alprazolam ER		Effexor XR (ST, QL)
alprazolam intensol		Fetzima (ST, QL)
alprazolam ODT		Forfivo XL (ST, QL)
alprazolam XR		Prozac (ST, QL)
amitriptyline		Sarafem (ST)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)

bupropion (QL)		Trintellix (ST)
bupropion SR (QL)		Viibryd (ST)
bupropion XL (QL)		Wellbutrin SR (ST, QL)
bupropion XL (QL)		Xanax
buspirone		Xanax XR
citalopram (QL)		Zoloft (ST, QL)
clomipramine		
desvenlafaxine ER (QL)		
duloxetine (QL)		
escitalopram (QL)		
fluoxetine (QL)		
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		
lorazepam intensol		
mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair Diskus	Adcirca* (PA)
budesonide	Advair HFA	Adempas* (PA)
ipratropium- albuterol	Anoro Ellipta	Aralast NP* (PA)
montelukast	Atrovent HFA	Combivent RespiMat
	Breo Ellipta	Daliresp (QL)
	Incruse Ellipta	Fasenra* (PA)
	ProAir HFA	Glassia* (PA)
	ProAir RespiClick	Kalydeco* (PA, QL)
	QVAR Redihaler	Letairis* (PA)
	Striverdi RespiMat	Nucala* (PA)
	Symbicort	Ofev* (PA)
	Trelegy Ellipta (ST)	Opsumit* (PA)
		Orenitram ER* (PA)
		Orkambi* (PA, QL)
		Pulmicort
		Pulmozyme* (PA)
		Remodulin* (PA)
		Revatio* (PA)
		Symdeko* (PA, QL)
		Tracleer* (PA)
		Tyvaso* (PA)
		Uptravi* (PA)
		Xolair* (PA)

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine		Adderall (ST)
dexmethylphenidate		Daytrana (PA)
dexmethylphenidate ER		Evekeo (ST)
dextroam- phetamine- amphetamine ER		Focalin (ST)
dextroam- phetamine- amphetamine		Methylin (ST)
guanfacine ER		Quillivant XR (PA)
Metadate ER		Ritalin (ST)
methylphenidate		
methylphenidate CD		
methylphenidate ER		
methylphenidate LA		
Relexxii		

BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid*	Aranesp* (PA)	Amicar*
	Droxia	Ceprotin* (PA)
	Epogen* (PA)	Hemlibra* (PA)
	Granix*	Promacta* (PA)
	Neulasta* (PA)	Siklos (PA)
	Procrit* (PA)	
	Soliris* (PA)	
	Zarxio*	

BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	Corlanor (PA)	Bayer Chewable
amlodipine- benazepril	Entresto	Aspirin+
amlodipine- olmesartan		Beriner* (PA)
amlodipine- valsartan		BiDil (QL)
amlodipine- valsartan-HCTZ		Cardizem LA
Aspirin 81+		Cinryze* (PA)
Aspirin-Low+		Coreg CR
aspirin+		Epaned
aspirin EC+		Firazyr* (PA)
atenolol		Haegarda* (PA)
atenolol- chlorthalidone		Hemangeol
benazepril		Inderal LA
benazepril-HCTZ		Inderal XL
buffered aspirin+		Innopran XL
Bufferin+		Kapspargo Sprinkle
candesartan		Multaq
Cartia XT		Nitro-Dur
carvedilol		Nitrolingual
carvedilol ER		Nitromist
clonidine		Nitrostat
Digitek		Northera* (PA)
Digox		Norvasc
		Ranexa (ST, QL)
		Tiazac
		Tikosyn (QL)
		Toprol XL

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS (cont)

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

BLOOD THINNERS/ANTI-CLOTTING

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

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CANCER			CHOLESTEROL MEDICATIONS (cont)		
anastrozole bexarotene* (PA) capecitabine* (PA) exemestane imatinib* (PA) letrozole mercaptopurine methotrexate* tamoxifen+ temozolomide* (PA)	Actimmune* (PA) Avastin* (PA) Fareston (QL) Gleostine Herceptin* (PA) Intron A* (PA) Nexavar* (PA) Revlimid* (PA) Rituxan* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Tasigna* (PA) Trexall* Valstar*	Afinitor* (PA) Alecensa* (PA) Bosulif* (PA) Cabometyx* (PA) Cometriq* (PA) Cotellic* (PA) Erivedge* (PA) Erleada* (PA) Gazyva* (PA) Gleevec* (PA) Ibrance* (PA) Iclusig* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Kadcyla* (PA) Lenvima* (PA) Lonsurf* (PA) Lupron Depot* (PA) Lynparza* (PA) Mekinist* (PA) Nerlynx* (PA) Ninlaro* (PA) Perjeta* (PA) 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)	lovastatin 20mg, 40mg+ niacin ER Niacor omega-3 acid ethyl esters pravastatin 10mg, 20mg, 40mg, 80mg+ rosuvastatin 5mg, 10mg+ rosuvastatin 20mg, 40mg simvastatin 10mg, 20mg, 40mg+ simvastatin 80mg (QL)		
CHOLESTEROL MEDICATIONS			CONTRACEPTIVE PRODUCTS		
atorvastatin 10mg, 20mg+ atorvastatin 40mg, 80mg colesevelam ezetimibe fenofibrate fenofibric acid fluvastatin 20mg, 40mg+ fluvastatin ER 80mg+ lovastatin 10mg	Repatha* (PA)	Korlym* (PA) Vascepa Welchol Zetia	Altavera+ Alyacen+ Amethia Lo+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aviane+ Azurette+ Balziva+ Bekyree+ Blisovi 24 FE+ Blisovi FE+ Briellyn+ Camila+ Camrese+ Camrese Lo+ Caziant+ Chateal+ Cryelle+ Cyclofem+ Cyred+ Dasetta+ Daysee+ Deblitane+ Delyla+ desogestrel-ethinyl estradiol+ drospirenone-ethinyl estradiol-levomefolate+	Lo Loestrin FE Taytulla	Beyaz Ella+ Estrostep FE FC2 Female Condom+ Kyleena* Loestrin FE LoSeasonique Microgestin FE Minastrin 24 FE Mirena* NuvaRing+ Skyla*

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)			CONTRACEPTIVE PRODUCTS (cont)		
drospirenone-ethinyl estradiol ⁺			Melodetta 24 FE ⁺		
Econtra EZ ⁺			Mibelas 24 FE ⁺		
Econtra One-Step ⁺			Microgestin FE ⁺		
Elinest ⁺			Mili ⁺		
Emoquette ⁺			Mono-Linyah ⁺		
Enpresse ⁺			Mononessa ⁺		
Enskyce ⁺			My Choice ⁺		
Errin ⁺			My Way ⁺		
Estarylla ⁺			Myzila ⁺		
ethynodiol-ethinyl estradiol ⁺			Necon 0.5/35 ⁺		
Falmina ⁺			Nikki ⁺		
Fayosim ⁺			Nora-BE ⁺		
Gianvi ⁺			norethindrone ⁺		
Heather ⁺			norethindrone-ethinyl estradiol ⁺		
Introvale ⁺			norethindrone-ethinyl estradiol-iron ⁺		
Isibloom ⁺			norgestimate-ethinyl estradiol ⁺		
Jencycla ⁺			Norlyda ⁺		
Jolessa ⁺			Norlyroc ⁺		
Jolivette ⁺			Nortrel ⁺		
Juleber ⁺			Ocella ⁺		
Junel ⁺			Opcicon One-Step ⁺		
Junel FE ⁺			Option 2 ⁺		
Junel FE 24 ⁺			Orsythia ⁺		
Kaitlib FE ⁺			Philith ⁺		
Kariva ⁺			Pimtrea ⁺		
Kelnor 1-35 ⁺			Pirmella ⁺		
Kelnor 1-50 ⁺			Portia ⁺		
Kurvelo ⁺			Previfem ⁺		
Larin ⁺			Reclipsen ⁺		
Larin FE ⁺			Rivelsa ⁺		
Larin FE 24 ⁺			Setlakin ⁺		
Larissia ⁺			Sprintec ⁺		
Leena ⁺			Sronyx ⁺		
Lessina ⁺			Syeda ⁺		
Levonest ⁺			Tarina FE ⁺		
levonorgestrel-ethinyl estradiol ⁺			Tilia FE ⁺		
Levora-28 ⁺			Tri Femynor ⁺		
Lillow ⁺			Tri-Estarylla ⁺		
Loryna ⁺			Tri-Legest FE ⁺		
Low-Ogestrel ⁺			Tri-Linyah ⁺		
Lutera ⁺			Tri-Lo-Estarylla ⁺		
Lyza ⁺			Tri-Lo-Marzia ⁺		
Marlissa ⁺					
medroxy-progesterone 150mg/ml ⁺					

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)			DIABETES		
Tri-Lo-Sprintec ⁺ Tri-Mili ⁺ Tri-Previfem Tri-Sprintec ⁺ Tri-Vylibra ⁺ Trivora-28 ⁺ Tulana ⁺ Tydemy ⁺ VCF ⁺ Vienva ⁺ Viorele ⁺ Vyfemla ⁺ Vylibra ⁺ Wera ⁺ Wymzya FE ⁺ Xulane ⁺ Zarah ⁺ Zovia 1/35E ⁺			glimepiride glipizide glipizide ER glipizide XL metformin metformin ER	Basaglar Bydureon (QL) Byetta (QL) Dexcom G6 sensors (PA, QL) Farxiga FreeStyle Libre sensors (PA, QL) GlucaGen HypoKit (QL) Glyxambi Humalog Humulin Janumet Janumet XR Januvia Jardiance Levemir OneTouch test strips and meters Ozempic (QL) Soliqua SymlinPen Synjardy Synjardy XR Tresiba Trulicity (QL) Victoza Xigduo XR Xultophy	Accu-Chek test strips and meters Cycloset NovoTwist
COUGH/COLD MEDICATIONS			DIURETICS		
benzonatate Bromfed DM brompheniramine-pseudoephedrine-DM hydrocodone-chlorpheniramine ER hydrocodone-homatropine (QL) Hydromet (QL)		Tessalon Perle Tussionex Tuzistra XR (QL)	acetazolamide bumetanide chlorthalidone epplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ		Aldactone Carospir Diuril Dyrenium Jynarque* (PA) Lasix Samsca*
DENTAL PRODUCTS			EAR MEDICATIONS		
chlorhexidine Denta 5000 Plus Dentagel doxycycline fluoride ⁺ Fluoridex Fluoritab ⁺ Flura-Drops ⁺ Ludent Fluoride ⁺ multivitamin-iron-fluoride ⁺ Oralone Paroex Peridex SF 5000 Plus sodium fluoride ⁺ triamcinolone Tri-Vitamin with Fluoride ⁺		Clinpro 5000 Escavite ⁺ Escavite D ⁺ Floriva ⁺ Fluorabon ⁺ MVC-Fluoride ⁺ Poly-Vi-Flor with Iron ⁺ Prevident Prevident 5000 Quflora ⁺	neomycin-polymyxin-HC ofloxacin		Cipro HC Ciprodex Coly-Mycin S Dermotic Otovel
			EYE CONDITIONS		
			bacitracin bimatoprost (QL) brimonidine ciprofloxacin	Restasis Simbrinza Travatan Z Xiidra	Acuvail Alphagan P Alrex Azasite

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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EYE CONDITIONS (cont)

dorzolamide-timolol		Azopt
erythromycin		Besivance
fluorometholone		Betimol
gatifloxacin		Betoptic S
ketorolac		Bromsite
latanoprost		Cequa
moxifloxacin		Combigan
neomycin-polymyxin-dexamethasone		Cosopt PF
polymyxin B-TMP		Cystaran* (QL)
prednisolone		Durezol
timolol		Eylea* (PA)
tobramycin		Ilevro
tobramycin-dexamethasone		Iluvien*
		Inveltys
		Lotemax
		Lucentis* (PA)
		Moxeza
		Nevanac
		Omnipred
		Ozurdex*
		Pred Forte
		Pred Mild
		Prolensa
		Tobradex
		Tobradex ST
		Vigamox
		Zioptan (ST, QL)
		Zirgan
		Zylet

FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
Miconazole 3		
terconazole		

GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Akynzeo* (PA, QL)
alosetron*	Apriso	Bonjesta
Anucort-HC	Creon	Canasa
balsalazide	Entyvio* (PA)	Carafate
bisacodyl tablet+	Linzess	Cholbam* (PA)
chlordiazepoxide-clidinium	Pentasa	Clenpiq
Clearlax+	Zenpep	Colyte With Flavor Packets+
dicyclomine		Correctol+
diphenoxylate-atropine		Diclegis
dronabinol		Donnatal
Ducodyl+		Dulcolax tablet+
Gavilax+		Gattex* (PA)
Gavilyte-C+		Gialax+
Gavilyte-G+		GoLYTELY+
		Lialda (ST)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN (cont)

Gavilyte-N+		Miralax+
GentleLax+		Movantik (PA)
Glycolax+		NuLYTELY With Flavor Pack
HealthyLax+		Ocaliva* (PA)
Hemmorex-HC		Osmoprep+
hydrocortisone		Pancreaze
lansoprazole-amoxicillin-clarithromycin (combo pak)		Pertzye
LaxaClear+		Prepopik+
mesalamine		Ravicti* (PA)
metoclopramide		Rectiv
metoclopramide ODT		Relistor (PA)
Natura-Lax+		Sancuso (PA, QL)
ondansetron		Sensipar*
ondansetron ODT		sfRowasa
Peg-3350 and Electrolytes+		Sucraid* (PA)
PEG-Prep+		Suprep+
Phenadoz+		Sustol (PA)
PowderLax+		Symproic (PA)
Promethegan		Transderm Scop
Purelax+		Varubi vial* (PA)
Smooth LAX+		Varubi tablet* (PA, QL)
sucralfate		Viberzi
TriLyte With Flavor Packets+		Viokace
ursodiol		Xermelo* (PA)

HORMONAL AGENTS

Amabelz	AndroGel 1% (5gm) (PA, QL)	Activella
budesonide ER (PA, QL)	Duavee	Alora (QL)
cabergoline (QL)	Forteo*	Androderm (PA, QL)
Covaryx	Humatrope* (PA)	AndroGel 1% (2.5gm), 1.62% (PA, QL)
Covaryx H.S.	Premarin	Angeliq
Decadron	Premphase	Armour Thyroid
desmopressin tablet, solution, spray	Prempro	Aveed* (PA)
desmopressin vial*	Sandostatin LAR Depot* (PA)	Climara
dexamethasone	Serostim* (PA)	Climara Pro
dexamethasone intensol	Zorbtive* (PA)	CombiPatch
EEMT		Cytomel
EEMT HS		Deltasone
estradiol (QL)		Depo-Testosterone
estradiol-norethindrone		Divigel
estrogen-methyltestosterone		Elestrin
		Entocort EC
		Estrace
		Estring (QL)
		Estrogel

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS (cont)			INFECTIONS (cont)		
levothyroxine Levoxyl liothyronine medroxy- progesterone Methergine methimazole methylergonovine methyl- prednisolone Mimvey Mimvey LO Nature-Thyroid NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone testosterone (PA, QL) testosterone cypionate thyroid Westhroid WP Thyroid Yuvaferm (QL)		Euthyrox Evamist Femring Ganirelix*^ H.P. Acthar* (PA) Intrarosia Levo-T Lupron Depot 3.75mg, 11.25mg* (PA) Lupron Depot-Ped* (PA) Menostar (QL) Minivelle (QL) Natpara* (PA) Ospheia Prometrium Rayaldee Somatuline Depot* (PA) Somavert* (PA) Striant (PA, QL) Supprelin LA* (PA) Synthroid Testopel (PA) Thyrogen* Tirosint Triostat Unithroid Vagifem (QL) Vivelle-Dot (QL)	clindamycin palmitate clindamycin pediatric Coremino dapsone Doxy 100 doxycycline IR-DR doxycycline Emverm entecavir* erythromycin ES famciclovir fluconazole hydroxy- chloroquine itraconazole levofloxacin metronidazole minocycline minocycline ER Mondoxyne NL Morgidox nitrofurantoin nitrofurantoin mono-macro nystatin Okebo oseltamivir (QL) penicillin permethrin Soloxide sulfamethoxazole- TMP terbinafine tetracycline tinidazole tobramycin* valacyclovir valganciclovir vancomycin Vandazole voriconazole (PA)	MetroGel Vaginal Minocin Monurol Natroba Noxafil Nuversa PegIntron* (PA) Plaquenil Prevymis* Sivextro vial Sivextro tablet (PA) Sklice Solosec Sulfatrim Suprax Synagis* (PA) Tamiflu (QL) TOBI Podhaler* Uretron D-S Uribel Urogesic-Blue UTA Valtrex Vemlidy* Vibramycin syrup, suspension Xifaxan Zepatier* (PA)	
INFECTIONS			INFERTILITY		
acyclovir amoxicillin amoxicillin- clavulanate ER amoxicillin- clavulanate atovaquone atovaquone- proguanil Avidoxy azithromycin cefdinir cefixime cefpodoxime cefuroxime cephalixin clarithromycin clarithromycin ER clindamycin	Baraclude solution* Kitabis Pak* ledipasvir- sofosbuvir* (PA) Mavyret* (PA) Pegasys* (PA) sofosbuvir- velpatasvir* (PA) Sovaldi* (PA) Thalomid* (PA) Vosevi* (PA)	Albenza Alinia Bactrim Bactrim DS Baraclude tablet* Cayston* Cipro Cleocin Clindesse Cresemba vial Cresemba capsule (PA) Daraprim* (PA) Difcid (QL) E.E.S. 400 Epclusa* (PA) EryPed 200 Ery-Tab Firvanq Harvoni* (PA)	chorionic gonadotropin*^ (PA) clomiphene^ hydroxy- progesterone* (PA)	Follistim AQ*^	Crinone^ Endometrin^ Makena* (PA) Menopur*^

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
MISCELLANEOUS			NUTRITIONAL/DIETARY (cont)		
disulfiram Nebusal 3% Pulmosal sodium chloride tetrabenazine* (PA) trientine* (PA)	Cerdelga* (PA) Elaprase* (PA) Nityr* (PA) TechLITE Lancets	Austedo* (PA) Botox* (PA) Brisdelle (QL) Cerezyme* (PA) Dysport* (PA) Esbriet* (PA) Exjade* Ferriprox* Ingrezza* (PA) Jadenu Sprinkle* Jadenu* Kuvan* (PA) Lumizyme* (PA) Myalept* (PA) Naglazyme* (PA) Nuedexta (QL) Strensiq* (PA) Syprine* (PA) Vimizim* (PA) Vivitrol* VRPIV* (PA) Xenazine* (PA) Xeomin* (PA)	sevelamer Vitamin D2		Vitafof Ultra Vitafof-One VitaMedMD One Rx VitaPearl
			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 DermacinRx Empricaine DermacinRx prizopak diclofenac (QL) diclofenac ER dihydroergotamine (QL) eletriptan (QL) Endocet (PA) etodolac etodolac ER fenoprofen tablet, 400mg capsule fentanyl (PA) Fioricet (QL) frovatriptan (QL) Glydo	Actemra* (PA) Belbuca (QL) Embeda (PA) Enbrel* (PA) Humira* (PA) Hysingla ER (PA) Otezla* (PA) Rasuvo* (PA) Remicade* (PA) Stelara* (PA) Xtampza ER (PA)	Abstral (PA) Actiq (PA) Analpram HC Arymo ER (PA) Benlysta* (PA) Buprenex Butrans (QL) Celebrex (ST, QL) Cimzia* (PA) Colcrys Cosentyx* (PA) Cuprimine* (PA) Depen* (PA) Dupixent* (PA) Duragesic (PA) Durolane* (PA) Euflexxa* (PA) Fentora (PA) Flector (ST, QL) Gelsyn-3* (PA) Hyalgan* (PA) Ilaris* (PA) Kadian (PA) Kevzara* (PA) Lazanda (PA) Mitigare Monovisc* (PA) MorphaBond ER (PA) MS Contin (PA) Nucynta (PA) Nucynta ER (PA) Orencia* (PA) Orthovisc* (PA) Otrexup* (PA) Oxaydo (PA) Pennsaid (ST)
MULTIPLE SCLEROSIS					
glatiramer* (PA) Glatopa* (PA)	Ampyra* (PA) Aubagio* (PA) Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya 0.5mg* (PA) Plegridy* (PA) Rebif* (PA) Tecfidera* (PA)	Gilenya 0.25mg Lemtrada* (PA) Ocrevus* (PA) Tysabri* (PA)			
NUTRITIONAL/DIETARY					
B-12 Compliance calcitriol calcium cyanocobalamin injection FA-8+ folic acid vial, 1mg tablet folic acid 0.4mg, 0.8mg+ Klor-Con Klor-Con M10, M20 lanthanum potassium chloride Prena1 Pearl Prenatal+ prenatal vitamin	OB Complete	Auryxia (QL) CitraNatal K-Tab ER KPN+ Mephyton Nascobal Perry Prenatal+ Phoslyra Physicians EZ Use B-12 Prenate Mini Renagel Renvela Urosex+ Velphoro Veltassa Vitafof Gummies			

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

hydrocodone-acetaminophen (PA)		Percocet (PA)
hydromorphone (PA)		Procort
hydromorphone ER (PA)		Proctofoam HC
IBU		Relpax (QL)
ibuprofen		RoxyBond (PA)
indomethacin		Savella
indomethacin ER		Subsys (PA)
ketorolac (QL)		Synvisc* (PA)
leflunomide		Synvisc-One* (PA)
lidocaine (QL)		Taltz* (PA)
lidocaine-prilocaine		Tremfya* (PA)
Lidopril		Uloric
lidopril XR		Voltaren (ST, QL)
Lido-Prilo Caine Pack		Xeljanz XR* (PA)
Livixil Pak		Xeljanz* (PA)
Lorcet (PA)		Zohydro ER (PA)
Lorcet HD (PA)		
Lorcet Plus (PA)		
Lortab (PA)		
meloxicam		
Metaxall		
metaxalone		
methocarbamol		
morphine (PA)		
morphine ER (PA)		
nabumetone		
Nalfon tablet (ST)		
Nalocet (PA)		
naproxen		
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		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan-naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Verdrocet (PA)		
Vicodin (PA)		
Vicodin ES (PA)		
Vicodin HP (PA)		

PARKINSON'S DISEASE

amantadine		Apokyn* (PA)
benztropine		Azilect
bromocriptine		Neupro
carbidopa-levodopa		Rytary
carbidopa-levodopa ER		Sinemet
pramipexole		Sinemet CR
pramipexole ER		Tasmar
rasagiline		Xadago
ropinirole		
ropinirole ER		

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole		Abilify Maintena (QL)
aripiprazole ODT		Aristada (QL)
chlorpromazine		Fanapt (ST, QL)
haloperidol		Invega Sustenna (QL)
olanzapine		Invega Trinza (QL)
olanzapine ODT		Latuda (ST)
olanzapine-fluoxetine		Rexulti (ST)
paliperidone ER		Saphris (ST)
quetiapine		Seroquel (ST)
quetiapine ER		Seroquel XR (ST)
risperidone		Vraylar (ST)
risperidone ODT		
ziprasidone		

SEIZURE DISORDERS

carbamazepine	Dilantin 30mg	Aptiom (PA)
carbamazepine ER	Lyrica	Banzel (PA, QL)
clonazepam		Briviactvial
divalproex		Briviact tablet, solution (PA)
divalproex ER		Carbatrol
Epitol		Depakote
gabapentin		Depakote ER
lamotrigine		Dilantin

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SEIZURE DISORDERS (cont)			SKIN CONDITIONS (cont)		
lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT levetiracetam levetiracetam ER oxcarbazepine Roweepra Roweepra XR Subvenite Subvenite (blue, green, orange) topiramate topiramate ER		Fycompa (PA) Keppra vial Klonopin Onfi Oxtellar XR (PA) Phenytek Spritam (PA) Tegretol Tegretol XR Vimpat (PA)	ketoconazole mupirocin Myorisan (QL) Neuac Gel Nolix nystatin- triamcinolone oxiconazole Plixda (PA age) Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Psorcon Rosadan Rosanil sodium sulfacetamide- sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus tazarotene tretinoin (PA age) tretinoin microsphere (PA age) Triderm Zenatane (QL)		
SKIN CONDITIONS			SLEEP DISORDERS/SEDATIVES		
adapalene (PA age) adapalene-benzoyl peroxide Ala-cort Amnesteem (QL) Avar Avar-E Avar-E green betamethasone augmented betamethasone BP 10-1 calcipotriene calcipotriene- betamethasone DP Calcitrene Claravis (QL) Clindacin ETZ Clindacin P clindamycin- benzoyl peroxide clindamycin- tretinoin clobetasol Clodan shampoo clotrimazole- betamethasone desonide diflorasone fluocinonide fluorouracil cream, solution flurandrenolide imiquimod 5% cream isotretinoin (QL)	Eucrisa Targretin gel*	Benzamycin Celacyn Desonate (ST) Desowen (ST) Drysol Ecoza Elidel Finacea Impoyz (ST) Naftin Nizoral Olux (ST) Picato Santyl (QL) Soolantra Temovate (ST) Topicort (ST) Tridesilon (ST) Xolegel	armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER	Belsomra (ST) Silenor (ST)	Hetlioz* (PA) Lunesta (ST) Rozerem (ST, QL) Xyrem* (PA)
			SMOKING CESSATION		
			bupropion SR 150mg+ NicoDerm CQ+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+		Nicorette+

Cigna Advantage 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SUBSTANCE ABUSE

buprenorphine buprenorphine- naloxone	Bunavail Narcan Probuphine Suboxone Zubsolv	
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TRANSPLANT MEDICATIONS

azathioprine* mycophenolate* mycophenolic acid* sirolimus* tacrolimus*	Prograf 0.5mg, 5mg*	Astagraf XL* Cellcept* Envarsus XR* Myfortic* Neoral* Prograf 1mg* Zortress*
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URINARY TRACT CONDITIONS

darifenacin ER dutasteride finasteride oxybutynin oxybutynin ER phenazopyridine potassium ER tamsulosin tolterodine tolterodine ER		Avodart Cystagon* Elmiron Procysbi* (PA) Pyridium Rapaflo Thiola*
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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)
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	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
	Pristiq	bupropion SR/XL duloxetine venlafaxine ER All generic SSRIs
Tofranil	imipramine	
ASTHMA/COPD/RESPIRATORY	Alvesco Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR RediHaler
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat
	Dulera	Advair HFA Advair Diskus Breo Ellipta
	Elixophyllin	theophylline oral solution

^^ 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>)	Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA ProAir RespiClick
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Zyflo	montelukast zafirlukast
	Zyflo CR	zileuton ER
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT	dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/CD/LA
	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
	Mydayis Vyvanse	dextroamphetamine-amphetamine ER dexamethylphenidate ER methylphenidate ER/CD/LA
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan-HCTZ
	Betapace	sotalol
	Bystolic	Generic beta blockers (e.g. metoprolol; atenolol)
	Byvalson	Generic ARBs + generic beta blockers
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	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	
Hyzaar	losartan-HCTZ	

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DRUG CLASS	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/ HEART MEDICATIONS (cont)	Isordil Isordil Titradoso	isosorbide dinitrate
	Lanoxin	Digitek digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril-HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil 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
CANCER	Nilandron*	nilutamide*
	Yonsa*	Zytiga*
CHOLESTEROL MEDICATIONS	Altoprev	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin
	Antara Fenoglide	fenofibrate
	Crestor	rosuvastatin
	FloLipid Zocor	simvastatin
	Lescol XL 80mg	fluvastatin
	Lipitor	atorvastatin
	Livalo	Generic statins (e.g. atorvastatin; simvastatin)
	Pravachol	pravastatin
	Vytorin	ezetimibe-simvastatin
	Zypitamag	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin

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DRUG CLASS	MEDICATIONS NOT COVERED ^{^^}	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
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
	Admelog Afrezza Apidra Apidra Solostar Fiasp Novolog, Novolin	Humalog Humulin
	Fortamet Glumetza metformin ER (generic Fortamet and Glumetza)	metformin ER (generic Glucophage XR)
	Segluromet Invokamet Invokamet XR	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga Jardiance
	Jentaduetto Jentaduetto XR Kazano Kombiglyze XR	alogliptin-metformin Janumet Janumet XR
	Nesina Onglyza Tradjenta	alogliptin Januvia
	Oseni	alogliptin-pioglitazone Januvia + pioglitazone
	Lantus Toujeo	Basaglar, Levemir, Tresiba
	QTERN	Glyxambi
	Steglatro	Farxiga Jardiance
	DIURETICS	Edecrin ethacrynic acid
EYE CONDITIONS	Alocril Alomide	cromolyn

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DRUG CLASS	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
EYE CONDITIONS (<i>cont</i>)	Bepreve Elestat Emadine Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine	
	Lumigan Vyzulta	bimatoprost latanoprost Travatan Z	
GASTROINTESTINAL/HEARTBURN	Anusol HC Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository	
	Colazal Delzicol Dipentum mesalamine 800mg	Apriso balsalazide Lialda Pentasa sulfasalazine	
	Librax	chlordiazepoxide-clidinium	
	Lotronex	alosetron	
	Marinol Syndros	dronabinol	
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)	
	Rowasa	mesalamine enema	
	Trulance	Amitiza Linzess	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Fortesta Natesto Testim Vogelxo	AndroGel 1.62% testosterone
		Genotropin* Norditropin* Nutropin AQ* Omnitrope* Saizen* Zomacton*	Humatrope* (PA)
		Hectorol	doxercalciferol
Rayos		prednisone	
Uceris tablet		budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisone prednisolone	

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DRUG CLASS	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS	Acticlate Doryx Doryx MPC Minocin Minolira ER Oracea Solodyn Vibramycin 100mg Ximino	Generic products (e.g. doxycycline; minocycline)	
	Augmentin/ES/XR	amoxicillin-clavulanate ER	
	Bethkis* TOBI*	Kitabis* Tobramycin*	
	Diflucan	fluconazole	
	E.E.S. 200 EryPed 400	erythromycin ES	
	Mepron	atovaquone	
	Mycobutin	rifabutin	
	nitrofurantoin suspension	nitrofurantoin capsule sulfamethoxazole-TMP suspension	
	Sitavig	acyclovir famciclovir valacyclovir	
	Sporanox	itraconazole	
	Targadox	doxycycline	
	Valcyte	valganciclovir	
	Zovirax	acyclovir	
	INFERTILITY	Gonal-F* [^]	Follistim AQ* [^] (PA)
	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	
	Cambia diclofenac 1.5% Duexis Naprelan naproxen CR/ER Pennsaid 2% pump Tivorbex Vimovo Vivlodex Zipsor Zorvolex	Generic NSAIDs (e.g. celecoxib; meloxicam)	

^{^^} 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)	ConZip	tramadol
	D.H.E. 45	dihydroergotamine
	Ergomar	Generic triptans (e.g. sumatriptan; naratriptan)
	Gralise	gabapentin
	Imitrex Zembrace SymTouch	sumatriptan
	Kineret*	Enbrel* (PA)
	Simponi*	Humira* (PA)
	Siliq*	Enbrel* (PA) Humira* (PA) Remicade* (PA) Stelara* (PA)
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)
	Lorzone	chlorzoxazone
	Migranal	dihydroergotamine
	OxyContin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER (PA)
	Roxicodone	oxycodone
	Soriatane	acitretin
	SPRIX	ketorolac
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)
	Vanatol LQ	butalbital-acetaminophen-caffeine
	Zomig	sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	PARKINSON'S DISEASE	Gocovri
Lodosyn		carbidopa
Requip XL		ropinirole ER
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	FazaClo Versacloz	clozapine
	Geodon	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Felbatol	felbamate
	Keppra	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine

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DRUG CLASS	MEDICATIONS NOT COVERED [^]	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS <i>(cont)</i>	Lamictal XR	lamotrigine ER
	Lamictal ODT	lamotrigine ODT
	Lyrica CR	duloxetine gabapentin lidocaine 5% topical patch Lyrica
	Mysoline	primidone
	Qudexy XR Trokendi XR	topiramate ER
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Sabril*	vigabatrin*
	Zonegran	zonisamide
	SKIN CONDITIONS	Absorica
Acanya Aczone Aktipak Altreno Atralin Avita Azelex Differin Epiduo Epiduo Forte Fabior Onexton Retin-A Tazorac Veltin Ziana		Generic products (e.g., adapalene, tretinoin, clindamycin-benzoyl peroxide)
Aldara		imiquimod 5% cream
Anusol-HC		hydrocortisone
Bensal HP		salicylic acid
Benzaclin Duac Neuac Kit		clindamycin-benzoyl peroxide Neuac gel
Carac		fluorouracil
Clindagel		clindamycin
Clobex		clobetasol Clodan shampoo
Cutivate		fluticasone
Denavir		acyclovir famciclovir valacyclovir

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DRUG CLASS	MEDICATIONS NOT COVERED ^{^^}	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	diclofenac 3% gel	Fluoroplex fluorouracil imiquimod Picato
	Dovonex Sorilux	calcipotriene
	Enstilar Taclonex	calcipotriene-betamethasone DP
	Ertaczo Extina Exelderm	ketoconazole
	Luzu	luliconazole econazole ketoconazole cream oxiconazole
	Halog Ultravate X	clobetasol halobetasol
	Jublia	Ciclodan solution
	Kerydin	ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Lexette	clobetasol halobetasol
	Locoid Locoid Lipocream	hydrocortisone
	Loprox shampoo, cream	ciclopirox
	Noritate	metronidazole
	Oxistat	ketoconazole
	Penlac	Ciclodan ciclopirox
	Prudoxin Zonalon	Generic topical steroid (e.g. betamethasone) tacrolimus (topical)
	Sernivo	clobetasol spray triamcinolone spray
	Trianex	triamcinolone Triderm
	Ultravate lotion	clobetasol
	Vanos	fluocinonide
	Vectical	calcitriol ointment
	Verdeso	desonide
	Xerese	acyclovir (oral) + hydrocortisone famciclovir + hydrocortisone valacyclovir + hydrocortisone
	Zyclara	imiquimod

^{^^} 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)
SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
SUBSTANCE ABUSE	Evzio	Narcan
URINARY TRACT CONDITIONS	Detrol	darifenacin ER
	Detrol LA	oxybutynin ER
	Ditropan XL	tolterodine
	Enablex	tolterodine ER
	Gelnique	trospium ER
	Myrbetriq	
	Oxytrol	
	Toviaz	
	VESicare	

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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

- › 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 are available over-the-counter, without a prescription. These include medications commonly used to treat heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and allergies (ex. Allegra, Clarinex, Xyzal and any generics).
- › Medications used to treat lifestyle conditions (like infertility, weight loss, erectile dysfunction, smoking cessation²).
- › 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),

Prescription drug list FAQs (cont)

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 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.³

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.⁴ 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:⁴

- › 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.⁴ 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.⁵ 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**.

Prescription drug list FAQs (cont)

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.⁵

- › 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 and manage 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 Pharmacy⁵ 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:⁶

- › 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. 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.
3. 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.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
5. 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.
6. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

Vietnamese – XIN LỜI 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).