



CIGNA LEGACY (PERFORMANCE) 3-TIER PRESCRIPTION DRUG LIST

As of January 1, 2020

Together, all the way.®



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

891393 p Legacy (Performance) 3-Tier 10/19



Table of Contents

Getting started

About your prescription drug list	3
How to read your drug list	3
How to find your medication	5
Prescription drug list FAQs	19
Exclusions and limitations	22

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 - Legacy Performance 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 07/01/2016

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 (Performance) 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 (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. 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 (Performance) 3-Tier Prescription Drug List.

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

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

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

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

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

Brand name medications are **capitalized**

Generic medications are **lowercase**

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

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

Tiers

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

› Tier 1 – Typically Generics	(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, 9	PARKINSON’S DISEASE	16
CONTRACEPTION PRODUCTS	9, 10	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16
COUGH/COLD MEDICATIONS	11	SEIZURE DISORDERS	16
DENTAL PRODUCTS	11	SKIN CONDITIONS	16, 17
DIABETES	11	SLEEP DISORDERS/SEDATIVES	17
DIURETICS	11	SMOKING CESSATION	17
EAR MEDICATIONS	11	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	12	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	12	URINARY TRACT CONDITIONS	17
		VACCINES	17, 18

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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

abacavir-lamivudine* (PA)	Atripla* (PA)	Cimduo* (PA)
atazanavir* (PA)	Biktarvy*	Complera* (PA)
ritonavir*	Descovy* (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

Adyphren	Astepro
Adyphren Amp	Clarinox
azelastine	Clarinox-D 12 Hour
cromolyn	EpinephrineSnap-V
cyproheptadine	EPIsnap
desloratadine (QL)	Gastrocrom
epinephrine (QL)	Grastek (PA, QL)
fluticasone	Karbinal ER
hydroxyzine	Odactra (PA, QL)
ipratropium	Patanase
mometasone (QL)	QNASL children
olopatadine	Ragwitek (PA, QL)
Phenergan	Symjepi
promethazine	Vistaril

ALZHEIMER'S DISEASE

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

ANXIETY/DEPRESSION/BIPOLAR DISORDER

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

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

bupropion SR (QL)		Pamelor
bupropion XL (QL)		Paxil (ST, QL)
buspirone		Paxil CR (ST, QL)
citalopram (QL)		Pristiq (ST, QL)
clomipramine		Prozac (ST, QL)
desvenlafaxine ER (QL)		Remeron
duloxetine (QL)		Sarafem (ST)
escitalopram (QL)		Tofranil
fluoxetine (QL)		Trintellix (ST, QL)
fluoxetine DR (QL)		VIIBRYD (ST, QL)
fluvoxamine (QL)		Wellbutrin SR (ST, QL)
fluvoxamine ER (QL)		Xanax
lorazepam		Xanax XR
lorazepam intensol		Zoloft (ST, QL)
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	Lonhala Magnair (PA)
Wixela Inhub	Respimat	Nucala* (PA)
	Dulera	Orenitram ER* (PA)
	Flovent	Orkambi* (PA, QL)
	Flovent HFA	Perforomist (QL)
	Incruse Ellipta	Proventil HFA
	Letairis* (PA)	Pulmicort respule
	Ofev* (PA)	Revatio oral
	Opsumit* (PA)	suspension, tablet* (PA)
	ProAir HFA	
	ProAir RespiClick	Singulair
	Pulmicort	Symdeko* (PA, QL)
	Flexhaler	Tracleer tablet* (PA)
	Pulmozyme* (PA)	Tyvaso* (PA)
	QVAR RediHaler	UPTRAVI* (PA)
	Serevent	Xopenex HFA

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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

	Symbicort Tracleer 32mg tablet for suspension* (PA)	
	Trelegy Ellipta Ventolin HFA Xolair* (PA)	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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

BLOOD MODIFIERS/BLEEDING DISORDERS

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

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

Adult Aspirin Regimen ⁺	Bystolic (ST, QL)	Adalat CC
amiodarone	Corlanor (PA)	Altace (ST)
amlodipine	Entresto	Atacand (ST)
amlodipine-benazepril	Multaq	Atacand HCT (ST)
amlodipine-olmesartan (QL)	Tekturna 150mg tablet (QL)	Avalide (ST)
amlodipine-valsartan	Tekturna HCT (QL)	Avapro (ST)
amlodipine-valsartan-HCTZ		Azor (QL)
Aspir EC ⁺		Benicar (ST, QL)
aspirin EC ⁺		Benicar HCT (ST, QL)
aspirin 325mg tablet ⁺		BiDil (QL)
Aspir-Low ⁺		Calan
atenolol		Calan SR
Bayer Aspirin 325mg tablet ⁺		Cardizem (QL)
benazepril		Cardizem CD
benazepril-HCTZ		Cardizem LA (QL)
candesartan		Cardura
candesartan-HCTZ		Catapres-TTS 1
cartia XT		Catapres-TTS 2
carvedilol		Catapres-TTS 3
carvedilol ER (QL)		Coreg (ST)
Children's Aspirin ⁺		Coreg CR (ST, QL)
clonidine		Corgard (ST)
diltiazem		Cozaar (ST)
diltiazem 12hr ER		Diovan (ST)
diltiazem 24hr ER		Diovan HCT (ST)
diltiazem 24hr ER (CD)		Edarbi (ST, QL)
diltiazem 24hr ER (LA)		Edarbyclor (ST)
diltiazem 24hr ER (XR)		Epaned
Dilt-XR		Exforge
dofetilide (QL)		Exforge HCT
doxazosin		Firazyr* (PA)
Ecotrin ⁺		GoNitro
Ecpirin ⁺		Haegarda* (PA)
enalapril		Hemangeol
flecainide		Hyzaar (ST)
hydralazine		Inderal LA (ST)
irbesartan		Inderal XL (ST)
irbesartan-HCTZ		InnoPran XL (ST)
		Kapsargo Sprinkle (ST)
		Lopressor (ST)
		Lotensin (ST)
		Lotensin HCT (ST)
		Lotrel
		Micardis (ST, QL)
		Micardis HCT (ST, QL)
		Minipress
		Nitrostat
		Northera* (PA)
		Norvasc

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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

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

BLOOD THINNERS/ANTI-CLOTTING

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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BLOOD THINNERS/ANTI-CLOTTING (cont)

		Plavix
		Pradaxa
		Savaysa (QL)
		Yosprala
		Zontivity

CANCER

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

CHOLESTEROL MEDICATIONS

amlodipine-atorvastatin (QL)	Repatha (PA)	Caduet (QL)
atorvastatin+	Vascepa (PA)	Crestor (ST, QL)
colesevelam		Lipofen (ST)
ezetimibe		Lovaza
ezetimibe-simvastatin		Niaspan
		Pravachol (ST)
		TriCor (ST)

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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

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

CONTRACEPTION PRODUCTS

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

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

Chateal EQ ⁺		
Cryselle ⁺		
Cyclafem ⁺		
Cyred ⁺		
Cyred EQ ⁺		
Dasetta ⁺		
Daysee ⁺		
Deblitane ⁺		
Delyla ⁺		
desogestrel-ethinyl estradiol ⁺		
desogestrel-ethinyl estradiol-ethinyl estradiol		
dospirenone- ethinyl estradiol- levomefolate ⁺		
drosiprenone- ethinyl estradiol ⁺		
Econtra EZ ⁺		
Econtra One-Step ⁺		
Elinest ⁺		
Emoquette ⁺		
Enpresse ⁺		
Enskyce ⁺		
Errin ⁺		
Estarylla ⁺		
ethynodiol-ethinyl estradiol ⁺		
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 ⁺		
Kalliga ⁺		
Kariva ⁺		
Kelnor 1-35 ⁺		

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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

Kelnor 1-50 ⁺		
Kurvelo ⁺		
Larin ⁺		
Larin FE ⁺		
Larin 24 FE ⁺		
Larissia ⁺		
Leena 28 tablet ⁺		
Lessina ⁺		
Levonest ⁺		
levonorgestrel ⁺		
levonorgestrel- ethinyl estradiol ⁺		
levonorgestrel- ethinyl estradiol ethinyl estradiol ⁺		
Levora-28 ⁺		
Lillow ⁺		
Loryna ⁺		
Low-Ogestrel ⁺		
Lo-Zumandimine ⁺		
Lutera ⁺		
Lyza ⁺		
Marlissa ⁺		
medroxyprogesterone 150mg/ml ⁺		
Melodetta 24 FE ⁺		
Mibelas 24 FE ⁺		
Microgestin ⁺		
Microgestin FE ⁺		
Mili ⁺		
Mono-Linyah ⁺		
My Choice ⁺		
My Way ⁺		
Necon ⁺		
Nikki ⁺		
Nora-BE ⁺		
norethindrone ⁺		
norethindrone- ethinyl estradiol ⁺		
norethindrone- ethinyl estradiol- iron ⁺		
norgestimate- ethinyl estradiol ⁺		
Norlyda ⁺		
Norlyroc ⁺		
Nortrel ⁺		
Ocella ⁺		
Option 2 ⁺		

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

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

Cigna Legacy (Performance) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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COUGH/COLD MEDICATIONS

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

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

glimepiride glipizide glipizide ER glipizide XL metformin metformin ER pioglitazone	Accu-Chek test strips Basaglar (QL) Bydureon (ST, QL) Farxiga (ST, QL) Fiasp (QL) Freestyle Libre Sensor (PA, QL) GlucaGen HypoKit (QL) Glucagon Emergency Kit (QL) Glyxambi (ST, QL) Humalog (QL)	Admelog (QL) Admelog SoloStar (QL) Agamatrix AMP Agamatrix AMP test strips Amaryl Apidra (QL) Apidra SoloStar (QL) Cycloset Fortamet Glucophage Glucophage XR Glumetza Korlym* (PA) NovoTwist Riomet
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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DIABETES (cont)

	Humulin (QL) 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	
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DIURETICS

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

neomycin- polymyxin-HC ofloxacin drops	Cipro HC Ciprodex	Coly-Mycin S Cortisporin-TC Dermotic Otovel
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Cigna Legacy (Performance) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ERECTILE DYSFUNCTION

sildenafil (PA age, QL) oral suspension, tablet	Muse (QL)	Cialis (PA age, ST, QL) Stendra (PA age, ST, QL) Viagra (PA age, ST, QL)
tadalafil 2.5mg, 10mg, 20mg (PA age, QL)		
tadalafil 5mg (QL)		
varденаfil (PA age, QL)		

EYE CONDITIONS

azelastine	Alphagan P 0.1% drops	Acuvail
brimonidine		Alphagan P 0.15% drops
ciprofloxacin	Azasite	Alex
dorzolamide	Azopt	Bepreve
dorzolamide-timolol	Betimol	Besivance
erythromycin	Betoptic s	Bromsite
fluorometholone	Combigan	Cequa
gatifloxacin	Lotemax drops, gel	Cosopt
latanoprost		Cosopt PF
moxifloxacin	Lotemax SM	Cystaran* (QL)
neomycin-polymyxin-dexamethasone	Lumigan	Durezol
ofloxacin	Moxeza	Ilevro
olopatadine	Pazeo	Inveltys
polymyxin B-TMP	Restasis	Istalol
prednisolone solution	Simbrinza	Lastacaft
timolol solution	Tobradex eye ointment	Lotemax ointment
tobramycin	Travatan Z	Maxitrol
tobramycin-dexamethasone	Xiidra	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

FEMININE PRODUCTS

Fem pH		AVC
Gynazole 6		
Miconazole 3 vaginal suppository		
terconazole		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN

Alophen+	Amitiza	Aciphex tablet (ST, QL)
Anucort-HC	Apriso	Aciphex Sprinkle (QL)
balsalazide	Carafate	Akynzeo capsule (PA, QL)
bisacodyl+	suspension	Creon
Bisa-Lax+	CLENPIQ+	Anusol-HC
chlordiazepoxide-clidinium	Entyvio*^ (PA)	suppository
cinacalcet*	Linzess	Bonjesta
ClearLax+	Lithostat	Canasa
dicyclomine capsule, solution, tablet	Pentasa	Carafate tablet
diphenoxylate-atropine	Prepopik+	Cholbam* (PA)
dronabinol	SUPREP+	Correctol+
Ducodyl+	Trulance	Cortifoam
esomeprazole capsule (QL)	Zenpep	Diclegis
famotidine 40mg tablet, suspension, piggyback, vial		Donnatal
GaviLyte-C+		Dulcolax+
GaviLyte-G+		Gattex* (PA)
GaviLyte-N+		Gialax+
GentleLax+		Kristalose
GlycoLax+		Librax
HealthyLax+		Lomotil
Hemmorex-HC		Marinol
hydrocortisone		MiraLax+
lansoprazole (QL)		Motegrity
LaxaClear+		Movantik (PA)
mesalamine		Ocaliva* (PA)
mesalamine DR		Pancreaze
metoclopramide		Pertzye
metoclopramide ODT		Prevacid solutab (ST, QL)
QC Natura-Lax+		Pylera
omeprazole (QL)		Ravicti* (PA)
ondansetron		Rectiv
ondansetron ODT		Relistor (PA)
pantoprazole tablet (QL)		Sancuso (PA, QL)
PEG 3350 and Electrolytes+		Sensipar*
PEG-Prep+		sfRowasa
Pepcid 40mg		Sucraid* (PA)
Phenadoz		Symproic (PA)
polyethylene glycol 3350+		Transderm-Scop
		Urso
		Urso Forte
		Varubi (PA, QL)
		Viberzi
		Viokace
		Xermelo* (PA)
		Zantac
		Zofran

Cigna Legacy (Performance) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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GASTROINTESTINAL/HEARTBURN (cont)

PowderLax+		
prochlorperazine suppository, tablet, vial		
promethazine		
Promethegan		
rabeprazole (QL)		
ranitidine 150mg, 300mg capsules, tablets, syrup, vial		
sucralfate		
TriLyte With Flavor Packets+		
ursodiol		

HORMONAL AGENTS

Amabelz	Androderm (PA, QL)	Activella
budesonide EC		Alora (QL)
budesonide ER (PA, QL)	Armour Thyroid 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg tablet	AndroGel (PA, QL)
cabergoline (QL)		Angeliq
CovARYX		Armour Thyroid 15mg
CovARYX HS	Cetrotide*^ (PA)	Climara
Decadron	Divigel	Climara Pro
desmopressin solution, spray, tablet	Duavee	CombiPatch
desmopressin* ampule, vial	Estring (QL)	Cytomel
dexamethasone	Forteo* (PA, QL)	DDAVP*
dexamethasone intensol	Ganirelix*^ (PA)	Deltasone
EEMT	Humatrope* (PA)	Depo-Testosterone
EEMT H.S.	Increlex* (PA)	Egrifta* (PA)
estradiol patch, vaginal insert (QL)	Lupron Depot* (PA)	Elestrin
estradiol- norethindrone	Lupron Depot- PED* 7.5mg, 11.25mg, 15mg(PA)	Emflaza* (PA)
estrogen- methyltestosterone	Medrol 2mg	Entocort EC
hidex	Norditropin FlexPro* (PA)	Estrace
levothyroxine	Orilissa (PA, QL)	EstroGel
Levoxyl	Premarin	Euthyrox
liothyronine	Premphase	Evamist
Lopreeza	Prempro	Fortesta (PA, QL)
	Sandostatin LAR Depot* (PA)	Imvexxy (QL)
	Serostim* (PA)	Intrarosa
	Somavert* (PA)	Levo-T
	Synthroid	Lupron Depot-PED* 30mg (PA)
	Zorbtive* (PA)	Medrol 4mg, 8mg, 16mg, 32mg
		Menostar (QL)
		Minivelle (QL)
		Natesto (PA, QL)
		Natpara* (PA)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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HORMONAL AGENTS (cont)

medroxy- progesterone		Noctiva (PA)
methimazole		Osphena
methylprednisolone dosepak, tablet		Prometrium
Mimvey		Royaldee
Mimvey LO		Somatuline Depot* (PA)
Nature-Throid		Striant (PA, QL)
NP Thyroid		Testim (PA, QL)
prednisolone		Thyrogen*
prednisolone ODT		Tirosint
prednisone		Triostat
prednisone intensol		Unithroid
progesterone capsule, vial		Vagifem (QL)
TaperDex		Vivelle-Dot (QL)
testosterone (PA, QL)		Vogelxo (PA, QL)
testosterone cypionate		
thyroid		
Westhroid		
WP Thyroid		
Yuvaferm (QL)		

INFECTIONS

acyclovir capsule, suspension, tablet, vial	Baraclude* 0.05 mg/ml	Albenza
albendazole	Cipro suspension	Alinia
amoxicillin	Cleocin 75mg capsule	Arikayce* (PA)
amoxicillin- clavulanate ER	Daraprim* (PA)	Bactrim
amoxicillin- clavulanate	Eurax 10% cream	Bactrim DS
atovaquone	Firvanq	Baraclude* 0.5mg (QL)
atovaquone- proguanil	Kitabis Pak* (PA, QL)	Baxdela (PA)
Avidoxy	Ledipasvir- Sofosbuvir* (PA)	Cayston* (PA, QL)
azithromycin	Mavyret* (PA)	Cipro tablet
cefdinir	Pegasys* (PA)	Cleocin
cefepodoxime	Sofosbuvir- Velpatasvir* (PA)	Clindesse
cefuroxime	Sovaldi* (PA)	Cresemba capsule (PA)
cephalexin	Thalomid* (PA)	Dificid (QL)
ciprofloxacin	TOBI Podhaler* (PA, QL)	Diflucan
clarithromycin	Vosevi* (PA)	E.E.S. 200
clarithromycin ER	Xifaxan 550mg (QL)	Elimite
clindamycin		EryPed 200
clindamycin phosphate		Eurax 10% lotion
		Flagyl
		Keflex
		Levaquin
		Macrobid

Cigna Legacy (Performance) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
--------------	----------------	------------------

INFECTIONS (cont)

Coremino (QL)		Macrochantin
dapsone		Malarone (PA)
Doxy 100		Mepron
doxycycline		MetroGel-Vaginal
Emverm		Monurol
entecavir* (QL)		Natroba
erythromycin		Noxafil suspension,
erythromycin ES		tablet, vial
famciclovir		Nuversa
fluconazole		Nuzyra* (PA)
hydroxychloroquine		Oravig
itraconazole		Plaquenil (PA)
levofloxacin eye		Prevymis tablet*
drops, solution,		Priftin
tablet, vial		Sivextro tablet (PA)
metronidazole		Sklice
minocycline		Solosec
minocycline ER (QL)		Sporanox
Mondoxyne NL		Sulfatrim
nitrofurantoin		Suprax
Nitrofurantoin		Tamiflu (QL)
Mono-Macro		Urogesic-Blue
nystatin		Valcyte
Okebo		Valtrex
oseltamivir (QL)		Vancocin
penicillin V		Vemlidy*
permethrin		Vibramycin
Soloxide		Xofluza (QL)
sulfamethoxazole-		Zepatier* (PA)
TMP		Zithromax packet,
terbinafine tablet		suspension, tablet,
tetracycline capsule		vial
tobramycin		Zovirax
ampule* (PA, QL)		Zyvox (PA)
valacyclovir		
valganciclovir		
vancomycin bag,		
capsule, vial		
Vandazole		
voriconazole tablet		
(PA)		

INFERTILITY

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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MISCELLANEOUS

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

MULTIPLE SCLEROSIS

glatiramer* (PA)	Ampyra* (PA)	Gilenya 0.25mg
Glatopa* (PA)	Avonex* (PA)	
	Betaseron* (PA)	
	Extavia* (PA)	
	Gilenya 0.5mg*	
	(PA)	
	Plegridy* (PA)	
	Rebif Rebidose*	
	(PA)	
	Rebif* (PA)	
	Tecfidera* (PA)	

NUTRITIONAL/DIETARY

B-12 Compliance	CitraNatal	Auryxia (QL)
calcitriol	Klor-Con M15	Drisdol
calcium 667mg	OB Complete	Escavite+
cyanocobalamin	Petite	Escavite D+
injection	Prenate Mini	Floriva+
daily prenatal+	Prenate Pixie	KPN+
FA-8+	PrimaCare	K-Tab ER
folic acid 1mg	Vitafofol+	Lokelma
tablet, vial		Mephyton
folic acid 0.4mg,		MVC-fluoride+
0.8mg+		OB Complete
Klor-Con		Perry Prenatal+
Klor-Con 10		Phoslyra
Klor-Con 8		Qufloa+
Klor-Con M10		Renvela
Klor-Con M20		Rocaltrol
Klor-Con Sprinkle		Urosex+
lanthanum		Velphoro
phytonadione		Veltassa
		vitaPearl

Cigna Legacy (Performance) 3-Tier Prescription Drug List

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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NUTRITIONAL/DIETARY (cont)

potassium chloride		
Prena1 Pearl		
Prenatal+		
Prenatal Vitamin+		
sevelamer		
vitamin D2		
vitamin D3 5,000 unit+		

OSTEOPOROSIS PRODUCTS

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

PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen-codeine (PA)	Actemra* (PA, QL)	Abstral (PA)
allopurinol	Aimovig (PA)	Amrix (QL)
aprizio pak	Ajovy (PA)	Analpram HC
baclofen	Belbuca (QL)	Arava
buprenorphine (QL)	Cosentyx* (PA, QL)	Arymo ER (PA)
butalbital-acetaminophen-caffeine (QL)	Depen* (PA)	Benlysta* (PA)
carisoprodol	Embeda (PA)	Buprenex
celecoxib (QL)	Emgality (PA)	Butrans (QL)
colchicine	Enbrel* (PA, QL)	Celebrex (ST, QL)
cyclobenzaprine	Humira* (PA, QL)	Cimzia* (PA, QL)
cyclobenzaprine ER (QL)	Hysingla ER (PA)	Colcrys
DermacinRx Empricaine	Nucynta (PA)	Conzip (QL)
DermacinRx Prizopak	Otezla* (PA, QL)	Diclofenac patch (ST, QL)
diclofenac (QL)	Proctofoam-HC	D-Penaminate* (PA)
diclofenac ER	Rasuvo (PA)	Dupixent* (PA)
EC-naproxen	Remicade* (PA)	Duragesic (PA)
eletriptan (QL)	Savella	EC-naprosyn (ST)
endocet (PA)	Simponi Aria* (PA)	Esgic (QL)
etodolac	Stelara* (PA, QL)	Fexmid
etodolac ER	Subsys (PA)	Flector (ST, QL)
fentanyl (PA)	Tremfya* (PA, QL)	Frova (QL)
Fioricet (QL)	Uloric (QL)	Gablofen
frovatriptan (QL)	Xeljanz XR* (PA, QL)	Gralise
Glydo	Xeljanz* (PA, QL)	Ilaris* (PA)
hydrocodone-acetaminophen (PA)	Xtampza ER (PA)	Ilumya* (PA, QL)
	Ztlido	Imitrex (QL)
		Kadian (PA)
		Kevzara* (PA, QL)
		Kineret* (PA, QL)
		Lidoderm

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

hydromorphone (PA)		Lorzone
hydromorphone ER (PA)		Migranal (QL)
IBU		Mitigare
ibuprofen tablet		Mobic (ST)
indomethacin		Morphabond ER (PA)
indomethacin ER		MS Contin (PA)
ketorolac (QL)		Nalfon 400mg (ST)
leflunomide		Naprosyn (ST)
levorphanol (PA)		Norco (PA)
lidocaine (QL)		Nucynta ER (PA)
lidocaine viscous		Olumiant* (PA, QL)
lidocaine-prilocaine		Orencia* (PA, QL)
Lidopril		Otrexup (PA)
Lidopril XR		Oxaydo (PA)
Lido-Prilo Caine Pack		Oxycontin (PA)
Livixil Pak		Percocet (PA)
Lorcet (PA)		Procort
Lorcet HD (PA)		Qmiiz ODT (ST, QL)
Lorcet Plus (PA)		Relpax (QL)
Lortab (PA)		Roxicodone (PA)
meloxicam		Roxybond (PA)
Metaxall		Simponi* (PA, QL)
metaxalone		Skelaxin
methocarbamol		Sprix (QL)
morphine (PA)		Taltz* (PA, QL)
morphine ER (PA)		Treximet (QL)
nabumetone		Tylenol-Codeine No.3 (PA)
Nalfon 600mg (ST)		Tylenol-Codeine No.4 (PA)
Nalocet (PA)		Ultram (QL)
naproxen		Vanatol LQ
oxycodone (PA)		Vanatol S
oxycodone ER (PA)		Voltaren (ST, QL)
oxycodone-acetaminophen (PA)		Zanaflex
Phrenilin Forte (QL)		Zebutal (QL)
Prilolid		Zembrace
Prilovix		SYMTOUCH (QL)
Primlev (PA)		Zohydro ER (PA)
Relador Pak		Zomig (QL)
Relador Pak Plus		Zomig ZMT (QL)
rizatriptan (QL)		Zyloprim
sumatriptan (QL)		
sumatriptan-naproxen (QL)		
tizanidine		
tramadol (QL)		
tramadol ER (QL)		

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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

Vicodin (PA)
Vicodin ES (PA)
Vicodin HP (PA)

PARKINSON'S DISEASE

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

SCHIZOPHRENIA/ANTI-PSYCHOTICS

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

SEIZURE DISORDERS

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SEIZURE DISORDERS (cont)

Subvenite		Phenytek (PA)
Subvenite (Blue, Green, Orange)		Qudexy XR
topiramate		Tegretol (PA)
topiramate ER		Tegretol XR (PA)
vigabatrin*		Trokendi XR (QL)
Vigadrone*		Vimpat vial

SKIN CONDITIONS

adapalene (PA age)	Aczone 7.5% gel	Acanya
adapalene-benzoyl peroxide	pump	Aczone 5% gel
Amnesteem (QL)	Epiduo Forte	Aldara
Anusol-HC cream	Eucrisa	Atralin (PA age)
Avar Cleanser	Finacea 15% foam	Avita (PA age)
Avar-E	Fluoroplex	Benzaclin
Avar-E Green	Naftin gel	Bryhali (ST)
azelaic acid	Pramosone 1% lotion	Carac
betamethasone dipropionate augmented	Pramosone 1%-1% cream	Celacyn
betamethasone BP 10-1	Pramosone ointment	Centany
calcipotriene	Promiseb	Cleocin T
calcipotriene-betamethasone DP	Santyl (QL)	Clindagel
Calcitrene	Soolantra	Cloderm (ST)
Claravis (QL)	Tazorac gel, 0.05% cream	Condylox
Clindacin ETZ pledget		Cordran (ST)
Clindacin P pledget		Denavir (QL)
clindamycin-benzoyl peroxide		Dermasorb TA (ST)
clindamycin phosphate		Differin cream, lotion, 0.3% gel pump (PA age)
clindamycin-tretinoin		Dovonex
clobetasol		Drysol
Clodan shampoo		Duac
clotrimazole-betamethasone		Duobrii
dapsone		Ecoza
desoximetasone		Efudex
diflorasone		Elidel
fluocinonide		Epiduo
fluorouracil cream, solution, vial (PA)		Ertaczo
flurandrenolide		Evoclin
hydrocortisone		Exelderm
isotretinoin (QL)		Extina
		Fabior
		Finacea gel
		Impoyz (ST)
		Lotrisone
		Luzu
		MetroCream
		MetroGel
		MetroLotion

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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

ketoconazole		MiCort-HC 2.5% cream (ST)
metronidazole		Mimyx
Micort HC 2.5% cream		Naftin cream
mupirocin		Nizoral
Myorisan (QL)		Noritrate
Neuac gel		Olux (ST)
Nolix		Onexton
oxiconazole nitrate		Oxistat cream
pimecrolimus		Picato
Procto-Med HC		Pramosone 2.5%-1% cream, lotion
Procto-Pak		Protopic
Proctosol-HC		Qbrexza
Proctozone-HC		Regranex (PA, QL)
Psorcon		Retin-A (PA age)
Rosadan		Retin-A Micro (PA age)
sodium sulfacetamide-sulfur		Sorilux
SSS 10-5		Targretin* gel
Sulfacleanse 8-4		Tazorac 0.1% cream
tacrolimus ointment		Temovate (ST)
tazarotene		Tolak
tretinoin (PA age)		Topicort (ST)
tretinoin microsphere (PA age)		Tri-Luma
triamcinolone		Ultravate (ST)
Trianex		Valchlor*
triderm		Veltin
Zenatane (QL)		Xepi
		Xerese (QL)
		Xolegel
		Ziana
		Zovirax (QL)

SLEEP DISORDERS/SEDATIVES

armodafinil (PA)	Belsomra (ST)	Ativan tablet
eszopiclone	Silenor (ST, QL)	Hetlioz* (PA)
modafinil (PA)		Lunesta (ST)
temazepam		Restoril
zolpidem		Rozerem (ST, QL)
zolpidem ER (QL)		Xyrem* (PA)

SMOKING CESSATION

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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SUBSTANCE ABUSE

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

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

URINARY TRACT CONDITIONS

cevimeline	Cystagon*	Avodart
darifenacin ER (QL)	Elmiron	Evoxac
finasteride 5mg	Thiola*	Flomax
oxybutynin	Toviaz (QL)	Procysbi* (PA)
oxybutynin ER		Proscar
phenazopyridine		Pyridium
potassium ER		Rapaflo (QL)
silodosin (QL)		Urocit-K
solifenacin (QL)		
tamsulosin		
tolterodine		
tolterodine ER (QL)		
trospium		
trospium 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+		Act-HIB+
TdVax+		Adacel Tdap+
		Afluria Quad+
		BEXSERO+
		Boostrix Tdap+
		DAPTACEL DTaP+
		Engerix-B+
		FLUAD+
		FLUARIX
		QUADRIVALENT+
		FLUBLOK
		QUADRIVALENT+

Cigna Legacy (Performance) 3-Tier Prescription Drug List

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.

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

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

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

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



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. **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).