



CIGNA LEGACY (STANDARD) 3-TIER PRESCRIPTION DRUG LIST

As of January 1, 2020

Together, all the way.®



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

885982 s Legacy (Standard) 3-Tier 10/19



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View your drug list online

This document was last updated 09/01/2019.* Here's where you can find a current list of the medications your plan covers:



The myCigna® app or website – Once you're registered, log in and click on Prescriptions. Then, click on Price a Medication.



Cigna.com/druglist – Select your drug list name – Standard 3 Tier – from the drop down menu.

Questions?

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

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

Last updated: 09/01/2019, for changes starting 01/01/2020

Next planned update: 03/01/2020, for changes starting 07/01/2020

About your prescription drug list

This document shows the most commonly prescribed medications covered on the Legacy (Standard) 3-Tier Prescription Drug List as of January 1, 2020.^{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 (Standard) 3-Tier Prescription Drug List is updated often so it's important to know that this is not a complete list of the medications your plan covers. Also, your specific plan may not cover all of the medications in this document. You should log in to the **myCigna** app or website, or check your plan materials, to learn more about the medications your plan covers.

How to read your drug list

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

TIER 1 \$	TIER 2 \$\$
BLOOD PRESSURE/HEART MEDICATIONS	
afeditab CR	Beriner [*] (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 (Standard) 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	(Lower-cost medication)	\$
› Tier 2 – Typically Preferred Brands	(Medium-cost medication)	\$\$
› Tier 3 – Typically Non-Preferred Brands	(Higher-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 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, may 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	PARKINSON’S DISEASE	16
CONTRACEPTION PRODUCTS	9–11	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	12	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	12	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	12	URINARY TRACT CONDITIONS	17, 18
		VACCINES	18
		WEIGHT MANAGEMENT	18

Cigna Legacy (Standard) 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* (PA)	Evotaz* (PA)
tenofovir* (PA)	Genvoya*	Juluca* (PA)
	Intelence* (PA)	Odefsey* (PA)
	Isentress*	Prezcobix* (PA)
	Isentress HD* (PA)	Stribild* (PA)
	Prezista*	Symtuza* (PA)
	Selzentry* (PA)	Viread* 300mg tablet (PA)
	Symfi*	
	Symfi Lo*	
	Tivicay*	
	Triumeq*	
	Truvada*	
	Viread 150 mg, 200mg, 250mg tablet, powder* (PA)	

ALLERGY/NASAL SPRAYS

azelastine		Astepro
cromolyn		Clarinet
cyproheptadine		Clarinet-D 12 Hour
desloratadine (QL)		Gastrocrom
epinephrine (QL)		Grastek (PA, QL)
fluticasone		Karbinal ER
hydroxyzine capsule, solution, tablet		Odactra (PA, QL)
ipratropium		Patanase
mometasone (QL)		QNASL children
olopatadine		Ragwitek (PA, QL)
promethazine		Symjepi (PA, QL)
		Vistaril

ALZHEIMER'S DISEASE

donepezil	Namenda titration	Aricept
donepezil ODT	pack	Exelon
memantine		Mestinon
memantine ER (QL)		Namenda tablet
pyridostigmine		Namenda XR (QL)
pyridostigmine ER		Namzaric (QL)
rivastigmine		

ANXIETY/DEPRESSION/BIPOLAR DISORDER

alprazolam		Anafranil
alprazolam ER		Ativan tablet
alprazolam intensol		Celexa (ST, QL)
alprazolam ODT		Effexor XR (ST, QL)
alprazolam XR		Fetzima (ST, QL)
amitriptyline		Forfivo XL (ST, QL)

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

bupropion (QL)		Pamelor
bupropion SR (QL)		Paxil (ST, QL)
bupropion XL (QL)		Paxil CR (ST, QL)
buspirone		Pristiq (ST, QL)
citalopram (QL)		Prozac (ST, QL)
clomipramine		Remeron
desvenlafaxine ER (QL)		Sarafem (ST)
duloxetine (QL)		Tofranil
escitalopram (QL)		Trintellix (ST, QL)
fluoxetine (QL)		VIIIBRYD (ST, QL)
fluoxetine DR (QL)		Wellbutrin SR (ST, QL)
fluvoxamine (QL)		Xanax
fluvoxamine ER (QL)		Xanax XR
lorazepam		Zoloft (ST, QL)
lorazepam intensol		
mirtazapine		
paroxetine (QL)		
paroxetine CR (QL)		
paroxetine ER (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	Breo Ellipta	Kalydeco* (PA, QL)
tadalafil* 20mg (PA)	Combivent Respimat	Letairis* (PA)
Wixela Inhub	Dulera	Lonhala Magnair (PA)
	Flovent	Nucala auto-injector, syringe* (PA)
	Flovent HFA	Orenitram ER* (PA)
	Incruse Ellipta	Orkambi* (PA, QL)
	Ofev* (PA)	Perforomist (QL)
	Opsumit* (PA)	Proventil HFA
	ProAir HFA	Pulmicort respule
	ProAir RespiClick	Revatio oral suspension, tablet* (PA)
	Pulmicort Flexhaler	Singular
	Pulmozyme* (PA)	Symdeko* (PA, QL)
	QVAR RediHaler	
	Serevent	
	Symbicort	
	Tracleer 32 mg tablet for suspension* (PA)	

Cigna Legacy (Standard) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ASTHMA/COPD/RESPIRATORY (cont)			BLOOD PRESSURE/HEART MEDICATIONS		
	Trelegy Ellipta Ventolin HFA Xolair* (PA)	Tracleer tablet* (PA) Tyvaso* (PA) UPTRAVI* (PA) Xopenex HFA	Adult Aspirin Regimen+ amiodarone amlodipine amlodipine- benazepril amlodipine- olmesartan (QL) amlodipine- valsartan amlodipine- valsartan-HCTZ Aspir EC+ aspirin EC+ aspirin 325mg tablet+ Aspir-Low+ atenolol Bayer Aspirin 325mg tablet+ benazepril benazepril-HCTZ candesartan candesartan-HCTZ cartia XT carvedilol carvedilol ER (QL) Children's Aspirin+ clonidine diltiazem diltiazem 12hr ER diltiazem 24hr ER diltiazem 24hr ER (CD) diltiazem 24hr ER (LA) diltiazem 24hr ER (XR) Dilt-XR dofetilide (QL) doxazosin Ecotrin+ ecpirin+ enalapril flecainide	Bystolic (ST, QL) Corlanor (PA) Entresto Multaq Tekturna HCT (QL)	Adalat CC Altace (ST) Atacand (ST) Atacand HCT (ST) Avalide (ST) Avapro (ST) Azor (QL) Benicar (ST, QL) Benicar HCT (ST, QL) BiDil (QL) Calan Calan SR Cardizem Cardizem CD Cardizem LA (QL) Cardura Catapres-TTS 1 Catapres-TTS 2 Catapres-TTS 3 Coreg (ST) Coreg CR (ST, QL) Corgard (ST) Cozaar (ST) Diovan (ST) Diovan HCT (ST) Edarbi (ST, QL) Edarbyclor (ST) Epaned Exforge Exforge HCT Firazyr* (PA) GoNitro Haegarda* (PA) Hemangeol Hyzaar (ST) Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Kapsargo Sprinkle (ST) Lopressor (ST) Lotensin (ST) Lotensin HCT (ST) Lotrel Micardis (ST, QL) Micardis HCT (ST, QL) Minipress
ATTENTION DEFICIT HYPERACTIVITY DISORDER					
atomoxetine (QL) clonidine ER dexmethylphenidate (PA age) dexmethylphenidate ER (PA age, QL) dextroamphetamine- amphetamine ER (PA age, QL) dextroamphetamine- amphetamine (PA age) guanfacine ER metadate ER (PA age, QL) methylphenidate (PA age) methylphenidate CD (PA age, QL) methylphenidate ER (CD) (PA age, QL) methylphenidate ER (LA) (PA age, QL) methylphenidate ER (PA age, QL) methylphenidate LA (PA age, QL) Relexxii (PA age, QL)	Vyvanse (PA age, QL)	Adderall Adhansia XR Adzenys ER (PA age, QL) Adzenys XR-ODT (PA age, QL) Daytrana (PA age, QL) Dyanavel XR (PA age, QL) Evekeo ODT Focalin (PA age, ST) Intuniv Kapvay Methylin (PA age, ST) QuilliChew ER (PA age, QL) Quillivant XR (PA age, QL) Ritalin tablet Strattera (QL)			
BLOOD MODIFIERS/BLEEDING DISORDERS					
aminocaproic acid* tranexamic acid*	Amicar oral solution* Aranesp*^ (PA) Droxia Epogen*^ (PA) Fulphila*^ (PA) Granix*^ Neulasta*^ (PA) Procrit*^ (PA) Retacrit*^ (PA) Udenyca*^ (PA) Zarxio*^	Amicar tablet* Hemlibra* (PA) Lysteda* Neupogen*^ (PA) Nivestym*^ (PA) Promacta* (PA) Siklos (PA) Tavalisse* (PA)			

Cigna Legacy (Standard) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont)			BLOOD THINNERS/ANTI-CLOTTING		
hydralazine		Nitrostat	aspirin-	Brilinta	Aggrenox
irbesartan		Northera* (PA)	dipyridamole ER	Eliquis	Arixtra* (QL)
irbesartan-HCTZ		Norvasc	clopidogrel	Fragmin* (QL)	Bayer Aspirin
isosorbide		Pacerone 100mg,	enoxaparin* (QL)	Xarelto	chewable tablet
mononitrate		400mg (PA)	fondaparinux* (QL)		Bevyxxa (QL)
isosorbide		Prinivil (ST)	Jantoven		Coumadin (PA)
mononitrate ER		Procardia	prasugrel		Effient
labetalol		Procardia XL	warfarin		Lovenox* (QL)
lisinopril		Ranexa (QL)			Plavix
lisinopril-HCTZ		Rythmol SR (PA)			Pradaxa
losartan		Takhzyro* (PA)			Savaysa (QL)
losartan-HCTZ		Tekturna (QL)			Yosprala
Low Dose Aspirin		Tenormin (ST)			Zontivity
EC+		Tiazac			
Matzim LA		Tikosyn (PA, QL)	CANCER		
metoprolol		Toprol XL (ST)	abiraterone* (PA)	Actimmune* (PA)	Afinitor Disperz* (PA)
nadolol		Tribenzor	anastrozole	Erivedge* (PA)	Afinitor* (PA)
nifedipine		Vasotec (ST)	capecitabine* (PA)	Gleostine	Alecensa* (PA)
nifedipine ER		Verelan	exemestane	Ibrance* (PA)	Bosulif* (PA)
olmesartan (QL)		Verelan PM	imatinib* (PA)	Lupron Depot*^ (PA)	Cabometyx* (PA)
olmesartan-		Zestoretic (ST)	letrozole	Nexavar* (PA)	Cometriq* (PA)
amlodipine-HCTZ		Zestril (ST)	mercaptopurine	Revlimid* (PA)	Erleada* (PA)
olmesartan-HCTZ (QL)			methotrexate	Sprycel* (PA)	Gleevec* (PA)
Pacerone 200 mg			tamoxifen+	Sutent* (PA)	Imbruvica* (PA)
prazosin			temozolomide* (PA)	Tasigna* (PA)	Inlyta* (PA)
propafenone				Trexall	Jakafi* (PA)
propafenone ER				Verzenio* (PA)	Kisqali* (PA)
propranolol					Lenvima* (PA)
solution, tablet					Lonsurf* (PA)
propranolol ER					Lynparza* (PA)
ramipril					Mekinist* (PA)
St. Joseph Aspirin+					Nerlynx* (PA)
ranolazine ER (QL)					Ninlaro* (PA)
Taztia XT					Odomzo* (PA)
telmisartan (QL)					Pomalyst* (PA)
telmisartan-HCTZ (QL)					Purixan*
valsartan					Rubraca* (PA)
valsartan-HCTZ					Stivarga* (PA)
verapamil capsule, tablet					Tafinlar* (PA)
verapamil ER					Tagrisso* (PA)
verapamil ER PM					Targetin capsule* (PA)
verapamil SR					Temodar capsule* (PA)
					Tykerb* (PA)
					Venclexta* (PA)
					Votrient* (PA)
					Xalkori* (PA)
					Xeloda* (PA)
					Xtandi* (PA)
					Zejula* (PA)

Cigna Legacy (Standard) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CHOLESTEROL MEDICATIONS			CONTRACEPTION PRODUCTS (cont)		
amlodipine-atorvastatin (QL)	Repatha (PA) Vascepa (PA)	Caduet (QL) Crestor (ST, QL) Lipofen (ST) Lovaza Niaspan Pravachol (ST) TriCor (ST) Triglide (ST) Trilipix (ST) Vytorin (ST) Welchol Zetia Zocor (ST, QL)	Balziva ⁺ Bekyree ⁺ Blisovi FE ⁺ Blisovi 24 FE ⁺ Briellyn ⁺ Camila ⁺ Camrese ⁺ Camrese Lo ⁺ Caya Contoured ⁺ Caziant ⁺ Chateal ⁺ Chateal EQ ⁺ Cryselles ⁺ Cyclafem ⁺ Cyred ⁺ Cyred EQ ⁺ Dasetta ⁺ Daysee ⁺ Deblitane ⁺ Delyla ⁺ desogestrel-ethinyl estradiol ⁺ desogestrel-ethinyl estradiol-ethinyl estradiol dospirenone-ethinyl estradiol-levomefolate ⁺ drospirenone-ethinyl estradiol ⁺ Econtra EZ ⁺ Econtra One-Step ⁺ Elinest ⁺ Emoquette ⁺ Enpresse ⁺ Enskyce ⁺ Errin ⁺ Estarylla ⁺ ethynodiol-ethinyl estradiol ⁺ Falmina ⁺ Fayosim ⁺ FemCap ⁺ Femynor ⁺ Gianvi ⁺ Gynol II ⁺ Hailey 24 FE ⁺ Heather ⁺ Incassia ⁺		
atorvastatin ⁺					
colesevelam					
ezetimibe					
ezetimibe-simvastatin					
fenofibrate					
fenofibric acid					
fluvastatin ER ⁺					
fluvastatin ⁺					
lovastatin 10mg					
lovastatin ⁺ 20mg, 40mg					
niacin					
niacin ER					
niacor					
omega-3 acid ethyl esters					
pravastatin ⁺					
rosuvastatin ⁺ 5mg, 10mg, 20mg, 40mg (QL)					
simvastatin 80mg (QL)					
simvastatin ⁺ 10mg, 20mg, 40mg					
CONTRACEPTION PRODUCTS					
Afirmelle ⁺	Lo Loestrin FE	Annovera ⁺			
Aftera ⁺	NuvaRing ⁺	Balcoltra			
Altavera ⁺	Taytulla	Ella ⁺			
Alyacen ⁺		Estrostep FE			
Amethia ⁺		Layolis FE			
Amethia Lo ⁺		Loestrin FE			
Amethyst ⁺		Minastrin 24 FE			
Apri ⁺		Natazia			
Aranelle ⁺		Safyral			
Ashlyna ⁺		Skyla [*]			
Aubra ⁺		Today			
Aubra EQ ⁺		Contraceptive			
Aurovela ⁺		Sponge ⁺			
Aurovela FE ⁺		Yasmin 28			
Aurovela 24 FE ⁺		Yaz			
Aviane ⁺					
Ayuna ⁺					
Azurette ⁺					

Cigna Legacy (Standard) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
CONTRACEPTION PRODUCTS (cont)			CONTRACEPTION PRODUCTS (cont)		
Introvale ⁺			Nora-BE ⁺		
Isibloom ⁺			norethindrone ⁺		
Jasmiel ⁺			norethindrone- ethinyl estradiol ⁺		
Jencycla ⁺			norethindrone- ethinyl estradiol- iron ⁺		
Jolessa ⁺			norgestimate- ethinyl estradiol ⁺		
Juleber ⁺			Norlyda ⁺		
Junel ⁺			Norlyroc ⁺		
Junel FE ⁺			Nortrel ⁺		
Junel FE 24 ⁺			Ocella ⁺		
Kaitlib FE ⁺			Option 2 ⁺		
Kalliga ⁺			Orsythia ⁺		
Kariva ⁺			Philith ⁺		
Kelnor 1-35 ⁺			Pimtrea ⁺		
Kelnor 1-50 ⁺			Pirmella ⁺		
Kurvelo ⁺			Portia ⁺		
Larin ⁺			Previfem ⁺		
Larin FE ⁺			Reclipsen ⁺		
Larin 24 FE ⁺			Rivelsa tablet ⁺		
Larissia ⁺			Setlakin ⁺		
Leena 28 tablet ⁺			Sharobel ⁺		
Lessina ⁺			Simliya ⁺		
Levonest ⁺			Simpesse ⁺		
levonorgestrel ⁺			Sprintec ⁺		
levonorgestrel- ethinyl estradiol ⁺			Sronyx ⁺		
levonorgestrel- ethinyl estradiol- ethinyl estradiol ⁺			Syeda ⁺		
Levora-28 ⁺			Tarina 24 FE ⁺		
Lillow ⁺			Tarina FE 1-20 EQ ⁺		
Loryna ⁺			Tilia FE 28 ⁺		
Low-Ogestrel ⁺			Tri Femynor ⁺		
Lo-Zumandimine ⁺			Tri-Estarylla ⁺		
Lutera ⁺			Tri-Legest FE ⁺		
Lyza ⁺			Tri-Linyah ⁺		
Marlissa ⁺			Tri-Lo-Estarylla ⁺		
medroxy- progesterone 150mg/ml ⁺			Tri-Lo-Marzia ⁺		
Melodetta 24 FE ⁺			Tri-Lo-Mili ⁺		
Mibelas 24 FE ⁺			Tri-Lo-Sprintec ⁺		
Microgestin ⁺			Tri-Mili ⁺		
Microgestin FE ⁺			Tri-Previfem ⁺		
Mili ⁺			Tri-Sprintec ⁺		
Mono-Linyah ⁺			Trivora-28 ⁺		
My Choice ⁺			Tri-Vylibra ⁺		
My Way ⁺			Tri-Vylibra Lo ⁺		
Necon ⁺			Tulana ⁺		
Nikki ⁺			Tydemy ⁺		
			VCF ⁺ foam, gel		

Cigna Legacy (Standard) 3-Tier Prescription Drug List

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

Velivet ⁺		
Vienva ⁺		
Viorele ⁺		
Vyfemla ⁺		
Vylibra ⁺		
Wera ⁺		
Wide Seal Diaphragm ⁺		
Wymzya FE ⁺		
Xulane ⁺		
Zarah ⁺		
Zovia ⁺		
Zumandimine ⁺		

COUGH/COLD MEDICATIONS

Bromfed DM brompheniramine- pseudoephedrine- DM		Tessalon Perle Tuzistra XR (PA, QL)
hydrocodone- chlorpheniramine ER (PA)		

DENTAL PRODUCTS

chlorhexidine		Floriva ⁺ ^
doxycycline		Fluorabon ⁺ ^
fluoride ⁺ ^		
Fluoritab ⁺ ^		
Flura-Drops ⁺ ^		
Ludent Fluoride ⁺ ^		
Oralone		
Paroex		
Peridex		
Periogard		
sodium fluoride ⁺ ^ 0.25mg, 0.5mg, 1mg		
triamcinolone		

DIABETES

glimepiride	Accu-Chek test strips	Admelog (QL) Admelog SoloStar (QL)
glipizide	Basaglar (QL)	
glipizide ER	Bydureon (ST, QL)	Agamatrix AMP test strips
glipizide XL	Byetta (ST, QL)	Amaryl
metformin	Farxiga (ST, QL)	Apidra (QL)
metformin ER	Fiasp (QL)	Apidra SoloStar (QL)
NovoTwist	Freestyle Libre Sensor (PA, QL)	
pioglitazone		

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

GlucaGen HypoKit (QL)		Cycloset Fortamet
Glucagon Emergency Kit (QL)		Glucophage Glucophage XR
Glyxambi (ST, QL)		Glumetza
Humalog (QL)		Korlym* (PA)
Humulin (QL)		Riomet
Insulin Lispro (QL)		
Invokamet (QL)		
Invokamet XR (QL)		
Janumet (QL)		
Janumet XR (QL)		
Januvia (ST, QL)		
Jardiance (ST, QL)		
Kombiglyze XR (QL)		
Levemir (QL)		
Novolin (QL)		
Novolog (QL)		
OneTouch test strips		
Onglyza (ST, QL)		
Ozempic (ST, QL)		
QTERN (ST, QL)		
Segluromet (QL)		
Soliqua		
Steglatro (ST, QL)		
SymlinPen		
Synjardy (QL)		
Synjardy XR (QL)		
Tresiba (QL)		
Trulicity (ST, QL)		
V-Go		
Victoza (ST, QL)		
Xigduo XR (QL)		
Xultophy		

DIURETICS

acetazolamide	Diuril	Aldactone
acetazolamide ER	Dyrenium	Dyazide
bumetanide tablet		Edecrin
chlorthalidone		Inspra
eplerenone		Jynarque* (PA)
furosemide tablet, solution		Lasix
hydrochlorothiazide		Maxzide
spironolactone		Maxzide-25 mg
triamterene-HCTZ		Samsca*

EAR MEDICATIONS

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

Cigna Legacy (Standard) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
ERECTILE DYSFUNCTION			FEMININE PRODUCTS		
sildenafil^ (PA age, QL) oral suspension, tablet tadalafil^ 2.5mg, 10mg, 20mg (PA age, QL) tadalafil^ 5mg (PA, QL) vardenafil^ (PA age, QL)	Muse^ (PA, QL)	Cialis^ (PA age, QL) Stendra^ (PA age, QL) Viagra^ (PA age, QL)	Fem pH Gynazole 3 Miconazole 3 vaginal suppository terconazole		AVC
EYE CONDITIONS			GASTROINTESTINAL/HEARTBURN		
azelastine brimonidine ciprofloxacin dorzolamide dorzolamide-timolol erythromycin fluorometholone gatifloxacin latanoprost moxifloxacin neomycin-polymyxin-dexamethasone ofloxacin olopatadine polymyxin B-TMP prednisolone solution timolol solution tobramycin tobramycin-dexamethasone	Alphagan P 0.1% drops Azasite Azopt Betimol Betoptic S Combigan Lotemax drops, gel Lotemax SM Lumigan Moxeza Pazeo Restasis Simbrinza Tobradex eye ointment Travatan Z Xiidra	Acuvail Alphagan P 0.15% Alrex Bepreve Besivance Bromsite Cequa Cosopt Cosopt PF Cystaran* (QL) Durezol Ilevro Inveltys Istalol Lastacaft Lotemax ointment Maxitrol Nevanac Ocuflox Oxervate* (PA) Pataday Patanol Polytrim Pred Forte Prolensa Rhopressa Timoptic Timoptic-XE Tobradex drops Tobradex ST Trusopt Vigamox Vyzulta Xalatan Zioptan (ST, QL) Zirgan Zylet Zymaxid	Alophen+ alosetron* Anucort-HC balsalazide bisacodyl+ Bisa-Lax+ chlordiazepoxide-clidinium cinacalcet* ClearLax+ dicyclomine capsule, solution, tablet diphenoxylate-atropine dronabinol Ducodyl+ esomeprazole capsule (QL) famotidine suspension, tablets GaviLyte-C+ GaviLyte-G+ GaviLyte-N+ GentleLax+ GlycoLax+ HealthyLax+ Hemmorex-HC hydrocortisone lansoprazole (QL) LaxaClear+ mesalamine mesalamine DR metoclopramide metoclopramide ODT QC Natura-Lax+ omeprazole (QL) ondansetron ondansetron ODT pantoprazole tablet (QL)	Amitiza Apriso Carafate suspension CLENPIQ+ Creon Dexilant (QL) Entyvio*^ (PA) Linzess Lithostat Pentasa Prepopik+ SUPREP+ Trulance Zenpep	Aciphex tablet (ST, QL) Aciphex Sprinkle (QL) Akynzeo capsule (PA, QL) Anusol-HC suppository Bonjesta Canasa Carafate tablet Cholbam* (PA) Correctol+ Cortifoam Diclegis Donnatal Dulcolax+ Gattex* (PA) Gialax+ Kristalose Librax Lomotil Lotronex* Marinol MiraLax+ Motegrity Movantik (PA) Ocaliva* (PA) Pancreaze Pertzye Prevacid solutab (ST, QL) Pylera Ravicti* (PA) Rectiv Relistor (PA) Sancuso (PA, QL) Sensipar* sfRowasa Sucraid* (PA) Symproic (PA)

Cigna Legacy (Standard) 3-Tier Prescription Drug List

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
GASTROINTESTINAL/HEARTBURN (cont)						HORMONAL AGENTS (cont)					
PEG 3350 and Electrolytes ⁺						Transderm-Scop			medroxyprogesterone		
PEG-Prep ⁺						Urso			Depot* [^] (PA)		
Pepcid						Urso Forte			Serostim* (PA)		
Phenadoz						Varubi (PA, QL)			Somavert* (PA)		
polyethylene glycol 3350 ⁺						Viberzi			Synthroid		
PowderLax ⁺						Viokace			Zorbtive* (PA)		
prochlorperazine suppository, tablet						Xermelo* (PA)					
promethazine						Zantac					
Promethegan						Zofran					
rabeprazole (QL)											
ranitidine 150mg, 300mg capsules, tablets, syrup											
sucralfate											
TriLyte With Flavor Packets ⁺											
ursodiol											
HORMONAL AGENTS						INFECTIONS					
Amabelz		Androderm (PA, QL)		Activella		acyclovir capsule, suspension, tablet		Baraclude* 0.05 mg/ml		Albenza	
budesonide EC		Armour Thyroid		Alora (QL)		albendazole		Cipro suspension		Alinia	
budesonide ER (PA, QL)		30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg, tablet		AndroGel (PA, QL)		amoxicillin		Cleocin 75 mg capsule		Arikayce* (PA)	
cabergoline (QL)		Cetrotide* [^] (PA)		Angeliq		amoxicillin-clavulanate ER		Daraprim* (PA)		Bactrim	
Covaryx		Divigel		Armour Thyroid 15mg		amoxicillin-clavulanate		Eurax 10% cream		Bactrim DS	
Covaryx H.S.		Duavee		Climara		atovaquone		Firvanq		Baraclude* 0.5 mg (QL)	
Decadron		Estring (QL)		Climara Pro		atovaquone-proguanil		Kitabis Pak* (PA, QL)		Baxdela (PA)	
desmopressin solution, spray, tablet		Euthyrox		CombiPatch		Avidoxy		Ledipasvir-Sofosbuvir* (PA)		Cayston* (PA, QL)	
dexamethasone		Forteo* (PA, QL)		Crinone 4%		azithromycin		Mavyret* (PA)		Cipro tablet	
dexamethasone intensol		Ganirelix* [^] (PA)		Cytomel		cefdinir		Pegasys* (PA)		Clindesse	
EEMT		Humatrope* (PA)		DDAVP tablet, solution, nasal spray		cefpodoxime		Sofosbuvir-Velpatasvir* (PA)		Cresemba capsule (PA)	
EEMT H.S.		Increlex* (PA)		Deltasone		cefuroxime		Sovaldi* (PA)		Diflucan	
estradiol patch, vaginal insert (QL)		Levo-T		Depo-Testosterone		cephalexin		Thalomid* (PA)		E.E.S. 200	
estradiol-norethindrone		Lupron Depot* [^] (PA)		Egrifta* (PA)		ciprofloxacin		TOBI Podhaler* (PA, QL)		Elimite	
estrogen-methyltestosterone		Lupron Depot-PED* [^] (PA)*		Elestrin		clarithromycin		Vibramycin 50 mg/5 ml		EryPed 200	
hidex		Medrol 2mg		Emflaza* (PA)		clindamycin		Vosevi* (PA)		Flagyl	
levothyroxine		Norditropin FlexPro* (PA)		Entocort EC		clindamycin phosphate		Xifaxan 550mg (QL)		Keflex	
Levoxyl		Orilissa (PA, QL)		Estrace		Coremino (QL)				Levaquin	
liothyronine		Premarin tablet		EstroGel							
Lopreeza		Premphase		Evamist							
		Prempro		Fortesta (PA, QL)							
				Imvexxy (QL)							
				Intrarosa							
				Medrol 4mg, 8mg, 16mg, 32mg							
				Menostar (QL)							

Cigna Legacy (Standard) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
INFECTIONS (cont)			MISCELLANEOUS		
dapsone		Macrobid	disulfiram	Cerdelga* (PA)	Addyi^ (PA, QL)
doxycycline		Macrochantin	Nebusal 3%	Esbriet* (PA)	Austedo* (PA)
Emverm		Malarone (PA)	PulmoSal	Nityr* (PA)	Brisdelle (QL)
entecavir* (QL)		Mepron	sodium chloride inhalation vial	Strensiq* (PA)	Exjade* (PA)
erythromycin		MetroGel-Vaginal	TechLITE Lancets		Ferriprox* (PA)
erythromycin ES		Monurol	tetrabenazine* (PA)		Galafold* (PA)
famciclovir		Natroba	trientine* (PA)		Ingrezza* (PA)
fluconazole		Noxafil suspension, tablet			Jadenu* (PA)
hydroxychloroquine		Nuversa			Kuvan* (PA)
itraconazole		Nuzuza* (PA)			Myalept* (PA)
levofloxacin eye drops, solution, tablet		Oravig			Nuedexta (QL)
metronidazole		Plaquenil (PA)			Orfadin* (PA)
minocycline		Prevymis tablet*			Palynziq* (PA)
minocycline ER (QL)		Priftin			Tiglutik* (PA)
Mondoxine NL		Sivextro tablet (PA)			Xenazine* (PA)
nitrofurantoin		Sklice			
Nitrofurantoin Mono-Macro		Solosec			
nystatin		Sporanox			
Okebo		Sulfatrim			
oseltamivir (QL)		Suprax			
penicillin V		Tamiflu (QL)			
permethrin		Urogesic-Blue			
Soloxide		Valcyte			
sulfamethoxazole- TMP		Valtrex			
terbinafine tablet		Vancocin			
tetracycline capsule		Vemlidy*			
tobramycin ampule* (PA, QL)		Vibramycin capsule, suspension			
valacyclovir		Xofluzza (QL)			
valganciclovir		Zepatier* (PA)			
vancomycin capsule		Zithromax packet, suspension, tablet			
Vandazole		Zovirax			
voriconazole tablet (PA)		Zyvox (PA)			
INFERTILITY			MULTIPLE SCLEROSIS		
chorionic gonadotropin 10,000 unit vial*^ (PA)	Gonal-F*^ (PA) Menopur*^ (PA) Novarel*^ (PA) Ovidrel*^ (PA)	Crinone 8%^ Endometrin^ Follistim AQ*^ (PA)	glatiramer* (PA) Glatopa* (PA)	Ampyra* (PA) Avonex* (PA) Betaseron* (PA) Extavia* (PA) Gilenya 0.5mg* (PA) Plegridy* (PA) Rebif Rebidose* (PA) Rebif* (PA) Tecfidera* (PA)	Gilenya 0.25mg
clomiphene tablet^			NUTRITIONAL/DIETARY		
			calcitriol capsule, solution	CitraNatal	Auryxia (QL)
			calcium 667mg	Drisdol	KPN+
			cyanocobalamin injection	Escavite+	K-Tab ER
			daily prenatal+	Escavite D+	Lokelma
			FA-8+	Floriva+	OB Complete
			folic acid 1mg	Klor-Con M15	Phoslyra
			folic acid 0.4mg, 0.8mg+	Mephyton	Renvela
			Klor-Con	OB Complete Petite	Velphoro
			Klor-Con 10	Perry Prenatal+	Veltassa
			Klor-Con 8	Prenate Mini	vitaPearl
			Klor-Con M10	Prenate Pixie	
			Klor-Con M20	PrimaCare	
			Klor-Con Sprinkle	Quflora+	
			lanthanum phytonadione tablet	Rocaltrol	
			potassium chloride capsule, packet, solution, tablet	Urosex+	
				VitafoI+	

Cigna Legacy (Standard) 3-Tier Prescription Drug List

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$					
NUTRITIONAL/DIETARY (cont)						PAIN RELIEF AND INFLAMMATORY DISEASE (cont)					
Prena1 Pearl						hydrocodone- acetaminophen (PA)			Migranal (QL)		
Prenatal+						hydromorphone solution, suppository, tablet (PA)			Mitigare		
Prenatal Vitamin+						hydromorphone ER (PA)			Mobic (ST)		
sevelamer						IBU			Morphabond ER (PA)		
vitamin D2						ibuprofen tablet			MS Contin (PA)		
vitamin D3 5,000 unit+						indomethacin capsule			Nalfon 400 mg (ST)		
OSTEOPOROSIS PRODUCTS											
alendronate sodium (QL)		Tymlos* (PA, QL)	Actonel (ST)			indomethacin ER			Naprosyn (ST)		
calcitonin-salmon			Atelvia (ST)			ketorolac (QL)			Norco (PA)		
ibandronate tablet			Binosto (ST)			leflunomide			Nucynta ER (PA)		
raloxifene+			Boniva tablet (ST)			levorphanol (PA)			Olumiant* (PA, QL)		
risedronate			Evista			lidocaine (QL)			Orencia syringe* (PA, QL)		
risedronate DR			Fosamax (ST)			lidocaine viscous			Otrexup (PA)		
			Fosamax Plus D (ST)			lidocaine-prilocaine			Oxaydo (PA)		
PAIN RELIEF AND INFLAMMATORY DISEASE											
acetaminophen- codeine (PA)		Actemra* (PA, QL)	Abstral (PA)			Lidopril			Oxycontin (PA)		
allopurinol		Aimovig (PA)	Amrix (QL)			Lidopril XR			Percocet (PA)		
aprizio pak		Ajovy (PA)	Analpram HC			Lido-Prilo Caine Pack			Procort		
baclofen tablet		Belbuca (QL)	Arava			Livixil Pak			Qmiiz ODT (ST, QL)		
buprenorphine (QL)		Cosentyx* (PA, QL)	Arymo ER (PA)			Lorcet (PA)			Relpax (QL)		
butalbital- acetaminophen- caffeine (QL)		Depen* (PA)	Benlysta* (PA)			Lorcet HD (PA)			Roxicodone (PA)		
carisoprodol		Embeda (PA)	Butrans (QL)			Lorcet Plus (PA)			Roxybond (PA)		
celecoxib (QL)		Emgality(PA)	Celebrex (ST, QL)			Lortab (PA)			Simponi* (PA, QL)		
colchicine		Enbrel* (PA, QL)	Cimzia* (PA, QL)			metaxall			Skelaxin		
cyclobenzaprine		Humira* (PA, QL)	Colcrys			metaxalone			Sprix (QL)		
cyclobenzaprine ER (QL)		Hysingla ER (PA)	Conzip (QL)			methocarbamol tablet			Taltz* (PA, QL)		
DermacinRx Empricaine		Nucynta (PA)	Diclofenac patch (ST, QL)			morphine solution, suppository, tablet (PA)			Treximet (QL)		
DermacinRx Prizopak		Otezla* (PA, QL)	D-Penammine* (PA)			morphine ER (PA)			Tylenol-Codeine No.3 (PA)		
diclofenac (QL)		Proctofoam-HC	Dupixent* (PA)			nabumetone			Tylenol-Codeine No.4 (PA)		
diclofenac ER		Rasuvo (PA)	Duragesic (PA)			Nalfon 600mg (ST)			Ultram (QL)		
EC-naproxen		Savella	EC-naprosyn (ST)			Nalocet (PA)			Vanatol LQ		
eletriptan (QL)		Simponi Aria* (PA)	Esgic (QL)			naproxen			Vanatol S		
endocet (PA)		Stelara 45mg/0.5ml, 90mg/ml* (PA, QL)	Fexmid			oxycodone (PA)			Voltaren (ST, QL)		
etodolac		Stelara 45mg/0.5ml, 90mg/ml* (PA, QL)	Flector (ST, QL)			oxycodone ER (PA)			Zanaflex		
etodolac ER		Subsys (PA)	Frova (QL)			oxycodone- acetaminophen (PA)			Zebutal (QL)		
fentanyl (PA)		Tremfya* (PA, QL)	Gralise			Phrenilin Forte (QL)			Zembrace		
Fioricet (QL)		Uloric (QL)	Ilaris*^ (PA)						Symtouch (QL)		
frovatriptan (QL)		Xeljanz XR* (PA, QL)	Ilumya* (PA, QL)						Zohydro ER (PA)		
Glydo		Xeljanz* (PA, QL)	Imitrex (QL)						Zomig (QL)		
		Xtampza ER (PA)	Kadian (PA)						Zomig ZMT (QL)		
		Ztlido	Kevzara* (PA, QL)						Zyloprim		
			Kineret* (PA, QL)								
			Lidoderm								
			Lorzone								

Cigna Legacy (Standard) 3-Tier Prescription Drug List

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

Prilolid		
Prilovix		
Primlev (PA)		
Relador Pak		
Relador Pak Plus		
rizatriptan (QL)		
sumatriptan (QL)		
sumatriptan-naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		
Vicodin (PA)		
Vicodin ES (PA)		
Vicodin HP (PA)		

PARKINSON'S DISEASE

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

SCHIZOPHRENIA/ANTI-PSYCHOTICS

aripiprazole (QL)	Latuda (QL)	Fanapt (ST, QL)
aripiprazole ODT		Invega (ST, QL)
chlorpromazine tablet		Rexulti (ST, QL)
olanzapine tablet		Risperdal (ST)
olanzapine ODT		Saphris (ST)
paliperidone ER (QL)		Seroquel (ST)
quetiapine		Seroquel XR (ST)
quetiapine ER		Vraylar (ST, QL)
risperidone		Zyprexa tablet (ST)
risperidone ODT		
ziprasidone		

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

carbamazepine	Dilantin 30 mg capsule (PA)	Aptiom (PA, QL)
carbamazepine ER		Banzel (PA, QL)
clonazepam	Fycompa (PA, QL)	Briviact solution, tablet (PA)
divalproex	Lamictal XR (Blue, Green, Orange)	Carbatrol (PA)
divalproex ER		Depakote (PA)
epitol	Vimpat solution, tablet (PA)	Depakote ER (PA)
gabapentin		Depakote Sprinkle (PA)
lamotrigine		Dilantin 50mg and 100mg (PA)
lamotrigine (blue, green, orange)		Epidiolex* (PA)
lamotrigine ER		Keppra solution, tablet (PA)
lamotrigine ODT		Klonopin (PA)
levetiracetam solution, tablet		Lyrica CR
levetiracetam ER		Neurontin (PA)
oxcarbazepine		Onfi (PA)
Roweepra		Oxtellar XR (PA)
Roweepra XR		Phenytek (PA)
Subvenite		Qudexy XR
Subvenite (Blue, Green, Orange)		Tegretol (PA)
topiramate		Tegretol XR (PA)
topiramate ER		Trokendi XR (QL)
vigabatrin*		
Vigadrone*		

SKIN CONDITIONS

adapalene (PA age)	Aczone 7.5% gel pump	Acanya
adapalene-benzoyl peroxide	Cordran 0.025% cream	Aczone 5% gel
Amnesteem (QL)	Drysol	Aldara
Anusol-HC cream	Epiduo Forte	Atralin (PA age)
Avar Cleanser	Eucrisa	Avita (PA age)
Avar-E	Finacea 15% foam	Benzaclin
Avar-E Green	Fluoroplex	Bryhali (ST)
azelaic acid	Naftin gel	Carac
betamethasone dipropionate augmented ointment,	Pramosone	Celacyn
betamethasone 1% lotion,		Centany
BP 10-1 1%-1% cream		Cleocin T
calcipotriene	Santyl (QL)	Clindagel
calcipotriene-betamethasone DP	Soolantra	Cloderm (ST)
Calcitrene	Tazorac gel, 0.05% cream	Condylox
Claravis (QL)		Cordran 0.05% cream, lotion, ointment, tape (ST)
Clindacin ETZ pledget		Denavir (QL)
Clindacin P pledget		Dermasorb TA (ST)

Cigna Legacy (Standard) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)			SKIN CONDITIONS (cont)		
clindamycin-benzoyl peroxide		Differin cream, lotion, 0.3% gel			Veltin
clindamycin phosphate		Dovonex			Xepi
clindamycin-tretinoin		Duac			Xerese (QL)
clobetasol		Duobrii			Xolegel
Clodan shampoo		Ecoza			Ziana
clotrimazole-betamethasone		Efudex			Zovirax (QL)
dapsone		Elidel	SLEEP DISORDERS/SEDATIVES		
desoximetasone		Epiduo	armodafinil (PA)	Belsomra (ST)	Ativan tablet
diflorasone		Ertaczo	eszopiclone	Silenor (ST, QL)	Hetlioz* (PA)
fluocinonide		Evoclin	modafinil (PA)		Lunesta (ST)
fluorouracil cream, topical solution		Exelderm	temazepam		Restoril
flurandrenolide		Extina	zolpidem		Rozerem (ST, QL)
hydrocortisone		Fabior	zolpidem ER (QL)		Xyrem* (PA)
isotretinoin (QL)		Finacea gel	SMOKING CESSATION		
ketoconazole		Impoyz (ST)	bupropion SR+	Chantix^	NicoDerm CQ
metronidazole		Lotrisone	NicoDerm CQ 21mg/24hr+	Nicotrol^	7mg/24hr,
MiCort HC 2.5% cream		Luzu	Nicorelief+	Nicotrol NS^	14mg/24hr+
mupirocin		MetroCream	nicotine gum+		Nicorette+
Myorisan (QL)		MetroGel	nicotine lozenge+		Zyban^
Neuac gel		MetroLotion	nicotine patch+		
Nolix		MiCort-HC 2.5% cream (ST)	Quit 2+		
oxiconazole nitrate		Mimyx	Quit 4+		
pimecrolimus		Naftin cream	SUBSTANCE ABUSE		
Procto-Med HC		Nizoral	buprenorphine-naloxone	Bunavail	Suboxone
Procto-Pak		Noritrate		Lucemyra (QL)	
Proctosol-HC		Olux (ST)		NARCAN (QL)	
Proctozone-HC		Onexton		Zubsolv	
Psorcon		Oxistat cream	TRANSPLANT MEDICATIONS		
Rosadan		Picato	azathioprine tablet*		Astagraf XL*
sodium sulfacetamide-sulfur		Pramosone 2.5%-1% cream, lotion	mycophenolate capsule, suspension, tablet*		Cellcept capsule, suspension, tablet*
SSS 10-5		Protopic	mycophenolic acid*		Envarsus XR*
Sulfacleanse 8-4		Qbrexza	sirolimus*		Myfortic*
tacrolimus ointment		Regranex (PA, QL)	tacrolimus* capsule		Prograf capsule, granule packet*
tazarotene		Retin-A (PA age)			Rapamune*
tretinoin (PA age)		Retin-A Micro (PA age)			Zortress*
tretinoin microsphere (PA age)		Sorilux	URINARY TRACT CONDITIONS		
triamcinolone		Targretin* gel	cevimeline	Cystagon*	Avodart
Trianex		Tazorac 0.1% cream	darifenacin ER (QL)	Elmiron	Evoxac
triderm		Temovate (ST)	finasteride 5mg	Thiola*	Flomax
Zenatane (QL)		Tolak	oxybutynin	Toviaz (QL)	Procysbi* (PA)
		Topicort (ST)	oxybutynin ER		Proscar
		Ultravate (ST)			
		Valchlor*			

Cigna Legacy (Standard) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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URINARY TRACT CONDITIONS (cont)

phenazopyridine		Pyridium
potassium 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, on your plan's renewal date vaccines will be covered under the 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+	ActHIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+ Engerix-B+ FLUAD+ FLUARIX QUADRIVALENT+ FLUBLOK QUADRIVALENT+ FLUCELVAX QUADRIVALENT+ FLUALVAL QUADRIVALENT+ 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+	FluMist Quad Nasal+ Rotarix+ RotaTeq+
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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, on your plan's renewal date vaccines will be covered under the 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.

	PedvaxHIB+ Pentacel+ PNEUMOVAX 23+ Prevnar 13+ ProQuad+ Quadracel DTaP-IPV+ Recombivax HB+ SHINGRIX+ Tenivac+ Trumenba+ Twinrix+ VAQTA+ VARIVAX+ ZOSTAVAX+	
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WEIGHT MANAGEMENT

Lomaira^ phentermine^		Belviq^ (PA) Belviq XR^ (PA) Contrave^ (PA) Qsymia^ (PA) Saxenda^ (PA)
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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 that medication. 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 begins so you have time to talk with your doctor.

Why doesn't my plan cover certain medications?

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

How do you decide which medications are covered?

The Cigna Prescription Drug List is developed with the help of Cigna's Pharmacy and Therapeutics (P&T) Committee, which is a group

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

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 medicines) 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 on **Cigna.com/druglist**.

For more information about health care reform, visit **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 or devices covered under standard pharmacy benefit plans. We review all newly approved medications to determine if they should be covered – and if so, at what tier level. 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. You can log in to the **myCigna** app or website and click on "Price a Medication" to see how much your medication will cost you at the different pharmacies in your 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.

What's the difference between brand name and generic medications?

The FDA requires generic medications to provide the same clinical benefit as its brand name versions.⁴ The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:⁴

- › Have the same active ingredient, strength and dosage form as the brand name medication
- › Deliver the same amount of active ingredients into the bloodstream in the same amount of time as the brand name medication
- › Be used in the same way as the brand name medication

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.

How can I get help with my specialty medication?

Managing a complex condition isn't easy. As part of your Cigna-administered pharmacy benefits, you have access to Accredo.⁵ Accredo, one of the premier specialty pharmacies in the United

States, is now a Cigna specialty pharmacy. Accredo's team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your complex medical condition. They'll help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

To get started using Accredo, call **877.826.7657**. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Please 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.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to **Cigna.com/specialty**.

Can I fill my prescriptions by mail?

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

- › If you're taking a medication every day 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. To get started, call **800.835.3784**.
- › If you're taking a specialty medication to treat a complex condition like multiple sclerosis, hepatitis C and rheumatoid arthritis, you can fill your prescription through Accredo. Accredo, one of the premier specialty pharmacies in the United States, is now a Cigna specialty pharmacy. Accredo will ship your medication to your home (or location of your choice).⁶ To get started, call Accredo at **877.826.7657**. They're available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Please 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.** You can also talk with a pharmacist at any time, 24/7. To learn more about Accredo, you can go to **Cigna.com/specialty**.

Prescription drug list FAQs *(cont)*

Where can I find more information about my prescription medication plan?

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

In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Cigna as medically necessary.

Cigna reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications; please refer to your enrollment materials for details. Cigna does not take responsibility for any medication decisions made by the doctor or pharmacist. Cigna may receive payments from manufacturers of certain preferred brand medications, and in limited instances, certain non-preferred brand medications, that may or may not be shared with your plan depending on its arrangement with Cigna. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with your plan and other factors as of the date of service, the preferred brand medication may or may not represent the lowest-cost brand medication within its class for you and/or your plan.



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. **Illinois** state law allows you to receive continued coverage of your medication, and at your current cost share (tier) level, if your doctor requests approval through a coverage review process. 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 06/04/18.
5. Not all plans offer home delivery and Accredo as a covered pharmacy option. Please 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.
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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., Accredo Health Group, Inc., Express Scripts, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C., 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 (CHLIC), OR - HP-POL38 02-13 (CHLIC), TN - HP-POL43/HC-CER1V1 et al (CHLIC), GSA-COVER, et al (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. "Accredo" is a trademark of Express Scripts Strategic Development, Inc.

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

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

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

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

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

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

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

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

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

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

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

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

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