



# **CIGNA LEGACY (STANDARD) 4-TIER PRESCRIPTION DRUG LIST**

**Coverage as of January 1, 2023**



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

969111 a Legacy (Standard) 4-Tier 02/23



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### View the drug list online

This document was last updated on 08/01/2022.\* You can go online to see the current 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: 08/01/2022, for changes starting 01/01/2023

Next planned update: 03/01/2023, for changes starting 07/01/2023

## 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 January 1, 2023.<sup>1,2</sup> Medications are listed by the condition they treat, then listed alphabetically within tiers (or cost-share levels).

## 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 \$\$\$
<b>INFECTIONS</b>		
acyclovir capsule, suspension, tablet	ALBENZA	ALINIA
amoxicillin	BARACLUDE solution**	BACTRIM
amoxicillin-clavulanate ER	CIPRO	BACTRIM DS
amoxicillin-clavulanate ER	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 (QL)
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		VEMLIDY**
fluconazole		VIBRAMYCIN
hydroxychloroquine		suspension
		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 20-22).

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.

<b>(PA)</b>	<b>Prior Authorization</b> – Certain medications need approval from Cigna before your plan will cover them. These medications have a <b>(PA)</b> next to them. Your plan won't cover these medications unless your doctor requests, and receives, approval from Cigna.
<b>(QL)</b>	<b>Quantity Limits</b> – 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 <b>(QL)</b> next to them. Your plan will only cover a larger amount if your doctor requests, and receives, approval from Cigna.
<b>(ST)</b>	<b>Step Therapy</b> – Certain high-cost medications aren't covered until you try one or more lower-cost alternatives first.** These medications have a <b>(ST)</b> next to them. You have many covered options to choose from, and they're used to treat the same condition.
<b>(AGE)</b>	<b>Age Requirements</b> – Certain medications will only be covered if you're within a specific age range. These medications have <b>(AGE)</b> 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. Log in to the myCigna App or myCigna.com, or check your plan materials, to find out if your plan includes prior authorization, quantity limits, Step Therapy, and/or age requirements.

\*\* 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 20-22). 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	GASTROINTESTINAL/HEARTBURN	13
ALLERGY/NASAL SPRAYS	6	HORMONAL AGENTS	13, 14
ALZHEIMER'S DISEASE	6	INFECTIONS	14, 15
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	MISCELLANEOUS	15
ASTHMA/COPD/RESPIRATORY	6, 7	MULTIPLE SCLEROSIS	15
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	NUTRITIONAL/DIETARY	15, 16
BLOOD MODIFIERS/BLEEDING DISORDERS	7	OSTEOPOROSIS PRODUCTS	16
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	PAIN RELIEF AND INFLAMMATORY DISEASE	16
BLOOD THINNERS/ANTI-CLOTTING	8	PARKINSON'S DISEASE	16
CANCER	8	SCHIZOPHRENIA/ANTI-PSYCHOTICS	16, 17
CHOLESTEROL MEDICATIONS	9	SEIZURE DISORDERS	17
COUGH/COLD MEDICATIONS	9	SKIN CONDITIONS	17, 18
DENTAL PRODUCTS	9	SLEEP DISORDERS/SEDATIVES	18
DIABETES	9–12	SMOKING CESSATION	18
DIURETICS	12	SUBSTANCE ABUSE	18
EAR MEDICATIONS	12	TRANSPLANT MEDICATIONS	18
ERECTILE DYSFUNCTION	12	URINARY TRACT CONDITIONS	18, 19
EYE CONDITIONS	12	VACCINES	19
FEMININE PRODUCTS	13	WEIGHT MANAGEMENT	19

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ASTHMA/COPD/RESPIRATORY (cont)</b>		
tadalafil* (PA)	BEVESPI	ARNUITY ELLIPTA (ST)
wixela inhub (QL)	AEROSPHERE (QL)	BRONCHITOL* (PA)
	BREO ELLIPTA (QL)	BUDESONIDE-FORMOTEROL (PA, QL)
	BREZTRI	DALIRESP (QL)
	AEROSPHERE (QL)	FLUTICASONE HFA (PA, QL)
	COMBIVENT	KALYDECO* (PA, QL)
	RESPIMAT (QL)	LETAIRIS* (PA)
	DULERA (QL)	LEVALBUTEROL HFA (PA, QL)
	FLOVENT DISKUS (QL)	LONHALA
	FLOVENT HFA (QL)	MAGNAIR (PA, QL)
	INCRUSE ELLIPTA	ORENITRAM ER* (PA)
	OFEV* (PA)	ORKAMBI* (PA, QL)
	OPSUMIT* (PA)	PERFOROMIST (PA, QL)
	PULMICORT	PROAIR (PA, QL)
	FLEXHALER (QL)	PROVENTIL HFA (PA, QL)
	PULMOZYME* (PA)	PULMICORT
	QVAR REDHALER	RESPULE
	SEREVENT DISKUS (QL)	SINGULAIR
	SPIRIVA (QL)	STRIVERDI
	SPIRIVA RESPIMAT (QL)	RESPIMAT (QL, ST)
	STIOLTO RESPIMAT (QL)	TRIKAFTA* (PA, QL)
	SYMBICORT (QL)	VENTOLIN HFA (PA, QL)
	TRACLEER* (PA)	XOPENEX HFA (PA, QL)
	TRELEGY ELLIPTA (QL)	YUPELRI (PA)

### ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>3</sup>

amphetamine (PA)	MYDAYIS (PA, QL)	ADDERALL (PA, ST, QL)
atomoxetine (QL)	VYVANSE (PA, QL)	ADDERALL XR (PA, ST, QL)
dexmethylphenidate (PA, QL)		ADHANSIA XR (PA, ST, QL)
dexmethylphenidate er (PA, QL)		ADZENYS XR-ODT (PA, QL)
dextroamphetamine (PA, QL)		APTENSIO XR (PA, ST, QL)
dextroamphetamine-amphetamine (PA, QL)		AZSTARYS (PA, ST, QL)
dextroamphetamine-amphetamine er (PA, QL)		CONCERTA (PA, ST, QL)
guanfacine er (QL)		COTEMPLA XR-ODT (PA, QL)

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER<sup>3</sup> (cont)</b>		
methylphenidate (PA, QL)		DAYTRANA (PA, QL)
methylphenidate cd (PA, QL)		DEXEDRINE (PA, QL)
methylphenidate er (PA, QL)		DYANAVEL XR (PA, QL)
methylphenidate er (cd) (PA, QL)		EVEKEO ODT (PA, ST)
methylphenidate er (la) (PA, QL)		FOCALIN (PA, ST, QL)
methylphenidate la (PA, QL)		FOCALIN XR (PA, ST, QL)
procentra (PA, QL)		INTUNIV (QL)
		JORNAY PM (PA, QL, ST)
		METHYLIN (PA, QL)
		methylphenidate er 72 mg tablet (PA, QL)
		QELBREE (PA, QL)
		QUILLICHEW ER (PA, QL)
		QUILLIVANT XR (PA, QL)
		RELEXII (PA, QL)
		RITALIN (PA, ST, QL)
		RITALIN LA (PA, ST, QL)
		STRATTERA (QL)
		ZENZEDI (PA, ST, QL)

### BLOOD MODIFIERS/BLEEDING DISORDERS

tranexamic acid 650 mg*	DROXIA	DOPTELET* (PA)
		LYSTEDA*
		OXBRYTA* (PA, QL)
		SIKLOS (PA)
		TAVALISSE* (PA)
		TAVNEOS* (PA, QL)

### BLOOD PRESSURE/HEART MEDICATIONS

amlodipine	CORLANOR (PA)	ALTACE (ST)
amlodipine-benazepril	ENTRESTO (QL)	ATACAND (PA)
amlodipine-olmesartan (QL)	TEKTURNA HCT (QL)	AVAPRO (ST)
amlodipine-valsartan		AZOR (PA, QL)
atenolol		BENICAR (QL, ST)
benazepril		BENICAR HCT (QL, ST)
bisoprolol		BERINERT* ^ (PA)
bisoprolol-hctz		BIDIL (QL)
candesartan		BYSTOLIC (PA, QL)
cartia xt		CALAN SR
		CARDIZEM (PA)
		CARDIZEM CD (PA)

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>			<b>BLOOD THINNERS/ANTI-CLOTTING</b>		
carvedilol carvedilol er (QL) clonidine diltiazem diltiazem 12hr er diltiazem 24hr er diltiazem 24hr er (la) diltiazem 24hr er (xr) DILT-XR dofetilide (QL) droxidopa* enalapril flecainide guanfacine hydralazine tablet irbesartan labetalol tablet lisinopril lisinopril-hctz losartan losartan-hctz matzim la metoprolol succinate metoprolol nadolol nebivolol (QL) nifedipine nifedipine er olmesartan (QL) olmesartan- amlodipine-hctz olmesartan-hctz (QL) prazosin propranolol tablet propranolol er ramipril ranolazine er (QL) taztia xt 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		NORTHERA* (PA) NORVASC ORLADEYO*(PA,QL) PROCARDIA XL RANEXA (QL) TEKTRUNA (QL) TENORETIC (ST) TENORMIN (ST) TIAZAC TIKOSYN (PA, QL) TOPROL XL (ST) TRIBENZOR VALSARTAN 4 MG/ ML SOLUTION (ST) VASOTEC (PA) VERELAN PM VERQUOVO (PA, QL) ZESTORETIC (ST) ZESTRIL (ST) ZIAC (ST)	clopidogrel jantoven warfarin	BRILINTA ELIQUIS (PA) XARELTO (PA)	EFFIENT PLAVIX PRADAXA (PA) ZONTIVITY
			<b>CANCER</b>		
			abiraterone* (PA) anastrozole+ capecitabine* (PA) everolimus* (PA, QL) exemestane+ imatinib* (QL) letrozole methotrexate tamoxifen+ temozolomide* (PA)	ALECENSA* (PA, QL) CABOMETYX* (PA) ERIVEDGE* (PA) ERLEADA* (PA) GLEOSTINE IBRANCE* (PA, QL) IMBRUVICA* (PA, QL) LYNPARZA* (PA, QL) REVLIMID* (PA, QL) RUBRACA* (PA, QL) SPRYCEL* (PA, QL) TREXALL VERZENIO* (PA) XTANDI* (PA)	AFINITOR* (PA, QL) AFINITOR DISPERZ* (PA, QL) ALUNBRIG* (PA, QL) AYVAKIT* (PA,QL) BOSULIF* (PA, QL) BRAFTOVI* (PA) BRUKINSA* (PA, QL) COMETRIQ* (PA, QL) EXKIVITY* (PA) 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) NINLARO* (PA, QL) ODOMZO* (PA) ORGOVYX* (PA) POMALYST* (PA, QL) ROZLYTREK* (PA) STIVARGA* (PA, QL) SUTENT* (PA, QL) TAFINLAR* (PA, QL) TAGRISSO* (PA) TASIGNA* (PA, QL) TEMODAR CAPSULE* (PA) TUKYSA* (PA) VENCLEXTA STARTING PACK* (PA) VENCLEXTA* (PA) VITRAKVI* (PA) XELODA* (PA) XOSPATA* (PA) ZEJULA* (PA, QL)



## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

CHOLESTEROL MEDICATIONS			DIABETES		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
atorvastatin+	LIVALO (QL,ST)	CADUET (QL)	ACCU-CHEK	ACCU-TREND	ADMELOG (PA, QL)
colesvelam	NEXLETOL (PA, QL)	CRESTOR (PA, QL)	COMPACT PLUS	GLUCOSE TEST	ADVANCED
ezetimibe	NEXLIZET (PA, QL)	EZALLOR SPRINKLE	CONTROL	STRIPS	GLUCOSE TEST
fenofibrate	REPATHA (PA)	(QL, ST)	ACCU-CHEK GUIDE	BAQSIMI (QL)	STRIPS
fenofibric acid	VASCEPA (PA)	FENOGLIDE (PA)	L1-L2 CONTROL	BASAGLAR (QL)	ADVOCATE TEST
fluvastatin+		FLOLIPID (ST)	SOLUTION	BYDUREON (PA, QL)	STRIPS
fluvastatin er+		LIPITOR (PA)	ACCU-CHEK AVIVA	BYETTA (PA,QL)	ADVOCATE REDI-
icosapent ethyl		LIPOFEN (ST)	SOLUTION	DEXCOM RECEIVER	CODE+ TEST
lovastatin+		PRALUENT (PA)	ACCU-CHEK	G6 (PA, QL)	STRIPS
omega-3 acid ethyl		ROSZET	SOFTCLIX LANCET	DEXCOM G6	AFREZZA (PA, QL)
esters		simvastatin 20	KIT	SENSOR (PA, QL)	AGAMATRIX AMP
pravastatin+		mg/5 ml (ST)	ACCU-CHEK	DEXCOM G6	TEST STRIPS
rosuvastatin+ (QL)		TRICOR (ST)	FASTCLIX LANCING	TRANSMITTER (PA,	APIDRA (PA, QL)
simvastatin tablet+		TRILIPIX (ST)	DEVICE	QL)	ASSURE 4 TEST
(QL)		WELCHOL	ACCU-CHEK	FARXIGA (QL, ST)	STRIPS
		ZETIA	MULTICLIX LANCET	FREESTYLE LIBRE 14	ASSURE PLATINUM
		ZOCOR (QL, ST)	KIT	DAY SENSOR (PA,	TEST STRIP
		ZYPITAMAG (ST)	ACCU-CHEK	QL)	ASSURE PRISM
			SMARTVIEW	FREESTYLE LIBRE 2	MULTI
			CONTROL	SENSOR (PA, QL)	BLOOD GLUCOSE
			SOLUTION	FREESTYLE LIBRE	TEST STRIP
			ACCU-CHEK	READER (PA, QL)	CARESENS N
			SMARTVIEW TEST	GLUCAGEN HYPO	CARETOUCH TEST
			STRIP	KIT (QL)	STRIPS
			AUTOSHIELD DUO	GLYXAMBI (QL, ST)	CEQR
			PEN NEEDLE	HUMALOG (QL)	CLEVER CHOICE
			BD INSULIN	HUMULIN (QL)	MICRO TEST
			SYRINGE	HUMULIN R (QL)	STRIPS
			BD LANCETS	JANUMET (QL, ST)	CLEVER CHOICE
			BD PEN NEEDLE	JANUMET XR (QL,	PRO TEST STRIPS
			CONTOUR NEXT	ST)	CLEVER CHOICE
			LEV 1 CONTROL	JANUVIA (QL, ST)	TALK TEST STRIPS
			SOLUTION	JARDIANCE (QL, ST)	CLEVER CHOICE
			CONTOUR NEXT	LEVEMIR (QL)	VOICE+ TST STRIP
			LEV 2 CONTROL	LYUMJEV (QL)	CONTOUR NEXT EZ
			SOLUTION	NOVOLIN (QL)	METER
			CONTOUR	OMNIPOD 5 G6	CONTOUR NEXT
			SOLUTION	PODS (GEN 5) (QL)	TEST STRIPS
			DROPLET SYRINGE	OMNIPOD CLASSIC	CONTOUR TEST
			DROPLET NEEDLE	PODS (GEN 3) (QL)	STRIPS
			DROPSAFE	OMNIPOD DASH	COOL GLUCOSE
			glimepiride	PODS (GEN 4)	TEST STRIPS
			glipizide	(PA,QL)	CYCLOSET
			glipizide er	ONE TOUCH	DIATRUE PLUS TEST
			glipizide xl	LANCETS	STRIPS
			GUARDIAN RT	ONETOUCH ULTRA	EASY PLUS II TEST
			CHARGER	TEST STRIP	STRIPS
			GUARDIAN TEST	ONETOUCH VERIO	EASY STEP TEST
			PLUG	TEST STRIP	STRIPS

### COUGH/COLD MEDICATIONS

benzonatate 150mg capsule (PA)		HYCODAN (PA, QL)
brompheniramine-pseudoephed-dm		TUXARIN ER (PA,QL)
promethazine-dm		TUZISTRA XR (PA, QL)

### DENTAL PRODUCTS

chlorhexidine	PREVIDENT 0.2%	CLINPRO 5000
DENTA 5000 PLUS	RINSE	FLORIVA+^
DENTAGEL		FLUORIDEX
doxycycline hyclate		SENSITIVITY
fluoride+^		RELIEF
FLUORIDEX DAILY		PERIDEX
DEFENSE 1.1%		PREVIDENT 1.1%
ORALONE		GEL
PERIOGARD		PREVIDENT 5000
SF 1.1% GEL		BOOSTER PLUS
SF 5000 PLUS		PREVIDENT 5000
sodium fluoride +^		DRY MOUTH
sodium fluoride		PREVIDENT 5000
5000 dry mouth		ENAMEL PROTECT
sodium fluoride		PREVIDENT 5000
5000 plus		ORTHO DEFENSE
triamcinolone		PREVIDENT 5000
		PLUS
		PREVIDENT 5000
		SENSITIVE

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DIABETES (cont)</b>			<b>DIABETES (cont)</b>		
INPEN	OZEMPIC (PA, QL)	EASY TALK TEST			FORA GTEL
INSULIN SYRINGE	QTERN (QL, ST)	STRIPS			GLUCOSE TEST
U-500	RYBELSUS (PA, QL)	EASY TOUCH TEST			STRIPS
metformin	SOLIQUA 100-33	STRIPS			FORA TEST STRIPS
metformin er	SYMLINPEN	EASY TRAK TEST			FORA TN'G ADVAN
MICROLET NEXT	SYNJARDY (QL, ST)	STRIP			PRO TEST STRIPS
LANCING DEVICE	SYNJARDY XR (QL,	EASY TRAK II TEST			FORA V10 TEST
MINIMED	ST)	STRIPS			STRIPS
RESERVOIR	TRESIBA (QL)	EASYGLUCO TEST			FORA V10-V12-
MULTI-LANCET	TRIJARDY XR (ST,	STRIPS			D10-D20 TEST
NOVOFINE	QL)	EASYMAX TEST			STRIPS
PARADIGM	TRULICITY (PA,QL)	STRIPS			FORA V12 TEST
RESERVOIR	V-GO 20	EASYMAX 15 TEST			STRIPS
RELION METER	V-GO 30	STRIPS			FORA V20 TEST
TECHLITE	V-GO 40	ELEMENT			STRIPS
TECHLITE NEEDLE	VICTOZA (PA, QL)	COMPACT TEST			FORA V30A TEST
TRUE METRIX	XIGDUO XR (QL, ST)	STRIPS			STRIPS
LEVEL 1 CONTROL	XULTOPHY	ELEMENT TEST			FORACARE GD20
SOULTION	ZEGALOGUE (QL)	STRIPS			TEST STRIPS
TRUE METRIX		EMBRACE TEST			FORACARE GD40
LEVEL 2 CONTROL		STRIPS			TEST STRIPS
SOLUTION		EMBRACE EVO			FORACARE GD40
TRUE METRIX		TEST STRIPS			FORTISCARE
LEVEL 3 CONTROL		EMBRACE PRO			GLUCOSE TEST
SOLUTION		TEST STRIPS			STRIPS
TRUEPLUS PEN		EMBRACE TALK			FREESTYLE
NEEDLE		TEST STRIPS			INSULINX TEST
TRUEPLUS SYRINGE		EVOLUTION TEST			STRIPS
ULTRA-FINE PEN		STRIPS			FREESTYLE LITE
NEEDLE		FIASP (PA, QL)			TEST STRIPS
VEO INSULIN		FIFTY50 TEST			FREESTYLE
SYRINGE		STRIPS			PRECISION NEO
		FORA 6 CONNECT			TEST STRIPS
		GLUCOSE STRIPS			FREESTYLE TEST
		FORA D15G TEST			STRIPS
		STRIPS			GE100 BLOOD
		FORA D20 TEST			GLUCOSE TEST
		STRIPS			STRIP
		FORA D40-G31			GLUCO NAVII
		TEST STRIPS			GLUCAGON
		FORA G20 TEST			EMERGENCY KIT
		STRIPS			(QL)
		FORA G30-			GLUCOCARD 01
		PREMIUM V10			SENSOR PLUS
		TEST STRIPS			STRIPS
		FORA GD50 TEST			GLUCOCARD
		STRIPS			EXPRESSION TEST
					STRIPS

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>DIABETES (cont)</b>			<b>DIABETES (cont)</b>		
		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 INFINITY VOICE TEST STRIPS INSULIN ASPART (PA, QL) INSULIN 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) 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 RIGHTEST GS100 TEST STRIPS RIGHTEST GS300 TEST STRIPS RIGHTEST GS550 TEST STRIPS RIOMET RIOMET ER SEGLUROMET (PA, QL) SEMGLEE (PA, QL) SMART SENSE TEST STRIPS SMARTEST TEST STRIPS SOLUS V2 TEST STRIPS

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

DIABETES (cont)			EYE CONDITIONS		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		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 WAVESENSE JAZZ TEST STRIPS WAVESENSE PRESTO TEST STRIPS	bimatoprost (QL) brimonidine brinzolamide ciprofloxacin difluprednate dorzolamide-timolol erythromycin fluorometholone latanoprost loteprednol moxifloxacin eye drops neomycin-polymyxin b-dexamethasone ofloxacin polymyxin b sulfate-trimethoprim prednisolone timolol tobramycin-dexamethasone travoprost	ALPHAGAN P 0.1% DROPS AZASITE BETIMOL BETOPTIC S CEQUA COMBIGAN EYSUVIS (QL) FLAREX FML FORTE 0.25% EYE DROPS FML S.O.P. 0.1% OINTMENT LOTEMAX SM SIMBRINZA XIIDRA	ACUVAIL ALPHAGAN P 0.15% EYE DROPS ALREX AZOPT BESIVANCE BROMSITE COSOPT COSOPT PF CYSTADROPS* (PA, QL) CYSTARAN* (PA, QL) DUREZOL FML FML LIQUIFILM 0.1% EYE DROP ILEVRO INVELTYS ISTALOL LOTEMAX LUMIGAN (PA) MAXITROL OCUFLOX OXERVATE* (PA) POLYTRIM PRED FORTE PROLENSA RESTASIS (PA) RESTASIS MULTIDOSE (PA) RHOPRESSA ROCKLATAN TIMOPTIC TIMOPTIC-XE TIMOPTIC OCUDOSE TOBRADEX EYE DROPS TOBRADEX ST TRAVATAN Z (PA) TYRVAYA (PA, QL) VERKAZIA (PA, QL) VIGAMOX VYZULTA (PA) XALATAN (PA) ZIOPTAN (PA, QL) ZIRGAN ZYLET
DIURETICS					
acetazolamide tablet acetazolamide er capsule bumetanide tablet chlorthalidone eplerenone furosemide solution, tablet hydrochlorothiazide spironolactone torsemide triamterene-hctz	DIURIL KERENDIA (PA, QL)	ALDACTONE CAROSPIR EDECRIN (PA) INSPRA (PA) JYNARQUE* (PA) LASIX MAXZIDE SOANZ (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)	MUSE^ (PA, QL)	CIALIS^ (QL, ST) STENDRA^ (QL, ST) VIAGRA^ (QL, ST)			

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

### FEMININE PRODUCTS

GYNAZOLE 1  
miconazole 3  
200 mg  
terconazole

### GASTROINTESTINAL/HEARTBURN

alosetron*	AMITIZA	ANUSOL-HC (PA)
ANUCORT-HC	CLENPIQ+	APRISO (ST)
balsalazide	LINZESS	ASACOL HD (ST)
cinacalcet*	LITHOSTAT	BONJESTA
dicyclomine	PANCREAZE	CANASA
capsule, solution, tablet	PENTASA	CARAFATE
GAVILYTE-C+	SUPREP+	CHOLBAM* (PA)
GAVILYTE-G+	SUTAB+	COLAZAL (ST)
GAVILYTE-N+	VIBERZI	CORTIFOAM (PA)
HEMMOREX-HC		CREON (PA)
hydrocortisone		DELZICOL (ST)
mesalamine		DEXLANSOPRAZ- OLE DR (PA, QL)
mesalamine dr		DICLEGIS
metoclopramide		GOLYTELY+ (PA)
solution, tablet		KRISTALOSE (PA)
metoclopramide		LIALDA (ST)
odt		LIVMARLI* (PA)
ondansetron		LOTRONEX* (PA)
ondansetron odt		LUBIPROSTONE (PA)
peg3350-sodium		MOTTEGRITY (PA)
sulfate-sodium		MOTOFEN
chloride-potassium		MOVANTIK (PA)
chloride-sodium		MOVIPREP+ (PA)
ascorbate-ascorbic		OCALIVA* (PA)
acid+		OMECLAMOX-PAK (PA)
PEG-PREP+		OSMOPREP+ (PA)
prochlorperazine		PERTZYE (PA)
tablet		PLENVU+ (PA)
scopolamine		PYLERA (PA)
sucrafate		RAVICTI* (PA)
ursodiol (PA)		RECTIV
		RELISTOR (PA)
		SANCUSO (PA, QL)
		SFROWASA
		SUCRAID* (PA)
		SYMPROIC (PA)
		SYNDROS (PA)
		TALICIA (PA)
		TRANSDERM-SCOP
		TRULANCE (PA)
		UCERIS FOAM (PA, QL)

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

### GASTROINTESTINAL/HEARTBURN (cont)

URSO  
URSO FORTE  
VARUBI (PA, QL)  
VIOKACE  
ZELNORM (PA)  
ZENPEP (PA)

### HORMONAL AGENTS

AMABELZ	ANDRODERM (PA, QL)	ACTIVELLA
budesonide dr	COMBIPATCH	ALORA (QL)
budesonide ec	DUAVEE	ANDROGEL (PA, QL)
budesonide er (PA, QL)	ESTRING (QL)	ANGELIQ
cabergoline (QL)	ESTROGEL	ARMOUR THYROID (PA)
DECADRON	MEDROL 2 MG TABLET	AYGESTIN
desmopressin	MYFEMBREE (PA,QL)	BIJUVA
DEXABLISS	ORIAHNN (PA, QL)	CLIMARA (PA)
dexamethasone (PA)	ORLISSA (PA, QL)	CLIMARA PRO (PA)
dexamethasone	PREMARIN TABLET, VAGINAL CREAM	CRINONE 4%
intensol	APPLICATOR	CYTOMEL
DOTTI (QL)	PREMPHASE	DDAVP (PA)
estradiol (once weekly)	PREMPRO	DEPO- TESTOSTERONE
estradiol 10mcg vaginal insert (QL)		DIVIGEL (PA)
estradiol (twice weekly) (QL)		ELESTRIN (PA)
estradiol- norethindrone		EMFLAZA* (PA)
acetate		ESTRACE (PA)
EUTHYROX		EVAMIST
LEVO-T		FORTESTA (PA, QL)
levothyroxine tablet		IMVEXXY (PA, QL)
LEVOXYL		INTRAROSA (QL)
liothyronine		ISTURISA* (PA, QL)
LYLLANA (QL)		JATENZO (PA, QL)
medroxyprog- esterone		LEVOTHYROXINE CAPSULES
methylprednisolone		MEDROL 8MG, 16MG, 32MG TABLET
MIMVEY		MEDROL 4 MG DOSEPAK
norethindrone		MENOSTAR (QL)
NP THYROID		MINIVELLE (PA, QL)
prednisone		MYFEMBREE (QL)
prednisone intensol		NATESTO (PA, QL)
progesterone tablet		NOCDURNA (PA)
testosterone		ORTIKOS (PA, QL)
cypionate		OSPHENA (QL)
WESTHROID		PROMETRIUM
YUVAFEM		RAYALDEE
		RAYOS (PA)
		SYNTHROID (PA)

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

HORMONAL AGENTS (cont)			INFECTIONS (cont)		
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$
		TESTIM (PA, QL) THYQUIDITY (PA) TIROSINT TIROSINT-SOL UCERIS TABLET (PA, QL) UNITHROID VAGIFEM (PA, QL) VIVELLE-DOT (PA, QL) VOGELXO (PA, QL) XYOSTED (PA, QL)	minocycline minocycline er tablet (QL) mondoxylene nl nitazoxanide nitrofurantoin (PA) nitrofurantoin monohydrate-macrocrystal nystatin suspension, tablet oseltamivir (QL) penicillin v potassium posaconazole tablet ribavirin* sulfamethoxazole-trimethoprim suspension, tablet terbinafine tetracycline tobramycin ampule* (PA,QL) valacyclovir valganciclovir vancomycin capsule, solution vandazole		FLAGYL HYDROXYCHLOROQUINE 100MG TABLET (PA) HYDROXYCHLOROQUINE 300MG TABLET (PA) HYDROXYCHLOROQUINE 400MG TABLET (PA) KITABIS PAK* (PA, QL) LYMEPAK (PA) MACROBID MACRODANTIN MALARONE (PA) MEPRON (PA) minocycline er capsule (ST) MINOLIRA ER (ST) NOXAFIL 40 MG/ML SUSPENSION (PA) NUVESSA NUZYRA 150MG TABLET* (PA, QL) ORACEA (PA) PLAQUENIL (PA) posaconazole suspension PREVYMIS TABLET* PRIFTIN SEYSARA (PA) SIVEXTRO 200MG TABLET (PA) SKLICE SOLODYN (PA) STROMECTOL (PA) sulfatrim TAMIFLU (QL) TARGADOX (PA) TOLSURA URIBEL VALCYTE (PA) VALTRES VANCOCIN (PA) VEMLIDY* VIBRAMYCIN (PA) XENLETA (PA, QL) XOFLUZA (QL) ZEPATIER* (PA, QL) ZITHROMAX
INFECTIONS					
acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin-clavulanate er amoxicillin-clavulanate atovaquone atovaquone-proguanil AVIDOXY azithromycin packet, suspension, tablet cefdinir cefuroxime tablet cephalexin ciprofloxacin clindamycin COREMINO ER QL doxycycline (PA) DOXYCYCLINE IR-DR (PA) doxycycline monohydrate EMVERM entecavir* (QL) erythromycin erythromycin ethylsuccinate famciclovir fluconazole hydroxychloroquine 200 mg tablet ivermectin (PA) levofloxacin solution, tablet metronidazole gel, capsule, tablet	BARACLUDE SOLUTION* CLEOCIN 75 MG CAPSULE e.e.s. 400 EPCLUSA* (PA, QL) ERY-TAB DR 333 MG TABLET EURAX 10% CREAM HARVONI* (PA, QL) LAGEVRIO (EUA) (QL) LEDIPASVIR-SOFOSBUVIR* (PA, QL) MAVYRET* (PA, QL) MINOCIN PAXLOVID (QL) SOFOSBUVIR-VELPATASVIR* (PA, QL) SOLOSEC SOVALDI* (PA, QL) TOBI PODHALER* (PA, QL) VIBRAMYCIN 50 MG/5 ML SYRUP VOSEVI* (PA, QL) XIFAXAN (QL)	ACTICLATE (ST) AEMCOLO (QL) ALINIA ARAKODA (PA) ARIKAYCE* (PA) BACTRIM BACTRIM DS BARACLUDE TABLET* (PA, QL) BAXDELA 450mg TABLET (PA) BREXAFEMME (PA) CAYSTON* (PA, QL) CIPRO TABLET CLEOCIN 150 MG CAPSULE CLEOCIN 300 MG CAPSULE CLEOCIN 100 MG VAGINAL OVULE CLEOCIN 2% VAGINAL CREAM CLINDESSE CRESEMBA CAPSULE (PA) DARAPRIM* (PA) DIFICID (QL) DIFLUCAN (PA) DORYX (PA) DORYX MPC (PA) E.E.S. 200 (PA) ELIMITE ERYPED 200 ERYPED 400 (PA) ERY-TAB DR 250 MG TABLET ERY-TAB DR 500 MG TABLET EURAX 10% LOT			

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

TIER 1 \$			TIER 2 \$\$			TIER 3 \$\$\$																	
<b>INFECTIONS (cont)</b>						<b>MISCELLANEOUS (cont)</b>																	
						ZITHROMAX TRI-PAK ZOVIRAX (PA) ZYVOX SUSPENSION, TABLET (PA)																	
<b>MISCELLANEOUS</b>						<b>MISCELLANEOUS (cont)</b>																	
ACCU-CHEK FASTCLIX LANCET ACCU-CHEK SOFTCLIX deferiprone* (PA) disulfiram DROPLET LANCETS KETONE CARE TEST STRIP KETONE TEST STRIP KETOSTIX REAGENT MICROLET ONETOUCH DELICA POGO AUTOMATIC TEST CARTRIDGE PRECISION XTRA sapropterin* (PA) sodium chloride inhalation vial, irrigation solution, vial TECHLITE LANCETS TRUEPLUS KETONE TEST STRIP						ACCU-CHEK TEST STRIPS ACE AEROSOL CLOUD ENHANCER (QL) AEROCHAMBER MINI (QL) AEROCHAMBER MV (QL) AEROCHAMBER PLUS FLOW-VU (QL) AEROCHAMBER Z-STAT PLUS (QL) AEROTRACH PLUS (QL) AEROVENT PLUS (QL) BREATHRITE (QL) CERDELGA* (PA) CLEVER CHOICE HOLDING CHAMBER (QL) COMPACT SPACE CHAMBER (QL) EASIVENT (QL) ESBRIET* (PA) FLEXICHAMBER (QL) INSPIRACHAMBER (QL) MICROCHAMBER (QL) NITYR* (PA) OPTICHAMBER DIAMOND (QL) POCKET CHAMBER (QL) PRO COMFORT SPACER WITH MASK (QL) PROCARE SPACER WITH CHILD MASK (QL) RITEFLO (QL) SPACE CHAMBER (QL)						ADDYI^ (PA, QL) AUSTEDO* (PA) EVRYSDI* (PA) EXSERVAN* (PA) HORIZANT (PA) INGREZZA INITIATION PACK* (PA, QL) INGREZZA* (PA) KUVAN* (PA) NUEDEXTA (QL) ORFADIN* (PA) PALYNZIQ* (PA) SENSIPAR* (PA) SYPRINE* (PA) TIGLUTIK* (PA) VYNDAMAX* (PA, QL)											
						SPACE CHAMBER- MEDIUM MASK (QL) SPACE CHAMBER- SMALL MASK (QL) VORTEX VHC FROG MASK (QL) VORTEX VHC LADYBUG MASK (QL)																	
						<b>MULTIPLE SCLEROSIS</b>																	
						dalfampridine er* (PA) dimethyl fumarate* (PA)						AUBAGIO* (PA) BAFIERTAM* (PA) GILENYA* (PA) MAYZENT* (PA) VUMERITY* (PA) ZEPOSIA* (PA)						FIRDAPSE* (PA, QL) MAVENCLAD* (PA) PONVORY* (PA) TECFIDERA* (PA)					
						<b>NUTRITIONAL/DIETARY</b>																	
						betaine* calcitriol^ cyanocobalamin vial folic acid^ 1mg tablet klor-con Klor-CON 8 Klor-CON 10 MEQ MULTIVITAMIN WITH FLUORIDE+ potassium chloride 10%, capsule, packet, tablet prenatal multi-dha+ sevelamer carbonate vitamin d2 1.25 mg (50,000 unit)^ VITAMINS A,C,D AND FLUORIDE+						CITRANATAL 90 DHA CITRANATAL ASSURE CITRANATAL B-CALM CITRANATAL DHA CITRANATAL HARMONY FLORIVA CHEWABLE TABLET+ LOKELMA NEEVO DHA^ OB COMPLETE ONE OB COMPLETE PETITE OB COMPLETE PREMIER OB COMPLETE WITH DHA POLY-VI-FLOR WITH IRON+ POLY-VI-FLOR+ PRENATE^ PRIMACARE QUFLORA PEDIATRIC 1 MG CHEWABLE TABLET+ QUFLORA PEDIATRIC 0.25 MG/ML DROP+ QUFLORA PEDIATRIC 0.5 MG/ ML DROP+						ACCRUFER^ AURYXIA (QL) CITRANATAL BLOOM^ DRISDOL^ K-TAB ER MEPHYTON^ NASCOBAL (PA) OB COMPLETE^ PHOSLYRA RENVELA ROCALTROL^					

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

TRI-VI-FLOR+  
VELPHORO  
VELTASSA

### OSTEOPOROSIS PRODUCTS

alendronate ibandronate 150 mg tablet raloxifene+ risedronate risedronate dr	ACTONEL (ST) ATELVIA (ST) BINOSTO (ST) EVISTA FOSAMAX (ST)
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### PAIN RELIEF AND INFLAMMATORY DISEASE

acetaminophen- codeine (PA) allopurinol tablet baclofen tablet buprenorphine patch (QL) butalbital- acetaminophen- caffeine (QL) carisoprodol celecoxib (QL) colchicine 0.6 mg tablet cyclobenzaprine cyclobenzaprine er (PA, QL) diclofenac 1% gel (QL) diclofenac 1.5% topical solution (PA) diclofenac dr (PA) diclofenac ec (PA) EC-NAPROXEN ECOTRIN EC 81 MG TABLET+ eletriptan (QL) ENDOCET (PA) febuxostat (QL) GLOPERBA (PA, QL) GLYDO hydrocodone- acetaminophen (PA) IBU ibuprofen indomethacin indomethacin er ketorolac tromethamine (QL) leflunomide	AIMOVIG (PA) AJOVY (PA) BELBUCA (QL) EMGALITY (PA) HYSINGLA ER (PA) MITIGARE NUCYNTA (PA) NURTEC ODT (PA, QL) OTEZLA* (PA, QL) 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	AMRIX (PA, QL) ARAVA BUTRANS (QL) CAMBIA (PA) 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) GLOPERBA (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) MIGRANAL (PA, QL) MOBIC (ST) NALFON 400 MG CAPSULE (PA) NAPRELAN (PA) NAPROSYN (PA) NUCYNTA ER (PA) OLUMIANT* (PA, QL) ONZETRA XSAIL (PA, QL) OTREXUP (PA)
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TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### PAIN RELIEF AND INFLAMMATORY DISEASE

(cont)

lidocaine 5% ointment (QL) lidocaine 5% patch lidocaine viscous meloxicam tablet meloxicam capsule (PA, QL) metaxalone methocarbamol morphine (PA) morphine er (PA) naproxen (PA) oxycodone (PA) oxycodone er (PA) oxycodone- acetaminophen (PA) penicillamine* (PA, QL) prolate (PA) rizatriptan (QL) sumatriptan (QL) tizanidine (PA) tramadol 50 mg tablet (QL) tramadol er (QL) VANADOM vtol lq (PA)		OXAYDO (PA) OXYCONTIN (PA) PERCOCET (PA) PENNSAID (PA) QULIPTA (PA, QL) RELPAX (PA, QL) REYVOW (PA, QL) ROXICODONE (PA) ROXYBOND (PA) SEGLENTIS (PA, QL) SPRIX (PA, QL) SUBSYS TOSYMRA (PA, QL) TRAMADOL 100 MG TABLET (PA, QL) ULORIC (PA, QL) ULTRAM 50 MG TABLET (QL) ZANAFLEX ZEBUTAL (QL) ZEMBRACE (PA, QL) ZOHYDRO ER (PA) ZOMIG NASAL (PA, QL) ZYLOPRIM (PA)
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### PARKINSON'S DISEASE

benztropine tablet carbidopa-levodopa carbidopa-levodopa er pramipexole pramipexole er (QL) rasagiline (QL) ropinirole er ropinirole	KYNMOBI (PA)	AZILECT (QL) DHIVY (PA) GOCOVRI INBRIJA* (PA) MIRAPEX ER (QL) NEUPRO NOURIANZ* (PA, QL) ONGENTYS (PA, QL) OSMOLEX ER (QL) RYTARY SINEMET 10-100 SINEMET 25-100 TASMAR XADAGO (ST)
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### SCHIZOPHRENIA/ANTI-PSYCHOTICS<sup>3</sup>

aripiprazole (QL) aripiprazole odt asenapine	LATUDA (QL)	ABILIFY (QL, ST) ABILIFY MYCITE (PA) CAPLYTA (QL, ST)
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## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

SCHIZOPHRENIA/ANTI-PSYCHOTICS <sup>3</sup> (cont)			SKIN CONDITIONS		
TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
\$	\$\$	\$\$\$	\$	\$\$	\$\$\$
chlorpromazine tablet		FANAPT (QL, ST) GEODON (PA)	ACCUTANE	ACZONE 7.5% GEL PUMP	ABSORICA (ST)
olanzapine tablet		INVEGA (QL, ST)	adapalene (PA)	ARAZLO	ABSORICA LD (ST)
olanzapine odt		LYBALVI (QL, ST)	adapalene-benzoyl peroxide	CIBINQO* (PA, QL)	ACANYA
paliperidone er (QL)		REXULTI (QL, ST)	AMNESTEEM	DRYSOL	ACZONE 5% GEL
quetiapine		RISPERDAL (ST)	AVAR CLEANSER	EUCRISA (ST)	AKLIEF
quetiapine er		SAPHRIS (ST)	azelaic acid	NAFTIN	AMZEEQ (PA)
risperidone		SECUADO (ST)	BP 10-1	PICATO	ANALPRAM HC
risperidone odt		SEROQUEL (ST)	calcipotriene- betamethasone	SANTYL (QL)	2.5%-1% LOTION
ziprasidone tablet		SEROQUEL XR (ST)	CLARAVIS	TAZORAC 0.05% CREAM	ATRALIN (PA)
		VRAYLAR (QL, ST)	CLINDACIN ETZ 1% PLEDGET	TAZORAC 0.05% GEL	AVAR 9.5-5%
		ZYPREXA (PA)	CLINDACIN P 1% PLEDGETS	TAZORAC 0.1% GEL	CLEANSING PADS
		ZYPREXA ZYDIS (PA)	clindamycin 1% foam, gel, lotion, pledget, solution		AVITA (PA)
<b>SEIZURE DISORDERS</b>			clindamycin- benzoyl peroxide		BENZAACLIN GEL (PA)
carbamazepine	DILANTIN 30 MG CAPSULE (PA)	APTIOM (PA, QL)	clindamycin phos- tretinoin		BRYHALI (ST)
carbamazepine er	FYCOMPA (PA, QL)	BANZEL (PA, QL)	clobetasol		calcipotriene foam (PA)
clonazepam	NAYZILAM (PA, QL)	BRIVIACT ORAL SOLUTION, TABLET (PA)	CLODAN		CAPEX SHAMPOO (ST)
divalproex	VIMPAT SOLTUION (PA)	CARBATROL (PA)	clotrimazole- betamethasone		CLEOCIN T
divalproex er		DEPAKOTE (PA)	dapsone gel		CLINDACIN ETZ KIT
EPITOL		DEPAKOTE ER (PA)	fluocinonide		CLINDACIN PAC KIT
gabapentin		DEPAKOTE SPRINKLE (PA)	fluorouracil cream, topical solution		CLINDAGEL (PA)
lamotrigine		DIASTAT (PA)	halcinonide (PA)		CLOBEX (PA)
lamotrigine (blue)		DIASTAT ACUDIAL (PA)	isotretinoin		CLODERM (ST)
lamotrigine (green)		DILANTIN 100 MG CAPSULE (PA)	ketoconazole		DAPSONE 7.5% GEL PUMP
lamotrigine (orange)		ELEPSIA (PA)	KETODAN		DENAVIR (QL)
lamotrigine er		EPIDIOLEX* (PA)	metronidazole		DIFFERIN CREAM, GEL PUMP, LOTION (PA)
lamotrigine odt		EPRONTIA (PA)	mupirocin (PA)		DUOBRII
lamotrigine odt (blue)		FINTEPLA* (PA)	MYORISAN		EFUDEX
lamotrigine odt (green)		KEPPRA (PA)	NEUAC GEL		ELIDEL (PA)
lamotrigine odt (orange)		KEPPRA XR (PA)	pimecrolimus		ENSTILAR (PA)
levetiracetam solution, tablet		KLONOPIN (PA)	ROSADAN		EPIDUO (PA)
levetiracetam er		LAMICTAL (PA)	sodium sulfacetamide- sulfur		EPIDUO FORTE (PA)
oxcarbazepine		LAMICTAL ODT (PA)	SSS 10-5		ERTACZO (PA)
pregabalin		LAMICTAL XR (PA)	SULFACLEANSE 8-4		EVOCLIN
ROWEEPRA		LYRICA (PA)	tacrolimus ointment		EXTINA (PA)
rufinamide (PA, QL)		LYRICA CR	tazarotene 0.1% cream		FABIOR
SUBVENITE		MYSOLINE (PA)	tretinoin (PA)		FINACEA FOAM (PA)
SUBVENITE (BLUE)		NEURONTIN (PA)	triamcinolone (PA)		HALOBETASOL (PA)
SUBVENITE (GREEN)		OXTELLAR XR (PA)	trianex (PA)		HALOG (ST)
SUBVENITE (ORANGE)		PHENYTEK (PA)	TRIDERM		IMPOYZ (PA)
topiramate		QUDEXY XR (PA)	tritocin (PA)		JUBLIA (PA)
topiramate er		SABRIL* (PA)	ZENATANE		KENALOG (PA)
vigabatrin*		SPRITAM (PA)			
vigadrone*		SYMPAZAN (PA)			

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>SKIN CONDITIONS (cont)</b>			<b>SLEEP DISORDERS/SEDATIVES</b>		
		KERYDIN (PA) KLISYRI (PA, QL) 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) PRAMOSONE 2.5%-1% CREAM PRAMOSONE 2.5%-1% LOTION PROTOPIC (PA) QBREXZA REGRANEX (PA, QL) RETIN-A (PA) RETIN-A MICRO (PA) RETIN-A MICRO PUMP (PA) SOOLANTRA (PA) SORILUX (PA) TACLONEX (PA) tazarotene 0.1% foam TAZORAC 0.1% CREAM TEMOVATE (ST) ULTRAVATE (PA) ULTRAVATE X (ST) VALCHLOR* VANOS (PA) VECTICAL (QL) VELTIN (PA) VEREGEN (PA) WINLEVI (PA) WYNZORA (PA) XEPI XERESE (PA, QL) ZIANA (PA) ZILXI (PA) ZOVIRAX CREAM (PA, QL)	eszopiclone modafinil (PA) zolpidem zolpidem er (QL)	DAYVIGO (QL, ST) SUNOSI (PA, QL)	AMBIEN (PA) AMBIEN CR (PA, QL) BELSOMRA (PA) HETLIOZ LQ* (PA) HETLIOZ* (PA) LUNESTA (ST) PROVIGIL (PA) RESTORIL (PA) WAKIX* (PA, QL) XYREM* (PA, QL) XYWAV* (PA, QL) ZOLPIMIST (PA)
			<b>SMOKING CESSATION<sup>3</sup></b>		
			bupropion sr+ varenicline+^	APO-VARENICLINE^ NICOTROL NS+^ NICOTROL+^	
			<b>SUBSTANCE ABUSE</b>		
			buprenorphine-naloxone	KLOXXADO (QL) LUCEMYRA (QL) NARCAN (QL) ZUBSOLV	SUBOXONE
			<b>TRANSPLANT MEDICATIONS</b>		
			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*
			<b>URINARY TRACT CONDITIONS</b>		
			alfuzosin er cevimeline dutasteride finasteride oxybutynin oxybutynin er phenazopyridine potassium er silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine er (QL)	CYSTAGON* ELMIRON K-PHOS ORIGINAL TOVIAZ (QL)	AVODART DETROL (ST) DETROL LA (QL,ST) DITROPAN XL (ST) EVOXAC FLOMAX GELNIQUE (ST) GEMTESA (ST, QL) MYRBETRIQ (ST, QL) PROCYSBI* (PA) PROSCAR PYRIDIUM

## Cigna Legacy (Standard) 4-Tier Prescription Drug List

Injectable specialty medications are covered on Tier 4 (listed on pages 20-22).

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

### URINARY TRACT CONDITIONS (cont)

		RAPAFLO (QL) THIOLA* (PA) THIOLA EC* (PA) TOVIAZ (PA,QL) UROCIT-K UROXATRAL VESICARE (QL,ST)
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### VACCINES

Not all plans cover vaccines in the same way. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.

ACTHIB+	FLUMIST QUAD
ADACEL TDAP+	2021-2022+
BEXSERO+	NOVAVAX
BOOSTRIX TDAP+	COVID-19
DAPTACEL DTAP+	VACC,ADJ(EUA)+
DENG VAXIA+	QUADRACEL DTAP-
DIPHThERIA-	IPV SYRINGE+
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+	
PEDVAXHIB+	
PENTACEL+	
PFIZER COVID (12Y	
UP) VAC(EUA)+	

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

### VACCINES (cont)

Not all plans cover vaccines in the same way. Log in to the **myCigna** App or **myCigna.com**, or check your plan materials, to find out how your specific plan covers them.

	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+
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### WEIGHT MANAGEMENT

megestrol suspension	WEGOVY^ (PA, QL)	CONTRACE^ (PA)
phentermine ^		QSYMIA^ (PA)
		SAXENDA^ (PA)

## 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
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
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
EMPAVELI (PA)	MISCELLANEOUS
ENBREL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
ENTYVIO^ (PA)	GASTROINTESTINAL/HEARTBURN
EPOGEN^ (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
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 (PA, QL)	MULTIPLE SCLEROSIS

MEDICATION NAME	DRUG CLASS
GLATOPA (PA)	MULTIPLE SCLEROSIS
GRANIX^	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
KALBITOR^ (PA)	BLOOD PRESSURE/HEART MEDICATIONS
KESIMPTA (PA)	MULTIPLE SCLEROSIS
KEVZARA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
KINERET (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
LANREOTIDE^ (PA)	HORMONAL AGENTS
LORBRENA (PA)	CANCER
LUPRON DEPOT^ (PA)	HORMONAL AGENTS
LUPRON DEPOT-PED^ (PA)	HORMONAL AGENTS
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 FLEXPRO (PA)	HORMONAL AGENTS
NUBEQA (PA)	CANCER
NUCALA AUTO-INJECTOR, SYRINGE (PA)	ASTHMA/COPD/RESPIRATORY
NUTROPIN AQ NUSPIN (PA)	HORMONAL AGENTS
NYVEPRIA (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
OMNITROPE (PA)	HORMONAL AGENTS
ORENCIA SYRINGE (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
PALYNZIQ (PA)	MISCELLANEOUS
PEGASYS (PA)	INFECTIONS
PLEGRIDY (PA)	MULTIPLE SCLEROSIS
PROCRIT^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
REBIF (PA)	MULTIPLE SCLEROSIS
REBIF REBIDOSE (PA)	MULTIPLE SCLEROSIS
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

MEDICATION NAME	DRUG CLASS
SANDOSTATIN LAR DEPOT^ (PA)	HORMONAL AGENTS
SEROSTIM (PA)	HORMONAL AGENTS
SILIQ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI ARIA (PA)	PAIN RELIEF AND INFLAMMATORY DISEASE
SIMPONI 50MG/0.5ML, 100MG/ML (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 SYRINGE, 45MG/0.5ML VIAL (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
STRENSIQ (PA)	MISCELLANEOUS
TAKHZYRO (PA)	BLOOD PRESSURE/HEART MEDICATIONS
TALTZ (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TALZENNA (PA)	CANCER
TEGSEDI (PA)	MISCELLANEOUS
TEZSPIRE (PA)	ASTHMA/COPD/RESPIRATORY
TREMFYA (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
UDENYCA^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
UPTRAVI (PA)	ASTHMA/COPD/RESPIRATORY
VIZIMPRO (PA)	CANCER
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:<sup>1,2</sup>

- **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 1<sup>st</sup> and July 1<sup>st</sup>.
- **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?**

**A.** 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 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.

### **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. How do I know if I'm taking a medication that needs approval?**

**A.** Check your plan materials, to learn more about how your plan covers your medications. If your medication has a **(PA)** or **(ST)** next to it, your medication needs approval before your plan will cover it. If it has a **(QL)** next to it, you may need approval depending on the amount you're filling. If it has **(AGE)** next to it, you may need approval depending on the covered age range for the medication.

### **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
- › Are often 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](http://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 days to hear from us. You can always check with your doctor's office to find out if a decision has been made. If you meet guidelines, your medication will be approved for coverage.

If you don't meet guidelines, you and your doctor can appeal the decision by sending Cigna a written request stating why the medication should be covered.

### **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. Check your plan materials, to learn more about how your plan covers preventive medications. You can also view the PPACA No Cost-Share Preventive Medications drug list at **Cigna.com/PDL**.

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.<sup>4</sup> 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.<sup>4</sup> 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.

## 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:<sup>5</sup>

- › 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<sup>6</sup>, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation<sup>6</sup>, 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 **Connecticut, Louisiana, New York, and Texas** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. State law in **Illinois** may require your plan to cover your medications at your current benefit level until your plan renews. This means that if you currently have approval through a review process for your plan to cover your medication, the drug list change(s) listed here may not affect you until your plan renewal date. If you don't currently have approval through a coverage review process, you may continue to receive coverage at your current benefit level if your doctor requests it. To find out if this state law applies to your plan, please call Customer Service using the number on your Cigna ID card.
3. 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. To find out how your specific plans covers these medications, log in to the **myCigna App** or **myCigna.com**, or call Customer Service using the number on your Cigna ID card.
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. 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.
6. 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.

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# 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](mailto: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](mailto: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).