

CIGNA HIGH-DEDUCTIBLE HEALTH PLAN

CIGNA VALUE 3-TIER PRESCRIPTION DRUG LIST

Coverage as of January 1, 2022

Together, all the way.®





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View the drug list online

This document was last updated on 08/01/2021.* You can go online to see the current list of medications your plan covers.



myCigna® App and myCigna.com. Click on the “Find Care & Costs” tab and select “Price a Medication.” Then type in your medication name to see how it’s covered.



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

Questions?

- › **myCigna.com:** Click to chat Monday–Friday, 9:00 am–8:00 pm EST.
- › **By phone:** Call the toll-free number on your Cigna ID card. We’re here 24/7/365.

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Value 3-Tier Prescription Drug List as of January 1, 2022. Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

The drug list is updated often so it isn't a complete list of the medications your plan covers. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see all of the medications your plan covers.

Prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics) aren't covered on this drug list. These medications are considered plan (or benefit) exclusions. You can get over-the-counter (OTC) versions at the pharmacy without a prescription.

How to read this drug list

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

| TIER 1 \$ | TIER 2 \$\$ |
|---|-----------------|
| BLOOD PRESSURE/HEART MEDICATIONS | |
| afeditab CR | BERINERT* (PA) |
| amlodipine besylate | BIDIL |
| amlodipine besylate-benazepril | BYSTOLIC |
| amlodipine-valsartan | CINRYZE* (PA) |
| amlodipine-valsartan-HCTZ | COREG CR |
| atenolol | COZAAR (ST) |
| atenolol-chlorthalidone | DIOVAN (ST) |
| benazepril | DIOVAN HCT (ST) |
| benazepril-HCTZ | EDARBI (ST) |
| candesartan cilexetil | EDARBYCLOR (ST) |
| cartia XT | EXFORGE |
| carvedilol | EXFORGE HCT |
| clonidine | FIRAZYR* (PA) |
| digitek | HEMANGEOL |
| digox | INDERAL LA |
| digoxin | INDERAL XL |
| diltiazem ER | INNOPRAN XL |
| diltiazem CD | LOTREL |
| diltiazem | MICARDIS (ST) |
| dilt-XR | MULTAQ |
| enalapril | NITRO-DUR |
| flecainide acetate | NITROLINGUAL |
| hydralazine | NITROMIST |
| irbesartan | NITRONAL |
| isosorbide mononitrat | NITROSTAT |
| | NORTHERA* (PA) |
| | NORVASC |
| | RANEXA (ST) |
| | TEKTURNA |
| | TEKTURNA HCT |

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

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

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

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

Brand-name medications are in all **capital letters**

Generic medications are in all **lowercase letters**

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 Cigna Value 3-Tier Prescription Drug List.

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

Tiers

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

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

Abbreviations next to medications

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

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

* Preventive medications are not subject to the deductible.

Brand name medications are capitalized

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

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex conditions such as multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier and/or require the use of a preferred specialty pharmacy. To find out how your plan covers these medications, please see pages 24–26.

No cost-share preventive medications have a plus sign next to them

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0), to you. In this drug list, these medications have a plus sign (+) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

Plan/benefit exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. **For example, your plan excludes prescription medications used to treat allergies (ex. Allegra, Clarinex, Xyzal and generics) and heartburn/stomach acid conditions (ex. Nexium, Prilosec and generics).** With excluded medications, there's no option to receive coverage through Cigna's review process by showing that you need the medication or product for your treatment. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

How to find your medication

First, look for your condition in the alphabetical list below. Then, go to that page to see the covered medications available to treat the condition.

| Condition | Page | Condition | Page |
|--|------|--------------------------------------|--------|
| AIDS/HIV | 6 | GASTROINTESTINAL/HEARTBURN | 12, 13 |
| ALLERGY/NASAL SPRAYS | 6 | HORMONAL AGENTS | 13 |
| ALZHEIMER'S DISEASE | 6 | INFECTIONS | 13, 14 |
| ANXIETY/DEPRESSION/BIPOLAR DISORDER | 6 | INFERTILITY | 14 |
| ASTHMA/COPD/RESPIRATORY | 6, 7 | MISCELLANEOUS | 14, 15 |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | 7 | MULTIPLE SCLEROSIS | 15 |
| BLOOD MODIFIERS/BLEEDING DISORDERS | 7 | NUTRITIONAL/DIETARY | 15 |
| BLOOD PRESSURE/HEART MEDICATIONS | 7, 8 | OSTEOPOROSIS PRODUCTS | 15 |
| BLOOD THINNERS/ANTI-CLOTTING | 8 | PAIN RELIEF AND INFLAMMATORY DISEASE | 15, 16 |
| CANCER | 8 | PARKINSON'S DISEASE | 16 |
| CHOLESTEROL MEDICATIONS | 8 | SCHIZOPHRENIA/ANTI-PSYCHOTICS | 16 |
| CONTRACEPTION PRODUCTS | 8-10 | SEIZURE DISORDERS | 17 |
| COUGH/COLD MEDICATIONS | 11 | SKIN CONDITIONS | 17 |
| DENTAL PRODUCTS | 11 | SLEEP DISORDERS/SEDATIVES | 18 |
| DIABETES | 11 | SMOKING CESSATION | 18 |
| DIURETICS | 11 | SUBSTANCE ABUSE | 18 |
| EAR MEDICATIONS | 11 | TRANSPLANT MEDICATIONS | 18 |
| EYE CONDITIONS | 12 | URINARY TRACT CONDITIONS | 18 |
| FEMININE PRODUCTS | 12 | VACCINES | 18 |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

AIDS/HIV

| | | |
|--|---|---|
| abacavir-lamivudine* (PA) | BIKTARVY* | CIMDUO* (PA) |
| efavirenz-emtricitabine-tenofovir* | DESCOVY*+ (PA) | COMPLERA* (PA) |
| emtricitabine-tenofovir*+ ritonavir* tenofovir* (PA) | DOVATO* GENVOYA* ISENTRESS HD* (PA) ISENTRESS* JULUCA* PREZISTA* SELZENTRY* (PA) SYMTUZA* TIVICAY PD* TIVICAY* TRIUMEQ* | EVOTAZ* (PA) ODEFSEY* (PA) PIFELTRO* (PA) PREZCOBIX* (PA) STRIBILD* (PA) TEMIXYS* (PA) |

ALLERGY/NASAL SPRAYS

| | | |
|---|--|--------------------|
| azelastine | | CLARINEX-D 12 HOUR |
| azelastine-fluticasone | | GASTROCROM |
| cromolyn oral concentrate | | GRASTEK (PA, QL) |
| desloratadine^ (QL) | | KARBINAL ER |
| fluticasone^ | | ODACTRA (PA, QL) |
| hydroxyzine hcl solution, syrup, tablet | | ORALAIR (PA, QL) |
| hydroxyzine pamoate | | PATANASE |
| ipratropium | | RAGWITEK (PA, QL) |
| mometasone^ (QL) | | VISTARIL |
| olopatadine | | |
| promethazine solution, syrup, tablet | | |

ALZHEIMER'S DISEASE

| | | |
|----------------------------------|--|-----------------|
| donepezil | | ARICEPT |
| donepezil odt | | EXELON |
| memantine | | MESTINON |
| memantine er (QL) | | NAMENDA |
| pyridostigmine 60 mg/5 ml, 60 mg | | NAMENDA XR (QL) |
| pyridostigmine er | | NAMZARIC (QL) |
| rivastigmine | | |

ANXIETY/DEPRESSION/BIPOLAR DISORDER

| | | |
|---------------------|--|---------------------|
| alprazolam | | CELEXA (QL, ST) |
| alprazolam er | | EFFEXOR XR (QL, ST) |
| alprazolam intensol | | FETZIMA (QL, ST) |
| alprazolam odt | | PAXIL (QL, ST) |
| alprazolam xr | | PAXIL CR (QL, ST) |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)

| | | |
|---------------------------------|--|------------------------|
| amitriptyline | | PROZAC (QL, ST) |
| bupropion (QL) | | REMERON |
| bupropion sr (QL) | | SPRAVATO* (PA) |
| bupropion xl 150 mg tablet (QL) | | TRINTELLIX (QL, ST) |
| bupropion xl 300 mg tablet (QL) | | VIIBRYD (QL, ST) |
| bupropion xl 300 mg tablet (QL) | | WELLBUTRIN SR (QL, ST) |
| buspirone | | XANAX |
| citalopram (QL) | | XANAX XR |
| clomipramine | | ZOLOFT (QL, ST) |
| desvenlafaxine er (QL) | | |
| duloxetine (QL) | | |
| escitalopram (QL) | | |
| fluoxetine dr (QL) | | |
| fluoxetine (QL) | | |
| fluvoxamine (QL) | | |
| fluvoxamine er (QL) | | |
| lorazepam | | |
| lorazepam intensol | | |
| mirtazapine | | |
| paroxetine cr (QL) | | |
| paroxetine er (QL) | | |
| paroxetine (QL) | | |
| sertraline (QL) | | |
| trazodone | | |
| venlafaxine (QL) | | |
| venlafaxine er (QL) | | |

ASTHMA/COPD/RESPIRATORY

| | | |
|------------------------|-------------------|--------------------------------|
| albuterol | ANORO ELLIPTA | ADCIRCA* (PA) |
| ALBUTEROL HFA (QL) | ATROVENT HFA | ADEMPAS* (PA) |
| ALYQ* (PA) | BREZTRI | BRONCHITOL* (PA) |
| AMBRISENTAN* (PA) | AEROSPHERE | COMBIVENT |
| budesonide | DULERA | RESPIMAT |
| fluticasone-salmeterol | FASENRA PEN* (PA) | DALIRESP (QL) |
| ipratropium-albuterol | FLOVENT DISKUS | KALYDECO* (PA, QL) |
| montelukast | FLOVENT HFA | LETAIRIS* (PA) |
| TADALAFIL* (PA) | INCRUSE ELLIPTA | LONHALA MAGNAIR REFILL (PA) |
| | OFEV* (PA) | LONHALA MAGNAIR STARTER (PA) |
| | OPSUMIT* (PA) | ORENITRAM ER* (PA) |
| | QVAR REDIHALER | ORKAMBI* (PA, QL) |
| | SEREVENT DISKUS | PULMICORT RESPULE |
| | SPIRIVA | PULMOZYME* (PA) |
| | SPIRIVA RESPIMAT | REVIATIO 10 MG/ML, 20 MG* (PA) |
| | STIOLTO | SINGULAIR |
| | RESPIMAT | SYMDEKO* (PA, QL) |
| | SYMBICORT | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|--|---|---|---|---|
| ASTHMA/COPD/RESPIRATORY (cont) | | | BLOOD PRESSURE/HEART MEDICATIONS (cont) | | |
| | TRACLEER 32 MG TABLET FOR SUSPENSION* (PA) | TRACLEER 125 MG TABLET* (PA) | bisoprolol-hctz candesartan (PO) cartia xt (PO) carvedilol (PO) CARVEDILOL ER (QL) (PO) clonidine (PO) diltiazem 12hr er (PO) diltiazem 24hr er (PO) diltiazem 24hr er (cd) (PO) diltiazem 24hr er (la) (PO) diltiazem 24hr er (xr) (PO) diltiazem (PO) DILT-XR (PO) DOFETILIDE (QL) doxazosin (PO) droxidopa* enalapril (PO) flecainide hydralazine tablet irbesartan labetalol tablet (PO) lisinopril (PO) lisinopril-hctz (PO) losartan (PO) losartan-hctz matzim la (PO) metoprolol succinate metoprolol tablet (PO) nadolol (PO) nifedipine (PO) nifedipine er (PO) olmesartan (QL) (PO) olmesartan-amlodipine-hctz (PO) olmesartan-hctz (QL) (PO) prazosin (PO) propranolol tablet (PO) propranolol er (PO) ramipril (PO) ranolazine er (QL) taztia xt (PO) telmisartan (QL) (PO) telmisartan-hctz (QL) (PO) tiadylt er | TRACLEER 62.5 MG TABLET* (PA) TRIKAFTA* (PA, QL) TYVASO* (PA) | EPANED (P50) HEMANGEOL (P50) INDERAL LA (ST) INDERAL XL (ST) (P50) INNOPRAN XL (ST) (P50) KAPSPARGO SPRINKLE (ST) KATERZIA (QL) LOPRESSOR (ST) (P50) MINIPRESS (P50) NITROSTAT NORTHERA* (PA) NORVASC ORLADEYO* (PA, QL) PROCARDIA XL (P50) RANEXA (QL) TENORETIC 100 (ST) TENORETIC 50 (ST) TENORMIN (ST) (P50) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) VERELAN VERELAN PM ZIAC (ST) |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | | | | |
| amphetamine (PA) atomoxetine (QL) dexmethylphenidate (PA) dexmethylphenidate er (PA, QL) dextroamphetamine-amphetamine (PA) guanfacine er methylphenidate er (la) (PA, QL) methylphenidate er (PA, QL) methylphenidate (PA) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate la (PA, QL) | | ADDERALL (PA,ST) DAYTRANA (PA, QL) EVEKEO 5 MG, 10 MG (PA,ST) FOCALIN (PA,ST) INTUNIV METHYLIN (PA) QUILLIVANT XR (PA, QL) RITALIN (PA,ST) STRATTERA (QL) | | | |
| BLOOD MODIFIERS/BLEEDING DISORDERS | | | | | |
| aminocaproic acid 0.25 gram/ml, 500 mg, 1,000 mg* tranexamic acid 650 mg* | DROXIA ZIENTENZO (PA) | DOPTELET* (PA) LYSTEDA* NYVEPRIA* (PA) PROMACTA* (PA) SIKLOS (PA) TAVALISSE* (PA) | | | |
| BLOOD PRESSURE/HEART MEDICATIONS | | | | | |
| amlodipine (PO) amlodipine-benazepril (PO) AMLODIPINE-OLMESARTAN (QL) (PO) amlodipine-valsartan atenolol benazepril bisoprolol | CORLANOR (PA) ENTRESTO | BIDIL (QL) CALAN SR CARDIZEM LA 120MG (QL) (P50) CARDURA (P50) CATAPRES-TTS 1 CATAPRES-TTS 2 CATAPRES-TTS 3 COREG (ST) CORGARD (ST) | | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

BLOOD PRESSURE/HEART MEDICATIONS (cont)

| | | |
|-----------------------|--|--|
| valsartan (PO) | | |
| valsartan-hctz (PO) | | |
| verapamil er (PO) | | |
| verapamil er pm | | |
| verapamil tablet (PO) | | |
| verapamil sr (PO) | | |

BLOOD THINNERS/ANTI-CLOTTING

| | | |
|--------------------------------------|-------------------|-------------------------|
| adult aspirin regimen+ | BRILINTA (PO) | BAYER CHEWABLE ASPIRIN+ |
| aspirin ec+ | ELIQUIS (PA) (PO) | |
| aspirin+ | XARELTO (PA) (PO) | EFFIENT |
| aspirin-dipyridamole er (PO) | | PLAVIX |
| children's aspirin+ clopidogrel (PO) | | PRADAXA (PA) (P50) |
| jantoven (PO) | | SAVAYSA (PA, QL) (P50) |
| low dose aspirin ec+ prasugrel (PO) | | ZONTIVITY (P50) |
| st. joseph aspirin ec+ | | |
| st. joseph aspirin+ warfarin (PO) | | |

CANCER

| | | |
|--------------------|-----------------------------|------------------------------|
| abiraterone* (PA) | AFINITOR 10 MG TABLET* (PA) | AFINITOR 2.5 MG TABLET* (PA) |
| anastrozole+ | ERIVEDGE* (PA) | AFINITOR 5 MG TABLET* (PA) |
| bexarotene* (PA) | ERLEADA* (PA) | AFINITOR 7.5 MG TABLET* (PA) |
| capecitabine* (PA) | GLEOSTINE | AFINITOR DISPERZ* (PA) |
| everolimus* (PA) | IBRANCE* (PA) | ALECENSA* (PA) |
| exemestane+ | NEXAVAR* (PA) | ALUNBRIG* (PA) |
| hydroxyurea | REVLIMID* (PA) | BOSULIF* (PA) |
| imatinib* (PA) | SPRYCEL* (PA) | BRAFTOVI* (PA) |
| letrozole | SUTENT* (PA) | CABOMETYX* (PA) |
| methotrexate | TREXALL | CALQUENCE* (PA) |
| tamoxifen+ | VERZENIO* (PA) | COMETRIQ* (PA) |
| temozolomide* (PA) | | GLEEVEC* (PA) |
| | | ICLUSIG* (PA) |
| | | IMBRUVICA* (PA) |
| | | INLYTA* (PA) |
| | | JAKAFI* (PA) |
| | | KISQALI* (PA) |
| | | LENVIMA* (PA) |
| | | LONSURF* (PA) |
| | | LYNPARZA* (PA) |
| | | MEKINIST* (PA) |
| | | MEKTOVI* (PA) |
| | | NERLYNX* (PA) |
| | | NINLARO* (PA) |
| | | NUBEQA* (PA) |
| | | ODOMZO* (PA) |
| | | ORGOVYX* (PA) |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

CANCER (cont)

| | | |
|--|--|-------------------------------|
| | | PIQRAY* (PA) |
| | | POMALYST* (PA) |
| | | ROZLYTREK* (PA) |
| | | RUBRACA* (PA) |
| | | RYDAPT* (PA) |
| | | STIVARGA* (PA) |
| | | TAFINLAR* (PA) |
| | | TAGRISSO* (PA) |
| | | TARGRETIN* (PA) |
| | | TASIGNA* (PA) |
| | | TEMODAR CAPSULE* (PA) |
| | | TUKYSA* (PA) |
| | | UKONIQ* (PA, QL) |
| | | VENCLEXTA STARTING PACK* (PA) |
| | | VENCLEXTA* (PA) |
| | | VITRAKVI* (PA) |
| | | VOTRIENT* (PA) |
| | | XALKORI* (PA) |
| | | XELODA* (PA) |
| | | XOSPATA* (PA) |
| | | XTANDI* (PA) |
| | | ZEJULA* (PA) |

CHOLESTEROL MEDICATIONS

| | | |
|-------------------------------|--------------|--------------------|
| atorvastatin+ (PO) | VASCEPA (PA) | CADUET (QL) |
| colesevelam (PO) | | LIPOFEN (ST) (P50) |
| ezetimibe (PO) | | NIASPAN |
| ezetimibe-simvastatin (PO) | | ROSZET |
| fenofibrate (PO) | | TRICOR (ST) |
| fenofibric acid (PO) | | TRILIPIX (ST) |
| fluvastatin er+ (PO) | | WELCHOL |
| fluvastatin+ (PO) | | ZETIA |
| icosapent ethyl | | |
| lovastatin+ (PO) | | |
| omega-3 acid ethyl esters | | |
| pravastatin+ (PO) | | |
| rosuvastatin+ (QL) (PO) | | |
| simvastatin tablet+ (QL) (PO) | | |

CONTRACEPTION PRODUCTS

| | | |
|------------|----------------|--------------|
| AFIRMELLE+ | LO LOESTRIN FE | BEYAZ |
| AFTERA+ | | ELLA+ |
| ALTAVERA+ | | ESTROSTEP FE |
| | | KYLEENA*+ |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------------------------------|----------------|-------------------|--------------------------------------|----------------|------------------|
| CONTRACEPTION PRODUCTS (cont) | | | CONTRACEPTION PRODUCTS (cont) | | |
| ALYACEN+ | | LAYOLIS FE+ | EMOQUETTE+ | | |
| AMETHIA+ | | LILETTA*+ | ENPRESSE+ | | |
| AMETHYST+ | | LOESTRIN FE | ENSKYCE+ | | |
| APRI+ | | MICROGESTIN 24 FE | ERRIN+ | | |
| ARANELLE+ | | MINASTRIN 24 FE | ESTARYLLA+ | | |
| ASHLYNA+ | | MIRENA*+ | ethynodiol-ethinyl | | |
| AUBRA+ | | NEXTSTELLIS | estradiol+ | | |
| AUBRA EQ+ | | NUVARING | etonogestrel-ethinyl | | |
| AUROVELA+ | | PARAGARD T 380- | estradiol+ | | |
| AUROVELA FE+ | | A*+ | FALMINA+ | | |
| AUROVELA 24 FE+ | | SAFYRAL | FAYOSIM+ | | |
| AVIANE+ | | SKYLA*+ | FEMCAP+ | | |
| AYUNA+ | | TODAY | FEMYNOR+ | | |
| AZURETTE+ | | CONTRACEPTIVE | GEMMILY+ | | |
| BALZIVA+ | | SPONGE+ | GYNOL II+ | | |
| BLISOVI FE+ | | TWIRLA+ | HAILEY+ | | |
| BLISOVI 24 FE+ | | VCF | HAILEY FE+ | | |
| BRIELLYN+ | | CONTRACEPTIVE | HAILEY 24 FE+ | | |
| CAMILA+ | | FILM+ | HEATHER+ | | |
| CAMRESE+ | | YASMIN 28 | ICLEVIA+ | | |
| CAMRESE LO+ | | YAZ | INCASSIA+ | | |
| CAYA CONTOURED+ | | | ISIBLOOM+ | | |
| CAZIAN+T | | | JAIMIESS+ | | |
| CHARLOTTE 24 FE+ | | | JASMIEL+ | | |
| CHATEAL+ | | | JENCYCLA+ | | |
| CHATEAL EQ+ | | | JOLESSA+ | | |
| CRYSSELLE+ | | | JULEBER+ | | |
| CYCLAFEM+ | | | JUNEL+ | | |
| CYRED+ | | | JUNEL FE+ | | |
| CYRED EQ+ | | | JUNEL FE 24+ | | |
| DASETTA+ | | | KAITLIB FE+ | | |
| DAYSEE+ | | | KALLIGA+ | | |
| DEBLITANE+ | | | KARIVA+ | | |
| desogestrel-ethinyl | | | KELNOR 1-35+ | | |
| estradiol+ | | | KELNOR 1-50+ | | |
| desogestrel-ethinyl | | | KURVELO+ | | |
| estradiol - ethinyl | | | LARIN+ | | |
| estradiol+ | | | LARIN FE+ | | |
| DOLISHALE+ | | | LARIN 24 FE+ | | |
| drospirenone- | | | LARISSIA+ | | |
| ethinyl estradiol- | | | LEENA+ | | |
| levomefolate+ | | | LESSINA+ | | |
| drospirenone-ethinyl | | | LEVONEST+ | | |
| estradiol+ | | | levonorgestrel+ | | |
| ECONTRA EZ+ | | | levonorgestrel- | | |
| ECONTRA ONE- | | | ethinyl estradiol+ | | |
| STEP+ | | | levonorgestrel- | | |
| ELINEST+ | | | ethinyl estradiol | | |
| ELURYNG+ | | | ethinyl estradiol+ | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------------------------------|----------------|------------------|--------------------------------------|----------------|------------------|
| CONTRACEPTION PRODUCTS (cont) | | | CONTRACEPTION PRODUCTS (cont) | | |
| LEVORA+ | | | SHAROBEL+ | | |
| LILLOW+ | | | SIMLIYA+ | | |
| LOJAIMIESS+ | | | SIMPESSE+ | | |
| LORYNA+ | | | SPRINTEC+ | | |
| LOW-OGESTREL+ | | | SRONYX+ | | |
| LO-ZUMANDIMINE+ | | | SYEDA+ | | |
| LUTERA+ | | | TAKE ACTION+ | | |
| LYLEQ+ | | | TARINA FE+ | | |
| LYZA+ | | | TARINA FE 1-20 EQ+ | | |
| MARLISSA+ | | | TARINA 24 FE+ | | |
| MERZEE+ | | | TILIA FE+ | | |
| MICROGESTIN+ | | | TRI FEMYNOR+ | | |
| MICROGESTIN FE+ | | | TRI-ESTARYLLA+ | | |
| MILI+ | | | TRI-LEGEST FE+ | | |
| MONO-LINYAH+ | | | TRI-LINYAH+ | | |
| MY CHOICE+ | | | TRI-LO-ESTARYLLA+ | | |
| MY WAY+ | | | TRI-LO-MARZIA+ | | |
| NECON+ | | | TRI-LO-MILI+ | | |
| NEW DAY+ | | | TRI-LO-SPRINTEC+ | | |
| NIKKI+ | | | TRI-MILI+ | | |
| NORA-BE+ | | | TRI-NYMYO+ | | |
| norethindrone+ | | | TRI-PREVIFEM+ | | |
| norethindrone- | | | TRI-SPRINTEC+ | | |
| ethinyl estradiol- | | | TRIVORA+ | | |
| iron+ | | | TRI-VYLIBRA LO+ | | |
| norethindrone- | | | TRI-VYLIBRA+ | | |
| ethinyl estradiol+ | | | TULANA+ | | |
| norethindrone- | | | TYDEMY+ | | |
| ethinyl estradiol- | | | VCF CONTRACEPTIVE | | |
| ferrous fumarate | | | FOAM+ | | |
| norgestimate-ethinyl | | | VCF CONTRACEPTIVE | | |
| estradiol+ | | | GEL+ | | |
| NORLYDA+ | | | VELIVET+ | | |
| NORTREL+ | | | VESTURA+ | | |
| NYLIA+ | | | VIENVA+ | | |
| NYMYO+ | | | VIORELE+ | | |
| OCELLA+ | | | VOLNEA+ | | |
| OPCICON ONE- | | | VYFEMLA+ | | |
| STEP+ | | | VYLIBRA+ | | |
| OPTION 2+ | | | WERA+ | | |
| ORSYTHIA+ | | | wide seal | | |
| PHILITH+ | | | diaphragm+ | | |
| PIMTREA+ | | | WYMZYA FE+ | | |
| PIRMELLA+ | | | XULANE+ | | |
| PORTIA+ | | | ZAFEMY+ | | |
| PREVIFEM+ | | | ZARAH+ | | |
| RECLIPSEN+ | | | ZOVIA 1-35+ | | |
| RIVELSA+ | | | ZOVIA 1-35E+ | | |
| SETLAKIN+ | | | ZUMANDIMINE+ | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

COUGH/COLD MEDICATIONS

| | | |
|--|--|-------------------------|
| bromphen-iramine- pseudoephed-dm | | HYCODAN (PA, QL) |
| hydrocodone- homatropine (PA,QL) | | TESSALON PERLE |
| promethazine-dm | | TUZISTRA XR (PA, QL) |

DENTAL PRODUCTS

| | | |
|--|--|--------------------|
| chlorhexidine DENTA 5000 PLUS DENTAGEL | | CLINPRO 5000 |
| doxycycline hyclate | | FLORIVA+^ |
| FLUORIDEX DAILY DEFENSE 1.1% | | FLUORIDEX |
| ORALONE | | SENSITIVITY RELIEF |
| PERIDEX | | PREVIDENT |
| PERIOGARD | | |
| SF 1.1% GEL | | |
| SF 5000 PLUS | | |
| sodium fluoride | | |
| sodium fluoride 5000 dry mouth | | |
| sodium fluoride 5000 plus | | |
| triamcinolone acetoneide | | |

DIABETES

| | | |
|------------------------|----------------------------------|----------------------------|
| ACCU-CHEK SMARTVIEW | BAQSIMI (QL) | AMARYL |
| CONTRL SOLUTION | BASAGLAR | CEQR |
| ACCUTREND | DEXCOM G6 (PA, QL) | CONTOUR NEXT TEST STRIP |
| GLUCOSE CONTROL | FARXIGA (QL, ST) | CONTOUR TEST STRIP |
| BD LANCETS | FREESTYLE LIBRE 14 DAY SENSOR | CYCLOSET |
| BD PEN NEEDLE | (PA, QL) | KORLYM* (PA) |
| CONTOUR SOLUTION | FREESTYLE LIBRE | PRECISION XTRA |
| DROPLET | 2 SENSOR (PA, QL) | KETONE-GLUC KIT |
| DROPSAFE | GLYXAMBI (QL, ST) | RIOMET |
| glimepiride (PO) | HUMULIN (PO) | |
| glipizide (PO) | JANUMET (QL, ST) (PO) | |
| glipizide er (PO) | JANUMET XR (QL, ST) (PO) | |
| glipizide xl (PO) | JANUVIA (QL, ST) | |
| metformin (PO) | JARDIANCE (QL, ST) | |
| metformin er (PO) | | |
| NOVOTWIST | | |
| TECHLITE | | |
| TRUE METRIX CONTROL | | |
| SOULTION | | |
| TRUEPLUS SYRINGE | | |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

DIABETES (cont)

| | | |
|--|--------------------------------------|--|
| | LYUMJEV | |
| | OMNIPOD DASH | |
| | ONETOUCH ULTRA TEST STRIP (PO) | |
| | ONETOUCH VERIO TEST STRIP | |
| | RYBELSUS (PA, QL) | |
| | SOLIQUA 100-33 | |
| | SYMLINPEN | |
| | SYNJARDY (QL, ST) (PO) | |
| | SYNJARDY XR (QL, ST) (PO) | |
| | TRIJARDY XR (ST, QL) | |
| | V-GO 20 | |
| | V-GO 30 | |
| | V-GO 40 | |
| | VICTOZA (PA, QL) (PO) | |
| | XIGDUO XR (QL, ST) (PO) | |
| | XULTOPHY | |

DIURETICS

| | | |
|--------------------------------|--|------------------|
| acetazolamide tablet | | TRIAMTERENE-HCTZ |
| acetazolamide er capsule | | CAROSPIR |
| bumetanide tablet | | DIURIL |
| chlorthalidone | | INSPIRA |
| eplerenone | | JYNARQUE* (PA) |
| furosemide solution, tablet | | KERENDIA |
| hydrochloro- thiazide | | LASIX |
| spironolactone | | MAXZIDE |
| triamterene-hctz | | |

EAR MEDICATIONS

| | | |
|--|--|----------------|
| ciprofloxacin- dexamethasone | | CIPRODEX |
| neomycin-polymyxin b-hydrocortisone | | CIPRO HC |
| ofloxacin | | CORTISPORIN-TC |
| | | DERMOTIC |
| | | OTOVEL |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|---|--|--|--|---|
| EYE CONDITIONS | | | FEMININE PRODUCTS | | |
| BIMATOPROST (QL) brimonidine brinzolamide ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorome-tholone ketorolac latanoprost loteprednol moxifloxacin eye drops neomycin-polymyxin b-dexamethasone ofloxacin olopatadine^ polymyxin b sulfate- trimethoprim prednisolone timolol tobramycin- dexamethasone travoprost | COMBIGAN EYSUVIS (QL) RESTASIS SIMBRINZA | ACULAR ACULAR LS ACUVAIL ALPHAGAN P ALREX AZASITE AZOPT BESIVANCE BETIMOL BETOPTIC S BROMSITE COSOPT COSOPT PF CYSTADROPS* (PA, QL) CYSTARAN* (PA, QL) DUREZOL FLAREX FML FORTE 0.25% EYE DROPS FML LIQUIFILM 0.1% EYE DROP FML S.O.P. 0.1% OINTMENT ILEVRO INVELTYS ISTALOL LOTEMAX LOTEMAX SM MAXITROL MOXEZA NEVANAC OCUFLOX OXERVATE* (PA) PRED FORTE PROLENSA RHOPRESSA ROCKLATAN TIMOPTIC TIMOPTIC-XE TOBRADEX TOBRADEX ST TRUSOPT VIGAMOX ZIRGAN ZYLET | FEM PH GYNAZOLE 1 miconazole 3 200 mg terconazole | | |
| | | | GASTROINTESTINAL/HEARTBURN | | |
| | | | ALOPHEN PILLS+ alosetron* ANUCORT-HC balsalazide bisacodyl tablet+ cinacalcet* CLEARLAX+ CONSTULOSE dicyclomine capsule, solution, tablet esomeprazole 20 mg capsule, 40 mg capsule, packets^ (QL) famotidine 40 mg/5 ml suspension GAVILAX+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ GENTLE LAXATIVE TABLET+ GENTLELAX+ GLYCOLAX+ glycopyrrolate tablet HEMMOREX-HC hydrocortisone lansoprazole^ (QL) LAXACLEAR+ LAXATIVE PEG 3350+ LAXATIVE 5 MG TABLET+ LAXATIVE EC 5 MG TABLET+ mesalamine mesalamine dr mesalamine er metoclopramide solution, tablet metoclopramide odt misoprostol | AMITIZA CLENPIQ+ LINZESS NEXIUM DR 2.5 MG PACKET (QL) NEXIUM DR 5 MG PACKET (QL) PANCREAZE PENTASA SUPREP+ SUTAB+ VIBERZI | AKYNZEO 300-0.5 MG CAPSULE BONJESTA CANASA CARAFATE CHENODAL* (PA) CHOLBAM* (PA) CORRECTOL+ CUVPOSA DICLEGIS DONNATAL DULCOLAX EC 5 MG TABLET+ LITHOSTAT MIRALAX+ MOVANTIK (PA) OCALIVA* (PA) RAVICTI* (PA) RECTIV RELISTOR (PA) SANCUSO (PA, QL) SFROWASA SUCRAID* (PA) SYMPROIC (PA) TRANSDERM-SCOP URSO URSO FORTE VARUBI (PA, QL) VIOKACE |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 | TIER 2 | TIER 3 |
|--------|--------|--------|
| \$ | \$\$ | \$\$\$ |

GASTROINTESTINAL/HEARTBURN (cont)

| | | |
|---|--|--|
| NATURA-LAX+ | | |
| OMEPRAZOLE^ (QL) | | |
| ondansetron | | |
| ondansetron odt | | |
| PANTOPRAZOLE ^ (QL) | | |
| peg 3350-electrolyte+ | | |
| peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+ | | |
| PEG-PREP+ | | |
| polyethylene glycol 3350+ | | |
| prochlorperazine tablet | | |
| promethazine suppository | | |
| promethegan | | |
| PURELAX+ | | |
| rabeprazole tablet^ (QL) | | |
| scopolamine | | |
| SMOOTHLAX+ | | |
| sucrafate | | |
| ursodiol | | |
| WOMEN'S GENTLE LAXATIVE+ | | |
| WOMEN'S LAXATIVE+ | | |

HORMONAL AGENTS

| | | |
|------------------------|-------------------|--------------------|
| AMABELZ | DUAVEE | ACTIVELLA |
| budesonide ec | LUPRON DEPOT- | ALORA (QL) |
| BUDESONIDE ER (PA, QL) | PED*^ (PA) | ANDRODERM (PA, QL) |
| CABERGOLINE (QL) | ORIAHNN (PA, QL) | ANDROGEL (PA, QL) |
| COVARYX | ORILISSA (PA, QL) | ANGELIQ |
| COVARYX H.S. | PREMARIN | ARMOUR THYROID |
| DECADRON | TABLET, | AYGESTIN |
| desmopressin | VAGINAL CREAM | BIJUVA |
| dexamethasone intensol | APPLICATOR | BYNFEZIA* (PA) |
| DOTTI (QL) | PREMPHASE | CLIMARA |
| EEMT | PREMPRO | CLIMARA PRO |
| EEMT HS | SOMAVERT* (PA) | COMBIPATCH |
| | | CRINONE 4% GEL |

| TIER 1 | TIER 2 | TIER 3 |
|--------|--------|--------|
| \$ | \$\$ | \$\$\$ |

HORMONAL AGENTS (cont)

| | | |
|-------------------------------------|--|----------------------------|
| estradiol (once weekly) | | CYTOMEL |
| estradiol 10mcg vaginal insert (QL) | | DIVIGEL |
| estradiol (twice weekly) (QL) | | ELESTRIN |
| estradiol-norethindrone acetat | | EMFLAZA* (PA) |
| estrogen-methyltest-osterone | | ENTOCORT EC |
| EUTHYROX | | ESTRACE |
| LEVO-T | | ESTRING (QL) |
| levothyroxine tablet | | ESTROGEL |
| LEVOXYL | | EVAMIST |
| liothyronine | | FENSOLVI*^ (PA) |
| LYLLANA (QL) | | IMVEXXY (QL) |
| medroxypro-gesterone | | INTRAROSA |
| methimazole | | ISTURISA* (PA, QL) |
| methylpred-nisolone | | LUPANETA PACK*^ (PA) |
| MIMVEY | | levothyroxine capsule (PA) |
| norethindrone | | MEDROL |
| NP THYROID | | MENOSTAR (QL) |
| prednisone | | MINIVELLE (QL) |
| prednisone intensol | | MYFEMBREE (QL) |
| progesterone tablet | | OSPHENA |
| TESTOSTERONE (PA, QL) | | PROMETRIUM |
| WESTHROID | | RAYALDEE |
| YUVAFEM | | UNITHROID |
| | | teriparatide* (PA, QL) |
| | | TIROSINT-SOL (PA) |
| | | VAGIFEM (QL) |
| | | VIVELLE-DOT (QL) |

INFECTIONS

| | | |
|--|------------------------------|-----------------------|
| acyclovir capsule, suspension, tablet | BARACLUDE SOLUTION* | AEMCOLO (QL) |
| albendazole | EPCLUSA* (PA, QL) | ALBENZA |
| amoxicillin | FIRVANQ | ALINIA |
| amoxicillin-clavulanate er | HARVONI* (PA, QL) | ARIKAYCE* (PA) |
| amoxicillin-clavulanate | LEDIPASVIR-SOFOSBUVIR* (PA) | BACTRIM |
| atovaquone | MAVYRET* (PA) | BACTRIM DS |
| atovaquone-proguanil | SOFOSBUVIR-VELPATASVIR* (PA) | BAXDELA TABLET (PA) |
| AVIDOXY | SOVALDI* (PA, QL) | CAYSTON* (PA, QL) |
| azithromycin packet, suspension, tablets | | CIPRO |
| cefдинир | | CLEOCIN |
| cefuroxime tablets | | CLINDESSE |
| | | CRESEMBA CAPSULE (PA) |
| | | DARAPRIM* (PA) |
| | | DIFICID* (PA) |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|----------------|--|---|--|---|
| INFECTIONS (cont) | | | INFECTIONS (cont) | | |
| cephalexin | THALOMID* (PA) | DIFICID (QL) | tobramycin ampule* (PA,QL) | | |
| ciprofloxacin | VOSEVI* (PA) | ELIMITE | valacyclovir | | |
| clarithromycin | XIFAXAN (QL) | ERYPED 200 | valganciclovir | | |
| clarithromycin er | | ERY-TAB DR | vancomycin capsule, solution | | |
| clindamycin | | FLAGYL | vandazole | | |
| COREMINO ER (QL) | | HIPREX | | | |
| dapsone | | KEFLEX | | | |
| doxycycline hyclate capsule, tablet | | KITABIS PAK* (PA, QL) | | | |
| doxycycline monohydrate | | MACROBID | | | |
| EMVERM | | MACRODANTIN | | | |
| entecavir* (QL) | | MALARONE (PA) | | | |
| erythromycin | | NATROBA | | | |
| erythromycin ethylsuccinate | | NUVESSA | | | |
| famciclovir | | NUZYRA TABLET* (QL) | | | |
| fluconazole | | ORAVIG | | | |
| hydroxychlor- oquine | | PLAQUENIL | | | |
| ivermectin | | POSACONAZOLE SUSPENSION | | | |
| levofloxacin solution, tablet | | PREVYMIS TABLET* | | | |
| methenamine | | PRIFTIN | | | |
| metronidazole gel, capsule, tablet | | SIVEXTRO TABLET (PA) | | | |
| minocycline | | SOLOSEC | | | |
| minocycline er tablet (QL) | | STROMEKTOL | | | |
| mondoxyne nl | | SULFATRIM | | | |
| MORGIDOX | | URIBEL | | | |
| nitazoxanide | | VALTREX | | | |
| nitrofurantoin | | VEMLIDY* | | | |
| nitrofurantoin monohydrate- macrocrystal | | VIBRAMYCIN 25 MG/5 ML SUSPENSION | | | |
| nystatin suspension, tablet | | VIBRAMYCIN 50 MG/5 ML SYRUP | | | |
| penicillin v potassium | | XENLETA 600MG TABLET (PA, QL) | | | |
| permethrin | | XOFLUZA (QL) | | | |
| posaconazole tablet | | ZEPATIER* (PA) | | | |
| pyrimethamine* (PA) | | ZITHROMAX | | | |
| sulfamethoxazole- trimethoprim | | ZITHROMAX TRI-PAK | | | |
| suspension, tablet | | ZYVOX SUSPENSION, TABLET (PA) | | | |
| terbinafine | | | | | |
| tetracycline | | | | | |
| | | | INFERTILITY | | |
| | | | clomiphene | | CRINONE 8% GEL ENDOMETRIN FOLLISTIM* (PA) |
| | | | MISCELLANEOUS | | |
| | | | ACCU-CHEK | ACE AEROSOL | ADDYI^ (PA, QL) |
| | | | deferiprone 500mg* (PA) | CLOUD | AUSTEDO* (PA) |
| | | | FC2 FEMALE CONDOM+ | ENHANCER (QL) | BRISDELLE (QL) |
| | | | KETONE CARE TEST STRIP | AEROCHAMBER MINI (QL) | EVRYSDI* (PA) |
| | | | KETONE TEST STRIP | AEROCHAMBER MV (QL) | GALAFOLD* (PA) |
| | | | KETOSTIX REAGENT | AEROCHAMBER PLUS FLOW-VU (QL) | INGREZZA INITIATION PACK* (PA, QL) |
| | | | MICROLET | AEROCHAMBER WITH FLOW SIGNAL (QL) | INGREZZA* (PA) |
| | | | PRECISION XTRA | AEROCHAMBER | NUEDEXTA (QL) |
| | | | sodium chloride inhalation vial, irrigation solution, vial | Z-STAT PLUS (QL) | ORFADIN* (PA) |
| | | | TECHLITE LANCETS | AEROCHAMBER PLUS (QL) | TEGSEDI* (PA) |
| | | | TRIENTINE * (PA) | AEROVENT PLUS (QL) | TIGLUTIK* (PA) |
| | | | TRUEPLUS KETONE TEST STRIP | BREATHRITE (QL) | VYLEESI*^ (PA, QL) |
| | | | | CERDELGA* (PA) | VYNDAMAX* (PA, QL) |
| | | | | CLEVER CHOICE HOLDING CHAMBER (QL) | VYNDAQEL* (PA, QL) |
| | | | | COMPACT SPACE CHAMBER (QL) | |
| | | | | EASIVENT (QL) | |
| | | | | ESBRIET* (PA) | |
| | | | | FLEXICHAMBER (QL) | |
| | | | | INSPIRACHAMBER (QL) | |
| | | | | MICROCHAMBER (QL) | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|---|---|--|---|--|---|
| MISCELLANEOUS (cont) | | | NUTRITIONAL/DIETARY (cont) | | |
| | NITYR* (PA) OPTICHAMBER DIAMOND (QL) POCKET CHAMBER (QL) PRO COMFORT SPACER WITH MASK (QL) PROCARE SPACER WITH CHILD MASK (QL) RITEFLO (QL) SPACE CHAMBER (QL) SPACE CHAMBER- MEDIUM MASK (QL) SPACE CHAMBER- SMALL MASK (QL) VORTEX (QL) VORTEX VHC FROG MASK (QL) VORTEX VHC LADYBUG MASK (QL) | | MULTI-VITAMIN W-FLUORIDE- IRON+ MULTIVITAMIN WITH FLUORIDE+ MULTIVITAMIN-IRON- FLUORIDE ONE DAILY PRENATAL+ potassium chloride 10%, capsule, packet, tablet prenatal complete+ PRENATAL GUMMIES+ PRENATAL MULTI+ prenatal multi-dha+ PRENATAL MULTIVITAMIN+ PRENATAL MULTIVITAMIN- DHA+ PRENATAL ONE DAILY+ PRENATAL VITAMIN + DHA+ PRENATAL VITAMIN+ PRENATAL VITAMINS+ PRENATAL+ sevelamer carbonate TRI-VITE WITH FLUORIDE+ vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+ | OB COMPLETE PREMIER OB COMPLETE PREMIER POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+ PRENATE^ QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+ QUFLORA PEDIATRIC 0.25 MG/ML DROP+ QUFLORA PEDIATRIC 0.5 MG/ML DROP+ ROCALTROL^ TRI-VI-FLOR+ | EXPECTA PRENATAL+ FOSRENOL 1,000 MG TABLET CHEW FOSRENOL 500 MG TABLET CHEW FOSRENOL 750 MG TABLET CHEW K-TAB ER LOKELMA MINI PRENATAL+ OB COMPLETE^ ONE A DAY WOMEN'S PRENATAL DHA+ ONE-A-DAY PRENATAL-1+ PERRY PRENATAL+ PHOSLYRA PRENATAL FORMULA-DHA+ PRIMACARE REVELA SIMILAC PRENATAL+ STUART ONE+ ULTRA PRENATAL PLUS DHA+ VELPHORO VELTASSA |
| MULTIPLE SCLEROSIS | | | | | |
| dalfampridine er* (PA) dimethyl fumarate* (PA) | AUBAGIO* (PA) BAFIERTAM* (PA) GILENYA* (PA) KESIMPTA PEN* MAYZENT* (PA) VUMERITY* (PA) ZEPOSIA* (PA) | MAVENCLAD* (PA) PONVORY* (PA) | | | |
| NUTRITIONAL/DIETARY | | | OSTEOPOROSIS PRODUCTS | | |
| calcitriol capsule, solution^ FA-8+ folic acid^+ klor-con KLOR-CON 8 MEQ TABLET KLOR-CON 10 MEQ TABLET KLOR-CON M10 TABLET MULTI-VITAMIN W-FLUORIDE- IRON+ | DRISDOL^ FLORIVA CHEWABLE TABLET+ FOSRENOL 1,000 MG POWDER PACK FOSRENOL 750 MG POWDER PACKET MEPHYTON^ NEEVO DHA^ | ALIVE PRENATAL+ AURYXIA (QL) BRAINSTRONG PRENATAL+ CITRANATAL 90 DHA CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL DHA CITRANATAL HARMONY CITRANATAL RX CLASSIC PRENATAL+ | alendronate (PO) ibandronate 150 mg tablet (PO) raloxifene + (PO) risedronate (PO) risedronate dr (PO) | FOSAMAX PLUS D (ST) | ACTONEL (ST) (P50) ATELVIA (ST) (P50) BINOSTO (ST) (P50) BONIVA 150 MG TABLET (ST) EVISTA FOSAMAX (ST) (P50) |
| | | | PAIN RELIEF AND INFLAMMATORY DISEASE | | |
| | | | AIMOVIG (PA) AJOVY (PA) AVSOLA*^ (PA) | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--|----------------------|----------------------------------|--|----------------|--------------------|
| PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | | | PAIN RELIEF AND INFLAMMATORY DISEASE (cont) | | |
| ACETAMINOPHEN-CODEINE (PA) | BELBUCA (QL) | ANALPRAM HC 1% CREAM | morphine (PA) | | |
| allopurinol tablet | DUPIXENT* (PA) | ANALPRAM HC 2.5%-1% CREAM | morphine er (PA) | | |
| ASPIRIN EC+ | EMGALITY (PA) | ANALPRAM HC 2.5%-1% CREAM SINGLE | NALFON 600 MG TABLET (ST) | | |
| aspirin tablet+ | HYSINGLA ER (PA) | ARAVA | NALOCET (PA) | | |
| baclofen tablet | NURTEC ODT (PA, QL) | BUTRANS (QL) | oxycodone (PA) | | |
| buprenorphine patch (QL) | OTEZLA* (PA, QL) | CELEBREX (QL, ST) | oxycodone er (PA) | | |
| butalbital-acetaminophen-caffeine (QL) | REDITREX (PA) | COLCRYS | oxycodone-acetaminophen (PA) | | |
| carisoprodol | RINVOQ* (PA, QL) | DEPEN* (PA) | penicillamine* (PA) | | |
| CELECOXIB (QL) | SIMPONI ARIA* (PA) | EC-NAPROSYN (ST) | PROLATE TABLET (PA) | | |
| colchicine | SKYRIZI* (PA, QL) | ECOTRIN EC 325 MG TABLET+ | rizatriptan (QL) | | |
| cyclobenzaprine | TALTZ* (PA, QL) | ESGIC (QL) | sumatriptan (QL) | | |
| DICLOFENAC 1% GEL (QL) | UBRELVY (PA, QL) | FEXMID | tizanidine | | |
| diclofenac dr | XELJANZ XR* (PA, QL) | LAZANDA (PA) | tramadol 50 mg tablet (QL) | | |
| diclofenac ec | XELJANZ* (PA, QL) | LIDODERM | tramadol er (QL) | | |
| EC-NAPROXEN | XTAMPZA ER (PA) | MITIGARE | VANADOM | | |
| ECOTRIN EC 81 MG TABLET+ | ZTLIDO | MOBIC (ST) | | | |
| eletriptan (QL) | | NAPROSYN (ST) | PARKINSON'S DISEASE | | |
| ENDOCET (PA) | | NUCYNTA (PA) | benztropine tablet | KYNMOBI (PA) | AZILECT (QL) |
| FEBUXOSTAT (QL) | | NUCYNTA ER (PA) | carbidopa-levodopa | | DUOPA* |
| FENTANYL (PA) | | OLUMIANT* (PA, QL) | carbidopa-levodopa er | | INBRIJA* (PA) |
| FIORICET (QL) | | OXAYDO (PA) | pramipexole | | MIRAPEX ER (QL) |
| FROVATRIPTAN (QL) | | PERCOCET (PA) | PRAMIPEXOLE ER (QL) | | NEUPRO |
| GLYDO | | PROCORT | RASAGILINE (QL) | | NOURIANZ* (PA, QL) |
| hydrocodone-acetaminophen (PA) | | PROCTOFOAM-HC | ROPINIROLE (QL) | | OSMOLEX ER (QL) |
| hydromorphone er (PA) | | SAVELLA | ROPINIROLE ER | | RYTARY |
| hydromorphone (PA) | | SKELAXIN | ROPINIROLE | | SINEMET 10-100 |
| IBU | | ULORIC (QL) | | | SINEMET 25-100 |
| ibuprofen | | ULTRAM 50 MG TABLET (QL) | | | TASMAR |
| indomethacin | | VTOL LQ | | | XADAGO (ST) |
| indomethacin er | | ZANAFLEX | SCHIZOPHRENIA/ANTI-PSYCHOTICS | | |
| ketorolac | | ZEBUTAL (QL) | ARIPIRAZOLE (QL) | LATUDA (QL) | FANAPT (QL, ST) |
| tromethamine (QL) | | ZOHYDRO ER (PA) | aripirazole odt | | INVEGA (QL, ST) |
| leflunomide | | ZYLOPRIM | asenapine | | REXULTI (QL, ST) |
| lidocaine 5% ointment (QL) | | | chlorpromazine tablet | | RISPERDAL (ST) |
| lidocaine 5% patch | | | haloperidol | | SAPHRIS (ST) |
| lidocaine viscous | | | olanzapine tablet | | SECUADO (ST) |
| meloxicam tablet | | | olanzapine odt | | SEROQUEL (ST) |
| metaxalone | | | PALIPERIDONE ER (QL) | | SEROQUEL XR (ST) |
| methocarbamol | | | quetiapine | | VRAYLAR (QL, ST) |
| | | | quetiapine er | | |
| | | | risperidone | | |
| | | | risperidone odt | | |
| | | | ziprasidone tablet | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ | TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------------------|----------------|--------------------|-------------------------------|----------------|-------------------|
| SEIZURE DISORDERS | | | SKIN CONDITIONS (cont) | | |
| carbamazepine | DILANTIN 30 MG | APTIOM (PA, QL) | AVAR CLEANSER | | EFUDEX |
| carbamazepine er | CAPSULE (PA) | BRIVIACT ORAL | azelaic acid | | ELIDEL |
| clonazepam | FYCOMPA (PA, | SOLUTION, TABLET | betamethasone | | EVOCLIN |
| divalproex | QL) | (PA) | augmented | | NAFTIN |
| divalproex er | NAYZILAM (PA, | CARBATROL (PA) | betamethasone | | PRAMOSONE |
| EPITOL | QL) | DEPAKOTE (PA) | dipropionate | | PROTOPIC |
| gabapentin | VIMPAT | DEPAKOTE ER (PA) | BP 10-1 | | REGRANEX (PA, QL) |
| lamotrigine | SOLTUION, | DEPAKOTE SPRINKLE | calcipotriene cream, | | SANTYL (QL) |
| lamotrigine (blue) | TABLET (PA) | (PA) | ointment, solution | | TEMOVATE (ST) |
| lamotrigine (green) | | DILANTIN 100 MG | calcipotriene- | | XEPI |
| lamotrigine (orange) | | CAPSULE (PA) | betamethasone | | |
| lamotrigine er | | DILANTIN 50 MG | CLARAVIS | | |
| lamotrigine odt | | INFATAB (PA) | CLINDACIN ETZ 1% | | |
| lamotrigine odt | | EPIDIOLEX* (PA) | PLEDGET | | |
| (blue) | | FINTEPLA* (PA) | CLINDACIN P 1% | | |
| lamotrigine odt | | KLONOPIN (PA) | PLEDGETS | | |
| (green) | | LYRICA ORAL | clindamycin 1% | | |
| lamotrigine odt | | SOLUTION (PA) | foam, gel, lotion, | | |
| (orange) | | NEURONTIN (PA) | pledget, solution | | |
| levetiracetam | | OXTELLAR XR (PA) | clindamycin-benzoyl | | |
| solution, tablet | | PHENYTEK (PA) | peroxoxide | | |
| levetiracetam er | | SPRITAM (PA) | clindamycin- | | |
| oxcarbazepine | | TEGRETOL (PA) | tretinoin | | |
| pregabalin capsule, | | TEGRETOL XR (PA) | clobetasol | | |
| solution | | VALTOCO (PA, QL) | clocortolone | | |
| ROWEEPRA | | XCOPRI (PA, QL) | CLODAN | | |
| SUBVENITE | | | clotrimazole- | | |
| SUBVENITE (BLUE) | | | betamethasone | | |
| SUBVENITE (GREEN) | | | dapsone gel | | |
| SUBVENITE | | | fluocinonide | | |
| (ORANGE) | | | fluorouracil cream, | | |
| topiramate | | | topical solution | | |
| topiramate er | | | isotretinoin | | |
| vigabatrin* | | | ketoconazole | | |
| vigadrone* | | | KETODAN | | |
| | | | metronidazole | | |
| | | | mupirocin | | |
| | | | MYORISAN | | |
| | | | NEUAC GEL | | |
| | | | pimecrolimus | | |
| | | | ROSADAN | | |
| | | | sodium | | |
| | | | sulfacetamide- | | |
| | | | sulfur | | |
| | | | SSS 10-5 | | |
| | | | SULFACLEANSE 8-4 | | |
| | | | tacrolimus ointment | | |
| | | | tazarotene 0.1% | | |
| | | | cream | | |
| | | | TRETINOIN (PA) | | |
| | | | TRIDERM | | |
| | | | ZENATANE | | |
| | | | | | |
| SKIN CONDITIONS | | | | | |
| ACCUTANE | EUCRISA | ANALPRAM HC | | | |
| ADAPALENE (PA) | TARGRETIN* | 2.5%-1% LOTION | | | |
| adapalene-benzoyl | | AVAR 9.5-5% | | | |
| peroxide | | CLEANSING PADS | | | |
| AMNESTEEM | | BRYHALI (ST) | | | |
| AVAR CLEANSER | | calcipotriene foam | | | |
| azelaic acid | | CAPEX SHAMPOO | | | |
| betamethasone | | (ST) | | | |
| dipropionate | | CLEOCIN T | | | |
| BP 10-1 | | CLINDACIN ETZ KIT | | | |
| calcipotriene cream, | | CLINDACIN PAC KIT | | | |
| ointment, solution | | CLODERM (ST) | | | |
| calcipotriene- | | DESOWEN (ST) | | | |
| betamethasone | | DRYSOL | | | |

Cigna Value 3-Tier Prescription Drug List

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

SLEEP DISORDERS/SEDATIVES

| | | |
|------------------|------------------|------------------|
| ARMODAFINIL (PA) | DAYVIGO (QL, ST) | HETLIOZ LQ* (PA) |
| eszopiclone | SUNOSI (PA, QL) | HETLIOZ* (PA) |
| MODAFINIL (PA) | | LUNESTA (ST) |
| temazepam | | SILENOR (QL, ST) |
| zolpidem | | WAKIX* (PA, QL) |
| ZOLPIDEM ER (QL) | | XYREM* (PA) |
| | | XYWAV* (PA) |

SMOKING CESSATION

| | | |
|----------------------------------|--|----------------------------------|
| bupropion sr+ | | CHANTIX |
| NICODERM CQ 21 MG/24HR PATCH+ | | NICODERM CQ 14 MG/24HR PATCH+ |
| nicotine gum+ | | NICODERM CQ 7 MG/24HR PATCH+ |
| nicotine lozenge+ | | NICORETTE+ |
| nicotine patch+ | | NICOTROL NS+ |
| QUIT 2+ | | NICOTROL+ |
| QUIT 4+ | | |
| STOP SMOKING AID+ | | |

SUBSTANCE ABUSE

| | | |
|----------------------------|---------------|---------------|
| buprenorphine- naloxone | LUCEMYRA (QL) | BUNAVAIL |
| | NARCAN (QL) | KLOXXADO (QL) |
| | ZUBSOLV | SUBOXONE |

TRANSPLANT MEDICATIONS

| | | |
|-------------------------------|--|---|
| azathioprine* | | ASTAGRAF XL* |
| everolimus 0.25 mg tablet* | | CELLCEPT ORAL SUSPENSION, TABLET* |
| everolimus 0.5 mg tablet* | | ENVARUSUS XR* |
| mycophenolate mofetil* | | MYFORTIC* |
| mycophenolic acid* | | NEORAL* |
| sirolimus* | | PROGRAF 0.2 MG GRANULE PACKET* |
| tacrolimus capsule* | | PROGRAF 0.5 MG CAPSULE* |
| | | PROGRAF 1 MG CAPSULE* |
| | | PROGRAF 1 MG GRANULE PACKET* |
| | | PROGRAF 5 MG CAPSULE* |
| | | RAPAMUNE* |
| | | ZORTRESS* |

URINARY TRACT CONDITIONS

| | | |
|------------------------|-----------|-----------------|
| alfuzosin er | CYSTAGON* | AVODART |
| cevimeline | | ELMIRON |
| DARIFENACIN ER (QL) | | EVOXAC |
| finasteride | | FLOMAX |
| | | K-PHOS ORIGINAL |

| TIER 1 \$ | TIER 2 \$\$ | TIER 3 \$\$\$ |
|--------------|----------------|------------------|
|--------------|----------------|------------------|

URINARY TRACT CONDITIONS (cont)

| | | |
|------------------------|--|--------------|
| oxybutynin | | PROSCAR |
| oxybutynin er | | PYRIDIUM |
| phenazopyridine | | RAPAFLO (QL) |
| potassium er | | UROCIT-K |
| SILODOSIN (QL) | | UROXATRAL |
| SOLIFENACIN (QL) | | |
| tamsulosin | | |
| tolterodine | | |
| TOLTERODINE ER (QL) | | |

VACCINES

Vaccines are now covered under the Cigna pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to find out how your specific plan covers them.

| | | |
|--|--|----------|
| | | ROTARIX+ |
| | | ROTATEQ+ |

Frequently Asked Questions (FAQs)

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

Q. Why do you make changes to the drug list?

A. 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:

- Moving a medication to a lower cost tier. This can happen at any time during the year.
- Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
- Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1st and July 1st.
- Adding extra coverage requirements to a medication.

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options.

Q. Why doesn't my plan cover certain medications?

A. 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.

Your plan may also exclude certain medications or products from coverage. This is known as a "plan (or benefit) exclusion." With excluded medications, there's no option to get coverage through Cigna's coverage review process.

For example, your plan excludes:

- Prescription medications used to treat heartburn/stomach acid conditions (e.g., Nexium, Prilosec and any generics) and allergies (e.g., Allegra, Clarinex, Xyzal and

any generics). These are available over-the-counter without a prescription.

- Medications that aren't approved by the U.S. Food and Drug Administration (FDA).

Q. How do you decide which medications to cover?

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

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

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

Q. How do I know if I'm taking a medication that needs approval?

A. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to learn more about how your plan covers your medications. If your medication has a (PA) or (ST) next to it, your medication needs approval before your plan will cover it. If it has a (QL) next to it, you may need approval depending on the amount you're filling. If it has (AGE) next to it, you may need approval depending on the covered age range for the medication.

Frequently Asked Questions (FAQs) (cont)

Q. What types of medications typically need approval?

A. Medications that:

- › May be unsafe when combined with other medications
- › Have lower-cost, equally effective alternatives available
- › Should only be used for certain health conditions
- › Are often misused or abused

Q. What types of medications typically have quantity limits?

A. Medications that:

- › Are often taken in amounts larger than, or for longer than, may be appropriate
- › Are often misused or abused

Q. What types of medications require Step Therapy?

A. The Step Therapy program includes medications that are used to treat many conditions, including, but not limited to:

- › ADD/ADHD
- › Allergies
- › Bladder problems
- › Breathing problems
- › Depression
- › High blood pressure
- › High cholesterol
- › Osteoporosis
- › Pain
- › Skin Conditions
- › Sleep disorders

Q. Why does my medication have an age requirement?

A. Some medications are only considered clinically appropriate for people of a certain age.

Q. How do I get approval (prior authorization) for my medication?

A. Ask your doctor's office to contact Cigna so we can start the coverage review process. They know how the review process works and will take

of everything for you. In case the office asks, they can download a request form from Cigna's provider portal at cignaforhcp.com.

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. If you meet guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

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

A. When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn't get approval ahead of time, your plan coverage won't apply. Meaning, your plan won't cover the cost of your medication. You should ask your doctor to contact Cigna to start the coverage review process. Or, you can choose to pay its full cost out-of-pocket directly to the pharmacy (the cost can't be applied to your annual deductible or out-of-pocket maximum).

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

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

Q. Are all of the medications on this drug list approved by the U.S. Food and Drug Administration (FDA)?

A. Yes. All medications are approved by the FDA.

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

A. Newly approved medications may not be covered on your drug list for the first six months after they receive approval from the U.S. Food and Drug Administration (FDA). These include,

Frequently Asked Questions (FAQs) (cont)

but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefit plans. We review all newly approved medications to see if they should be covered - and if so, on what tier. If your doctor feels a currently covered medication isn't right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

Q. Which medications are covered under the health care reform law?

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

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

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

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor's office.⁶

Q. How can I save money on my prescription medications?

A. 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.

Q. Do generics work the same as brand-name medications?

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁷ Generic and brand-name medications have the same active ingredients, strength, dosage, form, effectiveness, quality, and safety.

Q. What are the differences between generic and brand-name medications?

A. The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand-name, but they're just as safe and effective.

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.⁷ Just because generics cost less than brands, doesn't mean they're lower-quality medications.

Q. My pharmacy isn't in my plan's network. Can I continue to fill my prescriptions there?

A. To receive in-network coverage under your plan, you'll need to switch to a pharmacy in your plan's network. If your plan offers out-of-network coverage, you'll pay out-of-network costs to fill a prescription there.

Q. Can I fill my prescriptions by mail?

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

Home delivery with Express Scripts® Pharmacy

Express Scripts® Pharmacy, our home delivery pharmacy, is a convenient option when you're taking a medication on a regular basis to treat an ongoing health condition. It's simple and safe, and saves you trips to the pharmacy.

- › Easily order, manage and track your medications on your phone or online
- › Standard shipping at no extra cost³
- › Automatic refills and refill reminders
- › Fill up to a 90-day supply at one time

Frequently Asked Questions (FAQs) (cont)

- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

1. Log in to the myCigna App or myCigna.com to move your prescription electronically.

Click on the Prescriptions tab and select My Medications from the dropdown menu. Then simply click the button next to your medication name to move your prescription(s).

2. Call your doctor's office.

Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery.

3. Call Express Scripts® Pharmacy at 800.835.3784.

They'll contact your doctor's office to help transfer your prescription. Have your Cigna ID card, doctor's contact information and medication name(s) ready when you call.

Accredo, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).¹⁰ They'll also provide you with the personalized care and support you need to manage your therapy - at no extra cost.

- › Easily manage and track your medications on your phone or online
- › Fast shipping, at no extra cost
- › Easy refills and free reminders
- › 24/7 access to specialty-trained pharmacists and nurses
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

To get started using Accredo, call **877.826.7657**, Monday-Friday, 7:00 am-10:00 pm CST and Saturdays, 7:00 am-4:00 pm CST. Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office. To learn more about Accredo, go to **Cigna.com/specialty**.

Q. Where can I find more information about my pharmacy benefits?

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

Exclusions and limitations for coverage

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:⁵

- › 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 sexual dysfunction, cosmetic purposes, weight loss, smoking cessation³, 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.

Your plan requires you to fill specialty medications through Accredo, a Cigna specialty pharmacy, to get coverage. Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. They're typically injected or infused, and may need special handling (like refrigeration).

About this drug list.

This is a list of the specialty medications that have been filled through Accredo as of January 1, 2022. Medications are listed alphabetically. Brand-name medications are capitalized and generic medications are lowercase. **This drug list is updated often so it isn't a complete list of the medications your plan covers.**

Log in to the **myCigna**® App or **myCigna.com** or check your plan materials, to learn more about the specialty medications your plan covers.

Accredo delivers specialty medications and personalized support.

When it comes to specialty medications, you need a pharmacy that's focused on complex medical conditions. Their team of specialty trained pharmacists and nurses will find and ship your specialty medication to your home (or location of your choice).³ They'll also provide you with the personalized care and support you need to manage your therapy – at no extra cost. Here are some of the services they provide.

- › Easily manage and track your medications on your phone or online
- › 24/7 access to specialty-trained pharmacists and nurses
- › Fast shipping, at no extra cost
- › Easy refills and free reminders
- › Personalized care services like training on how to administer your medication
- › Help with applying for third-party copay assistance programs and other options

To learn more about Accredo, go to: **Cigna.com/specialty**. To get started using Accredo, call **877.826.7657**, M-F, 7:00 am-10:00 pm CST and Sat, 7:00 am-4:00 pm CST. Be sure to call about two weeks before your next refill so Accredo has time to get a new prescription from your doctor's office.

Medication Name

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

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

* Log into the myCigna App or myCigna.com, or check your plan materials, to learn more about how your plan covers this medication. It may be covered under either your pharmacy or medical benefit, or under both benefits. If it's covered under your medical benefit and you're getting it from your health care provider, you may not be required to use Accredo to get coverage.

Cerdelga
Cerezyme
Cimzia
CINRYZE
Clovique
Cometriq
Copaxone
Cosentyx
Cotellic
cyclophosphamide
capsule
cyclosporine capsule
cyclosporine modified

D

Dalfampridine ER
Darzalex
Daurismo
deferasirox
dimethyl
docetaxel 160 mg/8ml
vial
DOJOLVI
Doptelet
droxidopa
Dupixent
Durolane
Dysport

E

Egrifta
Egrifta SV
Eligard
ELOCTATE
Emcyt
Emflaza
Empliciti
Enbrel
ENHERTU
entecavir
Entyvio
Envarsus XR
Epclusa
Epidiolex
epoprostenol
Erivedge
Erleada
erlotinib
Esbriet
etoposide capsule
Euflexxa

everolimus
Exjade
Extavia

F

Fabrazyme
FARYDAK
Fasenra
Feiba NF
Firazyr
Firmagon
Forteo
Fuzeon

G

Galafold
Gamastan
Gamastan S-D
Gammagard
Gammagard S-D
Gammaked
Gamunex-C
Gattex
Gel-One
Gelsyn-3
Gengraf
Genotropin
Gilenya
Gilotrif
Givlaari
glatiramer
Glatopa
Gleevec

H

Haegarda
Harvoni
Helixate FS
Hemlibra
Hemofil M
Hepsera
Hetlioz
Hizentra
Humate-P
Humatrope
Humira
Hyalgan
HYCAMTIN
Hylenex
Hymovis

I

ibandronate syringe, vial
Ibrance
Icatibant
Idelvion
IDHIFA
Ilaris
Ilumya
imatinib
Imuran
Increlex
Inflectra
Infugem
Inlyta
Inrebic
Intron A
Iressa
Ixinity

J

Jadenu
Jadenu Sprinkle
Jakafi
Jevtana
Jivi
Juxtapid

K

Kalbitor
Kalydeco
Kevzara
Kisqali
Kisqali Femara Co-Pack
Kitabis Pak
Koate
Kogenate FS
Kovaltry
Kuvan
Kyprolis 30mg vial

L

lapatinib
ledipasvir-sofosbuvir
Lemtrada
Lenvima
Letairis
leuprolide*
Lonsurf
Lorbrena
Lotronex
Lupaneta Pack*

Lupron Depot*
LUPRON DEPOT-PED
Luxturna
Lynparza

M

Macrilen
Mavenclad
Mavyret
Mayzent 0.25mg, 2mg
tablet
Mekinist
miglustat
Moderiba
Mononine
Monoclate-P
MONOVISC
Mulpleta
Myalept
mycophenolate capsule,
suspension, tablet
mycophenolic acid
Myfortic

N

Natpara
Neoral
Nerlynx
Neulasta Onpro Kit*
Nexavar
Ninlaro
nitisinone
Norditropin FlexPro
Northera
Novoeight
NovoSeven RT
Nubeqa
Nucala
Nuplazid
Nutropin AQ Nuspin
Nuwiq

O

Ocaliva
Ocrevus
octreotide*
Odomzo
Ofev
Olumiant
Omnitrope
Opdivo

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| | | | |
|------------------------------------|---|-------------------|-----------------|
| Opsumit | Rinvoq ER | Tagrisso | Vitrakvi |
| Orencia | Rixubis | TAKHZYRO | Vivitrol |
| Orenitram ER | Rozlytrek | Taltz | Vizimpro |
| ORKAMBI | Ruconest | Talzenna | Vonvendi |
| ORTHOVISC | Rydapt | Tarceva | Vosevi |
| Otezla | | Targretin | Votrient |
| P | S | Tasigna | VPRIV |
| Palynziq* | Sabril | Tecentriq | Vyndamax |
| pamidronate | Saizen | Tecfidera | Vyndaqel |
| Panretin | Sandimmune capsule, solution | Tegsedi | W |
| paricalcitol capsule | Sandostatin | Temodar capsule | Wilate |
| Pegasys | sapropterin | temozolomide | WinRho SDF |
| PegIntron | Serostim | TEPEZZA | X |
| PHESGO | SEVENFACT | tetrabenazine | Xalkori |
| Piqray | sildenafil suspension, 20mg tablet, vial | Thalomid | Xeljanz |
| Plegridy | Siliq | TOBI | Xeljanz XR 11mg |
| POLIVY | Simponi | TOBI Podhaler | Xeloda |
| Pomalyst | Simponi Aria | tobramycin ampule | Xenazine |
| Prevymis tablet | sirolimus | topotecan | Xeomin |
| Privigen | Skyrizi | Tracleer | Xolair* |
| Procysbi | sodium phenylbutyrate | Trelstar | Xtandi |
| Profilnine | sofosbuvir-velpatasvir | Tremfya | Xyntha |
| progesterone vial | sofosbuvir-velpatasvir | treprostinil | XYREM |
| Prograf capsule, granule packet | Somatuline Depot | trientine | Y |
| Promacta | Somavert | Trikafta | Yervoy |
| Pulmozyme | Sovaldi | Triluron | Yonsa |
| R | Spinraza | Tykerb | Z |
| Rapamune | Sprycel | Tymlos | Zarxio |
| Ravicti | Stelara | Tysabri | Zavesca |
| Rebif | Stivarga | Tyvaso | Zelboraf |
| Rebif Rebidose | Supartz FX | U | Zemplar capsule |
| Rebinyln | Supprelin LA | Ultomiris | Zepatier |
| Reclast | Sutent | Uptravi | Zoladex |
| Recombinate | Sylatron | V | zoledronic acid |
| Remicade | Symdeko | Valchlor | Zolinza |
| Remodulin | Synagis | Vantas | Zomacton |
| RENFLEXIS | Synarel | Velettri | Zorbtive |
| Revatio | Synvisc | Vemlidy | Zortress |
| Revlimid | Synvisc-One | Ventavis | Zydelig |
| Ribasphere | Syprine | Verzenio | Zykadia |
| ribavirin | T | Viekira Pak | Zytiga |
| Rilutek | tacrolimus capsule | Vigabatrin | |
| riluzole | tadalafil 20mg | Virazole | |
| | Tafinlar | Visco-3 | |

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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. Prices are not guaranteed, and even though a price is displayed, it's not a guarantee of coverage. Your costs and coverage may change by the time you fill your prescription at the pharmacy, and medication costs at individual pharmacies can vary. For example, your pharmacy's retail cash price for a specific medication may be less than the price shown. Coverage and pricing may change.
2. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
3. Standard shipping costs are included as part of your prescription plan.
4. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
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.

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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