CIGNA LEGACY
(STANDARD) 3-TIER
PRESCRIPTION DRUG LIST

Starting January 1, 2021
What’s inside?

About your prescription drug list 3
How to read your drug list 3
How to find your medication 5
Prescription drug list FAQs 20
Exclusions and limitations 23

View your plan’s drug list online

This document was last updated on 09/01/2020.* You can go online to see a more current list of medications your plan covers.

The myCigna® App or website – Log in and click on the “Find Care & Costs” tab. Select “Price a Medication,” then type in your medication name.

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

Questions?

Call the toll-free number on your Cigna ID card. We’re here to help. You can also chat with us online on the myCigna website, Monday–Friday, 9:00 am–8:00 pm EST.

* Drug list created: originally created 01/01/2016
Last updated: 09/01/2020, for changes starting 01/01/2021
Next planned update: 03/01/2021, for changes starting 07/01/2021
About your prescription drug list

This document shows the most commonly prescribed medications covered on the Legacy (Standard) 3-Tier Prescription Drug List as of January 1, 2021. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

The Legacy (Standard) 3-Tier Prescription Drug List is updated often so it’s important to know that this is not a complete list of the medications your plan covers. Also, your specific plan may not cover all of the medications in this document. Log in to the myCigna App or website, or check your plan materials, to see which medications your plan covers.

How to read your drug list

Use the sample chart below to help you understand this drug list. This chart is just an example. It may not show how these medications are actually covered on the Legacy (Standard) 3-Tier Prescription Drug List.

### TIER 1

<table>
<thead>
<tr>
<th><strong>BLOOD PRESSURE/HEART MEDICATIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>afeditab CR</td>
</tr>
<tr>
<td>amlodipine besylate</td>
</tr>
<tr>
<td>amlodipine besylate-benazepril</td>
</tr>
<tr>
<td>amlodipine-valsartan</td>
</tr>
<tr>
<td>amlodipine-valsartan-HCTZ</td>
</tr>
<tr>
<td>atenolol</td>
</tr>
<tr>
<td>atenolol-chlorthalidone</td>
</tr>
<tr>
<td>benazepril</td>
</tr>
<tr>
<td>benazepril-HCTZ</td>
</tr>
<tr>
<td>candesartan cilexetil</td>
</tr>
<tr>
<td>cartia XT</td>
</tr>
<tr>
<td>carvedilol</td>
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<tr>
<td>clonidine</td>
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<td>digitek</td>
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<td>digox</td>
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<td>digoxin</td>
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<tr>
<td>diltiazem ER</td>
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<td>diltiazem CD</td>
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</tr>
<tr>
<td>dilt-XR</td>
</tr>
<tr>
<td>enalapril</td>
</tr>
<tr>
<td>flecainide acetate</td>
</tr>
<tr>
<td>hydralazine</td>
</tr>
<tr>
<td>irbesartan</td>
</tr>
<tr>
<td>isosorbide mononitrat</td>
</tr>
<tr>
<td>Berinert* (PA)</td>
</tr>
<tr>
<td>Bidil</td>
</tr>
<tr>
<td>Bystolic</td>
</tr>
<tr>
<td>Cinryze* (PA)</td>
</tr>
<tr>
<td>Coreg CR</td>
</tr>
<tr>
<td>Cozaar (ST)</td>
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<tr>
<td>Diovan (ST)</td>
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<tr>
<td>Diovan HCT (ST)</td>
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<td>Edarbi (ST)</td>
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<td>Edarbyclor (ST)</td>
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<tr>
<td>Exforge</td>
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<tr>
<td>Exforge HCT</td>
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<tr>
<td>Firazy* (PA)</td>
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<tr>
<td>Hemangeol</td>
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<tr>
<td>Inderal LA</td>
</tr>
<tr>
<td>Inderal XL</td>
</tr>
<tr>
<td>Innopran XL</td>
</tr>
<tr>
<td>Loprel</td>
</tr>
<tr>
<td>Micardis (ST)</td>
</tr>
<tr>
<td>Multaq</td>
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<tr>
<td>Nitro-dur</td>
</tr>
<tr>
<td>Nitrolingual</td>
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<tr>
<td>NitroMist</td>
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### TIER 2

<table>
<thead>
<tr>
<th><strong>BLOOD PRESSURE/HEART MEDICATIONS</strong></th>
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<tbody>
<tr>
<td>Nitronal</td>
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<tr>
<td>Nitrostat</td>
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<tr>
<td>Northera* (PA)</td>
</tr>
<tr>
<td>Norvasc</td>
</tr>
<tr>
<td>Ranexa (ST)</td>
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<tr>
<td>Tekturna</td>
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<tr>
<td>Tekturna HCT</td>
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</tbody>
</table>

**Tier** (cost-share level) gives you an idea of how much you may pay for a medication. Medications are grouped by the **condition** they treat. Medications are listed alphabetically in each column. **Specialty medications** have an asterisk (*) listed next to them. Brand name medications are **capitalized**. Generic medications are **lowercase**. Medications that have extra coverage requirements will have an **abbreviation** listed next to them.
Tiers

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

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

Abbreviations next to medications

Some medications on your drug list have extra requirements before your plan will cover them.* This helps to make sure you’re receiving coverage for the right medication, at the right cost, in the right amount and for the right situation. These medications will have an abbreviation next to them in the drug list. Here’s what each of the abbreviations mean.

(PA) Prior Authorization – Cigna will review information provided by your doctor to make sure you meet coverage guidelines for the medication. If approved, your plan will cover the medication.

(ST) Step Therapy – Certain high-cost medications are part of the Step Therapy program. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to, depression, high blood pressure, high cholesterol, skin conditions and sleep disorders. Your plan doesn’t cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).

(QL) Quantity Limits – For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Your plan will only cover a larger amount if your doctor requests and receives approval from Cigna.

(AGE) Age Requirements – For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren’t considered clinically appropriate for individuals who aren’t within that age range.

* These coverage requirements may not apply to your specific plan. That’s because some plans don’t have prior authorization, quantity limits, Step Therapy and/or age requirements. Log in to the myCigna App or website, or check your plan materials, to find out if your plan includes these specific coverage requirements.

Brand name medications are capitalized

In this drug list, brand name medications are capitalized and generic medications are lowercase.

Specialty medications are marked with an asterisk

Specialty medications are used to treat complex medical conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. In this drug list, specialty medications are marked with an asterisk (*). Some plans may cover these medications on a specialty tier, limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. Log in to the myCigna App or website, or check your plan materials, to learn more about how your plan covers specialty medications.
No cost-share preventive medications are marked with a plus sign

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires that most plans cover certain categories of medications and other products as preventive care services. In this drug list, medications with a plus sign (+) next to them may be available to you at no cost-share (copay, coinsurance and/or deductible). Log in to the myCigna App or website, or check your plan materials, to learn more about how your plan covers preventive medications.

Plan exclusions

Your plan excludes certain types of medications or products from coverage. This is known as a “plan (or benefit) exclusion.” This means that your plan doesn’t cover any prescription medications in the drug class or to treat the specific condition. There’s also no option to receive coverage through a medication review process. In this drug list, these medications have a caret (^) next to them. Log in to the myCigna App or website, or check your plan materials, to find out if your plan excludes your medication from coverage.

How to find your medication on the drug list

Find your condition in the alphabetical list below. Then go to that page to see the covered medications available to treat the condition.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Page</th>
</tr>
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<tbody>
<tr>
<td>AIDS/HIV</td>
<td>6</td>
</tr>
<tr>
<td>ALLERGY/NASAL SPRAYS</td>
<td>6</td>
</tr>
<tr>
<td>ALZHEIMER’S DISEASE</td>
<td>6</td>
</tr>
<tr>
<td>ANXIETY/DEPRESSION/BIPOLAR DISORDER</td>
<td>6</td>
</tr>
<tr>
<td>ASTHMA/COPD/RESPIRATORY</td>
<td>6, 7</td>
</tr>
<tr>
<td>ATTENTION DEFICIT HYPERACTIVITY DISORDER</td>
<td>7</td>
</tr>
<tr>
<td>BLOOD MODIFIERS/BLEEDING DISORDERS</td>
<td>7</td>
</tr>
<tr>
<td>BLOOD PRESSURE/HEART MEDICATIONS</td>
<td>7, 8</td>
</tr>
<tr>
<td>BLOOD THINNERS/ANTI-CLOTTING</td>
<td>8</td>
</tr>
<tr>
<td>CANCER</td>
<td>8, 9</td>
</tr>
<tr>
<td>CHOLESTEROL MEDICATIONS</td>
<td>9</td>
</tr>
<tr>
<td>CONTRACEPTION PRODUCTS</td>
<td>9–11</td>
</tr>
<tr>
<td>COUGH/COLD MEDICATIONS</td>
<td>11</td>
</tr>
<tr>
<td>DENTAL PRODUCTS</td>
<td>11</td>
</tr>
<tr>
<td>DIABETES</td>
<td>11</td>
</tr>
<tr>
<td>DIURETICS</td>
<td>12</td>
</tr>
<tr>
<td>EAR MEDICATIONS</td>
<td>12</td>
</tr>
<tr>
<td>ERECTILE DYSFUNCTION</td>
<td>12</td>
</tr>
<tr>
<td>EYE CONDITIONS</td>
<td>12</td>
</tr>
<tr>
<td>FEMININE PRODUCTS</td>
<td>12</td>
</tr>
<tr>
<td>GASTROINTESTINAL/HEARTBURN</td>
<td>12, 13</td>
</tr>
<tr>
<td>HORMONAL AGENTS</td>
<td>13</td>
</tr>
<tr>
<td>INFECTIONS</td>
<td>14</td>
</tr>
<tr>
<td>INFERTILITY</td>
<td>14</td>
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<tr>
<td>MISCELLANEOUS</td>
<td>14</td>
</tr>
<tr>
<td>MULTIPLE SCLEROSIS</td>
<td>15</td>
</tr>
<tr>
<td>NUTRITIONAL/DIETARY</td>
<td>15</td>
</tr>
<tr>
<td>OSTEOPOROSIS PRODUCTS</td>
<td>15</td>
</tr>
<tr>
<td>PAIN RELIEF AND INFLAMMATORY DISEASE</td>
<td>15, 16</td>
</tr>
<tr>
<td>PARKINSON’S DISEASE</td>
<td>16</td>
</tr>
<tr>
<td>SCHIZOPHRENIA/ANTI-PSYCHOTICS</td>
<td>16</td>
</tr>
<tr>
<td>SEIZURE DISORDERS</td>
<td>17</td>
</tr>
<tr>
<td>SKIN CONDITIONS</td>
<td>17, 18</td>
</tr>
<tr>
<td>SLEEP DISORDERS/SEDATIVES</td>
<td>18</td>
</tr>
<tr>
<td>SMOKING CESSATION</td>
<td>18</td>
</tr>
<tr>
<td>SUBSTANCE ABUSE</td>
<td>18</td>
</tr>
<tr>
<td>TRANSPLANT MEDICATIONS</td>
<td>18</td>
</tr>
<tr>
<td>URINARY TRACT CONDITIONS</td>
<td>18</td>
</tr>
<tr>
<td>VACCINES</td>
<td>19</td>
</tr>
<tr>
<td>WEIGHT MANAGEMENT</td>
<td>19</td>
</tr>
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</table>
## Cigna Legacy (Standard) 3-Tier Prescription Drug List

### AIDS/HIV

<table>
<thead>
<tr>
<th>Tier 1</th>
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<th>Tier 3</th>
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</table>

- abacavir-lamivudine* (PA)
- atazanavir* (PA)
- ritonavir* (PA)
- tenofovir* (PA)

- Atripla* (PA)
- Biktarvy*
- Descovy*
- Genvoya*
- Isentress*
- Isentress HD* (PA)
- Juluca*
- Prezista*
- Selzentry* (PA)
- Symfji*
- Symfji Lo*
- Symtuza*
- Tivicay*
- Triumeq*
- Truvada*
- Viread 150 mg, 200mg, 250mg tablet, powder* (PA)

- Cimduo* (PA)
- Complera* (PA)
- Evotiza* (PA)
- Intelence* (PA)
- Odefsey* (PA)
- Pranzcobix* (PA)
- Striibaid* (PA)
- Viread* 300mg tablet (PA)

### ALLERGY/NASAL SPRAYS

- azelastine
- carboxinamine 4mg/5ml liquid, 4mg tablet
- carboxinamine 6mg tablet (PA)
- cromolyn oral concentrate
cyproheptadine
desloratadine (QL)
epinephrine (QL)
fluticasone hydroxyzine
- capsule, solution, syrup tablet
- ipratropium monemathone (QL)
- olapadatine promethazine solution, syrup, tablet
- clarinex
- Clarinex-D 12 Hour
- EpiPen (PA, QL)
- EpiPen Jr (PA, QL)
- Gastrocrom
- Grastek (PA, QL)
- Karbinal ER
- Odactra (PA, QL)
- Patanase
- QNASL children
- Ragwitek (PA, QL)
- RyVent(PA)
- Symjepi (PA, QL)
- Vistaril

### ANXIETY/DEPRESSION/BIPOLAR DISORDER

#### (cont)

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
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</table>

- alprazolam intensol
- alprazolam ODT
- alprazolam XR
- amitriptyline
- bupropion (QL)
- bupropion SR (QL)
- bupropion XL (QL)
- buspirone
- citalopram (QL)
- clomipramine
desvenlafaxine ER (QL)
duloxetine (QL)
escitalopram (QL)
floxetine (QL)
- fluoxetine DR (QL)
- fluvoxamine (QL)
- fluvoxamine ER (QL)
lorazepam oral concentrate, tablet
trazadone
- venlafaxine (QL)
- venlafaxine ER (QL)

### ANXIETY/DEPRESSION/BIPOLAR DISORDER

<table>
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<tr>
<th>Tier 1</th>
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</table>

- alprazolam
- alprazolam ER

- Anafranil (PA)
- Aplenzin (PA, QL)

### ANXIETY/DEPRESSION/BIPOLAR DISORDER

- Ativan tablet (PA)
- Celexa (ST, QL)
- Cymbalta (PA, QL)
- Effexor XR (ST, QL)
- Fetzima (ST, QL)
- Forfivo XL (ST, QL)
- Lexapro (PA, QL)
- Pamol (PA)
- Parnate (PA)
- Paxil (ST, QL)
- Paxil CR (ST, QL)
- Pexeva (PA, QL)
- Pristiq ER (ST, QL)
- Prozac (ST, QL)
- Remeron
- Sarafem (ST)
- Trintellix (ST, QL)
- Viibryd (ST, QL)
- Wellbutrin SR (ST, QL)
- Wellbutrin XL (PA, QL)

### ASTHMA/COPD/RESPIRATORY

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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</table>

- albuterol
- albuterol HFA
- Alyx* (PA)
- budesonide
- fluticasone-salmeterol
- montelukast
tadalafil* 20mg (PA)
- Wixela Inhub

- Advair HFA
- Anoro Ellipta
- Asmanex
- Asmanex HFA
- Atovent HFA
- Bevespi
- Breo Ellipta
- Combivent
- Respinmat
- Dulera
- Flovent Diskus
- Flovent HFA
- Incruise Ellipta
- Ofv* (PA)
- Opsumit* (PA)
- Pulmicort Flexhaler
- Pulmozyme* (PA)
- QVAR Redihaler
- Serevent Diskus
- Symbicort
- Adcirca* (PA)
- Adempas* (PA)
- Arcapta Neohaler
- Brovana
- Daliresp (QL)
- Eliquisphyl (PA)
- Kalydeco* (PA, QL)
- Letairis* (PA)
- Lonhala Magnair (PA)
- Nucal auto-injector, syringe* (PA)
- Orenitram ER* (PA)
- Orkambi* (PA, QL)
- Perforomist (QL)
- ProAir Dighalier (PA, QL)
- ProAir HFA (PA, QL)
### ASTHMA/COPD/RESPIRATORY (cont)

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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</table>

- **ASTHMA/COPD/RESPIRATORY**
  - Tracleer 32mg tablet for suspension (PA)
  - Trelegy Ellipta Xolair* (PA)
  - ProAir RespiClick (PA, QL)
  - Proventil HFA (PA, QL)
  - Pulmicort Respule Revatio oral suspension, tablet* (PA)
  - Singular Symdeko* (PA, QL)
  - Tracleer tablet* (PA)
  - Tyvaso* (PA)
  - Uptravi* (PA)
  - Ventolin HFA (PA, QL)
  - Xopenex HFA Zyflo (PA)

### ATTENTION DEFICIT HYPERACTIVITY DISORDER

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
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</table>

- Atomoxetine (QL)
- Clonidine ER
dexmethylphenidate (PA age)
dexmethylphenidate ER (PA age, QL)
dextroamphetamine-amphetamine (PA age)
dextroamphetamine-amphetamine ER (PA age, QL)
guanfacine ER
metadate ER (PA age, QL)
methylphenidate (PA age)
methylphenidate CD (PA age, QL)
methylphenidate ER (PA age, QL)
methylphenidate ER (CD) (PA age, QL)
methylphenidate ER (LA) (PA age, QL)
methylphenidate LA (PA age, QL)
Rellexii ER (PA age, QL)

- Vyvanse (PA age, QL)
- Adderall (PA age, ST)
- Adhansia XR (PA age, ST, QL)
- Adzenys ER (PA age, QL)
- Adzenys XR-ODT (PA age, QL)
- Daytrana (PA age, QL)
- Desoxyn (PA)
- Dextedrine (PA, QL)
- Dyanavel XR (PA age, QL)
- Evekeo (PA age, ST)
- Evekeo ODT (PA age)
- Focalin (PA age, ST)
- Intuniv ER
- Kapvay ER
- Methylin (PA)
- QuilliChew ER (PA age, QL)
- Quillivant XR (PA age, QL)
- Ritalin tablet (PA age, ST)
- Strattera (QL)

### BLOOD MODIFIERS/BLEEDING DISORDERS

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
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</table>

- Aminocaproic acid tablet
- Tranexamic acid tablet
- Aranesp*^ (PA)
- Droxia
- Epogen*^ (PA)
- Fulphila* (PA)
- Granix*^ Neulasta*^ (PA)
- Procrit*^ (PA)
- Retacrit*^ (PA)
- Udenyca* (PA)
- Zarxio*^ (PA)
- Amicar*
- Hemlibra* (PA)
- Lysteda*
- Neupogen*^ (PA)
- Nivestym*^ (PA)
- Promacta* (PA)
- Siklos (PA)
- Tavalisse* (PA)

### BLOOD PRESSURE/HEART MEDICATIONS

<table>
<thead>
<tr>
<th>Tier 1</th>
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</table>

- Adult Aspirin Regimen*
amiodarone tablet
amlodipine
amlodipine-benazepril
amlodipine-olmesartan (QL)
amiodipine-valsartan
amlodipine-valsartan-HCTZ
Aspir EC*
Aspir-Low*
aspirin 325mg tablet*
aspirin EC*
atenolol
benazepril
benazepril-HCTZ
candesartan
candesartan-HCTZ
Cartia XT
carvedilol
carvedilol ER (QL)
Children's Aspirin^ clonidine
diltiazem tablet
diltiazem 12hr ER
diltiazem 24hr ER
diltiazem 24hr ER (CD)
diltiazem 24hr ER (LA)
diltiazem 24hr ER (XR)
Dilt-XR
- Bystolic (ST, QL)
- Corlanor (PA)
- Entresto
- Tekturna HCT (QL)
- Adalat CC
- Altace (ST)
- Atacand (ST)
- Atacand HCT (ST)
- AVALIDE (ST)
- Avapro (ST)
- Azor (QL)
- Benicar (ST, QL)
- Benicar HCT (ST, QL)
- Betapace (PA)
- BiDil (QL)
- Calan SR
- Cardizem (PA)
- Cardizem CD (PA)
- Cardizem LA
- Cardura
- Catapres-TTS 1
- Catapres-TTS 2
- Catapres-TTS 3
- Consensi (PA, QL)
- Coreg (ST)
- Coreg CR (ST, QL)
- Corgard (ST)
- Cozaar (ST)
- Diovan (ST)
- Diovan HCT (ST)
- Ecotrin EC 325mg* Edarbi (ST, QL)
- Edarbyclor (ST)
- Epaned
- Exforge
- Exforge HCT
- Firazyr* (PA)
- GoNitro
- Haegarda* (PA)
- Hemangeol
# Cigna Legacy (Standard) 3-Tier Prescription Drug List

## BLOOD PRESSURE/HEART MEDICATIONS (cont)

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## BLOOD THINNERS/ANTI-CLOTTING

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| Zontivity | CANCER

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## Cigna Legacy (Standard) 3-Tier Prescription Drug List

### TIER 1
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### TIER 2
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### TIER 3
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### CANCER (cont)
- Tykerb* (PA)
- Venclexta* (PA)
- Votrient* (PA)
- Xalkori* (PA)
- Xeloda* (PA)
- Xtandi* (PA)
- Zejula* (PA)

### CHOLESTEROL MEDICATIONS
- amlodipine-atorvastatin (QL)
- atorvastatin 10mg, 20mg*
- atorvastatin 40mg, 80mg*
- colesevelam
- ezetimibe
- ezetimibe-simvastatin
- fenofibrate
- fenofibric acid
- fluvastatin*
- fluvastatin ER
- lovastatin 10mg
- lovastatin 20mg, 40mg*
- niacin
- niacin ER
- Niacor
- omega-3 acid
- ethyl esters
- pravastatin*
- rosuvastatin 5mg, 10mg* (QL)
- rosuvastatin 20mg, 40mg (QL)
- simvastatin 10mg, 20mg, 40mg*
- simvastatin 80mg (QL)

### Repatha (PA)
### Vascpea (PA)

### Antara (PA)
### Caduet (QL)
### Crestor (ST, QL)
### Fenoglide (PA)
### Lipitor (PA)
### Lipofen (ST)
### Lovaza
### Niaspan
### Pravachol (ST)
### TriCor (ST)
### Triglide (ST)
### Trilipix (ST)
### Vytorin (ST)
### Welchol
### Zetia
### Zocor (ST, QL)

### CONTRACEPTION PRODUCTS (cont)
- Ashlyna*
- Aubra*
- Aubra EQ*
- Aurovela*
- Aurovela FE*
- Aurovela 24 FE*
- Aviane*
- Ayuna*
- Azurette*
- Balziva*
- Bekyree*
- Blisovi FE*
- Blisovi 24 FE*
- Briellyn*
- Camila*
- Camrese*
- Camrese Lo*
- Caya Contoured*
- Caziant*
- Chateal*
- Chateal EQ*
- Crysal*  
- Cycledra*  
- Cyred*  
- Cyred EQ*
- Dasetta*
- Daysee*
- Deblitane*
- Delyla*
- desogestrel-ethinyl estradiol*
- desogestrel-ethinyl estradiol-ethinyl estradiol
- desogestrel-ethinyl estradiol-levomefolate*
- drospirenone-ethinyl estradiol*
- Econtra EZ*
- Econtra One-Step*
- EluRyng vaginal ring*
- Emoquette*
- Enpresse*
- Enskyce*
- Errin*
- Estarylla*
- ethynodiol-ethinyl estradiol*

### Afirmelle*
### Aftera*
### Altavera*
### Alyacen*
### Amethia*
### Amethia Lo*
### Amethyst*
### Apri*
### Aranelle*

### Lo Loestrin FE
### Taytulla

### Annovera*
### Balcoltra
### Ella*
### Estrostep FE
### Layolis FE
### Loestrin FE
### Minastrin 24 FE
### Natazia
### NuvaRing

### Safyral
### Skyyla*
### Today Contraceptive Sponge*
### Yasmin 28
### Yaz
## Cigna Legacy (Standard) 3-Tier Prescription Drug List

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<tr>
<th>CONTRACEPTION PRODUCTS (cont)</th>
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* Indicates approval of generic version.
## Cigna Legacy (Standard) 3-Tier Prescription Drug List

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### CONTRACEPTION PRODUCTS (cont)
- Tri-Previfem<sup>+</sup>
- Tri-Sprintec<sup>+</sup>
- Trivora-28<sup>+</sup>
- Tri-Vylibra<sup>+</sup>
- Tri-Vylibra Lo<sup>+</sup>
- Tulana<sup>+</sup>
- Tydemy<sup>+</sup>
- VCF<sup>+</sup> foam, gel
- Velivet<sup>+</sup>
- Vienva<sup>+</sup>
- Viorele<sup>+</sup>
- Vylemla<sup>+</sup>
- Vylibra<sup>+</sup>
- Wera<sup>+</sup>
- Wide Seal
  - Diaphragm<sup>+</sup>
  - Wymzya FE<sup>+</sup>
- Xulane<sup>+</sup>
- Zarah<sup>+</sup>
- Zovia<sup>+</sup>
- Zumandimine<sup>+</sup>

### COUGH/COLD MEDICATIONS
- benzonatate 150mg (PA)
- Bromfed DM
- brompheniramine-pseudoephedrine-DM
- hydrocodone-chlorpheniramine ER (PA)
- TussiCaps (PA)
- Tessalon Perle
- Tuzistra XR (PA, QL)

### DENTAL PRODUCTS
- chlorhexidine
- doxycycline 20mg tablet
- fluoride<sup>+</sup>^<sup>^</sup>
- Fluoritab<sup>+</sup>^<sup>^</sup>
- Flura-Drops<sup>+</sup>^<sup>^</sup>
- Ludent<sup>+</sup>^<sup>^</sup>
- Oralone
- Paroex
- Periogard
- sodium fluoride<sup>+</sup>^<sup>^</sup>
  - 0.25mg, 0.5mg, 1mg
- triamcinolone 0.1% paste
- Floriva<sup>*^<sup>^</sup>
- Fluorabon<sup>*^<sup>^</sup>

### DIABETES
- glimepiride
- glipizide
- glipizide ER
- glipizide XL
- metformin
- metformin ER (PA)
- pioglitazone
- Accu-Chek test strips
- Baqsimi (QL)
- Basaglar (QL)
- Bydureon (ST, QL)
- Byetta (ST, QL)
- Farxiga (ST, QL)
- Flasp (QL)
- Freestyle Libre
  - Sensor (PA, QL)
- GlucaGen HypoKit
  - (QL)
- Glucagon
  - Emergency Kit (QL)
- Glyxambi (ST, QL)
- Humalog (QL)
- Humulin (QL)
- Insulin Lispro (QL)
- Invokamet (ST, QL)
- Invokamet XR (ST, QL)
- Janumet (ST, QL)
- Janumet XR (ST, QL)
- Januvia (ST, QL)
- Jardiance (ST, QL)
- Kombiglyze XR (ST, QL)
- Levernir (QL)
- Novolin (QL)
- Novolog (QL)
- OneTouch test strips
- Onglyza (ST, QL)
- Ozempic (ST, QL)
- QTERN (ST, QL)
- Segluromet (ST, QL)
- Soliqua
- Steglatro (ST, QL)
- SymlinPen
- Synjardy (ST, QL)
- Synjardy XR (ST, QL)
- Tresiba (QL)
- Trulicity (ST, QL)
- V-Go
- Victoza (ST, QL)
- Xigduo XR (ST, QL)
- Xultophy
# Cigna Legacy (Standard) 3-Tier Prescription Drug List

## TIER 1 $  
## TIER 2 $$  
## TIER 3 $$$

### DIURETICS
- acetazolamide tablet
- acetazolamide ER
- bumetanide tablet
- chlorthalidone tablet
- furosemide solution, tablet
- hydrochlorothiazide
- spironolactone
- triamterene-HCTZ

### TIER 2 $$
- Aldactone
- Dyazide
- Edecrin (PA)
- Inspra
- Jynarque* (PA)
- Lasix
- Maxzide
- Samsca*

### TIER 3 $$$
- Diuril
- Dyrenium
- Aldactone
- Dyazide
- Edecrin (PA)
- Inspra
- Jynarque* (PA)
- Lasix
- Maxzide
- Samsca*

### EAR MEDICATIONS
- neomycin-polymyxin-HC
- ofloxacin drops

### ERECTILE DYSFUNCTION
- sildenafil^ (PA age, QL)
- tadalafil^ 2.5mg, 10mg, 20mg (PA age, QL)
- tadalafil^ 5mg (PA, QL)
- vardenafil^ (PA age, QL)

### EYE CONDITIONS (cont)

### FEMININE PRODUCTS
- Fem pH
- Gynazole 1
- miconazole 3 suppository
- terconazole

### GASTROINTESTINAL/HEARTBURN
- Amitiza
- Aprisio ER (ST)
- Carafate suspension
- CLENPIQ^+ Creon
- Dexilant (QL)
- Entyvio^+ (PA)
- Linzess
- Lithostat
- Nexium DR 2.5mg, 5mg packet (QL)
- Pancreaze DR
- Pentasa
- Prepopik^+ SUPREP^+ Zenpep

### GASTROINTESTINAL/HEARTBURN
- Aciphex Sprinkle (QL)
- Aciphex tablet (ST, QL)
- Actigall
- Akynezo capsule (PA, QL)
- Anusol-HC suppository (PA)
- Bonjesta
- Canasa
- Carafate tablet
- Cholbam* (PA)
- Correctol^+ Cortifoam (PA)
- Creon (PA)
- Diclegis
- Donnatal
- Dulcolax tablet^+
- Gattex^* (PA)
- Kristalose
- Lialda (ST)
- Librax (PA)
- Lomotil
### Gastrointestinal/Heartburn (cont)

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- GaviLyte-N*  
- GentleLax*  
- GlycoLax*  
- HealthyLax*  
- Hemmorex-HC  
- hydrocortisone suppository  
- lansoprazole (QL)  
- mesalamine  
- mesalamine DR solution, tablet  
- metoclopramide ODT  
- omeprazole-bicarbonate (PA, QL)  
- omeprazole DR capsule (QL)  
- ondansetron  
- ondansetron ODT pantoprazole tablet (QL)  
- PEG 3350 Electrolytes+  
- PEG-Prep+  
- Pepcid (PA)  
- Phenadoz polyethylene glycol 3350  
- PowderLax*  
- prochlorperazine suppository, tablet  
- promethazine suppository  
- Promethegan PureLax+  
- QC Natura-Lax+  
- rabeprazole (QL)  
- ranitidine capsule, syrup, 150mg and 300mg tablet  
- Smooth Lax+ sucralfate  
- TrILyte With Flavor Packets+  
- ursodiol  
- Women’s Gentle Laxative+  
- Women’s Laxative+  
- Lotronex* (PA)  
- Marinol (PA)  
- MiraLax*  
- Motegrity (PA)  
- Movantik (PA)  
- Nexium DR capsule, 10mg, 20mg, 40mg packet (PA, QL)  
- Ocaliva* (PA)  
- Omeclamox-Pak (PA)  
- Pertzye (PA)  
- Prevacid DR (ST, QL)  
- Prevacid SoluTab (PA, QL)  
- Protonix suspension, tablet (ST, QL)  
- Pylera (PA)  
- Ravicti* (PA)  
- Rectiv  
- Relistor (PA)  
- Rowasa (PA)  
- Sancuso (PA, QL)  
- Sensipar* (PA)  
- sRowasa Sucrial+* (PA)  
- Symporic (PA)  
- Transderm-Scop Trulance (PA)  
- UCERIS foam (PA, QL)  
- Urso  
- Urso Forte  
- Varubi (PA, QL)  
- Viberzi  
- Viokase  
- Xermeleo* (PA)  
- Zegerid (PA, QL)  
- Zelnorm (PA)  
- Zenpep (PA)  
- Zofran (PA)  
- ZupeLax (PA, QL)  
- Amabelz budesonide EC  
- budesonide ER (PA, QL)  
- cabergoline (QL)  
- CovARYX CovARYX HS  
- Decadron desmopressin solution, spray, tablet  
- dexamethasone dexamethasone intensol Dotti (QL)  
- EE MT EE MT H.S. estradiol (QL)  
- estradiol-norethindrone estrogen-methyltestosterone HiDex levothyroxine tablet  
- Levoxyl liothyronine tablet  
- Lopreeza medroxyprogesterone methimazole methylprednisolone dosepak, tablet  
- Mimvex Nature-Throid NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone capsule  
- TaperDex (PA)  
- testosterone (PA, QL)  
- testosterone cypionate thyroid Westhroid WP Thyroid Yuvaferm (QL)  
- Androderm (PA, QL)  
- Cetrotide*^ (PA)  
- Divigel Duavee  
- Estrin (QL)  
- Euthryrox Forteo* (PA, QL)  
- GaniRelix*^ (PA)  
- Humatrope* (PA)  
-Increlex* (PA)  
- Levo-T  
- Lupron Depot*^ (PA)  
- Lupron Depot-PED**^ (PA)*  
- Medrol 2mg  
- Norditropin FlexPro* (PA)  
- Orilissa (PA, QL)  
- Premarin cream, tablet  
- Premphase Prempro  
- Sandostatin LAR Depot**^ (PA)  
- Somavert* (PA)  
- Zorbtive* (PA)  
- Activella Alora (QL)  
- AndroGel (PA, QL)  
- Angeliqu Armour Thyroid Climara Climara Pro CombiPatch Crinone 4% Cytomel DDVP nasal spray, solution, tablet (PA)  
- Depo-Testosterone Egrifta* (PA)  
- Elestrin Emflaza* (PA)  
- Entocort EC Estrace EstroGel Evamist Fortesta (PA, QL)  
- Imvegyx (QL)  
- Intrarosa Medrol 4mg, 8mg, 16mg, 32mg Menostar (QL)  
- Minivelle (QL)  
- Natesto (PA, QL)  
- Natpara* (PA)  
- Noctiva (PA)  
- Osphena Prometrium Rayaldee ER Somatuline Depot**^ (PA)  
- Striant (PA, QL)  
- Synthroid Rayos (PA)  
- Testim (PA, QL)  
- Tiroxint UCERIS tablet (PA, QL)  
- Unithroid Vogelxo (PA, QL)
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<td>Zithromax packet, suspension, tablet</td>
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<td>Zithromax Tri-Pak</td>
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<td>Zoferox suspension (PA)</td>
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<td>Zyvox (PA)</td>
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<td>INFERTILITY</td>
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<td>suspension, tablet</td>
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<tr>
<td>chorionic gonadotropin</td>
<td>Gonal-F*^ (PA)</td>
<td>Crinone 8%^</td>
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<td>10,000 unit vial*^ (PA)</td>
<td>Menopur*^ (PA)</td>
<td>Endometrin^</td>
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<td>clomiphene tablet^</td>
<td>Novarel*^ (PA)</td>
<td>Follistim AQ*^ (PA)</td>
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<td>Ovidrel*^ (PA)</td>
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<td>MISCELLANEOUS</td>
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<td>Cerdelga* (PA)</td>
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<tr>
<td>disulfiram</td>
<td>Ebsriet* (PA)</td>
<td>Addyi^ (PA, QL)</td>
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<td>Nebusal 3%</td>
<td>Nityr* (PA)</td>
<td>Austedo* (PA)</td>
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<tr>
<td>PULMOSAL</td>
<td>Strensiq* (PA)</td>
<td>Brisdelle (QL)</td>
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<td>sodium chloride inhalation vial</td>
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<td>Exjade* (PA)</td>
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<td>tetrabenazine* (PA)</td>
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<td>Ferriprox* (PA)</td>
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<td>Horizant (PA)</td>
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<td>Jadenu Sprinkle* (PA)</td>
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<td>Kuvan* (PA)</td>
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<td>Nuedexta (QL)</td>
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<td>Orfadin* (PA)</td>
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<td>Palynziq* (PA)</td>
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<td>Tiglutik* (PA)</td>
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**Cigna Legacy (Standard) 3-Tier Prescription Drug List**

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### MULTIPLE SCLEROSIS
- glatiramer* (PA)
- Glatopa* (PA)
- Ampyra* (PA)
- Avonex* (PA)
- Betaseron* (PA)
- Extavia* (PA)
- Gilenya* (PA)
- Plegridy* (PA)
- Rebif* (PA)
- Rebif Rebidose* (PA)
- Tecfidera* (PA)
- Zeposia* (PA)
- Ampyra* (PA)
- NUTRITIONAL/DIETARY
- calcitriol capsule, solution calcium 667mg cyanocobalamin injection daily prenatal FA-8 folic acid 0.4mg, 0.8mg folic acid 1mg Klor-Con 8 Klor-Con M10 Klor-Con M20 Klor-Con Sprinkle lanthanum phytosiderone tablet potassium chloride capsule, packet, solution, tablet Prena1 Pearl Prenatal Prenatal Vitamin* sevelamer vitamin D2 1.25mg vitamin D3 5,000 unit
- CitraNatal
- Drisdol
- Floriva
- Fosrenol chew K-Tab ER Lokelma Phoslyra PreGenna (PA) Renvela Trinaz (PA) Velphoro Veltassa vitaPearl
- Aurxyia (QL)
- Fosrenol packet Klor-Con M15 Mephyton OB Complete Petite Perry Prenatal* Prenate Mini Prenate Pixie PrimaCare Quflora drop, 1mg tablet* Rocaltrol Tri-vi-flor* Vitaflol
- EC-Naprosyn
- Analpram HC
- Calcitonin-Salmon
- Ibandronate tablet
- Raloxifene
- Risedronate
- Risedronate DR
- Tymlos* (PA, QL)
- Actonel (ST)
- Atelvia (ST)
- Binost (ST)
- Boniva tablet (ST)
- Evista Fosamax (ST)
- Fosamax Plus D (ST)

### PAIN RELIEF AND INFLAMMATORY DISEASE
- acetaminophen-codeine (PA)
- allopurinol
- Aprinoz Pak
- Baclofen tablet
- BUPAP (PA)
- buprenorphine patch, tablet (QL)
- butalbital-acetaminophen-caffeine (PA)
- carisoprodol celecoxib (QL)
- Chlorzoxazine 250mg, 375mg, 750mg (PA)
- colchicine
cyclobenzaprine
cyclobenzaprine ER (QL)
- DermacinRx
diclofenac DR
diclofenac EC
diclofenac ER
diclofenac 1% gel (QL)
diclofenac 1.5% topical solution (PA)
- EC-Naproxen
eletriptan (QL)
- Endocet (PA)
etodolac
etodolac ER Fenortho (PA)
fentanyl (PA)
Fioricet (QL)
framatriptan (QL)
Gydo
hydrocodone-acetaminophen (PA)
hydromorphone solution, suppository, tablet (PA)
- Actemra syringe*
- Amerge (PA, QL)
- Aimovig (PA)
- Ajovy (PA)
- Belbuca (QL)
- Depen* (PA)
- Enbrel* (PA, QL)
- Humira* (PA, QL)
- Hysingla ER (PA)
- MorphaBond ER (PA)
- Nucynta (PA)
- Otezla* (PA, QL)
- Proctofoam-HC Rasuvo (PA)
- Remicade* (PA)
- Savella Simponi Aria* (PA)
- Skyrizi* (PA, QL)
- Stelara 45mg/0.5ml, 90mg/ml* (PA, QL)
- Talizia* (PA, QL)
- Xeljanz* (PA, QL)
- Zofran ER (PA) Ztildo
- Allzital (PA)
- Amerge (PA, QL)
- Amrix ER 1.5mg (PA, QL)
- Amrix ER 30mg (PA, QL)
- Amrix ER (QL)
- Analpram HC
- Arava
- Arymo ER (PA)
- Benlysta* (PA)
- Butrans (QL)
- Cambia (PA)
- Celebrex (ST, QL)
- Cimzia* (PA, QL)
- Colcrys
- ConZip (PA, QL)
- Cosentyx* (PA, QL)
- D.E.45* (PA, QL)
diclofenac patch (PA, QL)
- Duexis (PA)
- Dupixent* (PA)
- Duragesic (PA)
- EC-Naprosyn (ST)
- Ergomar (PA)
- Esic (QL)
- Fexmid
- Flector (PA, QL)
- Frovat (PA, QL)
- Gralise (PA)
- Ilaris* (PA)
- Ilumya* (PA, QL)
- Imitrex (PA, QL)
- Indocin (PA)
- Kadian ER (PA)
- Kevzara* (PA, QL)
- Kineret* (PA, QL)
- Lidoderm
- Lorzone (PA)
- Maxalt (PA)
- Maxalt-MLT (PA)
- Migrela (PA, QL)
- Mitiqare
- Mobic (ST)
- MS Contin (PA)
- Nalfon 400 mg (ST)
- Naprelan (PA)
### Pain Relief and Inflammatory Disease (cont)

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- hydromorphone ER (PA)
- ibuprofen 400mg, 600mg, 800mg tablet
- indomethacin capsule
- indomethacin ER
- ketorolac (QL)
- leflunomide
- levalorphanol (PA)
- lidocaine (QL)
- lidocaine viscous
- lidocaine-prilocaine
- Lidopril
- Lidopril XR
- Lido-Prilo Caine Pack
- Livixil Pak
- Loracet (PA)
- Loracet HD (PA)
- Loracet Plus (PA)
- Lortab (PA)
- meloxicam tablet
- methocarbamol tablet
- morphine solution, suppository, tablet (PA)
- morphine ER (PA)
- nabumetone
- Nalfon 600mg (ST)
- Nalcot (PA)
- naproxen
- naproxen CR (PA)
- naproxen DR
- naproxen ER (PA)
- oxyCODA (PA)
- oxyCODA ER (PA)
- oxyCODA-acetaminophen (PA)
- Prilolid
- Prilovix
- Primlev (PA)
- Relator Pak

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- Naprosyn (ST)
- Norco (PA)
- Nucynta ER (PA)
- Olumiant* (PA, QL)
- ONZETRA Xsail (PA, QL)
- Orencia syringe* (PA, QL)
- Otrexup (PA)
- Oxydol (PA)
- Oxycontin (PA)
- PENNSAID pump (PA)
- PENNSAID solution packet (PA, ST)
- Percocet (PA)
- Procort
- Qmiiz ODT (ST, QL)
- RELPAX (PA, QL)
- Roxicodone (PA)
- Simponti* (PA, QL)
- Skelaxin
- Soriatane (PA)
- SPRIX (PA, QL)
- SUBSYS (PA)
- TivoBrекс (PA)
- Treximet (PA, QL)
- TYLENOL-Codeine No.3 (PA)
- TYLENOL-Codeine No.4 (PA)
- Ultram (QL)
- Vanatol LQ (PA)
- Vanatol S (PA)
- Vimovo (PA, QL)
- Vivodex 5mg (PA, QL)
- Vivodex 10mg (PA)
- Voltaren 1% gel (PA, QL)
- Zanaflex
- Zebutal (QL)
- Zembrace
- SYMTOUCH (PA, QL)
- Zipsor (PA)
- Zohydro ER (PA)
- Zomig (PA, QL)

### Parkinson's Disease

- benztropine tablet
- bromocriptine
- carbidopa-levodopa
- carbidopa-levodopa ER
- pramipexole
- pramipexole ER (QL)
- rasagiline (QL)
- ropinirole
- ropinirole ER

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- Apokyn* (PA)
- Azilect (QL)
- Duopa*
- Gocovri ER
- Lodosyn (PA)
- Mirapex
- Mirapex ER (QL)
- Neupro
- Osmolex ER (QL)
- Parlodel
- REQUIP XL (PA)
- Rytary
- Sinemet
- Sinemet CR
- Tasmar
- Xadago (ST)
- Zelapar (PA)

### Schizophrenia/Anti-Psychotics

- aripiprazole (QL)
- aripiprazole ODT
- chlorpromazine tablet
- olanzapine tablet
- olanzapine ODT
- paliperidone ER (QL)
- quetiapine
- quetiapine ER
- risperidone
- risperidone ODT
- ziprasidone

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- Latuda (QL)
- Fanapt (ST, QL)
- Geodon capsule (PA)
- Invega ER (ST, QL)
- Rexulti (ST, QL)
- Risperdal (ST)
- Saphris (ST)
- Seroquel (ST)
- Seroquel XR (ST)
- Versacloz (PA)
- Vraylar (ST, QL)
- ZYPREXA tablet (PA)
- ZYPREXA ZYDIS (PA)
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### SEIZURE DISORDERS
- carbamazepine
- carbamazepine ER
- clonazepam
- divalproex
- divalproex ER
- Epitol
- gabapentin
- lamotrigine
- lamotrigine (blue, green, orange)
- lamotrigine ER
- lamotrigine ODT
- levetiracetam
- levetiracetam ER
- oxcarbazepine
- Roweepra
- Roweepra XR
- Subvenite
- Subvenite (Blue, Green, Orange)
- topiramate
- topiramate ER
- vigabatrin*
- Vigadone*  

Dilantin 30 mg (PA)  
Fycompa (PA, QL)  
Vimpat solution, tablet (PA)  
Aptiom (PA, QL)  
Banzel (PA, QL)  
Briviact solution, tablet (PA)  
Carbatrol ER (PA)  
Depakote (PA)  
Depakote ER (PA)  
Depakote Sprinkle (PA)  
Dilantin 50 mg, 100 mg (PA)  
Epidiolex* (PA)  
Keppra solution, tablet (PA)  
Klonopin (PA)  
Lamtictal (PA)  
Lamtictal XR (PA)  
Lyrica (PA)  
Lyrica CR  
Mysoline (PA)  
Neurontin (PA)  
Onfi (PA)  
Oxcarbazepine
- Roweepra
- Roweepra XR
- Subvenite
- Subvenite (Blue, Green, Orange)
- topiramate
- topiramate ER
- vigabatrin*
- Vigadone*  

### SKIN CONDITIONS
- adapalene (PA age)
- adapalene-benzoyl peroxide
- Amnesteem (QL)
- Anusol-HC cream (PA)
- Apexicon E (PA)
- Avar
- Avar-E
- Avar-E Green azelaic acid
- Bensal HP (PA)
- betamethasone dipropionate
- betamethasone dipropionate augmented
- Aczone 7.5% gel
- Drosyl
- Epiduo Forte
- Eucrisa
- Fluoroplex
- HALOG solution (ST)
- Naftin gel
- OxiStat 1% lotion (PA)
- Pramosone
- 1%-1% cream, 1% lotion, ointment
- Santyl (QL)
- Acanya
- Aczone 5% gel
- Aldara (PA)
- Atralin (PA age)
- Avita (PA age)
- Benzac (PA)
- Bryhali (ST)
- Carac (PA)
- Celacyn
- Centany
- Cleocin T
- Clindagel (PA)
- Clobex (PA)
- Cloderm (ST)
- betamethasone
- BP 10-1
- calcipotriene
- calcipotriene-betamethasone DP
- Claravis (QL)
- Clindacin ETZ pledget
- Clindacin P pledget
clamidomycin-benzoyl peroxide
clamidomycin phosphate
clamidomycin-tretinoin
clobetasol
- Clodan shampoo
clostrimazole-betamethasone
dapsone gel
desoximetasone
diclofenac 3% gel (PA)
diflurasisone (PA)
fluocinonide
fluouracil cream, solution
flurandrenolide (PA)
hydrocortisone 2.5%
hydrocortisone butyrate 0.1% lotion, 0.1% lipid cream, lipo cream (PA)
isotretinoin (QL)
ketoconazole
metronidazole
MiCort HC 2.5% cream
mupirocin
Myorisan (QL)
Neuc soft gel
Nolix
oxiconazole
pimecrolimus
Procto-Med HC
Procto-Pak
Proctosol-HC
Proctozone-HC
Tazorac gel, 0.05% cream
- Condylol (PA)
- Cordran (PA)
- Cutivate (PA)
- Denavir (QL)
- Differin 0.1% cream and lotion, 0.3% gel pump (PA age)
- Dovonex
- Duobrii
- Ecoza
- Efudex
- Elidel
- Epiduo
- ERTACZO (PA)
- Evocin
- Exelderm (PA)
- Extina (PA)
- Fabior
- Finacea (PA)
- HALOG cream, ointment (PA)
- Impozz (PA)
- Jubia (PA)
- Kenalog 0.147 mg/gm spray (PA)
- Kerydin (PA)
- Locoic suspension kit, topical suspension
- Locoic cream, shampoo (PA)
- Loprox suspension
- Lotrisone
- Luzi (PA)
- MetroCream (PA)
- MetroGel (PA)
- MetroLotion (PA)
- Mimyx
- Naftin cream
- Nizoral
- Noritate (PA)
- Olux (PA)
- Olux-E (PA)
- Onexton
- Oxistat 1% cream (PA)
- Pandel (PA)
- Picato
Cigna Legacy (Standard) 3-Tier Prescription Drug List

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### SKIN CONDITIONS (cont)
- Rosadan 0.75% cream (PA)
- Rosadan 0.75% gel sodium sulfacetamide-sulfur
- SSS 10-5
- Sulfacleanse 8-4
tacrolimus ointment
tazarotene
tretinoin (PA age)
tretinoin microsphere (PA age)
triamicinolone
Trianex (PA)
Triderm
Zenate (QL)

- Pramosone 2.5%-1% cream, lotion
- Protopic
- Prudoxin (PA, QL)
- Psorcon (QL) Qbrexza
- Regranex (PA, QL) Retin-A (PA age) Retin-A Micro (PA age)
- Sernivo (PA)
- Soolantra (PA)
- Sorilux (PA)
- Targretin* gel Tazorac 0.1% cream
- Temovate (ST) Tolak
- Topicort (ST) Tridesilon (PA)
- Ultravate (PA) Valchlor*
- Vanos (PA) Verdeso (PA)
- Veltin
- Vusion (PA)
- Xepi
- Xerese (PA, QL) Xolegel (PA)
- Ziana (PA)
- Zonalon (PA, QL)
- Zovirax cream, ointment (PA, QL)
- Zyclara 2.5% cream pump, 3.75% cream (PA, QL)
- Zyclara 3.75% cream pump (PA)

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### SLEEP DISORDERS/SEDATIVES (cont)
- Hetlioz* (PA)
- Lunesta (ST)
- Nuvigil (PA)
- Provigil (PA)
- Restoril (PA)
- Rozerem (ST, QL)
- Xyrem* (PA) Zolpimist (PA)

- bupropion SR
- NicoDerm CQ 21mg/24hr+ Nicorelief*
- nicotin gum+
- nicotin lozenge+
- nicotin patch+
- Quit 2+
- Quit 4+
- Chantix^ Nicotrol^ Nicotrol NS^ NicoDerm CQ 7mg/24hr, 14mg/24hr+ Nicorette*

### SLEEP DISORDERS/SEDATIVES
- armodafinil (PA) eszopiclone
- modafinil (PA) temazepam
- zolpidem zolpidem ER (QL)
- Silenor (ST, QL)
- Ambien (PA) Ambien CR 6.25mg
- (PA, QL) Ambien CR 12.5mg
- (PA) Belsomra (PA)
- Edluar 5mg (PA, QL)
- Edluar 10mg (PA) Intermezzo (PA)

### SMOKING CESSATION
- bupropion SR
- Lucemyra (QL) NARCAN (QL) Zubsolv
- Lucemyra (QL) Nicorette

### SUBSTANCE ABUSE
- buprenorphine-naloxone
- Bunavail
- Evzio (PA, QL)
- Suboxone

### TRANSPLANT MEDICATIONS
- azathioprine tablet*
- mycophenolate capsule,
suspension, tablet*
- mycophenolic acid*
- sirolimus*
- tacrolimus* capsule
- Astagraf XL*
- Cellcept capsule, suspension,
tablet*
- Envarsus XR*
- Myfortic*
- Prograf capsule,
packet*
- Rapamune*
- Zortress*

### URINARY TRACT CONDITIONS
- cevimeline
darifenacin ER (QL)
- finasteride 5mg
- oxybutynin
- oxybutynin ER
- phenazopyridine
- potassium citrate ER
- silodosin (QL)
solfenac (QL)
tamsulosin
tolterodine
tolterodine ER (QL)
trospium
trospium ER
- Cystagon*
- Elmiron
- Thiola*
- Toviaz (QL)
- Avodart
- Evoxac
- Flomax
- Procybi* (PA)
- Proscar
- Pyridium
- Rapaflo (QL)
- Uroct-K
### VACCINES (cont)

For plans renewing on 2/1/20 and later: Starting on the date your new plan year begins, vaccines will be covered under your pharmacy benefit. Not all plans will cover vaccines in the same way. Log in to the myCigna App or website, or check your plan materials, to find out how your specific plan covers them.

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**WEIGHT MANAGEMENT**

- Lomaira® phentermine®
- Contrave® (PA)
- Qsymia® (PA)
- Saxenda® (PA)
Prescription drug list FAQs

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

Why do you make changes to the drug list?
Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:

 › Moving a medication to a lower cost tier. This can happen at any time during the year.
 › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
 › Moving a medication to a higher cost tier. This typically happens twice a year on January 1st and July 1st.
 › Adding coverage requirements to a medication. For example, requiring approval from Cigna before a medication may be covered or adding a quantity limit to a medication.

When a medication changes tiers, you may pay a different amount to fill it. It’s important to know that when we make a change that affects the coverage of a medication you’re taking, we let you know before it happens so you have time to talk with your doctor.

Why doesn’t my plan cover certain medications?
Your plan may exclude certain medications or products from coverage. This is known as a “plan (or benefit) exclusion.” For example, your plan excludes medications that aren’t approved by the U.S. Food and Drug Administration (FDA). Log in to the myCigna App or website, or check your plan materials, to find out which medications your specific plan excludes.

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

How do I request approval for a non-covered medication?
Ask your doctor’s office to contact Cigna to start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna’s provider portal at cignaforhcp.com.

Cigna will review information your doctor provides to make sure you meet coverage guidelines for the medication. We’ll send you and your doctor a letter with our decision and next steps. If you meet guidelines, your medication will be approved for coverage. If you don’t meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

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

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

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

Newly approved medications may not be covered on your drug list for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies and/or devices covered under standard pharmacy benefit plans. We review all newly approved medications to see if they should be covered - and if so, on what tier. If your doctor feels a currently covered medication isn’t right for you, he or she can ask Cigna to consider approving coverage of the newly approved medication.

How can I find out how much I’ll pay for a specific medication?

Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. Log in to the myCigna App or website and click on “Price a Medication” to see how much your medication may cost you at the different pharmacies in your plan’s network. You can also see if there are lower-cost alternatives available.

How can I save money on my prescription medications?

You may be able to save money by switching to a medication that’s on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options, may work for you.

Do generics work the same as brand name medications?

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

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

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

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

My medication needs prior approval. How do I get it?

Ask your doctor’s office to contact Cigna so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can download a request form from Cigna’s provider portal at cignaforhcp.com.

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

When your pharmacist tries to fill your prescription, he or she will see that the medication needs prior approval. Because you didn’t get approval ahead of time, your pharmacist won’t be able to fill it.

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

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

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery. If you’re taking a medication on a regular basis to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home - at no extra cost. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call 800.835.3784.

If you’re taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis,
where can I find more information about my pharmacy benefits?
You can use the online tools and resources on the myCigna App or website to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, ask a pharmacist a question and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.5

prescription drug list FAQs (cont)
you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).5 Their team of specialty trained pharmacists and nurses can also help you manage your complex medical condition - at no extra cost. To get started using Accredo, call 877.826.7657, Monday–Friday, 7:00 am–10:00 pm CST and Saturdays, 7:00 am–4:00 pm CST. Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor’s office. To learn more about Accredo, go to Cigna.com/specialty.
Exclusions and limitations

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. If your plan provides coverage for certain preventive prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan’s network, the prescription may not be covered. Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:

- over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- prescription medications or supplies for which there is a prescription or OTC therapeutic equivalent or therapeutic alternative;
- doctor-administered injectable medications covered under the Plan’s medical benefit, unless otherwise covered under the Plan’s prescription drug list or approved by Cigna;
- implantable contraceptive devices covered under the Plan’s medical benefit;
- medications that are not medically necessary;
- experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- medications that are not approved by the Food & Drug Administration (FDA);
- prescription and non-prescription devices, supplies, and appliances other than those supplies specifically listed as covered;
- medications used for fertility, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- replacement of prescription medications and related supplies due to loss or theft;
- medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- prescriptions more than one year from the date of issue; or
- coverage for prescription medication products for the amount dispensed (days’ supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

In addition to the plan’s standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna as medically necessary.
Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.
Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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

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

  Cigna
  Nondiscrimination Complaint Coordinator
  PO Box 188016
  Chattanooga, TN 37422

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

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, DC 20201
  1.800.368.1019, 800.537.7697 (TDD)


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Proficiency of Language Assistance Services

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

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

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


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


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

**Arabic** – ختم: خدمات الترجمة المشتركة متاحة للكُل. لعملاء Cigna الحاليين، برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

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

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

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

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

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

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

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

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