



CIGNA VALUE 4-TIER PRESCRIPTION DRUG LIST

As of March 1, 2019

Together, all the way.®



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View your drug list online

Drug list changes occur throughout the plan year. 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.



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

Your prescription drug list

This document shows the most commonly prescribed medications covered on the Value Prescription Drug List as of March 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. It's important to know that this is not a complete list of covered medications. You should log in to the myCigna website or app, or check your plan materials, to learn more about the medications your plan covers.

This drug list only covers generic prescription options in two drug classes that have over-the-counter (OTC) alternatives. OTC medications are available without a prescription. These include medications commonly used to treat:

- Heartburn and stomach acid conditions (ex. Proton Pump Inhibitors such as Nexium, Prilosec, and any generics) and
- Allergies (ex. Allegra, Clarinex, Xyzal and any generics)

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 \$\$
INFECTIONS	
acyclovir	Albenza
adefovir**	Baraclude solution**
amoxicillin	Ceftin
amoxicillin ER	Cipro
amoxicillin-clavulanate ER	Daklinza** (PA)
amoxicillin-clavulanate	Daraprim (PA)
atovaquone	E.E.S. 400
avidoxy	Eryped 400
azithromycin	Ery-Tab
cefdinir	Harvoni** (PA)
cefixime	Kitabis Pak*
cefprozil	Sovaldi** (PA)
cefuroxime	Stromectol
cephalexin	Tamiflu (QL)
ciprofloxacin	Thalomid** (PA)
clarithromycin	Uretron D-S
clarithromycin ER	Vibramycin
clindamycin	
doxycycline	

Tier gives you an idea of the how much you may pay for a medication

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

Oral specialty medications have a double asterisk (**) listed next to them

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

Tiers

Covered medications are divided into tiers, or coverage/cost levels. Typically, the higher the tier, the greater the cost of the medication. Your generic copay will apply to Tier 1 medications. Your brand copay or coinsurance will apply to Tier 2 and Tier 3 medications. Specialty Medications that are injected are covered under the fourth tier. This includes, but is not limited to, injectables to treat multiple sclerosis, arthritis, and other conditions listed on page 18.

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

Abbreviations next to medications

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

(PA)	Prior Authorization – Cigna will review information 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.

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, injectable specialty medications are marked with an asterisk (*) and oral specialty medications are marked with a double asterisk (**).

Injectable specialty medications are typically covered on Tier 4 (see page 18), but some are covered on a lower tier. In this drug list, those medications are listed alphabetically by condition. 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 are 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.

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	EYE CONDITIONS	11
ALLERGY/NASAL SPRAYS	6	FEMININE PRODUCTS	11
ALZHEIMER'S DISEASE	6	GASTROINTESTINAL/HEARTBURN	11, 12
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	HORMONAL AGENTS	12
ASTHMA/COPD/RESPIRATORY	6	INFECTIONS	12, 13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	6, 7	MISCELLANEOUS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	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	15, 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
		URINARY TRACT CONDITIONS	17

Cigna Value 4-Tier Prescription Drug List

Injectable specialty medications covered on Tier 4 are listed on page 18.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AIDS/HIV			ANXIETY/DEPRESSION/ BIPOLAR DISORDER (cont)		
abacavir- lamivudine**	Atripla**	Complera**	bupropion SR (QL)		Forfivo XL (ST, QL)
atazanavir**	Biktarvy**	Evotaz**	bupropion SR (QL)		Prozac (ST, QL)
ritonavir**	Descovy**	Odefsey**	citalopram (QL)		Sarafem (ST)
tenofovir**	Genvoya**	Prezcobix**	clomipramine		Trintellix (ST, QL)
	Intelence**	Stribild**	desvenlafaxine ER (QL)		Viibryd (ST, QL)
	Isentress HD**	Viread 300mg**	duloxetine (QL)		Wellbutrin SR (ST, QL)
	Isentress**		escitalopram (QL)		Zoloft (ST, QL)
	Norvir**		fluoxetine (QL)		
	Prezista**		fluoxetine DR (QL)		
	Reyataz**		paroxetine (QL)		
	Selzentry**		paroxetine CR (QL)		
	Tivicay**		paroxetine ER (QL)		
	Triumeq**		sertraline (QL)		
	Truvada**		trazodone		
	Viread powder, 150, 200, 250mg**		venlafaxine (QL)		
			venlafaxine ER (QL)		
ALLERGY/NASAL SPRAYS			ASTHMA/COPD/RESPIRATORY		
azelastine		Clarinet-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
desloratadine (QL)		Semprex-D	montelukast	Atrovent HFA	Daliresp (QL)
epinephrine auto- injector (PA, QL)				Breo Ellipta	Kalydeco** (PA, QL)
flunisolide				Breo Ellipta	Kalydeco** (PA, QL)
fluticasone				Incruse Ellipta	Letairis** (PA)
hydroxyzine capsule, solution, syrup, tablet				ProAir HFA	Letairis** (PA)
ipratropium				ProAir RespiClick	Ofev** (PA)
mometasone spray (QL)				QVAR RediHaler	Opsumit** (PA)
olopatadine spray				Striverdi Respimat	Orenitram ER** (PA)
promethazine syrup, tablet				Symbicort	Orkambi** (PA, QL)
				Trelegy Ellipta (ST)	Pulmicort
					Pulmozyme** (PA)
					Symdeko** (PA, QL)
					Tracleer** (PA)
					Tyvaso** (PA)
					Upravi** (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)	dextroamphetamine- amphetamine ER (QL)		Focalin (ST)
pyridostigmine					Methylin (ST)
pyridostigmine ER					Quillivant XR (PA age)
rivastigmine					
ANXIETY/DEPRESSION/BIPOLAR DISORDER					
amitriptyline		Effexor XR (ST, QL)			
bupropion (QL)		Fetzima (ST, QL)			

Cigna Value 4-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)		
dextroamphetamine-amphetamine guanfacine ER Metadate ER methylphenidate methylphenidate CD (QL) methylphenidate ER (QL) methylphenidate LA (QL)		Ritalin (ST)	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**		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) 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 4-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)+ Triklon		Korlym** (PA) Vascepa Welchol Zetia
CANCER			CONTRACEPTIVE PRODUCTS		
anastrozole bexarotene** (PA) capecitabine** (PA) imatinib* (PA) letrozole mercaptopurine tamoxifen+ temozolomide** (PA)	Afinitor** (PA) FARESTON (QL) 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) Tafinlar** (PA) Tagrisso** (PA) Targretin capsule** (PA) Verzenio** (PA) Votrient** (PA) Xalkori** (PA) Xtandi** (PA) Zelboraf** (PA) Zytiga** (PA)	All contraceptive products may be covered if you meet specific gender requirements.		
			Aftera+ Altavera+ Alyacen+ Amethia Lo+ Amethia+ Amethyst+ Apri+ Aranelle+ Ashlyna+ Aubra+ Aviane+ Azurette+ Balziva+ Bekyree+ Blisovi 24 FE+ Blisovi FE+ Briellyn+ Camila+	Lo Loestrin FE Taytulla	Beyaz Ella+ Estrostep FE Loestrin FE LoSeasonique Microgestin+ Minastrin 24 FE NuvaRing Seasonique Skyla* Today Contraceptive Sponge+

Cigna Value 4-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 Lo ⁺			Junel ⁺		
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 ⁺		
Estaylla ⁺			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 ⁺		
			norgestimate-ethinyl estradiol ⁺		

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTIVE PRODUCTS (cont)

All contraceptive products may be covered if you meet specific gender requirements.

Norlyda+
 Norlyroc+
 Nortrel+
 Ocella+
 Opcon 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+

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTIVE PRODUCTS (cont)

All contraceptive products may be covered if you meet specific gender requirements.

Vyfemia+
 Vylibra+
 Wera+
 Wide Seal
 Diaphragm+
 Wymzya FE+
 Xulane+
 Zarah+
 Zenchent+
 Zovia 1-35e+
 Zovia 1-50e+

COUGH/COLD MEDICATIONS

benzonatate
 Bromfed DM
 brompheniramine-
 pseudoephedrine-
 DM
 hydrocodone-
 chlorpheniramine
 ER (QL)
 hydrocodone-
 homatropine (QL)
 Hydromet (QL)
 Tussionex (QL)
 Tessalon Perle
 Tussionex (QL)
 Tuzistra XR (QL)

DENTAL PRODUCTS

chlorhexidine rinse
 doxycycline
 Oralone
 Paroex
 Peridex
 Periogard
 triamcinolone paste

DIABETES

Generic diabetes medications and diabetic supplies are covered at \$0 cost share.

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)	

Cigna Value 4-Tier Prescription Drug List

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

Cigna Value 4-Tier Prescription Drug List

GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
mesalamine enema, kit, 1.2g tablet metoclopramide solution, tablet metoclopramide ODT omeprazole (QL) ondansetron ondansetron ODT pantoprazole (QL) PEG-3350 and electrolytes Phenadoz promethazine suppository Promethegan rabeprazole (QL) ranitidine capsule, syrup, tablet scopolamine sucralfate ursodiol Alophen+ bisacodyl+ Bisa-Lax+ Clearlax+ Ducodyl+ Gavilax+ Gavilyte-n+ GentleLax+ Glycolax+ HealthyLax+ LaxaClear+ Natura-Lax+ PEG 3350-electrolytes+ PEG-Prep+ Powderlax+ Purelax+ Smooth LAX+ TriLyte with flavor packets+		Prepopik+ Ravicti** Rectiv Sancuso (PA, QL) Sensipar** sfRowasa Sucraid** Suprep+ Symproic (PA) Transderm Scop Varubi tablet** (PA, QL) Viberzi Viokace Correctol+ Dulcolax+ Gialax+ Miralax+ Nulytely with flavor packets+	Decadron desmopressin solution, spray, tablet dexamethasone elixir, liquid, tablet dexamethasone intensol EEMT EEMT H.S. estradiol patch (QL) estradiol-norethindrone estrogen-methyltestosterone levothyroxine tablet Levoxyl liothyronine tablet medroxyprogesterone methimazole methylprednisolone dose pack, tablet Mimvey Mimvey Lo Nature-Throid NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone capsule testosterone gel (PA, QL) thyroid Unithroid 75mcg Westhroid WP Thyroid Yuvaferm (QL)	Premphase Prempro Sandostatin LAR Depot* (PA)	Armour Thyroid Climara Climara Pro Combipatch Cytomel Depo-Testosterone Divigel Elestrin Emflaza* (PA) Entocort EC Estrace Estring (QL) EstroGel Evamist Femring Intrarosa Levo-T Menostar (QL) Minivelle (QL) Osphena Rayaldee Striant (PA, QL) Synthroid Tirosint Unithroid Vagifem (QL) Vivelle-Dot (QL)
HORMONAL AGENTS			INFECTIONS		
Amabelz budesonide EC capsule, tablet cabergoline (QL) Covaryx Covaryx H.S.	AndroGel 1.62% (PA, QL) Duavee Forteo* Ganirelix* Premarin	Activella Alora (QL) Androderm (PA, QL) AndroGel 1.0% (PA, QL) Angeliq	acyclovir capsule, suspension, tablet amoxicillin amoxicillin-clavulanate ER	Baraclude solution** Epclusa** (PA) Harvoni** (PA) Kitabis Pak** Mavyret** (PA)	Albenza Alinia Bactrim Bactrim DS Baraclude 0.5mg** (QL)

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)			INFECTIONS (cont)		
amoxicillin-clavulanate	Sovaldi** (PA)	Cayston*	tobramycin*		
atovaquone	Thalomid** (PA)	Cipro	valacyclovir		
atovaquone-proguanil (PA)	Vosevi** (PA)	Cleocin capsule, granules	valganciclovir		
Avidoxy tablet		Clindesse	vancomycin capsule		
azithromycin packet, suspension, tablet		Cresemba capsule (PA)	vandazole		
cefdinir		Daraprim** (PA)	voriconazole suspension, tablet (PA)		
cefixime		Dificid (QL)	MISCELLANEOUS		
cefuroxime tablet		E.E.S. 400	NebuSal 3%	Cerdelga** (PA)	Addyi (QL)
cephalexin		EryPed 200	pulmosal	Nityr** (PA)	Austedo** (PA)
ciprofloxacin		Ery-Tab	sodium chloride inhalation		Esbriet** (PA)
clarithromycin		Monurol	TechLITE lancets		Exjade**
clarithromycin ER		Noxafil suspension, tablet	tetrabenazine** (PA)		Ingrezza** (PA)
clindamycin		Plaquenil			Jadenu**
Coremino (QL)		Sulfatrim			Kuvan** (PA)
dapsone		Suprax			NebuSal 6%
doxycycline capsule, suspension, tablet		Tamiflu (QL)			Nuedexta (QL)
doxycycline IR-DR		Tobi Podhaler**			Xenzazine** (PA)
Emverm		Uretron D-S	MULTIPLE SCLEROSIS		
entecavir** (QL)		Uribel		Ampyra** (PA)	
erythromycin		Urogeseic Blue		Aubagio** (PA)	
famciclovir		UTA		Gilenya** (PA)	
fluconazole		Valtrex		Tecfidera** (PA)	
hydroxychloroquine		Vemlidy**	NUTRITIONAL/DIETARY		
itraconazole		Vibramycin suspension, syrup	calcitriol capsule, solution	Escavite D ⁺	Auryxia (QL)
levofloxacin solution, tablet		Xifaxan	calcium capsule	Escavite ⁺	CitraNatal 90
metronidazole capsule, tablet		Zepatier** (PA)	cyanocobalamin	Floriva ⁺	Concept DHA
minocycline			FA-8 ⁺	Mephyton	Fluorabon ⁺
minocycline ER (QL)			fluoride ⁺	MVC-fluoride ⁺	K-Tab ER
Mondoxyne NL			Fluoritab ⁺	Nascobal	Klor-Con 8, 10
Morgidox capsule			Flura-Drops ⁺	Perry Prenatal ⁺	Klor-Con M15
nitrofurantoin			folic acid 1mg ⁺	Poly-Vi-Flor With Iron ⁺	KPN ⁺
Okebo			Klor-Con	Poly-Vi-Flor ⁺	OB Complete
oseltamivir (QL)			Klor-Con M10, M20	Prefera OB	Phoslyra
penicillin			lanthanum	Quflo ⁺	Prenate
soloxide			levocarnitine solution	Tri-Vi-Flor ⁺	Renagel
sulfamethoxazole-trimethoprim suspension, tablet			Ludent Fluoride ⁺	Urosex ⁺	Renvela
terbinafine tablet			multivitamin-iron-fluoride ⁺		Tristart DHA
tinidazole			PNV-DHA		Velphoro
			polyvitamins-fluoride ⁺		Veltassa
					Vitafol
					vitaMedMD One Rx
					vitaPearl
					VP-PNV-DHA

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
NUTRITIONAL/DIETARY (cont)						PAIN RELIEF AND INFLAMMATORY DISEASE (cont)					
potassium capsule, packet, tablet						diclofenac 1% gel (QL)			Nucynta ER (PA, QL)		
Prena1 Pearl						diclofenac ER			Onzetra Xsail (QL)		
prenatal vitamin+						dihydroergotamine (QL)			Oxaydo (PA, QL)		
Prenatal+						eletriptan (QL)			Pennsaid solution		
Right Step+						Endocet (PA, QL)			Percocet (PA, QL)		
sevelamer						etodolac			Procort		
sodium fluoride+						etodolac ER			Proctofoam-HC		
tri-vitamin with fluoride-iron+						fenopropfen			Relpax (QL)		
tri-vitamin with fluoride+						Fenortho			Savella		
Virt-PN DHA						fentanyl patch (PA, QL)			Subsys (PA, QL)		
vitamin D2 1.25mg						Fioricet (QL)			Synera		
Zatean-PN DHA						frovatriptan (QL)			Uloric (QL)		
OSTEOPOROSIS PRODUCTS											
alendronate (QL)			Fosamax Plus D (ST)			Evista			Glydo		
calcitonin-salmon			Tymlos*						hydrocodone-acetaminophen (PA, QL)		
ibandronate tablet									hydromorphone (PA, QL)		
raloxifene+									hydromorphone ER (PA, QL)		
risedronate									IBU		
risedronate DR									ibuprofen 400, 600, 800mg		
PAIN RELIEF AND INFLAMMATORY DISEASE											
acetaminophen-codeine (PA, QL)			Embeda (PA, QL)			Abstral (PA, QL)			indomethacin capsule		
allopurinol			Hysingla ER (PA, QL)			Actiq (PA, QL)			indomethacin ER		
baclofen			Otezla** (PA)			Analpram HC			ketorolac (QL)		
buprenorphine patch (QL)			Rasuvo* (PA)			Arymo ER (PA, QL)			leflunomide		
butalbital-acetaminophen-caffeine-codeine (PA, QL)			Remicade* (PA)			Butrans (QL)			lidocaine (PA, QL)		
butalbital-acetaminophen-caffeine (QL)			Stelara* (PA)			Celebrex (QL)			lidocaine viscous		
carisoprodol			Xtampza ER (PA, QL)			Colcrys			lidocaine-prilocaine		
celecoxib (QL)						Cuprimine** (PA)			Lidopril		
colchicine						Depen** (PA)			Lidopril XR		
cyclobenzaprine						Duragesic (PA, QL)			Lido-Prilo Caine Pack		
DermacinRx						Fentora (PA, QL)			LiproZonePak		
Empricaine						Flector (QL)			Livixil Pak		
Dermacinrx Prizopak						Kadian (PA, QL)			Lorcet (PA, QL)		
						Lazanda (PA, QL)			Lorcet HD (PA, QL)		
						Mitigare			Lorcet Plus (PA, QL)		
						Morphabond ER (PA, QL)			Lortab (PA, QL)		
						MS Contin (PA, QL)			Medolor pak		
						Nucynta (PA, QL)			meloxicam		
									Metaxall		

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)			SCHIZOPHRENIA/ANTI-PSYCHOTICS		
metaxalone			aripiprazole (QL)		Fanapt (QL)
methocarbamol tablet			aripiprazole ODT		Latuda (QL)
morphine (PA, QL)			chlorpromazine tablet		Rexulti (QL)
morphine ER (PA, QL)			haloperidol concentrate, tablet		Saphris
naproxen			olanzapine		Seroquel
naproxen DS			olanzapine ODT tablet		Seroquel XR
oxycodone (PA, QL)			paliperidone ER (QL)		Vraylar (QL)
oxycodone ER (PA, QL)			quetiapine		
oxycodone- acetaminophen (PA, QL)			quetiapine ER		
oxymorphone (PA, QL)			risperidone		
oxymorphone ER (PA, QL)			risperidone ODT		
Phrenilin Forte (QL)			ziprasidone		
Prilolid			SEIZURE DISORDERS		
Primlev (PA, QL)			carbamazepine	Dilantin 30mg	Aptiom (PA, QL)
Profeno			carbamazepine ER	Lyrica	Banzel (PA, QL)
Relador Pak			divalproex		Briviact (PA)
Relador Pak Plus			divalproex ER		Carbatrol
rizatriptan (QL)			Epitol		Depakote
sumatriptan (QL)			gabapentin		Depakote ER
sumatriptan succ- naproxen (QL)			lamotrigine		Dilantin 50mg, 100mg, susp.
tizanidine			lamotrigine (blue, green, orange)		Fycompa (PA, QL)
tramadol (QL)			lamotrigine ER		Oxtellar XR (PA)
tramadol ER (QL)			lamotrigine ODT		Phenytek
Verdrocet (PA, QL)			lamotrigine ODT (blue, green, orange)		Spritam (PA)
Vicodin (PA, QL)			levetiracetam		Tegretol
Vicodin ES (PA, QL)			levetiracetam ER		Tegretol XR
Vicodin HP (PA, QL)			oxcarbazepine		Vimpat tablet, solution (PA)
PARKINSON'S DISEASE			Roweepra		
amantadine		Azilect (QL)	Roweepra XR		
benztropine tablet		Duopa*	topiramate		
bromocriptine		Neupro	topiramate ER		
carbidopa-levodopa		Rytary	SKIN CONDITIONS		
carbidopa-levodopa ER		Sinemet	adapalene cream, lotion, 0.3% gel (PA age)	Eucrisa	Benzamycin
pramipexole		Sinemet CR	adapalene-benzoyl peroxide	Targretin gel**	Celacyn gel
pramipexole ER (QL)		Tasmar	Ala-Cort 2.5%		Desonate (ST)
rasagiline (QL)		Xadago	Amnesteem (QL)		Drysol
ropinirole			Avar cleanser		Ecoza
ropinirole ER					Elidel
					Finacea
					Naftin

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)			SKIN CONDITIONS (cont)		
Avar-E BenzePrO wash BP 10-1 BPO gel calcipotriene calcipotriene- betamethasone DP Calcitrene Claravis (QL) Clindacin ETZ pledget Clindacin P clindamycin clindamycin-benzoyl peroxide clindamycin- tretinoin clobetasol Clodan solution, cream, shampoo clotrimazole- betamethasone dapson desonide fluocinonide fluorouracil cream, solution flurandrenolide hydrocortisone imiquimod isotretinoin (QL) ketoconazole metronidazole cream, gel mupirocin Myorisan (QL) Neuac gel Nolix nystatin- triamcinolone oxiconazole permethrin Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC		Picato Santyl (QL) Sklice Soolantra Topicort (ST) Tridesilon (ST)	Rosadan cream, gel Rosanil Scalacort lotion sodium sulfacetamide- sulfur SSS 10-5 SulfaCleanse 8-4 tacrolimus tazarotene tretinoin cream, gel (PA age) triamcinolone Triderm Zenatane (QL)		
			SLEEP DISORDERS/SEDATIVES		
			armodafinil (PA) eszopiclone modafinil (PA) zolpidem zolpidem ER (QL)	Belsomra (ST) Silenor (ST, QL)	Rozerem (ST, QL) Xyrem** (PA)
			SMOKING CESSATION		
			bupropion SR 150mg NicoDerm CQ+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+		Chantix Nicorette+ Nicotrol Zyban
			SUBSTANCE ABUSE		
			buprenorphine tablet buprenorphine- naloxone naloxone naltrexone (QL)	Bunavail Narcan Suboxone Zubsolv	

Cigna Value 4-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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TRANSPLANT MEDICATIONS

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

URINARY TRACT CONDITIONS

darifenacin ER 7.5 mg(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		

Specialty medications

The injectable medications listed below are typically covered on Tier 4. All of these medications require approval from Cigna before your plan will cover them.

MEDICATION NAME	DRUG CLASS
Actemra* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Actimmune* (PA)	CANCER
Apokyn* (PA)	PARKINSON'S DISEASE
Aranesp* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Avonex* (PA)	MULTIPLE SCLEROSIS
Benlysta* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Betaseron* (PA)	MULTIPLE SCLEROSIS
Cimzia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Cosentyx* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Egrifta* (PA)	HORMONAL AGENTS
Enbrel* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Epogen* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Extavia* (PA)	MULTIPLE SCLEROSIS
Firazyr* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Gattex* (PA)	GASTROINTESTINAL/HEARTBURN
glatiramer* (PA)	MULTIPLE SCLEROSIS
Glatopa* (PA)	MULTIPLE SCLEROSIS
Granix*	BLOOD MODIFIERS/BLEEDING DISORDERS
Haegarda* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
Humatrope* (PA)	HORMONAL AGENTS
Humira* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Ilaris* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Intron A* (PA)	CANCER
Kevzara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Kynamro* (PA)	CHOLESTEROL MEDICATIONS
Lupron Depot* (PA)	HORMONAL AGENTS
methotrexate*	CANCER
Natpara* (PA)	HORMONAL AGENTS
Neulasta* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
Orencia* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Otrexup* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
PegIntron* (PA)	INFECTIONS
Plegridy* (PA)	MULTIPLE SCLEROSIS
Procrit* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS

MEDICATION NAME	DRUG CLASS
Rasuvo* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Rebif* (PA)	MULTIPLE SCLEROSIS
Relistor (PA)	GASTROINTESTINAL/HEARTBURN
Remicade* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Repatha* (PA)	CHOLESTEROL MEDICATIONS
Serostim* (PA)	HORMONAL AGENTS
Somatuline Depot* (PA)	HORMONAL AGENTS
Somavert* (PA)	HORMONAL AGENTS
Stelara* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Strensiq* (PA)	MISCELLANEOUS
Sylatron* (PA)	CANCER
Taltz* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Tremfya* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
Xolair* (PA)	ASTHMA/COPD/RESPIRATORY
Zarxio*	BLOOD MODIFIERS/BLEEDING DISORDERS
Zorbtive* (PA)	HORMONAL AGENTS

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(S) 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

^^ 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(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort
	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	dexamethylphenidate ER methylphenidate ER/CD/LA dextroamphetamine-amphetamine ER
	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	

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/ HEART MEDICATIONS (cont)	Diovan HCT	valsartan-HCTZ
	Edarbi	Generic ARBs (e.g., losartan, valsartan)
	Edarbyclor	Generic ARBs + HCTZ (e.g., losartan-HCTZ)
	Exforge	amlodipine-valsartan
	Exforge HCT	amlodipine-valsartan-HCTZ
	Hyzaar	losartan-HCTZ
	Isordil Isordil Titradoso	isosorbide dinitrate
	Lanoxin	Digitek digoxin
	Lotensin	benazepril
	Lotensin HCT	benazepril-HCTZ
	Lotrel	amlodipine-benazepril
	Micardis	telmisartan
	Micardis HCT	telmisartan-HCTZ
	Prinivil Zestril	lisinopril
	Tarka	trandolapril-verapamil 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

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
CHOLESTEROL MEDICATIONS (<i>cont</i>)	Livalo	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin	
	Vytorin	ezetimibe-simvastatin	
	Pravachol	pravastatin	
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	
	Jentaduetto Jentaduetto 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	bumetanide furosemide torsemide

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
EYE CONDITIONS	Alocril Alomide	cromolyn	
	Bepreve Elestat Emadine Lastacaft Pataday Patanol Pazeo	azelastine epinastine olopatadine drops	
	Lumigan Vyzulta	bimatoprost latanoprost Travatan Z	
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	

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
HORMONAL AGENTS <i>(cont)</i>	Genotropin Norditropin Nutropin AQ Omnitrope Saizen Zomacton	Humatrope (PA)	
	Hectorol	doxercalciferol	
	Rayos	prednisone prednisone intensol	
	Uceris tablet	dexamethasone hydrocortisone methylprednisolone prednisone prednisolone	
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	
	MULTIPLE SCLEROSIS	Copaxone	Aubagio, Avonex, Betaseron, Extavia, Gilenya, glatiramer, Glatopa, Plegridy, Rebif, Tecfidera

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
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 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)
	Simponi Simponi Aria	Actemra (PA) Enbrel (PA) Entyvio (PA) Humira (PA) Remicade (PA) Stelara (PA)
	Siliq	Enbrel (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

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	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 Versacloz	clozapine clozapine ODT
	Geodon	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydys	olanzapine ODT
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

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	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 Ultravate X	clobetasol halobetasol
	Jublia Kerydin	Ciclodan ciclopirox itraconazole terbinafine
	Kenalog	triamcinolone
	Locoid Locoid Lipocream	hydrocortisone
	Loprox cream, kit	ciclopirox
	Noritate	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

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Triamex	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

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Prescription drug list FAQs

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

Why do you make changes to the drug list?

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

- › Moving a medication to a lower tier. This can happen at any time during the year.
- › Moving a brand medication to a higher tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher 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:

- › Branded 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 allergies (ex. Allegra, Clarinex, Xyzal).
- › Medications used to treat lifestyle conditions (like infertility, weight loss²).
- › 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) are available to you at no cost-share (\$0). 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**.

For more information about health care reform, visit **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 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.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, 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; 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 (شماره تلفن ویژه ناشنوايان: شماره 711 را شماره‌گیری کنید).