



CIGNA VALUE 3-TIER PRESCRIPTION DRUG LIST

As of January 1, 2019

Together, all the way.®



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

876397 p Value 3-Tier 10/18



Table of Contents

Getting started

Your prescription drug list	3
How to read your drug list	3
How to find your medication	5
Medications that are not covered	18
Prescription drug list FAQs	27
Exclusions and limitations	29

View your drug list online

This document was last updated 03/01/2018.* To see a current list of the medications covered on your plan’s drug list, visit:



The myCigna® website - Once you’re registered, log in and select Estimate Health Care Costs, then select Get drug costs.



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



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

* Drug list created: originally created 10/01/2011

Last updated: 03/01/2018, for changes that were effective 07/01/2018

Next planned update: 03/01/2019, for changes that will be effective 07/01/2019

Your prescription drug list

This document shows the most commonly prescribed medications covered on the Value Prescription Drug List as of January 1, 2019.¹ All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels). **It's important to know that this is not a complete list of covered medications, and not all of the medications listed here may be covered by your specific plan.** You should log in to the **myCigna** website or app, or check your plan materials, to learn more about the medications your plan covers.

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

How to read your drug list

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

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

Tier (cost-share level) gives you an idea of 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 (*) listed next to them

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

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

Tiers

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

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

Abbreviations next to medications

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

- | | |
|--------------|--|
| (PA) | Prior Authorization – Cigna will review information your doctor provides 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 – You must be within a specific age range for your plan to cover the medication. Some medications aren't considered clinically appropriate for individuals who aren't within that age range. |

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

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier, may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Please log in to the **myCigna** website or app, or check your plan materials, to learn more about how your plan covers specialty medications.

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

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

Plan exclusions

Your plan excludes certain types of medications or products from coverage. This is known as a “plan (or benefit) exclusion.” This means that your plan doesn’t cover any prescription medications in the drug class or to treat the specific condition. There’s also no option to receive coverage through a medication review process. In this drug list, these medications have a caret (^) next to them. Please log in to the **myCigna** website or app, 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	FEMININE PRODUCTS	11
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	11, 12
ALZHEIMER’S DISEASE	6	HORMONAL AGENTS	12
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	13
ASTHMA/COPD/RESPIRATORY	6	INFERTILITY	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	MISCELLANEOUS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	13
BLOOD PRESSURE/HEART MEDICATIONS	7	NUTRITIONAL/DIETARY	13, 14
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	14
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CHOLESTEROL MEDICATIONS	8	PARKINSON’S DISEASE	15
CONTRACEPTIVE PRODUCTS	8–10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	15
DENTAL PRODUCTS	10	SKIN CONDITIONS	16
DIABETES	10, 11	SLEEP DISORDERS/SEDATIVES	16
DIURETICS	11	SMOKING CESSATION	16
EAR MEDICATIONS	11	SUBSTANCE ABUSE	16
ERECTILE DYSFUNCTION	11	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	11	URINARY TRACT CONDITIONS	17
		WEIGHT MANAGEMENT	17

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AIDS/HIV			ANXIETY/DEPRESSION/BIPOLAR DISORDER		
abacavir-lamivudine*	Atripla*	Complera*	amitriptyline		Effexor XR (ST, QL)
atazanavir*	Biktarvy*	Evotaz*	bupropion (QL)		Fetzima (ST, QL)
ritonavir*	Descovy*	Odefsey*	bupropion SR (QL)		Forfivo XL (ST, QL)
tenofovir*	Genvoya*	Prezcobix*	bupirone		Prozac (ST, QL)
	Intelence*	Stribild*	citalopram (QL)		Sarafem (ST)
	Isentress HD*	Viread 300mg*	clomipramine		Trintellix (ST, QL)
	Isentress*		desvenlafaxine ER (QL)		Viibryd (ST, QL)
	Norvir packet, capsule, solution*		duloxetine (QL)		Wellbutrin SR (ST, QL)
	Prezista*		escitalopram (QL)		Zoloft (ST, QL)
	Reyataz packet*		fluoxetine (QL)		
	Selzentry*		fluoxetine DR (QL)		
	Tivicay*		paroxetine (QL)		
	Triumeq*		paroxetine CR (QL)		
	Truvada*		paroxetine ER (QL)		
	Viread powder, 150, 200, 250mg*		sertraline (QL)		
			trazodone		
			venlafaxine (QL)		
			venlafaxine ER (QL)		
ALLERGY/NASAL SPRAYS			ASTHMA/COPD/RESPIRATORY		
azelastine		Clarinex-D 12 Hour	albuterol	Advair Diskus	Adcirca* (PA)
cromolyn solution		Karbinal ER	budesonide inhalation	Advair HFA	Adempas* (PA)
cyproheptadine		Ryvent	ipratropium-albuterol	Anoro Ellipta	Combivent Respimat
epinephrine auto-injector (PA, QL)		Semprex-D	montelukast	Atrovent HFA	Daliresp (QL)
flunisolide				Breo Ellipta	Kalydeco* (PA, QL)
fluticasone				Incruse Ellipta	Letairis* (PA)
hydroxyzine capsule, solution, syrup, tablet				ProAir HFA	Ofev* (PA)
ipratropium				ProAir RespiClick	Opsumit* (PA)
mometasone spray (QL)				QVAR RediHaler	Orenitram ER* (PA)
olopatadine spray				Striverdi Respimat	Orkambi* (PA, QL)
promethazine syrup, tablet				Symbicort	Pulmicort
				Trelegy Ellipta (ST)	Pulmozyme* (PA)
				Xolair* (PA)	Symdeko* (PA, QL)
					Tracleer* (PA)
					Tyvaso* (PA)
					Uptravi* (PA)
ALZHEIMER'S DISEASE			ATTENTION DEFICIT HYPERACTIVITY DISORDER		
donepezil		Mestinon	atomoxetine (QL)		Adderall (ST)
donepezil ODT		Namenda	dexmethylphenidate		Daytrana (PA age)
memantine		Namenda XR (QL)	dexmethylphenidate ER (QL)		Evekeo (ST)
memantine ER (QL)		Namzaric (QL)	dextroam-phetamine-amphetamine ER (QL)		Focalin (ST)
pyridostigmine			dextroam-phetamine-amphetamine		Methylin (ST)
pyridostigmine ER					Quillivant XR (PA age)
rivastigmine					Ritalin (ST)

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)			BLOOD PRESSURE/HEART MEDICATIONS (cont)		
guanfacine ER Metadate ER methylphenidate methylphenidate CD (QL) methylphenidate ER (QL) methylphenidate LA (QL)			Dilt-XR diltiazem CD diltiazem ER diltiazem tablet dofetilide (QL) doxazosin Ecotrin+ EcPirin+ enalapril flecainide hydralazine tablet irbesartan isosorbide isosorbide ER labetalol tablet lisinopril lisinopril-HCTZ losartan losartan-HCTZ Matzim LA metoprolol tablet nadolol nifedipine nifedipine ER olmesartan (QL) olmesartan-amlodipine-HCTZ olmesartan-HCTZ (QL) propafenone propafenone ER propranolol ER propranolol tablet, solution quinapril ramipril Taztia XT telmisartan (QL) telmisartan-HCTZ (QL) tri-buffered aspirin+ valsartan valsartan-HCTZ verapamil ER verapamil SR verapamil tablet, capsule		
BLOOD MODIFIERS/BLEEDING DISORDERS					
tranexamic acid tablet*	Aranesp*^ (PA) Epogen*^ (PA) Granix*^ Neulasta*^ (PA) Procrit*^ (PA) Zarxio*^	Promacta* (PA)			
BLOOD PRESSURE/HEART MEDICATIONS					
Afeditab CR amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-HCTZ Aspir 81+ Aspir-Low+ aspirin EC+ aspirin+ atenolol atenolol-chlorthalidone benazepril benazepril-HCTZ bisoprolol Bufferin+ candesartan Cartia XT carvedilol carvedilol ER (QL) clonidine patch, tablet Digitek Digox digoxin solution, tablet	Corlanor (PA) Entresto (PA)	Bayer Chewable Aspirin+ BiDil (QL) Cardizem LA (QL) Coreg CR 80mg Coreg CR 10, 20, 40mg (QL) Epaned (ST) Firazyr* (PA) Haegarda* (PA) Hemangeol Inderal LA Inderal XL Innopran XL Multaq Nitro-Dur Nitrolingual Nitromist Nitrostat Northera* (PA) Norvasc Ranexa (ST, QL) Tiazac Tikosyn (QL) Toprol XL			

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$			
BLOOD THINNERS/ANTI-CLOTTING			CHOLESTEROL MEDICATIONS					
aspirin-dipyridamole ER clopidogrel enoxaparin* (QL) fondaparinux* (QL) Jantoven prasugrel warfarin	Brilinta Eliquis Fragmin* (QL) Xarelto	Bevyxxa (QL) Coumadin Effient Pradaxa Savaysa (QL) Zontivity	atorvastatin 10mg, 20mg+ ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin 20mg, 40mg+ fluvastatin ER 80mg+ lovastatin 20mg, 40mg+ niacin ER 500, 750, 1000mg tablet Niacor omega-3 acid ethyl esters pravastatin 10mg, 20mg, 40mg, 80mg+ rosuvastatin 5mg, 10mg (QL)+ simvastatin 10mg, 20mg, 40 mg (QL)+ Triкло	Repatha* (PA)	Korlym* (PA) Kynamro* (PA) Vascepa Welchol Zetia			
CANCER			CONTRACEPTIVE PRODUCTS					
anastrozole bexarotene* (PA) capecitabine* (PA) imatinib* (PA) letrozole mercaptopurine methotrexate* tamoxifen+ temozolomide* (PA)	Actimmune* (PA) Afinitor* (PA) Fareston (QL) Intron A* (PA) Nexavar* (PA) Revlimid* (PA) Sprycel* (PA) Sutent* (PA) Tarceva* (PA) Tasigna* (PA) Trexall*	Afinitor Disperz* (PA) Alecensa* (PA) Arimidex Bosulif* (PA) Cabometyx* (PA) Cometriq* (PA) Cotellic* (PA) Erivedge* (PA) Erleada* (PA) Gilotrif* (PA) Gleevec* (PA) Ibrance* (PA) Iclusig* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Lenvima* (PA) Lonsurf* (PA) Lynparza* (PA) Mekinist* (PA) Nerlynx* (PA) Ninlaro* (PA) Pomalyst* (PA) Stivarga* (PA) Sylatron* (PA) Tafinlar* (PA) Tagrisso* (PA) Targretin capsule* (PA) Verzenio* (PA) Votrient* (PA) Xalkori* (PA) Xtandi* (PA) Zelboraf* (PA) Zytiga* (PA)	<p>All contraceptive products may be covered if you meet specific gender requirements.</p> <table border="1"> <tbody> <tr> <td>Aftera+ Altavera+ Alyacen+ Amethia Lo+ Amethia+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aviane+ Azurette+ Balziva+ Bekyree+ Blisovi 24 FE+ Blisovi FE+ Briellyn+ Camila+ Camrese Lo+</td> <td>Lo Loestrin FE Taytulla</td> <td>Beyaz Ella+ Estrostep FE Loestrin FE LoSeasonique Microgestin+ Minastrin 24 FE NuvaRing Seasonique Skyla* Today Contraceptive Sponge+</td> </tr> </tbody> </table>			Aftera+ Altavera+ Alyacen+ Amethia Lo+ Amethia+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aviane+ Azurette+ Balziva+ Bekyree+ Blisovi 24 FE+ Blisovi FE+ Briellyn+ Camila+ Camrese Lo+	Lo Loestrin FE Taytulla	Beyaz Ella+ Estrostep FE Loestrin FE LoSeasonique Microgestin+ Minastrin 24 FE NuvaRing Seasonique Skyla* Today Contraceptive Sponge+
Aftera+ Altavera+ Alyacen+ Amethia Lo+ Amethia+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aviane+ Azurette+ Balziva+ Bekyree+ Blisovi 24 FE+ Blisovi FE+ Briellyn+ Camila+ Camrese Lo+	Lo Loestrin FE Taytulla	Beyaz Ella+ Estrostep FE Loestrin FE LoSeasonique Microgestin+ Minastrin 24 FE NuvaRing Seasonique Skyla* Today Contraceptive Sponge+						

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)			CONTRACEPTIVE PRODUCTS (cont)		
All contraceptive products may be covered if you meet specific gender requirements.			All contraceptive products may be covered if you meet specific gender requirements.		
Camrese ⁺			Kaitlib FE ⁺		
Caya Contoured ⁺			Kariva ⁺		
Caziant ⁺			Kelnor 1-35 ⁺		
Chateal ⁺			Kelnor 1-50 ⁺		
Cryselle ⁺			Kimidess ⁺		
Cyclafem ⁺			Kurvelo ⁺		
Cyred ⁺			Larin 24 FE ⁺		
Dasetta ⁺			Larin FE ⁺		
Daysee ⁺			Larin ⁺		
Deblitane ⁺			Larissia ⁺		
Delyla ⁺			Leena ⁺		
desogestrel-ethinyl estradiol ⁺			Lessina ⁺		
drospirenone- ethinyl estradiol- levomefibrate ⁺			Levonest ⁺		
drospirenone-ethinyl estradiol ⁺			levonorgestrel- ethinyl estradiol ⁺		
Econtra EZ ⁺			Levora-28 ⁺		
Econtra One-Step ⁺			Lillow ⁺		
Elinest ⁺			Loryna ⁺		
Emoquette ⁺			Low-Ogestrel ⁺		
Enpresse ⁺			Lutera ⁺		
Enskyce ⁺			Lyza ⁺		
Errin ⁺			Marlissa ⁺		
Estarylla ⁺			medroxyprogesterone 150mg/ml ⁺		
ethynodiol-ethinyl estradiol ⁺			Melodetta 24 FE ⁺		
Falmina ⁺			Mibelas 24 FE ⁺		
Fayosim ⁺			Microgestin FE ⁺		
FC2 Female Condom ⁺			Mili ⁺		
Femcap ⁺			Mono-Linyah ⁺		
Femynor ⁺			Mononessa ⁺		
Gianvi ⁺			My Choice ⁺		
Heather ⁺			My Way ⁺		
Introvale ⁺			Myzilra ⁺		
Isibloom ⁺			Necon 0.5/35 ⁺		
jencycla ⁺			Necon 7/7/7 ⁺		
Jolessa ⁺			Nikki ⁺		
Jolivette ⁺			Nora-BE ⁺		
Juleber ⁺			norethindrone- ethinyl estradiol- iron ⁺		
Junel FE 24 ⁺			norethindrone- ethinyl estradiol ⁺		
Junel FE ⁺			norethindrone ⁺		
Junel ⁺			norgestimate-ethinyl estradiol ⁺		

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)		
All contraceptive products may be covered if you meet specific gender requirements.		
Norlyda ⁺		
Norlyroc ⁺		
Nortrel ⁺		
Ocella ⁺		
Opcicon One-Step ⁺		
Option 2 ⁺		
Orsythia ⁺		
Philith ⁺		
Pimtrea ⁺		
Pirmella ⁺		
Portia ⁺		
Previfem ⁺		
Quasense ⁺		
Rajani ⁺		
Reclipsen ⁺		
Rivelsa ⁺		
Setlakin ⁺		
Sharobel ⁺		
Sprintec ⁺		
Sronyx ⁺		
Syeda ⁺		
Tarina FE ⁺		
Tilia FE ⁺		
Tri Femynor ⁺		
Tri-Estarylla ⁺		
Tri-Legest FE ⁺		
Tri-Linyah ⁺		
Tri-Lo-Estarylla ⁺		
Tri-Lo-Marzia ⁺		
Tri-Lo-Sprintec ⁺		
Tri-Mili ⁺		
Tri-Previfem ⁺		
Tri-Sprintec ⁺		
Tri-Vylibra ⁺		
Trinessa Lo ⁺		
Trinessa ⁺		
Trivora-28 ⁺		
Tulana ⁺		
Tydemy ⁺		
VCF ⁺		
Velivet ⁺		
Vienva ⁺		
Viorele ⁺		
Vyfemia ⁺		
Vylibra ⁺		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTIVE PRODUCTS (cont)		
All contraceptive products may be covered if you meet specific gender requirements.		
Wera ⁺		
Wide Seal Diaphragm ⁺		
Wymzya FE ⁺		
Xulane ⁺		
Zarah ⁺		
Zenchent ⁺		
Zovia 1-35e ⁺		
Zovia 1-50e ⁺		
COUGH/COLD MEDICATIONS		
benzonatate		Tessalon Perle
Bromfed DM		Tussionex (QL)
brompheniramine- pseudoephedrine- DM		Tuzistra XR (QL)
hydrocodone- chlorpheniramine ER (QL)		
hydrocodone- homatropine (QL)		
Hydromet (QL)		
DENTAL PRODUCTS		
chlorhexidine rinse		Fluorabon [^]
doxycycline fluoride [^]		
Fluoritab [^]		
Flura-Drops [^]		
Ludent Fluoride [^]		
Oralene		
Paroex		
Peridex		
Periogard		
sodium fluoride [^]		
triamcinolone paste		
DIABETES		
glimepiride	Basaglar	Cycloset
glipizide	Bydureon (QL)	Glucophage
glipizide ER	Byetta (QL)	Glucophage XR
glipizide XL	Farxiga (QL)	Riomet
metformin	GlucaGen	VGo
metformin ER	HypoKit (QL)	
NovoTwist	Glucagon Emergency Kit (QL)	
	Glyxambi	

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont)			EYE CONDITIONS (cont)		
	Humalog Humulin Janumet Janumet XR Januvia (QL) Jardiance Levemir OneTouch test strips and meters Soliqua SymlinPen Synjardy Synjardy XR Tresiba Trulicity (QL) Victoza (QL) Xigduo XR (QL) Xultophy		azelastine brimonidine ciprofloxacin drops dorzolamide-timolol erythromycin ointment fluorometholone gatifloxacin ketorolac solution latanoprost moxifloxacin neomycin-polymyxin-dexamethasone ofloxacin drops olopatadine drops polymyxin B-TMP prednisolone drops timolol drops, gel, solution tobramycin drops tobramycin-dexamethasone	Restasis Simbrinza Travatan Z Xiidra	Acuvail Alphagan P Alrex Azasite Azopt Besivance Betimol Betoptic S Bromsite Combigan Cosopt PF Cystaran* (QL) Durezol Ilevro Lotemax Moxeza Nevanac Prolensa Tobradex Tobradex ST Vigamox Zioptan (ST, QL) Zirgan Zylet
DIURETICS			FEMININE PRODUCTS		
acetazolamide capsule, tablet chlorthalidone eplerenone furosemide solution, tablet hydrochlorothiazide spironolactone triamterene-HCTZ		Aldactone Carospir Diuril Dyrenium Jynarque* (PA) Lasix Samsca*	Fem pH Gynazole 1 miconazole 3 terconazole		AVC Relagard
EAR MEDICATIONS			GASTROINTESTINAL/HEARTBURN		
neomycin-polymyxin-HC ofloxacin drops		Cipro HC Ciprodex Coly-Mycin S Dermotic Otovel	Alophen+ alosetron* Anucort-HC balsalazide Bisa-Lax+ bisacodyl+ chlordiazepoxide-clidinium clarithromycin Clearlax+ dicyclomine capsule, solution, tablet diphenoxylate-atropine dronabinol Ducodyl+	Amitiza Apriso Creon Entyvio*^ (PA) Linzess Pentasa Zenpep	Akynzeo capsule* (PA, QL) Bonjesta Canasa Carafate Cholbam* (PA) Clenpiq CoLyte With Flavor Packets+ Correctol+ Diclegis Donnatal Dulcolax+ Gattex* (PA) Gialax+ GoLyately+
ERECTILE DYSFUNCTION					
sildenafil ^ (QL)	Cialis^ (QL)	Muse^ (QL) Viagra^ (ST, QL)			
EYE CONDITIONS					
azelastine brimonidine ciprofloxacin drops dorzolamide-timolol erythromycin ointment fluorometholone	Restasis Simbrinza Travatan Z Xiidra	Acuvail Alphagan P Alrex Azasite Azopt Besivance Betimol			

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS		
famotidine suspension, tablet		Lialda (ST)	Amabelz	AndroGel 1.62% (PA, QL)	Activella
Gavilax ⁺		Miralax ⁺	budesonide EC capsule, tablet	Duavee	Alora (QL)
Gavilyte-C ⁺		Movantik (PA)	cabergoline (QL)	Forteo [*]	Androderm (PA, QL)
Gavilyte-G ⁺		MoviPrep ⁺	Covaryx	Ganirelix ^{*^}	AndroGel 1.0% (PA, QL)
Gavilyte-n ⁺		Nulytely with flavor packets ⁺	Covaryx H.S.	Humatrope [*] (PA)	Angeliq
GentleLax ⁺		Ocaliva [*] (PA)	Decadron	Lupron Depot ^{*^} (PA)	Armour Thyroid
Glycolax ⁺		OsmoPrep ⁺	desmopressin solution, spray, tablet	Premarin cream, tablet	Climara
HealthyLax ⁺		Pancreaze	dexamethasone elixir, liquid, tablet	Premphase	Climara Pro
Hemmorex-HC		Pertzeye	dexamethasone	Prempro	Combipatch
hydrocortisone suppository		Prepopik ⁺	dexamethasone intensol	Sandostatin LAR Depot ^{*^} (PA)	Cytomel
lansoprazole-amoxicillin-		Ravicti [*]	EEMT	Serostim [*] (PA)	Depo-Testosterone
LaxaClear ⁺		Rectiv	EEMT H.S.	Somavert [*] (PA)	Divigel
mesalamine enema, kit, 1.2g tablet		Relistor (PA)	estradiol patch (QL)	Zorbtive [*] (PA)	Egrifta [*] (PA)
metoclopramide ODT		Sancuso (PA, QL)	estradiol-norethindrone		Elestrin
metoclopramide solution, tablet		Sensipar [*]	estrogen-methyltestosterone		Emflaza [*] (PA)
Natura-Lax ⁺		sfRowasa	levothyroxine tablet		Entocort EC
ondansetron		Sucraid [*]	Levoxyl		Estrace
ondansetron ODT		Suprep ⁺	liothyronine tablet		Estring (QL)
PEG		Symproic (PA)	medroxy-progesterone		Estrogel
3350-electrolytes ⁺		Transderm Scop	methimazole		Evamist
PEG-3350 and electrolytes		Varubi tablet [*] (PA, QL)	methylprednisolone dose pack, tablet		Femring
PEG-Prep ⁺		Viberzi	Mimvey		Intrarosa
Phenadoz		Viokace	Mimvey Lo		Levo-T
Powderlax ⁺			Nature-Throid		Menostar (QL)
promethazine suppository			NP Thyroid		Minivelle (QL)
Promethegan			prednisolone		Natpara [*] (PA)
Purelax ⁺			prednisolone ODT		Osphena
ranitidine capsule, syrup, tablet			prednisone		Royaldee
scopolamine			prednisone intensol		Somatuline Depot ^{*^} (PA)
Smooth LAX ⁺			progesterone capsule		Striant (PA, QL)
sucralfate			testosterone gel (PA, QL)		Synthroid
TriLyte with flavor packets ⁺			thyroid		Tirosint
ursodiol			Unithroid 75mcg		Unithroid
			Westhroid		Vagifem (QL)
			WP Thyroid		Vivelle-Dot (QL)
			Yuvaferm (QL)		

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS			INFECTIONS (cont)		
acyclovir capsule, suspension, tablet	Baraclude solution*	Albenza	suspension, tablet		
amoxicillin	Epclusa* (PA)	Alinia	terbinafine tablet		
amoxicillin- clavulanate ER	Harvoni* (PA)	Bactrim	tinidazole		
amoxicillin- clavulanate	Kitabis Pak*	Bactrim DS	tobramycin*		
atovaquone	Mavyret* (PA)	Baraclude 0.5mg* (QL)	valacyclovir		
atovaquone- proguanil (PA)	PegIntron* (PA)	Cayston*	valganciclovir		
Avidoxy tablet	Sovaldi* (PA)	Cipro	vancomycin capsule		
azithromycin packet, suspension, tablet	Thalomid* (PA)	Cleocin capsule, granules	vandazole		
cefdinir	Vosevi* (PA)	Clindesse	voriconazole suspension, tablet (PA)		
cefixime		Cresemba capsule (PA)		INFERTILITY	
cefuroxime tablet		Daraprim* (PA)	clomiphene^	Follistim AQ*^	Crinone 8% gel^
cephalexin		Dificid (QL)		Menopur*^	Endometrin^
ciprofloxacin		E.E.S. 400			
clarithromycin		EryPed 200		MISCELLANEOUS	
clarithromycin ER		Ery-Tab	NebuSal 3%	Cerdelga* (PA)	Addyi^ (QL)
clindamycin		Monurol	pulmosal	Nityr* (PA)	Austedo* (PA)
Coremino 45mg (QL)		Noxafil suspension, tablet	sodium chloride inhalation		Esbriet* (PA)
dapsone		Plaquenil	TechLITE lancets		Exjade*
doxycycline capsule, suspension, tablet		Sulfatrim	tetrabenazine* (PA)		Ingrezza* (PA)
doxycycline IR-DR		Suprax			Jadenu*
Emverm		Tamiflu (QL)			Kuvan* (PA)
entecavir* (QL)		Tobi Podhaler*			NebuSal 6%
erythromycin		Uretron D-S			Nuedexta (QL)
famciclovir		Uribel			Strensiq* (PA)
fluconazole		Urogesic Blue			Xenazine* (PA)
hydroxychloroquine		UTA			
itraconazole		Valtrex			
levofloxacin solution, tablet		Vemlidy*			
metronidazole capsule, tablet		Vibramycin suspension, syrup			
minocycline		Xifaxan			
minocycline ER (QL)		Zepatier* (PA)			
Mondoxyme NL				MULTIPLE SCLEROSIS	
Morgidox capsule			glatiramer* (PA)	Ampyra* (PA)	
nitrofurantoin			Glatopa* (PA)	Aubagio* (PA)	
Okebo				Avonex* (PA)	
oseltamivir (QL)				Betaseron* (PA)	
penicillin VK tablet				Extavia* (PA)	
soloxide				Gilenya* (PA)	
sulfamethoxazole- trimethoprim				Plegridy* (PA)	
				Rebif* (PA)	
				Tecfidera* (PA)	
					NUTRITIONAL/DIETARY
			calcitriol capsule, solution	Escavite D+	Auryxia (QL)
			calcium capsule	Escavite+	CitraNatal 90
			cyanocobalamin	Floriva+	Concept DHA
			FA-8+	Mephyton	Fluorabon+
			fluoride+	MVC-fluoride+	K-Tab ER
			Fluoritab+	Nascobal	Klor-Con 8, 10
			Flura-Drops+	Perry Prenatal+	Klor-Con M15
			folic acid 1mg+	Poly-Vi-Flor With Iron+	KPN+
					OB Complete

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
NUTRITIONAL/DIETARY (cont)			PAIN RELIEF AND INFLAMMATORY DISEASE (cont)		
Klor-Con	Poly-Vi-Flor ⁺	Phoslyra	butalbital-		Depen* (PA)
Klor-Con M10, M20	Prefera OB	Prenate	acetaminophen-		Duragesic (PA, QL)
lanthanum	Quflora ⁺	Renagel	caffeine (QL)		Fentora (PA, QL)
levocarnitine	Tri-Vi-Flor ⁺	Renvela	carisoprodol		Flector (QL)
solution	Urosex ⁺	Tristart DHA	celecoxib (QL)		Ilaris*^ (PA)
Ludent Fluoride ⁺		Velphoro	colchicine		Kadian (PA, QL)
multivitamin-iron-		Veltassa	cyclobenzaprine		Kevzara* (PA)
fluoride ⁺		VitafoI	DermacinRx		Lazanda (PA, QL)
PNV-DHA		vitaMedMD One Rx	Empricaine		Mitigare
polyvitamins-		vitaPearl	DermacinRx Prizopak		Morphabond ER (PA,
fluoride ⁺		VP-PNV-DHA	diclofenac 1% gel (QL)		QL)
potassium capsule,			diclofenac ER		MS Contin (PA, QL)
packet, tablet			dihydroergotamine		Nucynta (PA, QL)
Prena1 Pearl			(QL)		Nucynta ER (PA, QL)
prenatal vitamin ⁺			eletriptan (QL)		Onzetra Xsail (QL)
Prenatal ⁺			Endocet (PA, QL)		Orencia* (PA)
Right Step ⁺			etodolac		Otrexup* (PA)
sevelamer			etodolac ER		Oxaydo (PA, QL)
sodium fluoride ⁺			fenopropfen		Pennsaid solution
tri-vitamin with			Fenortho		Percocet (PA, QL)
fluoride-iron ⁺			fentanyl patch (PA,		Procort
tri-vitamin with			QL)		Proctofoam-HC
fluoride ⁺			Fioricet (QL)		Relpax (QL)
Virt-PN DHA			frovatriptan (QL)		Savella
vitamin D2 1.25mg			Glydo		Subsys (PA, QL)
Zatean-PN DHA			hydrocodone-		Synera
			acetaminophen		Taltz* (PA)
			(PA, QL)		Tremfya* (PA)
			hydromorphone (PA,		Uloric (QL)
			QL)		Voltaren (QL)
			hydromorphone ER		Xeljanz XR* (PA)
			(PA, QL)		Xeljanz* (PA)
			IBU		Zohydro ER (PA, QL)
			ibuprofen 400, 600,		
			800mg		
			indomethacin		
			capsule		
			indomethacin ER		
			ketorolac (QL)		
			leflunomide		
			lidocaine ointment		
			(QL)		
			lidocaine viscous		
			lidocaine-prilocaine		
			Lidopril		
			Lidopril XR		
			Lido-Prilo Caine Pack		
OSTEOPOROSIS PRODUCTS					
alendronate (QL)	Fosamax Plus D	Evista			
calcitonin-salmon	(ST)				
ibandronate tablet	Tymlos*				
raloxifene ⁺					
risedronate					
risedronate DR					
PAIN RELIEF AND INFLAMMATORY DISEASE					
acetaminophen-	Actemra* (PA)	Abstral (PA, QL)			
codeine (PA, QL)	Embeda (PA, QL)	Actiq (PA, QL)			
allopurinol	Enbrel* (PA)	Analpram HC			
baclofen	Humira* (PA)	Arymo ER (PA, QL)			
buprenorphine	Hysingla ER	Benlysta* (PA)			
patch (QL)	(PA, QL)	Butrans (QL)			
butalbital-	Otezla* (PA)	Celebrex (QL)			
acetaminophen-	Rasuvo* (PA)	Cimzia* (PA)			
caffeine-codeine	Remicade*^ (PA)	Colcrys			
(PA, QL)	Stelara* (PA)	Cosentyx* (PA)			
	Xtampza ER	Cuprimine* (PA)			
	(PA, QL)				

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)			PARKINSON'S DISEASE		
LiproZonePak			amantadine	Apokyn* (PA)	Azilect (QL)
Livixil Pak			benztropine tablet		Duopa*
Lorcet (PA, QL)			bromocriptine		Neupro
Lorcet HD (PA, QL)			carbidopa-levodopa		Rytary
Lorcet Plus (PA, QL)			carbidopa-levodopa ER		Sinemet
Lortab (PA, QL)			pramipexole		Sinemet CR
Medolor pak			pramipexole ER (QL)		Tasmar
meloxicam			rasagiline (QL)		Xadago
Metaxall			ropinirole		
metaxalone			ropinirole ER		
methocarbamol tablet					
morphine (PA, QL)			SCHIZOPHRENIA/ANTI-PSYCHOTICS		
naproxen			aripiprazole 5mg (QL)		Fanapt (QL)
naproxen DS			aripiprazole ODT		Latuda (QL)
oxycodone (PA, QL)			chlorpromazine tablet		Rexulti (QL)
oxycodone ER (PA, QL)			haloperidol concentrate, tablet		Saphris
oxycodone-acetaminophen (PA, QL)			olanzapine		Seroquel
oxymorphone (PA, QL)			olanzapine ODT tablet		Seroquel XR
oxymorphone ER (PA, QL)			paliperidone ER (QL)		Vraylar (QL)
Phrenilin Forte (QL)			quetiapine		
Prilolid			quetiapine ER		
Primlev (PA, QL)			risperidone		
Profeno			risperidone ODT		
Relador Pak			ziprasidone		
Relador Pak Plus					
rizatriptan (QL)			SEIZURE DISORDERS		
sumatriptan (QL)			carbamazepine	Dilantin 30mg	Aptiom (PA, QL)
sumatriptan-naproxen (QL)			carbamazepine ER	Lyrica	Banzel (PA, QL)
tizanidine			divalproex		Briavact (PA)
tramadol (QL)			divalproex ER		Carbatrol
tramadol ER (QL)			Epitol		Depakote
Verdrocet (PA, QL)			gabapentin		Depakote ER
Vicodin (PA, QL)			lamotrigine		Dilantin 50mg, 100mg, susp.
Vicodin ES (PA, QL)			lamotrigine (blue, green, orange)		Fycompa (PA, QL)
Vicodin HP (PA, QL)			lamotrigine ER		Oxtellar XR (PA)
			lamotrigine ODT		Phenytek
			lamotrigine ODT (blue, green, orange)		Spritam (PA)
			levetiracetam		Tegretol
			levetiracetam ER		Tegretol XR
			oxcarbazepine		Vimpat (PA)
			Roweepra		
			Roweepra XR		
			topiramate		
			topiramate ER		

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
TRANSPLANT MEDICATIONS		
azathioprine 50mg tablet*	Prograf 0.5mg, 5mg*	Astagraf XL*
mycophenolate capsule, suspension, tablet*		Cellcept capsule, suspension, tablet*
mycophenolic acid*		Envarsus XR*
sirolimus*		Myfortic*
tacrolimus capsule*		Neoral*
		Prograf 1mg*
		Zortress*
URINARY TRACT CONDITIONS		
darifenacin ER 7.5mg (QL)		Avodart
dutasteride		Cystagon*
finasteride 5mg		Elmiron
oxybutynin		K-Phos Original
oxybutynin ER		Procysbi* (PA)
phenazopyridine 100mg, 200mg		Pyridium
potassium ER		Rapaflo (QL)
tamsulosin		Thiola*
tolterodine 2mg		
tolterodine ER (QL)		
tropium		
tropium ER		
WEIGHT MANAGEMENT		
Lomaira^		Belviq XR^
phentermine^		Belviq^
		Contrave^
		Qsymia^
		Saxenda^

Medications that are not covered

The medications listed below aren't covered on your plan's drug list.^^ This means that if you fill a prescription for any of these medications, you'll pay its full cost out-of-pocket. **We want you to know your plan covers other medications that are used to treat the same condition.**^^ We've listed some below for you and your doctor to consider. **You should call your doctor's office to talk about your options.**

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ALLERGY/NASAL SPRAYS	Auvi-Q EpiPen, EpiPen Jr	epinephrine auto-injector
	Beconase AQ Dymista Nasonex Omnaris QNASL Zetonna	Generic nasal steroids (e.g., fluticasone)
	QNASL Children	budesonide fluticasone triamcinolone
ANXIETY/DEPRESSION/BIPOLAR DISORDER	Anafranil	clomipramine
	Aplenzin Wellbutrin XL	bupropion XL
	Ativan	lorazepam
	Cymbalta	duloxetine
	Lexapro	escitalopram
	Pamelor	nortriptyline
	Parnate	tranylcypromine
	Pexeva	paroxetine/CR/ER
	Pristiq	bupropion SR/XL duloxetine venlafaxine ER All generic SSRIs
Tofranil	imipramine	
ASTHMA/COPD/RESPIRATORY	Alvesco ArmonAir RespiClick Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA Pulmicort Flexhaler	QVAR RediHaler
	Arcapta Neohaler Serevent Diskus	Striverdi Respimat
	Bevespi Stiolto Respimat Utibron Neohaler	Anoro Ellipta
	Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort

^^ These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY <i>(cont)</i>	Elixophyllin	theophylline oral solution
	Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA ProAir RespiClick
	Seebri Neohaler Spiriva Spiriva Respimat Tudorza Pressair	Incruse Ellipta
	Zyflo	montelukast zafirlukast
	Zyflo CR	zileuton ER
	ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT
Desoxyn		methamphetamine
Dexedrine		dextroamphetamine
Mydayis		dextroamphetamine-amphetamine ER dexamethylphenidate ER methylphenidate ER/CD/LA
Vyvanse		dexamethylphenidate ER dextroamphetamine-amphetamine ER methylphenidate ER/LA/CD
BLOOD PRESSURE/HEART MEDICATIONS	Accupril	quinapril
	Accuretic	quinapril-HCTZ
	Altace	ramipril
	Atacand	candesartan
	Atacand-HCT	candesartan-HCTZ
	Avalide	irbesartan-HCTZ
	Avapro	irbesartan
	Azor	amlodipine-olmesartan
	Benicar	olmesartan
	Benicar HCT	olmesartan-HCTZ
	Betapace	sotalol
	Bystolic	Generic beta blockers (e.g., metoprolol, atenolol)
	Byvalson	Generic ARBs + generic beta blockers
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Cozaar	losartan
	Diovan	valsartan
	Diovan HCT	valsartan-HCTZ
	Edarbi	Generic ARBs (e.g., losartan, valsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g., losartan-HCTZ)

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS (cont)	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Hyzaar	losartan-HCTZ
	Isordil	isosorbide dinitrate
	Isordil Titrados	
	Lanoxin	Digitex
	Lotensin	benazepril
	Lotensin HCT	benazepril-HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil Zestril	lisinopril
	Tarka	trandolapril-verapamil ER
	Tekturna	Generic ACE/ARBs
	Tekturna HCT	Generic ACE/ARBs + HCTZ
	Tribenzor	olmesartan-amlodipine-HCTZ
	Twynsta	telmisartan-amlodipine
	Vaseretic	enalapril-HCTZ
	Vasotec	enalapril
	Zestoretic	lisinopril-HCTZ
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	IR or EC aspirin
CANCER	Nilandron	nilutamide
CHOLESTEROL MEDICATIONS	Altoprev	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin
	Antara Fenoglide	fenofibrate
	Crestor	rosuvastatin
	FloLipid Zocor	simvastatin
	Lescol XL 80mg	fluvastatin
	Lipitor	atorvastatin
	Livalo	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin
	Vytorin	ezetimibe-simvastatin
	Pravachol	pravastatin

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
COUGH/COLD MEDICATIONS	Tussicaps	hydrocodone-chlorpheniramine ER
DIABETES	Accu-Chek, Contour, Freestyle, all other test strips and meters	OneTouch test strips and meters
	Adlyxin Tanzeum	Byetta Bydureon Ozempic Trulicity Victoza
	Admelog Afrezza Apridra Apridra SoloStar Fiasp Novolin, Novolog	Humalog Humulin
	Fortamet Glumetza	metformin ER (generic Glucophage XR)
	Invokamet Invokamet XR Segluromet	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga Jardiance
	Jentadueto Jentadueto XR Kazano Kombiglyze XR	alogliptin-metformin Janumet, Janumet XR
	Onglyza Tradjenta	alogliptin Januvia
	Oseni	alogliptin-pioglitazone Januvia + pioglitazone
	Lantus Toujeo SoloStar	Basaglar, Levemir, Tresiba
	QTERN	Glyxambi
	Steglatro	Farxiga Jardiance
	DIURETICS	Edecrin ethacrynic acid
EYE CONDITIONS	Alocril Alomide	cromolyn
	Bepreve Elestat Emadine Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine drops
	Lumigan Vyzulta	bimatoprost latanoprost Travatan Z

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN	Anusol-HC Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone	
	Asacol-HD Colazal Delzicol Dipentum Giazo mesalamine 800mg tablet	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR	
	Librax	chlordiazepoxide-clidinium	
	Lotronex	alosetron	
	Marinol	dronabinol	
	Omeclamox-Pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)	
	Pepcid	famotidine	
	Rowasa	mesalamine enema	
	Syndros	dronabinol	
	Trulance	Amitiza, Linzess	
	Zofran	ondansetron	
	Zofran ODT	ondansetron ODT	
	Zuplenz	ondansetron ondansetron ODT	
	HORMONAL AGENTS	Cortrosyn	cosyntropin
		DDAVP	desmopressin
		Dexpak TaperDex	dexamethasone
		Fortesta Natesto Testim Vogelxo	AndroGel 1.62% testosterone
Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton		Humatrope (PA)	
Hectorol		doxercalciferol	
Rayos		prednisone prednisone intensol	
Uceris tablet		dexamethasone hydrocortisone methylprednisolone prednisone prednisolone	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS	Acticlate Doryx Minocin Monodox Oracea Solodyn Vibramycin Ximino	Generic products (e.g., doxycycline; minocycline)
	Augmentin/ES/XR	amoxicillin-clavulanate ER
	Bethkis Tobi	Kitabis Pak tobramycin
	Diflucan	fluconazole
	E.E.S. 200 Eryped 400	erythromycin ethylsuccinate
	Mepron	atovaquone
	Mycobutin	rifabutin
	Onmel	itraconazole terbinafine
	Sitavig	acyclovir (oral) famciclovir valacyclovir
	Sporanox	itraconazole
	Targadox	doxycycline
	Valcyte	valganciclovir
	Vancocin	vancomycin
	Zovirax	acyclovir (oral) famciclovir valacyclovir
	INFERTILITY	Bravelle Gonal-F
MULTIPLE SCLEROSIS	Copaxone	Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Rebif, Tecfidera
PAIN RELIEF AND INFLAMMATORY DISEASE	Amrix	cyclobenzaprine Other generic muscle relaxants
	Belbuca	buprenorphine
	Bupap	butalbital-acetaminophen tablet Tencon
	Cambia diclofenac 1.5% solution Duexis Naprelan naproxen CR naproxen ER Pennsaid Tivorbex Vimovo	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)

^^ These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
PAIN RELIEF AND INFLAMMATORY DISEASE <i>(cont)</i>	Vivlodex Zipsor Zorvolex	Generic prescription NSAIDs (e.g., celecoxib, meloxicam)	
	Conzip	tramadol tramadol ER	
	D.H.E. 45	dihydroergotamine	
	Duzallo	allopurinol, probenecid	
	Gralise	gabapentin	
	Imitrex Zembrace SymTouch	sumatriptan	
	Kineret	Actemra (PA) Enbrel (PA) Humira (PA) Remicade (PA)	
	Siliq	Enbrel (PA) Humira (PA) Remicade (PA) Stelara (PA)	
	Simponi Simponi Aria	Actemra (PA) Enbrel (PA) Entyvio (PA) Humira (PA) Remicade (PA) Stelara (PA)	
	levorphanol	Generic products (e.g., acetaminophen-codeine, hydromorphone, oxycodone)	
	Lorzone	chlorzoxazone	
	Migranal	dihydroergotamine	
	OxyContin	Xtampza ER (PA) Embeda ER (PA) Hysingla ER (PA)	
	Roxicodone	oxycodone	
	Soriatane	acitretin	
	Sprix	ketorolac	
	Treximet	Generic NSAIDs Generic triptans (e.g., sumatriptan, naratriptan)	
	Vanatol LQ	butalbital-acetaminophen-caffeine	
	Zomig	zolmitriptan sumatriptan	
	Zomig ZMT	zolmitriptan ODT	
	PARKINSON'S DISEASE	Gocovri	amantadine
		Lodosyn	carbidopa
		Requip XL	ropinirole ER
	SCHIZOPHRENIA/ANTI-PSYCHOTICS	Abilify	aripiprazole
		Fazaclo	clozapine
		Versacloz	clozapine ODT
	Geodon	ziprasidone	
	Zyprexa	olanzapine	
	Zyprexa Zydis	olanzapine ODT	

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DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Acanya Atralin Avita Azelex Differin Epiduo Epiduo Forte Fabior Onexton Retin-A Tazorac Tretin-X Veltin Ziana	Generic products (e.g., adapalene, tretinoin, clindamycin-benzoyl peroxide)
	Aldara	imiquimod cream
	Anusol-HC cream	hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC
	Bensal HP	salicylic acid
	Benzaclin Duac Neuac Kit	clindamycin-benzoyl peroxide Neuac gel
	Carac	fluorouracil
	Clindagel	clindamycin
	Clobex	clobetasol
	Cutivate	Generic topical steroid (e.g. betamethasone)
	diclofenac 3% gel	Fluoroplex fluorouracil imiquimod Picato (NPB)
	Dovonex Sorilux	calcipotriene
	Enstilar Taclonex	calcipotriene-betamethasone DP
	Ertaczo Extina Vusion	ketoconazole
	Luzu	luliconazole econazole ketoconazole cream oxiconazole
	Halog	clobetasol

^^ These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

DRUG CLASS	MEDICATION NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
SKIN CONDITIONS <i>(cont)</i>	Ultravate X	halobetasol	
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine	
	Kenalog	triamcinolone	
	Locoid Locoid Lipocream	hydrocortisone	
	Loprox cream, kit	ciclopirox	
	Noritrate	metronidazole Rosadan	
	Oxistat	clotrimazole econazole ketoconazole	
	Penlac	Ciclodan ciclopirox	
	Prudoxin Zonalon	Generic topical steroid (e.g., betamethasone) tacrolimus (topical)	
	Sernivo	betamethasone fluocinonide hydrocortisone	
	Soriatane	acitretin	
	Trianex	triamcinolone Triderm	
	Ultravate lotion	clobetasol	
	Vanos	fluocinonide	
	Vectical	calcitriol ointment	
	Xerese	acyclovir (oral) + hydrocortisone famciclovir + hydrocortisone valcyclovir + hydrocortisone	
	Verdeso	desonide	
	Zyclara	imiquimod	
	SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo	zolpidem zolpidem ER
		Nuvigil	armodafinil
Provigil		modafinil	
Restoril		temazepam	
SUBSTANCE ABUSE	Evzio	Narcan	
URINARY TRACT CONDITIONS	Detrol Detrol LA Ditropan XL Enablex Gelnique Myrbetriq Oxytrol Toviaz VESIcare	darifenacin ER oxybutynin ER tolterodine ER trospium ER	

^^ These medications need approval from Cigna before your plan will cover them. If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of the medication. If you don't get approval and you continue to fill this prescription, you'll pay the full cost of the medication out-of-pocket directly to the pharmacy.

Prescription drug list FAQs

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

Why do you make changes to the drug list?

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

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

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

Why doesn't my plan cover certain medications?

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

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

- › Medications that are available over-the-counter, without a prescription. These include medications commonly used to treat heartburn and stomach acid conditions (ex. Nexium, Prilosec and any generics) and allergies (ex. Allegra, Clarinex, Xyzal and any generics).
- › Medications used to treat lifestyle conditions (like infertility, weight loss, erectile dysfunction, smoking cessation²).
- › Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

How do you decide which medications are covered?

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

Which medications are covered under the health care reform law?

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

Prescription drug list FAQs (cont)

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

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

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

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

You can use the Drug Cost tool on the **myCigna** website or app to estimate how much your medication may cost³ and view lower cost alternatives, if available.

How can I save money on my prescription medications?

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

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

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.⁴ The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:⁴

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

Generics typically cost much less than brand name medications – in some cases, up to 85% less.⁴ Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

How can I get help with my specialty medication?

Cigna Specialty Pharmacy can help you manage your health and prescription needs.⁵ Their team of medical condition experts provide personalized, 24/7 support. They'll help you get approval for coverage of your medication, answer any questions you have about your medication and its cost, help you work through any side effects and make sure you have any supplies you need (at no extra cost). They'll also help you set up home delivery of your medication and give you information about financial assistance programs (if you need help paying for your medication). To learn more about the services they provide, please call **800.351.3606** or go to **Cigna.com/specialty-pharmacyservices**.

Can I fill my prescriptions by mail?

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

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

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

You can use the online tools and resources on the **myCigna** website or app to help you better understand your pharmacy benefits. You can view your drug list or search for a specific medication, use the Drug Cost tool to estimate how much your medication may cost, find an in-network pharmacy near you, review your pharmacy claims and payment history, and track Cigna Home Delivery Pharmacy⁵ orders and request refills.

Exclusions and limitations

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁶

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

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

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



1. State laws in Texas and Louisiana may require your plan to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, these changes may not begin until your renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on the back of your ID card.
2. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
3. Prices are not guaranteed, and even though a price is displayed in the Drug Cost tool, 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. Coverage and pricing may change. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown in the Drug Cost tool.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
5. Not all plans are the same, so some plans may not include Cigna Home Delivery Pharmacy or Cigna Specialty Pharmacy. Please log in to the myCigna website or app, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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