



CIGNA LEGACY (STANDARD) 4-TIER PRESCRIPTION DRUG LIST

Coverage as of July 1, 2023



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

969111 a Legacy (Standard) 4-Tier 04/23



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View the drug list online

This document was last updated on 03/01/2023.* You can go online to see the most up-to-date list of medications your plan covers.

Questions?

By phone — Call the toll-free number on your Cigna ID card. We're here 24/7/365.

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

Last updated: 03/01/2023, for changes starting 07/01/2023

Next planned update: 11/01/2023, for changes starting 01/01/2024

About this drug list

This is a list of the most commonly prescribed medications covered on the Cigna Legacy (Standard) 4-Tier Prescription Drug List as of July 1, 2023.^{1,2} Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

The drug list is updated often so it isn't a complete list of the medications your plan covers. Also, your specific plan may not cover all of these medications.

How to read this drug list

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

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	
INFECTIONS			
acyclovir capsule, suspension, tablet	ALBENZA	ALINIA	
amoxicillin	BARACLUDE solution**	BACTRIM	
amoxicillin-clavulanate ER	CIPRO	BACTRIM DS	
amoxicillin-clavulanate	DARAPRIM** (PA)	BARACLUDE tab* (QL)	←
atovaquone	E.E.S. 400	CAYSTON*	
AVIDOXY tablet	Epclusa** (PA)	CLEOCIN	
azithromycin packet, suspension, tablet	ERY-TAB 333, 500mg	CLINDESSE	
cefdinir	HARVONI** (PA)	CRESEMBA (PA)	
cefixime	KITABIS PAK*	DIFICID (OL)	←
cefuroxime tablet	MAVYRET** (PA)	ERYPED 200	
cephalexin	SOVALDI** (PA)	ERY-TAB 250mg	
ciprofloxacin	THALOMID** (PA)	MONUROL	
clarithromycin	URETRON D-S	NOXAFIL suspension, tablet	
clarithromycin ER	VIBRAMYCIN syrup	PLAQUENIL	
clindamycin	VOSEVI** (PA)	SULFATRIM	
COREMINO (QL)		SUPRAX	
dapsone		TAMIFLU (QL)	←
doxycycline capsule, suspension, tablet		TOBI Podhaler**	
doxycycline IR-DR		URIBEL	
EMVERM		UROGESIC-BLUE	
entecavir** (QL)		UTA	
erythromycin ←		VALTREX	
famciclovir		VELLIDY** ←	
fluconazole		VIBRAMYCIN suspension	
hydroxychloroquine		XIFAXAN	
		ZEPATIER** (PA)	

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

Oral specialty medications have an asterisk (*) listed next to them; Injectable specialty medications are listed on tier 4 (pages 21-24).

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

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

Brand-name medications are in all **capital letters**

Generic medications are in all **lowercase letters**

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

Tiers

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

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

Abbreviations next to medications

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

(PA)	Prior Authorization – Certain medications need approval from Cigna before your plan will cover them. These medications have a (PA) next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.
(QL)	Quantity Limits – Some medications have a quantity limit. This means your plan will only cover up to a certain amount over a certain length of time. These medications have a (QL) next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.
(ST)	Step Therapy – Certain high-cost medications aren't covered until you try one or more lower-cost alternative(s) first.** These medications have a (ST) next to them. You have many covered options to choose from, and they can be used to treat the same condition.
(AGE)	Age Requirements – Certain medications will only be covered if you're within a specific age range. These medications have (AGE) next to them. If you're not within the allowed age range, your plan will only cover the medication if your doctor requests, and receives, approval from Cigna.

* These coverage requirements may not apply to your specific plan.

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

Brand-name medications are in all capital letters

In this drug list, generic medications are listed in all lowercase letters and brand-name medications are listed in all capital letters.

Oral specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. Some plans may limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage. In this drug list, injectable medications are covered on Tier 4 (listed on pages 21-24). Oral medications are covered on a lower tier (tiers 1-3). They're listed alphabetically by the condition they treat, and have an asterisk (*) next to them.

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

Health care reform under the Patient Protection and Affordable Care Act (PPACA) requires plans to cover certain preventive medications and products at 100%, or no cost-share (\$0), to you. In this drug list, these medications have a plus sign (+) next to them.

Some plans may cover certain non-covered medications

Plans can choose to offer coverage of certain medications/products and/or drug classes that aren't typically covered. In this drug list, these medications/products have a caret (^) next to them.

How to find your medication

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

Condition	Page	Condition	Page
AIDS/HIV	6	FEMININE PRODUCTS	13
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	13, 14
ALZHEIMER'S DISEASE	6	HORMONAL AGENTS	14
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	14, 15
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	15, 16
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	16
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	16
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	OSTEOPOROSIS PRODUCTS	16
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	16, 17
CANCER	8, 9	PARKINSON'S DISEASE	17
CHOLESTEROL MEDICATIONS	9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	17, 18
COUGH/COLD MEDICATIONS	9	SEIZURE DISORDERS	18
DENTAL PRODUCTS	9	SKIN CONDITIONS	18, 19
DIABETES	9-12	SLEEP DISORDERS/SEDATIVES	19
DIURETICS	12	SMOKING CESSATION	19
EAR MEDICATIONS	12	SUBSTANCE ABUSE	19
ERECTILE DYSFUNCTION	12	TRANSPLANT MEDICATIONS	19
EYE CONDITIONS	12, 13	URINARY TRACT CONDITIONS	20
		VACCINES	20
		VITAMINS	20

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

AIDS/HIV			ANXIETY/DEPRESSION/BIPOLAR DISORDER ³		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
efavirenz- emtricitabine- tenofovir* (QL)	BIKTARVY* (QL) DESCOVY 200-25 MG TABLET*+ (PA)	DELSTRIGO* (PA,QL) CIMDUO* (PA)	alprazolam		APLENZIN (PA, QL)
emtricitabine- tenofovir 200-300 mg*+	DOVATO* GENVOYA* (QL) ISENTRESS HD* (PA)	COMPLERA* (PA, QL) ODEFSEY* (PA, QL)	alprazolam er		APLENZIN ER (PA, QL)
etravirine*	ISENTRESS*	PIFELTRO* (PA)	alprazolam intensol		BUPROPION XL 450 MG (PA,QL)
ritonavir*	JULUCA* (QL)	PREZCOBIX* (PA)	alprazolam odt		CELEXA (QL, ST)
tenofovir* (PA)	PREZISTA* SYMITUZA* (QL) TIVICAY PD* TIVICAY* TRIUMEQ* (QL) TRIUMEQ PD* (QL)	RUKOBIA* (PA,QL) STRIBILD* (PA, QL) SYMFI* (PA, QL) SYMFI LO* (PA, QL) TEMIXYS* (PA) TRUVADA* (PA) VIREAD* (PA)	alprazolam xr		CITALOPRAM 30 MG CAPSULE (PA,QL)
			amitriptyline		CYMBALTA (PA, QL)
			bupropion (QL)		DESVENLAFAXINE ER (QL, ST)
			bupropion sr (QL)		DRIZALMA SPRINKLE (QL, ST)
			bupropion xl 150 mg tablet (QL)		EFFEXOR XR (QL, ST)
			bupropion xl 300 mg tablet (QL)		EMSAM (QL)
			buspirone		FETZIMA (QL, ST)
			citalopram solution, tablet (QL)		FORFIVO XL (PA, QL)
			clomipramine		LEXAPRO (PA, QL)
			duloxetine (QL)		LOREEV XR (PA, QL)
			escitalopram (QL)		NUPLAZID* (PA)
			fluoxetine dr (QL)		PAMELOR (PA)
			fluoxetine (QL)		PAXIL (QL, ST)
			fluvoxamine (QL)		PAXIL CR (QL, ST)
			fluvoxamine er (QL)		PEXEVA (PA, QL)
			lorazepam		PRISTIQ (QL, ST)
			lorazepam intensol		PROZAC (QL, ST)
			mirtazapine		REMERON
			paroxetine cr (QL)		SERTRALINE CAPSULE (PA,QL)
			paroxetine er (QL)		SPRAVATO* (PA)
			paroxetine (QL)		TRINTELLIX (QL, ST)
			trazodone		VIIBRYD (PA, QL)
			venlafaxine (QL)		WELLBUTRIN SR (QL, ST)
			venlafaxine er (QL)		WELLBUTRIN XL (PA, QL)
					XANAX
					XANAX XR
					ZOLOFT (QL, ST)
ALLERGY/NASAL SPRAYS			ASTHMA/COPD/RESPIRATORY		
azelastine		AUVI-Q (PA, QL)	albuterol	ADEMPAS* (PA)	ADVAIR DISKUS (QL, ST)
azelastine- fluticasone		DYMISTA (ST)	alyq* (PA)	ADVAIR HFA (QL)	
cromolyn oral concentrate		EPINEPHRINE (PA,QL)	ambriesentan* (PA)	ANORO ELLIPTA (QL)	ADCIRCA* (PA)
epinephrine auto- injector (PA,QL)		EPINEPHRINE AUTO-INJECTOR (PA, QL)	budesonide (QL)	ASMANEX (QL)	AIRDUO (QL, ST)
hydroxyzine hcl solution, syrup, tablet		EPIPEN (PA, QL)	fluticasone- salmeterol	ASMANEX HFA (QL)	albuterol hfa (PA,QL)
hydroxyzine pamoate		EPIPEN JR (PA, QL)	ipratropium- albuterol	ATROVENT HFA (QL)	ALBUTEROL HFA 90 MCG INHALER (PA, QL)
ipratropium		GASTROCROM	montelukast	BEVESPI AEROSPHERE (QL)	
promethazine solution, syrup, tablet		GRASTEK (PA, QL)			
		KARBINAL ER			
		ODACTRA (PA, QL)			
		OMNARIS (ST)			
		ORALAIR (PA, QL)			
		PALFORZIA* (PA)			
		PATANASE			
		RAGWITEK (PA, QL)			
		SYMJEPI (PA, QL)			
		VISTARIL			
		ZETONNA (ST)			
ALZHEIMER'S DISEASE					
donepezil		ARICEPT			
donepezil odt		EXELON			
memantine		MESTINON			
memantine er (QL)		NAMENDA			
pyridostigmine 60 mg/5 ml soln		NAMENDA 5,10 MG TABLET			
pyridostigmine br 60 mg tablet		NAMENDA XR (QL)			
pyridostigmine er		NAMZARIC (QL)			
rivastigmine		pyridostigmine (PA,QL)			
		pyridostigmine 30mg (PA, QL)			

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

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

tadalafil* (PA)	BREO ELLIPTA (QL) BREZTRI AEROSPHERE (QL) COMBIVENT RESPIMAT (QL) DULERA (QL) FLOVENT DISKUS (QL) FLOVENT HFA (QL) INCRUSE ELLIPTA OFEV* (PA) OPSUMIT* (PA) PULMICORT FLEXHALER (QL) PULMOZYME* (PA) QVAR REDHALER SEREVENT DISKUS (QL) SPIRIVA HANDLER (QL) SPIRIVA RESPIMAT (QL) STIOLTO RESPIMAT (QL) SYMBICORT (QL) TRACLEER* (PA) TRELEGY ELLIPTA (QL)	ALVESCO (ST) ARMONAIR DIGIHALER (ST) ARNUITY ELLIPTA (ST) BRONCHITOL* (PA) BUDESONIDE-FORMOTEROL (PA, QL) DALIRESP (QL) DUAKLIR PRESSAIR (PA, QL) FLUTICASONE HFA (PA, QL) KALYDECO* (PA, QL) LETAIRIS* (PA) LEVALBUTEROL HFA (PA, QL) LONHALA MAGNAIR (PA, QL) ORENITRAM ER* (PA) ORKAMBI* (PA, QL) PERFOROMIST (PA, QL) PROAIR (PA, QL) PROVENTIL HFA (PA, QL) PULMICORT RESPULE SINGULAIR STRIVERDI RESPIMAT (QL, ST) TRIKAFTA* (PA, QL) TUDORZA PRESSAIR (QL,ST) TYVASO REFILL KIT* (PA) VENTOLIN HFA (PA, QL) XOPENEX HFA (PA, QL) YUPELRI (PA)
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ATTENTION DEFICIT HYPERACTIVITY DISORDER³

amphetamine (PA) atomoxetine (QL) dexmethylphenidate (PA) dexmethylphenidate er (PA, QL)	MYDAYIS (PA, QL) VYVANSE (PA, QL)	ADDERALL (PA, ST) ADDERALL XR (PA, ST, QL) ADHANSIA XR (PA, ST, QL) ADZENYS XR-ODT (PA, QL)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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ATTENTION DEFICIT HYPERACTIVITY DISORDER³ (cont)

dextroamphetamine (PA, QL) guanfacine er methylphenidate (PA, QL) methylphenidate cd (PA, QL) methylphenidate er (cd) (PA, QL) methylphenidate er (la) (PA, QL) methylphenidate la (PA, QL)		APTENSIO XR (PA, ST, QL) AZSTARYS (PA, ST, QL) CONCERTA (PA, ST, QL) COTEMPLA XR-ODT (PA, QL) DAYTRANA (PA, QL) DYANAVEL XR (PA, QL) EVEKEO ODT (PA,ST) FOCALIN (PA,ST) FOCALIN XR (PA, ST, QL) INTUNIV JORNAY PM (PA, QL, ST) METHYLIN (PA) METHYLPHENIDATE ER 45 MG, 63 MG, 72 MG TABLET (PA,QL) QELBREE (PA, QL) QUILLICHEW ER (PA, QL) QUILLIVANT XR (PA, QL) RELEXXII (PA, QL) RITALIN (PA, ST) RITALIN LA (PA, ST, QL) STRATTERA (QL)
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BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid 650 mg*	DROXIA	DOPTELET* (PA) OXBRYTA* (PA, QL) SIKLOS (PA) TAVALISSE* (PA) TAVNEOS* (PA, QL)
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BLOOD PRESSURE/HEART MEDICATIONS

amiodarone hcl amlodipine amlodipine-benazepril amlodipine-olmesartan (QL)	CORLANOR (PA) ENTRESTO (QL) TEKTURNA HCT (QL)	ALTACE (ST) ATACAND (PA) AVAPRO (ST) AVALIDE (ST) BERINERT*^ (PA) BIDIL (QL) BYSTOLIC (PA, QL)
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Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
BLOOD PRESSURE/HEART MEDICATIONS (cont)			BLOOD PRESSURE/HEART MEDICATIONS (cont)		
amlodipine-valsartan atenolol benazepril bisoprolol bisoprolol-hctz candesartan cartia xt carvedilol er (QL) clonidine clonidine er diltiazem diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (la) diltiazem 24hr er (xr) DILT-XR dofetilide (QL) doxazosin droxidopa* enalapril flecainide guanfacine hydralazine tablet irbesartan irbesartan- hctz labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol metyrosine (PA) nadolol nebivolol hcl (QL) nifedipine nifedipine er olmesartan (QL) olmesartan-amlodipine-hctz olmesartan-hctz (QL) pacerone 200 mg tablet prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) taztia xt	CALAN SR CARDIZEM (PA) CARDIZEM CD (PA) CARDIZEM LA (QL) CARDURA COREG CR (PA,QL) DEMSER (PA) EDARBI (PA,QL) EXFORGE HCT NORLIQVA (PA,QL) NORTHERA* (PA) NORVASC QBRELIS ORLADEYO*(PA,QL) pacerone 100 mg, 400 mg tablet (PA) PROCARDIA XL RANEXA (QL) TEKURNA (QL) TEKURNA HCT (QL) TENORETIC (ST) TENORMIN (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) VALSARTAN SOLUTION (ST) VASOTEC (PA) VERELAN PM VERQUVO (PA, QL) ZESTORETIC (ST) ZESTRIL (ST) ZIAC (ST)	telmisartan (QL) telmisartan-hctz (QL) tiadylt er valsartan 40 mg valsartan 80 mg valsartan 160 mg valsartan 320 mg valsartan-hctz verapamil er verapamil er pm verapamil tablet verapamil sr			
			BLOOD THINNERS/ANTI-CLOTTING		
			clopidogrel fondaparinux sodium (QL) jantoven warfarin	BRILINTA ELIQUIS (PA) XARELTO (PA)	ARIXTRA (QL) PLAVIX PRADAXA (PA) SAVAYSA (PA,QL) ZONTIVITY
			CANCER		
			abiraterone* (PA) anastrozole+ bexarotene* (PA) capecitabine* (PA) everolimus* (PA, QL) exemestane+ hydroxyurea imatinib* (QL) lenalidomide* (PA,QL) letrozole mercaptopurine methotrexate tamoxifen+ temozolomide* (PA)	ALECENSA* (PA, QL) BRUKINSA* (PA, QL) CABOMETYX* (PA) ERIVEDGE* (PA) ERLEADA* (PA) GLEOSTINE IBRANCE* (PA, QL) IMBRUVICA* (PA, QL) LYNPARZA* (PA, QL) NEXAVAR* (PA,QL) REVLIMID* (PA, QL) RUBRACA* (PA, QL) SPRYCEL* (PA, QL) TREXALL VENCLEXTA* (PA) VENCLEXTA STARTING PACK* (PA) VERZENIO* (PA) XTANDI* (PA)	AFINITOR* (PA, QL) AFINITOR DISPERZ* (PA, QL) ALUNBRIG* (PA, QL) ARIMIDEX AROMASIN AYVAKIT* (PA,QL) BOSULIF* (PA, QL) BRAFTOVI* (PA) COMETRIQ* (PA, QL) EXKIVITY* (PA) GAVRETO* (PA,QL) GLEEVEC* (PA, QL) ICLUSIG* (PA, QL) INLYTA* (PA) JAKAFI* (PA, QL) KISQALI* (PA) KISQALI FEMARA CO-PACK* (PA) LENVIMA* (PA) LONSURF* (PA) LUMAKRAS* (PA,QL) MEKINIST* (PA, QL) MEKTOVI* (PA, QL) NERLYNX* (PA) NEXAVAR* (PA,QL) NINLARO* (PA, QL) ODOMZO* (PA) ORGOVYX* (PA) PIQRAY* (PA)

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

CANCER (cont)			COUGH/COLD MEDICATIONS					
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$			
CHOLESTEROL MEDICATIONS atorvastatin 10 mg, 20 mg tablet+ colestevlam ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin+ fluvastatin er+ icosapent ethyl lovastatin 20 mg, 40 mg tablet+ omega-3 acid ethyl esters pravastatin+ rosuvastatin (QL) rosuvastatin 5 mg, 10 mg tablet+ (QL) simvastatin 80 mg (QL) simvastatin 10 mg, 20 mg, 40 mg+			POMALYST* (PA, QL) PURIXAN* RETEVMO* (PA, QL) ROZLYTREK* (PA) STIVARGA* (PA, QL) TAFINLAR* (PA, QL) TAGRISSO* (PA) TALZENNA* (PA, QL) TASIGNA* (PA, QL) TIBSOVO* (PA) TUKYSA* (PA) VENCLEXTA STARTING PACK* (PA) VENCLEXTA* (PA) VITRAKVI* (PA) WELIREG* (PA, QL) XELODA* (PA) XOSPATA* (PA) ZEJULA* (PA, QL)			benzonatate 150 mg capsule (PA) brompheniramine-pseudoephed-dm hydrocodone-chlorpheniramer (PA) promethazine-dm HYCODAN (PA, QL) TUXARIN ER (PA, QL) TUZISTRA XR (PA, QL)		
DENTAL PRODUCTS chlorhexidine DENTA 5000 PLUS DENTAGEL doxycycline hyclate fluoride+^ FLUORIDEX DAILY DEFENSE 1.1% ORALONE PERIOGARD SF 1.1% GEL SF 5000 PLUS sodium fluoride +^ sodium fluoride 5000 dry mouth sodium fluoride 5000 plus triamcinolone			CLINPRO 5000 FLORIVA+^ FLUORIDEX SENSITIVITY RELIEF JUSTRIGHT 5000 PERIDEX PREVIDENT PREVIDENT 5000 BOOSTER PLUS PREVIDENT 5000 DRY MOUTH PREVIDENT 5000 ENAMEL PROTECT PREVIDENT 5000 ORTHO DEFENSE PLUS PREVIDENT 5000 SENSITIVE					
DIABETES 1ST TIER UNIFINE PENTIPS 1ST TIER UNIFINE PENTIPS PLUS ABOUTTIME PEN NEEDLE ACCU-CHEK COMPACT PLUS CONTROL ACCU-CHEK FASTCLIX LANCING DEVICE ACCU-CHEK GUIDE L1-L2 CONTROL SOLUTION			ACCUTREND GLUCOSE TEST STRIPS ACCU-CHEK SMARTVIEW BAQSIMI (QL) BASAGLAR (QL) BYDUREON (PA, QL) BYETTA (PA, QL) DEXCOM RECEIVER G6 (PA, QL) DEXCOM G6 SENSOR (PA, QL) DEXCOM G6 TRANSMITTER (PA, QL)			ADLYXIN (PA, QL) ADMELOG (PA, QL) ADVANCED GLUCOSE TEST STRIPS ADVOCATE TEST STRIPS ADVOCATE REDICODE+ TEST STRIPS AFREZZA (PA, QL) AGAMATRIX AMP TEST STRIPS APIDRA (PA, QL) ASSURE 4 TEST STRIPS		

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont)			DIABETES (cont)		
ACCU-CHEK AVIVA SOLUTION	FARXIGA (QL, ST)	ASSURE PLATINUM TEST STRIP	CONTOUR	V-GO 40	ELEMENT TEST STRIPS
ACCU-CHEK SOFTCLIX	FREESTYLE LIBRE 14 DAY SENSOR (PA, QL)	ASSURE PRISM MULTI	DROPLET SYRINGE	VICTOZA (PA, QL)	EMBRACE TEST STRIPS
ACCU-CHEK SOFTCLIX LANCET KIT	FREESTYLE LIBRE 2 SENSOR (PA, QL)	BLOOD GLUCOSE TEST STRIP	DROPLET NEEDLE	XIGDUO XR (QL, ST)	EMBRACE TEST STRIPS
ACCU-CHEK FASTCLIX LANCING DEVICE	FREESTYLE LIBRE READER (PA, QL)	CARESENS N	DROPSAFE	XULTOPHY	EMBRACE EVO TEST STRIPS
ACCU-CHEK MULTICLIX LANCET KIT	GLUCAGEN HYPO KIT (QL)	CARETOUCH TEST STRIPS	EASY COMFORT INSULIN SYRINGE, PEN NEEDLES	ZEGALOGUE (QL)	EMBRACE PRO TEST STRIPS
ADVOCATE PEN NEEDLES, REDI-CODE+, SYRINGES	GLYXAMBI (QL, ST)	CEQUR	EASY GLIDE INSULIN SYRINGE, PEN NEEDLE		EMBRACE TALK TEST STRIPS
ADVOCATE SYRINGES	HUMALOG (QL)	CLEVER CHOICE MICRO TEST STRIPS	EASY TOUCH		EVOLUTION TEST STRIPS
ADVOCATE PEN NEEDLES	HUMALOG (QL)	CLEVER CHOICE PRO TEST STRIPS	glimpiride		FIASP (PA, QL)
ALOGLIPTIN (PA,QL)	HUMULIN (QL)	CLEVER CHOICE TALK TEST STRIPS	glipizide		FIFTY50 TEST STRIPS
ALOGLIPTIN-METFORMIN (PA,QL)	HUMULIN R (QL)	CLEVER CHOICE VOICE+ TST STRIP	glipizide er		FORA 6 CONNECT GLUCOSE STRIPS
ASSURE ID INSULIN SAFETY, PEN NEEDLE	JANUMET (QL, ST)	CONTOUR NEXT EZ METER	glipizide xl		FORA D15G TEST STRIPS
AUTOSHIELD DUO PEN NEEDLE	JANUMET XR (QL, ST)	CONTOUR NEXT TEST STRIPS	GUARDIAN RT CHARGER		FORA D20 TEST STRIPS
BD INSULIN SYRINGE	JANUVIA (QL, ST)	CONTOUR TEST STRIPS	GUARDIAN TEST PLUG		FORA D40-G31 TEST STRIPS
BD LANCETS	JARDIANCE (QL, ST)	COOL GLUCOSE TEST STRIPS	HEALTHWISE INSULIN SYRINGE, PEN NEEDLE		FORA G20 TEST STRIPS
BD PEN NEEDLE	LEVEMIR (QL)	CYCLOSET	HEALTHY ACCENTS UNIFINE PENTIP		FORA G30-PREMIUM V10 TEST STRIPS
CAREFINE PEN NEEDLE	LYUMJEV (QL)	DIATRUE PLUS TEST STRIPS	INCONTROL PEN NEEDLE		FORA GD50 TEST STRIPS
CARETOUCH INSULIN SYRINGE, PEN NEEDLE	MOUNJARO (PA,QL)	EASY PLUS II TEST STRIPS	INPEN		FORA GTEL GLUCOSE TEST STRIPS
CEQUR SIMPLICITY INSERTER	NOVOLIN (QL)	EASY STEP TEST STRIPS	INSULIN PEN NEEDLE		FORA TEST STRIPS
CLICKFINE	OMNIPOD 5 G6 PODS (GEN 5) (QL)	EASY TALK TEST STRIPS	INSULIN SYRINGE U-500		FORA TN'G ADVAN PRO TEST STRIPS
COMFORT EZ INSULIN SYRINGE, PEN NEEDLE	OMNIPOD CLASSIC PODS (GEN 3) (QL)	EASY TOUCH TEST STRIPS	LITE TOUCH		FORA V10 TEST STRIPS
COMFORT TOUCH PEN NEEDLE	OMNIPOD DASH PODS (GEN 4) (PA,QL)	EASY TRAK TEST STRIP	LITETOUCH INSULIN SYRINGE		FORA V10-V12-D10-D20 TEST STRIPS
CONTOUR NEXT LEV 2 CONTROL SOLUTION	ONE TOUCH LANCETS	EASY TRAK II TEST STRIPS	MAGELLAN INSULIN SAFETY SYRNG		FORA V12 TEST STRIPS
	ONETOUCH ULTRA TEST STRIP	EASYGLUCO TEST STRIPS	MAGELLAN INSULIN SYRINGE		FORA V20 TEST STRIPS
	ONETOUCH VERIO TEST STRIP	EASYMAX TEST STRIPS	MAXI-COMFORT		FORA V30A TEST STRIPS
	OZEMPIC (PA, QL)	EASYMAX 15 TEST STRIPS	MAXICOMFORT II PEN NEEDLE		FORACARE GD20 TEST STRIPS
	QTERN (QL, ST)	ELEMENT COMPACT TEST STRIPS	MAXICOMFORT INSULIN SYRINGE, PEN NEEDLE		FORACARE GD40 TEST STRIPS
	RYBELSUS (PA, QL)		metformin		
	SOLIQUA 100-33		metformin er		
	SYMLINPEN		MICROLET NEXT LANCING DEVICE		
	SYNJARDY (QL, ST)		MINIMED RESERVOIR		
	SYNJARDY XR (QL, ST)		MINI PEN NEEDLE		
	TRESIBA (QL)		MINI ULTRA-THIN II		
	TRIJARDY XR (ST, QL)				
	TRULICITY (PA,QL)				
	V-GO 20				
	V-GO 30				

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont)			DIABETES (cont)		
MONOJECT MONOJECT INSULIN SAFETY SYRNG, MONOJECT INSULIN SYRINGE MULTI-LANCET NOVOFINE PARADIGM RESERVOIR PEN NEEDLES PENTIPS PREVENT DROPSAFE PEN NEEDLE PRO COMFORT INSULIN SYRINGE, PEN NEEDLE PRODIGY INSULIN SYRINGE PURE COMFORT PEN NEEDLE RELION METER SAFETY PEN NEEDLE SAFETYGLIDE INSULIN SYRINGE, SYRINGE SECURESAFE PEN NEEDLE SURE COMFORT SURE COMFORT INSULIN SYRINGE, PEN NEEDLE TECHLITE TECHLITE NEEDLE TOPCARE CLICKFINE TOPCARE ULTRA COMFORT TRUE COMFORT INSULIN SYRINGE, PEN NEEDLE, PRO INS SYRINGE, PRO PEN NEEDLE TRUE METRIX LEVEL 1 CONTROL SOULTION TRUE METRIX LEVEL 2 CONTROL SOLUTION TRUE METRIX LEVEL 3 CONTROL SOLUTION TRUEPLUS PEN NEEDLE TRUEPLUS SYRINGE		FORACARE GD40 FORTISCARE GLUCOSE TEST STRIPS FREESTYLE INSULINX TEST STRIPS FREESTYLE LITE TEST STRIPS FREESTYLE PRECISION NEO TEST STRIPS FREESTYLE TEST STRIPS GE100 BLOOD GLUCOSE TEST STRIP GLUCO NAVII GLUCAGON EMERGENCY KIT (QL) GLUCOCARD 01 SENSOR PLUS STRIPS GLUCOCARD EXPRESSION TEST STRIPS GLUCOCARD VITAL TEST STRIPS GLUCOCARD VITAL SENSOR STRIPS GLUCOCARD SHINE TEST STRIPS GLUCOCOM GLUCOSE TEST STRIPS GLUCOSE TEST STRIPS GOJJI BLOOD GLUCOSE TEST STRIPS GLUMETZA (PA) GVOKE (QL) HEALTHPRO GLUCOSE TEST STRIPS IGLUCOSE TEST STRIPS INFINITY TEST STRIPS NFINITY VOICE TEST STRIPS INSULIN ASPART (PA, QL)	ULTICARE ULTICARE INSULIN SYRINGE, PEN NEEDLE, SAFETY PEN NEEDLE ULTIGUARD SAFE0.5ML 30G 12.7MM ULTIGUARD SAFEPACK 1ML 31G 8MM ULTIGUARD SAFEPACK-INSULIN SYR ULTIGUARD SAFEPACK-INSULIN SYR ULTIGUARD SAFEPACK-PEN NEEDLE ULTIGUARD SAFEPK 0.5ML 31G 8MM ULTILET PEN NEEDLE ULTRA COMFORT ULTRA FLO INSULIN SYRINGE, PEN NEEDLE ULTRA THIN ULTRA-FINE PEN NEEDLE ULTRA-THIN II ULTRACARE INSULIN SYRINGE, PEN NEEDLE UNIFINE PEN NEEDLE UNIFINE PENTIPS UNIFINE PENTIPS MAXFLOW, PLUS, PLUS MAXFLOW UNIFINE ULTRA PEN NEEDLE VANISHPOINT VANISHPOINT INSULIN SYRINGE VEO INSULIN SYRINGE		IINSULIN GLARGINE (PA, QL) INSULIN LISPRO (PA, QL) INVOKAMET (PA, QL) INVOKAMET XR (PA, QL) INVOKANA (PA, QL) JENTADUETO (PA, QL) JENTADUETO XR (PA, QL) KAZANO (PA, QL) KOMBIGLYZE XR (PA. QL) KORLYM* (PA) LANTUS (PA, QL) metformin cup, solution, tablet MICRODOT TEST STRIPS MICRODOT XTRA TEST STRIPS MYGLUCOHEALTH TEST STRIPS NESINA (PA, QL) NOVOLOG (PA, QL) ONGLYZA (PA, QL) OSENSI (PA, QL) PHARMACIST CHOICE TEST STRIPS PREMIER TEST STRIPS PREMIUM BLOOD GLUCOSE TEST STRIPS PREMIUM V10 TEST STRIPS PRO VOICE V8-V9 TEST STRIPS PRODIGY NO CODING TEST STRIPS QUINTET TEST STRIPS QUINTET AC TEST STRIPS RELION CONFIRM- MICRO TEST STRIPS RELION PRIME TEST STRIPS

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
DIABETES (cont)			DIABETES (cont)		
		RIGHTEST GS100, 300, 500 TEST STRIPS RIOMET RIOMET ER SEGLUROMET (PA, QL) SEMGLEE (PA, QL) SMART SENSE TEST STRIPS SMARTEST TEST STRIPS SOLUS V2 TEST STRIPS STEGLATRO (PA, QL) STEGLUJAN (ST, QL) TEST N'GO TEST STRIPS TEST STRIPS TOUJEO SOLOSTAR (PA, QL) TRADJENTA (PA, QL) TRUETEST TEST STRIPS TRUETRACK TEST STRIPS ULTIGUARD SAFE 1ML 30G 12.7MM ULTIGUARD SAFE0.3ML 30G 12.7MM ULTIGUARD SAFE0.5ML 30G 12.7MM ULTIGUARD SAFEPACK 1ML 31G 8MM ULTIGUARD SAFEPACK- INSULIN SYR ULTIGUARD SAFEPACK- INSULIN SYR ULTIGUARD SAFEPACK-PEN NEEDLE ULTIGUARD SAFEPK 0.3ML 31G 8MM			UNIFINE SAFECONTROL WAVESENSE JAZZ TEST STRIPS WAVESENSE PRESTO TEST STRIPS
			DIURETICS		
			acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochlorothiazide spironolactone triamterene-hctz	DIURIL KERENDIA (PA, QL)	ALDACTONE CAROSPIR EDECRIN (PA) INSPRA (PA) JYNARQUE* (PA) LASIX MAXZIDE SOANANZ (PA)
			EAR MEDICATIONS		
			ciprofloxacin- dexamethasone neomycin- polymyxin b-hydrocortisone ofloxacin	CIPRO HC	CETRAXAL (PA) CIPRODEX CIPROFLOXACIN- FLUOCINOLONE CORTISPORIN-TC DERMOTIC OTOVEL
			ERECTILE DYSFUNCTION		
			sildenafil^ (QL) tadalafil^ (QL) vardenafil^ (QL)		CIALIS^ (QL, ST) STENDRA^ (QL, ST) VIAGRA^ (QL, ST)
			EYE CONDITIONS		
			bimatoprost (QL) brimonidine brimonidine tartrate- timolol brinzolamide ciprofloxacin cyclosporine difluprednate dorzolamide- timolol erythromycin fluorometholone ketorolac ophthalmic solution latanoprost	ALOMIDE BETIMOL BETOPTIC S CEQUA COMBIGAN EYSUVIS (QL) FLAREX FML FORTE FML S.O.P. 0.1% OINTMENT LOTEMAX SM MAXIDEX PRED MILD SIMBRINZA XIIDRA	ACULAR ACULAR LS ACUVAIL ALPHAGAN ALOCRIL ALREX AZOPT BEPREVE BESIVANCE BROMSITE COMBIGAN (PA) COSOPT COSOPT PF CYSTADROPS* (PA, QL)

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
EYE CONDITIONS (cont)			EYE CONDITIONS (cont)		
loteprednol moxifloxacin eye drops neomycin- polymyxin b-dexamethasone ofloxacin polymyxin b sulfate- trimethoprim prednisolone timolol tobramycin tobramycin- dexamethasone travoprost		CYSTARAN* (PA, QL) DUREZOL DUREZOL FML FML FML LIQUIFILM 0.1% EYE DROP FML LIQUIFILM 0.1% EYE DROP ILEVRO ILEVRO INVELTYS INVELTYS ISTALOL ISTALOL LOTEMAX LOTEMAX LUMIGAN (PA) LUMIGAN (PA) MAXITROL MAXITROL NEVANAC NEVANAC OCUFLOX OCUFLOX OXERVATE* (PA) OXERVATE* (PA) POLYTRIM POLYTRIM PRED FORTE PROLENSA RESTASIS (PA) RESTASIS MULTIDOSE (PA) RHOPRESSA ROCKLATAN TIMOPTIC TIMOPTIC OCUDOSE TIMOPTIC-XE TOBRADEX TOBRADEX ST			TRAVATAN Z (PA) TYRVAYA (PA, QL) VERKAZIA (PA, QL) VIGAMOX VYZULTA (PA) XALATAN (PA) XELPROS (PA) ZIOPTAN (PA, QL) ZIRGAN ZYLET
			FEMININE PRODUCTS		
			GYNAZOLE 1 miconazole 3 200 mg terconazole		
			GASTROINTESTINAL/HEARTBURN		
			alosetron* ANUCORT-HC balsalazide cinacalcet* constulose dicyclomine capsule, solution, tablet dronabinol famotidine 40 mg/5 ml suspension, 20 mg tablet, 40 mg tablet GAVILYTE-C+ GAVILYTE-G+ glycopyrrolate 1.5 mg tablet (PA) HEMMOREX-HC hydrocortisone lactulose (PA) lubiprostone mesalamine mesalamine dr metoclopramide solution, tablet misoprostol ondansetron ondansetron odt peg3350-sodium sulfate-sodium chloride-potassium chloride-sodium ascorbate-ascorbic acid+	AMITIZA CLENPIQ+ DEXILANT DR 30 MG CAPSULE (QL) LINZESS LITHOSTAT PANCREAZE PENTASA SUPREP+ SUTAB+ TRULANCE VIBERZI	AMITIZA (PA) ANUSOL-HC (PA) ANZEMET (PA) APRISO (ST) ASACOL HD (ST) BONJESTA CANASA CARAFATE CHOLBAM* (PA) COLAZAL (ST) CORTIFOAM (PA) CREON (PA) CUVPOSA CYTOTEC DELZICOL (ST) DICLEGIS GOLYTELY+ (PA) IBSRELA (PA,QL) KRISTALOSE (PA) LEVBID LEVSIN LEVSIN- SL LIALDA (ST) LIBRAX (PA) LIVMARLI* (PA) LOTRONEX* (PA) MARINOL (PA) MOTEGRITY (PA) MOTOFEN MOVANTIK (PA) MOVIPREP+ (PA) NULEV OCALIVA* (PA)

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$											
GASTROINTESTINAL/HEARTBURN (cont)						HORMONAL AGENTS (cont)											
PEG-PREP+ prochlorperazine tablet promethazine promethegan scopolamine sucralfate ursodiol 200 mg, 400 mg capsule (PA)			OMECLAMOX-PAK (PA) OSMOPREP+ (PA) PENTASA (ST) PERTZYE (PA) PLENVU+ (PA) PYLERA (PA) RAVICTI* (PA) RECTIV RELISTOR (PA) ROBINUL (PA) ROBINUL FORTE (PA) SANCUSO (PA, QL) SFROWASA SUCRAID* (PA) SUPREP+ (PA) SYMPROIC (PA) SYNDROS (PA) TALICIA (PA) TRANSDERM-SCOP TRULANCE (PA) UCERIS FOAM (PA, QL) URSO URSO FORTE VARUBI (PA, QL) VIOKACE VOQUEZNA (PA) VOQUEZNA TRIPLE PAK (PA) XERMELO* (PA) ZELNORM (PA) ZENPEP (PA)			estradiol (twice weekly) (QL) estradiol 10mcg vaginal insert (QL) estradiol- norethindrone acetate EUTHYROX fyremadel^ (PA) LEVO-T levothyroxine tablet LEVOXYL liothyronine LYLLANA (QL) medroxyprog- esterone methylprednisolone MILLIPRED MIMVEY norethindrone NP THYROID prednisolone prednisolone odt prednisolone sodium phosphate prednisone prednisone intensol progesterone tablet testosterone cypionate WESTHROID YUVAFEM			ELESTRIN (PA) EMFLAZA* (PA) ESTRACE (PA) EVAMIST FEMRING (PA) FORTESTA (PA, QL) HEMADY IMVEXXY (PA, QL) INTRAROSA (QL) ISTURISA* (PA, QL) JATENZO (PA, QL) LEVOTHYROXINE LEVOTHYROXINE CAPSULE MEDROL 4 MG DOSEPAK MEDROL 8MG, 16MG, 32MG TABLET MENOSTAR (QL) MINIVELLE (PA, QL) MYCAPSSA* (PA,QL) MYFEMBREE (QL) NATESTO (PA, QL) NOCDURNA (PA) ORTIKOS (PA, QL) OSPHENA (QL) PROMETRIUM RAYALDEE RAYOS (PA) SYNTHROID (PA) TARPEYO* (PA,QL) TESTIM (PA, QL) THYQUIDITY (PA) TIROSINT TIROSINT-SOL TLANDO (PA,QL) UCERIS TABLET (PA, QL) UNITHROID VAGIFEM (PA, QL) VIVELLE-DOT (PA, QL) VOGELXO (PA, QL) XYOSTED (PA, QL)								
HORMONAL AGENTS																	
AMABELZ budesonide dr budesonide ec budesonide er (PA, QL) cabergoline (QL) DECADRON desmopressin DEXABLISS dexamethasone 6 day 1.5 mg, 10 day 1.5 mg (PA) dexamethasone intensol DOTTI (QL) estradiol (once weekly) (QL)			ANDRODERM (PA, QL) COMBIPATCH DUAVEE ESTRING (QL) ESTROGEL MEDROL 2 MG TABLET MYFEMBREE (PA,QL) ORIAHNN (PA, QL) ORILISSA (PA, QL) PREMARIN TABLET, VAGINAL CREAM APPLICATOR PREMPHASE PREMPRO			ACTIVELLA ANDROGEL (PA, QL) ANGELIQ ARMOUR THYROID (PA) AYGESTIN BIJUVA CLIMARA (PA) CLIMARA PRO (PA) CRINONE 4% (PA) CYTOMEL DDAVP (PA) DEPO- TESTOSTERONE DIVIGEL (PA)			acyclovir capsule, suspension, tablet albendazole amoxicillin			INFECTIONS CIPRO CIPRO 5,10% SUSPENSION CIPRO 250, 500 MG TABLET			ACTICLATE (ST) AEMCOLO (QL) ALINIA ANCOBON ARAKODA (PA)		

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$		
MISCELLANEOUS (cont)			NUTRITIONAL/DIETARY					
FORA GTEL KETONE TEST STRIP	AEROCHAMBER PLUS FLOW-VU (QL)	HYPER-SAL INGREGZA	betaine*	CITRANATAL 90	ACCRUFER^			
GOJJI BLOOD KETONE TEST STRIP	AEROCHAMBER Z-STAT PLUS (QL)	INGREGZA* (PA)	calcitriol^	DHA	AURYXIA (QL)			
KETONE CARE TEST STRIP	AEROTRACH PLUS (QL)	INITIATION PACK* (PA, QL)	cyanocobalamin vial	CITRANATAL ASSURE	BONIVA (ST)			
KETONE TEST STRIP	AEROVENT PLUS (QL)	KUVAN* (PA)	folic acid 1 mg^ tablet	CITRANATAL B-CALM	CITRANATAL BLOOM^			
KETOSTIX REAGENT MICROLET	BREATHRITE (QL)	NUEDEXTA (QL)	folic acid 0.4 mg, 0.8 mg, 400 mcg, 800 mcg+ tablet	CITRANATAL DHA	DRISDOL^			
NOVAMAX PLUS ONETOUCH DELICA POGO AUTOMATIC TEST CARTRIDGE	CERDELGA* (PA)	ORFADIN* (PA)	folitab 500+ klor-con	CITRANATAL HARMONY	FOSRENOL (PA)			
PRECISION XTRA sapropterin* (PA)	CLEVER CHOICE HOLDING CHAMBER (QL)	PALYNZIQ* (PA)	KLOR-CON 8	FLORIVA CHEWABLE TABLET+	K-TAB ER			
sodium chloride inhalation vial, irrigation solution, vial	COMPACT SPACE CHAMBER (QL)	PRO COMFORT SPACER WITH MASK (QL)	KLOR-CON 10 MEQ	LOKELMA	NASCOBAL (PA)			
TECHLITE LANCETS TRUEPLUS KETONE TEST STRIP	EASIVENT (QL)	RADICAVA ORS* (PA, QL)	lanthanum	NEEVO DHA^	OB COMPLETE^			
	ESBRIET* (PA)	SENSIPAR* (PA)	MULTIVITAMIN WITH FLUORIDE+	OB COMPLETE ONE	PHOSLYRA			
	FLEXICHAMBER (QL)	TIGLUTIK* (PA)	potassium chloride 10%, capsule, packet, tablet	OB COMPLETE PETITE	REVELA (PA)			
	INSPIRACHAMBER (QL)	VYNDAMAX* (PA, QL)	prenatal multi-dha+ sevelamer carbonate	OB COMPLETE PREMIER	ROCALTROL^			
	MICROCHAMBER (QL)		taron-prex prenatal^	OB COMPLETE WITH DHA				
	NITYR* (PA)		vitamin d2 1.25 mg (50,000 unit)^	POLY-VI-FLOR WITH IRON+				
	OPTICHAMBER DIAMOND (QL)		VITAMINS A,C,D AND FLUORIDE+	POLY-VI-FLOR+ PRENATE^				
	POCKET CHAMBER (QL)			PRIMACARE				
	PROCARE SPACER WITH CHILD MASK (QL)			QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+				
	RITEFLO (QL)			QUFLORA PEDIATRIC 0.25 MG/ML DROP+				
	SPACE CHAMBER (QL)			QUFLORA PEDIATRIC 0.5 MG/ML DROP+				
	SPACE CHAMBER-MEDIUM MASK (QL)			TRI-VI-FLOR+				
	SPACE CHAMBER-SMALL MASK (QL)			VELPHORO				
	VORTEX VHC FROG MASK (QL)			VELTASSA				
	VORTEX VHC LADYBUG MASK (QL)							
MULTIPLE SCLEROSIS			OSTEOPOROSIS PRODUCTS					
dalfampridine er* (PA)	BAFIERTAM* (PA)	AUBAGIO* (PA)	alendronate		ACTONEL (ST)			
dimethyl fumarate*	GILENYA* (PA)	FIRDAPSE* (PA, QL)	ibandronate 150 mg tablet		ATELVIA (ST)			
	MAYZENT* (PA)	GILENYA* (PA)	raloxifene+		BINOSTO (ST)			
	VUMERITY* (PA)	MAVENCLAD* (PA)	risedronate		EVISTA			
	ZEPOSIA* (PA)	PONVORY* (PA)	risedronate dr		FOSAMAX (ST)			
		TECFIDERA* (PA)						
			PAIN RELIEF AND INFLAMMATORY DISEASE					
			acetaminophen-codeine (PA)	AIMOVIG (PA)	AMRIX (PA, QL)			
			allopurinol tablet	AJOVY (PA)	ANALPRAM HC			
			baclofen tablet	AMJEVITA* (MADE BY AMGEN)	ARAVA			
			buprenorphine patch (QL)	(PA, QL)	BUTRANS (QL)			
					CAMBIA (PA)			

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
PAIN RELIEF AND INFLAMMATORY DISEASE <i>(cont)</i>			PAIN RELIEF AND INFLAMMATORY DISEASE <i>(cont)</i>		
butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) cyclobenzaprine cyclobenzaprine er (PA, QL) diclofenac 1% gel (QL) diclofenac 1.5% topical solution (PA) diclofenac (PA, QL) diclofenac ec (PA) EC-NAPROXEN ECOTRIN EC 81 MG TABLET+ eletriptan (QL) ENDOCET (PA) febuxostat (QL) fentanyl (PA) frovatriptan (QL) GLOPERBA (PA, QL) GLYDO hydrocodone- acetaminophen (PA) hydromorphone (PA) hydromorphone er (PA) IBU ibuprofen indomethacin indomethacin er ketorolac tromethamine (QL) leflunomide lidocaine (QL) lidocaine 5% ointment (QL) lidocaine 5% patch lidocaine viscous lidocaine-prilocaine meloxicam tablet (PA, QL) meloxicam capsule metaxalone methocarbamol morphine (PA)	BELBUCA (QL) EMGALITY (PA) HYSINGLA ER (PA) MITIGARE NUCYNTA (PA) NURTEC ODT (PA, QL) OTEZLA* (PA, QL) OTREXUP (PA) PROCTOFOAM-HC QULIPTA (PA, QL) RASUVO (PA) REDITREX (PA) RINVOQ* (PA, QL) SAVELLA TRUDHESA (PA,QL) UBRELVY (PA, QL) XELJANZ* (PA, QL) XELJANZ XR* (PA, QL) XTAMPZA ER (PA) ZTLIDO	CELEBREX (QL, ST) COLCHICINE 0.6 MG CAPSULE (PA) COLCRYS CUPRIMINE* (PA, QL) DEPEN* (PA, QL) DUEXIS (PA) EC-NAPROSYN (ST) ELYXXB (PA, QL) ESGIC (QL) FEXMID FIORICET (QL) FLECTOR (PA, QL) FROVA (PA,QL) GRALISE (PA) IMITREX (PA, QL) INDOMETHACIN 20 MG CAPSULE (PA) KEVZARA* (PA, QL) KINERET* (PA,QL) LAZANDA (PA) LICART (PA, QL) LIDODERM (PA) LYVISPAH (PA) MIGRANAL (PA, QL) MOBIC (ST) NALFON 400 MG CAPSULE (PA) NAPRELAN (PA) NAPROSYN TABLET (ST) NUCYNTA ER (PA) OLUMIANT* (PA, QL) ONZETRA XSAIL (PA, QL) OXAYDO (PA) OXYCONTIN (PA) PERCOCET (PA) PENNSAID (PA) PROCORT PROLATE SOLUTION (PA) PROLATE 10 MG- 300 MG/5 ML SOLN (PA) QULIPTA (PA, QL) RASUVO (PA) RELAFEN DS (PA) RELPAX (PA, QL)	morphine er (PA) nabumetone naproxen suspension (PA) NALOCET (PA) oxycodone (PA) oxycodone er (PA) oxycodone- acetaminophen (PA) penicillamine* (PA, QL) prolate 10-300, 5-300, 7.5-300 mg tablet (PA) rizatriptan (QL) sumatriptan (QL) diclofenac ec (PA) sumatriptan succ- naproxen sod (QL) tizanidine capsule (PA) tramadol 50 mg tablet (QL) tramadol er (QL) VANADOM vtol lq (PA)		REYVOW (PA, QL) ROXICODONE (PA) ROXYBOND (PA) SEGLENTIS (PA, QL) SPRIX (PA, QL) SUBSYS TOSYMRA (PA, QL) TRAMADOL 100 MG TABLET (PA, QL) TREXIMET (PA,QL) ULORIC (PA, QL) ZANAFLEX ZEBUTAL (QL) ZEMBRACE (PA, QL) ZOHYDRO ER (PA) ZOMIG NASAL (PA, QL) ZYLOPRIM (PA)
			PARKINSON'S DISEASE		
			benztropine tablet carbidopa-levodopa carbidopa-levodopa er pramipexole (QL) pramipexole er (QL) rasagiline (QL) ropinirole er ropinirole	KYNMOBI (PA)	AZILECT (QL) DHIVY (PA) GOCOVRT INBRIJA* (PA) MIRAPEX ER (QL) NEUPRO NOURIANZ* (PA, QL) ONGENTYS (PA, QL) OSMOLEX ER (QL) RYTARY SINEMET 10-100 SINEMET 25-100 XADAGO (ST)
			SCHIZOPHRENIA/ANTI-PSYCHOTICS³		
			aripiprazole (QL) aripiprazole odt asenapine chlorpromazine tablet clozapine clozapine odt	LATUDA (QL)	ABILIFY (QL,ST) ABILIFY MYCITE (PA) CAPLYTA (QL, ST) CLOZARIL (ST) FANAPT (QL, ST) GEODON (PA)

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

SCHIZOPHRENIA/ANTI-PSYCHOTICS ³ (cont)			SKIN CONDITIONS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
olanzapine tablet		INVEGA (QL, ST) LYBALVI (QL, ST) REXULTI (QL, ST) RISPERDAL (ST) SAPHRIS (ST) SECUADO (ST) SEROQUEL (ST) SEROQUEL XR (ST) VRAYLAR (QL, ST) ZYPREXA (PA) ZYPREXA ZYDIS (PA)	ACUTANE adapalene-benzoyl peroxide AMNESTEEM AVAR CLEANSER AVAR-E AVAR-E GREEN azelaic acid betamethasone diprop augmented betamethasone dipropionate BP 10-1 calcipotriene cream, ointment, solution halcinonide (PA) calcipotriene-betamethasone CLARAVIS CLINDACIN ETZ 1% PLEDGET CLINDACIN P 1% PLEDGETS clindamycin 1% foam, gel, lotion, pledget, solution clindamycin-benzoyl peroxide clindamycin phosphoretinoin CLOCORTOLONE PIVALATE clobetasol CLODAN clotrimazole-betamethasone dapsone gel DROPSAFE PREP PADS fluocinonide fluorouracil cream, topical solution isotretinoin ketoconazole KETODAN metronidazole mupirocin (PA) MYORISAN NEUAC GEL pimecrolimus ROSADAN	ACZONE 7.5% GEL PUMP ARAZLO CIBINQO* (PA, QL) DRYSOL EUCRISA (ST) NAFTIN PICATO SANTYL (QL)	ABSORICA (ST) ABSORICA LD (ST) ACANYA ACZONE 5% GEL AKLIEF AMZEEQ (PA) ANALPRAM HC 2.5%-1% LOTION AVAR 9.5-5% CLEANSING PADS BENZAACLIN GEL (PA) BRYHALI (ST) calcipotriene foam (PA) CAPEX SHAMPOO (ST) CLEOCIN T CLINDACIN ETZ KIT CLINDACIN PAC KIT CLINDAGEL (PA) CLOBEX (PA) CLODERM (ST) DAPSONE 7.5% GEL PUMP DENA VIR (QL) DOVONEX DUOBRII EFUDEX ELIDEL (PA) ENSTILAR (PA) EPIDUO (PA) ERTACZO (PA) EVOCLIN EXTINA (PA) FABIOR FINACEA FOAM (PA) HALOBETASOL (PA) HALOG (PA, ST) IMPOYZ (PA) JUBLIA (PA) KENALOG (PA) KERYDIN (PA) KLISYRI (PA, QL)
SEIZURE DISORDERS					
carbamazepine carbamazepine er clonazepam divalproex divalproex er EPITOL gabapentin lacosamide lamotrigine lamotrigine (blue) lamotrigine (green) lamotrigine (orange) lamotrigine er lamotrigine odt (blue) lamotrigine odt (green) lamotrigine odt (orange) levetiracetam solution, tablet levetiracetam er oxcarbazepine pregabalin ROWEEPRA rufinamide (PA,QL) SUBVENITE SUBVENITE (BLUE, GREEN, ORANGE) topiramate topiramate er vigabatrin* vigadrone*	NAYZILAM (PA, QL)	APTIOM (PA, QL) BANZEL (PA,QL) BRIVIACT ORAL SOLUTION, TABLET (PA) CARBATROL (PA) DEPAKOTE (PA) DEPAKOTE ER (PA) DEPAKOTE SPRINKLE (PA) DIASTAT (PA) DIASTAT ACUDIAL (PA) ELEPSIA (PA) EPIDIOLEX* (PA) EPRONTIA (PA) FINTEPLA* (PA) FYCOMPA (PA,QL) KEPPRA (PA) KEPPRA XR (PA) KLONOPIN (PA) LAMICTAL (PA) LAMICTAL ODT (PA) LAMICTAL XR (PA) LYRICA (PA) LYRICA CR MYSOLINE (PA) NEURONTIN (PA) OXTELLAR XR (PA) PHENYTEK (PA) QUDEXY XR (PA) SABRIL* (PA) SPRITAM (PA) SYMPAZAN (PA) TROKENDI XR (PA,QL)			

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
SKIN CONDITIONS (cont)			SLEEP DISORDERS/SEDATIVES (cont)		
sodium sulfacetamide-sulfur SSS 10-5 SULFACLEANSE 8-4 tacrolimus ointment tretinoin (PA) triamcinolone (PA) trianex (PA) TRIDERM tritocin (PA) ZENATANE		LEXETTE (PA) LOCOID LIPOCREAM (PA) LUZU (PA) METROCREAM (PA) METROGEL (PA) METROLOTION (PA) NEUAC 1.2-5% KIT NORITATE (PA) OLUX (PA) ONEXTON OPZELURA (PA) PLEXION PRAMOSONE 2.5%-1% CREAM, LOTION PROTOPIC (PA) QBREXZA) REGRANEX (PA, QL) RETIN-A (PA) SOOLANTRA (PA) SORILUX (PA) TACLONEX (PA) TAZAROTENE 0.1% FOAM TAZORAC 0.1% CREAM TEMOVATE (ST) TWYNEO ULTRAVATE (PA) ULTRAVATE X (ST) VANOS (PA) VECTICAL (QL) VELTIN (PA) VEREGEN (PA) VTAMA (PA,QL) WINLEVI (PA) WYNZORA (PA) XEPI XERESE (PA, QL) ZIANA (PA) ZILXI (PA)	zolpidem tartrate er (QL)		NUVIGIL (PA) PROVIGIL (PA) QUVIVIQ (PA,QL) RESTORIL (PA) SILENOR (QL,ST) WAKIX* (PA, QL) XYREM* (PA, QL) XYWAV* (PA, QL) ZOLPIMIST (PA)
			SMOKING CESSATION³		
			bupropion sr+	APO-VARENICLINE^ NICOTROL NS+^ NICOTROL+^	NICODERM CQ+ VARENICLINE TARTRATE ^
			SUBSTANCE ABUSE		
			buprenorphine-naloxone naltrexone hcl (QL)	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBOXONE
			TRANSPLANT MEDICATIONS		
			azathioprine* (PA) everolimus* mycophenolate mofetil* mycophenolic acid* sirolimus* tacrolimus capsule*		ASTAGRAF XL* CELLCEPT ORAL SUSPENSION, TABLET* ENVARBUS XR* LUPKYNIS* (PA, QL) MYFORTIC* NEORAL* PROGRAF* (PA) RAPAMUNE* REZUROCK* (PA) ZORTRESS*
			URINARY TRACT CONDITIONS		
			alfuzosin er cevimeline finasteride oxybutynin oxybutynin er phenazopyridine potassium er silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine er (QL) trospium trospium er	CYSTAGON* ELMIRON K-PHOS ORIGINAL TOVIAZ (PA, QL)	DETROL (ST) DETROL LA (ST) DITROPAN XL (ST) FLOMAX GELNIQUE (ST) GEMTESA (ST, QL) MYRBETRIQ (QL,ST) PROCYSBI* (PA) PROSCAR PYRIDIDIUM RAPAFLO (QL) THIOLA* (PA) THIOLA EC* (PA) TOVIAZ (PA,QL) UROCIT-K UROXATRAL VESICARE (ST) VESICARE LS (ST)
SLEEP DISORDERS/SEDATIVES					
armodafinil (PA) doxepin hcl (QL) eszopiclone modafinil (PA) temazepam zolpidem	DAYVIGO (QL, ST) SUNOSI (PA, QL)	AMBIEN (PA) AMBIEN CR (PA, QL) BELSOMRA (PA) HETLIOZ LQ* (PA) HETLIOZ* (PA) LUNESTA (ST)			

Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 21-24).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	
VACCINES			VACCINES (cont)			
Not all plans cover vaccines in the same way.			Not all plans cover vaccines in the same way.			
	ACTHIB+ ADACEL TDAP+ BEXSERO+ BOOSTRIX TDAP+ DAPTACEL DTAP+ DENGVAXIA+ DIPHTHERIA- TETANUS TOXOIDS- PED+ ENGERIX-B ADULT+ ENGERIX-B PEDIATRIC- ADOLESCENT+ GARDASIL 9+ HEPLISAV-B+ HIBERIX+ INFANRIX DTAP+ IPOL+ JANSSEN COVID-19 VACCINE (EUA)+ KINRIX+ MENACTRA+ MENQUADFI+ MENVEO A-C-Y-W- 135-DIP+ M-M-R II VACCINE+ MODERNA COVID(6M-5Y) VACC(EUA)+ MODERNA COVID (12Y UP) VAC(EUA)+ PEDIARIX+	FLUMIST QUAD 2021-2022+ NOVAVAX COVID-19 VACC,ADJ(EUA)+ QUADRACEL DTAP- IPV SYRINGE+		PEDVAXHIB+ PENTACEL+ PFIZER COVID (12Y UP) VAC(EUA)+ PFIZER COVID (5- 11Y) VAC (EUA)+ PFIZER COVID-19 VACCINE (EUA)+ PNEUMOVAX 23+ PREHEVBRIO+ PREVNAR 13+ PREVNAR 20+ PROQUAD+ QUADRACEL DTAP- IPV VIAL+ PFIZER COVID (6M- 4Y) VACC(EUA)+ RECOMBIVAX HB+ SHINGRIX+ (QL) PFIZER COVID (6M- 4Y) VACC(EUA)+ TDVAX+ TENIVAC+ TRUMENBA+ TWINRIX+ VARIVAX VACCINE+ VAXELIS+ VAXNEUVANCE+		
			VITAMINS			
				POLY-VI-FLOR+ POLY-VI-FLOR WITH IRON+		

Injectable Specialty Medications

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

MEDICATION NAME	DRUG CLASS
ACTEMRA syringe (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTEMRA ACTPen (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ACTIMMUNE (PA)	CANCER
ADBRY (PA)	SKIN CONDITIONS
ADVATE^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ADYNOVATE^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
AFSTYLA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
APOKYN (PA)	PARKINSON'S DISEASE
ARANESP^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARCALYST (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
AVONEX PEN (PA)	MULTIPLE SCLEROSIS
AVONEX (PA)	MULTIPLE SCLEROSIS
AVSOLA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BENLYSTA 200MG (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
BETASERON (PA)	MULTIPLE SCLEROSIS
BETHKIS (PA, QL)	INFECTIONS
BYNFEZIA (PA)	HORMONAL AGENTS
CABENUVA^ (PA)	AIDS/HIV
CALQUENCE (PA)	CANCER
CETROTIDE^ (PA)	HORMONAL AGENTS
chorionic gonadotropin^ (PA)	INFERTILITY
CIMZIA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
COPAXONE (PA)	MULTIPLE SCLEROSIS
COSENTYX (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
DUPIXENT (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
EGRIFTA (PA)	HORMONAL AGENTS
ELOCTATE^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EMPAVELI (PA)	MISCELLANEOUS
ENBREL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ENTYVIO^ (PA)	GASTROINTESTINAL/HEARTBURN
EPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ESPEROCT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EXSERVAN (PA)	MISCELLANEOUS
EXTAVIA (PA)	MULTIPLE SCLEROSIS
FASENRA PEN (PA)	ASTHMA/COPD/RESPIRATORY
FENSOLVI^ (PA)	HORMONAL AGENTS
FIRAZYR (PA)	BLOOD PRESSURE/HEART MEDICATIONS
FOLLISTIM AQ^ (PA)	INFERTILITY

MEDICATION NAME	DRUG CLASS
FORTEO (PA, QL)	OSTEOPOROSIS PRODUCTS
FRAGMIN (QL)	BLOOD THINNERS/ANTI-CLOTTING
FULPHILA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
GANIRELIX^ (PA)	HORMONAL AGENTS
GATTEX (PA)	GASTROINTESTINAL/HEARTBURN
GENOTROPIN (PA)	HORMONAL AGENTS
glatiramer	MULTIPLE SCLEROSIS
glatopa	MULTIPLE SCLEROSIS
GONAL-F^ (PA)	INFERTILITY
GRANIX^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HAEGARDA (PA)	BLOOD PRESSURE/HEART MEDICATIONS
HEMLIBRA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
HUMATROPE (PA)	HORMONAL AGENTS
HUMIRA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
icatibant (PA)	BLOOD PRESSURE/HEART MEDICATIONS
ILARIS^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
ILUMYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
INCRELEX (PA)	HORMONAL AGENTS
INFLECTRA^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
INFLIXIMAB^ (PA)	HORMONAL AGENTS
JIVI^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
KALBITOR^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KESIMPTA (PA)	MULTIPLE SCLEROSIS
KESIMPTA PEN (PA)	MULTIPLE SCLEROSIS
KEVZARA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KINERET (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KOGENATE FS^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
KOVALTRY^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
LANREOTIDE^ (PA)	HORMONAL AGENTS
LORBRENA (PA)	CANCER
LUPRON DEPOT^ (PA)	HORMONAL AGENTS
LUPRON DEPOT-PED^ (PA)	HORMONAL AGENTS
MENOPUR^ (PA)	INFERTILITY
MIRCERA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
MYALEPT (PA)	MISCELLANEOUS
NATPARA (PA)	HORMONAL AGENTS
NEULASTA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEULASTA ONPRO^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NEUPOGEN^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NIVESTYM^	BLOOD MODIFIERS/BLEEDING DISORDERS
NORDITROPIN FLEXPPO (PA)	HORMONAL AGENTS
NOVAREL^ (PA)	INFERTILITY

MEDICATION NAME	DRUG CLASS
NOVOEIGHT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
NUBEQA (PA)	CANCER
NUCALA AUTO-INJECTOR, SYRINGE (PA)	ASTHMA/COPD/RESPIRATORY
NUTROPIN AQ NUSPIN (PA)	HORMONAL AGENTS
NUWIQ^ (PA)	MULTIPLE SCLEROSIS
NYVEPRIA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
OMNITROPE (PA)	HORMONAL AGENTS
ORENCIA SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ORENCIA CLICKJECT (PA,QL)	MULTIPLE SCLEROSIS
OVIDREL^	INFERTILITY
PALYNZIQ (PA)	MISCELLANEOUS
PEGASYS (PA)	INFECTIONS
PHESGO^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
PLEGRIDY (PA)	MULTIPLE SCLEROSIS
PLEGRIDY PEN (PA)	MULTIPLE SCLEROSIS
PROCRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REBIF (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE (PA)	MULTIPLE SCLEROSIS
RECOMBINATE^ (PA)	HORMONAL AGENTS
RELEUKO^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
REMICADE^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
RETACRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
RUCONEST^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
sajazir (PA)	BLOOD PRESSURE/HEART MEDICATIONS
SANDOSTATIN LAR DEPOT^ (PA)	HORMONAL AGENTS
SEROSTIM (PA)	HORMONAL AGENTS
SIGNIFOR LAR^ (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
SILIQ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI (PA,QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYRIZI (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SKYTROFA (PA)	HORMONAL AGENTS
SOMATULINE DEPOT^ (PA)	HORMONAL AGENTS
SOMAVERT (PA)	HORMONAL AGENTS
STELARA (PA,QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STRENSIQ (PA)	MISCELLANEOUS
TAKHZYRO (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALTZ AUTOINJECTOR (PA,QL)	BLOOD PRESSURE/HEART MEDICATIONS
TALZENNA (PA)	CANCER
TEGSEDI (PA)	MISCELLANEOUS
TEZSPIRE (PA)	ASTHMA/COPD/RESPIRATORY

MEDICATION NAME	DRUG CLASS
TREMFYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
UDENYCA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UPTRAVI (PA)	ASTHMA/COPD/RESPIRATORY
VIZIMPRO (PA)	CANCER
VOXZOGO (PA)	MISCELLANEOUS
VYLEESI^ (PA)	MISCELLANEOUS
XALKORI (PA)	CANCER
XOLAIR (PA)	ASTHMA/COPD/RESPIRATORY
YONSA (PA)	CANCER
ZARXIO^	BLOOD MODIFIERS/BLEEDING DISORDERS
ZIEXTENZO (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ZOMACTON (PA)	HORMONAL AGENTS
ZORBTIVE (PA)	HORMONAL AGENTS
ZYTIGA (PA)	CANCER

Frequently Asked Questions (FAQs)

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

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

A. Cigna regularly reviews and updates the prescription drug list. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. These changes may include:^{1,2}

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

When we make a change that affects the coverage of a medication you're taking, we let you know before it happens. This way, you have time to talk with your doctor about your options. We try to give you many options to choose from to treat your health condition.

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

Q. How do you decide which medications to cover?

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

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

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

Q. What types of medications typically need approval?

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

Frequently Asked Questions (FAQs) (Cont.)

Q. What types of medications typically have quantity limits?

A. Medications that are often:

- › Taken in amounts larger than, or for longer than, may be appropriate
- › Misused or abused

Q. What types of medications require Step Therapy?

A. The Step Therapy program includes medications that are used to treat many conditions, including, but not limited to:

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

Q. Why does my medication have an age requirement?

A. Some medications are only considered clinically appropriate for people of a certain age.

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

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

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

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

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

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

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

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

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

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

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

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

Frequently Asked Questions (FAQs) (Cont.)

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

A. The Patient Protection and Affordable Care Act (PPACA), commonly referred to as “health care reform,” was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter products) may be available to you at no cost-share (\$0), depending on your plan.

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

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

A. When you and your doctor are considering the right medication for your treatment, knowing how much it costs, what lower-cost alternatives are available, and which pharmacies offer the best prices can help you avoid surprises.

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

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

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

A. Yes. A generic medication works in the same way and provides the same clinical benefit as its brand-name version.⁴ Generic and brand-name medications have the same active ingredients, strength, dosage form, effectiveness, quality and safety.

Q. What are the differences between generic and brand-name medications?

A. The medications may look different. For example, generics may have a different shape, size or color than the brand-name medication. They may also have a different flavor, contain different preservatives, come in different packaging and/or with different labeling and may expire at different times. Generics may look different than the brand-name, but they're just as safe and effective.

Generics typically cost much less than brand-name medications - in some cases, up to 85% less.⁴ Just because generics cost less than brands, doesn't mean they're lower-quality medications.

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

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

Q. Can I fill my prescriptions by mail?

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

Exclusions and limitations for coverage

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

Plans generally do not provide coverage for the following under the pharmacy benefit, except as required by state or federal law, or by the terms of your specific plan:⁶

- › 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,⁷ sexual dysfunction, cosmetic purposes, weight loss, smoking cessation,⁷ 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. If you're taking a medication that will be covered differently as of July 1st, you may not be affected by the change(s) at that time. That's because there are state laws in Connecticut, Louisiana, New York and Texas that may require your plan to continue covering your medication as it is now, until your new plan year starts. For example, if Cigna is making a change to a medication on your drug list on July 1st but your new plan year doesn't start until November 1st, the change(s) won't affect you until November 1st. It's up to you to remember that your coverage will change at that time. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in Illinois may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. For insured plans that must follow Delaware's state insurance laws: Brand-name antidepressant, smoking cessation, attention deficit hyperactivity disorder (ADHD), and anti-psychotic medications that don't have a generic equivalent available will be covered as Tier 2 (preferred brand). This is true even if the medication is listed as Tier 3 (non-preferred brand) on your plan's drug list.
4. U.S. Food and Drug Administration (FDA) website, "Generic Drugs: Questions and Answers." Last updated 03/16/21. <https://www.fda.gov/drugs/questions-answers/generic-drugs-questions-answers>.
5. Standard shipping costs are included as part of your prescription plan. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
6. 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.
7. Plans that must follow state insurance laws, like Delaware's state insurance laws, may provide coverage for infertility medications and smoking cessation medications even if this drug list states that your plan may not cover them. To find out if your specific plan covers these medications, log in to the **myCigna App** or **myCigna.com**, or check your plan materials.

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

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Accredo Health Group, Inc., Express Scripts, Inc., ESI Mail Pharmacy Service, Inc, Express Scripts Pharmacy, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of 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. "Express Scripts Pharmacy" refers to ESI Mail Pharmacy, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, "Together all the way," and "myCigna" are trademarks of Cigna Intellectual Property, Inc. "Accredo" and "Express Scripts Pharmacy" are trademarks 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>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, 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). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. 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).

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).