



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

**Coverage as of July 1, 2021**

**Together, all the way.®**



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954267 Legacy (Standard) 4-Tier 06/21



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### View the drug list online

This document was last updated on 04/01/2021.\* You can go online to see the current list of medications your plan covers.



**Cigna.com/PDL** – Scroll down until you see a pdf of the **Cigna Legacy (Standard) 4-Tier Prescription Drug List (injectable specialty medications covered on Tier 4)**.

#### Questions?

- › **Click to chat:** [myCigna.com](https://mycigna.com), Monday-Friday, 9:00 am-8:00 pm EST.
- › **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: 04/01/2021, for changes starting 07/01/2021

Next planned update: 06/01/2021, for changes starting 07/01/2021

## 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, 2021.<sup>1,2</sup> 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 \$\$\$	
<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 tablet* (QL)	← <b>Oral specialty medications</b> have an asterisk (*) listed next to them; injectible specialty medications are listed on tier 4 (pages 17 and 18).
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)	← Medications are listed in <b>alphabetical</b> order within each column
cefuroxime tablet	Mavyret** (PA)	Ery-Ped 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)	← Medications that have extra coverage requirements will have an <b>abbreviation</b> listed next to them
doxycycline capsule, suspension, tablet		TOBI Podhaler**	
doxycycline IR-DR		Uribel	
Emverm		Urogesic-Blue	
entecavir** (QL)		UTA	
erythromycin		Valtrex	← Brand name medications are <b>capitalized</b>
famciclovir		Vemlidy**	
fluconazole		Vibramycin suspension	
hydroxychloroquine		Xifaxan	← Generic medications are <b>lowercase</b>
		Zepatier** (PA)	

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.

\*\* 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 capitalized

In this drug list, brand-name medications are capitalized. Generic medications are lowercase.

## Specialty medications have an asterisk next to them

Specialty medications are used to treat complex medical conditions. In this drug list, injectable specialty medications are covered on Tier 4 (listed on page 19). Oral specialty medications are covered on a lower tier (tiers 1-3). They are listed alphabetically by the condition they treat, and have an asterisk (\*) next to them.

Your plan may also limit coverage to a 30-day supply and/or require you to use a preferred specialty pharmacy to receive coverage.

## 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.

## Plan/benefit exclusions

Your plan doesn't cover certain medications and products because they're considered plan/benefit exclusions. This means there's no option to receive coverage through Cigna's review process by showing that you need the medication for your treatment. In this drug list, these medications 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	11
ALLERGY/NASAL SPRAYS	6	GASTROINTESTINAL/HEARTBURN	11, 12
ALZHEIMER'S DISEASE	6	HORMONAL AGENTS	12
ANXIETY/DEPRESSION/BIPOLAR DISORDER	6	INFECTIONS	12, 13
ASTHMA/COPD/RESPIRATORY	6, 7	MISCELLANEOUS	13
ATTENTION DEFICIT HYPERACTIVITY DISORDER	7	MULTIPLE SCLEROSIS	13
BLOOD MODIFIERS/BLEEDING DISORDERS	7	NUTRITIONAL/DIETARY	14
BLOOD PRESSURE/HEART MEDICATIONS	7, 8	OSTEOPOROSIS PRODUCTS	14
BLOOD THINNERS/ANTI-CLOTTING	8	PAIN RELIEF AND INFLAMMATORY DISEASE	14, 15
CANCER	8, 9	PARKINSON'S DISEASE	15
CHOLESTEROL MEDICATIONS	9	SCHIZOPHRENIA/ANTI-PSYCHOTICS	15
COUGH/COLD MEDICATIONS	9	SEIZURE DISORDERS	15, 16
DENTAL PRODUCTS	9	SKIN CONDITIONS	16, 17
DIABETES	10	SLEEP DISORDERS/SEDATIVES	17
DIURETICS	10	SMOKING CESSATION	17
EAR MEDICATIONS	10	SUBSTANCE ABUSE	17
ERECTILE DYSFUNCTION	10	TRANSPLANT MEDICATIONS	17
EYE CONDITIONS	11	URINARY TRACT CONDITIONS	17
		VACCINES	17, 18
		WEIGHT MANAGEMENT	18

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

Injectable specialty medications are covered on Tier 4 (listed on page 19).

AIDS/HIV			ANXIETY/DEPRESSION/BIPOLAR DISORDER		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
abacavir-lamivudine* (PA)	Atripla* (PA)	CIMDUO* (PA)	alprazolam		Anafranil (PA)
atazanavir* (PA)	Biktarvy*	Complera* (PA)	alprazolam ER		Aplenzin (PA, QL)
ritonavir*	Descovy* <sup>+</sup>	Evotaz* (PA)	alprazolam intensol		Ativan tablet (PA)
tenofovir* (PA)	Dovato*	Intelence* (PA)	alprazolam ODT		Celexa (ST, QL)
	Genvoya*	Odefsey* (PA)	alprazolam XR		Cymbalta (PA, QL)
	Isentress*	Prezcobix* (PA)	amitriptyline		Drizalma Sprinkle DR (ST, QL)
	Isentress HD* (PA)	Stribild* (PA)	bupropion (QL)		Effexor XR (ST, QL)
	Juluca*	Truvada*	bupropion SR (QL)		EMSAM (QL)
	Prezista*	Temixys* (PA)	bupropion XL (QL)		Fetzima (ST, QL)
	Selzentry* (PA)	Viread* 300mg tablet (PA)	buspirone		Forfivo XL (ST, QL)
	SYMFI*		citalopram (QL)		Lexapro (PA, QL)
	SYMFI LO*		clomipramine		Pamelor (PA)
	Symtuza*		desvenlafaxine ER (QL, ST)		Parnate (PA)
	Tivicay*		duloxetine (QL)		Paxil (ST, QL)
	Triumeq*		escitalopram (QL)		Paxil CR (ST, QL)
	Viread 150 mg, 200mg, 250mg tablet, powder* (PA)		fluoxetine (QL)		Pexeva (PA, QL)
			fluoxetine DR (QL)		Pristiq ER (ST, QL)
			fluvoxamine (QL)		Prozac (ST, QL)
			fluvoxamine ER (QL)		Remeron
			lorazepam oral concentrate, tablet		Sarafem (ST)
			lorazepam intensol		Tofranil (PA)
			mirtazapine		Trintellix (ST, QL)
			paroxetine (QL)		Viiibryd (ST, QL)
			paroxetine CR (QL)		Wellbutrin SR (ST, QL)
			paroxetine ER (QL)		Wellbutrin XL (PA, QL)
			sertraline (QL)		Xanax
			trazodone		Xanax XR
			venlafaxine (QL)		Zoloft (ST, QL)
			venlafaxine ER (QL)		
ALLERGY/NASAL SPRAYS			ASTHMA/COPD/RESPIRATORY		
azelastine		Clarinet	albuterol	ADVAIR HFA	Adcirca* (PA)
carbinoxamine (PA)		Clarinet-D 12 Hour	albuterol HFA (QL)	ANORO ELLIPTA	Adempas* (PA)
cromolyn oral concentrate		DYMISTA (ST)	Alyc* (PA)	Asmanex HFA	ADVAIR DISKUS (ST)
cyproheptadine		EpiPen (PA, QL)	budesonide	Asmanex	AirDuo Digihaler (ST)
desloratadine (QL)		EpiPen Jr (PA, QL)	fluticasone-salmeterol	Twisthaler	AirDuo RespiClick (ST)
epinephrine (QL)		Gastrocrom	montelukast	Atrovent HFA	Alvesco (ST)
fluticasone		GRASTEK (PA, QL)	tadalafil* 20mg (PA)	BEVESPI	Arcapta Neohaler
hydroxyzine capsule, solution, syrup, tablet		Karbinal ER	Wixela Inhub	AEROSPHERE	ArmonAir Digihaler (ST)
ipratropium		ODACTRA (PA, QL)		BREO ELLIPTA	ArmonAir RespiClick (ST)
mometasone (QL)		Oralair (PA, QL)		BREZTRI	Arnuity Ellipta (ST)
olopatadine		Patanase		Combivent Respimat	Brovana
promethazine solution, syrup, tablet		QNASL (ST)		Dulera	Daliresp (QL)
		QNASL Children's		Flovent Diskus	Elixophyllin (PA)
		RAGWITEK (PA, QL)		Flovent HFA	
		RyVent(PA)		INCRUSE ELLIPTA	
		SYMJEPI (PA, QL)			
		Vistaril			
		XHANCE (ST)			
ALZHEIMER'S DISEASE					
donepezil	Namenda	Aricept			
donepezil ODT	Titration Pak	Exelon			
memantine		Mestinon			
memantine ER (QL)		Namenda tablet			
pyridostigmine		Namenda XR (QL)			
pyridostigmine ER		Namzaric (QL)			
rivastigmine					

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

Injectable specialty medications are covered on Tier 4 (listed on page 19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>ASTHMA/COPD/RESPIRATORY (cont)</b>			<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER (cont)</b>		
	OFEV* (PA) OPSUMIT* (PA) Pulmicort Flexhaler Pulmozyme* (PA) QVAR RediHaler Serevent Diskus Symbicort Tracleer 32mg tablet for suspension* (PA) TRELEGY ELLIPTA Uptravi* (PA)	Kalydeco* (PA, QL) Letairis* (PA) Lonhala Magnair (PA) Orenitram ER* (PA) Orkambi* (PA, QL) Perforomist (QL) ProAir Digihaler (PA, QL) ProAir HFA (PA, QL) ProAir RespiClick (PA, QL) Proventil HFA (PA, QL) Pulmicort Respule Revatio oral suspension, tablet* (PA) Seebri (ST) Singulair Spiriva HandiHaler (ST) Spiriva Respimat (ST) Stiolto Respimat (ST) Striverdi Respimat (ST) Symdeko* (PA, QL) tadalafil* (PA, QL) Tracleer tablet* (PA) Tudorza (ST) Tyvaso* (PA) Utibron Neohaler (ST) Ventolin HFA (PA, QL) Xopenex HFA (QL) Yupelri (PA) Zflo (PA)	guanfacine ER methylphenidate (PA age) methylphenidate CD (PA age, QL) methylphenidate ER (PA age, QL) methylphenidate ER (CD) (PA age, QL) methylphenidate ER (LA) (PA age, QL) methylphenidate LA (PA age, QL) Relexxii ER (PA age, QL)		Cotempla XR ODT (PA, QL) Daytrana (PA age, QL) Desoxyn (PA) Dexedrine (PA, QL) Dyanavel XR (PA age, QL) Evekeo (PA age, ST) Evekeo ODT (PA age) Focalin (PA age, ST) Intuniv ER Jornay PM (PA, QL, ST) Kapvay ER Methylin (PA) Mydayis ER (PA, QL, ST) QuilliChew ER (PA age, QL) Quillivant XR (PA age, QL) Ritalin LA (PA age, ST, QL) Strattera (QL)
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>			<b>BLOOD MODIFIERS/BLEEDING DISORDERS</b>		
atomoxetine (QL) clonidine ER dexmethylphenidate (PA age) dexmethylphenidate ER (PA age, QL) dextroamphetamine-amphetamine (PA age) dextroamphetamine-amphetamine ER (PA age, QL)	Vyvanse (PA age, QL)	Adderall (PA age, ST) Adderall XR (PA age, QL, ST) ADHANSIA XR (PA age, ST, QL) Adzenys ER (PA age, QL) Adzenys XR-ODT (PA age, QL) Aptensio XR (PA, QL, ST)	aminocaproic acid solution, tablet* tranexamic acid tablet*	Droxia UDENYCA* (PA)	Amicar* Lysteda* Promacta* (PA) Siklos (PA) Tavalisse* (PA)
<b>BLOOD PRESSURE/HEART MEDICATIONS</b>					
			Adult Aspirin Regimen+ amiodarone tablet amlodipine amlodipine-benazepril amlodipine-olmesartan (QL) amlodipine-valsartan amlodipine-valsartan-HCTZ Aspir EC+ Aspir-Low+ aspirin 325mg tablet+	Bystolic (ST, QL) Corlanor (PA) Entresto Tekturna HCT (QL)	Adalat CC Altace (ST) Atacand (ST) Atacand HCT (ST) Avalide (ST) Avapro (ST) Azor (QL) Benicar (ST, QL) Benicar HCT (ST, QL) Betapace (PA) BiDil (QL) Calan SR Cardizem (PA) Cardizem CD (PA) Cardizem LA (QL)

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

Injectable specialty medications are covered on Tier 4 (listed on page 19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	
<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>			<b>BLOOD PRESSURE/HEART MEDICATIONS (cont)</b>			
aspirin EC <sup>+</sup> atenolol benazepril benazepril-HCTZ candesartan candesartan-HCTZ Cartia XT carvedilol carvedilol ER (QL) Children's Aspirin <sup>+</sup> clonidine diltiazem tablet diltiazem 12HR ER diltiazem 24HR ER diltiazem 24HR ER (CD) diltiazem 24HR ER (LA) diltiazem 24HR ER (XR) Dilt-XR dofetilide (QL) doxazosin Ecotrin EC 81mg <sup>+</sup> ecpirin <sup>+</sup> enalapril tablet enalapril HCTZ flecainide hydralazine tablet irbesartan irbesartan-HCTZ isosorbide mononitrate isosorbide mononitrate ER labetalol tablet lisinopril lisinopril-HCTZ losartan losartan-HCTZ Low Dose Aspirin EC <sup>+</sup> Matzim LA metoprolol tablet nadolol nifedipine nifedipine ER olmesartan (QL) olmesartan-amlodipine-HCTZ olmesartan-HCTZ (QL)		Cardura Cardura XL Catapres-TTS 1 Catapres-TTS 2 Catapres-TTS 3 Consensi (PA, QL) Conjupri (PA) Coreg (ST) Coreg CR (ST, QL) Corgard (ST) Cozaar (ST) Diovan (ST) Diovan HCT (ST) Ecotrin EC 325mg <sup>+</sup> Edarbi (ST, QL) Edarbyclor (ST) Epaned Exforge Exforge HCT GoNitro Hemangeol Hyzaar (ST) Inderal LA (ST) Inderal XL (ST) InnoPran XL (ST) Isordil (PA) Isordil Titradoso (PA) Kapsargo Sprinkle (ST) Lanoxin tablet (PA) Lopressor (ST) Lotensin (ST) Lotensin HCT (ST) Lotrel Micardis (ST, QL) Micardis HCT (ST, QL) Minipress MULTAQ Nitrostat Norpace (PA) Norpace CR Northera* (PA) Norvasc Pacerone 100mg, 400mg (PA) Prinivil (ST) Procardia Procardia XL Ranexa (QL)		Pacerone 200 mg prazosin propafenone propafenone ER propranolol solution, tablet propranolol ER ramipril ranolazine ER (QL) St. Joseph Aspirin <sup>+</sup> Taztia XT telmisartan (QL) telmisartan-HCTZ (QL) valsartan valsartan-HCTZ verapamil cap pellet, tablet verapamil ER verapamil ER PM verapamil SR		Rythmol SR (PA) Tekturna (QL) Tenoretic 50 (ST) Tenoretic 100 (ST) Tenormin (ST) Tiazac ER Tikosyn (PA, QL) Toprol XL (ST) Tribenzor Vasotec (ST) Verelan Verelan PM Zestoretic (ST) Zestril (ST)
			<b>BLOOD THINNERS/ANTI-CLOTTING</b>			
			aspirin-dipyridamole ER clopidogrel Jantoven prasugrel warfarin	BRILINTA Eliquis (PA) Xarelto (PA)	Aggrenox Bayer Aspirin chewable tablet <sup>+</sup> Bevyxxa (QL) Coumadin (PA) Effient Plavix Pradaxa (PA) Savaysa (PA, QL) Yosprala (PA) Zontivity	
			<b>CANCER</b>			
			abiraterone* (PA) anastrozole capecitabine* (PA) exemestane+ imatinib* (PA) letrozole mercaptopurine methotrexate tamoxifen <sup>+</sup> temozolomide* (PA)	Erivedge* (PA) Gleostine IBRANCE* (PA) Nexavar* (PA) Revlimid* (PA) SPRYCEL* (PA) Sutent* (PA) Tasigna* (PA) Trexall Verzenio* (PA)	Afinitor* (PA) Afinitor Disperz* (PA) ALECENSA* (PA) Alunbrig* (PA) Bosulif* (PA) CABOMETYX* (PA) COMETRIQ* (PA) Erleada* (PA) Gleevec* (PA) Imbruvica* (PA) Inlyta* (PA) Jakafi* (PA) Kisqali* (PA) Kisqali Femara* (PA)	



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

Injectable specialty medications are covered on Tier 4 (listed on page 19).

CANCER (cont)			CHOLESTEROL MEDICATIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
		Lenvima* (PA) Lonsurf* (PA) LORBRENA* (PA) Lynparza* (PA) Mekinist* (PA) Nerlynx* (PA) NINLARO* (PA) Nilandron (PA, QL) NUBEQA* (PA) Odomzo* (PA) Pomalyst* (PA) Purixan* Rubraca* (PA) Stivarga* (PA) Tabloid Tafinlar* (PA) Tagrisso* (PA) Talzena* (PA) Targretin capsule* (PA) Temodar capsule* (PA) Tykerb* (PA) Venclexta* (PA) VIZIMPRO* (PA) Votrient* (PA) XALKORI* (PA) Xeloda* (PA) Xtandi* (PA) Yonsa* (PA) Zejula* (PA) Zytiga* (PA)	lovastatin 20mg, 40mg+ niacin niacin ER Niacor omega-3 acid ethyl esters pravastatin+ rosuvastatin 5mg, 10mg+ (QL) rosuvastatin 20mg, 40mg (QL) simvastatin 10mg, 20mg, 40mg+ simvastatin 80mg (QL)		Trilipix DR (ST) Vytorin (ST) Welchol Zetia Zocor (ST, QL) Zypitamag (ST)
<b>CHOLESTEROL MEDICATIONS</b>			<b>COUGH/COLD MEDICATIONS</b>		
amlodipine-atorvastatin (QL) atorvastatin 10mg, 20mg+ atorvastatin 40mg, 80mg colesvelam ezetimibe ezetimibe-simvastatin fenofibrate fenofibric acid fluvastatin+ fluvastatin ER+ lovastatin 10mg	NEXLETOL (PA, QL) NEXLIZET (PA, QL) Repatha (PA) Vascepa (PA)	Antara (PA) Caduet (QL) CRESTOR (ST, QL) Fenoglide (PA) FloLipid (ST) Ezallor Sprinkle (ST, QL) Lipitor (PA) Lipofen (ST) Livalo (ST, QL) Lovaza Niaspan ER Pravachol (ST) TriCor (ST) Triglide (ST)	benzonatate (PA) Bromfed DM brompheniramine-pseudoephedrine-DM hydrocodone-chlorpheniramine ER (PA)	TussiCaps (PA)	Tessalon Perle Tuzistra XR (PA, QL)
<b>CHOLESTEROL MEDICATIONS</b>			<b>DENTAL PRODUCTS</b>		
			chlorhexidine 0.12% rinse doxycycline 20mg tablet fluoride+^ Fluoritab+^ Flura-Drops+^ Ludent+^ Oralone Paroex Peridex Periogard sodium fluoride 1.1% 5000, 5000 plus triamcinolone 0.1% paste	Quflora Ped+ drops, 1mg chew Tri-vi-flor+	Floriva+^ drops Fluorabon+^

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

Injectable specialty medications are covered on Tier 4 (listed on page 19).

DIABETES			DIABETES (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
AutoShield Duo pen needle	Accu-Chek test strips	Admelog (QL)	Ultra-Fine pen needle	RYBELSUS (ST, QL)	
Contour solution	Baqsimi (QL)	Admelog SoloStar (QL)	Veo Insulin Syringe	Segluromet (ST, QL)	
Contour Next solution	BASAGLAR (QL)	Afrezza (PA, QL)		SOLIQUA 100-33	
Droplet insulin syr, pen needle, lancing device	Bydureon (ST, QL)	Agamatrix AMP test strips		Steglatro (ST, QL)	
DropSafe pen needle	Byetta (ST, QL)	Amaryl		SymlinPen	
glimpiride	Dexcom G6 (PA, QL)	Apidra (QL)		Synjardy (ST, QL)	
glipizide	Farxiga (ST, QL)	Apidra SoloStar (QL)		Synjardy XR (ST, QL)	
glipizide ER	Fiasp (QL)	CeQur Simplicity		TRESIBA (QL)	
glipizide XL	Freestyle Libre Sensor (PA, QL)	Contour test strips		Trijardy XR (ST, QL)	
GLUCOGARD 01 Control solution	GlucaGen	Contour Next test strips		Trulicity (ST, QL)	
GLUCOGARD Expression solution	HypoKit (QL)	CYCLOSET		V-Go	
GLUCOGARD Shine solution	Glucagon Emergency Kit (QL)	Fortamet ER (PA)		Victoza (ST, QL)	
Guardian transmitter tape	Glyxambi (ST, QL)	Freestyle test strips		Xigduo XR (ST, QL)	
Guardian Real Time starter kit	Humalog (QL)	Glucocard 01 test strips		Xultophy	
Guardian RT charger, monitor, test plug	Humulin (QL)	Glucocard Expression test strips			
Guardian test plug	Insulin Aspart (QL)	Glucocard Shine test strips			
InPen	Insulin Lispro (QL)	Glucocard Vital test strips	acetazolamide tablet	Diuril	Aldactone
Insulin Syringe	Insulin Lispro (QL)	Glucocard Vital Sensor test strips	acetazolamide ER	Dyrenium	CaroSpir
metformin	Invokamet (ST, QL)	Glucocard Vital Sensor test strips	bumetanide tablet		Dyazide
metformin ER (PA)	Invokamet XR (ST, QL)	Glucophage	chlorthalidone		Edecrin (PA)
Microlet 2 lancing device	Invokana (ST, QL)	Glucophage XR	eplerenone		Inspra
Microlet Next lancing device	Janumet (ST, QL)	Glumetza ER (PA)	furosemide solution, tablet		JYNARQUE* (PA)
MiniMed Reservoir	Janumet XR (ST, QL)	Gvoke (QL)	hydrochlorothiazide		Lasix
Multi-Lancet	Jardiance (ST, QL)	Jentaduetto (PA, QL)	spironolactone		Maxzide
NovoFine	Kombiglyze XR (ST, QL)	Jentaduetto XR (PA, QL)	spironolactone-HCTZ		Samsca*
NovoTwist	Korlym* (PA)	Kazano (PA, QL)	triamterene		
OneTouch Delica lancing device	Levemir (QL)	Kombiglyze XR (PA, QL)	triamterene-HCTZ		
OneTouch Verio control solution	LYUMJEV (QL)	Lantus (PA, QL)			
Paradigm reservoir	Novolin (QL)	Nesina (PA, QL)			
pioglitazone	Novolog (QL)	Onglyza (PA, QL)			
Precision Xtra monitor	Novolin (QL)	Oseni (PA, QL)			
TechLite syringes, pen needles	Novolog (QL)	Precision Xtra test strips			
TRUEplus	Omnipod DASH (PA, QL)	Riomet			
	OneTouch test strips	Riomet ER			
	Ozempic (ST, QL)	Semglee (PA, QL)			
	QTERN (ST, QL)	Steglujan (ST, QL)			
	Relion Novolin (QL)	Tradjenta (PA, QL)			
		True Metrix test strips			
		Truetrack test strips			

  

DIURETICS		
Diuril	Aldactone	
Dyrenium	CaroSpir	
	Dyazide	
	Edecrin (PA)	
	Inspra	
	JYNARQUE* (PA)	
	Lasix	
	Maxzide	
	Samsca*	

  

EAR MEDICATIONS		
ciprofloxacin	Cipro HC	Cortisporin-TC
neomycin-polymyxin-HC	Ciprodex	Dermotic
ofloxacin drops		OTOVEL

  

ERECTILE DYSFUNCTION		
sildenafil^ (PA, QL)	MUSE^ (PA, QL)	Caverject Impulse^ (PA age, QL)
tadalafil^ tablet (PA, QL)		Cialis^ (ST, QL)
varденаfil^ (QL)		STENDRA^ (ST, QL)
		VIAGRA^ (ST, QL)

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

Injectable specialty medications are covered on Tier 4 (listed on page 19).

EYE CONDITIONS			GASTROINTESTINAL/HEARTBURN		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
azelastine	Alphagan P 0.1% drops	ACUVAIL	Alophen <sup>+</sup>	Amitiza	Aciphex Sprinkle (QL)
brimonidine		Alphagan P 0.15%	alosetron*	CLENPIQ <sup>+</sup>	Aciphex tablet (ST, QL)
ciprofloxacin	AzaSite	Alrex	balsalazide	DEXILANT (QL)	
dexamethasone	BETIMOL	Azopt	bisacodyl EC tablet <sup>+</sup>	Linzess	Actigall
diclofenac	Betoptic S	BEPREVE	Bisa-Lax <sup>+</sup>	LITHOSTAT	Akynzeo capsule (PA, QL)
dorzolamide	Ciloxan ointment	Besivance	chlordiazepoxide-clidinium	Nexium DR 2.5mg, 5mg packet (QL)	Anusol-HC suppository (PA)
dorzolamide-timolol	Combigan	BromSite	cinacalcet*	Pancreaz DR	Apriso ER (ST)
erythromycin	Flarex	Cequa	ClearLax <sup>+</sup>	Pentasa	Bonjesta
fluorometholone	LOTEMAX SM	Ciloxan drops	dicyclomine capsule, solution, tablet	Prepopik <sup>+</sup>	Canasa
gatifloxacin	Pazeo	Cosopt	diphenoxylate-atropine	SUPREP <sup>+</sup>	Carafate
ketorolac	Restasis	Cosopt PF	dronabinol	SUTAB <sup>+</sup>	Cholbam* (PA)
latanoprost	Restasis MultiDose	Cystaran* (PA, QL)	Ducodyl EC <sup>+</sup>	Viberzi	Correctol <sup>+</sup>
moxifloxacin	Simbrinza	DUREZOL	esomeprazole DR capsule (QL)		Cortifoam (PA)
neomycin-polymyxin-dexamethasone	TobraDex eye ointment	ILEVRO	famotidine suspension, 20mg and 40mg tablet		Creon (PA)
ofloxacin	Xiidra	INVELTYS	GaviLyte-C <sup>+</sup>		Diclegis
polymyxin B-TMP prednisolone drops	ZERVIAE	Istalol	GaviLyte-G <sup>+</sup>		Donnatal
timolol drops, solution		LASTACFT	GaviLyte-N <sup>+</sup>		Dulcolax EC tablet <sup>+</sup>
tobramycin		LOTEMAX	GentleLax <sup>+</sup>		Kristalose
tobramycin-dexamethasone		LUMIGAN (PA)	GlycoLax <sup>+</sup>		Lialda (ST)
		Maxitrol	HealthyLax <sup>+</sup>		Librax (PA)
		Moxeza	Hemmorex-HC		Lomotil
		Nevanac	hydrocortisone solution		Lotronex* (PA)
		Ocuflox Oxervate* (PA)	hydrocortisone AC suppository		lubiprostone 8mcg, 24mcg, capsule (PA)
		Patanol	hydrocortisone AC suppository		Marinol (PA)
		Polytrim	lansoprazole-amoxicillin-clarithromycin		MiraLax <sup>+</sup>
		Pred Forte	lansoprazole DR (QL)		Motegrity (PA)
		PROLENSA	lansoprazole ODT (QL)		Motofen
		Rhopressa	LaxaClear <sup>+</sup>		Movantik (PA)
		Rocklatan	mesalamine		Nexium DR capsule, 10mg, 20mg, 40mg packet (PA, QL)
		TIMOPTIC	mesalamine DR		Ocaliva* (PA)
		TIMOPTIC-XE	mesalamine ER		Omeclamox-Pak (PA)
		TobraDex drops	metoclopramide solution, tablet		Pertzye (PA)
		TobraDex ST	metoclopramide ODT		PLENVU <sup>+</sup> (PA)
		TRAVATAN Z (PA)	omeprazole-bicarbonate (PA, QL)		Prevacid DR (ST, QL)
		Trusopt	omeprazole DR capsule (QL)		Prevacid SoluTab (PA, QL)
		Vigamox	ondansetron		rotonix (ST, QL)
		VYZULTA (PA)			PYLERA (PA)
		Xalatan (PA)			rabeprazole DR sprinkle (QL)
		Xelpros (PA)			Ravicti* (PA)
		Zioptan (PA, QL)			RECTIV
		Zirgan			RELISTOR (PA)
		Zylet			Reltone (PA)
		Zymaxid			Rowasa (PA)
FEMININE PRODUCTS					
Fem pH		AVC			
GYNAZOLE 1					
miconazole 3 suppository					
terconazole					

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

Injectable specialty medications are covered on Tier 4 (listed on page 19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>GASTROINTESTINAL/HEARTBURN (cont)</b>			<b>HORMONAL AGENTS (cont)</b>		
ondansetron ODT pantoprazole suspension, tablet (QL) PEG 3350-Electrolytes+ PEG-Prep+ Pepcid (PA) Phenadoz polyethylene glycol 3350+ PowderLax+ prochlorperazine suppository, tablet promethazine suppository Promethegan PureLax+ QC Natura-Lax+ rabeprazole DR (QL) ranitidine capsule, syrup, tablet Smooth Lax+ sucralfate TriLyte With Flavor Packets+ ursodiol Women's Gentle Laxative EC+ Women's Laxative+ Women's Laxative EC+		SANCUSO (PA, QL) Sensipar* (PA) sfRowasa Sucraid* (PA) Symproic (PA) SYNDROS (PA) Talia DR (PA) Transderm-Scop Trulance (PA) UCERIS foam (PA, QL) Urso Urso Forte VARUBI (PA, QL) Viokace Xermelo* (PA) Zegerid (PA, QL) Zelnorm (PA) Zenpep (PA) Zofran (PA) Zuplenz (PA, QL)	EEMT H.S. estradiol (QL) estradiol- norethindrone estrogen- methyltestosterone HiDex (PA) levothyroxine tablet Levo-T Levoxyl Lopreeza medroxyprogesterone methimazole methylprednisolone dosepak, tablet Mimvey Mimvey LO Nature-Throid NP Thyroid prednisolone prednisolone ODT prednisone prednisone intensol progesterone capsule TaperDex (PA) testosterone (PA, QL) testosterone cypionate thyroid WesthroidWP Thyroid Yuvaferm (QL)		Emflaza* (PA) Entocort EC Estrace EstroGel Evamist Fortesta (PA, QL) Imvexxy (QL) JATENZO (PA, QL) Intrarosa levothyroxine capsule Lupaneta Pack* ^ (PA) Medrol 4mg, 8mg, 16mg, 32mg Menostar (QL) Minivelle (QL) Natesto (PA, QL) Nocdurna (PA) Noctiva (PA) Omnitrope* (PA) ORTIKOS ER (PA, QL) Osphena Prometrium Rayaldee ER Rayos DR (PA) Synthroid teriparatide* (PA, QL) Testim (PA, QL) THYQIDITY (PA) Tirosint Tirosin-Sol UCERIS ER (PA, QL) Unithroid Vagifem (QL) Vivelle-Dot (QL) Vogelxo (PA, QL) XYOSTED(PA, QL)
<b>HORMONAL AGENTS</b>			<b>INFECTIONS</b>		
Amabelz budesonide EC budesonide ER (PA, QL) cabergoline (QL) CovARYX CovARYX HS Decadron desmopressin solution, spray, tablet dexamethasone tablet, elixir dexamethasone intensol Dotti (QL) EEMT	ANDRODERM (PA, QL) Divigel Duavee Estring (QL) Euthyrox Medrol 2mg tablet OriaHnn (PA, QL) Orilissa (PA, QL) Premarin cream, tablet PREMPHASE PREMPRO	Activella Alkindi Sprinkle (PA) Alora (QL) AndroGel (PA, QL) Angeliq Armour Thyroid Bijuva Climara Climara Pro CombiPatch Crinone 4% Cytomel DDAVP nasal spray, solution, tablet (PA) Depo-Testosterone Egrifta* (PA) Elestrin	acyclovir capsule, suspension, tablet albendazole amoxicillin amoxicillin- clavulanate amoxicillin- clavulanate ER atovaquone atovaquone- proguani	Augmentin 125-31.25 mg/ ml suspension (PA) Baraclude* 0.05 mg/ml solution Cipro suspension Cleocin 75 mg capsule DARAPRIM* (PA) E.E.S. 400	Acticlate (ST) Aemcolo DR (QL) Albenza Alinia Arakoda (PA) Arikayce* (PA) Augmentin 250- 62.5mg/ml suspension Augmentin XR Bactrim





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

Injectable specialty medications are covered on Tier 4 (listed on page 19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
<b>PAIN RELIEF AND INFLAMMATORY DISEASE (cont)</b>			<b>PARKINSON'S DISEASE</b>		
indomethacin capsule		RELPAX (PA, QL)	benztropine tablet	KYNMOBI (PA)	Azilect (QL)
indomethacin ER		REYVOW (PA, QL)	bromocriptine		Duopa*
ketorolac (QL)		Roxicodone (PA)	carbidopa-levodopa		Gocovri ER
leflunomide		Skelaxin	carbidopa-levodopa ER		Inbrija* (PA)
levorphanol (PA)		Soriatane (PA)	pramipexole		Lodosyn (PA)
lidocaine (QL)		SPRIX (PA, QL)	pramipexole ER (QL)		Mirapex
lidocaine viscous		SUBSYS (PA)	rasagiline (QL)		Mirapex ER (QL)
lidocaine-prilocaine		Tivorbex (PA)	ropinirole		Neupro
Lorcet (PA)		Tosymra (PA, QL)	ropinirole ER		NOURIANZ* (PA, QL)
Lorcet HD (PA)		Treximet (PA, QL)			Ongentys (PA, QL)
Lorcet Plus (PA)		Tylenol-Codeine No.3 (PA)			Osmolex ER (QL)
Lortab (PA)		Ultram (QL)			REQUIP XL (PA)
meloxicam		Vanatol LQ (PA)			RYTARY
metaxalone		Vanatol S (PA)			Sinemet
methocarbamol tablet		Vimovo DR (PA, QL)			Tasmar
morphine solution, suppository, tablet (PA)		Voltaren 1% gel (PA, QL)			XADAGO (ST)
morphine ER (PA)		Voltaren XR (ST)			Zelapar (PA)
morphine IR (PA)		XELJANZ solution* (PA)			
nabumetone		Zanaflex	<b>SCHIZOPHRENIA/ANTI-PSYCHOTICS</b>		
Nalfon 600mg (ST)		Zebutal (QL)	aripiprazole (QL)	Latuda (QL)	Abilify MyCite (PA)
Nalocet (PA)		Zembrace	aripiprazole ODT	Lucemyra (QL)	Fanapt (ST, QL)
naproxen		SYMTOUCH (PA, QL)	chlorpromazine tablet	NARCAN (QL)	Geodon (PA)
naproxen CR (PA)		Zipsor (PA)	olanzapine tablet	Zubsolv	Invega ER (ST, QL)
naproxen DR		Zohydro ER (PA)	olanzapine ODT		REXULTI (ST, QL)
naproxen ER (PA)		Zomig (PA, QL)	paliperidone ER (QL)		Risperdal (ST)
oxycodone (PA)		Zomig ZMT (PA, QL)	quetiapine		Saphris (ST)
oxycodone ER (PA)		Zorvolex (PA)	quetiapine ER		Secuado (ST)
oxycodone-acetaminophen (PA)		Zyloprim	risperidone		Seroquel (ST)
Primlev (PA)			risperidone ODT		Seroquel XR (ST)
rizatriptan (QL)			ziprasidone		Versacloz (PA)
rizatriptan ODT (QL)					Vraylar (ST, QL)
sumatriptan (QL)					ZYPREXA tablet (PA)
sumatriptan-naproxen (QL)					ZYPREXA ZYDIS (PA)
tizanidine			<b>SEIZURE DISORDERS</b>		
tramadol (QL)			carbamazepine	Dilantin 30 mg (PA)	Aptiom (PA, QL)
tramadol ER (QL)			carbamazepine ER		Banzel (PA, QL)
tramadol-acetaminophen			clonazepam	Fycompa (PA, QL)	BRIVIACT (PA)
			divalproex	Nayzilam (PA, QL)	Carbatrol ER (PA)
			divalproex ER	VIMPAT solution, tablet (PA)	Depakote (PA)
			Epitol		Depakote ER (PA)
			gabapentin capsule, solution, tablet		Depakote Sprinkle (PA)
			lamotrigine		Dilantin (PA)
			lamotrigine ER		Epidiolex* (PA)
			lamotrigine ODT		Keppra solution, tablet (PA)
			levetiracetam		Keppra XR (PA)
			levetiracetam solution, tablet		Klonopin (PA)
			levetiracetam ER		
			oxcarbazepine		

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

Injectable specialty medications are covered on Tier 4 (listed on page 19).

SEIZURE DISORDERS (cont)			SKIN CONDITIONS (cont)		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
Roweepra Subvenite topiramate topiramate ER vigabatrin* Vigadrone*		Lamictal (PA) Lamictal ODT (PA) Lamictal XR (PA) Lyrica (PA) Lyrica CR Mysoline (PA) Neurontin (PA) Onfi (PA) Oxtellar XR (PA) Phenytek (PA) Qudexy XR (PA) Sabril* (PA) Spritam (PA) Sympazan (PA) Tegretol (PA) Tegretol XR (PA) Trokendi XR (PA, QL) VALTOCO (PA, QL) XCOPRI (PA, QL)	Clindacin P pledget clindamycin-benzoyl peroxide clindamycin phosphate foam, gel clobetasol Clodan shampoo clotrimazole- betamethasone dapson gel desoximetasone diclofenac 3% gel (PA) diflorasone (PA) erythromycin fluocinonide fluorouracil cream, solution flurandrenolide (PA) halobetasol hydrocortisone 2.5% hydrocortisone butyrate 0.1% (PA) hydrocortisone- iodoquinol hydrocortisone valerate isotretinoin (QL) ketoconazole lidocaine-HC 3-0.5% cream metronidazole mupirocin Myorisan (QL) Neuac gel Nolix (PA) nystatin- triamcinolone nystatin oxiconazole pimecrolimus Procto-Med HC Procto-Pak Proctosol-HC Proctozone-HC Rosadan cream, gel (PA, QL) sodium sulfacetamide	DESOWEN (ST) Differin 0.1% cream and lotion, 0.3% gel pump (PA age) Dovonex Duobrii Ecoza EFUDEX Elidel Enstilar (PA) Epiduo Forte ERTACZO (PA) Evoclin Exelderm (PA) Extina (PA) Fabior Finacea (PA) HALOG (PA, ST) Impoyz (PA) Impeklo (PA) JUBLIA (PA) Kenalog 0.147 mg/gm spray (PA) Kerydin (PA) LEXETTE (ST) Locoid (PA) Loprox cream, shampoo, suspension (PA) Lotrisone LUZU (PA) MetroCream (PA) MetroGel (PA) Mimyx Nizoral Noritate (PA) Olux (PA) Olux-E (PA) ONEXTON Oxistat 1% cream (PA) Pandel (PA) Picato Pramosone 2.5%-1% cream, lotion Protopic Prudoxin (PA, QL) Psorcon (PA)	
SKIN CONDITIONS					
acyclovir 5% ointment adapalene (PA age) adapalene-benzoyl peroxide Amnesteem (QL) Anusol-HC cream (PA) Apexicon E (PA) Avar Avar-E Avar-E Green azelaic acid Bensal HP (PA) betamethasone DP betamethasone dipropionate augmented betamethasone valerate betamethasone BP 10-1 calcipotriene calcipotriene- betamethasone DP Claravis (QL) Clindacin ETZ pledget	Aczone 7.5% gel ARAZLO Drysol EPIDUO FORTE Eucrisa Fluoroplex HALOG solution (ST) NAFTIN Oxistat 1% lotion (PA) Pramosone 1%-1% cream, 1% lotion, 1%-1% lotion, ointment Picato SANTYL (QL) Tazorac gel, 0.05% cream	ABSORICA (ST, QL) ABSORICA LD (ST, QL) Acanya Aczone 5% gel AKLIEF Aldara (PA) Amzeeq (PA) Analpram HC Lotion Atralin (PA age) AVAR 9.5%-5% AVAR LS Avita (PA age) BenzaClin (PA) BRYHALI (ST) Capex (ST) Carac (PA) Celacyn Centany Cleocin T Clindagel (PA) Clobex (PA) Cloderm (ST) Condylox (PA) Cordran (PA) Cutivate (PA, ST) Denavir (QL)			



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

Injectable specialty medications are covered on Tier 4 (listed on page 19).

SKIN CONDITIONS (cont)			SMOKING CESSATION		
TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$	TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
sodium sulfacetamide-sulfur SSS 10-5 Sulfacleanse 8-4 tacrolimus ointment tazarotene cream terbinafine cream tretinoin (PA age) tretinoin microsphere (PA age) triamcinolone Trianex (PA) Triderm Zenatane (QL)		Qbrexza REGRANEX (PA, QL) Retin-A (PA age) Retin-A MICRO (PA age) Sernivo (PA) Soolantra (PA) Sorilux (PA) Taclonex (PA) Targretin* gel Tazorac 0.1% cream tazarotene foam Temovate (ST) Tolak Topicort (ST) Tridesilon (PA) Ultravate (PA) Ultravate X (ST) Valchlor* Vanos (PA) Vectical (QL) Verdeso (PA) VELTIN (PA) Vusion (PA) Winlevi (PA) Wynzora (PA) Xepi XERESE (PA, QL) Xolegel (PA) ZIANA(PA) Zilxi (PA) Zonalon (PA, QL) ZOVIRAX cream, ointment (PA, QL) Zyclara (PA, QL)	bupropion SR+^ NicoDerm CQ 21mg/24hr+ Nicorelief+ nicotine gum+ nicotine lozenge+ nicotine patch+ Quit 2+ Quit 4+	CHANTIX^ Nicotrol^+ Nicotrol NS^+	NicoDerm CQ 7mg/24hr, 14mg/24hr+ Nicorette+
			SUBSTANCE ABUSE		
			buprenorphine-naloxone	Lucemyra (QL) NARCAN (QL) Zubsolv	Bunavail Evzio (PA, QL) Suboxone
			TRANSPLANT MEDICATIONS		
			azathioprine tablet* mycophenolate capsule, suspension, tablet* mycophenolic acid* sirolimus* tacrolimus capsule*		Astagraf XL* Cellcept capsule, suspension, tablet* Envarsus XR* Myfortic* Prograf capsule, packet* Rapamune* Zortress*
			URINARY TRACT CONDITIONS		
			cevimeline darifenacin ER (QL) finasteride 5mg oxybutynin oxybutynin ER phenazopyridine potassium citrate ER silodosin (QL) solifenacin (QL) tamsulosin tolterodine tolterodine ER (QL) trospium trospium ER	Cystagon* Elmiron Thiola* Toviaz (QL)	Avodart Evoxac Flomax Gelnique (ST) Myrbetriq ER (ST, QL) Procysbi* (PA) Proscar Pyridium RAPAFLO (QL) Urocit-K VESicare (ST)
			VACCINES		
<b>Vaccines are now covered under your pharmacy benefit. Not all plans cover vaccines in the same way.</b>					
			ActHIB+ Adacel Tdap+ Afluria Quad+ BEXSERO+ Boostrix Tdap+ DAPTACEL DTaP+		
SLEEP DISORDERS/SEDATIVES					
armodafinil (PA) eszopiclone modafinil (PA) temazepam zolpidem zolpidem ER (QL)	DAYVIGO (ST, QL) Silenor (ST, QL) SUNOSI (PA, QL)	Ambien (PA) Ambien CR (PA, QL) Belsomra (PA) Edluar (PA, QL) Hetlioz* (PA) Lunesta (ST) Nuvigil (PA) Provigil (PA) Restoril (PA) Rozerem (ST, QL) Wakix* (PA, QL) XYREM (PA) ZolpiMIST (PA)			

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

Injectable specialty medications are covered on Tier 4 (listed on page 19).

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### VACCINES (cont)

Vaccines are now covered under your pharmacy benefit. Not all plans cover vaccines in the same way.

Diphtheria and Tetanus Toxoids-ped <sup>+</sup>		
Engerix-B <sup>+</sup>		
FLUAD <sup>+</sup>		
FLUARIX		
QUADRIVALENT <sup>+</sup>		
FLUBLOK		
QUADRIVALENT <sup>+</sup>		
FLUCELVAX		
QUADRIVALENT <sup>+</sup>		
FLULALVAL		
QUADRIVALENT <sup>+</sup>		
FLUALVAL		
QUADRIVALENT <sup>+</sup>		
Fluzone High-dose <sup>+</sup>		
Fluzone Quadrivalent Pedi <sup>+</sup>		
Fluzone Quadrivalent <sup>+</sup>		
Fluzone Intraderm Quadrivalent <sup>+</sup>		
GARDASIL 9 <sup>+</sup>		
HAVRIX <sup>+</sup>		
HEPLISAV-B <sup>+</sup>		
Hiberix <sup>+</sup>		
Infanrix DTaP <sup>+</sup>		
IPOL <sup>+</sup>		
KINRIX <sup>+</sup>		
Menactra <sup>+</sup>		
Menveo A-C-Y-W-135-DIP <sup>+</sup>		
M-M-R II <sup>+</sup>		
PEDIARIX <sup>+</sup>		
PedvaxHIB <sup>+</sup>		
Pentacel <sup>+</sup>		
PNEUMOVAX 23 <sup>+</sup>		
Prevnar 13 <sup>+</sup>		
ProQuad <sup>+</sup>		
Quadracel DTaP-IPV <sup>+</sup>		
Recombivax HB <sup>+</sup>		
SHINGRIX <sup>+</sup>		

TIER 1 \$	TIER 2 \$\$	TIER 3 \$\$\$
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### VACCINES (cont)

Vaccines are now covered under your pharmacy benefit. Not all plans cover vaccines in the same way.

TdVax		
Tenivac <sup>+</sup>		
Trumenba <sup>+</sup>		
Twinrix <sup>+</sup>		
VAQTA <sup>+</sup>		
VARIVAX <sup>+</sup>		
ZOSTAVAX <sup>+</sup>		

### WEIGHT MANAGEMENT

Lomaira <sup>^</sup>		Contrave <sup>^</sup> (PA)
phentermine <sup>^</sup>		Qsymia <sup>^</sup> (PA)
		Saxenda <sup>^</sup> (PA)

## Injectable specialty medications

The specialty medications listed below are covered on Tier 4 and 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
Apokyn (PA)	PARKINSON'S DISEASE
Aranesp^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
ARIXTA* (QL)	BLOOD THINNERS/ANTI-CLOTTING
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
Bynfezia (PA)	HORMONAL AGENTS
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
Enbrel (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
Entyvio^ (PA)	GASTROINTESTINAL/HEARTBURN
Epogen^ (PA)	BLOOD MODIFIERS/BLEEDING DISORDERS
EXTAVIA (PA)	MULTIPLE SCLEROSIS
Fasenra Pen (PA)	ASTHMA/COPD/RESPIRATORY
Fensolvi^ (PA)	HORMONAL AGENTS
Firazyr (PA)	BLOOD PRESSURE/HEART MEDICATIONS
FORTEO (PA, QL)	HORMONAL AGENTS
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
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

MEDICATION NAME	DRUG CLASS
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
LORBRENA (PA)	CANCER
Lovenox (QL)	BLOOD THINNERS/ANTI-CLOTTING
LUPRON DEPOT^ (PA)	CANCER
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
Palyngziq (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
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
Somatuline Depot^ (PA)	HORMONAL AGENTS
Somavert (PA)	HORMONAL AGENTS

MEDICATION NAME	DRUG CLASS
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
teriparatide (PA, QL)	HORMONAL AGENTS
Tremfya (PA, QL)	PAIN RELIEF AND INFLAMMATORY DISEASE
TYMLOS (PA, QL)	OSTEOPOROSIS PRODUCTS
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. We try to give you many options to choose from to treat your health condition. 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.

### **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 receive 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<sup>®</sup> 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. 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

### **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.** Medications that are used to treat many conditions, including, but not limited to:

- › ADD/ADHD
- › Allergies
- › Bladder problems
- › Breathing problems
- › Depression
- › High blood pressure

## Frequently Asked Questions (FAQs) (cont)

- › 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 if you're within a certain age range.

### **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 the 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 U.S. Food and Drug Administration (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.

### **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 [www.informedonreform.com](http://www.informedonreform.com) or [Cigna.com](http://Cigna.com).

### **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.

## Frequently Asked Questions (FAQs) (cont)

### **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.

**Generics typically cost much less than brand-name medications - in some cases, up to 85% less.<sup>3</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.

### **Q. Can I fill my prescriptions by mail?**

**A.** Yes, as long as your plan offers home delivery.<sup>5</sup>



## 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>7</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, sexual dysfunction, cosmetic purposes, weight loss, smoking cessation, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis;
- › replacement of prescription medications and related supplies due to loss or theft;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › prescriptions more than one year from the date of issue; or
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable supply limit, or is less than any applicable supply minimum set forth in The Schedule, or which is more than the quantity limit(s) or dosage limit(s) set by the P&T Committee.
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies.
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment.

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

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



1. State laws in **Texas** and **Louisiana** may require your plan to cover your medication at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval from Cigna before your plan will cover it, these changes may not begin until your plan's renewal date. To find out if these state laws apply to your plan, please call Customer Service using the number on your Cigna ID card.
2. 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. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
4. Not all plans offer home delivery and Accredo as covered pharmacy options. Log in to the myCigna App or myCigna.com, or check your plan materials, to learn more about the pharmacies in your plan's network.
5. Standard shipping costs are included as part of your prescription plan.
6. As allowable by law. For medications administered by a health care provider, Accredo will ship the medication directly to your doctor's office.
7. Costs and complete details of the plan's prescription drug coverage are set forth in the plan documents. If there are any differences between the information provided here and the plan documents, the information in the plan documents takes complete precedence.

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

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# 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).