



CIGNA LEGACY (PERFORMANCE) 3-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

Together, all the way.®



Offered by Cigna Health and Life Insurance Company or Connecticut General Life Insurance Company

891393 s Legacy (Performance) 3-Tier 09/20



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View your plan's drug list online



This document was last updated on 09/01/2020.* To see a more current list of medications your plan covers, log in to the **myCigna**® App or website. Click on the "Find Care & Costs" tab. Select "Price a Medication," then type in your medication name.

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 07/01/2016

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 (Performance) 3-Tier Prescription Drug List as of January 1, 2021.^{1,2} 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 (Performance) 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 (Performance) 3-Tier Prescription Drug List.

TIER 1 \$	TIER 2 \$\$
BLOOD PRESSURE/HEART MEDICATIONS	
afeditab CR	Berinert* (PA)
amlodipine besylate	Bidil
amlodipine besylate-benazepril	Bystolic
amlodipine-valsartan	Cinryze* (PA)
amlodipine-valsartan-HCTZ	Coreg CR
atenolol	Cozaar (ST)
atenolol-chlorthalidone	Diovan (ST)
benazepril	Diovan HCT (ST)
benazepril-HCTZ	Edarbi (ST)
candesartan cilexetil	Edarbyclor (ST)
cartia XT	Exforge
carvedilol	Exforge HCT
clonidine	Firazy* (PA)
digitek	Hemangeol
digox	Inderal LA
digoxin	Inderal XL
diltiazem ER	Innopran XL
diltiazem CD	Lotrel
diltiazem	Micardis (ST)
dilt-XR	Multaq
enalapril	Nitro-dur
flecainide acetate	Nitrolingual
hydralazine	Nitromist
irbesartan	Nitronal
isosorbide mononitrat	Nitrostat
	Northera* (PA)
	Norvasc
	Ranexa (ST)
	Tekturna
	Tekturna HCT

Tier (cost-share level) gives you an idea of how much you may pay for a medication

Medications are grouped by the **condition** they treat

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

Specialty medications have an asterisk (*) listed next to them

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

This chart is just a sample. It may not show how these medications are actually covered on the Legacy (Performance) 3-Tier Prescription Drug List.

Tiers

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

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

Abbreviations next to medications

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.

Condition	Page	Condition	Page
AIDS/HIV	6	FEMININE PRODUCTS	12
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	12, 13
ALZHEIMER’S DISEASE	6	HORMONAL AGENTS	13
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	13, 14
ASTHMA/COPD/RESPIRATORY	6, 7	INFERTILITY	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, 15
BLOOD THINNERS/ANTI-CLOTTING	8	OSTEOPOROSIS PRODUCTS	15
CANCER	8	PAIN RELIEF AND INFLAMMATORY DISEASE	15, 16
CHOLESTEROL MEDICATIONS	8, 9	PARKINSON’S DISEASE	16
CONTRACEPTION PRODUCTS	9, 10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
COUGH/COLD MEDICATIONS	11	SEIZURE DISORDERS	16
DENTAL PRODUCTS	11	SKIN CONDITIONS	16, 17
DIABETES	11	SLEEP DISORDERS/SEDATIVES	17
DIURETICS	11	SMOKING CESSATION	17
EAR MEDICATIONS	11	SUBSTANCE ABUSE	18
ERECTILE DYSFUNCTION	11, 12	TRANSPLANT MEDICATIONS	18
EYE CONDITIONS	12	URINARY TRACT CONDITIONS	18
		VACCINES	18

Cigna Legacy (Performance) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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AIDS/HIV

abacavir- lamivudine* (PA)	Atripla* (PA)	Cimduo* (PA)
atazanavir* (PA)	Biktarvy*	Complera* (PA)
ritonavir*	Descovy*	Evotaz* (PA)
tenofovir* (PA)	Genvoya*	Intelence* (PA)
	Isentress*	Juluca* (PA)
	Isentress HD* (PA)	Odefsey* (PA)
	Prezista*	Prezcobix* (PA)
	Selzentry* (PA)	Stribild* (PA)
	Symfi*	Viread 300mg tablet* (PA)
	Symfi Lo*	
	Symtuza* (PA)	
	Tivicay*	
	Triumeq*	
	Truvada*	
	Viread 150mg, 200mg, 250mg tablet and powder* (PA)	

ALLERGY/NASAL SPRAYS

Adyphren	Clarinex
Adyphren Amp	Clarinex-D 12 Hour
azelastine	EpinephrineSnap-EMS
carbinoxamine 6mg (PA)	EpinephrineSnap-V
cromolyn oral concentrate	EpiPen (PA, QL)
cyproheptadine	EpiPen JR (PA, QL)
desloratadine (QL)	EPlsnap
epinephrine (QL)	Gastrocrom
fluticasone	Grastek (PA, QL)
hydroxyzine	Karbinal ER
ipratropium	Odactra (PA, QL)
mometasone (QL)	Patanase
olopatadine	QNASL children
Phenergan	Ragwitek (PA, QL)
promethazine	RyVent (PA)
	Symjepi (PA, QL)
	Vistaril

ALZHEIMER'S DISEASE

donepezil	Mestinon syrup	Aricept
donepezil ODT	Namenda	Exelon
memantine	Titration Pack	Mestinon tablet
memantine ER (QL)		Namenda tablet
pyridostigmine		Namenda XR (QL)
pyridostigmine ER		Namzaric (QL)
rivastigmine		Regonol

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam	Anafranil (PA)
alprazolam ER	Aplenzin (PA, QL)
alprazolam intensol	Ativan (PA)
alprazolam ODT	Celexa (ST, QL)
alprazolam XR	Cymbalta (PA, QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ANXIETY/DEPRESSION/BIPOLAR DISORDER (cont)

amitriptyline		Effexor XR (ST, QL)
bupropion (QL)		Fetzima ER (ST, QL)
bupropion SR (QL)		Forfivo XL (ST, QL)
bupropion XL (QL)		Lexapro (PA, QL)
bupirone		Pamelor (PA)
citalopram (QL)		Parnate (PA)
clomipramine		Paxil (ST, QL)
desvenlafaxine ER (QL)		Paxil CR (ST, QL)
duloxetine (QL)		Pexeva (PA, QL)
escitalopram (QL)		Pristiq ER (ST, QL)
fluoxetine (QL)		Prozac (ST, QL)
fluoxetine DR (QL)		Remeron
fluvoxamine (QL)		Sarafem (ST)
fluvoxamine ER (QL)		Trintellix (ST, QL)
lorazepam		Viibryd (ST, QL)
lorazepam intensol		Wellbutrin XL (PA, QL)
mirtazapine		Wellbutrin SR (ST, QL)
paroxetine (QL)		Xanax
paroxetine CR (QL)		Xanax XR
paroxetine ER (QL)		Zoloft (ST, QL)
sertraline (QL)		
trazodone		
venlafaxine (QL)		
venlafaxine ER (QL)		

ASTHMA/COPD/RESPIRATORY

albuterol	Advair HFA	Adcirca* (PA)
albuterol HFA	Anoro Ellipta	Adempas* (PA)
Alyq* (PA)	Asmanex	Arcapta Neohaler
budesonide	Asmanex HFA	Brovana
fluticasone-salmeterol	Atrovent HFA	Daliresp (QL)
montelukast	Bevespi	Elixophyllin (PA)
tadalafil 20mg* (PA)	Breo Ellipta	Kalydeco* (PA, QL)
Wixela Inhub	Combivent	Lonhala Magnair (PA)
	RespiMAT	Nucala* (PA)
	Dulera	Orenitram ER* (PA)
	Flovent	Orkambi* (PA, QL)
	Flovent HFA	Perforomist (QL)
	Incruse Ellipta	ProAir HFA (PA, QL)
	Letairis* (PA)	ProAir RespiClick (PA, QL)
	Ofev* (PA)	Proventil HFA (PA, QL)
	Opsumit* (PA)	Pulmicort respule
	Pulmicort	Pulmicort suspension, tablet* (PA)
	Flexhaler	Revatio oral
	Pulmozyme* (PA)	Singulair
	QVAR RediHaler	

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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

	Serevent	Symdeko* (PA, QL)
	Symbicort	Tracleer tablet* (PA)
	Tracleer 32mg tablet for suspension* (PA)	Tyvaso* (PA)
	Trelegy Ellipta Xolair* (PA)	UPTRAVI* (PA)
		Ventolin HFA (PA, QL)
		Xopenex HFA
		Zyflo (PA)

ATTENTION DEFICIT HYPERACTIVITY DISORDER

atomoxetine (QL)	Vyvanse (PA age, QL)	Adderall (PA age, ST)
clonidine ER		Adhansia XR (PA age, ST, QL)
dexamethylphenidate (PA age)		Adzenys ER (PA age, QL)
dexamethylphenidate ER (PA age, QL)		Adzenys XR-ODT (PA age, QL)
dextroamphetamine-amphetamine (PA age)		Daytrana (PA age, QL)
dextroamphetamine-amphetamine ER (PA age, QL)		Desoxyn (PA)
guanfacine ER		Dexedrine (PA, QL)
metadate ER (PA age, QL)		Dyanavel XR (PA age, QL)
methylphenidate (PA age)		Evekeo ODT (PA age)
methylphenidate CD (PA age, QL)		Focalin (PA age, ST)
methylphenidate ER (PA age, QL)		Intuniv ER
methylphenidate ER (CD) (PA age, QL)		Kapvay ER
methylphenidate ER (LA) (PA age, QL)		Methylin (PA age)
methylphenidate LA (PA age, QL)		QuilliChew ER (PA age, QL)
Relexxii ER (PA age, QL)		Quillivant XR (PA age, QL)
		Ritalin tablet (PA age, ST)
		Strattera (QL)

BLOOD MODIFIERS/BLEEDING DISORDERS

aminocaproic acid*	Aranesp* (PA)	Amicar tablet, oral solution*
tranexamic acid*	Droxia	Cyklokapron*
	Epogen* (PA)	Hemlibra* (PA)
	Fulphila* (PA)	Lysteda*
	Granix*	Neupogen* (PA)
	Neulasta* (PA)	Nivestym* (PA)
	Procrit* (PA)	Promacta* (PA)
	Retacrit* (PA)	Siklos (PA)
	Udenyca* (PA)	Tavalisse* (PA)
	Zarxio*	

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD PRESSURE/HEART MEDICATIONS

Adult Aspirin Regimen+	Bystolic (ST, QL)	Adalat CC
amiodarone	Corlanor (PA)	Altace (ST)
amlodipine	Entresto	Atacand (ST)
amlodipine-benazepril	Tekturna tablet (QL)	Atacand HCT (ST)
amlodipine-olmesartan (QL)	Tekturna HCT (QL)	Avalide (ST)
amlodipine-valsartan		Avapro (ST)
amlodipine-valsartan-HCTZ		Azor (QL)
Aspir EC+		Benicar (ST, QL)
Aspir-Low+		Benicar HCT (ST, QL)
aspirin EC+		Betapace (PA)
aspirin 325mg tablet+		BiDil (QL)
atenolol		Calan SR
Bayer Aspirin 325mg tablet+		Cardizem (PA)
benazepril		Cardizem CD (PA)
benazepril-HCTZ		Cardizem LA (QL)
candesartan		Cardura
candesartan-HCTZ		Catapres-TTS 1
cartia XT		Catapres-TTS 2
carvedilol		Catapres-TTS 3
carvedilol ER (QL)		Consensi (PA, QL)
Children's Aspirin+		Coreg (ST)
clonidine		Coreg CR (ST, QL)
diltiazem		Corgard (ST)
diltiazem 12hr ER		Cozaar (ST)
diltiazem 24hr ER		Diovan (ST)
diltiazem 24hr ER (CD)		Diovan HCT (ST)
diltiazem 24hr ER (LA)		Ecotrin 325mg+
Dilt-XR		Edarbi (ST, QL)
dofetilide (QL)		Edarbyclor (ST)
doxazosin		Epaned
Ecotrin EC 81mg+		Exforge
Ecpirin+		Exforge HCT
enalapril		Firazyr* (PA)
flecainide		GoNitro
hydralazine		Haegarda* (PA)
irbesartan		Hemangeol
irbesartan-HCTZ		Hyzaar (ST)
isosorbide		Inderal LA (ST)
isosorbide ER		Inderal XL (ST)
labetalol		InnoPran XL (ST)
		Isordil (PA)
		Isordil Titradose (PA)
		Kapspargo Sprinkle (ST)
		Lanoxin (PA)
		Lopressor (ST)
		Lotensin (ST)
		Lotensin HCT (ST)
		Lotrel
		Micardis (ST, QL)

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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

lisinopril		Micardis HCT (ST, QL)
lisinopril-HCTZ		Minipress
losartan		MULTAQ
losartan-HCTZ		Nitrostat
Low Dose Aspirin EC+		Northera* (PA)
Matzim LA		Norvasc
metoprolol		Pacerone 100mg, 400mg (PA)
nadolol		Prinivil (ST)
nifedipine		Procardia
nifedipine ER		Procardia XL
olmesartan (QL)		Ranexa ER (QL)
olmesartan- amlodipine-HCTZ		Rythmol SR (PA)
olmesartan-HCTZ (QL)		Takhzyro* (PA)
Pacerone 200mg		Tekturna (QL)
prazosin		Tenormin (ST)
propafenone		Tiazac ER
propafenone ER		Tikosyn (PA, QL)
propranolol		Toprol XL (ST)
propranolol ER		Tribenzor
ramipril		Vasotec (ST)
ranolazine ER (QL)		Verelan
St. Joseph Aspirin+		Verelan PM
Taztia XT		Zestoretic (ST)
telmisartan (QL)		Zestril (ST)
telmisartan-HCTZ (QL)		
valsartan		
valsartan-HCTZ		
verapamil		
verapamil ER		
verapamil ER PM		
verapamil SR		

BLOOD THINNERS/ANTI-CLOTTING

aspirin- dipyridamole ER	Brilinta	Aggrenox
clopidogrel	Eliquis (PA)	Arixtra* (QL)
enoxaparin* (QL)	Fragmin* (QL)	Bayer Aspirin chewable tablet+
fondaparinux* (QL)	Lovenox vial* (QL)	Bevyxxa (QL)
Jantoven	Xarelto (PA)	Coumadin (PA)
prasugrel		Effient
warfarin		Lovenox* (QL)
		Plavix
		Pradaxa (PA)
		Savaysa (PA, QL)
		Yosprala (PA)
		Zontivity

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CANCER

abiraterone* (PA)	Actimmune* (PA)	Afinitor* (PA)
anastrozole	Erivedge* (PA)	Afinitor Disperz* (PA)
capecitabine* (PA)	Gleostine	Alecensa* (PA)
exemestane	Ibrance* (PA)	Bosulif* (PA)
imatinib* (PA)	Lupron Depot* (PA)	Cabometyx* (PA)
letrozole	Nexavar* (PA)	Cometriq* (PA)
mercaptopurine	Revlimid* (PA)	Erleada* (PA)
methotrexate	Sprycel* (PA)	Gleevec* (PA)
tamoxifen+	Sutent* (PA)	Imbruvica* (PA)
temozolomide* (PA)	Tasigna* (PA)	Inlyta* (PA)
	Trexall	Jakafi* (PA)
	Verzenio* (PA)	Kisqali* (PA)
		Lenvima* (PA)
		Lonsurf* (PA)
		Lynparza* (PA)
		Mekinist* (PA)
		Nerlynx* (PA)
		Nilandron (PA, QL)
		Ninlaro* (PA)
		Odomzo* (PA)
		Pomalyst* (PA)
		Purixan*
		Rubraca* (PA)
		Stivarga* (PA)
		Tafinlar* (PA)
		Tagrisso* (PA)
		Targretin capsule* (PA)
		Temodar* (PA)
		Trelstar*
		Tykerb* (PA)
		Venclexta* (PA)
		Votrient* (PA)
		Xalkori* (PA)
		Xeloda* (PA)
		Xtandi* (PA)
		Zejula* (PA)

CHOLESTEROL MEDICATIONS

amlodipine- atorvastatin (QL)	Repatha (PA)	Antara (PA)
atorvastatin 10mg, 20mg+	Vascepa (PA)	Caduet (QL)
atorvastatin 40mg, 80mg		Crestor (ST, QL)
colesevelam		Fenoglide (PA)
ezetimibe		Lipitor (PA)
ezetimibe- simvastatin		Lipofen (ST)
		Lovaza
		Niaspan
		Pravachol (ST)
		TriCor (ST)

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

fenofibrate		Triglide (ST)
fenofibric acid		Trilipix (ST)
fluvastatin ⁺		Vytorin (ST)
fluvastatin ER ⁺		Welchol
lovastatin 10mg		Zetia
lovastatin ⁺ 20mg, 40mg		Zocor (ST, QL)
niacin		
niacin ER		
niacor		
omega-3 acid ethyl esters		
pravastatin ⁺		
rosuvastatin 5mg, 10mg ⁺		
rosuvastatin 20mg, 40mg (QL)		
simvastatin 10mg, 20mg, 40mg ⁺		
simvastatin 80mg (QL)		

CONTRACEPTION PRODUCTS

Afirmelle ⁺	Lo Loestrin FE	Annovera ⁺
Aftera ⁺	Taytulla	Balcoltra
Altavera ⁺		Caya contoured ⁺
Alyacen ⁺		Ella ⁺
Amethia ⁺		Estrostep FE
Amethia Lo ⁺		Femcap ⁺
Amethyst ⁺		Kyleena*
Apri ⁺		Layolis FE
Aranelle ⁺		Loestrin FE
Ashlyna ⁺		Minastrin 24 FE
Aubra ⁺		Mirena*
Aubra EQ ⁺		Natazia
Aurovela ⁺		Nexplanon*
Aurovela FE ⁺		NuvaRing
Aurovela 24 FE ⁺		Safyral
Aviane ⁺		Skyla*
Ayuna ⁺		Today Contraceptive Sponge ⁺
Azurette ⁺		Wide seal diaphragm ⁺
Balziva ⁺		Yasmin 28
Bekyree ⁺		Yaz
Blisovi FE ⁺		
Blisovi 24 FE ⁺		
Briellyn ⁺		
Camila ⁺		
Camrese ⁺		
Camrese LO ⁺		
Caziant ⁺		
Chateal ⁺		
Chateal EQ ⁺		
Cryselle ⁺		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTION PRODUCTS (cont)

Cyclafem ⁺		
Cyred ⁺		
Cyred EQ ⁺		
Dasetta ⁺		
Daysee ⁺		
Deblitane ⁺		
Delyla ⁺		
desogestrel-ethinyl estradiol ⁺		
desogestrel-ethinyl estradiol-ethinyl estradiol		
dospirenone- ethinyl estradiol- levomefolate ⁺		
drosiprenone- ethinyl estradiol ⁺		
Econtra EZ ⁺		
Econtra One-Step ⁺		
Elinest ⁺		
EluRyng vaginal ring ⁺		
Emoquette ⁺		
Enpresse ⁺		
Enskyce ⁺		
Errin ⁺		
Estarylla ⁺		
ethynodiol-ethinyl estradiol ⁺		
etonogestrel-ethinyl estradiol vaginal ring ⁺		
Falmina ⁺		
Fayosim ⁺		
Femynor ⁺		
Gianvi ⁺		
Gynol II ⁺		
Hailey 24 FE ⁺		
Heather ⁺		
Incassia ⁺		
Introvale ⁺		
Isibloom ⁺		
Jasmiel ⁺		
Jencycla ⁺		
Jolessa ⁺		
Juleber ⁺		
Junel ⁺		
Junel FE ⁺		
Junel FE 24 ⁺		
Kaitlib FE ⁺		

Cigna Legacy (Performance) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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CONTRACEPTION PRODUCTS (cont)

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+		
Loryna+		
Low-Ogestrel+		
Lo-Zumandimine+		
Lutera+		
Lyza+		
Marlissa+		
medroxyprogesterone 150mg/ml+		
Melodetta 24 FE+		
Mibelas 24 FE+		
Microgestin+		
Microgestin FE+		
Mili+		
Mono-Linyah+		
My Choice+		
My Way+		
Necon+		
Nikki+		
Nora-BE+		
norethindrone+		
norethindrone- ethinyl estradiol+		
norethindrone- ethinyl estradiol- iron+		
norgestimate- ethinyl estradiol+		
Norlyda+		
Norlyroc+		

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CONTRACEPTION PRODUCTS (cont)

Nortrel+		
Ocella+		
Option 2+		
Orsythia+		
Philith+		
Pimtrea+		
Pirmella+		
Portia+		
Previfem+		
Reclipsen+		
Rivelsa tablet+		
Setlakin+		
Sharobel+		
Simliya+		
Simpesse+		
Sprintec+		
Sronyx+		
Syeda+		
Tarina 24 FE+		
Tarina FE 1-20 EQ+		
Tilia FE 28+		
Tri Femynor+		
Tri-Estarylla+		
Tri-Legest FE+		
Tri-Linyah+		
Tri-Lo-Estarylla+		
Tri-Lo-Marzia+		
Tri-Lo-Mili+		
Tri-Lo-Sprintec+		
Tri-Mili+		
Tri-Previfem+		
Tri-Sprintec+		
Trivora-28+		
Tri-Vylibra+		
Tri-Vylibra Lo+		
Tulana+		
Tydemy+		
VCF+ foam, gel		
Velivet+		
Vienva+		
Viorele+		
Vyfemla+		
Vylibra+		
Wera+		
Wymzya FE+		
Xulane+		
Zarah+		
Zovia+		
Zumandimine+		

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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	Fluorabon ⁺	Clinpro 5000
Denta 5000 Plus	PreviDent 5000	Floriva ⁺
dentagel		Fluoridex Sensitivity Relief
doxycycline fluoride ⁺		PreviDent
Fluoridex Daily Defense		PreviDent 5000 Plus
Fluoritab ⁺		
Flura-Drops ⁺		
Ludent ⁺		
Oralone		
Paroex		
Peridex		
Periogard		
SF 5000 Plus		
sodium fluoride 0.25mg, 0.5mg, 1mg ⁺ ^		
triamcinolone 0.1% paste		

DIABETES

glimepiride	Accu-Chek test strips	Admelog (QL)
glipizide	Baqsimi	Admelog SoloStar (QL)
glipizide ER	Basaglar (QL)	Agamatrix AMP test strips
glipizide XL	Bydureon (ST, QL)	Amaryl
metformin	Byetta (ST, QL)	Apidra (QL)
metformin ER (PA)	Farxiga (ST, QL)	Apidra SoloStar (QL)
pioglitazone	Fiasp (QL)	Cycloset
	GlucaGen	Fortamet (PA)
	HypoKit (QL)	Glucophage
	Glucagon Emergency Kit (QL)	Glucophage XR
	Glyxambi (ST, QL)	Glumetza (PA)
	Humalog (QL)	Kombiglyze XR (PA, QL)
	Humulin (QL)	Korlym* (PA)
	Insulin Lispro (QL)	Onglyza (PA, QL)
	Invokamet (ST, QL)	Riomet

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DIABETES (cont)

	Invokamet XR (ST, QL)	
	Janumet (ST, QL)	
	Janumet XR (ST, QL)	
	Januvia (ST, QL)	
	Jardiance (ST, QL)	
	Levemir (QL)	
	Novolin (QL)	
	Novolog (QL)	
	OneTouch test strips	
	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	

DIURETICS

acetazolamide	Diuril	Aldactone
acetazolamide ER	Dyrenium	Dyazide
bumetanide		Edecrin (PA)
chlorthalidone		Inspra
eplerenone		Jynarque* (PA)
furosemide		Lasix
hydrochlorothiazide		Maxzide
spironolactone		Samsca*
triamterene-HCTZ		

EAR MEDICATIONS

neomycin- polymyxin-HC	Cipro HC	Coly-Mycin S
ofloxacin drops	Ciprodex	Cortisporin-TC
		Dermotic
		Otovel

ERECTILE DYSFUNCTION

sildenafil (PA age, QL)	Muse (QL)	Cialis (PA age, ST, QL)
tadalafil 2.5mg, 10mg, 20mg (PA age, QL)		Caverject Impulse Syringe (QL)

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ERECTILE DYSFUNCTION (cont)

tadalafil 5mg (QL) vardenafil (PA age, QL)		Stendra (PA age, ST, QL) Viagra (PA age, ST, QL)
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EYE CONDITIONS

azelastine	Alphagan P 0.1% drops	Acuvail Alphagan P 0.15%
brimonidine		Alrex
ciprofloxacin	Azasisite	Bepreve
dorzolamide	Azopt	Besivance
dorzolamide-timolol	Betimol	Bromsite
erythromycin	Betoptic S	Cequa
fluorometholone	Combigan	Cosopt
gatifloxacin	Lotemax gel	Cosopt PF
latanoprost	Lotemax SM	Cystaran* (QL)
moxifloxacin	Moxeza	Durezol
neomycin- polymyxin- dexamethasone	Pazeo	FML liquifilm
ofloxacin	Restasis	Ilevro
polymyxin B-TMP	Simbrinza	Inveltys
prednisolone solution	Tobradex eye ointment	Istalol
timolol solution	Xiidra	Lastacaft
tobramycin		Lotemax drops, ointment
tobramycin- dexamethasone		Lumigan (PA)
		Maxitrol
		Nevanac
		Ocuflox
		Oxervate* (PA)
		Patanol
		Polytrim
		Pred Forte
		Prolensa
		Rhopressa
		Timoptic
		Timoptic-XE
		Tobradex drops
		Tobradex ST
		TRAVATAN Z (PA)
		Trusopt
		Vigamox
		Vyzulta (PA)
		Xalatan (PA)
		Xelpros (PA)
		Zioptan (PA, QL)
		Zirgan
		Zylet
		Zymaxid

FEMININE PRODUCTS

Fem pH		AVC
Gynazole 1		
miconazole 3 vaginal suppository		
terconazole		

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GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Aciphex (ST, QL)
Anucort-HC	Apriso ER (ST)	Aciphex Sprinkle (QL)
balsalazide	Carafate	Actigall
bisacodyl tablet+	suspension	Akynzeo (PA, QL)
Bisa-Lax+	CLENPIQ+	Anusol-HC
chlordiazepoxide- clidinium	Dexilant (QL)	suppository (PA)
cinacalcet*	Entyvio* (PA)	Bonjesta
ClearLax+	Linzess	Canasa
dicyclomine	Lithostat	Carafate tablet
capsule, solution, tablet	Nexium DR	Cholbam* (PA)
diphenoxylate- atropine	2.5mg, 5mg packet (QL)	Correctol+
dronabinol	Pancreaze DR	Cortifoam (PA)
Ducodyl+	Pentasa	Creon (PA)
esomeprazole	Prepopik+	Diclegis
capsule (QL)	SUPREP+	Donnatal
famotidine 20mg, 40mg		Dulcolax tablet+
GaviLax+		Gattex* (PA)
GaviLyte-C+		Kristalose
GaviLyte-G+		Lialda (ST)
GaviLyte-N+		Librax (PA)
GentleLax+		Lomotil
GlycoLax+		Lotronex* (PA)
HealthyLax+		Marinol (PA)
Hemmorex-HC		MiraLax+
hydrocortisone		Motegrity (PA)
lansoprazole (QL)		Movantik (PA)
LaxaClear+		Nexium DR capsule (PA, QL)
mesalamine		Nexium DR 10mg, 20mg packet (PA, QL)
mesalamine DR		Ocaliva* (PA)
metoclopramide		Omeclamox-Pak (PA)
metoclopramide ODT		Pertzye (PA)
omeprazole (QL)		Prevacid DR (ST, QL)
omeprazole- bicarbonate (PA, QL)		Prevacid SoluTab (PA, QL)
ondansetron		Protonix (ST, QL)
ondansetron ODT		Protonix IV
pantoprazole tablet (QL)		Pylera (PA)
PEG 3350 and Electrolytes+		Ravicti* (PA)
PEG-Prep+		Rectiv
		Relistor (PA)
		Rowasa (PA)
		Sancuso (PA, QL)
		Sensipar* (PA)
		sfRowasa
		Sucraid* (PA)

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GASTROINTESTINAL/HEARTBURN (cont)

Pepcid 20mg, 40mg (PA)		Sustol (PA)
Phenadoz		Symproic (PA)
polyethylene glycol 3350+		Transderm-Scop
PowderLax+		Trulance (PA)
prochlorperazine		UCERIS foam (PA, QL)
promethazine		Urso
Promethegan		Urso Forte
Purelax+		Varubi (PA, QL)
QC Natura-Lax+		Viberzi
rabeprazole (QL)		Viokace
ranitidine 150mg, 300mg capsules, tablets, syrup, vial		Xermelo* (PA)
Smooth LAX+		Zantac
sucralfate		Zegerid (PA, QL)
TriLyte With Flavor Packets+		Zelnorm (PA)
ursodiol		Zenpep (PA)
		Zofran (PA)
		Zuplenz (PA, QL)

HORMONAL AGENTS

Amabelz	Androderm (PA, QL)	Activella
budesonide EC		Alora (QL)
budesonide ER (PA, QL)	Cetrotide*^ (PA)	AndroGel (PA, QL)
cabergoline (QL)	Crinone 8% gel^	Angeliq
CovARYX	Divigel	Armour Thyroid
CovARYX HS	Duavee	Climara
Decadron	Estring (QL)	Climara Pro
desmopressin solution, spray, tablet	Forteo* (PA, QL)	CombiPatch
desmopressin* ampule, vial	Ganirelix*^ (PA)	Cytomel
dexamethasone dexamethasone intensol	Humatrope* (PA)	DDAVP* (PA)
EEMT	Increlex* (PA)	Depo-Testosterone
EEMT H.S.	Lupron Depot* (PA)	Egrifta* (PA)
estradiol (QL)	Lupron Depot-PED* 7.5mg, 11.25mg, 15mg(PA)	Elestrin
estradiol-norethindrone	Medrol 2mg	Emflaza* (PA)
estrogen-methyltestosterone	Norditropin	Entocort EC
HiDex	FlexPro* (PA)	Estrace
levothyroxine	Orilissa (PA, QL)	EstroGel
Levoxyl	Premarin	Euthyrox
	Premphase	Evamist
	Prempro	Fortesta (PA, QL)
	Sandostatin LAR	Imvexxy (QL)
	Depot* (PA)	Intrarosa
	Serostim* (PA)	Levo-T
		Lupron Depot-PED* 30mg (PA)
		Medrol 4mg, 8mg, 16mg, 32mg

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HORMONAL AGENTS (cont)

liothyronine	Somavert* (PA)	Menostar (QL)
Lopreeza	Zorbtive* (PA)	Minivelle (QL)
medroxy-progesterone		Natesto (PA, QL)
methimazole		Natpara* (PA)
methylprednisolone dosepak, tablet		Noctiva (PA)
Mimvey		Osphena
Nature-Throid		Prometrium
NP Thyroid		Royaldee ER
prednisolone		Rayos DR (PA)
prednisolone ODT		Somatuline Depot* (PA)
prednisone		Striant (PA, QL)
prednisone intensol		Synthroid
progesterone capsule		Testim (PA, QL)
TaperDex (PA)		Testopel (PA)
testosterone (PA, QL)		Thyrogen*
testosterone cypionate		Tirosint
thyroid		Triostat
Westhroid		UCERIS tablet (PA, QL)
WP Thyroid		Unithroid
Yuvaferm (QL)		Vagifem (QL)
		Vivelle-Dot (QL)
		Vogelxo (PA, QL)

INFECTIONS

acyclovir capsule, suspension, tablet, vial	Baraclude* 0.05 mg/ml	Albenza
albendazole	Cipro suspension	Alinia
amoxicillin	Cleocin 75mg capsule	Arikayce* (PA)
amoxicillin-clavulanate	Daraprim* (PA)	Augmentin (PA)
amoxicillin-clavulanate ER	Eplclusa* (PA)	Augmentin ES-600 (PA)
atovaquone	Firvanq	Bactrim
atovaquone-proguanil	Harvoni* (PA, QL)	Bactrim DS
Avidoxy	Ledipasvir-Sofosbuvir* (PA)	Baraclude tablet* (PA, QL)
azithromycin	Mavyret* (PA)	Baxdela (PA)
cefdirinir	Pegasys* (PA)	Cayston* (PA, QL)
cefepodoxime	Sofosbuvir-Velpatasvir* (PA)	Cipro tablet
cefuroxime	Sovaldi* (PA)	Cleocin
cephalexin	Thalomid* (PA)	Clindesse
ciprofloxacin	TOBI Podhaler* (PA, QL)	Cresemba (PA)
clarithromycin	Vosevi* (PA)	Difcid (QL)
clarithromycin ER	Xifaxan (QL)	Diflucan (PA)
clindamycin		Doryx (PA)
		E.E.S. 200mg/5ml (PA)
		Elimite

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INFECTIONS (cont)

clindamycin phosphate		EryPed 200
Coremino (QL)		EryPed 400 (PA)
dapsone		Flagyl
Doxy 100		Keflex
doxycycline		Kitabis Pak* (PA, QL)
Emverm		Levaquin
entecavir* (QL)		Macrobid
erythromycin		Macrodantin
erythromycin ES		Malarone (PA)
famciclovir		Mepron (PA)
fluconazole		Minocin
hydroxychloroquine		Monurol
itraconazole		Mycobutin (PA)
levofloxacin solution, tablet, vial		Natroba
metronidazole		Noxafil (PA)
minocycline		Nuessa
minocycline ER (QL)		Nuzyra* (PA)
Mondoxyne NL		Oracea (PA)
nitrofurantoin		Oravig
nitrofurantoin mono-macro		Plaquenil (PA)
nystatin		Prevymis tablet*
Okebo		Priftin
oseltamivir (QL)		Sitavig (PA, QL)
penicillin V		Sivextro tablet (PA)
permethrin		Sklice
sulfamethoxazole-TMP		Solodyn (PA)
terbinafine tablet		Solosec
tetracycline		Sporanox (PA)
tobramycin ampule* (PA, QL)		Sulfatrim
valacyclovir		Suprax
valganciclovir		Tamiflu (QL)
vancomycin bag, capsule, vial		Targadox (PA)
Vandazole		Urogesic-Blue
voriconazole tablet (PA)		Valcyte (PA)
		Valtrex
		Vancocin (PA)
		Vemlidy*
		Vfend (PA)
		Vfend IV
		Vibramycin (PA)
		Xofluza (QL)
		Zepatier* (PA)
		Zithromax
		Zovirax (PA)
		Zyvox (PA)

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INFERTILITY

chorionic gonadotropin 10,000 unit vial*^ (PA)	Crinone 8% ^	Follistim AQ*^ (PA)
clomiphene tablet^	Endometrin^	Menopur*^ (PA)
	Gonal-F*^ (PA)	Novarel 10000 unit*^ (PA)
	Novarel 5000 unit*^ (PA)	
	Ovidrel*^ (PA)	

MISCELLANEOUS

disulfiram	Cerdelga* (PA)	Addyi (QL)
Nebusal 3%	Esbriet* (PA)	Austedo* (PA)
PULMOSAL	Nityr* (PA)	Brisdelle (QL)
sodium chloride inhalation vial, irrigation solution	Strensiq* (PA)	Exjade* (PA)
tetrabenazine* (PA)	Vivitrol*	Feriprox* (PA)
trientine* (PA)		Galafold* (PA)
		Horizant (PA)
		Ingrezza* (PA)
		Jadenu* (PA)
		Kuvan* (PA)
		Myalept* (PA)
		Nuedexta (QL)
		Orfadin* (PA)
		Palynziq* (PA)
		Tiglutik* (PA)
		Xenazine* (PA)

MULTIPLE SCLEROSIS

glatiramer* (PA)	Avonex* (PA)	Ampyra* (PA)
Glatopa* (PA)	Betaseron* (PA)	
	Extavia* (PA)	
	Gilenya* (PA)	
	Plegridy* (PA)	
	Rebif* (PA)	
	Rebif Rebidose* (PA)	
	Tecfidera* (PA)	

NUTRITIONAL/DIETARY

B-12 Compliance	CitraNatal	Auryxia (QL)
calcitriol ampule, capsule, solution	Klor-Con M15	Drisdol
calcium 667mg	OB Complete Petite	Floriva+
cyanocobalamin injection	Prenate Mini	KPN
daily prenatal+ FA-8+	Prenate Pixie	K-Tab ER
folic acid 0.4mg, 0.8mg+	PrimaCare	Lokelma
folic acid 1mg tablet, vial	Vitafol+	Mephyton
Klor-Con 8		MVC-Fluoride+
		Perry Prenatal+
		Phoslyra
		PreGenna (PA)
		Quflora+
		Renvela
		Rocaltrol

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NUTRITIONAL/DIETARY (cont)

Klor-Con 10		Trinaz (PA)
Klor-Con M10		Velphoro
Klor-Con M20		Veltassa
Klor-Con Sprinkle		vitaPearl
lanthanum		
phytonadione		
potassium chloride		
Prena1 Pearl		
Prenatal+		
Prenatal Vitamin+		
sevelamer		
vitamin D2 1.25mg		
vitamin D3 5,000 unit+		
vitamin K1 ampule		

OSTEOPOROSIS PRODUCTS

alendronate (QL)	Boniva syringe*	Actonel (ST)
calcitonin-salmon	Tymlos* (PA, QL)	Atelvia (ST)
ibandronate		Binosto (ST)
raloxifene+		Boniva tablet (ST)
risedronate		Evista
risedronate DR		Fosamax (ST)
		Fosamax Plus D (ST)

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA)	Actemra* (PA, QL)	Allzital (PA)
allopurinol	Aimovig (PA)	Amerge (PA, QL)
Aprizio Pak	Ajovy (PA)	Amrix (PA, QL)
baclofen	Belbuca (QL)	Analpram HC
BUPAP (PA)	Depen* (PA)	Arava
buprenorphine (QL)	Emgality (PA)	Arymo ER (PA)
butalbital-acetaminophen 50-300mg (PA)	Enbrel* (PA, QL)	Benlysta* (PA)
butalbital-acetaminophen-caffeine (QL)	Humira* (PA, QL)	Buprenex
carisoprodol	Hysingla ER (PA)	Butrans (QL)
celecoxib (QL)	MorphaBond ER (PA)	Cambia (PA)
chlorzoxazone (PA)	Nucynta (PA)	Celebrex (ST, QL)
colchicine	Otezla* (PA, QL)	Cimzia* (PA, QL)
cyclobenzaprine	Proctofoam-HC	Colcrys
cyclobenzaprine ER (QL)	Rasuvo (PA)	ConZip (PA, QL)
DermacinRx Empricaine	Remicade* (PA)	Cosentyx* (PA, QL)
DermacinRx Prizopak	Taltz* (PA, QL)	D.H.E 45 (PA, QL)
diclofenac (QL)	Savella	Diclofenac epolamine patch (PA, QL)
	Simponi Aria* (PA)	Duexis (PA)
	Stelara* (PA, QL)	Dupixent* (PA)
	Tremfya* (PA, QL)	Duragesic (PA)
	Uloric (QL)	EC-naprosyn (ST)
	Xeljanz* (PA, QL)	Ergomar (PA)
		Esgic (QL)
		Fexmid

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PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

diclofenac topical solution (PA)	Xeljanz XR* (PA, QL)	Flector (PA, QL)
diclofenac ER	Xtampza ER (PA)	Frova (PA, QL)
EC-naproxen	Ztlido	Gablofen
eletriptan (QL)		Gralise (PA)
Endocet (PA)		Illaris* (PA)
etodolac		Ilumya* (PA, QL)
etodolac ER		Imitrex (PA, QL)
fenoprofen (PA)		INDOCIN (PA)
Fenortho (PA)		Kadian ER (PA)
fentanyl (PA)		Kevzara* (PA, QL)
Fioricet (QL)		Kineret* (PA, QL)
frovatriptan (QL)		Lidoderm
Glydo		Lorzone (PA)
hydrocodone-acetaminophen (PA)		Maxalt (PA, QL)
hydromorphone (PA)		Maxalt MLT (PA, QL)
hydromorphone ER (PA)		MIGRANAL (PA, QL)
IBU 400mg, 600mg, 800mg		Mitigare
ibuprofen 400mg, 600mg, 800mg tablet		Mobic (ST)
indomethacin		MS Contin (PA)
indomethacin ER		Nalfon 400mg (ST)
ketorolac (QL)		Naprelan (PA)
leflunomide		Naprosyn (ST)
levorphanol (PA)		Norco (PA)
lidocaine 5% ointment (QL)		Nucynta ER (PA)
lidocaine viscous		Olumiant* (PA, QL)
lidocaine-prilocaine		ONZETRA Xsail (PA, QL)
Lidopril		Orencia* (PA, QL)
Lidopril XR		Otrexup (PA)
Lido-Prilo Caine Pack		Oxaydo (PA)
Livixil Pak		Oxycontin (PA)
Lorcet (PA)		PENNSAID (PA, ST)
Lorcet HD (PA)		Percocet (PA)
Lorcet Plus (PA)		Procort
Lortab (PA)		QmiiZ ODT (ST, QL)
meloxicam		RELPAK (PA, QL)
metaxalone		Roxicodone (PA)
methocarbamol		Simponi* (PA, QL)
morphine (PA)		Skelaxin
morphine ER (PA)		Soriatane (PA)
nabumetone		SPRIX (PA, QL)
Nalfon 600mg (ST)		SUBSYS (PA)
Nalocet (PA)		Tivorbex (PA)
naproxen		Treximet (PA, QL)
		Tylenol-Codeine No.3 (PA)
		Tylenol-Codeine No.4 (PA)
		Ultram (QL)

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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

naproxen CR (PA)		Vanatol LQ (PA)
oxycodone (PA)		Vanatol S (PA)
oxycodone ER (PA)		Vimovo (PA, QL)
oxycodone- acetaminophen (PA)		Vivlodex (PA, QL)
Prilolid		Voltaren (PA, QL)
Prilovix		Zanaflex
Primlev (PA)		Zebutal (QL)
Relador Pak		Zembrace
Relador Pak Plus		SYMTOUCH (PA, QL)
rizatriptan (QL)		Zipsor (PA)
sumatriptan (QL)		Zohydro ER (PA)
sumatriptan- naproxen (QL)		Zomig (PA, QL)
tizanidine		Zomig ZMT (PA, QL)
tramadol (QL)		Zorvolex (PA)
tramadol ER (QL)		Zyloprim
Vicodin HP (PA)		

PARKINSON'S DISEASE

benztropine	Apokyn* (PA)	Azilect (QL)
bromocriptine		Gocovri
carbidopa-levodopa		Lodosyn (PA)
carbidopa-levodopa ER		Mirapex
pramipexole		Mirapex ER (QL)
pramipexole ER (QL)		Neupro
rasagiline (QL)		Osmolex ER (QL)
ropinirole		Parlodel
ropinirole ER		REQUIP XL (PA)
		Rytary
		Sinemet
		Sinemet CR
		Tasmar
		Xadago (ST)
		Zelapar (PA)

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole (QL)	Latuda (QL)	Aristada Initio
aripiprazole ODT	Zyprexa 10mg vial	Fanapt (ST, QL)
chlorpromazine		Geodon (PA)
olanzapine		Invega ER (ST, QL)
olanzapine ODT		Perseris ER (QL)
paliperidone ER (QL)		Rexulti (ST, QL)
quetiapine		Risperdal (ST)
quetiapine ER		Saphris (ST)
risperidone		Seroquel (ST)
risperidone ODT		Seroquel XR (ST)
ziprasidone		Versacloz (PA)
		Vraylar (ST, QL)
		Zyprexa tablet (PA)
		Zyprexa ZYDIS (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SEIZURE DISORDERS

carbamazepine	Fycompa (PA, QL)	Aptiom (PA, QL)
carbamazepine ER		Banzel (PA, QL)
clonazepam	Keppra	Briviact solution, tablet (PA)
divalproex	500mg/5ml vial	Carbatrol ER (PA)
divalproex ER	Vimpat solution, tablet (PA)	Depakote (PA)
epitol		Depakote ER (PA)
gabapentin		Depakote Sprinkle (PA)
lamotrigine		Dilantin (PA)
lamotrigine (blue, green, orange)		Epidiolex* (PA)
lamotrigine ER		Keppra solution, tablet (PA)
lamotrigine ODT		Klonopin (PA)
levetiracetam		Lamictal (PA)
levetiracetam ER		Lamictal XR (PA)
oxcarbazepine		Lyrica (PA)
Roweepra		Lyrica CR
Roweepra XR		Mysoline (PA)
Subvenite		Neurontin (PA)
Subvenite (Blue, Green, Orange)		Onfi (PA)
topiramate		Oxtellar XR (PA)
topiramate ER		Phenytek (PA)
vigabatrin*		Qudexy XR (PA)
Vigadrone*		Sabril* (PA)
		Tegretol (PA)
		Tegretol XR (PA)
		Trokendi XR (PA, QL)
		Vimpat vial

SKIN CONDITIONS

adapalene (PA age)	Aczone 7.5% gel pump	Acanya
adapalene-benzoyl peroxide	Epiduo Forte	Aczone 5% gel
Amnesteem (QL)	Eucrisa	Aldara (PA)
Anusol-HC cream (PA)	Fluoroplex	Atralin (PA age)
Apexicon E (PA)	Naftin gel	Avita (PA age)
Avar Cleanser	Oxistat lotion	Benzaclin (PA)
Avar-E	Pramosone 1% lotion	Bryhali (ST)
Avar-E Green	Pramosone	Carac (PA)
azelaic acid	1%-1% cream, ointment	Celacyn
Bensal HP (PA)	Pramosone	Centany
betamethasone dipropionate augmented	2.5%-1% ointment	Cleocin T
betamethasone BP 10-1	Promiseb	Clindagel (PA)
calcipotriene	Santyl (QL)	Clobex (PA)
calcipotriene- betamethasone DP	Tazorac gel, 0.05% cream	Cloderm (ST)
Claravis (QL)		Condylox (PA)
		Cordran (PA)
		Cutivate (PA)
		Denavir (QL)
		Differin cream, lotion, 0.3% gel pump (PA age)

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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SKIN CONDITIONS (cont)

Clindacin ETZ pledget		Dovonex
Clindacin P pledget		Drysol
clindamycin-benzoyl peroxide		Duobrii
clindamycin phosphate		Ecoza
clindamycin-tretinoin		Efudex
clobetasol		Elidel
Clodan shampoo		Epiduo
clotrimazole-betamethasone		ERTACZO (PA)
dapsone		Evoclin
desoximetasone		Exelderm (PA)
diclofenac 3% gel (PA)		Extina (PA)
diflorasone (PA)		Fabior
fluocinonide		Finacea (PA)
fluorouracil cream, solution, vial (PA)		Impoyz (PA)
flurandrenolide (PA)		HALOG cream, ointment (PA)
hydrocortisone 2.5%		Jublia (PA)
hydrocortisone butyrate lipid cream (PA)		Kenalog spray (PA)
hydrocortisone butyrate lotion (PA)		Kerydin (PA)
imiquimod (ST)		Lotrisone
isotretinoin (QL)		Locoid (PA)
ketoconazole		Loprox 0.77% cream, 1% shampoo (PA)
metronidazole		Loprox 0.77% topical suspension
Micort HC 2.5% cream		Luzu (PA)
mupirocin		MetroCream (PA)
Myorisan (QL)		MetroGel (PA)
Neuac gel		MetroLotion (PA)
Nolix		Mimyx
oxiconazole		Naftin cream
pimecrolimus		Nizoral
Procto-Med HC		Noritrate (PA)
Procto-Pak		Olux (PA)
Proctosol-HC		Olux-E (PA)
Proctozone-HC		Onexton
Rosadan cream (PA)		Oxistat cream (PA)
Rosadan gel		Pandel (PA)
sodium sulfacetamide-sulfur		Picato
		Pramosone 2.5%-1% cream, lotion
		Protopic
		Prudoxin (PA, QL)
		Psorcon (PA)
		Qbrexza
		Regranex (PA, QL)
		Retin-A (PA age)
		Retin-A Micro (PA age)
		Sernivo (PA)

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

SSS 10-5		Soolantra
Sulfacleanse 8-4		Sorilux (PA)
tacrolimus ointment		Targetrin* gel
tazarotene		Tazorac 0.1% cream
tretinoin (PA age)		Temovate (ST)
tretinoin microsphere (PA age)		Tolak
triamcinolone		Topicort (ST)
Trianex (PA)		Tri-Luma
Triderm		Tridesilon (PA)
Zenatane (QL)		Ultravate (PA)
		Valchlor*
		Vanos (PA)
		Veltin
		Verdeso (PA)
		Vusion (PA)
		Xepi
		Xerese (PA, QL)
		Xolegel (PA)
		Ziana (PA)
		Zonalon (PA, QL)
		Zovirax (PA, QL)
		Zyclara (PA, QL)

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	Silenor (ST, QL)	Ambien (PA)
eszopiclone		Ambien CR (PA)
modafinil (PA)		Belsomra (PA)
temazepam		Edluar (PA, QL)
zolpidem		Hetlioz* (PA)
zolpidem ER (QL)		Intermezzo (PA)
		Lunesta (ST)
		Nuvigil (PA)
		Provigil (PA)
		Restoril (PA)
		Rozerem (ST, QL)
		Xyrem* (PA)
		Zolpimist (PA)

SMOKING CESSATION

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

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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SUBSTANCE ABUSE

buprenorphine-naloxone	Lucemyra (QL) NARCAN (QL) Zubsolv	Bunavail Evzio (PA, QL) Probuphine Suboxone
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TRANSPLANT MEDICATIONS

azathioprine*	Cellcept vial*	Astagraf XL*
mycophenolate*	Prograf 5mg/ml	Cellcept capsule, suspension, tablet*
mycophenolic acid*	ampule*	Envarsus XR*
sirolimus*		Myfortic*
tacrolimus* capsule		Prograf capsule, granule packet* Rapamune* Zortress*

URINARY TRACT CONDITIONS

cevimeline	Cystagon*	Avodart
darifenacin ER (QL)	Elmiron	Evoxic
finasteride 5mg	Thiola*	Flomax
oxybutynin	Toviaz (QL)	Procysbi* (PA)
oxybutynin ER		Proscar
phenazopyridine		Pyridium
potassium citrate ER		Rapaflo (QL)
silodosin (QL)		Urocit-K
solifenacin (QL)		
tamsulosin		
tolterodine		
tolterodine ER (QL)		
tropium		
tropium ER		

VACCINES

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.

Diphtheria and Tetanus Toxoids-ped+ TdVax+		Act-HIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Engerix-B+ FLUAD+ FLUARIX QUADRIVALENT+ FLUBLOK QUADRIVALENT+
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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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.

		FLUCELVAX QUADRIVALENT+ FLUALVAL QUADRIVALENT+ FluMist Quad Nasal+ Fluzone High-Dose+ Fluzone Quadrivalent Pedi+ Fluzone Quadrivalent+ GARDASIL 9+ HAVRIX+ HEPLISAV-B+ Hiberix+ Infanrix DTaP+ IPOL+ KINRIX+ Menactra+ Menveo A-C-Y-W-135-DIP+ M-M-R II+ Pediarix+ PevaxHIB+ Pentacel+ PNEUMOVAX 23+ Prenar 13+ ProQuad+ Quadracel DTaP-IPV+ Recombivax HB+ Rotarix+ RotaTeq+ TENIVAC+ TENIVAC+ Trumenba+ Twinrix+ VAQTA+ VARIVAX+ ZOSTAVAX+
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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:^{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. 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 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.

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.

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.

Prescription drug list FAQs (cont)

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.³

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.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, 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.⁵

- ▶ 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, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).⁶ 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**.

Prescription drug list FAQs *(cont)*

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

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:⁷

- › 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 medication 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 website, or check your plan materials, to learn more about the pharmacies in your plan's network.
6. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
7. 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.

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

DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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