



CIGNA LEGACY (STANDARD) 4-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2021

Together, all the way.®



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

916153 i Legacy (Standard) 4-Tier O/I SRx 06/21



What's inside?

About this drug list	3
How to read this drug list	3
How to find your medication	5
Specialty medications	19
Frequently Asked Questions (FAQs)	25
Exclusions and limitations for coverage	28

View the drug list online

This document was last updated on 06/01/2021.* You can go online to see the current list of medications your plan covers.



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



Cigna.com/PDL – Scroll down until you see a pdf of the **Cigna Legacy (Standard) 4-Tier Prescription Drug List (all specialty medications covered on Tier 4).**

Questions?

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

* Drug list created: originally created 01/01/2016

Last updated: 06/01/2021, for changes starting 07/01/2021

Next planned update: 10/01/2021, for changes starting 01/01/2022

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Legacy (Standard) 4-Tier Prescription Drug List as of July 1, 2021.^{1,2} Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

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

How to read this drug list

Use the chart below to help you read this drug list. **This chart is just an example.** It may not show how these medications are actually covered on the Cigna Legacy (Standard) 4-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
HORMONAL AGENTS		
Amabelz	Androderm (PA, QL)	Activella
budesonide EC	AndroGel 1.62% (PA, QL)	Alora (QL)
cabergoline (QL)	Armour Thyroid	AndroGel 1.0% (PA, QL)
Covaryx	Cytomel 50mcg	Angeliq
Covaryx H.S.	Divigel	Climara
Decadron	Duavee	Climara Pro
desmopressin	Estring (QL)	Combipatch
dexamethasone	Premarin	Cytomel 5, 25mcg
estradiol-norethindrone	Premphase	Depo-Testosterone
estrogen-methyltestosterone	Prempro	Elestrin
levothyroxine	Synthroid	Ertocort EC
Levoxyl		Estrace
liothyronine		Estrogel
medroxy-progesterone		Evamist
methimazole		Femring
methylprednisolone		Intrarosa
Mimvey		Levo-T
Mimvey Lo		Menostar (QL)
Nature-Throid		Minivelle (QL)
NP Thyroid		Osphena
prednisolone		Tirosint
prednisolone ODT		Unithroid
prednisone		Vagifem (QL)
prednisone intensol		Vivelle-Dot (QL)
progesterone		

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; Speciality medications are listed on Tier 4 (pages 20-27)

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

Medications that have extra coverage requirements will have an **abbreviation** listed next to them

Brand name medications are **capitalized**

Generic medications are **lowercase**

This chart is just a sample. It may not show how these medications are actually covered on the Cigna Legacy (Standard) 4-Tier Prescription Drug List.

Tiers

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

› Tier 1 – Typically Generics	(Lowest-cost medication)	\$
› Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 – Typically Non-Preferred Brands	(Higher-cost medication)	\$\$\$
› Tier 4 – Specialty Medications	(Highest-cost medication)	\$\$\$\$

Abbreviations next to medications

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

(PA) **Prior Authorization** – Certain medications need approval from Cigna before your plan will cover them. These medications have a **(PA)** next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.

(QL) **Quantity Limits** – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a **(QL)** next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.

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

(AGE) **Age Requirements** – Certain medications will only be covered if you're within a specific age range. These medications have **(AGE)** next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna.

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

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

Brand-name medications are capitalized

In this drug list, brand-name medications are capitalized. Generic medications are lowercase.

Specialty medications have an asterisk

Specialty medications are used to treat complex medical conditions. In this drug list, oral and injectable specialty medications are covered on Tier 4 (see page 20). Injectable specialty medications have an asterisk (*) next to them and oral specialty medications are have a double asterisk (**) next to them.

Your plan may also 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 and **myCigna.com**, or check your plan materials, to see how your plan covers these medications.

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

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

Plan/benefit exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. This means there's no option to receive coverage through Cigna's review process by showing that you need the medication for your treatment. In this drug list, these medications have a caret (^) next to them. Log in to the **myCigna** App and **myCigna.com**, or check your plan materials, to see which medications your plan excludes.

How to find your medication

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

Condition	Page	Condition	Page
ALLERGY/NASAL SPRAYS	6	FEMININE PRODUCTS	12
ALZHEIMER'S DISEASE	6	GASTROINTESTINAL/HEARTBURN	12, 13
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	HORMONAL AGENTS	13
ASTHMA/COPD/RESPIRATORY	6, 7	INFECTIONS	13, 14
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MISCELLANEOUS	14
BLOOD MODIFIERS/BLEEDING DISORDERS	7	MULTIPLE SCLEROSIS	14
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	NUTRITIONAL/DIETARY	14
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	14
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14-16
CHOLESTEROL MEDICATIONS	8	PARKINSON'S DISEASE	16
CONTRACEPTION PRODUCTS	8-10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
COUGH/COLD MEDICATIONS	10	SEIZURE DISORDERS	16
DENTAL PRODUCTS	10	SKIN CONDITIONS	16-18
DIABETES	11	SLEEP DISORDERS/SEDATIVES	18
DIURETICS	11	SMOKING CESSATION	18
EAR MEDICATIONS	11	SUBSTANCE ABUSE	18
ERECTILE DYSFUNCTION	11	URINARY TRACT CONDITIONS	18
EYE CONDITIONS	11, 12	VACCINES	18, 19
		WEIGHT MANAGEMENT	19

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$														
ALLERGY/NASAL SPRAYS						ANXIETY/DEPRESSION/BIPOLAR DISORDER														
						<i>(cont)</i>														
azelastine			Clarinet			mirtazapine			Viibryd (ST, QL)											
carbinoxamine (PA)			Clarinet-D 12 Hour			paroxetine (QL)			Wellbutrin SR (ST, QL)											
cromolyn oral concentrate			DYMISTA (ST)			paroxetine CR (QL)			Wellbutrin XL (PA, QL)											
cyproheptadine			EpiPen (PA, QL)			paroxetine ER (QL)			Xanax											
desloratadine (QL)			EpiPen Jr (PA, QL)			sertraline (QL)			Xanax XR											
epinephrine (QL)			Gastrocrom			trazodone			Zoloft (ST, QL)											
fluticasone			GRASTEK (PA, QL)			venlafaxine (QL)														
hydroxyzine capsule, solution, syrup, tablet			Karbinal ER			venlafaxine ER (QL)														
ipratropium			ODACTRA (PA, QL)																	
mometasone (QL)			Oralair (PA, QL)																	
olopatadine			Patanase																	
promethazine solution, syrup, tablet			QNASL (ST)																	
			QNASL Children's																	
			RAGWITEK (PA, QL)																	
			RyVent(PA)																	
			SYMJEPI (PA, QL)																	
			Vistaril																	
			XHANCE (ST)																	
ALZHEIMER'S DISEASE						ASTHMA/COPD/RESPIRATORY														
donepezil			Namenda Titration Pak			albuterol			ADVAIR HFA			ADVAIR DISKUS (ST)								
donepezil ODT						albuterol HFA (QL)			ANORO ELLIPTA			AirDuo Digihaler (ST)								
memantine						budesonide			Asmanex HFA			AirDuo RespiClick (ST)								
memantine ER (QL)						fluticasone-salmeterol			Asmanex Twisthaler			AirDuo RespiClick (ST)								
pyridostigmine						montelukast			Atrovent HFA			Alvesco (ST)								
pyridostigmine ER						Wixela Inhub			BEVESPI AEROSPHERE			Arcapta Neohaler								
rivastigmine												BREO ELLIPTA			ArmonAir Digihaler (ST)					
												BREZTRI			ArmonAir RespiClick (ST)					
												Combivent RespiMAT			ArmonAir RespiClick (ST)					
												Dulera			Arnuity Ellipta (ST)					
												Flovent Diskus			Brovana					
												Flovent HFA			Daliresp (QL)					
												INCRUSE ELLIPTA			Elixophyllin (PA)					
												Pulmicort Flexhaler			Lonhala Magnair (PA)					
												QVAR RediHaler			Perforomist (QL)					
												Serevent Diskus			ProAir Digihaler (PA, QL)					
												Symbicort			ProAir HFA (PA, QL)					
												TRELEGY ELLIPTA			ProAir RespiClick (PA, QL)					
																		Proventil HFA (PA, QL)		
																		Pulmicort Respule		
																		Seebri (ST)		
																		Singulair		
																		Spiriva HandiHaler (ST)		
																		Spiriva RespiMAT (ST)		
																		Stiolto RespiMAT (ST)		
																		Striverdi RespiMAT (ST)		
																		Tudorza (ST)		
																		Utibron Neohaler (ST)		

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ASTHMA/COPD/RESPIRATORY (cont)			BLOOD MODIFIERS/BLEEDING DISORDERS		
		Ventolin HFA (PA, QL) Xopenex HFA (QL) Yupelri (PA) Zyflo (PA)		Droxia	Siklos (PA)
ATTENTION DEFICIT HYPERACTIVITY DISORDER			BLOOD PRESSURE/HEART MEDICATIONS		
atomoxetine (QL) clonidine ER dexmethylphenidate (PA age) dexmethylphenidate ER (PA age, QL) dextroamphetamine-amphetamine (PA age) dextroamphetamine-amphetamine ER (PA age, QL) guanfacine ER 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) Relexxii ER (PA age, QL)	Vyvanse (PA age, QL)	Adderall (PA age, ST) Adderall XR (PA age, QL, ST) ADHANSIA XR (PA age, ST, QL) Adzenys ER (PA age, QL) Adzenys XR-ODT (PA age, QL) Aptensio XR (PA, QL, ST) Cotempla XR ODT (PA, QL) Daytrana (PA age, QL) Desoxyn (PA) Dexedrine (PA, QL) Dyanavel XR (PA age, QL) Evekeo (PA age, ST) Evekeo ODT (PA age) Focalin (PA age, ST) Intuniv ER Jornay PM (PA, QL, ST) Kapvay ER Methylin (PA) Mydayis ER (PA, QL, ST) QuilliChew ER (PA age, QL) Quillivant XR (PA age, QL) Ritalin LA (PA age, ST, QL) Strattera (QL)	Adult Aspirin Regimen+ amiodarone tablet amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-HCTZ Aspirin EC+ Aspirin-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 dofetilide (QL) doxazosin Ecotrin EC 81mg+ ecpirin+ enalapril tablet	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 (QL) Cardura Cardura XL Catapres-TTS 1 Catapres-TTS 2 Catapres-TTS 3 Consensi (PA, QL) Conjupri (PA) 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 GoNitro Hemangeol Hyzaar (ST) Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Isordil (PA)

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont)			BLOOD THINNERS/ANTI-CLOTTING		
enalapril HCTZ flecainide hydralazine tablet irbesartan irbesartan-HCTZ isosorbide mononitrate isosorbide mononitrate ER labetalol tablet lisinopril lisinopril-HCTZ losartan losartan-HCTZ Low Dose Aspirin EC+ Matzim LA metoprolol tablet nadolol nifedipine nifedipine ER olmesartan (QL) olmesartan- amlodipine-HCTZ olmesartan-HCTZ (QL) Pacerone 200 mg prazosin propafenone propafenone ER propranolol solution, tablet propranolol ER ramipril ranolazine ER (QL) St. Joseph Aspirin+ Taztia XT telmisartan (QL) telmisartan-HCTZ (QL) valsartan valsartan-HCTZ verapamil cap pellet, tablet verapamil ER verapamil ER PM verapamil SR		Isordil Titradoso (PA) Kaspargo Sprinkle (ST) Lanoxin tablet (PA) Lopressor (ST) Lotensin (ST) Lotensin HCT (ST) Lotrel Micardis (ST, QL) Micardis HCT (ST, QL) Minipress MULTAQ Nitrostat Norpace (PA) Norpace CR Norvasc Pacerone 100mg, 400mg (PA) Prinivil (ST) Procardia Procardia XL Ranexa (QL) Rythmol SR (PA) Tekturna (QL) Tenoretic 50 (ST) Tenoretic 100 (ST) Tenormin (ST) Tiazac ER Tikosyn (PA, QL) Toprol XL (ST) Tribenzor Vasotec (ST) Verelan Verelan PM Zestoretic (ST) Zestril (ST)	aspirin- dipyridamole ER clopidogrel Jantoven prasugrel warfarin	BRILINTA Eliquis (PA) Xarelto (PA)	Aggrenox Bayer Aspirin chewable tablet+ Bevyxxa (QL) Coumadin (PA) Effient Plavix Pradaxa (PA) Savaysa (PA, QL) Yosprala (PA) Zontivity
CANCER					
			anastrozole exemestane+ letrozole mercaptopurine methotrexate tamoxifen+	Gleostine Trexall	Nilandron (PA, QL) Tabloid
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)	NEXLETOL (PA, QL) NEXLIZET (PA, QL) Repatha (PA) Vascepa (PA)	Antara (PA) Caduet (QL) CRESTOR (ST, QL) Fenoglide (PA) FloLipid (ST) Ezallor Sprinkle (ST, QL) Lipitor (PA) Lipofen (ST) Livalo (ST, QL) Lovaza Niaspan ER Pravachol (ST) TriCor (ST) Triglide (ST) Trilipix DR (ST) Vytorin (ST) Welchol Zetia Zocor (ST, QL) Zypitamag (ST)

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CHOLESTEROL MEDICATIONS (cont)

simvastatin 10mg,
20mg, 40mg+
simvastatin 80mg
(QL)

CONTRACEPTION PRODUCTS

Afirmelle+	Lo Loestrin FE	Annovera
Altavera+		Balcoltra
Alyacen+		Beyaz
Amethia+		Ella+
Amethia Lo+		Estrostep FE
Amethyst+		Kyleena**
Apri+		Layolis FE+
Aranelle+		Loestrin FE
Ashlyna+		Microgestin 24 FE
Aubra+		Minastrin 24 FE
Aubra EQ+		Mirena**
Aurovela+		Natazia
Aurovela FE+		NuvaRing
Aurovela 24 FE+		SAFYRAL
Aviane+		Skyla**
Ayuna+		Slynd
Azurette+		Taytulla
Balziva+		VCF+ film
Bekyree+		Yasmin 28
Blisovi FE+		YAZ
Blisovi 24 FE+		
Briellyn+		
Camila+		
Camrese+		
Camrese Lo+		
Caya Contoured+		
Caziant+		
Chateal+		
Chateal EQ+		
Cryselle+		
Cyclafem+		
Cyred+		
Cyred EQ+		
Dasetta+		
Daysee+		
Deblitane+		
desogestrel-ethinyl estradiol+		
desogestrel-ethinyl estradiol-ethinyl estradiol		
drospirenone- ethinyl estradiol- levomefolate+		

CONTRACEPTION PRODUCTS (cont)

drospirenone-
ethinyl estradiol+
Elinest+
EluRyng vaginal
ring+
Emoquette+
Enpresse+
Enskyce+
Errin+
Estarylla+
ethynodiol-ethinyl
estradiol+
etonogestrel-ethinyl
estradiol vaginal
ring+
Falmina+
Fayosim+
FemCap+
Femynor+
Gianvi+
Hailey 24 FE+
Heather+
Incassia+
Introvale+
Isibloom+
Jasmiel+
Jencycla+
Jolessa+
Juleber+
Junel+
Junel FE+
Junel FE 24+
Kaitlib FE+
Kalliga+
Kariva+
Kelnor 1-35+
Kelnor 1-50+
Kurvelo+
Larin+
Larin FE+
Larin 24 FE+
Larissia+
Leena 28 tablet+
Lessina+
Levonest+
levonorgestrel+
levonorgestrel-
ethinyl estradiol+
levonorgestrel-
ethinyl estradiol-
ethinyl estradiol+
Levora-28+
Lillow+

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
CONTRACEPTION PRODUCTS (cont)						CONTRACEPTION PRODUCTS (cont)					
Loryna ⁺						Tri Femynor ⁺					
Low-Ogestrel ⁺						Tri-Estarylla ⁺					
Lo-Zumandimine ⁺						Tri-Legest FE ⁺					
Lutera ⁺						Tri-Linyah ⁺					
Lyza ⁺						Tri-Lo-Estarylla ⁺					
Marlissa ⁺						Tri-Lo-Marzia ⁺					
medroxy- progesterone 150mg/ml ⁺						Tri-Lo-Mili ⁺					
Melodetta 24 FE ⁺						Tri-Lo-Sprintec ⁺					
Mibelas 24 FE ⁺						Tri-Mili ⁺					
Microgestin ⁺						Tri-Previfem ⁺					
Microgestin FE ⁺						Tri-Sprintec ⁺					
Mili ⁺						Trivora-28 ⁺					
Mono-Linyah ⁺						Tri-Vylibra ⁺					
My Choice ⁺						Tri-Vylibra Lo ⁺					
My Way ⁺						Tulana ⁺					
Necon ⁺						Tydemy ⁺					
Nikki ⁺ Nora-BE ⁺						VCF ⁺ foam, gel					
norethindrone 0.35mg ⁺						Velivet ⁺					
norethindrone- ethinyl estradiol ⁺						Vienva ⁺					
norethindrone- ethinyl estradiol- iron ⁺						Violele ⁺					
norgestimate- ethinyl estradiol ⁺						Vyfemla ⁺					
Norlyda ⁺						Vylibra ⁺					
Nortrel ⁺						Wera ⁺					
Ocella ⁺						Wide Seal Diaphragm ⁺					
Option 2 ⁺						Wymzya FE ⁺					
Orsythia ⁺						Xulane ⁺					
Philith ⁺						Zarah ⁺					
Pimtrea ⁺						Zovia ⁺					
Pirmella ⁺						Zumandimine ⁺					
Portia ⁺											
Previfem ⁺											
Reclipsen ⁺											
Rivelsa tablet ⁺											
Setlakin ⁺											
Sharobel ⁺											
Simliya ⁺											
Simpesse ⁺											
Sprintec ⁺											
Sronyx ⁺											
Syeda ⁺											
Tarina 24 FE ⁺											
Tarina FE 1-20 EQ ⁺											
Tilia FE 28 ⁺											
						COUGH/COLD MEDICATIONS					
						benzonatate (PA)	TussiCaps (PA)	Tessalon Perle			
						Bromfed DM		Tuzistra XR (PA, QL)			
						brompheniramine- pseudoephedrine- DM					
						hydrocodone- chlorpheniramine ER (PA)					
						DENTAL PRODUCTS					
						chlorhexidine 0.12% rinse	Quflora Ped+ drops, 1mg chew	Floriva ⁺ ^ drops			
						doxycycline 20mg tablet	Tri-vi-flor+	Fluorabon ⁺ ^			
						fluoride ⁺ ^					
						Fluoritab ⁺ ^Flura- Drops ⁺ ^					

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

DENTAL PRODUCTS (cont)			DIABETES (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
Ludent+^ Oralene Paroex Peridex Periogard sodium fluoride 1.1% 5000, 5000 plus triamcinolone 0.1% paste			MiniMed Reservoir Multi-Lancet NovoFine NovoTwist OneTouch Delica lancing device OneTouch Verio control solution Paradigm reservoir pioglitazone Precision Xtra monitor TechLite syringes, pen needles TRUEplus Ultra-Fine pen needle Veo Insulin Syringe	Ozempic (ST, QL) QTERN (ST, QL) Relion Novolin (QL) RYBELSUS (ST, QL) Segluromet (ST, QL) SOLIQUA 100-33 Steglatro (ST, QL) SymlinPen Synjardy (ST, QL) Synjardy XR (ST, QL) TRESIBA (QL) Trijardy XR (ST, QL) Trulicity (ST, QL) V-Go Victoza (ST, QL) Xigduo XR (ST, QL) Xultophy	Kombiglyze XR (PA, QL) Korlym* (PA) Lantus (PA, QL) Nesina (PA, QL) Onglyza (PA, QL) Oseni (PA, QL) Precision Xtra test strips Riomet Riomet ER Semglee (PA, QL) Steglujan (ST, QL) Tradjenta (PA, QL) True Metrix test strips Truetrack test strips
DIABETES			DIURETICS		
AutoShield Duo pen needle Contour solution Contour Next solution Droplet insulin syr, pen needle, lancing device DropSafe pen needle glimepiride glipizide glipizide ER glipizide XL GLUCOGARD 01 Control solution GLUCOGARD Expression solution GLUCOGARD Shine solution Guardian transmitter tape Guardian Real Time starter kit Guardian RT charger, monitor, test plug Guardian test plug InPen Insulin Syringe metformin metformin ER (PA) Microlet 2 lancing device Microlet Next lancing device	Accu-Chek test strips Baqsimi (QL) BASAGLAR (QL) Bydureon (ST, QL) Byetta (ST, QL) Dexcom G6 (PA, QL) Farxiga (ST, QL) Fiasp (QL) Freestyle Libre Sensor (PA, QL) GlucaGen HypoKit (QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL) Humulin (QL) Insulin Aspart (QL) Insulin Lispro (QL) Invokamet (ST, QL) Invokamet XR (ST, QL) Invokana (ST, QL) Janumet (ST, QL) Janumet XR (ST, QL) Januvia (ST, QL) Jardiance (ST, QL) Kombiglyze XR (ST, QL) Levemir (QL) LYUMJEV (QL) Novolin (QL) Novolog (QL) Omnipod DASH (PA, QL) OneTouch test strips	Admelog (QL) Admelog SoloStar (QL) Afrezza (PA, QL) Agamatrix AMP test strips Amaryl Apidra (QL) Apidra SoloStar (QL) CeQur Simplicity Contour test strips Contour Next test strips CYCLOSET Fortamet ER (PA) Freestyle test strips Glucocard 01 test strips Glucocard Expression test strips Glucocard Shine test strips Glucocard Vital test strips Glucocard Vital Sensor test strips Glucophage Glucophage XR Glumetza ER (PA) Gvoke (QL) Jentadueto (PA, QL) Jentadueto XR (PA, QL) Kazano (PA, QL)	acetazolamide tablet acetazolamide ER bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochlorothiazide spironolactone spironolactone- HCTZ triamterene triamterene-HCTZ	Diuril Dyrenium	Aldactone CaroSpir Dyazide Edecrin (PA) Inspra Lasix Maxzide
			EAR MEDICATIONS		
			ciprofloxacin neomycin- polymyxin-HC ofloxacin drops	Cipro HC Ciprodex	Cortisporin-TC Dermotic OTOVEL
			ERECTILE DYSFUNCTION		
			sildenafil^ (PA, QL) tadalafil^ tablet (PA, QL) vardenafil^ (QL)	MUSE^ (PA, QL)	Caverject Impulse^ (PA age, QL) Cialis^ (ST, QL) STENDRA^ (ST, QL) VIAGRA^ (ST, QL)

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

EYE CONDITIONS			GASTROINTESTINAL/HEARTBURN		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
azelastine	Alphagan P 0.1% drops	ACUVAIL	Alophen+	Amitiza	Aciphex Sprinkle (QL)
brimonidine	AzaSite	Alphagan P 0.15%	alosetron*	CLENPIQ+	Aciphex tablet (ST, QL)
ciprofloxacin	BETIMOL	Alrex	balsalazide	DEXILANT (QL)	Actigall
dexamethasone	Betoptoc S	Azopt	bisacodyl EC tablet+	Linzess	Akynzeo capsule (PA, QL)
diclofenac	Ciloxan ointment	BEPREVE	Bisa-Lax+	LITHOSTAT	Anusol-HC
dorzolamide	Combigan	Besivance	chlordiazepoxide-clidinium	Nexium DR 2.5mg, 5mg packet (QL)	Apriso ER (ST)
dorzolamide-timolol	Flarex	BromSite	cinacalcet*	Pancreaze DR	Bonjesta
erythromycin	Flarex	Cequa	ClearLax+	Pentasa	Canasa
fluorometholone	LOTEMAX SM	Ciloxan drops	dicyclomine capsule, solution, tablet	Prepopik+	Carafate
gatifloxacin	Pazeo	Cosopt	diphenoxylate-atropinedronabinol	Prepopik+	Correctol+
ketorolac	Restasis	Cosopt PF	Ducodyl EC+	SUPREP+	Cortifoam (PA)
latanoprost	Restasis MultiDose	DUREZOL	esomeprazole DR capsule (QL)	SUTAB+	Creon (PA)
moxifloxacin	Simbrinza	ILEVRO	famotidine suspension, 20mg and 40mg tablet	Viberzi	Diclegis
neomycin-polymyxin-dexamethasone	TobraDex eye ointment	INVELTYS	GaviLyte-C+		Donnatal
ofloxacin	Xiidra	Istalol	GaviLyte-G+		Dulcolax EC tablet+
polymyxin B-TMP	ZERVIAE	LASTACAFT	GaviLyte-N+		Kristalose
prednisolone drops		LOTEMAX	GentleLax+		Lialda (ST)
timolol drops, solution		LUMIGAN (PA)	GlycoLax+		Librax (PA)
tobramycin		Maxitrol	HealthyLax+		Lomotil
tobramycin-dexamethasone		Moxeza	Hemmorex-HC		lubiprostone 8mcg, 24mcg, capsule (PA)
		Nevanac	hydrocortisone solution		Marinol (PA)
		Patanol	hydrocortisone AC suppository		MiraLax+
		Polytrim	lansoprazole-amoxicillin-clarithromycin		Motegrity (PA)
		Pred Forte	lansoprazole DR (QL)		Motofen
		PROLENSA	lansoprazole ODT (QL)		Movantik (PA)
		Rhopressa	LaxaClear+		Nexium DR capsule, 10mg, 20mg, 40mg packet (PA, QL)
		Rocklatan	mesalamine		Ocaliva* (PA)
		TIMOPTIC	mesalamine DR		Omeclamox-Pak (PA)
		TIMOPTIC-XE	mesalamine ER		Pertzye (PA)
		TobraDex drops	metoclopramide solution, tablet		PLENVU+ (PA)
		TobraDex ST	metoclopramide ODT		Prevacid DR (ST, QL)
		TRAVATAN Z (PA)	omeprazole-bicarbonate (PA, QL)		Prevacid SoluTab (PA, QL)
		Trusopt	omeprazole DR capsule (QL)		Protonix (ST, QL)
		Vigamox			PYLERA (PA)
		VYZULTA (PA)			rabeprazole DR sprinkle (QL)
		Xalatan (PA)			RECTIV
		Xelpros (PA)			
		Zioptan (PA, QL)			
		Zirgan			
		Zylet			
		Zymaxid			
FEMININE PRODUCTS					
Fem pH		AVC			
GYNAZOLE 1					
miconazole 3 suppository					
terconazole					

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

GASTROINTESTINAL/HEARTBURN (cont)			HORMONAL AGENTS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ondansetron ondansetron ODT pantoprazole suspension, 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 DR (QL) ranitidine capsule, syrup, tablet Smooth Lax+ sucralfate TriLyte With Flavor Packets+ ursodiol Women's Gentle Laxative EC+ Women's Laxative+ Women's Laxative EC+		RELISTOR (PA) Reltone (PA) Rowasa (PA) SANCUSO (PA, QL) sfRowasa Symproic (PA) SYNDROS (PA) Talicia DR (PA) Transderm-Scop Trulance (PA) UCERIS foam (PA, QL) Urso Urso Forte VARUBI (PA, QL) Viokace Zegerid (PA, QL) Zelnorm (PA) Zenpep (PA) Zofran (PA) Zuplenz (PA, QL)	EEMT EEMT H.S. estradiol (QL) estradiol- norethindrone estrogen- methyltestosterone HiDex (PA) levothyroxine tablet Levo-T Levoxyl Lopreeza medroxyprogesterone methimazole methylprednisolone dosepak, tablet Mimvey Mimvey LO Nature-Throid NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone capsule TaperDex (PA) testosterone (PA, QL) testosterone cypionate thyroid WesthroidWP Thyroid Yuvaferm (QL)		Elestrin Entocort EC Estrace EstroGel Evamist Fortesta (PA, QL) Imvexxy (QL) JATENZO (PA, QL) Intrarosa levothyroxine capsule Lupaneta Pack*^ (PA) Medrol 4mg, 8mg, 16mg, 32mg Menostar (QL) Minivelle (QL) Natesto (PA, QL) Nocdurna (PA) Noctiva (PA) ORTIKOS ER (PA, QL) Osphena Prometrium Rayaldee ER Rayos DR (PA) Synthroid Testim (PA, QL) THYQIDITY (PA) Tirosint Tirosin-Sol UCERIS ER (PA, QL) Unithroid Vagifem (QL) Vivelle-Dot (QL) Vogelxo (PA, QL) XYOSTED(PA, QL)
HORMONAL AGENTS			INFECTIONS		
Amabelz budesonide EC budesonide ER (PA, QL) cabergoline (QL) CovARYX CovARYX HS Decadron desmopressin solution, spray, tablet dexamethasone tablet, elixir dexamethasone intensol Dotti (QL)	ANDRODERM (PA, QL) Divigel Duavee Estring (QL) Euthyrox Medrol 2mg tablet Oriaahn (PA, QL) Orilissa (PA, QL) Premarin cream, tablet PREMPHASE PREMPRO	Activella Alkindi Sprinkle(PA) Alora (QL) AndroGel (PA, QL) Angeliq Armour Thyroid Bijuva Climara Climara Pro CombiPatch Crinone 4% Cytomel DDAVP nasal spray, solution, tablet (PA) Depo-Testosterone	acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin- clavulanate amoxicillin- clavulanate ER atovaquone atovaquone- proguani	Augmentin 125-31.25 mg/ml suspension (PA) Cipro suspension Cleocin 75 mg capsule DARAPRIM* (PA) E.E.S. 400 EPCLUSA* (PA, QL)	Acticlate (ST) Aemcolo DR (QL) Albenza Alinia Arakoda (PA) Augmentin 250- 62.5mg/ml suspension Augmentin XR Bactrim

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$																																																																																																																																																																																																																	
INFECTIONS (cont)						INFECTIONS (cont)																																																																																																																																																																																																																	
Avidoxy	Eurax cream	Bactrim DS	valacyclovir		Valcyte (PA)	azithromycin	Firvanq	Baxdela tablet (PA)	valganciclovir		Valtrex	packet, suspension, tablet	Solosec	Cipro tablet	vancomycin capsule		Vancocin (PA)	Vandazole		Vibramycin capsule (PA)	cefdinir	Vibramycin syrup	Cipro XR	voriconazole suspension, tablet (PA)		Xenleta tablet (PA, QL)	Xifaxan (QL)	Cleocin		Zofluka (QL)	cefpodoxime		Clindesse		Xofluza (QL)	cefuroxime tablet		Cresemba capsule (PA)		Zithromax (QL)	cephalexin		DIFICID (QL)		Zovirax (PA)	ciprofloxacin suspension, tablet		Diflucan (PA)		Zyvox (PA)	clarithromycin		doxycycline			clarithromycin ER		hyclate DR 80mg tablet (PA)			clindamycin capsule, cream, solution		Doryx MPC (PA)			Coremino ER (QL)		E.E.S. 200 (PA)			dapsone tablet		Elimite			doxycycline		EryPed (PA)			doxycycline IR-DR 40mg capsule (PA)		Eurax lotion			Emverm		Flagyl Keflex			erythromycin		Kitabis Pak* (PA, QL)			erythromycin ES		Levaquin			famciclovir		Macrobid			fluconazole		Macrodantin			hydroxychloroquine (QL)		Malarone (PA)			itraconazole capsle, solution		Mepron (PA)			levofloxacin solution, tablet		Minocin capsule (PA)			metronidazole capsule, tablet, vaginal gel		Minorila ER (ST)			minocycline		Monurol			minocycline ER (QL)		Mycobutin (PA)			Mondoxylene NL		Natroba			moxifloxacin		Noxafil suspension			nitrofurantoin		Noxafil tablet (PA)			nitrofurantoin mono-macro		Nuversa			nystatin		ORACEA (PA)			ofloxacin tablet		Oravig			Okebo		Plaquenil (QL)			oseltamivir (QL)		Priftin			penicillin VK		Seysara (PA)			permethrin		Sitavig (PA, QL)			sulfamethoxazole-TMP suspension, tablet		Sivextro tablet (PA)			terbinafine tablet		Sklice			tetracycline		Solodyn (PA)			Urogesic-Blue		Solosec							
			INFERTILITY																																																																																																																																																																																																																				
			MISCELLANEOUS																																																																																																																																																																																																																				
			NUTRITIONAL/DIETARY																																																																																																																																																																																																																				

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
NUTRITIONAL/DIETARY (cont)						PAIN RELIEF AND INFLAMMATORY DISEASE (cont)					
Klor-Con M20 lanthanum phytonadione tablet^						cyclobenzaprine ER (PA, QL)			Ergomar (PA)		
potassium chloride packet, solution						DermacinRx Empricaine			Esgic (QL)		
potassium chloride ER						DermacinRx Prizopak			Fexmid		
Prena1 Pearl						diclofenac			Flector (PA, QL)		
Prenatal						diclofenac DR			Frova (PA, QL)		
Prenatal Plus-DHA+						diclofenac EC			GLOPERBA (PA, QL)		
Prenatal Vitamin+						diclofenac ER			GRALISE (PA)		
sevelamer						diclofenac 1% gel (QL)			Imitrex (PA, QL)		
Sodium Fluoride+^ 0.25mg, 0.5mg, 1mg						diclofenac 1.5% topical solution (PA)			Indocin (PA)		
vitamin D2 1.25mg^						diclofenac- misoprostol			Kadian ER (PA)		
						EC-Naproxen			Licart (PA, QL)		
						eletriptan (QL)			Lidoderm		
						Endocet (PA)			Lorzone (PA)		
						etodolac			Maxalt (PA)		
						etodolac ER			Maxalt-MLT (PA)		
						Fenortho (PA)			MIGRANAL (PA, QL)		
						fentanyl (PA) Fioricet (QL)			Mitigare		
						frovatriptan (QL)			Mobic (ST)		
						Glydo			MS Contin (PA)		
						hydrocodone- acetaminophen (PA)			Nalfon 400 mg (ST)		
						hydromorphone solution, suppository, tablet (PA)			NAPRELAN (PA)		
						hydromorphone ER (PA)			Naprosyn (ST)		
						IBUibuprofen 400mg, 600mg, 800mg tablet			Norco (PA)		
						indomethacin capsule			NUCYNTA ER (PA)		
						indomethacin ER			ONZETRA Xsail (PA, QL)		
						ketorolac (QL)			Otrexup (PA)		
						leflunomide			Oxaydo (PA)		
						levorphanol (PA)			OxyContin (PA)		
						lidocaine (QL)			PENNSAID pump (PA)		
						lidocaine viscous			Percocet (PA)		
						lidocaine-prilocaine			Procort		
									QDOLO (PA, QL)		
									Qmiiz ODT (ST, QL)		
									RELPAK (PA, QL)		
									REYVOW (PA, QL)		
									Roxicodone (PA)		
									Skelaxin		
									Soriatane (PA)		
									SPRIX (PA, QL)		
									SUBSYS (PA)		
									Tivorbex (PA)		
									Tosymra (PA, QL)		
									Treximet (PA, QL)		
									Tylenol-Codeine No.3 (PA)		
									Ultram (QL)		
OSTEOPOROSIS PRODUCTS											
alendronate (QL)						Actonel (ST)					
calcitonin-salmon						Atelvia (ST)					
ibandronate tablet						Binosto (ST)					
raloxifene+						Boniva tablet (ST)					
risedronate						Evista					
risedronate DR						Fosamax (ST)					
						Fosamax Plus D (ST)					
PAIN RELIEF AND INFLAMMATORY DISEASE											
acetaminophen- codeine (PA)	Aimovig (PA)					Allzital (PA)					
allopurinol	AJOVY (PA)					Amerge (PA, QL)					
Aprizio Pak	BELBUCA (QL)					Amrix ER (PA, QL)					
baclofen tablet	Emgality(PA)					Analpram HC					
BUPAP (PA)	Hysingla ER (PA)					Arava					
buprenorphine patch, tablet (QL)	MorphaBond ER (PA)					Arymo ER (PA)					
butalbital- acetaminophen- caffeine (PA, QL)	NUCYNTA (PA)					Butrans (QL)					
carisoprodol	Nurtec ODT (PA, QL)					CAMBIA(PA)					
celecoxib (QL)	proctofoam-HC					CELEBREX (ST, QL)					
Chlorzoxazone (PA)	Rasuvo (PA)					COLCRYS					
colchicine capsule, tablet	RediTrex (PA)					ConZip (PA, QL)					
cyclobenzaprine	Savella					D.H.E.45 (PA, QL)					
	UBRELVY (PA, QL)					diclofenac patch (PA, QL)					
	Uloric (QL)					DUEXIS (PA)					
	Xtampza ER (PA)					Duragesic (PA)					
	ZTildo					EC-Naprosyn (ST)					

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
PAIN RELIEF AND INFLAMMATORY DISEASE (cont)						PARKINSON'S DISEASE (cont)					
Lorcet (PA)			Vanatol LQ (PA)			olanzapine ODT			Sinemet		
Lorcet HD (PA)			Vanatol S (PA)			paliperidone ER (QL)			Tasmar		
Lorcet Plus (PA)			Vimovo DR (PA, QL)			quetiapine			XADAGO (ST)		
Lortab (PA)			Voltaren 1% gel (PA, QL)			quetiapine ER			Zelapar (PA)		
meloxicam			Voltaren XR (ST)			risperidone					
metaxalone			Zanaflex			risperidone ODT					
methocarbamol tablet			Zebutal (QL)			ziprasidone					
morphine solution, suppository, tablet (PA)			Zembrace								
morphine ER (PA)			SYMTOUCH (PA, QL)			SCHIZOPHRENIA/ANTI-PSYCHOTICS					
morphine IR (PA)			Zipsor (PA)			aripiprazole (QL)	Latuda (QL)		Abilify MyCite (PA)		
nabumetone			Zohydro ER (PA)			aripiprazole ODT	Lucemyra (QL)		Fanapt (ST, QL)		
Nalfon 600mg (ST)			Zomig (PA, QL)			chlorpromazine tablet	NARCAN (QL)		Geodon (PA)		
Nalocet (PA)			Zomig ZMT (PA, QL)			olanzapine tablet	Zubsolv		Invega ER (ST, QL)		
naproxen			Zorvolex (PA)						REXULTI (ST, QL)		
naproxen CR (PA)			Zyloprim						Risperdal (ST)		
naproxen DR									Saphris (ST)		
naproxen ER (PA)									Secuado (ST)		
oxycodone (PA)									Seroquel (ST)		
oxycodone ER (PA)									Seroquel XR (ST)		
oxycodone-acetaminophen (PA)									Versacloz (PA)		
Primlev (PA)									Vraylar (ST, QL)		
rizatriptan (QL)									ZYPREXA tablet (PA)		
rizatriptan ODT (QL)									ZYPREXA ZYDIS (PA)		
sumatriptan (QL)											
sumatriptan-naproxen (QL)											
tizanidine											
tramadol (QL)											
tramadol ER (QL)											
tramadol-acetaminophen											
PARKINSON'S DISEASE						SEIZURE DISORDERS					
benztropine tablet	KYNMOBI (PA)		Azilect (QL)			carbamazepine	Dilantin 30 mg (PA)		Aptiom (PA, QL)		
bromocriptine			Gocovri ER			carbamazepine ER	Fycompa (PA, QL)		Banzel (PA, QL)		
carbidopa-levodopa			Lodosyn (PA)			clonazepam	Nayzilam (PA, QL)		BRIVIACT (PA)		
carbidopa-levodopa ER			Mirapex			divalproex	VIMPAT solution, tablet (PA)		Carbatrol ER (PA)		
pramipexole			Mirapex ER (QL)			divalproex ER			Depakote (PA)		
pramipexole ER (QL)			Neupro			Epitol			Depakote ER (PA)		
rasagiline (QL)			Ongentys (PA, QL)			gabapentin capsule, solution, tablet			Depakote Sprinkle (PA)		
ropinirole			Osmolex ER (QL)			lamotrigine			Dilantin (PA)		
ropinirole ER			REQUIP XL (PA)			lamotrigine ER			Keppra solution, tablet (PA)		
			RYTARY			lamotrigine ODT			Keppra XR (PA)		
						levetiracetam			Klonopin (PA)		
						levetiracetam solution, tablet			Lamictal (PA)		
						oxcarbazepine			Lamictal ODT (PA)		
						Roweepa			Lamictal XR (PA)		
						Subvenite			Lyricea (PA)		
						topiramate			Lyricea CR		
						topiramate ER			Mysoline (PA)		
									Neurontin (PA)		
									Onfi (PA)		

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

SEIZURE DISORDERS (cont)			SKIN CONDITIONS (cont)			
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3	
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$	
		Oxtellar XR (PA) Phenytek (PA) Qudexy XR (PA) Spritam (PA) Sympazan (PA) Tegretol (PA) Tegretol XR (PA) Trokendi XR (PA, QL) VALTOCO (PA, QL) XCOPRI (PA, QL)	Clodan shampoo clotrimazole- betamethasone dapson gel desoximetasone diclofenac 3% gel (PA) diflorasone (PA) erythromycin fluocinonide fluorouracil cream, solution flurandrenolide (PA) halobetasol hydrocortisone 2.5% hydrocortisone butyrate 0.1% (PA) hydrocortisone-iodoquinol hydrocortisone valerate isotretinoin (QL) ketoconazole lidocaine-HC 3-0.5% cream metronidazole mupirocin Myorisan (QL) Neuac gel Nolix (PA) nystatin-triamcinolone nystatin oxiconazole pimecrolimus Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Rosadan cream, gel (PA, QL) sodium sulfacetamide sodium sulfacetamide-sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus ointment tazarotene cream			Duobrii Ecoza EFUDEX Elidel Enstilar (PA) Epiduo Forte ERTACZO (PA) Evoclin Exelderm (PA) Extina (PA) Fabior Finacea (PA) HALOG (PA, ST) Impoyz (PA) Impeklo (PA) JUBLIA (PA) Kenalog 0.147 mg/gm spray (PA) Kerydin (PA) LEXETTE (ST) Locoid (PA) Loprox cream, shampoo, suspension (PA) Lotrisone LUZU (PA) MetroCream (PA) MetroGel (PA) Mimyx Nizoral Noritate (PA) Olux (PA) Olux-E (PA) ONEXTON Oxistat 1% cream (PA) Pandel (PA) Picato Pramosone 2.5%-1% cream, lotion Protopic Prudoxin (PA, QL) Psorcon (PA) Qbrexza REG GRANEX (PA, QL) Retin-A (PA age) Retin-A MICRO (PA age) Sernivo (PA)
SKIN CONDITIONS						
acyclovir 5% ointment 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 DP betamethasone dipropionate augmented betamethasone valerate betamethasone BP 10-1 calcipotriene calcipotriene-betamethasone DP Claravis (QL) Clindacin ETZ pledget Clindacin P pledget clindamycin-benzoyl peroxide clindamycin phosphate foam, gel clobetasol	Aczone 7.5% gel ARAZLO Drysol EPIDUO FORTE Eucrisa Fluoroplex HALOG solution (ST) NAFTIN Oxistat 1% lotion (PA) Pramosone 1%-1% cream, 1% lotion, 1%-1% lotion, ointment Picato SANTYL (QL) Tazorac gel, 0.05% cream	ABSORICA (ST, QL) ABSORICA LD (ST, QL) Acanya Aczone 5% gel AKLIEF Aldara (PA) Amzeeq (PA) Analpram HC Lotion Atralin (PA age) AVAR 9.5%-5% AVAR LS Avita (PA age) BenzaClin (PA) BRYHALI (ST) Capex (ST) Carac (PA) Celacyn Centany Cleocin T Clindagel (PA) Clobex (PA) Cloderm (ST) Condylox (PA) Cordran (PA) Cutivate (PA, ST) Denavir (QL) DESOWEN (ST) Differin 0.1% cream and lotion, 0.3% gel pump (PA age) Dovonex				

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$											
SKIN CONDITIONS (cont)						SMOKING CESSATION (cont)											
terbinafine cream tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone Trianex (PA) Triderm Zenatane (QL)						Soolantra (PA) Sorilux (PA) Taclonex (PA) Tazorac 0.1% cream tazarotene foam Temovate (ST) Tolak Topicort (ST) Tridesilon (PA) Ultravate (PA) Ultravate X (ST) Vanos (PA) Vectical (QL) Verdeso (PA) VELTIN (PA) Vusion (PA) Winlevi (PA) Wyzora (PA) Xepi XERESE (PA, QL) Xolegel (PA) ZIANA(PA) Zilxi (PA) Zonalon (PA, QL) ZOVIRAX cream, ointment (PA, QL) Zyclara (PA, QL)						nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+					
SUBSTANCE ABUSE																	
buprenorphine-naloxone			Lucemyra (QL) NARCAN (QL) Zubsolv			Bunavail Evzio (PA, QL) Suboxone											
URINARY TRACT CONDITIONS																	
cevimeline darifenacin ER (QL) finasteride 5mg oxybutynin oxybutynin ER phenazopyridine potassium citrate ER silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium trospium ER			Elmiron Toviaz (QL)			Avodart Evoxac Flomax Gelnique (ST) Myrbetriq ER (ST, QL) Proscar Pyridium RAPAFLO (QL) Urocit-K VESIcare (ST)											
VACCINES																	
<p>Vaccines are now covered under your pharmacy benefit. Not all plans cover vaccines in the same way. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out how your specific plan covers them.</p>																	
armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)			DAYVIGO (ST, QL) Silenor (ST, QL) SUNOSI (PA, QL)			Ambien (PA) Ambien CR (PA, QL) Belsomra (PA) Edluar (PA, QL) Lunesta (ST) Nuvigil (PA) Provigil (PA) Restoril (PA) Rozerem (ST, QL) XYREM (PA) ZolpiMIST (PA)											
SLEEP DISORDERS/SEDATIVES																	
bupropion SR+^ NicoDerm CQ 21mg/24hr+ Nicorelief+			CHANTIX^ Nicotrol^+ Nicotrol NS^			NicoDerm CQ 7mg/24hr, 14mg/24hr+ Nicorette+											
SMOKING CESSATION																	
						ActHIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Diphtheria and Tetanus Toxoids-ped+ Engerix-B+ FLUAD+ FLUARIX QUADRIVALENT+ FLUBLOK QUADRIVALENT+ FLUCELVAX QUADRIVALENT+											

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Specialty medications are covered on Tier 4 (listed on page 20).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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VACCINES (cont)

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

FLULALVAL
 QUADRIVALENT+
 FLUALVAL
 QUADRIVALENT+
 Fluzone High-dose+
 Fluzone
 Quadrivalent Pedi+
 Fluzone
 Quadrivalent+
 Fluzone Intraderm
 Quadrivalent+
 GARDASIL 9+
 HAVRIX+
 HEPLISAV-B+
 Hiberix+
 Infanrix DTaP+
 IPOL+
 KINRIX+
 Menactra+
 Menveo A-C-Y-W-
 135-DIP+
 M-M-R II+
 PEDIARIX+
 PedvaxHIB+
 Pentacel+
 PNEUMOVAX 23+
 Prevnar 13+
 ProQuad+
 Quadracel DTaP-
 IPV+
 Recombivax HB+
 SHINGRIX+
 TdVax
 Tenivac+
 Trumenba+
 Twinrix+
 VAQTA+
 VARIVAX+
 ZOSTAVAX+

WEIGHT MANAGEMENT

Lomaira^ phentermine^	Contrave^ (PA) Qsymia^ (PA) Saxenda^ (PA)
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Specialty medications

The oral and injectable specialty medications listed below are covered on Tier 4 and need approval from Cigna before your plan will cover them.

MEDICATION NAME	DRUG CLASS
abacavir-lamivudine** (PA)	AIDS/HIV
ABIRATERONE** (PA)	CANCER
ACTEMRA SYRINGE* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPEN* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTIMMUNE* (PA)	CANCER
ADCIRCA** (PA)	ASTHMA/COPD/RESPIRATORY
ADEMPAS** (PA)	ASTHMA/COPD/RESPIRATORY
AFINITOR** (PA)	CANCER
AFINITOR DISPERZ** (PA)	CANCER
ALECENSA** (PA)	CANCER
ALOSETRON**	GASTROINTESTINAL/HEARTBURN
ALUNBRIG** (PA)	CANCER
ALYQ** (PA)	ASTHMA/COPD/RESPIRATORY
AMICAR**	BLOOD MODIFIERS/BLEEDING DISORDERS
AMINOCAPROIC ACID solution, tablet**	BLOOD MODIFIERS/BLEEDING DISORDERS
AMPYRA** (PA)	MULTIPLE SCLEROSIS
APOKYN* (PA)	PARKINSON'S DISEASE
ARANESP*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARIKAYCE** (PA)	INFECTIONS
ARIXTRA* (QL)	BLOOD THINNERS/ANTI-CLOTTING
ATAZANAVIR** (PA)	AIDS/HIV
ATRIPLA** (PA)	AIDS/HIV
ASTAGRAF XL**	TRANSPLANT MEDICATIONS
AUBAGIO** (PA)	MULTIPLE SCLEROSIS
AUSTEDO** (PA)	MISCELLANEOUS
AVONEX* (PA)	MULTIPLE SCLEROSIS
AVSOLA*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
AZATHIOPRINE**	TRANSPLANT MEDICATIONS
BAFIERTAM DR** (PA)	MULTIPLE SCLEROSIS
BARACLUDE** (PA, QL)	INFECTIONS
BENLYSTA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON* (PA)	MULTIPLE SCLEROSIS
BETHKIS** (PA, QL)	INFECTIONS
BIKTARVY**	AIDS/HIV
BOSULIF** (PA)	CANCER
BYNFEZIA* (PA)	HORMONAL AGENTS
CABOMETYX** (PA)	CANCER
CAPECITABINE** (PA)	CANCER
CAYSTON** (PA, QL)	INFECTIONS

MEDICATION NAME	DRUG CLASS
CELLCEPT**	TRANSPLANT MEDICATIONS
CERDELGA** (PA)	MISCELLANEOUS
CETROTIDE*^ (PA)	HORMONAL AGENTS
CHOLBAM** (PA)	GASTROINTESTINAL/HEARTBURN
CHORIONIC GONADOTROPIN*^ (PA)	INFERTILITY
CIMDUO** (PA)	AIDS/HIV
CIMZIA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
COMETRIQ** (PA)	CANCER
COMPLERA** (PA)	AIDS/HIV
COPAXONE* (PA)	MULTIPLE SCLEROSIS
COSENTYX* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
CYSTAGON**	URINARY TRACT CONDITIONS
CYSTARAN** (PA, QL)	EYE CONDITIONS
DARAPRIM** (PA)	INFECTIONS
DEPEN** (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
DESCOVY**+	AIDS/HIV
DOVATO**	AIDS/HIV
DUOPA**	PARKINSON'S DISEASE
DUPIXENT* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EGRIFTA* (PA)	HORMONAL AGENTS
EMFLAZA** (PA)	HORMONAL AGENTS
ENBREL* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ENOXAPARIN* (QL)	BLOOD THINNERS/ANTI-CLOTTING
ENTECAVIR** (QL)	INFECTIONS
ENTYVIO*^ (PA)	GASTROINTESTINAL/HEARTBURN
ENVARUSUS XR**	TRANSPLANT MEDICATIONS
EPCLUSA** (PA, QL)	INFECTIONS
EPIDIOLEX** (PA)	SEIZURE DISORDERS
EPOGEN*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ERIVEDGE** (PA)	CANCER
ERLEADA** (PA)	CANCER
ESBRIET** (PA)	MISCELLANEOUS
EVOTAZ** (PA)	AIDS/HIV
EXJADE** (PA)	MISCELLANEOUS
EXTAVIA* (PA)	MULTIPLE SCLEROSIS
FASENRA PEN* (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI*^ (PA)	HORMONAL AGENTS
FERRIPROX** (PA)	MISCELLANEOUS
FIRAZYR* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
FIRDAPSE** (PA, QL)	MULTIPLE SCLEROSIS
FOLLISTIM AQ*^ (PA)	INFERTILITY
FONDAPARINUX* (QL)	BLOOD THINNERS/ANTI-CLOTTING

MEDICATION NAME	DRUG CLASS
FORTEO* (PA, QL)	HORMONAL AGENTS
FRAGMIN* (QL)	BLOOD THINNERS/ANTI-CLOTTING
FULPHILA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
GALAFOLD** (PA)	MISCELLANEOUS
GANIRELIX*^ (PA)	HORMONAL AGENTS
GATTEX* (PA)	GASTROINTESTINAL/HEARTBURN
GENOTROPIN* (PA)	HORMONAL AGENTS
GENVOYA**	AIDS/HIV
GILENYA** (PA)	MULTIPLE SCLEROSIS
GLATIRAMER* (PA)	MULTIPLE SCLEROSIS
GLATOPA* (PA)	MULTIPLE SCLEROSIS
GLEEVEC** (PA)	CANCER
GONAL-F*^ (PA)	INFERTILITY
GONAL-F RFF*^ (PA)	INFERTILITY
GRANIX*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HARVONI** (PA, QL)	INFECTIONS
HEMLIBRA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HETLIOZ** (PA)	SLEEP DISORDERS/SEDATIVES
HUMATROPE* (PA)	HORMONAL AGENTS
HUMIRA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
IBRANCE** (PA)	CANCER
ILARIS*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
IMATINIB** (PA)	CANCER
IMBRUVICA** (PA)	CANCER
INBRIJA** (PA)	PARKINSON'S DISEASE
INCRELEX* (PA)	HORMONAL AGENTS
INFLECTRA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
INGREZZA** (PA, QL)	MISCELLANEOUS
INLYTA** (PA)	CANCER
INTELENCE** (PA, QL)	AIDS/HIV
ISENTRESS**	AIDS/HIV
ISENTRESS HD** (PA)	AIDS/HIV
JADENU** (PA)	MISCELLANEOUS
JADENU SPRINKLE** (PA)	MISCELLANEOUS
JAKAFI** (PA)	CANCER
JULUCA**	AIDS/HIV
JYNARQUE** (PA)	DIURETICS
KALBITOR**^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KALYDECO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
KESIMPTA* (PA)	MULTIPLE SCLEROSIS

MEDICATION NAME	DRUG CLASS
KEVZARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KINERET* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KISQALI** (PA)	CANCER
KITABIS PAK** (PA, QL)	INFECTIONS
KORLYM** (PA)	DIABETES
KUVAN** (PA)	MISCELLANEOUS
KYLEENA**+	CONTRACEPTION PRODUCTS
LEDIPASVIR-SOFOSBUVIR** (PA)	INFECTIONS
LENVIMA** (PA)	CANCER
LETAIRIS** (PA)	ASTHMA/COPD/RESPIRATORY
LONSURF** (PA)	CANCER
LORBRENA** (PA)	CANCER
LOTRONEX** (PA)	GASTROINTESTINAL/HEARTBURN
LOVENOX* (QL)	BLOOD THINNERS/ANTI-CLOTTING
LUPANETA**^ (PA)	HORMONAL AGENTS
LUPRON DEPOT*^ (PA)	CANCER
LUPRON DEPOT-PED*^ (PA)	HORMONAL AGENTS
LYNPARZA** (PA)	CANCER
LYSTEDA**	BLOOD MODIFIERS/BLEEDING DISORDERS
MAVENCLAD** (PA)	MULTIPLE SCLEROSIS
MAVYRET** (PA)	INFECTIONS
MAYZENT** (PA)	MULTIPLE SCLEROSIS
MEKINIST** (PA)	CANCER
MENOPUR*^ (PA)	INFERTILITY
MIRENA**+	CONTRACEPTION PRODUCTS
MYALEPT* (PA)	MISCELLANEOUS
MYCOPHENOLATE**	TRANSPLANT MEDICATIONS
MYCOPHENOLIC ACID DR**	TRANSPLANT MEDICATIONS
MYFORTIC**	TRANSPLANT MEDICATIONS
NATPARA* (PA)	HORMONAL AGENTS
NERLYNX** (PA)	CANCER
NEULASTA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEULASTA ONPRO*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEXAVAR** (PA)	CANCER
NINLARO** (PA)	CANCER
NITYR** (PA)	MISCELLANEOUS
NIVESTYM*^	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPRO* (PA)	HORMONAL AGENTS
NORTHERA** (PA)	BLOOD PRESSURE/HEART MEDICATIONS
NOURIANZ** (PA, QL)	PARKINSON'S DISEASE
NOVAREL*^ (PA)	INFERTILITY

MEDICATION NAME	DRUG CLASS
NUBEQA** (PA)	CANCER
NUCALA* (PA)	ASTHMA/COPD/RESPIRATORY
NUTROPIN AQ NUSPIN* (PA)	HORMONAL AGENTS
NUZYRA TABLET** (QL)	INFECTIONS
NYVEPRIA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
OICALIVA** (PA)	GASTROINTESTINAL/HEARTBURN
ODEFSEY** (PA)	AIDS/HIV
ODOMZO** (PA)	CANCER
OFEV** (PA)	ASTHMA/COPD/RESPIRATORY
OLUMIANT** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OMNITROPE* (PA)	HORMONAL AGENTS
OPSUMIT** (PA)	ASTHMA/COPD/RESPIRATORY
ORENCIA SYRINGE* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ORENITRAM ER** (PA)	ASTHMA/COPD/RESPIRATORY
ORFADIN** (PA)	MISCELLANEOUS
ORKAMBI** (PA, QL)	ASTHMA/COPD/RESPIRATORY
OTEZLA** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
OVIDREL*^ (PA)	INFERTILITY
OXERVATE** (PA)	EYE CONDITIONS
PALYNZIQ* (PA)	MISCELLANEOUS
PEGASYS* (PA)	INFECTIONS
PLEGRIDY* (PA)	MULTIPLE SCLEROSIS
PROCRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
POMALYST** (PA)	CANCER
PREVYMIS**	INFECTIONS
PREZCOBIX** (PA)	AIDS/HIV
PREZISTA**	AIDS/HIV
PROCYSBI** (PA)	URINARY TRACT CONDITIONS
PROGRAF**	TRANSPLANT MEDICATIONS
PROMACTA** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
PULMOZYME** (PA)	ASTHMA/COPD/RESPIRATORY
PURIXAN**	CANCER
RAPAMUNE**	TRANSPLANT MEDICATIONS
RAVICTI** (PA)	GASTROINTESTINAL/HEARTBURN
REBIF* (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE* (PA)	MULTIPLE SCLEROSIS
REMICADE*^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT*^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REVATIO SUSPENSION, TABLET** (PA)	ASTHMA/COPD/RESPIRATORY
REVLIMID** (PA)	CANCER
RINVOQ** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
RITONAVIR**	AIDS/HIV
RUBRACA** (PA)	CANCER

MEDICATION NAME	DRUG CLASS
RUCONEST*^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SABRIL** (PA)	SEIZURE DISORDERS
SAMSCA**	DIURETICS
SANDOSTATIN LAR DEPOT*^ (PA)	HORMONAL AGENTS
SELZENTRY** (PA)	AIDS/HIV
SENSIPAR** (PA)	GASTROINTESTINAL/HEARTBURN
SEROSTIM* (PA)	HORMONAL AGENTS
SILDENAFIL 25MG** (PA)	ASTHMA/COPD/RESPIRATORY
SILIQ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA* (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIROLIMUS**	TRANSPLANT MEDICATIONS
SKYLA**+	CONTRACEPTION PRODUCTS
SKYRIZI* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SOFOSBUVIR-VELPATASVIR** (PA)	INFECTIONS
SOMATULINE DEPOT*^ (PA)	HORMONAL AGENTS
SOMAVERT* (PA)	HORMONAL AGENTS
SOVALDI** (PA, QL)	INFECTIONS
SPRYCEL** (PA)	CANCER
STELARA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STRENSIQ* (PA)	MISCELLANEOUS
STRIBILD** (PA)	AIDS/HIV
STIVARGA** (PA)	CANCER
SUCRAID** (PA)	GASTROINTESTINAL/HEARTBURN
SUTENT** (PA)	CANCER
SYMDEKO** (PA, QL)	ASTHMA/COPD/RESPIRATORY
SYMFI**	AIDS/HIV
SYMFI LO**	AIDS/HIV
SYMTUZA**	AIDS/HIV
SYPRINE** (PA)	MISCELLANEOUS
TACROLIMUS CAPSULE**	TRANSPLANT MEDICATIONS
TADALAFIL 20MG** (PA)	ASTHMA/COPD/RESPIRATORY
TAFINLAR** (PA)	CANCER
TALZENNA** (PA)	CANCER
TAGRISO** (PA)	CANCER
TAKHZYRO* (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALZENNA** (PA)	CANCER
TARGRETIN** (PA)	CANCER
TASIGNA** (PA)	CANCER
TAVALISSE** (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
TECFIDERA** (PA)	MULTIPLE SCLEROSIS
TEGSEDI* (PA)	MISCELLANEOUS

MEDICATION NAME	DRUG CLASS
TEMIXYS** (PA)	AIDS/HIV
TEMODAR** (PA)	CANCER
TEMOZOLOMIDE** (PA)	CANCER
TENOFOVIR** (PA)	AIDS/HIV
TERIPARATIDE* (PA, QL)	HORMONAL AGENTS
TETRABENAZINE** (PA)	MISCELLANEOUS
THALOMID** (PA)	INFECTIONS
THIOLA**	URINARY TRACT CONDITIONS
TIGLUTIK** (PA)	MISCELLANEOUS
TIVICAY**	AIDS/HIV
TOBI PODHALER** (PA, QL)	INFECTIONS
TOBRAMYCIN AMPULE** (PA, QL)	INFECTIONS
TRACLEER ** (PA)	ASTHMA/COPD/RESPIRATORY
TRANEXAMIC ACID TABLET**	BLOOD MODIFIERS/BLEEDING DISORDERS
TREMFYA* (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TRIENTINE** (PA)	MISCELLANEOUS
TRIUMEQ**	AIDS/HIV
TRUVADA ** (PA)	AIDS/HIV
TYKERB** (PA)	CANCER
TYMLOS* (PA, QL)	OSTEOPOROSIS PRODUCTS
TYVASO** (PA)	ASTHMA/COPD/RESPIRATORY
UDENYCA* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UPTRAVI** (PA)	ASTHMA/COPD/RESPIRATORY
VALCHLOR**	SKIN CONDITIONS
VEMLIDY**	INFECTIONS
VENCLEXTA** (PA)	CANCER
VERZENIO** (PA)	CANCER
VIGABATRIN**	SEIZURE DISORDERS
VIGADRONE**	SEIZURE DISORDERS
VIREAD** (PA)	AIDS/HIV
VIZIMPRO** (PA)	CANCER
VOSEVI** (PA)	INFECTIONS
VOTRIENT** (PA)	CANCER
VUMERITY DR** (PA)	MULTIPLE SCLEROSIS
VYLEESI*^ (PA, QL)	MISCELLANEOUS
WAKIX** (PA, QL)	SLEEP DISORDER/SEDATIVES
XALKORI** (PA)	CANCER
XELJANZ** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELJANZ XR** (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
XELODA** (PA)	CANCER
XENAZINE** (PA)	MISCELLANEOUS
XERMELO** (PA)	GASTROINTESTINAL/HEARTBURN
XOLAIR* (PA)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
XTANDI** (PA)	CANCER
XYREM** (PA)	SLEEP DISORDERS/SEDATIVES
YONSA** (PA)	CANCER
ZARXIO*^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZEJULA** (PA)	CANCER
ZEPATIER** (PA)	INFECTIONS
ZEPOSIA** (PA)	MULTIPLE SCLEROSIS
ZIEXTENZO* (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZORBTIVE* (PA)	HORMONAL AGENTS
ZORTRESS**	TRANSPLANT MEDICATIONS
ZOMACTON** (PA)	HORMONAL AGENTS
ZYTIGA** (PA)	CANCER

Frequently Asked Questions (FAQs)

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

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

A. Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:^{1,2}

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

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

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

A. 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). With excluded medications, there's no option to receive coverage through Cigna's coverage review process.

Q. How do you decide which medications to cover?

A. The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists, most of whom work outside of Cigna. The group meets regularly to review medical evidence and information provided by federal agencies, drug

manufacturers, medical professional associations, national organizations and peer-reviewed journals about the safety and effectiveness of medications that are newly approved by the FDA and medications already on the market. The Cigna Pharmacy Management® Business Decision Team then looks at the results of the P&T Committee's clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

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

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

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

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

Q. What types of medications typically need approval?

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

Frequently Asked Questions (FAQs) (cont)

Q. What types of medications typically have quantity limits?

A. Medications that:

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

Q. What types of medications require Step Therapy?

A. Medications that are used to treat many conditions, including, but not limited to:

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

Q. Why does my medication have an age requirement?

A. Some medications are only considered clinically appropriate if you're within a certain age range.

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

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

Cigna will review information your doctor provides to make sure your medication meets coverage guidelines. We'll send you and your doctor a letter with the decision and next steps. It can take 1-5 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. If you meet the

guidelines, your medication will be approved for coverage. If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

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

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (cont)

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

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

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

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

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises. Log in to the **myCigna** App or **myCigna.com** and use the Price a Medication tool to see how much your medication costs before you get to the pharmacy counter - or, even before you leave your doctor’s office.³

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

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

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

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁴ 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.⁴ Just because generics cost less than brands, doesn’t mean they’re lower-quality medications.

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

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

Q. Can I fill my prescriptions by mail?

A. Yes, as long as your plan offers home delivery.⁵

Home delivery with Express Scripts® Pharmacy

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

- › Easily order, manage and track your medications on your phone or online
- › Standard shipping at no extra cost⁶
- › Automatic refills and refill reminders
- › Fill up to a 90-day supply at one time
- › Helpful pharmacists available 24/7
- › Flexible payment options

Here are three easy ways to get started.

1. Go to my.cigna.com/choosehomedelivery.

Follow the online instructions for how to move your prescription(s).

2. Call your doctor’s office. Ask them to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery.

3. Call Express Scripts® Pharmacy at 800.835.3784. They’ll contact your doctor’s office to help transfer your prescription. Have your Cigna ID card, doctor’s contact information and medication name(s) ready when you call.

Frequently Asked Questions (FAQs) (cont)

Accredo, a Cigna specialty pharmacy

If you're taking a specialty medication to treat a complex medical condition, Accredo's team of specialty trained pharmacists and nurses can help. They'll fill and ship your specialty medication to your home (or location of your choice).⁷ They'll also provide you with the personalized care and support you need to manage your therapy - at no extra cost.

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

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

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

A. The best place to start is with the **myCigna** App or **myCigna.com**. It's your "go-to" place for everything you need to know about your plan's coverage.

- › See which medications your plan covers
- › Compare your medication costs³
- › Easily switch your prescription from your retail pharmacy to our home delivery pharmacy
- › Manage your home delivery medications⁵
- › Find an in-network retail pharmacy
- › View your plan information (claims, coverage details, and more)
- › Ask a pharmacist a question

Exclusions and limitations for coverage

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁸

- › 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.



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
5. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. Standard shipping costs are included as part of your prescription plan.
7. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
8. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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