



# CIGNA PERFORMANCE 4-TIER PRESCRIPTION DRUG LIST

**As of January 1, 2020**

**Together, all the way.®**



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

891394 p Performance 4-Tier 10/19



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### View your drug list online

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



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

### Questions?

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

\* Drug list created: originally created 04/01/2008

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

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

## About your prescription drug list

This document shows the most commonly prescribed medications covered on the Performance 4-Tier Prescription Drug List as of January 1, 2020.<sup>1,2</sup> 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 4-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers.** Also, your specific plan may not cover all of the medications in this document. 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 4-Tier Prescription Drug List.

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

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

## Tiers

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

› <b>Tier 1 - Typically Generics</b>	(Lower-cost medication)	\$
› <b>Tier 2 - Typically Preferred Brands</b>	(Medium-cost medication)	\$\$
› <b>Tier 3 - Typically Non-Preferred Brands</b>	(Higher-cost medication)	\$\$\$
› <b>Tier 4 - Specialty Medications</b>	(Highest-cost medication)	\$\$\$\$

## Abbreviations next to medications

Some medications on your drug list have extra 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.

<b>(PA)</b>	<b>Prior Authorization</b> - 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.
<b>(ST)</b>	<b>Step Therapy</b> - 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).
<b>(QL)</b>	<b>Quantity Limits</b> - 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.
<b>(AGE)</b>	<b>Age Requirements</b> - For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.

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

## Brand name medications are capitalized

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

## Specialty medications are marked with an asterisk

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

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

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

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

## Plan exclusions

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

## How to find your medication on the drug list

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

Condition	Page	Condition	Page
ALLERGY/NASAL SPRAYS	6	EYE CONDITIONS	11
ALZHEIMER’S DISEASE	6	FEMININE PRODUCTS	11
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	GASTROINTESTINAL/HEARTBURN	11, 12
ASTHMA/COPD/RESPIRATORY	6	HORMONAL AGENTS	12
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	INFECTIONS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MISCELLANEOUS	13
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	MULTIPLE SCLEROSIS	13
BLOOD THINNERS/ANTI-CLOTTING	8	NUTRITIONAL/DIETARY	13
CANCER	8	OSTEOPOROSIS PRODUCTS	14
CHOLESTEROL MEDICATIONS	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14
CONTRACEPTION 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
		URINARY TRACT CONDITIONS	16
		VACCINES	16, 17

## Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ALLERGY/NASAL SPRAYS

Adyphren		Astepro
Adyphren AMP		Clarinet
azelastine		Clarinet-D 12 Hour
cromolyn		Epinephrinesnap-EMS
cyproheptadine		EpinephrineSnap-V
desloratadine		EPIsnap
desloratadine (QL)		Gastrocrom
epinephrine (QL)		Grastek (PA, QL)
fluticasone		Karbinal ER
hydroxyzine		Odactra (PA, QL)
ipratropium		Patanase
mometasone (QL)		Ragwitek (PA, QL)
olopatadine		Vistaril
Phenergan		
promethazine		

### ALZHEIMER'S DISEASE

donepezil	Mestinon syrup	Aricept
donepezil ODT	Namenda	Exelon
memantine	Titration Pack	Mestinon tablet
memantine ER		Namenda
memantine ER (QL)		Namenda XR (QL)
pyridostigmine		Namzaric (QL)
pyridostigmine ER		Regonol
rivastigmine		

### ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Celexa (ST, QL)
alprazolam ER		Effexor XR (ST, QL)
alprazolam intensol		Fetzima (ST, QL)
alprazolam ODT		Forfivo XL (ST, QL)
alprazolam XR		Paxil (ST, QL)
amitriptyline		Paxil CR (ST, QL)
bupropion (QL)		Pristiq (ST, QL)
bupropion SR (QL)		Prozac (ST, QL)
bupropion XL (QL)		Remeron
bupirone		Sarafem (ST)
citalopram (QL)		Trintellix (ST, QL)
clomipramine		Viiibryd (ST, QL)
desvenlafaxine ER (QL)		Wellbutrin SR (ST, QL)
duloxetine (QL)		Xanax
escitalopram (QL)		Xanax XR
fluoxetine (QL)		Zoloft (ST, QL)
fluoxetine DR (QL)		
fluvoxamine (QL)		
fluvoxamine ER (QL)		
lorazepam		
lorazepam intensol		

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

mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

### ASTHMA/COPD/RESPIRATORY

albuterol	Advair HFA	Arcapta Neohaler
albuterol HFA	Anoro Ellipta	Brovana
budesonide	Atrovent HFA	Daliresp (QL)
fluticasone-salmeterol	Breo Ellipta	Lonhala Magnair (PA)
montelukast	Combivent	Perforomist (QL)
Wixela Inhub	Respimat	Pulmicort respule
	Dulera	Singulair
	Flovent	
	Flovent HFA	
	Incruse Ellipta	
	ProAir HFA	
	ProAir RespiClick	
	Pulmicort	
	Flexhaler	
	QVAR RediHaler	
	Serevent	
	Symbicort	
	Trelegy Ellipta	
	Ventolin HFA	

### ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine (QL)	Vyvanse (PA age, QL)	Adderall
clonidine ER		Adhansia XR
dexmethylphenidate (PA age)		Adzenys ER (PA age, QL)
dexmethylphenidate ER (PA age, QL)		Adzenys XR-ODT (PA age, QL)
dextroamphetamine-amphetamine ER (PA age, QL)		Daytrana (PA age, QL)
dextroamphetamine-amphetamine (PA age)		Dyanavel XR (PA age, QL)
guanfacine ER		Evekeo (PA, ST)
metadate ER (PA age, QL)		Focalin (PA, ST)
		Intuniv
		Kapvay
		Methylin (PA)
		QuilliChew ER (PA age, QL)

## Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)

methylphenidate (PA age)		Quillivant XR (PA age, QL)
methylphenidate CD (PA age, QL)		Ritalin tablet
methylphenidate ER (CD) (PA age, QL)		Strattera (QL)
methylphenidate ER (LA) (PA age, QL)		
methylphenidate ER (PA age, QL)		
methylphenidate LA (PA age, QL)		
Relexxii (PA age, QL)		

### BLOOD MODIFIERS/BLEEDING DISORDERS

	Droxia	
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### BLOOD PRESSURE/HEART MEDICATIONS

amiodarone	Bystolic (ST, QL)	Adalat CC
amlodipine	Corlanor (PA)	Altace (ST)
amlodipine-benazepril	Entresto	Atacand (ST)
amlodipine-olmesartan (QL)	Multaq	Atacand HCT (ST)
amlodipine-valsartan	Tekturna HCT (QL)	Avalide (ST)
amlodipine-valsartan-HCTZ		Avapro (ST)
Adult Aspirin Regimen <sup>+</sup>		Azor (QL)
Aspirin EC <sup>+</sup>		Benicar (ST, QL)
aspirin EC <sup>+</sup>		Benicar HCT (ST, QL)
Aspirin-Low <sup>+</sup>		BiDil (QL)
atenolol		Calan
benazepril		Calan SR
benazepril-HCTZ		Cardizem LA (QL)
candesartan		Cardura
amiodarone		Catapres-TTS 1
amlodipine		Catapres-TTS 2
amlodipine-benazepril		Catapres-TTS 3
amlodipine-olmesartan (QL)		Coreg (ST)
amlodipine-valsartan		Coreg CR (ST, QL)
amlodipine-valsartan-HCTZ		Corgard (ST)
		Cozaar (ST)
		Diovan (ST)
		Diovan HCT (ST)
		Ecotrin <sup>+</sup> 325 mg
		Edarbi (ST, QL)
		Edarbyclor (ST)
		Epaned
		Exforge
		Exforge HCT

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

Adult Aspirin Regimen <sup>+</sup>		Hemangeol
Aspirin EC <sup>+</sup>		Hyzaar (ST)
aspirin EC <sup>+</sup>		Inderal LA (ST)
Aspirin-Low <sup>+</sup>		Inderal XL (ST)
atenolol		InnoPran XL (ST)
benazepril		Kapsargo Sprinkle (ST)
benazepril-HCTZ		Lopressor (ST)
candesartan		Lotensin (ST)
Dilt-XR		Lotensin HCT (ST)
dofetilide (QL)		Lotrel
doxazosin		Micardis (ST, QL)
Ecpirin <sup>+</sup>		Micardis HCT (ST, QL)
Ecotrin <sup>+</sup> 81 mg		Minipress
enalapril		Nitrostat
flecainide		Norvasc
hydralazine		Pacerone (PA)
irbesartan		100mg, 400mg
irbesartan-HCTZ		Prinivil (ST)
isosorbide mononitrate		Procardia
isosorbide mononitrate ER		Procardia XL
labetalol		Ranexa (QL)
lisinopril		Rythmol SR (PA)
lisinopril-HCTZ		Tekturna (QL)
losartan		Tenormin (ST)
losartan-HCTZ		Tiazac
Low Dose Aspirin EC <sup>+</sup>		Tikosyn (PA, QL)
Matzim LA		Toprol XL (ST)
metoprolol		Tribenzor
nadolol		Vasotec (ST)
nifedipine		Verelan
nifedipine ER		Verelan PM
olmesartan medoxomil (QL)		Zestoretic (ST)
olmesartan-amlodipine-HCTZ		Zestril (ST)
olmesartan-HCTZ (QL)		
Pacerone 200mg		
prazosin		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		

## Cigna Performance 4-Tier Prescription Drug List

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

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

ranolazine ER (QL)  
St. Joseph Aspirin+  
Taztia XT  
telmisartan (QL)  
telmisartan-HCTZ  
(QL)  
valsartan  
valsartan-HCTZ  
verapamil  
verapamil ER  
verapamil ER PM  
verapamil SR

### BLOOD THINNERS/ANTI-CLOTTING

aspirin- dipyridamole ER	Brilinta Eliquis	Aggrenox Bayer Aspirin chewable tablet
clopidogrel	Xarelto	
Jantoven		Bevyxxa (QL)
prasugrel		Coumadin (PA)
warfarin		Effient Plavix Pradaxa Savaysa (QL) Zontivity

### CANCER

anastrozole	Gleostine	
exemestane	Trexall	
letrozole		
mercaptopurine		
methotrexate		
tamoxifen+		

### CHOLESTEROL MEDICATIONS

amlodipine- atorvastatin (QL)	Repatha (PA) Vascepa (PA)	Caduet (QL) Crestor (ST, QL)
atorvastatin+		Lipofen (ST)
colesevelam		Lovaza
ezetimibe		Niaspan
ezetimibe- simvastatin		Pravachol (ST)
fenofibrate		TriCor (ST)
fenofibric acid		Triglide (ST)
fluvastatin+		Trilipix (ST)
fluvastatin ER+		Vytorin (ST)
lovastatin 10mg		Welchol
lovastatin+ 20mg, 40mg		Zetia
niacin		Zocor (ST, QL)
niacin ER		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CHOLESTEROL MEDICATIONS (cont)

niacor  
omega-3 acid ethyl  
esters  
pravastatin+  
rosuvastatin 20mg,  
40mg (QL)  
rosuvastatin+ 5mg,  
10mg (QL)  
simvastatin 80mg  
(QL)  
simvastatin 10mg,  
20mg, 40mg+

### CONTRACEPTION PRODUCTS

Afirmelle+	Lo Loestrin FE	Annovera+
Aftera+	Nuvaring+	Balcoltra
Altavera+	Taytulla	Caya Contoured+
Alyacen+		Ella+
Amethia+		Estrostep FE
Amethyst+		FemCap+
Apri+		Layolis FE
Aranelle+		Loestrin FE
Ashlyna+		Minastrin 24 FE
Aubra+		Natazia
Aubra EQ+		Safyral
Aurovela+		Today Contraceptive Sponge+
Aurovela FE+		Wide Seal Diaphragm+
Aurovela 24 FE+		Yasmin 28
Aviane+		Yaz
Ayuna+		
Azurette+		
Balziva+		
Bekyree+		
Blisovi FE+		
Blisovi 24 FE+		
Briellyn+		
Camila+		
Camrese+		
Camrese Lo+		
Caziant+		
Chateal+		
Chateal EQ+		
Cryselle+		
Cyclafem+		
Cyred+		
Cyred EQ+		
Cryselle+		
Cyclafem+		
Cyred+		
Cyred EQ+		



## Cigna Performance 4-Tier Prescription Drug List

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

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

## Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTION PRODUCTS (cont)</b>			<b>DENTAL PRODUCTS</b>		
Setlakin+			chlorhexidine	Fluorabon+	Clinpro 5000
Sharobel+			Denta 5000 Plus	PreviDent 5000	Floriva+
Simliya+			dentagel		Fluoridex Sensitivity Relief
Simpesse+			doxycycline fluoride+		PreviDent 0.2% Rinse
Sprintec+			Fluoridex Daily Defense		PreviDent 1.1% Gel
Sronyx+			Fluoritab+		PreviDent 5000 Plus
Syeda+			Flura-Drops+		
Tarina FE+			Ludent Fluoride+		
Tarina 24 FE+			Oralene		
Tarina FE 1-20 EQ+			Paroex		
Tri Femynor+			Peridex		
Tri-Estarylla+			Periogard		
Tri-Legest FE+			SF		
Tri-Linyah+			SF 5000 Plus		
Tri-Lo-Estarylla+			sodium fluoride		
Tri-Lo-Marzia+			5000 plus		
Tri-Lo-Mili+			sodium fluoride+		
Tri-Lo-Sprintec+			0.25mg, 0.5mg,		
Tri-Mili+			1mg		
Tri-Previfem+			triamcinolone		
Tri-Sprintec+					
Trivora-28+					
Tri-Vylibra+					
Tri-Vylibra Lo+					
Tulana+					
Tydemy+					
Velivet+					
Vienva+					
Viorele+					
Vyfemla+					
Vylibra+					
Wera+					
Wymzya FE+					
Xulane+					
Zarah+					
Zovia+					
Zumandimine+					
<b>COUGH/COLD MEDICATIONS</b>			<b>DIABETES</b>		
benzonatate		Tessalon Perle	glimepiride	Basaglar (QL)	Amaryl
100mg, 200mg		Tuzistra XR (PA, QL)	glipizide	Bydureon (ST, QL)	Cycloset
Bromfed DM			glipizide ER	Byetta (ST, QL)	Freestyle Libre Sensor (PA, QL)
brompheniramine-pseudoephedrine-DM			glipizide XL	Farxiga (ST, QL)	Glucophage
hydrocodone-chlorpheniramine ER (PA)			metformin	GlucaGen	Glucophage XR
			metformin ER	HypoKit (QL)	Korlym* (PA)
			pioglitazone	Glucagon Emergency Kit (QL)	NovoTwist
				Glyxambi (ST, QL)	Riomet
				Humalog (QL)	
				Humulin (QL)	
				Janumet (QL)	
				Janumet XR (QL)	
				Januvia (ST, QL)	
				Jardiance (ST, QL)	
				Kombiglyze XR (QL)	
				Levemir (QL)	
				OneTouch Test Strips	
				Onglyza (ST, QL)	
				Ozempic (ST, QL)	
				QTERN (ST, QL)	
				Segluromet (QL)	
				Soliqua	

## Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DIABETES (cont)</b>			<b>EYE CONDITIONS (cont)</b>		
	Steglatro (ST, QL) SymlinPen Synjardy (QL) Synjardy XR (QL) Tresiba (QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (QL) Xultophy		ofloxacin olopatadine polymyxin B-TMP prednisolone solution timolol solution tobramycin tobramycin-dexamethasone	Restasis Simbrinza Tobradex eye ointment Travatan Z Xiidra	llevro Inveltys Istalol Lastacaft Lotemax ointment Maxitrol Nevanac Ocuflux Oxervate* (PA) Pataday Patanol Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex drops Tobradex ST Trusopt Vigamox Xalatan Zioptan (ST, QL) Zirgan Zylet Zymaxid
<b>DIURETICS</b>					
acetazolamide acetazolamide ER bumetanide chlorthalidone eplerenone furosemide hydrochlorothiazide spironolactone triamterene-HCTZ	Diuril Dyrenium	Aldactone Dyazide Inspra Lasix Maxzide			
<b>EAR MEDICATIONS</b>					
neomycin-polymyxin-HC ofloxacin drops	Cipro HC Ciprodex	Coly-Mycin S Cortisporin-TC Dermotic Otovel			
<b>ERECTILE DYSFUNCTION</b>					
sildenafil^ (PA age, QL) oral suspension, tablet tadalafil 2.5mg, 10mg, 20mg (PA age, QL) tadalafil 5mg (QL) vardenafil (PA age, QL)	Muse (QL)	Cialis (PA age, ST, QL) Stendra (PA age, ST, QL) Viagra (PA age, ST, QL)			
<b>EYE CONDITIONS</b>			<b>FEMININE PRODUCTS</b>		
azelastine brimonidine ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin-polymyxin-dexamethasone	Alphagan P 0.1% Azasite Azopt Betimol Betoptic S Combigan Lotemax drops, gel Lotemax SM Lumigan Moxeza Pazeo	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Cosopt Cosopt PF Cystaran* (QL) Durezol FML liquifilm	Fem pH Gynazole 1 Miconazole 3 vaginal suppository terconazole cream, suppository		AVC
			<b>GASTROINTESTINAL/HEARTBURN</b>		
			Alophen+ Anucort-HC balsalazide bisacodyl+ Bisa-Lax+ chlordiazepoxide-clidinium cinacalcet* Clearlax+ dicyclomine capsule, solution, tablet diphenoxylate-atropine	Amitiza Apriso Carafate suspension CLENPIQ+ Creon Dexilant (QL) Entyvio*^ (PA) Linzess Lithostat Pentasa Prepopik+ SUPREP+	Aciphex (ST, QL) Aciphex sprinkle (QL) Actigall Akynteo (PA, QL) Bonjesta Canasa Carafate tablet Correctol+ Diclegis Donnatal Dulcolax+ Gialax+ Kristalose

## Cigna Performance 4-Tier Prescription Drug List

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

GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
dronabinol	Trulance	Lialda	Amabelz	Androderm (PA, QL)	Activella
Ducodyl+	Zenpep	Lomotil	budesonide EC	Orilissa (PA, QL)	Alora (QL)
esomeprazole (QL)		MiraLax+	budesonide ER (PA, QL)	Armour thyroid	AndroGel (PA, QL)
famotidine 40mg tablet, suspension, piggyback, vial		Motegrity	cabergoline (QL)	Crinone^	Angeliq
GaviLax+		Movantik (PA)	CovARYX	Divigel	Armour Thyroid 15mg tablet
GaviLyte-C+		Pancreaze	CovARYX HS	Duavee	Climara
GaviLyte-G+		Pertzeye	Decadron	Estring (QL)	Climara Pro
GaviLyte-N+		Prevacid DR 30mg capsule (ST, QL)	desmopressin spray, solution, tablet	Medrol 2mg	CombiPatch
GentleLax+		Protonix (ST, QL)	dexamethasone	Premarin	Cytomel
GlycoLax+		Protonix IV	dexamethasone intensol	Premphase	Deltasone
HealthyLax+		Rectiv	Dotti (QL)	Prempro	Depo-Testosterone
Hemmorex-HC		Relistor (PA)	EEMT	Synthroid	Elestrin
hydrocortisone		Sancuso (PA, QL)	EEMT H.S.		Entocort EC
lansoprazole (QL)		sfRowasa	estradiol (QL)		Estrace
LaxaClear+		Sustol (PA)	estradiol-norethindrone		EstroGel
laxative peg 3350+ laxative+		Symproic (PA)	estrogen-methyltestosterone		Euthyrox
mesalamine		Transderm-Scop	levothyroxine		Evamist
mesalamine DR		Urso	Levoxyl		Imvexxy (QL)
metoclopramide		Urso Forte	liothyronine		Intrrosa
metoclopramide ODT		Varubi (PA, QL)	Lopreeza		Levo-T
QC Natura-Lax+		Viberzi	medroxy-progesterone		Medrol 4mg, 8mg, 16mg, 32mg
omeprazole (QL)		Viokace	methimazole		Menostar (QL)
ondansetron		Zantac	methylprednisolone dosepak, tablet		Minivelle (QL)
ondansetron ODT			Mimvey		Noctiva (PA)
pantoprazole (QL)			Mimvey LO		Osphena
PEG-3350 and Electrolytes+			Nature-Throid		Prometrium
PEG-Prep+			NP Thyroid		Royaldee
Phenadoz			prednisolone		Striant (PA, QL)
polyethylene glycol 3350+			prednisolone ODT		Testopel (PA)
PowderLax+			prednisone		Tirosint
prochlorperazine			prednisone intensol		Triostat
promethazine			progesterone capsule		Unithroid
Promethegan			TaperDex		Vagifem (QL)
Purelax+			testosterone (PA, QL)		Vivelle-Dot (QL)
rabeprazole (QL)			testosterone cypionate		
ranitidine			thyroid		
Smooth LAX+			Unithroid 75mcg tablet		
sucralfate			Westhroid		
TriLyte With Flavor Packets+			WP Thyroid		
ursodiol			Yuvaferm (QL)		



## Cigna Performance 4-Tier Prescription Drug List

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

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

## Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$		
<b>PARKINSON'S DISEASE</b>								
benztropine			Azilect (QL)					
bromocriptine			Mirapex					
carbidopa-levodopa			Mirapex ER (QL)					
carbidopa-levodopa ER			Neupro					
pramipexole			Osmolex ER (QL)					
pramipexole ER (QL)			Parlodel					
rasagiline (QL)			Rytary					
ropinirole			Sinemet					
ropinirole ER			Sinemet CR					
			Tasmar					
			Xadago (ST)					
<b>SCHIZOPHRENIA/ANTI-PSYCHOTICS</b>								
aripiprazole (QL)			Latuda (QL)			Abilify Maintena		
aripiprazole ODT			Zyprexa 10mg vial			Aristada		
chlorpromazine						Aristada initio		
olanzapine						Fanapt (ST)		
olanzapine ODT						Invega (ST)		
paliperidone ER (QL)						INVEGA SUSTENNA		
quetiapine						INVEGA TRINZA		
quetiapine ER						Perseris (QL)		
risperidone						Rexulti (ST, QL)		
risperidone ODT						Risperdal (ST)		
ziprasidone						Risperdal Consta		
						Saphris (ST)		
						Seroquel (ST)		
						Seroquel XR (ST)		
						Vraylar (ST, QL)		
<b>SEIZURE DISORDERS</b>								
carbamazepine			Fycompa (PA)			Aptiom (PA, QL)		
carbamazepine ER			Keppra 500 mg/5 ml vial			Banzel (PA, QL)		
clonazepam			Lyrica oral solution			Briviact solution, tablet (PA)		
divalproex			Lyrica oral solution			Carbatrol (PA)		
divalproex ER			Vimpat solution, tablet (PA)			Depakote (PA)		
epitol						Depakote ER (PA)		
gabapentin						Depakote Sprinkle (PA)		
lamotrigine						Dilantin (PA)		
lamotrigine (blue, green, orange)						Klonopin (PA)		
lamotrigine ER						Neurontin (PA)		
lamotrigine ODT						Onfi (PA)		
levetiracetam solution, tablet						Oxtellar XR (PA)		
levetiracetam ER						Phenytek (PA)		
oxcarbazepine						Tegretol (PA)		
Roweepra						Tegretol XR (PA)		
Roweepra XR						Vimpat vial		
subvenite								
<b>SEIZURE DISORDERS (cont)</b>								
subvenite (blue, green, orange)								
topiramate								
topiramate ER								
<b>SKIN CONDITIONS</b>								
adapalene (PA age)			Eucrisa			Bryhali (ST)		
adapalene-benzoyl peroxide			Finacea foam			Celacyn		
Amnesteem (QL)			Fluoroplex			Centany		
Avar Cleanser			Naftin gel			Cleocin T		
Avar-E			Pramosone 1% lotion			Cloderm (ST)		
Avar-E Green			Pramosone 1%-1% cream, ointment			Condylox		
azelaic acid			Pramosone 2.5%-1% ointment			Cordran (ST)		
betamethasone dipropionate augmented			Pramosone 2.5%-1% ointment			Cordran 0.025% cream		
betamethasone BP 10-1			Promiseb			Dermasorb TA (ST)		
calcipotriene			Santyl (QL)			Dovonex		
calcipotriene-betamethasone DP			Soolantra			Drysol		
calcitrene						Ecoza		
Claravis (QL)						Efudex		
Clindacin ETZ						Elidel		
Clindacin P						Evoclin		
clindamycin-benzoyl peroxide						Finacea gel		
clindamycin phosphate						Impoyz (ST)		
clindamycin-tretinoin						Lotrisone		
clobetasol						MetroCream		
Clodan shampoo						MetroGel		
clotrimazole-betamethasone						MetroLotion		
dapson						MiCort-HC 2.5% cream (ST)		
desoximetasone						Mimyx		
diflorasone diacetate						Naftin cream		
flucinonide						Nizoral		
fluorouracil (PA)						Olux (ST)		
flurandrenolide						Picato		
hydrocortisone						Pramosone 2.5%-1% cream		
imiquimod						Pramosone 2.5%-1% lotion		
isotretinoin (QL)						Protopic		
ketoconazole						Regranex (PA, QL)		
metronidazole						Sorilux		
MiCort HC 2.5% cream						Temovate (ST)		
						Tolak		
						Topicort (ST)		
						Tri-Luma		
						Ultravate 0.05% cream, 0.05% ointment (ST)		

## Cigna Performance 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>SKIN CONDITIONS (cont)</b>			<b>URINARY TRACT CONDITIONS</b>		
mupirocin Myorisan (QL) Neuac gel Nolix oxiconazole pimecrolimus Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Psorcon Rosadan sodium sulfacetamide- sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus ointment tazarotene tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone Triderm		Xepi Xolegel	cevimeline darifenacin ER (QL) finasteride 5mg oxybutynin chloride oxybutynin chloride ER phenazopyridine potassium citrate ER silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium chloride trospium chloride ER	Elmiron	Avodart Evoxac Flomax Proscar Pyridium Rapaflo (QL) Urocit-K
<b>SLEEP DISORDERS/SEDATIVES</b>			<b>VACCINES</b>		
armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)	Belsomra (ST) Silenor (ST, QL)	Lunesta (ST) Rozerem (ST, QL)	<p><b>For plans renewing on 2/1/20 and later, on your plan's renewal date vaccines will be covered under the pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, or check your plan materials, to find out how your specific plan covers them.</b></p>		
<b>SMOKING CESSATION</b>			Diphtheria and Tetanus Toxoids- ped <sup>+</sup> TdVax <sup>+</sup>		
bupropion SR <sup>+</sup> NicoDerm CQ 21mg/24hr <sup>+</sup> Nicorelief <sup>+</sup> nicotine gum <sup>+</sup> nicotine lozenge <sup>+</sup> nicotine patch <sup>+</sup> Quit 2 <sup>+</sup> Quit 4 <sup>+</sup>	Chantix Nicotrol Nicotrol NS	NicoDerm CQ 7mg/24hr, 14mg/24hr <sup>+</sup> Nicorette <sup>+</sup> Zyban			
<b>SUBSTANCE ABUSE</b>					
buprenorphine- naloxone	Bunavail Lucemyra (QL) Narcan (QL) Probuphine Zubsolv	Suboxone			



## Cigna Performance 4-Tier Prescription Drug List

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

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

For plans renewing on 2/1/20 and later, on your plan's renewal date vaccines will be covered under the pharmacy benefit.

Not all plans will cover vaccines in the same way. Log in to the myCigna app or website, or check your plan materials, to find out how your specific plan covers them.

IPOL+  
 KINRIX+  
 Menactra+  
 Menveo A-C-Y-W-  
 135-DIP+  
 M-M-R II+  
 PEDIARIX+  
 PedvaxHIB+  
 Pentacel+  
 PNEUMOVAX 23+  
 Prevnar 13+  
 ProQuad+  
 Quadracel DTaP-IPV+  
 Recombivax HB+  
 Rotarix+  
 RotaTeq+  
 SHINGRIX+  
 TENIVAC+  
 Trumenba+  
 Twinrix+  
 VAQTA+  
 VARIVAX+  
 ZOSTAVAX+

## Specialty medications

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

MEDICATION NAME	DRUG CLASS
abacavir-lamivudine** (PA)	AIDS/HIV
abiraterone** (PA)	CANCER
Actemra* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Actimmune* (PA)	CANCER
Adcirca** (PA)	ASTHMA/COPD/RESPIRATORY
Adempas** (PA)	ASTHMA/COPD/RESPIRATORY
Afinitor** (PA)	CANCER
Afinitor Disperz** (PA)	CANCER
Alecensa** (PA)	CANCER
Alyq** (PA)	ASTHMA/COPD/RESPIRATORY
Amicar**	BLOOD MODIFIERS/BLEEDING DISORDERS
aminocaproic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Ampyra** (PA)	MULTIPLE SCLEROSIS
Apokyn* (PA)	PARKINSON'S DISEASE
Aranesp* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Arikayce** (PA)	INFECTIONS
Arixtra* (QL)	BLOOD THINNERS/ANTI-CLOTTING
atazanavir** (PA)	AIDS/HIV
Atripla** (PA)	AIDS/HIV
Astagraf XL**	TRANSPLANT MEDICATIONS
Austedo** (PA)	MISCELLANEOUS
Aveed*	HORMONAL AGENTS
Avonex* (PA)	MULTIPLE SCLEROSIS
azathioprine**	TRANSPLANT MEDICATIONS
Baraclude**	INFECTIONS
Benlysta* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Berinert*	BLOOD PRESSURE/HEART MEDICATIONS
Betaseron* (PA)	MULTIPLE SCLEROSIS
Biktarvy**	AIDS/HIV
Boniva**	OSTEOPOROSIS PRODUCTS
Bosulif** (PA)	CANCER
Botox*	MISCELLANEOUS
Cabometyx** (PA)	CANCER
capecitabine** (PA)	CANCER
Cayston** (PA, QL)	INFECTIONS
Cellcept**	TRANSPLANT MEDICATIONS
Cerdelga** (PA)	MISCELLANEOUS
Cerezyme*	MISCELLANEOUS

MEDICATION NAME	DRUG CLASS
Cetrotide*^ (PA)	HORMONAL AGENTS
Cholbam** (PA)	GASTROINTESTINAL/HEARTBURN
chorionic gonadotropin*^ (PA)	INFERTILITY
Cimduo** (PA)	AIDS/HIV
Cimzia* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cinryze*	BLOOD PRESSURE/HEART MEDICATIONS
Cometriq** (PA)	CANCER
Complera** (PA)	AIDS/HIV
Cosentyx* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cyklokapron*	BLOOD MODIFIERS/BLEEDING DISORDERS
Cystagon**	URINARY TRACT CONDITIONS
Daraprim** (PA)	INFECTIONS
Depen** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Descovy** (PA)	AIDS/HIV
desmopressin ampule, vial*	HORMONAL AGENTS
Dupixent* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Durolane*	PAIN RELIEF AND INFLAMMATORY DISEASE
Dysport*	MISCELLANEOUS
Egrifta* (PA)	HORMONAL AGENTS
Elaprase*	MISCELLANEOUS
Emflaza** (PA)	HORMONAL AGENTS
Enbrel* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
entecavir** (QL)	INFECTIONS
Envarsus XR**	TRANSPLANT MEDICATIONS
Epidiolex** (PA)	SEIZURE DISORDERS
Epogen* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Erivedge** (PA)	CANCER
Erleada** (PA)	CANCER
Esbriet** (PA)	MISCELLANEOUS
Euflexxa*	PAIN RELIEF AND INFLAMMATORY DISEASE
Evotaz** (PA)	AIDS/HIV
Exjade** (PA)	MISCELLANEOUS
Extavia* (PA)	MULTIPLE SCLEROSIS
Ferriprox** (PA)	MISCELLANEOUS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Follistim AQ*^ (PA)	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Forteo* (PA, QL)	HORMONAL AGENTS
Fragmin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Fulphila* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Galafold** (PA)	MISCELLANEOUS
Ganirelix*^ (PA)	HORMONAL AGENTS

MEDICATION NAME	DRUG CLASS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
Gelsyn-3*	PAIN RELIEF AND INFLAMMATORY DISEASE
Genvoya**	AIDS/HIV
Gilenya 0.5mg** (PA)	MULTIPLE SCLEROSIS
Glassia*	ASTHMA/COPD/RESPIRATORY
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Gleevec** (PA)	CANCER
Gonal-F*^ (PA)	INFERTILITY
Granix*	BLOOD MODIFIERS/BLEEDING DISORDERS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Hemlibra* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Hetlioz** (PA)	SLEEP DISORDERS/SEDATIVES
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Hyalgan*	PAIN RELIEF AND INFLAMMATORY DISEASE
Hymovis*	PAIN RELIEF AND INFLAMMATORY DISEASE
hydroxyprogesterone caproate*	INFERTILITY
ibandronate syringe, vial *	OSTEOPOROSIS PRODUCTS
Ibrance** (PA)	CANCER
Ilaris* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ilumya* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
imatinib** (PA)	CANCER
Imbruvica** (PA)	CANCER
Increlex* (PA)	HORMONAL AGENTS
Inflectra*	PAIN RELIEF AND INFLAMMATORY DISEASE
Ingrezza** (PA)	MISCELLANEOUS
Inlyta** (PA)	CANCER
Intelence** (PA)	AIDS/HIV
Isentress**	AIDS/HIV
Isentress HD** (PA)	AIDS/HIV
Jadenu** (PA)	MISCELLANEOUS
Jadenu Sprinkle** (PA)	MISCELLANEOUS
Jakafi** (PA)	CANCER
Juluca** (PA)	AIDS/HIV
Jynarque** (PA)	DIURETICS
Kalbitor*	BLOOD PRESSURE/HEART MEDICATIONS
Kalydeco** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Kevzara* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kineret* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kisqali** (PA)	CANCER
Kitabis Pak** (PA, QL)	INFECTIONS

MEDICATION NAME	DRUG CLASS
Kuvan** (PA)	MISCELLANEOUS
Kyleena**	CONTRACEPTION PRODUCTS
ledipasvir-sofosbuvir** (PA)	INFECTIONS
Lenvima** (PA)	CANCER
Letairis** (PA)	ASTHMA/COPD/RESPIRATORY
Lonsurf** (PA)	CANCER
Lovenox* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Lumizyme*	MISCELLANEOUS
Lupron Depot* (PA)	CANCER
Lynparza** (PA)	CANCER
Lysteda**	BLOOD MODIFIERS/BLEEDING DISORDERS
Makena*	INFERTILITY
Mavyret** (PA)	INFECTIONS
Mekinist** (PA)	CANCER
Menopur*^ (PA)	INFERTILITY
Mirena**	CONTRACEPTION PRODUCTS
Monovisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Myalept* (PA)	MISCELLANEOUS
mycophenolate**	TRANSPLANT MEDICATIONS
mycophenolic acid**	TRANSPLANT MEDICATIONS
Myfortic**	TRANSPLANT MEDICATIONS
Natpara* (PA)	HORMONAL AGENTS
Nerlynx** (PA)	CANCER
Neulasta* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Neupogen* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Nexavar** (PA)	CANCER
Nexplanon*	CONTRACEPTION PRODUCTS
Ninlaro** (PA)	CANCER
Nityr** (PA)	MISCELLANEOUS
Nivestym* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Norditropin Flexpro* (PA)	HORMONAL AGENTS
Northera** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Novarel*^ (PA)	INFERTILITY
Nucala* (PA)	ASTHMA/COPD/RESPIRATORY
Nuzyra** (PA)	INFECTIONS
Ocaliva** (PA)	GASTROINTESTINAL/HEARTBURN
Ocrevus*	MULTIPLE SCLEROSIS
Odefsey** (PA)	AIDS/HIV
Odomzo** (PA)	CANCER
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY
Olumiant** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Opsumit** (PA)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
Orencia* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Orenitram ER** (PA)	ASTHMA/COPD/RESPIRATORY
Orfadin** (PA)	MISCELLANEOUS
Orkambi** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Orthovisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Otezla** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ovidrel*^ (PA)	INFERTILITY
Palynziq* (PA)	MISCELLANEOUS
Pegasys* (PA)	INFECTIONS
Plegridy* (PA)	MULTIPLE SCLEROSIS
Pomalyst** (PA)	CANCER
Prevymis**	INFECTIONS
Prezcobix** (PA)	AIDS/HIV
Prezista**	AIDS/HIV
Procrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Procysbi** (PA)	URINARY TRACT CONDITIONS
Prolia*	OSTEOPOROSIS PRODUCTS
Promacta** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Pulmozyme** (PA)	ASTHMA/COPD/RESPIRATORY
Purixan**	CANCER
Rapamune**	TRANSPLANT MEDICATIONS
Ravicti** (PA)	GASTROINTESTINAL/HEARTBURN
Rebif* (PA)	MULTIPLE SCLEROSIS
Remicade* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Remodulin*	ASTHMA/COPD/RESPIRATORY
Renflexis*	PAIN RELIEF AND INFLAMMATORY DISEASE
Retacrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Revatio** (PA)	ASTHMA/COPD/RESPIRATORY
Revlimid** (PA)	CANCER
ritonavir**	AIDS/HIV
Rubraca** (PA)	CANCER
Ruconest*	BLOOD PRESSURE/HEART MEDICATIONS
Samsca**	DIURETICS
Sandostatin LAR Depot* (PA)	HORMONAL AGENTS
Selzentry** (PA)	AIDS/HIV
Sensipar**	GASTROINTESTINAL/HEARTBURN
Serostim* (PA)	HORMONAL AGENTS
Simponi* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Simponi Aria* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
Skyla**	CONTRACEPTION PRODUCTS
sofosbuvir-velpatasvir** (PA)	INFECTIONS

MEDICATION NAME	DRUG CLASS
Soliris*	BLOOD MODIFIERS/BLEEDING DISORDERS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER
Stelara* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq* (PA)	MISCELLANEOUS
Stribild** (PA)	AIDS/HIV
Stivarga** (PA)	CANCER
Sucraid** (PA)	GASTROINTESTINAL/HEARTBURN
Supartz FX*	PAIN RELIEF AND INFLAMMATORY DISEASE
Sutent** (PA)	CANCER
Symdeko** (PA, QL)	ASTHMA/COPD/RESPIRATORY
Symfi**	AIDS/HIV
Symfi LO**	AIDS/HIV
Symtuza** (PA)	AIDS/HIV
Synagis*	INFECTIONS
Synvisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
tacrolimus capsule**	TRANSPLANT MEDICATIONS
tadalafil 20mg** (PA)	ASTHMA/COPD/RESPIRATORY
Tafinlar** (PA)	CANCER
Tagrisso** (PA)	CANCER
Takzyro* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Taltz* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Targretin** (PA)	CANCER
Tasigna** (PA)	CANCER
Tavalisse** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Tecfidera** (PA)	MULTIPLE SCLEROSIS
Temodar** (PA)	CANCER
temozolomide** (PA)	CANCER
tenofovir** (PA)	AIDS/HIV
tetrabenazine** (PA)	MISCELLANEOUS
Thalomid** (PA)	INFECTIONS
Thiola**	URINARY TRACT CONDITIONS
Thyrogen*	HORMONAL AGENTS
Tiglutik** (PA)	MISCELLANEOUS
Tivicay**	AIDS/HIV
TOBI podhaler** (PA, QL)	INFECTIONS
tobramycin 300 mg/5ml ampule** (PA, QL)	INFECTIONS
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Trelstar*	CANCER
Tremfya* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
trientine** (PA)	MISCELLANEOUS
Triptodur*	HORMONAL AGENTS
Triumeq**	AIDS/HIV
Trivisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Truvada**	AIDS/HIV
Tykerb** (PA)	CANCER
Tymlos* (PA, QL)	OSTEOPOROSIS PRODUCTS
Tyvaso** (PA)	ASTHMA/COPD/RESPIRATORY
Udenyca* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Uptravi** (PA)	ASTHMA/COPD/RESPIRATORY
Valchlor**	SKIN CONDITIONS
Vemlidy**	INFECTIONS
Venclexta** (PA)	CANCER
Verzenio** (PA)	CANCER
Viread** (PA)	AIDS/HIV
vigabatrin**	SEIZURE DISORDERS
vigadrone**	SEIZURE DISORDERS
Visco-3*	PAIN RELIEF AND INFLAMMATORY DISEASE
Vivitrol*	MISCELLANEOUS
Vosevi** (PA)	INFECTIONS
Votrient** (PA)	CANCER
Xalkori** (PA)	CANCER
Xeljanz** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeljanz XR** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xeloda** (PA)	CANCER
Xenazine** (PA)	MISCELLANEOUS
Xermelo** (PA)	GASTROINTESTINAL/HEARTBURN
XGEVA*	OSTEOPOROSIS PRODUCTS
Xiaflex*	PAIN RELIEF AND INFLAMMATORY DISEASE
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Xtandi** (PA)	CANCER
Xyrem** (PA)	SLEEP DISORDERS/SEDATIVES
Zarxio*	BLOOD MODIFIERS/BLEEDING DISORDERS
Zejula** (PA)	CANCER
Zepatier** (PA)	INFECTIONS
Zorbitive* (PA)	HORMONAL AGENTS
Zortress**	TRANSPLANT MEDICATIONS



## Medications that are not covered

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

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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY	Advair Diskus AirDuo RespiClick	Advair HFA Breo Ellipta Dulera fluticasone-salmeterol Symbicort Wixela Inhub
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler Pulmicort Flexhaler
	Bevespi Aerosphere Stiolto Respimat Utibron Neohaler	Anoro Ellipta
	Elixophyllin	theophylline oral solution
	Proventil HFA Xopenex HFA	ProAir Ventolin HFA
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Striverdi Respimat	Serevent Diskus
	Yupelri	Anoro Ellipta Incruse Ellipta Trelegy Ellipta
	Zyflo	montelukast zafirlukast zileuton ER
	ATTENTION DEFICIT HYPERACTIVITY	Adderall XR Aptensio XR Concerta Cotempla XR-ODT Mydayis Focalin XR Ritalin LA
Desoxyn		methamphetamine
Dexedrine		dextroamphetamine
BLOOD PRESSURE/HEART MEDICATIONS		Betapace
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
	Isordil	isosorbide dinitrate
	Isordil Titradose	isosorbide dinitrate digoxin
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	aspirin or enteric aspirin
CANCER	Nilandron	nilutamide
	Tarceva*	erlotinib*
	Yonsa* Zytiga*	abiraterone*

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Ezallor Sprinkle Livalo Zypitamag	atorvastatin lovastatin pravastatin rosuvastatin simvastatin
	Lipitor	atorvastatin
	Praluent Pen	Repatha
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
	TussiCaps	hydrocodone-chlorpheniramine ER promethazine with codeine syrup
DIABETES	Accu-Chek Aviva Plus test strips Accu-Chek Guide test strips Accu-Chek Smartview Accutrend glucose	One Touch test strips (e.g. Ultra; Verio)
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza
	Ademelog Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	alogliptin	Janumet Janumet XR Januvia Kombiglyze XR metformin Onglyza
	alogliptin-metformin	Janumet Janumet XR Januvia Kombiglyze XR metformin Onglyza
	alogliptin-pioglitazone	Janumet Janumet XR Januvia Kombiglyze XR Onglyza pioglitazone

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)
	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro
	Jentadueto Jentadueto XR Kazano	Janumet Janumet XR Kombiglyze XR
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch
	Nesina Tradjenta	Januvia Janumet Janumet XR Kombiglyze XR metformin Onglyza
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia Kombiglyze XR Onglyza
	Steglujan	Glyxambi metformin QTERN
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Vyzulta	bimatoprost latanoprost Lumigan Travatan Z
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN <i>(cont)</i>	CoLyte with Flavor Packets+ GoLyteLy+ MoviPrep+ NuLYTELY with flavor packs+ OsmoPrep+ Plenvu+	Clenpiq+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ 3550 Electrolyte+ Prepopik+ SuPrep+	
	Cortifoam Uceris foam	Prescription hydrocortisone enema, rectal cream, suppository	
	Librax	chlordiazepoxide-clidinium	
	Marinol Syndros	dronabinol	
	Nexium DR 20mg, 40mg capsule	esomeprazole	
	Omeclamox-Pak Pylera	lansoprazole-amoxicillin-clarithromycin (combo pack)	
	OmePPI 40mg-1,100mg Zegerid packet, 40mg capsule	omeprazole	
	Pepcid 40mg tablet	famotodine	
	Rowasa	mesalamine rectal enema suspension	
	Zofran	ondansetron	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Cortrosyn	cosyntropin
		DDAVP	desmopressin
		Dxevo	dexamethasone
		Fortesta Natesto Testim Vogelxo Xyosted	AndgroGel testosterone
Genotropin* Nutropin AQ nuspin* Omnitrope* Saizen* Saizen-Saizenprep* Zomacton*		Humatrope* (PA)	
Nocdurna		desompression acetate nasal spray or tablets	
Rayos		prednisone	
Uceris tablets		budesonide tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	

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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
NUTRITIONAL/DIETARY	Azesco	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen tablets butalbital-acetaminophen-caffeine capsules and tablets
	Amrix	cyclobenzaprine Other generic muscle relaxants
	Bupap	butalbital-acetaminophen tablets
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g. celecoxib, meloxicam)
	ConZip	Tramadol Tramadol ER
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	Gralise	gabapentin
	Imitrex Zembrace Symtouch	sumatriptan
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER
	Lido-Sorb Lidozion	lidocaine cream, ointment
	Lorzone	chlorzoxazone 500mg
	Migranal	dihydroergotamine nasal spray
	ONZETRA Xsail	Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)
	Oxycontin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER
	Pennsaid	diclofenac 1% gel
	Roxicodone	oxycodone

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY <i>(cont)</i>	Siliq*	Cosentyx* Enbrel* Humira* Stelara*
	Soriatane	acitretin
	Sprix	ketorolac tablet
	Tivorbex	indomethacin
	Vanatol LQ Vanatol S	butalbital-acetaminophen-caffeine
	Vivlodex	meloxicam
	Zomig	sumatriptan zolmitriptan
	Zomig ZMT	zolmitriptan ODT
	Zorvolex	diclofenac
PARKINSON'S DISEASE	Gocovri	amantadine
	Lodosyn	carbidopa
	Requip XL	ropinirole extended release
	Zelapar	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify Abilify MyCite	aripiprazole
	FazaClo Versacloz	clozapine clozapine ODT
	Geodon capsule	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Felbatol	felbamate
	Keppra oral solution, tablet	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (blue, green, orange)	lamotrigine ODT (blue, green, orange)
	Lamictal XR	lamotrigine ER
	Lamictal XR (blue, green, orange)	lamotrigine ER (blue, green, orange)
	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
	Qudexy XR	topiramate ER
	Sabril*	vigabatrin*
	Sympazan	clobazam
Topamax	topiramate	
Zonegran	zonisamide	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS	Absorica Acanya Aczone Aktipak Altreno Atralin Avita Azelex Differin Duac Epiduo Epiduo Forte Fabior Onexton Retin-A Retin-A Micro Tazorac Veltin Ziana	Myorisan or Zenatane Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aldara Zyclara	imiquimod 5% cream
	Anusol-HC cream	hydrocortisone cream
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin Neuac Kit	clindamycin-benzoyl peroxide
	Carac	fluorouracil 0.5% cream
	Clindagel	clindamycin gel, topical solution
	Cutivate lotion	fluticasone topical lotion
	Denavir Zovirax cream, ointment	acyclovir tablet famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Duobrii	halobetasol plus tazarotene cream
	Enstilar Taclonex	calcipotriene calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
SKIN CONDITIONS <i>(cont)</i>	HALOG	clobetasol cream, ointment halobetasol cream, ointment	
	Jublia Kerydin	ciclopirox topical solution itraconazole capsules terbinafine tablets	
	Kenalog spray	triamcinolone acetonide aerosol spray	
	Lexette	clobetasol cream, ointment halobetasol cream, foam, ointment	
	Locoid	hydrocortisone cream, lipid cream, ointment, solution	
	Locoid Lipocream	hydrocortisone lipid cream	
	Loprox	ciclopirox cream, shampoo	
	Luzu	econazole ketoconazole cream luliconazole oxiconazole	
	Noritate	metronidazole cream	
	Oxistat	etoconazole cream	
	Penlac	ciclopirox solution	
	Prudoxin Zonalon	Generic topical steroid (e.g. topical tacrolimus)	
	Sernivo	clobetasol spray triamcinolone acetonide aerosol spray	
	Trianex	triamcinolone cream, ointment	
	Ultravate	clobetasol lotion	
	Vanos	fluocinonide 0.1% cream	
	Verdeso	desonide cream, ointment	
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet	
	SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
		Ambien CR	zolpidem ER
Ativan		lorazepam	
Edluar Intermezzo		zolpidem/ER	
Nuvigil		armodafinil	
Provigil		modafinil	
Restoril		temazepam	
Zolpimist		Belsomra eszopiclone Silenor zaleplon zolpidem/ER	

^^ 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 THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SUBSTANCE ABUSE	Evzio	narcain nasal spray
URINARY TRACT CONDITIONS	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique	darifenacin ER
	Myrbetriq	oxybutynin ER
	Toviaz	tolterodine ER
VESicare	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:<sup>1,2</sup>

- › 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. This typically happens twice a year on January 1<sup>st</sup> and July 1<sup>st</sup>.
- › Adding coverage requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

When a medication changes tiers, 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<sup>®</sup> Business Decision Team then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

### Which medications are covered under the health care reform law?

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

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

## Prescription drug list FAQs (cont)

medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

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

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. You can log in to the **myCigna** app or website and click on "Price a Medication" to see how much your medication will cost you at the different pharmacies in your network. You can also see if there are lower-cost alternatives available.<sup>3</sup>

### 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.<sup>4</sup> 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:<sup>4</sup>

- › 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.<sup>4</sup> Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

### How can I get help with my specialty medication?

Managing a complex condition isn't easy. As part of your Cigna-administered pharmacy benefits,

you have access to Accredo.<sup>5</sup> Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo's team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your complex medical condition. They'll help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

To get started using Accredo, call **877.826.7657**. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Please be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to **Cigna.com/specialty**.

### Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery.<sup>5</sup>

- › If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. To get started, call **800.835.3784**.
- › If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo. Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).<sup>6</sup> To get started, call Accredo at **877.826.7657**. They're available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Please be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to **Cigna.com/specialty**.

## Prescription drug list FAQs (cont)

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

You can use the online tools and resources on the **myCigna** app or website to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also connect to your online Accredo account to manage your specialty medication.<sup>5</sup>

## 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:<sup>7</sup>

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

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

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



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. **Illinois** state law allows you to receive continued coverage of your medication, and at your current cost share (tier) level, if your doctor requests approval through a coverage review process. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
5. Not all plans offer home delivery and Accredo as a covered pharmacy option. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. As allowable by law.
7. 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](mailto: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](mailto: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).