

# CIGNA NATIONAL PREFERRED PRESCRIPTION DRUG LIST



Coverage as of July 1, 2023

## About this drug list

This is a shortened list of the most commonly prescribed medications covered on the Cigna National Preferred Prescription Drug List as of July 1, 2023.<sup>1,2</sup> Medications are listed by the condition they treat. Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

**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 the medications listed here. Log in to the **myCigna**® App<sup>3</sup> or **myCigna.com**®, or check your plan materials, to see all of the medications your plan covers.

## 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.

- **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.
- **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.

- **Step Therapy:** Certain high-cost medications aren't covered until you try one or more lower-cost alternative(s) first.\*\* These medications have a **(ST)** next to them. You have many covered options to choose from, and they can be used to treat the same condition.
- **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.



## Go generic and save

Ask your doctor if a generic medication may be right for you. Generics have the same strength and active ingredients as brand-name medications, but often cost much less – in some cases, up to 85% less.<sup>4</sup>



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

968444 a CNPF 3T 4T 5T 6T Abridged 04/23

## View the drug list online

This document was last updated on 04/01/2023.\* You can go online to see the most up-to-date list of medications your plan covers.



**myCigna App or myCigna.com.** Click on the Find Care & Costs tab. Then select Price a Medication, and type in your medication name.



**Cigna.com/druglist.** Select your drug list name (**Cigna National Preferred**) and tier (for example, 3 Tier, 4 Tier, 5 Tier) from the dropdown 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.

## Cigna National Preferred Prescription Drug List

### AIDS/HIV

BIKTARVY  
CIMDUO  
DESCOVY  
DOVATO  
GENVOYA  
JULUCA  
ODEFSEY  
SYMFI  
SYMFI LO  
SYMTUZA  
TEMIXYS  
TRIUMEQ  
TRIUMEQ PD

### ALLERGY/NASAL SPRAYS

azelastine nasal spray (QL)  
epinephrine auto-injector  
(QL) (by MYLAN, TEVA)  
EPIPEN, EPIPEN JR (PA,  
QL)  
fluticasone nasal spray (QL)  
GRASTEK (PA)  
hydroxyzine  
hydroxyzine pamoate  
ipratropium (QL)  
mometasone (QL, ST)  
ODACTRA (PA)  
olopatadine (QL)  
ORALAIR (PA)  
promethazine

RAGWITEK (PA)  
SYMJEPI (QL)

### ALZHEIMER'S DISEASE

NAMZARIC (ST)

### ANXIETY/ DEPRESSION/ BIPOLAR DISORDER

alprazolam  
amitriptyline  
bupropion  
bupropion sr (QL)  
bupropion xl (QL, ST)  
buspirone  
citalopram tablet (QL)  
citalopram solution  
desvenlafaxine er (QL, ST)  
duloxetine (QL, ST)  
escitalopram (QL, ST)  
FETZIMA (QL, ST)  
fluoxetine (ST)  
lorazepam tab, oral conc.  
mirtazapine  
paroxetine tablet (QL)  
paroxetine suspension (ST)  
sertraline tablet (QL)  
sertraline oral conc.  
trazodone  
venlafaxine er tab (QL, ST)  
venlafaxine er cap (QL)

### ASTHMA/COPD/ RESPIRATORY

ADEMPAS (PA, QL)  
ADVAIR HFA (PA, QL)  
albuterol  
albuterol hfa (QL) (by  
CIPLA, PAR, PERRIGO,  
PROFICIENT RX & TEVA)  
ANORO ELLIPTA (QL)  
ARNUITY ELLIPTA (QL)  
ASMANEX (QL)  
ASMANEX HFA (QL)  
BEVESPI AEROSPHERE  
(QL)  
BREO ELLIPTA (PA, QL)  
BREZTRI AEROSPHERE  
(QL)  
budesonide (QL)  
COMBIVENT RESPIMAT  
(QL)  
DULERA (PA, QL)  
FASENRA (PA, QL)  
montelukast  
NUCALA (PA, QL)  
OFEV (PA, QL)  
OPSUMIT (PA, QL)  
QVAR REDHALER (QL)  
SEREVENT DISKUS (QL)  
SPIRIVA HANDIHALER  
(QL)  
SPIRIVA RESPIMAT (QL)  
STIOLTO RESPIMAT (QL)

SYMBICORT (PA, QL)  
tadalafil 20mg (PA, QL)  
TEZSPIRE (PA)  
TRACLEER (PA, QL)  
TRELEGY ELLIPTA (QL)  
UPTRAVI (PA, QL)  
XOLAIR (PA, QL)  
YUPELRI (QL)

### ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine  
DAYTRANA (ST)  
dexamethylphenidate er  
dextroamphetamine/  
amphetamine  
dextroamphetamine/  
amphetamine er  
DYANAVEL XR (ST)  
guanfacine er  
methylphenidate  
methylphenidate er tab  
methylphenidate er cap  
(ST)  
MYDAYIS (ST)  
QUILLICHEW ER (ST)  
QUILLIVANT XR (ST)  
VYVANSE (ST)

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

^ Not all plans cover this medication. Log in to the **myCigna App** or **myCigna.com**, or check your plan materials, to see if your plan covers it.

# Cigna National Preferred Prescription Drug List

## BLOOD MODIFIERS/ BLEEDING DISORDERS

DOPTELET (PA, QL)  
EMPAVELI (PA)  
FULPHILA (PA, QL)  
TAVALISSE (PA, QL)  
ZIEXTENZO (PA, QL)

## BLOOD PRESSURE/ HEART MEDICATIONS

amlodipine  
amlodipine/benazepril  
atenolol  
benazepril  
carvedilol  
clonidine  
diltiazem 24hr er (cd)  
enalapril  
ENTRESTO (QL)  
hydralazine  
irbesartan  
labetalol  
lisinopril  
lisinopril/hctz  
losartan  
losartan/hctz  
metoprolol  
metoprolol succinate  
nifedipine er  
olmesartan  
olmesartan/hctz  
propranolol  
propranolol er  
ramipril  
TAKHZYRO (PA, QL)  
TEKTRUNA HCT  
telmisartan  
valsartan/hctz  
VERQUVO (QL)

## BLOOD THINNERS/ ANTI-CLOTTING

BRILINTA  
clopidogrel  
ELIQUIS (PA)  
FRAGMIN  
warfarin  
XARELTO (PA)

## CANCER

ALECENSA (PA)  
ALUNBRIG (PA, QL)  
anastrozole  
BOSULIF (PA, QL)  
CABOMETYX (PA, QL)  
CALQUENCE (PA, QL)  
COMETRIQ (PA, QL)  
ERIVEDGE (PA, QL)  
ERLEADA (PA)  
IBRANCE (PA, QL)  
IMBRUVICA (PA, QL)  
INLYTA (PA, QL)  
JAKAFI (PA, QL)  
letrozole  
LORBRENA (PA, QL)  
LYNPARZA (PA, QL)  
methotrexate  
NINLARO (PA, QL)  
NUBEQA (PA, QL)  
ODOMZO (PA, QL)  
REVLIMID (PA)  
ROZLYTREK (PA, QL)  
RUBRACA (PA, QL)  
SPRYCEL (PA, QL)  
STIVARGA (PA, QL)  
TALZENNA (PA, QL)  
tamoxifen  
TASIGNA (PA, QL)  
VERZENIO (PA, QL)  
VITRAKVI (PA, QL)  
VIZIMPRO (PA, QL)  
XALKORI (PA, QL)  
XTANDI (PA, QL)  
YONSA (PA, QL)  
ZEJULA (PA, QL)

## CHOLESTEROL MEDICATIONS

atorvastatin (QL)  
ezetimibe (ST)  
fenofibrate (ST)  
LIVALO (QL, ST)  
lovastatin (QL)  
NEXLETOL (PA)  
NEXLIZET (PA)  
omega-3 acid ethyl esters (PA)  
pravastatin (QL)  
REPATHA (PA)

rosuvastatin (QL)  
simvastatin (QL)  
VASCEPA (PA)

## CONTRACEPTION PRODUCTS

blisovi fe  
drospirenone-ethinyl  
estradiol  
estarylla  
etonogestrel-ethinyl  
estradiol  
junel fe  
KYLEENA  
MIRENA  
norgestimate-ethinyl  
estradiol  
SKYLA  
sprintec  
tri-sprintec

## COUGH/COLD MEDICATIONS

benzonatate  
brompheniramine-  
pseudoephed-dm  
promethazine-dm

## DENTAL PRODUCTS

chlorhexidine  
doxycycline hyclate  
triamcinolone acetonide

## DIABETES

ACCU-CHEK LANCETS  
BAQSIMI (QL)  
BD AUTOSHIELD DUO  
NEEDLES  
BD INSULIN SYRINGE  
BD PEN NEEDLE  
BD ULTRAFINE INSULIN  
SYRINGES, PEN NEEDLES  
BYDUREON (PA, QL)  
BYETTA (PA, QL)  
CEQR SIMPLICITY  
DEXCOM RECEIVER (PA)  
DEXCOM G6 SENSOR,  
TRANSMITTER (PA, QL)  
DROPLET GENTEEL  
LANCING DEVICE  
FARXIGA (QL, ST)

FREESTYLE INSULINX,  
TEST STRIPS, LITE TEST  
STRIP  
FREESTYLE LIBRE  
READER (PA)  
FREESTYLE LIBRE  
SENSOR (PA, QL)  
glimepiride  
glipizide  
glipizide er  
GLUCAGON EMERGENCY  
KIT (QL)  
GLYXAMBI (QL, ST)  
GVOKE (QL)  
HUMALOG  
HUMULIN  
JANUMET (QL, ST)  
JANUMET XR (QL, ST)  
JANUVIA (QL, ST)  
JARDIANCE (QL, ST)  
LEVEMIR  
LYUMJEV  
metformin tablet  
metformin solution (ST)  
metformin er (QL)  
MICROLET 2, NEXT  
LANCING DEVICE  
MINIMED NEEDLE  
MOUNJARO (PA, QL)  
MULTI-LANCET  
NANCO 2ND GEN PEN  
NEEDLE  
OMNIPOD PODS (QL)  
ONE TOUCH TEST STRIPS:  
ULTRA, VERIO; LANCETS  
OZEMPIC (PA, QL)  
PARADIGM  
PRECISION XTRA  
QUICK-SET PARADIGM  
RYBELSUS (PA, QL)  
SEGLUOMET (QL, ST)  
SEMGLLEE (YFGN)  
SILHOUETTE  
SOLQUA (QL)  
STEGLATRO (QL, ST)  
STEGLUJAN (QL, ST)  
SYMLINPEN (PA, QL)  
SYNJARDY (QL, ST)  
SYNJARDY XR (QL, ST)  
TECHLITE LANCETS

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

^ Not all plans cover this medication. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to see if your plan covers it.

# Cigna National Preferred Prescription Drug List

## DIABETES (cont.)

TOUJEO  
TRESIBA  
TRIJARDY XR (ST)  
TRULICITY (PA, QL)  
ULTRA-FINE PEN NEEDLE  
VEO INSULIN SYRINGE  
V-GO  
XIGDUO XR (QL, ST)  
XULTOPHY (QL)

## DIURETICS

chlorthalidone  
furosemide  
hydrochlorothiazide  
KERENDIA (PA, QL)  
spironolactone  
triamterene/hctz

## EAR MEDICATIONS

ofloxacin

## ERECTILE DYSFUNCTION

MUSE^ (PA, QL)  
tadalafil^ (PA, QL) 2.5mg,  
5mg, 10mg, 20mg

## EYE CONDITIONS

AZASITE  
ciprofloxacin  
erythromycin eye ointment  
ketorolac  
latanoprost eye solution  
(PA)  
polymyxin/trimethoprim  
eye solution  
prednisolone eye  
suspension  
RESTASIS MULTIDOSE (PA,  
QL)  
XIIDRA (PA, QL)

## GASTROINTESTINAL/HEARTBURN

CREON  
dicyclomine  
esomeprazole (QL, ST)  
famotidine 40mg  
lansoprazole dr capsule  
lansoprazole odt tablet (QL,  
ST)

LINZESS (QL)  
mesalamine  
MOVANTI (QL)  
omeprazole (QL)  
ondansetron (QL)  
ondansetron odt (QL)  
PANCREAZE  
pantoprazole susp (ST)  
pantoprazole dr (QL)  
PENTASA 250MG CAP  
promethazine  
RECTIV  
RELISTOR (ST)  
sucralfate  
SYMPROIC  
TALICIA (QL)  
TRULANCE  
UCERIS FOAM  
VARUBI (QL)  
VIBERZI  
VIOKACE  
ZENPEP

## HORMONAL AGENTS

ANDRODERM (PA, QL)  
ARMOUR THYROID  
COMBIPATCH  
dexamethasone  
dexamethasone day tab  
(PA)  
DUAVEE  
estradiol  
estradiol twice weekly (QL)  
GENOTROPIN (PA)  
levothyroxine  
levoxyl  
liothyronine  
medroxyprogesterone  
methylprednisolone  
MYFEMBREE (PA)  
NATESTO (PA, QL)  
NORDITROPIN (PA)  
np thyroid  
OMNITROPE (PA)  
ORIAHNN (PA)  
ORILISSA (PA, QL)  
prednisolone sodium  
phosphate  
prednisone  
PREMARIN CREAM  
progesterone  
SOMAVERT (PA)

testosterone cypionate (PA)  
testosterone packet, gel  
pump, gel (PA, QL)

## INFECTIONS

acyclovir  
amoxicillin  
amoxicillin/potassium  
clavulanate  
ARIKAYCE (PA)  
azithromycin (PA)  
BARACLUDE SOLUTION  
BAXDELA (PA, QL)  
cefdinir  
cefuroxime  
cephalexin  
ciprofloxacin  
clindamycin oral  
doxycycline hyclate (PA,  
ST)  
doxycycline monohydrate  
(ST)  
EMVERM (QL)  
EPCLUSA (PA, QL)  
erythromycin  
fluconazole (QL)  
HARVONI (PA, QL)  
hydroxychloroquine 200mg  
tablet  
KITABIS PAK (PA, QL)  
levofloxacin (PA)  
metronidazole  
minocycline  
nitrofurantoin macrocrystal  
nystatin  
oseltamivir (QL)  
penicillin vk  
SOLOSEC (QL)  
sulfamethoxazole/  
trimethoprim  
terbinafine  
TOBI PODHALER (PA, QL)  
valacyclovir (QL)  
VEMLIDY  
VOSEVI (PA, QL)  
XIFAXAN (QL)  
ZEPATIER (PA, QL)

## MISCELLANEOUS

AUSTEDO (PA, QL)  
CERDELGA (PA, QL)  
deferiprone (PA)

NITYR (PA)  
NUEDEXTA (PA)  
RADICAVA ORS (PA)  
STRENSIQ (PA)  
TEGSEDI (PA, QL)

## MULTIPLE SCLEROSIS

AUBAGIO (PA, QL)  
AVONEX (PA, QL)  
BAFIERTAM (PA, QL)  
BETASERON (PA, QL)  
FIRDAPSE (PA)  
glatiramer (PA, QL)  
glatopa (PA, QL)  
KESIMPTA (PA, QL)  
MAYZENT (PA, QL)  
PLEGRIDY (PA, QL)  
PONVORY (PA, QL)  
REBIF (PA, QL)  
REBIF REBIDOSE (PA, QL)  
VUMERITY (PA, QL)  
ZEPOSIA (PA, QL)

## NUTRITIONAL/DIETARY

betaine anhydrous (PA)  
LOKELMA (QL)  
PHOSLYRA (QL)  
potassium chloride er  
VELPHORO (QL)  
VELTASSA (ST, QL)

## OSTEOPOROSIS PRODUCTS

alendronate (QL)  
FORTEO (PA, QL)  
TYMLOS (PA, QL)

## PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen/codeine  
(PA, QL)  
ACTEMRA (PA, QL)  
AIMOVIG (PA, QL)  
AJOVY (PA, QL)  
AMJEVITA (by Amgen)  
(PA, QL)  
allopurinol  
baclofen  
BELBUCA (QL, ST)

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

^ Not all plans cover this medication. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to see if your plan covers it.

# Cigna National Preferred Prescription Drug List

## **PAIN RELIEF AND INFLAMMATORY DISEASE** *(cont.)*

butalbital/acetaminophen/  
caffeine  
carisoprodol  
celecoxib (ST)  
colchicine tablets (ST)  
cyclobenzaprine  
diclofenac (ST, QL)  
DUPIXENT (PA, QL)  
EMGALITY (PA, QL)  
ENBREL (PA, QL)  
FLECTOR (QL, ST)  
HUMIRA (PA, QL)  
hydrocodone/  
acetaminophen (PA, QL)  
HYSINGLA ER (QL, ST)  
ibu  
ibuprofen susp, tablet  
ketorlac (QL)  
LICART PATCHES (QL, ST)  
lidocaine patches (PA, QL)  
meloxicam (QL)  
methocarbamol  
MITIGARE  
naproxen  
NURTEC ODT (PA, QL)  
OTEZLA (PA, QL)  
oxycodone (PA, QL)  
oxycodone/acetaminophen  
(PA, QL)  
OXYCONTIN (QL, ST)  
QULIPTA (PA, QL)  
RASUVO (ST)  
RINVOQ ER (PA, QL)  
rizatriptan (QL)  
SAVELLA (QL, ST)  
SIMPONI 100 MG (PA, QL)  
(ONLY FOR ULCERATIVE  
COLITIS)  
SKYRIZI (PA, QL)  
STELARA (PA, QL)

sumatriptan ( QL)  
TALTZ (PA, QL)  
tizanidine  
tramadol (PA, QL)  
TREMFYA (PA, QL)  
UBRELVY (PA, QL)  
XELJANZ (PA, QL)  
XELJANZ XR (PA, QL)  
ZOMIG 2.5MG NASAL (QL,  
ST)  
ZTLIDO (PA)

## **PARKINSON'S DISEASE**

INBRIJA (PA, QL)  
KYNMOBI (PA, QL)  
ropinirole

## **SCHIZOPHRENIA/ ANTI-PSYCHOTICS**

aripiprazole solution  
aripiprazole tablet (QL)  
LATUDA (QL)  
olanzapine (QL)  
quetiapine (QL)  
risperidone solution  
risperidone tablet (QL)

## **SEIZURE DISORDERS**

clonazepam  
DILANTIN 30MG CAPSULE  
EPIDIOLEX (PA)  
FYCOMPA  
gabapentin  
lamotrigine  
levetiracetam  
NAYZILAM (PA, QL)  
oxcarbazepine  
pregabalin  
topiramate

## **SKIN CONDITIONS**

ADBRY (PA, QL)  
CIBINQO (PA, QL)

clindamycin (QL)  
clobetasol (QL, ST)  
clotrimazole/  
betamethasone (QL)  
ENSTILAR (QL, ST)  
FINACEA 15% FOAM (ST)  
fluocinonide (QL, ST)  
halcinonide (ST)  
isotretinoin  
ketoconazole topical (QL)  
metronidazole  
MIRVASO (PA)  
mupirocin (QL)  
ONEXTON (ST)  
REGRANEX (QL)  
SANTYL (QL)  
tacrolimus topical (QL, ST)  
tretinoin (PA)  
triamcinolone acetonide  
(QL, ST)

## **SLEEP DISORDERS/ SEDATIVES**

doxepin (QL, ST)  
eszopiclone (QL)  
SUNOSI (PA, QL)  
temazepam  
XYWAV (PA, QL)  
zolpidem (QL)  
zolpidem er (QL)

## **SMOKING CESSATION**

bupropion sr (QL)  
varenicline (QL)

## **SUBSTANCE ABUSE**

buprenorphine/naloxone  
KLOXXADO (QL)  
NARCAN (QL)  
ZUBSOLV

## **TRANSPLANT MEDICATIONS**

tacrolimus

## **URINARY TRACT CONDITIONS**

finasteride  
GELNIQUE (QL)  
MYRBETRIQ  
oxybutynin er  
phenazopyridine  
tamsulosin

## **VACCINES**

MODERNA COVID  
VACCINE  
PFIZER COVID VACCINE  
SHINGRIX

Generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

^ Not all plans cover this medication. Log in to the [myCigna App](#) or [myCigna.com](#), or check your plan materials, to see if your plan covers it.

## Medications that aren't covered - and their covered alternative(s)

These medications aren't covered on the Cigna National Preferred Prescription Drug List.<sup>^^</sup> **However, there are other medications available that are used to treat the same condition.** They're listed below.

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
AIDS/HIV	ATRIPLA	efavirenz-emtricitenofovir disoproxil fumarate
	COMPLERA	ODEFSEY
	DELSTRIGO	BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
	PIFELTRO	efavirenz, EDURANT
	PREZCOBIX	atazanavir, lopinavir-ritonavir, ritonavir, PREZISTA
	STRIBILD	BIKTARVY, GENVOYA
	TRUVADA	emtricitabine/tenofovir (tdf)
ALLERGY/NASAL SPRAYS	BECONASE AQ, OMNARIS, QNASL, QNASL CHILDREN'S, ZETONNA	flunisolide, fluticasone, mometasone
	epinephrine	generic epinephrine auto-injector, EPIPEN, EPIPEN JR.
ALZHEIMER'S DISEASE	MESTINON	pyridostigmine
	NAMENDA XR	memantine er
ANXIETY/DEPRESSION/BIPOLAR DISORDER	AUVELITY	bupropion er, bupropion sr
	BUPROPION HCL XL 450 MG TABLET , FORFIVO XL, WELLBUTRIN XL	bupropion xl
	CELEXA, CITALOPRAM 30MG CAPSULE	citalopram tablets
	CYMBALTA	duloxetine
	DRIZALMA SPRINKLE	desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA
	EFFEXOR XR	venlafaxine er
	LEXAPRO	escitalopram
	LOREEV XR	lorazepam tablets
	PEXEVA, VIIBRYD	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
	PRISTIQ	desvenlafaxine er
	PROZAC	fluoxetine
	SERTRALINE 150MG, 200MG CAPSULES	sertraline tablets
	SPRAVATO	olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline
	VALIUM	diazepam
	VENLAFAXINE BESYLATE ER	desvenlafaxine er, duloxetine, venlafaxine er
	VIIBRYD	vilazodone
	WELLBUTRIN SR	bupropion sr
	XANAX	alprazolam
	XANAX XR	alprazolam er
	ZOLOFT	sertraline
ASTHMA/COPD/RESPIRATORY	ADCIRCA	tadalafil
	AIRDUO RESPICLICK, BUDESONIDE-FORMOTEROL	fluticasone-salmeterol (by PRASCO, PROFICIENT RX), WIXELA INHUB, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT

<sup>^^</sup> This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

## Medications that aren't covered - and their covered alternative(s) (cont)

DRUG CLASS	MEDICATION NAME** (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
ASTHMA/COPD/RESPIRATORY (cont)	albuterol sulfate hfa (by A-S Medication, Prasco), levalbuterol hfa, PROAIR DIGIHALER, PROAIR RESPICLICK, PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA, XOPENEX HFA	albuterol hfa (by CIPLA, PAR, PERRIGO, PROFICIENT RX & TEVA)
	ARMONAIR DIGIHALER, ALVESCO, FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE PROP HFA, PULMICORT FLEXHALER	ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, QVAR REDIHALER
	DALIRESP	ARNUITY ELLIPTA, ASMANEX HFA, FLOVENT HFA, INCRUSE ELLIPTA, QVAR REDIHALER, SEREVENT DISKUS, SPIRIVA RESPIMAT
	DUAKLIR PRESSAIR	ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
	FLUTICASONE-SALMETEROL (By A-S MEDICATION, TEVA)	fluticasone-salmeterol (by PRASCO, PROFICIENT RX), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT
	FLUTICASONE-VILANTEROL	fluticasone-salmeterol, wixela inhub, ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT
	INCRUSE ELLIPTA	SPIRIVA RESPIMAT, SPIRIVA
	LETAIRIS	ambrisentan
	PERFOROMIST	formoterol fumarate
	PULMICORT	budesonide
	SINGULAIR	montelukast
	STRIVERDI RESPIMAT	SEREVENT DISKUS
	TADLIQ	sildenafil, tadalafil
	TUDORZA PRESSAIR	INCRUSE ELLIPTA, SPIRIVA RESPIMAT, SPIRIVA
ATTENTION DEFICIT HYPERACTIVITY DISORDER	ADDERALL, ADDERALL XR	dextroamphetamine-amphetamine
	AMPHETAMINE ER SUSPENSION	dextroamphetamine er, dextroamphetamine-amphetamine er, DYANAVEL XR, MYDAYIS, VYVANSE
	APTENSIO XR, CONCERTA, RITALIN LA	methylphenidate er
	EVEKEO	amphetamine sulfate
	FOCALIN	dexmethylphenidate
	FOCALIN XR	dexmethylphenidate er
	INTUNIV	guanfacine er
	METHYLPHENIDATE ER 72MG TAB, RELEXXII	dexmethylphenidate er, methylphenidate cd/er/la, QUILLICHEW ER, QUILLIVANT XR
	RITALIN	methylphenidate
	STRATTERA	atomoxetine
XELSTRYM	dextroamphetamine-amphetamine er, dextroamphetamine er, VYVANSE	
BLOOD MODIFIERS/BLEEDING DISORDERS	FYLNETRA, NEULASTA, NYVEPRIA, STIMUFEND, UDENYCA	FULPHILA, ZIEXTENZO
	MULPLETA	DOPTELET
	OXBRYTA	hydroxyurea, ADAKVEO, DROXIA
	SIKLOS	DROXIA
	TAVNEOS	azathioprine, cyclophosphamide, mycophenolate, RUXIENCE

^^ This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

## Medications that aren't covered - and their covered alternative(s) *(cont)*

DRUG CLASS	MEDICATION NAME <sup>^^</sup> <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD PRESSURE/HEART MEDICATIONS	ASPRUZYO SPRINKLE ER, RANEXA ER	ranolazine er
	ATACAND	candesartan
	ATACAND HCT	candesartan-hctz
	AVALIDE	irbesartan-hctz
	AVAPRO	irbesartan
	AZOR	amlodipine-olmesartan
	BENICAR	olmesartan
	BENICAR HCT	olmesartan-hctz
	BYSTOLIC	atenolol, carvedilol, metoprolol succinate
	CONJUPRI, LEVAMLODIPINE	amlodipine, felodipine, nifedipine, nicardipine
	COREG	carvedilol
	CORLANOR	atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol
	COZAAR	losartan
	DIOVAN, VALSARTAN 4MG/ML SOLUTION	valsartan tablets
	DIOVAN HCT	valsartan-hctz
	EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	EDARBYCLOR	candesartan-hctz, irbesartan-hctz, losartan-hctz, olmesartan-hctz, valsartan-hctz, chlorthalidone plus valsartan
	EPANED SOLUTION	enalapril
	EXFORGE	amlodipine-valsartan
	EXFORGE HCT	amlodipine-valsartan-hctz
	FIRAZYR	icatibant
	HEMANGEOL 4.28 MG/ML ORAL SOLN	propranolol hcl (solution)
	HYZAAR	losartan-hctz
	INDERAL LA, INDERAL XL, INNOPRAN XL	propranolol er
	KAPSPARGO SPRINKLE	metoprolol succinate
	KATERZIA, NORLIQVA	amlodipine
	LOTREL	amlodipine-benazepril
	MICARDIS	telmisartan
	MICARDIS HCT	telmisartan-hctz
	NEXICLON XR	clonidine patches, tablets
	NORPACE, NORPACE CR	amiodarone hcl, quinidine sulfate, sotalol
	NORTHERA	desmopressin, fludrocortisone, indomethacin, midodrine, pyridostigmine
	NORVASC	amlodipine
	QBRELIS	lisinopril
	TEKURNA	aliskiren
	TIKOSYN	dofetilide
TOPROL XL	metoprolol succinate	
TRIBENZOR	olmesartan-amlodipine-hctz	

<sup>^^</sup> This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.



## Medications that aren't covered - and their covered alternative(s) (cont)

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
BLOOD THINNERS/ANTI-CLOTTING	AGGRENOX	aspirin-dipyridamole er
	ASPIRIN-OMEPRAZOLE, YOSPRALA	aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole, rabeprazole
	LOVENOX	enoxaparin
	PLAVIX	clopidogrel
	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
CANCER	AFINITOR, AFINITOR DISPERZ	everolimus
	ARIMIDEX	anastrozole
	BESREMI	HYDROXYUREA, PEGASYS
	FOTIVDA	everolimus, CABOMETYX, INLYTA, LENVIMA, NEXAVAR, SUTENT, VOTRIENT
	GLEEVEC	imatinib
	INQOVI	decitabine
	INREBIC	JAKAFI
	KISQALI, KISQALI FEMARA CO-PACK, PIQRAY	IBRANCE, VERZENIO
	ONUREG	azacitidine, decitabine
	QINLOCK	imatinib, NEXAVAR, SPRYCEL, STIVARGA, SUTENT, TASIGNA, VOTRIENT
	REZLIDHIA	TIBSOVO
	SCEMBLIX	imatinib, BOSULIF, ICLUSIG, SPRYCEL, TASIGNA
	TARGRETIN CAPSULE	bexarotene
	TEPMETKO	TABRECTA
	TRUSELTIQ	PEMAZYRE
	XATMEP	methotrexate
	XPOVIO	DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE
ZYTIGA	abiraterone	
CHOLESTEROL MEDICATIONS	ALTOPREV, EZALLOR SPRINKLE	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO
	ANTARA, FENOFIBRATE CAPSULE , LIPOFEN	fenofibrate, fenofibric acid
	CRESTOR	rosuvastatin
	LIPITOR	atorvastatin
	LOVAZA	omega-3 acid ethyl esters
	PRALUENT	REPATHA
	ROSUVASTATIN-EZETIMIBE	ezetimibe, atorvastatin, rosuvastatin
	TRICOR	fenofibrate
	VYTORIN	ezetimibe-simvastatin
	WELCHOL	colesevelam hcl
	ZETIA	ezetimibe
	ZOCOR	simvastatin

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

## Medications that aren't covered - and their covered alternative(s) (cont)

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
CONTRACEPTION PRODUCTS	ANNOVERA	generic oral contraceptives, XULANE PATCHES
	BALCOLTRA	AVIANE, LARISSIA, LESSINA, levonorgestrel-eth estradiol, SRONYX, VIENVA
	ESTROSTEP FE	TRI-LEGEST FE, TILIA FE
	GENERESS FE	KAITLIB FE, LAYOLIS FE, norethindrone-estradiol-iron
	LO LOESTRIN FE	BLISOLVI FE, BLISOLVI 24 FE, HAILEY FE, JUNEL FE, LARIN FE, MELODETTA 24 FE, norethindrone- eth estradiol fe
	LOESTRIN	AUROVELA, JUNEL, LARIN, MICROGESTIN, norethindrone-ethinyl estradiol
	LOESTRIN FE	AUROVELA FE, BLISOLVI FE, JUNEL FE, LARIN FE, MICROGESTIN FE, norethindrone-ethinyl estradiol fe, TARINA FE
	LOSEASONIQUE	AMETHIA LO, CAMRESE LO, levonorg-estradiol, LOJAIMIESS
	MINASTRIN 24 FE MIRCETTE	MIBELAS, norethindrone-ethinyl estradiol fe AZURETTE, BEKYREE, desogestrone estradiol, KARIVA, PIMTREA, SIMLIYA, VIORELE
	NATAZIA	BLISOLVI FE, drospirenone-ethinyl estradiol, ESTARYLLA, JUNEL FE, TRI-SPRINTEC
	NEXTSTELLIS	AUROVELA FE, BLISOLVI FE, drospirenone ethinyl estradiol, ESTARYLLA, JUNEL FE, TRI-SPRINTEC, SPRINTEC
	NUVARING	eluryng, etonogestrel-ethinyl estradiol
	PHEXXI	FC2 FEMALE CONDOM, FEMCAP, GYNOL, VCF
	QUARTETTE	FAYOSIM, levonorg-estradiol, RIVELSA
	SAYFRAL	drospirenone-estradiol, TYDEMY
	SEASONIQUE	AMETHIA, ASHLYNA, CAMRESE, DAYSEE, JAIMIESS, levonorg-esgradiol, SIMPESSE
	SLYND	generic progestin-only oral contraceptives
	TAYTULLA	GEMMILY, norethindrone-eth estradiol fe
	TWIRLA	BLISOVI FE, etonogestrel-ethinyl estradiol, HAILEY FE, JUNEL FE, XULANE
	TYBLUME	altavera, aviane, falmina, lessina, portia
YASMIN	OCELLA, SYEDA, ZARAH	
DIABETES	ADLYXIN, VICTOZA	BYDUREON, BYETTA, OZEMPIC, TRULICITY
	ADMELOG, ADMELOG SOLOSTAR, AFREZZA	HUMALOG
	ARKRAY, HOME AIDE DIAGNOSTICS, HTL-STREFA, NIPRO DIAGNOSTICS, SIMPLE DIAGNOSTICS, ULTIMED, AND ALL OTHER DIABETIC PEN NEEDLES & SYRINGES THAT ARE NOT BY BECTON DICKINSON (BD)	BD INSULIN PEN NEEDLE UF MINI, BD NANO PEN NEEDLE, BD ULTRA-FINE PEN NEEDLE, BD INSULIN SYRINGE
	ALOGLIPTIN, NESINA, ONGLYZA, TRADJENTA	JANUVIA
	ALOGLIPTIN-METFORMIN, JENTADUETO, JENTADUETO XR, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR
	ALOGLIPTIN-PIOGLITAZONE	pioglitazine, JANUVIA

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

## Medications that aren't covered - and their covered alternative(s) (cont)

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
DIABETES (cont)	APIDRA, APIDRA SOLOSTAR, INSULIN ASPART, INSULIN LISPRO, NOVOLOG	HUMALOG
	ASCENSIA (BREEZE, CONTOUR) GLUCOGUARD, ONETOUCH SOLUTIONS STARTER KIT, ROCHE (ACCU-CHEK), TRIVIDIA (TRUETEST, TRUETRACK) All other test strips that are not listed as preferred	FREESTYLE FREEDOM, FREESTYLE INSULINX, FREESTYLE LITE METER, PRECISION XTRA, ONE TOUCH ULTRAMINI, ONE TOUCH VERIO, ONETOUCH VERIO FLEX
	FIASP	HUMALOG, LYUMJEV
	GLUCAGEN HYPOKIT, GLUCAGON EMERGENCY KIT, ZEGALOGUE	BAQSIMI, GLUCAGON EMERGENCY KIT (Lilly), GVOKE
	GLUMETZA, METFORMIN HCL 625MG TABLET	metformin
	INSULIN GLARGINE	LEVEMIR, TOUJEO SOLOSTAR, TRESIBA
	INVOKAMET, INVOKAMET XR	SEGLUROMET, SYNJARDY, SYNJARDY XR, XIGDUO XR
	INVOKANA	FARXIGA, JARDIANCE, STEGLATRO
	KORLYM, RECORLEV	ketoconazole, LYSODREN
	LANTUS, SEMGLEE	SEMGLEE (YFGN) PEN, TOUJEO, TRESIBA, LEVEMIR
	NOVOFINE, NOVOFINE AUTOCOVER, NOVOFINE PLUS, NOVOTWIST, OWEN MUMFORD PEN NEEDLES	BD INSULIN PEN NEEDLE UF MINI, BD NANO PEN NEEDLE, BD ULTRA-FINE PEN NEEDLE
	NOVOLIN, RELION NOVOLIN	HUMULIN
	QTERN	GLYXAMBI, STEGLUJAN
DIURETICS	CAROSPIR	spironolactone
	FUROSCIX, SOAANZ	bumetanide tablets, ethacrynic acid tablets, furosemide tablets, torsemide tablets
	SAMSCA	tolvaptan
	THALITONE	chlorthalidone
EAR MEDICATIONS	ciprofloxacin-fluocinolone, CIPRO HC OTIC SUSPENSION	ciprofloxacin-dexamethasone
	CETRAXAL	ciprofloxacin otic, ofloxacin otic
EYE CONDITIONS	ACUVAIL, BROMSITE, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops
	ALOCRIL, ALOMIDE, PAZEO, ZERVIATE	azelastine drops, bepotastine, cromolyn drops, epinastine drops, olopatadine drops
	ALREX, VERKAZIA	azelastine, bepotastine, cromolyn sodium, dexamethasone, epinastine, fluorometholone, olopatadine
	AZOPT	brinzolamide
	BEPREVE	bepotastine besilate
	BESIVANCE, CILOXAN OINTMENT	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

## Medications that aren't covered - and their covered alternative(s) (cont)

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
EYE CONDITIONS (cont)	BETIMOL, ISTALOL	betaxolol 0.5% ophthalmic solution, carteolol 1% os, levobunolol 0.25% and 0.5% os, metipranolol 0.3% os, timolol maleate 0.25% and 0.5% ophthalmic gel, timolol maleate 0.25% and 0.5%os, timolol maleate 0.5% os (generic to TIMOPTIC OCUDOSE)
	COSOPT	dorzolamide-timolol
	COSOPT PF	brimonidine 0.2%/ timolol 0.5% solution, dorzolamide 2%/timolol 0.5% solution
	CYSTADROPS	CYSTARAN
	DUREZOL	difluprednate
	DURYSTA, XELPROS, ZIOPTAN	bimatoprost drops, latanoprost drops, travoprost drops
	FLAREX, FML FORTE, MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops
	RHOPRESSA, ROCKLATAN	betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate, travoprost
	TIMOPTIC OCUDOSE	betaxolol drops, brimonidine 0.15% drops, brimonidine 0.2% drops, levobunolol drops, timolol drops
	TOBRADEX ST EYE DROPS, ZYLET	tobramycin/dexamethasone (drops)
	TRAVATAN Z	travoprost
	VABYSMO	EYLEA
	XALATAN	latanoprost drops
GASTROINTESTINAL/HEARTBURN	ACIPHEX	rabeprazole
	ACIPHEX SPRINKLE, DEXILANT, ESOMEPRAZOLE STRONTIUM, PRILOSEC RX, RABEPRAZOLE DR SPRINKLE, ZEGERID	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole
	AKYNZEO	granisetron, ondansetron, aprepitant, VARUBI TABLETS
	AMITIZA, IBSRELA, MOTEGRITY, ZELNORM	LINZESS, TRULANCE
	ANTIVERT	meclizine
	ANZEMET	oral granisitron, oral ondansetron
	ASACOL HD, CANASA, LIALDA	mesalamine
	BONJESTA ER	doxylamine succ-pyridoxine hcl
	CLENPIQ, OSMOPREP, PLENVU, SUPREP, SUTAB	gavilyte-g, peg 3350 electrolyte, trilyte with flavor packets
	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
	CUVPOSA, DARTISLA	glycopyrrolate tablets
	DELZICOL	mesalamine dr
	DIPENTUM	balsalazide, mesalamine dr, mesalamine er, sulfasalazine, PENTASA

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

## Medications that aren't covered - and their covered alternative(s) *(cont)*

DRUG CLASS	MEDICATION NAME <sup>^^</sup> <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
GASTROINTESTINAL/HEARTBURN <i>(cont)</i>	EMEND	aprepitant
	HELIDAC, PYLERA	lansoprazole-amoxicillin-clarithromycin, TALICIA
	LIBRAX	clidinium with chlordiazepoxide
	LOTRONEX	alosetron
	MOVIPREP	peg-electrolyte solution
	MYTESI	diphenoxylate/atropine, loperamide
	NEXIUM	esomeprazole
	PERTZYE	CREON, ZENPEP
	PREVACID RX	lansoprazole
	PROTONIX	pantoprazole
	RAVICTI	sodium phenylbutyrate, PHEBURANE
	RELTONE	ursodiol
	SENSIPAR	cinacalcet
	TRANSDERM-SCOP	scopolamine
HORMONAL AGENTS	ALKINDI SPRINKLE	hydrocortisone
	ANDROGEL, KYZATREX, TESTIM	testosterone
	BIJUVA, PREMPHASE, PREMPRO	AMABELZ, estradiol-norethindrone acetate, FYAVOLV, JINTELI, MIMVEY, norethindrone-ethinyl estradiol
	CLIMARA PRO	COMBIPATCH
	CRINONE 4%	medroxyprogesterone, megestrol, norethindrone, progesterone
	CYTOMEL	liothyronine
	DIVIGEL, EVAMIST	estradiol patches
	ELESTRIN, ESTRACE, ESTROGEL, MINIVELLE, VIVELLE DOT	estradiol
	EMFLAZA	prednisone solution, prednisone tablets
	ESTRING, IMVEXXY	estradiol cream, estradiol tablets, yuvafem, PREMARIN CREAM
	FEMRING, INTRAROSA	estradiol cream, estradiol patches, estradiol tablets, yuvafem, PREMARIN CREAM,
	HEMADY	dexamethasone
	HUMATROPE, NUTROPIN AQ NUSPIN, SAIZEN, SAIZENPREP, SKYTROFA, ZOMACTON	GENOTROPIN, NORDITROPIN
	ISTURISA	SIGNIFOR
	MENEST, PREMARIN TABLET	estradiol tablets
	NOCTIVA	desmopressin
	OSPHENA	estradiol cream, yuvafem, PREMARIN CREAM
	RECORLEV	ketoconazole, LYSODREN
	SANDOSTATIN LAR	SOMATULINE DEPOT
	SIGNIFOR LAR	SIGNIFOR, SOMATULINE DEPOT

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

## Medications that aren't covered - and their covered alternative(s) (cont)

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
HORMONAL AGENTS (cont)	SYNTHROID	euthyrox, levo-t, levothyroxine, levoxyl, unithroid
	THYQUIDITY, TIROSINT, TIROSINT SOL	euthyrox, levo-t, levothyroxine sodium, levoxyl, unithroid
	TLANDO	TOPICAL, GENERIC TESTOSTERONE, ANDRODERM
	VAGIFEM	estradiol, YUVAFEM
INFECTIONS	ALINIA 500MG TABLET	NITAZOXANIDE
	BARACLUDGE	entecavir
	DORYX	doxycycline hyclate
	DORYX MPC, DOXYCYCLINE 40MG CAPSULE, DOXYCYCLINE DR 80MG TABLET	doxycycline hyclate, doxycycline monohydrate
	FIRVANQ	vancomycin capsules
	LAMPIT	benznidazole
	LEDIPASVIR-SOFOSBUVIR	HARVONI
	MAVYRET, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
	MINOCYCLINE ER CAPSULES, XIMINO	minocycline er tablets
	NATROBA	spinosad
	NOXAFIL	posaconazole
	ORACEA	doxycycline hyclate, doxycycline monohydrate, azelaic acid, ivermectin, metronidazole
	PLAQUENIL	hydroxychloroquine
	SITAVIG	acyclovir oral or cream, famciclovir, valacyclovir
	SOFOSBUVIR-VELPATASVIR	EPCLUSA
	TOBI SOLUTION	tobramycin
	TOLSURA	itraconazole
	VALTRES	valacyclovir
MISCELLANEOUS	ESBRIET CAPSULE, PIRFENIDONE 534MG TAB	pirfenidone tablets, OFEV
	ESBRIET TABLET	pirfenidone
	EXJADE, JADENU, JADENU SPRINKLE	deferasirox
	XENAZINE	tetrabenazine
	ZAVESCA	miglustat
MULTIPLE SCLEROSIS	AMPYRA	dalfampridine er
	EXTAVIA	AVONEX, BETASERON, PLEGRIDY, REBIF
	GILENYA	fingolimod
	TASCENSO ODT	fingolimod, BAFIERTAM, MAYZENT, PONVORY, VUMERITY, ZEPOSIA
	TECFIDERA	dimethyl fumarate
NUTRITIONAL/DIETARY	CYSTADANE 1 GRAM/SCOOP POWDER	betaine anhydrous
	FOSRENOL POWDER PACKET	lanthanum, sevelamer, PHOSLYRA, VELPHORO
	RENAGEL	sevelamer

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

## Medications that aren't covered - and their covered alternative(s) (cont)

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE	ALLOPURINOL 200MG TABLET	allopurinol
	AMRIX	cyclobenzaprine
	APADAZ, benzhydrocodone- acetaminophen	hydrocodone-acetaminophen
	BACLOFEN 5 MG/5 ML SOLUTION, FLEQSUVY, LYVISPAH	baclofen tablets
	BUPAP	acetaminophen-butalbital
	BUTRANS	buprenorphine
	CELEBREX	celecoxib
	CIMZIA, ILUMYA, ORENCIA SYRINGE, SIMPONI 50mg/ml	ENBREL, HUMIRA, OTEZLA, RINVOQ ER, STELARA SC, TALTZ, XELJANZ
	COLCHICINE CAPSULE, COLCRYS	colchicine tablets, MITIGARE
	CONZIP, TRAMADOL ER	tramadol er
	COSENTYX, SILIQ, SOTYKTU	TALTZ, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA, TREMFYA
	CUPRIMINE	penicillamine
	DICLOFENAC EPOLAMINE PATCH	FLECTOR PATCHES
	DICLOFENAC 35MG CAPSULE, INDOMETHACIN, KETOROLAC NASAL SPRAY, TIVORBEX, VIVLODEX, ZIPSOR, ZORVOLEX	diclofenac, indomethacin, ibuprofen, meloxicam, naproxen, nabumetone
	ELYXYB	celecoxib
	FENOPROFEN CAPSULE, FENORTHO, NALFON CAPSULE	fenoprofen tablets, etodolac, flurbiprofen, ibuprofen, meloxicam, nabumetone
	FENTANYL BUCCAL TABLET, FENTORA, LAZANDA, SUBSYS	fentanyl lozenges
	HYDROCORT-PRAMOXINE, PROCTOFOAM-HC	pramoxine/hydrocortisone
	IMITREX	sumatriptan
	INDOCIN 25MG/5ML SUSPENSION	ibuprofen (suspension), naproxen (suspension)
	INDOCIN 50 MG SUPPOSITORY	etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, naproxen sodium
	KEVZARA, KINERET, OLUMIANT	ACTEMRA, ENBREL, HUMIRA, RINVOQ ER, XELJANZ
	LIDOCAINE-TETRACAINE, PLIAGLIS	lidocaine-prilocaine, lidocaine cream
	LIDODERM	lidocaine cream
	MAXALT, MAXALT MLT	rizatriptan
	MELOXICAM	ibuprofen
	METHOCARBAMOL 1000MG TABLET	methocarbamol
	NUCYNTA	hydrocodone-acetaminophen, morphine, oxycodone, tramadol, tramadol-acetaminophen
	NUCYNTA ER, OXYCODONE ER, XTAMPZA ER	hydromorphone er, morphine er, oxymorphone er, HYSINGLA ER, OXYCONTIN
	ONZETRA XSAIL	sumatriptan
	OTREXUP	RASUVO

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

## Medications that aren't covered - and their covered alternative(s) *(cont)*

DRUG CLASS	MEDICATION NAME <sup>^^</sup> <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
PAIN RELIEF AND INFLAMMATORY DISEASE <i>(cont)</i>	OZOBAX	oral baclofen tablets
	PENNSAID	diclofenac topical, FLECTOR PATCHES
	PERCOCET, PRIMLEV, PROLATE	oxycodone-acetaminophen
	QDOLO	tramadol (generic tablet)
	REDITREX	methotrexate inj, RASUVO
	RELAFEN DS	nabumetone, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, oxaprozin
	RELPAX	eletriptan
	ROXYBOND	oxycodone
	SEGLENTIS	celecoxib, tramadol tablets
	TRAMADOL	tramadol
	TRAMADOL HCL 25MG/5ML CUP	tramadol tablets
	TREXIMET	sumatriptan-naproxen
	ULORIC	febuxostat
	VIMOVO	naproxen-esomeprazole
	ZOLMITRIPTAN NASAL SPRAY, ZOMIG TABLET,	zolmitriptan
	PARKINSON'S DISEASE	APOKYN
DHIVY		carbidopa-levodopa
GOCOVRI		amantadine capsules, amantadine tablets, amantadine oral solution
ONGENTYS		entacapone
XADAGO, ZELAPAR		rasagiline, selegiline
SCHIZOPHRENIA/ANTI-PSYCHOTICS	ABILIFY	aripiprazole
	LYBALVI	aripiprazole, asenapine, olanzapine, paliperidone er, quetiapine, quetiapine er, LATUDA
	QUETIAPINE, SEROQUEL	quetiapine
	SAPRHIS	asenapine
	SEROQUEL XR	quetiapine er
SEIZURE DISORDERS	BANZEL	rufinamide
	EPRONTIA	topiramate sprinkle caps
	FINTEPLA	DIACOMIT, EPIDIOLEX
	KEPPRA, KEPPRA XR	levetiracetam
	KLONOPIN	clonazepam
	LAMICTAL	lamotrigine
	LAMICTAL ODT	lamotrigine odt
	LAMICTAL XR	lamotrigine er
	LYRICA, LYRICA CR	pregabalin
	NEURONTIN	gabapentin
	ONFI	clobazam

<sup>^^</sup> This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.



## Medications that aren't covered - and their covered alternative(s) *(cont)*

DRUG CLASS	MEDICATION NAME <sup>^^</sup> <i>(Not covered)</i>	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SEIZURE DISORDERS <i>(cont)</i>	SABRIL POWDER PACKET	vigabatrin, vigadrone
	SABRIL TABLET	vigabatrin
	TOPAMAX	topiramate
	TRILEPTAL	oxcarbazepine
	VIMPAT SOLUTION, TABLET	lacosamide
	ZONEGRAN, ZONISADE	zonisamide
SKIN CONDITIONS	ABSORICA LD	accutane, amnesteem, claravis, isotretinoin, myorisan, zenatane
	ACANYA	clindamycin-benzoyl peroxide
	ALCORTIN A	hydrocortisone, betamethasone, clobetasol, fluocinolone, fluocinonide, mometasone, mupirocin
	ANUSOL-HC	hydrocortisone
	ATRALIN	tretinoin
	CALCIPOTRIENE FOAM, SORILUX	calipotriene, calcitriol
	CARAC, FLUOROURACIL CREAM, KLISYRI	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream
	CLENIA PLUS, SULFACET-SULFUR 9%-4.25% SUSP	sodium sulfacetamide sulfur
	CLINDAGEL	clindamycin gel, erythromycin gel
	CLOCORTOLONE CREAM PUMP	betamethasone, fluocinolone, triamcinolone
	CONDYLOX	podoflox, imiquimod
	DRYSOL	over-the-counter alternatives
	ECOZA, LULICONAZOLE, SULCONAZOLE NITRATE, XOLEGEL	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
	ELIDEL	pimecrolimus
	ERTACZO, OXISTAT	ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate
	FABIOR, TAZORAC GEL	tazarotene 0.1% cream, tretinoin
	HALOBETASOL FOAM, IMPEKLO, IMPOYZ, LEXETTE	betamethasone, clobetasol, desoximetasone, diflorasone, fluocinonide, halobetasol propionate
	KERYDIN	tavaborole
	LOCOID, LOCOID LIPOCREAM	hydrocortisone
	MICONAZOLE-ZINC-PETRO, VUSION	miconazole, clotrimazole, ketoconazole, nystatin
	NORITATE	metronidazole
	QBREXZA	certain, BROMI-LOTION
	RETIN-A MICRO	tretinoin microsphere 0.04% & 0.1%
	SERNIVO	betamethasone, desoximetasone, fluocinolone, fluocinonide, triamcinolone
	TAZORAC CREAM , TAZAROTENE 0.1% FOAM	tazarotene 0.1% cream
	TOPICORT SPRAY	desoximetasone

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.

## Medications that aren't covered - and their covered alternative(s) (cont)

DRUG CLASS	MEDICATION NAME <sup>^^</sup> (Not covered)	GENERIC AND/OR PREFERRED BRAND ALTERNATIVE(S)
SKIN CONDITIONS (cont)	ULTRAVATE	halobetasol propionate
	VANOS	fluocinonide
	VELTIN	clindamycin-benzoyl peroxide, clindamycin-tretinoin, erythromycin- benzoyl peroxide, tretinoin, ONEXTON
	VERDESO	desonide
	VEREGEN	imiquimod, podofilox
	WINLEVI	clindamycin topical, clindamycin-tretinoin, erythromycin topical, tretinoin, ONEXTON
	XERESE	acyclovir (cream), acyclovir (oral), famciclovir, valacyclovir
	ZILXI	azelaic acid, metronidazole, ROSULA, FINACEA
	ZOVIRAX OINTMENT	acyclovir
	ZYCLARA	imiquimod 5% cream
SLEEP DISORDERS/SEDATIVES	AMBIEN	zolpidem
	AMBIEN CR	zolpidem er
	DORAL, QUAZEPAM	estazolam, lorazepam
	LUNESTA	eszopiclone
	NUVIGIL	armodafinil
	PROVIGIL	modafinil
	ROZEREM	ramelteon
	XYREM	SODIUM OXYBATE, XYWAV
SUBSTANCE ABUSE	BUNAVAIL	buprenorphine/naloxone, ZUBSOLV
	LUCEMYRA	clonidine
	SUBOXONE	buprenorphine-naloxone
	ZIMHI	naloxone syringe (generic)
TRANSPLANT MEDICATIONS	ENVARUSUS XR	tacrolimus
	LUPKYNIS	mycophenolate, prednisone
URINARY TRACT CONDITIONS	AVODART	dutasteride
	DETROL	tolterodine
	DETROL LA	tolterodine er
	ENTADFI	finasteride 5mg, tadalafil 5mg
	PROCYSBI	CYSTAGON
	PYRIDIUM	phenazopyridine hcl
	RAPAFLO	silodosin
	THIOLA	tiopronin
	UROXATRAL	alfuzosin er
	VESICARE	solifenacin
	VESICARE LS	oxybutynin, oxybutynin er

<sup>^^</sup>This medication isn't covered on this drug list. If your doctor feels a different medication isn't right for you, he or she can ask Cigna to consider approving coverage of the non-covered medication. If you don't get approval and you continue to fill a prescription for a medication that isn't covered, you'll pay its full cost of the medication out-of-pocket directly to the pharmacy. Also, the cost can't be applied to your annual deductible or out-of-pocket maximum.



1. **If you're taking a medication that will be covered differently as of July 1<sup>st</sup>, you may not be affected by the change(s) at that time.** That's because there are state laws in **Connecticut, Louisiana, New York** and **Texas** that may require your plan to continue covering your medication as it is now, until your new plan year starts. For example, if Cigna is making a change to a medication on your drug list on July 1<sup>st</sup> but your new plan year doesn't start until November 1<sup>st</sup>, the change(s) won't affect you until November 1<sup>st</sup>. It's up to you to remember that your coverage will change at that time. 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. App/online store terms and mobile phone carrier/data charges apply. Customers under age 13 (and/or their parent/guardian) will not be able to register at **myCigna.com**.
4. 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>.

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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Accredo Health Group, Inc., Express Scripts, Inc., ESI Mail Pharmacy Service, Inc, Express Scripts Pharmacy, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc., (CHC-TN), and Cigna HealthCare of Texas, Inc. "Accredo" refers to Accredo Health Group, Inc. "Express Scripts Pharmacy" refers to ESI Mail Pharmacy, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, and "myCigna" are trademarks of Cigna Intellectual Property, Inc. "Accredo" and "Express Scripts Pharmacy" are trademarks of Express Scripts Strategic Development, Inc.

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

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

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

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



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, 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). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. 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).

## Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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