



CIGNA ADVANTAGE 4-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

Together, all the way.®



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

893304 t Advantage 4-Tier 11/20



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View your plan's drug list online



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

Questions?

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

About your prescription drug list

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

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

How to read your drug list

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

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

Medications are grouped by the **condition** they treat; Speciality medications are listed on Tier 4 (pages 16-22)

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

Tiers

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

› Tier 1 – Typically Generics	(Lowest-cost medication)	\$
› Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 – Typically Non-Preferred Brands	(Higher-cost medication)	\$\$\$
› Tier 4 – Specialty Medications	(Highest-cost medication)	\$\$\$\$

Abbreviations next to medications

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

(PA)	Prior Authorization – Cigna will review information 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.

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

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

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

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

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

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

Plan exclusions

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

How to find your medication on the drug list

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

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

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

ALZHEIMER'S DISEASE

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER

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

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

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

ASTHMA/COPD/RESPIRATORY

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine		Adderall (PA age, ST)
atomoxetine 40mg capsule (QL)		Daytrana (PA age, QL)
clonidine ER		Evekeo 5mg, 10mg tablet (PA age, ST)
dexmethylphenidate (PA age)		Focalin (PA, ST)
dexmethylphenidate ER (PA age, QL)		Intuniv ER
dextroamphetamine-amphetamine (PA age)		Kapvay
dextroamphetamine-amphetamine ER (PA age, QL)		Methylin (PA age)
guanfacine ER		Quillivant XR (PA age, QL)
metadate ER (PA age, QL)		Ritalin tablet (PA age, ST)
methylphenidate (PA age)		Strattera
methylphenidate CD (PA age, QL)		Strattera 40mg capsule (QL)
methylphenidate ER (PA age, QL)		

Cigna Advantage 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 ER (CD) (PA age, QL)		
methylphenidate ER (LA) (PA age, QL)		
methylphenidate LA (PA age, QL)		
Relexxii (PA age, QL)		

BLOOD MODIFIERS/BLEEDING DISORDERS

Droxia	Siklos (PA)
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BLOOD PRESSURE/HEART MEDICATIONS

Adult Aspirin Regimen ⁺	Corlanor (PA)	Adalat CC
amiodarone	Entresto	BiDil (QL)
amlodipine		Calan SR
amlodipine- benazepril		Cardizem LA (QL)
amlodipine- olmesartan (QL)		Cardura
amlodipine- valsartan		Catapres-TTS 1
amlodipine- valsartan-HCTZ		Catapres-TTS 2
Aspirin EC ⁺		Catapres-TTS 3
aspirin EC ⁺		Coreg (ST)
Aspirin-Low ⁺		Coreg CR (ST, QL)
atenolol		Corgard (ST)
Bayer Aspirin 325 mg tablet ⁺		Epaned
benazepril		Hemangeol
benazepril-HCTZ		Inderal LA (ST)
candesartan		Inderal XL (ST)
candesartan-HCTZ		InnoPran XL (ST)
cartia XT		Kapspargo Sprinkle (ST)
carvedilol		Lopressor (ST)
carvedilol ER (QL)		Minipress
Children's Aspirin ⁺		Multaq
clonidine		Nitrostat
diltiazem		Norvasc
diltiazem 12hr ER		Pacerone 100mg, 400mg (PA)
diltiazem 24hr ER		Procardia
diltiazem 24hr ER (CD)		Procardia XL
diltiazem 24hr ER (LA)		Ranexa (QL)
diltiazem 24hr ER (XR)		Rythmol SR (PA)
Dilt-XR		Tenormin (ST)
dofetilide (QL)		Tiazac ER
doxazosin		Tikosyn (PA, QL)
		Toprol XL (ST)
		Verelan
		Verelan PM

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

Ecpirin ⁺		
enalapril		
flecainide		
hydralazine		
irbesartan		
irbesartan-HCTZ		
isosorbide mononitrate		
isosorbide mononitrate ER		
labetalol		
lisinopril		
lisinopril-HCTZ		
losartan		
losartan-HCTZ		
Low Dose Aspirin EC ⁺		
Matzim LA		
metoprolol		
nadolol		
nifedipine		
nifedipine ER		
olmesartan (QL)		
olmesartan- amlodipine-HCTZ		
olmesartan-HCTZ (QL)		
Pacerone 200mg		
prazosin		
propafenone		
propafenone ER		
propranolol		
propranolol ER		
ramipril		
ranolazine ER (QL)		
St. Joseph Aspirin ⁺		
Taztia XT		
telmisartan (QL)		
telmisartan-HCTZ (QL)		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil ER PM		
verapamil SR		

Cigna Advantage 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD THINNERS/ANTI-CLOTTING			CONTRACEPTION PRODUCTS		
aspirin- dipyridamole ER clopidogrel Ecotrin+ 81mg Jantoven prasugrel warfarin	Brilinta Eliquis (PA) Xarelto (PA)	Aggrenox Bevyxxa (QL) Coumadin (PA) Effient Plavix Pradaxa (PA) Savaysa (PA, QL) Zontivity	Afirmelle+ Aftera+ Altavera+ Alyacen+ Amethia+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aubra EQ+ Aurovela+ Aurovela FE+ Aurovela 24 FE+ Aviane+ Ayuna+ Azurette+ Balziva+ Bekyree+ Blisovi FE+ Blisovi 24 FE+ Briellyn+ Camila+ Camrese+ Camrese Lo+ Caziant+ Chateal+ Chateal EQ+ Cryselle+ Cyclafem+ Cyred+ Cyred EQ+ Dasetta+ Daysee+ Deblitane+ Delyla+ desogestrel-ethinyl estradiol+ dospirenone- ethinyl estradiol- levomefolate+ drospirenone- ethinyl estradiol+ Econtra EZ+ Econtra One-Step+ Elinest+ EluRyng Vaginal Ring Emoquette+ Enpresse+	Lo Loestrin FE	Annovera+ Caya Contoured+ Ella+ Estrostep FE FemCap+ Layolis FE Loestrin FE Minastrin 24 FE NuvaRing Safyral Today Contraceptive Sponge+ Wide Seal Diaphragm+ Yasmin 28 Yaz
CANCER					
anastrozole exemestane letrozole mercaptopurine methotrexate tamoxifen+	Gleostine Trexall				
CHOLESTEROL MEDICATIONS					
amlodipine- atorvastatin (QL) atorvastatin+ 10mg, 20mg tablet atorvastatin 40mg, 80mg tablet colesevelam ezetimibe ezetimibe- simvastatin fenofibrate fenofibric acid fluvastatin+ fluvastatin ER+ lovastatin 10mg lovastatin+ 20mg, 40mg niacin niacin ER niacor omega-3 acid ethyl esters pravastatin+ rosuvastatin 20mg (QL) rosuvastatin 40mg rosuvastatin+ 5mg, 10mg (QL) simvastatin 5mg simvastatin 80mg (QL) simvastatin+ 10mg, 20mg, 40mg	Repatha (PA) Vascepa (PA)	Caduet (QL) Lipofen (ST) Lovaza Niaspan TriCor (ST) Triglide (ST) Trilipix (ST) Welchol Zetia			

Cigna Advantage 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$		
CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)					
Enskyce ⁺			Marlissa ⁺					
Errin ⁺			medroxy-					
Estartylla ⁺			progesterone					
ethynodiol-ethinyl			150mg/ml ⁺					
estradiol ⁺			Melodetta 24 FE ⁺					
etonogestrel-			Mibelas 24 FE ⁺					
ethinyl estradiol ⁺			Mili ⁺					
Falmina ⁺			Mono-Linyah ⁺					
Fayosim ⁺			My Choice ⁺					
Femynor ⁺			Necon ⁺					
Gianvi ⁺			New Day ⁺					
Gynol II ⁺			Nikki ⁺					
Hailey 24 FE ⁺			Nora-BE ⁺					
Heather ⁺			norethindrone ⁺					
Incassia ⁺			norethindrone-					
Introvale ⁺			ethinyl estradiol ⁺					
Isibloom ⁺			norethindrone-					
Jasmiel ⁺			ethinyl estradiol-					
Jencycla ⁺			iron ⁺					
Jolessa ⁺			norgestimate-					
Juleber ⁺			ethinyl estradiol ⁺					
Junel ⁺			Norlyda ⁺					
Junel FE ⁺			Norlyroc ⁺					
Junel FE 24 ⁺			Nortrel ⁺					
Kaitlib FE ⁺			Ocella ⁺					
Kalliga ⁺			Opcicon One-Step ⁺					
Kariva ⁺			Option 2 ⁺					
Kelnor 1-35 ⁺			Orsythia ⁺					
Kelnor 1-50 ⁺			Philith ⁺					
Kurvelo ⁺			Pimtrea ⁺					
Larin ⁺			Pirmella ⁺					
Larin FE ⁺			Portia ⁺					
Larin 24 FE ⁺			Previfem ⁺					
Larissia ⁺			Reclipsen ⁺					
Lessina ⁺			Setlakin ⁺					
Levonest ⁺			Sharobel ⁺					
levonorgestrel ⁺			Simliya ⁺					
levonorgestrel-			Simpesse ⁺					
ethinyl estradiol ⁺			Sprintec ⁺					
levonorgestrel-			Sronyx ⁺					
ethinyl estradiol			Syeda ⁺					
ethinyl estradiol ⁺			Tarina FE ⁺					
Levora-28 ⁺			Tarina 24 FE ⁺					
Lillow ⁺			Tarina FE 1-20 EQ ⁺					
Loryna ⁺			Tri Femynor ⁺					
Low-Ogestrel ⁺			Tri-Estartylla ⁺					
Lo-Zumandimine ⁺			Tri-Legest FE ⁺					
Lutera ⁺								
Lyza ⁺								

Cigna Advantage 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			DENTAL PRODUCTS (cont)		
Tri-Linyah ⁺			Peridex		
Tri-Lo-Estarylla ⁺			Periogard		
Tri-Lo-Marzia ⁺			SF		
Tri-Lo-Mili ⁺			SF 5000 Plus		
Tri-Lo-Sprintec ⁺			sodium fluoride		
Tri-Mili ⁺			5000 plus		
Tri-Previfem ⁺			sodium fluoride ⁺		
Tri-Sprintec ⁺			0.25mg, 0.5mg,		
Trivora-28 ⁺			1mg		
Tri-Vylibra ⁺			triamcinolone 0.1%		
Tri-Vylibra Lo ⁺			paste		
Tulana ⁺					
Tydemy ⁺					
Velivet ⁺					
Vienna ⁺					
Viorele ⁺					
Vyfemla ⁺					
Vylibra ⁺					
Wera ⁺					
Wymzya FE ⁺					
Xulane ⁺					
Zarah ⁺					
Zovia ⁺					
Zumandimine ⁺					
COUGH/COLD MEDICATIONS			DIABETES		
benzonatate		Tessalon Perle	glimepiride	Baqsimi (QL)	Amaryl
100mg, 200mg		Tuzistra XR (PA, QL)	glipizide	Basaglar (QL)	Cycloset
Bromfed DM			glipizide ER	Bydureon (ST, QL)	Glucophage
brompheniramine-			glipizide XL	Byetta (ST, QL)	Glucophage XR
pseudoephedrine-			metformin	Farxiga (ST, QL)	NovoTwist
DM			pioglitazone	Freestyle Libre	Riomet
hydrocodone-				Sensor (PA, QL)	
chlorpheniramine				Glucagon	
ER (PA)				Emergency Kit	
				(QL)	
				Glyxambi (ST, QL)	
				Humalog (QL)	
				Humulin (QL)	
				Insulin Lispro (QL)	
				Janumet (ST, QL)	
				Janumet XR (ST,	
				QL)	
				Januvia (ST, QL)	
				Jardiance (ST, QL)	
				Levemir (QL)	
				OneTouch Test	
				Strips	
				Ozempic (ST, QL)	
				Segluromet (ST, QL)	
				Soliqua	
				Steglatro (ST, QL)	
				SymmlinPen	
				Synjardy (ST, QL)	
				Synjardy XR (ST, QL)	
				Tresiba (QL)	
				Trulicity (ST, QL)	
				V-Go	
				Victoza (ST, QL)	
				Xigduo XR (ST, QL)	
				Xultophy	
DENTAL PRODUCTS					
chlorhexidine		Clinpro 5000			
Denta 5000 Plus		Floriva ⁺			
dentagel		Fluorabon ⁺			
doxycycline		Fluoridex			
fluoride ⁺		Sensitivity Relief			
Fluoridex Daily		PreviDent			
Defense		PreviDent 5000			
Fluoritab ⁺		PreviDent 5000			
Flura-Drops ⁺		Plus			
Ludent Fluoride ⁺					
Oralone					
Paroex					

Cigna Advantage 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIURETICS			EYE CONDITIONS (cont)		
acetazolamide		Aldactone			Timoptic
acetazolamide ER		Diuril			Timoptic-XE
bumetanide		Dyazide			Tobradex drops, ointment
chlorthalidone		Dyrenium			Tobradex ST
eplerenone		Inspira			Trusopt
furosemide		Lasix			Vigamox
hydrochlorothiazide		Maxzide			Zirgan
spironolactone					Zylet
triamterene-HCTZ					Zymaxid
EAR MEDICATIONS			FEMININE PRODUCTS		
neomycin- polymyxin-HC		Cipro HC	Fem pH		AVC
ofloxacin drops		Ciprodex	Gynazole 1		
		Coly-Mycin S	miconazole		
		Cortisporin-TC	3 vaginal		
		Dermotic	suppository		
		Otovel	terconazole		
EYE CONDITIONS			GASTROINTESTINAL/HEARTBURN		
azelastine^	Combigan	Acuvail	Alophen+	Amitiza	Actigall
brimonidine	Restasis	Alphagan P	Anucort-HC	Apriso	Akynzeo (PA, QL)
ciprofloxacin	Simbrinza	Alrex	balsalazide	Carafate	Bonjesta
dorzolamide		Azasite	bisacodyl+	suspension	Canasa
dorzolamide- timolol		Azopt	Bisa-Lax+	CLENPIQ+	Carafate tablet
epinastine^		Besivance	chlordiazepoxide-	Pancreaze	Correctol+
erythromycin		Betimol	clidinium	Pentasa	Diclegis
fluorometholone		Betoptic S	ClearLax+	Prepopik+	Donnatal
gatifloxacin		Bromsite	dicyclomine	SUPREP+	Dulcolax+
latanoprost		Cosopt	capsule, solution, tablet		Kristalose
moxifloxacin		Cosopt PF	diphenoxylate-		Lialda
neomycin- polymyxin- dexamethasone		Durezol	atropine		Lithostat
ofloxacin		FML liquifilm, forte, ointment	dronabinol		Lomotil
polymyxin B-TMP		Illevro	Ducodyl+		MiraLax+
prednisolone		Inveltys	famotidine		Movantik (PA)
solution		Istalol	suspension		Protonix IV
timolol solution		Lotemax ointment, drops, gel	GaviLax+		Rectiv
tobramycin		Lotemax SM	GaviLyte-C+		Relistor (PA)
tobramycin- dexamethasone		Maxitrol	GaviLyte-G+		Sancuso (PA, QL)
		Moxeza	GaviLyte-N+		sfRowasa
		Nevanac	GentleLax+		Sustol (PA)
		Ocuflox	GlycoLax+		Symproic (PA)
		Polytrim	HealthyLax+		Transderm-Scop
		Pred Forte	Hemmorex-HC		Urso
		Prolensa	hydrocortisone		Urso Forte
		Rhopressa	LaxaClear+		Varubi (PA, QL)
					Viberzi
					Viokace

Cigna Advantage 4-Tier Prescription Drug List

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

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$		
GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS (cont)					
mesalamine			estradiol-			Euthyrox		
mesalamine DR			norethindrone			Evamist		
metoclopramide			estrogen-methyl			Imvexxy (QL)		
metoclopramide			testosterone			Intrarosa		
ODT			levothyroxine			Levo-T		
ondansetron			Levoxyl			Medrol		
ondansetron ODT			liothyronine			Menostar (QL)		
PEG 3350 and			Lopreeza			Minivelle (QL)		
Electrolytes ⁺			medroxy-			Noctiva (PA)		
PEG-Prep ⁺			progesterone			Osphena		
Phenadoz			methimazole			Prometrium		
polyethylene glycol			methylprednisolone			Rayaaldee		
3350 ⁺			dosepak, tablet			Striant (PA, QL)		
PowderLax ⁺			Mimvey			Synthroid		
prochlorperazine			Nature-Throid			Testopel (PA)		
suppository,			NP Thyroid			TIROSINT (PA)		
tablet, vial			prednisolone			TIROSINT-SOL (PA)		
promethazine			prednisolone ODT			Triostat		
Promethgan			prednisone			Unithroid		
Puralex ⁺			prednisone			Vagifem (QL)		
QC Natura-Lax ⁺			intensol			Vivelle-Dot (QL)		
ranitidine syrup			progesterone					
Smooth LAX ⁺			capsule					
sucralfate			testosterone (PA,					
TriLyte With Flavor			QL)					
Packets ⁺			testosterone					
ursodiol			cypionate					
			thyroid					
			Westhroid					
			WP Thyroid					
			Yuvaferm (QL)					
HORMONAL AGENTS			INFECTIONS					
Amabelz	Duavee	Activella	acyclovir capsule,	Firvanq	Albenza			
budesonide EC	Orilissa (PA, QL)	Alora (QL)	suspension, tablet,	Xifaxan 200mg	Alinia			
budesonide ER (PA,	Premarin	Androderm (PA,	vial	Xifaxan 550mg (QL)	Bactrim			
QL)	Premphase	QL)			Bactrim DS			
cabergoline (QL)	Prempro	AndroGel (PA, QL)			Baxdela (PA)			
CovARYX		Angeliq			Cipro			
CovARYX HS		Armour Thyroid			Cleocin			
Decadron		Climara			Clindesse			
desmopressin		Climara Pro			Cresemba capsule			
spray, solution,		CombiPatch			(PA)			
tablet		Crinone 8% gel [^]			Cresemba vial			
dexamethasone		Cytomel			Dificid (QL)			
dexamethasone		Depo-Testosterone			Elimite			
intensol		Divigel			EryPed 200			
Dotti (QL)		Elestrin						
EEMT		Entocort EC						
EEMT H.S.		Estrace						
estradiol patch,		Estring (QL)						
vaginal insert (QL)		EstroGel						

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

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Cigna Advantage 4-Tier Prescription Drug List

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
buprenorphine (QL)	Morphabond ER (PA)	Celebrex (ST, QL)
butalbital-acetaminophen-caffeine (QL)	Rasuvo (PA)	Colcrys
carisoprodol	Xtampza ER (PA)	Duragesic (PA)
celecoxib (QL)	Ztlido	EC-Naprosyn (ST)
colchicine		Ecotrin+ 325mg
cyclobenzaprine		Esgic (QL)
DermacinRx		Fexmid
Empricaine		Gablofen
DermacinRx		Kadian (PA)
Prizopak		Lidoderm
diclofenac		Mitigare
diclofenac ER		Mobic (ST)
diclofenac gel (QL)		MS Contin (PA)
EC-naproxen		Nalfon 400mg
eletriptan (QL)		Naprosyn (ST)
Endocet (PA)		Norco (PA)
etodolac		Nucynta (PA)
etodolac ER		Nucynta ER (PA)
fenoprofen 400mg capsule, 600mg tablet		Otrexup (PA)
fentanyl (PA)		Oxaydo (PA)
Fioricet (QL)		Pennsaid solution packet
frovatriptan (QL)		Percocet (PA)
Glydo		Procort
hydrocodone-acetaminophen (PA)		Proctofoam-HC
hydromorphone (PA)		Qmiiiz ODT (ST, QL)
hydromorphone ER (PA)		Savella
IBU		Skelaxin
ibuprofen tablet		Tylenol-codeine No.3 (PA)
indomethacin		Tylenol-codeine No.4 (PA)
indomethacin ER		Uloric (QL)
ketorolac (QL)		Ultram (QL)
leflunomide		Zanaflex
lidocaine (QL)		Zebutal (QL)
lidocaine viscous		Zohydro ER (PA)
lidocaine-prilocaine		Zyloprim
Lidopril		
Lidopril XR		
Lido-Prilo Caine Pack		
Livixil Pak		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
Lorcet (PA)		
Lorcet HD (PA)		
Lorcet Plus (PA)		
Lortab (PA)		
meloxicam		
metaxalone		
methocarbamol		
morphine (PA)		
morphine ER (PA)		
nabumetone		
Nalfon 600mg		
Nalocet (PA)		
naproxen		
oxycodone (PA)		
oxycodone ER (PA)		
oxycodone-acetaminophen (PA)		
Prilolid		
Prilovix		
Primlev (PA)		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan-naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Vicodin HP (PA)		
PARKINSON'S DISEASE		
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)

Cigna Advantage 4-Tier Prescription Drug List

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

SCHIZOPHRENIA/ANTI-PSYCHOTICS			SKIN CONDITIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
aripiprazole (QL) aripiprazole ODT chlorpromazine olanzapine olanzapine ODT paliperidone ER (QL) quetiapine quetiapine ER risperidone risperidone ODT ziprasidone	Latuda (QL) Zyprexa 10mg vial	Abilify Maintena ER syringe, 300mg vial (QL) Abilify Maintena ER 400mg vial Aristada ER (QL) Aristada Initio Fanapt (ST) Invega (ST, QL) Perseris (QL) Rexulti (ST, QL) Risperdal (ST) Risperdal Consta (QL) Saphris (ST) Seroquel (ST) Seroquel XR (ST) Vraylar (ST, QL)	Avar Cleanser Avar-E Avar-E Green azelaic acid betamethasone betamethasone dipropionate augmented BP 10-1 calcipotriene calcipotriene-betamethasone DP Claravis (QL) Clindacin ETZ pledget Clindacin P pledget clindamycin-benzoyl peroxide clindamycin phosphate clindamycin-tretinoin clobetasol Clodan shampoo clotrimazole-betamethasone dapsone gel desoximetasone fluocinonide fluorouracil cream, solution hydrocortisone 2.5% isotretinoin (QL) ketoconazole metronidazole MiCort HC 2.5% cream mupirocin Myorisan (QL) Neuac gel Nolix oxiconazole pimecrolimus Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC		Cloderm (ST) Drysol Ecoza Efudex Elidel Evoclin Lotrisone Mimyx Naftin Nizoral 2% shampoo Picato Pramoxone Protopic Regranex (PA, QL) Santyl (QL) Temovate (ST) Tolak Topical (ST) Tri-Luma Xepi
SEIZURE DISORDERS					
carbamazepine carbamazepine ER clonazepam divalproex divalproex ER epitrol gabapentin lamotrigine lamotrigine (blue, green, orange) lamotrigine ER lamotrigine ODT levetiracetam solution, tablet, vial levetiracetam ER oxcarbazepine Roweepra Roweepra XR Subvenite Subvenite (Blue, Green, Orange) topiramate topiramate ER	Dilantin 30 mg capsule (PA) Fycompa (PA) VIMPAT solution, tablet (PA)	Aptiom (PA, QL) Banzel (PA, QL) Briviact solution, tablet (PA) Carbatrol (PA) Depakote (PA) Depakote ER (PA) Depakote Sprinkle (PA) Dilantin 50mg and 100mg (PA) Keppra 500 mg/5 ml vial Klonopin (PA) Lyrica oral solution (PA) Neurontin (PA) Onfi (PA) Oxtellar XR (PA) Phenytek (PA) Tegretol (PA) Tegretol XR (PA) VIMPAT vial			
SKIN CONDITIONS					
adapalene (PA age) adapalene-benzoyl peroxide Amnesteem (QL)	Eucrisa Fluoroplex Promiseb	Bryhali (ST) Celacyn Centany Cleocin T			

Cigna Advantage 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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SKIN CONDITIONS (cont)

Rosadan cream, gel sodium sulfacetamide- sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus ointment tazarotene tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone Triderm Zenatane (QL)		
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SLEEP DISORDERS/SEDATIVES

armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)	Silenor (ST, QL)	Lunesta (ST) Rozerem (ST, QL)
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SMOKING CESSATION

bupropion SR+ NicoDerm CQ 21mg/24hr+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+		NicoDerm CQ 7mg/24hr, 14mg/24hr+ Nicorette+
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SUBSTANCE ABUSE

buprenorphine- naloxone	Lucemyra (QL) NARCAN (QL) Zubsolv	Bunavail Probuphine Suboxone
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URINARY TRACT CONDITIONS

cevimeline darifenacin ER (QL) finasteride 5mg oxybutynin oxybutynin ER phenazopyridine 100mg, 200mg tablet potassium citrate ER		Avodart Elmiron Evoxac Flomax Proscar Pyridium
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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URINARY TRACT CONDITIONS (cont)

silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium trospium ER		Rapaflo (QL) Urocit-K
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VACCINES

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

Diphtheria and Tetanus Toxoids- ped+ TdVax+		Act-HIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Engerix-B+ FLUAD+ FLUARIX QUADRIVALENT+ FLUBLOK QUADRIVALENT+ FLUCELVAX QUADRIVALENT+ FLUALVAL QUADRIVALENT+ FluMist Quad Nasal+ Fluzone High- Dose+ Fluzone Quadrivalent Pedi+ Fluzone Quadrivalent+ GARDASIL 9+ HAVRIX+ HEPLISAV-B+ Hiberix+ Infanrix DTaP+ IPOL+ KINRIX+ Menactra+ Menveo A-C-Y-W- 135-DIP+ M-M-R II+ Pediatrix+
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Cigna Advantage 4-Tier Prescription Drug List

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

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

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

PedvaxHIB⁺
 Pentacel⁺
 PNEUMOVAX 23⁺
 Prevnar 13⁺
 ProQuad⁺
 Quadracel DTaP-IPV⁺
 Recombivax HB⁺
 Rotarix⁺
 RotaTeq⁺
 TENIVAC⁺
 TENIVAC⁺
 Trumenba⁺
 Twinrix⁺
 VAQTA⁺
 VARIVAX⁺
 ZOSTAVAX⁺

Specialty medications

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

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

MEDICATION NAME	DRUG CLASS
chorionic gonadotropin*^ (PA)	INFERTILITY
cinacalcet**	GASTROINTESTINAL/HEARTBURN
Cimduo** (PA)	AIDS/HIV
Cimzia* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cinryze*	BLOOD PRESSURE/HEART MEDICATIONS
Cometriq** (PA)	CANCER
Complera** (PA)	AIDS/HIV
Cyklokapron*	BLOOD MODIFIERS/BLEEDING DISORDERS
Cystagon**	URINARY TRACT CONDITIONS
Cystaran** (QL)	EYE CONDITONS
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
enoxaparin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
entecavir** (QL)	INFECTIONS
Entyvio** (PA)	GASTROINTESTINAL/HEARTBURN
Envarsus XR**	TRANSPLANT MEDICATIONS
Epclusa** (PA)	INFECTIONS
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
Follistim AQ*^ (PA)	INFERTILITY
fondaparinux* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Forteo* (PA, QL)	HORMONAL AGENTS
Fragmin* (QL)	BLOOD THINNERS/ANTI-CLOTTING
Fulphila* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Galafold** (PA)	MISCELLANEOUS
Ganirelix*^ (PA)	HORMONAL AGENTS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN

MEDICATION NAME	DRUG CLASS
Gelsyn-3*	PAIN RELIEF AND INFLAMMATORY DISEASE
Genvoya**	AIDS/HIV
Gilenya** (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
Harvoni** (PA, QL)	INFECTIONS
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
Kisqali** (PA)	CANCER
Kitabis Pak** (PA, QL)	INFECTIONS
Korlym** (PA)	DIABETES
Kuvan** (PA)	MISCELLANEOUS
Kyleena**	CONTRACEPTION PRODUCTS

MEDICATION NAME	DRUG CLASS
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
Orencia* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Orenitram ER** (PA)	ASTHMA/COPD/RESPIRATORY
Orfadin** (PA)	MISCELLANEOUS
Orkambi** (PA, QL)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
Orthovisc*	PAIN RELIEF AND INFLAMMATORY DISEASE
Otezla** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ovidrel*^ (PA)	INFERTILITY
Oxervate** (PA)	EYE CONDITIONS
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
progesterone vial*	HORMONAL AGENTS
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
Serostim* (PA)	HORMONAL AGENTS
Simponi Aria* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
sirolimus**	TRANSPLANT MEDICATIONS
Skyla**	CONTRACEPTION PRODUCTS
sofosbuvir-velpatasvir** (PA)	INFECTIONS
Soliris*	BLOOD MODIFIERS/BLEEDING DISORDERS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Sovaldi** (PA)	INFECTIONS
Sprycel** (PA)	CANCER

MEDICATION NAME	DRUG CLASS
Stelara* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Stivarga** (PA)	CANCER
Strensiq* (PA)	MISCELLANEOUS
Stribild** (PA)	AIDS/HIV
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
Takhzyro* (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
Tracleer** (PA)	ASTHMA/COPD/RESPIRATORY
tranexamic acid**	BLOOD MODIFIERS/BLEEDING DISORDERS
Trelstar*	CANCER
Tremfya* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
trientine** (PA)	MISCELLANEOUS
Triptodur*	HORMONAL AGENTS
Triumeq**	AIDS/HIV
Trivisc*	PAIN RELIEF AND INFLAMMATORY DISEASE

MEDICATION NAME	DRUG CLASS
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
Zeposia** (PA)	MULTIPLE SCLEROSIS
Zorbtive* (PA)	HORMONAL AGENTS
Zortress**	TRANSPLANT MEDICATIONS

Medications that are not covered

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

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^ ^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	Combivir*	lamivudine-zidovudine*
	Epivir*	lamivudine*
	Epzicom*	abacavir-lamivudine*
	Kaletra solution*	lopinavir-ritonavir solution*
	Lexiva tablet*	fosamprenavir*
	Norvir tablet*	ritonavir*
	Retrovir capsule, syrup*	zidovudine capsule, syrup*
	Reyataz capsule*	atazanavir*
	Sustiva*	efavirenz*
	Trizivir*	abacavir-lamivudine-zidovudine*
	Viramune*	nevirapine*
	Viramune XR*	nevirapine ER*
	Viread 300mg tablet	tenofovir disoproxil 300mg tablet (PA)
	Ziagen*	abacavir*
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto-injectors
	Dymista	Generic nasal steroids (e.g. fluticasone)
	RyVent carbinoxamine 6mg tablet	carbinoxamine 4mg tablet
ANXIETY/DEPRESSION/BIPOLAR	Anafranil	clomipramine
	Aplenzin Wellbutrin XL	bupropion XL
	Ativan tablet	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline capsules
	Parnate	tranylcypromine
	Pexeva	paroxetine/CR/ER
	Pristiq	bupropion XL duloxetine
	Tofranil	imipramine tablet
ASTHMA/COPD/RESPIRATORY	Advair Diskus Advair HFA AirDuo RespiClick Breo Ellipta	Dulera fluticasone-salmeterol Symbicort Wixela Inhub
	Alvesco Arnuity Ellipta Asmanex Asmanex HFA	Flovent QVAR RediHaler

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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Benicar HCT	olmesartan HCTZ
	Betapace	sotalol oral
	Bystolic	Generic beta blockers (e.g. metoprolol, atenolol)
	Cardizem	diltiazem
	Cardizem CD	diltiazem CD
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan HCTZ
	Edarbi	Generic ARBs (e.g. losartan, valsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g. losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan HCTZ
	Firazyr	icatibant (PA)
	Hyzaar	losartan HCTZ
	Isordil	isosorbide dinitrate
	Isordil Titrados	isosorbide dinitrate digoxin
	Lanoxin	Digitex digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan HCTZ
	Prinivil Zestril	lisinopril
	Tarka	trandolapril-verapamil
	Tektur	Generic ACE/ARBs
	Tektur HCT	Generic ACE/ARBs + HCTZ
	Tribenzor	olmesartan-amlodipine-HCTZ
	Twynsta	telmisartan-amlodipine
	Vaseretic	enalapril-HCTZ
	Vasotec	enalapril
	Zestoretic	lisinopril HCTZ
BLOOD THINNERS/ANTI-CLOTTING	Yospral	aspirin or enteric aspirin
CANCER	Nilandron	nilutamide
	Tarceva*	erlotinib*
	Yonsa*	abiraterone*
	Zytiga*	
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Altprev	atorvastatin
	Ezallor Sprinkle	lovastatin
	Livalo	pravastatin
	Zypitamag	rosuvastatin
		simvastatin

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CHOLESTEROL MEDICATIONS <i>(cont)</i>	Crestor	rosuvastatin
	Lescol XL	fluvastatin
	Lipitor	atorvastatin
	Pravachol	pravastatin
	Vytorin	ezetimibe-simvastatin
CONTRACEPTION PRODUCTS	Balcoltra Natazia Slynd Taytulla	Generic oral contraceptives (e.g. levonorgestrel-ethinyl estradiol)
COUGH/COLD MEDICATIONS	benzonatate 150mg	benzonatate 100mg, 200mg
	TussiCaps	hydrocodone-chlorpheniramine ER promethazine with codeine syrup
DIABETES	Accu-Chek Aviva Plus test strips Accu-Chek Guide test strips Accu-Chek Smartview Accutrend glucose	One Touch test strips (e.g. Ultra; Verio)
	Adlyxin	Byetta Bydureon Ozempic Trulicity Victoza
	Ademelog Afrezza Apidra Apidra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	alogliptin alogliptin-metformin	Janumet Janumet XR Januvia metformin
	alogliptin-pioglitazone	Janumet Janumet XR Januvia pioglitazone
	Fortamet Glumetza metformin ER (generic to Fortamet and Glumetza)	metformin ER (generic to Glucophage XR)
	GlucaGen HypoKit Gvoke	Baqsimi Glucagon Emergency Kit
	Invokamet Invokamet XR	Segluromet Synjardy Synjardy XR Xigduo XR
	Invokana	Farxiga Jardiance metformin Steglatro

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Jentadueto Jentadueto XR Kazano	Janumet Janumet XR
	Lantus Toujeo SoloStar	Basaglar Levemir vial or Levemir Flextouch Tresiba FlexTouch
	Nesina Tradjenta	Januvia Janumet Janumet XR metformin
	Oseni	Generic TZDs (e.g. pioglitazone) Janumet Janumet XR Januvia
	QTERN Stegljulan	Glyxambi metformin
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Alocril Alomide	cromolyn
	Pataday Patanol	azelastine^ epinastine^ olopatadine
	Cequa Restasis MultiDose Xiidra	Restasis
	Lumigan TRAVATAN Z Xalatan Xelpros Zioptan	bimatoprost latanoprost travoprost
	Vyzulta	bimatoprost latanoprost
GASTROINTESTINAL/HEARTBURN	Anusol HC suppository	hydrocortisone suppository
	Asacol HD Colazal Delzicol Dipentum	Apriso balsalazide mesalamine tablets or capsules Pentasa sulfasalazine
	CoLyte with Flavor Packets GoLYtely MoviPrep NuLYTELY with flavor packs OsmoPrep Plenvu	Clenpiq+ GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ 3550 Electrolyte+ Prepopik+ SuPrep+

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

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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS (<i>cont</i>)	Copaxone*	Avonex* Betaseron* Extavia* Gilenya* glatiramer* Glatopa* Plegridy* Rebif* Tecfidera*
NUTRITIONAL/DIETARY	Azesco PreGenna Trinaz	Any generic prenatal vitamin
	Nascobal	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY	Allzital	butalbital-acetaminophen 50-325mg tablet butalbital-acetaminophen-caffeine capsules and tablets
	Amerge Frova Maxalt Maxalt MLT RELPAx	generic triptans (e.g. naratriptan; sumatriptan)
	Amrix	cyclobenzaprine Other generic muscle relaxants
	BUPAP	butalbital-acetaminophen 50-325mg tablet
	butalbital-acetaminophen 50-300mg tablet	butalbital-acetaminophen 50-325mg tablet
	Cambia Duexis Ergomar Fenortho Indocin Naprelan Treximet Vimovo Zipsor	Generic prescription NSAID (e.g. celecoxib, meloxicam)
	ConZip	Tramadol Tramadol ER
	Cosentyx*	Enbrel* (PA, QL) Humira* (PA, QL) Otezla** (PA, QL) Stelara* (PA, QL) Taltz* (PA, QL)
	Cuprimine*	Depen* penicillamine* trientine*
	D.H.E. 45	dihydroergotamine injection
	diclofenac epolamine 1.3% patch Flector 1.3% patch Voltaren 1% gel	diclofenac 1% gel, generic oral NSAIDs (e.g. celecoxib; meloxicam)

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY (cont)	Gloperba	colchicine, probenecid-colchicine
	Gralise	gabapentin
	Imitrex Zembrace Symtouch	sumatriptan
	Kineret*	Actemra* (PA, QL) Enbrel* (PA, QL) Humira* (PA, QL) Xeljanz* (PA, QL) Xeljanz XR* (PA, QL)
	levorphanol	codeine with acetaminophen Embeda hydrocodone with acetaminophen Hysingla oxycodone with acetaminophen Tramadol Xtampza ER
	Lorzone	chlorzoxazone 500mg
	Migranal	dihydroergotamine nasal spray
	ONZETRA Xsail	Generic triptans (e.g. nasal sumatriptan; naratriptan tablet)
	Oxycontin	Embeda ER (PA) Hysingla ER (PA) Xtampza ER
	Pennsaid	diclofenac 1% gel
	Roxicodone	oxycodone
	Siliq*	Enbrel* (PA) Humira* (PA) Stelara*
	Simponi 50mg/0.5ml*	Actemra* (PA, QL) Enbrel* (PA, QL) Humira* (PA, QL) Stelara* (PA, QL) Taltz* (PA, QL) Xeljanz* (PA, QL) Xeljanz XR* (PA, QL)
	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

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PARKINSON'S DISEASE	Gocovri	amantadine
	Lodosyn	carbidopa
	Requip XL	ropinirole extended release
	Zelapar	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
	Abilify MyCite	
	FazaClo	clozapine
	Versacloz	clozapine ODT
	Geodon capsule	ziprasidone
	Zyprexa	olanzapine
SEIZURE DISORDERS	Zyprexa Zydis	olanzapine ODT
	Felbatol	felbamate
	Keppra oral solution, tablet	levetiracetam
	Keppra XR	levetiracetam ER
	Lamictal	lamotrigine
	Lamictal (blue, green, orange)	lamotrigine (blue, green, orange)
	Lamictal ODT	lamotrigine ODT
	Lamictal ODT (blue, green, orange)	lamotrigine ODT (blue, green, orange)
	Lamictal XR	lamotrigine ER
	Lamictal XR (blue, green, orange)	lamotrigine ER (blue, green, orange)
	Lyrica CR	duloxetine gabapentin lidocaine 5% patch
	Mysoline	primidone
	Qudexy XR	topiramate ER
	Trokendi XR	
	Sabril*	vigabatrin*
	Sympazan	clobazam
	Topamax	topiramate
	Trileptal	oxcarbazepine
	Zonegran	zonisamide
SKIN CONDITIONS	Absorica	Myorisan or Zenatane
	Acanya	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	Aczone	
	Aktipak	
	Altreno	
	Amzeeq	
	Atralin	
	Avita	
	Azelex	
	Differin	
	Duac	
	Epiduo	
	Epiduo Forte	
	Fabior	
	Onexton	
	Retin-A	
	Retin-A Micro	
	Tazorac	
	Veltin	
	Ziana	

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DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Aldara	imiquimod 5% cream
	Zyclara	
	Anusol-HC cream	hydrocortisone cream
	Apexicon E	betamethasone
	diflorasone	clobetasol
	Impoyz	halobetasol
	Olux	
	Olux-E	
	Psorcon	
	Bensal HP	salicylic acid 6% cream, cream kit, gel, lotion
	Benzaclin	clindamycin-benzoyl peroxide
	Neuac Kit	
	Carac	fluorouracil 0.5% cream
	Clindagel	clindamycin gel, topical solution
	Condylox	imiquimod 5% cream packet podofilox 0.5% topical solution
	Cordran	betamethasone, clobetasol, fluocinolone, fluticasone, halobetasol
	Cutivate lotion	fluticasone topical lotion
	Denavir	acyclovir tablet
	Zovirax cream, ointment	famciclovir tablet valacyclovir tablet
	diclofenac 3% gel	Fluoroplex imiquimod 5% cream Picato topical fluorouracil
	Dovonex	calcipotriene
	Duobrii	halobetasol plus tazarotene cream
	Enstilar	calcipotriene
	Taclonex	calcipotriene-betamethasone DP tazarotene cream topical betamethasone
	Ertaczo	ketoconazole cream
	Exelderm	topical econazole topical ketoconazole topical oxiconazole
	Extina	ketoconazole cream, foam
	Finacea Foam	azelaic acid
	Finacea Gel	topical metronidazole
	MetroCream	
	MetroGel	
	MetroLotion	
	Soolantra	
	flurandrenolide hydrocortisone butyrate lipid cream, hydrocortisone butyrate lotion Pandel	betamethasone valerate, fluocinolone, fluticasone

^^ 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 and the cost can't be applied to your annual deductible or out-of-pocket maximum.

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
	Sorilux	calcipotriene
	Trianex	triamcinolone cream, ointment
	Tridesilon	alclometasone desonide triamcinolone
	Ultravate	clobetasol lotion
	Vanos	fluocinonide 0.1% cream
	Vectical	calcitriol ointment
	Verdeso	desonide cream, ointment
	Xerese	acyclovir tablet famciclovir tablet hydrocortisone prescription cream valacyclovir tablet
	Xolegel	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium 2.5% lotion sodium sulfacetamide 10% shampoo

^^ 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 and the cost can't be applied to your annual deductible or out-of-pocket maximum.

DRUG CLASS	MEDICATIONS THAT ARE NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SLEEP DISORDERS/SEDATIVES	Ambien	zolpidem
	Ambien CR	zolpidem ER
	Ativan	lorazepam
	Belsomra	Dayvigo
	Edluar Intermezzo	zolpidem/ER
	Nuvigil	armodafinil
	Provigil	modafinil
	Restoril	temazepam
	Zolpimist	Belsomra eszopiclone Silenor zaleplon zolpidem/ER
SUBSTANCE ABUSE	Evzio	narcan nasal spray
URINARY TRACT CONDITIONS	Detrol	tolterodine
	Detrol LA	tolterodine ER
	Ditropan XL	oxybutynin ER
	Enablex	darifenacin ER
	Gelnique Myrbetriq	darifenacin ER oxybutynin ER
	Toviaz	tolterodine ER
	VESIcare	tropium ER
	Procysbi**	Cystagon**

^^ 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 and the cost can't be applied to your annual deductible or out-of-pocket maximum.

Prescription drug list FAQs

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

Why do you make changes to the drug list?

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

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

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

Why doesn't my plan cover certain medications?

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

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

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

How do you decide which medications are covered?

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

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

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

Cigna will review information your doctor provides to make sure you meet coverage

Prescription drug list FAQs (cont)

guidelines for the medication. We'll send you and your doctor a letter with our decision and next steps. If you meet guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

Which medications are covered under the health care reform law?

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

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

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

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

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

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your

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

How can I save money on my prescription medications?

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

Do generics work the same as brand name medications?

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

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

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

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

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

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

Prescription drug list FAQs (cont)

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

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

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

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

Can I fill my prescriptions by mail?

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

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

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

Where can I find more information about my pharmacy benefits?

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

Exclusions and limitations

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

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

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

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

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



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

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

Vietnamese – XIN LƯU 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).