CIGNA LEGACY (PERFORMANCE) 3-TIER PRESCRIPTION DRUG LIST

Starting January 1, 2021

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

891393 s Legacy (Performance) 3-Tier 12/20
What’s inside?

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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. 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.

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TIER 2</th>
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</thead>
<tbody>
<tr>
<td>$</td>
<td>$$</td>
</tr>
<tr>
<td><strong>BLOOD PRESSURE/HEART MEDICATIONS</strong></td>
<td></td>
</tr>
<tr>
<td>afeditab CR</td>
<td>Berinert* (PA)</td>
</tr>
<tr>
<td>amlodipine besylate</td>
<td>Bystolic</td>
</tr>
<tr>
<td>amlodipine besylate-benazepril</td>
<td>Cinryze* (PA)</td>
</tr>
<tr>
<td>amlodipine-valsartan</td>
<td>Coreg CR</td>
</tr>
<tr>
<td>amlodipine-valsartan-HCTZ</td>
<td>Cozaar (ST)</td>
</tr>
<tr>
<td>atenolol</td>
<td>Diovan (ST)</td>
</tr>
<tr>
<td>atenolol-chlorthalidone</td>
<td>Diovan HCT (ST)</td>
</tr>
<tr>
<td>benazepril</td>
<td>Edarbi (ST)</td>
</tr>
<tr>
<td>benazepril-HCTZ</td>
<td>Edarbyclor (ST)</td>
</tr>
<tr>
<td>candesartan cilexetil</td>
<td>Exforge</td>
</tr>
<tr>
<td>cartia XT</td>
<td>Exforge HCT</td>
</tr>
<tr>
<td>carvedilol</td>
<td>Firazyr* (PA)</td>
</tr>
<tr>
<td>clonidine</td>
<td>Hemangeol</td>
</tr>
<tr>
<td>digitek</td>
<td>Inderal LA</td>
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<tr>
<td>digox</td>
<td>Inderal XL</td>
</tr>
<tr>
<td>digoxin</td>
<td>Innopran XL</td>
</tr>
<tr>
<td>diltiazem ER</td>
<td>Lorpheal</td>
</tr>
<tr>
<td>diltiazem CD</td>
<td>Micardis (ST)</td>
</tr>
<tr>
<td>diltiazem</td>
<td>Multaq</td>
</tr>
<tr>
<td>dilt-XR</td>
<td>Nitro-dur</td>
</tr>
<tr>
<td>enalapril</td>
<td>Nitrolingual</td>
</tr>
<tr>
<td>felodipine acetate</td>
<td>Nitronal</td>
</tr>
<tr>
<td>hydralazine</td>
<td>Nitrostat</td>
</tr>
<tr>
<td>irbesartan</td>
<td>Northera* (PA)</td>
</tr>
<tr>
<td>isosorbide mononitrat</td>
<td>Norvasc</td>
</tr>
<tr>
<td></td>
<td>Ranexa (ST)</td>
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<tr>
<td></td>
<td>Tekturna</td>
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<tr>
<td></td>
<td>Tekturna HCT</td>
</tr>
</tbody>
</table>

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

Medications are grouped by the condition they treat.

Medications are listed 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.
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.

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<td>NUTRITIONAL/DIETARY</td>
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<tr>
<td>Adyphren</td>
<td>amitriptyline</td>
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<td>Adyphren Amp azelastine</td>
<td>bupropion (QL)</td>
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<td>cromolyn oral concentrate</td>
<td>bupropion SR (QL)</td>
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<td>cyproheptadine desloratadine (QL)</td>
<td>bupropion XL (QL)</td>
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<td>epinephrine (QL) fluticasone</td>
<td>buspirone</td>
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<td>hydroxyzine ipratropium momentasone (QL) olopatadine Phenergan promethazine</td>
<td>citalopram (QL)</td>
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<td>Alzheimer's Disease</td>
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<td>donepezil donepezil ODT</td>
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<tr>
<td>memantine memantine ER (QL) pyridostigmine pyridostigmine ER rivastigmine</td>
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<tr>
<td>Mestinon syrup Namenda Titration Pack</td>
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<tr>
<td>Aricept Exelon Mestinon tablet Namenda tablet Namenda XR (QL) Narrzaric (QL) Regonol</td>
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<tr>
<td>ANXIETY/DEPRESSION/BIPOLAR DISORDER</td>
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<tr>
<td>alprazolam alprazolam ER alprazolam intensol alprazolam ODT alprazolam XR</td>
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<tr>
<td>Anafranil (PA) Aplenzin (PA, QL) Ativan (PA) Celexa (ST, QL) Cymbalta (PA, QL)</td>
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<td>TIER 1</td>
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### ASTHMA/COPD/RESPIRATORY (cont)

- Serevent
- Symbicort
- Tracleer 32mg tablet for suspension* (PA)
- Trelegy Ellipta
- Xolair* (PA)
- Symdeko* (PA, QL)
- Trelegy Ellipta
- Xolair* (PA)
- Symdeko* (PA, QL)
- Trelegy Ellipta

### ATTENTION DEFICIT HYPERACTIVITY DISORDER

- atomoxetine (QL)
- clonidine ER
dexmethylphenidate (PA age)
dexmethylphenidate ER (PA age, QL)
dextroamphetamine-amphetamine (PA age)
dextroamphetamine-amphetamine ER (PA age, QL)
guanfacine ER
methylenidate (PA age)
methylenidate CD (PA age, QL)
methylenidate ER (PA age, QL)
methylenidate ER (CD) (PA age, QL)
methylenidate ER (LA) (PA age, QL)
methylenidate LA (PA age, QL)
Relexxii ER (PA age, QL)

### BLOOD PRESSURE/HEART MEDICATIONS

- Adult Aspirin
- Amlodipine
- Amlodipine-Benazepril
- Amlodipine-olmesartan (QL)
amlopidine valsartan
- Amlodipine-HCTZ
- Aspirin EC*
- Aspirin-Low*
- Aspirin EC*
- Atenolol
- Bayer Aspirin
- Benazepril
- Benazapril-HCTZ
candesartan
candesartan-HCTZ
cartia XT
carvedilol
carvedilol ER (QL)
Children’s Aspirin*
diltiazem
diltiazem 12hr ER
diltiazem 24hr ER
diltiazem 24hr ER (CD)
diltiazem 24hr ER (LA)
Dilt-XR
dofetilide (QL)
doxazosin
Ecotrin EC 81mg*
Ecarin*
enalapril
flecainide
Hydralazine
Irbesartan
Irbesartan-HCTZ
isosorbide
isosorbide ER
labetalol

### BLOOD MODIFIERS/BLEEDING DISORDERS

- aminocaproic acid*
- tranexamic acid*
- Aranesp* (PA)
- Droxia
- Epogen* (PA)
- Fulphila* (PA)
- Granix*
- Neulasta* (PA)
- Procrit* (PA)
- Retacrit* (PA)
- Udenyca* (PA)
- Zaxio*
## Cigna Legacy (Performance) 3-Tier Prescription Drug List

<table>
<thead>
<tr>
<th>TIER 1</th>
<th>TIER 2</th>
<th>TIER 3</th>
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<tbody>
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</tbody>
</table>

### BLOOD PRESSURE/HEART MEDICATIONS (cont)

- lisinopril
- lisinopril-HCTZ
- losartan
- losartan-HCTZ
- Low Dose Aspirin EC+
- Matzim LA
- metoprolol
- nadolol
- nifedipine
- nifedipine ER
- olmesartan (QL)
- olmesartan-amlodipine-HCTZ (QL)
- Pacerone 200mg
- prazosin
- propafenone
- propafenone ER
- propranolol
- propranolol ER
- ramipril
- ranolazine ER (QL)
- St. Joseph Aspirin+ Taztia XT
- telmisartan (QL)
- telmisartan-HCTZ (QL)
- valsartan
- valsartan-HCTZ
- verapamil
- verapamil ER
- verapamil ER PM
- verapamil SR

- Micards HCT (ST, QL)
- Minipress
- MULTAQ
- Nitrostat
- Northerna* (PA)
- Norvasc
- Pacerone 100mg, 400mg (PA)
- Prinivil (ST)
- Procardia
- Procardia XL
- Ranexa ER (QL)
- Rythmol SR (PA)
- Talhyro* (PA)
- Tekturna (QL)
- Tenormin (ST)
- Tiazac ER
- Tiksyn (PA, QL)
- Toprol XL (ST)
- Tribenzor
- Vasotec (ST)
- Verelan
- Verelan PM
- Zestoretic (ST)
- Zestril (ST)

### BLOOD THINNERS/ANTI-CLOTTING

- aspirin-dipyridamole ER clopidogrel
enoxaparin* (QL)
fondaparinux* (QL)
Jantoven
prasugrel
warfarin

- Brilinta
- Eliquis (PA)
- Fragmin* (QL)
- Lovenox vial* (QL)
- Xarelto (PA)

- Aggrenox
- Arixtra* (QL)
- Bayer Aspirin chewable tablet*
- Bevyxxa (QL)
- Coumadin (PA)
- Effient
- Lovenox* (QL)
- Plavix
- Pradaxa (PA)
- Savaysa (PA, QL)
- Yosprala (PA)
- Zontivity

### CANCER

- abiraterone* (PA)
anastrozole
capcitabine* (PA)
exemestane
imatinib* (PA)
letrozole
mercaptopurine
methotrexate
tamoxifen*
temozolomide* (PA)

- Actimmune* (PA)
- Erivedge* (PA)
- Gleostine
- Ibrance* (PA)
- Lexavar* (PA)
- Revlimid* (PA)
- Sutent* (PA)
- Tasigna* (PA)
- Trexall
- Verzenio* (PA)

- Afinitor* (PA)
- Afinitor Disperz* (PA)
- Alencensa* (PA)
- Bosulif* (PA)
- Cabometyx* (PA)
- Cometrix* (PA)
- Erleada* (PA)
- Gleevec* (PA)
- Imbruvica* (PA)
- Inlyta* (PA)
- Jakafi* (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)
- Tagrisso* (PA)
- Targetin capsule* (PA)
- Temodar* (PA)
- Trelstar*
- Tykerb* (PA)
- Venclexta* (PA)
- Votrient* (PA)
- Xalkori* (PA)
- Xeloda* (PA)
- Zejula* (PA)

### CHOLESTEROL MEDICATIONS

- amlodipine-atorvastatin (QL)
- atorvastatin 10mg, 20mg∗
- atorvastatin 40mg, 80mg
colesevelam
ezetimibe
ezetimibe-simvastatin

- Repatha (PA)
- Vascepa (PA)

- Antara (PA)
- Caduet (QL)
- Crestor (ST, QL)
- Fenoglide (PA)
- Lipitor (PA)
- Lipoften (ST)
- Lovaza
- Niaspan
- Pravachol (ST)
- TriCor (ST)
## Cigna Legacy (Performance) 3-Tier Prescription Drug List

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<th>TIER 1</th>
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### CHOLESTEROL MEDICATIONS (cont)
- fenofibrate
- fenofibric acid
- fluvastatin
- fluvastatin ER
- lovastatin 10mg
- lovastatin 20mg, 40mg
- niacin
- niacin ER
- niacor
- omega-3 acid ethyl esters
- pravastatin
- rosuvastatin 5mg, 10mg
- rosuvastatin 20mg, 40mg (QL)
- simvastatin 10mg, 20mg, 40mg
- simvastatin 80mg (QL)
- Triglide (ST)
- Trilipix (ST)
- Vytorin (ST)
- Welchol
- Zetia
- Zocor (ST, QL)

### CONTRACEPTION PRODUCTS (cont)
- Cyclafem*
- Cyred*
- Cyred EQ*
- Dasetta*
- Daysee*
- Deblitane*
- Delyla*
- desogestrel-ethinyl estradiol*
- desogestrel-ethinyl estradiol-ethinyl estradiol
- desogestrel-ethinyl estradiol-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+
- Lo Loestrin FE Taytulla
- Annovera+
- Balcoltra
- Caya contoured+
- Ella+
- Estrostep FE
- Femcap+
- Kyleena*
- Layolis FE
- Loestrin FE
- Minastrin 24 FE
- Mirena*
- Natazia
- Nexplanon*
- NuvaRing
- Safyral
- Skyla*
- Today Contraceptive Sponge+
- Wide seal diaphragm+
- Yasmin 28
- Yaz

### CONTRACEPTION PRODUCTS
- Afirmelle+
- Aftera+
- Altavera+
- Alyacen+
- Amethia+
- Amethia Lo+
- Amethyst+
- Apri+
- Aranelle+
- Ashlyna+
- Aubra+
- Aubra EQ+
- Aurovela+
- Aurovela 24 FE+
- Aviane+
- Ayuna+
- Azurette+
- Balziva+
- Bekyree+
- Blisovi FE+
- Blisovi 24 FE+
- Briellyn+
- Camila+
- Camrese+
- Camrese LO+
- Caziant+
- Chatel+
- Chatel EQ+
- Cryselle+
### Cigna Legacy (Performance) 3-Tier Prescription Drug List

**CONTRACEPTION PRODUCTS (cont)**

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

- Kalliga<sup>+</sup>
- Kariva<sup>+</sup>
- Kelnor 1-35<sup>+</sup>
- Kelnor 1-50<sup>+</sup>
- Kurvelo<sup>+</sup>
- Larin<sup>+</sup>
- Larin FE<sup>+</sup>
- Larin 24 FE<sup>+</sup>
- Larissia<sup>+</sup>
- Leena 28 tablet<sup>+</sup>
- Lessina<sup>+</sup>
- Levonest<sup>+</sup>
- levonorgestrel<sup>+</sup>
- levonorgestrel-ethinyl estradiol<sup>+</sup>
- levonorgestrel-ethinyl estradiol ethinyl estradiol<sup>+</sup>
- Levora-28<sup>+</sup>
- Lillow<sup>+</sup>
- Loryna<sup>+</sup>
- Low-Ogestrel<sup>+</sup>
- Lo-Zumandimine<sup>+</sup>
- Lutera<sup>+</sup>
- Lyza<sup>+</sup>
- Marlissa<sup>+</sup>
- medroxyprogesterone 150mg/ml<sup>+</sup>
- Melodetta 24 FE<sup>+</sup>
- Mibelas 24 FE<sup>+</sup>
- Microgestin<sup>+</sup>
- Microgestin FE<sup>+</sup>
- Mili<sup>+</sup>
- Mono-Linyah<sup>+</sup>
- My Choice<sup>+</sup>
- My Way<sup>+</sup>
- Necon<sup>+</sup>
- Nikki<sup>+</sup>
- Nora-BE<sup>+</sup>
- norethindrone<sup>+</sup>
- norethindrone-ethinyl estradiol<sup>+</sup>
- norethindrone-ethinyl estradiol-iron<sup>+</sup>
- norgestimate-ethinyl estradiol<sup>+</sup>
- Norlyda<sup>+</sup>
- Norlyroc<sup>+</sup>

### CONTRACEPTION PRODUCTS (cont)

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- Nortrel<sup>+</sup>
- Ocella<sup>+</sup>
- Option 2<sup>+</sup>
- Orsytia<sup>+</sup>
- Philit<sup>+</sup>
- Pirmtre<sup>+</sup>
- Pirmella<sup>+</sup>
- Portia<sup>+</sup>
- Previfem<sup>+</sup>
- Reclipsen<sup>+</sup>
- Rivelsa tablet<sup>+</sup>
- Setlakin<sup>+</sup>
- Sharobel<sup>+</sup>
- Simliya<sup>+</sup>
- Simpess<sup>+</sup>
- Sprintec<sup>+</sup>
- Sronyx<sup>+</sup>
- Syeda<sup>+</sup>
- Tarina 24 FE<sup>+</sup>
- Tarina FE 1-20 EQ<sup>+</sup>
- Tilia FE 28<sup>+</sup>
- Tri Femynor<sup>+</sup>
- Tri-Estarylla<sup>+</sup>
- Tri-Legest FE<sup>+</sup>
- Tri-Linyah<sup>+</sup>
- Tri-Lo-Estarylla<sup>+</sup>
- Tri-Lo-Marzia<sup>+</sup>
- Tri-Lo-Mili<sup>+</sup>
- Tri-Lo-Sprintec<sup>+</sup>
- Tri-Mili<sup>+</sup>
- Tri-Previfem<sup>+</sup>
- Tri-Sprintec<sup>+</sup>
- Trivora-28<sup>+</sup>
- Tri-Vylibra<sup>+</sup>
- Tri-Vylibra Lo<sup>+</sup>
- Tulana<sup>+</sup>
- Tydemy<sup>+</sup>
- VCF<sup>+</sup> foam, gel
- Velivet<sup>+</sup>
- Vienva<sup>+</sup>
- Viorele<sup>+</sup>
- Vyfemla<sup>+</sup>
- Vylibra<sup>+</sup>
- Wera<sup>+</sup>
- Wymzya FE<sup>+</sup>
- Xulane<sup>+</sup>
- Zarah<sup>+</sup>
- Zovia<sup>+</sup>
- Zumandimine<sup>+</sup>
## Cigna Legacy (Performance) 3-Tier Prescription Drug List

### COUGH/COLD MEDICATIONS

<table>
<thead>
<tr>
<th>Tier 1</th>
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- benzonatate (PA)
- Bromfed DM
- brompheniramine-pseudoephedrine-DM
- hydrocodone-chlorpheniramine ER (PA)
- TussiCaps (PA)
- Tessalon Perle
- Tuzistra XR (PA, QL)

### DENTAL PRODUCTS

<table>
<thead>
<tr>
<th>Tier 1</th>
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- chlorhexidine
- Denta 5000 Plus
dentagel
- doxycycline
- fluoride*
- Fluoridex Daily Defense
- Fluoritab*
- Flura-Drops+
- Ludent+
- Oralone
- Paroex
- Periogard
- SF 5000 Plus
- sodium fluoride
  - 0.25mg, 0.5mg, 1mg*+
- triamcinolone 0.1% paste
- Fluorabon+
- PreviDent 5000
- Clinpro 5000
- Floriva*
- Fluoridex Sensitivity Relief
- PreviDent
- PreviDent 5000 Plus

### DIABETES

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<thead>
<tr>
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</table>

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

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

### EAR MEDICATIONS

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

### ERECTILE DYSFUNCTION

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</table>

- sildenafil (PA age, QL)
- tadalafil 2.5mg, 10mg, 20mg (PA age, QL)
- Muse (QL)
- Cialis (PA age, ST, QL)
- Caverject Impulse Syringe (QL)
<table>
<thead>
<tr>
<th>TIER 1</th>
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</table>

**ERECTILE DYSFUNCTION (cont)**

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

**GASTROINTESTINAL/HEARTBURN**

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

**EYE CONDITIONS**

- azelastine
- brimonidine
- ciprofloxacin
- dorzolamide
- dorzolamide-timolol
- erythromycin
- fluocinolone
- gatifloxacin
- latanoprost
- moxifloxacin
- neomycin-polyoxymyx-dexamethasone
- ofloxacin
- polymyxin B-TMP prednisolone solution
- timolol solution
- tobramycin
- tobramycin-polyoxymyx-dexamethasone

- Alphagan P 0.1% drops
- Azasite
- Azopt
- Betimol
- Betoptic S Combigan
- Lotemax gel
- Lotemax SM
- Moxeza
- Pazeo
- Restasis
- SimbrinzA
- Tobradex eye ointment
- Xiidra
- Acuvail
- Alphagan P 0.15%
- Afrex
- Beprepe
- Besivance
- Bromsite
- Cequa
- Cosopt
- Cosopt PF
- Cystaran* (QL)
- Durezol
- FML liquid
- Illevo
- Inveltys
- Istalol
- Lastacaft
- Lotemax drops, ointment
- 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
- Gynazole 1
- miconazole 3
- vaginal suppository
- terconazole

- AVC

- PEG 3350 and Electrolytes+
- PEG-Prep+
# Cigna Legacy (Performance) 3-Tier Prescription Drug List

<table>
<thead>
<tr>
<th>GASTROINTESTINAL/HEARTBURN (cont)</th>
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</thead>
<tbody>
<tr>
<td>Pepcid 20mg, 40mg (PA)</td>
<td>Phenadoz polyethylene glycol 3350*</td>
<td>PowderLax* prochlorperazine promethazine Promethegan Purelax* QC Natura-Lax* rabeprazole (QL) ranitidine 150mg, 300mg capsules, tablets, syrup, vial Smooth LAX* sucralfate TrilYTE With Flavor Packets* ursodiol</td>
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<tr>
<td>HORMONAL AGENTS</td>
<td></td>
<td></td>
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<tr>
<td>Amabelz budesonide EC budesonide ER (PA, QL) cabergoline (QL) CovARYX CovARYX HS Decadron desmopressin solution, spray, tablet desmopressin* ampule, vial dexamethasone dexamethasone intensol EEMT EEMT H.S. estradiol (QL) estradiol-norethindrone estrogen-methyltestosterone HiDex levetholyxin Levoxyl</td>
<td>Androderm (PA, QL) Cetrotide*^ (PA) Crinone 8% gel^ Divigel Duavee Estring (QL) Forteo* (PA, QL) Ganirelix*^ (PA) Humatrope* (PA) Increlex* (PA) Lupron Depot* (PA) Lupron Depot-PED* 7.5mg, 11.25mg, 15mg(PA) Medrol 2mg Norditropin FlexPro* (PA) Orilissa (PA, QL) Premarin Premphase Prempro Sandostatin LAR Depot* (PA) Serostim* (PA)</td>
<td>Activella Alora (QL) AndroGel (PA, QL) Angeliq Armour Thyroid Climara Climara Pro CombiPatch Cytomel DDAVP* (PA) Depo-Testosterone Egrifta* (PA) Elestrin Emflaza* (PA) Entocort EC Estrace EstroGel Euthryox Evamist Fortesta (PA, QL) Imvexxy (QL) Intrarosa Levo-T Lupron Depot-PED* 30mg (PA) Medrol 4mg, 8mg, 16mg, 32mg</td>
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<tr>
<td>INFECTIONS</td>
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<tr>
<td>acyclovir capsule, suspension, tablet, vial albendazole amoxicillin amoxicillin-clavulanate amoxicillin-clavulanate ER atovaquone atovaquone-proguanil Avidoxy azithromycin ceftinir cefpodoxime cefuroxime cephalaxin ciprofloxacin clarithromycin clarithromycin ER clindamycin</td>
<td>Baraclude* 0.05 mg/ml Cipro suspension Cleocin 75mg capsule Daraprim* (PA) Eplcura* (PA) Firvanq Harvoni* (PA, QL) Ledipasvir-SofoSufuvir* (PA) Mavyret* (PA) Pegasy* (PA) Sofosbuvir-Velpatasvir* (PA) Sovaldi* (PA) Thalomid* (PA) TOBI Podhaler* (PA, QL) Vosevi* (PA) Xifaxan (QL)</td>
<td>Albenza Alinia Arikayce* (PA) Augmentin (PA) Augmentin ES-600 (PA) Bactrim Bactrim DS Baraclude tablet* (PA, QL) Baxdela (PA) Cawston* (PA, QL) Cipro tablet Cleocin Clindesse Cresemba (PA) Dificid (QL) Diflucan (PA) Doryx (PA) E.E.S. 200mg/5ml (PA) Elmite</td>
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<tr>
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<td>vancomycin bag, capsule, vial</td>
<td>Vancocin (PA)</td>
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<tr>
<td>Vandazole</td>
<td>Vemlidy*</td>
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<tr>
<td>voriconazole tablet (PA)</td>
<td>Vfend (PA)</td>
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<td>Vfend IV</td>
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<tr>
<td></td>
<td>Vibramycin (PA)</td>
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<tr>
<td></td>
<td>Xofluza (QL)</td>
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<tr>
<td></td>
<td>Zepatier* (PA)</td>
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<tr>
<td></td>
<td>Zithromax</td>
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<tr>
<td></td>
<td>Zovirax (PA)</td>
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<tr>
<td></td>
<td>Zyvox (PA)</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>INFERTILITY</strong></td>
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<tr>
<td>chorionic gonadotropin</td>
<td>Crinone 8% ^</td>
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<tr>
<td>10,000 unit vial*^</td>
<td>Endometrin^</td>
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<tr>
<td>clomiphene tablet^</td>
<td>Gonal-F*^</td>
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<tr>
<td></td>
<td>Novarel 5000 unit*^</td>
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<td></td>
<td>Ovidrel*^</td>
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| **MISCELLANEOUS** | | |
| disulfiram | Cerdelga* (PA) | |
| Nebulial 3% | Esbriet* (PA) | |
| PULMOSAL | Nityr* (PA) | |
| sodium chloride | Strepsiq* (PA) | |
| inhalation vial, irrigation solution | Vivitrol* | |
| tetrabenazine* (PA) | | |
| trientine* (PA) | | |

| **MULTIPLE SCLEROSIS** | | |
| glatiramer* (PA) | Avonex* (PA) | |
| Glatopa* (PA) | Betaseron* (PA) | |
| | Extavia* (PA) | |
| | Gilenya* (PA) | |
| | Plegridy* (PA) | |
| | Rebif* (PA) | |
| | Rebif Rebidose* (PA) | |
| | Tecfidera* (PA) | |
| | Zeposia* (PA) | |

<p>| <strong>NUTRITIONAL/DIETARY</strong> | | |
| B-12 Compliance | CitrNatal | |
| calcitriol ampule, capsule, solution | Klor-Con M15 | |
| calcium 667mg | OB Complete Petite | |
| cyanocobalamin | Prenate Mini | |
| injection | Prenate Pixie | |
| daily prenatal* | PrimaCare | |
| FA-8* | Vitafol* | |
| folic acid 0.4mg, 0.8mg* | | |
| folic acid 1mg tablet, vial | | |
| Klor-Con 8 | | |</p>
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<th>TIER 3</th>
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### NUTRITIONAL/DIETARY (cont)

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<td>Klor-Con Sprinkle</td>
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<td>lanthanum</td>
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<td>phytonadione</td>
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<td>potassium chloride</td>
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<td>Prenatal</td>
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<td>Prenatal Vitamin*</td>
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<td>sevelamer</td>
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<td>vitamin D2 1.25mg</td>
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<td>vitamin D3 5,000 unit*</td>
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<td>vitamin K1 ampule</td>
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### OSTEOPOROSIS PRODUCTS

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<tr>
<td>alendronate (QL)</td>
<td>Boniva syringe*</td>
<td>Actonel (ST)</td>
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<tr>
<td>calcitonin-salmon</td>
<td>Tymlos* (PA, QL)</td>
<td>Atelvia (ST)</td>
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<tr>
<td>ibandronate</td>
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<td>Binosto (ST)</td>
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<tr>
<td>raloxifene*</td>
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<td>Boniva tablet (ST)</td>
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<tr>
<td>risedronate</td>
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<td>Evista</td>
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<td>risedronate DR</td>
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<td>Fosamax (ST)</td>
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<td>Fosamax Plus D (ST)</td>
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### PAIN RELIEF AND INFLAMMATORY DISEASE (cont)

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<td>diclofenac topical solution (PA)</td>
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<td>diclofenac ER</td>
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<td>EC-naproxen</td>
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<tr>
<td>eletriptan (QL)</td>
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<td>Endocet (PA)</td>
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<td>etodolac</td>
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<td>Fenofibric acid (PA)</td>
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<td>fentanyl (PA)</td>
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<td>frovatriptan (QL)</td>
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<td>IBU 400mg, 600mg, 800mg</td>
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<td>ibuprofen 400mg, 600mg, 800mg tablet</td>
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<td>indomethacin</td>
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<td>lidocaine 5% ointment (QL)</td>
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<td>Lortab (PA)</td>
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<td>nabumetone</td>
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<td>Naflon 600mg (ST)</td>
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<td>Nalciton (PA)</td>
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<tr>
<td>naproxen</td>
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# Cigna Legacy (Performance) 3-Tier Prescription Drug List

## Pain Relief and Inflammatory Disease

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

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

## Parkinson’s Disease

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

## Schizophrenia/Anti-Psychotics

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

## Seizure Disorders

- carbamazepine
- carbamazepine ER
- clonazepam
- divalproex
- divalproex ER
- epitol
- gabapentin
- lamotrigine
- lamotrigine (blue, green, orange)
- lamotrigine ER
- lamotrigine ODT
- levetiracetam
- levetiracetam ER
- oxcarbazepine
- Roweepra
- Roweepra XR
- Subvenite
- Subvenite (Blue, Green, Orange)
- topiramate
- topiramate ER
- vigabatrin*
- Vigadrone*
- Fycompa (PA, QL)
- Keppra
- 500mg/5ml vial
- Vimpat solution, tablet (PA)
- Aptiom (PA, QL)
- Banzel (PA, QL)
- Briviact solution, tablet (PA)
- Carbamol ER (PA)
- Depakote (PA)
- Depakote ER (PA)
- Depakote Sprinkle (PA)
- Dilantin (PA)
- Epipolex* (PA)
- Keppra solution, tablet (PA)
- Lamictal (PA)
- Lamictal XR (PA)
- Lyrice (PA)
- Lyrice CR
- Mysonine (PA)
- Neurontin (PA)
- Onfi (PA)
- Oxtellar XR (PA)
- Phenytek (PA)
- Quedexy XR (PA)
- Sabril* (PA)
- Tegeotol (PA)
- Tegeotol XR (PA)
- Trokendi XR (PA, QL)
- Vimpat vial

## Skin Conditions

- adapalene (PA age)
- adapalene-benzoyl peroxide
- Amnesteem (QL)
- Anusol-HC cream (PA)
- Apexicon E (PA)
- Avar Cleanser
- Avar-E
- Avar-E Green
- azelaic acid
- Bensal HP (PA)
- betamethasone dipropionate
- augmented betamethasone BP 10-1
calcipotriene calcipotriene-
calcipotriene-
calcipotriene- betamethasone DP Claravis (QL)
- Aczone 7.5% gel pump
- Epiduo Forte
- Evrsca
- Fluoroplex
- Naftin gel
- Oxistat lotion
- Pramsoone 1% lotion
- Pramsonone
- Pramsonone 1%-1% cream, ointment
- Pramsonone 2.5%-1% ointment
- Promisbe
- Santyl (QL)
- Tazorac gel, 0.05% cream
- Acanya
- Aczone 5% gel
- Aldara (PA)
- Atralin (PA age)
- Avita (PA age)
- Benzaclin (PA)
- Bryhali (ST)
- Carac (PA)
- Celacyn
- Centany
- Cleocin T
- Clindagel (PA)
- Clobex (PA)
- Cloderm (ST)
- Condylox (PA)
- Cordran (PA)
- Cutivate (PA)
- Denavir (QL)
- Differin cream, lotion, 0.3% gel pump (PA age)
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<th>TIER 2 $$</th>
<th>TIER 3 $$$</th>
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<td><strong>SKIN CONDITIONS (cont)</strong></td>
<td><strong>SKIN CONDITIONS (cont)</strong></td>
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<td>Clindacin ETZ pleadget</td>
<td>Dovonex</td>
<td>SSS 10-5</td>
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<td>Clindacin P pleadget clindamycin-benzoyl peroxide</td>
<td>Drysol</td>
<td>Sulfacleanse 8-4</td>
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<td>Duobrii</td>
<td>tacrolimus ointment</td>
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<td>clindamycin-tretinoin</td>
<td>Ecoza</td>
<td>tazarotene</td>
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<td>Efudex</td>
<td>tretinoin (PA age)</td>
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<td>Elidel</td>
<td>tretinoin microsphere (PA age)</td>
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<td>desoximetasone diclofenac 3% gel (PA)</td>
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<td>triamcinolone</td>
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<td>ERTACZO (PA)</td>
<td>Trianex (PA)</td>
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<td>Evoclin</td>
<td>Triderm</td>
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<td>Extina (PA)</td>
<td>Zenatane (QL)</td>
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<td>hydrocortisone 2.5% hydrocortisone butyrate lipid cream (PA)</td>
<td>Finacea (PA)</td>
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<td>hydrocortisone butyrate lotion (PA)</td>
<td>Impoz (PA)</td>
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<td>HALLOG cream, ointment (PA)</td>
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<td>ketoconazole metronidazole</td>
<td>Jublia (PA)</td>
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<td>Kenalog spray (PA)</td>
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<td>mupirocin</td>
<td>Kerydin (PA)</td>
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<td>Myorisan (QL)</td>
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<td>Locoid (PA)</td>
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<td>Nolix</td>
<td>Loprox 0.77% cream, 1% shampoo (PA)</td>
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<td>oxiconazole pimecrolimus</td>
<td>Loprox 0.77% topical suspension</td>
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<td>Procto-Med HC Procto-Pak</td>
<td>Luzu (PA)</td>
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<td>MetroCream (PA)</td>
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<td>Oxistat cream (PA)</td>
<td>Lunesta (ST)</td>
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<td>Pandel (PA)</td>
<td>Nuvigil (PA)</td>
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<td>Picato</td>
<td>Provigil (PA)</td>
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<td>Pramosone 2.5%-1% cream, lotion</td>
<td>Restoril (PA)</td>
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<td>Protoptic</td>
<td>Rozerem (ST, QL)</td>
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<td>Prudoxin (PA, QL)</td>
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<td>Chantix</td>
<td>NicoDerm CQ 7mg/24hr,</td>
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<td>NicoDerm CQ 21mg/24hr*</td>
<td>Nicotrol</td>
<td>14mg/24hr*</td>
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<td>Nicotrol NS</td>
<td>Nicorette*</td>
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<td>Quit 2*</td>
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# Cigna Legacy (Performance) 3-Tier Prescription Drug List

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## Substance Abuse

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- buprenorphine-naloxone
- Lucemyra (QL)
- Narcan (QL)
- Zubsolv
- Bunavail
- Evzio (PA, QL)
- Probuphine
- Suboxone

## Transplant Medications

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

## Urinary Tract Conditions

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

## 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.

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- FLUCELVAX QUADRIVALENT+
- FLUVAL
- 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+
- PedvaxHIB+
- Pentacel+
- PNEUMOVAX 23+
- Prevnar 13+
- ProQuad+
- Quadracel DTaP-IPV+
- Recombivax HB+
- Rotarix+
- RotaTeq+
- TENIVAC+
- TENIVAC+
- Trumenba+
- Twinrix+
- VAQTA+
- VARIVAX+
- ZOSTAVAX+

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

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- Diphtheria and Tetanus Toxoids-ped+
- TdVax+
- Act-HIB+
- Adacel Tdap+
- Afluria Quad+
- BEXSERO+
- Boostrix Tdap+
- DAPTACEL DTaP+
- Engerix-B+
- FLUAD+
- FLUARIX QUADRIVALENT+
- FLUBLOK QUADRIVALENT+
**Prescription drug list FAQs**

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

**Why do you make changes to the drug list?**

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

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

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

**Why doesn’t my plan cover certain medications?**

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

**How do you decide which medications are covered?**

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

**How do I request approval for a non-covered medication?**

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

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

**Which medications are covered under the health care reform law?**

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

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

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

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

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

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

How can I save money on my prescription medications?

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

Do generics work the same as brand name medications?

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

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

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

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

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

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

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

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

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

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

Can I fill my prescriptions by mail?

Yes, as long as your plan offers home delivery. If you’re taking a medication on a regular basis to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. Avoid the pharmacy lines and get your medication shipped to your home – at no extra cost. You can also manage your medications online and talk with a pharmacist 24/7 if you have questions. To get started using home delivery, call 800.835.3784.
If you’re taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo, a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice). 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.

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.
Exclusions and limitations

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

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

- over-the-counter (OTC) medicines (those that do not require a prescription) except insulin unless state or federal law requires coverage of such medicines;
- prescription 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.
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.


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.


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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)
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 LƯU Ý: Quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ với giá tự do. Nếu quý vị hiện là khách hàng của Cigna, hãy gọi số trên mặt sau thẻ của quý vị. Trong trường hợp khác, quý vị nên gọi số 1.800.244.6224 (TTY: quay số 711)

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


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 على بطاقة الحساب الشخصية او اتصل ب 1.800.244.6224 (TTY: 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 retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).


Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ی کد در پشت کارت شناسایی شما استفاده کنید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره‌ی کدی بگیرید).