



# CIGNA STANDARD 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.

595200 d Standard 3-Tier 10/18



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### 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 – Standard 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 01/01/2004

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 Standard Prescription Drug List as of January 1, 2019.<sup>1</sup> All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers or (cost-share levels).

**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.

## 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 Standard Prescription Drug List.

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

**Tier** (cost-share level) gives you an idea of 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 Standard Prescription Drug List.

## Tiers

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

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

## 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.

<b>(PA)</b>	<b>Prior Authorization</b> – 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.
<b>(ST)</b>	<b>Step Therapy</b> – Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).
<b>(QL)</b>	<b>Quantity Limits</b> – For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.
<b>(AGE)</b>	<b>Age Requirements</b> – 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	GASTROINTESTINAL/HEARTBURN	11, 12
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	12
ALZHEIMER’S DISEASE	6	INFECTIONS	12, 13
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFERTILITY	13
ASTHMA/COPD/RESPIRATORY	6	MISCELLANEOUS	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	13
BLOOD PRESSURE/HEART MEDICATIONS	7	OSTEOPOROSIS PRODUCTS	13
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	13, 14
CANCER	8	PARKINSON’S DISEASE	15
CHOLESTEROL MEDICATIONS	8	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
CONTRACEPTIVE PRODUCTS	8–10	SEIZURE DISORDERS	15
COUGH/COLD MEDICATIONS	10	SKIN CONDITIONS	15, 16
DENTAL PRODUCTS	10	SLEEP DISORDERS/SEDATIVES	16
DIABETES	10	SMOKING CESSATION	16
DIURETICS	11	SUBSTANCE ABUSE	16
EAR MEDICATIONS	11	TRANSPLANT MEDICATIONS	16
ERECTILE DYSFUNCTION	11	URINARY TRACT CONDITIONS	16
EYE CONDITIONS	11	WEIGHT MANAGEMENT	16
FEMININE PRODUCTS	11		

# Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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## AIDS/HIV

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
abacavir-lamivudine*	Atripla*	Complera*
atazanavir*	Biktarvy*	Evotaz*
ritonavir*	Descovy*	Odefsey*
tenofovir*	Genvoya*	Prezcobix*
	Intelence*	Stribild*
	Isentress HD*	Viread 300mg*
	Isentress*	
	Norvir packet, capsule, solution*	
	Prezista*	
	Reyataz packet*	
	Selzentry*	
	Tivicay*	
	Triumeq*	
	Truvada*	
	Viread powder, 150, 200, 250mg*	

## ALLERGY/NASAL SPRAYS

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
azelastine		Clarinet-D 12 Hour
cromolyn solution		Karbinal ER
cyproheptadine		Ryvent
desloratadine (QL)		Semprex-D
epinephrine auto-injector (PA, QL)		
flunisolide		
fluticasone		
hydroxyzine capsule, solution, syrup, tablet		
ipratropium		
mometasone spray (QL)		
olopatadine spray		
promethazine syrup, tablet		

## ALZHEIMER'S DISEASE

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
donepezil	Mestinon syrup	Mestinon tablet
donepezil ODT	Namenda	Namenda tablet
memantine	Titration Pak	Namenda XR (QL)
memantine ER (QL)		Namzaric (QL)
pyridostigmine		
pyridostigmine ER		
rivastigmine		

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
amitriptyline		Effexor XR (ST, QL)
bupropion (QL)		Fetzima (ST, QL)
bupropion SR (QL)		Forfivo XL (ST, QL)
bupropion XL (QL)		Pristiq (ST, QL)
bupropion XL (QL)		Prozac (ST, QL)
buspirone		Sarafem (ST)
citalopram (QL)		Trintellix (ST, QL)
clomipramine		Viibryd (ST, QL)
desvenlafaxine ER (QL)		Wellbutrin SR (ST, QL)
duloxetine (QL)		Zoloft (ST, QL)
escitalopram (QL)		
fluoxetine (QL)		
fluoxetine DR (QL)		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (QL)		
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

## ASTHMA/COPD/RESPIRATORY

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
albuterol	Advair Diskus	Adcirca* (PA)
budesonide inhalation	Advair HFA	Adempas* (PA)
ipratropium-albuterol	Anoro Ellipta	Arcapta Neohaler
montelukast	Atrovent HFA	Daliresp (QL)
	Breo Ellipta	Kalydeco* (PA, QL)
	Combivent Respimat	Letairis* (PA)
	Incruse Ellipta	Ofev* (PA)
	ProAir HFA	Opsumit* (PA)
	ProAir RespiClick	Orenitram ER* (PA)
	Pulmicort	Orkambi* (PA, QL)
	Flexhaler	Pulmicort
	Pulmozyme* (PA)	Symdeko* (PA, QL)
	QVAR RediHaler	Tracleer* (PA)
	Serevent Diskus	Tyvaso* (PA)
	Spiriva	Upravi* (PA)
	Stiolto Respimat	
	Striverdi Respimat	
	Symbicort	
	Trelegy Ellipta (ST)	
	Ventolin HFA	
	Xolair* (PA)	

## Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine (QL)	Vyvanse (PA age)	Adderall (ST)
dexmethylphenidate		Adzenys ER (PA age)
dextroamphetamine- amphetamine ER (QL)		Adzenys XR-ODT (PA age)
dextroamphetamine- amphetamine		Daytrana (PA age)
guanfacine ER		Dyanavel XR (PA age)
Metadate ER		Evekeo (ST)
methylphenidate		Focalin (ST)
methylphenidate CD (QL)		Methylin (ST)
methylphenidate ER (QL)		Quillichew ER (PA age)
methylphenidate LA (QL)		Quillivant XR (PA age)
		Ritalin (ST)

### BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid tablet*	Aranesp*^ (PA) Epogen*^ (PA) Granix*^ Neulasta*^ (PA) Procrit*^ (PA) Zarxio*^	Promacta* (PA)
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### BLOOD PRESSURE/HEART MEDICATIONS

Afeditab CR	Bystolic (QL)	Azor (QL)
amlodipine	Byvalson	Bayer Chewable Aspirin+
amlodipine- benazepril	Corlanor (PA)	Benicar (ST, QL)
amlodipine- olmesartan (QL)	Entresto (PA)	Benicar HCT (ST, QL)
amlodipine- valsartan	Multaq	BiDil (QL)
amlodipine- valsartan-HCTZ	Nitro-Dur 0.3, 0.8mg	Cardizem LA (QL)
Aspirin 81+	Tekturna (QL)	Coreg CR (QL)
Aspirin-Low+	Tekturna HCT (QL)	Cozaar (ST)
aspirin EC+		Diovan (ST)
aspirin+		Diovan HCT (ST)
atenolol		Edarbi (ST, QL)
atenolol- chlorthalidone		Edarbyclor (ST)
benazepril		Epaned (ST)
benazepril-HCTZ		Firazyr* (PA)
bisoprolol		Haegarda* (PA)
Bufferin+		Hemangeol
candesartan		Inderal LA
Cartia XT		Inderal XL
carvedilol		Innopran XL
carvedilol ER (QL)		Nitro-Dur 0.1, 0.2, 0.4, 0.6mg
		Nitrolingual

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

clonidine patch, tablet		Nitromist
Digitek		Nitrostat
Digox		Northera* (PA)
digoxin solution, tablet		Norvasc
Dilt-XR		Ranexa (ST, QL)
diltiazem CD		Tiazac
diltiazem ER		Tikosyn (QL)
diltiazem tablet		Toprol XL
dofetilide (QL)		Tribenzor
doxazosin		Vasotec (ST)
Ecotrin+		
EcPirin+		
enalapril		
flecainide		
hydralazine tablet		
irbesartan		
isosorbide		
isosorbide ER		
labetalol		
lisinopril		
lisinopril-HCTZ		
losartan		
losartan-HCTZ		
Matzim LA		
metoprolol		
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		

## Cigna Standard 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### BLOOD THINNERS/ANTI-CLOTTING

aspirin- dipyridamole ER	Brilinta	Bevyxxa (QL)
clopidogrel	Eliquis	Coumadin
enoxaparin* (QL)	Fragmin* (QL)	Effient
fondaparinux* (QL)	Xarelto	Pradaxa
Jantoven		Savaysa (QL)
prasugrel		Zontivity
warfarin		

### CANCER

anastrozole	Actimmune*	Afinitor Disperz* (PA)
bexarotene* (PA)	(PA)	Afinitor* (PA)
capecitabine* (PA)	Intron A*^ (PA)	Alecensa* (PA)
imatinib* (PA)	Nexavar* (PA)	Arimidex
letrozole	Revlimid* (PA)	Bosulif* (PA)
mercaptopurine	Sprycel* (PA)	Cabometyx* (PA)
methotrexate*	Sutent* (PA)	Cometriq* (PA)
tamoxifen+	Tarceva* (PA)	Cotellic* (PA)
temozolomide* (PA)	Tasigna* (PA)	Erivedge* (PA)
	Trexall*	Erleada* (PA)
		Fareston (QL)
		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* (PA)
		Verzenio* (PA)
		Votrient* (PA)
		Xalkori* (PA)
		Xtandi* (PA)
		Zelboraf* (PA)
		Zytiga* (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### CHOLESTEROL MEDICATIONS

atorvastatin 10mg, 20mg+	Repatha* (PA)	Crestor (ST, QL)
ezetimibe		Korlym* (PA)
ezetimibe- simvastatin		Kynamro* (PA)
fenofibrate		Vascepa
fenofibric acid		Vytorin (ST)
fluvastatin 20mg, 40mg+		Zetia
fluvastatin ER 80mg+		
lovastatin 20mg, 40mg+		
niacin ER		
Niacor		
omega-3 acid ethyl esters		
pravastatin 10mg, 20mg, 40mg, 80mg+		
rosuvastatin 5mg, 10mg (QL)+		
simvastatin 10mg, 20mg, 40 mg (QL)+		
Triкло		

### CONTRACEPTIVE PRODUCTS

Aftera+	Lo Loestrin FE	Beyaz
Altavera+	NuvaRing	Ella+
Alyacen+	Taytulla	Estrostep FE
Amethia Lo+		Loestrin FE
Amethia+		LoSeasonique
Amethyst+		Microgestin+
Apri+		Minastrin 24 FE
Aranelle+		Seasonique
Ashlyna+		Skyla*
Aubra+		Today Contraceptive Sponge+
Aviane+		
Azurette+		
Balziva+		
Bekyree+		
Blisovi 24 FE+		
Blisovi FE+		
Briellyn+		
Camila+		
Camrese Lo+		
Camrese+		
Caya Contoured+		
Caziant+		
Chateal+		
Cryelle+		
Cyclafem+		



## Cigna Standard 3-Tier Prescription Drug List

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

Cyred <sup>+</sup>		
Dasetta <sup>+</sup>		
Daysee <sup>+</sup>		
Deblitane <sup>+</sup>		
Delyla <sup>+</sup>		
desogestrel-ethinyl estradiol <sup>+</sup>		
drospirenone- ethinyl estradiol- levomefibrate <sup>+</sup>		
drospirenone- ethinyl estradiol <sup>+</sup>		
Econtra EZ <sup>+</sup>		
Econtra One-Step <sup>+</sup>		
Elinest <sup>+</sup>		
Emoquette <sup>+</sup>		
Enpresse <sup>+</sup>		
Enskyce <sup>+</sup>		
Errin <sup>+</sup>		
Estarilla <sup>+</sup>		
ethynodiol-ethinyl estradiol <sup>+</sup>		
Falmina <sup>+</sup>		
Fayosim <sup>+</sup>		
FC2 Female Condom <sup>+</sup>		
Femcap <sup>+</sup>		
Femynor <sup>+</sup>		
Gianvi <sup>+</sup>		
Heather <sup>+</sup>		
Introvale <sup>+</sup>		
iron <sup>+</sup>		
Isibloom <sup>+</sup>		
jencycla <sup>+</sup>		
Jolessa <sup>+</sup>		
Jolivette <sup>+</sup>		
Juleber <sup>+</sup>		
Junel FE 24 <sup>+</sup>		
Junel FE <sup>+</sup>		
Junel <sup>+</sup>		
Kaitlib FE <sup>+</sup>		
Kariva <sup>+</sup>		
Kelnor 1-35 <sup>+</sup>		
Kelnor 1-50 <sup>+</sup>		
Kimidess <sup>+</sup>		
Kurvelo <sup>+</sup>		
Larin 24 FE <sup>+</sup>		
Larin FE <sup>+</sup>		
Larin <sup>+</sup>		
Larissia <sup>+</sup>		
Leena <sup>+</sup>		
Lessina <sup>+</sup>		

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

Levonest <sup>+</sup>		
levonorgestrel- ethinyl estradiol <sup>+</sup>		
Levora-28 <sup>+</sup>		
Lillow <sup>+</sup>		
Loryna <sup>+</sup>		
Low-Ogestrel <sup>+</sup>		
Lutera <sup>+</sup>		
Lyza <sup>+</sup>		
Marlissa <sup>+</sup>		
medroxyprogesterone 150mg/ml <sup>+</sup>		
Melodetta 24 FE		
Mibelas 24 FE <sup>+</sup>		
Microgestin FE <sup>+</sup>		
Mili <sup>+</sup>		
Mono-Linyah <sup>+</sup>		
Mononessa <sup>+</sup>		
My Choice <sup>+</sup>		
My Way <sup>+</sup>		
Myzitra <sup>+</sup>		
Necon 0.5/35 <sup>+</sup>		
Necon 7/7/7 <sup>+</sup>		
Nikki <sup>+</sup>		
Nora-BE <sup>+</sup>		
norethindrone- ethinyl estradiol- norethindrone- ethinyl estradiol <sup>+</sup>		
norethindrone <sup>+</sup>		
norgestimate- ethinyl estradiol <sup>+</sup>		
Norlyda <sup>+</sup>		
Norlyroc <sup>+</sup>		
Nortrel <sup>+</sup>		
Ocella <sup>+</sup>		
Opcicon One-Step <sup>+</sup>		
Option 2 <sup>+</sup>		
Orsythia <sup>+</sup>		
Philith <sup>+</sup>		
Pimtrea <sup>+</sup>		
Pirmella <sup>+</sup>		
Portia <sup>+</sup>		
Previfem <sup>+</sup>		
Quasense <sup>+</sup>		
Rajani <sup>+</sup>		
Reclipsen <sup>+</sup>		
Rivelsa <sup>+</sup>		
Setlakin <sup>+</sup>		
Sharobel <sup>+</sup>		
Sprintec <sup>+</sup>		
Sronyx <sup>+</sup>		

## Cigna Standard 3-Tier Prescription Drug List

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

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+		
Wera+		
Wide Seal Diaphragm+		
Wymzya FE+		
Xulane+		
Zarah		
Zenchant+		
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)		
Tussionig (QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### DENTAL PRODUCTS

chlorhexidine rinse		Fluorabon^
doxycycline		
fluoride^		
Fluoritab^		
Flura-Drops^		
Ludent Fluoride^		
Oralone		
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	
	Humalog	
	Humulin	
	Janumet	
	Janumet XR	
	Januvia (QL)	
	Jardiance	
	Kombiglyze XR	
	Levemir	
	OneTouch test strips and meters	
	Onglyza (QL)	
	QTERN	
	Soliqua	
	SymLinPen	
	Synjardy	
	Synjardy XR	
	Tresiba	
	Trulicity (QL)	
	Victoza (QL)	
	Xigduo XR (QL)	
	Xultophy	

## Cigna Standard 3-Tier Prescription Drug List

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### DIURETICS

acetazolamide capsule, tablet	Diuril Dyrenium	Aldactone Carospir
chlorthalidone		Jynarque* (PA)
eplerenone		Lasix
furosemide solution, tablet		Samsca*
hydrochlorothiazide		
spironolactone		
triamterene-HCTZ		

### EAR MEDICATIONS

neomycin- polymyxin-HC ofloxacin drops	Cipro HC Ciprodex	Coly-Mycin S Dermotic Otovel
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### ERECTILE DYSFUNCTION

sildenafil^ (QL)	Cialis^ (QL) Muse^ (QL)	Viagra^ (ST, QL)
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### EYE CONDITIONS

azelastine	Alphagan P 0.1%	Acuvail
brimonidine	Azasite	Alphagan P 0.15%
ciprofloxacin drops	Azopt	Alrex
dorzolamide-timolol	Betimol	Bepreve
erythromycin ointment	Betoptic S Lotemax drops,	Besivance Bromsite
fluorometholone gel	Moxeza	Combigan
gatifloxacin	Pazeo	Cosopt PF
ketorolac solution	Restasis	Cystaran* (QL)
latanoprost	Simbrinza	Durezol
moxifloxacin drops	Tobradex	Ilevro
neomycin- polymyxin- dexamethasone ointment	Tobradex Travatan Z	Lotemax ointment Lumigan
ofloxacin drops	Xiidra	Nevanac
olopatadine drops		Pataday
polymyxin B-TMP		Patanol
prednisolone drops		Prolensa
timolol		Tobradex drops
tobramycin drops		Tobradex ST
tobramycin- dexamethasone		Vigamox Zioptan (ST, QL) Zirgan Zylet

### FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		Relagard
miconazole 3		
terconazole		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Aciphex (ST, QL)
alosetron*	Apriso	Aciphex Sprinkle (QL)
Anucort-HC	Canasa	Akynzeo* (PA, QL)
balsalazide	Carafate	Bonjesta
Bisa-Lax+	suspension	Carafate tablet
bisacodyl+	Creon	Cholbam* (PA)
chlordiazepoxide- clidinium	Dexilant (QL)	Clenpiq
clarithromycin	Entyvio*^ (PA)	CoLyte With Flavor Packets+
Clearlax+	GoLyteLy powder	Correctol+
dicyclomine capsule, solution, tablet	Linzess	Diclegis
diphenoxylate- atropine	Pentasa	Donnatal
dronabinol	Zenpep	Dulcolax+
Ducodyl+		Gattex* (PA)
esomeprazole (QL)		Gialax+
famotidine suspension, tablet		GoLyteLy solution+
Gavilax+		Lialda (ST)
Gavilyte-C+		Miralax+
Gavilyte-G+		Movantik (PA)
Gavilyte-n+		MoviPrep+
GentleLax+		NulyteLy with flavor packets+
Glycolax+		Ocaliva* (PA)
HealthyLax+		OsmoPrep+
Hemmorex-HC		Pancreaze
hydrocortisone suppository		Pertzye
lansoprazole (QL)		Prepopik+
lansoprazole- amoxicillin- LaxaClear+		Prevacid capsule (ST, QL)
mesalamine		Ravicti*
metoclopramide ODT		Rectiv
metoclopramide solution, tablet		Relistor (PA)
Natura-Lax+		Sancuso (PA, QL)
omeprazole (QL)		Sensipar*
ondansetron		sfRowasa
ondansetron ODT		Sucraid*
pantoprazole (QL)		Suprep+
PEG 3350-electrolyte		Symproic (PA)
PEG 3350- electrolytes+		Transderm Scop
PEG-Prep+		Varubi* (PA, QL)
Phenadoz		Viberzi
		Viokace

## Cigna Standard 3-Tier Prescription Drug List

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### GASTROINTESTINAL/HEARTBURN (cont)

Powderlax+		
promethazine		
suppository		
Promethegan		
Purelax+		
rabeprazole (QL)		
ranitidine capsule,		
syrup, tablet		
scopolamine		
Smooth LAX+		
sucralfate		
TriLyte with flavor		
packets+		
ursodiol		

### HORMONAL AGENTS

Amabelz	Androderm	Activella
budesonide EC	(PA, QL)	Alora (QL)
cabergoline (QL)	AndroGel 1.62%	AndroGel 1.0%
Covaryx	(PA, QL)	(PA, QL)
Covaryx H.S.	Armour Thyroid	Angeliq
Decadron	Cytomel 50mcg	Armour Thyroid
desmopressin	Divigel	15mg
solution, spray,	Duavee	Climara
tablet	Estring (QL)	Climara Pro
dexamethasone	Forteo*	Combipatch
elixir, liquid, tablet	Ganirelix*^	Cytomel 5, 25mcg
dexamethasone	Humatrope* (PA)	Depo-Testosterone
intensol	Levo-T	Egrifta* (PA)
EEMT	Lupron Depot*^	Elestrin
EEMT H.S.	(PA)	Emflaza* (PA)
estradiol (QL)	Premarin cream,	Entocort EC
estradiol-	tablet	Estrace
norethindrone	Premphase	Estrogel
estrogen-	Prempro	Evamist
methyltestosterone	Sandostatin LAR	Femring
levothyroxine tablet	Depot*^ (PA)	Intrarosa
Levoxyl	Serostim* (PA)	Menostar (QL)
liothyronine	Somavert* (PA)	Minivelle (QL)
medroxyprogesterone	Synthroid	Natpara* (PA)
dose pack, tablet	Unithroid	Osphena
methimazole	Zorbtive* (PA)	Royaldee
methylprednisolone		Somatuline Depot*^
Mimvey		(PA)
Mimvey Lo		Striant (PA, QL)
Nature-Thyroid		Tirosint
NP Thyroid		Vagifem (QL)
prednisolone		Vivelle-Dot (QL)
prednisolone ODT		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### HORMONAL AGENTS (cont)

prednisone		
prednisone intensol		
progesterone		
capsule		
testosterone		
(PA, QL)		
testosterone		
cypionate		
thyroid		
Unithroid 75mcg		
Westhroid		
WP Thyroid		
Yuvaferm (QL)		

### INFECTIONS

acyclovir capsule,	Albenza	Alinia
suspension,	Baraclude	Bactrim
tablet	solution*	Bactrim DS
amoxicillin	Cipro	Baraclude tablet*
amoxicillin-	Daraprim* (PA)	(QL)
clavulanate ER	E.E.S. 400	Cayston*
amoxicillin-	Epclusa* (PA)	Cleocin
clavulanate	Ery-Tab 333,	Clindesse
atovaquone	500mg	Cresemba (PA)
Avidoxy tablet	Harvoni* (PA)	Dificid (QL)
azithromycin	Kitabis Pak*	EryPed 200
packet, suspension,	Mavyret* (PA)	Ery-Tab 250mg
tablet	PegIntron* (PA)	Monurol
cefdinir	Sovaldi* (PA)	Noxafil suspension,
cefixime	Thalomid* (PA)	tablet
cefuroxime tablet	Uretron D-S	Plaquenil
cephalexin	Vibramycin syrup	Sulfatrim
ciprofloxacin	Vosevi* (PA)	Suprax
clarithromycin		Tamiflu (QL)
clarithromycin ER		Tobi Podhaler*
clindamycin		Uribel
Coremino (QL)		Urogesic-Blue
dapsone		UTA
doxycycline capsule,		Valtrex
suspension, tablet		Vemlidy*
doxycycline IR-DR		Vibramycin
Emverm		suspension
entecavir* (QL)		Xifaxan
erythromycin		Zepatier* (PA)
famciclovir		
fluconazole		
hydroxychloroquine		
itraconazole		
levofloxacin		
solution, tablet		
metronidazole		
capsule, tablet		

## Cigna Standard 3-Tier Prescription Drug List

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### INFECTIONS (cont)

minocycline		
minocycline ER (QL)		
Mondoxyn NL		
Morgidox		
nitrofurantoin		
Okebo		
oseltamivir (QL)		
penicillin VK tablet		
Soloxide		
sulfamethoxazole- trimethoprim suspension, tablet		
terbinafine		
tinidazole		
tobramycin*		
valacyclovir		
valganciclovir		
vancomycin capsule		
Vandazole		
voriconazole (PA)		

### INFERTILITY

clomiphene^	Follistim AQ*^	Crinone^ Endometrin^
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### MISCELLANEOUS

NebuSal 3%	Cerdelga* (PA)	Addyi^ (QL)
PulmoSal	Nityr* (PA)	Austedo* (PA)
sodium chloride inhalation		Esbriet* (PA)
TechLITE lancets		Exjade*
tetrabenazine* (PA)		Ingrezza* (PA)
		Jadenu*
		Kuvan* (PA)
		NebuSal 6%
		Nuedexta (QL)
		Strensiq* (PA)
		Syprine* (PA)
		Xenazine* (PA)

### MULTIPLE SCLEROSIS

glatiramer* (PA)	Ampyra* (PA)	
Glatopa* (PA)	Aubagio* (PA)	
	Avonex* (PA)	
	Betaseron* (PA)	
	Extavia* (PA)	
	Gilenya* (PA)	
	Plegridy* (PA)	
	Rebif* (PA)	
	Tecfidera* (PA)	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### NUTRITIONAL/DIETARY

calcitriol capsule, solution	CitraNatal 90 DHA	Auryxia (QL) Concept DHA
calcium capsule	Escavite D+	Fluorabon+
cyanocobalamin FA-8+	Escavite+	K-Tab ER
fluoride+	Floriva+	Klor-Con 10
Fluoritab+	Klor-Con M15	Klor-Con 8
Flura-Drops+	Mephyton	KPN+
folic acid 1mg+	MVC-fluoride+	Phoslyra
Klor-Con	Nascobal	Renagel
Klor-Con M10	OB Complete	Renvela
Klor-Con M20	Perry Prenatal+	Velphoro
lanthanum	Poly-Vi-Flor With Iron+	Veltassa
levocarnitine	Poly-Vi-Flor+	
Ludent Fluoride+	Prefera OB	
multivitamin-iron- fluoride+	Prenate	
PNV-DHA	Quflora+	
polyvitamins- fluoride+	Tri-Vi-Flor+	
potassium chloride	Tristart DHA	
Prena1 Pearl	Urosex+	
prenatal vitamin+	Vitafol	
Prenatal+	vitaMedMD	
Right Step+	One Rx	
sevelamer	vitaPearl	
sodium fluoride+	VP-PNV-DHA	
tri-vitamin with fluoride-iron+		
tri-vitamin with fluoride+		
Virt-PN DHA		
vitamin D2 1.25mg		
Zatean-PN DHA		

### OSTEOPOROSIS PRODUCTS

alendronate (QL)	Tymlos*	Evista
calcitonin-salmon		Fosamax Plus D (ST)
ibandronate tablet		
raloxifene+		
risedronate		
risedronate DR		

### PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA, QL)	Actemra* (PA)	Abstral (PA, QL)
allopurinol	Cuprimine* (PA)	Actiq (PA, QL)
baclofen	Depen* (PA)	Analpram HC
buprenorphine (QL)	Embeda (PA, QL)	Arymo ER (PA, QL)
butalbital-	Enbrel* (PA)	Benlysta* (PA)
acetaminophen- caffeine-codeine (PA, QL)	Humira* (PA)	Butrans (QL)
	Hysingla ER (PA, QL)	Celebrex (ST, QL)
	Nucynta (PA, QL)	Cimzia* (PA)
		Colcrys

## Cigna Standard 3-Tier Prescription Drug List

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### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

butalbital- acetaminophen- caffeine (QL)	Otezla* (PA)	Cosentyx* (PA)
carisoprodol	Proctofoam-HC	Duragesic (PA, QL)
celecoxib (QL)	Rasuvo* (PA)	Fentora (PA, QL)
colchicine	Remicade*^ (PA)	Flector (ST, QL)
cyclobenzaprine	Savella	Ilaris*^ (PA)
DermacinRx	Stelara* (PA)	Kadian (PA, QL)
Empricaine	Subsys (PA, QL)	Kevzara* (PA)
DermacinRx	Uloric (QL)	Kineret* (PA)
Prizopak	Xtampza ER (PA, QL)	Lazanda (PA, QL)
diclofenac (QL)		Mitigare
diclofenac ER		Morphabond ER (PA, QL)
dihydroergotamine (QL)		MS Contin (PA, QL)
eletriptan (QL)		Nucynta ER (PA, QL)
Endocet (PA, QL)		Onzetra Xsail (QL)
etodolac		Orencia* (PA)
etodolac ER		Otrexup* (PA)
fenopropfen		Oxaydo (PA, QL)
Fenortho		Pennsaid (ST)
fentanyl (PA, QL)		Percocet (PA, QL)
Fioricet (QL)		Procort
frovatriptan (QL)		Relpax (QL)
Glydo		Simponi* (PA)
hydrocodone- acetaminophen (PA, QL)		Synera
hydromorphone (PA, QL)		Taltz* (PA)
hydromorphone ER (PA, QL)		Tremfya* (PA)
IBU		Voltaren (ST, QL)
ibuprofen		Xeljanz XR* (PA)
indomethacin		Xeljanz* (PA)
indomethacin ER		Zohydro ER (PA, QL)
ketorolac (QL)		
leflunomide		
lidocaine (QL)		
lidocaine viscous		
lidocaine-prilocaine		
Lidopril		
Lidopril XR		
Lido-Prilo Caine Pack		
LiproZonePak		
Livixil Pak		
Lorcet (PA, QL)		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

Lorcet HD (PA, QL)		
Lorcet Plus (PA, QL)		
Lortab (PA, QL)		
Medolor pak		
meloxicam		
Metaxall		
metaxalone		
methocarbamol tablet		
morphine (PA, QL)		
morphine ER (PA, QL)		
naproxen		
naproxen DS		
oxycodone (PA, QL)		
oxycodone ER (PA, QL)		
oxycodone- acetaminophen (PA, QL)		
oxymorphone (PA, QL)		
oxymorphone ER (PA, QL)		
Phrenilin Forte (QL)		
Prilolid		
Primlev (PA, QL)		
Profeno		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan- naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Verdrocet (PA, QL)		
Vicodin (PA, QL)		
Vicodin ES (PA, QL)		
Vicodin HP (PA, QL)		

## Cigna Standard 3-Tier Prescription Drug List

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### PARKINSON'S DISEASE

amantadine	Apokyn* (PA)	Azilect (QL)
benztropine tablet		Duopa*
bromocriptine		Neupro
carbidopa-levodopa		Rytary
carbidopa-levodopa ER		Sinemet
pramipexole		Sinemet CR
pramipexole ER (QL)		Tasmar
rasagiline (QL)		Xadago
ropinirole		
ropinirole ER		

### SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole (QL)		Fanapt (ST, QL)
aripiprazole ODT		Latuda (ST, QL)
chlorpromazine tablet		Rexulti (ST, QL)
haloperidol		Saphris (ST)
concentrate, tablet		Seroquel (ST)
olanzapine		Seroquel XR (ST)
olanzapine ODT tablet		Vraylar (ST, QL)
paliperidone ER (QL)		
quetiapine		
quetiapine ER		
risperidone		
risperidone ODT		
ziprasidone		

### SEIZURE DISORDERS

carbamazepine	Dilantin 30mg	Aptiom (PA, QL)
carbamazepine ER	Lyrica	Banzel (PA, QL)
divalproex	Vimpat (PA)	Briviact (PA)
divalproex ER		Carbatrol
Epitol		Depakote
gabapentin		Depakote ER
lamotrigine		Dilantin 50mg,
lamotrigine (blue, green, orange)		100mg, susp.
lamotrigine ER		Fycompa (PA, QL)
lamotrigine ODT		Oxtellar XR (PA)
lamotrigine ODT (blue, green, orange)		Phenytek
levetiracetam		Spritam (PA)
levetiracetam ER		Tegretol
oxcarbazepine		Tegretol XR
Roweepra		
Roweepra XR		
topiramate		
topiramate ER		

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### SKIN CONDITIONS

adapalene (PA age)	Drysol	Benzamycin
adapalene-benzoyl peroxide	Eucrisa	Celacyn gel
Ala-Cort 2.5%	Finacea	Desowen (ST)
Amnesteem (QL)	Naftin gel	Dovonex
Avar cleanser	Santyl (QL)	Ecoza
Avar-E		Elidel
BenzePrO		Enstilar
BP 10-1		Naftin cream
BPO gel		Picato
calcipotriene		Sklice
calcipotriene- betamethasone DP		Soolantra
Calcitrene		Sorilux
Claravis (QL)		Taclonex
Clindacin ETZ		Targretin*
Clindacin P		Topicort (ST)
clindamycin		Tridesilon (ST)
clindamycin- benzoyl peroxide		
clindamycin- tretinoin		
clobetasol		
Clodan solution, cream, shampoo		
clotrimazole- betamethasone		
dapsone		
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		

## Cigna Standard 3-Tier Prescription Drug List

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### SKIN CONDITIONS (cont)

Proctosol-HC		
Proctozone-HC		
Rosadan		
Rosanil		
Scalacort		
sodium sulfacetamide-sulfur		
SSS 10-5		
SulfaCleanse 8-4		
tacrolimus		
tazarotene		
tretinoin (PA age)		
triamcinolone		
Triderm		
Zenatane (QL)		

### SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	Belsomra (ST)	Rozerem (ST, QL)
eszopiclone	Silenor (ST, QL)	Xyrem* (PA)
modafinil (PA)		
zolpidem		
zolpidem ER (QL)		

### SMOKING CESSATION

bupropion SR <sup>+</sup>	Chantix <sup>^</sup>	Nicorette <sup>+</sup>
NicoDerm CQ <sup>+</sup>	Nicotrol <sup>^</sup>	Zyban <sup>^</sup>
Nicorelief <sup>+</sup>		
nicotine gum <sup>+</sup>		
nicotine lozenge <sup>+</sup>		
nicotine patch <sup>+</sup>		
Quit 2 <sup>+</sup>		
Quit 4 <sup>+</sup>		

### SUBSTANCE ABUSE

buprenorphine tablet	Bunavail	
buprenorphine-naloxone	Narcan	
naloxone	Suboxone	
naltrexone (QL)	Zubsolv	

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

azathioprine tablet* mycophenolate capsule, suspension, tablet* mycophenolic acid* sirolimus* tacrolimus*	Prograf 0.5mg, 5mg*	Astagraf XL* Cellcept capsule, suspension, tablet* Envarsus XR* Myfortic* Neoral* Prograf 1mg* Zortress*
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### URINARY TRACT CONDITIONS

darifenacin ER (QL)	Cystagon*	Avodart
dutasteride	Elmiron	Procysbi* (PA)
finasteride	K-Phos Original	Pyridium
oxybutynin	Thiola*	Rapaflo (QL)
oxybutynin ER		
phenazopyridine		
potassium ER		
tamsulosin		
tolterodine		
tolterodine ER (QL)		
trospium		
trospium ER		

### WEIGHT MANAGEMENT

Lomaira <sup>^</sup>		Belviq XR <sup>^</sup>
phentermine <sup>^</sup>		Belviq <sup>^</sup>
		Contrave <sup>^</sup>
		Qsymia <sup>^</sup>
		Saxenda <sup>^</sup>



## 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 Tofranil	paroxetine/CR/ER imipramine
ASTHMA/COPD/RESPIRATORY	Alvesco ArmonAir RespiClick Arnuity Ellipta Asmanex Asmanex HFA Flovent Diskus Flovent HFA	QVAR RediHaler Pulmicort Flexhaler
	Bevespi Utibron Neohaler	Anoro Ellipta Stiolto Respimat
	Dulera	Advair Diskus Advair HFA Breo Ellipta Symbicort
	Elixophyllin	theophylline oral solution
	Proventil HFA Xopenex HFA	ProAir HFA ProAir RespiClick Ventolin HFA
	Seebri Neohaler Tudorza Pressair	Incruse Ellipta Spiriva

^^ 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 ( <i>cont</i> )	Zyflo	montelukast zafirlukast
	Zyflo CR	zileuton ER
ATTENTION DEFICIT HYPERACTIVITY DISORDER	Cotempla XR-ODT	dexmethylphenidate ER methylphenidate ER/CD/LA dextroamphetamine-amphetamine ER Vyvanse
	Desoxyn	methamphetamine
	Dexedrine	dextroamphetamine
	Mydayis	dextroamphetamine-amphetamine ER dexmethylphenidate ER methylphenidate ER/CD/LA Vyvanse
BLOOD PRESSURE/HEART MEDICATIONS	Betapace	sotalol
	Cardizem	diltiazem
	Cardizem CD	Cartia XT diltiazem CD/ER
	Isordil Isordil Titrados	isosorbide dinitrate
	Lanoxin	Digitek digoxin
BLOOD THINNERS/ANTI-CLOTTING	Yosprala	IR or EC aspirin
CANCER	Nilandron	nilutamide
CHOLESTEROL MEDICATIONS	Antara Fenoglide	fenofibrate
	Lipitor	atorvastatin
	Zypitamag	atorvastatin fluvastatin lovastatin pravastatin rosuvastatin simvastatin
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

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	Fortamet Glumetza metformin ER (generic Fortamet and Glumetza)	metformin ER (generic Glucophage XR)
	Invokamet Invokamet XR Segluromet	Synjardy, Synjardy XR, Xigduo XR
	Invokana	Farxiga Jardiance
	Jentadueto Jentadueto XR Kazano	alogliptin-metformin Janumet, Janumet XR Kombiglyze XR
	Nesina Tradjenta	alogliptin Januvia Onglyza
	Oseni	alogliptin-pioglitazone Januvia + pioglitazone
	Lantus Toujeo SoloStar	Basaglar, Levemir, Tresiba
	Steglatro	Farxiga Jardiance
DIURETICS	Edecrin ethacrynic acid	bumetanide furosemide torsemide
EYE CONDITIONS	Vyzulta	bimatoprost latanoprost Travatan Z
GASTROINTESTINAL/HEARTBURN	Anusol-HC suppository Cortifoam Uceris foam	Anucort-HC Hemmorex-HC hydrocortisone suppository
	Asacol-HD Colazal Delzicol Dipentum Giazo mesalamine 800mg tablet	Apriso balsalazide Lialda Pentasa sulfasalazine sulfasalazine DR
	Librax	chlordiazepoxide-clidinium
	Lotronex	alosetron
	Marinol	dronabinol
	Nexium	esomeprazole
	Omeclamox-Pak Prevpac Pylera	lansoprazole-amoxicillin-clarithromycin (combo pak)
	OmePPI	omeprazole
	Pepcid	famotidine
	Prevacid SoluTab	lansoprazole

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN ( <i>cont</i> )	Rowasa	mesalamine enema	
	Syndros	dronabinol	
	Trulance	Amitiza, Linzess	
	Zegerid	omeprazole	
	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	
	INFECTIONS	Acticlate Doryx Minocin capsule Monodox Oracea Solodyn Vibramycin capsule 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	

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
INFECTIONS <i>(cont)</i>	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	Follistim AQ (PA)
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 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)

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	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)
	Lido-K Lidozion	lidocaine cream
	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 Versacloz	clozapine clozapine ODT
	Geodon	ziprasidone
	Zyprexa	olanzapine
	Zyprexa Zydis	olanzapine ODT
SEIZURE DISORDERS	Lyrica CR	duloxetine gabapentin lidocaine 5% patch Lyrica
	Mysoline	primidone

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS	Absorica	Claravis Myorisan Zenatane
	Aldara	imiquimod cream
	Anusol-HC cream	hydrocortisone Procto-Med HC Proctosol-HC Proctozone-HC
	Bensal HP Salex	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)
	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

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DRUG CLASS	MEDICATION(S) NOT COVERED^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS <i>(cont)</i>	Plexion	sodium sulfacetamide-sulfur
	Prudoxin Zonalon	Generic topical steroid (e.g., betamethasone) tacrolimus (topical)
	Sernivo	betamethasone fluocinonide hydrocortisone
	Soriatane	acitretin
	Trianex	triamcinolone Triderm
	Ultravate lotion	clobetasol
	Vanos	fluocinonide
	Verdeso	desonide
	Xerese	acyclovir (oral) + hydrocortisone famciclovir + hydrocortisone valcyclovir + hydrocortisone
	Ziana	tretinoin clindamycin-benzoyl peroxide
	Zyclara	imiquimod
	SLEEP DISORDERS/SEDATIVES	Ambien Ambien CR Edluar Intermezzo
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:<sup>1</sup>

- › Moving a medication to a lower cost tier. This can happen at any time during the year.
- › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- › Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1<sup>st</sup> and July 1<sup>st</sup>.
- › 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 aren't approved by the U.S. Food and Drug Administration (FDA).

### How do you decide which medications are covered?

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

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

The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter medicines) may be available to you at no cost-share (\$0), depending on your plan. 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**.

### 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

## Prescription drug list FAQs (cont)

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 cost and view lower cost<sup>2</sup> 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.<sup>3</sup> The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:<sup>3</sup>

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

Generics typically cost much less than brand name medications – in some cases, up to 85% less.<sup>3</sup> Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

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

Cigna Specialty Pharmacy can help you manage your health and prescription needs.<sup>4</sup> 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.<sup>4</sup>

- › If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through Cigna Home Delivery Pharmacy.<sup>SM</sup> 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 Pharmacy<sup>4</sup> 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:<sup>5</sup>

- › over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- › prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Cigna;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the 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. 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.
3. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/04/18.
4. 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.
5. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



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## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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