

# CIGNA HIGH-DEDUCTIBLE HEALTH PLAN

# CIGNA VALUE 3-TIER PRESCRIPTION DRUG LIST

**Starting January 1, 2021**

**Together, all the way.®**



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

949379 Value 3-Tier 11/20



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### View your plan's drug list online

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



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



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

### Questions?

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

^ Drug list: originally created 10/01/2011

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

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

## About your prescription drug list

This document shows the most commonly prescribed medications covered on the Value 3-Tier Prescription Drug List as of January 1, 2021. 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 levels). **The Value 3-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers.** Log in to the **myCigna** App or website, or check your plan materials, to see which medications your plan covers.

The Value 3-Tier Prescription Drug List also excludes from coverage prescription medications that are used to treat allergies (e.g., Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (e.g., Nexium, Prilosec and generics). These medications have over-the-counter (OTC) alternatives that are available without a prescription.

## How to read your drug list

Use the sample chart below to help you understand this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Value 3-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>	
afeditab CR	Berinert* (PA)
amlodipine besylate	Bidil
amlodipine besylate-benazepril	Bystolic
amlodipine-valsartan	Cinryze* (PA)
amlodipine-valsartan-HCTZ	Coreg CR
atenolol	Cozaar (ST)
atenolol-chlorthalidone	Diovan (ST)
benazepril	Diovan HCT (ST)
benazepril-HCTZ	Edarbi (ST)
candesartan cilexetil	Edarbyclor (ST)
cartia XT	Exforge
carvedilol	Exforge HCT
clonidine	Firazy* (PA)
digitek	Hemangeol
digox	Inderal LA
digoxin	Inderal XL
diltiazem ER	Innopran XL
diltiazem CD	Lotrel
diltiazem	Micardis (ST)
dilt-XR	Multaq
enalapril	Nitro-dur
flecainide acetate	Nitrolingual
hydralazine	Nitromist
irbesartan	Nitronal
isosorbide mononitrat	Nitrostat
	Northera* (PA)
	Norvasc
	Ranexa (ST)
	Tekturna
	Tekturna HCT

**Tier** (cost-share level) gives you an idea of the how much you may pay for a medication

Medications are grouped by the **condition** they treat

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

**Specialty medications** have an asterisk (\*) next to them

Brand-name medications are **capitalized**

Generic medications are **lowercase**

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

This chart is just a sample. It may not show how these medications are actually covered on the Value 3-Tier Prescription Drug List.

## Here's more helpful information on how to read this drug list

### Tiers

Covered medications are divided into tiers, or coverage/cost levels. The tier the medication is listed in determines how much you'll pay when you fill the prescription. Typically, the higher the tier, the greater the cost of the medication.

- |  |                           |        |
|--|---------------------------|--------|
| › <b>Tier 1 – Typically generics</b>             | (Lowest-cost medication)  | \$     |
| › <b>Tier 2 – Typically preferred brands</b>     | (Medium-cost medication)  | \$\$   |
| › <b>Tier 3 – Typically non-preferred brands</b> | (Highest-cost medication) | \$\$\$ |

### Abbreviations next to medications

Certain medications may require approval to be covered under your plan. These medications will have an abbreviation listed next to them in the drug list. Here's what each of these abbreviations mean.

- |              |   |
|--------------|---|
| <b>(PA)</b>  | <b>Prior authorization</b> – Your health care provider has to provide information to Cigna about why you need to use this medication. The medication will only be covered if your provider requests and receives approval from Cigna.   |
| <b>(ST)</b>  | <b>Step Therapy</b> – Certain brand-name medications are part of our Step Therapy program. In Step Therapy, you need to try the most cost-effective, appropriate medications available before your plan approves more expensive brand-name medications. Typically, these are generics or lower-cost brands. |
| <b>(QL)</b>  | <b>Quantity limits</b> – You can only get coverage for this medication for a certain number of doses over a certain number of days. For example, 30mg per day for 30 days.  |
| <b>(AGE)</b> | <b>Age requirements</b> – You must be within a specific age range for this medication to be covered.  |
| <b>(PO)</b>  | <b>Preventive medications</b> covered at \$0 cost-share.^   |
| <b>(P50)</b> | <b>Preventive medications</b> covered at 50% cost share; no deductible.^  |

^^ Preventive medications are not subject to the deductible.

### Brand name medications are capitalized

In this drug list, brand-name medications are capitalized and generic medications begin with a lowercase letter.

### Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions such as multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (\*). Some plans may cover these medications on a specialty tier and/or require the use of a preferred specialty pharmacy. To find out how your plan covers these medications, please see pages 22–25.

## 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 (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. Log in to the **myCigna** App or website, or check your plan materials, to find out if your plan excludes your medication from coverage.

## How to find your medication

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

Condition	Page	Condition	Page
AIDS/HIV	6	GASTROINTESTINAL/HEARTBURN	12
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	12, 13
ALZHEIMER’S DISEASE	6	INFECTIONS	13
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFERTILITY	14
ASTHMA/COPD/RESPIRATORY	6	MISCELLANEOUS	14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	14
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	OSTEOPOROSIS PRODUCTS	14
BLOOD THINNERS/ANTICLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CANCER	8	PARKINSON’S DISEASE	15
CHOLESTEROL MEDICATIONS	8, 9	SCHIZOPHRENIA/ANTIPSYCHOTICS	15
CONTRACEPTION PRODUCTS	9, 10	SEIZURE DISORDERS	15, 16
COUGH/COLD MEDICATIONS	11	SKIN CONDITIONS	16
DENTAL PRODUCTS	11	SLEEP DISORDERS/SEDATIVES	16
DIABETES	11	SMOKING CESSATION	16, 17
DIURETICS	11	SUBSTANCE ABUSE	17
EAR MEDICATIONS	11	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	11, 12	URINARY TRACT CONDITIONS	17
FEMININE PRODUCTS	12	VACCINES	17

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>AIDS/HIV</b>			<b>ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)</b>		
abacavir-lamivudine* (PA) atazanavir* (PA) ritonavir* tenofovir* (PA)	Atripla* (PA) Biktarvy* Descovy* (PA) Genvoya* Isentress* Isentress HD* (PA) Prezista* Selzentry* (PA) Symfi* Symfi Lo* Symtuza* Tivicay* Triumeq* Truvada* Viread 150mg, 200mg, 250mg tablet, powder* (PA)	CIMDUO* (PA) Complera* (PA) Evotaz* (PA) Intelence* (PA) Juluca* (PA) Odefsey* (PA) Prezcobix* (PA) Stribild* (PA)	citalopram (QL) clomipramine desvenlafaxine ER (QL) duloxetine (QL) escitalopram (QL) fluoxetine (QL) fluoxetine DR (QL) fluvoxamine (QL) fluvoxamine ER (QL) lorazepam lorazepam intensol mirtazapine paroxetine (QL) paroxetine CR (QL) paroxetine ER (QL) sertraline (QL) trazodone venlafaxine (QL) venlafaxine ER (QL)		Viibryd (ST, QL) Wellbutrin SR (ST, QL) Xanax Xanax XR Zoloft (ST, QL)
<b>ALLERGY/NASAL SPRAYS</b>			<b>ASTHMA/COPD/RESPIRATORY</b>		
cromolyn cyproheptadine epinephrine (QL) hydroxyzine capsule, solution, tablet ipratropium olopatadine promethazine		Clarinet-D 12 Hour Gastrocrom Grastek (PA, QL) Karbinal ER Odactra (PA, QL) Patanase Ragwitek (PA, QL) Vistaril	albuterol (PO) albuterol HFA alyq* (PA) (PO) budesonide (PO) fluticasone-salmeterol montelukast (PO) tadalafil 20mg* (PA) Wixela Inhub	Anoro Ellipta (PO) Atrovent HFA (PO) Dulera (PO) Flovent (PO) Flovent HFA (PO) Incruse Ellipta (PO) Ofev* (PA) Opsumit* (PA) QVAR RediHaler (PO) Serevent Symbicort Tracleer 32mg tablet for suspension* (PA) (PO) Trelegy Ellipta Xolair* (PA)	Adcirca* (PA) Adempas* (PA) Brovana (PO) Combivent Respimat Daliresp (QL) Kalydeco* (PA, QL) Letairis* (PA) Lonhala Magnair (PA) Nucala auto-injector, syringe* (PA) Orenitram ER* (PA) Orkambi* (PA, QL) Perforomist (QL) (PO) Pulmicort Respule Pulmozyme* (PA) Revatio oral suspension, tablet* (PA) Singulair Symdeko* (PA, QL) Tracleer tablet* (PA) Tyvaso* (PA) Uptravi* (PA)
<b>ALZHEIMER'S DISEASE</b>					
donepezil donepezil ODT memantine memantine ER (QL) pyridostigmine pyridostigmine ER rivastigmine		Aricept Exelon Mestinin Namenda tablet Namenda XR (QL) Namzaric (QL)			
<b>ANXIETY/DEPRESSION/BIPOLAR DISORDER</b>					
alprazolam alprazolam ER alprazolam intensol alprazolam ODT alprazolam XR amitriptyline bupropion (QL) bupropion SR (QL) bupropion XL (QL) buspirone		Celexa (ST, QL) Effexor XR (ST, QL) Fetzima (ST, QL) Forfivo XL (ST, QL) Paxil (ST, QL) Paxil CR (ST, QL) Prozac (ST, QL) Remeron Sarafem (ST) Trintellix (ST, QL)			

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>			<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>		
atomoxetine (QL) clonidine ER dexmethylphenidate (PA age) dexmethylphenidate ER (PA age, QL) dextroamphetamine-amphetamine (PA age) dextroamphetamine-amphetamine ER (PA age, QL) guanfacine ER metadate ER (PA age, QL) methylphenidate (PA age) methylphenidate CD (PA age, QL) methylphenidate ER (CD) (PA age, QL) methylphenidate ER (LA) (PA age, QL) methylphenidate ER (PA age, QL) methylphenidate LA (PA age, QL) Relexxii (PA age, QL)		Adderall (PA age, ST) Daytrana (PA age, QL) Evekeo (PA age, ST) Focalin (PA age, ST) Intuniv ER Kapvay Methylin (PA age) Quillivant XR (PA age, QL) Ritalin tablet Strattera (QL)	Adult Aspirin Regimen+ Aspirin EC+ aspirin EC+ aspirin 325mg tablet+ Aspir-Low+ atenolol (PO) Bayer Aspirin 325mg tablet+ benazepril (PO) benazepril-HCTZ (PO) candesartan (PO) candesartan-HCTZ (PO) cartia XT (PO) carvedilol (PO) carvedilol ER (QL) (PO) Children's Aspirin+ clonidine (PO) diltiazem (PO) diltiazem 12hr ER (PO) diltiazem 24hr ER (PO) diltiazem 24hr ER (CD) (PO) diltiazem 24hr ER (LA) (PO) diltiazem 24hr ER (XR) (PO) Dilt-XR (PO) dofetilide (QL) doxazosin (PO) Ecotrin+ Ecpirin+ enalapril (PO) flecainide hydralazine irbesartan irbesartan-HCTZ (PO) isosorbide mononitrate isosorbide mononitrate ER labetalol (PO) lisinopril (PO) lisinopril-HCTZ (PO) losartan (PO) losartan-HCTZ Low Dose Aspirin EC+ Matzim LA (PO)		Coreg (ST) (P50) Coreg CR (ST, QL) (P50) Corgard (ST) (P50) Epaned (P50) Haegarda* (PA) (P50) Hemangeol (P50) Inderal LA (ST) (P50) Inderal XL (ST) (P50) InnoPran XL (ST) (P50) Kapsargo Sprinkle (ST) Lopressor (ST) (P50) Minipress (P50) Multaq Nitrostat Northera* (PA) Norvasc (P50) Pacerone 100mg, 400mg (PA) Procardia (P50) Procardia XL (P50) Ranexa (QL) Rythmol SR (PA) Takhzyro* (PA) Tenormin (ST) (P50) Tiazac (P50) Tikosyn (PA, QL) Toprol XL (ST) (P50) Verelan Verelan PM
<b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>					
aminocaproic acid tranexamic acid	Aranesp* (PA) Droxia Epogen* (PA) Fulphila* (PA) Granix* Neulasta* (PA) Procrit* (PA) Retacrit* (PA) Udenyca* (PA) Zarxio*	Amicar* Hemlibra* (PA) Lysteda* Neupogen* (PA) Nivestym* (PA) Promacta* (PA) Siklos (PA) Tavalisse* (PA)			
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>					
amiodarone amlodipine (PO) amlodipine-benazepril (PO) amlodipine-olmesartan (QL) (PO) amlodipine-valsartan amlodipine-valsartan-HCTZ (PO)	Corlanor (PA) Entresto	Adalat CC (P50) BiDil (QL) Calan (P50) Calan SR (P50) Cardizem LA (QL) (P50) Cardura (P50) Catapres-TTS 1 (P50) Catapres-TTS 2 (P50) Catapres-TTS 3 (P50)			

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>			<b>CANCER (cont)</b>		
metoprolol (PO) nadolol (PO) nifedipine (PO) nifedipine ER (PO) olmesartan (QL) (PO) olmesartan-amlodipine-HCTZ (PO) olmesartan-HCTZ (QL) (PO) Pacerone 200mg tablet prazosin (PO) propafenone propafenone ER propranolol ER (PO) propranolol solution, tablet (PO) ramipril (PO) ranolazine ER (QL) St. Joseph Aspirin <sup>+</sup> Taztia XT (PO) telmisartan (QL) (PO) telmisartan-HCTZ (QL) (PO) valsartan (PO) valsartan-HCTZ (PO) verapamil capsule, tablet (PO) verapamil ER (PO) verapamil ER PM verapamil SR (PO)			exemestane imatinib* (PA) letrozole mercaptopurine methotrexate tamoxifen <sup>+</sup> temozolomide* (PA)	Erivedge* (PA) Gleostine Ibrance* (PA) Lupron Depot* (PA) Nexavar* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tasigna* (PA) Trexall Tykerb* (PA) Verzenio* (PA)	Alecensa* (PA) Bosulif* (PA) Cabometyx* (PA) Cometriq* (PA) Erleada* (PA) Gleevec* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Kisqali* (PA) Lenvima* (PA) Lonsurf* (PA) Lynparza* (PA) Mekinist* (PA) Nerlynx* (PA) Ninlaro* (PA) Odomzo* (PA) Pomalyst* (PA) Purixan* Rubraca* (PA) Stivarga* (PA) Tafinlar* (PA) Tagrisso* (PA) Targretin capsule* (PA) Temodar capsule* (PA) Venclexta* (PA) Votrient* (PA) Xalkori* (PA) Xeloda* (PA) Xtandi* (PA) Zejula* (PA)
<b>BLOOD THINNERS/ANTICLOTTING</b>			<b>CHOLESTEROL MEDICATIONS</b>		
aspirin-dipyridamole ER (PO) clopidogrel (PO) enoxaparin* (QL) (PO) fondaparinux* (QL) Jantoven (PO) prasugrel (PO) warfarin (PO)	Brilinta (PO) Eliquis (PA) (PO) Fragmin* (QL) Xarelto (PA) (PO)	Aggrenox (P50) Arixtra* (QL) Bevyxxa (QL) Coumadin (PA) (P50) Effient (P50) Lovenox* (QL) Plavix (P50) Pradaxa (PA) (P50) Savaysa (PA, QL) (P50) Zontivity (P50)	amlodipine-atorvastatin (QL) (PO) atorvastatin <sup>+</sup> (PO) colesevelam (PO) ezetimibe (PO) ezetimibe-simvastatin (PO) fenofibrate (PO) fenofibric acid (PO) fluvastatin <sup>+</sup> (PO) fluvastatin ER <sup>+</sup> (PO) lovastatin 10mg (PO) lovastatin 20mg, 40mg <sup>+</sup> (PO) niacin (PO)	Repatha (PA) Vascepa (PA)	Caduet (QL) (P50) Lipofen (ST) (P50) Lovaza (P50) Niaspan (P50) TriCor (ST) (P50) Triglide (ST) (P50) Trilipix (ST) (P50) Welchol (P50) Zetia (P50)
<b>CANCER</b>					
abiraterone* (PA) anastrozole capecitabine* (PA)	Actimmune* (PA) Afinitor 10mg* (PA)	Afinitor 2.5mg, 5mg, 7.5mg* (PA) Afinitor Disperz* (PA)			



## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CHOLESTEROL MEDICATIONS (cont)</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
niacin ER (PO) niacor (PO) omega-3 acid ethyl esters (PO) pravastatin+ (PO) rosuvastatin (QL) (PO) rosuvastatin 5mg, 10mg+ (QL) (PO) simvastatin 10mg, 20mg, 40mg+ (PO) simvastatin 80mg (QL) (PO)			Dasetta+ Daysee+ Deblitane+ Delyla+ desogestrel-ethinyl estradiol+ desogestrel-ethinyl estradiol ethinyl estradiol drospirenone-ethinyl estradiol+ drospirenone-ethinyl estradiol-levomefolate+ Econtra EZ+ Econtra One-Step+ Elinest+ eluryng vaginal ring Emoquette+ Enpresse+ Enskyce+ Errin+ Estarylla+ ethynodiol-ethinyl estradiol+ etonogestrel-EE vaginal ring Falmina+ Fayosim+ FemCap+ Femynor+ Gianvi+ Gynol II+ Hailey 24 FE+ Heather+ Incassia+ Introvale+ Isibloom+ Jasmiel+ Jencycla+ Jolessa+ Juleber+ Junel+ Junel FE+ Junel FE 24+ Kaitlib FE+ Kalliga+ Kariva+ Kelnor 1-35+ Kelnor 1-50+ Kurvelo+		
<b>CONTRACEPTION PRODUCTS</b>					
Afirmelle+ Aftera+ Altavera+ Alyacen+ Amethia+ Amethia Lo+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aubra EQ+ Aurovela+ Aurovela FE+ Aurovela 24 FE+ Aviane+ Ayuna+ Azurette+ Balziva+ Bekyree+ Blisovi FE+ Blisovi 24 FE+ Briellyn+ Camila+ Camrese+ Camrese LO+ Caya Contoured+ Caziant+ Chateal+ Chateal EQ+ Cryselle+ Cyclafem+ Cyred+ Cyred EQ+	Lo Loestrin FE	Annovera+ Ella+ Estrostep FE Layolis FE Loestrin FE Minastrin 24 FE NuvaRing Safyral Skyla* Today Contraceptive Sponge+ Yasmin 28 Yaz			

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>CONTRACEPTION PRODUCTS (cont)</b>			<b>CONTRACEPTION PRODUCTS (cont)</b>		
Larin <sup>+</sup>			Philith <sup>+</sup>		
Larin FE <sup>+</sup>			Pimtrea <sup>+</sup>		
Larin 24 FE <sup>+</sup>			Pirmella <sup>+</sup>		
Larissia <sup>+</sup>			Portia <sup>+</sup>		
Leena 28 tablet <sup>+</sup>			Previfem <sup>+</sup>		
Lessina <sup>+</sup>			Reclipsen <sup>+</sup>		
Levonest <sup>+</sup>			Rivelsa tablet <sup>+</sup>		
levonorgestrel <sup>+</sup>			Setlakin <sup>+</sup>		
levonorgestrel- ethinyl estradiol <sup>+</sup>			Sharobel <sup>+</sup>		
levonorgestrel-ethinyl estradiol ethinyl estradiol <sup>+</sup>			Simliya <sup>+</sup>		
Levora-28 <sup>+</sup>			Simpesse <sup>+</sup>		
Lillow <sup>+</sup>			Sprintec <sup>+</sup>		
Loryna <sup>+</sup>			Sronyx <sup>+</sup>		
Low-Ogestrel <sup>+</sup>			Syeda <sup>+</sup>		
Lo-Zumandimine <sup>+</sup>			Tarina 24 FE <sup>+</sup>		
Lutera <sup>+</sup>			Tarina FE 1-20 EQ <sup>+</sup>		
Lyza <sup>+</sup>			Tilia FE 28 <sup>+</sup>		
Marlissa <sup>+</sup>			Tri-Estarylla <sup>+</sup>		
medroxyprogesterone 150mg/ml <sup>+</sup>			Tri Femynor <sup>+</sup>		
Melodetta 24 FE <sup>+</sup>			Tri-Legest FE <sup>+</sup>		
Mibelas 24 FE <sup>+</sup>			Tri-Linyah <sup>+</sup>		
Microgestin <sup>+</sup>			Tri-Lo-Estarylla <sup>+</sup>		
Microgestin FE <sup>+</sup>			Tri-Lo-Marzia <sup>+</sup>		
Mili <sup>+</sup>			Tri-Lo-Mili <sup>+</sup>		
Mono-Linyah <sup>+</sup>			Tri-Lo-Sprintec <sup>+</sup>		
My Choice <sup>+</sup>			Tri-Mili <sup>+</sup>		
My Way <sup>+</sup>			Tri-Previfem <sup>+</sup>		
Necon <sup>+</sup>			Tri-Sprintec <sup>+</sup>		
Nikki <sup>+</sup>			Trivora-28 <sup>+</sup>		
Nora-BE <sup>+</sup>			Tri-Vylibra <sup>+</sup>		
norethindrone <sup>+</sup>			Tri-Vylibra Lo <sup>+</sup>		
norethindrone- ethinyl estradiol <sup>+</sup>			Tulana <sup>+</sup>		
norethindrone- ethinyl estradiol- iron <sup>+</sup>			Tydemy <sup>+</sup>		
norgestimate-ethinyl estradiol <sup>+</sup>			VCF foam, gel <sup>+</sup>		
Norlyda <sup>+</sup>			Velivet <sup>+</sup>		
Norlyroc <sup>+</sup>			Vienva <sup>+</sup>		
Nortrel <sup>+</sup>			Violele <sup>+</sup>		
Ocella <sup>+</sup>			Vyfemla <sup>+</sup>		
Option 2 <sup>+</sup>			Vylibra <sup>+</sup>		
Orsythia <sup>+</sup>			Wera <sup>+</sup>		
			Wide Seal Diaphragm <sup>+</sup>		
			Wymzya FE <sup>+</sup>		
			Xulane <sup>+</sup>		
			Zarah <sup>+</sup>		
			Zovia <sup>+</sup>		
			Zumandimine <sup>+</sup>		

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	
<b>COUGH/COLD MEDICATIONS</b>			<b>DIABETES (cont)</b>			
Bromfed DM brompheniramine- pseudoephedrine- DM hydrocodone- chlorpheniramine ER (PA)		Tessalon Perle Tuzistra XR (PA, QL)		OneTouch test strips (PO) Ozempic (ST, QL) (PO) Segluromet (ST, QL) Soliqua Steglatro (ST, QL) SymlinPen Synjardy (ST, QL) (PO) Synjardy XR (ST, QL) (PO) Tresiba (QL) (PO) Trulicity (ST, QL) (PO) V-Go Victoza (ST, QL) (PO) Xigduo XR (ST, QL) (PO) Xultophy		
<b>DENTAL PRODUCTS</b>						
chlorhexidine doxycycline fluoride+ Fluoritab+ Flura-Drops+ Ludent Fluoride+ Oralene Paroex Peridex Periogard sodium fluoride 0.25mg, 0.5mg, 1mg+ triamcinolone		Floriva+ Fluorabon+				
<b>DIABETES</b>			<b>DIURETICS</b>			
glimepiride (PO) glipizide (PO) glipizide ER (PO) glipizide XL (PO) metformin (PO) metformin ER (PO) NovoTwist pioglitazone (PO)	Baqsimi (QL) Basaglar (QL) (PO) Bydureon (ST, QL) (PO) Byetta (ST, QL) (PO) Farxiga (ST, QL) Freestyle Libre Sensor (PA, QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) (PO) Humulin (QL) (PO) Insulin Lispro (QL) (PO) Janumet (ST, QL) (PO) Janumet XR (ST, QL) (PO) Januvia (ST, QL) Jardiance (ST, QL) Levemir (QL)	Amaryl Cycloset Glucophage Glucophage XR Korlym* (PA) Riomet	acetazolamide acetazolamide ER bumetanide tablet chlorthalidone eplerenone furosemide tablet, solution hydrochlorothiazide spironolactone triamterene-HCTZ		Aldactone Diuril Dyazide Dyrenium Inspra Jynarque* (PA) Lasix Maxzide Maxzide 25mg Samsca*	
			<b>EAR MEDICATIONS</b>			
			neomycin- polymyxin-HC ofloxacin drops		Cipro HC Ciprodex Coly-Mycin S Cortisporin-TC Dermotic Otovel	
			<b>EYE CONDITIONS</b>			
			azelastine^ brimonidine ciprofloxacin dorzolamide dorzolamide-timolol epinastine erythromycin fluorometholone gatifloxacin	Combigan Restasis Simbrinza	Acuvail Alphagan P Alex Azasite Azopt Besivance Betimol Betoptic S Bromsite	

## Cigna Value 3-Tier Prescription Drug List

EYE CONDITIONS (cont)			GASTROINTESTINAL/HEARTBURN (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
latanoprost		Cosopt	dronabinol		Lomotil
moxifloxacin		Cosopt PF	Ducodyl+		MiraLax+
neomycin-		Cystaran* (QL)	famotidine		Movantik (PA)
polymyxin-		Durezol	suspension		MuGuard
dexamethasone		Ilevro	GaviLyte-C+		Ocaliva* (PA)
ofloxacin		Inveltys	GaviLyte-G+		Ravicti* (PA)
polymyxin B-TMP		Istalol	GaviLyte-N+		Rectiv
prednisolone		Lotemax	GentleLax+		Relistor (PA)
solution		Lotemax ointment	GlycoLax+		Sancuso (PA, QL)
timolol solution		Lotemax SM	HealthyLax+		sfRowasa
tobramycin		Maxitrol	Hemmorex-HC		Sucraid* (PA)
tobramycin-		Moxeza	hydrocortisone		Symproic (PA)
dexamethasone		Nevanac	LaxaClear+		Transderm-Scop
		Ocuflox	mesalamine		Urso
		Oxervate* (PA)	mesalamine DR		Urso Forte
		Polytrim	metoclopramide		Varubi (PA, QL)
		Pred Forte	metoclopramide		Viberzi
		Prolensa	ODT		Viokace
		Rhopressa	ondansetron		Xermelo* (PA)
		Timoptic	ondansetron ODT		
		Timoptic-XE	PEG 3350 and		
		Tobradex drops,	Electrolytes+		
		ointment	PEG-Prep+		
		Tobradex ST	Phenadoz		
		Trusopt	polyethylene glycol		
		Vigamox	3350+		
		Zirgan	PowderLax+		
		Zylet	prochlorperazine		
		Zymaxid	suppository, tablet		
			promethazine		
			Promethegan		
			ranitidine syrup		
			sucrafate		
			TriLyte With Flavor		
			Packets+		
			ursodiol		
<b>FEMININE PRODUCTS</b>			<b>HORMONAL AGENTS</b>		
Fem pH		AVC	Amabelz	Cetrotide (PA)	Activella
gynazole 1			budesonide EC	Duavee	Alora (QL)
miconazole 3 vaginal			budesonide ER	Forteo (PA, QL)	Androderm (PA, QL)
suppository			(PA, QL)	Ganirelix (PA)	AndroGel (PA, QL)
terconazole			cabergoline (QL)	Humatrope (PA)	Angeliq
			CovARYX	Increlex (PA)	Armour Thyroid
			CovARYX HS	Lupron Depot	Climara
			Decadron	(PA)	Climara Pro
			desmopressin	Lupron Depot-	CombiPatch
			solution, spray,	PED (PA)	Crinone 4%
			tablet	Norditropin	Cytomel
			dexamethasone	FlexPro (PA)	Depo-Testosterone
			dexamethasone	Orilissa (PA, QL)	Divigel
			intensol		

# Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>HORMONAL AGENTS (cont)</b>			<b>INFECTIONS (cont)</b>		
EEMT	Premarin tablet	Egrifta (PA)	ciprofloxacin	Xifaxan 550mg (QL)	Flagyl
EEMT H.S.	Premphase	Elestrin	clarithromycin		Keflex
estradiol patch, vaginal insert (QL)	Prempro	Emflaza (PA)	clarithromycin ER		Kitabis Pak* (PA, QL)
estradiol-norethindrone	Sandostatin LAR Depot (PA)	Entocort EC	clindamycin		Levaquin
estrogen-methyltestosterone	Serostim (PA)	Estrace	clindamycin phosphate		Macrobid
levothyroxine	Somavert (PA)	Estring (QL)	Coremino (QL)		Macrochantin
Levoxyl	Zorbitive (PA)	EstroGel	dapsone		Malarone (PA)
liothyronine		Euthyrox	doxycycline		MetroGel-Vaginal
Lopreeza		Evamist	Emverm		Monurol
medroxyprogesterone		Imvexxy (QL)	entecavir* (QL)		Natroba
methimazole		Intrarosa	erythromycin		Noxafil suspension
methylprednisolone dosepak, tablet		Levo-T	erythromycin ES		Nuessa
Mimvey		Medrol	famciclovir		Nuzuza* (PA)
Mimvey LO		Menostar (QL)	fluconazole		Oravig
Nature-Throid		Minivelle (QL)	hydroxychloroquine		Plaquenil (PA)
NP Thyroid		Natpara (PA)	itraconazole		Prevymis tablet*
prednisolone		Noctiva (PA)	levofloxacin eye drops, solution, tablet		Priftin
prednisolone ODT		Osphena	metronidazole		Sivextro tablet (PA)
prednisone		Prometrium	minocycline		Sklice
prednisone intensol		Royaldee	minocycline ER (QL)		Solosec
progesterone capsule		Somatuline Depot (PA)	Mondoxyne NL		Sulfatrim
testosterone (PA, QL)		Striant (PA, QL)	nitrofurantoin		Suprax
testosterone cypionate		Synthroid	Nitrofurantoin Mono-Macro		Tamiflu (QL)
thyroid		TIROSINT (PA)	nystatin		Urogesic-Blue
Westhroid		TIROSINT-SOL (PA)	Okebo		Valtrex
WP Thyroid		Unithroid	oseltamivir (QL)		Vemlidy*
Yuvafem (QL)		Vagifem (QL)	penicillin V		Vibramycin syrup, suspension
		Vivelle-Dot (QL)	permethrin		Xofluza (QL)
			sulfamethoxazole-TMP		Zepatier* (PA)
			terbinafine tablet		Zithromax packet, suspension, tablet
			tetracycline capsule		Zyvox (PA)
			tobramycin ampule* (PA, QL)		
			valacyclovir		
			valganciclovir		
			vancomycin capsule		
			Vandazole		
			voriconazole tablet (PA)		
<b>INFECTIONS</b>					
acyclovir capsule, suspension, tablet	Baraclude solution*	Albenza			
albendazole	Epclusa* (PA)	Alinia			
amoxicillin	Firvanq	Arikayce* (PA)			
amoxicillin-clavulanate	Harvoni* (PA, QL)	Bactrim			
amoxicillin-clavulanate ER	Ledipasvir-Sofosbuvir* (PA)	Bactrim DS			
atovaquone	Mavyret* (PA)	Baxdela (PA)			
atovaquone-proguanil	Pegasys* (PA)	Cayston* (PA, QL)			
Avidoxy	Sofosbuvir-Velpatasvir* (PA)	Cipro			
azithromycin	Sovaldi* (PA, QL)	Cleocin			
cefdinir	Thalomid* (PA)	Clindesse			
cefpodoxime	TOBI Podhaler* (PA, QL)	Cresemba capsule (PA)			
cefuroxime	Vosevi* (PA)	Daraprim* (PA)			
cephalexin		Dificid (QL)			
		Elimite			
		EryPed 200			

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>INFERTILITY</b>			<b>NUTRITIONAL/DIETARY (cont)</b>		
chorionic gonadotropin 10,000 unit vial (PA) clomiphene tablet	Gonal-F* (PA) Menopur (PA) Novarel (PA) Ovidrel (PA)	Crinone 8% Endometrin Follistim AQ (PA)	Klor-Con Sprinkle lanthanum phytonadione tablet potassium chloride capsule, packet, solution, tablet Prena1 Pearl Prenatal+ Prenatal Vitamin+ sevelamer vitamin D2 vitamin D3 5,000 unit+		Vitafol+ vitaPearl
<b>MISCELLANEOUS</b>			<b>OSTEOPOROSIS PRODUCTS</b>		
disulfiram Nebusal 3% PulmoSal sodium chloride inhalation vial TechLITE Lancets tetrabenazine* (PA) trientine* (PA)	Cerdelga* (PA) Esbriet* (PA) Nityr* (PA) Strensiq* (PA)	Addyi* (PA, QL) Austedo* (PA) Brisdelle* (QL) Exjade* (PA) Ferriprox* (PA) Galafold* (PA) Ingrezza* (PA) Jadenu* (PA) Kuvan* (PA) Myalept* (PA) Nuedexta* (QL) Orfadin* (PA) Palynziq* (PA) Tiglutik* (PA)	alendronate (QL) (PO) calcitonin-salmon (PO) ibandronate tablet (PO) raloxifene+ (PO) risedronate (PO) risedronate DR (PO)	Fosamax Plus D (ST) Tymlos* (PA, QL) (PO)	Actonel (ST) (P50) Atelvia (ST) (P50) Binosto (ST) (P50) Boniva tablet (ST) (P50) Evista (P50) Fosamax (ST) (P50)
<b>MULTIPLE SCLEROSIS</b>			<b>PAIN RELIEF AND INFLAMMATORY DISEASE</b>		
glatiramer* (PA) Glatopa* (PA)	Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya 0.5mg* (PA) Plegridy* (PA) Rebif* (PA) Rebif Rebidose* (PA) Tecfidera* (PA)	Gilenya 0.25mg	acetaminophen-codeine (PA) allopurinol aprizio pak baclofen tablet buprenorphine (QL) butalbital-acetaminophen-caffeine (QL) carisoprodol celecoxib (QL) colchicine cyclobenzaprine DermacinRx Empiricaine DermacinRx Prizopak diclofenac (QL) diclofenac ER EC-naproxen eletriptan (QL) endocet (PA) etodolac etodolac ER fentanyl (PA) Fioricet (QL) frovatriptan (QL) Glydo	Actemra* (PA, QL) Ajoyv (PA) Aimovig (PA) Belbuca (QL) Embeda (PA) Emgality (PA) Enbrel* (PA, QL) Humira* (PA, QL) Hysingla ER (PA) Morphabond ER (PA) Otezla* (PA, QL) Rasuvo (PA) Remicade* (PA) Simponi Aria (PA) Stelara 45mg/0.5ml, 90mg/ml* (PA, QL) Taltz* (PA, QL) Tremfya* (PA, QL) Xeljanz* (PA, QL) Xeljanz XR* (PA, QL) Xtampza ER (PA) Ztlido	Abstral (PA) Analpram HC Arava Arymo ER (PA) Benlysta* (PA) Butrans (QL) Celebrex (ST, QL) Cimzia* (PA, QL) Colcrys Depen* (PA) D-Penamamine* (PA) Dupixent* (PA) Duragesic (PA) EC-naprosyn (ST) Esgic (QL) Fexmid Illaris* (PA) Ilumya* (PA, QL) Kadian (PA) Kevzara* (PA, QL) Lidoderm Mitigare Mobic (ST) MS Contin (PA) Nalfon 400mg (ST) Naprosyn (ST) Norco (PA)
<b>NUTRITIONAL/DIETARY</b>					
calcitriol capsule, solution calcium 667mg cyanocobalamin injection daily prenatal+ FA-8+ folic acid 1mg folic acid 0.4mg, 0.8mg+ Klor-Con Klor-Con 8 Klor-Con 10 Klor-Con M10 Klor-Con M20	Drisdol Floriva+ Mephyton OB Complete Petite Quflora+ Rocaltrol	Auryxia (QL) CitraNatal Klor-Con M15 KPN+ K-Tab ER Lokelma OB Complete Perry Prenatal+ Phoslyra Prenate Mini Prenate Pixie PrimaCare Renvela Velphoro Veltassa			

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>		
hydrocodone- acetaminophen (PA)		Nucynta (PA)
hydromorphone ER (PA)		Nucynta ER (PA)
hydromorphone solution, suppository, tablet (PA)		Olumiant* (PA, QL)
IBU		Orencia syringe* (PA, QL)
ibuprofen tablet		Otrexup (PA)
indomethacin capsule		Oxaydo (PA)
indomethacin ER		Percocet (PA)
ketorolac (QL)		Procort
leflunomide		Proctofoam-HC
lidocaine (QL)		Qmii ODT (ST, QL)
lidocaine-prilocaine		Roxybond (PA)
lidocaine viscous		Savella
Lidopril		Simponi 100mg/ml* (PA, QL)
Lidopril XR		Skelaxin
Lido-Prilo Caine Pack		Tylenol-Codeine No.3 (PA)
Livixil Pak		Tylenol-Codeine No.4 (PA)
Lorcet (PA)		Uloric (QL)
Lorcet HD (PA)		Ultram (QL)
Lorcet Plus (PA)		Zanaflex
Lortab (PA)		Zebutal (QL)
meloxicam		Zohydro ER (PA)
Metaxall		Zyloprim
metaxalone		
methocarbamol tablet		
morphine ER (PA)		
morphine solution, suppository, tablet (PA)		
nabumetone		
Nalfon 600mg (ST)		
Nalocet (PA)		
naproxen		
oxycodone (PA)		
oxycodone- acetaminophen (PA)		
oxycodone ER (PA)		
Phrenilin Forte (QL)		
Prilolid		
Prilovix		
Primlev (PA)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan- naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Vicodin HP (PA)		
<b>PARKINSON'S DISEASE</b>		
benztropine	Apokyn* (PA)	Azilect (QL)
bromocriptine		Duopa*
carbidopa-levodopa		Mirapex
carbidopa-levodopa ER		Mirapex ER (QL)
pramipexole		Neupro
pramipexole ER (QL)		Osmolex ER (QL)
rasagiline (QL)		Parlodel
ropinirole		Rytary
ropinirole ER		Sinemet
		Sinemet CR
		Tasmar
		Xadago (ST)
<b>SCHIZOPHRENIA/ANTIPSYCHOTICS</b>		
aripiprazole (QL)	Latuda (QL)	Fanapt (ST, QL)
aripiprazole ODT		Invega (ST, QL)
chlorpromazine tablet		Rexulti (ST, QL)
olanzapine ODT		Risperdal (ST)
olanzapine tablet		Saphris (ST)
paliperidone ER (QL)		Seroquel (ST)
quetiapine		Seroquel XR (ST)
quetiapine ER		Vraylar (ST, QL)
risperidone		
risperidone ODT		
ziprasidone		
<b>SEIZURE DISORDERS</b>		
carbamazepine	Dilantin 30mg capsule (PA)	Aptiom (PA, QL)
carbamazepine ER		Banzel (PA, QL)
clonazepam	Fycompa (PA, QL)	Brievact solution, tablet (PA)
divalproex	VIMPAT (PA)	Carbatrol (PA)
divalproex ER		Depakote (PA)
epitol		Depakote ER (PA)
gabapentin		Depakote Sprinkle (PA)
lamotrigine		Dilantin 50mg and 100mg (PA)
lamotrigine (blue, green, orange)		

## Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>SEIZURE DISORDERS (cont)</b>			<b>SKIN CONDITIONS (cont)</b>		
lamotrigine ER lamotrigine ODT levetiracetam solution, tablet levetiracetam ER oxcarbazepine Roweepra Roweepra XR Subvenite Subvenite (blue, green, orange) topiramate topiramate ER vigabatrin* Vigadrone*		Epidiolex* (PA) Klonopin (PA) Lyrica oral solution (PA) Neurontin (PA) Onfi (PA) Oxtellar XR (PA) Phenytek (PA) Tegretol (PA) Tegretol XR (PA)	fluorouracil cream, topical solution hydrocortisone isotretinoin (QL) ketoconazole metronidazole Micort HC 2.5% cream mupirocin Myorisan (QL) Neuac gel Nolix oxiconazole nitrate pimecrolimus Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Rosadan cream, gel sodium sulfacetamide- sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus ointment tazarotene tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone triderm Zenatane (QL)		
<b>SKIN CONDITIONS</b>			<b>SLEEP DISORDERS/SEDATIVES</b>		
adapalene (PA age) adapalene-benzoyl peroxide Amnesteem (QL) Avar Cleanser Avar-E Avar-E Green azelaic acid betamethasone betamethasone dipropionate augmented BP 10-1 calcipotriene calcipotriene- betamethasone DP Calcitrene Claravis (QL) Clindacin ETZ pledget Clindacin P pledget clindamycin-benzoyl peroxide clindamycin phosphate clindamycin- tretinoin clobetasol Clodan shampoo clotrimazole- betamethasone dapsone desoximetasone flucaninonide	Eucrisa Fluoroplex Targretin gel*	Bryhali (ST) Celacyn Centany Cleocin T Cloderm (ST) Dermasorb TA (ST) Drysol Ecoza Efudex Elidel Evoclin Lotrisone MiCort-HC 2.5% cream (ST) Mimyx Naftin Nizoral Picato Pramosone Protopic Regranex (PA, QL) Santyl (QL) Temovate (ST) Tolak Topicort (ST) Ultravate cream, ointment (ST) Valchlor* Xepi	armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)	Silenor (ST, QL)	Hetlioz* (PA) Lunesta (ST) Rozerem (ST, QL) Xyrem* (PA)
			<b>SMOKING CESSATION</b>		
			bupropion SR+ NicoDerm CQ 21mg/24hr+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+		Chantix NicoDerm CQ 7mg/24hr, 14mg/24hr+ Nicorette+ Nicotrol



## Cigna Value 3-Tier Prescription Drug List

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

Quit 2+		Nicotrol NS
Quit 4+		Zyban

### SUBSTANCE ABUSE

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

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

### URINARY TRACT CONDITIONS

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

### VACCINES

Diphtheria and Tetanus Toxoids-ped+ TdVax+	ActHIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Engerix-B+ FLUAD+ FLUALVAL QUADRIVALENT+ FLUARIX QUADRIVALENT+ FLUBLOK QUADRIVALENT+	FluMist Quad Nasal+ Rotarix+ RotaTeq+
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### VACCINES (cont)

	FLUCELVAX QUADRIVALENT+	
	Fluzone High-dose+	
	Fluzone Quadrivalent+	
	Fluzone Quadrivalent Pedi+	
	GARDASIL 9+	
	HAVRIX+	
	HEPLISAV-B+	
	Hiberix+	
	Infanrix DTaP+	
	IPOL+	
	KINRIX+	
	Menactra+	
	Menveo A-C-Y-W-135-DIP+	
	M-M-R II+	
	PEDIARIX+	
	PedvaxHIB+	
	Pentacel+	
	PNEUMOVAX 23+	
	Prevnar 13+	
	ProQuad+	
	Quadracel DTaP-IPV+	
	Recombivax HB+	
	SHINGRIX+	
	Tenivac+	
	Trumenba+	
	Twinrix+	
	VAQTA+	
	VARIVAX+	
	ZOSTAVAX+	

## Prescription drug list FAQ

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 – such as when new medications become available or when older medications 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:

- › 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 1 and July 1.
- › 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 health care provider.

### 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 that are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered 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:

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

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

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

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

## Prescription drug list FAQs (cont)

### 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 prescription benefit plans. We review all newly approved medications to see if they should be covered – and if so, on what tier.

### 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.<sup>1</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 (e.g., generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your provider 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. 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.<sup>2</sup> 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 provider’s office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna’s provider portal at **Cignaforhcp.com**.

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

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

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

Your pharmacist will only fill the amount your plan covers. If you want to fill more than what’s allowed, your provider’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.

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

## Prescription drug list FAQs (cont)

- › If you're taking a specialty medication to treat a complex medical condition such as multiple sclerosis, hepatitis C or 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).<sup>3</sup> 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 provider's office.** To learn more about Accredo, go to **Cigna.com/specialty**.

### **Where can I find more information about my pharmacy benefit?**

You can use the online tools and resources on the **myCigna** App or website to help you better understand your prescription 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 prescription claims and coverage details. You can also manage your home delivery prescription orders.

## 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 provider, 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 prescription benefit, except as required by state or federal law, or by the terms of your specific plan:<sup>4</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.
- › Provider-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 FDA.
- › Prescription and nonprescription devices, supplies, and appliances other than those supplies specifically listed as covered.
- › Medications used for sexual dysfunction, cosmetic purposes, weight loss 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.
- › 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 providers 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 prescription exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard prescription benefit plans) may not be covered for the first six months of market availability unless approved by Cigna as medically necessary.

Your plan requires you to fill specialty medications through Accredo, a Cigna specialty pharmacy, to receive coverage. Specialty medications are used to treat complex medical conditions such as multiple sclerosis, hepatitis C and rheumatoid arthritis.

## About this drug list

This document shows the specialty medications you have to fill through Accredo as of January 1, 2021 to receive coverage. All of these medications are approved by the U.S. FDA. Medications are listed alphabetically; brand-name medications are capitalized and generic medications are lowercase. **The Specialty Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers.**

### Accredo delivers specialty medications and personalized support

When it comes to specialty medications, you need a pharmacy that's focused on complex medical conditions. Here are some of the services they provide - at no extra cost.

- › Specialty-trained pharmacists and nurses available 24/7
- › Personalized care services
- › Fast shipping - even for medications that need special handling<sup>3</sup>
- › Refill certain prescriptions by text<sup>5</sup>
- › Manage your medications online

To learn more about Accredo, go to [Cigna.com/specialty](https://Cigna.com/specialty). Be sure to check out the video to hear more about the personalized care and support Accredo provides. To get started using Accredo, call **877.826.7657**, M-F, 7:00 am-10:00 pm CST and Saturday, 7:00 am-4:00 pm CST. Be sure to call about two weeks before your next refill so Accredo has time to get a new prescription from your provider's office.

## Medication name

<b>A</b>	Alphanate	Aubagio	bexarotene
abiraterone	Alphanine SD	Austedo	Bivigam
Actemra	Alprolix	Avonex	Boniva syringe
Acthar	Alunbrig	Azasan	bosentan
ACTIMMUNE	Alyq	azathioprine tablet	Bosulif
Adcirca	ambrisentan	<b>B</b>	Botox 200 unit vial
adefovir dipivoxil	Amicar	Baraclude	Buphenyl
Adempas	aminocaproic acid	Belrapzo	<b>C</b>
Advate	Ampyra	bendamustine	Cabometyx
Adynovate	Apokyn	Bendeka	capecitabine
Afinitor	Arcalyst	Benefix	Carbaglu
Afstyla	Arestin	Benlysta 200mg/ml	CellCept capsule, suspension, tablet
ALDURAZYME	argatroban	Berinert	Cerdelga
Alecensa	50mg/50ml-0.9%	Betaseron	Cerezyme
Alferon N	NaCl vial	Bethkis	
alosetron	Astagraf XL		

Brand-name medications are capitalized and generic medications are lowercase.

## Medication name

Cimzia	everolimus	Humira	Kogenate FS
CINRYZE	Exjade	Hyalgan	Kovaltry
Clovique	Extavia	HYCAMTIN	Kuvan
Cometriq	<b>F</b>	Hylenex	Kyprolis 30mg vial
Copaxone	Fabrazyme	Hymovis	<b>L</b>
Cosentyx	FARYDAK	<b>I</b>	ledipasvir-sofosbuvir
Cotellic	Fasenra	ibandronate syringe,	Lemtrada
cyclophosphamide	Feiba NF	vial	Lenvima
capsule	Firazyr	Ibrance	Letairis
cyclosporine capsule	Firmagon	Icatibant	leuprolide
cyclosporine modified	Forteo	Idelvion	Lonsurf
<b>D</b>	Fuzeon	IDHIFA	Lorbrena
Dalfampridine ER	<b>G</b>	Ilaris	Lotronex
Darzalex	Galafold	Ilumya	Lupaneta Pack
Daurismo	Gamastan	imatinib	Lupron Depot
deferasirox	Gamastan S-D	Imuran	Luxturna
docetaxel 160mg/8ml	Gammagard	Inbrija	Lynparza
vial	Gammagard S-D	Increlex	<b>M</b>
Doptelet	Gammaked	Inflectra	Macrilen
Dupixent	Gamunex-C	Infugem	Mavenclad
Durolane	Gattex	Inlyta	Mavyret
Dysport	Gel-One	Inrebic	Mayzent 0.25mg,
<b>E</b>	Gelsyn-3	Intron A	2mg tablet
Egrifta	Gengraf	Iressa	Mekinist
Egrifta SV	Genotropin	Ixinity	miglustat
Eligard	Genvisc 850	<b>J</b>	Mononine
ELOCTATE	Gilenya	Jadenu	MONOVISC
Emcyt	Gilotrif	Jadenu Sprinkle	Mulpleta
Emflaza	Givlaari	Jakafi	Myalept
Empliciti	glatiramer	Jevtana	mycophenolate
Enbrel	Glatopa	Jivi	capsule, suspension,
ENHERTU	Gleevec	Juxtapid	tablet
entecavir	<b>H</b>	Jynarque 15mg, 30mg	mycophenolic acid
Entyvio	Haegarda	<b>K</b>	Myfortic
Envarsus XR	Harvoni	Kalbitor	<b>N</b>
Epclusa	Hemlibra	Kalydeco	Natpara
Epidiolex	Hemofil M	Kevzara	Neoral
Erivedge	Hepsera	Kisqali	Nerlynx
Erleada	Hetlioz	Kisqali Femara	Neulasta Onpro Kit
erlotinib	Hizentra	Co-Pack	Nexavar
Esbriet	Humate-P	Kitabis Pak	Ninlaro
etoposide capsule	Humatrope	Koate	Norditropin FlexPro
Euflexxa			

Brand-name medications are capitalized and generic medications are lowercase.

## Medication name

Northera  
Novoeight  
NovoSeven RT  
Nubeqa  
Nucala  
Nuplazid  
Nutropin AQ Nuspin  
Nuwiq

### O

Ocaliva  
Ocrevus  
Octagam  
octreotide  
Odomzo  
Ofev  
Olumiant  
Omnitrope  
Opdivo  
Opsumit  
Orencia  
Orenitram ER  
ORKAMBI  
ORTHOVISC  
Otezla

### P

Palynziq  
pamidronate  
Panretin  
paricalcitol capsule  
Pegasys  
PegIntron  
Piqray  
Plegridy  
Pomalyst  
Prevymis tablet  
Privigen  
Procysbi  
Profilnine  
progesterone vial  
Prograf capsule,  
granule packet  
Promacta  
Pulmozyme

### R

Rapamune  
Ravicti  
Rebif  
Rebif Rebidose  
Rebinyln  
Reclast  
Recombinate  
Remicade  
Remodulin  
RENFLEXIS  
Revatio  
Revlimid  
ribavirin  
Rilutek  
riluzole  
Rinvoq ER  
Rixubis  
Rozlytrek  
Ruconest  
Rydapt

### S

Sabril  
Saizen  
Samsca  
Sandimmune capsule,  
solution  
Sandostatin  
Serostim  
Signifor  
Signifor LAR  
sildenafil suspension,  
20mg tablet, vial  
Siliq  
Simponi  
Simponi Aria  
sirolimus  
sodium  
phenylbutyrate  
sofosbuvir-velpatasvir  
Somatuline Depot  
Somavert  
Sovaldi

Spinraza  
Sprycel  
Stelara  
Stivarga  
Supartz FX  
Supprelin LA  
Sutent  
Sylatron  
Symdeko  
Synagis  
Synarel  
Synvisc  
Synvisc-One  
Syprine

### T

tacrolimus capsule  
tadalafil 20mg  
Tafinlar  
Tagrisso  
TAKHZYRO  
Taltz  
Talzena  
Tarceva  
Targretin  
Tasigna  
Tecentriq  
Tecfidera  
Tegsedi  
Temodar capsule  
temozolomide  
tetrabenazine  
Thalomid  
TOBI  
TOBI Podhaler  
tobramycin ampule  
topotecan  
Tracleer  
Trelstar  
Tremfya  
Trepstinil  
trientine  
Trikafta  
Triluron  
Trivisc

Trogarzo  
Tykerb  
Tymlos  
Tysabri  
Tyvaso

### U

Ultomiris  
Uptravi

### V

Valchlor  
Vantas  
Veletri  
Vemlidy  
Ventavis  
Verzenio  
Viekira Pak  
vigabatrin  
Virazole  
Visco-3  
Vitrakvi  
Vivitrol  
Vizimpro  
Vonvendi  
Vosevi  
Votrient  
VPRIV  
Vyndamax  
Vyndaqel

### W

Wilate  
WinRho SDF

### X

Xalkori  
Xeljanz  
Xeljanz XR 11mg  
Xeloda  
Xenazine  
Xeomin  
Xolair  
Xtandi  
Xyntha



## Medication name

### Y

Yondelis

Yonsa

### Z

Zarxio

Zavesca

Zelboraf

Zemplar capsule

Zepatier

Zoladex

zoledronic acid

Zolinza

Zomacton

Zorbtive

Zortress

Zydelig

Zykadia

Zytiga

**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 provider 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 on 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. Prices are not guaranteed, and even though a price is displayed, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown. Coverage and pricing may change.
2. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
3. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your provider's office.
4. 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.
5. The ability to refill prescriptions by text is only available for certain medications. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.

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](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).