

# Individual & Family Plans

Cigna Health and Life Insurance Company  
and Cigna HealthCare of Arizona, Inc.

## 2017 CIGNA RX PREMIERE PRESCRIPTION DRUG LIST



### 5-Tier

Choosing the medication that is right for you is between you and your doctor. This prescription drug list offers you an extensive list of generic and brand name medications that are covered under your pharmacy plan.

Choosing where to fill your medication should be easy, too. Customers have access to a broad network of national, regional and local retail pharmacies, as well as Cigna Home Delivery Pharmacy<sup>SM</sup>, including convenient access to your medications - whether you pick them up or have them delivered to your door.

Within this document, you will find a list of medications covered under your plan, in an easy-to-read format. You will see:

1. Medications split into five categories (preferred generic, non-preferred generic, preferred brand, non-preferred brand and specialty medications)
2. Medications listed in alphabetical order
3. Symbols to let you know if there are any important details related to coverage

**Together, all the way.®**



## Your five-tier prescription drug list

### A five-tier prescription drug list splits medications into five categories (or tiers):

**Tier 1: Preferred Generic Medications.** Preferred generic medications have the same quality, strength, purity and stability as their brand name counterparts. Preferred generic medications are available at the lowest cost sharing to you.

**Tier 2: Non-Preferred Generic Medications.** This tier typically includes non-preferred generic medications and some low cost brand medications. Non-preferred generic medications have the same quality, strength, purity and stability as their brand name counterparts. These medications are available at a higher cost to you than Tier 1 preferred generic medications.

**Tier 3: Preferred Brand Medications.** This tier typically includes preferred brand medications and some high cost generic medications. On a five-tier plan, these medications will usually cost you more than a preferred generic, but less than a Tier 4 medication.

**Tier 4: Non-Preferred Brand Medications.** This tier includes a mix of non-preferred brands and high cost generic medications. These medications are available at a higher cost to you than Tier 3 medications.

**Tier 5: Specialty Medications.** This tier includes a mix of high cost generic and brand name Specialty medications. "Specialty Medications" are medications that are used to treat an underlying disease which is considered to be rare and chronic and includes, but is not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty medications may include high cost medications as well as medications that may require special handling and close supervision when being administered.

## Understanding Cigna's prescription drug list

Every medication available on Cigna's prescription drug list has been approved by the U.S. Food and Drug Administration (FDA). This list represents the medications covered under your plan. If you do not see a specific medication on this list, please check [myCigna.com](https://www.mycigna.com) to see a current listing of all of the medications covered under your plan.

### The symbols on the list mean

If a medication on the list has one of the following symbols, your doctor may have to get an authorization (approval) for coverage of that medication.

**PA:** **Prior Authorization** may be required for different reasons. To learn the requirements needed for coverage of a specific medication, feel free to give us a call.

**QL:** **Quantity Limit** means you may have coverage for a limited amount of a specific medication.

**AGE:** **Age Requirement** means that a person must be within a specific age group for a specific medication to be covered.

**ST:** **Step Therapy** is a prior authorization program that requires you to try other medications available to treat the same condition before the medication with the "ST" is covered.

**LDD:** **Limited Distribution Drugs** are medications that are only available at specific pharmacies in the United States due to manufacturer restrictions.

## myCigna.com

### Our customer website that can help you manage your prescription coverage:

When you visit **myCigna.com**, you can:

- › Look up the details of your specific pharmacy plan
- › Research thousands of available medications
- › Compare medication prices using the Prescription Drug Price Quote tool
- › Ask a pharmacist questions
- › And much more!

## Medications delivered right to your door

**Cigna Home Delivery Pharmacy is designed for people who take prescription medications on a regular basis (including specialty medications). The benefits of Cigna Home Delivery Pharmacy include:**

- › **QuickFill**, our automatic refill reminder service, makes it simple for you to fill prescriptions through email or phone
- › Up to a 90-day supply of non-specialty medications in one fill
- › Specialty medications for more complex conditions, including those that require refrigeration and overnight delivery (limited to a 30-day supply in one fill)
- › Delivery of medications to your door at no additional charge
- › Licensed pharmacists available to help 24/7
- › CoachRx: a free tool that can help with reminders, coaching and information. Visit **Cigna.com/coachrx** to learn more
- › It's easy to switch! Just call **1.800.285.4812**

Save time and money with the convenience of Cigna Home Delivery Pharmacy

For more information, visit the Cigna Home Delivery Pharmacy page on **myCigna.com**.

## Cigna Individual & Family Plans prescription drug list

DRUG	TIER	NOTES
8-MOP	4	
ABACAVIR	2	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	2	
ABSORICA	4	QL
ACAMPROSATE CALC DR 333 MG TAB	2	
ACARBOSE	2	
ACEBUTOLOL HCL	2	
ACETAMINOPHEN-CODEINE	2	
ACETASOL HC	2	
ACETAZOLAMIDE	2	
ACETIC ACID 0.25% IRRIG SOLN	2	
ACETIC ACID 2% EAR SOLUTION	2	
ACETIC ACID-ALUMINUM	2	
ACETYLCYSTEINE 10% VIAL	2	
ACETYLCYSTEINE 20% VIAL	2	
ACITRETIN	2	
ACYCLOVIR 200 MG CAPSULE	1	
ACYCLOVIR 200 MG/5 ML SUSP	2	
ACYCLOVIR 400 MG TABLET	2	
ACYCLOVIR 5% OINTMENT	2	
ACYCLOVIR 800 MG TABLET	2	
ADAPALENE	2	AGE
ADDERALL XR	4	
ADEFOVIR DIPIVOXIL	2	
ADRENALIN 1 MG/ML NASAL SOLN	4	
ADVAIR DISKUS	3	
ADVAIR HFA	3	
AFEDITAB CR	2	
AFTERA	4	
ALA-QUIN	4	
ALBENZA	4	
ALBUTEROL 2.5 MG/0.5 ML SOL	2	
ALBUTEROL 5 MG/ML SOLUTION	2	
ALBUTEROL SUL 0.63 MG/3 ML SOL	2	
ALBUTEROL SUL 1.25 MG/3 ML SOL	2	
ALBUTEROL SUL 2.5 MG/3 ML SOLN	1	
ALBUTEROL SULF 2 MG/5 ML SYRUP	2	
ALBUTEROL SULFATE 2 MG TAB	2	
ALBUTEROL SULFATE 4 MG TAB	2	
ALBUTEROL SULFATE ER 4 MG TAB	2	
ALBUTEROL SULFATE ER 8 MG TAB	2	
ALCLOMETASONE DIPROPIONATE	2	
ALCOHOL PADS	3	
ALCOHOL PREP PADS	3	
ALCOHOL PREP SWABS	3	

DRUG	TIER	NOTES
ALCOHOL SWAB	3	
ALCOHOL SWABS	3	
ALCOHOL WIPES	3	
ALDACTAZIDE 50-50 TABLET	4	
ALENDRONATE SOD 70 MG/75 ML	2	
ALENDRONATE SODIUM 10 MG TAB	1	
ALENDRONATE SODIUM 35 MG TAB	1	
ALENDRONATE SODIUM 40 MG TAB	1	
ALENDRONATE SODIUM 5 MG TABLET	1	
ALENDRONATE SODIUM 70 MG TAB	2	
ALFUZOSIN HCL ER	2	
ALINIA	4	
ALLOPURINOL	1	
ALMOTRIPTAN MALATE	2	QL
ALOCRIAL	4	
ALOMIDE	4	
ALOSETRON HCL	2	
ALPRAZOLAM 0.25 MG TABLET	2	
ALPRAZOLAM 0.5 MG TABLET	2	
ALPRAZOLAM 1 MG TABLET	2	
ALPRAZOLAM 2 MG TABLET	2	
ALPRAZOLAM ER 0.5 MG TABLET	2	
ALPRAZOLAM ER 1 MG TABLET	2	
ALPRAZOLAM ER 2 MG TABLET	2	
ALPRAZOLAM ER 3 MG TABLET	2	
ALPRAZOLAM INTENSOL	2	
ALPRAZOLAM ODT	2	
ALPRAZOLAM XR	2	
ALTABAX	4	
ALTACAINE	2	
ALTAVERA	1	
ALYACEN	1	
AMANTADINE 100 MG CAPSULE	2	
AMANTADINE 100 MG TABLET	2	
AMANTADINE 100 MG/10 ML SOLN	2	
AMANTADINE 50 MG/5 ML SOLUTION	2	
AMCINONIDE	2	
AMETHIA	1	
AMETHIA LO	1	
AMETHYST	1	
AMILORIDE HCL	2	
AMILORIDE-HYDROCHLOROTHIAZIDE	2	
AMIODARONE HCL 100 MG TABLET	2	
AMIODARONE HCL 200 MG TABLET	2	
AMIODARONE HCL 400 MG TABLET	2	

Please visit [Cigna.com/ifp-drug-list](https://www.cigna.com/ifp-drug-list) to see a complete listing.

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
AMITIZA	4		ANALPRAM HC 2.5%-1% LOTION	4	
AMITRIPTYLINE HCL	1		ANASTROZOLE	2	
AMLODIPINE BESYLATE 10 MG TAB	2		ANDROXY	2	
AMLODIPINE BESYLATE 2.5 MG TAB	2		ANORO ELLIPTA	3	
AMLODIPINE BESYLATE 5 MG TAB	2		ANUCORT-HC	2	
AMLODIPINE BESYLATE-BENAZEPRIL	2		APEXICON E	2	
AMLODIPINE-ATORVAST 10-10 MG	2		APIDRA	4	ST
AMLODIPINE-ATORVAST 10-20 MG	2		APIDRA SOLOSTAR	4	ST
AMLODIPINE-ATORVAST 10-40 MG	2		APRACLONIDINE HCL	2	
AMLODIPINE-ATORVAST 10-80 MG	2		APRI	1	
AMLODIPINE-ATORVAST 2.5-10 MG	2		APRISO	3	
AMLODIPINE-ATORVAST 2.5-20 MG	2		APTIOM	4	
AMLODIPINE-ATORVAST 2.5-40 MG	2		APTIVUS	3	
AMLODIPINE-ATORVAST 5-10 MG	2		ARANELLE	1	
AMLODIPINE-ATORVAST 5-20 MG	2		ARBINOXA	2	
AMLODIPINE-ATORVAST 5-40 MG	2		ARCAPTA NEOHALER	4	ST
AMLODIPINE-ATORVAST 5-80 MG	2		ARIPIRAZOLE	2	
AMLODIPINE-VALSARTAN	2		ARIPIRAZOLE ODT	2	
AMLODIPINE-VALSARTAN-HCTZ	2		ARMODAFINIL	2	PA
AMMONIUM LACTATE 12% CREAM	2		ARMOUR THYROID	2	
AMMONIUM LACTATE 12% LOTION	2		ARNUIITY ELLIPTA	3	
AMOXAPINE	2		ASA-BUTALB-CAFFEINE-CODEINE	2	
AMOX-CLAV 200-28.5 MG TAB CHEW	2		ASCOMP WITH CODEINE	2	
AMOX-CLAV 200-28.5 MG/5 ML SUS	2		ASHLYNA	1	
AMOX-CLAV 250-125 MG TABLET	2		ASMANEX	4	ST
AMOX-CLAV 250-62.5 MG/5 ML SUS	2		ASMANEX HFA	4	ST
AMOX-CLAV 400-57 MG TAB CHEW	2		ASPIRIN-CAFFEINE-DIHYDROCODEIN	2	
AMOX-CLAV 400-57 MG/5 ML SUSP	2		ASPIRIN-DIPYRIDAMOLE ER	2	
AMOX-CLAV 500-125 MG TABLET	2		ATENOLOL 100 MG TABLET	1	
AMOX-CLAV 600-42.9 MG/5 ML SUS	2		ATENOLOL 25 MG TABLET	1	
AMOX-CLAV 875-125 MG TABLET	2		ATENOLOL 50 MG TABLET	1	
AMOXICILLIN 125 MG TAB CHEW	1		ATENOLOL-CHLORTHALIDONE	1	
AMOXICILLIN 125 MG/5 ML SUSP	1		ATORVASTATIN 10 MG TABLET	2	
AMOXICILLIN 200 MG/5 ML SUSP	1		ATORVASTATIN 20 MG TABLET	2	
AMOXICILLIN 250 MG CAPSULE	1		ATORVASTATIN 40 MG TABLET	2	
AMOXICILLIN 250 MG TAB CHEW	1		ATORVASTATIN 80 MG TABLET	2	
AMOXICILLIN 250 MG/5 ML SUSP	1		ATOVAQUONE	2	
AMOXICILLIN 400 MG/5 ML SUSP	1		ATOVAQUONE-PROGUANIL HCL	2	
AMOXICILLIN 500 MG CAPSULE	1		ATRIPLA	3	
AMOXICILLIN 500 MG TABLET	1		ATROPINE 1% EYE DROPS	2	
AMOXICILLIN 875 MG TABLET	1		ATROPINE 1% EYE OINTMENT	2	
AMOXICILLIN-CLAVULANATE POT ER	2		AUBRA	1	
AMPICILLIN TRIHYDRATE	2		AVANDIA 2 MG TABLET	4	
ANADROL-50	4	PA	AVANDIA 4 MG TABLET	4	
ANAGRELIDE HCL	2		AVAR CLEANSER	2	

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DRUG	TIER	NOTES
AVAR-E	2	
AVAR-E GREEN	2	
AVIANE	1	
AZASITE 1% EYE DROPS	4	
AZATHIOPRINE	2	
AZELASTINE 0.1% (137 MCG) SPRY	2	
AZELASTINE 0.15% NASAL SPRAY	2	
AZELASTINE HCL 0.05% DROPS	2	
AZILECT	4	
AZITHROMYCIN 1 GM PWD PACKET	2	
AZITHROMYCIN 100 MG/5 ML SUSP	2	
AZITHROMYCIN 200 MG/5 ML SUSP	2	
AZITHROMYCIN 250 MG TABLET	2	
AZITHROMYCIN 500 MG TABLET	2	
AZITHROMYCIN 600 MG TABLET	2	
AZOPT	3	
AZUPHEN MB	2	
AZURETTE	1	
BACITRACIN 500 UNIT/GM OPHTH	2	
BACITRACIN-POLYMYXIN EYE OINT	2	
BACLOFEN	1	
BAL-CARE DHA	1	
BALSALAZIDE DISODIUM	2	
BALZIVA	1	
BANZEL	4	
BD 3 ML SYRINGE 18GX1-1/2"	3	
BD 3 ML SYRINGE 20GX1-1/2"	3	
BD 3 ML SYRINGE 25GX1"	3	
BD 3 ML SYRINGE 25GX1-1/2"	3	
BD 3 ML SYRINGE WITH NEEDLE	3	
BD AUTO INJECTOR	3	
BD AUTOSHIELD DUO ND 5MMX30G	3	
BD AUTOSHIELD NEEDLE 5MMX29G	3	
BD AUTOSHIELD NEEDLE 8MMX29G	3	
BD BLUNT NEEDLE 18GX1-1/2"	3	
BD ECLIPSE 30GX1/2" SYRINGE	3	
BD ECLIPSE LUER-LOK SYR 3 ML	3	
BD ECLIPSE NEEDLE 18GX1 1/2"	3	
BD ECLIPSE NEEDLE 21GX1"	3	
BD ECLIPSE NEEDLE 22GX1"	3	
BD ECLIPSE NEEDLE 23GX1"	3	
BD ECLIPSE NEEDLE 25GX1"	3	
BD ECLIPSE NEEDLE 25GX1.5"	3	
BD ECLIPSE NEEDLE 25GX5/8"	3	
BD ECLIPSE NEEDLE 27GX1/2"	3	

DRUG	TIER	NOTES
BD ECLIPSE NEEDLE 30GX1/2"	3	
BD ECLIPSE NEEDLES 21GX1.5"	3	
BD FILTER NEEDLE	3	
BD INSUL SYR 0.3 ML 31GX15/64"	3	
BD INSUL SYR 0.5 ML 31GX15/64"	3	
BD INSULIN SYR 0.3 ML 28GX1/2"	3	
BD INSULIN SYR 0.3 ML 29GX1/2"	3	
BD INSULIN SYR 0.3 ML 30GX1/2"	3	
BD INSULIN SYR 0.3 ML 31GX5/16	3	
BD INSULIN SYR 0.3 ML 6MMX31G	3	
BD INSULIN SYR 0.3 ML 8MMX31G	3	
BD INSULIN SYR 0.3ML 31GX5/16"	3	
BD INSULIN SYR 0.5 ML 28GX1/2"	3	
BD INSULIN SYR 0.5 ML 29GX1/2"	3	
BD INSULIN SYR 0.5 ML 30GX1/2"	3	
BD INSULIN SYR 0.5 ML 6MMX31G	3	
BD INSULIN SYR 0.5 ML 8MMX31G	3	
BD INSULIN SYR 0.5ML 31GX5/16"	3	
BD INSULIN SYR 1 ML 12.7MMX30G	3	
BD INSULIN SYR 1 ML 25GX1"	3	
BD INSULIN SYR 1 ML 25GX5/8"	3	
BD INSULIN SYR 1 ML 26GX1/2"	3	
BD INSULIN SYR 1 ML 27GX5/8"	3	
BD INSULIN SYR 1 ML 28GX1/2"	3	
BD INSULIN SYR 1 ML 29GX1/2"	3	
BD INSULIN SYR 1 ML 30GX1/2"	3	
BD INSULIN SYR 1 ML 31GX15/64"	3	
BD INSULIN SYR 1 ML 31GX5/16"	3	
BD INSULIN SYR 1 ML 6MMX31G	3	
BD INSULIN SYR 1 ML 8MMX31G	3	
BD INSULIN SYRINGE 1 ML	3	
BD INSULIN U100-3/10 ML SYR	3	
BD INTEGRA RETRA NEEDLE 23GX1"	3	
BD INTEGRA SYR 1 ML 29GX1/2"	3	
BD INTEGRA SYR 3 ML 21GX1 1/2"	3	
BD LUER-LOK SYR 3 ML 25GX5/8"	3	
BD LUER-LOK SYRINGE 1 ML	3	
BD MAGNI-GUIDE MAGNIFIER	3	
BD MEDSAVER SYRINGE	3	
BD NEEDLE 18GX1 1/2"	3	
BD NEEDLE 19GX1 1/2"	3	
BD NEEDLE 20GX1 1/2"	3	
BD NEEDLE 21GX1 1/2"	3	
BD NEEDLE 21GX1"	3	
BD NEEDLE 22GX1 1/2"	3	

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DRUG	TIER	NOTES
BD NEEDLE 22GX1"	3	
BD NEEDLE 22GX3/4"	3	
BD NEEDLE 23GX1 1/2"	3	
BD NEEDLE 23GX1"	3	
BD NEEDLE 24GX1"	3	
BD NEEDLE 25GX1"	3	
BD NEEDLE 25GX5/8"	3	
BD NEEDLE 26GX0.625"	3	
BD NEEDLES 16GX1"	3	
BD NEEDLES 16GX1.5"	3	
BD NEEDLES 18GX1"	3	
BD NEEDLES 18GX1.5"	3	
BD NEEDLES 19GX1"	3	
BD NEEDLES 19GX1.5"	3	
BD NEEDLES 20GX1"	3	
BD NEEDLES 20GX1.5"	3	
BD NEEDLES 21GX1"	3	
BD NEEDLES 21GX1.5"	3	
BD NEEDLES 21GX2"	3	
BD NEEDLES 22GX1"	3	
BD NEEDLES 22GX1.5"	3	
BD NEEDLES 23GX0.75"	3	
BD NEEDLES 23GX1.25"	3	
BD NEEDLES 25GX0.625"	3	
BD NEEDLES 25GX0.875"	3	
BD NEEDLES 25GX1.5"	3	
BD NEEDLES 26GX0.375"	3	
BD NEEDLES 26GX0.5"	3	
BD NEEDLES 27GX0.5"	3	
BD NEEDLES 27GX1X1.25"	3	
BD NEEDLES 30GX0.5"	3	
BD NEEDLES 30GX1"	3	
BD NOKOR ADMIX NEEDLE 18GX1.5"	3	
BD NOKOR NEEDLE 16GX1"	3	
BD NOKOR NEEDLE 18GX1"	3	
BD PEN NEEDLE 29GX1/2"	3	
BD PRECISIONGLI 27GX1-1/2" ND	3	
BD PRECISIONGLIDE 3 ML 22GX3/4	3	
BD PRECISIONGLIDE NEEDLE 25G	3	
BD SAFETYGLIDE 3 ML SYRINGE	3	
BD SAFETYGLIDE NEEDLE	3	
BD SAFETYGLIDE NEEDLE 18GX1.5"	3	
BD SAFETYGLIDE NEEDLE 21GX1"	3	
BD SAFETYGLIDE NEEDLE 21GX1.5"	3	
BD SAFETYGLIDE NEEDLE 22GX1.5"	3	

DRUG	TIER	NOTES
BD SAFETYGLIDE NEEDLE 25GX1"	3	
BD SAFETYGLIDE NEEDLE 27GX5/8"	3	
BD SAFETYGLIDE SYRINGE 27GX5/8	3	
BD SAFTGLD INS 0.3 ML 31GX5/16	3	
BD SAFTGLD INS SYR 0.3 ML 29G	3	
BD SAFTGLD INS SYR 0.5 ML 30G	3	
BD SYR 0.3 ML 6MMX31G (1/2)	3	
BD SYR 0.3 ML 8MMX31G (1/2)	3	
BD SYRINGE 0.3 ML 12.7MMX30G	3	
BD SYRINGE 0.5 ML 12.7MMX30G	3	
BD SYRINGE-SAFETY GLIDE	3	
BD ULTRA-FINE ND	3	
BD ULTRA-FINE PEN ND	3	
BD ULTRA-FINE PEN ND	3	
BD ULTRA-FINE PEN ND	3	
BECONASE AQ	4	ST
BEKYREE	1	
BELLADONNA-OPIUM	2	
BELSOMRA	4	ST
BENAZEPRIL HCL 10 MG TABLET	1	
BENAZEPRIL HCL 20 MG TABLET	1	
BENAZEPRIL HCL 40 MG TABLET	1	
BENAZEPRIL HCL 5 MG TABLET	1	
BENAZEPRIL-HCTZ 10-12.5 MG TAB	2	
BENAZEPRIL-HCTZ 20-12.5 MG TAB	2	
BENAZEPRIL-HCTZ 20-25 MG TAB	2	
BENAZEPRIL-HCTZ 5-6.25 MG TAB	2	
BENICAR	4	ST
BENICAR HCT	4	ST
BENZEPRO 6% FOAMING CLOTHS	2	
BENZEPRO 7% CREAMY WASH	2	
BENZONATATE 100 MG CAPSULE	2	
BENZONATATE 150 MG CAPSULE	2	
BENZONATATE 200 MG CAPSULE	2	
BENZTROPINE MES 0.5 MG TAB	2	
BENZTROPINE MES 1 MG TABLET	2	
BENZTROPINE MES 2 MG TABLET	2	
BEPREVE	4	
BESIVANCE	4	
BETADINE 5% EYE SOLUTION	4	
BETAMETHASONE DP 0.05% CRM	2	
BETAMETHASONE DP 0.05% LOT	2	
BETAMETHASONE DP 0.05% OINT	2	
BETAMETHASONE DP AUG 0.05% CRM	2	
BETAMETHASONE DP AUG 0.05% GEL	2	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
BETAMETHASONE DP AUG 0.05% LOT	2		BUDESONIDE 32 MCG NASAL SPRAY	2	
BETAMETHASONE DP AUG 0.05% OIN	2		BUDESONIDE EC	2	
BETAMETHASONE VALERATE	2		BUMETANIDE 0.5 MG TABLET	1	
BETAXOLOL HCL	2		BUMETANIDE 1 MG TABLET	1	
BETHANECHOL 10 MG TABLET	2		BUMETANIDE 2 MG TABLET	1	
BETHANECHOL 25 MG TABLET	2		BUPHENYL 500 MG TABLET	4	
BETHANECHOL 5 MG TABLET	2		BUPRENORPHINE 2 MG TABLET SL	2	
BETHANECHOL 50 MG TABLET	2		BUPRENORPHINE 8 MG TABLET SL	2	
BEXAROTENE	2		BUPRENORPHINE-NALOXONE	2	PA
BEYAZ	3		BUPROPION HCL 100 MG TABLET	2	
BICALUTAMIDE 50 MG TABLET	2		BUPROPION HCL 75 MG TABLET	2	
BILTRICIDE	4		BUPROPION HCL SR 100 MG TABLET	2	
BIMATOPROST	2		BUPROPION HCL SR 150 MG TABLET	2	
BINOSTO	4		BUPROPION HCL SR 200 MG TAB	2	
BISOPROLOL FUMARATE 10 MG TAB	2		BUPROPION HCL XL 150 MG TABLET	2	
BISOPROLOL FUMARATE 5 MG TAB	2		BUPROPION HCL XL 300 MG TABLET	2	
BISOPROLOL-HCTZ 10-6.25 MG TAB	1		BUSPIRONE HCL 10 MG TABLET	2	
BISOPROLOL-HCTZ 2.5-6.25 MG TB	1		BUSPIRONE HCL 15 MG TABLET	2	
BISOPROLOL-HCTZ 5-6.25 MG TAB	1		BUSPIRONE HCL 30 MG TABLET	2	
BLISOVI 24 FE	1		BUSPIRONE HCL 5 MG TABLET	2	
BLISOVI FE	1		BUSPIRONE HCL 7.5 MG TABLET	2	
BP 10-1	2		BUTALB-ACETAMINOPH-CAFF-CODEIN	2	
BP CLEANSING WASH	2		BUTALB-CAFF-ACETAMINOPH-CODEIN	2	
BP WASH 7% LIQUID	2		BUTALBITAL COMPOUND-CODEINE	2	
BP WASH ACNE 4% TREATMENT PACK	2		BUTALBITAL-ACETAMINOPHEN-CAFFE	2	
BPM-DM-PHEN	2		BUTALBITAL-ACETAMINOPHN 50-325	2	
BPO 4% CREAMY WASH PACK	2		BUTALBITAL-ASPIRIN-CAFFEINE	2	
BPO 4% GEL	2		BUTISOL SODIUM 30 MG TABLET	4	
BPO 6% FOAMING CLOTHS	2		BUTORPHANOL 10 MG/ML SPRAY	2	QL
BPO 8% GEL	2		BUTRANS	4	QL
BREO ELLIPTA	3		BYDUREON 2 MG VIAL	3	QL
BREVICON	4		BYDUREON PEN	3	QL
BRIELLYN	1		BYETTA 10 MCG DOSE PEN INJ	3	
BRILINTA 90 MG TABLET	4		BYETTA 5 MCG DOSE PEN INJ	3	
BRIMONIDINE 0.2% EYE DROP	2		BYSTOLIC	4	
BRIMONIDINE TARTRATE 0.15% DRP	2		CABERGOLINE	2	QL
BRINTELLIX	4	ST	CAFFEINE CIT 60 MG/3 ML ORAL	2	
BROMFED DM	2		CALCIPOTRIENE	2	
BROMFENAC SODIUM 0.09% EYE DRP	2		CALCIPOTRIENE-BETAMETHASONE DP	2	
BROMOCRIPTINE MESYLATE	2		CALCITONIN-SALMON	2	
BROMPHENIRAMINE-PSEUDOEPHED-DM	2		CALCITRENE	2	
BROVANA	4		CALCITRIOL 0.25 MCG CAPSULE	2	
BUDESONIDE 0.25 MG/2 ML SUSP	2		CALCITRIOL 0.5 MCG CAPSULE	2	
BUDESONIDE 0.5 MG/2 ML SUSP	2		CALCITRIOL 1 MCG/ML SOLUTION	2	
BUDESONIDE 1 MG/2 ML INH SUSP	2		CALCITRIOL 3 MCG/G OINTMENT	2	

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## Cigna Individual & Family Plans prescription drug list

DRUG	TIER	NOTES	DRUG	TIER	NOTES
CALCIUM ACETATE 667 MG CAPSULE	2		CAZANT	1	
CALCIUM ACETATE 667 MG GELCAP	2		CEFACLOR 125 MG/5 ML SUSP	2	
CALCIUM ACETATE 667 MG TABLET	2		CEFACLOR 250 MG CAPSULE	2	
CAMBIA 50 MG POWDER PACKET	4		CEFACLOR 250 MG/5 ML SUSP	2	
CAMILA	1		CEFACLOR 375 MG/5 ML SUSPEN	2	
CAMRESE	1		CEFACLOR 500 MG CAPSULE	2	
CAMRESE LO	1		CEFACLOR ER	2	
CANDESARTAN CILEXETIL	2		CEFADROXIL	2	
CANDESARTAN-HYDROCHLOROTHIAZID	2		CEFDINIR	2	
CAPACET	2		CEFDITOREN PIVOXIL	2	
CAPCOF	4		CEFIXIME	2	
CAPECITABINE	2		CEFPODOXIME PROXETIL	2	
CAPTOPRIL 100 MG TABLET	1		CEFPROZIL	2	
CAPTOPRIL 12.5 MG TABLET	1		CEFTIBUTEN	2	
CAPTOPRIL 25 MG TABLET	1		CEFUROXIME AXETIL 250 MG TAB	2	
CAPTOPRIL 50 MG TABLET	1		CEFUROXIME AXETIL 500 MG TAB	2	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	2		CELECOXIB 100 MG CAPSULE	2	QL
CARBAGLU	4	PA	CELECOXIB 200 MG CAPSULE	2	QL
CARBAMAZEPINE 100 MG TAB CHEW	1		CELECOXIB 400 MG CAPSULE	2	QL
CARBAMAZEPINE 100 MG/5 ML SUSP	2		CELECOXIB 50 MG CAPSULE	2	QL
CARBAMAZEPINE 200 MG TABLET	1		CELONTIN	4	
CARBAMAZEPINE ER	2		CENTERGY	2	
CARBIDOPA	2		CENTERGY DM	2	
CARBIDOPA-LEVO 10-100 MG ODT	2		CEPHALEXIN 125 MG/5 ML SUSP	1	
CARBIDOPA-LEVO 25-100 MG ODT	2		CEPHALEXIN 250 MG CAPSULE	1	
CARBIDOPA-LEVO 25-250 MG ODT	2		CEPHALEXIN 250 MG TABLET	1	
CARBIDOPA-LEVODOPA 10-100 TAB	2		CEPHALEXIN 250 MG/5 ML SUSP	1	
CARBIDOPA-LEVODOPA 25-100 TAB	2		CEPHALEXIN 500 MG CAPSULE	1	
CARBIDOPA-LEVODOPA 25-250 TAB	2		CEPHALEXIN 500 MG TABLET	1	
CARBIDOPA-LEVODOPA ER	2		CEPHALEXIN 750 MG CAPSULE	2	
CARBIDOPA-LEVODOPA-ENTACAPONE	2		CESAMET	4	
CARBINOXAMINE MALEATE	2		CETIRIZINE HCL 1 MG/ML SOLN	2	
CARISOPRODOL 250 MG TABLET	2		CETIRIZINE HCL 1 MG/ML SYRUP	2	
CARISOPRODOL 350 MG TABLET	2		CEVIMELINE HCL	2	
CARISOPRODOL COMPOUND	2		CHANTIX	4	
CARISOPRODOL COMPOUND-CODEINE	2		CHATEAL	1	
CARISOPRODOL-ASPIRIN	2		CHEMET 100 MG CAPSULE	4	
CARISOPRODOL-ASPIRIN-CODEINE	2		CHENODAL	4	LDD
CARNITOR SF	4		CHERATUSSIN AC	2	
CARTEOLOL HCL	2		CHERATUSSIN DAC	2	
CARTIA XT	2		CHLORDIAZEPOXIDE HCL	2	
CARVEDILOL 12.5 MG TABLET	1		CHLORDIAZEPOXIDE-AMITRIPTYLINE	2	
CARVEDILOL 25 MG TABLET	1		CHLORDIAZEPOXIDE-CLIDINIUM CAP	2	
CARVEDILOL 3.125 MG TABLET	1		CHLORHEXIDINE 0.12% RINSE	2	
CARVEDILOL 6.25 MG TABLET	1		CHLOROQUINE PHOSPHATE	2	

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## Cigna Individual & Family Plans prescription drug list

DRUG	TIER	NOTES	DRUG	TIER	NOTES
CHLOROTHIAZIDE	2		CLARAVIS	2	QL
CHLORPROMAZINE 10 MG TABLET	2		CLARITHROMYCIN	2	
CHLORPROMAZINE 100 MG TABLET	2		CLARITHROMYCIN ER 500 MG TAB	2	
CHLORPROMAZINE 200 MG TABLET	2		CLEMASTINE FUM 2.68 MG TAB	2	
CHLORPROMAZINE 25 MG TABLET	2		CLINDACIN ETZ 1% PLEDGET	2	
CHLORPROMAZINE 50 MG TABLET	2		CLINDACIN P	2	
CHLORPROPAMIDE	1		CLINDAMYCIN 2% VAGINAL CREAM	2	
CHLORTHALIDONE	2		CLINDAMYCIN HCL 150 MG CAPSULE	2	
CHLORZOAZONE	2		CLINDAMYCIN HCL 300 MG CAPSULE	2	
CHOLESTYRAMINE	2		CLINDAMYCIN HCL 75 MG CAPSULE	2	
CHOLESTYRAMINE LIGHT	2		CLINDAMYCIN PALMITATE HCL	2	
CHOLINE MAG TRISALICYLATE	2		CLINDAMYCIN PEDIATRIC	2	
CHORIONIC GONADOTROPIN	2	PA	CLINDAMYCIN PH 1% GEL	2	
CIALIS 2.5 MG TABLET	4	PA, QL	CLINDAMYCIN PH 1% SOLUTION	2	
CIALIS 5 MG TABLET	4	PA, QL	CLINDAMYCIN PHOS 1% PLEDGET	2	
CICLODAN 0.77% CREAM	2		CLINDAMYCIN PHOS-BENZOYL PEROX	2	
CICLODAN 8% SOLUTION	2		CLINDAMYCIN PHOSP 1% LOTION	2	
CICLOPIROX 0.77% CREAM	2		CLINDAMYCIN PHOSPHATE 1% FOAM	2	
CICLOPIROX 0.77% GEL	2		CLINDAMYCIN-BENZOYL PEROXIDE	2	
CICLOPIROX 0.77% TOPICAL SUSP	2		CLINDESSE 2% VAGINAL CREAM	4	
CICLOPIROX 1% SHAMPOO	2		CLOBETASOL 0.05% CREAM	2	
CICLOPIROX 8% SOLUTION	2		CLOBETASOL 0.05% GEL	2	
CICLOPIROX 8% TREATMENT KIT	2		CLOBETASOL 0.05% OINTMENT	2	
CILOSTAZOL	2		CLOBETASOL 0.05% SHAMPOO	2	
CILOXAN 0.3% OINTMENT	4		CLOBETASOL 0.05% SOLUTION	2	
CIMETIDINE 200 MG TABLET	1		CLOBETASOL 0.05% TOPICAL LOTN	2	
CIMETIDINE 300 MG TABLET	1		CLOBETASOL EMOLLIENT	2	
CIMETIDINE 300 MG/5 ML SOLN	2		CLOBETASOL EMULSION 0.05% FOAM	2	
CIMETIDINE 400 MG TABLET	1		CLOBETASOL PROP 0.05% FOAM	2	
CIMETIDINE 800 MG TABLET	1		CLOBETASOL PROP 0.05% SPRAY	2	
CIPRO HC	4		CLOCORTOLONE PIVALATE	2	
CIPRODEX	4		CLODAN 0.05% SHAMPOO	2	
CIPROFLOXACIN 0.2% OTIC SOLN	2		CLOMIPRAMINE HCL	2	
CIPROFLOXACIN 0.3% EYE DROP	2		CLONAZEPAM	2	
CIPROFLOXACIN 250 MG/5 ML SUSP	2		CLONIDINE	2	
CIPROFLOXACIN 500 MG/5 ML SUSP	2		CLONIDINE HCL 0.1 MG TABLET	2	
CIPROFLOXACIN ER	2		CLONIDINE HCL 0.2 MG TABLET	2	
CIPROFLOXACIN HCL 100 MG TAB	1		CLONIDINE HCL 0.3 MG TABLET	2	
CIPROFLOXACIN HCL 250 MG TAB	1		CLONIDINE HCL ER	2	
CIPROFLOXACIN HCL 500 MG TAB	1		CLOPIDOGREL	2	
CIPROFLOXACIN HCL 750 MG TAB	1		CLORAZEPATE 15 MG TABLET	2	
CITALOPRAM HBR 10 MG TABLET	1		CLORAZEPATE 3.75 MG TABLET	2	
CITALOPRAM HBR 10 MG/5 ML SOLN	2		CLORAZEPATE 7.5 MG TABLET	2	
CITALOPRAM HBR 20 MG TABLET	1		CLORPRES	2	
CITALOPRAM HBR 40 MG TABLET	1		CLOTRIMAZOLE 1% CREAM	2	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
CLOTRIMAZOLE 1% SOLUTION	2		CYCLESSA	1	
CLOTRIMAZOLE 10 MG TROCHE	2		CYCLOBENZAPRINE 10 MG TABLET	1	
CLOTRIMAZOLE-BETAMETHASONE	2		CYCLOBENZAPRINE 5 MG TABLET	1	
CLOZAPINE	2		CYCLOBENZAPRINE 7.5 MG TABLET	2	
CLOZAPINE ODT	2		CYCLOMYDRIL	4	
C-NATE DHA	1		CYCLOPENTOLATE HCL	2	
COARTEM	4	QL	CYCLOPHOSPHAMIDE 25 MG CAPSULE	2	
CODEINE SULFATE 15 MG TABLET	2		CYCLOPHOSPHAMIDE 50 MG CAPSULE	2	
CODEINE SULFATE 30 MG TABLET	2		CYCLOSERINE	2	
CODEINE SULFATE 60 MG TABLET	2		CYCLOSET	4	
CODEINE-GUAIFENESIN	2		CYCLOSPORINE 100 MG CAPSULE	2	
COLCRYS	4		CYCLOSPORINE 100 MG/ML SOLN	2	
COLESTIPOL HCL	2		CYCLOSPORINE 25 MG CAPSULE	2	
COLOCORT	2		CYCLOSPORINE MODIFIED	2	
COLY-MYCIN S OTIC SUSP DROP	4		CYPROHEPTADINE 2 MG/5 ML SYRUP	2	
COMBIGAN	4		CYPROHEPTADINE 4 MG TABLET	2	
COMBIVIR	4		CYRED	1	
COMPLERA	3		CYSTARAN	4	LDD
COMPLETE FORMULATION D3000	2		CYTRA-2	2	
COMPLETE FORMULATION MULTIVIT	2		CYTRA-3	2	
COMPLETE FORMULATION PEDIATRIC	2		CYTRA-K	2	
COMPLETE NATAL DHA	1		DALIRESP 500 MCG TABLET	4	
COMPLETENATE	1		DANAZOL	2	
COMPRO	2		DANTROLENE SODIUM 100 MG CAP	2	
CONSTULOSE	2		DANTROLENE SODIUM 25 MG CAP	2	
CORDRAN 0.05% LOTION	4		DANTROLENE SODIUM 50 MG CAP	2	
CORDRAN 0.05% OINTMENT	4		DAPSONE	4	
CORDRAN 4 MCG/SQ CM TAPE LARGE	4		DARAPRIM	4	PA
CORDRAN 4 MCG/SQ CM TAPE SMALL	4		DARIFENACIN ER	2	
CORMAX	2		DASETTA	1	
CORTISONE 25 MG TABLET	2		DAYSEE	1	
CORTISPORIN	4		DEBLITANE	1	
COVARYX	2		DECARA	4	QL
COVARYX H.S.	2		DELYLA	1	
CREON	4		DEMECLOCYCLINE 150 MG TABLET	2	
CRESEMBA 186 MG CAPSULE	4	PA	DEMECLOCYCLINE 300 MG TABLET	2	
CRIXIVAN	3		DEMSER	4	
CROMOLYN 100 MG/5 ML ORAL CONC	2		DENAVIR	4	
CROMOLYN 20 MG/2 ML NEB SOLN	2		DENTA 5000 PLUS	2	
CROMOLYN 4% EYE DROPS	2		DENTAGEL	2	
CRYSSELLE	1		DEPADE	2	
CUPRIMINE	4		DEPEN	4	
CURITY ALCOHOL PREPS	3		DERMACINRX PRIZOPAK	2	
CYANOCOBALAMIN INJECTION	2		DERMACINRX SILAPAK	4	
CYCLAFEM	1		DERMAZENE	2	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
DESCOY	3		DICLOFENAC POTASSIUM	2	
DESIPRAMINE 10 MG TABLET	2		DICLOFENAC SOD DR 25 MG TAB	2	
DESIPRAMINE 100 MG TABLET	2		DICLOFENAC SOD DR 50 MG TAB	2	
DESIPRAMINE 150 MG TABLET	2		DICLOFENAC SOD DR 75 MG TAB	2	
DESIPRAMINE 25 MG TABLET	2		DICLOFENAC SOD EC 25 MG TAB	2	
DESIPRAMINE 50 MG TABLET	2		DICLOFENAC SOD EC 50 MG TAB	2	
DESIPRAMINE 75 MG TABLET	2		DICLOFENAC SOD EC 75 MG TAB	2	
DESLORATADINE	2		DICLOFENAC SOD ER 100 MG TAB	2	
DESMOPRESSIN 0.01% SOLUTION	2		DICLOFENAC SODIUM 1% GEL	2	
DESMOPRESSIN 0.01% SPRAY	2		DICLOFENAC SODIUM 3% GEL	2	
DESMOPRESSIN 0.1 MG/ML SOL	2		DICLOFENAC SODIUM-MISOPROSTOL	2	
DESMOPRESSIN 10 MCG/0.1 ML SPR	2		DICLOXACILLIN SODIUM	2	
DESMOPRESSIN ACETATE 0.1 MG TB	2		DICYCLOMINE 10 MG CAPSULE	1	
DESMOPRESSIN ACETATE 0.2 MG TB	2		DICYCLOMINE 10 MG/5 ML SOLN	2	
DESOGEN	4		DICYCLOMINE 20 MG TABLET	1	
DESOGESTREL-ETHINYL ESTRADIOL	1		DIDANOSINE DR 125 MG CAPSULE	2	
DESOGESTR-ETH ESTRAD ETH ESTRA	1		DIDANOSINE DR 200 MG CAPSULE	2	
DESONIDE	2		DIDANOSINE DR 250 MG CAPSULE	2	
DESOXIMETASONE	2		DIDANOSINE DR 400 MG CAPSULE	2	
DEXAMETHASONE	1		DIFICID	4	PA
DEXAMETHASONE 0.1% EYE DROP	2		DIFLORASONE DIACETATE	2	
DEXAMETHASONE INTENSOL	1		DIFLUNISAL	2	
DEXILANT	3	ST	DIGITEK	1	
DEXMETHYLPHENIDATE HCL	2		DIGOX	1	
DEXMETHYLPHENIDATE HCL ER	2		DIGOXIN 0.05 MG/ML SOLUTION	2	
DEXTROAMP-AMPHETAM 12.5 MG TAB	2		DIGOXIN 0.125 MG TABLET	1	
DEXTROAMP-AMPHETAM 7.5 MG TAB	2		DIGOXIN 0.25 MG TABLET	1	
DEXTROAMP-AMPHETAMIN 10 MG TAB	2		DIGOXIN 125 MCG TABLET	1	
DEXTROAMP-AMPHETAMIN 15 MG TAB	2		DIGOXIN 250 MCG TABLET	1	
DEXTROAMP-AMPHETAMIN 20 MG TAB	2		DIHYDROCODEIN-ACETAMINOPH-CAFF	2	
DEXTROAMP-AMPHETAMIN 30 MG TAB	2		DIHYDROERGOTAMINE MESYLATE	2	QL
DEXTROAMP-AMPHETAMINE 5 MG TAB	2		DILATRATE-SR	4	
DEXTROAMPHETAMINE SULFATE	2		DILTIAZEM 120 MG TABLET	1	
DEXTROAMPHETAMINE SULFATE ER	2		DILTIAZEM 12HR ER	2	
DIAZEPAM 10 MG RECTAL GEL SYST	2		DILTIAZEM 24HR CD 120 MG CAP	2	
DIAZEPAM 10 MG TABLET	2		DILTIAZEM 24HR CD 180 MG CAP	2	
DIAZEPAM 2 MG TABLET	2		DILTIAZEM 24HR CD 240 MG CAP	2	
DIAZEPAM 2.5 MG RECTAL GEL SYS	2		DILTIAZEM 24HR CD 300 MG CAP	2	
DIAZEPAM 20 MG RECTAL GEL SYST	2		DILTIAZEM 24HR ER	2	
DIAZEPAM 5 MG TABLET	2		DILTIAZEM 30 MG TABLET	1	
DIAZEPAM 5 MG/5 ML ORAL SOLN	2		DILTIAZEM 60 MG TABLET	1	
DIAZEPAM 5 MG/5 ML SOLUTION	2		DILTIAZEM 90 MG TABLET	1	
DIAZEPAM 5 MG/ML ORAL CONC	2		DILTIAZEM ER 120 MG CAPSULE	2	
DICLOFENAC 0.1% EYE DROPS	2		DILTIAZEM ER 180 MG CAPSULE	2	
DICLOFENAC 1.5% TOPICAL SOLN	2		DILTIAZEM ER 180 MG TABLET	2	

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DRUG	TIER	NOTES
DILTIAZEM ER 240 MG CAPSULE	2	
DILTIAZEM ER 240 MG TABLET	2	
DILTIAZEM ER 300 MG TABLET	2	
DILTIAZEM ER 360 MG TABLET	2	
DILTIAZEM ER 420 MG TABLET	2	
DILTIAZEM HCL ER 120 MG CAP	2	
DILTIAZEM HCL ER 180 MG CAP	2	
DILTIAZEM HCL ER 240 MG CAP	2	
DILTIAZEM HCL ER 300 MG CAP	2	
DILTIAZEM HCL ER 360 MG CAP	2	
DILTIAZEM HCL ER 420 MG CAP	2	
DILT-XR	2	
DIPENTUM 250 MG CAPSULE	4	
DIPHENHYDRAMINE 12.5 MG/5 ML	2	
DIPHENHYDRAMINE 25 MG/10 ML	2	
DIPHENOXYLATE-ATROPINE	2	
DIPYRIDAMOLE 25 MG TABLET	2	
DIPYRIDAMOLE 50 MG TABLET	2	
DIPYRIDAMOLE 75 MG TABLET	2	
DISKETS	2	
DISOPYRAMIDE PHOSPHATE	2	
DISULFIRAM 250 MG TABLET	2	
DISULFIRAM 500 MG TABLET	2	
DIVALPROEX SOD DR 125 MG TAB	2	
DIVALPROEX SOD DR 250 MG TAB	2	
DIVALPROEX SOD DR 500 MG TAB	2	
DIVALPROEX SOD ER 250 MG TAB	2	
DIVALPROEX SOD ER 500 MG TAB	2	
DIVALPROEX SODIUM 125 MG CAP	2	
DOFETILIDE	2	
DONEPEZIL HCL 10 MG TABLET	2	
DONEPEZIL HCL 23 MG TABLET	2	
DONEPEZIL HCL 5 MG TABLET	2	
DONEPEZIL HCL ODT 10 MG TABLET	2	
DONEPEZIL HCL ODT 5 MG TABLET	2	
DORAL 15 MG TABLET	4	
DORZOLAMIDE HCL	2	
DORZOLAMIDE-TIMOLOL	2	
DOTHELLE DHA	1	
DOXAZOSIN MESYLATE 1 MG TAB	1	
DOXAZOSIN MESYLATE 2 MG TAB	1	
DOXAZOSIN MESYLATE 4 MG TAB	1	
DOXAZOSIN MESYLATE 8 MG TAB	1	
DOXEPIN HCL	2	
DOXERCALCIFEROL 0.5 MCG CAP	2	

DRUG	TIER	NOTES
DOXERCALCIFEROL 1 MCG CAPSULE	2	
DOXERCALCIFEROL 2.5 MCG CAP	2	
DOXYCYCLINE 25 MG/5 ML SUSP	2	
DOXYCYCLINE HYC DR 100 MG TAB	2	
DOXYCYCLINE HYC DR 150 MG TAB	2	
DOXYCYCLINE HYC DR 200 MG TAB	2	
DOXYCYCLINE HYC DR 50 MG TAB	2	
DOXYCYCLINE HYC DR 75 MG TAB	2	
DOXYCYCLINE HYCLATE 100 MG CAP	2	
DOXYCYCLINE HYCLATE 100 MG TAB	2	
DOXYCYCLINE HYCLATE 20 MG TAB	2	
DOXYCYCLINE HYCLATE 50 MG CAP	2	
DOXYCYCLINE MONO 100 MG CAP	2	
DOXYCYCLINE MONO 100 MG TABLET	2	
DOXYCYCLINE MONO 150 MG CAP	2	
DOXYCYCLINE MONO 150 MG TABLET	2	
DOXYCYCLINE MONO 50 MG CAP	2	
DOXYCYCLINE MONO 50 MG TABLET	2	
DOXYCYCLINE MONO 75 MG CAPSULE	2	
DOXYCYCLINE MONO 75 MG TABLET	2	
DRONABINOL 10 MG CAPSULE	2	
DRONABINOL 2.5 MG CAPSULE	2	
DRONABINOL 5 MG CAPSULE	2	
DROSPIRENONE-ETHINYL ESTRADIOL	1	
DUAVEE	4	
DUEXIS	4	
DULERA	4	ST
DULOXETINE HCL DR 20 MG CAP	2	
DULOXETINE HCL DR 30 MG CAP	2	
DULOXETINE HCL DR 40 MG CAP	2	
DULOXETINE HCL DR 60 MG CAP	2	
DUREZOL	4	
DUTASTERIDE	2	
DUTASTERIDE-TAMSULOSIN	2	
DYMISTA	4	
DYRENIUM 100 MG CAPSULE	4	
DYRENIUM 50 MG CAPSULE	4	
EASY TOUCH ALCOHOL PREP PADS	3	
ECONAZOLE NITRATE 1% CREAM	2	
ECONTRA EZ	4	
EDARBI 40 MG TABLET	4	ST
EDARBI 80 MG TABLET	4	ST
EDARBYCLOR 40-12.5 MG TABLET	4	ST
EDARBYCLOR 40-25 MG TABLET	4	ST
EDECRIN	4	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
ED-SPAZ	1		EPINEPHRINE 0.3 MG AUTO-INJECT	2	
EDURANT	3		EPIPEN 2-PAK	3	
EEMT	2		EPIPEN JR 2-PAK	3	
EEMT H.S.	2		EPITOL	1	
EFFER-K 10 MEQ TABLET EFF	4		EPIVIR	4	
EFFER-K 20 MEQ TABLET EFF	4		EPLERENONE	2	
EFFER-K 25 MEQ TABLET EFF	2		EPROSARTAN MESYLATE	2	
EFFIENT	4		EPZICOM	3	
ELIDEL	4		ERGOLOID MESYLATES	1	
ELINEST	1		ERGOMAR	4	
ELIPHOS	2		ERRIN	1	
ELITE OB DHA	1		ERTACZO	4	
ELITE-OB	1		ERY	2	
ELITE-OB 400	1		ERYTHROCIN STEARATE	2	
ELLA	4		ERYTHROMYCIN 0.5% EYE OINTMENT	2	
ELMIRON	4		ERYTHROMYCIN 2% GEL	2	
EMADINE	4		ERYTHROMYCIN 2% PLEDGETS	2	
EMBEDA	4	ST, QL	ERYTHROMYCIN 2% SOLUTION	2	
EMOQUETTE	1		ERYTHROMYCIN 250 MG FILMTAB	2	
EMSAM	4		ERYTHROMYCIN 500 MG FILMTAB	2	
EMTRIVA	3		ERYTHROMYCIN DR 250 MG CAP	2	
EMVERM	2		ERYTHROMYCIN EC 250 MG CAP	2	
ENALAPRIL MALEATE 10 MG TAB	1		ERYTHROMYCIN ETHYLSUCCINATE	2	
ENALAPRIL MALEATE 2.5 MG TAB	1		ERYTHROMYCIN-BENZOYL PEROXIDE	2	
ENALAPRIL MALEATE 20 MG TAB	1		ESCITALOPRAM OXALATE	2	
ENALAPRIL MALEATE 5 MG TABLET	1		ESOMEPRAZOLE MAGNESIUM	2	
ENALAPRIL-HCTZ 10-25 MG TABLET	2		ESTARYLLA	1	
ENALAPRIL-HCTZ 5-12.5 MG TAB	2		ESTAZOLAM	2	
ENDOCET	2		ESTRADIOL 0.025 MG PATCH	2	
ENDODAN	2		ESTRADIOL 0.0375 MG PATCH	2	
ENDOMETRIN	4	PA	ESTRADIOL 0.0375 MG/DAY PATCH	2	
ENJUVA	4		ESTRADIOL 0.05 MG PATCH	2	
ENLYTE	4		ESTRADIOL 0.05 MG/DAY PATCH	2	
ENOXAPARIN SODIUM	2	QL	ESTRADIOL 0.06 MG/DAY PATCH	2	
ENPRESSE	1		ESTRADIOL 0.075 MG PATCH	2	
ENSKYCE	1		ESTRADIOL 0.075 MG/DAY PATCH	2	
ENTACAPONE 200 MG TABLET	2		ESTRADIOL 0.1 MG PATCH	2	
ENTECAVIR 0.5 MG TABLET	2		ESTRADIOL 0.1 MG/DAY PATCH	2	
ENTECAVIR 1 MG TABLET	2		ESTRADIOL 0.5 MG TABLET	1	
ENTRESTO	3	PA	ESTRADIOL 1 MG TABLET	1	
ENULOSE	2		ESTRADIOL 2 MG TABLET	1	
EPIDUO	4		ESTRADIOL TDS 0.025 MG/DAY	2	
EPIFOAM	4		ESTRADIOL TDS 0.0375 MG/DAY	2	
EPINASTINE HCL	2		ESTRADIOL TDS 0.05 MG/DAY	2	
EPINEPHRINE 0.15 MG AUTO-INJCT	2	QL	ESTRADIOL TDS 0.06 MG/DAY	2	

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DRUG	TIER	NOTES
ESTRADIOL TDS 0.075 MG/DAY	2	
ESTRADIOL TDS 0.1 MG/DAY	2	
ESTRADIOL-NORETHINDRONE ACETAT	2	
ESTROGEN-METHYLTESTOS F.S. TAB	2	
ESTROGEN-METHYLTESTOS H.S. TAB	2	
ESTROGEN-METHYLTESTOSTERONE TB	2	
ESTROPIPATE	2	
ESTROSTEP FE-28 TABLET	4	
ESZOPICLONE	2	
ETHAMBUTOL HCL	2	
ETHOSUXIMIDE 250 MG CAPSULE	2	
ETHOSUXIMIDE 250 MG/5 ML SOLN	2	
ETHYL CHLORIDE	2	
ETIDRONATE DISODIUM	2	
ETODOLAC 200 MG CAPSULE	2	
ETODOLAC 300 MG CAPSULE	2	
ETODOLAC 400 MG TABLET	2	
ETODOLAC 500 MG TABLET	2	
ETODOLAC ER	2	
ETOPOSIDE 50 MG CAPSULE	2	
EURAX	4	
EVOTAZ	3	
EXELDERM	4	
EXEMESTANE	2	
EXTRA-VIRT PLUS DHA	1	
FACTIVE	4	
FALLBACK SOLO	4	
FALMINA	1	
FAMCICLOVIR	2	
FAMOTIDINE 20 MG TABLET	1	
FAMOTIDINE 40 MG TABLET	1	
FAMOTIDINE 40 MG/5 ML SUSP	2	
FANAPT 1 MG TABLET	4	ST
FANAPT 10 MG TABLET	4	ST
FANAPT 12 MG TABLET	4	ST
FANAPT 2 MG TABLET	4	ST
FANAPT 4 MG TABLET	4	ST
FANAPT 6 MG TABLET	4	ST
FANAPT 8 MG TABLET	4	ST
FANAPT TITRATION PACK	4	ST
FARESTON	4	
FARXIGA 10 MG TABLET	3	
FARXIGA 5 MG TABLET	3	
FELBAMATE	2	
FELODIPINE ER 10 MG TABLET	2	

DRUG	TIER	NOTES
FELODIPINE ER 2.5 MG TABLET	2	
FELODIPINE ER 5 MG TABLET	2	
FEM PH	2	
FEMCON FE CHEWABLE TABLET	4	
FENOFIBRATE 130 MG CAPSULE	2	
FENOFIBRATE 134 MG CAPSULE	2	
FENOFIBRATE 145 MG TABLET	2	
FENOFIBRATE 150 MG CAPSULE	2	
FENOFIBRATE 160 MG TABLET	2	
FENOFIBRATE 200 MG CAPSULE	2	
FENOFIBRATE 43 MG CAPSULE	2	
FENOFIBRATE 48 MG TABLET	2	
FENOFIBRATE 50 MG CAPSULE	2	
FENOFIBRATE 54 MG TABLET	2	
FENOFIBRATE 67 MG CAPSULE	2	
FENOFIBRIC ACID 105 MG TABLET	2	
FENOFIBRIC ACID 35 MG TABLET	2	
FENOFIBRIC ACID DR 135 MG CAP	2	
FENOFIBRIC ACID DR 45 MG CAP	2	
FENOPROFEN 600 MG TABLET	2	
FENTANYL 100 MCG/HR PATCH	2	QL
FENTANYL 12 MCG/HR PATCH	2	QL
FENTANYL 25 MCG/HR PATCH	2	QL
FENTANYL 37.5 MCG/HR PATCH	2	QL
FENTANYL 50 MCG/HR PATCH	2	QL
FENTANYL 62.5 MCG/HR PATCH	2	QL
FENTANYL 75 MCG/HR PATCH	2	QL
FENTANYL 87.5 MCG/HR PATCH	2	QL
FENTANYL CIT OTFC 1,200 MCG	2	PA
FENTANYL CIT OTFC 1,600 MCG	2	PA
FENTANYL CITRATE OTFC 200 MCG	2	PA
FENTANYL CITRATE OTFC 400 MCG	2	PA
FENTANYL CITRATE OTFC 600 MCG	2	PA
FENTANYL CITRATE OTFC 800 MCG	2	PA
FERRIPROX	4	LDD
FETZIMA	4	ST
FEXOFENADINE HCL 180 MG TABLET	2	
FEXOFENADINE HCL 30 MG TABLET	2	
FEXOFENADINE HCL 60 MG TABLET	2	
FINACEA	4	
FINASTERIDE 5 MG TABLET	2	
FIORICET	2	
FLAVOXATE HCL	2	
FLECAINIDE ACETATE	2	
FLECTOR	4	QL

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
FLOVENT DISKUS	3		FLURA-DROPS	2	
FLOVENT HFA	3		FLURANDRENOLIDE	2	
FLUCONAZOLE 10 MG/ML SUSP	2		FLURAZEPAM 15 MG CAPSULE	2	
FLUCONAZOLE 100 MG TABLET	2		FLURAZEPAM 30 MG CAPSULE	2	
FLUCONAZOLE 150 MG TABLET	1		FLURBIPROFEN	2	
FLUCONAZOLE 200 MG TABLET	2		FLURBIPROFEN SODIUM	2	
FLUCONAZOLE 40 MG/ML SUSP	2		FLUTAMIDE	2	
FLUCONAZOLE 50 MG TABLET	2		FLUTICASONE PROP 0.005% OINT	2	
FLUCYTOSINE	2		FLUTICASONE PROP 0.05% CREAM	2	
FLUDROCORTISONE ACETATE	2		FLUTICASONE PROP 0.05% LOTION	2	
FLUNISOLIDE 0.025% SPRAY	2		FLUTICASONE PROP 50 MCG SPRAY	2	
FLUOCINOLONE ACETONIDE	2		FLUVASTATIN ER	2	
FLUOCINOLONE ACETONIDE OIL	2		FLUVASTATIN SODIUM	2	
FLUOCINONIDE 0.05% CREAM	2		FLUVOXAMINE MALEATE	2	
FLUOCINONIDE 0.05% GEL	2		FLUVOXAMINE MALEATE ER	2	
FLUOCINONIDE 0.05% OINTMENT	2		FOCALGIN 90 DHA	1	
FLUOCINONIDE 0.05% SOLUTION	2		FOCALGIN CA	1	
FLUOCINONIDE 0.1% CREAM	2		FOLBECAL	1	
FLUOCINONIDE-E	2		FOLIC ACID 1 MG TABLET	2	
FLUORABON	2		FOLIVANE-OB	1	
FLUOR-A-DAY	4		FONDAPARINUX SODIUM	2	QL
FLUORIDE 0.25 MG TABLET CHEW	2		FORADIL	4	ST
FLUORIDE 0.5 MG TABLET CHEW	2		FORMADON	2	
FLUORIDE 1 MG TABLET CHEWABLE	2		FORMALDEHYDE	2	
FLUORIDEX DAILY DEFENSE	2		FORMA-RAY	4	
FLUORITAB	2		FORTICAL	2	
FLUOROMETHOLONE	2		FOSAMAX PLUS D	4	QL
FLUOROURACIL 0.5% CREAM	2		FOSINOPRIL SODIUM 10 MG TAB	1	
FLUOROURACIL 2% TOPICAL SOLN	2		FOSINOPRIL SODIUM 20 MG TAB	1	
FLUOROURACIL 5% CREAM	2		FOSINOPRIL SODIUM 40 MG TAB	1	
FLUOROURACIL 5% TOP SOLUTION	2		FOSINOPRIL-HCTZ 10-12.5 MG TAB	2	
FLUOXETINE 20 MG/5 ML SOLUTION	2		FOSINOPRIL-HCTZ 20-12.5 MG TAB	2	
FLUOXETINE DR	2		FOSRENOL	4	
FLUOXETINE HCL 10 MG CAPSULE	1		FROVATRIPTAN SUCCINATE	2	QL
FLUOXETINE HCL 10 MG TABLET	1		FULYZAQ	4	
FLUOXETINE HCL 20 MG CAPSULE	1		FUROSEMIDE 10 MG/ML SOLUTION	1	
FLUOXETINE HCL 20 MG TABLET	1		FUROSEMIDE 20 MG TABLET	1	
FLUOXETINE HCL 40 MG CAPSULE	1		FUROSEMIDE 40 MG TABLET	1	
FLUOXETINE HCL 60 MG TABLET	1		FUROSEMIDE 40 MG/5 ML SOLN	1	
FLUPHENAZINE 1 MG TABLET	2		FUROSEMIDE 80 MG TABLET	1	
FLUPHENAZINE 10 MG TABLET	2		FYAVOLV	2	
FLUPHENAZINE 2.5 MG TABLET	2		FYCOMPA 10 MG TABLET	4	
FLUPHENAZINE 2.5 MG/5 ML ELIX	2		FYCOMPA 12 MG TABLET	4	
FLUPHENAZINE 5 MG TABLET	2		FYCOMPA 2 MG TABLET	4	
FLUPHENAZINE 5 MG/ML CONC	2		FYCOMPA 2 MG-4 MG TABLET KIT	4	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
FYCOMPA 4 MG TABLET	4		GLIPIZIDE ER 5 MG TABLET	1	
FYCOMPA 6 MG TABLET	4		GLIPIZIDE XL	1	
FYCOMPA 8 MG TABLET	4		GLIPIZIDE-METFORMIN	2	
GABAPENTIN 100 MG CAPSULE	2		GLUCAGEN 1 MG HYPOKIT	3	
GABAPENTIN 250 MG/5 ML SOLN	2		GLUCAGEN 1 MG HYPOKIT 2-PACK	3	
GABAPENTIN 300 MG CAPSULE	2		GLUCAGON EMERGENCY KIT	3	
GABAPENTIN 300 MG/6 ML SOLN	2		GLYBURIDE 1.25 MG TABLET	1	
GABAPENTIN 400 MG CAPSULE	2		GLYBURIDE 2.5 MG TABLET	1	
GABAPENTIN 600 MG TABLET	2		GLYBURIDE 5 MG TABLET	1	
GABAPENTIN 800 MG TABLET	2		GLYBURIDE MICRONIZED	1	
GALANTAMINE HBR	2		GLYBURIDE-METFORMIN HCL	2	
GALANTAMINE HYDROBROMIDE	2		GLYCINE 1.5% IRRIGATION	2	
GALZIN	4		GLYCOPYRROLATE 1 MG TABLET	2	
GATIFLOXACIN	2		GLYCOPYRROLATE 2 MG TABLET	2	
GAVILYTE-C	2		GLYDO	2	
GAVILYTE-G	2		GRANISETRON HCL	2	
GAVILYTE-H AND BISACODYL	2		GRISEOFULVIN 125 MG/5 ML SUSP	2	
GAVILYTE-N	2		GRISEOFULVIN MICRO 500 MG TAB	2	
GEMFIBROZIL 600 MG TABLET	2		GRISEOFULVIN ULTRA 125 MG TAB	2	
GENERESS FE	4		GRISEOFULVIN ULTRA 250 MG TAB	2	
GENERLAC	2		GUAIFENESIN AC	2	
GENGRAF 100 MG CAPSULE	2		GUAIFENESIN DAC	2	
GENGRAF 100 MG/ML SOLUTION	2		GUAIFENESIN-CODEINE	2	
GENGRAF 25 MG CAPSULE	2		GUANFACINE HCL	1	
GENTAK	2		GUANFACINE HCL ER	2	
GENTAMICIN 0.1% CREAM	2		GUANIDINE HCL	2	
GENTAMICIN 0.1% OINTMENT	2		GYNAZOLE 1 2% CREAM	2	
GENTAMICIN 0.3% EYE DROPS	2		HALOBETASOL PROP 0.05% CREAM	2	
GENTAMICIN 0.3% EYE OINTMENT	2		HALOBETASOL PROP 0.05% OINTMNT	2	
GENTAMICIN 3 MG/ML EYE DROPS	2		HALOG	4	
GENVOYA	3		HALOPERIDOL 0.5 MG TABLET	2	
GIANVI	1		HALOPERIDOL 1 MG TABLET	2	
GILDAGIA	1		HALOPERIDOL 10 MG TABLET	2	
GILDESS	1		HALOPERIDOL 2 MG TABLET	2	
GILDESS 24 FE	1		HALOPERIDOL 20 MG TABLET	2	
GILDESS FE	1		HALOPERIDOL 5 MG TABLET	2	
GLATOPA	2	PA	HALOPERIDOL LAC 2 MG/ML CONC	2	
GLEOSTINE	4		HEATHER	1	
GLIMEPIRIDE 1 MG TABLET	1		HEMANGEOL	4	LDD
GLIMEPIRIDE 2 MG TABLET	1		HEMENATAL OB	1	
GLIMEPIRIDE 4 MG TABLET	1		HEMENATAL OB + DHA	1	
GLIPIZIDE 10 MG TABLET	1		HEMMOREX-HC	2	
GLIPIZIDE 5 MG TABLET	1		HEPARIN SOD 5,000 UNIT/ 0.5 ML	2	
GLIPIZIDE ER 10 MG TABLET	1		HEPARIN SOD 5,000 UNIT/0.5 ML	2	
GLIPIZIDE ER 2.5 MG TABLET	1		HOMATROPAIRE	2	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
HOMATROPINE HYDROBROMIDE	2		HYDROCORTISONE 1% ABSORBASE	2	
HORIZANT	4		HYDROCORTISONE 1% CREAM	2	
HUMALOG	3		HYDROCORTISONE 1% OINTMENT	2	
HUMALOG KWIKPEN U-100	3		HYDROCORTISONE 10 MG TABLET	2	
HUMALOG KWIKPEN U-200	3		HYDROCORTISONE 100 MG/60 ML	2	
HUMALOG MIX 50-50	3		HYDROCORTISONE 2.5% CREAM	2	
HUMALOG MIX 50-50 KWIKPEN	3		HYDROCORTISONE 2.5% LOTION	2	
HUMALOG MIX 75-25	3		HYDROCORTISONE 2.5% OINTMENT	2	
HUMALOG MIX 75-25 KWIKPEN	3		HYDROCORTISONE 20 MG TABLET	2	
HUMULIN 70/30 KWIKPEN	3		HYDROCORTISONE 30 MG SUPP	2	
HUMULIN 70-30	3		HYDROCORTISONE 5 MG TABLET	2	
HUMULIN N	3		HYDROCORTISONE AC 25 MG SUPP	2	
HUMULIN N KWIKPEN	3		HYDROCORTISONE BUTY 0.1% CREAM	2	
HUMULIN R	3		HYDROCORTISONE BUTYR 0.1% OINT	2	
HUMULIN R U-500	3		HYDROCORTISONE VALERATE	2	
HUMULIN R U-500 KWIKPEN	3		HYDROCORTISONE-ACETIC ACID	2	
HYDRALAZINE 10 MG TABLET	2		HYDROCORTISONE-iodoquinol	2	
HYDRALAZINE 100 MG TABLET	2		HYDROCORTISONE-PRAMOXINE HCL	2	
HYDRALAZINE 25 MG TABLET	2		HYDROCORT-PRAMOXINE 1%-1% CRM	2	
HYDRALAZINE 50 MG TABLET	2		HYDROCORT-PRAMOXINE 2.5%-1% CM	2	
HYDROCHLOROTHIAZIDE 12.5 MG CP	1		HYDROCORT-PRAMOXINE 2.5-1% CRM	2	
HYDROCHLOROTHIAZIDE 12.5 MG TB	1		HYDROMET	2	
HYDROCHLOROTHIAZIDE 25 MG TAB	1		HYDROMORPHONE 1 MG/ML SOLUTION	2	
HYDROCHLOROTHIAZIDE 50 MG TAB	1		HYDROMORPHONE 2 MG TABLET	2	
HYDROCOD-CPM-PSEUDOEPHEDRINE	2		HYDROMORPHONE 3 MG SUPPOS	2	
HYDROCOD-HOMATROP 5-1.5 MG TAB	2		HYDROMORPHONE 4 MG TABLET	2	
HYDROCODON-ACETAMIN 7.5-325/15	2		HYDROMORPHONE 5 MG/5 ML SOLN	2	
HYDROCODON-ACETAMINOPH 2.5-325	2		HYDROMORPHONE 8 MG TABLET	2	
HYDROCODON-ACETAMINOPH 7.5-300	2		HYDROMORPHONE ER	2	QL
HYDROCODON-ACETAMINOPH 7.5-325	2		HYDROXYCHLOROQUINE 200 MG TAB	2	
HYDROCODON-ACETAMINOPHEN 5-300	2		HYDROXYUREA	2	
HYDROCODON-ACETAMINOPHEN 5-325	2		HYDROXYZINE 10 MG/5 ML SOLN	2	
HYDROCODON-ACETAMINOPHN 10-300	2		HYDROXYZINE 10 MG/5 ML SYRUP	2	
HYDROCODON-ACETAMINOPHN 10-325	2		HYDROXYZINE HCL 10 MG TABLET	2	
HYDROCODONE-ACETAMIN 2.5-108/5	2		HYDROXYZINE HCL 25 MG TABLET	2	
HYDROCODONE-ACETAMIN 2.5-167/5	2		HYDROXYZINE HCL 50 MG TABLET	2	
HYDROCODONE-ACETAMIN 5-217/10	2		HYDROXYZINE PAM 100 MG CAP	2	
HYDROCODONE-CHLORPHEN ER SUSP	2		HYDROXYZINE PAM 25 MG CAP	2	
HYDROCODONE-HOMATROPINE MBR	2		HYDROXYZINE PAM 50 MG CAP	2	
HYDROCODONE-IBUPROFEN 10-200	2		HYOPHEN	2	
HYDROCODONE-IBUPROFEN 5-200 MG	2		HYOSCYAMINE 0.125 MG ODT	1	
HYDROCODONE-IBUPROFEN 7.5-200	2		HYOSCYAMINE 0.125 MG TAB SL	1	
HYDROCORT BUTY 0.1% LIPID CRM	2		HYOSCYAMINE 0.125 MG/5 ML ELIX	2	
HYDROCORT BUTY 0.1% LIPO CREAM	2		HYOSCYAMINE 0.125 MG/ML DROP	2	
HYDROCORTISONE 0.1% SOLN	2		HYOSCYAMINE ER 0.375 MG TAB	1	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
HYOSCYAMINE SULF 0.125 MG TAB	1		ISOMETHEPT-DICHLORALP-ACETAMIN	2	
HYOSCYAMINE SULFATE SR	1		ISONIAZID 100 MG TABLET	1	
HYOSYNE	2		ISONIAZID 300 MG TABLET	1	
HYSINGLA ER	4	ST, QL	ISONIAZID 50 MG/5 ML SOLUTION	2	
IBANDRONATE SODIUM 150 MG TAB	2		ISOSORBIDE DN 10 MG TABLET	2	
IBUDONE	2		ISOSORBIDE DN 20 MG TABLET	2	
IBUPROFEN 100 MG/5 ML SUSP	1		ISOSORBIDE DN 30 MG TABLET	2	
IBUPROFEN 400 MG TABLET	1		ISOSORBIDE DN 5 MG TABLET	2	
IBUPROFEN 600 MG TABLET	1		ISOSORBIDE DN ER 40 MG TABLET	2	
IBUPROFEN 800 MG TABLET	1		ISOSORBIDE MONONITRATE	1	
ILEVRO	4		ISOSORBIDE MONONITRATE ER	1	
IMATINIB MESYLATE	2	PA	ISOXSUPRINE HCL	2	
IMIPRAMINE HCL 10 MG TABLET	2		ISRADIPINE	2	
IMIPRAMINE HCL 25 MG TABLET	2		ITRACONAZOLE	2	
IMIPRAMINE HCL 50 MG TABLET	2		IV ANTISEPTIC WIPES	3	
IMIPRAMINE PAMOATE	2		IV PREP WIPES	3	
IMIQUIMOD 5% CREAM PACKET	2		IVERMECTIN	2	
IMPAVIDO	4	PA	JANTOVEN	1	
INATAL ADVANCE	1		JANUVIA	4	ST
INATAL ULTRA	1		JARDIANCE	4	ST
INCRUSE ELLIPTA	3		JENCYCLA	1	
INDAPAMIDE	1		JENTADUETO	4	ST
INDOMETHACIN 25 MG CAPSULE	2		JEVANTIQUE LO	2	
INDOMETHACIN 50 MG CAPSULE	2		JINTELI	2	
INDOMETHACIN ER 75 MG CAPSULE	2		JOLESSA	1	
INTELENCE	3		JOLIVETTE	1	
INTROVALE	1		JUBLIA	4	PA, ST
INVIRASE	3		JULEBER	1	
INVOKAMET	4	ST	JUNEL	1	
INVOKANA	4	ST	JUNEL FE	1	
IODOFLEX	2		JUNEL FE 24	1	
IODOSORB	2		K EFFERVESCENT	2	
IOPHEN-C NR	2		KAITLIB FE	1	
IPRAT-ALBUT 0.5-3(2.5) MG/3 ML	2		KALETRA	3	
IPRATROPIUM 0.03% SPRAY	2		KARIVA	1	
IPRATROPIUM 0.06% SPRAY	2		KELNOR 1-35	1	
IPRATROPIUM BR 0.02% SOLN	1		KERYDIN 5% TOPICAL SOLUTION	4	
IRBESARTAN 150 MG TABLET	2		KETEK	4	
IRBESARTAN 300 MG TABLET	2		KETOCONAZOLE	2	
IRBESARTAN 75 MG TABLET	2		KETOPROFEN	2	
IRBESARTAN-HCTZ 150-12.5 MG TB	2		KETOROLAC 0.4% OPHTH SOLUTION	2	
IRBESARTAN-HCTZ 300-12.5 MG TB	2		KETOROLAC 0.5% OPHTH SOLUTION	2	
ISENTRESS	3		KETOROLAC 10 MG TABLET	2	QL
ISOCHRON	2		KETOROLAC 15 MG/ML CARPUJECT	2	QL
ISOMETHEPT-CAFF-ACETAMINOPHEN	2		KETOROLAC 15 MG/ML ISECURE SYR	2	QL

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
KETOROLAC 15 MG/ML VIAL	2	QL	LAMOTRIGINE 25 MG DISPER TAB	2	
KETOROLAC 30 MG/ML CARPUJECT	2	QL	LAMOTRIGINE 25 MG TABLET	2	
KETOROLAC 30 MG/ML ISECURE SYR	2	QL	LAMOTRIGINE 25 MG TB START KIT	2	
KETOROLAC 30 MG/ML SYRINGE	2	QL	LAMOTRIGINE 5 MG DISPER TABLET	2	
KETOROLAC 30 MG/ML VIAL	2	QL	LAMOTRIGINE ER	2	
KETOROLAC 300 MG/10 ML VIAL	2	QL	LAMOTRIGINE ODT	2	
KETOROLAC 60 MG/2 ML SYRINGE	2	QL	LAMOTRIGINE ODT (BLUE)	2	
KETOROLAC 60 MG/2 ML VIAL	2	QL	LAMOTRIGINE ODT (GREEN)	2	
KIMIDESS	1		LAMOTRIGINE ODT (ORANGE)	2	
KIONEX	2		LANSOPRAZOL-AMOXICIL-CLARITHRO	2	
KLOR-CON 10 MEQ TABLET	2		LANSOPRAZOLE DR 15 MG CAPSULE	2	
KLOR-CON 20 MEQ PACKET	2		LANSOPRAZOLE DR 30 MG CAPSULE	2	
KLOR-CON 25 MEQ PACKET	4		LANTUS	3	
KLOR-CON 8 MEQ TABLET	2		LANTUS SOLOSTAR	3	
KLOR-CON M10 TABLET	2		LARIN	1	
KLOR-CON M15 TABLET	4		LARIN 24 FE	1	
KLOR-CON M20 TABLET	2		LARIN FE	1	
KLOR-CON SPRINKLE	2		LASTACFT	4	
KLOR-CON-EF 25 MEQ TAB EFF	2		LATANOPROST	2	
KOMBIGLYZE XR 2.5-1,000 MG TAB	3		LATUDA	4	ST
KOMBIGLYZE XR 5-1,000 MG TAB	3		LAYOLIS FE	4	
KOMBIGLYZE XR 5-500 MG TABLET	3		LEENA	1	
K-PHOS NO.2	4		LEFLUNOMIDE 10 MG TABLET	2	
K-PHOS ORIGINAL	4		LEFLUNOMIDE 20 MG TABLET	2	
KRISTALOSE	4		LESSINA	1	
K-SOL	2		LETROZOLE 2.5 MG TABLET	2	
K-TAB ER 8 MEQ TABLET	2		LEUCOVORIN CALCIUM 10 MG TAB	2	
KURVELO	1		LEUCOVORIN CALCIUM 15 MG TAB	2	
LABETALOL HCL 100 MG TABLET	2		LEUCOVORIN CALCIUM 25 MG TAB	2	
LABETALOL HCL 200 MG TABLET	2		LEUCOVORIN CALCIUM 5 MG TAB	2	
LABETALOL HCL 300 MG TABLET	2		LEUKERAN	4	
LACRISERT 5 MG EYE INSERT	4		LEUPROLIDE 2WK 1 MG/0.2 ML KIT	2	PA
LACTATED RINGERS IRRIGATION	2		LEVALBUTEROL 0.31 MG/3 ML SOL	2	
LACTULOSE	2		LEVALBUTEROL 0.63 MG/3 ML SOL	2	
LAMICTAL (GREEN)	4		LEVALBUTEROL 1.25 MG/3 ML SOL	2	
LAMICTAL (ORANGE)	4		LEVALBUTEROL CONCENTRATE	2	
LAMICTAL XR (BLUE)	4		LEVATOL	4	
LAMICTAL XR (GREEN)	4		LEVEMIR	3	
LAMICTAL XR (ORANGE)	4		LEVEMIR FLEXTOUCH	3	
LAMIVUDINE	2		LEVETIRACETAM 1,000 MG TABLET	2	
LAMIVUDINE HBV	2		LEVETIRACETAM 100 MG/ML SOLN	2	
LAMIVUDINE-ZIDOVUDINE	2		LEVETIRACETAM 250 MG TABLET	2	
LAMOTRIGINE 100 MG TABLET	2		LEVETIRACETAM 500 MG TABLET	2	
LAMOTRIGINE 150 MG TABLET	2		LEVETIRACETAM 500 MG/5 ML SOLN	2	
LAMOTRIGINE 200 MG TABLET	2		LEVETIRACETAM 750 MG TABLET	2	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
LEVETIRACETAM ER 500 MG TABLET	2		LIDOCAINE HCL 4% SOLUTION	2	
LEVETIRACETAM ER 750 MG TABLET	2		LIDOCAINE-HYDROCORTISONE	2	
LEVLIN 28	1		LIDOCAINE-PRILOCAINE CREAM	2	
LEVOBUNOLOL HCL	2		LIDO-K	2	
LEVOCARNITINE 100 MG/ML SOLN	2		LIDOPIN	2	
LEVOCARNITINE 200 MG/ML VIAL	2		LINDANE 1% SHAMPOO	2	
LEVOCARNITINE 330 MG TABLET	2		LINEZOLID 100 MG/5 ML SUSP	2	PA
LEVOCETIRIZINE 2.5 MG/5 ML SOL	2		LINEZOLID 600 MG TABLET	2	PA
LEVOCETIRIZINE 5 MG TABLET	2		LINZESS	4	
LEVOFLOXACIN 0.5% EYE DROPS	2		LIOthyRONINE SOD 25 MCG TAB	2	
LEVOFLOXACIN 25 MG/ML SOLUTION	2		LIOthyRONINE SOD 5 MCG TAB	2	
LEVOFLOXACIN 250 MG TABLET	2		LIOthyRONINE SOD 50 MCG TAB	2	
LEVOFLOXACIN 250 MG/10 ML SOLN	2		LISINOPRIL 10 MG TABLET	1	
LEVOFLOXACIN 500 MG TABLET	2		LISINOPRIL 2.5 MG TABLET	1	
LEVOFLOXACIN 500 MG/20 ML SOLN	2		LISINOPRIL 20 MG TABLET	1	
LEVOFLOXACIN 750 MG TABLET	2		LISINOPRIL 30 MG TABLET	1	
LEVOMEFOLATE DHA	1		LISINOPRIL 40 MG TABLET	1	
LEVOMEFOLATE-ALGAL 15 MG CAP	2		LISINOPRIL 5 MG TABLET	1	
LEVOMEFOLATE-ALGAL 7.5 MG CAP	2		LISINOPRIL-HCTZ 10-12.5 MG TAB	1	
LEVONEST	1		LISINOPRIL-HCTZ 20-12.5 MG TAB	1	
LEVONORGESTREL-ETH ESTRADIOL	1		LISINOPRIL-HCTZ 20-25 MG TAB	1	
LEVONORG-ETH ESTRAD ETH ESTRAD	1		LITHIUM	2	
LEVORA-28	1		LITHIUM CARBONATE 150 MG CAP	1	
LEVORPHANOL 2 MG TABLET	2		LITHIUM CARBONATE 300 MG CAP	1	
LEVOTHYROXINE 100 MCG TABLET	1		LITHIUM CARBONATE 300 MG TAB	1	
LEVOTHYROXINE 112 MCG TABLET	1		LITHIUM CARBONATE 600 MG CAP	1	
LEVOTHYROXINE 125 MCG TABLET	1		LITHIUM CARBONATE ER	2	
LEVOTHYROXINE 137 MCG TABLET	1		LITHIUM ER 450 MG TABLET	2	
LEVOTHYROXINE 150 MCG TABLET	1		LITHOSTAT	4	
LEVOTHYROXINE 175 MCG TABLET	1		LIVALO	4	ST
LEVOTHYROXINE 200 MCG TABLET	1		L-METHYLFOLATE	2	
LEVOTHYROXINE 25 MCG TABLET	1		L-METHYLFOLATE CALCIUM 15 MG	2	
LEVOTHYROXINE 300 MCG TABLET	1		L-METHYLFOLATE CALCIUM 7.5 MG	2	
LEVOTHYROXINE 50 MCG TABLET	1		L-METHYLFOLATE FORTE	2	
LEVOTHYROXINE 75 MCG TABLET	1		LO LOESTRIN FE	3	
LEVOTHYROXINE 88 MCG TABLET	1		LOESTRIN 21 1.5-30 TABLET	4	
LEVOXYL	1		LOESTRIN 21 1-20 TABLET	4	
LEVULAN	4	LDD	LOESTRIN FE 1.5-30 TABLET	4	
LEXIVA	3		LOESTRIN FE 1-20 TABLET	4	
LIDOCAINE 2% VISCOUS SOLN	1		LOHIST-DM	2	
LIDOCAINE 3% CREAM	2		LOMEDIA 24 FE	1	
LIDOCAINE 5% OINTMENT	2		LOPERAMIDE 2 MG CAPSULE	2	
LIDOCAINE 5% PATCH	2		LOPREEZA	2	
LIDOCAINE HCL 2% JELLY	2		LORAZEPAM 0.5 MG TABLET	2	
LIDOCAINE HCL 3% LOTION	2		LORAZEPAM 1 MG TABLET	2	

## Cigna Individual & Family Plans prescription drug list

DRUG	TIER	NOTES	DRUG	TIER	NOTES
LORAZEPAM 2 MG TABLET	2		MEDROXYPROGESTERONE 10 MG TAB	1	
LORAZEPAM 2 MG/ML ORAL CONCENT	2		MEDROXYPROGESTERONE 150 MG/ML	1	
LORAZEPAM INTENSOL	2		MEDROXYPROGESTERONE 2.5 MG TAB	1	
LORCET 5-325 MG TABLET	2		MEDROXYPROGESTERONE 5 MG TAB	1	
LORCET HD 10-325 MG TABLET	2		MEFENAMIC ACID 250 MG CAPSULE	2	
LORCET PLUS 7.5-325 MG TABLET	2		MEFLOQUINE HCL 250 MG TABLET	2	QL
LORTAB 10 MG-300 MG/15 ML ELXR	2		MEGESTROL 20 MG TABLET	2	
LORTUSS EX	2		MEGESTROL 40 MG TABLET	2	
LORYNA	1		MEGESTROL 625 MG/5 ML SUSP	2	
LOSARTAN POTASSIUM 100 MG TAB	1		MEGESTROL ACET 40 MG/ML SUSP	2	
LOSARTAN POTASSIUM 25 MG TAB	1		MEGESTROL ACET 400 MG/10 ML	2	
LOSARTAN POTASSIUM 50 MG TAB	1		MELOXICAM 15 MG TABLET	1	
LOSARTAN-HCTZ 100-12.5 MG TAB	1		MELOXICAM 7.5 MG TABLET	1	
LOSARTAN-HCTZ 100-25 MG TAB	1		MELOXICAM 7.5 MG/5 ML SUSP	2	
LOSARTAN-HCTZ 50-12.5 MG TAB	1		MEMANTINE HCL	2	
LOSEASONIQUE	4		MENEST	4	
LOTEMAX	4		MENTAX	4	
LOVASTATIN 10 MG TABLET	1		MEPERIDINE 100 MG TABLET	2	
LOVASTATIN 20 MG TABLET	1		MEPERIDINE 50 MG TABLET	2	
LOVASTATIN 40 MG TABLET	1		MEPERIDINE 50 MG/5 ML SOLUTION	2	
LOW-OGESTREL	1		MEPHYTON	4	
LOXAPINE	2		MEPROBAMATE 200 MG TABLET	2	
LUDENT FLUORIDE	2		MEPROBAMATE 400 MG TABLET	2	
LUGOL'S SOLUTION	2		MERCAPTOPYRINE 50 MG TABLET	2	
LUMIGAN	4		MESALAMINE	2	
LUTERA	1		METADATE ER 20 MG TABLET	2	
LUZU	4		METAPROTERENOL SULFATE	2	
LYRICA	4		METAXALL	2	
LYSODREN	4		METAXALONE	2	
LYZA	1		METFORMIN ER 1,000 MG OSM-TAB	2	
MACNATAL CN DHA	1		METFORMIN HCL 1,000 MG TABLET	1	
MALATHION 0.5% LOTION	2		METFORMIN HCL 500 MG TABLET	1	
MAPROTIline HCL	2		METFORMIN HCL 850 MG TABLET	1	
MARGESIC	2		METFORMIN HCL ER 500 MG OSM-TB	2	
MARLISSA	1		METFORMIN HCL ER 500 MG TABLET	2	
MARPLAN	4		METFORMIN HCL ER 750 MG TABLET	2	
MARTEN-TAB	2		METHADONE 10 MG/5 ML SOLUTION	2	
MATERNITY	1		METHADONE 10 MG/ML ORAL CONC	2	
MATZIM LA	2		METHADONE 40 MG TABLET DISPR	2	
MAXITROL EYE DROPS	2		METHADONE 5 MG/5 ML SOLUTION	2	
M-CLEAR WC	2		METHADONE HCL 10 MG TABLET	2	
MECLIZINE 12.5 MG TABLET	2		METHADONE HCL 5 MG TABLET	2	
MECLIZINE 25 MG TABLET	2		METHADONE INTENSOL	2	
MECLOFENAMATE SODIUM	2		METHADOSE 40 MG TABLET DISPR	2	
MEDROL 2 MG TABLET	4		METHAMPHETAMINE HCL	2	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
METHAZOLAMIDE 25 MG TABLET	2		METOPROLOL TARTRATE 25 MG TAB	1	
METHAZOLAMIDE 50 MG TABLET	2		METOPROLOL TARTRATE 37.5 MG TB	2	
METHENAMINE HIPP 1 GM TABLET	2		METOPROLOL TARTRATE 50 MG TAB	1	
METHENAMINE MANDELATE	2		METOPROLOL TARTRATE 75 MG TAB	2	
METHERGINE	2		METOPROLOL-HYDROCHLOROTHIAZIDE	2	
METHIMAZOLE 10 MG TABLET	2		METRONIDAZOLE 0.75% CREAM	2	
METHIMAZOLE 5 MG TABLET	2		METRONIDAZOLE 0.75% LOTION	2	
METHITEST	2		METRONIDAZOLE 250 MG TABLET	2	
METHOCARBAMOL 500 MG TABLET	2		METRONIDAZOLE 375 MG CAPSULE	2	
METHOCARBAMOL 750 MG TABLET	2		METRONIDAZOLE 500 MG TABLET	2	
METHOTREXATE 2.5 MG TABLET	2		METRONIDAZOLE TOPICAL 0.75% GL	2	
METHOXSALEN	2		METRONIDAZOLE TOPICAL 1% GEL	2	
METHSCOPOLAMINE BROM 2.5 MG TB	2		METRONIDAZOLE VAGINAL 0.75% GL	2	
METHSCOPOLAMINE BROM 5 MG TAB	2		MEXILETINE HCL	2	
METHYLCLOTHIAZIDE	2		MICONAZOLE 3 200 MG VAG SUPP	1	
METHYLDOPA	1		MICROGESTIN 21 1.5-30 TAB	1	
METHYLDOPA-HYDROCHLOROTHIAZIDE	2		MICROGESTIN 21 1-20 TABLET	1	
METHYLERGONOVINE 0.2 MG TABLET	2		MICROGESTIN 24 FE	3	
METHYLPHENIDATE 10 MG CHEW TAB	2		MICROGESTIN FE 1.5-30 TAB	1	
METHYLPHENIDATE 10 MG TABLET	2		MICROGESTIN FE 1-20 TABLET	1	
METHYLPHENIDATE 10 MG/5 ML SOL	2		MIDAZOLAM HCL 2 MG/ML SYRUP	2	
METHYLPHENIDATE 2.5 MG CHEW TB	2		MIDODRINE HCL	2	
METHYLPHENIDATE 20 MG TABLET	2		MIGERGOT SUPPOSITORY	2	
METHYLPHENIDATE 5 MG CHEW TAB	2		MIGLITOL	2	
METHYLPHENIDATE 5 MG TABLET	2		MILLIPRED 5 MG TABLET	2	
METHYLPHENIDATE 5 MG/5 ML SOLN	2		MILLIPRED DP 5 MG 12-DAY PACK	2	
METHYLPHENIDATE ER	2		MILLIPRED DP 5 MG 6-DAY PACK	2	
METHYLPHENIDATE HCL CD	2		MIMVEY	2	
METHYLPHENIDATE LA 20 MG CAP	2		MIMVEY LO	2	
METHYLPHENIDATE LA 30 MG CAP	2		MINASTRIN 24 FE	3	
METHYLPHENIDATE LA 40 MG CAP	2		MINITRAN	2	
METHYLPREDNISOLONE	2		MINOCYCLINE HCL	2	
METHYLTESTOSTERONE	2		MINOCYCLINE HCL ER	2	
METIPRANOLOL	2		MINOXIDIL	2	
METOCLOPRAMIDE 10 MG TABLET	1		MIRCETTE 28 DAY TABLET	4	
METOCLOPRAMIDE 10 MG/10 ML SOL	1		MIRTAZAPINE	2	
METOCLOPRAMIDE 5 MG TABLET	1		MIRVASO	4	
METOCLOPRAMIDE 5 MG/5 ML SOLN	1		MISOPROSTOL	2	
METOCLOPRAMIDE HCL ODT	2		MODAFINIL 100 MG TABLET	2	PA
METOLAZONE	2		MODAFINIL 200 MG TABLET	2	PA
METOPROLOL SUCC ER 100 MG TAB	2		MODERIBA	2	
METOPROLOL SUCC ER 200 MG TAB	2		MODICON	4	
METOPROLOL SUCC ER 25 MG TAB	2		MOEXIPRIL HCL	2	
METOPROLOL SUCC ER 50 MG TAB	2		MOEXIPRIL-HYDROCHLOROTHIAZIDE	2	
METOPROLOL TARTRATE 100 MG TAB	1		MOLINDONE HCL	2	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
MOMETASONE FUROATE 0.1% CREAM	2		MULTI-VITAMIN W-FLUORIDE-IRON	2	
MOMETASONE FUROATE 0.1% OINT	2		MULTIVITAMIN WITH FLUORIDE	2	
MOMETASONE FUROATE 0.1% SOLN	2		MULTI-VITAMIN WITH FLUORIDE	2	
MOMETASONE FUROATE 50 MCG SPRY	2		MULTIVITAMINS CHEWABLES TABLET	2	
MONDOXYNE NL	2		MULTIVITAMINS W-FLUORIDE-IRON	2	
MONO-LINYAH	1		MULTIVITAMINS WITH FLUORIDE	2	
MONONESSA	1		MULTIVIT-FLUOR-IRON 0.25 MG/ML	2	
MONTELUKAST SOD 10 MG TABLET	2		MUPIROCIN 2% CREAM	2	
MONTELUKAST SOD 4 MG GRANULES	2		MUPIROCIN 2% OINTMENT	2	
MONTELUKAST SOD 4 MG TAB CHEW	2		MY WAY	4	
MONTELUKAST SOD 5 MG TAB CHEW	2		MYCOPHENOLATE 200 MG/ML SUSP	2	
MONUROL	4		MYCOPHENOLATE 250 MG CAPSULE	2	
MORGIDOX 100 MG CAPSULE	2		MYCOPHENOLATE 500 MG TABLET	2	
MORPHINE SULF 10 MG SUPPOS	2		MYCOPHENOLIC ACID	2	
MORPHINE SULF 10 MG/5 ML SOLN	2		MYLERAN	4	
MORPHINE SULF 100 MG/5 ML SOLN	2		MYNATAL	1	
MORPHINE SULF 20 MG SUPPOS	2		MYNATAL ADVANCE	1	
MORPHINE SULF 20 MG/5 ML SOLN	2		MYNATAL PLUS	1	
MORPHINE SULF 30 MG SUPPOS	2		MYNATAL-Z	1	
MORPHINE SULF 5 MG SUPPOS	2		MYNATE 90 PLUS	1	
MORPHINE SULF ER 100 MG TABLET	2	QL	MYORISAN	2	QL
MORPHINE SULF ER 15 MG TABLET	2	QL	MYRBETRIQ	4	ST
MORPHINE SULF ER 200 MG TABLET	2	QL	MYZILRA	1	
MORPHINE SULF ER 30 MG TABLET	2	QL	NABUMETONE	2	
MORPHINE SULF ER 60 MG TABLET	2	QL	NADOLOL	1	
MORPHINE SULFATE ER 10 MG CAP	2	QL	NADOLOL-BENDROFLUMETHIAZIDE	2	
MORPHINE SULFATE ER 100 MG CAP	2	QL	NAFTIFINE HCL	2	
MORPHINE SULFATE ER 120 MG CAP	2	QL	NAFTIN 1% GEL	4	
MORPHINE SULFATE ER 20 MG CAP	2	QL	NAFTIN 2% CREAM	4	
MORPHINE SULFATE ER 30 MG CAP	2	QL	NAFTIN 2% GEL	4	
MORPHINE SULFATE ER 45 MG CAP	2	QL	NALOXONE 0.4 MG/ML SYRINGE	2	
MORPHINE SULFATE ER 50 MG CAP	2	QL	NALOXONE 2 MG/2 ML SYRINGE	2	
MORPHINE SULFATE ER 60 MG CAP	2	QL	NALTREXONE HCL	2	
MORPHINE SULFATE ER 75 MG CAP	2	QL	NAPHAZOLINE HCL	2	
MORPHINE SULFATE ER 80 MG CAP	2	QL	NAPROXEN 125 MG/5 ML SUSPEN	2	
MORPHINE SULFATE ER 90 MG CAP	2	QL	NAPROXEN 250 MG TABLET	1	
MORPHINE SULFATE IR 15 MG TAB	2		NAPROXEN 375 MG TABLET	1	
MORPHINE SULFATE IR 30 MG TAB	2		NAPROXEN 500 MG KIT	1	
MOVIPREP	4		NAPROXEN 500 MG TABLET	1	
MOXEZA	3		NAPROXEN DR 375 MG TABLET	1	
MOXIFLOXACIN HCL	2		NAPROXEN DR 500 MG TABLET	1	
MULTAQ	4		NAPROXEN EC 375 MG TABLET	1	
MULTI-VIT W-FLUOR 0.25 MG/ML	2		NAPROXEN EC 500 MG TABLET	1	
MULTI-VIT W-FLUOR 0.5 MG/ML	2		NAPROXEN SOD ER 375 MG TABLET	2	
MULTIVITAMIN AND FLUORIDE	2		NAPROXEN SODIUM 275 MG TAB	1	

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DRUG	TIER	NOTES
NAPROXEN SODIUM 550 MG TAB	1	
NARATRIPTAN	2	QL
NARATRIPTAN HCL 1 MG TABLET	2	QL
NARATRIPTAN HCL 2.5 MG TABLET	2	QL
NARCAN	4	QL
NASCOBAL	4	
NATACYN	4	
NATALVIT	4	
NATAZIA	4	
NATEGLINIDE	2	
NATROBA	2	
NATURE-THROID	1	
NEBUPENT	4	
NECON 0.5-35-28 TABLET	1	
NECON 10-11-28 TABLET	1	
NECON 1-35-28 TABLET	1	
NECON 1-50-28 TABLET	1	
NECON 7-7-7-28 TABLET	1	
NEFAZODONE HCL	2	
NEOMYC-BACIT-POLYMIX EYE OINT	2	
NEOMYCIN SULFATE	2	
NEOMYCIN-BACITRACIN-POLY-HC	2	
NEOMYCIN-POLYMYXIN B	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	2	
NEOMYCIN-POLYMYXIN-HC	2	
NEOMYCIN-POLYMYXIN-HYDROCORT	2	
NEOMYC-POLYM-DEXAMET EYE OINTM	2	
NEOMYC-POLYM-DEXAMETH EYE DROP	2	
NEO-POLYCIN EYE OINTMENT	2	
NEO-POLYCIN HC EYE OINTMENT	2	
NEO-SYNALAR	4	
NESINA	4	ST
NEUAC GEL	2	
NEUPRO	4	
NEUTRAL SODIUM FLUORIDE	2	
NEVANAC	4	
NEVIRAPINE 200 MG TABLET	2	
NEVIRAPINE 50 MG/5 ML SUSP	2	
NEVIRAPINE ER	2	
NEWGEN	1	
NEXT CHOICE ONE DOSE 1.5 MG TB	4	
NIACIN ER	2	
NICARDIPINE 20 MG CAPSULE	2	
NICARDIPINE 30 MG CAPSULE	2	
NICOTROL	4	

DRUG	TIER	NOTES
NICOTROL NS	4	
NIFEDICAL XL	2	
NIFEDIPINE	2	
NIFEDIPINE ER 30 MG TABLET	2	
NIFEDIPINE ER 60 MG TABLET	2	
NIFEDIPINE ER 90 MG TABLET	2	
NIKKI	1	
NILANDRON	4	
NIMODIPINE	2	
NISOLDIPINE	2	
NITRO-BID	2	
NITRO-DUR 0.3 MG/HR PATCH	4	
NITRO-DUR 0.8 MG/HR PATCH	4	
NITROFURANTOIN	2	
NITROFURANTOIN MONO-MACRO	2	
NITROGLYCERIN 400 MCG SPRAY	2	
NITROGLYCERIN ER 2.5 MG CAP	2	
NITROGLYCERIN ER 6.5 MG CAP	2	
NITROGLYCERIN ER 9 MG CAPSULE	2	
NITROGLYCERIN LINGUAL 0.4 MG	2	
NITROGLYCERIN PATCH	2	
NITROSTAT	3	
NITRO-TIME	2	
NIVA-PLUS	1	
NIZATIDINE 15 MG/ML SOLUTION	2	
NIZATIDINE 150 MG CAPSULE	1	
NIZATIDINE 300 MG CAPSULE	1	
NODOLOR	2	
NORA-BE	1	
NORETHIND-ETH ESTRAD 0.5-2.5	2	
NORETHIND-ETH ESTRAD 1-0.02 MG	1	
NORETHINDRONE	1	
NORETHINDRONE ACETATE	2	
NORETHIN-ETH ESTRAD 1 MG-5 MCG	2	
NORETHIN-ETH ESTRA-FERROUS FUM	1	
NORGESTIMATE-ETHINYL ESTRADIOL	1	
NORINYL 1+35	4	
NORINYL 1+50	4	
NORITATE	4	
NORLYROC	1	
NORPACE CR	4	
NOR-Q-D	4	
NORTREL	1	
NORTRIPTYLINE 10 MG/5 ML SOL	2	
NORTRIPTYLINE HCL 10 MG CAP	1	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
NORTRIPTYLINE HCL 25 MG CAP	1		OCTREOTIDE ACET 100 MCG/ML VL	2	PA
NORTRIPTYLINE HCL 50 MG CAP	1		OCTREOTIDE ACET 200 MCG/ML VL	2	PA
NORTRIPTYLINE HCL 75 MG CAP	1		OCTREOTIDE ACET 50 MCG/ML AMP	2	PA
NORVIR	3		OCTREOTIDE ACET 50 MCG/ML SYR	2	PA
NOVACORT	4		OCTREOTIDE ACET 50 MCG/ML VIAL	2	PA
NOVOFINE 30G X 1/3" NEEDLES	3		OCTREOTIDE ACET 500 MCG/ML AMP	2	PA
NOVOFINE 32G NEEDLES	3		OCTREOTIDE ACET 500 MCG/ML SYR	2	PA
NOVOFINE AUTOCOVER 30G NEEDLE	3		OCTREOTIDE ACET 500 MCG/ML VL	2	PA
NOVOFINE PLUS PEN NDL 32GX1/6"	3		ODEFSEY	3	
NOVOLOG	4	ST	OFLOXACIN 0.3% EAR DROPS	2	
NOVOLOG FLEXPEN	4	ST	OFLOXACIN 0.3% EYE DROPS	2	
NOVOLOG MIX 70-30	4	ST	OFLOXACIN 400 MG TABLET	2	
NOVOLOG MIX 70-30 FLEXPEN	4	ST	OGESTREL	1	
NOVOTWIST NEEDLE 30G 8MM	3		OLANZAPINE 10 MG TABLET	2	
NOVOTWIST NEEDLE 32G 5MM	3		OLANZAPINE 15 MG TABLET	2	
NOXAFIL 40 MG/ML SUSPENSION	4		OLANZAPINE 2.5 MG TABLET	2	
NOXAFIL DR 100 MG TABLET	4		OLANZAPINE 20 MG TABLET	2	
NP THYROID	1		OLANZAPINE 5 MG TABLET	2	
NUCYNTA	4	QL	OLANZAPINE 7.5 MG TABLET	2	
NUCYNTA ER	4	ST, QL	OLANZAPINE ODT 10 MG TABLET	2	
NUEDEXTA	4		OLANZAPINE ODT 15 MG TABLET	2	
NULEV	1		OLANZAPINE ODT 20 MG TABLET	2	
NUVARING	3		OLANZAPINE ODT 5 MG TABLET	2	
NYAMYC	2		OLANZAPINE-FLUOXETINE HCL	2	
NYSTATIN 100,000 UNIT/GM CREAM	1		OLOPATADINE HCL	2	
NYSTATIN 100,000 UNIT/GM POWD	2		OMEGA-3 ACID ETHYL ESTERS	2	
NYSTATIN 100,000 UNITS/GM OINT	1		OMEPRAZOLE DR 10 MG CAPSULE	2	
NYSTATIN 100,000 UNITS/ML SUSP	2		OMEPRAZOLE DR 20 MG CAPSULE	2	
NYSTATIN 150,000,000 UNITS PWD	2		OMEPRAZOLE DR 40 MG CAPSULE	2	
NYSTATIN 50,000,000 UNITS PWD	2		ONDANSETRON 4 MG/2 ML AMPULE	2	
NYSTATIN 500,000 UNIT ORAL TAB	2		ONDANSETRON 4 MG/2 ML ISECURE	2	
NYSTATIN 500,000 UNITS/5 ML	2		ONDANSETRON 4 MG/5 ML SOLUTION	2	
NYSTATIN 500,000,000 UNITS PWD	2		ONDANSETRON 40 MG/20 ML VIAL	2	
NYSTATIN-TRIAMCINOLONE	1		ONDANSETRON HCL 24 MG TABLET	2	
NYSTOP	2		ONDANSETRON HCL 4 MG TABLET	2	
OBSTETRIX DHA	1		ONDANSETRON HCL 4 MG/2 ML SYR	2	
O-CAL FA	4		ONDANSETRON HCL 4 MG/2 ML VIAL	2	
O-CAL PRENATAL	4		ONDANSETRON HCL 8 MG TABLET	2	
OCELLA	1		ONDANSETRON ODT	2	
OCTREOTIDE 1,000 MCG/5 ML VIAL	2	PA	ONETOUCH DELICA 30G LANCETS	3	
OCTREOTIDE 1,000 MCG/ML VIAL	2	PA	ONETOUCH DELICA 33G LANCETS	3	
OCTREOTIDE 5,000 MCG/5 ML VIAL	2	PA	ONETOUCH DELICA LANCING DEV	3	
OCTREOTIDE ACET 0.05 MG/ML VL	2	PA	ONETOUCH FINEPOINT 25G LANCETS	3	
OCTREOTIDE ACET 100 MCG/ML AMP	2	PA	ONETOUCH SURESOFT LANCING DEV	3	
OCTREOTIDE ACET 100 MCG/ML SYR	2	PA	ONETOUCH ULTRA TEST STRIPS	3	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
ONETOUCH ULTRA2 GLUCOSE SYST	1		OXYCODON-ACETAMINOPHEN 7.5-325	2	
ONETOUCH ULTRAMINI METER	1		OXYCODONE HCL	2	
ONETOUCH ULTRASOFT LANCETS	3		OXYCODONE HCL-ASPIRIN	2	
ONETOUCH VERIO FLEX	1		OXYCODONE HCL-IBUPROFEN	2	
ONETOUCH VERIO IQ	1		OXYCODONE-ACETAMINOPHEN 10-325	2	
ONETOUCH VERIO METER SYSTEM	1		OXYCODONE-ACETAMINOPHEN 5-325	2	
ONETOUCH VERIO TEST STRIP	3		OXYCONTIN	4	ST, QL
ONGLYZA 2.5 MG TABLET	3		OXYMORPHONE HCL	2	
ONGLYZA 5 MG TABLET	3		OXYMORPHONE HCL ER	2	QL
ONMEL	4	QL	PACERONE 200 MG TABLET	2	
OPANA ER	4	ST, QL	PAIRE OB PLUS DHA	1	
OPCICON ONE-STEP	1		PALIPERIDONE ER	2	
OPIUM TINCTURE 10 MG/ML	2		PANCREAZE	4	
ORACIT	4		PANTOPRAZOLE SOD DR 20 MG TAB	2	
ORALONE	2		PANTOPRAZOLE SOD DR 40 MG TAB	2	
ORPHENADRINE ER 100 MG TABLET	2		PAREGORIC	2	
ORSYTHIA	1		PARICALCITOL 1 MCG CAPSULE	2	
ORTHO MICRONOR	4		PARICALCITOL 2 MCG CAPSULE	2	
ORTHO TRI-CYCLEN	4		PARICALCITOL 4 MCG CAPSULE	2	
ORTHO TRI-CYCLEN LO	4		PAROEX	2	
ORTHO-CYCLEN	4		PAROMOMYCIN SULFATE	2	
ORTHO-NOVUM	4		PAROXETINE CR 12.5 MG TABLET	1	
OSCIMIN 0.125 MG ODT	1		PAROXETINE CR 25 MG TABLET	1	
OSCIMIN 0.125 MG TABLET	2		PAROXETINE CR 37.5 MG TABLET	1	
OSCIMIN SL	1		PAROXETINE ER 37.5 MG TABLET	1	
OSCIMIN SR	2		PAROXETINE HCL 10 MG TABLET	1	
OSMOPREP	4		PAROXETINE HCL 20 MG TABLET	1	
OSPHENA	4		PAROXETINE HCL 30 MG TABLET	1	
OVCON-35	1		PAROXETINE HCL 40 MG TABLET	1	
OXANDROLONE	2	PA	PASER	4	
OXAPROZIN	2		PATADAY	3	
OXAZEPAM	2		PCE	4	
OXCARBAZEPINE 150 MG TABLET	2		PEG 3350-ELECTROLYTE	2	
OXCARBAZEPINE 300 MG TABLET	2		PEG-3350 AND ELECTROLYTES SOLN	2	
OXCARBAZEPINE 300 MG/5 ML SUSP	2		PEG-3350 WITH FLAVOR PACKS	2	
OXCARBAZEPINE 600 MG TABLET	2		PEGANONE	4	
OXICONAZOLE NITRATE	2		PEG-PREP	2	
OXISTAT 1% LOTION	4		PENICILLIN V POTASSIUM	1	
OXTELLAR XR	4		PENLET PLUS BLOOD SAMPLER KIT	3	
OXYBUTYNIN 5 MG TABLET	1		PENNSAID 2% PUMP	4	
OXYBUTYNIN 5 MG/5 ML SYRUP	2		PENTAZOCINE-NALOXONE HCL	2	
OXYBUTYNIN CL ER 10 MG TABLET	2		PENTOXIFYLLINE	2	
OXYBUTYNIN CL ER 15 MG TABLET	2		PERFOROMIST	4	
OXYBUTYNIN CL ER 5 MG TABLET	2		PERINDOPRIL ERBUMINE	2	
OXYCODON-ACETAMINOPHEN 2.5-325	2		PERMETHRIN 5% CREAM	2	

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## Cigna Individual & Family Plans prescription drug list

DRUG	TIER	NOTES	DRUG	TIER	NOTES
PERPHENAZINE	2		PNV-VP-U	1	
PERPHENAZINE-AMITRIPTYLINE	2		PODOFILOX 0.5% TOPICAL SOLN	2	
PERTZYE	4	LDD	POLYGIN EYE OINTMENT	2	
PEXEVA	4	ST	POLYETHYLENE GLYCOL 3350 POWD	2	
PHENADOZ 12.5 MG SUPPOSITORY	2		POLYMYXIN B SUL-TRIMETHOPRIM	2	
PHENADOZ 25 MG SUPPOSITORY	2		PORTIA	1	
PHENAZOPYRIDINE 100 MG TAB	1		POTASS CIT-SOD CIT-CITRIC ACID	2	
PHENAZOPYRIDINE 200 MG TAB	1		POTASSIUM BICARBONATE	2	
PHENELZINE SULFATE	2		POTASSIUM CITRATE ER	2	
PHENOBARBITAL	2		POTASSIUM CITRATE-CITRIC ACID	2	
PHENOHYTRO	1		POTASSIUM CL 10% (20 MEQ/15 ML	2	
PHENOXYBENZAMINE HCL	2		POTASSIUM CL 10% (40 MEQ/30 ML	2	
PHENYLEPHRINE 10% EYE DROPS	2		POTASSIUM CL 20 MEQ PACKET	2	
PHENYLEPHRINE 2.5% EYE DROP	2		POTASSIUM CL 20% (40 MEQ/15 ML	2	
PHENYTOIN	2		POTASSIUM CL 25 MEQ TAB EFF	2	
PHENYTOIN SOD EXT 100 MG CAP	2		POTASSIUM CL ER 10 MEQ CAPSULE	2	
PHENYTOIN SOD EXT 200 MG CAP	2		POTASSIUM CL ER 10 MEQ TABLET	2	
PHENYTOIN SOD EXT 300 MG CAP	2		POTASSIUM CL ER 20 MEQ TABLET	2	
PHILITH	1		POTASSIUM CL ER 8 MEQ CAPSULE	2	
PHOSLYRA	4		POTASSIUM CL ER 8 MEQ TABLET	2	
PHOSPHA 250 NEUTRAL	2		POTIGA	4	
PHOSPHASAL	2		PR BENZOYL PEROXIDE	2	
PHOSPHOLINE IODIDE	4		PR BENZOYL PEROXIDE 7% WASH	2	
PHYSIOSOL	4		PR NATAL 400	1	
PICATO	4		PR NATAL 400 EC	1	
PILOCARPINE HCL	2		PR NATAL 430	1	
PIMOZIDE	2		PR NATAL 430 EC	1	
PIMTREA	1		PRADAXA	4	ST
PINDOLOL	2		PRAMCORT	2	
PIOGLITAZONE HCL 15 MG TABLET	2		PRAMIPEXOLE DIHYDROCHLORIDE	2	
PIOGLITAZONE HCL 30 MG TABLET	2		PRAMIPEXOLE ER	2	
PIOGLITAZONE HCL 45 MG TABLET	2		PRAMOSONE 1% LOTION	4	
PIOGLITAZONE-GLIMEPIRIDE	2		PRAMOSONE 1%-1% CREAM	4	
PIOGLITAZONE-METFORMIN	2		PRAMOSONE 1%-1% OINTMENT	4	
PIRMELLA	1		PRAMOSONE 2.5%-1% LOTION	4	
PIROXICAM	2		PRAMOSONE 2.5%-1% OINTMENT	4	
PLAN B ONE-STEP	4		PRAMOSONE E 2.5%-1% CREAM	4	
PNV 29-1	1		PRAVASTATIN SODIUM	1	
PNV OB+DHA	1		PRAZOSIN HCL	2	
PNV PRENATAL PLUS MULTIVIT TAB	1		PRED-G	4	
PNV-DHA	1		PREDNICARBATE	2	
PNV-DHA + DOCUSATE	1		PREDNISOLONE	2	
PNV-FERROUS FUMARATE-DOCU-FA	1		PREDNISOLONE ACETATE	2	
PNV-OMEGA	1		PREDNISOLONE SODIUM PHOS ODT	2	
PNV-SELECT	1		PREDNISOLONE SODIUM PHOSPHATE	2	

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DRUG	TIER	NOTES
PREDNISON 1 MG TABLET	2	
PREDNISON 10 MG TAB DOSE PACK	2	
PREDNISON 10 MG TABLET	2	
PREDNISON 2.5 MG TABLET	2	
PREDNISON 20 MG TABLET	2	
PREDNISON 5 MG TAB DOSE PACK	2	
PREDNISON 5 MG TABLET	2	
PREDNISON 5 MG/5 ML SOLUTION	2	
PREDNISON 50 MG TABLET	2	
PREDNISON INTENSOL	2	
PREFEST	2	
PREMARIN 0.3 MG TABLET	4	
PREMARIN 0.45 MG TABLET	4	
PREMARIN 0.625 MG TABLET	4	
PREMARIN 0.9 MG TABLET	4	
PREMARIN 1.25 MG TABLET	4	
PRENA1 TRUE	1	
PRENAISSANCE	1	
PRENAISSANCE NEXT	1	
PRENAISSANCE PLUS	1	
PRENATAL 19	1	
PRENATAL LOW IRON	1	
PRENATAL PLUS IRON TABLET	1	
PRENATAL PLUS TABLET	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL-U	1	
PREPLUS	1	
PREPOPIK	4	
PRETAB	1	
PREVALITE	2	
PREVIFEM	1	
PREZCOBIX	3	
PREZISTA	3	
PRIFTIN	4	
PRIMAQUINE	2	
PRIMIDONE 250 MG TABLET	2	
PRIMIDONE 50 MG TABLET	2	
PRIMLEV	2	
PRIMSOL 50 MG/5 ML ORAL SOLN	4	
PRISTIQ ER	4	ST
PROBENECID	2	
PROBENECID-COLCHICINE	2	
PROCENTRA 5 MG/5 ML SOLUTION	2	
PROCHLORPERAZINE	2	
PROCHLORPERAZINE 10 MG TAB	2	

DRUG	TIER	NOTES
PROCHLORPERAZINE 5 MG TABLET	2	
PROCTO-MED HC	2	
PROCTO-PAK	2	
PROCTOSOL-HC	2	
PROCTOZONE-HC	2	
PROGESTERONE 100 MG CAPSULE	2	
PROGESTERONE 200 MG CAPSULE	2	
PROGLYCEM	4	
PROMETHAZINE 12.5 MG SUPPOS	2	
PROMETHAZINE 12.5 MG TABLET	2	
PROMETHAZINE 25 MG SUPPOSITORY	2	
PROMETHAZINE 25 MG TABLET	2	
PROMETHAZINE 50 MG SUPPOSITORY	2	
PROMETHAZINE 50 MG TABLET	2	
PROMETHAZINE 6.25 MG/5 ML SYRP	2	
PROMETHAZINE VC	2	
PROMETHAZINE VC-CODEINE	2	
PROMETHAZINE-CODEINE	2	
PROMETHAZINE-DM SYRUP	2	
PROMETHAZINE-PHENYLEPH-CODEINE	2	
PROMETHAZINE-PHENYLEPHRINE	2	
PROMETHEGAN	2	
PROPAFENONE HCL 150 MG TABLET	2	
PROPAFENONE HCL 225 MG TAB	2	
PROPAFENONE HCL 300 MG TAB	2	
PROPAFENONE HCL ER	2	
PROPANTHELINE BROMIDE	2	
PROPARACAINE HCL	2	
PROPRANOLOL 10 MG TABLET	2	
PROPRANOLOL 20 MG TABLET	2	
PROPRANOLOL 20 MG/5 ML SOLN	2	
PROPRANOLOL 40 MG TABLET	2	
PROPRANOLOL 40 MG/5 ML SOLN	2	
PROPRANOLOL 60 MG TABLET	2	
PROPRANOLOL 80 MG TABLET	2	
PROPRANOLOL HCL ER	2	
PROPRANOLOL-HYDROCHLOROTHAZID	2	
PROPYLTHIURACIL	2	
PROTRIPTYLINE HCL 10 MG TABLET	2	
PROTRIPTYLINE HCL 5 MG TABLET	2	
PRUDOXIN 5% CREAM	2	
PSORCON	2	
PULMOSAL	2	
PYRAZINAMIDE	2	
PYRIDOSTIGMINE BROMIDE	2	

## Cigna Individual & Family Plans prescription drug list

DRUG	TIER	NOTES	DRUG	TIER	NOTES
PYRIDOSTIGMINE BROMIDE ER	2		REPAGLINIDE	2	
QUARTETTE	4		REPAGLINIDE-METFORMIN HCL	2	
QUASENSE	1		REPREXAIN	2	
QUAZEPAM 15 MG TABLET	2		RESCRIPTOR	3	
QUETIAPINE FUMARATE	2		RESCULA	4	
QUILLIVANT XR	4	ST	RESERPINE	2	
QUINAPRIL 10 MG TABLET	2		RESPA A.R.	4	
QUINAPRIL 20 MG TABLET	2		RESTASIS	4	
QUINAPRIL 40 MG TABLET	2		RETROVIR 10 MG/ML SYRUP	4	
QUINAPRIL 5 MG TABLET	2		RETROVIR 100 MG CAPSULE	4	
QUINAPRIL-HYDROCHLOROTHIAZIDE	2		REYATAZ	3	
QUINIDINE GLUC ER 324 MG TAB	2		RIBASPHERE	2	
QUINIDINE SULFATE 200 MG TAB	2		RIBAVIRIN 200 MG CAPSULE	2	
QUINIDINE SULFATE 300 MG TAB	2		RIBAVIRIN 200 MG TABLET	2	
QUININE SULFATE	2		RIDAURA	4	
QUTENZA	4		RIFABUTIN	2	
RABEPRAZOLE SODIUM	2		RIFAMATE	4	
RALOXIFENE HCL	2		RIFAMPIN 150 MG CAPSULE	2	
RAMIPRIL 1.25 MG CAPSULE	2		RIFAMPIN 300 MG CAPSULE	2	
RAMIPRIL 10 MG CAPSULE	2		RIFATER	4	
RAMIPRIL 2.5 MG CAPSULE	2		RILUZOLE	2	
RAMIPRIL 5 MG CAPSULE	2		RIMANTADINE HCL	2	
RANEXA	4	ST	RISEDRONATE SODIUM	2	
RANITIDINE 15 MG/ML SYRUP	2		RISEDRONATE SODIUM DR	2	
RANITIDINE 150 MG CAPSULE	1		RISPERIDONE 0.25 MG ODT	2	
RANITIDINE 150 MG TABLET	1		RISPERIDONE 0.25 MG TABLET	2	
RANITIDINE 150 MG/10 ML SYRUP	2		RISPERIDONE 0.5 MG ODT	2	
RANITIDINE 300 MG CAPSULE	1		RISPERIDONE 0.5 MG TABLET	2	
RANITIDINE 300 MG TABLET	1		RISPERIDONE 1 MG ODT	2	
RAPAFLO	4		RISPERIDONE 1 MG TABLET	2	
RAYOS	4		RISPERIDONE 1 MG/ML SOLUTION	2	
RECLIPSEN	1		RISPERIDONE 2 MG ODT	2	
RECTIV	4		RISPERIDONE 2 MG TABLET	2	
REGANEX 0.01% GEL	4	PA	RISPERIDONE 3 MG ODT	2	
RELADOR PAK	2		RISPERIDONE 3 MG TABLET	2	
RELADOR PAK PLUS	2		RISPERIDONE 4 MG ODT	2	
RELCOF C	2		RISPERIDONE 4 MG TABLET	2	
RELENZA	4	QL	RIVASTIGMINE 1.5 MG CAPSULE	2	
RELISTOR 12 MG/0.6 ML SYRINGE	4	PA	RIVASTIGMINE 13.3 MG/24HR PTCH	2	
RELISTOR 12 MG/0.6 ML VIAL	4	PA	RIVASTIGMINE 3 MG CAPSULE	2	
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA	RIVASTIGMINE 4.5 MG CAPSULE	2	
RELNATE DHA	1		RIVASTIGMINE 4.6 MG/24HR PATCH	2	
RELPAK	4	QL	RIVASTIGMINE 6 MG CAPSULE	2	
RENACIDIN IRRIGATION SOLUTION	4		RIVASTIGMINE 9.5 MG/24HR PATCH	2	
RENAGEL	4		RIZATRIPTAN 10 MG ODT	2	QL

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
RIZATRIPTAN 10 MG TABLET	2	QL	SERTRALINE HCL 100 MG TABLET	1	
RIZATRIPTAN 5 MG ODT	2	QL	SERTRALINE HCL 25 MG TABLET	1	
RIZATRIPTAN 5 MG TABLET	2	QL	SERTRALINE HCL 50 MG TABLET	1	
R-NATAL OB	1		SE-TAN DHA	1	
ROPINIROLE ER	2		SETLAKIN	1	
ROPINIROLE HCL 0.25 MG TABLET	2		SF	2	
ROPINIROLE HCL 0.5 MG TABLET	2		SF 5000 PLUS	2	
ROPINIROLE HCL 1 MG TABLET	2		SHAROBEL	1	
ROPINIROLE HCL 2 MG TABLET	2		SILDENAFIL 20 MG TABLET	2	PA
ROPINIROLE HCL 3 MG TABLET	2		SILENOR	4	ST
ROPINIROLE HCL 4 MG TABLET	2		SILVER NITRATE	2	
ROPINIROLE HCL 5 MG TABLET	2		SILVER SULFADIAZINE	2	
ROSADAN 0.75% CREAM	2		SIMBRINZA	3	
ROSADAN 0.75% GEL	2		SIMVASTATIN 10 MG TABLET	1	
ROSANIL	2		SIMVASTATIN 20 MG TABLET	1	
ROSULA	2		SIMVASTATIN 40 MG TABLET	1	
ROSUVASTATIN CALCIUM	2		SIMVASTATIN 5 MG TABLET	1	
ROWEEPPRA	2		SIMVASTATIN 80 MG TABLET	1	
ROZEREM	4	ST	SINGLE USE SWAB	3	
RULAVITE DHA	1		SIROLIMUS	2	
SAFYRAL	4		SIRTURO	4	PA
SALICYLIC ACID 27.5% LIQUID	2		SIVEXTRO 200 MG TABLET	4	PA
SALSALATE 500 MG TABLET	2		SKLICE	4	
SALSALATE 750 MG TABLET	2		SOD SULFACE-SULFUR 9-4.5% WASH	2	
SAMSCA	4		SOD SULFACETAM 10% CLNSNG GEL	2	
SANTYL OINTMENT	4		SOD SULFACETAMIDE 10% SHAMPOO	2	
SAPHRIS 10 MG TAB SL BLK CHERY	4	ST	SOD SULFACETAMIDE-SULFUR FOAM	2	
SAPHRIS 2.5 MG TAB SL BLK CHRY	4	ST	SOD SULFACETAMIDE-SULFUR LOTN	2	
SAPHRIS 5 MG TAB SL BLK CHERRY	4	ST	SOD SULFACETAMIDE-SULFUR SUSP	2	
SAVAYSA	4	ST	SOD SULFACET-SULFUR 10-2% CLSR	2	
SAVELLA	4		SOD SULFACET-SULFUR 10-4% PAD	2	
SEASONIQUE	4		SOD SULFACET-SULFUR 10-5% CLSR	2	
SEB-PREV	2		SOD SULFACET-SULFUR 10-5% LOTN	2	
SECONAL SODIUM 100 MG CAPSULE	2		SODIUM CHLORIDE 0.9% INHAL VL	2	
SELEGILINE HCL	2		SODIUM CHLORIDE 0.9% IRRIG.	2	
SELENIUM SULFIDE	2		SODIUM CHLORIDE 10% VIAL	2	
SELZENTRY	3		SODIUM CHLORIDE 3% VIAL	2	
SE-NATAL 19	1		SODIUM CHLORIDE 7% VIAL	2	
SEREVENT DISKUS	3		SODIUM CITRATE & CITRIC ACID	2	
SEROQUEL XR 150 MG TABLET	4		SODIUM FLUORIDE 0.5 MG(1.1 MG)	2	
SEROQUEL XR 200 MG TABLET	4		SODIUM FLUORIDE 0.5 MG/ML DROP	2	
SEROQUEL XR 300 MG TABLET	4		SODIUM FLUORIDE 1 MG (2.2 MG)	2	
SEROQUEL XR 400 MG TABLET	4		SODIUM PHENYLBUTYRATE	2	
SEROQUEL XR 50 MG TABLET	4		SODIUM POLYSTYRENE SULFONATE	2	
SERTRALINE 20 MG/ML ORAL CONC	2		SODIUM SULFACETAMIDE 10% LOTN	2	

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## Cigna Individual & Family Plans prescription drug list

DRUG	TIER	NOTES
SODIUM SULFACETAMIDE 10% WASH	2	
SODIUM SULFACET-SULFUR WASH	2	
SODIUM SULF-SULFUR CLEANSER	2	
SOLTAMOX	4	
SOTALOL	1	
SOTALOL AF	1	
SPINOSAD 0.9% TOPICAL SUSP	2	
SPIRIVA	4	ST
SPIRIVA RESPIMAT 2.5 MCG INH	4	ST
SPIRONOLACTONE	2	
SPIRONOLACTONE-HCTZ	2	
SPRINTEC	1	
SPRIX	4	QL, LDD
SPS	2	
SRONYX	1	
SS 10-2	2	
SSKI	4	
SSS 10-5	2	
STAVUDINE 1 MG/ML SOLUTION	2	
STAVUDINE 15 MG CAPSULE	2	
STAVUDINE 20 MG CAPSULE	2	
STAVUDINE 30 MG CAPSULE	2	
STAVUDINE 40 MG CAPSULE	2	
STERILE WATER FOR IRRIGATION	2	
STRATTERA	4	
STRIBILD	3	
STRIVERDI RESPIMAT	4	ST
STRONG IODINE	2	
SUCRALFATE 1 GM TABLET	2	
SULFACETAMIDE 10% EYE DROPS	2	
SULFACETAMIDE 10% EYE OINTMENT	2	
SULFACETAMIDE SOD 10% TOP SUSP	2	
SULFACETAMIDE SODIUM-SULFUR	2	
SULFACETAMIDE-PREDNISOLONE	2	
SULFACETAMIDE-SULFUR 10-2% CRM	2	
SULFACETAMIDE-SULFUR 10-5% CRM	2	
SULFACETAMIDE-SULFUR 8-4% SUSP	2	
SULFACLEANSE 8-4	2	
SULFADIAZINE	2	
SULFAMETHOXAZOLE-TMP DS TABLET	2	
SULFAMETHOXAZOLE-TMP SS TABLET	2	
SULFAMETHOXAZOLE-TMP SUSP	2	
SULFAMYLON 8.5% CREAM	4	
SULFASALAZINE	2	
SULFASALAZINE DR	2	

DRUG	TIER	NOTES
SULINDAC 150 MG TABLET	2	
SULINDAC 200 MG TABLET	2	
SUMATRIPTAN	2	QL
SUMATRIPTAN 4 MG/0.5 ML CART	2	QL
SUMATRIPTAN 4 MG/0.5 ML INJECT	2	QL
SUMATRIPTAN 6 MG/0.5 ML INJECT	2	QL
SUMATRIPTAN 6 MG/0.5 ML REFILL	2	QL
SUMATRIPTAN 6 MG/0.5 ML SYRNG	2	QL
SUMATRIPTAN 6 MG/0.5 ML VIAL	2	QL
SUMATRIPTAN SUCC 100 MG TABLET	2	QL
SUMATRIPTAN SUCC 25 MG TABLET	2	QL
SUMATRIPTAN SUCC 50 MG TABLET	2	QL
SUMAXIN CP	4	
SUPRAX 100 MG TABLET CHEWABLE	4	
SUPRAX 200 MG TABLET CHEWABLE	4	
SUPRAX 400 MG CAPSULE	4	
SUPRAX 500 MG/5 ML SUSPENSION	4	
SUPREP	4	
SURE COMFORT ALCOHOL	3	
SURE-PREP ALCOHOL PREP PADS	3	
SUSTIVA	3	
SYEDA	1	
SYMAX	1	
SYMAX-SL	1	
SYMAX-SR	2	
SYMLINPEN 120 PEN INJECTOR	4	
SYMLINPEN 60 PEN INJECTOR	4	
SYNERA	4	
SYNTHROID	4	
SYPRINE 250 MG CAPSULE	4	
TABLOID	4	
TACROLIMUS 0.03% OINTMENT	2	
TACROLIMUS 0.1% OINTMENT	2	
TACROLIMUS 0.5 MG CAPSULE	2	
TACROLIMUS 1 MG CAPSULE	2	
TACROLIMUS 5 MG CAPSULE	2	
TAKE ACTION	4	
TAMIFLU 30 MG CAPSULE	3	QL
TAMIFLU 45 MG CAPSULE	3	QL
TAMIFLU 6 MG/ML SUSPENSION	3	QL
TAMIFLU 75 MG CAPSULE	3	QL
TAMOXIFEN CITRATE	2	
TAMSULOSIN HCL 0.4 MG CAPSULE	2	
TANZEUM	4	ST, QL
TARINA FE	1	

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DRUG	TIER	NOTES	DRUG	TIER	NOTES
TARON-C DHA	1		THIOLA	4	LDD
TARON-PREX PRENATAL	1		THIORIDAZINE HCL	2	
TAZORAC	4		THIOTHIXENE	2	
TAZTIA XT	2		THRIVITE 19	1	
TEKURNA	4		THYROLAR-1	4	
TELMISARTAN 20 MG TABLET	2		THYROLAR-1/2	4	
TELMISARTAN 40 MG TABLET	2		THYROLAR-1/4	4	
TELMISARTAN 80 MG TABLET	2		THYROLAR-2	4	
TELMISARTAN-AMLODIPINE	2		THYROLAR-3	4	
TELMISARTAN-HCTZ 40-12.5 MG TB	2		TIAGABINE HCL	2	
TELMISARTAN-HCTZ 80-12.5 MG TB	2		TICLOPIDINE 250 MG TABLET	2	
TELMISARTAN-HCTZ 80-25 MG TAB	2		TIKOSYN	4	
TEMAZEPAM	2		TILIA FE 28 TABLET	1	
TEMOZOLOMIDE 100 MG CAPSULE	2	PA	TIMOLOL 0.25% EYE DROPS	2	
TEMOZOLOMIDE 140 MG CAPSULE	2	PA	TIMOLOL 0.25% GEL-SOLUTION	2	
TEMOZOLOMIDE 180 MG CAPSULE	2	PA	TIMOLOL 0.25% GFS GEL-SOLUTION	2	
TEMOZOLOMIDE 20 MG CAPSULE	2	PA	TIMOLOL 0.5% EYE DROPS	2	
TEMOZOLOMIDE 250 MG CAPSULE	2	PA	TIMOLOL 0.5% GEL-SOLUTION	2	
TEMOZOLOMIDE 5 MG CAPSULE	2	PA	TIMOLOL 0.5% GFS GEL-SOLUTION	2	
TENCON	2		TIMOLOL MALEATE 10 MG TABLET	2	
TERAZOSIN HCL	1		TIMOLOL MALEATE 20 MG TABLET	2	
TERBINAFINE HCL 250 MG TABLET	1		TIMOLOL MALEATE 5 MG TABLET	2	
TERBUTALINE SULFATE 2.5 MG TAB	2		TINIDAZOLE	2	
TERBUTALINE SULFATE 5 MG TAB	2		TIVICAY	3	
TERCONAZOLE	2		TIZANIDINE HCL 2 MG CAPSULE	2	
TESTOSTERON CYP 1,000 MG/10 ML	2		TIZANIDINE HCL 2 MG TABLET	2	
TESTOSTERON CYP 2,000 MG/10 ML	2		TIZANIDINE HCL 4 MG CAPSULE	2	
TESTOSTERONE	2	QL	TIZANIDINE HCL 4 MG TABLET	2	
TESTOSTERONE CYP 100 MG/ML	2		TIZANIDINE HCL 6 MG CAPSULE	2	
TESTOSTERONE CYP 200 MG/ML	2		TL-SELECT	1	
TESTOSTERONE ENANTHATE	2		TOBRADEX EYE OINTMENT	4	
TETCAINE	2		TOBRADEX ST	4	
TETRABENZAZINE	2	PA	TOBRAMYCIN 0.3% EYE DROPS	2	
TETRACAINE 0.5% EYE DROPS	2		TOBRAMYCIN 300 MG/5 ML AMPULE	2	
TETRACYCLINE HCL	1		TOBRAMYCIN-DEXAMETHASONE	2	
TETRAVISC	4		TOBEX 0.3% EYE OINTMENT	4	
TEXACORT	4		TOLAZAMIDE 250 MG TABLET	2	
THEOCHRON	2		TOLAZAMIDE 500 MG TABLET	2	
THEOPHYLLINE 80 MG/15 ML SOLN	2		TOLBUTAMIDE	2	
THEOPHYLLINE ER 100 MG TABLET	2		TOLCAPONE	2	
THEOPHYLLINE ER 200 MG TABLET	2		TOLMETIN SODIUM	2	
THEOPHYLLINE ER 300 MG TAB	2		TOLTERODINE TARTRATE	2	
THEOPHYLLINE ER 400 MG TABLET	2		TOLTERODINE TARTRATE ER	2	
THEOPHYLLINE ER 450 MG TAB	2		TOPIRAMATE 100 MG TABLET	2	
THEOPHYLLINE ER 600 MG TABLET	2		TOPIRAMATE 15 MG SPRINKLE CAP	2	

Please visit [Cigna.com/ifp-drug-list](http://Cigna.com/ifp-drug-list) to see a complete listing.

## Cigna Individual & Family Plans prescription drug list

DRUG	TIER	NOTES	DRUG	TIER	NOTES
TOPIRAMATE 200 MG TABLET	2		TRETIN-X 0.1% COMBO PACK	4	AGE
TOPIRAMATE 25 MG SPRINKLE CAP	2		TRIADVANCE	1	
TOPIRAMATE 25 MG TABLET	2		TRIAMCINOLONE 0.025% CREAM	2	
TOPIRAMATE 50 MG TABLET	2		TRIAMCINOLONE 0.025% LOTION	2	
TOPIRAMATE ER	2		TRIAMCINOLONE 0.025% OINT	2	
TORSEMIDE 10 MG TABLET	2		TRIAMCINOLONE 0.1% CREAM	2	
TORSEMIDE 100 MG TABLET	2		TRIAMCINOLONE 0.1% LOTION	2	
TORSEMIDE 20 MG TABLET	2		TRIAMCINOLONE 0.1% OINTMENT	2	
TORSEMIDE 5 MG TABLET	2		TRIAMCINOLONE 0.1% PASTE	2	
TOVIAZ	4	ST	TRIAMCINOLONE 0.147 MG/G SPRAY	2	
TRADJENTA	4	ST	TRIAMCINOLONE 0.5% CREAM	2	
TRAMADOL ER 100 MG TABLET	2		TRIAMCINOLONE 0.5% OINTMENT	2	
TRAMADOL ER 200 MG TABLET	2		TRIAMTERENE-HYDROCHLOROTHIAZID	2	
TRAMADOL ER 300 MG TABLET	2		TRIANEX 0.05% OINTMENT	2	
TRAMADOL HCL 50 MG TABLET	2	QL	TRIAZOLAM	2	
TRAMADOL HCL ER 100 MG TABLET	2	QL	TRICITRATES	2	
TRAMADOL HCL ER 150 MG CAPSULE	2		TRIDERM	2	
TRAMADOL HCL ER 200 MG TABLET	2	QL	TRI-ESTARYLLA	1	
TRAMADOL HCL ER 300 MG TABLET	2	QL	TRIFLUOPERAZINE HCL	2	
TRAMADOL-ACETAMINOPHN 37.5-325	2	QL	TRIFLURIDINE	2	
TRANDOLAPRIL 1 MG TABLET	2		TRIHEXYPHENIDYL 2 MG TABLET	2	
TRANDOLAPRIL 2 MG TABLET	2		TRIHEXYPHENIDYL 2 MG/5 ML ELX	2	
TRANDOLAPRIL 4 MG TABLET	2		TRIHEXYPHENIDYL 5 MG TABLET	2	
TRANDOLAPRIL-VERAPAMIL ER	2		TRI-LEGEST FE	1	
TRANEXAMIC ACID 650 MG TABLET	2		TRI-LINYAH	1	
TRANSDERM-SCOP	4		TRI-LO-ESTARYLLA	1	
TRANLYCYPROMINE SULFATE	2		TRI-LO-MARZIA	1	
TRAVATAN Z	3		TRI-LO-SPRINTEC	1	
TRAZODONE 100 MG TABLET	1		TRILYTE WITH FLAVOR PACKETS	2	
TRAZODONE 150 MG TABLET	1		TRIMETHOBENZAMIDE 300 MG CAP	2	
TRAZODONE 300 MG TABLET	1		TRIMETHOPRIM	2	
TRAZODONE 50 MG TABLET	1		TRIMIPRAMINE MALEATE	2	
TRECATOR	4		TRINATAL GT	1	
TRETINOIN 0.01% GEL	2		TRINATAL RX 1	1	
TRETINOIN 0.025% CREAM	2	AGE	TRINESSA	1	
TRETINOIN 0.025% GEL	2		TRINESSA LO	1	
TRETINOIN 0.05% CREAM	2	AGE	TRI-NORINYL	4	
TRETINOIN 0.05% GEL	2	AGE	TRINTELLIX	4	ST
TRETINOIN 0.1% CREAM	2	AGE	TRIPLE-VIT W-FLUOR 0.25 MG/ML	2	
TRETINOIN 10 MG CAPSULE	2		TRI-PREVIFEM	1	
TRETINOIN MICROSPHERE	2	AGE	TRI-SPRINTEC	1	
TRETIN-X 0.025% CREAM COMB PCK	4	AGE	TRI-TABS DHA	1	
TRETIN-X 0.0375% CREAM	4	AGE	TRIUMEQ	3	
TRETIN-X 0.05% COMBO PACK	4	AGE	TRIVEEN-DUO DHA	1	
TRETIN-X 0.075% CREAM	4		TRIVEEN-ONE	1	

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## Cigna Individual & Family Plans prescription drug list

DRUG	TIER	NOTES	DRUG	TIER	NOTES
TRIVEEN-PRX RNF	1		VALACYCLOVIR HCL 1 GRAM TABLET	2	
TRIVEEN-U	1		VALACYCLOVIR HCL 500 MG TABLET	2	
TRI-VIT WITH FLUORIDE-IRON	2		VALCYTE 50 MG/ML SOLUTION	4	
TRI-VITAMIN WITH FLUORIDE	2		VALGANCICLOVIR HCL	2	
TRIVORA-28	1		VALPROIC ACID 250 MG CAPSULE	2	
TRIZIVIR	4		VALPROIC ACID 250 MG/5 ML SOLN	2	
TROPICAMIDE	2		VALPROIC ACID 500 MG/10 ML SOL	2	
TROSPIUM CHLORIDE	2		VALSARTAN 160 MG TABLET	2	
TROSPIUM CHLORIDE ER	2		VALSARTAN 320 MG TABLET	2	
TRULICITY	3	QL	VALSARTAN 40 MG TABLET	2	
TRUST NATAL DHA	1		VALSARTAN 80 MG TABLET	2	
TRUVADA	3		VALSARTAN-HCTZ 160-12.5 MG TAB	2	
TUDORZA PRESSAIR 400 MCG INH	4	ST	VALSARTAN-HCTZ 160-25 MG TAB	2	
TUSNEL C	2		VALSARTAN-HCTZ 320-12.5 MG TAB	2	
TUSSIGON 5-1.5 MG TABLET	2		VALSARTAN-HCTZ 320-25 MG TAB	2	
TYBOST	3		VALSARTAN-HCTZ 80-12.5 MG TAB	2	
TYZINE	4		VANATOL LQ	2	
UCERIS 9 MG ER TABLET	4		VANCOMYCIN HCL 125 MG CAPSULE	2	
ULESFIA 5% LOTION	4		VANCOMYCIN HCL 250 MG CAPSULE	2	
ULORIC	4		VANDAZOLE	2	
ULTILET ALCOHOL SWAB	3		VASCAZEN	4	
ULTIMATECARE ONE	1		VASCEPA	4	
ULTIMATECARE ONE NF	1		VECAMYL 2.5 MG TABLET	2	LDD
UNITHROID 100 MCG TABLET	1		VELIVET	1	
UNITHROID 112 MCG TABLET	1		VELPHORO	4	
UNITHROID 125 MCG TABLET	1		VEMAVITE-PRX 2	1	
UNITHROID 137 MCG TABLET	1		VENA-BAL DHA	1	
UNITHROID 150 MCG TABLET	1		VENATAL COMPLETE DHA	1	
UNITHROID 175 MCG TABLET	1		VENLAFAXINE HCL 100 MG TABLET	2	
UNITHROID 200 MCG TABLET	1		VENLAFAXINE HCL 25 MG TABLET	2	
UNITHROID 25 MCG TABLET	1		VENLAFAXINE HCL 37.5 MG TABLET	2	
UNITHROID 300 MCG TABLET	1		VENLAFAXINE HCL 50 MG TABLET	2	
UNITHROID 50 MCG TABLET	1		VENLAFAXINE HCL 75 MG TABLET	2	
UNITHROID 75 MCG TABLET	1		VENLAFAXINE HCL ER 150 MG CAP	2	
UNITHROID 88 MCG TABLET	1		VENLAFAXINE HCL ER 150 MG TAB	2	
UR N-C	2		VENLAFAXINE HCL ER 225 MG TAB	2	
URIN D.S.	2		VENLAFAXINE HCL ER 37.5 MG CAP	2	
UROPHEN MB	2		VENLAFAXINE HCL ER 37.5 MG TAB	2	
UROQID-ACID NO.2	4		VENLAFAXINE HCL ER 75 MG CAP	2	
URSODIOL 250 MG TABLET	2		VENLAFAXINE HCL ER 75 MG TAB	2	
URSODIOL 300 MG CAPSULE	2		VENTOLIN HFA	3	
URSODIOL 500 MG TABLET	2		VERAPAMIL 120 MG TABLET	2	
USTELL	2		VERAPAMIL 360 MG CAP PELLETT	2	
UTIRA-C	2		VERAPAMIL 40 MG TABLET	2	
VAGIFEM	4		VERAPAMIL 80 MG TABLET	2	

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## Cigna Individual & Family Plans prescription drug list

DRUG	TIER	NOTES	DRUG	TIER	NOTES
VERAPAMIL ER 120 MG CAPSULE	2		VIRT-NATE	1	
VERAPAMIL ER 120 MG TABLET	2		VIRT-NATE DHA	1	
VERAPAMIL ER 180 MG CAPSULE	2		VIRT-PHOS 250 NEUTRAL	2	
VERAPAMIL ER 180 MG TABLET	2		VIRT-PN	1	
VERAPAMIL ER 240 MG CAPSULE	2		VIRT-PN DHA	1	
VERAPAMIL ER 240 MG TABLET	2		VIRT-PN PLUS	1	
VERAPAMIL ER PM	2		VIRTPREX	1	
VERAPAMIL SR	2		VIRTRATE-2	2	
VERDROCET	2		VIRTRATE-3	2	
VEREGEN	4		VIRTRATE-K	2	
VESICARE	4	ST	VIRT-SELECT	1	
VESTURA	1		VIRTUSSIN AC LIQUID	2	
VEXOL	4		VIRT-VITE GT	1	
VICTOZA 2-PAK	4	ST, QL	VIT D2 1.25 MG (50,000 UNIT)	2	
VICTOZA 3-PAK	4	ST, QL	VITAFOL-OB	1	
VIDEX	3		VITAMINS A,C,D & FLUORIDE	2	
VIDEX EC	4		VITASPIRE	1	
VIENVA	1		VITEKTA	3	
VIGAMOX	3		VOL-NATE	1	
VIIBRYD 10 MG TABLET	4	ST	VOL-PLUS	1	
VIIBRYD 10-20 MG STARTER PACK	4	ST	VOL-TAB RX	1	
VIIBRYD 20 MG TABLET	4	ST	VORICONAZOLE 200 MG TABLET	2	PA
VIIBRYD 40 MG TABLET	4	ST	VORICONAZOLE 40 MG/ML SUSP	2	PA
VIMPAT 10 MG/ML SOLUTION	4		VORICONAZOLE 50 MG TABLET	2	PA
VIMPAT 100 MG TABLET	4		VP-CH PLUS	1	
VIMPAT 150 MG TABLET	4		VP-CH-PNV	1	
VIMPAT 200 MG TABLET	4		VP-GGR-B6	1	
VIMPAT 50 MG TABLET	4		VP-HEME OB	1	
VINACAL	1		VP-HEME OB + DHA	1	
VINATE GT	1		VP-HEME ONE	1	
VINATE II	1		VRAYLAR	4	ST
VINATE ONE	1		VYFEMLA	1	
VINATE PN CARE	1		VYNATAL-FA	1	
VINATE ULTRA	1		VYTORIN	3	ST
VINATE-M	1		VYVANSE	4	ST
VIOKACE	4		WARFARIN SODIUM 1 MG TABLET	1	
VIORELE	1		WARFARIN SODIUM 10 MG TABLET	1	
VIRACEPT	3		WARFARIN SODIUM 2 MG TABLET	1	
VIRAMUNE	4		WARFARIN SODIUM 2.5 MG TABLET	1	
VIRAMUNE XR	4		WARFARIN SODIUM 3 MG TABLET	1	
VIREAD	3		WARFARIN SODIUM 4 MG TABLET	1	
VIRT NATE	1		WARFARIN SODIUM 5 MG TABLET	1	
VIRT-ADVANCE	1		WARFARIN SODIUM 6 MG TABLET	1	
VIRT-C DHA SOFTGEL	1		WARFARIN SODIUM 7.5 MG TABLET	1	
VIRT-CARE ONE	1		WEBCOL	3	

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## Cigna Individual & Family Plans prescription drug list

DRUG	TIER	NOTES
WELCHOL	4	
WERA	1	
WESTHROID	1	
WP THYROID	1	
WYMZYA FE CHEWABLE TABLET	1	
XARELTO	3	
XARTEMIS XR	4	ST, QL
XERAC AC	4	
XERESE	4	
XIFAXAN	4	
XIGDUO XR	3	
XULANE	1	
XYLON 10	2	
YASMIN 28	4	
YAZ	4	
ZAFIRLUKAST 10 MG TABLET	2	
ZAFIRLUKAST 20 MG TABLET	2	
ZALEPLON	2	
ZARAH	1	
ZATEAN-CH	1	
ZATEAN-PN DHA	1	
ZATEAN-PN PLUS	1	
ZAZOLE	2	
ZEBUTAL	2	
ZELAPAR	4	
ZENATANE	2	QL
ZENCHENT	1	
ZENCHENT FE	1	
ZENCIA	2	
ZENPEP DR 10,000 UNITS CAPSULE	3	
ZENPEP DR 15,000 UNITS CAPSULE	3	
ZENPEP DR 20,000 UNITS CAPSULE	3	
ZENPEP DR 25,000 UNITS CAPSULE	3	
ZENPEP DR 3,000 UNITS CAPSULE	3	
ZENPEP DR 40,000 UNITS CAPSULE	3	
ZENPEP DR 5,000 UNITS CAPSULE	3	
ZERIT	4	
ZETIA	4	
ZETONNA	4	ST
ZIAGEN	4	
ZIANA	4	LDD
ZIDOVUDINE	2	
ZIOPTAN 0.0015% EYE DROPS	4	
ZIPRASIDONE HCL 20 MG CAPSULE	2	
ZIPRASIDONE HCL 40 MG CAPSULE	2	

DRUG	TIER	NOTES
ZIPRASIDONE HCL 60 MG CAPSULE	2	
ZIPRASIDONE HCL 80 MG CAPSULE	2	
ZIRGAN	4	
ZITHRANOL	4	
ZITHRANOL-RR	4	
ZOLMITRIPTAN	2	QL
ZOLMITRIPTAN ODT	2	QL
ZOLPIDEM TART 1.75 MG TAB SL	2	
ZOLPIDEM TART 3.5 MG TABLET SL	2	
ZOLPIDEM TARTRATE 10 MG TABLET	2	
ZOLPIDEM TARTRATE 5 MG TABLET	2	
ZOLPIDEM TARTRATE ER	2	
ZONISAMIDE 100 MG CAPSULE	2	
ZONISAMIDE 25 MG CAPSULE	2	
ZONISAMIDE 50 MG CAPSULE	2	
ZONTIVITY	4	
ZOVIA 1-35E	1	
ZOVIA 1-50E	1	
ZOVIRAX 5% CREAM	4	
ZUPLENZ 4 MG SOLUBLE FILM	4	QL
ZUPLENZ 8 MG SOLUBLE FILM	4	QL
ZYFLO	4	
ZYFLO CR	4	
ZYLET	4	

## Specialty medications

The following specialty medications are typically covered under Tier 5

### A

ACTEMRA 162 MG/0.9 ML SYRINGE (PA, ST)  
ACTIMMUNE (PA)  
ADCIRCA (PA)  
ADEMPAS (PA, LDD)  
AFINITOR (PA)  
AFINITOR DISPERZ (PA)  
AKYNZEO (QL)  
ALECENSA (PA, LDD)  
ALKERAN 2 MG TABLET  
AMPYRA (PA)  
ANZEMET 100 MG TABLET (QL)  
ANZEMET 20 MG/ML VIAL (PA)  
ANZEMET 50 MG TABLET (QL)  
APOKYN (PA)  
ARANESP (PA)  
ARCALYST (PA, LDD)  
ASTAGRAF XL  
AUBAGIO (PA, ST)  
AVONEX (PA)  
AVONEX ADMINISTRATION PACK (PA)  
AVONEX PEN (PA)

### B

BARACLUDE 0.05 MG/ML SOLUTION  
BOSULIF (PA)

### C

CAPRELSA (PA, LDD)  
CAYSTON (PA, ST, LDD)  
CHOLBAM (PA, LDD)  
CIMZIA (PA, ST)  
COMETRIQ (PA, LDD)  
COPAXONE (PA)  
COSENTYX (2 SYRINGES) (PA, ST)  
COSENTYX PEN (2 PENS) (PA, ST)  
COSENTYX PEN (PA, ST)  
COSENTYX SYRINGE (PA, ST)  
COTELLIC (PA)  
CYSTADANE (LDD)  
CYSTAGON (LDD)

### D

DAKLINZA (PA)

### E

EGRIFTA 1 MG VIAL (PA)  
EGRIFTA 2 MG VIAL (PA)  
EMCYT

EMEND 125 MG CAPSULE (QL)  
EMEND 150 MG VIAL  
EMEND 40 MG CAPSULE (QL)  
EMEND 80 MG CAPSULE (QL)  
EMEND TRIPACK (QL)  
ENBREL (PA)  
EPIVIR HBV 25 MG/5 ML SOLN  
EPOGEN (PA)  
ERIVEDGE (PA)  
EXJADE  
EXTAVIA (PA, ST)

### F

FARYDAK (PA, LDD)  
FIRAZYR (PA)  
FIRMAGON 2 X 120 MG KIT (PA)  
FIRMAGON 80 MG KIT (PA)  
FORTEO  
FRAGMIN 10,000 UNITS/ML SYRING (QL)  
FRAGMIN 12,500 UNITS/0.5 ML (QL)  
FRAGMIN 15,000 UNITS/0.6 ML (QL)  
FRAGMIN 18,000 UNITS/0.72 ML (QL)  
FRAGMIN 2,500 UNITS/0.2 ML SYR (QL)  
FRAGMIN 5,000 UNITS/0.2 ML SYR (QL)  
FRAGMIN 7,500 UNITS/0.3 ML SYR (QL)  
FRAGMIN 95,000 UNITS/3.8 ML VL (QL)  
FUZEON

### G

GATTEX (PA, LDD)  
GENOTROPIN (PA, ST)  
GILENYA (PA, ST)  
GILOTRIF (PA, LDD)  
GLEEVEC (PA)  
GRANIX (PA, ST)

### H

HARVONI (PA)  
HETLIOZ (PA)  
HEXALEN  
HUMATROPE (PA)  
HUMIRA (PA)  
HUMIRA PEDIATRIC CROHN'S (PA)  
HUMIRA PEN (PA)  
HUMIRA PEN CROHN'S-UC-HS (PA)  
HUMIRA PEN PSORIASIS (PA)  
HYCAMTIN 0.25 MG CAPSULE  
HYCAMTIN 1 MG CAPSULE

### I

IBRANCE (PA)  
ICLUSIG (PA, LDD)  
ILARIS (PA)  
IMBRUVICA (PA, LDD)  
INCRELEX (PA)  
INLYTA (PA)  
INTRON A 10 MILLION UNITS VIAL (PA)  
INTRON A 18 MILLION UNIT/3 ML (PA)  
INTRON A 18 MILLION UNITS VIAL (PA)  
INTRON A 25 MILLION UNIT/2.5ML (PA)  
INTRON A 50 MILLION UNITS VIAL (PA)  
IRESSA (PA, LDD)

### J

JADENU  
JAKAFI (PA, LDD)

### K

KALYDECO (PA, LDD)  
KINERET (PA, ST, LDD)  
KUVAN (PA)

### L

LENVIMA (PA, LDD)  
LETAIRIS (PA)  
LEUKINE  
LONSURF (PA, LDD)  
LUPANETA PACK (PA)  
LUPRON DEPOT (PA)  
LUPRON DEPOT-PED (PA)  
LYNPARZA (PA, LDD)

### M

MATULANE (LDD)  
MEKINIST (PA)  
MESNEX 400 MG TABLET  
MIRCERA (PA)  
MYALEPT 11.3 MG (5 MG/ML) VIAL (PA)

### N

NATPARA (PA, LDD)  
NEULASTA (PA)  
NEUPOGEN (PA, ST)  
NEXAVAR (PA)  
NORDITROPIN FLEXPRO (PA, ST)  
NORDITROPIN NORDIFLEX (PA, ST)  
NORTHERA (PA, LDD)  
NUTROPIN AQ (PA, ST)  
NUTROPIN AQ NUSPIN (PA, ST)

## Specialty medications

The following specialty medications are typically covered under Tier 5

### O

ODOMZO (PA)  
OLYSIO (PA, ST)  
OMNITROPE (PA, ST)  
OPSUMIT (PA)  
ORENCIA 125 MG/ML SYRINGE (PA, ST)  
ORENCIA CLICKJECT (PA, ST)  
ORENITRAM ER (PA, LDD)  
ORFADIN (LDD)  
ORKAMBI (PA, LDD)  
OTEZLA (PA, ST)

### P

PANRETIN  
PEGASYS 180 MCG/0.5 ML SYRINGE (PA)  
PEGASYS 180 MCG/ML VIAL (PA)  
PEGASYS PROCLICK (PA)  
PEGINTRON 120 MCG KIT (PA)  
PEGINTRON 150 MCG KIT (PA)  
PEGINTRON 50 MCG KIT (PA)  
PEGINTRON 80 MCG KIT (PA)  
PEGINTRON REDIPEN (PA)  
PLEGRIDY (PA, ST)  
PLEGRIDY PEN (PA, ST)  
POMALYST (PA)  
PRALUENT PEN (PA, ST)  
PRALUENT SYRINGE (PA, ST)  
PROMACTA 12.5 MG TABLET (PA)  
PROMACTA 25 MG TABLET (PA)  
PROMACTA 50 MG TABLET (PA)  
PROMACTA 75 MG TABLET (PA)  
PULMOZYME (PA)

### R

RAPAMUNE 1 MG/ML ORAL SOLN  
REBETOL 40 MG/ML SOLUTION  
REBIF (PA)

REBIF REBIDOSE (PA)  
REPATHA SURECLICK (PA, ST)  
REPATHA SYRINGE (PA, ST)  
REVLIMID (PA)

### S

SABRIL (LDD)  
SAIZEN (PA)  
SENSIPAR  
SEROSTIM (PA)  
SIGNIFOR (PA)  
SIMPONI (PA, ST)  
SIMPONI ARIA (PA, ST)  
SOMATULINE DEPOT (PA)  
SOMAVERT (PA, LDD)  
SOVALDI (PA)  
SPRYCEL (PA)  
STELARA (PA, ST)  
STIVARGA (PA)  
SUCRAID (LDD)  
SUTENT (PA)  
SYLATRON 200 MCG KIT (PA)  
SYLATRON 300 MCG KIT (PA)  
SYLATRON 600 MCG KIT (PA)  
SYNAREL

### T

TAFINLAR 50 MG CAPSULE (PA)  
TAFINLAR 75 MG CAPSULE (PA)  
TAGRISSO (PA)  
TARCEVA (PA)  
TARGRETIN 1% GEL  
TASIGNA (PA)  
TECFIDERA (PA)  
TECHNIVIE (PA, ST)  
THALOMID (PA)  
TRACLEER (PA)

TYKERB (PA)  
TYVASO (PA, LDD)  
TYVASO INSTITUTIONAL START KIT (PA, LDD)  
TYVASO REFILL KIT (PA, LDD)  
TYVASO STARTER KIT (PA, LDD)  
TYZEKA

### V

VALCHLOR (LDD)  
VARUBI (QL)  
VENTAVIS (PA)  
VIEKIRA PAK (PA, ST)  
VIRAZOLE  
VISTOGARD (LDD)  
VOTRIENT (PA)

### X

XALKORI (PA)  
XELJANZ (PA, ST)  
XELJANZ XR (PA, ST)  
XOLAIR (PA)  
XTANDI (PA, ST)  
XURIDEN (PA)  
XYREM (PA, LDD)

### Z

ZAVESCA (PA, LDD)  
ZELBORAF (PA)  
ZOLADEX (PA)  
ZOLINZA (PA)  
ZORTRESS  
ZYDELIG (PA)  
ZYKADIA (PA, LDD)  
ZYTIGA (PA)

## Exclusions and Limitations

- › **Services obtained from an Out-of-Network (Non-Participating) Provider**, except for Emergency Services (including those provided by an Urgent Care facility).
- › Any **amounts in excess of maximum amounts of Covered Expenses** stated in this Policy.
- › Services **not specifically listed as Covered Services** in this Policy.
- › Services for **treatment of complications of non-covered procedures** or services.
- › Services or supplies that are **not Medically Necessary**.
- › Services or supplies that are considered to be for **Experimental Procedures or Investigative Procedures**.
- › Services **received before the Effective Date of coverage**.
- › Services **received after coverage under this Policy ends**.
- › Services **for which You have no legal obligation to pay** or for which no charge would be made if You did not have health plan or insurance coverage.
- › Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, **under any workers' compensation, employer's liability law or occupational disease law**, even if the Insured Person does not claim those benefits.
- › Conditions caused by: (a) an **act of war (declared or undeclared)**; (b) the **inadvertent release of nuclear energy** when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person **participating in the military service of any country**; (d) an Insured Person **participating in an insurrection, rebellion, or riot**; (e) services received as a direct result of an Insured Person's commission of, or attempt to commit a **felony** (whether or not charged) **or as a direct result of the Insured Person being engaged in an illegal occupation**; (f) an Insured Person being intoxicated, as defined by applicable state law in the state where the illness occurred or under the influence of illegal narcotics or non-prescribed controlled substances unless administered or prescribed by Physician.
- › Any **services provided by a local, state or federal government agency**, except when payment under this Policy is expressly required by federal or state law.
- › Any services required by state or federal law to be supplied by a public school system or school district.
- › Any **services for which payment may be obtained from any local, state or federal government agency** (except Medicaid). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- › **If the Insured Person is eligible for Medicare** Part A, B or D, Cigna will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna would have paid if it were the sole insurance carrier.
- › **Court-ordered treatment or hospitalization**, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- › Professional **services or supplies received or purchased directly or on Your behalf by anyone, including a Physician, from** any of the following:
  - Yourself or Your employer;
  - a person who lives in the Insured Person's home, or that person's employer;
  - a person who is related to the Insured Person by blood, marriage or adoption, or that person's employer.
- › **Custodial Care**.
- › **Private duty nursing** except as specifically provided in the Home Health Care Services benefit in this Policy.
- › Inpatient room and board **charges in connection with a Hospital stay primarily for environmental change or physical therapy; Custodial Care or rest cures**; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- › Services received during **an inpatient stay when the stay is primarily related to** behavioral, social maladjustment, lack of discipline or other antisocial actions which are not specifically the result of mental health.
- › **Complementary and alternative medicine services**, including but not limited to: massage therapy; animal therapy, including but not limited to equine therapy or canine therapy; art therapy; meditation; visualization; acupuncture; acupressure; reflexology; rolfing; light therapy; aromatherapy; music or sound therapy; dance therapy; sleep therapy; hypnosis; energy-balancing; breathing exercises; movement and/or exercise therapy including but not limited to yoga, pilates, tai-chi, walking, hiking, swimming, golf; and any other alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Services specifically listed as covered under "Short Term Rehabilitative Therapy" and "Habilitative Therapy" are not subject to this exclusion.
- › Any services or supplies provided by or at a **place for the aged, a nursing home**, or any facility a significant portion of the activities of which include rest, recreation, leisure, or any other services that are not Covered Services.



## Exclusions and Limitations

- **Assistance in activities of daily living**, including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
  - Services performed by **unlicensed practitioners** or services which do not require licensure to perform, for example-mediation, breathing exercises, guided visualization.
  - Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.
  - Services which are **self-directed** to a free-standing or Hospital based diagnostic facility.
  - Services ordered by a **Physician or other provider who is an employee or representative** of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider:
    - Has not been actively involved in your medical care prior to ordering the service, or
    - Is not actively involved in your medical care after the service is received.
- This exclusion does not apply to mammography.
- **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
  - **Orthodontic Services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
  - **Dental Implants**: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
  - **Hearing aids** including but not limited to semi-implantable hearing devices, audient bone conductors and Bone Anchored Hearing Aids (BAHAs), except as specifically stated in this Policy, limited to the least expensive professionally adequate device. For the purposes of this exclusion, a hearing aid is any device that amplifies sound.
  - **Routine hearing tests** except as provided under Preventive Care.
  - **Genetic screening** or pre-implantations genetic screening: general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
  - **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy under Pediatric Vision.
- An **eye surgery solely for the purpose of correcting refractive defects** of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
  - Outpatient **speech therapy**, except as specifically stated in this Policy.
  - **Cosmetic surgery** or other services for beautification, to improve or alter appearance or self esteem or to treat psychological or psychosocial complaints regarding one's appearance. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy or lumpectomy.
  - **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books except as specifically stated in this Policy.
  - **Non-Medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays, except as otherwise stated in this Policy.
  - **Services and procedures for redundant skin surgery** including abdominoplasty/panniculectomy, removal of skin tags, craniosacral/cranial therapy, applied kinesiology, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, macromastia or gynecomastia; varicose veins; rhinoplasty, blepharoplasty and; orthognathic surgeries **regardless of clinical indications**.
  - Procedures, surgery or treatments **to change characteristics of the body to those of the opposite sex** including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery. This also includes any medical, surgical or psychiatric treatment or study related to sex change.
  - Any treatment, prescription drug, service or supply to treat sexual dysfunction, enhance sexual performance or increase sexual desire.

## Exclusions and Limitations

- › All services related to **the evaluation or treatment of fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), except as specifically stated in this Policy.
- › **Cryopreservation** of sperm or eggs, or storage of sperm for artificial insemination (including donor fees).
- › All **non-prescription Drugs**, devices and/or supplies, except drugs designated as preventive by the Patient Protection and Affordable Care Act (PPACA), that are available over the counter or without a prescription; **Injectable drugs** (“self-injectable medications) **that do not require Physician supervision; All noninjectable prescription drugs, injectable prescription drugs that do not require Physician supervision** and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, and **Self-administered Injectable Drugs**, except as stated in the Benefit Schedule and in the Prescription Drug Benefits section of this Policy.
- › **Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision**, except as otherwise stated in this Policy, if not provided by an approved Participating Provider specifically designated to supply that specialty prescription. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intravenous immunoglobulin.
- › Fees associated with the **collection or donation of blood or blood products**, except for autologous donation in anticipation of scheduled services where in the utilization review Physician’s opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- › Blood administration **for the purpose of general improvement in physical condition**
- › **Orthopedic shoes** (except when joined to braces), shoe inserts, foot orthotic devices.
- › Services primarily for **weight reduction or treatment of obesity including morbid obesity**, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
- › **Routine physical exams or tests** that do not directly treat an actual illness, injury or condition, including those required by employment or government authority, physical exams required for or by an employer or for school, or sports physicals, except as otherwise specifically stated in this Plan.
- › Therapy or treatment **intended primarily to improve or maintain general physical condition** or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- › **Telephone, e-mail, and Internet consultations** or other services which under normal circumstances are expected to be provided through face-to-face clinical encounters, unless provided via an approved internet-based intermediary or except as otherwise stated in this Policy.
- › **Items which are furnished primarily for personal comfort or convenience** (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs etc.).
- › **Massage therapy.**
- › **Educational services** except for Diabetes Self-Management Training Program, and as specifically provided or arranged by Cigna.
- › **Nutritional counseling or food supplements**, except as stated in this Policy.
- › **Durable medical equipment** not specifically listed as Covered Services in the Covered Services section of this Policy. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings, and consumable medical supplies other than ostomy supplies and urinary catheters, including, but not limited to, bandages and other disposable medical supplies, skin preparations and test strips except as otherwise stated in this Policy.
- › **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the Benefit Schedule and under ‘Physical and/or Occupational Therapy/Medicine’ in the section of this Policy titled “Comprehensive Benefits What the Policy Pays For”.

## Exclusions and Limitations

- All **Foreign Country Provider charges** are excluded under this Policy except as specifically stated under “Treatment received from Foreign Country Providers” in the section of this Policy titled “Comprehensive Benefits What the Policy Pays For”.
- **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person’s condition. Growth hormone treatment for idiopathic short stature, or improved athletic performance is not covered under any circumstances.
- **Routine foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized illness, injury or symptoms involving the feet except as otherwise stated in this Policy.
- **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
- Charges for the **services of a standby Physician**.
- Charges for **animal to human organ transplants**.
- **Claims received by Cigna after 15 months from the date service was rendered**, except in the event of a legal incapacity.

## Pharmacy Exclusions

- Drugs not approved by the Food and Drug Administration;
- Any drugs that are not on the Prescription Drug List and not otherwise approved as Medically Necessary.
- Drugs available over the counter that do not require a prescription by federal or state law except as otherwise stated in this Policy, or specifically required by the Patient Protection and Affordable Care Act (PPACA);
- Drugs that do not require a Federal legend (a Federal designation for drugs requiring supervision of a Physician), other than insulin;
- Any drug that is a pharmaceutical alternative to an over-the-counter drug other than insulin;
- A drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee;
- Injectable infertility drugs and any injectable drugs that require Physician supervision and are not typically considered self-administered drugs and are covered under the medical benefits of this Plan and require Prior Authorization. The following are examples of Physician supervised drugs: injectables used to treat hemophilia and RSV (respiratory syncytial virus), chemotherapy injectables and endocrine and metabolic agents.
- Infertility related drugs, except those required by the Patient Protection and Affordable Care Act (PPACA);
- Any drugs used for the treatment of sexual dysfunction, including, but not limited to erectile dysfunction, delayed ejaculation, anorgasmia, and decreased libido/ and or sexual desire;
- Any drugs used for weight loss, weight management, metabolic syndrome, and antiobesity agents;
- Any drugs that are Experimental or Investigational as described under the Medical “Exclusions” section of the Policy; except as specifically stated in the sections of this Policy titled “Clinical Trials”, “Clinical Trial Costs” and “Off Label Drugs”;
- Food and Drug Administration (FDA) approved drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the standard reference compendia (The American Hospital Formulary Service Drug Information or AHFS) or in medical literature. Medical literature means scientific studies published in a peer-reviewed English-language bio-medical journals;
- Implantable contraceptive products inserted by the Physician are covered under the Plan’s medical benefits;

## Pharmacy Exclusions

- › Prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than Related Supplies; except for those pertaining to Diabetic Supplies and Equipment;
- › Prescription vitamins other than prenatal vitamins; dietary supplements, herbal supplements and fluoride other than supplements specifically designated as preventive under the Patient Protection and Affordable Care Act (PPACA);
- › Drugs used for cosmetic purposes that have no medically acceptable use, such as drugs used to reduce wrinkles, drugs to promote hair growth, drugs used to control perspiration and fade cream products;
- › Injectable of Infused Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or Fractions are covered under the medical benefits of this Policy;
- › Medications used for travel prophylaxis, except anti-malarial drugs;
- › **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition. Growth hormone treatment for idiopathic short stature, or improved athletic performance is not covered under any circumstances.
- › Drugs obtained outside the United States;
- › Any fill or refill of Prescription Drugs and Related Supplies to replace those lost, stolen, spilled, spoiled or damaged before the next refill date;
- › Replacement of Prescription Drugs and Related Supplies due to loss or theft;
- › Drugs used to enhance athletic performance;
- › Drugs which are to be taken by or administered to the Insured Person while 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;
- › Drug convenience kits;
- › Prescriptions more than one year from the original date of issue;
- › Any costs related to the mailing, sending or delivery of Prescription Drugs;
- › Any intentional misuse of this benefit, including prescriptions purchased for consumption by someone other than the Insured Person.

**Cigna reserves the right to make changes to this drug list without notice. Please reference [Cigna.com/ifp-drug-list](http://Cigna.com/ifp-drug-list) for an up-to-date listing. Your plan may cover additional medications; please refer to your policy/service agreement 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.**





## Multi-language Interpreter Services

This notice has important information about your application or coverage. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 866-494-2111. **English**

Este aviso contiene información importante acerca de su solicitud o cobertura. Preste atención a las fechas clave que contiene este aviso. Es posible que deba hacer cosas antes de determinadas fechas para mantener su cobertura de salud o ayudar con los costos. Usted tiene derecho a obtener esta información y ayuda en su idioma sin costo. Llame al 866-494-2111. **Spanish**

本通知包含與您的申請或保險福利有關的重要資訊。請注意本通知中的重要日期。您可能需要在特定期限前採取行動，才能保有您的健康保險福利或費用補助。您有權免費以您的語言取得本資訊和相關協助。請致電 866-494-2111。 **Chinese**

Thông báo này có thông tin quan trọng về đơn đề nghị hoặc việc bảo trả của quý vị. Tìm kiếm những ngày quan trọng trong thông báo này. Quý vị có thể cần phải thực hiện một số hoạt động theo kỳ hạn nhất định để duy trì việc bảo trả bảo hiểm sức khỏe của quý vị hoặc giúp đỡ về chi phí. Quý vị có quyền nhận thông tin này và giúp đỡ bằng ngôn ngữ của quý vị mà không mất khoản phí nào. Vui lòng gọi số 866-494-2111. **Vietnamese**

Avi sa a gen enfòmasyon ki enpòtan sou aplikasyon ou oswa pwoteksyon ou. Chèche dat enpòtan yo ki nan avi sa a. Ou ka bezwen fè aksyon anvan sèten dat limit pou kenbe pwoteksyon sante ou oswa pou jwenn èd pou peye frè yo. Ou gen dwa pou jwenn enfòmasyon sa yo ak èd nan lang natifnatal ou gratis. Rele nimewo 866-494-2111. **French Creole**

본 공지는 귀하의 지원 또는 보장에 대한 중요한 정보를 포함하고 있습니다. 본 공지에 포함된 주요 일자를 확인하십시오. 귀하의 건강보험 보장 또는 비용에 대한 도움을 유지하기 위해서 특정 기한까지 행동을 취할 필요가 있을 수 있습니다. 귀하는 무료로 귀하의 모국어를 이용해 본 정보 및 도움을 받을 권리가 있습니다. 866-494-2111 번으로 전화하십시오. **Korean**

هذا الإشعار يحتوي على معلومات هامة عن الاستثمار الخاصة بك أو التغطية. ابحث عن التواريخ الرئيسية بهذا الإشعار. من الممكن أن تحتاج لاتخاذ بعض الإجراءات في مواعيد محددة للإبقاء على التغطية التأمينية أو المساعدة في التكاليف. من حقك الحصول على المساعدة و المعلومات بلغتك و بدون أي تكلفة. اتصل على / 866-494-2111. **Arabic**

Niniejsze pismo zawiera istotne informacje na temat złożonego podania lub zakresu ubezpieczenia. Zwróć uwagę na ważne daty zawarte w piśmie. Może się okazać, że dla utrzymania ubezpieczenia lub uzyskania pomocy w pokryciu jego kosztów konieczne będzie dokonanie pewnych czynności w ściśle określonym terminie. Ubezpieczonym przysługuje prawo do bezpłatnej informacji i pomocy w ich języku ojczystym. Zadzwoń pod numer 866-494-2111. **Polish**

Naglalaman ang abisong ito ng mahalagang impormasyon tungkol sa inyong aplikasyon o saklaw. Bigyang-pansin ang mahahalagang petsa sa abisong ito. Maaaring mayroon kayong kailangang gawin bago sumapit ang ilang partikular na deadline upang patuloy na matanggap ang inyong saklaw sa kalusugan o tulong sa mga gastusin. Mayroon kayong karapatang makuha ang impormasyong ito at ang tulong na kailangan ninyo sa inyong wika nang libre. Tumawag sa 866-494-2111. **Tagalog**

Cet avis contient des informations importantes concernant votre demande ou votre couverture. Chercher les dates importantes dans cet avis. Vous devez peut-être prendre des mesures avant une certaine date pour garder votre couverture des soins de santé ou aider à affronter les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue, sans frais. Composez le 866-494-2111. **French**

Данное уведомление включает важную информацию о Вашей заявке или страховом покрытии. Обратите внимание на основные даты в данном уведомлении. Вам, возможно, потребуется принять меры до определенных сроков, чтобы сохранить Ваше страховое покрытие или помощь с расходами. Вы имеете право на бесплатное получение данной информации и помощи на родном языке. Позвоните по телефону 866-494-2111. **Russian**

Diese Mitteilung enthält wichtige Informationen zu Ihrem Versicherungsantrag bzw. zu Ihrer Versicherungsdeckung. Achten Sie auf wichtige Daten in dieser Mitteilung. Möglicherweise müssen Sie innerhalb bestimmter Fristen reagieren, um Ihre Versicherungsdeckung oder Kostenunterstützungen zu behalten. Sie sind berechtigt, kostenfrei diese Informationen und Hilfe in Ihrer Sprache zu erhalten. Rufen Sie unter 866-494-2111 an. **German**

اس نوٹس میں آپ کی درخواست اور کوریج کے بارے میں اہم معلومات ہیں۔ اہم تواریخ کے لیے اس نوٹس کو دیکھیں۔ اپنی صحت کی کوریج اور لاگت کے بارے میں مدد کے لیے ہو سکتا ہے آپ کو کسی آخری تاریخ تک عمل درآمد کی ضرورت ہو۔ یہ معلومات اور اپنی زبان میں مفت مدد لینا آپ کا حق ہے۔ کال / 866-494-2111 **Urdu**

આ નોટિસ તમારી અરજી અથવા કવરેજ વિશે મહત્વની જાણકારી ધરાવે છે. મહત્વની તારીખો માટે આ નોટિસ જુઓ. તમને તમારૂં આરોગ્ય કવરેજ રાખવા માટે અથવા ખર્ચ બાબત મદદ માટે અમુક ચોક્કસ મુદતો સુધી પગલાં લેવાની જરૂર પડી શકે છે. તમને કોઈ પણ જાતનો ખર્ચ કર્યા વગર તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. સંપર્ક કરો ૮૬૬-૪૯૪-૨૧૧૧. **Gujarati**

Este aviso tem informações importantes sobre o seu requerimento ou sua cobertura. Observe as datas-chave notadas neste aviso. É possível que você precise manter certos prazos para continuar sua cobertura de saúde ou manter ajuda com certos custos. Você tem o direito de obter informações e ajuda em sua língua nativa, gratuitamente. Ligue para 866-494-2111. **Portuguese**

इस नोटिस में आपके आवेदन या कवरेज के बारे में महत्वपूर्ण जानकारी है। इस नोटिस में महत्वपूर्ण तारीखों को देखें। आप अपनी स्वास्थ्य कवरेज को रखने या कीमत संबंधित किसी सहायता के लिए निश्चित समय सीमा के अंदर कार्यवाही करने की जरूरत हो सकती है। आपके पास कोई भी कीमत चुकाये बिना अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। 866-494-2111 पर फ़ोन करें। **Hindi**

این اعلامیه حاوی اطلاعات مهمی در مورد درخواست نامه یا پوشش شماست. به تاریخ های کلیدی در این اعلامیه توجه کنید. ممکن است لازم باشد که برای حفظ پوشش بهداشتی یا دریافت کمک در پرداخت هزینه ها تا مهلت های خاصی اقدام کنید. شما حق دارید که این اطلاعات و راهنمایی را بدون اخذ هزینه به زبان خودتان دریافت کنید. با شماره 866-494-2111 تماس بگیرید. **Persian**

Il presente avviso contiene informazioni importanti riguardo alla Sua richiesta o copertura. Individui le date fondamentali contenute nel presente avviso. Potrebbe essere necessario intraprendere azioni entro determinate scadenze per mantenere la Sua copertura sanitaria o assistenza a pagamento. Lei ha il diritto di ricevere tali informazioni e assistenza nella Sua lingua senza costi aggiuntivi. Chiami il numero 866-494-2111. **Italian**

ይህ ማስታወቂያ ማመልከቻዎን ወይም ሽፋንዎን የሚመለከት አስፈላጊ መረጃ የያዘ ነው። በዚህ ማስታወቂያ ላይ ቁልፍ በሆኑት ቀናች ላይ ያተኩሩ። የጤና መድን ሽፋንዎ ለማስቀጠል ወይም የህክምና ወጪ የሚሸፍን እርዳታ ለማግኘት በተወሰነ የጊዜ ገደብ ውስጥ እርምጃ መውሰድ ሊያስፈግዎ ይችላል። ይህንን እርዳታ እና መረጃ ያለ ምንም ክፍያ እና በቋንቋዎ የማግኘት መብት አለዎት። በ 866-494-2111 ይደውሉ። **Amharic**

Díí hane' 'éí saad 'íliinii díí naaltsoos hadinilaaígíí doodago nibee nik'é'asti'ígíí bee baa hane'. Yoołkáát yéędąą' nich'í' 'é'elyaaígíí biká'ígíí hadíí'íí. Díí nik'é'éstí'ígíí 'éí doodago béeso da bee níká 'a'doowóígíí bikáa'go da 'át'ée dooleet 'áko t'áadoo bee 'e'e'aahí baa yiłkaahgo tsxííłgo hasht'e dííliíł ní da dooleet. Bee haz'aaaní hóló díí kót'éego yaa halne'ígíí níká'a'doowółgo dóó t'áa nizaad k'ehjí bee níł hodoonih t'áadoo bááh 'ilíní. Kojí' hodíilnih 866-494-2111. **Navajo**

本通知には、お申込みまたは補償に関する重要な情報が含まれています。本通知に記載されている重要な日付にご注意ください。医療保険を維持するもしくは医療費の補償を受けるには、特定の期限までに対応していただく必要があります。あなたには、無料で使用言語によるこの情報および援助を得る権利があります。866-494-2111 までお電話ください。 **Japanese**

Ozi a nwere ozi di mkpa banyere ngwa gi ma o bu mkpuchi. Choputa isi AFQ na ozi a. I nwere ike ime ihe ufođu tupu ngwucha ka i nyere aka na-ahụ ike mkpuchi ma o bu aka mana-akwụ ugwo. I nwere ikike iji nweta ozi a na enyemaka n'asusụ gi na-atufughi ego. kpọ 866-494-2111. **Kru, Ibo, Yoruba**

ຫນັງສືແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະຫມັກຫຼືການຄຸ້ມຄອງຂອງທ່ານ. ຊອກຫາວັນທີສໍາຄັນໃນຫນັງສືແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງໃຊ້ການປະຕິບັດໂດຍການກໍານົດເວລາເພື່ອການຄຸ້ມຄອງສຸຂະພາບຫຼືຄ່າໃຊ້ຈ່າຍຂອງທ່ານ. ທ່ານມີສິດທີ່ໄດ້ຮັບຂໍ້ມູນນີ້ແລະການຊ່ວຍເຫຼືອທາງດ້ານພາສາໂດຍທີ່ບໍ່ເສຍຄ່າ. ໂທຫາເບີ \ 866-494-2111. **Laotian**





यस सूचनामा तपाईंको आवेदन अथवा क्षत्राधिकार(कभरेज) सम्बन्धि महत्त्वपूर्ण जानकारीहरु छन्। कृपया यस सूचनामा रहेको मुख्य मितिहरुमा ध्यान दिनु होला। तपाईंको स्वास्थ्य कभरेज जारी राख्न अथवा खर्चसम्बन्धी सहयोग चाहिएमा तपाईंले केही कार्यहरु निश्चितसमयसीमा भित्र गर्नु पर्ने अवस्था रहन सक्छ। तपाईंसँग आफ्नै भाषामा निःशुल्क यस्तो सहयोग तथा जानकारी लिने अधिकार छ। सम्पर्क गर्नुहोस् 866-494-2111 | **Nepali**

Die Bekanntmachung gebt wickdichi Auskunft baut dei Application oder Coverage mit dit bericht. Geb Acht fer wickdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimme Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprouch griege, un die Hilf koschtet nix. Bel 866-494-2111.

### **Pennsylvanian Dutch**

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