



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.^{1,2} 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. Also, your specific plan may not cover all of these medications. 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.

Tiers

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

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

Abbreviations next to medications

In this drug list, medications that have limits and/or extra coverage requirements have an abbreviation listed next to them.* Here's what they mean.

- | | |
|--------------|--|
| (PA) | Prior Authorization – Certain medications need approval from Cigna before your plan will cover them. These medications have a (PA) next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna. |
| (QL) | Quantity Limits – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a (QL) next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna. |
| (ST) | Step Therapy – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a (ST) next to them. You have many covered options to choose from, and they're used to treat the same condition. |
| (AGE) | Age Requirements – Certain medications will only be covered if you're within a specific age range. These medications have (AGE) next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna. |

* These coverage requirements may not apply to your specific plan. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy, and/or age requirements.

** If your doctor feels an alternative isn't right for you, he or she can ask Cigna to consider approving coverage of your medication.

Brand-name medications are in all capital letters

In this drug list, generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. In this drug list, specialty medications have an asterisk (*) next to them. Some plans cover specialty medications on a specialty tier, limit coverage to a 30-day supply, and/or require you to use a preferred specialty pharmacy to get coverage. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

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
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, 18
DENTAL PRODUCTS	11	SLEEP DISORDERS/SEDATIVES	18
DIABETES	11	SMOKING CESSATION	18
DIURETICS	11	SUBSTANCE ABUSE	18
EAR MEDICATIONS	11	TRANSPLANT MEDICATIONS	18
ERECTILE DYSFUNCTION	11, 12	URINARY TRACT CONDITIONS	18
EYE CONDITIONS	12	VACCINES	18
FEMININE PRODUCTS	12	WEIGHT MANAGEMENT	18

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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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 DISORDER⁴

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 \$\$\$
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ANXIETY/DEPRESSION/BIPOLAR DISORDER⁴ (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)
	NUCALA *(PA)	LONHALA MAGNAIR STARTER (PA)
	OFEV* (PA)	ORENITRAM ER* (PA)
	OPSUMIT* (PA)	ORKAMBI* (PA, QL)
	QVAR REDIHALER	PULMICORT RESPULE
	SEREVENT DISKUS	PULMOZYME* (PA)
	SPIRIVA	REVIATIO 10 MG/ML, 20 MG* (PA)
	SPIRIVA RESPIMAT	SINGULAIR
	STIOLTO	SYMDEKO* (PA, QL)
	RESPIMAT	

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ASTHMA/COPD/RESPIRATORY (cont)

	SYMBICORT	TRACLEER 125 MG
	TRACLEER 32	TABLET* (PA)
	MG TABLET FOR	TRACLEER 62.5 MG
	SUSPENSION*	TABLET* (PA)
	(PA)	TRIKAFTA* (PA, QL)
	TRELEGY ELLIPTA	TYVASO* (PA)
	UPTRAVI* (PA)	

ATTENTION DEFICIT HYPERACTIVITY DISORDER⁴

amphetamine (PA)		ADDERALL (PA,ST)
atomoxetine (QL)		DAYTRANA (PA, QL)
dexmethylp-		EVEKEO 5 MG, 10
henidate (PA)		MG (PA,ST)
dexmethylp-		FOCALIN (PA,ST)
henidate er (PA, QL)		INTUNIV
dextroamp hetamin		METHYLIN (PA)
-e -amphetamine		QUILLIVANT XR (PA,
(PA)		QL)
dextroamp-		RITALIN (PA,ST)
hetamine-		STRATTERA (QL)
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)		

BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid	DROXIA	DOPTELET* (PA)
0.25 gram/ml, 500	ZIEXTENZO (PA)	LYSTEDA*
mg, 1,000 mg*		NYVEPRIA* (PA)
tranexamic acid 650		PROMACTA* (PA)
mg*		SIKLOS (PA)
		TAVALISSE* (PA)

BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	CORLANOR (PA)	BIDIL (QL)
amlodipine-	ENTRESTO	CALAN SR
benazepril		CARDIZEM LA
AMLODIPINE-		120MG (QL)
OLMESARTAN (QL)		CARDURA
amlodipine-valsartan		CATAPRES-TTS 1
atenolol		CATAPRES-TTS 2
benazepril		

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

bisoprolol		CATAPRES-TTS 3
bisoprolol-hctz		COREG (ST)
candesartan		CORGARD (ST)
cartia xt		EPANED
carvedilol		HEMANGEOL
CARVEDILOL ER (QL)		INDERAL LA (ST)
clonidine		INDERAL XL (ST)
diltiazem 12hr er		INNOPRAN XL (ST)
diltiazem 24hr er		KAPSPARGO
diltiazem 24hr er (cd)		SPRINKLE (ST)
diltiazem 24hr er (la)		KATERZIA (QL)
diltiazem 24hr er (xr)		LOPRESSOR (ST)
diltiazem		MINIPRESS
DILT-XR		NITROSTAT
DOFETILIDE (QL)		NORTHERA* (PA)
doxazosin		NORVASC
droxidopa*		ORLADEYO* (PA, QL)
enalapril		PROCARDIA XL
flecainide		RANEXA (QL)
hydralazine tablet		TENORETIC 100 (ST)
irbesartan		TENORETIC 50 (ST)
labetalol tablet		TENORMIN (ST)
lisinopril		TIAZAC
lisinopril-hctz		TIKOSYN (PA, QL)
losartan		TOPROL XL (ST)
losartan-hctz		VERELAN
matzim la		VERELAN PM
metoprolol succinate		ZIAC (ST)
metoprolol tablet		
nadolol		
nifedipine		
nifedipine er		
olmesartan (QL)		
olmesartan-		
amlodipine-hctz		
olmesartan-hctz (QL)		
prazosin		
propranolol tablet		
propranolol er		
ramipril		
ranolazine er (QL)		
taztia xt		
telmisartan (QL)		
telmisartan-hctz (QL)		
tiadyt er		
valsartan		
valsartan-hctz		
verapamil er		
verapamil er pm		

Cigna Value 3-Tier Prescription Drug List

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

verapamil tablet
verapamil sr

BLOOD THINNERS/ANTI-CLOTTING

TIER 1	TIER 2	TIER 3
adult aspirin regimen+	BRILINTA	BAYER CHEWABLE
aspirin ec+	ELIQUIS (PA)	ASPIRIN+
aspirin+	XARELTO (PA)	EFFIENT
aspirin-dipyridamole		PLAVIX
er		PRADAXA (PA)
children's aspirin+		SAVAYSA (PA, QL)
clopidogrel		ZONTIVITY
jantoven		
low dose aspirin ec+		
prasugrel		
st. joseph aspirin ec+		
st. joseph aspirin+		
warfarin		

CANCER

TIER 1	TIER 2	TIER 3
abiraterone* (PA)	AFINITOR 10 MG	AFINITOR 2.5 MG
anastrozole+	TABLET* (PA)	TABLET* (PA)
bexarotene* (PA)	ERIVEDGE* (PA)	AFINITOR 5 MG
capecitabine* (PA)	ERLEADA* (PA)	TABLET* (PA)
everolimus* (PA)	GLEOSTINE	AFINITOR 7.5 MG
exemestane+	IBRANCE* (PA)	TABLET* (PA)
hydroxyurea	NEXAVAR* (PA)	AFINITOR DISPERZ*
imatinib* (PA)	REVLIMID* (PA)	(PA)
letrozole	SPRYCEL* (PA)	ALECENSA* (PA)
methotrexate	SUTENT* (PA)	ALUNBRIG* (PA)
tamoxifen+	TREXALL	BOSULIF* (PA)
temozolomide* (PA)	VERZENIO* (PA)	BRAFTOVI* (PA)
		CABOMETYX* (PA)
		CALQUENCE* (PA)
		COMETRIQ* (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 \$\$\$
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CANCER (cont)

TIER 1	TIER 2	TIER 3
		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

TIER 1	TIER 2	TIER 3
atorvastatin+	VASCEPA (PA)	CADUET (QL)
colesevelam		LIPOFEN (ST)
ezetimibe		NIASPAN
ezetimibe-		ROSZET
simvastatin		TRICOR (ST)
fenofibrate		TRILIPIX (ST)
fenofibric acid		WELCHOL
fluvastatin er+		ZETIA
fluvastatin+		
icosapent ethyl		
lovastatin+		
omega-3 acid ethyl		
esters		
pravastatin+		
rosuvastatin+ (QL)		
simvastatin tablet+		
(QL)		

CONTRACEPTION PRODUCTS

TIER 1	TIER 2	TIER 3
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+			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 \$\$\$
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COUGH/COLD MEDICATIONS

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

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

ACCU-CHEK SMARTVIEW CONTRL SOLUTION ACCUTREND GLUCOSE CONTROL BD LANCETS BD PEN NEEDLE CONTOUR SOLUTION DROPLET DROPSAFE glimepiride glipizide glipizide er glipizide xl metformin metformin er NOVOTWIST TECHLITE TRUE METRIX CONTROL SOULTION	BAQSIMI (QL) BASAGLAR DEXCOM G6 (PA, QL) FARXIGA (QL, ST) FREESTYLE LIBRE 14 DAY SENSOR (PA, QL) FREESTYLE LIBRE 2 SENSOR (PA, QL) GLYXAMBI (QL, ST) HUMULIN JANUMET (QL, ST) JANUMET XR (QL, ST) JANUVIA (QL, ST)	AMARYL CEQUR CONTOUR NEXT TEST STRIP CONTOUR TEST STRIP CYCLOSET KORLYM* (PA) PRECISION XTRA KETONE-GLUC KIT RIOMET
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIABETES (cont)

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

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

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

SILDENAFIL^ (QL)		CIALIS^ (QL, ST)
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Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ERECTILE DYSFUNCTION (cont)

TADALAFIL^ (QL)		MUSE^ (PA, QL)
VARDENAFIL^ (QL)		STENDRA^ (QL, ST)
		VIAGRA^ (QL, ST)

EYE CONDITIONS

BIMATOPROST (QL)	COMBIGAN	ACULAR
brimonidine	EYSUVIS (QL)	ACULAR LS
brinzolamide	RESTASIS	ACUVAIL
ciprofloxacin	SIMBRINZA	ALPHAGAN P
dorzolamide		ALREX
dorzolamide-timolol		AZASITE
erythromycin		AZOPT
fluorome-tholone		BESIVANCE
ketorolac		BETIMOL
latanoprost		BETOPTIC S
loteprednol		BROMSITE
moxifloxacin eye drops		COSOPT
neomycin-polymyxin b-dexamethasone		COSOPT PF
ofloxacin		CYSTADROPS* (PA, QL)
olopatadine^		CYSTARAN* (PA, QL)
polymyxin b sulfate-trimethoprim		DUREZOL
prednisolone		FLAREX
timolol		FML FORTE 0.25% EYE DROPS
tobramycin-dexamethasone		FML LIQUIFILM 0.1% EYE DROP
travoprost		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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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EYE CONDITIONS (cont)

		ZIRGAN
		ZYLET

FEMININE PRODUCTS

FEM PH		
GYNAZOLE 1		
miconazole 3 200 mg		
terconazole		

GASTROINTESTINAL/HEARTBURN

ALOPHEN PILLS+	AMITIZA	AKYNZEO 300-0.5 MG CAPSULE
alosetron*	CLENPIQ+	BONJESTA
ANUCORT-HC	LINZESS	CANASA
balsalazide	NEXIUM DR 2.5 MG PACKET (QL)	CARAFATE
bisacodyl tablet+	NEXIUM DR 5 MG PACKET (QL)	CHENODAL* (PA)
cinacalcet*	PANCREAZE	CHOLBAM* (PA)
CLEARLAX+	PENTASA	CORRECTOL+
CONSTULOSE	SUPREP+	CUVPOSA
dicyclomine capsule, solution, tablet	SUTAB+	DICLEGIS
esomeprazole 20 mg capsule, 40 mg capsule, packets^ (QL)	VIBERZI	DONNATAL
famotidine 40 mg/5 ml suspension		DULCOLAX EC 5 MG TABLET+
GAVILAX+		LITHOSTAT
GAVILYTE-C+		MIRALAX+
GAVILYTE-G+		MOVANTIK (PA)
GAVILYTE-N+		OCALIVA* (PA)
GENTLE LAXATIVE TABLET+		RAVICTI* (PA)
GENTLELAX+		RECTIV
GLYCOLAX+		RELISTOR (PA)
glycopyrrolate tablet		SANCUSO (PA, QL)
HEMMOREX-HC		SFROWASA
hydrocortisone		SUCRAID* (PA)
lansoprazole^ (QL)		SYMPROIC (PA)
LAXACLEAR+		TRANSDERM-SCOP
LAXATIVE PEG 3350+ LAXATIVE 5 MG TABLET+		URSO
LAXATIVE EC 5 MG TABLET+		URSO FORTE
mesalamine		VARUBI (PA, QL)
mesalamine dr		VIOKACE
mesalamine er		
metoclopramide solution, tablet		
metoclopramide odt		
misoprostol		

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+		
sucralfate		
ursodiol		
WOMEN'S GENTLE LAXATIVE+		
WOMEN'S LAXATIVE+		

HORMONAL AGENTS

AMABELZ	DUAVEE	ACTIVELLA
budesonide ec	LUPRON DEPOT-PED*^ (PA)	ALORA (QL)
BUDESONIDE ER (PA, QL)	ORIAHNN (PA, QL)	ANDRODERM (PA, QL)
CABERGOLINE (QL)	ORLISSA (PA, QL)	ANDROGEL (PA, QL)
COVARYX	PREMARIN TABLET,	ANGELIQ
COVARYX H.S.	VAGINAL CREAM	ARMOUR THYROID
DECADRON	APPLICATOR	AYGESTIN
desmopressin	PREMPHASE	BIJUVA
dexamethasone intensol	PREMPRO	BYNFEZIA* (PA)
DOTTI (QL)	SOMAVERT* (PA)	CLIMARA
EEMT		CLIMARA PRO
EEMT HS		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)
medroxyprogesterone		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
cefdinir		CLEOCIN
cefuroxime tablets		CLINDESSE
		CRESEMBA CAPSULE (PA)
		DARAPRIM* (PA)
		DIFICID* (PA)

Cigna Value 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)		
cephalexin	THALOMID* (PA)	DIFICID (QL)
ciprofloxacin	VOSEVI* (PA)	ELIMITE
clarithromycin	XIFAXAN (QL)	ERYPED 200
clarithromycin er		ERY-TAB DR
clindamycin		FLAGYL
COREMINO ER QL)		HIPREX
dapsone		KEFLEX
doxycycline hyclate		KITABIS PAK* (PA,
capsule, tablet		QL)
doxycycline		MACROBID
monohydrate		MACRODANTIN
EMVERM		MALARONE (PA)
entecavir* (QL)		NATROBA
erythromycin		NUVESSA
erythromycin		NUZYRA TABLET*
ethylsuccinate		(QL)
famciclovir		ORAVIG
fluconazole		PLAQUENIL
hydroxychlor-		POSACONAZOLE
oquine		SUSPENSION
ivermectin		PREVYMIS TABLET*
levofloxacin solution,		PRIFTIN
tablet		SIVEXTRO TABLET
methenamine		(PA)
metronidazole gel,		SOLOSEC
capsule, tablet		STROMEKTOL
minocycline		SULFATRIM
minocycline er tablet		URIBEL
(QL)		VALTRES
mondoxyne nl		VEMLIDY*
MORGIDOX		VIBRAMYCIN
nitazoxanide		25 MG/5 ML
nitrofurantoin		SUSPENSION
nitrofurantoin		VIBRAMYCIN 50
monohydrate-		MG/5 ML SYRUP
macrocrystal		XENLETA 600MG
nystatin suspension,		TABLET (PA, QL)
tablet		XOFLUZA (QL)
penicillin v		ZEPATIER* (PA)
potassium		ZITHROMAX
permethrin		ZITHROMAX TRI-PAK
posaconazole tablet		ZYVOX
pyrimethamine* (PA)		SUSPENSION,
sulfamethoxazole-		TABLET (PA)
trimethoprim		
suspension, tablet		
terbinafine		
tetracycline		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)		
tobramycin ampule* (PA,QL)		
valacyclovir		
valganciclovir		
vancomycin capsule, solution		
vandazole		
INFERTILITY		
clomiphene ^		CRINONE 8% GEL ^ ENDOMETRIN ^ FOLLISTIM* ^ (PA)
MISCELLANEOUS		
ACCU-CHEK	ACE AEROSOL	ADDYI ^ (PA, QL)
deferiprone 500mg* (PA)	CLOUD	AUSTEDO* (PA)
FC2 FEMALE	ENHANCER (QL)	BRISDELLE (QL)
CONDOM+	AEROCHAMBER	EVRYSDI* (PA)
KETONE CARE TEST	MINI (QL)	GALAFOLD* (PA)
STRIP	AEROCHAMBER	INGREZZA
KETONE TEST STRIP	MV (QL)	INITIATION PACK* (PA, QL)
KETOSTIX REAGENT	AEROCHAMBER	INGREZZA* (PA)
MICROLET	PLUS FLOW-VU	NUEDEXTA (QL)
PRECISION XTRA	(QL)	ORFADIN* (PA)
sodium chloride	AEROCHAMBER	TEGSEDI* (PA)
inhalation vial,	WITH	TIGLUTIK* (PA)
irrigation solution,	FLOWSIGNAL	VYLEESI* ^ (PA, QL)
vial	(QL)	VYNDAMAX* (PA,
TECHLITE LANCETS	AEROCHAMBER	QL)
TRIENTINE * (PA)	Z-STAT PLUS	VYNDAQEL* (PA, QL)
TRUEPLUS KETONE	(QL)	
TEST STRIP	AEROTRACH	
	PLUS (QL)	
	AEROVENT PLUS	
	(QL)	
	BREATHRITE (QL)	
	CERDELGA* (PA)	
	CLEVER CHOICE	
	HOLDING	
	CHAMBER (QL)	
	COMPACT SPACE	
	CHAMBER (QL)	
	EASIVENT (QL)	
	ESBRIET* (PA)	
	FLEXICHAMBER	
	(QL)	
	INSPIRACHA-	
	MBER (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 ibandronate 150 mg tablet raloxifene + risedronate risedronate dr	FOSAMAX PLUS D (ST)	ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) BONIVA 150 MG TABLET (ST) EVISTA FOSAMAX (ST)
			PAIN RELIEF AND INFLAMMATORY DISEASE		
			AIMOVIG (PA) AJOVY (PA) AVSOLA*^ (PA)		

Cigna Value 3-Tier Prescription Drug List

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

ACETAMINOPHEN-CODEINE (PA)	BELBUCA (QL)	ANALPRAM HC 1% CREAM
allopurinol tablet	DUPIXENT* (PA)	ANALPRAM HC 2.5%-1% CREAM
ASPIRIN EC+	EMGALITY (PA)	ANALPRAM HC 2.5%-1% CREAM SINGLE
aspirin tablet+	HYSINGLA ER (PA)	ARAVA
baclofen tablet	NURTEC ODT (PA, QL)	BUTRANS (QL)
buprenorphine patch (QL)	OTEZLA* (PA, QL)	CELEBREX (QL, ST)
butalbital-acetaminophen-caffeine (QL)	REDITREX (PA)	COLCRYS
carisoprodol	RINVOQ* (PA, QL)	DEPEN* (PA)
CELECOXIB (QL)	SIMPONI ARIA* (PA)	EC-NAPROSYN (ST)
colchicine	SKYRIZI* (PA, QL)	ECOTRIN EC 325 MG TABLET+
cyclobenzaprine	TALTZ* (PA, QL)	ESGIC (QL)
DICLOFENAC 1% GEL (QL)	UBRELVY (PA, QL)	FEXMID
diclofenac dr	XELJANZ XR* (PA, QL)	LAZANDA (PA)
diclofenac ec	XELJANZ* (PA, QL)	LIDODERM
EC-NAPROXEN	XTAMPZA ER (PA)	MITIGARE
ECOTRIN EC 81 MG TABLET+	ZTLIDO	MOBIC (ST)
eletriptan (QL)		NAPROSYN (ST)
ENDOCET (PA)		NUCYNTA (PA)
FEBUXOSTAT (QL)		NUCYNTA ER (PA)
FENTANYL (PA)		OLUMIANT* (PA, QL)
FIORICET (QL)		OXAYDO (PA)
FROVATRIPTAN (QL)		PERCOCET (PA)
GLYDO		PROCORT
hydrocodone-acetaminophen (PA)		PROCTOFOAM-HC
hydromorphone er (PA)		SAVELLA
hydromorphone (PA)		SKELAXIN
IBU		ULORIC (QL)
ibuprofen		ULTRAM 50 MG TABLET (QL)
indomethacin		VTOL LQ
indomethacin er		ZANAFLEX
ketorolac		ZEBUTAL (QL)
tromethamine (QL)		ZOHYDRO ER (PA)
leflunomide		ZYLOPRIM
lidocaine 5% ointment (QL)		
lidocaine 5% patch		
lidocaine viscous		
meloxicam tablet		
metaxalone		
methocarbamol		

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

morphine (PA)		
morphine er (PA)		
NALFON 600 MG TABLET (ST)		
NALOCET (PA)		
oxycodone (PA)		
oxycodone er (PA)		
oxycodone-acetaminophen (PA)		
penicillamine* (PA)		
PROLATE TABLET (PA)		
rizatriptan (QL)		
sumatriptan (QL)		
tizanidine		
tramadol 50 mg tablet (QL)		
tramadol er (QL)		
VANADOM		

PARKINSON'S DISEASE

benztropine tablet	KYNMOBI (PA)	AZILECT (QL)
carbidopa-levodopa		DUOPA*
carbidopa-levodopa er		INBRIJA* (PA)
pramipexole		MIRAPEX ER (QL)
PRAMIPEXOLE ER (QL)		NEUPRO
RASAGILINE (QL)		NOURIANZ* (PA, QL)
ROPINIROLE ER		OSMOLEX ER (QL)
ROPINIROLE		RYTARY
		SINEMET 10-100
		SINEMET 25-100
		TASMAR
		XADAGO (ST)

SCHIZOPHRENIA/ANTI-PSYCHOTICS⁴

ARIPIRAZOLE (QL)	LATUDA (QL)	FANAPT (QL, ST)
aripiprazole odt		INVEGA (QL, ST)
asenapine		REXULTI (QL, ST)
chlorpromazine tablet		RISPERDAL (ST)
haloperidol		SAPHRIS (ST)
olanzapine tablet		SECUADO (ST)
olanzapine odt		SEROQUEL (ST)
PALIPERIDONE ER (QL)		SEROQUEL XR (ST)
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)		
SKIN CONDITIONS					
AC CUTANE	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 \$\$\$
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SKIN CONDITIONS (cont)

TRIDERM		
ZENATANE		

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 CESSATION⁴

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) NARCAN (QL) ZUBSOLV	BUNAVAIL KLOXXADO (QL) SUBOXONE
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TRANSPLANT MEDICATIONS

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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URINARY TRACT CONDITIONS (cont)

DARIFENACIN ER (QL)		EVOXAC
finasteride		FLOMAX
oxybutynin		K-PHOS ORIGINAL
oxybutynin er		PROSCAR
phenazopyridine		PYRIDIUM
potassium er		RAPAFLO (QL)
SILODOSIN (QL)		UROCIT-K
SOLIFENACIN (QL)		UROXATRAL
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+

WEIGHT MANAGEMENT

megestrol suspension	WEGOVY^ (PA, QL)	CONTRACE^ (PA)
phentermine ^		QSYMIA^ (PA)

Medications that aren't covered

Your plan covers other medications that are used to treat the same condition.^^ They're listed below.

DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	ATRIPLA*	efavirenz-emtricitabine-tenofovir*
	COMBIVIR*	lamivudine-zidovudine*
	EMTRIVA*	emtricitabine*
	EPIVIR*	lamivudine*
	EPZICOM*	abacavir-lamivudine*
	INTELENCE 100MG, 200MG TABLET*	etravirine*
	KALETRA*	lopinavir-ritonavir*
	LEXIVA 700MG TABLET*	fosamprenavir 700mg tablet*
	NORVIR 100MG TABLET*	ritonavir 100mg tablet*
	RETROVIR CAPSULE, SYRUP*	zidovudine capsule, syrup*
	REYATAZ CAPSULE*	atazanavir capsules*
	SUSTIVA*	efavirenz*
	SYMFI* SYMFI LO*	efavirenz-lamivudine-tenofovir*
	TRIZIVIR*	abacavir-lamivudine-zidovudine tablet*
	TRUVADA*	emtricitabine-tenofovir*
	VIRAMUNE*	nevirapine*
	VIRAMUNE XR*	nevirapine ER*
	VIREAD 300MG TABLET*	tenofovir 300mg tablet*
ZIAGEN*	abacavir*	
ALLERGY/NASAL SPRAYS	AUVI-Q EPIPEN EPIPEN JR SYMJEPI	epinephrine auto-injectors
	carbinoxamine 6mg tablet RYVENT	carbinoxamine 4mg tablet
	dexchlorpheniramine RYCLORA	carbinoxamine oral solution cyproheptadine syrup hydroxyzine syrup
	DYMISTA	azelastine-fluticasone Generic nasal steroids (e.g. fluticasone)
ALZHEIMER'S DISEASE	pyridostigmine 30mg tablet (QL)	pyridostigmine 60mg tablet
ANXIETY/DEPRESSION/BIPOLAR DISORDER	ANAFRANIL	clomipramine
	APLENZIN	bupropion XL 150, 300 mg tablets
	ATIVAN TABLET	lorazepam
	bupropion xl 450mg tablet FORFIVO XL	bupropion xl 150mg tablets
	CYMBALTA	desvenlafaxine ER duloxetine escitalopram
	DRIZALMA SPRINKLE	duloxetine dr capsules
	LEXAPRO	escitalopram

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)	PAMELOR	nortriptyline capsules
	PARNATE	tranylcypromine
	PEXEVA	paroxetine paroxetine cr
	PRISTIQ	desvenlafaxine succinate er bupropion sr duloxetine escitalopram sertraline venlafaxine er
	TOFRANIL	imipramine
	WELLBUTRIN XL	bupropion xl escitalopram fluoxetine
ASTHMA/COPD/RESPIRATORY	ADVAIR HFA ADVAIR DISKUS AIRDUO DIGIHALER AIRDUO RESPICLICK BREO ELLIPTA	DULERA fluticasone-salmeterol SYMBICORT WIXELA INHUB
	ALVESCO ARMONAIR DIGIHALER ARNUITY ELLIPTA ASMANEX, ASMANEX HFA PULMICORT FLEXHALER	FLOVENT DISKUS FLOVENT HFA QVAR
	ARCAPTA NEOHALER STRIVERDI RESPIMAT	SEREVENT DISKUS
	BEVESPI AEROSPHERE DUAKLIR PRESSAIR UTIBRON NEOHALER	ANORO ELLIPTA STIOLTO RESPIMAT
	BROVANA	arformoterol
	budesonide-formoterol	SYMBICORT
	ELIXOPHYLLIN	theophylline er theophylline oral solution
	levalbuterol hfa PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol hfa
	PERFOROMIST	formoterol
	SEEBRI NEOHALER TUDORZA PRESSAIR	INCRUSE ELLIPTA SPIRIVA RESPIMAT
	YUPELRI	ANORO ELLIPTA BREZTRI AEROSPHERE INCRUSE ELLIPTA SPIRIVA STIOLTO RESPIMAT TRELEGY ELLIPTA

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	ZYFLO	montelukast zafirlukast zileuton er
ATTENTION DEFICIT HYPERACTIVITY	ADDERALL XR ADHANSIA XR ADZENYS ER ADZENYS XR-ODT APTENSIO XR CONCERTA COTEMPLA XR-ODT DYANAVEL XR FOCALIN XR JORNAY PM MYDAYIS QUILLICHEW ER RITALIN LA VYVANSE	dexmethylphenidate er dextroamphetamine-amphetamine er methylphenidate er
	DESOXYN	methamphetamine
	DEXEDRINE	dexmethylphenidate er dextroamphetamine er dextroamphetamine-amphetamine er
	EVEKEO ODT	amphetamine dexmethylphenidate dextroamphetamine methamphetamine methylphenidate
	methylphenidate er 72mg tablet RELEXXII	methylphenidate er 36mg tablet
	QELBREE	atomoxetine
BLOOD PRESSURE/HEART MEDICATIONS	ACCUPRIL	quinapril
	ACCURETIC	quinapril-hctz
	ALTACE	ramipril
	ATACAND	candesartan
	ATACAND HCT	candesartan-hctz
	AVALIDE	irbesartan-hctz
	AVAPRO	irbesartan-hctz
	AZOR	amlodipine-olmesartan
	BENICAR	olmesartan
	BENICAR HCT	olmesartan-hctz
	BETAPACE	sotalol
	BYSTOLIC	generic beta blockers (e.g. metoprolol; atenolol)
	CARDIZEM	diltiazem
	CARDIZEM CD	diltiazem CD
	CONJUPRI	amlodipine felodipine er nicardipine nifedipine

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
BLOOD PRESSURE/HEART MEDICATIONS (cont)	CONSENSI	amlodipine celecoxib	
	COZAAR	losartan	
	DIOVAN	valsartan	
	DIOVAN HCT	valsartan-hctz	
	EDARBI	generic ARBs (e.g. losartan; valsartan)	
	EDARBYCLOR	generic ARBs + HCTZ (e.g. losartan-HCTZ)	
	EXFORGE	amlodipine-valsartan	
	EXFORGE HCT	amlodipine-valsartan hctz	
	FIRAZYR*	icatibant	
	GONITRO	nitroglycerin sublingual tablet or spray	
	HYZAAR	losartan-hctz	
	ISORDIL	isosorbide dinitrate	
	ISORDIL TITRADOSE		
	LANOXIN	digoxin	
	LOTENSIN	benazepril	
	LOTENSIN HCT	benazepril-hctz	
	LOTREL	amlodipine-benazepril	
	MICARDIS	telmisartan	
	MICARDIS HCT	telmisartan-hctz	
	MULTAQ	amiodarone disopyramide dofetilide flecainide propafenone quinidine sotalol af	
	PRINIVIL ZESTRIL	lisinopril	
	TARKA	trandolapril-verapamil	
	TEKTURNA	aliskiren	
	TEKTURNA HCT	generic ACE inhibitor + HCT (e.g. benazepril-HCT) generic ARB + HCT (e.g. losartan-HCT)	
	TRIBENZOR	olmesartan-amlodipine-hctz	
	VASERETIC	enalapril-hctz	
	VASOTEC	enalapril	
	ZESTORETIC	lisinopril-hctz	
	BLOOD THINNERS/ANTI-CLOTTING	aspirin-omeprazole YOSPRALA	aspirin or enteric aspirin
	CANCER	CYCLOPHOSPHAMIDE TABLET*	cyclophosphamide capsule*
NILANDRON		nilutamide	
TARCEVA*		erlotinib	
YONSA* ZYTIGA*		abiraterone	

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
CHOLESTEROL MEDICATIONS	ANTARA FENOGLIDE	fenofibrate	
	ALTOPREV	lovastatin+ atorvastatin+ simvastatin+ rosuvastatin+	
	CRESTOR	rosuvastatin+	
	EZALLOR SPRINKLE FLOLIPID LIVALO SIMVASTATIN 20mg/5ml SUSPENSION NEXLIZET	generic statins (e.g. atorvastatin; simvastatin)	
	JUXTAPID* PRALUENT	REPATHA	
	LESCOL XL	fluvastatin er+	
	LIPITOR	atorvastatin+ ezetimibe-simvastatin rosuvastatin+	
	NEXLETOL	generic statins (e.g. atorvastatin; simvastatin) ezetimibe-simvastatin	
	niacin 500mg tablet NIACOR	niacin er	
	PRAVACHOL	pravastatin+	
	VYTORIN	ezetimibe-simvastatin	
	ZYPITAMAG	atorvastatin+ lovastatin+ pravastatin+ rosuvastatin+ simvastatin+	
	CONTRACEPTION PRODUCTS	BALCOLTRA NATAZIA SLYND TAYTULLA TWIRLA	generic oral contraceptives
		COUGH/COLD MEDICATIONS	benzonatate 150mg
TUSSICAPS			hydrocodone-chlorpheniramine er suspension promethazine with codeine syrup
DIABETES		ACCU-CHEK TEST STRIPS CVS TEST STRIPS ADVOCATE TEST STRIPS ASSURE TEST STRIPS CONTOUR TEST STRIPS FREESTYLE TEST STRIPS	ONE TOUCH TEST STRIPS (e.g. Ultra; Verio)
		ADLYXIN	BYDUREON BYETTA metformin OZEMPIC TRULICITY VICTOZA

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
DIABETES (cont)	ADMELOG ADMELOG SOLOSTAR APIDRA, APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL INSULIN ASPART NOVOLOG	HUMALOG LYUMJEV	
	AFREZZA	HUMALOG HUMULIN R LYUMJEV	
	alogliptin alogliptin-metformin JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR NESINA ONGLYZA TRADJENTA	JANUMET JANUMET XR JANUVIA metformin	
	alogliptin-pioglitazone OSENİ	JANUMET JANUMET XR JANUVIA pioglitazone	
	FORTAMET GLUMETZA metformin er gastric metformin er osmotic	metformin er (generic to GLUCOPHAGE XR)	
	GLUCAGEN HYPOKIT GVOKE	glucagon emergency kit (generic) BAQSİMİ ZEGALOGUE	
	INSULIN ASPART PRO NOVOLOG MIX	HUMALOG MIX	
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR	
	INVOKANA STEGLATRO	FARXİGA JARDİANCE metformin	
	LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO MAX SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR LEVEMİR TRESİBA FLEXTOUCH	
	NOVOLIN	HUMULIN	
	QTERN STEGLUJAN	GLYXAMBI metformin TRIJARDY XR	
	DIURETICS	EDECİRİN ethacrynic acid	bumetanide furosemide torsemide

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
EYE CONDITIONS	ALOCRI ALOMIDE	cromolyn
	CEQUA RESTASIS MULTIDOSE XIIDRA	RESTASIS
	LUMIGAN TRAVATAN Z VYZULTA XALATAN XELPROS ZIOPTAN	bimatoprost latanoprost travoprost
GASTROINTESTINAL/HEARTBURN	ANUSOL-HC 25MG SUPPOSITORY	hydrocortisone 25mg suppository
	ASACOL HD COLAZAL DELZICOL DIPENTUM	balsalazide mesalamine tablets or capsules PENTASA sulfasalazine
	COLYTE WITH FLAVOR PACKETS+ GOLYTELY+ MOVIPREP+ NULYTELY WITH FLAVOR PACKS+ OSMOPREP+ PLENVU+	CLENPIQ+ GAVILYTE-C+ GAVILYTE-G+ GAVILYTE-N+ PEG 3350 ELECTROLYTE+ SUPREP+ SUTAB+
	CORTIFOAM UCERIS 2MG RECTAL FOAM	COLOCORT hydrocortisone
	CREON PERTZYE ZENPEP	PANCREAZE
	GIMOTI*	metoclopramide oral solution or tablet
	HELIDAC	bismuth subsalicylate lansoprazole-amoxicillin-clarithromycin pak metronidazole tetracycline
	KRISTALOSE lactulose 10gm packet	CONSTULOSE ENULOSE lactulose oral solution
	LIBRAX	chlordiazepoxide
	LOTRONEX*	alosetron*
	lubiprostone	AMITIZA
	MARINOL SYNDROS	dronabinol
	MOTTEGRITY TRULANCE ZELNORM	AMITIZA LINZESS
	NEXIUM 10MG, 20MG, 40MG PACKET, 20MG, 40MG CAPSULE	esomeprazole packets, esomeprazole magnesium
	OMECLAMOX-PAK PYLERA TALICIA	lansoprazole-amoxicillin-clarithromycin pak

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
GASTROINTESTINAL/HEARTBURN (cont)	RELTONE	ursodiol	
	ROWASA	mesalamine rectal enema suspension	
	SENSIPAR*	cinacalcet	
	ZOFRAN	ondansetron	
	ZUPLENZ	ondansetron ondansetron odt	
HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone 5mg tablet	
	DDAVP NOCDURNA	desmopressin nasal spray or tablets	
	DEXABLISS dexamethasone 6, 10, 13 Day 1.5MG tablets	dexamethasone 1.5mg tablet	
	DEXPAK DXEVO HIDEX TAPERDEX ZCORT		
	FORTESTA JATENZO NATESTO TESTIM VOGELXO XYOSTED	generic topical testosterone	
	GENOTROPIN* NUTROPIN AQ NUSPIN* OMNITROPE* SAIZEN* SAIZEN-SAIZENPREP* ZOMACTON*	HUMATROPE* NORDITROPIN*	
	HEMADY	dexamethasone 5mg tablet	
	MYCAPSSA*	BYNFEZIA*	
	ORTIKOS	budesonide capsule	
	RAYOS	methylprednisolone prednisone	
	SYNTHROID	levothyroxine	
	THYQUIDITY	EUTHYROX LEVO-T levothyroxine LEVOXYL	
	UCERIS 9MG ER TABLET	budesonide 9mg tablet dexamethasone hydrocortisone methylprednisolone prednisolone prednisone	
	INFECTIONS	ACTICLATE DORYX DORYX MPC MINOCIN 50MG PEL CAPSULE	generic products (e.g. doxycycline; minocycline)

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)	
INFECTIONS (cont)	MINOCYCLINE ER 45, 90, 135MG CAPSULE MINOLIRA ER MONODOX SEYSARA SOLODYN TARGADOX VIBRAMYCIN 100MG CAPSULE XIMINO	generic products (e.g. doxycycline; minocycline)	
	ARAKODA	atovaquone-proguanil doxycycline hydroxychloroquine mefloquine quinine	
	AUGMENTIN AUGMENTIN XR	amoxicillin/clavulanate	
	BARACLUDE TABLET*	entecavir tablet*	
	BETHKIS* TOBI*	tobramycin inhalation solution*	
	DIFLUCAN	fluconazole	
	doxycycline hyclate dr 80mg tablet	generic products (e.g. minocycline)	
	DOXYCYCLINE IR-DR ORACEA	doxycycline hyclate dr 50mg tablet doxycycline monohydrate 50mg tablet minocycline er 45mg	
	E.E.S. 200 ERYPED 400	erythromycin granules erythromycin	
	HUMATIN	paromomycin	
	MEPRON	atovaquone	
	MYCOBUTIN	rifabutin	
	nitrofurantoin 25mg/5ml suspension	nitrofurantoin capsule sulfamethoxazole-trimethoprim suspension	
	NOXAFIL DR 100MG TABLET	posaconazole dr 100mg tablet	
	SITAVIG	acyclovir tablet famciclovir tablet valacyclovir tablet	
	SPORANOX	itraconazole	
	TOLSURA	oral itraconazole	
	VALCYTE	valganciclovir	
	VANCOGIN	vancomycin oral solution or capsule	
	ZOVIRAX	acyclovir	
	MISCELLANEOUS	HORIZANT	gabapentin
		KUVAN*	sapropterin tablet & powder packet*
		SYPRINE*	penicillamine* trientine*
		XENAZINE*	tetrabenazine*
	MULTIPLE SCLEROSIS	AMPYRA*	dalfampridine er*

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
MULTIPLE SCLEROSIS (cont)	COPAXONE*	AVONEX* BETASERON* EXTAVIA* glatiramer* GLATOPA* KESIMPTA* PLEGRIDY* REBIF*
	TECFIDERA*	AUBAGIO* BAFIERTAM* dimethyl* GILENYA* MAYZENT* PONVORY* VUMERITY*
NUTRITIONAL/DIETARY	AZESCHEW AZESCO DERMACINRX PRENATRIX DERMACINRX PRENATRYL PNV TABS 20-1 PREGEN DHA PREGENNA TRINAZ ZALVIT	Any generic prenatal vitamin
	NASCOBAL	cyanocobalamin injection
PAIN RELIEF AND INFLAMMATORY DISEASE	ALLZITAL BUPAP butalbital-acetaminophen 25-35mg, 50-300mg tablets	butalbital-acetaminophen 50-325mg tablet
	AMERGE ERGOMAR FROVA 2.5MG TABLET MAXALT MAXALT MLT RELPAX	generic triptans (e.g. sumatriptan; naratriptan)
	AMRIX cyclobenzaprine er	carisoprodol chlorzoxazone 500mg cyclobenzaprine tablets methocarbamol orphenadrine er metaxalone
	CAMBIA DUEXIS fenoprofen 200mg capsule fenoprofen 400mg capsule FENORTHO INDOCIN indomethacin 20mg capsule ketoprofen 25mg capsule meloxicam 5mg, 10mg capsule NALFON 400MG CAPSULE	Generic NSAID (e.g. celecoxib; meloxicam)

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	NAPRELAN NAPROSYN 125MG/5ML SUSPENSION naproxen naproxen sodium cr naproxen sodium er naproxen-esomeprazole mag RELAFEN RELAFEN DS TIVORBEX VIMOVO VIVLODEX ZIPSOR ZORVOLEX	Generic NSAID (e.g. celecoxib; meloxicam)
	CAPITAL WITH CODEINE	acetaminophen-codeine
	chlorzoxazone 250mg	chlorzoxazone 500mg
	chlorzoxazone 375mg chlorzoxazone 750mg	methocarbamol 500mg
	CONZIP	tramadol tramadol er
	COSENTYX*	ENBREL* HUMIRA* OTEZLA* STELARA* TALTZ*
	CUPRIMINE*	penicillamine* trientine*
	D.H.E.45	dihydroergotamine injection
	diclofenac 1.3% patch diclofenac 1.5% solution diclofenac 35mg capsule FLECTOR LICART PENNSAID VOLTAREN 1% GEL	generic nsaid (e.g. celecoxib; meloxicam) diclofenac 1% gel
	dihydroergotamine 4mg/ml spray IMITREX NASAL SPRAY MIGRANAL ONZETRA XSAIL ZOLMITRIPTAN NASAL SPRAY ZOMIG	sumatriptan nasal spray
	GLOPERBA	colchicine probenecid-colchicine
	GRALISE	gabapentin
	IMITREX CARTRIDGE IMITREX PEN INJECTOR	dihydroergotamine sumatriptan
	IMITREX TABLET	dihydroergotamine eletriptan rizatriptan sumatriptan tablets

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	KETOROLAC 15.75MG NASAL SPRAY SPRIX	ketorolac tablet
	KINERET*	ACTEMRA* ENBREL* HUMIRA* XELJANZ/XR*
	levorphanol	codeine with acetaminophen hydrocodone with acetaminophen HYSINGLA ER oxycodone with acetaminophen tramadol XTAMPZA ER
	LORZONE	chlorzoxazone 500mg cyclobenzaprine tablet
	NORGESIC FORTE orphenadrine-aspirin-caffeine ORPHENGESIC FORTE	chlorzoxazone 500mg tablet metaxalone methocarbamol orphenadrine ER
	OXYCONTIN	HYSINGLA ER MORPHABOND ER XTAMPZA ER
	OZOBAX	baclofen tablet
	PROLATE SOLUTION	oxycodone-acetaminophen tablet
	QDOLO	tramadol 50mg tablet
	REYVOW	generic triptans (e.g. sumatriptan; naratriptan) NURTEC ODT UBRELVY
	ROXICODONE	oxycodone
	SILIQ*	ENBREL* HUMIRA* STELARA* TALTZ* TREMIFYA*
	SIMPONI* 50MG/0.5ML	ACTEMRA* ENBREL* HUMIRA* STELARA* TALTZ* XELJANZ/XR*
	SORIATANE	acitretin
	SUBSYS	fentanyl lozenge or buccal tablet
	SUMAVEL DOSEPRO TOSYMRA	sumatriptan
	tramadol 100mg	tramadol
	TREXIMET	sumatriptan-naproxen
	VANATOL LQ VANATOL S	butalbital-acetaminophen-caffeine capsule or tablets

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)	ZEMBRACE SYMTOUCH	dihydroergotamine sumatriptan
	ZOMIG ZMT	zolmitriptan odt
PARKINSON'S DISEASE	GOCOVRI	amantadine
	LODOSYN	carbidopa
	ONGENTYS	entacapone
	REQUIP XL	ropinirole er
	ZELAPAR	selegiline tablets or capsules
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY ABILIFY MYCITE	aripiprazole paliperidone er risperidone
	CAPLYTA	aripiprazole olanzapine paliperidone er quetiapine quetiapine er risperidone ziprasidone
	GEODON CAPSULE	aripiprazole paliperidone er ziprasidone
	VERSACLOZ	clozapine clozapine odt
	ZYPREXA	aripiprazole olanzapine tablets paliperidone er
	ZYPREXA ZYDIS	aripiprazole olanzapine olanzapine odt
	SEIZURE DISORDERS	ELEPSIA XR KEPPRA XR
FELBATOL		felbamate
KEPPRA SOLUTION, TABLET		levetiracetam
LAMICTAL		lamotrigine
LAMICTAL TAB KIT (BLUE, GREEN, ORANGE)		lamotrigine starter kit (blue, green, orange)
LAMICTAL ODT		lamotrigine odt
LAMICTAL ODT KIT (BLUE, GREEN, ORANGE)		lamotrigine odt starter kit (blue, green orange)
LAMICTAL XR LAMICTAL XR KIT (BLUE, GREEN, ORANGE)		lamotrigine er
LYRICA LYRICA CR pregabalin er		duloxetine gabapentin lidocaine 5% topical patch pregabalin
MYSOLINE		primidone
QUDEXY XR TROKENDI XR		topiramate er

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS (cont)	SABRIL*	vigabatrin*
	SYMPAZAN	clobazam
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
	ZONEGRAN	zonisamide
SKIN CONDITIONS	ABSORICA ABSORICA LD	CLARAVIS isotretinoin MYORISAN ZENATANE
	ACANYA ACZONE AKLIEF AKTIPAK ALTRENO AMZEEQ ARAZLO ATRALIN AVITA AZELEX DIFFERIN DUAC EPIDUO FORTE FABIOR ONEXTON RETIN-A RETIN-A MICRO RETIN-A MICRO PUMP tazarotene 0.1% foam TAZORAC TRETIN-X VELTIN WINLEVI ZIANA	Use generic products (e.g. adapalene; tretinoin; clindamycin-benzoyl peroxide)
	acyclovir cream, ointment DENA VIR ZOVIRAX	acyclovir tablet famciclovir tablet valacyclovir tablet
	adapalene swab PLIXDA	adapalene 0.1% cream adapalene 0.1% lotion adapalene 0.3% gel tazarotene 0.1% cream tretinoin cream, gel, micro gel
	ALDARA imiquimod 3.75% ZYCLARA	imiquimod 5% cream
	ANUSOL-HC 2.5% CREAM	hydrocortisone 2.5% rectal cream
	APEXICON E CORDRAN 4 MCG/SQ CM TAPE LARGE diflorasone PSORCON	betamethasone cream, ointment clobetasol halobetasol cream, ointment

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	BENZACLIN NEUAC 1.2-5% KIT	clindamycin-benzoyl peroxide
	calcipotriene foam	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	CARAC	fluorouracil 0.5% cream
	CLINDAGEL	clindamycin gel clindamycin topical solution
	CLINDAMYCIN 1% GEL	clindamycin 1% gel (generic Cleocin T) dapsons 5% gel erythromycin 2% gel
	CLOBEX	clobetasol lotion, shampoo, spray
	CONDYLOX	imiquimod 5% cream packet podoflox 0.5% topical solution
	CORDRAN CREAM, LOTION, OINTMENT	betamethason fluocinolone fluticasone
	CUTIVATE	betamethasone lotion fluticasone topical lotion triamcinolone lotion
	DAPSONE 7.5% GEL PUMP	generic topical acne products (e.g. tretinoin; clindamycin-benzoyl peroxide)
	diclofenac 3% gel KLISYRI	FLUOROPLEX fluorouracil imiquimod 5% cream
	DOVONEX	calcipotriene cream
	doxepin 5% cream PRUDOXIN ZONALON	generic topical steroid (e.g. betamethasone) topical tacrolimus
	DUOBRII	halobetasol plus tazarotene cream
	ENSTILAR TACLONEX	calcipotriene cream, ointment, solution calcipotriene-betamethasone ointment tazarotene cream topical betamethasone
	ERTACZO	ketoconazole cream
	EXELDERM oxiconazole OXISTAT SULCONAZOLE	econazole cream ketoconazole cream naftifine cream
	EXTINA	ketoconazole cream ketoconazole foam
	FINACEA METROCREAM METROGEL SOOLANTRA ZILXI	azelaic acid topical metronidazole
	flurandrenolide hydrocortisone 1% lotion	betamethasone fluocinolone fluticasone

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	halobetasol foam LEXETTE	augmented betamethasone dipropionate betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	HALOG SOLUTION	clobetasol cream, ointment halobetasol cream, ointment
	IMPEKLO	betamethasone dipropionate cream, ointment clobetasol fluocinonide 0.1% cream halobetasol cream, ointment
	IMPOYZ	clobetasol cream, ointment betamethasone dipropionate cream, ointment halobetasol cream, ointment
	JUBLIA KERYDIN tavaborole	ciclopirox topical solution itraconazole capsules terbinafine tablets
	KENALOG 0.147MG/GM SPRAY triamcinolone ointment triamcinolone spray	desoximetasone 0.05% cream, ointment fluocinolone 0.025% ointment flurandrenolide 0.05% ointment hydrocortisone 0.2% ointment mometasone 0.1% cream
	LOCOID	betamethasone lotion fluocinolone cream fluticasone cream hydrocortisone ointment prednicarbate ointment triamcinolone cream
	LOCOID LIPOCREAM nolix PANDEL	betamethasone cream fluocinolone cream fluticasone cream
	LOPROX 0.77% CREAM 1% SHAMPOO	ciclopirox cream, shampoo
	LUZU	econazole cream ketoconazole cream luliconazole
	NORITATE	azelaic acid metronidazole cream metronidazole gel
	OLUX OLUX-E	betamethasone dipropionate cream, ointment clobetasol cream, foam, ointment halobetasol cream, ointment
	QBREXZA	DRYSOL
	SERNIVO	betamethasone
	SORILUX	calcipotriene cream, ointment, solution calcitriol ointment tazarotene cream
	TRIANEX	triamcinolone cream
	TRIDESILON	alclometasone desonide triamcinolone

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	ULTRAVATE LOTION ULTRAVATE X	betamethasone ointment clobetasol cream, lotion, ointment halobetasol cream, ointment
	VANOS	clobetasol cream fluocinonide 0.1% cream halobetasol cream
	VECTICAL	calcitriol ointment calcipotriene ointment tazarotene cream
	VERDESO	desonide cream desonide ointment
	WYNZORA	betamethasone calcipotriene calcipotriene-betamethasone fluocinolone fluticasone mometasone triamcinolone cream
	XERESE	acyclovir tablet famciclovir tablet plus hydrocortisone prescription cream valacyclovir tablet
	XOLEGEL	ciclopirox 0.77% gel ciclopirox 1% shampoo ketoconazole 2% cream ketoconazole 2% foam selenium sulfide 2.5% lotion sodium sulfacetamide 10% shampoo
SLEEP DISORDERS/SEDATIVES	AMBIEN	zolpidem
	AMBIEN CR	zolpidem er
	ATIVAN TABLET	lorazepam
	BELSOMRA	DAYVIGO
	EDLUAR	zolpidem or zolpidem er
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	RESTORIL	temazepam
ZOLPIMIST	doxepin eszopiclone zaleplon zolpidem zolpidem ER	
SUBSTANCE ABUSE	EVZIO	naloxone auto-injector NARCAN
TRANSPLANT MEDICATIONS	LUPKYNIS*	BENLYSTA* tacrolimus*
URINARY TRACT CONDITIONS	DETROL	darifenacin er oxybutynin tolterodine

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DRUG CLASS	MEDICATION NAME^^	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
URINARY TRACT CONDITIONS (cont)	DETROL LA	darifenacin er oxybutynin er tolterodine er
	DITROPAN XL	oxybutynin er
	ENABLEX	darifenacin er
	GELNIQUE MYRBETRIQ OXYTROL TOVIAZ VESICARE LS	darifenacin er oxybutynin er tolterodine er trospium er
	GEMTESA	darifenacin er oxybutynin oxybutynin er solifenacin tolterodine tolterodine er trospium
	PROCYSBI*	CYSTAGON*
	THIOLA* THIOLA EC*	tiopronin*
	VESICARE	darifenacin er oxybutynin er solifenacin tolterodine er trospium er

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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:^{1,2}

- › 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. 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.

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 used to treat lifestyle conditions like infertility, weight loss, erectile dysfunction, smoking cessation.⁵
- › 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

Frequently Asked Questions (FAQs) (cont)

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.

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 care 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.

Frequently Asked Questions (FAQs) (cont)

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, 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.⁸

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

Frequently Asked Questions (FAQs) (cont)

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 cost⁹
- › Automatic refills and refill reminders
- › Fill up to a 90-day supply at one time
- › 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:¹¹

- › 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 fertility³, 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.

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 medication 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 from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Plans that must follow state insurance laws, like **Delaware's** state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the myCigna App or myCigna.com, or check your plan materials.
4. **For insured plans that must follow Delaware's state insurance laws:** Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list. To find out how your specific plans covers these medications, log in to the myCigna App or myCigna.com, or call Customer Service using the number on your Cigna ID card.
5. Smoking cessation medications are not typically covered under the plan, except as required by law or by the terms of your specific plan. Costs and complete details of the plan's prescription drug coverage, including a full list of exclusions and limitations, are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.
6. 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.
7. 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>.
8. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
9. Standard shipping costs are included as part of your prescription plan.
10. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
11. 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

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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